KNOWLEDGE LEVELS OF SCHOOL LEARNERS BEFORE AND AFTER A LIFE SKILLS PROGRAM ON RAPE AND CHILD ABUSE

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SUMMARY

Due to the early age at which children are exposed to rape and child abuse, preventative programs should be implemented as early as possible. Schools provide ample opportunity to reach learners of all ages. Educators have regular contact with learners and have a key role to play in the implementation of comprehensive health and education life skills programs. Non-Governmental Organisations (NGO) can link up with schools to combat abuse that affects children in South African communities.

The Ubuntu Education Fund requested the Health and Development Research Institute (HDRI) of the University of Port Elizabeth to assist with the evaluation of the Mpilo-Lwazi life skills program for grade 6 to 9 learners at 5 primary and 5 secondary schools in the Nelson Mandela Metropole. The schools were selected by non-probability convenience sampling and the learners via simple random sampling. The life skills program addressed issues of HIV/AIDS, STI and rape and child abuse and the requested evaluation encompassed both the quantitative pretest-posttest assessment of knowledge plus a qualitative focus group assessment of perception of the content and presentation of the life skills program.

A multiple pretest-posttest quasi-experimental research design was used. This study focused on the quantitative aspect of rape and child abuse and aimed to describe learners’ base line knowledge before receiving education in rape and child abuse life skills programs and acquired knowledge after the program had been implemented. Descriptive statistics were employed to describe the pre and post test information and the Hotelling’s $T^2$ was used to identify variation in profiles. Posthoc t-tests established significant differences between grades.

Structured questionnaires were used to achieve the aims of the research. Results of both the quantitative and qualitative findings were collated to be presented to the Ubuntu Education Fund. The results of the study were as follows:
• The results indicated that the overall level of knowledge regarding Rape and Child Abuse among the sample of grade six to nine learners was average. A small increase in knowledge was identified in the post-test.

• The area most successful for knowledge increase was the section relating to general information on the victims of Rape and Child Abuse. An area where knowledge actually decreased was that on reporting the rape or abuse. Knowledge of rape and child abuse alone is not sufficient to bring about change in behaviour. Changes in beliefs, such as increased awareness that rape and child abuse are prevalent in families and communities, and attitude change are necessary to facilitate the adoption of health-promoting behaviour.

• Future education efforts need to introduce health educators into the Rape and Child Abuse life skills program at schools in educating the learners.

• The format of teaching should also take into account the preferred method of presentation indicated by the learners as this would facilitate optimal intake of information.

Key words; rape, child abuse, quasi-experimental research, pretest-posttest
CHAPTER 1

Introduction

1.1 General orientation and problem statement

When a child is born, a parent has the responsibility of raising that child in a stable environment filled with love and security, both financial and emotional. However, children are daily abused and raped, losing their innocence at least and often losing any chance of a secure well-adjusted and successful future (De Grandpre, 2004). Rape and child abuse are sensitive issues and teaching learners about it may be very difficult, but it has become a necessity in South Africa because rape and child abuse are on the increase.

According to the latest reports by the South African Police Services (SAPS), children are the victims of 41 percent of all rapes and attempted rapes reported in South Africa. Over 15 percent of all reported rapes are against children under 11 and another 26 percent against children between 12 and 17 years. For the year 2000 some 58 children were raped, or were the victims of rape attempts in South Africa every single day. In the same year alone, 21,538 rapes and attempted rapes of children under the age of 18 were reported (LoBaido, 2001). A study by the National Departments of Health, Safety and Security and Social Development, along with the National Directorate of Public Prosecutions revealed among other things that only 7, 7 percent of reported rape cases in 2000 have resulted in convictions (Meyer & Sapa, 2002).

Like rape, child abuse has also drastically increased in South Africa. Child abuse cases reported to the SAPS more than doubled from 499, in the year April 2001 to March 2002, to 1003 for the year April 2002 to March 2003. Eastern Cape numbers for the same period increased from 278 to 502. The abuse statistics, as shocking as they are could be just the tip of the iceberg as these are only the cases reported to the SAPS (Sookha, 2004). Statistical information gathered over the past five years by the South African Police Services (SAPS) indicates that in
83 percent of sexual abuse cases, the perpetrators were known to their victims (LoBaido, 2001).

It could thus be deduced from the abovementioned statistics that rape and child abuse are on the increase in South Africa and need to be addressed by parents, communities and Non Governmental Organizations (NGOs). Ubuntu Education Fund in the Nelson Mandela Metropole area has embarked on the Mpilo-Lwazi life skills program that aims to create awareness of learners regarding rape and child abuse. This life skills program aims to educate learners about rape and the prevention of rape. It further educates them about the different types of child abuse and educates them regarding the rights and responsibilities of children. Preventative initiatives such as these, around the world, tend to concentrate on the provisions of information. The assumption underlying this approach is that access to information will result in subsequent changes in behaviour (Balding & Regis, 1993).

Receiving information passively is not enough to make rational changes in behaviour. In this light it is more beneficial to utilize life skills programs which also focus on building skills and value systems as these emphasize the individual’s ability to identify alternatives and make choices. They aim to build self-confidence and a sense of self-worth in each participant. They also aim to lead learners to a point where they are able to make decisions about their behaviours and future (Futrell, 1992). One of the fundamental assumptions underlying life skills programs is that participatory teaching methods are used. Participatory methods give people the opportunity to identify their own concerns rather than having an agenda imposed on them (Balding & Regis, 1993).

The Health and Development Research Institute (HDRI), in the Faculty of Health Sciences at the University of Port Elizabeth was approached by the Ubuntu Education Fund to assist with the evaluation of the Mpilo-Lwazi life skills program that they presented at a selection of primary and secondary schools in the Nelson Mandela Metropole. This study fell within the domain of a multiple pretest-posttest quasi-experimental research design and the information gained
from the data collection was fed back to the educators from the Ubuntu Education Fund to further develop and refine their programs. A pre-test of learners was conducted to establish their base line knowledge and a post intervention assessment determined the learning which had taken place after the Ubuntu Education Fund educators had completed their programs. The study was quantitative in nature and data was collected by means of a questionnaire.

Thus the purpose of the present study was to explore and describe the knowledge levels acquired by the learners from the life skills program, as presented to grade six, seven, eight and nine Xhosa-speaking learners at ten different primary and secondary schools in the Nelson Mandela Metropole. The results of the study will in conjunction with data gathered by allied quantitative and qualitative studies assist Ubuntu Education Fund to refine and improve the syllabus and the method of information delivery.

1.2 The aim of the study

The main aim of the study is:

- to explore and describe the level of knowledge of a sample of grade six to nine learners on rape and child abuse prior to and after the application of a life skills program.

1.3 Chapter overview

Chapter 2 places rape and child abuse in context by defining and describing the concepts of rape and child abuse. The description includes the causes, statistics, effects and prevention of rape and child abuse. The chapter concludes with a section on the rights of a child.

Chapter 3 describes the developmental changes in the adolescent, psychological theories regarding adolescence, recent studies on preventative programs of rape and child abuse, particularly sexual abuse and gender-based violence at schools, as well as the current life skills program that is being evaluated.
Chapter 4 details the research process and includes information on the problem statement, the aim of the study, research design, participants and sampling procedure, the measuring instrument, the procedure of data collection and data analysis.

Chapter 5 presents the results and discussion of results, and chapter 6 contains the conclusion and evaluation of the present study as well as recommendations for future research.
CHAPTER 2

Rape and child abuse

Rape: In Context

2.1 Introduction

Children in South Africa are daily exposed to a number of physical and psychologically devastating experiences, which seriously impact on their ability to function effectively (De Grandpre, 2004). Among these are child rape and sexual-, physical- and emotional abuse and neglect.

2.2 Rape

The subject of rape has had extensive media coverage in recent years and the incidence of rape has reached epidemic proportions in South Africa. Girls and women are mostly the victims of rape but boys and men can also be anally raped or abused, usually by other men (e.g. this is common in prison environments). Male rape is a difficult subject and because of this secrecy it is presumed to be more widespread than most people think (Heinemann, 2004).

2.3 Definition of rape

The legal definition of rape implies that there must be penetration of the vagina by the penis. This implies that legally men cannot be raped and the act that is therefore known as male rape in society is legally defined as either sodomy or indecent assault, depending on the details of the act (Sexual Offences Act 23 of 1957). However, the definition of rape as contained in the Sexual Offences Act (Richter, et al., 2004) is in the process of being amended to accommodate male rape. The new definition (contained in Clause 3 of the draft Sexual Offences Bill) states that any person unlawfully and intentionally committing an act of sexual penetration with another person is guilty of rape. Furthermore, sexual penetration includes the penetration of genital organs into the anus, mouth or genital organs
of another person and the penetration of an object into the anus or genital organs of a person to stimulate sexual intercourse. This definition will come into affect once the Act is promulgated during the course of 2004 (Government Gazette, 2003).

Rape is sexual assault. It is a crime of control and violence in which sex is the weapon (Richter, Dawes, & Higson-Smith, 2004). Statutory rape is an important category of this nature of assault. In South Africa anyone who has intercourse with a girl below 16 and a boy below 19 years of age is guilty of statutory rape. The law states that a child under that age is not yet mature enough to make responsible decisions whether to have intercourse or not. This law is rarely applied and on average most children under these ages are sexually active today. However, if they wished, the parents, or the child him or herself, could lay charges of statutory rape. This is the case even if the child agreed to sexual intercourse (Heinemann, 2004).

The proposed amendments to the Sexual Offences Act (Act 23 of 1957) include that the legal age at which a child can consent to sexual intercourse will drop to 12 years. This amendment has been proposed to accommodate the situation where both parties engaged in the act are below 16 years and claim that they had both consented to the act. Statutory rape will therefore only come into effect, if one of the parties is older than 16 years (Government Gazette, 2003).

Koss and Harvey (1991) describe the following types of rape:

**Stranger/Blitz Rape** is rape by a random person/stranger who the victim doesn’t know. This is also known as “real rape” because it is how most of us perceive rape. Stranger rape itself is the least likely form of rape that children and women in general may experience. Studies have shown that rape survivors often cope better with this type of rape as they experience less self-blame and guilt (Udall, 2003).

**Acquaintance Rape** is when the victim knows the person who rapes them and may see the rapist as a peer or colleague. Udall (2003) states that a sex-crimes survey done by Cosmopolitan magazine in 2001 reports that two thirds of the sex-
crime victims knew their perpetrator. Survivors of acquaintance rape question their own judgment and experience extreme guilt feelings (Udall, 2003).

**Date Rape** is rape by a person the victim has or is currently dating. Many of the survivors of date rape change their lifestyle, move to another house through fear that the rapist might return, break up their relationship and require pharmacotherapy and counselling (Udall, 2003).

**Multiple/Group/Gang Rape** is when multiple people rape the victim (Udall, 2003).

**Marital Rape** is when the spouse rapes the victim. Rape by a spouse is an act of betrayal that destabilizes the victim's whole life. The victim often feels that it is her fault and that she deserves it. Rape is never any woman’s fault. Coping with rape in a marital relationship is particularly complex as women often see the rape as sex that went wrong rather than an act of violence. They do not realize that they have the right to refuse if the rapist is also the husband (Udall, 2003).

Drug Rape is when the victims are given drugs with the intention to interfere with their memory and the ability to resist assault. Some drugs can cause a desire and involvement when the man or woman previously showed no sign of wanting either drugs or sex. Some victims may not even be aware of being raped until some time later when confronted with photographs or videos taken by the perpetrator (Udall, 2003).

Koss and Harvey (1991) further distinguish between reported rape and hidden rape. A reported rape is when the victim reports the rape to the police. Hidden rape is an incidence that meets the legal definition of rape but is not reported to the police.

2.4 Causes of rape

2.4.1 Patriarchy, male dominance and male violence

According to Koss and Harvey (1991) rape can be seen as a manifestation of gender inequality and as a mechanism for the subordination of women. Sexist attitudes and values, in conjunction with a general acceptance of violence,
contribute to rape. Family attitudes toward sexuality and male-female roles have also been implicated. Rape supportive attitudes are socially acquired beliefs that function as releasers and can increase the likelihood of sexually aggressive actions.

Feminist theorists highlight the unequal gender-based power relations within patriarchal society. According to them young children are socialized into a set of unequal gender and power relations that serves to perpetuate patriarchal ideology and create a culture of male sexual entitlement (Jewkes, Levin, Mbananga, & Bradshaw, 2002). The feminist perspective assumes that man mainly perpetrates sexual abuse and that sexual abuse happens in both normal and dysfunctional families.

It is important to note that woman also abuse children and that they are just as capable as men, of abusing their power in relation to those more vulnerable than themselves. According to Calder (1999) there is evidence that women do sexually abuse children and the “motives of such offending are not easily explicable in the patriarchal paradigm” (Calder, 1999, p.28). Wakefield and Underwager (1991) suggest that women have not been viewed as sexual abusers except in very unusual cases. Maternal incest perpetrators are regarded as extremely rare.

2.4.2 Gender socialization and child rearing

The Feminist perspective is that the influences of gender socialization and child rearing practices have played a role in child rape and sexual abuse (Richter, et al., 2004). Gender roles are created as a norm. The Oxfam Training Manual, as quoted by Dunkle and Potter (1996, p.8) suggests, “People are born female or male, but learn to be girls and boys who grow up into women or men.” Boys and girls are taught what the appropriate behaviour and attitudes, roles and activities are for them, and how they should relate to other people. This learned behaviour is what makes up gender identity, and determines gender roles.

Boys are taught to be in control, unemotional, protectors, powerful, independent, strong and aggressive or competitive and sexually assertive. Men
are portrayed as powerful, smarter and as having sexual valour. The girl child, on the other hand, is taught that she is in need of protection, is dependent, weak or passive, emotionally supportive or caring and ultimately subordinate to men. Boys learn that it is acceptable to control and girls learn to accept that these power dynamics are normal (Magwaza, 1997; Marshall, & Herman, 2000).

2.4.3 Poverty, unemployment and overcrowding

The combined effects of poverty, unemployment and overcrowding in some areas of South Africa, are exacerbating features in the context of child sexual abuse and rape. According to Netshiombo (2001) the social economic realities of job losses, unemployment and poverty in South Africa lead to extreme frustrations and child rape provides one opportunity for releasing these frustrations. Unemployment is very high among the South African population and it is worth exploring the link between unemployment and abuse. There is little research on this relationship but Wood, Welman and Netto, (2000) concluded that unemployment creates a greater opportunity for rapists to approach their victims as they have more time on their hands. These unemployed men experience economic hardships, which may create stressful family relationships and thus lead to the expression of their frustrations in the form of child sexual abuse.

Children are often left alone for long periods as parents leave for urban areas to secure some income for the family. The caregiver’s ability to monitor the child’s whereabouts is limited and this puts the child at risk for sexual abuse in the neighbourhood (Dawes, 2002). Due to parents’ inability to pay school fees and provide schooling materials, many children often do not attend school and are left without supervision, making them vulnerable to sexual abuse. However, not all parents who live in poverty fail to monitor and supervise their children.

Van Niekerk (2002) writes that an area of child sexual abuse that may be pervasive in the context of severe poverty is the prevalence of survival sex. Many of the children she came across that were involved in prostitution were paying the
rent, purchasing the food for younger siblings or peers, or had their schoolbooks and uniforms provided by their abusers.

2.4.4 The cleansing myth of HIV

According to Madu and Peltzer (2000) and Meursing et al., (1995) the myth that having sexual intercourse with a virgin will cleanse the perpetrator of HIV infection adds to the incidence of rape. A further suggestion is that this myth is responsible for the dramatic increase in the number of babies and younger children becoming victims of child sexual abuse (Jewkes, et al., 2002). The rape trend is worsening as babies as young as only a few months old are being raped almost daily (LoBaido, 2001). As the AIDS/HIV pandemic affects a significant percentage of the South African population it may be worthwhile to further investigate the link between this myth and child rape.

2.4.5 Juvenile delinquency and substance abuse

Delinquent peer group socialization has been identified as a powerful predictor of sexual assault behaviour. Alcohol and drugs have been implicated frequently in sexual assaults. Studies have indicated that one-third to two thirds of rapists and approximately half of rape victims have consumed alcohol prior to the rape (Richter et. al., 2004).

2.4.6 Gender violence and rape in schools

In the 1998 South Africa Demographic and Health survey, researchers found that schoolteachers were the most common child rapists and were responsible for 33 percent of child rapes in South Africa. Through such abuse a girl’s body is violated and her right to education is destroyed. Child rape increases the risk of HIV transmission and the likelihood of unsafe sexual practices during later years, including having multiple sex partners. Many girls are forced to leave school after being impregnated and harassed by teachers. Findings from this study have indicated that the rape of girls in schools has become a substantial public health
problem in South Africa. The role of schoolteachers in child rape has been reported in many African countries. Effective action to prevent rape and sexual harassment of children in schools is needed (Jewkes, et al., 2002).

2.5 Rape statistics

Rape is an international problem. In the United States, for example, 90,186 women and girls reported being raped in 2000. But what has drawn international attention to South Africa is that an alarming number of rape victims in this country are children. A South African child is raped every 24 minutes, NOWCA says, and 25 percent of girls under age 16 have been raped (NOWCA, 2000). According to Cook-Jahme (2003) every 17 seconds one in three South Africans is being raped. Statistically, the chance of someone being raped in this country is higher than anywhere else in the world.

Violence against women and children in South Africa has reached epidemic proportions. In excess of 50,000 rapes are reported to the criminal justice system each year. Girls under the age of 18 are particularly vulnerable to rape, constituting approximately 40% of reported rape and attempted rape cases nationally, with 12–17 year olds reflecting the highest rape ratio per 100,000 of the female population (Human Rights Watch, 2001).

Government data indicates that 15,650 rapes of children were reported to South Africa’s police between January and September 2001. Of these, 5,859 were under the age of 11. According to the Child Protection Unit, (CPU) in Port Elizabeth, more than 1000 sexual abuse cases against children, under the age of 15 years, are pending in Port Elizabeth alone. Several date back as far as 1996 and 1997. The CPU receives an average of 120 to 130 sexual abuse reports a month, 95 percent of which are rape. These are the cases reported to the police, many go unheard due to the child’s fear of being further abused, beaten or even killed. Statistically these figures indicate that an average of four rapes take place in the city daily (Cook-Jahme, 2004).
As noted previously, schoolteachers are the most common child rapists and according to the study were responsible for 33 percent of rapes (Jewkes, et al., 2002), while relatives were also a major group (21 percent), as were strangers or recent acquaintances (21 percent), and boyfriends (10 percent). South Africa has only recently made sexual relations, consensual or otherwise, between teaching staff and learners a serious offence that results in dismissal of staff. Many countries do not have such legislation. Enforcement still presents a substantial challenge (Richter, et al., 2004).

Child Abuse

Child abuse is both shocking and common in society. Child abusers inflict physical, sexual, and emotional trauma on defenseless children every day. The scars can be deep and long lasting. Unfortunately, the more subtle forms of child abuse such as neglect and emotional abuse can be just as traumatizing as violent physical abuse. Focused support can help both the victims of child abuse and the child abusers themselves (Author unknown, 2004).

2.6 Definition of child abuse

Definitions are very important to describe this phenomenon. A narrow definition may restrict our understanding of the problem, whereas a broad definition may confuse our understanding of the problem (Richter, et al., 2004). The World Health Organization defines abuse as: "Any interaction or lack of interaction by a parent or caretaker which results in the non-accidental harm to the child's physical and/or emotional well-being" (Hlungwani & Gaylard, 1998, p.3). However, this definition of abuse might be too narrow because literature describes it more broadly than that.

Child abuse includes not only the physical, non-accidental injury of children, but also emotional abuse, sexual abuse and neglect. Therefore, abuse can range from habitually humiliating a child, to neglecting to give necessary care, and from excessively shaking of a child to rape. According to Johnson (1990) and
Hlungwani and Gaylard (1998), there are 4 different kinds of child abuse. They are as follows:

2.6.1 **Physical abuse**

Physical abuse is any non-accidental physical injury to a child. Even if the parent or caretaker who inflicts the injury may not have intended to hurt the child, the injury is not considered an accident if the caretaker’s actions were intentional.

This injury may be the result of any assault on a child's body, such as:

- beating, whipping, paddling, punching, slapping, or hitting
- pushing, shoving, shaking, kicking or throwing
- pinching, biting, choking, or hair-pulling
- burning with cigarettes, scalding water, or other hot objects.
- severe physical punishment that is inappropriate to child's age.

Corporal (physical) punishment is distinguished from physical abuse in that physical punishment is the use of physical force with the intent of inflicting bodily pain, but not injury, for the purpose of correction or control. Physical abuse is an injury that results from physical aggression. However, physical punishment easily gets out of control and can become physical abuse. Corporal punishment is against the law in schools in South Africa. However, in many families, physical punishment is the norm.

Hundreds of thousands of children are physically abused each year by someone close to them, and thousands of children die from the injuries. For those who survive, the emotional scars are often deeper than the physical scars.

2.6.2 **Emotional abuse**

Emotional abuse is any attitude, behavior, or failure to act on the part of the parent or caregiver that interferes with a child's mental health or social development.

Other names for emotional abuse are:

- verbal abuse
• mental abuse
• psychological maltreatment or abuse

Emotional abuse can range from a simple verbal insult to an extreme form of punishment. The following are examples of emotional abuse:
• ignoring, withdrawal of attention, or rejection
• lack of physical affection such as hugs
• lack of praise, positive reinforcement, or saying "I love you"
• yelling or screaming
• threatening or frightening
• negative comparisons to others
• belittling; such as telling the child he or she is no good, worthless, bad, or a mistake
• using derogatory terms to describe the child
• shaming, humiliating or
• habitual scapegoating or blaming
• using extreme or bizarre forms of punishment, such as confinement to a closet or dark room, tying to a chair for long periods of time, or terrorizing a child
• parental child abduction

Emotional abuse is almost always present when another form of abuse is found. Some overlap exists between the definitions of emotional abuse and emotional neglect; but regardless of this, they are both child abuse.

