

A profile of the child-on-child sexual abuser in a children's home

T Mocke

12279838

Dissertation submitted in partial fulfillment of the requirements
for the degree *Magister* in Social Work at the Potchefstroom
Campus of the North-West University

Supervisor: Prof C Strydom
Month and year of graduation: September 2013

DEDICATION

To my wonderful parents, without whose support and love,
this would not have been possible

ACKNOWLEDGEMENTS

The researcher would like to thank the following:

- God, for the talent and perseverance that you gave me to complete this study.
- My wonderful parents, for the love and support that you have always given me. I love you so much.
- Professor Corinne Strydom, my supervisor, for your mentorship and advice.
- Jacaranda and Louis Botha Children's Homes, for the opportunity to do my study at your facility.
- Mrs Marti Gerber for the language editing done on my article
- Every friend and family member, who inspired and motivated me.

ABSTRACT

TITLE: A PROFILE OF THE CHILD-ON-CHILD SEXUAL ABUSER IN A CHILDREN'S HOME

KEYWORDS: child; child-on-child; children's home; profile; sexual abuser

Child-on-child sexual abuse is seen as a severe social as well as a psychological problem, because of the current increasing dimension of sexual abuse in South-Africa. If the profile of a sexually abusive child in a children's home is known, the individual development plan for the specific child can be accurately determined, in order to insure that the child receives the correct intervention. The risk that other children may be exposed to sexual abuse or sexual inappropriate behaviour might decrease, if the profile of a sexually abusive child in a children's home is known.

The purpose of the research study was to focus on child-on-child sexual abuse in a children's home, explaining to the reader the reasons and consequences of child-on-child sexual abuse and also to determine a profile of a child-on-child sexual abuser in a children's home.

The researcher followed a qualitative approach. Four children who are or were perpetrators in child-on-child sexual abuse in a children's home were intensively studied. Six social workers working with sexually abused children in children's homes were interviewed.

The interviews with the participants in the study focused on the following main themes:

- Theme 1 Removal of children from parental care
- Theme 2 Child-on-child sexual abuse in children's homes
- Theme 3 The child as sexual perpetrator in a children's home
- Theme 4 Intervention that the children received
- Theme 5 Reasons why children abuse other children
- Theme 6 Consequences of child-on-child sexual abuse
- Theme 7 A profile of the child-on-child sexual abuser in a children's home

The results of the data were divided into subthemes for detailed clarification of the respondents' experiences in order to make useful recommendations.

INDEX

DEDICATION .....	..i
ACKNOWLEDGEMENTS .....	.....ii
ABSTRACT .....	.....iii
INDEX .....	.....v
FOREWORD .....	.....viii
EDITORIAL POLICY	ix
1. INTRODUCTION	1
2. PROBLEM STATEMENT	1
3. AIM AND OBJECTIVES	9
3.1 Aim of the research study	.....9
3.2 Objectives of the research study	.....9
4. CENTRAL THEORETICAL STATEMENT	10
5. RESEARCH METHODOLOGY	10
5.1 Literature review	.....10
5.2 Empirical research	.....12
5.2.1 Design of the research study	.....12
5.2.2 Participants to the study	.....13
5.2.3 Data collection	.....14
5.2.4 Procedures in data collection	.....15
5.2.5 Ethical aspects	.....16
5.2.5.1 Avoidance of harm	.....16
5.2.5.2 Informed consent	.....17
5.2.5.3 Actions and competence of the researcher	.....17
5.2.5.4 Anonymity and confidentiality	.....17
5.2.5.5 Debriefing of respondents	.....18
5.2.5.6 Objectivity	.....18
5.2.5.7 Ethical approval	.....19
5.2.6 Data analysis	.....19

6. TERMINOLOGY20
7. LIMITATIONS OF THE STUDY21
8. FINDINGS OF THE RESEARCH STUDY21

8.1 Profile of the participants (social workers) õ õ õ õ õ õ õ õ õ ...21
8.2 Themes and sub-themes explored õ õ õ õ õ õ õ õ õ õ õ ..õ ..23
8.3 Discussion of the findings õ õ õ õ õ õ õ õ õ õ õ õ õ ..õ õ ..24

8.3.1 Theme 1: Removal of children from parental care õ õ ..24

8.3.1.1 Sub-theme 1 õ õ õ õ õ õ õ õ õ õ õ ..õ õ ..24
8.3.1.2 Sub-theme 2 õ õ õ õ õ õ õ õ õ õ õ ..õ õ ..26

8.3.2 Theme 2: Child-on-child sexual abuse in children's homes õ õ õ õ õ õ õ õ õ õ ..õ õ õ õ ..28

8.3.2.1 Sub-theme 1 ..õ õ õ õ õ õ õ õ õ õ õ ..28
8.3.2.2 Sub-theme 2 õ õ õ õ õ õ õ õ õ õ õ ..30
8.3.2.3 Sub-theme 3 õ õ õ õ õ õ õ õ õ õ õ ..32
8.3.2.4 Sub-theme 4 õ õ õ õ õ õ õ õ õ õ õ ..33

8.3.3 Theme 3: The child as sexual perpetrator in a children's home õ õ õ õ õ õ õ õ ..õ õ ..34

8.3.3.1 Sub-theme 1 õ õ õ õ õ õ õ õ õ ..õ õ õ 35
8.3.3.2 Sub-theme 2õ õ õ õ õ õ õ ..õ õ õ 37
8.3.3.3 Sub-theme 3 õ õ õ õ õ õ õ õ ..õ õ õ 37
8.3.3.4 Sub-theme 4 õ õ õ õ õ õ õ ..õ õ õ 38
8.3.3.5 Sub-theme 5 õ õ õ õ õ õ õ ..õ õ õ 40

8.3.4 Theme 4: Intervention that the child received and results õ õ õ õ õ õ õ ..õ õ õ ..42

FOREWORD

The article format has been chosen in accordance with regulations A.7.2.3 as stipulated in the yearbook of the North-West University (Potchefstroom Campus, 2011). The article will comply with the requirements of one of the journals in social work, entitled Social Work -/- Maatskaplike Werk.

EDITORIAL POLICY

The Journal publishes articles, book reviews and commentary on articles published from any field of social work. Contributions may be written in english or afrikaans. All articles should include an abstract in english of not more than 100 words. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential.

Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the journal practise. Articles of fewer than 2000 word are normally not considered for publication. Two copies of the manuscript as well as a diskette with the text, preferably in MS Windows should be submitted. Manuscripts should be typed in 12 pt Times Roman double-spaced and on one side of A4 paper only. Use the Harvard system for references.

Short references in the text: when word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication, and page number(s) must appear in the parenthesis in the text. More details about sources referred to in the text should appear at the end of the manuscript under the caption ~~%References+~~ References+. The sources must be arranged alphabetically according to the surnames of the authors.

The Editor
Social Work / Maatskaplike Werk
Private Bag X1
Matieland
7602

South-Africa

A profile of the child-on-child sexual abuser in a children's home

Ms T. Mocke, Master's degree student in Social Work: Forensic Practice at the North-West University (Potchefstroom Campus).

Prof. C. Strydom, Lecturer in the field of Social Work, North-West University (Potchefstroom Campus).

Key terms: child; child-on-child; children's home; profile; sexual abuser

1. INTRODUCTION

Child-on-child sexual abuse is seen as a severe social as well as a psychological problem, because of the current increasing dimension of sexual abuse in South-Africa. When this form of abuse occurs, it causes extreme physical and emotional pain, and it leaves the victims with emotional scars that are taken with them into adulthood. Childhood sexual abuse is a phenomenon that is growing every day, robbing the victims of their innocence and childhood.

The research study is focusing on child-on-child sexual abuse in a children's home, explaining to the reader the reasons and consequences of child-on-child sexual abuse and also to determine a profile of a child-on-child sexual abuser in a children's home.

2. PROBLEM STATEMENT

The researcher is a qualified social worker, working at a children's home with the experience of five years.

During the time that the researcher has worked with the children in the children's home, it became evident that the sexual abuse history of children is playing an enormous role in the care and treatment of them. The sexual abuse history of children and the consequences thereof, play a major role in the functioning of the other children living with them in the same establishment. The behaviour of sexually abused children may influence the behaviour, development and emotional stability of other children that are living with them.

The researcher realised that children's homes are facing challenges in the placement of sexually abused children. It also became clear that there is a need to have a profile for a child who was sexually abused and may involve other children in sexual activity. If the profile of a child-on-child sexual abuser is known, the individual development plan for the child can be adapted to ensure that the child receives the correct intervention.

According to Muller and Hollely (2000:107. 116) sexual abuse has a negative emotional impact on the child victim. The child experiences feelings of loss, where the biggest loss is the loss of their childhood. Sexual abuse threatens their physical and emotional well-being, their development and also their right to health and happiness. Lowenstein (2006:48) states that it is generally accepted that sexual abuse of children has a negative psychological impact on child victims and interferes with the child's normal healthy development. The author further adds that these child victims of sexual abuse are not capable of handling the sexual stimulation and responses on an emotional, physical or intellectual level, and therefore will most likely show behavioural problems. Sexually abused children may also find it difficult to sustain boundaries. It may be because their personal boundaries have been invaded by sexual abuse. Therefore inappropriate sexual behaviour may be present (Lowenstein, 2006:49).

According to Shaw (2004:1592) sexually abused children are often filled with hatred, feelings of guilt and confusion. Traumatized children block the emotions that are connected to the trauma and they therefore do not express these emotions. They blame themselves for what happened and internalise negative messages. This inhibits healthy growth and integration and leads to a negative self-image.

The researcher has learned from her own experience working in children's homes, and from interviews with other social workers working in children's homes, that the children who are usually admitted to a children's home, have been sexually abused or were exposed to inappropriate sexual activity. It was further found during interviews in the research study that was done with the social workers, that there might be a correlation between sexually abused children and those children who sexually abuse other children, as a result of their own sexual abuse history.

Child-on-child sexual abuse refers to a form of sexual abuse in which a pre-pubescent child is sexually abused by another child or adolescent, and in which no adult is directly involved. The term "child-on-child sexual abuse" describes sexual activity between children that occurs without consent or equality, or as a result of coercion (Berliner & Elliot, 2002:56). Sperry and Gilbert (2005:890) state that clinically based definitions suggest that any forced or unwanted sexual experiences between pre-adolescent children would not fall within the realm of "normal" childhood exploration and might be considered abusive.

