

Case analyses of adolescents who were sexually abused while being intoxicated

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To God all glory, honor and praise forever more. Thank you Lord for the strength, courage and wisdom that you gave me as I was conducting this study, without your help I could not have made it. You are everything to me

I wish to convey my genuine appreciation to the following people for the support they gave me academically, emotionally, spiritually and financially. Their support has made it possible for me to complete this study.

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- Most of all I wish to convey a very sincere gratitude to all the respondents who participated in this study, entitled “Case analysis of adolescents who were sexually abused while being intoxicated”.

STATEMENT

I, SINIKO MADIKIZELA hereby state that the manuscript entitled:

Case analysis of adolescents who were sexually abused while being intoxicated is my own work.

.....
S Madikizela

.....
Date

SUMMARY

TITLE: Case analysis of adolescents who were sexually abused while being intoxicated

KEY TERMS: Alcohol abuse, adolescent, drug abuse, sexual abuse, social worker, substance abuse, intoxication.

South Africa is faced with a high rate of substance use and sexual abuse among both sexes of adolescents from a wide range of social backgrounds. So many cases have been reported in the Department of Social Development and Special Programmes in Port St Johns.

This article shows that the patterns of alcohol use among South African adolescents is cause for concern. The use of substance by adolescents is associated with a range of negative consequences, including the risk of being sexual abused.

Many adolescents from the areas surrounding Port St Johns use substances, and as a result they end up engaging in risky sexual activities. Older people take advantage of them, so that many of these adolescents become victims of sexual abuse. Some of them become school drop-outs.

As a result, the following effects can develop in these adolescents.

- Isolation
- Self-blame
- Embarrassment

The aim of the study was to do case analysis in order to identify adolescents who were sexually abused while being intoxicated so that the social workers can construct empowering programmes to prevent the abuse of substances and also the sexual abuse of these adolescents.

Data collection took place by means of case analysis of 15 adolescents. Documents of the adolescents from the case loads of social workers in the Department of Social Development and Special Programmes were used to gain a detailed picture of the themes emerging from adolescents who were sexually abused after the abuse of

substances. The results indicated that many adolescents from the areas surrounding Port St Johns use substances and as a result they end up engaging in risky sexual activities. Older people take advantage of them while they are under the influence of a substance, and these adolescents become victims of sexual abuse.

OPSOMMING

TITEL: Gevallestudie analise van adolessente wat seksueel misbruik is terwyl hulle onder die invloed van drank of dwelms was

SLEUTELTERME: Alkoholmisbruik, adolessent, drank- en dwelmmisbruik, seksuele misbruik, maatskaplike werker, bedwelming.

Suid-Afrika word tans gekonfronteer met 'n hoë insidensie van drank- en dwelmmisbruik asook seksuele misbruik onder beide geslagte adolessente uit verskillende agtergronde. Menige gevalle is al aangemeld by die Departement van Sosiale Ontwikkeling en Spesiale Programme in Port St Johns.

Hierdie artikel toon dat die patrone van alkoholgebruik onder Suid-Afrikaanse adolessente 'n rede tot kommer is. Drank- en dwelmmisbruik deur adolessente word geassosieer met 'n wye verskeidenheid negatiewe gevolge, insluitende die risiko om seksueel misbruik te word.

Baie van die adolessente uit die areas rondom Port St Johns gebruik middele, en die gevolge is dat hulle aan riskante seksuele aktiwiteite begin deelneem. Ouer mense buit die situasie dikwels uit, sodat baie van hierdie adolessente slagoffers van seksuele misbruik word. Sommige van hulle word voortydige skoolverlaters.

Die volgende effekte ontwikkel as 'n gevolg van sodanige gebeure:

- Isolasië
- Self-blaam
- Skaamte

Die doel van die studie was om gevallestudie analise te doen ten einde adolessente te identifiseer wat seksueel misbruik is terwyl hulle onder die invloed van drank of dwelms was, sodat sosiale werkers bemagtigingsprogramme kan ontwikkel om drank- en dwelmmisbruik en seksuele misbruik te bekamp.

Data-insameling het plaasgevind deur 'n gevallestudie van 15 adolessente te doen. Dokumente rakende hierdie adolessente is uit die gevalleladings van die maatskaplike werkers in die Departement van Maatskaplike Ontwikkeling en Spesiale Programme onttrek om sodoende 'n volledige idee te kry van die temas

wat voortspruit uit 'n studie van adolessente wat seksueel misbruik is na drank- en dwelmmisbruik. Die resultate toon dat baie adolessente uit die areas rondom Port St Johns middele gebruik, en as gevolg daarvan raak hulle betrokke by riskante seksuele praktyke. Ouer persone buit dit uit, en hierdie adolessente word gevolglik slagoffers van seksuele misbruik.

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, 2008 for the degree MA Social Work: Forensic Practice. The article will comply with the requirements of one of the journals in social work, titled Social Work/Maatskaplike Werk.

INSTRUCTIONS TO THE AUTHORS

SOCIAL WORK/MAATSKAPLIKE WERK

The journal publishes articles, brief communications, book reviews and commentary articles already published from the field of Social Work. Contributions may be written in English or Afrikaans. 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 of presentation does not conform to the practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and address (es) of the author(s), preferably not exceeding 5 pages. The entire manuscript must be submitted, plus one clear copy as well as a diskette with all the text, preferably in MS Word (Word Perfect) or ACSII. Manuscripts must be typed, double spaced on the side of the 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), year of publication and the page number(s) must appear in parenthesis in the text, e.g. "... (Berger, 1976:12). More details concerning sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors.

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CASE ANALYSIS OF ADOLESCENTS WHO WERE SEXUALLY ABUSED WHILE BEING INTOXICATED

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1 PROBLEM STATEMENT

Substance abuse by adolescents has become a widespread problem around the world (Du Bois & Miley, 2005:399). Van Niekerk (2006:112) reported that many sexual offences are committed while the offender is under the influence of a substance that may inhibit responsible behaviour. Van Niekerk further states that “the presence of an alcohol- or drug-dependency problem needs to be diligently explored (Van Niekerk, 2006:112). The researcher is a social worker in the office of the Department Social Development and Special Programmes in Port St Johns in the Eastern Cape Province of South Africa, and has observed in his assessment of adolescents, the high numbers of these youngsters, both males and females, who were sexually abused while using or abusing substances. An adolescent, according to Bezuidenhout and Campher (2006:24), is an individual who is in the developmental phase that occurs from puberty to maturity and between ages 12 and 18.

According to Du Bois and Miley (2005:399) adolescent youths in the United States are at risk, a phenomenon which results from issues such as child abuse and neglect, teenage pregnancy and alcohol and drug abuse. In South Africa, national and regional statistics on alcohol use indicate, according to Onya *et al.* (2012:325), that most high school students have tried alcohol, many of them drink at regular intervals and studies have reported prevalence rates for current alcohol use ranging between 22% and 26%. In South Africa it is reported that 35% of adolescents drink alcohol and 29% binge drink (Anon, 2013b:1). Many children start drinking as early

as nine and some are alcohol-dependent by the time they are 11 years old. The Executive Director of the South African National Council on Alcoholism and Drug Dependence reports that the problem is getting worse, since more children are involved and the ages are dropping (Anon, 2013b:1).

In a study by Neo *et al.* (2006:5) researchers examined South African adolescents' beliefs and attitudes regarding drug use, sexual risk behaviour and relationships between the two behaviours. Eleven single-gender focus groups were held among male and female Grade 8 and 11 students from three schools in Cape Town. They came to the conclusion that South Africa is faced with a high rate of substance use and abuse among both sexes of adolescents from a wide range of social backgrounds. According to the first South African National Youth Risk Behaviour Survey (SA, 2002) in the Eastern Cape Province, 16.7% agreed that they bought or were given illegal drugs on school premises, 9% used alcohol on school premises and 4% used dagga on school premises. Substance use and abuse such as alcohol and drugs still continue to be a major problem in society – not only for the adult population, but especially for the younger generation such as the adolescents (Neo *et al.*, 2006; 5; Zastrow, 2010:348).

The patterns of alcohol use among South African adolescents are a cause for concern. The early initiation of alcohol use is associated with a range of negative consequences including school drop-outs, unprotected sexual behaviour that places the adolescent at risk for infectious diseases and unwanted pregnancies, as well as the later development of alcohol use and mental disorders (Onyanet *al.*, 2012:325). The use and abuse of alcohol and drugs, as Visser (2006:101) points out, is a problem that affects everyone, irrespective of age, social status, race or creed. Drug use is considered to exacerbate underlying vulnerabilities to risky sexual behaviour, mainly due to the effect of drugs on adolescent's inhibitions, rational thinking, and safer sex negotiation skills (Pithey & Morojele, 2002:18).