Emotional abuse of children can come from adults or from other children, but are usually the following:
• parents or caregivers
• teachers or athletic coaches
• siblings
• bullies at school
• primary- and high-school girls in social cliques
2.6.3 Sexual abuse

Sexual abuse of a child is any sexual act between an adult and a child. This includes:

- fondling, touching, or kissing a child's genitals
- making the child fondle the adult's genitals
- penetration, intercourse, incest, rape, oral sex or sodomy
- exposing the child to adult sexuality in other forms (showing sex organs to a child, forced observation of sexual acts, showing pornographic material, telling "dirty" stories, group sex including a child)
- other privacy violations (forcing the child to undress, spying on a child in the bathroom or bedroom)
- sexual exploitation
- enticing children to pornographic sites or material on the Internet
- luring children through the Internet to meet for sexual liaisons
- exposing children to pornographic movies or magazines
- child prostitution
- using a child in the production of pornography, such as a film or magazine

The above acts are considered child abuse when they are committed by a relative or by a caretaker, such as a parent, babysitter, or daycare provider, whether inside the home or apart from the home. (If a stranger commits the act, it is called sexual assault.)

Milner (1998) argues that “although child sexual abuse has received increasing awareness from professionals, there is still a lack of agreement on its definition” (p.149). According to Milner (1998) one has to distinguish between contact and non-contact child sexual abuse. Contact sexual abuse involves any form of physical contact during the commission of a sexually abusive act, ranging from non-genital and genital touching to vaginal or anal sexual intercourse. Non-contact sexually abusive acts may range from exhibitionism to being an agent in the use of children in pornography or prostitution.
Whether sexual abuse includes contact and/or non-contact acts, Calder (1999) suggests that a more generally accepted definition of child sexual abuse should be any form of non-consenting interpersonal sexual behaviour that poses some risk of harm to the (non-consenting) individual. The following definitions are more inclusive and are worth citing here: Child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational and cognitive development. The ability to lure a child into a sexual relationship is based upon the powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child’s age, dependency and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance (Sgrou, in Calder, 1999).

According to Tomison (1995) Kempe and Kempe’s definition has been widely used: “The involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend, are unable to give informed consent to and that violate social taboos of family roles” (p.3). Finkelhor (1994) noted that an important element of the definition of child sexual abuse is that it is intended primarily for the sexual stimulation of the perpetrator, even if it involves attempts to sexually stimulate the child.

Sexual abuse is especially complicated because of the power differential between the adult and child, because of the negotiations that must occur between adult and child, and because the child has no way to assimilate the experience into a mature understanding of intimacy. Regardless of the child's behavior or reactions, it is the responsibility of the adult not to engage in sexual acts with children. Sexual abuse is never the child's fault.

Some people think that only strangers abuse children, but according to Johnson (1990) frequently the sexual abusers can be:

- parents, siblings, or other relatives
- childcare professionals
- clergy, teachers, or athletic coaches
- neighbours or friends
• strangers

2.6.4 Neglect

Neglect is when parents or caregivers fail to provide for the child's basic needs. The types of neglect are:

• physical
• educational
• emotional

Physical neglect is not providing for a child's physical needs, including:

• inadequate provision of food, housing, or clothing appropriate for season or weather
• lack of supervision
• expulsion from the home or refusal to allow a runaway to return home
• abandonment
• denial or delay of medical care
• inadequate hygiene

Educational neglect is the failure to enroll a child of mandatory school age in school or to provide necessary special education. This includes allowing excessive truancies from school.

Emotional or psychological neglect is a lack of emotional support and love, such as:

• not attending to the child's needs, including the need for affection, or failure to provide necessary psychological care
• domestic violence in the child's presence, such as spousal or partner abuse
• drug and alcohol abuse in the presence of the child, or allowing the child to participate in drug and alcohol use

When authorities examine emotional neglect, they take into consideration cultural values and standards of care, as well as the level of family income, which may interfere with proper care.
Some overlap exists between the definitions of emotional abuse and emotional neglect; regardless, they are both child abuse.

2.7 Causes of child abuse

Understanding our society’s structure and how our power dynamics contribute to the continuation of child abuse is of utmost importance in the understanding of the causes of child abuse. Child abuse is mainly an issue of power and control. Children, who constitute one of the most vulnerable groups in our society, often become victims of various forms of abuse and are not able to defend themselves (Child line, 2003).

Gil (1990) believes that child abuse arises from conditions in society which hamper the development of some of its members to the benefits of others. This blocking of growth and energy results in or escalates into interpersonal violence and other forms of destructive behaviour. Abusive families are therefore “agents of structural violence” (Parton, 1985, p. 168). Gil (1990) argues that if a society fails to provide optimum conditions for the development of its children, structural abuse and neglect occur.

According to Johnson (1990) it is important to understand how the socio-political context contributes to the problem of child abuse. The dominant forces of poverty, patriarchy, racism and a culture of violence along with the disempowerment of children all provide an appropriate climate for all types of abuse to flourish. We need to know how these socially constructed elements work together to create a society in which abuse of children is prevalent.

2.7.1 Patriarchy

This cause of abuse has been discussed in detail under the causes of rape; therefore the focus will be on the role patriarchy plays in other forms of child abuse. Johnson (1990) argues that patriarchy is the expression and implementation of male power and the extension of male dominance over women and children in the family and in society in general. The major institutions in our
society: the church, military, legal, economic and political institutions are controlled by men. Children in most societies are reared to trust unquestioningly and to be obedient to their parents and adult authority figures such as teachers and clergy (Aronson Fontes, 1995; Marshall & Herman 2000; Tang, 2002). This differentiation of power that arises through the process of socialisation, on the basis of gender differences, creates subordination in both women and children and puts them at risk for abuse.

This acceptance of male superiority lends itself to a culture of violence where women and children are seen as possessions of the male head of the household to be abused at will. Child abuse reinforces the concept of male power. If the abuser is an immediate family member and prosecution leads to a jail sentence, the family may face the loss of a breadwinner, which may lead to negative economic consequences for the whole family. Under these circumstances the abuser is often not exposed or reported and will continue to abuse children (Richter, et al., 2004).

According to Lewis (1999) it is difficult for males to live up to the masculine ideal of being strong and powerful at all times. Men therefore seek to reinforce their sense of power and control when they engage in acts of violence against children. Power and control have frequently been eroticised in our culture. Dominance gives rise to sexual excitement thereby eroticising relationships with children. Abuse is a total disrespect for the vulnerability of the child and the boundaries between adults and children, and allows the violation of those boundaries often with impunity (Richter, et al., 2004).

The analysis of Childline statistics indicates that for all forms of abuse reported, male perpetrators consistently outnumbered female abusers: father (23%) vs. mother (19%); brother (2%) vs. sister (1%); uncle (6%) vs. aunt (2%); boyfriend (6%) vs. girlfriend (1%); male family friend (1.1%) vs. female family friend (0.6%); and stepfather (6%) vs. stepmother (2%). Men currently have the predominance of power and whilst abuse is not limited to men in our society, they are in the vast majority when it comes to child abuse as reported by Childline (2003).
2.7.2 Culture of Violence in South Africa

Lewis (1999) notes the link between our history of perpetrated violence of the apartheid era and the current high levels of crime, which includes child abuse. Children were actively involved in the struggle for democracy and many child activists died brutally, including Hector Pietersen who was killed in June 1976, at the hands of the Nationalist government. Violence was regarded as a legitimate response to state brutality and this method of handling problems continues, despite democracy having been achieved.

South African society carries the pain of a history of violence in the form of continuing crime and as a nation we have continued to accept violence to resolve our differences. Violence as a problem solving method has been generalised to deal with children who do not have the power to retaliate. It is sad that a percentage of these children, whose rights are currently being violated, will grow up to deal with issues in the same aggressive manner, and the cycle of violence will continue into the next generation (Lewis, 1999).

2.7.3 Racism

Childline (2003) refers to the triple oppression of Black women – oppressed by capitalism, oppressed by racism, and oppressed by sexism. Childline (2003) regards gender not as the most significant social relation which shapes women’s experiences but warns that one should not overlook the importance of race and class. The imbalance of power between men and women or girl and boy children is significant. The Black girl child is disadvantaged by virtue of her gender, race and socio-economic status.

Racism has an impact on both the child and the perpetrator. According to Lewis (1999) any person who experiences racism feels powerless and angry. The perpetrator may therefore try to overcome his feelings of frustration and loss of control by dominating those who are more vulnerable than himself.
2.7.4 Poverty, Unemployment and Substance abuse

According to De Grandpre (2004) research into child abuse in poor areas, indicates that poverty, unemployment, alcohol and drug abuse are some reasons for the increase in child abuse. Changing morals, the breakdown of family traditions, and families being torn apart by breadwinners moving from rural areas into the cities to find work, are other contributing factors.

However, these reasons are not unique to poor areas. In a society where people are constantly facing pressure to perform, some parents are unable to cope and lash out at their children. An additional area where children are vulnerable is the realm of childcare. In many South African families both parents have to work with the result that their children are left at home in the afternoon or are sent to day care where the opportunity of child abuse is possible (De Grandpre, 2004).

Poverty impacts on all areas of children’s lives including their education, health care and nutrition. To address this, the South African government instituted the Child Support Grant; however this is very limited and stops at the age of 7 years of age leaving children after this age vulnerable (Childline, 2003). This policy has recently been changed to include children up to the age of 14 years but will be phased in over four years, leaving many children outside the social security net at a time when their financial needs are most pressing (Richter et al., 2004).

2.7.5 Cultural and Religious Factors

Children in religious families are often taught to respect adults and their parents in particular and this may cause the abused child to feel obliged to respect the abusive parent. Cultural practices for example the payment of lobola, can contribute to the exploitation of children. Traditionally this ritual was meant to thank the bride’s family for allowing their child to enter into her marital home, but was extended to symbolise the ownership of the wife and children by her husband (De Grandpre, 2004).
2.7.6 Developmental stages of children

Children’s vulnerability is largely due to their limited intellectual and emotional capacity resulting from their immature developmental levels. Children are physically not as strong as adults and are therefore more vulnerable to abuse. Abuse always has an element of the misuse of power; the perpetrator is normally older and stronger. The older person should be held responsible for what they have done. Acts of abuse against a child are never the child’s fault (Childline, 2003).

2.8 Child abuse statistics

Child abuse has drastically increased in all provinces in South Africa, while Gauteng indicates the highest statistics. Child abuse cases reported to the South African Police Services more than doubled, from 499 in the year April 2001 to March 2002, to 1 003 for the year April 2002 to March 2003. In KwaZulu Natal, reported abuse cases soared from 277 in 2002/2002 to 519 in 2002/2003. According to statistics posted on the SAPS website, the other provinces have also shown a dramatic increase in reported child abuse cases. Eastern Cape numbers, for the same period, increased from 278 to 502; Free State from 201 to 355; Mpumalanga from 136 to 226; North West from 105 to 187; Northern Cape from 193 to 378; Limpopo from 279 to 340; and Western Cape from 730 to 1 258. These figures do not include incidents of actual rape, which falls into a different category (Sookha, 2004).

2.9 Effects of rape and child abuse

2.9.1 Short-term effects of rape and child abuse

Children, who are victims of rape and child abuse, whether physical, sexual or emotional, suffer both short and long term negative effects. These effects need to be understood within the parameters of abuse: the child’s age at the onset of abuse, his/her psychological resilience, the age of the perpetrator, the type and
severity of abuse and the degree of support received during and after the event (Browne & Finkelhor, 1986; Schetcky, 1990). Although single events are distressing, they do not produce effects as powerful as those caused by repeated abuse within the context of a relationship in which the abuse is evidence of a betrayal of trust (Killian & Bobat, 1987).

Johnson (1990) suggests that if child abuse is suspected, one needs to look for clusters of physical and behavioral signs. Signs of physical abuse are unexplained burns, cuts, bruises, or welts in the shape of an object and bite marks. The child may present with anti-social behavior, problems in school, fear of adults and drug or alcohol abuse. Self-destructive or suicidal behavior, depression or poor self-image may also be present.

Some signs of emotional abuse may include apathy, depression, hostility, lack of concentration and eating disorders. Signs of neglect may involve unsuitable clothing for weather, being dirty or unbathed, extreme hunger and apparent lack of supervision.

Signs of sexual abuse may include inappropriate interest in or knowledge of sexual acts, seductiveness, avoidance of things related to sexuality, or rejection of own genitals or bodies. The child may present with nightmares and bedwetting, drastic changes in appetite, over-compliance or excessive aggression, fear of a particular person or family member, withdrawal, secretiveness, or depression. Suicidal behavior, eating disorders and self-injury may manifest in the life of the child. Sometimes there are no obvious physical signs of sexual abuse, and a physician must examine the child to confirm the abuse.

Assessments of child victims of abuse report debilitating fears, anxiety, regressive behaviours, nightmares, withdrawn behaviour, depression, anger and hostility, self-injurious behaviours, low self-esteem and inappropriate sexual behaviour (Browne & Finkelhor, 1986; Kendall-Tackett, Williams & Finkelhor, 1993). Kendall-Tackett et al., (1993) suggested two common patterns of psychological response: one that is connected with symptoms of Post Traumatic Stress Disorder (PTSD) and the other with an increase in sexualized behaviours.
The symptoms of PTSD are recurrent re-experience of the abuse through inappropriate play, dreams, talk or flashbacks; avoidance of strong emotions through the use of the defense mechanisms of denial or repression; or evidence of hyper-arousal manifested in sleep disturbances, aggression, and other externalized symptoms. The sexualised behaviours may take the form of play with dolls, inserting objects into anuses or vaginas, excessive or public masturbation, seductive behaviour, and age inappropriate sexual knowledge and behaviours (Kendall-Tackett et. al., 1993).

Briere (1992) suggests that rape and sexual abuse survivors will mainly experience flashbacks or nightmares of the events and emotions, which include feelings of danger, humiliation, guilt and badness. Physical abuse survivors present symptoms such as tension, jumpiness, avoidance of abuse-related thoughts, violent nightmares and intrusive thoughts about being abused. The survivor may feel rage and the need for revenge and have fears of torture and death.

Survivors may also suffer from high levels of anxiety, which result in physical problems. There is a link between emotional problems and physical health. Common physical complaints are headaches, stomach pains, nausea, anorexia, asthma, muscle spasms or tension (Briere, 1992).

2.9.2 Long-term effects of rape and child abuse

According to Briere (1992) abused children may have distorted images of the self and they may overestimate the amount of danger in the world and underestimate their own self worth. Abused children often suffer from depression or anxiety. A sense of self is one of the earliest tasks that the child has to develop. Child abuse has a profound effect on how the child perceives him or herself. Without a sense of self the survivor is prone to confusion, feelings of being internally empty, inability to comfort oneself, over-reactions to stress or painful feelings, and difficulty in separating from others. A lack of a sense of self results in
being re-victimised, sexual or relationship problems and the possibility of victimising others (Wieland, 1997; Winnicott, 1971).

As abuse happens within a context of human relationships, abused children may distrust or experience mixed feelings about interpersonal closeness. Many adult survivors often accept sexual or physical victimisation by others in romantic relationships. Male survivors often get involved in victimisation or aggressive behaviour against their partners and children in order to establish dominance and control (Briere, 1992).

Long term effects may include depression and anxiety disorders, psychiatric hospitalizations, substance abuse, suicidal behaviour, borderline personality disorder, somatisation disorder, eroticisation, learning difficulties, PTSD, dissociative and conversion reactions, revictimisation, poor parenting and an increased possibility of becoming a perpetrator (Schetcky, 1990). Both scientific and clinical studies have indicated that childhood history of physical and sexual abuses are more prevalent in adults who develop major mental illness (Bryer, Nelson, Miller & Krol, 1987). Victims of rape and child abuse carry intrapsychic scars with symptoms persisting over many years into adulthood (Richter et al., 2004).

2.10 Prevention

South Africa is faced with a great challenge to provide services to a large and diverse number of rape and child abuse victims scattered over rural, urban and metropolitan areas and to address the beliefs held about abuse which prevent children from receiving the necessary care and protection (Richter et al., 2004). The establishment of several specialist sexual violence and children’s courts around the country is a good indication of the potential to implement more effective preventative strategies (Sadan, Dikweni & Cassiem, 2001).

Rape and child abuse are recognized as serious problems, both because of their epidemic proportions and the increasing evidence of their traumatic impact on the child, the family and the community (Herman, Russell, & Trocki, 1986). The
rights of the child are often disregarded by society and violence has become endemic. Health care professionals, educators, parents and communities can play a vital role by offering effective, timeous and systematic therapeutic and educational interventions (Richter et al., 2004).

According to Childline (2003) children need education to assert some degree of control over what they allow adults to do to them. Therefore children need to make their own choices at an early age. They need to know what to do when they find themselves in an abusive relationship and be able to speak out. Basic sex-education is a prerequisite for the prevention of sexual abuse and rape. Teaching children survival techniques e.g. self-defense strategies or the crisis line number is of utmost importance. Children should be educated regarding what steps to take after being raped and should know how to protect them.

The new life skills curriculum in South African primary and secondary schools offers learners the opportunity to raise their awareness around child abuse, HIV/Aids and children’s rights. However, many teachers lack training in this area to deal sensitively and confidentially with disclosures when and if they arise. Teachers often cause secondary traumatisation for rape and child abuse victims as they are often more concerned about following protocols and thereby fail to address the needs of the child and the family. Children often prefer not to disclose the abuse as they do not want to be seen as another statistic who presents with a difficult and stressful case for the educator (Richter et al., 2004).

While victims of rape and child abuse need intense and individual assessment and treatment, community-based interventions may provide an appropriate strategy to address the needs of these vulnerable children. An important characteristic of community-based interventions is the recognition of the community as an equal co-worker in the alleviation of the impact of abuse. The community has to own the problem and has to be involved in addressing the problem. A process of community mobilization is critical to make the community aware of the nature of the problem (Guterman & Cameron, 1997).
Itzhaky and York (2001) suggest that the establishment of a community-based child care committee that prioritises the needs and rights of children can be very helpful at grassroots level. Providing participatory educational workshops that include information about rape and child abuse, intra- and interfamilial communications and basic procedures through which women and children can be given psychosocial support will be helpful. A curriculum that includes psychodramas, role-plays, simulations of rape and child abuse, small group discussions, analysis of case studies and action planning can contribute to prevent rape and child abuse. Community-based interventions can focus on primary protection, preventative programs which focus on self-esteem enhancement and problem solving behaviour for potential victims, as well as early identification of individuals at risk to become abusers (Richter, et al., 2004). Adults need to receive psycho-education about rape and child abuse so that they can be on the look out for abuse both in their own families and within their communities.

Prevention of rape and child abuse and the treatment of victims are difficult and challenging tasks for health service professionals who lack specialized training and the support of a multidisciplinary team. It is certainly true that prevention is better than cure and unless more is done to combat rape and child abuse many children will become adults that carry the scars of emotional trauma (Richter, et al., 2004).

2.11 Children’s rights

According to Childline (2003) the South African Government signed the South African Constitution in 1996, clearly outlining its commitment to child rights in section 28. Section 28 (1) states that children have the right to be protected from maltreatment, neglect, abuse or degradation. Further, Section 28 (2) states that a child’s best interests are of paramount importance in every matter concerning the child and Section 28 (3) states that a child is defined as a person under the age of eighteen years. These provisions provide a framework, which ensures that child’s rights to dignity, privacy and security are respected and adhered to.
In addition, the Convention on the Rights of the Child (CRC), which was adopted by the General Assembly of the United Nations in 1989 and enforced in South Africa in July 1995, reflects that States shall protect children from physical or mental harm and neglect, including sexual abuse or exploitation. According to Article 19 of the CRC, the State is obliged to do much more than implementing laws to protect children from sexual and other kinds of abuse. The State has to provide a holistic, substantive and procedural system that will effectively prevent forms of rape and child abuse and when this is not possible the State has to support children who are victims of rape and child abuse (Richter, et al., 2004).

As children have little or no exposure to literature on these rights, they are not aware of the law and often take their experiences as being normal and part of their reality. In many cases abused children also do not receive counseling and become abusers themselves, starting a cycle of innocence lost for another unsuspecting child (De Grandpre, 2004).

2.12 Conclusion

Rape and child abuse, including sexual, physical and emotional child rights violations is extensive. The short and long term effects of rape and child abuse are horrific, often lasting an entire lifetime if the child does not receive treatment. It is clear that the South African Government is committed to establish a culture of child rights. However, these far-reaching reforms need to filter down to all children in our society. A process of education, prevention and empowerment is crucial to ensure that we live in a country where children are protected from all forms of violence and abuse and they are able to achieve their maximum potential. Children of all ages from birth to early adulthood are victims of child abuse and rape and each developmental stage presents its own challenges to parents, educators and the State. For purposes of this study the focus will be placed on the developmental period known as adolescence as this age group forms the basis of the present study.
The next chapter therefore will pay specific attention to adolescence, the developmental theories that underpin our understanding of this stage and the problems specific to this stage. The particular context of the South African society will be emphasized, specifically when racial, social and economic factors impact on problems particular to this age group. The chapter will conclude with an overview of intervention plans, specifically in educational settings, aimed at educating adolescents on knowledge of rape and child abuse as well as development of life skills to assist them to protect themselves.
CHAPTER 3

The adolescent

3.1 Introduction

Adolescence, the transitional period between childhood and adulthood that begins with puberty and ends when the individual has developed adult skills and responsibilities, was acknowledged as an important stage in the life span at the end of the 19th century and the beginning of the 20th century. In the 20th century adolescence became a unique developmental stage in which youth attended school, separated from the adult world and living in their own peer culture (Sigelman & Rider, 2003).

