Article

Understanding the Perceptions of IsiXhosa-Speaking Caregivers on Disclosing Child Sexual Abuse in the Western Cape, South Africa

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Abstract

The disclosure of child sexual abuse (CSA) is a major concern in South Africa. Previous research has emphasised the need to consider cultural norms, beliefs, religion, race and gender-specific characteristics when researching CSA disclosure. This study sought to explore the perceptions of isiXhosa-speaking caregivers in Kayamandi, Western Cape, South Africa, about the disclosure of CSA. A qualitative exploratory approach was used to select 10 caregivers using purposive and snowball sampling strategies. The data was collected by conducting individual face-to-face interviews using a semi-structured interview guide. The data collected was carefully recorded and categorised. Four key themes emerged, namely: IsiXhosa-speaking caregivers' understanding of CSA; contributing factors for CSA; contrasting expectations and behaviour in caregiver disclosure of CSA; and actions and interventions to encourage disclosure of CSA to authorities. Data analysis demonstrated a complex interplay of personal, contextual and behavioural elements that influence the perceptions of isiXhosa-speaking caregivers. It is recommended that inclusive interventions be implemented to improve caregivers' responses to the disclosure of CSA while prioritising cultural sensitivities, thus creating a supportive environment conducive to intervention and prevention.

Keywords: caregiver; child sexual abuse; disclosure; perception

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Introduction and Problem Statement

Child sexual abuse (CSA) is a disturbing phenomenon with profound implications for children worldwide, and South Africa has a high rate of such incidents (Selengia, Thuy and Mushi 2020). Kayamandi, a predominantly black township in the Western Cape, has been identified as a major area of concern for CSA (Songololo 2021). Disclosure of CSA is critical to ensuring the safety and well-being of these children. According to Ramphabana, Rapholo and Makhubele (2019), the disclosure process is complex and may be influenced by cultural and environmental factors shaping caregiver attitudes in this community.

IsiXhosa is widely spoken in the Eastern and Western Cape, South Africa, particularly in Kayamandi (Combrink 2020). Understanding the perceptions of isiXhosa-speaking caregivers is essential for establishing long-term approaches and strategies to support sexually abused children in this community.

Cultural practices within the isiXhosa community in Kayamandi may both support community life and impede efforts to prevent CSA. While rich heritage and traditions strengthen social bonds, norms regarding sexuality, relationships and family dynamics can unintentionally prolong abuse or hinder intervention. Family honour may discourage victims from reporting abuse, thereby hindering justice and support, while certain practices may normalise abuse, in turn complicating detection. Thus, it is critical to recognise the interplay of cultural norms and power dynamics (Msutwana 2021; Ndlovu and Mfoafo-M'Carthy 2022).

Mavhunga (2020), Ramphabana, Rapholo and Makhubele (2019), Rapholo (2014), and Zantsi (2014) previously investigated caregivers' perceptions about CSA disclosure. However, these studies primarily focused on caregivers from the isiZulu, Pedi and Vhavenda ethnic groups, potentially creating a research deficit in understanding isiXhosa-speaking caregivers' perceptions of CSA disclosure.

Literature Review

In South Africa, CSA is recognised as a major violation of human rights, and a widespread social problem (Dartnall and Jewkes 2013; Naidoo and Van Hout 2021). However, due to stigma, research on CSA in South Africa is limited, with increasing studies focusing on both CSA and disclosure in the African context (Dartnall and Jewkes 2013). Section 1 of the Children's Act 38 of 2005 (RSA 2005, 16), as amended, defines CSA as:

> (a) sexually molesting or assaulting or allowing a child to be sexually molested or assaulted; (b) encouraging, inducing, or forcing a child to be used for the sexual gratification of another person; (c) using a child in or deliberately exposing a child to sexual activities or pornography or; (d) procuring or allowing a child to be procured for

> commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.

Accurate statistics on CSA in South Africa are difficult to obtain due to under-reporting and disparities in data collection procedures (Naidoo and Van Hout 2021). However, research such as the South African Optimus Study (Artz et al. 2016), has produced useful insights. It was found that roughly 35.4% of children had experienced some sort of sexual abuse in their lives (Artz et al. 2016), indicating a higher incidence of CSA than official numbers suggest. Underreporting of CSA is a serious concern in South Africa, with many incidences going unreported due to fear, shame, cultural differences, and lack of trust in the judicial system (Elphick, Makhoaphe and Sofianos 2018). As a result, evaluating the exact scope of CSA remains difficult.