Du Bois and Miley (2005:349) state that drug and alcohol abuse interferes with people such as adolescents' judgment, as well as their ability to carry out their social roles and obligations. This use and abuse of alcohol and drugs can also lead to the sexual abuse of an adolescent. Studies conducted in different American states, European countries and Sub-Saharan African countries indicated that a correlation

exists between substance abuse and high-risk sexual behaviour (Cooper, 2002:101).

A history of heavy alcohol abuse has been correlated with a lifetime tendency towards high-risk sexual behaviours, including unprotected intercourse, multiple sex partners, sex with high risk (for example truck drivers and prostitutes), incorrect use of condoms and the exchange of sex for money or drugs (Cooper, 2002:105; Kaiser Family Foundation, 2007:1). Associations between adolescents' drug abuse and high-risk sexual behaviour have been observed in studies in South Africa by Morojele *et al.* (2001:1) and internationally by Poulin and Graham (2001:608).

Poverty contributes enormously to the sexual vulnerability of all children and thus also to that of adolescents (Van Niekerk, 2006:103). According to Zastrow (2010:123) the lack of financial support due to poverty plays a possible role in people's emotional problems, alcoholism and drug abuse and addiction. In South Africa the absence of grants plays a major role in causing poverty with the possibility of adolescents that exchange sex for money (Pithey & Morojele, 2002:18; Van Niekerk 2006:103). According to Evian (2006:21) and Van Niekerk (2006:103), poverty contributes indirectly to the HIV infection of children, because in many cases they become victims of sexual abuse in exchange for access to resources for their basic needs, which occasionally also leads to the abuse of drugs and alcohol. These social problems are increasing drastically.

Numerous studies have linked child sexual abuse to substance use (Bensley *et al.*, 2000; Dong *et al.*, 2004:771). Substance abuse by parents as well as the sexual abuse of a child can produce feelings of helplessness, chaos and impermanence in children and adolescents, and substance use may serve as a way of escaping or dissociating from these feelings (Dong *et al.*, 2004:771; Du Bois & Miley, 2005:375; Strong *et al.*, 1998:444). Sexually abused children, as Spies (2006:58) points out, may also turn to drug and alcohol abuse to suppress their memories of the abuse and to numb their feelings. Anderson *et al.* (2005:1) indicate that there is overwhelming evidence that victims of sexual assault and rape are much more likely to use alcohol and other drugs to cope with the trauma of their victimization.

The researcher has as a social worker observed the high numbers of male and female adolescents that have been sexually abused while using substances in the Port St Johns areas in the Eastern Cape through intake cases. Sexual abuse of children is generally regarded as one of the most despicable sexual offences in society (Zastrow, 2010:201). This is not only a problem in other countries, but it is also a serious problem in South Africa (Calitz, 2011:6). According to Jewkes *et al.* (2006:2950), in South Africa a child is sexually abused every four minutes. Van Niekerk (2006:112) reported that many of the sexual offences committed against adolescents are committed while the offender is under the influence of a substance that may inhibit responsible behaviour. Therefore the research was conducted by means of a document analysis on sexual abuse as a result of substance abuse among adolescents in Port St Johns communities. The researcher focused on adolescents of both sexes.

Taking the above-mentioned into consideration, the following question was answered by the research study:

What themes can be identified emerging from the case analysis of adolescents who were sexually abused while being intoxicated?

2 AIM OF THE RESEARCH

The aim of the research was to identify themes emerging from the case analysis of adolescents who were sexually abused while being intoxicated so that the social workers can construct empowering programmes to prevent the abuse of substances and also the sexual abuse of these adolescents.

3 THEORETICAL ARGUMENT

Identifying themes that emerge from a case analysis of adolescents who were sexually abused after the abuse of substances can contribute to a better understanding of sexual abuse among adolescence while being intoxicated.

4 RESEARCH METHODOLOGY

4.1 Literature review

According to Strydom (2011a:237), the prospective researcher can only hope to undertake meaningful research if he/she is fully up to date with all existing information on his/her prospective subject. In this section the researcher undertook an investigation of literature relating to substance abuse, as well as sexual abuse. Different theories were discussed to link sexual abuse and substance abuse of adolescents, especially in the Port St Johns area in the Eastern Cape.

During this study the researcher consulted books, journals, dissertations and dictionaries to read more about subjects such as substance abuse, adolescent abuse of substances, sexual abuse and the impact of substance abuse on the individual's social functioning. There are a few current books on the subject of substance abuse, as well as sexual abuse incidents of adolescents, but not especially on the sexual abuse of adolescents while being intoxicated in the Port St Johns area. The researcher consulted the following databases: Ebsco Host, Google Scholar, ERIC, South African journals, Social Sciences Index, The Nexus-NRF database for current and completed research in South Africa, Index of South African Magazine articles and the Catalogue – Ferdinand Postma Library, North-West University, Potchefstroom Campus.

4.2 Research Design

Bless *et al.* (2007:63) define a research design as the planning of any scientific research or a programme for guiding the research during collecting, analysing data and interpreting results. Research design also refers to the “plan of shaping research” (Henn *et al.*, 2006:46). Mouton (2001:55) defines a research design as the method according to which one intends to conduct the research.

The researcher followed the case study design (Fouché & Schurink, 2011:321). The instrumental case study aims to explore and describe a particular subject with the goal of gaining new knowledge about that subject (Fouché & Schurink, 2011:322; Tlou, 2006:39). The case study design is preferred when the researcher seeks answers to why or how questions (Botma *et al.*, 2010:190). The personal documents

of each participant were used to seek answers to the why and how questions of multiple cases (Botma *et al.*, 2010:191; Strydom & Delpont, 2011b:378). During member checking when the data was checked with the social workers and adolescents, some more data were received.

The research focused on identifying adolescents who were sexually abused while being intoxicated so that the social workers can construct empowering programmes to prevent the abuse of substances and also the sexual abuse of these adolescents. It would also contribute to a better understanding of sexual abuse among adolescence who abuse substances. The researcher used a qualitative approach (Creswell, 2007:37). Researchers that use the qualitative approach seek to collect data in a natural setting sensitive to the people and places under study. These researchers are concerned with understanding rather than explanation and with observation rather than controlled measurement (Fouché & Schurink, 2011:307).

The exploratory objective was used because little was known about the themes that would emerge from adolescents who were sexually abused after the abuse of substances (Botma *et al.*, 2010:185). The purpose of the exploratory objective, according to Bless *et al.* (2000:154) is to explore a certain phenomenon with the primary aim of formulating more specific research questions relating to that phenomenon.

4.3 Participants

Strydom and Delpont (2005a:328) explains that the qualitative researcher seeks out individuals, groups and settings where the specific topic being studied are most likely to occur. The participants were selected on the basis of their relevance to the topic under study (Babbie, 2007:308; Greeff, 2011:366).

Purposive sampling was used for this particular study because this sample was based entirely on the judgment of the researcher. This means that the sample was composed of elements that best characterize the population serving the purpose of the study (Strydom & Delpont, 2011a:392). The study focused on the documents pertaining to adolescents who were sexually abused while being intoxicated in the Port St Johns area and who reported to the Department of Social Development and

Special Programmes. Documents of adolescents between ages 13 and 18 years were included in the research until data saturation was reached. Data saturation, according to Polit and Beck (Botma *et al.*, 2010:330) and Strydom and Delpont (2011a:393), is the collection of data to the point where a sense of closure is attained because new data yield redundant information. The researcher had to evaluate all collected data in order to know when saturation has been reached.

4.4 Data Collection

The official documents of the adolescents were selected from the case loads of the researcher and social workers in the Department of Social Development and Special Programmes to gain a detailed picture of the themes that emerge from adolescents who were sexually abused after the abuse of substances. Official documents according to Strydom and Delpont (2011b:376) “are compiled and maintained on a continuous basis by large organizations such as government institutions”. These documents include different reports, such as process and court records. The qualitative researcher should always keep the confidentiality of this information in mind (Strydom & Delpont, 2011b:376).

4.5 Procedure

- The researcher sent a written letter to the Department of Social Development and Special Programmes in Port St Johns to ask for permission to do the research **(Annexure 1)**.
- The researcher received written permission from the Department Social Development and Special Programmes to conduct the research **(Annexure 2)**.
- The research proposal was approved by AUTHeR Research Unit of the Faculty of Health Sciences and by the Ethics Committee of the Faculty of the Potchefstroom Campus of North-West University and the researcher received a written letter from the Committee **(Annexure 3)**.
- The researcher explained the aim of the research to all social workers in the office of the Department of Social Development and Special Programmes in Port St Johns who are in possession of documents from the past year pertaining to adolescents 13 to 18 years who were sexually abused after while intoxicated. And the researcher asked the permission of the social workers to use these

documents for the purpose of the research.