For adolescents the challenge and the joy of this stage are to develop a sense of the self that is connected to significant individuals and groups. As they grow and develop, involvement with their peers and the attraction of peer identification increases. Pre-adolescence begins with rapid physical, emotional and social changes, leading to the adolescent stage where they begin to question adult standards and the need for parental guidance (Lingren, 1995).

Adolescence is a stage characterized by complex thoughts, accompanied by new insights about the self as well as the physical, social and political environment. The adolescent experiences new levels of emotional intensity. Most adolescents reach new levels of competence and a realization about their interdependence with family, friends, community and culture (Newman & Newman, 2004). As adolescents are increasingly aware of their own thoughts as well as the accuracy and inaccuracy of their knowledge, psycho education can serve as a preventative measure to provide knowledge to learners through various life skills programs.

In this chapter the developmental changes in the adolescent, psychological theories regarding adolescence, recent studies on preventative programs of rape
and child abuse, particularly sexual abuse and gender-based violence at schools, as well as the current life skills program that is being evaluated, are discussed.

3.2 Adolescent Development

Adolescent development may be described as a dynamic, unpredictable and idiosyncratic process. During the stage of adolescence, certain behaviour may be considered to be normal due to the stressors resulting from rapid changes. These may be further divided into four domains namely that of physical, sexual, cognitive, and emotional and social changes. This is a stage of identity crises, new issues about sexuality, extensive attention to the topic of sex, and peer pressure towards drug, sex and alcohol, which may create some confusion in one’s life (Boeree, 2000; Davis-Seaver, 2000). In the following four sections the different domains associated with changes in the adolescent will be reviewed.

3.2.1 Physical Development

Biological development at the adolescent stage is marked by puberty (Steinberg, 1996). The timing of the changes occurring in puberty depends on interactions between genetic and environmental factors such as nutrition, social attitudes, family size and exercise. Cole and Cole (1993) identified five physical developments namely that of growth, changes in body composition, changes in circulatory and respiratory system, the development of primary sex characteristics, and the development of secondary sex characteristics. According to these researchers the physical developments that occur in adolescence trigger the development of bones, shoulders and muscle, with girls usually developing about two years earlier than the boys. During this stage girls develop breasts, acquire hips and have a higher ration of fat to muscle. Boys develop wider shoulders, a more muscular neck and tend to lose fat during adolescence (Steinberg, 1996). The variations of physical changes at puberty between girls and boys are presented in Table 1 (cited in Steinberg, 1996):
Table 1
The variation of physical changes at puberty between girls and boys

<table>
<thead>
<tr>
<th>Age of occurrence</th>
<th>Characteristics</th>
<th>Age of occurrence</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 – 13 years old</td>
<td>Breasts grow</td>
<td>10 – 13 years old</td>
<td>Testes and scrotal sac grow</td>
</tr>
<tr>
<td>8 – 14 years old</td>
<td>Pubic hair develops</td>
<td>10 – 15 years old</td>
<td>Pubic hair develops</td>
</tr>
<tr>
<td>9 – 14 years old</td>
<td>The body grows</td>
<td>10 – 16 years old</td>
<td>The body grows</td>
</tr>
<tr>
<td>10 – 16 years old</td>
<td>Menarche occurs</td>
<td>11 – 14 years old</td>
<td>Penis growth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 – 14 years old</td>
<td>Voice changes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Larynx grows)</td>
</tr>
<tr>
<td>Approx. 16 years old</td>
<td>Underarm hair grows</td>
<td>Approx. 15 years old</td>
<td>Underarm and facial hair</td>
</tr>
<tr>
<td>Approx. 16 years old</td>
<td>Oil/sweat glands</td>
<td>Approx. 15 years old</td>
<td>Oil/ Sweat glands</td>
</tr>
</tbody>
</table>

Part of the physical development that occurs during the adolescence stage is sexual development which involves enlargement and maturity of the reproduction or primary sex organs. Female ovaries release the mature ova into the fallopian tubes and males’ testes are able to produce sperm cells (Cole & Cole, 1993; Steinberg, 1996).

3.2.2 Sexual Development

During the adolescent stage teenagers become increasingly aware of their sexuality due to the accelerated physical development. Sexuality starts to play a large role in the adolescent interpersonal relationship, as well as the discovery of his/her sexual orientation, namely whether they have a sexual preference for people of their own sex, the opposite sex or both (Steinberg, 1996; Van Dyk,
2001). According to Van Dyk (2001), the best time to convey information about sex, instill values and encourage critical thinking is during the early adolescent stage as young adolescents in contrast to older adolescents don’t feel strong emotions of shame, fear and embarrassment about sexuality. It is important to note, that although older adolescents tend to feel ashamed and embarrassed with regards to sex, they still remain open to information provided by trusted adults (Cole & Cole, 1993).

There is widespread evidence that adolescents are becoming more active sexually than adolescents in previous generations. This may be attributed to several factors namely that of changed values and attitudes in society and the influence of mass media on the young generations. Adolescents are able to understand that their behaviour has consequences, but often tend to believe that these consequences will not happen to them (Van Dyk, 2001).

3.2.3 Cognitive Development

Many changes take place during the stage of adolescence with regards to cognitive development, namely that of the development of abstract thinking and the development of decision-making skills. During the stage of adolescence a dramatic shift takes place from concrete thinking to what is called formal operational level of thinking (Boeree, 2000; Tubman & Lerner, 1994). This shift occurs between the ages of 12 and 15 years old (Van Dyk, 2001). In this stage of development the individual develops a capacity to think through possibilities, the ability to think about future perspectives, and the ability to plan ahead by identifying possible future consequences of present actions (Davis-Seaver, 2000).

The ability to plan ahead increases the ability to make decisions during adolescence. It is important to note that although in this stage adolescents are able to consider benefits and risks, they may simultaneously abandon their rational thought process due to different aspects, namely that of pressure of time, commitments, personal stress, unhappiness and peer pressure (Land, 1992).
According to Van Dyk (2001) another cognitive process that takes place in adolescence is called ‘adolescent egocentricity’. This refers to the inability to decentre from his/her own focus, which may than lead the adolescent to engage in high-risk behaviour (e.g., substance abuse). This concept can be further subdivided, to encompass the concepts of imaginary audience and personal fable. Imaginary audience refers to the adolescent’s belief that he/she is the focus of everyone’s attention. Personal fable refers to the belief of being unique in their personal experiences (Van Dyk, 2001). As adolescents are maturing they develop the understanding and capacity to learn from their peers.

3.2.4 Emotional Development

According to Land (1992), adolescents experience a large range of emotions, usually associated with rapid mood swings, due to the physical, cognitive and social changes they are experiencing. Adolescents are often preoccupied with their body and the physical changes they are growing through and as a result may experience low self-esteem, feelings of depression and anxiety, and feelings of guilt, shame and embarrassment.

Erikson (1968) describes the emotional changes that occur in adolescence as focusing on identity versus role confusion. The term identity as used by Erikson has several meanings: Firstly it describes an adolescent’s understanding of his/her individual uniqueness; secondly it refers to the adolescent’s striving to make sense of past, of current and of future experiences; and thirdly it describes the adolescent’s sense of being one with society’s ideals (Erikson, 1968; Kroger, 1989; Wolff, 1989). The positive outcome of a healthy adolescence is that the individual develops a strong sense of personal uniqueness and a commitment to the broader society. The negative outcome of this stage is role confusion and an inability to settle on a meaningful personal and social role. According to Erikson (1968) a certain degree of role confusion is necessary to allow the adolescent some flexibility and to search for his adult role in society. However, role confusion
should not dominate the adolescent’s sense of identity. This theory will be further elucidated in this chapter.

3.2.5 Social Development

Strong identification and involvement with the peer group is often one of the main characteristics of the adolescent social development as he/she seeks to belong and be accepted within social circles. Peer groups thus become the main source of information and this may lead to many conflicts with parents and authority figures such as teachers (Tubman & Lerner, 1994; Van Dyk, 2001). The tendency to give in to social pressure is one of the characteristics of adolescent peer group relationships; with younger adolescents conforming more to older adolescents. One of the reasons for this may be due to the fact that they have not yet developed their self-confidence and independence to make decisions (Land, 1992). Excessive conformity may lead to experimentation and involvement in high-risk behaviour such as early sexual activity, smoking, and substance abuse, which in turn may influence the adolescent’s identity development and his/her development toward autonomy (Swerdlik, Chenneville & Landau, 1999). In the attempt to differentiate wrong from right the adolescent is guided by existing values of society as well as pressure from the peer group.

Adolescence is one of the most complex stages of development in the individuals’ life due to the physical and emotional changes that take place, and results in major psychological and cognitive changes. Psychological theories provides some useful information regarding human development, these include Piaget (1972) who emphasized cognitive development (Kimmel, 1974), Erikson (1968), Peck (1968), and Levinson (1978, 1986), all of whom identified certain psycho-social developmental tasks pertinent to each stage of development. The theories of Piaget and Erikson will now be examined in more detail.
3.3 Psychological theories of adolescents

For the purpose of this study, the researcher will make use of two developmental theories namely that of Piaget (1972) with his cognitive aspect that will enable the researcher to link to Psycho education theories, and Erikson’s theory in order to provide an appropriate meta-theoretical context for a better understanding of human developmental stages in general and more specifically the adolescents’ development stage.

3.3.1 Piaget’s cognitive theory

Piaget was interested in knowledge and how children come to know their world. He was not interested in a right or wrong answer, but rather what forms of logic and reasoning the child used (Singer & Revenson, 1978). After many years of observation, Piaget concluded that intellectual development is the result of the interaction of hereditary and environmental factors. As the child develops and constantly interacts with the world around him, knowledge is invented and reinvented. His theory of intellectual development is strongly grounded in the biological sciences. He saw cognitive growth as an extension of biological growth and as being governed by the same laws and principles (London, 1988). He argued that intellectual development controlled every other aspect of development - emotional, social, and moral.

3.3.1.1 Stages of intellectual development

Piaget concluded that children think and reason differently at different periods in their lives. He believed that everyone passed through an invariant sequence of four qualitatively distinct stages. Invariant means that a person cannot skip stages or reorder them. Although every normal child passes through the stages in exactly the same order, there is some variability in the ages at which children attain each stage. The four stages are: sensorimotor - birth to 2 years; preoperational - 2 years to 7 years; concrete operational - 7 years to 11 years; and formal
operational (abstract thinking) - 11 years and up. Each stage has major cognitive tasks, which must be accomplished. In the sensorimotor stage, the mental structures are mainly concerned with the mastery of concrete objects. The mastery of symbols takes place in the preoperational stage. In the concrete stage, children learn mastery of classes, relations, and numbers and how to reason. The last stage deals with the mastery of thought (Evans, 1973).

3.3.1.2 The adolescent

Cognitively, Piaget describes adolescence as a period of formal operations, where thinking is more flexible (Barker, 1990). The main features, presented by Barker (1990) are as follows:

- The ability to accept assumptions for the sake of argument and to make hypothesis and set up propositions to test them.
- The ability to look for general properties and laws in symbolic, especially verbal, material and so to invent imaginary systems and conceive things beyond what is tangible, finite and familiar.
- Becoming aware of one’s own thinking, and in using it to justify the judgments one makes.
- Becoming able to deal with complex ideas.

Closely linked to the cognitive sophistication and language skills of the adolescent, is an emotional shift that takes place as well (Brems, 1993). The adolescent is able to recognize and analyze novel affects and to discuss, if willing, their feelings. The adolescent’s ability to perceive and accept their own widely varied range of emotions greatly facilitates an understanding of others’ feelings (Brems, 1993).

3.3.1.3 Implications for education

A Piagetian-inspired curriculum emphasizes a learner-centered educational philosophy. Piaget encouraged the development of active discovery learning environments in schools. According to Piaget learners need to explore, to
manipulate, to experiment, to question, and to search out answers for themselves - activity is essential. Teachers should be able to assess the child's present cognitive level and their strengths and weaknesses. Instruction should be individualized as much as possible and learners should have opportunities to communicate with one another, to argue and debate issues. Teachers need to serve as facilitators of knowledge - they are there to guide and stimulate the learners, to allow learners to make mistakes and learn from them. Learning is much more meaningful if the learner is allowed to experiment on his/her own rather than listening to the teacher's lecture. In active learning, the teacher must have confidence in the learner's ability to learn on his/her own (Lavatelli, 1973).

3.3.1.4 Criticism on Piaget's cognitive theory

The accumulating evidence is that this scheme is too rigid: many children manage concrete operations earlier than Piaget thought, and some people never attain formal operations, or at least are not called upon to use them (Atherton, 2003). In spite of this criticism, Piaget offers a valuable contribution to the learning process of adolescents in the life skills program as they are able to make systematic analysis, exploration and solve problems. According to Piaget adolescents can comprehend combinations, rearrangements and permutations of objects and events, which concrete operational thinkers cannot (Salkind, 1985). Adolescents realize that thoughts are private and that other people cannot read their thoughts, therefore they can benefit from a life skills program where experiential learning is being utilised.

3.3.2 Erikson's psychosocial theory

Although there are several theories on the development of the adolescent, Erikson's psychosocial theory has been selected as an organizational framework for this study as it consists of the following characteristics that are not clearly communicated in other theories (Newman & Newman, 2004):
Firstly, Erikson’s theory covers growth across the lifespan, identifying and differentiating important issues from infancy through to late adulthood. This theory implies that experiences of adolescence and adulthood can lead to review and reinterpretation of earlier periods. Providing learners with sufficient knowledge on rape and child abuse throughout their school years can prevent them from being abused as an adolescent or an adult as they can use the obtained knowledge to make realistic choices.

Secondly, Erikson’s theory suggests that individuals have the ability to contribute to their psychological development at each stage of life. They have the capacity to integrate, organize and conceptualise their experiences in order to protect them, cope with challenges and to provide direction in their lives. Early intervention by means of life skills programs provide learners with knowledge and skills that can be employed to shape their development through self-regulation as well as by the continuous interaction of biological and societal influences.

Thirdly the theory acknowledges the active contribution of culture to individual growth. At each life stage cultural goals and aspirations, social expectations and requirements and the opportunities provided by the culture bring forth reactions. These reactions determine which of the individual's capacities will be developed further. This important link between the individual and the society is an important driving force of development (Newman & Newman, 2004).

Erikson (1963) suggested that developmental stages follow the epigenetic principle, a biological plan for growth, which implies that the stages form a sequence and the individual passes through the stages in an orderly pattern of growth. According to Erikson the individual can review and reinterpret previous stages in the light of new insight and/ or new experiences. He further states that the themes of earlier stages may appear at any stage, bringing a new meaning or a new resolution to an earlier conflict.
3.3.2.1 Psychosocial crises

According to Erikson a psychosocial crisis occurs when the individual has to apply psychological efforts to adjust to the expectations of society at each developmental stage. Societal expectations differ from stage to stage and may at various times expect greater self-control, improvement of skills or a stronger commitment to goals from the individual. The individual strives to achieve a resolution, to comply with society’s demands and to translate those demands into personal terms before the end of each developmental stage. This process causes stress, which the individual must reduce in order to continue to the next stage (Newman & Newman, 2004).

Erikson believed that people everywhere face the following eight psychosocial crises or conflicts during their lives. He describes the crises as polarities such as: Trust versus Mistrust (birth to 2 years).

During this stage the infant needs outside influences to help regulate basic behaviours. Information from the different sensory modes of touch, taste, smell hearing and sight is processed at an intense rate that often exceeds the capabilities of the infant. The oral component reflects the biological mode through which the child receives most of the gratification. To develop a sense of trust, infants must be able to trust their primary caregivers to feed them, relieve their discomfort, come when beckoned, and return their smiles and babbles. Erikson believed that the caregiver’s general responsiveness is critical to later development. Neglect, rejection or inconsistent response from the caregiver to the infant can lead to a sense of mistrust. A healthy balance between the terms of the conflict must be obtained so that development can proceed optimally. Trust should outweigh mistrust, but an element of skepticism is needed as well: An infant who is overindulged may become too trusting. The infant who does not successfully resolve the trust – mistrust crisis at an appropriate time will have a poor foundation on which to resolve later crises.
Autonomy versus Doubt (2 to 3 years).

This stage deals with the toddler’s ability to regulate or control his or her own physical behaviour. This includes the basic functions associated with toilet training. According to Erikson this stage requires children to face the task of defining and discovering the degree of control they have over their own behaviour. During this stage toddlers must learn to trust themselves enough to assert their wills. They are determined to do things themselves to show their independence and their control over their parents. Toddlers, who are given the opportunity to explore new avenues, and where independence is fostered, will develop a sound sense of autonomy. Toddlers who are not allowed to function autonomously and who are over protected develop a sense of shame and doubt their ability to deal effectively with the world.

Initiative versus Guilt (4 to 6 years).

This is an important beginning step toward independence. Four and five year olds develop a sense of purpose by making plans and learning not to step on other people in the process. They get involved in imaginative play, acquire new motor skills, devise plans to conquer monsters in their fantasy play and take pride in reaching their goals. Erikson believed if the child is encouraged and given the opportunity to achieve goals he/she would develop a strong sense of initiative. The lack of opportunity, negative feelings and punishment experience by the child who tries to exceed established limits will result in a sense of guilt.

Industry versus Inferiority (6 to 12 years).

Erikson believed that this time of development is crucial for the child’s sense of industry and is seen as the ability to master the social skills necessary to compete and function successfully in the society in which the child lives. Industriousness leads to a feeling of completeness or satisfaction. To obtain a sense of industry, children must be able to master the important cognitive and social skills such as reading, writing, cooperative teamwork, and so on, to obtain the approval of both
adults and peers. Children who are not given the opportunity to master their own world or who have their efforts blocked, develop a sense of inferiority or lack of worthiness. This period precedes formal adolescence and is a time for reorganizing and regrouping energies to handle the tremendous biological and emotional demands that will shortly follow.

**Identity versus Role confusion (12 to 18 years)**

During this stage adolescents strive to define who they are, where they are heading and how they fit into society. In this stage the adolescent experiences extensive changes in physical and psychological capacities and needs. It is expected that they begin to define their interests in terms of career choice, further education, trading skills and raising a family. In searching for an identity adolescents often change their minds and experiment with new looks, new subjects and new group memberships. Both biologically and culturally this stage is considered to be the end of childhood and the beginning of adulthood. The child develops an identity, or a definition of the self. A child whose environment is unsupportive and who has difficulty in establishing a role will have an ill-defined concept of his/her own identity which Erikson defines as role confusion.

**Intimacy versus Isolation (Young adulthood)**

In this stage new goals and tasks that directly involve other people are placed before individuals, and they are expected not only to develop and meet career goals but also to begin the developmental process of interacting with others of the same and opposite sex. Erikson believes that feelings, belief systems, values and goals become invested in another person with whom one feels intimately involved. An individual must have some degree of autonomy, basic trust and real sense of identity to enter into such an intimate relationship. The young adult who failed to resolve the issue of identity versus role confusion may fear a committed long term relationship or may become over dependent on a partner as a source of identity. Little or no intimacy in relationships can lead to ostracism or isolation.
Generativity versus Stagnation (Adulthood)

An important element of Erikson’s theory is that development is a continuous, ongoing process. For the young adult who is well on the way to a successful career and intimate personal relationship, the relevant task is to generate whatever is necessary to define a style or life role. This generativity includes both the young and middle aged male and female. The sense of generativity that the adult feels comes from efforts to have some part in supporting and encouraging the development of the next generation. Individuals who cannot lend this continuity to the next generation may become overly absorbed in personal needs and become stagnated.

Ego-integrity versus Despair (Maturity)

Erikson uses the term ego integrity to describe older people who have come to recognize after a lifetime of successfully resolving conflicts, that they have led a meaningful, productive and worthwhile life. These adults are able to look back over their lives and say that there is little they would change. The person who cannot successfully view his or her life as meaningful may dwell on past injustices and paths not taken and have difficulty preparing for death.

This study focuses on learners in the adolescence and puberty stage of Erikson’s model. According to Erikson’s psychosocial theory, rape and child abuse that occurred in the earlier developmental stages can cause mistrust, self-doubt, guilt and isolation in the adolescent. At the individual level, neglect and abuse as a child, as well as poor assertiveness and refusal skills among girls emerged as risk factors. It is apparent that interventions must assist in identifying children at risk of abuse and neglect at an early age. At the social interpersonal level, peer norms related to sexual behaviour strongly influence vulnerability to sexual abuse on the part of adolescent girls, as well as vulnerability to becoming a perpetrator of abuse on the part of adolescent boys. These dynamics reinforce the need to build community strategies to develop more protective social norms that act to control sexual abuse through social pressure; this supports previous
research indicating the central role that social normative beliefs play in informing, in particular, adolescent sexuality (Jewkes, Levin, Mbananga, & Bradshaw, 2002).

3.3.2.2 Criticism on Erikson’s psychosocial theory

Many professionals have adapted Erikson’s psychosocial theory as a useful framework in dealing with children and parents. For example, educators found the description of the developmental stages useful to choose and design a curriculum as this theory pays central attention to schools, neighbourhoods, cultural values and social patterns. Erikson’s theory of a good development is also consistent with the ideals of a democratic society. Erikson’s epigenetic principle is the primary controlling force that integrates the separate parts of human development to form a unified whole. A major contribution of Erikson’s theory was the emphasis on the psychosocial stages and the importance of a strong and healthy ego development (Salkind, 1985). According to Newman and Newman (2004) the psychosocial crises contribute toward the identification of tensions between socialization and maturation throughout life.

