What is child sexual abuse?

Child sexual abuse is defined broadly in the Children’s Act and includes sexual molestation, sexually assaulting a child, using a child to perform sexual acts by another, and permitting children to engage in commercial sexual exploitation of a child.

The Sexual Offences Amendment Act distinguishes between consensual and non-consensual sexual offences.

- Non-consensual sexual acts constitute rape or sexual assault regardless of the age of the persons involved.
- Children can only legally consent to sex from the age of 16.
- Consensual sex acts between an adult and child aged 12 – 15 years; or between a child aged 16 – 17 years and another child who is more than two years younger, is defined as statutory rape, if there is penetration; or statutory sexual assault if there is no penetration.
- Children younger than 12 years are too young to consent to sex; therefore, any sexual act with a young child constitutes either rape or sexual assault.

Why is it important to understand child sexual abuse in context?

Efforts to prevent and treat child sexual abuse need to recognize that the broader patterns of violence in South Africa and current limitations of prevention and therapeutic programmes culminate in unrecognised and untreated childhood trauma.

Violence is pervasive

Violence permeates the daily, lived experience of large sections of the South African society, and poor communities are particularly plagued by high levels of violent crime. Living in unsafe environments may promote fear, anxiety and insecurity. Many children are exposed to violence in their homes, schools or communities — either as victims of violence or as innocent bystanders.

A significant proportion of violence against children takes place in the home, where the offender is sometimes a known or trusted family member. Children are at increased risk of violence, including sexual violence, in the presence of family and friends, despite their presence being intended to protect them.

Many children in South Africa experience violence in a family environment which is marked by alcohol and drug misuse, poverty, lack of education, unemployment, and trauma. Across the age spectrum, many children experience some forms of violence before the age of five.

Children are frequently exposed to violence by the adults they live with in their daily lives. For example, witnessing domestic violence, or continuing exposure to community violence and lack of emotional support are well-documented risk factors related to exposure to violence.

Poor access to critical services

While government policies show strong commitment to protect children from harm, few sexually abused children are able to access appropriate therapeutic support. Anecdotal reports indicate that therapeutic services for abused children are insufficient to meet the demand, and children are placed on lengthy waiting lists to access services. Most services are concentrated in urban centres, and service provider responses are not necessarily appropriate to provide trauma-informed care.

The police services and criminal justice system are similarly resource constrained. Many cases of child abuse do not make it to court, and even when cases are prosecuted, resulting in secondary trauma and ongoing risk for the affected child and family.

Violence in schools

Primary and secondary schools provide critical opportunities to prevent violence and promote healing and recovery for traumatised children. Services are concentrated in urban centres, and service capacity is insufficient to support the large numbers of children experiencing violence in schools.

Violence in the community

Community violence is pervasive and its impact is compounded by multiple forms of violence in children’s lives. Children exposed to community violence face ongoing fear and anxiety which can be transferred to their families and schools.

Community can also play a role in the prevention of violence. Community members can report suspicious or violent behaviours to police and other authorities. They can also help to mediate conflicts and provide emotional and practical support to children and families affected by violence.

Social and cultural norms can increase risk

Traditional and cultural norms further contribute to children’s vulnerability. CSA has a distinct gendered nature, as dominant patriarchal constructions legitimate male control over women and children, and promote norms of male sexual entitlement.

Children are accustomed to respect and authority, allowing sexual violence to occur without much resistance from children, parents and community members. In this context, disclosure is particularly difficult for children and when they disclose, they are often met with disbelief, blame or silencing to protect known offenders.

What is the impact of child sexual abuse?

Sexual abuse has lasting impacts on the child.

- It can affect the child’s physical health, including chronic infections, cancer, and HIV.
- It can have psychological impact, including post-traumatic stress disorder (PTSD), depression, anxiety, and suicide.
- It can affect the child’s education, including dropping out of school and poor academic performance.
- It can affect the child’s social relationships, including isolating the child from friends and family.
- It can affect the child’s development, including stunted growth, delayed puberty, and motor coordination.
- It can affect the child’s ability to form healthy attachments, and can lead to difficulties in forming relationships in the future.

What is the impact of child sexual abuse on family members?

Child sexual abuse can have significant impacts on family members, including:

- Parents and caregivers may experience guilt, shame, and self-blame.
- Parents and caregivers may struggle to provide emotional support to their children.
- Parents and caregivers may struggle to maintain their own mental health.
- Parents and caregivers may struggle to maintain their own physical health.
- Parents and caregivers may struggle to maintain their own financial stability.
- Parents and caregivers may struggle to maintain their own social support.

What is the impact of child sexual abuse on the wider community?

Child sexual abuse can have significant impacts on the wider community, including:

- It can increase the risk of future violence and crime.
- It can increase the risk of future health problems.
- It can increase the risk of future mental health problems.
- It can increase the risk of future social problems.
- It can increase the risk of future economic problems.
- It can increase the risk of future educational problems.

What is the role of government in preventing violence against children?

The Children’s Act outlines government’s obligation to prevent violence against children, protect victim children from further harm, and support trauma-treatment. Early access to support and therapeutic programmes capable of trauma-informed care helps mitigate negative effects such as violence and risky behaviour, depression, anxiety and suicide, and ensure better outcomes in the long term. The Children’s Act highlights the need for trauma-informed care. The Children’s Act requires government to ensure that children affected by violence are provided with therapeutic programmes that can facilitate healing and recovery for a lifetime.
A short-term residential programme for children in rural areas

Programme design

In response to these challenges, the National Association of Child and Youth Care Workers (NACYC) and Childline South Africa in collaboration with the Department of Social Development (DSD), have developed a residential therapeutic programme for sexually abused children. The programme is part of the list of “Circles of Care” models that includes 35 residential child care and support and mentoring centres. The CYCWs (child and youth care workers) are employed through public funds in the Eastern Cape: they serve a range of vulnerable groups including children, and their families, using a developmental approach.

What do we know about therapeutic programmes in the South African setting?

Positive outcomes

Children in the pilot programmes reported reduced anxiety when their parents in the comparison group. The feeling may point to the positive and supportive relationship and the CYCWs that in turn impact well-being. Multiple intervention group children and caregivers reported improved understanding on the need for help, and that they had improved, during and after the residential programme.

The results of the programme showed improvements in developmental outcomes that may lead to positive life outcomes. For example, children were no longer fearful of home visits, and their anxiety levels had reduced. The viability of the programme and the CYCWs in supporting and enhancing the child's development outcomes is evident.

Critical challenges and constraints

While children showed some behavioural improvement, no significant change in post-traumatic stress and depressive symptoms was found that can be attributed to the programme. The children continue to be monitored as they exit the programme. In current design, it is not sufficient to improve mental health outcomes. Several factors contributed to these outcomes for children participating in the evaluation.

A key challenge is the severe shortage of mental health and para-professionals

Intergenerational trauma and compromised parenting

Interventional strategies and comprehensive policy changes are needed to address the needs of children in LMIC.

What models could work in low-resource settings?

The Zambian case

The use of trauma-focused cognitive behavior therapy (TF-CBT) to address trauma symptoms in children is still nascent in low-resource settings in Zambia. The lack of trained personnel and low availability of mental health services for children, and the family, following a prolonged violence outbreak, can further exacerbate the mental health needs and symptoms reduction for trauma and stress-related symptoms, although the follow-up period was only one month. Nevertheless, the use of TF-CBT is an intervention based-practice worth considering for the treatment of traumatized children in the South African context. Further research needs to be conducted among mental health professionals with limited formal mental health training in order to properly engage to effective in evidence-based interventions implemented in other settings in LMIC.