- After identifying the relevant documents the aim of the research was discussed with the primary caregivers of the adolescents, as well as the adolescent, by the social worker who delivers services to this adolescent. Written permission from the primary caregiver of the adolescent and ascent of the adolescent was obtained for voluntary participation (**Annexure 4**).
- The researcher looked into these documents to identify themes relevant to the research.
- The data was collected in themes and verified by the social worker who delivers services to the adolescent and each adolescent him or herself.
- The report was completed in a mini-dissertation with recommendations.

4.6 Data Analysis

Bless *et al.* (2007:99) state that once data collection and checking have been completed, the researcher should begin the process of analysing the data. This analysis is conducted so that the researcher can detect consistent co-variances of two or more variables. The data analysis process allows the researcher to generalize the findings from the sample used in the research, to the larger population in which the researcher is interested. The researcher analysed data into themes that reflect the correlation between sexual abuse and substance abuse among adolescents. Creswell's (2009:184) qualitative data analysis was used. In this approach Creswell incorporates the approach of Tesch (1990), cited in Poggenpoel (1998:342-344), into 3 steps, which entail the collection of qualitative data, analysis of data into themes and reporting of the themes (Botma *et al.*, 2010:224).

The practical steps discussed by Rapley (2008) (cited in Strydom and Delpont, 2011b:381-382) were followed, namely:

- The initial research question was formulated.
- A research diary was started by making notes of all courses of action and thoughts over the period of research.
- Possible sources of material were found and the researcher began to generate an archive.
- Text was transcribed into some detail.

- The texts and documents were critically read and interrogated.
- A code was developed with a comprehensive and systematic coding scheme.
- The data was analysed and tentative findings were formed.
- The findings were formulated by the researcher.

The researcher checked the credibility, validity and reliability through discussing the data and findings with the social workers and adolescents (member checking (Botma *et al.*, 2010:221)).

5 ETHICAL ASPECTS

Babbie (2001:110) mentions that ethical considerations include ethical issues that the researcher is blind to when conducting research. According to Strydom (2005:57), ethics “is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behaviour expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students”.

5.1 Informed consent

Monette-*et al.* (2005:53) explains that informed consent “refers to telling potential research participants about all aspects of the research that might reasonably influence the decision to participate”. Participants were informed in advance (in understandable terms) of any potential risks, inconvenience or obligations concerned with the research. Written consent was obtained from participants. Participants were informed that their participation in the study was voluntary, and that they be able to withdraw from the research at any time without any consequences (Butz, 2008:249-250).

5.2 Confidentiality

The researcher ensured the participants about the protection of their identity in this study and that no one would link the respondent with the information given. The data was completed anonymously. The researcher gave a number beforehand to each participant’s document such as respondent 1, respondent 2 etcetera in advance, instead of using their names. According to Bless *et al.* (2000:100), many

people, for the sake of scientific progress, re-prepare to divulge the information of a very private nature on condition that their names will not be mentioned.

The details will be kept safe in a locked fireproof cabinet in the researcher's office. The researcher has a safe pin code on his computer. The data will be stored at the subject group social work of the North-West University for three years (Botma *et al.*, 2010:18-19).

The research proposal was approved by the AUTHeR Research Unit of the Faculty of Health Sciences and by the Ethics Committee of this Faculty of the Potchefstroom Campus of North-West University. Written permission NWU-0027-09-A1 was obtained from the Ethics Committee for the main research project Forensic Social Work Practice, as well as for this research study.

5.3 Protection from harm

The researcher made every effort to minimize the risks of any harm coming to the participants (Babbie, 2007:27). There were agreements that were shared by the researcher about what was proper and improper when conducting a study. In this study the researcher was mindful that the research could be harmful or helpful to the respondents. The researcher abided by the ethical principle of not violating people's rights. The sensitive nature of the topic was explained to the participants. The researcher did not withhold information or offer incorrect information to the participants.

5.4 Debriefing of respondents

The researcher clarified possible misunderstandings of the information received from documents and discussions of the results of the data of the respondent's documents. The respondents that needed further assistance were referred back to the social workers for service delivery.

5.5 Deception of subjects

No deception of respondents took place. Neuman (2000:229) says that deception occurs when the researcher intentionally misleads subjects by way of written or verbal instructions, the actions of other people, or certain aspects of the setting.

5.6 Right to withdraw

The respondents' right to withdraw at any time when wishing to do so was also considered and discussed with them.

6 TRUSTWORTHINESS

Trustworthiness is the extent to which the researcher and the reader of the research report are convinced that the research process, findings and conclusions are credible. Trustworthiness according to Botma *et al.* (2010:232) and Schurink *et al.* (2011:419-421) has four epistemological standards namely truth value, applicability, consistency and neutrality. Truth value, applicability, consistency and neutrality were used as criteria to increase the value of findings according to the standards, strategies and applied criteria listed in the summary by Botma *et al.* (2010:234).

FIGURE 1: STANDARDS, STRATEGIES AND APPLIED CRITERIA TO ENSURE TRUSTWORTHINESS

Epistemological standards	Strategies	Application
Truth Value	Credibility	<p>The researcher ensured that prolonged engagement was applied by establishing initial rapport with the participants.</p> <p>The findings were checked with the respondents.</p> <p>Reflexivity was achieved during discussions with the study leaders.</p>
Consistency	Dependability	Auditing was made available by capturing data in the presence of a co-coder.
Applicability	Transferability	<p>Selection of the sample was clearly described.</p> <p>Saturation of data came from the sources in the study.</p> <p>A dense description of the methodology ensures the possibility of transferability.</p>

		The findings were applied to the population.
Neutrality	Conformability	The analysis of data made by the researcher is comprehensive and it is available for auditing.

7 LIMITATIONS OF RESEARCH

- The participants needed repeated reassurance of confidentiality with regard to the disclosure of the participant's identities when discussing the results of the data with them.
- The large geographical area also led to high financial cost to implement the research, especially during member checking.
- The researcher experienced challenges regarding the use of English during some interviews when checking the data with the participants. Some of the participants were not fluent in English due to the fact that their home language is isiXhosa, and the researcher had to explain questions in isiXhosa to ensure a correct interpretation.

8 DESCRIPTION OF KEYWORDS

8.1 Adolescent

An adolescent, according to Bezuidenhout and Campher (2006:24) is an individual who is in the developmental phase that occurs from puberty to maturity and between ages 12 and 18. Adolescence as a development phase is characterized by discovery, experimentation and exploitation, which are brought about by a myriad of physical and emotional changes (Nefale, 2001:3).

8.2 Substance abuse

Drug abuse entails the excessive and/or repeated use of chemical substances (in any form) in order to achieve certain biochemical effects (Anon, 2013a). Drug abuse, according to Zastrow (2010:248), "is the regular or excessive use of a drug when, as defined by a group, the consequences endanger relationships with other people, are detrimental to the user's health, or jeopardize society itself".

Substance abuse is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods which are harmful to themselves or others (Anon, 2013b). According to the American Psychiatric Association (2000) (cited in Du Bois and Miley 2005:350), substance abuse “is associated with recurrent substance use that results in one or more of the following behaviours: role difficulties at work, school, or home, such as absenteeism or child neglect; driving while impaired; disorderly conduct; and argumentativeness and other interpersonal problems”.

Substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. Medline's Medical Encyclopedia (2013) defines drug abuse as "the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than direct."

8.3 Social Worker

According to the New Dictionary Of Social Work (1995:60), a social worker is registered person authorised in accordance with the Social Work Act, 1978 (Act No. 110 of 1978) (SA, 78) to practice social work.

8.4 Child sexual abuse

According to Newton (2001:1) (cited in Spies, 2006a:269), “Child sexual abuse refers to contacts or interactions between a child and an adult when the child is being used for sexual stimulation of the perpetrator or another person when the perpetrator or another person is in a position of power and control over the victim”. Sexual abuse is “An activity, relating to the sex organs, engaged in for sexual gratification which takes advantage of, violates or deceives children or younger people” (Doyle, 1994:8). Child sexual abuse according to Meyers (2011:215), “involves any sexual activity a child below the legal age of consent, which is typically 14 to 18 years....Sexual abuse includes sexual penetration, sexual touching, and noncontact sexual acts such as exposure or voyeurism”.

8.5 Detoxification

'Intoxicated' according to Merriam Webster Dictionary (2013), means to be "affected by or as if by alcohol: DRUNK". Detoxification refers to the medical management of physical withdrawal from a substance of dependence so that the associated risks are minimised (Collins, 1990).

9 TYPES OF SUBSTANCES AND THEIR EFFECTS

Commonly used substances can be listed under broad categories according to their effects on the user. There are problems with the system of classification, however. The effects of some drugs cross two or more categories, and some have differing effects depending on the dose taken, and even the setting in which they are used (Du Bois & Miley, 2005:350). The classifications of Lawson (1995:10-11) are intended to serve as a rough guide to the likely effect of the drug, and should not be taken to be definitive.