One weakness of Erikson’s theory is that the basic concepts are described in an abstract language which is difficult to examine empirically. Another weakness is that the mechanisms for resolving crises and moving from one stage to another are not well defined. The specific numbers of developmental stages and their link to a biological based plan have been criticized as critics argue that life stages are highly culturally specific. Finally, the theory has been criticized as being male dominated (Newman & Newman, 2004). However, Erikson’s psychosocial theory has been utilized in this study as the focus is on the adolescents’ knowledge regarding Rape and Child Abuse in the school setting.

3.3.3 Psycho-education

In the light of the previous explanation of developmental theories we are aware that due to several abuses in society, adolescents have problems to adhere to a certain role or set of beliefs. The reason for this is that the child is pressurized at
an increasingly early age to please adults, rather than successfully resolving earlier crises. Life skills programs can therefore contribute to the alleviation of role confusion and help the adolescent to develop a healthy self-identity amidst abuses that have taken place (Salkind, 1985). Psycho-education with regard to further education, career choices, sexuality and intimate relationships can assist learners in making the appropriate choices. An understanding of psycho-education is essential in planning an intervention that would be effective in meeting the needs of learners.

3.3.3.1 Defining Psycho-education

Psycho-education is the education of a person in subject areas that mainly serve the goal of prevention rather than treatment or rehabilitation. However, it also involves teaching others about their problem, how to treat it and how to recognize signs of relapse so that they can get necessary treatment before their difficulty worsens or recurs (Author unknown, 2003). In the present context psycho education includes teaching knowledge and problem-solving skills to learners about rape and child abuse in order to help them deal more effectively with the problem.

3.3.3.2 The importance of Psycho-education

Psycho-education works by improving the knowledge learners have and by providing a greater understanding of psychological problems. This information allows learners to plan and adapt around the reality of prolonged emotional or behavioural difficulty; it enables them to put situations in perspective and to begin to modify their own lives as necessary. Learners are taught skills that change their lifestyles, enhance their therapy and assist them to live more productive and fulfilled lives (Author unknown 2, 2003).
3.3.3.3 The relationship between the psycho-educator and learner

According to Fouchè (1995) psycho education places a large emphasis on the relationship between the psycho educator and the learner. It differs from normal academic or scholastic education in that the relationship is based not only on the outcomes of the process – where the learner should have gained and enhanced skills, insights or competencies – but also on the process of the entire psycho educational endeavour. The psycho-educator should not presume to be the expert on the learners but rather allow the learners to be experts on themselves, while the psycho-educator is merely a facilitator who allows them to enhance their knowledge, skills and competencies. Experiential learning is therefore encouraged as it is participatory and everybody has the opportunity to teach and learn something. The aim of experiential learning is to build on existing strengths and on the life experiences of the participants. The values, knowledge and competence of each individual in the group are acknowledged (Rooth, 1995).

3.3.3.5 School setting

According to Dunn, Ross, Caines and Howorth (1998) schools have been identified as the ideal settings for such programs and have the potential to reach billions of children all over the globe. Schools provide the opportunity where learners can receive education on life skills and assist them in shaping their attitudes. Educators play a key role in the implementation, development and refinement of life skills programs and without them programs cannot be successful nor can health education goals be meet (Futrell, 1992).

3.4 Previous research studies of prevention programmes: problems and solutions

In the mid 1980’s, after years of advocacy and lobbying work by a number of people concerned about child abuse in South Africa paid off and decision makers began to address the problem. Organisations like Child Welfare and the South African Society for the Prevention of Child Abuse and Neglect (SAPSCAN) played
a major role in this process. Before the end of the decade organizations such as
the Child Protection Unit (CPU) of the South African Police Services (SAPS) and
Childline emerged with the main goals of protecting children from abuse and
assisting children who are victims of abuse (Richter, et al., 2004)). The high
media and public interest in rape and child abuse and in specific sexual abuse
presents opportunities to researchers and child protection agencies to investigate
the problem. Some of the studies and the results of their studies conducted by
Childline, Human Rights Watch and Human Science Research Council are
discussed as follow:

3.4.1 Childline

Childline SA represents 6 regional Childline structures that provide toll free
crisis telephone counseling services to children and their families/caretakers
throughout the country. Other services offered include treatment of abused
children and their families; abuse education and prevention programmes; training
of lay counselors; training of professionals who work with abused children;
networking and co-ordination of child abuse services and advocacy and advisory
services to policy and legislative development.

After conducting an overview of statistics of reported child abuse over the last
10 years Childline has noted the following; (Cawood, 2001 b; Childline, 1991-

- A massive increase in the number of reported cases of child sexual abuse -
  up by 400%.
- A decrease in the average age of the sexual assault victim. In 1991 the
  average age of the sexually assaulted child was between 10 and 12 years.
  Presently 50% of all children attending KZN’S therapy services after sexual
  abuse are under the age of 7 years.
- A decrease in the average age of the sexual offender. In 2000, 43% of all
  cases of sexual assault reported to Childline nationally were committed by
  children under the age of 18 years (Cawood, 2001a).
• An escalation of the use of brute force. Many of the sexually abused children attending therapy centres are also severely beaten and seriously intimidated by the person who has sexually assaulted them (Childline, 1991-2002; Van Niekerk, 2002).

• An increase in the reported incidence of gang rape (Van Niekerk, 2002).

Information regarding causal factors of rape and child abuse in the following section is supported by Childline’s work and research with both victims and perpetrators of child sexual assault (Van Niekerk, 2002)

• Apartheid laws, migrant labour practices, and the culture of violence that developed through the struggle for freedom have separated, disintegrated and distanced many families and communities.

• Most of the offenders that Childline has dealt with over the years come from dysfunctional families.

• The traditional methods of teaching young people responsible sexual behaviour have been lost and alternatives that are acceptable have not yet been integrated into the fabric of family and community life.

• The media constantly reinforces a message that sexual expression should be free and unfettered by values, faithfulness and self-control.

• The HIV/AIDS pandemic and the myths that accompany it have also contributed to the vulnerability of children.

• The pandemic of domestic violence is a contributing factor.

• Poverty contributes enormously to the sexual vulnerability of children.

• The lack of/inadequate service delivery from all sectors, particularly the SAPS that assist abused children gives the impression to sexual offenders that they can continue to abuse with impunity.

• Cases of sexual assault that are reported to the Department of Social Development sometimes take up to a year before any service is offered to the child and family.
• There is lack of financial support for the NGO Sector that works in the field of child sexual assault and provides essential services that contribute to the protection of vulnerable children.

• The lack of service delivery, free schooling and employment opportunities for youth, especially those living in poverty, has resulted in many young people feeling disillusioned and disempowered.

• The sexual exploitation of learners by educators remains largely unaddressed by the Department of Education.

• The Government has failed to accept, develop and implement the National Child Protection Strategy that was drawn up by the National Committee on Child Abuse and Neglect and presented to the then Minister of Social Development in 1997.

Based on the factors above, Childline had suggested guiding principles and strategies that should be kept in mind in the prevention of rape and child abuse (Childline, 2002).

These principles are:

• Law Reform – The law reform recommendations of the Sexual Offences Act as well as the Review of the Child Care Act needs to be implemented.

• Offender management strategies that encourage the acknowledgement of offending behaviour (this has the advantage also of saving the child victim the trauma of testifying in a trial) and the availability of treatment possibilities.

• The development and implementation of a National Child Protection Strategy.

• The commitment of resources to projects that effectively protect children from abuse.

• The commitment of resources to projects that effectively manage children after they have been abused.
• The appropriate selection of role-players who work within the child protection system and the provision of appropriate training and debriefing on a regular basis.

• Encouragement to the Department of Education to include in life skills education the teaching of child and human rights and sex education on responsible sexual behaviour to all learners; the development of schools as centers of learning and protection for all members of the communities in which they are situated. Offering courses on parenting in the community and childcare on school premises; development of a protocol for the management of reports of sexual assault which would be properly implemented ensuring that educators who sexually exploit learners are dealt with in the strongest possible way.

• The re-development of positive family and community life and values via projects in communities affected by historical disorganization, violence and poverty.

• The introduction of social security for all children who are destitute and easier access to those who are deserving of this assistance.

• The development of programmes and services for child sexual offenders as these young people have themselves usually been the victims of abuse.

• More appropriate punishment of the adult sex offender.

• Provision of attention and services to child victims of child sexual assault especially male victims. The male victim of childhood abuse and neglect is more likely to become the abuser.

3.4.2 Human Rights Watch study

In March and April 2000, a study was conducted by Human Rights Watch (Richter et al., 2004) to investigate cases of alleged rape, sexual abuse, and harassment involving schoolgirls in South Africa, and the government's response to gender violence in schools. Human Rights Watch researchers worked with South African non-governmental organizations investigating some of these cases
and documenting twenty-three incidents of girls who were raped at school. Researchers visited eight public schools in KwaZulu-Natal, Gauteng, and the Western Cape provinces and conducted detailed interviews with thirty-six girls about their experiences with sexual violence and sexual harassment. Girls were interviewed individually and in small groups, and all girls were interviewed outside the presence of teachers or government officials. Teachers and school administrators were also interviewed about sexual violence and the school's response to abuse allegations made by girls who were interviewed. Interviews were conducted predominantly in urban area schools; some schools served wealthier students and others were in impoverished communities.

Human Rights Watch findings were as follows (Human Rights Watch, 2001):

- School officials have concealed sexual violence and delayed disciplinary action against perpetrators of such violence at great cost to victims.
- Many girls suffer the effects of sexual violence in silence, having learned submission as a survival skill.
- Schools prefer to deal with sexual abuse problems internally. Police, prosecutors, and social workers complained to Human Rights Watch that school officials generally were not helpful in efforts to bring perpetrators to justice or to aid the victims of sexual violence.
- Recently, the government has declared corporal punishment illegal in South Africa and the National Department of Education has recently developed an instruction manual for teachers on alternative modes of discipline. The patterns of abuse indicate that more government action is needed, in particular at the level of schools - an area that has received less attention.
- Human Rights Watch urges the National Department of Education to develop and widely disseminate standard procedural guidelines governing how schools are to address allegations of sexual violence and harassment, specifically detailing how schools should treat victims of violence and those who are alleged to have committed such acts.
• Schools must ensure that appropriate and immediate disciplinary action is taken against persons found to have violated the policy, including counseling, probation, suspension, or termination. Schools must also foster a climate of gender equality, in order to advance mutual respect between boys and girls and prevent future student abuses.

3.4.3 Human Science Research Council

The Human Rights Watch (2001) report on sexual violence against girls in South African schools shocked South Africans. In response the Human Science Research Council (HSRC) conducted two recent studies on school responses to gender-based violence. Both these studies were conducted to provide an understanding of the contributing factors to gender-based violence and the capacity of schools to report the problem (Richter, et al., 2004).

Study one: School responses to violence and harassment of girls

The first study conducted by the HSRC was initiated by the United Nations Children’s Fund in response to the Human Rights Watch report. The goals were as follows:

• To understand the nature and dynamics of violence against girls in schools
• To understand the interplay of contextual, social, cultural, institutional and individual factors
• To examine school responses, both mechanisms and constraints in dealing with and preventing violence against girls, and
• To identify key areas for interventions to prevent violence against girls in schools.

The areas selected for the study were a black urban township in Gauteng, a black rural settlement in Kwazulu Natal, a coloured township on the Cape Flats, and former white urban suburbs in Gauteng. Eight schools were used in the study and different sources of data were used. At first, one field worker per school observed and participated in the activities of the school for a period of
one month. In addition, the researchers conducted 300 interviews including individual and group interviews with learners, parents, educators, principals, community members and organizations. Finally, learners’ diaries, other writings and drawings about violence and safety, as well as documentary data regarding school rules, codes of conduct, curriculum material and special prevention programs were collected.

Comparing data from these different methods and sources the researchers were able to make the following findings.

• That gender violence varied considerably across schools, from being almost non existent in some to being rife in others. Verbal, physical and sexual harassment were present in schools where gender violence was common. Evidence regarding rape indicated that rapes at school did occur, but were under reported and surrounded by silence. Girls at primary schools were more at risk of rape in their communities than at school, whereas girls at high schools appeared to be at risk both at school and in their communities.

• Relationships between educators and learners and harassment by staff were evident, particularly at high schools. It was found that male educators and male learners at schools used explicit violent threats to gain and maintain power over female principals, educators and girls at schools. The study further observed that boys, specifically younger and weaker boys also experienced sexual harassment, which served to humiliate and marginalise the boy in relation to his male peers.

• Understanding of, and attitudes towards gender violence; acknowledgement of gender violence; the degree to which schools have developed policies on gender violence and implemented preventative strategies; and most importantly school climate or culture have contributed significantly to a non existence of gender violence at some of these schools.
Study two: Child protection networks in schools and communities

Richter, Daweson and Higson- Smith (2004) led the second study conducted by the HSRC and the focus was on the role of networks in and around primary schools to protect both boys and girls. The aims of the study were as follows:

• to map school networks
• to determine how networks differed between different communities, and
• to identify strategies that schools might use to develop their networks in order to better protect their children in communities

Twelve schools were selected to participate in the study, 6 each in Kwazulu Natal and Gauteng Provinces. The schools were selected for diversity and included rural and urban, wealthy and poor, racially mixed and unmixed, secular and religious, as well as private and government schools. Specially trained researchers were placed in these schools to collect data during a full month. The data included profiles of each school and its surrounding community, exploration of places of safety and risk between home and school and around the community, and analysis of past abuse cases identified by the school. Interactions between learners were also observed outside of class time, including at breaks, arriving at and departing from school, and after school. In addition semi-structured interviews were conducted with the principals, several educators and support personnel, and several parents connected to each school. Finally, focus groups were conducted with grades 1, 4 and 7 learners (Richter et al., 2004). The findings of the study were as follows:

• Most cases of sexual abuse discussed in primary schools involved perpetrators outside of the school environment, often older family members. Cases of sexual abuse by older learners and educators also occurred in primary schools
• With regard to policy only one school had clear policies on addressing cases of child abuse and in some of these schools; cases are referred to the principal.
Primary school educators experienced distress when they discovered that children in their care were being abused largely because they felt helpless to protect the child. Educators generally blamed their helplessness on the failures of the child protection and justice system.

Some schools did link with local clinics or hospitals, police stations and non-government organizations (NGOs) to protect children and this collaboration represented lasting relationships where schools were able to draw from these resources in the community around them.

The HSRC studies found the following features to be highly important in the primary prevention of gender-based violence and sexual abuse:

**Awareness, knowledge, attitudes and beliefs**

These studies found that educators, parents and learners of all ages viewed child sexual abuse as a social problem and had accurate information about the crime. Stereotyped beliefs that child abusers were strangers or that only girls were abused did not predominate in the interviews that were conducted. Both studies found that educators regard verbal harassment, touching and beating of girls as playfulness on the part of boys and simply part of the nature of males.

**Physical safety**

Both studies found that learner safety through physical protection and monitoring of learners varied widely among schools. At some schools there were security measures such as high fences and locked gates, while others have neither fences nor gates. In several schools there was little monitoring of learners and often no teacher or a single teacher would be present during break time.

**Policies and procedures**

The second study found that educators were unaware of any official policy around gender violence or sexual abuse in the school. Although educators and
parents were individually concerned about sexual abuse, very little in terms of explicit policies and collaborative efforts, was found to be in existence.

**School climate**

The most important factor upon which prevention depended was the general school culture or climate; that is the unwritten values, beliefs and everyday practices of schools (Welsh, 2000). Both studies found that gender violence and sexual abuse were more prevalent in schools where teachers come late, were absent, were inconsistent in discipline and used physical violence as a form of discipline. The school with the lowest level of violence against girls had a zero tolerance for any form of violent behaviour, close monitoring of learners, unified and consistent application of rules and emphasis on the core social level of respect (Richter, et al., 2004).

Furthermore, both studies revealed that learners experienced problems to report abuse, both in and out of school, whether to teachers or other adults. Learners in these studies reported that teachers do not always keep abuse cases confidential. Learners were also afraid of repercussions, both at school and in the community, especially when the abuser is an educator. These studies found that learners preferably speak to siblings, cousins or friends before they confide in adults. This evidence suggests that peer counselling and life skills programs can contribute significantly to detect child sexual abuse and to provide support to learners. Through life skills programs learners can be taught to care for each other, not only themselves. Furthermore these studies found that teachers are often slow to report abuse cases and they lack the capacity to identify abuse. Teachers and principals in these studies had problems to get parents involved to find solutions for their children’s problems (Richter et al., 2004).

Gilligan (1998) provides the following ways in which teachers and schools can serve and protect children:
• Schools can offer children access to caring adults who can serve as instructors, confidants and positive role models.

• Schools can provide day-by-day monitoring of children’s emotional and physical health and behaviour, crucial for identifying hidden sexual abuse.

• Schools have the possibility of building capacity in the community, including raising awareness of sexual abuse among learners, parents and the community in general, as well as skills that enable children to be better protected.

• Schools can provide a secure base and sanctuary for vulnerable children.

• Schools could serve as places where relationships can be built with caring adults and other children, something crucial for withdrawn or isolated children, both characteristics of some sexual abuse victims.

• Finally, schools could be resources for overwhelmed and isolated parents and provide hubs for service delivery to children.

Although Gilligan’s (1998) list is the ideal, the South African education system has a long way to go to realise these ideals. Therefore the Department of Education has to ensure that all schools comply with existing child protection laws, policies and procedures. As children spend a lot of their times at school it is essential that schools play a central role in their protection (Richter et al., 2004).

In the light of the above studies it is appropriate to discuss the life skills program that is being evaluated in this study.

3.5 Life skills program focusing on rape and child abuse for grade 6-9 learners in the Nelson Mandela Metropole

According to Orford (1992) the cause of problems should be viewed as a result of an interaction between individuals and their social context. In the light of this the Ubuntu Education Fund has involved itself, as a community project, in the specific problems of rape and child abuse that effect learners in previously disadvantaged areas. Working with deprived communities is considered an essential duty of the psycho-educator (Kagan, 2002). The lifeskills program
implemented by Ubuntu is aimed at prevention rather than cure, and it focused mainly on teaching learners about rape and child abuse. Knowledge is also shared with learners in their mother tongue, namely Xhosa, something which is considered an important task of psycho educators who work in communities (Kagan, 2002; Orford, 1992). The underlying aim is to create a ripple effect which extends to the wider community. By creating awareness in learners, an overall awareness in the broad community is indirectly created. The life skills program is an example of psycho-education in the sense that learners are provided with the opportunity to gain knowledge and enhance their problem-solving skills (Author unknown, 2003).

The current study had been requested by Ubuntu Education Fund to assess their intervention of teaching HIV/AIDS and STI’s, as well as rape and child abuse in order that they might more successfully assess the success of their intervention. The life skills program encompasses a number of areas pertained to HIV/AIDS, STI’s, rape and child abuse. The teaching program included the definitions of HIV/AIDS, STI’s, rape and child abuse, various types of rape and child abuse and the prevention of HIV/AIDS, STI’s and rape and child abuse. It further educates learners about the rights and responsibilities of children. The present study focused only on the aspects of rape and child abuse.

The life skills program was implemented in five primary (grade five and six) and five secondary (grade eight and nine) schools in the Nelson Mandela Metropole. The major project therefore consisted of assessing the knowledge of the learners prior to Ubuntu Education Fund's facilitated learning intervention (pre-test) and a follow up assessment of the acquired knowledge (post-test). Focus groups were conducted with randomly selected subjects from within the larger sample in order to qualitatively explore their experiences of the syllabus and the method utilized by the facilitators to impart the knowledge. Both the qualitative and quantitative information were collated and given as feedback to Ubuntu Education Fund and the facilitators to assist them to refine and improve the syllabus and teaching.
This study fell within the domain of a multiple pretest-posttest quasi-experimental research design. The study was quantitative and data was collected by means of a questionnaire and the aim was to explore and describe the level of knowledge of a sample of grade six to nine learners on rape and child abuse prior to and after the application of a life skills program.

3.6 Conclusion

This chapter reviewed adolescence, psychological theories of adolescence namely the cognitive theory of Piaget and in specific the psychosocial theory of Erikson. These theories were linked with psycho education as a preventative measure for rape and child abuse. The problems and findings of research studies of preventative programs were discussed. The larger project, of which rape and child abuse forms part, was outlined.

The next chapter will outline the methodology followed for the present study in order to determine the knowledge of grade six to nine learners regarding the extent to which the life skills program has brought about change in knowledge relating to rape and child abuse.
CHAPTER 4

Research Methodology

4.1 Introduction

This chapter details the research design and methodology of the current study. According to Nachmias and Nachmias (1981) the research process can be divided into the following phases: the problem statement, the aims of the study, the research design, participants, measurement and the measuring instrument, the procedure of data collection, data-analysis and generalization. The current study will be discussed by outlining all of these steps.

4.2 The problem statement

The research was requested by Ubuntu Education Fund to assess their intervention of teaching rape and child abuse in order that they might more successfully assess the success of their intervention. The life skills program encompassed a number of areas pertaining to rape and child abuse. These are the definitions of rape and child abuse, various types of rape and child abuse and the prevention of rape and child abuse. It further educates learners about the rights and responsibilities of children.

The life skills program was implemented in five primary (grade six and seven) and five secondary (grade eight and nine) schools in the Nelson Mandela Metropole. The major project therefore consisted of assessing the knowledge of the learners prior to Ubuntu Education Fund's facilitated learning intervention (pre-test) and a follow up assessment of the acquired knowledge (post-test). This study fell within the domain of a multiple pretest-posttest quasi-experimental research design. The study was quantitative and data was collected by means of a questionnaire.
4.3 The aim of the study

The research aim is the following:

- to explore and describe the level of knowledge of a sample of grade six to nine learners on rape and child abuse prior to and after the application of a life skills program.