According to the South African Police Service (SAPS 2021), there were 24 387 reported cases of sexual offences in South Africa in 2020/2021. Among the nine provinces in South Africa, the Western Cape had a higher proportion of documented sexual offenses. During 2021/2022, the Western Cape recorded 7 163 cases, ranking fourth among these provinces (SAPS 2022). It is important to highlight that these figures encompass all sexual offences and not exclusively CSA.

Community leaders and social workers in Kayamandi have identified CSA and caregiver disclosure as significant concerns (Dada 2020; Dubula 2020). According to Dubula (2020), the disclosure of CSA is more likely when children are under the care of individuals other than their parents. Disclosure, as defined by Azzopardi et al. (2019, 294), refers to "the act of a child or adolescent disclosing, reporting, or sharing their experiences of sexual abuse with a trusted individual or authority figure". Section 1 of the Children's Act 38 of 2005 (RSA 2005, 11) describes caregivers in South Africa as "any person other than a parent or guardian, who factually cares for a child". Caregivers in South Africa are typically older siblings, grandparents, or foster parents (Mathews, Hendricks and Abrahams 2016). CSA victims often feel more comfortable disclosing their abuse to their caregivers or close confidantes rather than to professionals such as social workers (Meinck et al. 2015; Rapholo 2014). Furthermore, caregiver support has been shown to alleviate the distress experienced by CSA victims (Van Toledo and Seymour 2013). Multiple studies (e.g. Malloy 2006; Mathews, Hendricks and Abrahams 2016) have revealed that incidents of CSA are not always reported to social services or authorities.

Cultural norms, values, beliefs and practices within the isiXhosa-speaking community can influence CSA and caregivers' reporting behaviour (Anderson 2016). Bux, Cartwright and Collings (2016) highlight a research gap in understanding caregivers' perceptions regarding CSA disclosure, particularly in the South African context. Understanding isiXhosa-speaking people's perceptions towards CSA disclosure is critical for establishing interventions and support systems to combat underreporting.

Theoretical Framework

The current study employed Bandura's (1986) social cognitive theory, which proposes that learning occurs in a social context through dynamic and reciprocal interactions between individuals, their environment, and their behaviour. It highlights the role that observation, modelling and learning have in developing people's perceptions and behaviours. This paradigm drove the study, which investigated how personal experiences, cultural norms, and social learning influence isiXhosa-speaking caregivers' opinions of CSA disclosure.

Research Methodology

A qualitative approach was used to explore isiXhosa-speaking caregivers' perceptions of CSA disclosure. The goal of qualitative research is to collect precise accounts of social reality and learn about concepts (Fouché, Strydom and Roestenburg 2021). An exploratory research design was used to gain insight into the phenomenon of interest. The exploratory strategy was deemed appropriate as it provided a framework for exploring and understanding the perceptions of CSA disclosure within a specific group (Rendle et al. 2019).

The study population included isiXhosa-speaking caregivers in Kayamandi, a predominantly isiXhosa-speaking community in Western Cape, South Africa. Ten participants were selected based on their experience providing formal or informal care to a child. They were labelled Participant 1 to Participant 10.

Most of the participants were between the ages of 31 and 40 and all were female. Only one participant had completed a post-secondary education. Six participants provided informal kinship care, while four provided formal care. Nine were family members; one was a non-family member; and none were biological parents or legal guardians. Informal kinship care is a private arrangement made without court involvement, initiated by the child, parents or another party. A child under this arrangement receives care from friends, family or people in their social circle, whether continuously or indefinitely. Formal care includes care required by law or administrative decree, provided in residential or family settings with approval from an appropriate authority (UN 2010).

The participants were selected using purposive sampling, which allowed the researchers to choose individuals with specific qualities relevant to the study question (Ritchie et al. 2014). The researchers obtained permission from welfare organisations in Kayamandi to advertise the study. Advertisements were sent to identified organisations to be posted in community centres, on notice boards and lamp posts within the Kayamandi community. Contact information for the mediators was provided to interested participants. Inclusion criteria were included in the advert. The study specifically included both men and women who are isiXhosa speaking and reside or work in Kayamandi. They were caregivers who were not the biological parents or legal

guardians of a child but offered care, whether formally or informally, to another person's child placed in temporary safe care according to Section 1 of the Children's Act 38 of 2005 (RSA 2005) for an extended period. Snowball sampling was also utilised, where the participants recommended similar cases that could fit the study's inclusion criteria (Fouché, Strydom and Roestenburg 2021).