9.1 Depressants (downers)

This group includes tranquilizing drugs, like benzodiazepines and barbiturates, which are prescribed by doctors to relieve anxiety and aid sleep, as well as alcohol, and solvents. All these drugs work by depressing the central nervous system, calming the user down and, ultimately causing loss of consciousness.

9.2 Stimulants (uppers)

These include amphetamines, cocaine and tobacco. In low doses, stimulants relieve fatigue and aid concentration. Higher doses can produce a feeling of exhilaration and power, increased energy and ability to concentrate, confidence and the ability to go without sleep or food for long periods. Physical effects can include a rise in blood pressure, increased breathing and heart rate, widening of the pupils, dryness of the mouth, diarrhoea, and increased urination.

9.3 Opiates

Opiates have a depressant and calming effect on the user. Unlike the downers mentioned above, though, they also produce a feeling of euphoria. Opiate users

often say that the drug makes them feel as though they are 'wrapped in cotton wool', and this makes opiates particularly attractive to those who are struggling with emotional problems they feel unable to cope with.

9.4 Hallucinogens

Hallucinogens, such as LSD, cause intensification and distortion of sensory experiences, such as colour, sound and touch. Depending on the dose taken, the user may 'see' sounds and 'hear' colours, his surroundings may seem to shift and change, and his sense of time may be distorted. Cannabis is technically a very mild hallucinogen, and ecstasy (MDMA) is a combined hallucinogen and stimulant.

9.5 Anabolic steroids

Anabolic steroid drugs are a synthetic version of hormones that occur naturally in the body. They are used by body builders and athletes to build muscle, but can cause aggressive behaviour and severe, irreversible damage to the body when taken for long periods and in non-medical doses.

9.6 Over-the-counter drugs

Some preparations that can be bought without a prescription contain small quantities of controlled drugs. Others are free of controls, but may be misused for their side-effects. Antihistamines can cause drowsiness, for instance, and are sometimes used in conjunction with other drugs to heighten or offset their effects. Laxatives may be misused by girls suffering from eating disorders. Using these drugs in doses far higher than were intended can have unpredictable and dangerous effects, so the fact that they are freely available is no guarantee that they will not cause harm.

9.7 Other Substances

Some substances, such as amyl and butyl nitrites, which cause blood vessels to dilate, do not fit into any of the above categories. In their quest for a new 'high', some drug users will experiment with almost any substance - even those that were never intended for use on the human body - and new drugs and combinations of drugs are constantly being developed by unscrupulous entrepreneurs, often finding

their way through loopholes in the drug laws in the process. It is impossible to list here all the substances that have been or could be abused, some dangers, however, relate to the method or circumstances of manufacture, supply, and administration rather than to the drug itself. Injecting is particularly dangerous in this respect. The general risks of drug taking include the following: overdose, overuse, accident, adulteration (Lawson, 1995:13).

9.8 Whoonga

AIDS patients in South Africa are according to Bryson (2010:1), “being robbed of their lifesaving drugs so that they can be mixed with marijuana and smoked, authorities and health experts say. The concoction is called "whoonga" — less a word than an exclamation — and it adds a bizarre twist to the war on AIDS in the world's worst-affected country just as it embarks on a massive distribution of medications”.

10 RESEARCH FINDINGS

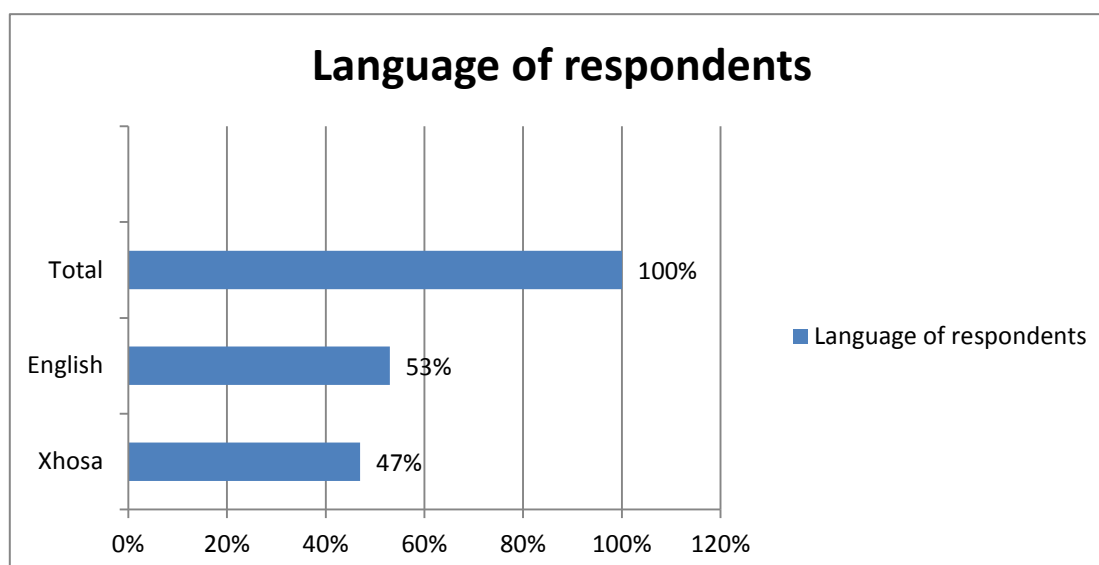
The researcher used tables and diagrams to discuss the data.

10.1 Profile of the respondents

It was necessary for the researcher to know who the adolescents are and therefore the researcher consulted the documents to see the adolescent’s home language, age, gender, and education level.

- **Home language of respondents**

DIAGRAM 1: HOME LANGUAGE (N=15)



In the diagram above, 7 (46.7%) of participants speak IsiXhosa, while 8 (53.3%) speak English. English speaking adolescents dominate isiXhosa speaking participants in this research.

- **Age of participants**

TABLE 1: AGE OF PARTICIPANTS

AGE	FREQUENCY	%
13-15	4	26.7
16-17	11	73.3
N	15	100

In the table above 4 (26.7%) of respondents were aged 13 –15, whereas 11 (73.3) % of respondents were aged between 16-17 years. The above data shows that most respondents were adolescents with ages 16-17. No adolescent of 18 years could be found. Sexual assault, according to Abbey (2002:1), “is extremely common among college students. At least half of these sexual assaults involve alcohol consumption by the perpetrator, the victim or both. Research suggests that alcohol consumption by the perpetrator and/or the victim increases the likelihood of

acquaintance sexual assault occurring through multiple pathways. Alcohol's psychological, cognitive and motor effects contribute to sexual assault”.

- **Gender of participant**

TABLE 2: GENDER

GENDER	FREQUENCY	%
Males	5	33.3
Females	10	67.7
Total	15	100

The table above shows that 5 (33.3%) of respondents were males, whereas 10 (67.7%) were females, which means the most affected gender in substance abuse and sexual abuse in this research were females.

- **Distribution of respondents by level of education**

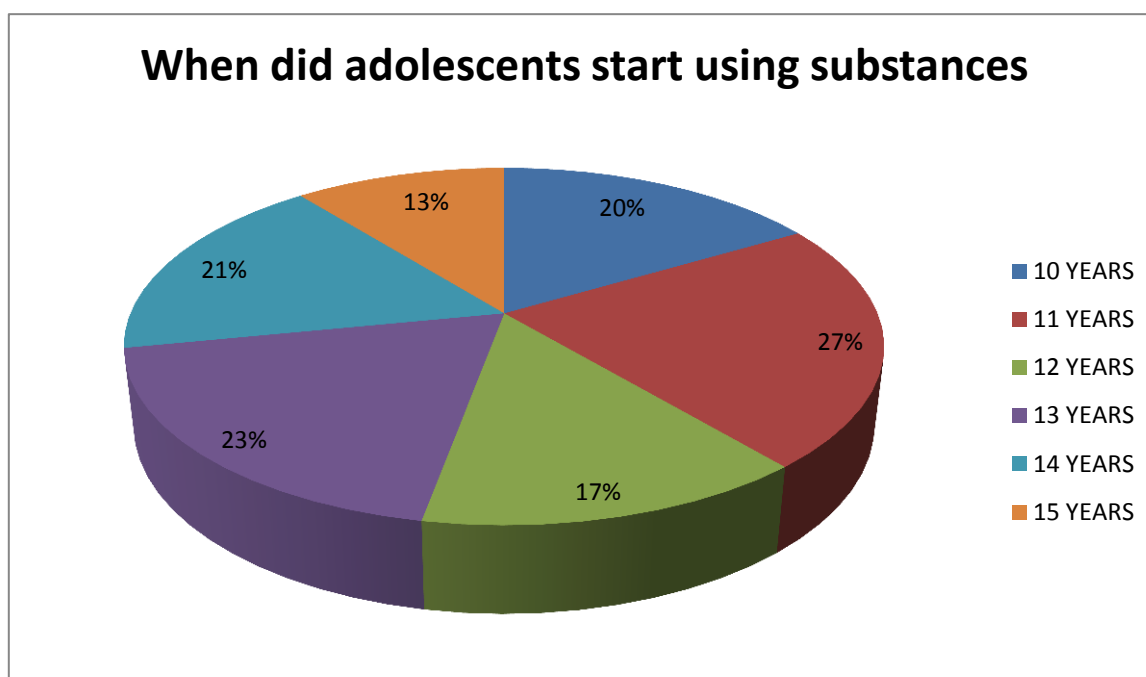
Table 3: Level of education

RESPONDENTS	FREQUENCY	%
Attending school	11	73.3
Not attending school	4	26.7
Total	15	100

The above table shows that 73,3% of respondents are attending school and 27.6% respondents do not attend school, which means the most dominated adolescents attended school.