4.4 Research design and methodology

This study formed part of a larger project in which both quantitative and qualitative research methods were used. The implementation and assessment of the program necessitated the use of a multiple pretest-posttest quasi-experimental design to examine the learners’ knowledge both before and after the life skills program had been implemented. Justification for the use of this design is addressed below.

The present research meets the following criteria for a quasi-experimental design as suggested by the Royal Windsor Society of Nurse Researchers (2004):

- Quasi-experiment is a type of quantitative research design conducted to explain relationships and/or clarify why certain events happen.
- Quasi-experimental designs facilitate the search for knowledge and examination of knowledge in situations in which complete control is not possible.
- Quasi-experimental designs were developed to control as many threats to validity as possible.
- Quasi-experiments, like experiments, involve the manipulation of an independent variable, that is, the institution of an experimental treatment.
- Quasi-experimental designs lack at least one of the other two properties that characterize true experiments, randomization or a control group.

The advantages of quasi-experimental designs are the ability to be practical, feasible and to a certain extent generalisable. This design is often done in natural settings, as it is not always possible and ethical to produce true experiments.
Quasi-experimental designs are research plans that introduce some controls over extraneous variables when full experimental control is lacking. In addition, for some hypotheses these designs may be the only way to evaluate the effect of the independent variable of interest.

Because control is lacking in quasi-experiments, its disadvantage is that there may be several "rival hypotheses" competing with the experimental manipulation as explanations for observed results.

A quasi-experimental design was selected for this study as:

- Intervention is administered in a school system and testing had to run in school hours.
- Ubuntu Education Fund conveniently sampled ten schools for the study. Therefore random assignment to experiment and control groups was not possible as the sample was not representative of all the learners in the specific grades in those areas.
- A control group could not be selected, as it would be unethical to deprive learners of the opportunity to gain knowledge.

A multiple pre-test- post-test design was used to compare the base line data with the post intervention data. Post-tests were administered to the learners to describe possible changes from the baseline to determine whether and to what extent the program/intervention had brought about change in knowledge relating to rape and child abuse. The disadvantages of pre-tests are that they are time consuming and they can sensitise the learners to the purpose of the study.

The study is quantitative in nature, as it requires questionnaires as a data collection method. According to Terre Blanche and Durrheim (2002) quantitative research designs begin with standardized quantitative measures and use the data to make broad and generalisable comparisons.

The main advantages of a quantitative research design are that it is systematic, objective, deductive and generalisable. In gaining, analysing and interpreting quantitative data the researcher can follow a process and remain detached and objective. Quantitative research is inclined to be deductive as it tests theory. The
4.5 Participants and sampling procedure

Ten schools were identified by Ubuntu Education Fund as those most fulfilling the criteria needed for their intervention, using a non-probability convenience sampling method. Convenience sampling is the simplest form of non-probability sampling, which consists of simply selecting the members of the population that happen to be easily available. The advantage of convenience non-probability sampling is that it is cheap and convenient. The disadvantage is that it is not representative and cannot safely be generalized to the general population (Reaves, 1992). The ten schools are situated in the areas of Kwa-Magxaki and Kwa-Zakhele. All are Xhosa speaking and are in close proximity to the area served by Ubuntu Education Fund. Learners from grades six to nine were identified as the grades which would most benefit from the intervention. The total sample was to consist of 400 learners.

A random sample of 40 learners per school and therefore 20 learners per grade per school was selected. These were identified according to simple random sampling. The advantage of using this method is that the sample would be representative of the learners from the schools where the program would be implemented. It would enable the researcher to generalize the findings of the study to the learners of the different grades in those schools. Simple random sampling further ensured that the researcher could not bias the selection process and thereby the results of the study (Huysamen, 1994).

4.6 Measurement

4.6.1 Measuring instrument

A questionnaire was developed that covered two broad aspects covered by the life skills program i.e.

- HIV/ AIDS, STIs and
• Rape and Child Abuse

The questionnaire was developed through consultation between the Department of Psychology, the Health and Development Research Institute (HDRI) at the University of Port Elizabeth and Ubuntu Education Fund. Ubuntu Education Fund supplied a teaching curriculum that was used in the schools to ensure that the questionnaire covered the precise material taught in the life skills program. Similar questionnaires available from previous studies and on the internet were consulted and the scope of the questions was dictated by the content of the syllabus. Questions regarding knowledge of HIV/AIDS were adapted from previous studies (Buhr, 2002, Diedericks, 2003, Elkonin, 1993, Goliath, 2001; Mati, 1996; Naidoo, 1994). Additional questions regarding myths about HIV and AIDS and the section on rape and child abuse were developed in consultation with experts in the field to ensure content validity.

The questionnaire consisted of 3 sections.

Section A requested biographical information. This section comprised 5 questions that gather information regarding the respondents name, age, gender, school and grade.

Section B consisted of 27 questions regarding knowledge and myths about HIV/AIDS. This section was not considered for the purposes of this study.

Section C explored the respondent’s knowledge of rape and child abuse. This section consisted of 5 questions on rape, 18 questions on child abuse and 3 questions on the rights of children. After the pre-test 16 categories were identified by means of a factor analysis and section C was subdivided into seven different categories, namely effects of rape an child abuse (questions 2, 7, 9, 13), the rights of the child (questions 8, 20, 26), definitions of rape and child abuse (questions 1, 5, 6, 11, 12, 17), who is responsible for rape (questions 4, 22), reporting the rape (question 15), who is raped/abused (questions 14, 16, 21,24, 25) and who rapes/abuses (questions 2, 7, 9, 13). A pilot study was undertaken to determine the reliability and validity of the questionnaire. For purposes of these study only sections A and C were utilized.
Questionnaires were more appropriate in this study as they were cost effective and could be administered to groups. The disadvantages of using questionnaires are that the participants should be motivated and able to read (Cozby, 1998). These might limit the research as participants may experience reading problems and lack of motivation. A further limitation of using questionnaires when researching sexual behaviour is that learners may feel uncomfortable to respond honestly. Questions may be embarrassing and may lead to discomfort and non-response (Goergen, 2001).

The HDRI translated the questionnaire (Appendix A) from English to Xhosa and then back-translated it into English. The questionnaire was presented in both English and Xhosa. To ensure understanding and facilitate accurate responses to the questionnaires educators and trained Xhosa speaking field workers were present during administration.

4.6.2 Validity and Reliability

The content of the questionnaire was based on the life skills program and other sources. The items in the questionnaire were divided into specific data categories for analysis purposes and not on an “it would be nice to know” basis. The questionnaire was scrutinized for weaknesses and was revised numerous times to ensure that measurement error was not present.

The questionnaire was piloted on 20 learners with the same culture, age range and language ability. A minimum of ten questionnaires was used for this purpose. The pilot study’s results were analysed. Any unclear questions, wording, ambiguous phrases were changed as required to facilitate a sound understanding. The questionnaire was originally developed in English. It was then translated into Xhosa by HDRI in conjunction with the Department of Xhosa. The learners responded in Xhosa and their responses were then translated back into English.

Learners were individually linked through the pre- and post-test stages by making use of simple numbering. Each school was awarded a questionnaire.
number-range, which was used throughout the pre-and post test, linking individuals with a specific number assigned to them in the pre-test. In this way confidentiality was maintained as no names were used except when awarding a number.

Continuity across the pre- and post-test may be disrupted by the non-response error “not at schools”. Learners who have completed the pre-test may be absent when the post-test is conducted. To minimise the impact of this error, extra learners were selected from each grade at each school instead of randomly selecting just twenty learners. Should learners be lost over the pre-post test the sample size in general would still be more than sufficient, and there would be sufficient continuity across the pre-and post test.

4.7 Procedure

Ubuntu Education Fund obtained permission from the Department of Education to conduct the intervention and explained the process to the principals of the schools. They obtained their consent to undertake the intervention and the research study.

Class lists of all the learners from those grades selected were requested and provided to the HDRI prior to the sampling. From these lists, a random sample was drawn. All learners in the sample were required to have a consent form signed by their parents or custodians before being allowed to participate in the survey and the learners themselves had sign a consent form before data gathering began. Learners were allocated specific coded and confidential numbers in order for the individual questionnaire to be paired for purposes of data analysis.

Xhosa speaking postgraduate students from the Psychology Department at the University of Port Elizabeth were responsible for conducting the fieldwork. Prior to the fieldwork, students underwent an orientation/ training session with staff from the HDRI to enable them to conduct the fieldwork. Fieldworkers were introduced
to the methodology to be followed in conducting the fieldwork, as well as being thoroughly briefed in the questionnaire content.

Fieldworkers visited those schools in the sample in pairs, after making the necessary appointments with the headmasters. The questionnaires were completed by the learners in a suitable environment under supervision of the fieldworkers, who explained what was required of the learners. The pre-test took place in May 2004, while the post-test took place in September 2004.

4.8 Ethical Considerations

The proposal for this research was developed by the Health and Development Research Institute (HDRI) and submitted to the UPE Human Ethics Committee. Permission for the study to be undertaken has been granted. According to Cozby (1998) researchers must take care to protect the privacy of individuals. Therefore, all information supplied by learners was treated as strictly confidential. Learners were allocated specific coded and confidential numbers during testing to ensure that the issue of confidentiality was addressed.

Great care was taken to inform not only the participants, but also all learners in the participating grades that the research did not imply that they were suspected of being affected of any of the aspects covered by the life skills questionnaire, but that the training they would or had received was being investigated. Ubuntu Education Fund with the Department of Education established informed consent, for participation in the research, in the initial phase of the larger life skills program. Parents or custodians of all learners in the sample were requested to sign a consent form before learners were allowed to participate in the study and the learners themselves signed a consent form before data gathering began.

4.9 Data Analysis

Data analysis entails that the analyst breaks data down into constituent parts to obtain answers to research questions and to test research hypotheses.
Interpretation of data provides the answers to research questions (De Vos, 2002). Data was analysed according to the BMDP statistical computer program.

Descriptive statistics using means and standard deviations were used to obtain a profile of the sample distribution. In order to examine significant differences between pre-and post-test scores, a multivariate technique, the Hotelling’s $T^2$ for dependent samples was used (Tabachnich & Fidell, 1989). In this instance the independent variable consisted of the HIV/ AIDS and Rape and Child Abuse questionnaire and the dependant variable consisted of the learners in the different grades. Due to the sample lacking a control group, the test was run solely for the experimental groups. When a Hotelling’s $T^2$ is significant across subscales as in this research, one is then justified in doing posthoc t-tests to examine individual scales for significant change.

Separate dependent sample posthoc t-tests were used to examine the difference between pre-and post-test total scores on the HIV/ AIDS and Rape and Child Abuse Questionnaire for each of the grades in the sampled schools if the Hotelling’s $T^2$ was significant. All hypotheses and null-hypotheses were tested at a significance level of $p<0.05$ since this level is regarded as appropriate for a descriptive study (Tabachnich & Fidell, 1989).

This process was carried out with the assistance of HDRI and the UPE Mathematical Statistics Department.

4.10 Conclusion

Chapter 4 provided an outline of the research related to this study. The research was based on the research paradigm of Nachmias and Nachmias (1981). The research problem was identified as a high prevalence of rape and child abuse amongst primary and secondary school learners and the need for the evaluation of a life skills program. Ubuntu Education Fund has requested that the HDRI evaluates the effectiveness of the life skills program that was implemented in five primary (grade five and six) and five secondary (grade eight and nine) schools in the Nelson Mandela Metropole. The major project therefore consisted
of assessing the knowledge of the learners prior to Ubuntu Education Fund's facilitated learning intervention (pre-test) and a follow up assessment of the acquired knowledge (post-test). The research aim was then highlighted and a description of the participants was presented. The process and method of data collection as well as the data analysis were described.

The next section is a presentation of the data and the discussion will show that the aim of the study has been achieved.
CHAPTER 5
Results and discussion

5.1 Introduction

The results obtained from the present study are presented and discussed in this chapter. The presentation of the results will match the aim of the study, namely to explore and describe the level of knowledge of a sample of grade six to nine learners on rape and child abuse prior to and after the application of a life skills program. The findings are presented according to the format of the questionnaire, starting with the biographical data of the participants, followed by descriptive results of the study, together with discussions.

5.2 Biographical Information

The biographical detail consists of the participants’ age, gender, school, and grade prior to and after the application of a life skills program.

Table 2
Population of learners across the pre- and post-test

<table>
<thead>
<tr>
<th>Grade</th>
<th>Wrote both pre- and post-tests n=</th>
<th>%</th>
<th>Dropped out n=</th>
<th>%</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>84</td>
<td>77.8%</td>
<td>24</td>
<td>22.2%</td>
<td>108</td>
</tr>
<tr>
<td>7</td>
<td>79</td>
<td>73.8%</td>
<td>28</td>
<td>26.2%</td>
<td>107</td>
</tr>
<tr>
<td>8</td>
<td>40</td>
<td>37.7%</td>
<td>66</td>
<td>62.3%</td>
<td>106</td>
</tr>
<tr>
<td>9</td>
<td>57</td>
<td>55.9%</td>
<td>45</td>
<td>44.1%</td>
<td>102</td>
</tr>
<tr>
<td>TOTAL</td>
<td>260</td>
<td>61.5%</td>
<td>163</td>
<td>38.5%</td>
<td>423</td>
</tr>
</tbody>
</table>

Table 2 indicates that 423 learners participated in the pre-test while the total sample size for the post-test was 260, grade 6 to 9 learners (N=260). A drop-out percentage of 38.5%, which is a total of 163 learners, is evident. There might be several reasons for the drop out which are worth investigating.
A possible reason for such a high drop-off rate is that the post-test took place a week after the start of the fourth school term. Many students may have been absent as it was the first week of school and there may have been some disorganisation in the schools. Another reason might be the issue of confidentiality that was reported in the focus groups by secondary school learners (Lambert in progress, 2004) that they were not sure about the confidentiality of the process. However, the sample size is sufficient to use for analysis as over-sampling was done. For future studies it is recommended that this be taken into consideration and that planning of the pre- and post-test dates are for the most optimal times (namely not just before or directly after holidays).

5.2.1 Age distribution of participants

The ages of the participants is displayed in Table 3.

Table 3

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-11</td>
<td>30</td>
<td>11.5%</td>
</tr>
<tr>
<td>12</td>
<td>57</td>
<td>21.9%</td>
</tr>
<tr>
<td>13</td>
<td>50</td>
<td>19.2%</td>
</tr>
<tr>
<td>14</td>
<td>56</td>
<td>21.5%</td>
</tr>
<tr>
<td>15</td>
<td>33</td>
<td>12.7%</td>
</tr>
<tr>
<td>16-19</td>
<td>34</td>
<td>13.1%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>260</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The age of the participants ranged from 10 to 19, with a median age of 12. The ages of the participants is displayed in table 3. It was perceived in the initial stages of the study that the age spectrum of the grade six to nine learners would be too large, and consequently posed a problem. Instead, grade six to nine learners proved to be a good choice in level of education.
5.2.2 Gender distribution of participants

Table 4

Gender distribution of participants (N=260)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>115</td>
<td>44.2%</td>
</tr>
<tr>
<td>Female</td>
<td>145</td>
<td>55.8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>260</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 4 indicates that there were slightly more females than male participants involved in the study. This was not recognized as a problem as South African statistics reveal that the female population is at greater risk to rape and child abuse and the results could therefore be beneficial in planning preventative strategies.

5.2.3 School distribution

Table 5

Frequency of students per school for the pre- and post-test

<table>
<thead>
<tr>
<th>School</th>
<th>n=</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>14</td>
<td>0.8%</td>
</tr>
<tr>
<td>2</td>
<td>24</td>
<td>5.4%</td>
</tr>
<tr>
<td>3</td>
<td>14</td>
<td>9.2%</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>5.4%</td>
</tr>
<tr>
<td>5</td>
<td>45</td>
<td>6.5%</td>
</tr>
<tr>
<td>6</td>
<td>17</td>
<td>17.3%</td>
</tr>
<tr>
<td>7</td>
<td>34</td>
<td>6.5%</td>
</tr>
<tr>
<td>8</td>
<td>22</td>
<td>13.1%</td>
</tr>
<tr>
<td>9</td>
<td>45</td>
<td>8.5%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>260</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 5 gives the distribution of the primary (schools 0-4) and secondary schools (schools 5-9) and the frequency of participants that were selected. It is
clear that the majority of participants involved were from the primary schools. In total 163 learners from the primary schools and 97 learners from the secondary schools took part in the study. Although sampling of participants were equally distributed over primary and secondary schools, absence from school in the secondary schools could have contributed to the majority of participants being from the primary schools.

In addition, table 5 indicates how many students per school completed both the pre- and post-test. Schools 1, 3, 4 and 6 have lower frequencies, while schools 0, 2, 5, 7, 8 and 9 have higher frequencies. School 5 and 9 had a total of 45 learners each writing the pre- and post-test, which was the highest frequency. Schools 1 and 3 had the lowest frequencies, that is, only 14 learners wrote the pre- and post test.

A minimum of 20 learners per grade per school was identified as a prerequisite for the study. To ensure this, over sampling of 30 learners per grade per school was done. However, the frequencies for this study indicate a very irregular attrition rate that is difficult to explain. This matter can be followed up by providing feedback to Ubuntu Education Fund so that they can investigate possible reasons and solutions.

5.2.4 Grade distribution

Table 6

<table>
<thead>
<tr>
<th>Grade</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>84</td>
<td>32.3%</td>
</tr>
<tr>
<td>7</td>
<td>79</td>
<td>30.4%</td>
</tr>
<tr>
<td>8</td>
<td>40</td>
<td>15.4%</td>
</tr>
<tr>
<td>9</td>
<td>57</td>
<td>21.9%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>260</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Table 6 illustrates the grade distribution of learners in the sample group for both the pre- and the post-test. There were 84 learners in grade 6, 79 learners in grade 7, 40 learners in grade 8 and 57 learners in grade 9. Grade 8 had the least amount of learners who completed a pre- and a post-test in this study. Learners were randomly sampled and there should have been a fairly equal distribution of learners amongst the grades, namely 20 learners per grade. Although not that significant, the same irregular attrition pattern is observed in the grades as it was in the schools.

5.3 Level of knowledge regarding rape and child abuse

The overall level of knowledge of rape and child abuse was found to be 8.9% better in the post-test than in the pre-test. In the post-test 53% of learners performed better in the post-test than in the pre-test, 1.9% performed the same and 44.6% performed worse (see table 18). The questionnaire was divided into 3 sections, namely section A which requested biographical data, sections B and C regarding HIV/AIDS and STIs as well as rape and child abuse. Section B, which includes HIV/AIDS and STIs, was not used for this study, and is being analysed separately.

Section C of the questionnaire, which was utilized in this study consisted of a total of 26 questions and covered the topics of the life skills program namely rape, child abuse and the rights of a child. The specific aim for section C of the questionnaire was to determine the level of knowledge of learners regarding these topics pre and post the life skills intervention program. The level of knowledge obtained through the life skills program with regard to rape, child abuse and the rights of children will first be discussed. The results are expressed as numbers and percentages of the correct and incorrect responses in both the pre- and post-tests. After the pre-test 16 factors were identified by means of a factor analysis of which 7 factors fit into section C. These factors will be discussed later in this chapter.
5.3.1 Level of knowledge regarding rape

This section aimed to identify learners’ knowledge regarding rape. Table 7 indicates the percentage of learners who scored answers correctly or incorrectly on issues pertaining rape, with the related percentages for the study. The results of the individual questions regarding rape are summarised below with the correct responses of both the pre-and post-test in the first two columns and the incorrect responses of both the pre-and post-test in the last two columns.

Table 7

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Pre-test Correct</th>
<th>Pre-test Incorrect</th>
<th>Post-test Correct</th>
<th>Post-test Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C15</td>
<td>It is important to tell a teacher, doctor or the police if you are abused or raped.</td>
<td>239 91.9%</td>
<td>21 8.1%</td>
<td>228 87.7%</td>
<td>32 12.3%</td>
</tr>
<tr>
<td>C22</td>
<td>Some girls ask to be raped by going to shebeens or being out at night.</td>
<td>64 24.6%</td>
<td>196 75.4%</td>
<td>76 29.2%</td>
<td>184 70.8%</td>
</tr>
<tr>
<td>C23</td>
<td>A girl cannot be raped by her boyfriend because she is going out with him and he has the right to have sex with her.</td>
<td>120% 46.2%</td>
<td>140 53.8%</td>
<td>132 50.8%</td>
<td>128 49.2%</td>
</tr>
<tr>
<td>C24</td>
<td>It is okay to have sex with someone if he pays for your food, clothes and schoolbooks.</td>
<td>179 68.8%</td>
<td>81 31.2%</td>
<td>188 72.3%</td>
<td>72 27.7%</td>
</tr>
<tr>
<td>C25</td>
<td>Only girls can be raped.</td>
<td>204 78.5%</td>
<td>56 21.5%</td>
<td>218 83.8%</td>
<td>42 16.2%</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>164 63.1%</td>
<td>96 36.9%</td>
<td>172 65.9%</td>
<td>89 34.1%</td>
</tr>
</tbody>
</table>
From table 7 can be deduced that learners had average knowledge (63.1%) regarding rape prior to the implementation of the life skills program and a slight improvement of 2.8% is observed in the post-test (65.9%). It was clear from the number of correct responses in question C15 in both the pre-test (91.9%) and the post-test (87.7%) that a large number of learners know that it is important to tell a teacher or authoritative figure that you are abused or raped. However the decreased score in the question is consistent with the two studies of the HSRC (2001; 2002) which stated that some learners do not feel comfortable to reveal information about abuse to teachers or people in authority. Learners in these studies preferred to confide in siblings, cousins and friends (Richter et al., 2004).