Ten isiXhosa-speaking caregivers from Kayamandi were selected for the study, with six chosen through purposive sampling and four through snowball sampling. According to Guest, Bunce and Johnson (2006), conducting six to 12 interviews is deemed sufficient to identify relevant themes in a homogeneous sample. Individual face-to-face interviews were then conducted using a semi-structured interview schedule to collect data. This format allowed for flexibility in obtaining more in-depth responses. Data saturation, indicating that the participants were no longer providing new information and were reiterating previous responses, was achieved as suggested by Fouché, Strydom and Roestenburg (2021).

Following Creswell's (2014) data analysis process, the data was systematically organised through transcription and categorisation. Key themes and patterns were identified and condensed through data reduction techniques, emphasising the correlation between data and concepts. The condensed information was presented in a table to aid analysis, with an impartial coder confirming accuracy. Interpretation involved examining themes aligned with research objectives. Conclusions were drawn and findings validated through member checking, thereby enabling a deeper understanding of isiXhosa-speaking caregivers' perceptions of CSA disclosure.

Ethical permission was granted by the Health Research Ethics Committee (HREC) of the North-West University (NWU-00200-21 dated 5 August 2021). Additionally, goodwill permission granting the researchers written permission to conduct research in Kayamandi was obtained from Kayamandi community's leaders, who also acted as gatekeepers. Before the interviews, an independent person briefed each participant on the goal, scope, and voluntary participation in both English and isiXhosa. The independent person, a registered social worker working at a school in the Western Cape, was not involved in either the Kayamandi community or the study. The participants could ask questions before signing the informed consent form, which was then verified in the presence of the independent person and a witness. Interviews commenced upon the participants' agreement and signing of the consent form. A translator assisted the independent person to accommodate those who were either uncomfortable speaking English or lacked proficiency. During the interviewing process, confidentiality was ensured by having the participants, the interviewer and the translator sign a confidentiality agreement, safeguarding sensitive information shared during the process. The data was securely stored on a password-protected computer and in locked cabinets accessible only to the researchers. Any participants who experienced emotional discomfort were referred to Good Hope Psychology Services at Stellenbosch Hospital for free counselling.

Trustworthiness was ensured through rigorous adherence to transparency in methodology, including outlining the research approach, data collection procedures, and analytic methods. Data collection achieved saturation, and thematic analysis was employed while maintaining reflexivity. Consistency in findings was guaranteed through member checking to validate interpretations. The researchers' acknowledgment of study limitations demonstrated transparency and honesty, thus aiding in appropriately contextualising the findings (Ahmed 2024).

Findings

The data analysis revealed four main themes derived from caregiver narratives, namely: (1) IsiXhosa-speaking caregivers' understanding of CSA; (2) contributing factors for CSA; (3) contrasting expectations and behaviour in caregiver disclosure of CSA; and (4) actions and interventions to encourage disclosure of CSA to authorities.

Theme 1: IsiXhosa-Speaking Caregivers' Understanding of CSA

The participants categorised CSA into two categories, namely: sexual abuse and non-contact sexual abuse, including sexual harassment or grooming. They described CSA as sexual abuse, where the offender makes unwanted sexual advances and actively touches the child's private parts without their consent. They also identified rape as an act in which a perpetrator forces a child to engage in any sexual activity without their consent:

> I asked her what happened, she told me that this guy grabbed her breast … you see because the breast is private part, and no one has a right to touch it … that is sexual abuse. (Participant 9)

> Touching the girls' private parts. Mmm. They will … touch your bums while you are walking. (Participant 2)

The participants perceived CSA to be in line with the definition referring to "any sexual acts, or attempts to conduct sexual acts, with or without the child's consent" (Artz et al. 2016, 7). This understanding aligns with the definition of CSA by the World Health Organization (WHO 2010, 16), which states that "CSA involves a child's participation in sexual activity they do not fully comprehend, cannot give informed consent to, or are not developmentally prepared for".