Child-on-child sexual abuse is further differentiated from normal sexual play or anatomical curiosity and exploration, (like playing doctor) because of deliberate actions directed at sexual stimulation or orgasm. In many instances, the initiator exploits the other child's naivety, and the victim is unaware of the nature of what is happening to him or her (Berliner & Elliot, 2002:56).

The key finding from the study of Sperry and Gilbert (2005:901) was that both those children abused by other children and those abused by adults or adolescents reported their experience as being equally negative and having equally pervasive outcomes. Gray, Pithers, Busconi & Houchens (2009: 269) found that sexually abused children have a higher frequency and higher incidence of sexual behaviour than non-abused children. Lowenstein (2006:51) further warns against the placement of sexually abusing young people in centres with child victims of sexual abuse. His research suggests that the inadequate ways in which sexual behaviour in children's homes was perceived and managed serve to compound the problems of both the sexually abusive and non-abusive child placed there. Sexually abused children may engage in inappropriate sexual behaviour with other non-abused children in the house, but they lack the knowledge to understand the hurtful impact it may have on the victim.

Some treatment providers have recommended placing children with sexual behaviour problems in specific groups in order to reduce the chances of sexual misbehaviours within the group (Gray et al, 2009:269). However children's homes are limited in the placement of these children in homogeneous groups. The children are however placed in homogeneous gender groups but heterogeneous in terms of age, abuse history and type of behavioural problems.

The researcher has experienced from her work done in the children's home that it is difficult to separate children who have been exposed to sexual abuse from other children that did not have sexual exposure. The children with multi-dimensional problems are usually admitted in the same house unit, consisting of a maximum of 13 children from the same gender. The children are heterogeneous in age varying from 7 to 19 years of age. The children have to share rooms, with two and sometimes three children per room. The children have access to each other's rooms, and are not completely monitored 24 hours of the day.

The problems that are therefore experienced in this particular house unit, become interconnected, as all the different problems the children may have, have to be dealt with in one house . most of the time, at the same time.

The researcher found during interviews with social workers in children's homes that the care of sexually abused children is a very common problem for most children's homes. According to Lindsay (1999:408) there are enormous difficulties regarding the practice of working with abused and abusers in the same residential establishment. Abusers (who have often been abused themselves) have the same basic need for care and attention as those who have not been abused. There is however a difficulty in protecting children from abusing other children, and in dealing with abusive behaviour, which requires different skills and possibly staffing with a different focus.

The researcher has experienced, that caring for vulnerable children and sexually abusing children (also vulnerable themselves) in one unit presents massive practice issues and difficulties for both caregiver and social worker. Both the child-on-child sexual abuser and the victim of this abuse are the clients of the social worker in the children's home. Both these children must receive effective services, but there is an enormous difficulty in working with these children in the same living circumstances.

Shaw (2004:1592) states that the incidence of child-on-child abuse is not known with any certainty, similar to abuse by adults. It frequently goes unreported, because it often occurs outside of adult supervision. Even if known by adults, it is sometimes dismissed as harmless by those who do not understand the implications it may have.

Nationally the prevalence of children with sexual behavioural problems are difficult to estimate because such acts are ill defined, often unacknowledged or misperceived, and inconsistently reported.

One contributing factor to underreporting is that pre-adolescent sexual abuse is defined on a case by case basis with abusiveness being judged on a vaguely defined criterion such as differences in stature, sophistication and coerciveness (Gray et al, 2009:268). Thus although the scope of the problem is difficult to measure precisely, the best evidence suggests that child-on-child sexual behaviour problems are the source of a substantial percentage of reported sexual abuse (Gray et al, 2009:269).

Over a third of all sexual abuse of children worldwide is being committed by someone who is under the age of 18 according to Muller and Hollely (2000:107. 116). In South-Africa during the year 2004, more than 125 children were sexually abused by a child less than 14 years of age with one third of these abuses being performed by a child less than 10 years of age. Reported sexual abuse performed by children less than 14 years has increased with 300% within the last eight years (Gray et al, 2009:268).

Blatch (2006:3) states that more than three quarters of the sexually abused children seeking help from Childline, have been hurt by other children, with children under the age of 12 years, outnumbering teens. Omar and Patel (2012:275) state that 42% of sexual offences reported to Childline during 2007 are committed by other children. Joan van Niekerk of Childline says in the *Sunday Times* (2009:4) that a disturbing 67% of sexual crimes reported to Childline South-Africa during 2009 was committed by children, and 43% of these rapes were committed by girls.

These shocking statistics are increasingly becoming a problem in children's homes . in particular with the protection of these children against perpetrating sexual crimes or sexually abusive children in the house unit. Most people are aware of the risk of sexual abuse that adults may present to our children and community. Unfortunately people are unaware that children often abuse other children.

Significant legislative changes have been made in South-Africa since 1994, promoting the rights of children and focusing on changing the age of criminal capacity to 10 years, based on the principle of restorative justice. The South-African Child Justice Act 75 of 2008 was implemented in April 2010. According to the Department of Justice and the Department of Social Development, children below the age of 10 years lack criminal capacity (South-Africa, 2008). Children between 11 and 14 years may not be tried in a court of law unless it can be proven that they have the capacity to distinguish between right and wrong. The Child Justice Act 75 of 2008 recommends that, where possible, children be diverted from the criminal justice system to prevent them from having a criminal record (Omar & Patel, 2012:275).

Children exhibiting sexual behaviour problems are increasingly being referred to professionals for treatment. According to Gray et al (2009: 269), the majority of children who exhibit sexually reactive behaviour, have been emotionally, sexually or physically abused themselves, while others may have witnessed physical or emotional violence at home. Some may even have been in contact with sexually explicit movies, video games or materials that are confusing to them. From the study of Shaw (2004:1592), case file examination revealed that 71% of children who abuse other children, were known victims of sexual abuse themselves. Perpetrators may even act out their own abuse experience in their abuse of others. According to the literature on child-on-child abuse, young children who have not matured sexually are incapable of knowing about specific sexual acts, without knowledge from an external source (Shaw, 2004:1592).

Due to the fact that the children are living so close together in the children's home environment, it is possible that other children may be exposed to the sexual reactive behaviour from these sexually abusive children (perpetrating children).

This can cause secondary trauma for the already abused child, who has been admitted in the children's home to be safeguarded from abuse of a similar or different kind (Lowenstein, 2006:48).

Sexual reactive behaviour can range from experimentation to serious sexual assault. Caregivers in the children's home should acknowledge that children will ultimately participate in some forms of sexual exploration with children of similar age, size, social status or power. However when a child engages in sexual play with a much younger or more vulnerable child and uses tricks or bribery, there is a cause for concern (Bromberg & Johnston, 2001:343). It is noted however by Lowenstein (2006:52) that it is important to regard adolescent sexual offenders as both victims and perpetrators when dealing with their problems, utilising cognitive, behavioural and/or psychodynamic methods. Powell says in the *Cape Times* (2007:3) that: "The age of the perpetrator does not change the harm done to the victim, but it should change the way we treat the perpetrator". She goes on to say: "We fail these children (who rape). They are victimised and suddenly they are seen when they do something bad. This reinforces the idea that they will get attention when they do something wrong."

The researcher therefore realised that the correct intervention for the sexually abusive child in a children's home system is thus increasingly becoming a question that should be dealt with. Most treatment programmes are aimed more specifically at adult sexual abusers or adolescent juveniles. Due to the diversity of the population of young sex abuse offenders, careful assessment is needed before treatment plans are developed and implemented (Lowenstein, 2006:49). The author further states that these children with sexual behaviour toward other children require a multi-systemic therapy, because the difficulty that they have may well have been due to the fact that they suffered multi-determined trauma.

Berliner and Elliot (2002:56) state that the most important tasks that children in their middle childhood need to accomplish are the development of self-confidence, diligence and capability. Emotional trauma may cause an obstruction, which will have a negative effect on the child's socialisation, peer relationships and school performance.

From the above mentioned facts, it is also clear that the emotional trauma that sexually abused children experienced can cause the child to involve other children in sexual activity, which causes an enormous problem in the placement of children in children's homes. A correct assessment is thus needed to compile a treatment program to accommodate the young sexual abuser in the children's home.

From studying the above literature, the following research questions thus arise:

1. What is the profile of a child that may expose other children to sexual abuse in a children's home?
2. What are the reasons that cause children to abuse other children?
3. What are the consequences of child-on-child sexual abuse?

3. AIM AND OBJECTIVES

3.1 AIM OF THE RESEARCH STUDY

The aim for this study is to compile a profile on the child-on-child sexual abuser in a children's home.

3.2 OBJECTIVES OF THE RESEARCH STUDY

The objectives of the research study are:

1. to compile a profile of a child that may expose other children to sexual abuse in a children's home
2. to determine the reasons that cause children to sexually abuse other children
3. to establish the consequences of child-on-child sexual abuse

4. CENTRAL THEORETICAL STATEMENT

The central theoretical statement for this study is as follows:

If the profile of a sexually abusive child in a children's home is known, the individual development plan for the specific child can be accurately determined, in order to insure that the child receives the correct intervention.

5. RESEARCH METHODOLOGY

5.1 LITERATURE REVIEW

A thoughtful and informed discussion of related literature should build a logical framework for the research that sets it within a tradition of inquiry and a context of related studies (Babbie, 2007:20). The author further states that the literature review serves four broad functions in qualitative studies:

- It demonstrates the underlying assumptions behind the general research questions.
- It demonstrates that the researcher is thoroughly knowledgeable about related research and the intellectual traditions that surround and support the study.

- It shows that the researcher has identified some gaps in previous research and that the proposed study will fill a demonstrated need.
- The review refines and redefines the research questions by embedding those questions in larger empirical traditions.

There is an abundant amount of literature available on the specific sexual abuse research topic, but not that much on the sexually abusive child in a child's home. The researcher made use of appropriate literature from books, theses and dissertations by previous authors.

The themes that were researched are:

- the profile of a child that expose other children to sexual abuse
- the reasons why children sexually abuse other children
- the consequences of child-on-child abuse in a child's home

All literature was obtained from the Ferdinand Postma Library at the North-west University, Potchefstroom Campus. The researcher consulted various books, theses and dissertations in order to gain information on the specific research study.