- **Age of adolescents when they started using substance**

DIAGRAM 2: AGE OF ADOLESCENTS



The above diagram shows that 20 % of adolescents started using substances at the age of 10; 27 % of adolescents started using substances at the age of 11; 17 % of adolescents started using substances at the age of 12; 23 % of adolescents started abusing substances at the age of 13; 21 % of adolescents started using substances at the age of 14 and 13 % of adolescents started abusing substances at the age of 15. According to this diagram most adolescents started using substance at the age of 11. Many children start drinking as early as nine and some are alcohol-dependent by the time they are 11 years old (Anon, 2013b:1). The Executive Director of the South African National Council on Alcoholism and Drug Dependence reports that the problem is getting worse due to the increase in the number children who are involved and the decrease in the ages (Anon, 2013b:1).

11 THEMES OF THE RESEARCH FINDINGS

The researcher used his documents and documents of social workers to analyse different individual cases. Predetermined questions were used to gather the data. After completion of the case analysis the researcher had an interview with each participant to check the reliability of the data with the participants (member checking). The researcher identified themes from this analysis and these are discussed below.

11.1 Theme 1: Gender of adolescents who are the victims of sexual abuse while intoxicated

During the case analysis in this research it has been noted that female adolescents are more likely to be victims of sexual abuse than male adolescents. Looking at table 2, 67.7% of adolescents who were sexually abused while being intoxicated were females, whereas only 33.3% were males in this research study. In the research done by Garnefski, and Diekstra (1997) with 745 secondary school learners who were sexually abused, 151 were boys and 594 girls. This correlates with this study where girls were more vulnerable than boys to be sexually abused. Males are also vulnerable to sexual abuse. Holmes and Slap (1998:1862) conclude in their study with 166 sexually abused males that "Sexual abuse of boys appears to be common, underreported, under recognized, and undertreated."

According to the researcher's observation there is a high possibility that male victims of sexual abuse do not report the abuse and they think that reporting sexual abuse as a male is an embarrassment.

The following data was obtained from male adolescents.

I kept quiet about it because I was afraid of embarrassment to my family and my friends. [P 2]

It was also observed by the researcher that, sometimes even the alleged perpetrators do feel embarrassed after the sexual abuse incident; one male participant reported the following during member checking:

He (perpetrator) gave me R50-00 and told me that I must keep quiet about this because it can be an embarrassment to my brother then I only told the social worker. [P3]

The researcher also observed that some parents can cause children to internalize sexual abuse incidents. Another male participant reported the following: *I told my mother and she said I must not tell anyone about this. She said people will laugh at me because a male cannot be raped. [P 11]*

11.2 Theme 2: The types of substances mostly used by adolescents

Drugs such as marijuana and alcohol were the most common drugs adolescents in the Port St Johns area used. The following data were received:

- Participant 1 used marijuana.
- Participant 2 used cocaine and alcohol several times. He started it at the age of 11.
- Participant 3 used alcohol.
- Participant 5 used whoonga.
- Participant 6 used cocaine, heroin, as well as marijuana.
- Participant 7 used dagga.
- Participant 8 used cocaine.
- Participant 9 used cocaine and marijuana.
- Participant 10 used dagga and alcohol.
- Participant 11 used alcohol such as beer and brandy.
- Participant 12 used alcohol.
- Participant 13 used dagga.
- Participant 14 used alcohol and
- Participant 15 used marijuana and glue when he was younger.

The research study shows that the use of marijuana, also known as dagga, cocaine and alcohol is high in the Port St Johns area. Participant 5 used a newly developed drug known in this area as whoonga. AIDS patients in South Africa are according to Bryson (2010:1), "being robbed of their lifesaving drugs so that they can be mixed with marijuana and smoked, authorities and health experts say. The concoction is called "whoonga" — less a word than an exclamation — and it adds a bizarre twist to the war on AIDS in the world's worst-affected country just as it embarks on a massive distribution of medications. There's no evidence that any ingredient of the AIDS drug cocktail is addictive or does anything to enhance the marijuana high. Whoonga smokers may be fooling themselves into believing the AIDS drugs are giving them a high, when it's really some other ingredient".

The National Survey on Drug Use and Health (2006:2) researchers from the University of Michigan Institute for Social Research, which tracks national data on

the reported use of drugs and attitudes toward drug use among 8th-, 10th-, and 12th-graders, found that in 2004, 16.3% of American 8th-graders reported having used marijuana. This was down from 17.5% in 2003. Likewise, in 2004 35.1% of 10th-graders and 45.7% of 12th-graders reported having used the marijuana. This was down from 36.4% and 46.1%, respectively, in 2003. Yet the fact that 45.7% of 12th-graders reported having ever used marijuana in their lifetime still represents a significant proportion of students in that age group using an illicit and potentially dangerous drug. According to the same data, 34% of 12th-graders, 27.5% of 10th-graders, and 11.8% of 8th-graders reported having used marijuana at least once in 2004.

In South Africa, national and regional statistics on alcohol use indicate, according to Onya *et al.* (2012:325), that most high school students have tried alcohol, many of them drink at regular intervals and studies have reported prevalence rates for current alcohol use ranging between 22% and 26%, as already discussed. In South Africa, as Anon (2013:1) indicated that, it is reported that 35% of adolescents drink alcohol and 29% binge drink. Many children start drinking when they are nine and some are alcohol-dependent by the time they are 11

11.3 Theme 3: Poverty as a factor which can lead to sexual abuse

The researcher observed that some adolescents end up as victims of sexual abuse due to financial constraints. The following data were found in this regard:

- Because of financial circumstances the perpetrator gave the adolescent R50-00 to keep quiet. **[P 3]**
- The perpetrator offered to buy the participant a few beers since the participant was out of cash. **[P 13]**
- One of the adolescents ended up internalizing the incident of sexual abuse because he thinks about the consequences of losing his job and money to support the family. **[P15]**

Poverty contributes enormously to the sexual vulnerability of all children and thus also to that of adolescents (Van Niekerk, 2006:103). Poverty, according to Banwari (2011:117), is the underlying cause of sexual exploitation of young girls in many parts of the world. Disclosing sexual abuse is a complex process. South Africa has

one of the highest rates of sexual abuse in the world, with adolescent girls between the ages of 12 to 17 years being particularly at risk. The widespread rape and sexual assault of children is a serious social and health issue in the Transkei sub-region of the Eastern Cape Province in South Africa. According to Banwari (2011:118) increasing levels of poverty have been recorded in the Eastern Cape with seventy four percent of the people in this Province living below the poverty line of R800 or less per month.

11.4 Theme 4: The child's competence as influence in limits of disclosure

The child's ability to recall past history can influence the child's disclosure. The researcher observed from the available data that some adolescents could not remember exactly what happened after they used substances. They can only recall information of what happened before the sexual abuse took place and after the incident happened. Lamb *et al.* (2011:31) point out that there are often marked individual differences in the amount and accuracy of the information children can recall, and this is determined by factors such as intelligence. The following data serves to illustrate:

- The perpetrator gave the participant a large quantity of alcohol. The participant could not remember exactly what happened after that. According to the participant it was a mess the following morning. **[P 2]**
- The participant and friends were at a 21st birthday party. The participant remembered a man saying that the participant is cute and he gave the participant something to sniff. After that the participant could not remember what happened. The next morning the participant woke up in someone's room. There was no-one in the room and the participant was embarrassed because she was naked and had seemingly been raped several times. **[P 4]**
- Participant 8 could not remember everything that happened, but she remembers when they were relaxing with friends at the beach using cocaine as usual. She didn't know and didn't remember what happened after that because she realized when she woke up the following day that her party was off and that she had been raped. She didn't know who raped her. **[P 8]**

- Participant 14 was in the club having a nice time with friends. His friends left him in the club and what he remembered is that when his friends left he was still drinking a lot. He did not know what happened after he had passed out from all the drinking because he woke up in the morning with blood in his bums. It was according to him clear that someone had raped him that day. **[P 14]**
- Participant 15 went to a hotel in Mthatha where a man gave her something like a tablet. The man sniffed it and the participant also sniffed it. She could not remember what happened after that, but in the morning she found that she had been raped. **[P 15]**

The child's competency in the reporting of events involves the ability to observe the environment, recall information and relay such information accurately by means of verbal free narrative (Faller 2007:70; APSAC Practise Guidelines, 2002). According to Goodyear-Brown (2012:452) severe "levels of traumatisation can lead an adolescent victim to use avoidance as a primary coping mechanism".