The participants mentioned that adults sometimes make inappropriate sexual comments to children, identified as non-contact sexual abuse, including sexual harassment or grooming:

> And the child . . . and then I have those comments about boyfriends . . . But the kids are too young for them. (Participant 5)

> And also, it's someone who like talking about sex to the children. (Participant 3)

The South African Sexual Offences Amendment Act (Act 32 of 2007) (RSA 2007) does not specifically mention sexual harassment, but it does cover non-contact sexual offences such as grooming. Grooming, as defined by McAlinden (2013), refers to the actions taken by an individual to manipulate, befriend or establish a relationship with a child or vulnerable person for the purpose of sexual exploitation. Inappropriate sexual language is commonly used when communicating with children during the sexual grooming process, as noted by Winters and Jeglic (2022).

Theme 2: Contributing Factors for CSA

The participants identified contributing factors for CSA in their community, including child-on-child sexual abuse, unsupervised children, and poverty. Child-on-child sexual abuse, including rape, was reported to be prevalent in the Kayamandi community. They observed instances where children as young as five years old were sexually abused by 17-year-old adolescents:

> She came home crying that afternoon. And when I asked her what happened, she told me that a guy grabbed her breast . . . Then the parents came to my home with the boy. The boy was denying everything. (Participant 7)

> She was five years at that time. And the boy who was raping her . . . he was 17. (Participant 5)

A significant proportion of sexual offences worldwide are committed by children or adolescents (Ryan and Otonichar 2016; Warner and Bartels 2015). Factors that contribute to child-on-child sexual abuse, especially during adolescence, include exploring sexuality, peer pressure, risk taking, and previous sexual victimisation, increasing vulnerability to abuse (Lin, Liu and Yi, 2020; Paton and Bromfield 2022). Child-on-child sexual abuse has gained attention as a social problem in South Africa, particularly highlighted by the Optimus Study, which found that 9.4% of children had encountered sexual abuse perpetrated by another child. (Artz et al. 2016). Therefore, child-on-child sexual offences require further attention and research to understand their scope and causes in South African communities (Omar and Patel 2012). CSA was frequently reported by caregivers in the community when children were left alone. The participants noted that these children were more vulnerable to CSA due to the unsafe nature of their community:

> People do that . . . when they go drinking, they leave the children alone without anyone taking care of them. (Participant 10)

> There are kids who play . . . on the streets until 23:00 . . . It is dangerous because we live in shacks and between the shacks, we don't have lights. It's dark. (Participant 3)

Mathews, Hendricks and Abrahams (2016) suggest that in South Africa, social norms permit children to roam at night without adult supervision. Familial risk factors, such as lack of parental supervision, also increase the likelihood of child maltreatment,

including CSA (Artz et al. 2016). Therefore, the researchers believe that the absence of parental supervision in Kayamandi may potentially heighten the risk of CSA for children.

Children living in poverty are more vulnerable to CSA, as perpetrators often use money to entice them. The community has a high number of children from impoverished families who are susceptible to bribery, leading to instances of CSA:

> As a caregiver, she cannot afford to buy the child what she wants, and someone might notice that and lure the child and say: I'm going to buy you this and this – let's go . . . Meanwhile, they rape her. (Participant 6)

> They just take the child in the car and go somewhere with the child and promise to pay money. (Participant 4)

Artz et al. (2016) and MacMillan et al. (2013) confirm poverty as a significant social risk factor associated with increased CSA. Sanjeevi et al. (2018) found that female children from low-income families are particularly vulnerable to CSA. Additionally, Statistics South Africa (Stats SA 2020) reports that nearly 60% of South African children are classified as "poor", placing them at a higher risk for CSA.

Theme 3: Contrasting Expectations and Behaviour in Caregiver Disclosure of CSA

The participants demonstrated varied perceptions and behaviours regarding CSA disclosure, reflecting the complex interplay between cultural norms, individual beliefs, and recognition and response to CSA within the isiXhosa-speaking community. They acknowledged their responsibility to report abuse to relevant authorities, such as the SAPS or social work services, or to seek medical assistance for the child in cases of CSA.