The following databases were used to obtain additional information:

- ❖ EbscoHost . for international journal articles
- ❖ ProQuest . for international theses and dissertations
- ❖ SAePublications . for South-African journal articles
- ❖ ScienceDirect . for international journal articles
- ❖ Google Scholar . for advanced searches
- ❖ A - Z journal list

5.2 EMPIRICAL RESEARCH

5.2.1 DESIGN OF THE RESEARCH STUDY

Applied research was undertaken during the mentioned study. Applied research is described, according to Babbie (2007:285) as research that is focused on solving a specific problem in Social Work. Applied research is involved with exploring known facts, to gain new knowledge about the specific problem, to solve the problem and render a more effective service to persons in need. The knowledge that is therefore gained, should be utilised to bring change and better a certain given situation.

The researcher made use of the qualitative research approach with four specific chosen children and six applicable social workers, working in children's homes. According to De Vos, Strydom, Fouche and Delport (2011:297), the qualitative paradigm stems from an antipositivistic, interpretative approach and is ideographic and thus holistic in nature. It aims mainly to understand social life and the meaning that people attach to everyday life.

The researcher made use of a collective case study research design. According to Cresswell (1998:61) in De Vos et al (2011:320) a case study can be regarded as an exploration or in-depth analysis of a bounded system+ (bounded by time and/or place) or as a single or multiple case over a period of time. The case being studied may refer to a process, activity, event, programme or individual or multiple individuals. It might even refer to a period of time rather than a particular group of people. Where multiple cases are involved, it is referred to as a collective case study.

According to Babbie (2001:285) in De Vos et al (2011:321) the exploration and description of the cases takes place through detailed in-depth data collection methods, involving multiple sources of information that are rich in context.

These may include interviews, documents, observations or archival records. The researcher did interviews with four children in the children's home involved with this specific problem, and studied them in depth. The children's case files were studied to get the necessary background information, and to prepare for the interviews that were conducted with them. The applicable social workers, working with the specific children involved in the study, were interviewed to gain information about the children's functioning and behaviour.

5.2.2 PARTICIPANTS TO THE STUDY

The researcher involved two groups of participants during the study:

Four specific chosen children, residing in a children's home, who have been perpetrators of child-on-child sexual abuse, were intensively studied. Thus the child who sexually abused another child whilst living in the children's home, was thoroughly studied. The age group of the children that were studied was between 8 and 12 years of age.

Puberty or pubescence is the time of sexual maturation and achievement of fertility, associated with the development of secondary sexual characteristics and rapid growth (Omar & Patel, 2012:278). For the purpose of this study, children aged between 8 and 12 years are generally considered to be in the pre-pubescent phase, and therefore in the transition phase from childhood to puberty (Omar & Patel, 2012: 278). The relevant files of each of the children involved were studied to get background information.

Six social workers from the Jacaranda and Louis Botha children's homes, who deal with child-on-child abuse on a regular base were involved in the study. Individual interviews were conducted with each social worker in order to gain knowledge from their experience of working with sexually abused children and children who abuse.

5.2.3 DATA COLLECTION

The following methods were used during data collection:

Interviewing is the predominant mode of data collection in qualitative research. De Vos et al (2011:342) state that you interview because you are interested in other people's stories and stories is a way of knowing. The Author further state that interviews in qualitative research is an attempt to understand the world from the participant's point of view, to unfold the meaning of people's experiences, and to uncover their lived world prior to scientific explanations (De Vos, 2011:342)

The researcher first conducted semi-structured interviews with the six social workers, working at the Jacaranda and Louis Botha Children's Homes. The researcher then studied the relevant case files of the four children involved in the study to get the necessary background information. She collected data by using pre-forensic screening techniques during a pre-forensic assessment.

According to Greenspan (2003:197), the purpose of the pre-forensic screening can be stated as simply to learn as much as possible about the child. The interviewer's basic task therefore is to create a setting that maximises the amount of information that can be observed. As the social worker conducts the interview he or she must ask him- or herself, what could be done to create a richer learning experience from the child . in particular what would evoke more data relevant to the sexual abuse history of the child. A subsidiary goal is to establish rapport with the child so that he or she would not feel frightened about returning for future visits, if treatment or further diagnostic sessions are indicated. (Greenspan, 2003:197). The initial assessment of a child is a vital part of treatment for the abuse-reactive child.

A thorough history and astute clinical observations enable the social worker to formulate an individualised plan for the client (Cunningham & Macfarlane, 1997:33).

The researcher used triangulation of measures. According to Neuman (2003:124-125) in De Vos et al (2011:442), researchers take multiple measures of the same phenomenon. By measuring something in more than one way, researchers are more likely to see all aspects of it. Jick (1983:145-147) in De Vos et al (2011:442) discuss the advantages of using triangulation in qualitative research:

- Triangulation allows researchers to be more confident in their results.
- It may also help to uncover the deviant or off-quadrant dimension of the phenomenon. Different viewpoints are likely to produce some elements which do not fit a theory or model. Thus old theories are refashioned or new theories developed. Moreover, divergent results from multi-methods can lead to an enriched explanation of the research problem.
- The use of multi-methods can also lead to a synthesis or integration of theories. In this sense, methodological triangulation closely parallels theoretical triangulation, and efforts to bring diverse theories to bear a common problem.
- Triangulation may also serve as a critical test, by virtue of its comprehensiveness of competing theories. For this research, triangulation was gained by studying the relevant case files, semi-structured interviews with six social workers and four children, and pre-forensic assessments that were done with the four children involved.

5.2.4 PROCEDURES IN DATA COLLECTION

The following procedure was followed during the research study:

- Approval of the research proposal by the North-West University, Potchefstroom Campus
- Literature review
- Permission from the director from the two children's homes that were involved in the study, to conduct the research study
- Identifying the four children that were involved in the study
- Studying of the relevant files of the four children involved in the study, for the purpose of getting background information.
- Consent forms were signed by the director of the children's home on behalf of the four children that were used during the research study.
- Drawing up letters to six social workers, involved with the study, explaining the purpose of the study.
- Getting written informed consent from the six social workers, who were involved in the study.
- Semi-structured interviews with the six social workers involved in the study.
- In depth interviews (semi-structured) and pre-forensic screenings/assessment with the four identified children for the research study
- Data analysis
- Testing the findings through triangulation
- Writing the report

5.2.5 ETHICAL ASPECTS

5.2.5.1 AVOIDANCE OF HARM

According to Babbie (2007:27) in De Vos et al (2011:115) subjects can be harmed in a physical and/or emotional manner during research. The author further states that one may accept that harm to respondents in the social sciences will mainly be of an emotional nature.

The researcher under no circumstances included persons (children) in the study, if they were not willing to participate voluntarily, and the researcher therefore tried to minimise possible harm that could have been done.

5.2.5.2 INFORMED CONSENT

The four children in the children's home and the six social workers were accurately informed by the researcher of the purpose and process of the research study. Their informed consent was obtained before starting with the study. Nobody should ever be coerced into participating in a research project, because participation must be voluntarily (Neuman, 2003:124 in De Vos et al, 2011: 117).

5.2.5.3 ACTIONS AND COMPETENCE OF RESEARCHER

Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation (Walliman, 2006:148 in De Vos et al, 2011:123). The researcher is a qualified social worker, registered with the SA Council for Social Service Professions. She is also currently employed as a social worker at a children's Home, and a Magister Student in Forensic Practice at the North-West University, Potchefstroom. It is thus safe to say that the researcher is competent and adequately skilled to undertake the research study.

5.2.5.4 ANONIMITY AND CONFIDENTIALITY

Babbie (2001:472) in De Vos et al (2011:120) define **privacy** as **that which is normally not intended for other to observe or analyze**.

Singleton et al (1988:454) in De Vos et al (2011:119) explain that the right to privacy, is the individual's right to decide when, where, to whom, and to what extent, his or her attitudes, beliefs and behaviour will be revealed.+ The researcher made sure to act with the necessary sensitivity, where the privacy of the subjects was relevant.

5.2.5.5 DEBRIEFING OF RESPONDENTS

Debriefing sessions during which subjects get the opportunity, after the study to work through their experience, and its aftermath, are one possible way in which the researcher can assist subjects and minimise harm (McBurney, 2001:60 in De Vos et al 2011:122). The researcher herself is trained in trauma debriefing, and therefore debriefed the children (respondents) herself after the interviews, where it was necessary.

5.2.5.6 OBJECTIVITY

Objectivity is the basis of all research requirements. The researcher must therefore maintain the essential distance between herself and her material, in order to avoid emphasising her own preferences and aversions (Babbie, 2001:472 in De Vos et al, 2011:309). The researcher is skilled and equipped to deal with the information in a sensitive way and to handle information objectively.

The researcher is employed at the children's home where the study was conducted, and has daily contact with the children. Although there is daily contact with all the children, the personal information of all the children is not known by the researcher, due to the fact that the researcher is not working with all the children as part of her daily duties at the children's home.

The researcher ensured objectivity during the study by not involving children from her own case load into the study that was conducted. Therefore only children that were not known by the researcher was interviewed and studied.

5.2.5.7. ETHICAL APPROVAL

Ethical approval was obtained from the North-West University (Potchefstroom Campus). Ethical number: NWU-00027-09S1. Approval was obtained from the Director from the Jacaranda and Louis Botha Children's Homes for research in their facility.

5.2.6 DATA ANALYSIS

For the qualitative data the researcher made use of a thematic analysis described as Tesch's approach (as quoted in Creswell, 2009:186):

- The researcher obtained a sense of the whole by reading all of the transcripts carefully, ideas was noted as they came to mind
- The researcher selected one interview, and thought about the underlying meaning in the information, and then wrote down any thoughts that came up, in the margin.
- When the researcher completed this task for several participants, a list was made up of all the topics. Similar topics was clustered together and formed into columns that arrayed into major topics and leftovers.
- The researcher then took the list back to the data. The topics were abbreviated as codes and the codes written next to the appropriate segments of the text.
- The researcher found the most descriptive wording for the topics and turned them into categories.

- The researcher further reduced the total list of categories by grouping together, topics that related to each other.
- The researcher made a final decision on the abbreviation for each category and alphabetised the codes.
- The data was assembled; each belonging to a category and a preliminary analysis was performed.

6. TERMINOLOGY

6.1 Child sexual abuse

“Any form of sexual activity with a child by an adult, where there is no consent or if consent is not possible+ Sexual abuse includes, but is not limited to showing the child pornographic materials, placing the child’s hand on another person’s genitals, touching a child’s genitals and/or penetration of a child’s body (mouth, anus, vagina) with a penis, finger or any other object of any sort. According to the authors, penetration does not necessarily have to occur for it to be sexual abuse (Berliner & Elliot, 2002:56).