11.5 Theme 5: Sexual abuse incidents during the festive season

The researcher found that most incidents of sexual abuse of adolescents occur during the festive season, especially during the December holidays. At this time of the year, adolescents are celebrating the end of the year and some of them are celebrating their school results, not knowing that their celebration could end up putting them at risk of being intoxicated and being sexually abused. Most adolescents were sexually abused at a place called second (2nd) beach in Port St Johns. This is the place where most adolescents hang out, especially during the festive season.

When the researcher looked into where the incident of sexual abuse happened, the following data were received:

- Participant 1 was at second beach in Port St Johns drinking ciders with friends. According to the data a guy took her and said she must accompany him to his car. When they arrived at the car he took off his pants and raped her. **[P 1]**
- Participant 2 met a guy who became his friend on Facebook. They met in December 2011 at second beach and then after some time they went to his

place. He was staying alone. There the guy raped him while he was intoxicated.

[P 2]

- Participant 5 was at second beach in Port St Johns during December 2012 where they used alcohol and drugs. A man raped her at the beach. **[P 5]**
- Participant 6 was sexually abused by 3 men at second beach in Port St Johns, while she was under the influence of substances. **[P 6]**
- Although participant 8 could not remember everything that happened, she remembered when she was relaxing with friends on the beach where they used cocaine a man came and raped her. **[P 8]**
- According to participant 13 she was with a friend having a nice time and enjoying themselves at first (1st) beach. Guys offered to buy them some beers since they were out of cash. The guys bought them many beers. They guys drove them somewhere (she can't remember the place) in the forest where they raped both girls and left them there naked. They didn't even know where the perpetrators took their clothes to. **[P 13]**

Social environment plays an important role in adolescent sexuality. A better understanding of the environmental influence and the social context in which risky sexual behaviour takes place among young people will better inform programmatic initiatives seeking to reduce negative health outcomes resulting from high risk sexual activities in the country and Africa at large. The festive period, including the Christmas holiday, is marked with many activities and socialization. Informal activities take place in excesses compared to formal activities. In that period this study revealed that young people drink excessively and some of them end up being intoxicated and involved in risky sexual behaviours. Imaledo *et al.* (2013:561) found that behaviours that contribute to poor sexual health among young people are constant throughout the year, but peak around Christmas.

Activities during these festive periods have been found to be accompanied by higher levels of teenage pregnancies, substantially higher than other periods. Likewise, the summer holidays provide a similar escape from the social norms of family, work, or education and are accompanied by increases in sexual risk behaviour. The findings of the 2008 National Demographic Health Survey of Nigeria (NPC/ICF, 2009) revealed that nearly half (48.6%) of young people aged 15-19 are sexually active.

Just less than half of the respondents had sexual intercourse twice during the Christmas period and more than a quarter did not use any form of protection and those that used condoms did not use it consistently.

11.6 Theme 6: Feelings of adolescents after the sexual abuse

According to Spies (2006b:53), a child lose all rights such as privacy, independence and even control over his or her body in the event of the sexual abuse of that child. Sexual abuse of a child will influence the child's life in various ways. Some of the feelings are:

- **Loss and powerlessness**

The most profound loss of all, according to Spies (2006b:53), is the loss of childhood. A sexually abused child's natural sexual capacity is stolen and they never have the chance to explore their own sexuality naturally. Perpetrators deny the child's right to decide who and how other people will touch their bodies and they convey the message to the child that he or she is of little value (Sher, 2002:23; Spies, 2006b:54).

- **Low self-esteem**

A sexually abused child may experience self-esteem issues, such as a low self-esteem, after being sexually abused (Faller, 2007:217; Spies, 2006b:54). These feelings of low self-esteem cause many disturbances, such as in the victim's relationships with peers as they feel they are not good enough to have good friends. These teenagers, according to Good-Year Brown (2012:458), are highly self-critical, with little sense of control over negative events, and are vulnerable to problems such as depression.

- **Anger**

Anger can be viewed as a natural response to sexual abuse. Many children turn it on themselves, which may lead to depression and self-destruction (Spies, 2006b:55). Anger is often the protective shield for many emotions such as anxiety,

fear, sadness, guilt and shame (Good-Year Brown, 2012:388). The following data came from the research:

- Participant 1 blamed herself and felt that it was her fault because of substance abuse. [P 1]
- Participants 2, 5, 8 and 13 experienced feelings of embarrassment. [P 2] [P 5] [P8] [P13]
- Participant 4 felt very bad and hated herself. [P 4]
- Feelings of anger, shame, embarrassment and confusion were experienced by participants 7, 11, 12 and 14. [P 7] [P11] [P12] [P14]
- Participant 10 just felt like killing the perpetrator with her hands because he took advantage of her and he was older than her. [P 10]

During the interview to check the data the following was said by participant 15:

“I was feeling so sad and asking myself why was this happening to me”. [P 15]

Garnefski and Arends (1998:99) found in their study of boys and girls with a history of sexual abuse compared to those in a matched control group of boys and girls without such a history, that both sexually abused boys and girls reported significantly more emotional problems, behavioural problems, suicidal thoughts and suicide attempts than their non-abused counterparts. The results also indicated that the experience of sexual abuse carried far more consequences for boys than for girls regarding the use of alcohol, aggressive/criminal behaviour, use of drugs, and the amount of truancy, as well as regarding suicidal thoughts and behaviour. For example, whereas 2.6% of the non-abused boys reported a former suicide attempt, this percentage was 13 times higher for the sexually abused boys (26.5%).

11.7 Theme 7: Fear of reporting cases of sexual abuse

Some cases of sexual abuse are reported and some cases are not reported by the adolescents. Children don't want to get into trouble with their families or be blamed for what happened. They think that they might face punishment and rejection by family and others (Spies, 2006b:48). Alleged perpetrators sometimes threaten the victims of sexual abuse so that they would not tell anyone. Sometimes even the parents threaten the children not to tell anyone about the abuse. They fear that the

alleged perpetrator might carry out his threats. According to Kinnear (2007:16), the abuser will make comments to ensure silence and obedience from the child/adolescent, such as “*this is our little secret; don’t tell your mother, it would kill her*”. The perpetrator misuses the child’s vulnerability and willingness to please, making the child feel responsible for the acts.

Data received from this research were:

- Participant 1 was afraid, but told the social worker and asked her not to tell anybody about the rape. She felt that she had to keep it as a secret. [P 1]
- Participants 2 and 5 feared that they will embarrass their family. [P 2] [P 5]
- Participant 10 feared that the perpetrator will harm her. [P 10]

11.8 Theme 8: Internalization of sexual abuse due to not being believed by the family

According to Fouché (2006:211), when a child discloses the child should be believed, be giving assessment, counselling and the perpetrator taken to task. This is not always the case, as children are not often believed after disclosure of sexual abuse. It was also observed by the researcher that some adolescents are not believed by their family/parents when they disclose the cases of sexual abuse. As a result, some adolescents decide to keep quiet about the abuse. According to Olafson and Lederman (2006:35), in some cases the child dissuaded from disclosing the abuse to family members who do not believe the child and who wanted to prevent shame and embarrassment to the family.

Data from this research collected include the following:

- According to participant 6 she went home and reported the matter at home, but no-one believed her because they said she was drunk. [P 6]
- Participant 7 ran away after he was raped and he told his mother, but the mother did not believe him and said he was lying and confused. [P 7]
- After the men sexually abused participant 9 they just left her there and she didn’t even know their names. She went home and reported the matter at home, but no-one believed her because they said she was drunk. [P 9]

Children who are not believed or who don't receive help are more likely to have long-term problems with trusting themselves and others; self-confidence issues due to unresolved guilt and shame; mental health issues ranging from mild depression to serious mental health problems; sexual/romantic relationships as an adolescent or adult and increased vulnerability to future social trauma (Anon, 2013c).

12 SUMMARY OF FINDINGS

The findings revealed that 20% of the adolescents in this research started using substances at the age of 10. Only 33% were males, whereas 67% of respondents were females, which means, that most victims of sexual abuse that occurs while victims are intoxicated in the Port St Johns area are females. According the researcher's observation there is a high possibility that male victims of sexual abuse do not report the abuse and may think that reporting sexual abuse while you are a male is an embarrassment. In this research most adolescents (73.3%) attended school, which is a positive sign.