> The right thing is to go to the police . . . I will report it so that they'll take the necessary measures. (Participant 1)

> The first thing is to report to the social workers who would know what steps to take, and the social workers will see and talk to her. (Participant 3)

> You must take the child to the hospital. And obviously, the child cannot speak to you, there are professionals there. (Participant 8)

IsiXhosa-speaking caregivers in Kayamandi understand their legal duty to report CSA as mandated by Section 110 of the Children's Act 38 of 2005, which requires suspected CSA to be reported to the SAPS or a designated child protection organisation. Dessena and Mullan (2018) argue that instances of CSA are frequently encountered in pre-hospital and emergency healthcare centres across South Africa. Additionally, healthcare professionals in these settings play a crucial role in identifying and reporting CSA cases

to the SAPS or social workers (Dessena and Mullan 2018). Social workers, as emphasised by Hendricks (2014), have a vital role in investigating CSA cases and should be available in community health centres to serve as the primary reporting point for abused children. Furthermore, child protection social workers are tasked with evaluating the family environment and assessing the risks associated with the potential return of the child home (Molyneux et al. 2013).

The participants also discussed reasons why some caregivers in their community, despite awareness of their obligations and societal expectations, choose not to disclose CSA. These factors included: dissatisfaction with the quality of service provided by the SAPS; threats by the perpetrator; preference for family meetings; fear of humiliation and dishonour; taking matters into their own hands; the perpetrator's role as a family member or primary provider; strict family practices; lack of trust; and concerns about the termination of the government child support grant (CSG).

The participants attributed caregivers' failure to disclose CSA to inadequate and unreliable services rendered by the SAPS. One participant mentioned that due to the unreliability of the police station in their neighbourhood, they occasionally had to go to a police station in a different town:

> She told me that if she … opens a case, nothing will happen. Nothing the police will do, because in our communities, if you go to the police … they never come. (Participant 7)

> I did report the case. But the police didn't do a follow-up. I did go and open a case at the Police, but nothing is happening. (Participant 3)

Children and women who have experienced sexual abuse in South Africa have faced disappointment from the SAPS and justice systems (Basdeo 2018). CSA victims often choose not to report abuse to SAPS due to their fears of officers' "hostility or indifference" (Basdeo 2018, 112). Mavhunga (2022) confirms that a lack of faith in SAPS service delivery significantly impacts caregivers' decision to disclose CSA.

The participants agreed that perpetrators often use threats of physical violence against the children and their families, which may discourage caregivers from disclosing CSA:

> Sometimes the person threatens to kill the child. (Participant 5)

> It's because the perpetrators threaten to harm the child's family. (Participant 4)

According to Alaggia, Collin-Ve'zina, and Lateef (2019), "threat" refers to remarks or acts directed toward a child or caregiver during or after abuse to elicit silence. Caregivers often refuse to disclose CSA when intimidated by the perpetrator. Mathews, Hendricks and Abrahams (2016) confirm that these come in the form of causing harm or even death to the child's family members.

The participants affirmed that after a child's disclosure of CSA, in isiXhosa culture, it is customary to use traditional dispute resolution forums, such as family meetings, instead of reporting the abuse to the SAPS. During these gatherings, families can decide on a course of action, such as a receiving either a monetary settlement or an apology (Moore and Himonga 2018). Some of the participants viewed this approach, of prioritising financial gain over addressing the child's trauma and safeguarding the family's reputation, to be ineffective:

> Not everyone can go and report . . . They just talk about it, and they say it must be just among them in the family, they mustn't talk to other people. (Participant 2)

> Normally, when a child gets abused, families would sit down and talk, forgetting that it's traumatising the child. They may bring a cow or sheep as an apology and agree not to involve the police. (Participant 8)

In the Eastern Cape, isiXhosa-speaking people frequently choose to deal with CSA instances inside their own families instead of reporting the abuse to the authorities (Zantsi 2014). This is also true in the Pedi culture, where people choose to do this to seek compensation and avoid legal consequences (Rapholo 2014). Addressing CSA within families in the Xhosa culture, as in many other cultures, can vary based on individual beliefs, family dynamics, and knowledge and education on the subject (Fontes and Plummer 2010).