6.2 Child-on-child sexual abuser

The child-on-child sexual abuser is:

“any child who unlawfully and intentionally or unintentionally compels another child, without the consent of the child, to commit an act of sexual violation+(Berliner & Elliot, 2002:56).

6.3 Grooming

Grooming entails:

“the process by which a child is befriended by a would-be abuser in an attempt to gain the child’s confidence and trust, enabling them to get the child to acquiesce to abuse activity. It is frequently a pre-requisite for an abuser to gain access to the child+(Kreston, 2009:42).

7. LIMITATIONS OF THE STUDY

The following limitations were experienced by the researcher during the study:

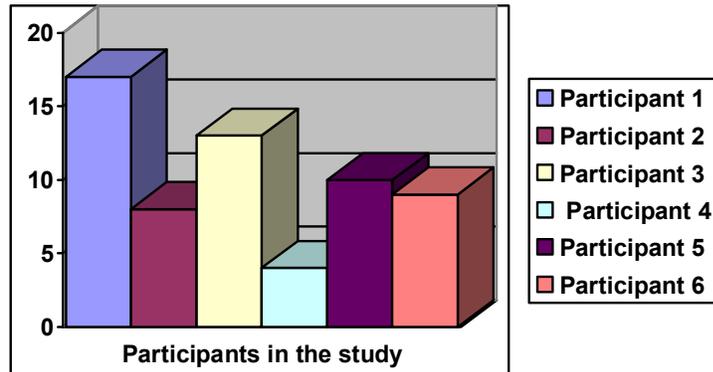
- The children involved in the study were initially very reluctant to talk to the researcher, because they were ashamed of the fact that they have abused other children. The researcher first had to establish the children's trust and thoroughly explain what the purpose of the study was.
- The social workers involved in the study initially were reluctant to talk to the researcher about the full extent of child-on-child sexual abuse in the children's home, due to the fact that the information might give a negative image of the children's home's functioning, and the way child-on-child sexual abuse are dealt with.
- Some of the case files that were studied were not regularly updated with past or recent information, and as a result not all the incidence of child-on-child sexual abuse was documented in the files.
- The Director of Jacaranda and Louis Botha Children's Homes were reluctant to give approval for the study, due to the fact that the information might give a negative image of the children's home's functioning.

8. FINDINGS OF THE RESEARCH STUDY

8.1 PROFILE OF THE PARTICIPANTS (SOCIAL WORKERS)

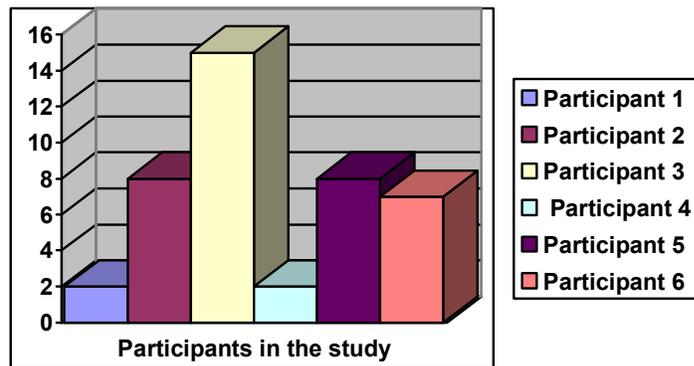
Six social workers, currently working in a children's home facility were used during the research study. All of the participants in the study have at least five years' experience in Social Work and at least two years' experience in specifically children's homes, and working with sexually abused children.

Diagram 1: Participant's experience in Social Work



The diagram indicates the experience (in years) in Social Work that the participants to the study have. According to the diagram all the social workers involved in the study have at least five years experience in social work.

Diagram 2: Participant's experience in children's homes, working with sexually abused children



The diagram indicates the experience (in years) that the participants have in children's homes, working with sexually abused children. According to the diagram all the social workers involved in the study have at least two years experience, working with sexually abused children in a children's home.

All the participants involved in the study obtained a BA Honours degree in Social Work from accredited tertiary institutions. The tertiary institutions where the participants' qualifications were obtained are UNISA, Hugenote College in Wellington, University of Pretoria and the North-West University in Potchefstroom. All the participants keep abreast with new research and training as regards Social Work in general and information regarding the sexual abuse of children.

8.2 THEMES AND SUBTHEMES EXPLORED

The following themes and subthemes were explored during the individual interviews (See the interview schedules at addendum 1 and 2)

Theme 1		Removal of children from parental care
	Subtheme 1	Reasons why children are removed from parental care
	Subtheme 2	Reasons why children are admitted in children's homes
Theme 2		Child-on-child sexual abuse in children's homes
	Subtheme 1	Circumstances in which child-on-child sexual abuse takes place
	Subtheme 2	Regularity of child-on-child sexual abuse
	Subtheme 3	Procedures on how child-on-child sexual abuse are handled
	Subtheme 4	Task of the social worker in child-on-child sexual abuse incidents
Theme 3		The child as sexual perpetrator in a children's home
	Subtheme 1	The abuse history of the child
	Subtheme 2	The cognitive ability of the child
	Subtheme 3	The relationships in the child's life
	Subtheme 4	Grooming and triggers

	Subtheme 5	Methods used by the child to abuse other children
Theme 4		Intervention the child received and results
Theme 5		Reasons why children abuse other children in a children's home
Theme 6		Consequences of child-on-child sexual abuse in a children's home
Theme 7		A profile of the child-on-child sexual abuser in a children's home

8.3 DISCUSSION OF FINDINGS

8.3.1 THEME 1: REMOVAL OF CHILDREN FROM PARENTAL CARE

8.3.1.1 SUBTHEME 1: REASONS WHY CHILDREN ARE REMOVED FROM PARENTAL CARE

All of the social workers in the study state that children are generally removed from the parents' care due to the fact that the problems that families are experiencing are of a multi-dimensional character. One of the social workers states that: "There are in most cases numerous reasons why children are removed from parental care, it is seldom because of a single reason."

According to the social workers interviewed, general reasons why children are mainly removed from their parents' care include the following:

- Alcohol and drug abuse/dependency
- Poverty and financial problems that makes it impossible for parents to care for their children
- Neglect of the children
- Poor parental ability

- Divorce cases in which there is a dispute about the children
- Abuse (physical, sexual or emotional)

The statement from the authors, DuBois and Miley (2002:370) correlates with the statement of the social workers. They state that child abuse and neglect, and also the maltreatment of children by primary parental caretakers such as physical, emotional or sexual abuse and neglect are the main reasons why children are removed from parental care (DuBois & Miley, 2002:370).

All four children that were studied during the research, were removed from their parents care due to severe multiple trauma, before the age of four years. The reasons that most of the children in the study remembered why they were removed from their parents care are the following:

- Physical abuse
- Emotional deprivation and abuse from parents and complete rejection from their families.
- Alcohol and drug abuse by the parents
- Severe family conflict and marital problems between the parents
- Neglect and poor physical care by the parents
- Poverty, financial trouble and unemployment. Parents were unable to care for and provide in the childrens basic needs
- Poor parental abilities. There were no secure attachments between the four children studied and their parents or any of the members from the family.
- Sexual abuse ranging from a continuum of sexual acts that the children were exposed to:
 - Sexual exploitation which included being given to other adults for sexual activity/intercourse
 - Exposure to pornography and sexual media

- Rape
- Sexual fondling and inappropriate touch
- Sexual penetration (full extent of child sexual abuse)

One of the social workers states that children who are admitted in the children's home due to abuse (sexual, physical, and emotional) are a general occurrence. She states that: "Severe trauma was caused to the children when the abuse happened to them." "Every individual however copes with trauma in a different way, but emotional disturbances are a common factor in all abused children that needs to be dealt with."

8.3.1.2 SUBTHEME 2: REASONS WHY CHILDREN ARE ADMITTED IN CHILDREN'S HOMES

Social workers arrange alternatives when the needs of children require specialised care offered only through out-of-home services like residential facilities. Residential facilities and treatment programmes provide a therapeutic group environment for children with emotional disturbances that cannot be dealt with effectively in less intensive substitute family arrangements like foster care (DuBois & Miley, 2002: 389).

The social workers interviewed all concur with the above-mentioned authors. All of them state that, when children have been through one or more failed foster placement, the social worker is more inclined to admit the child in a children's home. The reasons for this are because the child's ability to attach to a person is decreased with every failed placement, whether it is a foster care or a place of safety placement. One social worker states that a child may present with emotional disturbances, and therefore rather be placed in a children's home to insure stability in a constant home environment where he or she will receive the necessary intervention.

All four children that were studied were in more than one foster placement before they were admitted to the children's home. The children's home placement was the only other alternative placement for all of them. For one of the children involved in the study, the children's home was his fifth placement in his short life span of 10 years (the age he was, when he was admitted to the children's home). The same child states the following: *"Tannie, ek was nooit gelukkig in pleegsorg nie, want my pleegouers het my net so verniel soos wat my eie pa het."* (Auntie, I was never happy in foster care because my foster parents neglected and abused me in the same way that my father did.)

Furnivall (2005:1) states that attachment to an adult ensures the survival of young children by keeping their caregivers close and available to provide protection and comfort. After numerous failed placements, a child however loses the ability to attach to another adult. When a child has no secure attachments, it has an enormous influence on his or her emotional well-being and functioning.

The majority of the social workers interviewed in the study state that the attachment relationship provides the context for the main developmental tasks of infancy and early childhood, particularly emotional regulation. Children who have experienced maltreatment are significantly more likely to develop disorganised attachments and these can have lifelong physical, emotional and social consequences. The opinions of all the social workers correlate with the study of (Furnivall, 2005:1) when he states that often children that have been through failed foster placements, have had extremely damaging experiences in their families and present very challenging behaviour. They are likely to have developmental deficits, and will need intervention.

According to the case files studied, of the four children that were involved in the study, the following reasons are universal in all four the

children's failed foster care placements, and reasons they were admitted in the children's home.

- Aggressive behaviour of the children, that the foster parents were unable to control or manage
- Child-on-child sexual abuse with the foster family's own children by the child.
- Poor adaptation in the foster family. The foster family weren't happy with the placement because the child could not adapt in their family.
- Marital conflict between the foster parents, and the child was causing more difficulty for the family during their marital conflict.
- Alcohol and drug abuse by the foster parents.
- Physical, sexual and emotional abuse by the foster parents.
- Rejection of the child by the foster parents.
- The foster parents were financially unable to provide in the child's basic needs.