The research study revealed that the use of marijuana, also known as dagga, and the use of alcohol is high in the Port St Johns area. Two participants used cocaine and one used a newly developed drug known as whoonga.

Most incidents of sexual abuse of adolescents being intoxicated occur during the festive season, especially during the December holidays. At this time of the year, adolescent are celebrating the end of the year and some of them are celebrating after getting their school results, not knowing that their celebration could end up putting them at risk of being intoxicated and being sexually abused. Most adolescents were sexually abused at the place called Second Beach in Port St Johns during December holidays.

Some cases of sexual abuse are reported and some cases are not reported by the adolescents. Alleged perpetrators sometimes threaten the victims of sexual abuse to get them not to tell anyone. Sometimes even the parents threaten the children not to tell anyone about the abuse. Data received during case analysis and member checking revealed that 9 participants were threatened by the alleged perpetrator not to tell anyone about the abuse.

13 SUGGESTIONS FOR PREVENTION STRATEGIES

- **Intervention**

Working with adolescents is the responsibility of primary care agencies, such as health care centres and social work departments, as they deal with the majority of adolescents, substance abuse and sexual abuse cases. These members of the inter-disciplinary team require appropriate training and support. However, attention needs to be given to developing a truly collaborative approach that can lead to the effective utilization of existing resources.

Programmes for prevention of sexual abuse and substance abuse among adolescents should be developed. The emphasis on prevention is informed by the fact that children are exposed to drugs at a young age. Some are intoxicated by older people who then take advantage of them by sexually abusing them. Particular attention must be given to interventions that target young people to equip them with necessary skills to resist the urge to experiment with drugs. Such one programme is the Ke moja project (I'm fine without drugs campaign) which aims to build the resilience of young people against drugs by actively engaging them in cultural and sporting activities.

- **Community based services**

The researcher emphasizes the role of the community and community-based organizations as a crucial link in the prevention of substance abuse and provision of substance abuse-related services. The challenge is to ensure that substance related and sexual abuse services are provided in all areas and communities must be mobilized to act against this scourge. Especially the remote areas are often under-served with little or no infrastructure.

The community-based interventions must ensure that communities take charge of the problem in an effective manner. This move represents a significant shift from the traditional approach to treatment in that it recognizes the vital role that the family, friends and the community in general can play in substance abuse and sexual abuse interventions among adolescents. We need to develop community-based

intervention models to improve access to treatment and services to adolescents who were sexually abused while being intoxicated.

- **The role of the social worker**

Social workers already have intervening skills such as interviewing and assessments, which are particularly helpful in working with adolescents who were sexually abused while being intoxicated. These skills include the use of the systems approach, interviewing techniques, crisis intervention and task-centred work.

The social worker must be aware of the adolescent's whole situation, including the community in which he/she lives, its attitudes towards sexual abuse and substance abuse. However, the social worker is in the position to help because of the knowledge and contact which individual workers have with individual clients.

Sexual abuse might need a variety of services. The social worker has a crucial role of being aware of the needs of the client and his or her family, knowledge about the community where the client lives and having access to resources which can be helpful. In addition, knowledge about the sexual abuse, drugs and alcohol problems and confidence in using existing skills, make the social worker's intervention effective and can do much to improve the overall quality of service.

14 CONCLUSIONS

The findings revealed the high incidence of sexual abuse that occurs among adolescents when the adolescents were intoxicated. The group included both males and females in Port St Johns. The issue of substance abuse and sexual abuse among adolescents is a problem that affects not only the victims of sexual abuse, but it is a problem that faces the community as a whole. The various departments and stakeholders need to work in partnership to address this phenomenon. Addressing the sexual abuse of adolescents while being intoxicated is not an easy task. In the long run, however, the failure to address this problem adequately could jeopardize the attainment of real reconstruction and development in South Africa. There is a need for a house for every family, school books for every pupil, a hospital bed for every patient and a monthly pension for the aged. It should never be

forgotten that the problem of sexual abuse among adolescents while being intoxicated blights individual lives, undermines families and damages whole communities, especially the future of those adolescents.

Substance abuse and sexual abuse of adolescents is a unique social evil, which deserves a special priority of its own. South Africa deserves an immediate intervention plan that can be translated into successful action.

15 RECOMMENDATIONS

- It is recommended that professionals like social workers need to make themselves publicly visible by doing awareness campaigns because the researcher noted that many adolescents abuse substances and some are being intoxicated and they end up being victims of sexual abuse.
- The researcher has also noted that adolescents perform risky sexual behaviour due to lack of information. Professionals can, through awareness campaigns, inform people so that they are aware of their services, as well as the consequences of substance abuse.
- Government is not doing enough to prevent substance abuse and sexual abuse. The government must implement programmes through various departments in order to fight this problem of adolescents who are sexually abused while being intoxicated.
- More research has to be done on the influence of substance abuse in the sexual abuse of children and adolescents.
- Parents of these adolescents must be aware that sexual abuse is real out there. The study revealed that some parents did not believe their children when they disclosed sexual abuse to them.
- Parents must be aware that having knowledge or suspicions of sexual abuse, but still remaining silent about it means that either you are protecting the alleged perpetrator or you are afraid to report the matter. It is a crime and failing to report the matter to SAPS can mean that legal actions will be taken against that particular parent because some parents do not want their children to report the matter or they do not take the matter of sexual abuse into serious consideration.

- Parents must be aware that being in poverty must not put the child's future at risk of being sexually abused in return for money. The study revealed that some parents put their children's future at risk by telling the child that she must not report the case, especially if the alleged perpetrator is the breadwinner.
- Awareness campaigns must be offered to adolescents about the types of substances and their consequences because some of the adolescents were using substances, but were unaware that those were substances and unaware of their consequences.
- Adolescents must be aware about the danger of keeping the incident of sexual abuse to themselves, especially, males because the study revealed that males do not disclose sexual abuse like females do. Males see the disclosure of sexual abuse by males as an embarrassment.
- Leisure activities such as sport activities must be provided to the community so that adolescents will be kept busy in order to prevent exposure to risky behaviours like substance abuse and sexual abuse.
- The government and NGO's stakeholders must work hand-in-hand in fighting this phenomenon of adolescents who are being sexually abused while being intoxicated.
- The community members must also play a role in fighting this behaviour of adolescents who are being sexually abused while intoxicated by reporting these cases to the SAPS.
- The South African government must see the need and importance of forensic investigation by employing more social workers who have undergone training in Forensic Practice because they have a specialised skill when it comes to dealing with cases of sexual abuse. Social workers who are already skilled in doing forensic investigation must make this known, because sexual abuse is growing day by day and it needs immediate intervention.

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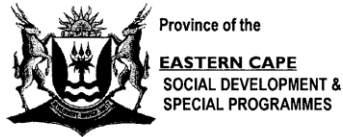
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ANNEXURES

ANNEXURE 1: LETTER TO ASK PERMISSION TO DO THE RESEARCH



Ground Floor –Port- St-Johns Service Office, Private Bag x 1006 – Port St Johns, 5120-- REPUBLIC OF SOUTH AFRICA
Tel: +27 (0) 47 5641239- Fax: +27 (0)47 564 1239 - Website: www.socdev.ecprov.gov.za

ENQUIRIES : MR S MADIKIZELA
DATE : 30-10-2013
CONTACT NO : 0731915070.


THE SERVICE OFFICE MANAGER
THE DEPARTMENT OF SOCIAL DEVELOPMENT & SPEC PROGRAMMES
PORT ST JOHNS
5120

REQUEST TO CONDUCT THE RESEARCH STUDY ON CASE ANALYSIS OF ADOLESCENTS WHO WERE SEXUALLY ABUSED WHILE BEING INTOXICATED.

- The social worker, Mr Siniko Madikizela is doing the research project on Case Analysis of adolescents who were sexually abused while being intoxicated in Port St Johns in the Eastern Cape.
- The results of this research project will be used by Mr Madikizela to fulfill the research requirements of the North- West University (Potchefstroom Campus) to obtain his Masters degree in Social Work: Forensic Practice.
- Therefore Mr Siniko Madikizela is requesting the above mentioned department to grant him permission to do case analysis in the Port St Johns Service Office.