The participants conveyed that within the Kayamandi community, CSA is still viewed as something that should be kept secret within the family thereby preventing shame and dishonour falling on the family. Consequently, when a child discloses CSA to a caregiver, the caregiver frequently prioritises preserving the family's reputation over providing care and support to the victim:

> They care more about their image – what people will say and how they will look at this family. If we report this, our image would be tarnished. (Participant 6)

> Maybe the child stays with the granny, the granny tells you to keep it in the family. You … can't disgrace the family. (Participant 2)

Families may choose to remain silent about CSA due to the belief that it brings dishonour to their family (Dartnall and Jewkes 2013; Mathews, Hendricks and Abrahams 2016). In the isiXhosa community, sexual abuse is considered a taboo and is typically only discussed with close family members. These factors commonly influence caregivers' choices regarding the disclosure of CSA (Zantsi 2014).

The participants claimed that vigilantism, often manifesting as community assault or mob justice, reflects distrust in authorities, perceived law enforcement inefficiency, and a desire for swift justice. The following quote highlights this sentiment:

> If someone is raped here in Kayamandi, the residents beat the perpetrator. They can even kill [the perpetrator] because they know that it will take the police long. (Participant 7)

> They kill the perpetrator. (Participant 10)

The vigilantes believe that official channels, such as the SAPS, are either ineffective or delayed in their response, thereby causing communities to take matters into their own hands in search of what they consider timely justice (Bezuidenhout and Kempen 2022). Despite claiming to promote community safety, vigilantism frequently involves violence and unlawful measures, evading due process. This is especially evident in areas with weak or ineffective governance and law enforcement, where community assault has grown common as a form of self-defence and social control due to the criminal justice system's failure to either combat crime or provide security (Traynor et al. 2020). McCain's (2022) statement about distrust in the SAPS and South Africa's criminal justice systems supports this notion. However, recognising the dangerous consequences of vigilantism is essential. Nel (2016) states that beyond the immediate threat to individuals targeted by mob justice, it undermines the rule of law. As Adu-Gyamfi (2014) suggests, vigilante actions violate fundamental human rights and perpetuate lawlessness, undermining community cohesion and stability.

The participants stated that caregivers would be less likely to disclose CSA if the perpetrator were a family member or the breadwinner, as they wanted to avoid conflict and shame within the family. Protecting the main provider of the family was identified as one of the key reasons why caregivers in their community chose not to disclose CSA:

> And when I report this, it is like I am destroying my family . . . Maybe he is the breadwinner in the family . . . if this man can be sentenced, we will not get anything. (Participant 4)

> The perpetrator may be a family member, and they don't want to cause conflict in the family. Sometimes it's because the mother has a relationship with the perpetrator. (Participant 3)

Family members dependent on the breadwinner were less inclined to report CSA, especially when the perpetrator fulfilled the role of the primary provider, particularly in low-income environments (Artz et al. 2016; Wallis and Woodworth 2020). In isiXhosa communities, incidents of CSA often went unreported if the perpetrator was the primary source of income for the family, given their dependence on the offender (Zantsi 2014). Artz et al. (2016) have demonstrated that caregivers in poor communities commonly exhibit reluctance in disclosing CSA. Families with limited financial resources may struggle to access the necessary legal and support services to effectively address instances of CSA, potentially due to concerns about affording legal representation or medical care for the victim. This situation is exacerbated if the family either relies on the perpetrator for financial support or fears social exclusion if they choose to speak out (Crossney 2021).

The participants agreed that there are strict parenting practices among the isiXhosa-speaking people, and discussing sex with adults is viewed as impolite and strictly forbidden:

> Sometimes you are screaming and fighting, and the kids are afraid of you. Most of the time, they are so afraid of caregivers. (Participant 1)

> Like we . . . don't talk about sex or all those things to our children, according to our culture . . . it is disrespectful. You don't respect your mother if you do it like that. (Participant 7)

Children suppress exposure to CSA because they anticipate unfavourable reactions from their caregivers (Reitsema and Grietens 2016). In South African communities, physical punishment instils fear and prevents CSA disclosure (Mathews, Hendricks and Abrahams 2016). Discussing sex is considered to be disrespectful, thereby further inhibiting CSA disclosure (Ramphabana, Rapholo and Makhubele 2019). Therefore, according to Rapholo (2014) and Stiller and Hellmann (2017), caregivers must build trust and provide meaningful support to encourage disclosure and avoid unreported abuse.