8.3.2 THEME 2: CHILD-ON-CHILD SEXUAL ABUSE IN CHILDREN'S HOMES

8.3.2.1 SUBTHEME 1: CIRCUMSTANCES IN WHICH CHILD-ON-CHILD SEXUAL ABUSE TAKES PLACE

The social workers all state during interviews that most of the incidents reported on child-on-child sexual abuse in the children's home, happens in the children's rooms or somewhere on the premises of the children's home where the children can be alone, or engage in these behaviour where nobody is watching, or knows about it. In most cases the children know that this inappropriate sexual behaviour is not permitted and therefore they will do it in secrecy. The children create their own circumstances for it to happen, where nobody is aware of it.

One of the children interviewed stated: *“Ek wil nie hê dat my huistannie moet weet wat ek met ander kinders doen nie, en daarom gaan doen ons dit by die krieketveld waar daar nie altyd ander kinders is nie.”* (“I don’t want my caregiver to know what I am doing with other children, and therefore we go to the cricket field, where there seldom are other children.”)

One social worker explains the typical working procedure of a household in the children’s home, and how a child can use a single moment when he/she is not monitored, to engage in inappropriate sexual behaviour with another child. The social worker explains that a household in the children’s home consists of 13 children of the same gender in a house. The house has a care-giver and he/she is responsible for the care and supervision of the children. This care-giver knows his/her children and the children know the care-giver and his/her daily routine. The reality is that the children are also given privacy (older children), they go to school, are on the playground, etcetera. The care-giver is busy with her tasks, such as cooking and preparation for the children, and also to sleep during night time. It is impossible for him/her to monitor the children 24 hours of the day. One of the social workers states that: *“Most inappropriate sexual behaviour between children happens when the care-giver is occupied at the moment with another task or with another child.”*

Another social worker that was interviewed during the study explains another scenario where inappropriate sexual behaviour between children in the children home could occur. The children’s home uses substitution care-givers during weekends to give the care-giver a chance to rest. The substitution care-giver doesn’t necessarily know the children or what children should be closely monitored as there is a chance that he/she may engage in inappropriate sexual behaviour.

One of the social workers expresses her concern when she states: %t causes concern, and is a huge limitation for the children's home, that children are not always completely monitored.+ %When the children are not monitored, there is always a chance that inappropriate sexual behaviour could take place.+ She also states that when children are caught while busy with the inappropriate sexual behaviour, they feel ashamed and immediately have excuses for what happened. This statement correlates with the statement from Campbell (2007:75) in her study that when children are caught engaging in normal sexual play, the children feel silly and sometimes confused, but they do not experience emotions of deep shame, fear or anxiety.

8.3.2.2 SUBTHEME 2: THE REGULARITY OF CHILD-ON-CHILD SEXUAL ABUSE

All of the social workers in the study state that child-on-child sexual abuse is a frequent problem that occurs in children's homes on a regular base. It is important however to distinguish between sexual curiosity or exploration between the children and explicit sexual abuse. One of the social workers states that: %All humans have a very inquisitive tendency to explore and make sense of what they see and perceive.+ She further states that: %The children live together in groups in the children's home and they influence each other, because of the fact that they are living so closely together, and observing each other on a regular base.+ %They see what other children do and in most cases they duplicate the behaviour.+ %It is therefore understandable that sexual play between the children will take place on a more regular base, but once again there should be a distinction between sexual play and sexual inappropriate behaviour.+

Campbell (2007:75) states that, when a child observes sexual activity, it is quite normal that the child would be intrigued about what he or she observed. It is also normal that the child would want to model the behaviour to make sense for him- or herself about what he or she observed and also because he or she is curious. Sexual exploration of my own body is normal in sexual development. These acts of exploration should however be age-appropriate. It is no longer age-appropriate or normal sexual development for a child in the age group 8. 12 years to explore a friend's body.

Campbell (2007:75) considers sexual behaviour normal when it occurs infrequently, not compulsively, without aggression or coercion and can be modified when requested. Normal sexual behaviour can become problematic if it is characterised by the following factors (Campbell, 2007:75):

- When a child's normal sexual behaviour becomes repetitive despite attempts to restrain the behaviour.
- When the child becomes pre-occupied with a particular type of sexual behaviour.
- When a child becomes so preoccupied with sexual behaviour that it interferes with other activities.
- When the child tries repeatedly to engage other children into sexual behaviour.

One of the social workers interviewed states that when the regular sexual behaviour between children are characterised by the above mentioned facts, it causes concern and is an immediate motivation for intervention. All of the social workers interviewed however state that the regularity of sexual play or exploration between children is a more frequent incident than child-on-child sexual abuse. The social workers all however agree that child-on-child sexual abuse is a big problem in children's homes that occur on a much too regular

base. One social worker uses the words: %It causes a major concern that children are sexually abusing other children in a children's home . a place where they are supposed to be safeguarded against abuse.+

8.3.2.3 SUBTHEME 3: PROCEDURES ON HOW CHILD-ON-CHILD SEXUAL ABUSE IS HANDLED

The Sexual Offences and Related Matters Amendment Act (32 of 2007) (South-Africa) states that: %All acts of sexual abuse against children must be reported to the South-African Police Service+. The police officer will investigate the matter and will then decide the urgency of the matter and will either open a docket or just an inquiry. The Act further states that any person who fails to report any incident of child sexual abuse by an adult or another child, is guilty of a criminal offence and should be prosecuted.

All the social workers interviewed state that it is a matter of great urgency to deal with every incident of inappropriate sexual behaviour in the children's home, whether it is just exploration (sexual play) or child-on-child sexual abuse. One of the social workers explains that according to the Sexual Offences and Related Matters Amendment Act (32 of 2007, South-Africa, 2007) it is also the responsibility of the social worker at the children's home to report the incident to the Department of Health and Social Development. A Form 22 is completed in this regard with all the information necessary to insure that the Department have all the information needed about the incident that took place.

According to the social worker interviewed, the following needs are to be considered in dealing with the situation and the specific child:

- The chronological age of the child . A much younger child who does not understand the full extent of his or her behaviour and the crime that he or she committed cannot be completely held responsible for what he/she has done.
- The cognitive level of functioning of the child . children on a lower intellectual/cognitive functioning will not understand the full extent of what he/she has done.
- The urgency of the incident that took place. An incident of sexual play or exploration, because of observing behaviour and trying to make sense of this, will be handled in a different way than child-on-child sexual abuse.
- The abuse history of the perpetrating child. A child who was sexually abused him- or herself is at a high risk to become involved in sexual behaviour with other children.
- The number of times that a similar incident was handled and discussed with the perpetrating child. Specifically with older children, the number of times that a child was involved in sexual behaviour with another child, and was discussed with him or her is an important factor on how to further deal with him/her.

8.3.2.4 SUBTHEME 4: THE TASK OF THE SOCIAL WORKER IN CHILD-ON-CHILD SEXUAL ABUSE

With regard to the specific task of rendering a service to the sexually abused child in the children's home, all of the social workers interviewed in the study agreed that they are responsible for the following tasks:

- Group activities with the specific theme of safe boundaries. This is specifically to help children cope with the sexual abuse that they experienced.

- Preventative groups to empower children to protect themselves and/or to speak when sexual abuse happened to them. During these groups, the children are also empowered to speak when or if they are confronted with sexual invitations such as pornography, explicit sexual videos, games, pictures, etcetera.
- Individual therapeutic services with the sexually abused child to help him or her cope with the trauma that sexual abuse caused for him/her.
- Developmental activities to help children grow and develop into healthy young adults, without constantly having to be reminded of the harm done to them, and the trauma that was caused.

The literature from the study of DuBois and Miley (2002:226) correlates with the statements from the social workers in the study. The authors state that social work activities with the sexually abused child fall into three broad functions namely consultancy, resource management and education. The focus of consultancy is resolving problems. Resource management involves utilising and co-ordinating the social service delivery system to deal with the specific problem. Education requires some type of instruction or learning process to help the child cope with trauma and ensuring strategies for the child to be able to cope with his/her circumstances.

8.3.3 THEME 3: THE CHILD AS SEXUAL PERPETRATOR IN A CHILDREN'S HOME

8.3.3.1 SUBTHEME 1: THE ABUSE HISTORY OF THE CHILD

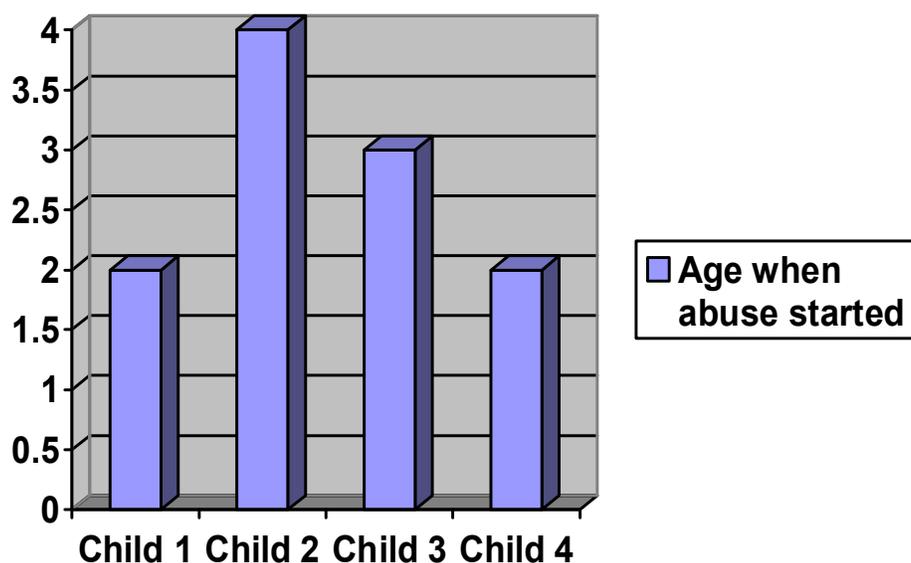
All of the social workers interviewed state that sexual abuse (although the biggest concern) was only a fraction of the trauma that the children (from the study) had to endure. The children were not cared for, they had no responsible adult to fulfil their most basic needs and were not wanted.

The social worker working with one of the children involved in the study states that the child was living with his parents in unsafe and unstable living conditions. There was no adult supervision for the child, and everybody in the neighbourhood (related or non-related persons) had contact with the child. In all four of the children's cases studied, the parents were directly or indirectly involved in the sexual abuse that the children were exposed to.