A large percentage of learners responses to question C22 were incorrect in both the pre-test (75.4%) and the post-test (70.8%) which states that some girls ask to be raped by going to shebeens or being out at night. From this response it can be deduced that myths regarding rape victims had an impact on learners’ knowledge and might have influenced the total average score. However learners gained knowledge through the program as an increase of knowledge from the pre-test (24.6%) to the post-test (29.2%) is evident.

Learners’ responses to question C23 in both the pre-test (46.2%) and the post-test (50.8%) indicate that learners gain knowledge through the program that a boyfriend does not have the right to have sex with a girl simply because they are involved in a relationship. Learners’ responses in question C24 indicate an increase in knowledge from the pre-test (68.8%) to the post-test (72.3%), which states that it is not acceptable to have sex with someone who pays for your food, clothes and schoolbooks. Learners’ responses to question C25 also indicate that they gained knowledge through the life skills program that both boys and girls can be raped as 204 learners answered correct in the pre-test and 218 learners answered correct in the post-test.
### 5.3.2 Level of knowledge regarding child abuse

The aim of this section was to identify learners’ knowledge regarding child abuse. Table 8 indicates the percentage of learners who scored answers correctly or incorrectly on issues pertaining to child abuse, with the related percentages for the study. The results of the individual questions regarding child abuse are summarised below with the correct responses of both the pre-and post-test in the first two columns and the incorrect responses of both the pre-and post-test in the last two columns.

#### Table 8

**Level of knowledge regarding child abuse**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Correct</td>
<td>Correct</td>
<td>Incorrect</td>
<td>Incorrect</td>
</tr>
<tr>
<td>C1</td>
<td>Child abuse is when adults use their power over children to hurt them.</td>
<td>194</td>
<td>185</td>
<td>66</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>74.6%</td>
<td>71.2%</td>
<td>25.4%</td>
<td>28.8%</td>
</tr>
<tr>
<td>C2</td>
<td>Child abuse is dangerous to the physical and emotional health of children.</td>
<td>215</td>
<td>208</td>
<td>45</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td></td>
<td>82.7%</td>
<td>80.0%</td>
<td>17.3%</td>
<td>20.0%</td>
</tr>
<tr>
<td>C3</td>
<td>The child abuser is always a stranger to the child.</td>
<td>92</td>
<td>102</td>
<td>168</td>
<td>158</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35.4%</td>
<td>39.2%</td>
<td>64.6%</td>
<td>60.8%</td>
</tr>
<tr>
<td>C4</td>
<td>The child (victim) is responsible for the abuse.</td>
<td>160</td>
<td>144</td>
<td>100</td>
<td>116</td>
</tr>
<tr>
<td></td>
<td></td>
<td>61.5%</td>
<td>55.4%</td>
<td>38.5%</td>
<td>44.6%</td>
</tr>
<tr>
<td>C5</td>
<td>If your parent hits you when you are naughty it is abuse.</td>
<td>169</td>
<td>169</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td></td>
<td>65.0%</td>
<td>65.0%</td>
<td>35.0%</td>
<td>35.0%</td>
</tr>
<tr>
<td>C6</td>
<td>Sexual abuse is when a much older person tries to have sexual relations with a child.</td>
<td>171</td>
<td>172</td>
<td>89</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td></td>
<td>65.8%</td>
<td>66.2%</td>
<td>34.2%</td>
<td>33.8%</td>
</tr>
<tr>
<td>C7</td>
<td>Bad physical abuse can cause a child’s death.</td>
<td>176</td>
<td>187</td>
<td>84</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td></td>
<td>67.7%</td>
<td>71.9%</td>
<td>32.3%</td>
<td>28.1%</td>
</tr>
<tr>
<td>#</td>
<td>Question</td>
<td>Pre-test</td>
<td>Post-test</td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------</td>
<td>----------</td>
<td>-----------</td>
<td>----------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Correct</td>
<td>Correct</td>
<td>Incorrect</td>
<td>Incorrect</td>
</tr>
<tr>
<td>C9</td>
<td>The child who has been abused will always not like the person who has</td>
<td>45</td>
<td>45</td>
<td>215</td>
<td>215</td>
</tr>
<tr>
<td></td>
<td>abused them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C10</td>
<td>The people who abuse children are mainly men.</td>
<td>89</td>
<td>101</td>
<td>171</td>
<td>159</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C11</td>
<td>Emotional abuse is when parents fail to love and protect their children.</td>
<td>165</td>
<td>165</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C12</td>
<td>Locking up a child in small places is a type of physical abuse.</td>
<td>191</td>
<td>192</td>
<td>69</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C13</td>
<td>Children usually lie about sexual abuse.</td>
<td>154</td>
<td>155</td>
<td>106</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C14</td>
<td>Both young girls and young boys get sexually abused.</td>
<td>186</td>
<td>178</td>
<td>74</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C16</td>
<td>It is okay to take gifts from strangers because they just want to be</td>
<td>147</td>
<td>171</td>
<td>113</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>nice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C17</td>
<td>Child abuse can be physical, emotional, verbal and sexual.</td>
<td>145</td>
<td>156</td>
<td>115</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C18</td>
<td>Women abuse children as much as what men do, it is just not reported.</td>
<td>145</td>
<td>149</td>
<td>115</td>
<td>111</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C19</td>
<td>It is only homosexuals who abuse boys.</td>
<td>114</td>
<td>93</td>
<td>146</td>
<td>167</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C21</td>
<td>Sexual abuse only happens to children who come from poor families and</td>
<td>136</td>
<td>150</td>
<td>124</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td>live in squatter camps or in the country.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>150</td>
<td>151</td>
<td>110</td>
<td>109</td>
</tr>
</tbody>
</table>

The results in table 8 suggest that the learners’ level of knowledge regarding child abuse slightly improved from pre-test (57.6%) to post-test (58.2%). It is clear from learners’ responses to questions C1, C2, C5, C6, C7, C11, C12 and C17 that they can identify the different types of child abuse namely physical,
emotional, and sexual abuse and neglect and the effects thereof. This is consistent with the second study conducted by the HSRC (2002) which found that learners of all ages had accurate information about child sexual abuse as a social problem (Richter et al., 2004). An increase in knowledge in questions C6, C7, C12 and C17 after the implementation of the life skills program regarding the different types and effects of child abuse was evident. Learners’ knowledge remained the same in questions C5 and C11, while decreased scores were observed in questions C1 and C2.

It was clear from learners’ responses to question C3 that learners lack knowledge regarding the perpetrator and that abuse takes place in most families. A majority of the sample incorrectly identified in both pre-test (64.6%) and post-test (60.8%) that the abuser is always a stranger to the child. This is consistent to the statement of Johnson (1990) that people think that only strangers abuse children, whereas perpetrators can be parents, siblings, relatives, childcare professionals, clergy, neighbours, friends or strangers. According to this range of perpetrators, family is more capable of abuse than strangers.

Learners’ responses to question C4 in both the pre-test (61.5%) and post-test (55.4%) indicate a decrease in learners’ knowledge that children are never responsible for the abuse. This needs to be addressed by the presenters of the Ubuntu life skills program as it is clear that some misunderstanding occurred. Acts of violence against a child are never the child’s fault. Learners need to be educated that the older person should be held responsible if they abused children as adult perpetrators are cognitively and physically more matured than their victims (Childline, 2003).

A large number of learners incorrectly responded to question C9 in both pre-test (82.7%) and post-test (82.7%) that the child who has been abused will always not like the person who has abused them. Childline (2003) states that the abused child may have ambivalent feelings towards the perpetrator, but seldom experiences negative feelings when the perpetrator is a family member.
Furthermore learners incorrectly identified in question C10 in both the pre-test (65.8%) and the post-test (61.2%) that the people who abuse children are mainly men. According to the statistics released by Childline, men are the main perpetrators of child abuse and are responsible for 95% of the abuse cases reported to them (Childline, 2003). Patriarchy is one of the major causes of rape and child abuse as men seek to reinforce their sense of power and control and often engage in acts of violence against children (Lewis, 1999).

It is clear in question C13 in both pre-test (59.2%) and post-test (59.6%) that learners knew that children usually do not lie about sexual abuse. Children do not have the explicit knowledge to enable them to talk about sex unless they have experienced it (Childline, 2003). Learners' responses to question C14 in both the pre-test (71.5%) and post-test (68.5%) indicate their awareness that both boys and girls can be sexually abused. Young boys are equally vulnerable to sexual exploitation and male rape is more widespread than most people think (Childline, 2003; Heineman, 2004).

An increase in knowledge in question C16 from the pre- (56.5%) to the post-test (65.8%) is evident and learners knew that they should not take gifts from strangers who seemed to be nice. Teaching learners from an early age not to accept gifts from strangers can prevent learners become the victims of rape and child abuse perpetrators.

Learners' responses in question C18 in both pre- (55.8%) and post-test (57.3%) indicate that learners incorrectly responded that women abuse children as much as men do, it is just not reported. According to Calder (1999) women are just as capable as men to abuse their power in relation to those more vulnerable than themselves and are therefore also responsible for abuse. However, male perpetrators consistently outnumbered female perpetrators and are responsible for 95% of the abuse cases reported to Childline, which makes them the main perpetrators of rape and child abuse in South Africa (Childline, 2003).

A large number of learners incorrectly responded to question C19 in both the pre-test (56.2%) and post-test (64.2%) that only homosexuals abuse boys. It is
therefore evident that prejudices and myths about child abuse are prevalent among learners. According to Childline (2003) sexual abuse of young boys is perpetrated more often by heterosexual men than homosexual men. The fact that learners regard homosexuals as the perpetrators of sexual abuse can create prejudice in them and may cause discrimination towards this minority group.

Learners’ correct responses in question C21 in both the pre-test (52.3%) and post-test (57.7%) indicate that learners knew and gained knowledge through the life skills program that sexual abuse does not only happen to children who come from poor families and live in squatter camps or in the country. Although poverty and unemployment contribute to the increase in child abuse, child abuse is not unique to poor areas. Child abuse also occurs in households where both parents work with the result that children stay alone at home or are sent to day care where the opportunity of child abuse is possible (De Grandpre, 2004).

The decrease in correct responses from the pre- to the post-test observed in questions C1, C2, C14, C18 and C19, may, according to Goergen (2001), indicate that learners may feel uncomfortable to respond honestly when questionnaires are used to research abuse, specifically sexual abuse. Questions may be embarrassing and may lead to discomfort and non response (Goergen, 2001). However, these findings indicate that this section needs to be emphasized in future implementation of rape and child abuse programs. Learners’ misconceptions about child abuse can provide fertile ground for rape and child abuse to exist and increase.

5.3.3 Level of knowledge regarding children’s rights

Table 9 indicates the percentage of learners who scored answers correctly or incorrectly on issues pertaining children’s rights, with the related percentages for the study. The results of the individual questions regarding children’s rights are summarised below with the correct responses of both the pre-and post-test in the first two columns and the incorrect responses of both the pre-and post-test in the last two columns.
Table 9

Level of knowledge regarding children’s rights

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Correct</td>
<td>Correct</td>
<td>Incorrect</td>
<td>Incorrect</td>
</tr>
<tr>
<td>C8</td>
<td>Children should know their human rights, example: the right to have food, to go to school, be protected from alcohol, cigarettes and drugs.</td>
<td>200</td>
<td>192</td>
<td>60</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td></td>
<td>76.9%</td>
<td>73.8%</td>
<td>23.1%</td>
<td>26.2%</td>
</tr>
<tr>
<td>C20</td>
<td>Children have the right to be treated the same, no matter what their colour, race, gender, language or belief is.</td>
<td>190</td>
<td>189</td>
<td>70</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td></td>
<td>73.1%</td>
<td>72.7%</td>
<td>26.9%</td>
<td>27.3%</td>
</tr>
<tr>
<td>C26</td>
<td>Children have the right to say no to sex even if the person is your teacher, counselor, church worker, etc.</td>
<td>178</td>
<td>187</td>
<td>82</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td></td>
<td>68.5%</td>
<td>71.9%</td>
<td>31.5%</td>
<td>28.1%</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>189</td>
<td>189</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td></td>
<td>72.8%</td>
<td>72.8%</td>
<td>27.2%</td>
<td>27.2%</td>
</tr>
</tbody>
</table>

From table 9 one can deduce that more than 70% of the participants were well informed about their rights in the pre-test and that the life skills program did not contribute significantly toward their knowledge as 72.8% answered correct in the pre-test and the same percentage of learners answered correct in the post-test. A decrease in learners’ knowledge is observed in questions C8 and C20 in the post-test. Being exposed to poverty and racism, learners may be confused when questioned on their human rights to have food, to go to school and to be treated equally and this may cause the decreased score.

An increase in knowledge from the pre-test (68.5%) to the post-test (71.9%) in question C26 indicates that learners knew that they have the right to say no to sex even if the perpetrator is an authoritative figure. Childline (2002) recommended in their study that the Department of Education should be encouraged to include in
life skills education the teaching of child and human rights. According to them this will ensure that children’s dignity, privacy and security are respected and adhered to.

5.4 Questionnaire Categories – Factor Analysis

After the pre-test 16 categories were identified and section C was subdivided into seven different categories, namely effects of rape and child abuse (questions 2, 7, 9, 13), the rights of the child (questions 8, 20, 26), definitions of rape and child abuse (questions 1, 5, 6, 11, 12, 17), who is responsible for the rape (questions 4, 22), reporting the rape (question 15), who is raped/abused (questions 14, 16, 21, 24, 25) and who rapes/abuses (questions 2, 7, 9, 13).

A factor analysis was administered to determine any differences within these categories, which made it possible to determine problem areas. For each category or factor, a table will be presented. These tables indicate the percentage of learners who performed worse, the same or better in the post-test than in the pre-test, together with a column termed “effect”, which provides information about the statistical significance of the change between the pre and post-test. The last column provides information about the difference between the percentage of learners who performed better and the learners who performed worse. A negative value in the last column is therefore suggestive of learners who have performed worse in the post-test. The word “same” does not indicate whether learners managed to get the answers correct or not, but rather to show that they provided the same answers in both the pre- and post-test.
The factor analysis is as follows;

5.4.1 Factor A: Effects of rape/ child abuse

Table 10
Effects of rape and child abuse

<table>
<thead>
<tr>
<th>#</th>
<th>Questions</th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
<th>Effect</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2</td>
<td>Child abuse is dangerous to the physical and emotional health of children.</td>
<td>28</td>
<td>197</td>
<td>35</td>
<td>Small</td>
<td>-3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10.8%</td>
<td>75.8%</td>
<td>13.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C7</td>
<td>Bad physical abuse can cause a child’s death.</td>
<td>41</td>
<td>189</td>
<td>30</td>
<td>Small</td>
<td>4.30%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.8%</td>
<td>72.7%</td>
<td>11.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C9</td>
<td>The child who has been abused will always not like the person who has</td>
<td>33</td>
<td>194</td>
<td>33</td>
<td>Insignificant</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>abused them.</td>
<td>12.7%</td>
<td>74.6%</td>
<td>12.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C13</td>
<td>Children usually lie about sexual abuse.</td>
<td>43</td>
<td>175</td>
<td>42</td>
<td>Insignificant</td>
<td>0.30%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16.5%</td>
<td>67.3%</td>
<td>16.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Factor A focused on the effects of rape and child abuse and included the four questions as depicted in table 10. In question C2, which states that child abuse is dangerous to the physical and emotional health of children, there was a small decrease in the overall knowledge of the learners. In the post-test, 10.8% of the learners scored better in the post-test than in the pre-test, 75.8% scored the same and 13.5% scored worse. It can be deduced from the effect of -3% that a small increase in the negative direction is evident, which shows that learners’ knowledge decreased in this question after the implementation of the life skills program.

There was a small increase in knowledge for question C7, which states that bad physical abuse can cause a child’s death, as 41 learners scored better in the post-test, 189 learners scored the same and 30 learners scored worse. A small increase of 4.3% in learners’ knowledge in this question is evident. The increase in the level of learners’ knowledge with regard to questions C 9, which states that the child who has been abused will always not like the person who has abused
them and C 13, which states that children usually lie about sexual abuse, is insignificant as no effect is noticed in learners' scores.

It can be deduced from the above scores that learners have a small /insignificant increase in knowledge regarding the effects of rape and child abuse. The fact that learners did not gain significant knowledge about the effects of rape and child abuse can cause failure to detect rape and child abuse and to provide support to abused siblings or peers. Both scientific and clinical studies indicated that childhood history of rape and child abuse led to the development of major mental illnesses in adulthood (Bryer, Nelson, Miller & Krol, 1987). Therefore teaching learners the effects of rape and child abuse is crucial to prevent adult mental illnesses.

5.4.2 Factor B: Rights of the child

Table 11

Rights of the child

<table>
<thead>
<tr>
<th>#</th>
<th>Questions</th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
<th>Effect</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>C8</td>
<td>Children should know their human rights, example: the right to have food, to go to school, be protected from alcohol, cigarettes and drugs</td>
<td>34</td>
<td>184</td>
<td>42</td>
<td>Small</td>
<td>-3.10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13.1%</td>
<td>70.8%</td>
<td>16.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C20</td>
<td>Children have the right to be treated the same, no matter what their colour, race, gender, language or belief is.</td>
<td>38</td>
<td>183</td>
<td>39</td>
<td>Insignificant</td>
<td>-0.40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.6%</td>
<td>70.4%</td>
<td>15.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C26</td>
<td>Children have the right to say no to sex even if the person is your teacher, counselor, church worker, etc.</td>
<td>46</td>
<td>177</td>
<td>37</td>
<td>Small</td>
<td>3.50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17.7%</td>
<td>68.1%</td>
<td>14.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Factor B focused on the rights of the child. Factor B involved the questions in table 11 and was previously discussed in this chapter. In question C8 which
states that children should know their human rights, there was a small decrease in the overall knowledge of the learners. In the post-test, 13.1% of the learners scored better in the post-test than in the pre-test, 70.8% scored the same and 16.2% scored worse. It can be deduced from the effect of -3.1% that a small increase in the negative direction is evident, which shows that learners’ knowledge decreased in this question after the implementation of the life skills program. Learners’ knowledge also decreased in question C 20, which states that children have the right to be treated the same, no matter what their colour, race, gender, language or belief is, as 14.6% learners scored better in the post-test, 70.4% scored the same and 15.0% scored worse.

There was a small increase for question C26, which states that children have the right to say no to sex even if the person is the teacher, counselor, church worker, etc., as 46 learners scored better in the post-test, 177 learners scored the same and 37 learners scored worse. A small increase of 3.5% in learners’ knowledge in this question is evident. It is important that learners know that they have the right to say no to sex if the person is your teacher as a survey conducted by South Africa Demographic and Health revealed that schoolteachers are the most common child rapists and are responsible for 33% of child rapes in South Africa (Jewkes et al., 2002).

It can be deduced from the above scores that an insignificant increase in learners’ knowledge regarding their rights is evident as the effect in both the pre- and post-test was small or insignificant. According to De Grandpre (2004) children have little or no exposure to literature and often take their abuse as normal and part of reality. Teaching children their rights as stated in Section 28 of the South African Constitution of 1996 is of vital importance to prevent all forms of rape and child abuse (Childline, 2003).
5.4.3 Factor D: Definitions of rape and child abuse

Table 12

Definitions of rape and child abuse

<table>
<thead>
<tr>
<th></th>
<th>Questions</th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
<th>Effect</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Child abuse is when adults use their power over children to hurt them.</td>
<td>34</td>
<td>183</td>
<td>43</td>
<td>Small</td>
<td>-3.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13.1%</td>
<td>70.4%</td>
<td>16.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C5</td>
<td>If your parent hits you when you are naughty it is abuse.</td>
<td>48</td>
<td>164</td>
<td>48</td>
<td>Insignificant</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18.5%</td>
<td>63.1%</td>
<td>18.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C6</td>
<td>Sexual abuse is when a much older person tries to have sexual relations with a child.</td>
<td>35</td>
<td>191</td>
<td>34</td>
<td>Insignificant</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13.5%</td>
<td>73.5%</td>
<td>13.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C11</td>
<td>Emotional abuse is when parents fail to love and protect their children.</td>
<td>41</td>
<td>178</td>
<td>41</td>
<td>Insignificant</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.8%</td>
<td>68.5%</td>
<td>15.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C12</td>
<td>Locking up a child in small places is a type of physical abuse.</td>
<td>44</td>
<td>173</td>
<td>43</td>
<td>Insignificant</td>
<td>0.40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16.9%</td>
<td>66.5%</td>
<td>16.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C17</td>
<td>Child abuse can be physical, emotional, verbal and sexual.</td>
<td>53</td>
<td>165</td>
<td>42</td>
<td>Small</td>
<td>4.20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20.4%</td>
<td>63.5%</td>
<td>16.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Factor D focused on the definitions of rape and child abuse and included the six questions as depicted in table 12. In question C1 which states that child abuse is when adults use their power over children to hurt them, there was a small decrease in the overall knowledge of the learners. In the post-test, 13.1% of the learners scored better than in the pre-test, 75.8% scored the same and 16.5% scored worse. It can be deduced from the effect of -3.1% that a small increase in the negative direction is evident, which shows a decrease in the learners’ knowledge after the implementation of the life skills program. This is consistent with the statement of Aronson Fontes (1995) that children in most societies are reared to trust unquestioningly and to be obedient to parents and adult authority figures. Learners’ responses to question C1 indicate that they have a
misconception about the abuse of power and often fail to recognise that abuse occurs.