Furthermore, the participants mentioned that caregivers receive child support or a foster care grant from the government. Some caregivers hesitate to report CSA due to concerns that the child would be removed from their care, leading to the loss of their CSG:

> They won't report it because the minute they report, maybe at some point they might lose the . . . foster care grant. (Participant 8)

> Yes. That's the thing. They care about money, not the kids. (Participant 4).

In South Africa, CSA is influenced by various barriers, including poverty, which often prioritise the economic needs of adults over the rights of children (Naidoo and Van Hout 2021). While there is no specific literature supporting the notion that caregivers refrain from disclosing CSA due to fear of losing their CSG, Khosa and Kaseke (2017) found that caregivers tended to utilise the CSG for their own and their family's benefit instead of directing it toward the child in question. Kelly (2013) suggests that caregivers often do not allocate the CSG for their intended purpose. They observed that the Kayamandi community faced economic hardships, leaving children vulnerable to bribery and at risk of experiencing CSA.

Theme 4: Actions and Interventions to Encourage the Disclosure of CSA to Authorities

The participants identified comprehensive caregiver training and sex education for children as crucial interventions to enhance CSA disclosure. They emphasised the importance of CSA education and training for caregivers, noting that they often observed symptoms of CSA but were unsure how to effectively address them:

> The idea is that you guys can come in and talk to the caregivers in general about child abuse and how to handle it and steps to take when something like that happens. (Participant 3)

> Maybe it will be good for the social workers . . . to come in maybe once a week and have a talk or awareness with their caregivers and also to tell the children what is wrong and what is right. (Participant 7)

Hendricks (2014) suggests that comprehensive CSA training should be provided to all individuals who interact with children to enable them to recognise signs of potential danger. Wallis and Woodworth (2021) found that caregivers could benefit from CSA education and support, particularly if it helps alleviate feelings of self-blame for abuse. Additionally, Ramphabana, Rapholo and Makhubele (2019) propose that social workers educate caregivers about various reporting options when they become aware of CSA and develop awareness campaigns for this purpose. This proposal should be shared with social workers responsible for the Kayamandi community so that they can work alongside and engage community leaders to address the issues highlighted by the participants. Regal (2022) suggests that collaborative actions would equip caregivers with the knowledge and resources needed to identify CSA, support the children, and report the abuse to the appropriate authorities.

The participants agreed that comprehensive sex education should not only target caregivers but also children at a young age to improve the disclosure of CSA. They emphasised that sex education for children should focus on teaching them how to protect themselves and report CSA from an early age:

> What we need to do in our communities is educate our kids about these things. (Participant 10)

> And also, the kids, sometimes we don't educate them about things you don't go to strangers. So, educating kids about such stuff is very important. (Participant 6)

Research has highlighted the importance of providing CSA education to children at a young age (Alaggia, Collin-Vézina and Lateef 2019; Solberg, Harvorsen and Stige 2021). These studies, along with others (Leclerc and Wortley 2015), have shown that CSA education, prevention, and awareness programmes specifically targeting children can facilitate CSA disclosure. Therefore, according to Guastaferro et al. (2023), it is crucial to implement comprehensive sex education programmes and raise awareness about reporting CSA within the Kayamandi population. The researchers believe that making such education and awareness initiatives accessible would increase the likelihood of children disclosing CSA incidents in Kayamandi.

Limitations of the Study

The study sampling methods may have limited its conclusions as they relied on the researchers' judgment in selecting participants, which could introduce bias, especially regarding participant characteristics. The limited geographical scope of the sample may have resulted in a lack of representation of all isiXhosa-speaking caregivers in the Western Cape, thus compromising generalisability. Caregivers may have been reluctant to share their genuine views and experiences regarding CSA due to the sensitive nature of the topic, potentially leading to social desirability bias, thereby affecting the truthfulness and precision of the data, and influencing biased responses.

Discussion

The study has provided insightful information about isiXhosa-speaking caregivers' perceptions and complex environment surrounding CSA disclosure in the Kayamandi community. Placing the findings within the social cognitive theory has allowed for an in-depth explanation of how personal, environmental and behavioural factors influence caregivers' perceptions toward CSA in the Kayamandi community.

Caregivers' understanding of CSA includes both physical acts of sexual abuse and non-contact forms like sexual harassment or grooming. This perception aligns with descriptions provided by authorities like the WHO (2010), stressing the importance of comprehending the various types of abuse children may face.