One of the children states the following: *"Niemand was vir my lief nie. Almal wat vir my moes lief wees, het my geslaan, gemolesteer of gevloek. Ek kan nie 'n tyd onthou wat ek gelukkig was by my familie nie. Hulle wou my nooit gehad het nie."* (Nobody loves me. Everybody that was supposed to love me, hit me, molested me or swore at me. I cannot remember a time when I was happy while living with my family. They never wanted me.+) .

Another child states that: *"My pa het lelike goed met my gedoen"* "Vandat ek kan onthou het hy my seergemaak en nie mooi goed gedoen nie." "Ek voel skaam daaroor." (My dad did ugly things to me.+ Since I can remember, he hurt me and he didn't do nice things to me.+ I feel ashamed of what he had done to me.+)

Diagram 3: Age of the participants when sexual abuse started



The diagram indicates the age of the four children involved in the study, when sexual abuse started with them. According to the diagram the children were as young as four years old and even younger when the sexual abuse started. According to file content, the sexual abuse activities that happened to the four children included the following:

- Sexual fondling or inappropriate touching
- Exposure to adult sexual activity and/or pornography
- Sexual abuse by parents/care-givers and/or related members in the family
- Watching how the perpetrator masturbate
- Children forced to masturbate themselves while the perpetrator is watching
- Doing sexual favours for the perpetrator
- Full sexual penetration (rape)

One of the children mentions that he was forced to do sexual favours for his perpetrator, which was his mother's boyfriend.

Two of the children studied, were not only abused by a single perpetrator in the family but were also given to other related and non-related persons for sexual abuse.

8.3.3.2 SUBTHEME 2: THE COGNITIVE ABILITY OF THE CHILD

All four the children studied in the research have limited cognitive ability and intellectual functioning. They were all placed in special schools because they were unable to adapt and function in mainstream schools. All the social workers interviewed in the study state that the limited cognitive ability of the four children, could be because trauma in their lives caused a block that prevents learning from taking place. One of the social workers further states that trauma has a big influence on the working of the brain and the part of the brain where new experiences and learning gets processed.

This statement correlates with the study of Perry (2000:48) where he states that cognitive functioning appears to be affected by sexual abuse experiences. He further states that all experiences change the brain. Traumatic events like sexual abuse impacts on multiple areas of the brain, which create altered neural systems that influence cognitive functioning. In order to heal, therapeutic interventions must activate those portions of the brain that have been altered by the trauma.

8.3.3.3 SUBTHEME 3: THE RELATIONSHIPS IN THE CHILD'S LIFE

Two of the children studied have no contact with their parents or any other family. There has been no contact with them since their admission in the children's home. One of these children studied, states that his parents and family completely reject him, and make no contact with him.

The particular child states: *“Tannie, hulle het my weggegooi, en is nie meer lief vir my nie”* (‘Auntie, they abandoned me and they don’t love me anymore.’) The child has no other exterior support system and he is never going out of the children’s home to visit any significant support systems, friends or family. The social worker states that she has tried numerous times to find the particular child a suitable support system in the form of a mentor or weekend parent. The child however does not have the ability to maintain a healthy relationship, and these placements failed. All of the social workers interviewed state that the children studied, just like any other person, have the great desire to be accepted and loved, but struggle to function in their relationships.

The opinion of the social workers interviewed correlates with the statement from Lakani (2010:1). The author states that: ‘The review from the study found that the boys who were sexually abused and involving other children in inappropriate sexual behavior, were unable to form healthy relationships as a result of neglectful and hostile parenting.’ ‘Even before starting school, they were anxious, angry and detached; bed-wetting, nightmares, self-harm and eating problems were common.’ They were unable to maintain healthy relationships.

8.3.3.4 SUBTHEME 4: GROOMING AND TRIGGERS

Vassar (2011:1) defines a ‘trigger’ as something that sets off a memory tape or flashback transporting the person back to the event of his/her original trauma. According to all the social workers interviewed in the study, ‘triggers’ might be present with victims of sexual abuse. Anything the victims observe through their senses, can be a reminder of the traumatic experience that they have experienced. It can also be events that happen in the mind of the sub-conscious, forcing the person to remember the past, and the negative memories.

Vassar (2011:1) further adds that trauma can cause children and adults to act and react on a continuum pertaining to the impact of the trauma. Behaviour can be exaggerated as in hyper-arousal, or avoiding or denying, such as in dissociation. A person's individual triggers is unique and can be known by him/her, or there is a possibility that it is not known, and in such cases the body will react on the impulse, without knowing why it happened.

One child that was studied, states that one thing that always triggered him to be aware of another child and to sexually abuse him was that the child was physically weak. The perpetrating child's exact words are: *Ek het gevoel ek kon hom beheer, omdat hy kleiner as ek was, en ek was lus vir hom omdat hy vir my baie mooi was.* (I felt I could control him because he was smaller than me, and I felt aroused by him, because he was attractive to me.)

The social workers interviewed state that grooming is also an important factor in child-on-child sexual abuse. In grooming in child-on-child sexual abuse the emphasis for the perpetrating child (just as in adult sexual abuse of children) will be to befriend the victim, and gaining his or her trust. Kreston (2009:42) states in her study that grooming involves techniques designed to lower the child's inhibitions in order to exploit the child sexually. It involves the desensitisation to and normalisation of sex. Three of the social workers agree with the opinion of the author when they state that grooming establishes a bond between the victim and the perpetrator, resulting in the greatly reduced likelihood of the child disclosing the abuse/exploitation.

According to one of the social workers interviewed however the concept of knowing me something+ between children in the children's home, is an important factor to keep in mind. The children live together very closely in their home environment and they know everything about each other. When a child does something wrong, or that he or she doesn't want the caregiver to know about, the other children who know about it, will use the situation as a great opportunity to either bribe the child for what he/she wants or in the case of child-on-child sexual abuse, to do something for the perpetrating child in return for the perpetrator's silence about the matter. The perpetrating child will therefore sexually abuse the child victim, and the victim will never tell because he or she is scared that the perpetrator might tell about the mistake he has made.

8.3.3.5 SUBTHEME 5: METHODS USED BY THE CHILD TO ABUSE OTHER CHILDREN

According to all of the social workers interviewed in the study, the following was similar actions by all four children studied in the research, in the processes they followed to abuse other children:

- They all approached the victim's in secrecy. They wanted nobody to know about the sexual abuse of the victim.
- The victim was forced, intimidated and manipulated to do sexual favours for the perpetrating child.
- They lured the victim away from the activities in the house, so that the perpetrator could be alone with the victim.
- Threatening the victim that he or she (the perpetrator) would either hurt him or her or tell the care-giver about something that the victim did wrong and could get into trouble for.

- A grooming process of befriending the victim was followed.
- They were all involved with other abnormal sexual behaviour with the victim, other than the actual child-on-child sexual abuse:
 - Looking/staring at the victim and other children while undressing or bathing.
 - Masturbating in front of the victim, forcing him or her to watch while he or she is doing it, and would get aroused by the fact that he or she knows he or she is being watched.
 - Forcing the victim to masturbate while he or she is watching.
 - Making regular sexual comments or jokes with the victim and other children.
 - He or she is overly obsessed with sexuality.
 - He or she has uncontrollable sexual urges.

The above-mentioned processes followed by the perpetrating children correlates with the statement of Campbell (2007:78): ~~%n~~ any sexual abuse, the perpetrator gives great thought to the choice of victim to approach, and the process he is going to follow to ensure he will not get caught out.+ There are certain things that may stand out for a perpetrator, (whether it is a child or an adult) when choosing a possible victim to abuse. A perpetrator tends to choose a victim which he or she can have control over.

According to Campbell (2007:78) children who molest seek out children who can be bribed, forced and coerced into sexual activity. The victims are selected because of their vulnerabilities, which include their age, intellectual impairment, loneliness, depression, social detachment or emotional deprivation.

All the social workers interviewed agree with the above statement from Campbell (2007:78) and further add that specifically in the children's home, a perpetrating child would choose a more submissive and quiet child to abuse. The perpetrating child does not want to be caught out. Therefore children who can be dominated, manipulated or controlled will more likely be sexually abused. One of the social workers interviewed states that in some cases the perpetrator will also tend to abuse younger, physically weaker or intellectually limited children, as the chances that the victim would disclose the abuse is not likely and the chances that the perpetrator could get caught is minimal.

8.3.4 THEME 4: INTERVENTION THAT THE CHILD RECEIVED AND RESULTS FROM THE INTERVENTION

Victims of any type of sexual abuse, whether it is sexual abuse by an adult, child-on-child sexual abuse or exposure to sexual abuse with someone else or pornography, needs the necessary intervention to deal with the trauma that the sexual abused caused (Campbell, 2007: 79). All the social workers interviewed agree with this statement but are concerned about the reality that there are always limitations in a children's home system. There are not always the necessary resources or finances to give the child the immediate therapeutic intervention he/she urgently needs.

According to file content of the studied children, all four the children have been through a therapeutic process. The therapy was mainly focussed on the sexual abuse trauma that the children endured, and on how to help them cope with the trauma. Due to the fact that the children all experienced multiple trauma, the sexual abuse trauma was not the only facet that therapeutic intervention was focussed on. Therapy with these children was of prolonged.

Two of the children in the study stated that they receive therapeutic intervention twice, in two different developmental phases in their lives (ages of about 7 and 10 years).

Three of the children are currently receiving medication to help them to control their sexual urges. They have to take their medication daily and in some cases receive long-working (monthly) injections. One of the social workers interviewed, states that the usage of medication is necessary because a long history of sexual abuse lowered the children's inhibitions and therefore the children are unable to control the impulses their body is sending to engage in sexual activity.

The social worker further stated that there may be cases where such severe damage was caused to the child as a result of multiple trauma, with the main focus being on sexual abuse (as in the case of the four children studied), that there might be a chance that therapeutic intervention might not help for the child. She further states that all four children used as participants in the study, received the necessary therapy (prolonged therapy) but is still not able to cope with the damage that sexual abuse trauma caused, and as a result they involve other children in child-on-child sexual abuse.