An insignificant increase in learners’ knowledge is noticed in question C5, which states that it is abuse if your parent hits you when you are naughty as 18.5% scored better in the post-test, 63.1% scored the same and 18.5% scored worse. The pandemic of domestic violence and physical punishment are contributing factors to child abuse. Children become confused in being asked to distinguish between physical punishment as a disciplinary method or abuse as physical punishment is a norm in many families (Johnson, 1990).

In question C6 there was an insignificant increase in learners’ knowledge that sexual abuse is when a much older person tries to have sexual relations with a child, as 35 learners scored better in the post-test, 191 scored the same and 34 scored worse. Regardless of the child’s behaviours or actions learners need to be taught that it is the responsibility of the adult not to engage in sexual acts with children. Sexual abuse is never the fault of the child (Childline, 2003).

An insignificant increase in learners’ knowledge is noticed in question C11, which states that emotional abuse is when parents fail to love and protect their children, as 15.8% scored better in the post-test, 68.5% scored the same and 15.8% scored worse. Emotional abuse is almost always present with another form of abuse and is difficult to identify. Teaching learners various examples of emotional abuse will assist them to detect and address the effects of emotional abuse. Emotional abuse is harmful to a child’s self-esteem and can cause apathy, depression, hostility, lack of concentration and eating disorders (Johnson, 1990).

In question C12, which states that locking up a child in small places is a type of physical abuse, an insignificant increase in learners’ knowledge was evident as 44 learners scored better in the post-test, 191 scored the same and 43 scored worse. Violence is often used as a problem solving method to deal with children who do not have the power to retaliate (Lewis, 1999). Children are often too young or they think they deserve the punishment for being naughty and often fail to speak out about the abuse.
There was a small increase for question C17, which states that child abuse can be physical, emotional, verbal and sexual, as 53 learners scored better in the post-test, 165 learners scored the same and 42 learners scored worse. A small increase of 4.2% in learners’ knowledge in this question is evident. Knowledge regarding the different types of abuse can assist learners to confidently identify abuse and to expose it in their families and communities.

The increase in the level of learners’ overall knowledge with regard to factor D is insignificant as the majority of learners showed a small or insignificant increase in knowledge. It is of utmost importance that the curriculum of the life skills program be reviewed to include a much broader definition of both rape and child abuse.

5.4.4 Factor H. Who is responsible for the rape/child abuse?

Table 13

<table>
<thead>
<tr>
<th>#</th>
<th>Questions</th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
<th>Effect</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4</td>
<td>The child (victim) is responsible for the abuse.</td>
<td>43</td>
<td>158</td>
<td>59</td>
<td>Small</td>
<td>-6.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16.5%</td>
<td>60.8%</td>
<td>22.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C22</td>
<td>Some girls ask to be raped by going to shebeens or being out at night.</td>
<td>45</td>
<td>182</td>
<td>33</td>
<td>Small</td>
<td>4.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17.3%</td>
<td>70.0%</td>
<td>12.7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 13 depicted the two questions of factor H, which focused on the person responsible for the rape or abuse. In question C4 there was a small decrease in the overall knowledge of the learners. In the post-test, 16.5% of the learners scored better than in the pre-test, 60.8% scored the same and 22.7% scored worse. It can be deduced from the effect of -6.2% that a small decrease in the learners’ knowledge is evident after the implementation of the life skills program. This is consistent with the misconception that children are seductive and therefore responsible for the abuse. However, children are sensual and their behaviours are often misinterpreted by adults as seductive (Childline, 2003).
There was a small increase for question C22 as 45 learners scored better in the post-test, 182 learners scored the same and 33 learners scored worse. A small increase of 4.6% in learners’ knowledge in this question is evident. Even if girls do go to shebeens or are out at night, by law they are not responsible for the rape. In South Africa the law states that a girl below 16 and a boy below 19 are not mature enough to make responsible decisions whether to have intercourse or not. Therefore parents and children can lay charges of statutory rape against the perpetrator even if the child consents to sexual intercourse (Heinemann, 2004).

The increase in the level of learners’ overall knowledge with regard to the person responsible for the abuse is small in both a positive and negative direction. It is important to emphasize to learners that the victim is never responsible for the abuse as learners seemed to be confuse after the implementation of the life skills program.

5.4.5 Factor O. Reporting the rape/abuse.

Table 14
Reporting the rape/abuse

<table>
<thead>
<tr>
<th>#</th>
<th>Questions</th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>C15</td>
<td>It is important to tell a teacher, doctor or the police if you are abused or raped.</td>
<td>9</td>
<td>231</td>
<td>20</td>
<td>- 4.2%</td>
</tr>
</tbody>
</table>

Factor O consists of one question, which states that it is important to report the abuse to a teacher, doctor or the police if you are abused or raped. A significant decrease in learners’ knowledge in the post-test is evident as 9 learners scored better, 231 scored the same and 20 learners scored worse. Table 14 gives the impression that learners were confused in the post-test in understanding the importance of reporting the abuse. However, literature reveals that if the perpetrator is an immediate family member and the prosecution leads to a jail sentence, which may have economic implications for the whole family, the abuse is often not reported (Richter, et al., 2004). Therefore learners may be confused
when they are taught at school to report the rape and abuse, and at home they are told not to speak out.

5.4.6 Factor U. Who is raped or abused?

Table 15

Who is raped or abused?

<table>
<thead>
<tr>
<th>#</th>
<th>Questions</th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
<th>Effect</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>C14</td>
<td>Both young girls and young boys get sexually abused.</td>
<td>39</td>
<td>174</td>
<td>47</td>
<td>Insignificant</td>
<td>-3.10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.0%</td>
<td>66.9%</td>
<td>18.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C16</td>
<td>It is okay to take gifts from strangers because they just want to be nice.</td>
<td>66</td>
<td>152</td>
<td>42</td>
<td>Small</td>
<td>9.20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25.4%</td>
<td>58.5%</td>
<td>16.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C21</td>
<td>Sexual abuse only happens to children who come from poor families and live in squatter camps or in the country.</td>
<td>52</td>
<td>170</td>
<td>38</td>
<td>Small</td>
<td>3.40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20.0%</td>
<td>65.4%</td>
<td>14.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C24</td>
<td>It is okay to have sex with someone if he pays for your food, clothes and schoolbooks.</td>
<td>45</td>
<td>179</td>
<td>36</td>
<td>Small</td>
<td>3.50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17.3%</td>
<td>68.8%</td>
<td>13.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C25</td>
<td>Only girls can be raped.</td>
<td>39</td>
<td>196</td>
<td>25</td>
<td>Small</td>
<td>5.40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.0%</td>
<td>75.4%</td>
<td>9.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Factor U focused on the victims of rape and abuse and included the five questions as depicted in table 15. In question C14 there was an insignificant decrease in the overall knowledge of the learners. In the post-test, 15% of the learners scored better than in the pre-test, 66.9% scored the same and 18.1% scored worse. It can be deduced from the effect of -3.1% that a small increase in the negative direction is evident, which shows a decrease in learners' knowledge in the post-test. Male rape is often a secret and seldom talked about. However male rape is common in prison environments and more prevalent than most people think. According to the Sexual Offences Act of 1957 men cannot be raped. Fortunately this act is in the process of being amended to accommodate male rape, which will help male victims of rape to expose and report their perpetrators.
In question C16 which states that it is okay to take gifts from strangers because they just want to be nice, there was a small increase in the overall knowledge of the learners. In the post-test, 25.4% of the learners scored better than in the pre-test, 58.5% scored the same and 16.2% scored worse. It can be deduced from the effect of 9.20% that a small increase in the learners’ knowledge is evident after the implementation of the life skills program.

There was a small increase for question C21 as 52 learners scored better in the post-test, 170 learners scored the same and 38 learners scored worse. A small increase of 3.4% in learners’ knowledge in this question is evident. It is clear that learners knew that sexual abuse happens to children in all socio-economic communities and it happens in both urban and rural environments (Childline, 2003).

In question C24 there was a small increase in learners’ knowledge as 17.3% learners scored better in the post-test, 68.8% scored the same and 13.8% scored worse. Learners knew that it was not okay to have sex with someone if he pays for your food, clothes and schoolbooks. This was identified by Van Niekerk (2002) as survival sex and seemed not prevalent in communities where learners stay. There was a small increase for question C25 as 39 learners scored better in the post-test, 196 learners scored the same and 25 learners scored worse. A small increase of 5.4% in learners’ knowledge in this question is evident. Although male rape seems to be a secret it was evident that learners knew that both boys and girls can be raped.

There was a significant increase in learners’ overall knowledge for factor U, which indicates that learners gained knowledge regarding the victims of rape and abuse through the life skills program.
Table 16 depicts the five questions of factor W, which focuses on the person responsible for the rape or abuse. In question C3 there was a small increase of 3.8% in the overall knowledge of the learners. In the post-test, 20% of the learners scored better than in the pre-test, 63.8% scored the same and 16.2% scored worse. A small increase of 3.8% in learners’ knowledge indicates that learners gained knowledge through the life skills program that strangers are not the only perpetrators of rape and child abuse.

There was a small increase for question 10 as 49 learners scored better in the post-test, 174 learners scored the same and 37 learners scored worse. A small increase of 4.6% in learners’ knowledge indicates that they gained knowledge through the life skills program that male perpetrators are in the vast majority when it comes to rape and child abuse (Childline, 2003).
In question 18 the increase in learners’ knowledge was insignificant as there was only a 1.5% difference between those who scored better and those who scored worse. It is important to educate learners that although women also abuse children they are not the main perpetrators of rape and child abuse. According to Wakefield and Underwager (1991) women have not been viewed as sexual perpetrators except in very unusual cases and maternal incest perpetrators are extremely rare.

In question nineteen there was a small decrease in the overall knowledge of the learners. In the post-test, 18.1% of the learners scored better than in the pre-test, 55.8% scored the same and 26.2% scored worse. It can be deduced from the effect of -8.1% that a small increase in the negative direction is evident, which shows a decrease in learners’ knowledge in the post-test. Learners have a misconception that only homosexuals abuse boys. As mentioned earlier this prejudice can cause discrimination against homosexuals and needs to be addressed in learners’ education regarding rape.

5.4.8 Factor Analysis of the Pre- and Post-Test

A factor analysis was administered to determine any differences within these categories, which made it possible to determine problem areas. A t-test for two dependent samples was run. The results are represented and discussed below in table 17.
Table 17

Factor Analysis (N=260)

<table>
<thead>
<tr>
<th>Factors</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>Stat.</th>
<th>p-Value</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effects of Abuse (A)</td>
<td>260</td>
<td>0.00</td>
<td>0.27</td>
<td>0.29</td>
<td>0.775</td>
<td>n.a</td>
</tr>
<tr>
<td>Rights of the child (B)</td>
<td>260</td>
<td>0.00</td>
<td>0.34</td>
<td>0.00</td>
<td>1.000</td>
<td>n.a</td>
</tr>
<tr>
<td>Definitions (D)</td>
<td>260</td>
<td>0.00</td>
<td>0.26</td>
<td>0.16</td>
<td>0.874</td>
<td>n.a</td>
</tr>
<tr>
<td>Who is responsible for the rape? (H)</td>
<td>260</td>
<td>-0.01</td>
<td>0.40</td>
<td>-0.31</td>
<td>0.758</td>
<td>n.a</td>
</tr>
<tr>
<td>Reporting the abuse (O)</td>
<td>260</td>
<td>-0.04</td>
<td>0.33</td>
<td>-2.06</td>
<td>0.041</td>
<td>Significant *</td>
</tr>
<tr>
<td>Who is raped/abused (U)</td>
<td>260</td>
<td>0.04</td>
<td>0.28</td>
<td>2.35</td>
<td>0.020</td>
<td>Significant *</td>
</tr>
<tr>
<td>Who abuses/rape? (W)</td>
<td>260</td>
<td>0.01</td>
<td>0.29</td>
<td>0.72</td>
<td>0.474</td>
<td>n.a</td>
</tr>
<tr>
<td>Overall - Section C</td>
<td>260</td>
<td>0.00</td>
<td>0.14</td>
<td>0.18</td>
<td>0.855</td>
<td>n.a</td>
</tr>
</tbody>
</table>

*Statistically significant at the 5% level

The mean provides a good estimation of an increase in knowledge and the higher the mean, the greater the possibility of increase in knowledge. The t-test was used to provide an accurate reflection. This provides a p-value, which determines if the results are statistically significant or not. The p-value must be less than 0.05 to be statistically significant. In this study two factors stood out as being significant, namely (O) reporting the abuse and (U) who is raped/abused?

In Factor O, reporting the abuse, the p-value (0.041) indicates that it is 95.9% sure that there was a significant increase in knowledge for grade 6 to 9 learners in the negative direction, which shows a decrease in learners’ knowledge in the post-test. The standard deviation (0.33) suggests the least variance for all the factors, supporting the p-value finding. It is concerning that learners did not gain knowledge regarding the importance to report the abuse. This is an important factor that needs to be re-addressed in the life skills program as it is a major factor in the prevention of rape and child abuse. Learners need education to assert some degree of control over what they allow adults to do to them and should be able to make their own choices at an early age. Learners should be
educated regarding what steps to take after being raped or abused and should know how to protect themselves (Childline, 2003).

Factor U, who is raped/abused?, has a mean of 0.04 suggesting that there was an increase in knowledge, the result is supported by the p-value (0.020), which indicates that the researcher can be 98% sure that there was a significant increase in knowledge for grade 6 – 9 learners. The fact that learners gained knowledge regarding the victims of abuse can be helpful in assisting schools and Ubuntu education fund to help victims to get the necessary individual assessment and treatment.

The above information indicates that the area most successful for knowledge increase were sections relating to general information on the victims of rape and child abuse (Who is raped/abused?). The problem area where knowledge actually decreased was that on reporting the rape/abuse. This is valuable information, which can assist Ubuntu in the review of the life-skills programme so that relevant changes can be made. A review of the questionnaire may be necessary, although the questionnaire was constructed from various reliable sources (Buhr, 2001, Diedericks, 2003, Elkonin, 1993, Goliath, 2001; Mati, 1996; Naidoo, 1994). The questionnaire was presented in English and Xhosa, but feedback from the fieldworkers indicated that learners still experienced difficulties in understanding various concepts and language.

5.4.9 Pre-Post-Test Factor Difference

Table 18

<table>
<thead>
<tr>
<th></th>
<th>Worse</th>
<th>Same</th>
<th>Better</th>
<th>Total</th>
<th>Effect %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section C</td>
<td>116</td>
<td>5</td>
<td>139</td>
<td>260</td>
<td>8.9%</td>
</tr>
<tr>
<td></td>
<td>44.6%</td>
<td>1.9%</td>
<td>53.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The results in table 18 indicate that 139 learners performed better in section C in the post-test than in the pre-test, 5 learners performed the same and 116 learners performed worse. An 8.9 % difference in pre- and post-test scores is evident, which is indicative of a slight increase in the learners’ level of knowledge regarding rape and child abuse. Although the results indicate that the learners did not acquire the expected knowledge of rape and child abuse it is worth noting the findings of the qualitative study of the focus groups.

In the qualitative study of the focus groups (Lambert in progress, 2004) with grade 8 and 9 learners’ perceptions regarding the life skills program of HIV/AIDS/STIs, rape and child abuse were evaluated. Lambert reported the following:

- that learners felt more comfortable to complete the questionnaire in the post-test than in the pre-test. Learners reported that they felt uncomfortable in the pre-test as they were not sure about the confidentiality of the process. Although confidentiality was explained and kept throughout the research process, learners responses indicate that the researcher has to provide consistent assurance to participants in a study that they are protected and that their information is confidential.

- that teaching methods utilized by the health educators were positive. Learners preferred health educators to teachers to teach them on topics such as rape and child abuse. Learners reported that health educators were approachable, patient, trustworthy and non-discriminatory. This is consistent with Gilligan (1998) who stated that schools should offer learners access to caring adults who can serve as instructors, confidants and positive role models and thus contribute toward effective education. A small percentage preferred that teachers teach them about the topics. Some learners felt uncomfortable to discuss sensitive issues with teachers. This may be due to the abuse that learners experience in South African schools (Richter et al., 2004).
that other health care professionals, such as counsellors, social workers and medical staff should also be involved in teaching the life skills program as they can provide professional services. This is congruent with findings of Higson-Smith (2002) that schools who link with other health care professionals, the police and NGO’s have lasting relationships and can draw from these resources (Richter et al., 2004).

that teachers and family members should be involved in teaching life skills. Gilligan (1998) stated that schools can build capacity in the community by raising awareness of sexual abuse among learners, parents and community members. This further implies that teachers need to be well equipped for the task of dealing with the needs and problems presented by the learners.

that peers should share information regarding these topics. Both HSRC research studies as discussed previously in this study found that learners first share information about abuse with siblings, cousins and friends, therefore caring for each other, needs to be encouraged in adolescents (Richter et al., 2004).

It can be deduced from these findings that learners were not comfortable to complete the questionnaire in the pre-test as they were not sure about the confidentiality of the study (Lambert in progress, 2004). Furthermore the findings indicate the importance of the roles that teachers, parents and health workers need to play at schools and suggest that these people need to be properly equipped and supported to fulfill this role. This highlights the need for a holistic approach in the provision of rape and child abuse education.

5.5 Conclusion

As noted earlier this study forms part of a larger project that includes issues of HIV/AIDS, STIs and rape and child abuse and the requested evaluation encompassed both the quantitative pretest-posttest assessment of knowledge plus a qualitative focus group assessment of perceptions of the content and presentation of the life skills program. The study was successful in its aim namely
to explore and describe the level of knowledge of a sample of grade six to nine learners on rape and child abuse prior to and after the application of a life skills program. Although the results indicate only a slight improvement in learners’ knowledge from the pre-test to the post-test the study can serve as a baseline for future research and assist in the refinement of the life skills program. Learners from the focus group perceived the life skills program to be relevant and were comfortable with the health educators and the teaching methods (Lambert in Progress, 2004).

Chapter 6 focuses on the conclusions drawn about this study, which are based on the results presented in this chapter. The limitations of the study are discussed and recommendations are made based on the major findings.
6.1 Research findings and conclusions

The findings of the present study have numerous implications for the outlook of the rape and child abuse problem in the Nelson Mandela Metropole, together with the life skills program. Discussions pertaining to the findings and future implications took place in the previous chapter; however they will now be briefly summarized.

The sample exhibited a slight increase in knowledge of rape and child abuse. Whilst this is a start, more is required in the way of appropriate education to increase the levels of knowledge of learners in both primary and secondary schools. Various domains of information provision such as schools, the media, NGOs, religious groups and parents can facilitate life skills programmes to create awareness in community regarding the abuse of children. More awareness and knowledge of rape, child abuse and children’s rights will result in healthy communities.

The area most successful for knowledge increase was sections relating to general information on the victims of rape and child abuse. Learners gained knowledge from the pre- to the post-test regarding who is raped or abused. The problem area where knowledge actually decreased was that on reporting the rape or abuse. This information can assist Ubuntu in the review of the life-skills programme so that relevant changes can be made.

Whilst knowledge provides a base on which to build rape and child abuse awareness and change in behaviour, it is not alone adequate to bring about change in behaviour. Changes in beliefs, such as increased awareness that rape and child abuse are prevalent in families and community, and attitude change are necessary to facilitate in the adoption of health-promoting behaviour.
Findings of the qualitative study (Lambert in progress, 2004) regarding the samples' perception of rape and child abuse education, indicate that future education efforts need to take learners thoughts into account. It makes sense that if the learners feel that the introduction of health educators into the Rape and Child Abuse life skills program at schools would be conducive to rape and child abuse prevention efforts, then those professionals should be utilized in educating the learners. The format of teaching should also take into account the preferred method of presentation, as indicated by the learners. This would facilitate optimal intake of information, which will hopefully lead to health-behaviour adoption, and a slowing down in the increase of rape and child abuse.

6.2 Evaluation of this study

The present study fulfilled its aim namely to explore and describe the level of knowledge of a sample of grade six to nine learners on rape and child abuse prior to and after the application of a life skills program. The nature of sampling procedure, namely convenience non-probability sampling is not representative of all the learners in the Nelson Mandela Metropole and cannot safely be generalized to the general population (Reaves, 1992). However, the findings can be generalized to all the learners in the ten schools that are part of the life skills program. The findings can also serve to form the basis for future evaluations of changes in knowledge, as this was the first study conducted by Ubuntu Education Fund to evaluate the effectiveness of the life skills program.

The findings were used for comparison with the post-test findings to ascertain the degree of success of the Life Skills Programme focusing on Rape and Child Abuse education for primary and senior school youth in the Kwa-Maxgaki and Kwa-zakhele areas in the Nelson Mandela Metropole.

Future researchers should take note of problems identified in the present study. Limiting factors were as follows:

- A lack of information from previous studies was experienced as this was the first study conducted by Ubuntu Education Fund to evaluate the
effectiveness of the life skills program on rape and child abuse. However the findings of this study can assist in future research studies of the life skills program.

- The questionnaire presented problems for the sample population. Despite alterations, the level of language was too complicated and learners had difficulties in understanding various concepts.

- Although confidentiality was explained and kept throughout the research process, participants’ responses indicate that they were not sure of the confidentiality of their responses (Lambert in progress, 2004). Although this was not a finding of the present study it serves to explain some of the findings.

- A drop-out percentage of 38.5%, which is a total of 163 learners, was evident.

Based on various limitations, the following is recommended:

- That concepts like confidentiality, are explained thoroughly to the participants in a study to assure them that they are protected and that their information is confidential.

- To train teachers about rape and child abuse and how to deal sensitively and confidentially with disclosure when and if they arise. Basic sex-education is a prerequisite for the prevention of sexual abuse (Richter et al., 2004)

- That the section on rape and child abuse, especially the importance of reporting rape or child abuse is emphasized in future implementation of rape and child abuse programmes.