Identification of contributing factors to CSA, such as child-on-child sexual abuse, unsupervised children, and poverty, highlights the complexity of the problem. Thus, the study findings have provided insights into child-to-child sexual abuse and emphasised the need for targeted interventions. School-based efforts should focus on fostering positive peer interactions and supporting victims. Poverty significantly affects CSA disclosure by creating economic disadvantages for children and caregivers, increasing the risk of abuse, and impeding reporting and assistance. Particularly when the perpetrator is the primary breadwinner, caregivers may hesitate to report CSA, fearing loss of income. Addressing the impact of poverty on CSA disclosure requires comprehensive interventions addressing economic inequality and empowering caregivers to report abuse without financial repercussions.

Divergent expectations, beliefs and behaviours regarding CSA disclosure in the Kayamandi community reflect their cultural norms, personal viewpoints, and structural influences. Despite acknowledging the legal obligation to report CSA and seek medical attention, caregivers reported encountering significant challenges, including mistrust in authorities; fear of retaliation from perpetrators; and cultural traditions prioritising family reputation, which discourage disclosure. This underscores the importance of interventions that address individual attitudes and systemic issues such as lack of support networks and distrust in the SAPS. Furthermore, community emphasis on preserving family honour often impedes disclosure, while caregivers' distrust of

authority figures may lead them to resort to informal tactics, such as vigilantism, instead of legal means. This distrust in authorities can prompt caregivers to take direct action to protect their children and the community, regardless of potential legal consequences. Additionally, communal decision-making processes and established gender roles influence CSA disclosure, affecting caregiver responses. Recognising these cultural differences is crucial for developing interventions that will effectively combat CSA and enhance child safety in the Kayamandi community.

Furthermore, the findings have highlighted the importance of comprehensive caregiver training and sex education for children in enhancing CSA disclosure. Interventions providing caregivers with knowledge and resources to detect and respond to CSA can promote safer environments for children. Similarly, age-appropriate sex education can empower children to recognise and report abuse, breaking the cycle of secrecy and stigma surrounding CSA.

Analysing the findings through the lens of social cognitive theory revealed that caregivers' awareness of and responses to CSA are influenced by a complex interplay of individual, contextual and behavioural factors. Interventions targeting CSA reduction in the Kayamandi community should consider these aspects, empowering caregivers, providing behavioural models, and fostering supportive environments that promote disclosure and intervention.

Conclusion

The study has explored the challenges that isiXhosa speaking caregivers face in disclosing CSA. These challenges include cultural norms, contributing factors, misinformation, and a lack of CSA education. Cultural norms that disregard children's rights hinder disclosure and intervention, denying victims the necessary support, assistance, and justice. It is important to prioritise interventions that promote disclosure of CSA and provide comprehensive sex education for children. Social workers can play a crucial role in removing these barriers by offering culturally sensitive prevention, intervention and support services. Collaboration among stakeholders, such as government agencies, community organisations, and educational institutions, is also necessary. By raising awareness, providing resources, and implementing effective interventions, caregivers in isiXhosa-speaking communities can better protect their children.

Recommendations

Considering the above, it is recommended to implement supporting initiatives, such as community-based support programmes, affordable counselling, and economic empowerment for caregivers to mitigate the impact of poverty on CSA disclosure and create safer environments for children. Additionally, implementing a multifaceted approach to address deficiencies in SAPS service delivery in fighting CSA is crucial.

This should include identifying community liaison officers, providing trauma-informed training, and establishing anonymous reporting channels for CSA incidents.

It is also important to prioritise awareness programmes focusing on CSA and age-appropriate sex education tailored to caregivers and children in Kayamandi. Educating both groups about CSA and equipping them with skills to recognise signs of abuse can significantly enhance disclosure and intervention.

Furthermore, establishing supportive environments for survivors by engaging stakeholders including caregivers, schools, cultural and religious leaders, and local authorities is essential. This collaborative effort is fundamental in creating networks for survivors to feel understood, supported, and empowered to speak out against abuse.

Lastly, integrating cultural competency into child protection services is necessary. Ensuring interventions are culturally appropriate and respectful of isiXhosa communities' values is vital for addressing CSA effectively.

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