8.3.5 THEME 5: REASONS WHY CHILDREN ABUSE OTHER CHILDREN IN A CHILDREN'S HOME

All of the social workers in the study state that the initial sexual behaviour between children might be sexual exploration (sexual play) of each other's bodies, but might result in abnormal and inappropriate sexual behaviour and child-on-child sexual abuse. The statement from the author (Lakani, 2010:1) correlates with the opinions of the social workers interviewed when she states: "For some children it may be a passing phase, or just sexual play with another child, but the harm they

cause to other children can be serious and some will go on to abuse children into adulthood if they do not receive help.+

Lakhani (2010:1) state that the reasons why children sexually harm others are complicated and not always obvious. Some of them have been emotionally, sexually or physically abused themselves, while others may have witnessed physical or emotional violence at home. This statement correlates with the opinion of one of the social workers interviewed who states that: %Sexual abuse of another child might be a coping mechanism for the perpetrating child for his own sexual abuse.+

According to the social workers interviewed, children might sexually abuse other children as an attempt to regain the power and control that they were robbed of during their own sexual abuse. Lakhani (2010:1) found in her study that all the boys involved in her study (age 10. 12 years) started abusing other children after being sexually abused themselves. By the time they received specialist help they had all perpetrated serious abuse against several children. This was not childhood experimentation: their victims were as young as six months; penetration and violence were common. Lakhani (2010:1) further states that the children may also be seeking control in response to the cruelty and loneliness of their own lives, while spoiling the life of a "luckier or happier" child.

One social worker interviewed states that another reason why children abuse might be because the perpetrating child is simulating behaviour that seems normal to him/her. When a child was exposed to sexual abuse, he or she might think that it is the normal way to show love and affection to other people. If he/she knows no better example, the abnormal sexual behaviour is the behaviour that he or she is going to repeat.

This statement correlates with the research from Lakhani (2010:1) where she states that children who have molested siblings, classmates, or friends, were invariably born into families in which abuse, violence and neglect has become routine over several generations. They have never experienced calm, coherent parenting. Lakhani (2010:10) states that: "By the time we see them they have been spinning through a spiral of thoughts and feelings and sexually harmful behaviours for several years."

Most of the social workers in the study state that intellectual disability or limitations might play a significant role in the incidence of child-on-child sexual abuse. Sexual abuse or exposure to sexual media and pornography is something that a child's brain, just like any other new experience needs to process and understand. One social worker states that: "Children with limited intellectual capacity are not able to understand sexual stimuli and might simulate the sexual activity that he/she observed to try and make sense of it."

Lakhani (2010:1) states that emotional disturbances like low self-esteem, hostility, isolation, loneliness, anxiety, depression, apathy, fear of rejection and distrust might be a motivation for a child to become involved in inappropriate sexual behaviour with another child. This statement correlates with the statement from one of the social workers interviewed. She states that: "When a child was exposed to sexual abuse and feeling feelings of shame, guilt and depression, there is a possibility that he/she might become involved with sexual abnormal behaviour with another child."

Exposure to adult sexual activity, pornography and other sexual media like sexual pictures and videos shown on cell phones, television, video games, and the internet has a very big influence on children. Children rank the media as the leading source of information about sex, second only to school sex education programs.

Numerous studies document children's susceptibility to the media's influence on their sexual attitudes, values and beliefs (Anon, 2003:301. 306).

DeAngelis (2007:1. 3) states that a few studies are beginning to show a correlation between Web pornography use among children and their sexual attitudes. Studies in South Africa and abroad show that each year about 40% of teens and pre-teens visit sexually explicit websites either deliberately or accidentally.

All of the social workers interviewed state that there is limited internet access for the children in the children's home, and where possible the children's only encounter with the internet is under the supervision of the care-giver to help with homework or projects. The reality however is that even though the children's home does not support unsupervised internet access, it is freely available to the children by other sources.

One of the social workers further states that a child may try to make sense of the information that he or she observed by modelling the behaviour, not knowing that what he/she is doing might be wrong. Child-on-child sexual abuse therefore might take place as a result of a child being exposed to sexual media and not understanding what it is about or how to handle the information he or she wrongly observed.

8.3.6 THEME 6: CONSEQUENCES OF CHILD-ON-CHILD SEXUAL ABUSE IN A CHILDREN'S HOME

Faulkner (2003:11) states that the ever increasing amount of literature on the effects of childhood sexual abuse indicates a number of long-term and short-term problems. Symptoms related to depression, anxiety, intrusive thoughts, substance abuse, relationship difficulties, low self-esteem and dissociation are frequently reported.

The study from Faulkner (2003:11) also suggests that childhood sexual abuse is one of the most prevalent risk factors for a number of psychological problems in adults. Child-on-child sexual abuse has a much greater potential to disrupt relationships and impact on the victim's ability to tolerate intense emotions and express affection.

All of the social workers agree with the statement from Faulkner (2003:11). They all state that the consequences of child-on-child sexual abuse on both the victim and the perpetrator thereof can be summarised as follows:

- Behavioural disturbances
- Psychosomatic symptoms
- Interpersonal problems and poor interpersonal relationships with other people, friends and their peers
- Psychosexual problems
- Low self-concept and self-esteem
- Inadequate social abilities
- Suppressed anger
- Confused boundaries
- Aggression
- Feelings of guilt
- Weak role-identification or role-confusion
- Inadequate self-control
- Suicidal thoughts
- Alcohol and drug abuse/dependency

8.3.7 THEME 7: A PROFILE OF THE CHILD-ON-CHILD SEXUAL ABUSER IN A CHILDREN'S HOME

From the literature review that the researcher studied, it became evident that just as in the case of adult sexual abuser of children there

is no evident profile for a sexual offender. During the researcher's study however, the researcher came to the conclusion that, in the case of child-on-child sexual abuse, the characteristics are so similar in their occurrence that it is possible to formulate a possible profile for children who might abuse another children, especially in a children's home system.

From the information obtained from interviews with the social workers and children, and also the study of the relevant file content of the children, the researcher came to the conclusion that a child resembling the following characteristics might fall into the profile category of a possible child-on-child sexual abuser. It is very important to remember that it is not a given fact that all children who show the following characteristics are child-on-child sexual abusers. There are however reasons for concern, and a full forensic assessment is necessary to determine the reason why the child presents with the characteristics:

According to the social workers interviewed the characteristics of a possible child-on-child sexual abuser and therefore a possible profile of a child-on-child sexual abuser include the following:

- Children portraying inappropriate abnormal sexual behaviour.
- Children with bad interpersonal relationships and who are unable to maintain relationship with friends or their peer group.
- Children who have feelings of shame, guilt and depression.
- Children who have a history of physical, sexual or emotional abuse.
- Children with a low ability to cope with trauma in his/her life.
- Alienated children who are seen as "outsiders" and do not fit well into the community.

Campbell (2007:82) states that children who molest other children have similar characteristics. Many of the children who molest have a low

average IQ. Aggression, poor peer relations and very few or no friends are part of the peer relations. The relationships with other children are characterised by antagonism, fear, uncertainty and disagreements. The children have limited social skills and are very impulsive. Their frustration tolerance is poor. They have almost no problem-solving and positive coping skills. Their behaviour includes anxiety, depression, somatic complaints, hyperactivity, aggressiveness, delinquency, boredom, assertiveness, emotional inhibition, over-controlling behaviour, interpersonal dependence, social skills deficit, and a personality disorder as typical behaviour of children who molest.

Campbell (2007:82) further states that many studies show that children who molest have a high degree of sexual pre-occupation. Established habitual patterns of abusive behaviour, preoccupation with deviant sexual fantasies (especially when they are reinforced by exposure to pornography), and beliefs and attitudes that maintain abusive behaviour, are also pre-dispositions to sexual abuse of children.

Most children who molest have a long-standing unsatisfying relationship with their parents. The relationships with adults in the family are stressed and fraught with conflict. Most are victims of physical violence or have witnessed physical violence at their home. Nurture and emotional support are most often lacking in their relationships with adults. All this contributes to a lack of experience in forming good enough attachments. They develop a resistance and hostility to figures of authority. These children are needy children who have discovered that they can obtain attention through sexual activities (Campbell, 2007:82).

The information from the study of Campbell (2007:82) correlates with the behaviour and characteristics of the four children in the children's home, studied in the research. All of the children portray similar behaviour patterns and characteristics. These characteristics include the following:

- All four children have poor adaptation skills and are unhappy in the children's home. There is an aspect of rejection from their parents and families present in all four children.
- All four children experienced multiple trauma. They were exposed to numerous incidents of sexual, physical and emotional abuse.
- All four children are very emotional and depressed children. When with their victims during child-on-child sexual abuse they are aggressive and controlling, but when with adults or persons that they do not control or can intimidate, they are needy, emotional, attention-seeking children with a depressive state of mind.
- All four children are seen as outsiders in their houses, schools and in the children's home. They don't have lots of friends or are in constant conflict with their friends and peers. They have no interpersonal or social skills and are not able to maintain any positive relationships.
- All four children portray a continuum of unhealthy, problematic sexual behaviour like:
 - Excessive masturbation in public or private.
 - They get sexually aroused by the fact that other children watch when they masturbate.
 - They are constantly making sexual comments or jokes, which are completely inappropriate in the conversation or the group they are at the time.
 - Looking (staring) at other children while they are undressing or taking a bath.
 - Gathering sexual material (pornography) to look at.
 - Threatening children that they will hurt them, when they do not give in to the sexual favours they are asking them to perform. They will also threaten to hurt the victim if they are to disclose the abuse that has been happening to the victim.

- Forcing themselves on much younger, physically weaker and intellectually limited children for sexual arousal and pleasure.

9. CONCLUDING REMARKS

The aim of this research study was to determine what the profile is of the child that may sexually abuse other children in a children's home. When this profile is known with or before admission of the child in the children's home, an accurate adaptation of the child's individual development plan can be done to insure that the child receives the correct intervention. When this profile is known before admission, it might also reduce the high incidence of child-on-child sexual abuse in children's homes.

Child-on-child sexual abuse is a fast-growing problem which has a direct effect on children's homes. A high percentage of children admitted to children's homes were sexually abused themselves. The correct intervention of the sexually abused child in the children's home is an important factor that needs to be dealt with. Not all sexually abused children who are admitted in the children's home are inclined to harm or to be a threat to the other children who are living with him or her in the same house. There is however always a risk of problems or sexual inappropriate behaviour, which may result in child-on-child sexual abuse, involved when sexually abused children are placed together in the same living facility.

Child sexual abuse, whether by an adult or another child has a very negative influence on the victim with negative consequences that the child may carry with him or her into adulthood. Sexual abuse is an experience which is difficult for the victim to deal with. The child is robbed of his or her right to be a child, and is not supposed to be confronted with the trauma of sexual abuse.

Throughout the study it became clear to the researcher that the consequences of sexual abuse have an enormous influence on the victims' overall functioning.