- That a holistic approach in the provision of Rape and Child Abuse education where role players such as schools, communities and health workers are involved be implemented.

- That links be formed with the Department of Education to ensure that schools comply with existing child protection laws, policies and procedures.
• That learners be trained as peer counselors to care for each other and to link with teachers and educators from Ubuntu Education Fund to detect and support victims and perpetrators of rape and child abuse.

• That necessary change to the questionnaire as well as the life skills program needs to be made accordingly.

• That planning of the pre- and post-test dates for future studies is for the most optimal times.

Finally if the increase of rape and child abuse is to be reduced, it must be accepted and acted upon, that no more time can be wasted. Concerned parents, schools, communities and Non Governmental Organizations (NGOs) have to continue the fight against rape and child abuse. In the light of the latest statistics regarding rape and child abuse, the adolescents of the future need to receive comprehensive rape and child abuse education to prevent further abuse of innocent victims.
REFERENCES


Schellenbach (Eds.), *Violence against children in the family and the community* (141-170). Washington DC: APA.


Appendix A

IPHEPHA –MIBUZO nge-HIV/ne-AIDS, IZIFO ZOLALWANO
NOKUHLUKUNYEZWA NGOKWESINI
HIV/ AIDS, SEXUALLY TRANSMITTED DISEASES AND CHILD ABUSE AND
RAPE QUESTIONNAIRE

Siyabulela ngokuzinika ithuba lokuphendula le mibuzo ilandelayo. Limpendulo zakho zoba
yimfihlo kwaye zingayi kubhengezwa nakubani ngaphandle kwabo basebenza ngazo babe
nabo bengayikwenza ingxelo etyumba umntu ngamnye.

Thank you for taking the time to fill out this questionnaire. Your response will be kept
private and will not be shown to anyone.

Eliphepha-mibuzo linezigaba ezithathu, kumaphepha amahlanu kubandakanya eli
lingaphezulu. Nceda xelela utitshala xa kukho iphepha elingekhoyo.

The questionnaire consists of three sections and a total of five pages (including this one).
Please tell your teacher if you have any pages missing.

Icandelo A: INGXELO NGAWE

SECTION A: INFORMATION ABOUT YOURSELF

IMIYALELO: ZALISA IZHUBA NGOKUPHANELO LE MIBUZO INGEZANTSI

INSTRUCTIONS: FILL IN THE QUESTIONS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1) | Igama
Name | 4 |
| 2) | Ubudala
Age: | 6 |
| 3) | Isini:
Gender: | 7 |
| 4) | Isikolo:
School: | 9 |
| 5) | Ibanga:
Grade: | 10 |
ICANDELO B: LE MIBUZO ILANDELAYO INGE -HIV/AIDS, IZIFO EZOSULELA NGOLALWANO (STI’S).
SECTION B: THE FOLLOWING QUESTIONS ARE ABOUT HIV/ AIDS, SEXUALLY TRANSMITTED INFECTIONS (STI’S).

IMIYALELO: NCEDA NIKA IMPENDULO YAKHO NGOKWENZA UNONGXATHA (X) KWIBLOKO OCINGA UKUBA INIKA IMPENDULO EYIYO.
INSTRUCTIONS: PLEASE SHOW YOUR ANSWER BY MAKING A CROSS IN THE BLOCK YOU THINK IS RIGHT/ CORRECT.

<table>
<thead>
<tr>
<th></th>
<th>Coding</th>
</tr>
</thead>
</table>
| 1 | **Ngaba i AIDS yinto enye ne HIV?**
Is AIDS the same as HIV? | Ewe 1 Hayi 2 Not Sure 3 |
| 2 | **Ngaba lifumanekile ichiza lokunyanga I-AIDS?**
Is there a cure for AIDS? | Ewe hayi Not Sure |
| 3 | **Ngaba lifumanekile ichiza lokunyanga I HIV?**
Is there a cure for HIV? | Ewe hayi Not Sure |
| 4 | **Ngaba ucinga ukuba, ukuba umntu usebenzisa I-condom ngethuba lokwabelana ngesondo iyawanciphisa amathuba akhe okwesuleleka yi HIV?**
Do you think that if a person uses a condom during sex, his/her chances of getting HIV will be less? | Ewe hayi Not Sure |
| 5 | **Ngaba kulula na ukumbona umntu o-HIV positive nomntu o-HIV negative?**
Is it possible to see if someone is HIV positive or HIV negative just by looking at the person? | Ewe hayi Not Sure |
| 6 | **Funda ezizivakalisi zilandelayo ubonise ukuba ucinga ukuba umntu angayifumana na iHIV okanye i-AIDS ngenywe yezindlela zilandelayo:**
Read the following and show if you think that people can get HIV/ AIDS through the following: | |
| 6a | **Ngokuthi amadoda alalane kungasetyenziswa condom omnye wabo e-HIV positive**
From a man having unprotected (no condom) sex with a man when one of them is HIV positive | Ewe 1 Hayi 2 Not sure 3 |
| 6b | **Xa indoda nebhinqa besabelana ngesondo kungasetyenziswa condom omnye wabo e-HIV positive.**
When a man and woman have unprotected (no condom) sex when one of them is HIV positive. | Ewe hayi Not Sure |
| 6c | **Xa kumunya-munyanwa ngokuphuzana nokuphathaphatha kuthandwana, nomtu o-HIV positive**
Through unprotected oral sex with an HIV positive person. | Ewe hayi Not Sure |
| 6d | **Ngokuncamisana nomntu ngomlomo uvaliwe nomntu o- HIV positive.**
By lightly kissing with a closed mouth someone who is HIV positive. | Ewe hayi Not Sure |
<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Ewe</th>
<th>hayi</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>6e</td>
<td>Ngokuncamisana umlomo uvuliwe kufakwana ulwimi nomntu o-HIV positive (ngokwenjenjalo kuthshintshiselwane ngamathe) By ‘open mouth’ kissing someone who is HIV positive (if spit is exchanged).</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>6f</td>
<td>Ngokuthiwa igazi (Igazi lomnye umntu) onentsholongwane kagawulayo okanye nomntu o-HIV positive. From blood transfusions (getting someone else’s blood) with an HIV positive person.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>6g</td>
<td>Ngokwabelana ngeekomityi nezitya o- nomtu o-HIV positive By sharing cups and plates with an HIV positive person.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>6h</td>
<td>Ngokutyiwa zingcongconi neentakumba. From being bitten by mosquitoes and bedbugs.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>6i</td>
<td>Ngkwyamana nabantu nigudlane de nenzakalisane kwezemidlalo, njengakumboxo ne bhola ekhatywayo ngakumbi xa umntu atho wophwa kukwenzakala. Through physical contact sports like rugby and soccer when someone was bleeding from being hurt.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>6j</td>
<td>Xa unina wosana o-HIV Positive encacisa. If an HIV positive mother breast-feeds her baby.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>6k</td>
<td>Kwisichopho sendlu yangasese. From toilet seats.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>6l</td>
<td>Ngokwangana nokuthana nca nomntu o-HIV positive. Through hugging and being close to someone who is HIV positive.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>6m</td>
<td>Ngokudada kwquila elinye nomntu o-HIV positive. By swimming in a pool with an HIV positive person.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>6n</td>
<td>Ngokuba kwigumbi elinye nomntu o-HIV positive. From being in the same room as an HIV positive person.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>7</td>
<td>Abantu abosuleleke yil-HIV okanye I AIDS HIV/ AIDS ababalawa zizo, kodwa bafa zizifo ezinje ngeTB, umkhuhlane Njl.Njl. HIV/ AIDS infected people do not die from the virus that causes HIV/ AIDS but instead they die from other diseases such as tuberculosis (T.B.), Flu, etc.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>8</td>
<td>Uyabonakala umntu o-HIV positive none AIDS It is possible to see when a person has HIV/ AIDS</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>9</td>
<td>Ukuba uhamba rhoqo, veki zonke inkonzo, angekhe wosuleleke yi-HIV okanye l- AIDS. If you go to church every week, you will not get HIV/ AIDS.</td>
<td>Ewe hayi Not Sure</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Ngaba ucinga ukuba ungayifumana intsholongwane kagawulayo (HIV) okanye l AIDs xa unlala nabantu besini esinye nawe. Do you think that you will only get HIV/ AIDS if you are a homosexual?</td>
<td>Ewe hayi Not Sure</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Xa unesifo sephepha(TB) kiungalula ukusuleleka yintsholongwane kagawulayo. If you have Tuberculosis you will get HIV/ AIDS.</td>
<td>Ewe hayi Not Sure</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Ngaba iyanyangeka intsholongwane ka gawulayo okanye ugwulayo ngokwakhe uyanyangeka ngokuthi alale nentombi enyulu (virgin) okanye umntu ongazange abe namntwana? Is it possible to cure HIV/ AIDS by having sex with somebody who has never had sex before, or with a child?</td>
<td>Ewe hayi Not Sure</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Ukuba ubhityile, loo nto ayithethi ukuba unentsholongwane kagawulayo okanye ugwulayo uqobo.? If you are thin, does it mean that you have HIV/ AIDS?</td>
<td>Ewe hayi Not Sure</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Ukuba unesifo solalano esosulelayo ngaba kulula na ukungenwa yintsholongwane kagawulayo okanye ugwulayo ngokwakhe, loo nto ibangelwa bubuthathaka bomzimba?. If you already have a sexually transmitted infection, it is easier to get HIV because your body is already weaker.</td>
<td>Ewe hayi Not Sure</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Xa umntu enesifo esosulelayo solalano, udla ngokuba nomrawuzelane ngaphantsi ngakumbi ummandla ongqonge amalungu obuni. When a person has a sexually transmitted infection, they usually feel itchy around their private parts.</td>
<td>Ewe hayi Not Sure</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>limpawu eziqhelekileyo zezifo zolalano ezosulelayo kukuvuza ngaphantsi, zizilonda kumalungu obuni, imvakalelo etshisayo xa usiya ngasese naxa uchama. Common symptoms of sexually transmitted infections are discharge, sores and a burning feeling when you go to the toilet.</td>
<td>Ewe hayi Not Sure</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Eyona ndlela ikuphela kwayo ukunqanda ukwesuleleka kukungabelani ngesondo. The only way to prevent getting HIV/ AIDS is by not having sex.</td>
<td>Ewe hayi Not Sure</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Akungekhe ufunane ulwesuleleko kwizifo zolalano xa ungabelani ngesondo namntu. You can’t get a sexually transmitted infection if you do not have sex.</td>
<td>Ewe hayi Not Sure</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td>19</td>
<td>Ukuba umntu okucaphukelayo ukubekele ngeyeza, ze wena ulitsibe unakho na ukufumana uqawulayo. If someone who hates you puts muti on the ground and you walk over that muti, you will get HIV/ AIDS.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>20</td>
<td>Kulungile ukuba ungavavanyi uvavanyela intsholongwane kagawulayo okianye uqawulayo ngokwakhe. It is better not to be tested for HIV/ AIDS.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>21</td>
<td>Kulungile ukwazi ukuba unayo na intsholongwane kagawulayo okanye uqawulayo ngokwakhe. It is good to know that you have HIV/ AIDS so that you can look after yourself.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>22</td>
<td>Ukuba umntu uMntu unentsholongwane kagawulayo yaye amathuba okwesulela abanye maninzi kufuneka amxelele loomntu Abelana naye ukuba unalentsholongwane. If a person is HIV positive and there is a chance that they will infect someone else, they should then tell the person that they are HIV positive.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>23</td>
<td>Inakho ukwenzeka into yokuba unoZala (Umama) adlutisele isifo esosulelayo solalwano kumntwana? Is it possible for a mother to give her baby a sexually transmitted infection?</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>24</td>
<td>Ukuba umntu usuleleka sisifo solalwanaangakwazi Ukunyangeka kwagqirha okanye ekliniki. If a person gets a sexually transmitted infection, it can easily be treated by a doctor or the clinic.</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>25</td>
<td>Ucinga ukuba wena ungosuleleka yintsholongwane kagawulayo okanye uqawulayo ngokwakhe? Do you think that you may get HIV/ AIDS?</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>26</td>
<td>Ngaba kukho umntu umaziyo onentsholongwane kagawulayo? Do you know anybody who had/ has HIV?</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
<tr>
<td>27</td>
<td>Ngaba kukho umntu omaziyo onogawulayo? Do you know anybody who had/ has AIDS?</td>
<td>Ewe</td>
<td>hayi</td>
<td>Not Sure</td>
</tr>
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**ICANDELO C: UDLWENGULO NOHLUKUMEZO LWABANTWANA.**

**SECTION C: RAPE AND CHILD ABUSE**

**IMIYALELO: NCEDA BONISA IIMPENDULO NGOKUCHONGA IBHOKISI EYIYO INYANI OKANYE AKUNJALO.**

**INSTRUCTIONS: PLEASE SHOW YOUR ANSWER BY MARKING TRUE OR FALSE IN THE CORRECT/RIGHT BLOCK.**

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<tbody>
<tr>
<td>1</td>
<td>Uhlukumezo lwabantwana iwenzeke xa umtu omdala esebenzisa amandla akhe obudala ukunukuneza umntwana ngokwesinini okanye ukumvisa ubuhlungu. Child abuse is when adults use their power over children to hurt them.</td>
<td>Inyani 1</td>
<td>Akunjalo 2</td>
<td>Not Sure 3</td>
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<td>2</td>
<td>Ukuhlukunyezwa kwabantwana kuyingozi ngkuthi kwenzakalise enyameni nasemphefumleni kwimpilo yomntwana. Child abuse is dangerous to the physical and emotional health of children.</td>
<td>Inyani</td>
<td>Akunjalo</td>
<td>Not Sure</td>
</tr>
<tr>
<td>3</td>
<td>Umhlukumezi maxa onke usoloko engumntu ongaziwayo ngumntwana. The child abuser is always a stranger to the child</td>
<td>Inyani</td>
<td>Akunjalo</td>
<td>Not Sure</td>
</tr>
<tr>
<td>4</td>
<td>Umntwana (ixhoba) nguye unobangela wokuhlukunyezwa. The child (victim) is responsible for the abuse</td>
<td>Inyani</td>
<td>Akunjalo</td>
<td>Not Sure</td>
</tr>
<tr>
<td>5</td>
<td>Ukuba umzali wakho uyakohlwaya ngabana uyakuhlukumeza?. If your parent hits you when you are naughty it is abuse.</td>
<td>Inyani</td>
<td>Akunjalo</td>
<td>Not Sure</td>
</tr>
<tr>
<td>6</td>
<td>Ukuhlukunyezwa ngokwesini kuxa umntu omdala ezama ukwabelana ngesondo nomtwana. Sexual abuse is when a much older person tries to have sexual relations with a child.</td>
<td>Inyani</td>
<td>Akunjalo</td>
<td>Not Sure</td>
</tr>
<tr>
<td>7</td>
<td>Uhlukumezo olugqithisileyo lungabangela ukufa. Bad physical abuse can cause a child’s death.</td>
<td>Inyani</td>
<td>Akunjalo</td>
<td>Not Sure</td>
</tr>
<tr>
<td>8</td>
<td>Abantwana kufuneka bawazi amalungelo abo, umzekelo, ilungelo lokufumana isondlo ukufundiswa ukhuseleko kutywala, icuba kunye nezinye inindidi zeziyobisi. Children should know their human rights, example: the right to have food, to go to school, be protected from alcohol, cigarettes and drugs.</td>
<td>Inyani</td>
<td>Akunjalo</td>
<td>Not Sure</td>
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<td>9</td>
<td>9</td>
<td>Umntwana ohlukunyeziweyo uyanzihla imhlukumezi. The child who has been abused will always not like the person who has abused them.</td>
<td>Inyani</td>
<td>Akunjalo</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>Abona bahlukumezi bavamileyo ngabantu abangamadoda. The people who abuse children are mainly men.</td>
<td>Inyani</td>
<td>Akunjalo</td>
</tr>
<tr>
<td>11</td>
<td>11</td>
<td>Ukuhluqunyezwa ngokwasepumfumelweni kuxa abazali bengamnikin umntwana uuthando nokhuseleko aludingayo. Emotional abuse is when parents fail to love and protect their children.</td>
<td>Inyani</td>
<td>Akunjalo</td>
</tr>
<tr>
<td>12</td>
<td>12</td>
<td>Ukuhlukunyezwana kwabantwana kungaba semzimbeni, emphefumelweni okanye ukungxoliswa kanti kungakuko nokwesondo.</td>
<td>Inyani</td>
<td>Akunjalo</td>
</tr>
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<td>13</td>
<td>13</td>
<td>Abantu bakhosha nkoxukuya xa kuthethwa nabo bebezuwa ngokuhlukuyeywa ngokwesondo. Children usually lie about sexual abuse.</td>
<td>Inyani</td>
<td>Akunjalo</td>
</tr>
<tr>
<td>14</td>
<td>14</td>
<td>Amakhwenkwe namantombazana ahlukunyezwa ngokwesondo ngokungenamkhetha. Both young girls and young boys get sexually abused.</td>
<td>Inyani</td>
<td>Akunjalo</td>
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<tr>
<td>15</td>
<td>15</td>
<td>Kubalulekile ukuxelela utishala, uqgirha okanye ipolisa xa uhlukunyezwa naka ukuhlovukile. It is important to tell a teacher, doctor or the police if you are abused or raped.</td>
<td>Inyani</td>
<td>Akunjalo</td>
</tr>
<tr>
<td>16</td>
<td>16</td>
<td>Kulungile ukwamnkela izipho kubantu ongabaziyo kuba bafuna nje ukubonisa ububele. It is okay to take gifts from strangers because they just want to be nice.</td>
<td>Inyani</td>
<td>Akunjalo</td>
</tr>
<tr>
<td>17</td>
<td>17</td>
<td>Ukuhlukunyezwa kwabantwana kungaba semzimbeni, emphefumelweni okanye ukungxoliswa kanti kungakuko nokwesondo. Child abuse can be physical, emotional, verbal and sexual.</td>
<td>Inyani</td>
<td>Akunjalo</td>
</tr>
<tr>
<td>18</td>
<td>18</td>
<td>Oomama bayabahlukumeza abantu kwanje ngoba ootata besenza ntonje loo nto ayichazwa ngabo yenzeka kubo. Women abuse children as much as what men do, it is just not reported.</td>
<td>Inyani</td>
<td>Akunjalo</td>
</tr>
<tr>
<td>19</td>
<td>19</td>
<td>Asingabo bathandana besisini esiniye abahlukumeza amakhwenkwe. It is only homosexuals who abuse boys.</td>
<td>Inyani</td>
<td>Akunjalo</td>
</tr>
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<tr>
<td>20</td>
<td>Abantwana banelungelo lokuphathwa ngendlela enye bonke kakuhle, kungenamkhetha ngokwebala, buhlanga isini, lulwimi nankolo yakhe. Children have the right to be treated the same, no matter what their colour, race, gender, language or belief is.</td>
<td>Inyani</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Ukuhlukunyezwa ngokwesondo kwenzeka kuhlukunyezwa ngokwesondo kwenzeka kungabathwa kubantu abaphuma kwintsapho ezihlelelekhileyo ezihlala ematoyotyombeni okanye emaphandleni. Sexual abuse only happens to children who come from poor families and live in squatter camps or in the country.</td>
<td>Inyani</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Amanyae amantombazana ayazifunela azibizele ukudlwengulwa ngokuya kwitsetiso zentselo okanye babephandle ngobusuku. Some girls ask to be raped by going to shebeens or being out at night.</td>
<td>Inyani</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Intomazana ayinakho ukudlwengulwa yinkwenkwe encuma nayo kuba bayathandana yaye inelungelo. A girl cannot be raped by her boyfriend because she is going out with him and he has the right to have sex with her.</td>
<td>Inyani</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Kulungile ukwabelana ngwesondo nomnyu xa ekuhlawulela ukutywa kwakho, iimpahla kwakunye neencwadi. It is okay to have sex with someone if he pays for your food, clothes and schoolbooks.</td>
<td>Inyani</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Ngamantombizwa odwa angadlwengulwayo. Only girls can be raped.</td>
<td>Inyani</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Abantwana banelungelo lokuthi hayi xa becelwa isondo, nokuba loo mntu uyititsala yakho, umnthuzeli wakho nomzombululwe weengxaki (counselor) umzalwana enkonzweni Njl.Njl. Children have the right to say no to sex even if the person is your teacher, counselor, church worker, etc.</td>
<td>Inyani</td>
<td>76</td>
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</tr>
</tbody>
</table>
Appendix B

Dear Parents

The Health and Development Research Institute and Psychology Department at the University of Port Elizabeth are currently evaluating the Life skills Programme presented by Ubuntu Education to Grade 6, 7, 8, and 9 learners in schools. Your child has been chosen to participate in this study along with other learners at the school. To assist us with our evaluation, we require of learners to complete a questionnaire in the beginning of 2004 and repeat this towards the middle of the year to test their knowledge, attitudes and perceptions on issues such as HIV and AIDS, rape and child abuse. We can give you the assurance that we treat all the information provided to us as highly confidential and your child will therefore not be identified or linked to his or her answers.

The school that your child attends has granted permission for the children to take part in the evaluation programme, provided that you are in agreement. The first questionnaire will be administered in May 2004 during school hours.

If you give permission for your child to participate, please sign the form provided below and return to your child’s school as soon as possible. Should you require additional information, please contact Francois Potgieter (504 2344) or Di Elkonin (504 2916) or alternatively your child’s school principal.

Thank you
Yours sincerely

FE Potgieter
Acting director

SCHOOL NAME: ____________________________________________

I hereby grant permission for my child, _____________________________________
(name and surname) to be tested by the Psychology students for research purposes.

PARENT’S NAME: ___________________________ Signature: ______________

Date: ________ / _________ / 2004