The registered social worker

Mr S Madikizela


Date 30/10/2013

DEPT OF SOCIAL DEV
PORT ST JOHNS
SERVICE OFFICE
2013 -10- 30

ANNEXURE 2: PERMISSION TO DO THE RESEARCH



Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT &
SPECIAL PROGRAMMES

Ground Floor -Port- St-Johns Service Office, Private Bag x 1006 - Port St Johns, 5120-- REPUBLIC OF SOUTH AFRICA
Tel: +27 (0) 47 5641239 Fax: +27 (0)47 564 1239 Website:Nomibulelo Thobejane @ www.socdev.ecprov.gov.za

Ireferensi
Ref No. 10-22944

ifoni
Telefax: 047 564 1239

Date : 2013 / 10 / 31

TO : The North West University

FROM : Miss Vinindwa

SUBJECT : PERMISSION TO CONDUCT RESEARCH BY MR MADIKIZELA S.
REF. NO: 1027957

The permission for the above mentioned candidate who is busy with his Masters Degree is granted to conduct research study on case analysis of adolescents who were sexually abused while being intoxicated

Miss Vinindwa N.

Service Office Manager

DEPT OF SOCIAL DEV
PORT ST JOHNS
SERVICE OFFICE
2013 -10- 31

ANNEXURE 3: ETHICAL PERMISSION



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

To whom it may concern

Faculty of Health Sciences
Tel: 018-299 2092
Fax: 018-299 2088
Email: Minrie.Greeff@nwu.ac.za

22 November 2013

Dear Dr. Roux

Ethics Application: NWU-00027-09-A1 "The development and evaluation of programs and a protocol in Forensic Social Work"

Your request to include the sub-study, entitled "Case analyses of adolescents who were sexually abused while being intoxicated" under the above mentioned umbrella project has been ethically approved.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Minrie Greeff'.

Prof. Minrie Greeff
Ethics Sub-committee Vice Chairperson

Original details: Prof. Minrie Greeff(10187308) C:\Users\13210572\Documents\ETIEK\2009 ETHICS\NWU-00027-09-A1 Additional Request 1.docm
22 November 2013

File reference: NWU-00027-09-A1

ANNEXURE 4: WRITTEN PERMISSION FROM PARTICIPANTS

Title of research project: Case analysis of adolescents who were sexually abused while being intoxicated

CONSENT OF SOCIAL WORKERS TO BE A RESEARCH PARTICIPANT

(I am a MA-student in Social Work: Forensic practice from the North-West University researching on adolescents who were sexually abused while being under the influence of substances and would like to invite you to give consent and participate in my study. My study leader is Dr AA Roux. To follow is information about the study so that you can make an informed decision.

1. PURPOSE OF THE STUDY

The purpose of this study is to identify common themes from the case documents of adolescents who were sexually abused while being intoxicated. You are being asked to participate in this study because experiences such as this for a social worker are valuable in order to construct empowering programmes to prevent the abuse of substances and also the sexual abuse of adolescents.

PROCEDURE

If you agree to participate in this study you will be expected to do the following:

- Data will be gathered by means of the files/documents of participants.
- Written permission will be asked from the Department of Social Development Women, Children and People with Disabilities to conduct the research after explaining the purpose of the research.
- Written permission will also be asked from you as a social worker to use your documents of particular adolescents for research purposes.
- This study will focus on the common themes emerging from the documents of adolescents who were sexually abused while being intoxicated in the Port St Johns area.

- Documents of adolescents between ages 13 and 18 years of the past year from your case load will be included in the research until data saturation has been reached. The researcher has to evaluate all collected data in order to know when saturation has been reached.
- After identifying the commonalities relevant to the research, written permission from the primary caregiver of the adolescent as well as assent from the adolescent will be obtained by you as the social worker known to them for document analysis.
- After the caregivers and adolescents have given written permission you will give the documents to the researcher.
- A date, time and place to do the document analysis will be discussed with you.
- It will be expected of you to verify the collected data being the social worker who delivers services to these adolescents.
- The report will be completed in the format of a mini-dissertation with recommendations for further study.

2. RISKS/DISCOMFORTS

Some aspects of your privacy may be lost during this study but your name as well as the names of the caregivers and adolescents will never be made known and your data will be handled as confidentially as possible. No individuals' identifiers will be used in any publications resulting from this study and only the team of researchers will work with the information that you shared. All sensitive information will be protected by locking it up and storing it on a password protected computer.

3. BENEFITS

The benefits from this study will be to supply you and other social workers with data on risk factors that contribute to the sexual abuse of adolescents while being intoxicated. From this data empowering programmes can be constructed to prevent the abuse of substances and also the sexual abuse of adolescents.

4. COSTS

There will be no cost to you as a result of your participation in this study.

5. PAYMENT

You will receive no payment for participation.

6. QUESTIONS

You are welcome to ask any questions to the researcher before you decide to give consent. You are also welcome to contact me as student or my study leader if you have any further questions concerning your participation in the study.

Cell no: Mr Madikizela: 073 191 5070

Cell no: Dr AA Roux: 082 704 3922

7. FEEDBACK OF FINDINGS

The findings of the research will be shared with you as soon as it is available if you are interested. You are welcome to contact us regarding the findings of the research.

.....

Mr Siniko Madikizela

MA student: Social Work: Forensic Practice

.....

Dr Adrie Roux

Study Leader

CONSENT FORM

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be in this study, or to withdraw at any point even after you have signed the form to give consent, without any consequences.

Should you be willing to participate you are requested to sign below:

I _____ hereby voluntarily consent to participate in the above mentioned study. I am not coerced in any way to participate and I understand that I can withdraw at any time should I feel uncomfortable during the study. I also understand that my name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to my name at any stage. I also understand that I might benefit from participation in this project and are aware of the possible risks. Should I need further discussions someone will be available to assist me.

Signature of participant

Date

Signature of the person obtaining

Date

ANNEXURE 5: QUESTIONS FOR CASE ANALYSIS

INTRODUCTION TO SOCIAL WORKERS

I, Mr Siniko Madikizela, am doing the research project on the influence of substance abuse in the sexual abuse of adolescents in Port St Johns in the Eastern Cape.

The purpose of the research project is to explore the role substance abuse plays in the sexual abuse of adolescents in the Port St Johns areas of the Eastern Cape.

The results obtained from this research project will also be used by the Department of Social Development in the Eastern Cape in Port St Johns in order to understand the correlation between sexual abuse and substance abuse.

The results of this research project will be used by me to fulfill the research requirements of the North- West University (Potchefstroom Campus) to obtain his Master's degree in Social Work: Forensic Practice.

Thank you for your voluntary co-operation, your opinions and time. Your support is of great value.

SECTION A: BIOGRAPHICAL DETAILS OF ADOLESCENT

1. Home language

English	1
Tswana	2
Xhosa	3
Sesotho	4
Other	5

2. Age in years

13 years	1
14 years	2
15 years	3
16 years	4
17 years	5
18 years	6

3. Gender

Male	1
Female	2

4. In what grade are the adolescent now?

Do not attend school	1
Lower than grade 7	2
Grade 7	3
Grade 8	4
Grade 9	5
Grade 10	6
Grade 11	7
Grade 12	8

If they do not attend school explain why not/SCHOOL REPORT

5. With whom do the adolescent live in your house?

Parents (mother and father)	1
Mother/father	2
Brother	3
Sister	4
Other (specify)	5

6. What type of house do the adolescent live in?

Traditional hut	1
Makuku (shack)	2
Brick house	3
Other (specify)	4

7. How many rooms are in the house?

Rooms	
-------	--

8. How many people including the adolescent, live in the house?

People	
--------	--

9. What does the community where they live look like?
 10. The role of the community where they live regarding the sexual abuse of adolescents and substance abuse.
 11. Mention the types of substances they used.
 12. At what age did they start with the use of substances?
 13. Do they attend any preventive programmes at school/church or any other places?
 14. How are their progress/Are they clean from substance abuse?
 15. How are their school reports?
 16. How many times each adolescent?
 17. What were their reactions after you realized that you were sexually abused?
-
18. What influence did the sexual abuse have on their lives as an adolescent regarding their: Friends, school, Family, Church, Future plans, Other
 19. What was the reaction of their parents/caregivers on the sexual abuse of the adolescents while under the influence of substances?

Mr. S. Madikizela

Master degree student in Social Work: Forensic Practice

North-West University, Potchefstroom Campus

ANNEXURE 6: DECLARATION FOR LANGUAGE EDITING

cumlaude
languagepractitioners

Director: CME Terblanche - BA (Pol Sc), BA Hons (Eng), MA (Eng), TEFL
22 Strydom Street
Baillie Park, 2531
Tel 082 821 3083
cumlaudelanguage@gmail.com

DECLARATION OF LANGUAGE EDITING

I, Christina Maria Etrechia Terblanche, ID nr 771105 0031 082, hereby declare that I have edited the thesis of Siniko Madikizela, entitled

CASE ANALYSIS OF ADOLESCENTS WHO WERE SEXUALLY ABUSED WHILE BEING INTOXICATED

for Cum Laude Language Practitioners *without viewing the final product.*

Regards,

CME Terblanche

Cum Laude Language Practitioners (CC)

SATI reg nr: 1001066

PEG registered