The researcher also realised that the placement of sexually abused children in specific houses in the children's home, are an important factor that both the social worker and care-giver should consider carefully. Pro-active precautionary methods should be in place to protect both the child who have been sexually abused and other children who is living with him or her in the same house. This is why it is very important that whole profile of the child admitted to the children's home, is known to the social worker. Precautionary methods can be more accurately implemented if the profile of a child-on-child sexual abuser and the reasons why he/she abuses other children are known.

10. RECOMMENDATION

After the thorough evaluation of the information obtained in the research study, the following recommendations can be made:

- Every sexually abused child should be forensically assessed before or with admission in the children's home. According to Greenspan (2003:197), the purpose of the pre-forensic screening can be stated as simply to learn as much as possible about the child. The interviewer's basic task therefore is to create a setting that maximises the amount of information that can be observed (Greenspan, 2003:197). If a sexually abused child is forensically assessed with or before admission to the children's home, then the dynamics and full extent of the abuse to the child will be known, which will better equip the social worker to make decisions regarding the intervention with the child. This will also reduce the risk of possible child-on-child sexual abuse that the child might have with other children. It is a necessity that all sexually

abused children receive the correct therapeutic intervention and a developmental approach to healing from the traumatic experience that they have been through.

- Every care-giver and house parent in a residential facility like a children's home, should receive all the necessary training that would enable them to handle sexually abused children, or the incidence of child sexual activity in the home, in the correct manner. When a care-giver is thoroughly trained and equipped with the right information on how to handle sexually abused children, the risk of child-on-child sexual abuse in a children's home, might be reduced. The negative effect of sexual abuse that children (both victim and perpetrator) experience, might also be reduced if the care-giver gives the correct reaction to the incidences when they happen, and deals with it in the correct manner.
- Every social worker, working in a residential facility like a children's home, must be trained in forensic practice, to insure that they are well equipped and trained to effectively deal with child sexual abuse.
- All children in the children's home should be empowered against sexual abuse whether by an adult or another child. The child must be educated about sexual abuse, how it happens, and how to prevent him- or herself from being a victim of sexual abuse. The children's self-confidence should be developed to enable them to disclose when any inappropriate sexual activity happens to them or any other child that they are aware of. The children's emotional intelligence should be developed to enable them to feel safe to disclose at any time when their safety and boundaries are being invaded.

11. REFERENCES

Anon. 2003. Impact of media use on children and youth. *Paediatrics and child health*, 8(5): 301 . 306

Babbie, E. 2007. *The practise of social research*, 11th ed. Belmont: Thomson Wadsworth.

Babbie, E. 2001. *The practise of social research*, 9th ed. Belmont: Wadsworth

Berliner, L. & Elliot, D.M. 2002. Sexual abuse of children. Meyers, JEB.

Blatch, N. 2006. Alarm over increase in child-on-child sexual abuse. *Weekend Post*, 1, 03 Jun.

Bromberg, D.S. & Johnston, B.T. 2001. Sexual interest in children, child sexual abuse, and psychological sequelae. *Children, Psychology in the schools*, 38(4): 343 . 355.

Campbell, J. 2007. *Sex education: the key to your child's well-being*. 4th ed. Stellenbosch.

Creswell. J.W. 1998. *Qualitative inquiry and research design: choosing among five traditions*. Thousand Oaks, CA: Sage.

Creswell, J.W. 2009. *Research design: qualitative, quantitative and mixed method approaches*. 3rd ed. California: Sage.

Cunningham, C & Macfarlane, K. 1997. *When children abuse: group treatment strategies for children with impulse control problems*. 2nd ed. Euan Bear.

DaAngelis, T. 2007. Web pornography's effect on children. *American Psychological Association*, 38(10): 1. 3.

De Vos, A.S., Strydom, H., Fouche, C.B & Delport, C.S.L. 2011. Research at grass roots: for the social sciences and human service professions. 4th ed. Van Schaik Publishers.

DuBois, B & Miley, K.K. 2002. Social Work: an empowering profession. 4th ed. Boston: Allyn & Bacon.

Faulkner, G. 2003. The differential effects of attachment and abuse characteristics in the long-term effects of child sexual abuse. Alliant International University. (Dissertation . Phd).

Furnivall, J. 2005. Attachment-informed practise with looked-after children and young people. www.iriss.org.uk. Date of access: 27 March 2013.

Gray, A., Pithers, W.D., Busconi, A, & Houchens, P. 2009. Children with sexual behaviour problems and their caregivers: demographics, functioning, and clinical patters. *Sexual abuse: a Journal of Research and Treatment*, 9(4): 267. 288.

Greenspan, S.I. 2003. The clinical interview of the child. 3rd ed. Arlington: American Psychiatric Publishing.

Jick, T.D. 1983. Mixing qualitative and quantitative methods: triangulation in action. In Van Maanen, J. (Ed.), *qualitative Methodology*. Beverly Hills: Sage.

Kreston, S.S. 2009. In harm's way: child pornography, grooming and the Sexual Offences Act of 2007. *Child Abuse Research: A South-African Journal*, 10(2): 4. 51.

Lakhani, N. 2010. What drives a child to commit sexual abuse? *Health News*.

Lindsay, M. 1999. The neglected priority: Sexual abuse in the context of residential child care. *Child Abuse Review*, 8:405. 418.

Lowenstein, L. 2006. Aspects of young sex abusers: a review of the literature concerning young sex abusers. *Clinical Psychology and Psychotherapy*, 13: 47. 55.

McBurney, D.H. 2001. *Research Methods*. London: Wadsworth Thomson Learning.

Muller, K & Hollely, K. 2000. *Introducing the child witness*. Port Elizabeth: Prinrite.

Neuman, W.L. 2003. *Social research methods: qualitative and quantitative approaches*. 5th ed. Boston: Allyn & Bacon

Omar, S & Patel, L. 2012. Child-on-child sexual abuse: Results of a survey in Johannesburg. *Social Work/Maatskaplike Werk*, 48(3): 274. 289.

Perry, B.D. 2000. Traumatized children: how childhood trauma influences brain development. *The Journal of the California Alliance for the mentally ill*, 11(1): 48. 51.

Powell, A. 2007. Now even children are committing acts of rape. *Cape Times*: 3, 02 Apr.

Shaw, E. 2004. Child on child sexual abuse: psychological perspectives. *Child Abuse and Neglect* 24(12):1591. 1600.

Singleton, R., Straits, B.C., Straits, M.M & McAllister, R.J. 1988. Approaches to social research. New York: Oxford University Press.

South Africa. 2007. Sexual Offences and Related Matters Amendment Act 32 of 2007. Pretoria: Government Printers.

South-Africa. 2008. Child Justice Act 75 of 2008. Pretoria: Government Printers.

Sperry, D.M. & Gilbert, B.O. 2005. Child peer sexual abuse: Preliminary data and outcomes and disclosure experiences. *Child Abuse and Neglect*, 29:889. 904.

Van Niekerk, J. 2009. Our children are raping each other. *Sunday Times*: 2, 18 Nov.

Vassar, G. 2011. Learning the trauma triggers. 1st ed. Lakeside Educational Network.

Walliman, N. 2006. Social Research Methods. London: Sage.

12. ADDENDUMS

The following addendums are attached:

- 1) The schedule that was used during interviews to obtain information from social workers who participated in the study
- 2) The schedule that was used during interviews to obtain information from the children who participated in the study.
- 3) Language editing certificate from Mrs M Gerber

ADDENDUMS

ADDENDUM 1
ONDERHOUDSKEDULE VIR MAATSKAPLIKE WERKERS

**“A PROFILE OF THE CHILD – ON – CHILD SEXUAL ABUSER
IN A CHILDREN’S HOME”**

BESONDERHEDE VAN DIE MAATSKAPLIKE WERKER

1. Naam & Van

2. Werkzaam by watter kindershuis en die tydperk daar werkzaam?

3. Wat is u kwalifikasie en waar het u die kwalifikasie verwerf?

4. Hoeveel werks-ondervinding het u met seksueel misbruikte kinders in kindershuise?

VRAAG SKEDULE

1. Wat is die vernaamste redes waarom kinders in kindershuise opgeneem word?

2. Beskryf die taak wat u in die kindershuis verrig met die seksueel misbruikte kind?

3. Hoe gereeld en wanneer vind kind-op-kind seksuele misbruik in die kindershuis sisteem plaas. Hoe word die insidente hanteer?

4. Wat dink u is die moontlike oëtriggers vir seksueel misbruikte kinders, wat kan veroorsaak dat hulle ander kinders misbruik?

5. Dink u dat die oortreder in kind-op-kind misbruik mag (vrees / dwang) uitoefen op hul slagoffers?

6. Bestaan daar in kind-op-kind seksuele misbruik ook die aspek van oëgrooming en hoe vind dit plaas?

7. Beskryf die metodes wat die oortreder in kind-op-kind misbruik gebruik om hul slagoffers seksueel te misbruik?

8. Speel die kind se verstandvermoeëne rol in die verskynsel van kind-op-kind seksuele misbruik?

9. Wat dink u is die redes waarom kinders, ander kinders misbruik?

10. Dink u daar bestaan 'n tipiese profiel en indien wel, wat is die profiel (of kenmerkende gedrag / kommerpunte) vir 'n kind-op-kind seksuele oortreder?

11. Wat dink u is die gevolge op kinders (slagoffers van kind-op-kind misbruik) wat deur ander kinders (oortreders in kind-op-kind misbruik) misbruik word?

ADDENDUM 2
ONDERHOUDSKEDULE VIR KINDERS WAT OORTREDERS IS
IN KIND-OP-KIND SEKSUELE MISBRUIK

“A PROFILE OF THE CHILD – ON – CHILD SEXUAL ABUSER
IN A CHILDREN’S HOME”

BESONDERHEDE VAN DIE BETROKKE KIND

1. Naam & Van

2. In watter kindershuis woonagtig en vir hoe lank?

VRAAG SKEDULE

1. Waarom is jy by jou ouers verwyder, en moes jy in die kindershuis kom woon?

2. Beskryf die seksuele misbruik wat met jou gebeur het?

3. Voel dit vir jou of jy soms ander kinders seksueel wil misbruik?

4. Hoe gebeur dit dat jy ander kinders misbruik?

5. Wanneer gebeur dit dat jy ander kinders misbruik?

6. Hoe voel jy oor die seksuele misbruik wat met jou gebeur het?

7. Hoe voel jy wanneer jy ander kinders, seksueel misbruik?

8. Wat maak dat jy ander kinders wil misbruik?

9. Wat dink jy is die gevolge van seksuele misbruik op kinders?