

UNIVERSITY OF CAPE COAST

DISCLOSING CHILD SEXUAL ABUSE IN THE ABLEKUMA CENTRAL
SUB METROPOLIS OF THE GREATER ACCRA REGION OF GHANA

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BY

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DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this University or elsewhere.

Candidate's Signature:..... Date:.....

Name: Sylvia Amoabea Aboagye

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on Supervision of dissertation laid down by the University of Cape Coast.

Supervisor's Signature..... Date.....

Name: Rev. Prof. J. K. Essuman

ABSTRACT

Child sexual abuse, a very disturbing problem in the society is on the increase in the Ghanaian society; hence the child is not protected by those he/she trusts. The research aims at delving through the types of child sexual abuse, the causes and the effect of child sexual abuse. It also aimed at looking for what motivates disclosure, patterns of disclosure and what prevents disclosure.

The study was limited to 70 respondents. The target population for the study comprised sexually abused children, parents of sexually abused children and in- school guidance coordinators. The samples consist of 30 sexually abused children, 30 parents of sexually abused children and 10 in-school guidance coordinators. Purposive sampling technique was used to select respondents. Questionnaire and interview was used to collect data for the study. Data collected was edited, coded and analysed using Statistical Package for Service Solution (SPSS). The result was presented in frequencies and their corresponding percentages while others were presented in narrative form.

The results obtained show that many children do not disclose and for the few who disclosed, disclosure was mainly delayed. The researcher found out that child sexual abuse has become a scary situation to children, however disclosing their ordeal has become very difficult .Such children are deprived of trust, affection as well as security. The study recommended that children should be well informed on the forms of abuse to enable them differentiate between what is an abuse and what is not an abuse.

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DEDICATION

To my dear mum, Mrs. Juliana Agyeibea Addu

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CHAPTER ONE

INTRODUCTION

Background to the study

Child sexual abuse is not new in contemporary society. “Sexual abuse of children throughout history is a reality. Cultures from all over the world are affected by this phenomenon for as long as people can remember”, Conte (1991, p. 4). However it remains a pressing social concern. It constitutes a social menace, a deep cancer threatening the fabric of the society. Berko (1999) posits that rape and sexual abuse are beastly instincts that have been with humanity since the dawn of time.

According to Bromberg and Johnson (2001, p. 343) “child sexual abuse is a deliberate misuse of power over a child by an adult or an adolescent to gain sexual gratification”. The abuser power may come from being older, bigger or more sophisticated, or from being in a position of trust or authority over the child. Sex offenders physically come in all sizes, shapes, colours, and may be a relation or live next door. In terms of education, it may range from a professor with PhD, “half baked” or not been to school at all. In terms of employment, it may be professionals of any category: teachers, labourers, businessmen etc. Glaser and Frosh (1988) were of the opinion that on the social ladder, it may be a wealthy class of men to the pauper. As regards religion, the priest, choirmaster or

common church member may be involved. On marital status both married and unmarried may be involved.

According to Sackey (1999) the perpetrators cut across society: They include the well to do and the ordinary man on the street. They include drug abusers, alcoholics, welders, carpenters, security agents, cripples, teachers, architects, engineers, pastors, houseboys, drivers, co-tenants, friends of families, and so on. The writer further states that male students lure their female counterparts into their rooms under the guise of entertaining them. In most cases, the men turned out to be persons the victims never suspected could treat them that way. Some of the perpetrators were very close family friends and family members. There is no trust of any individual as far as sexual immorality is concerned. It is a worldwide problem which results in significant harm to children of all ages. Like the rest of the world, Ghanaian society has a problem with sexual abuse of children. To create an impression of the extent of sexual abuse of children, it is necessary to look at the present information as well incidence of child sexual abuse, and to have a short review of sexual abuse of children in the past.

These are some of the screaming headlines that appear so often in our newspapers today: An eight year old class three pupil of Patdorama School in Kumasi died as a result of stomach complications she developed after being allegedly raped through the anus and vagina by a 16 year old boy on December, 15, 2009. Nana Osei on three different occasions, gave her a bluish looking liquid to drink which instantly sent her to sleep, but would wake up from a deep

slumber with ointments spread all over her anus area. Attaa further claimed that Nana Osei had warned her not to disclose the issue to anyone, not even her mother, or else he would not allow her into his house to play with his little sister. Nana Osei was arraigned and remanded by the Kumasi Metropolitan Assembly Court after Attaa died, (Daily Guide, 2009).

Ocloo (2009) reported a case at Kpone where a 45 year old Togolese, Mawuli Amegadzie, a mason by profession is alleged to have defiled two children aged eight and eleven. According to the Tema Regional Coordinator of DOVVSU, ASP Rebecca Nyamah, the suspect on a number of occasions, lured the victims to his residence under the pretext of providing them with candies and dolls. He engaged them sexually by sucking their genitals after stripping them naked.

“A 42 year old Nigerian trader, Seidu Adu, who allegedly defiled a 10 year old girl, was dragged before the Accra Circuit Court. The accused lives at Abossey Okai while the victim also lives with her grandmother. The victim and her brother were sent on the 28th and 29th October, 2009, and were called by the accused. He sent the brother home and had sexual intercourse with the victim. He repeated the act again the next day. On 1st November, 2009, he sent the brother to call the girl but met the grandmother and uncle who interrogated him”, (Oppong-Nyarko, 2009).

Agyekum-Gyasi (2010) reported that the Kumasi Circuit Court has sentenced an 18 year old footballer, Augustine Appiah to a 20 year jail term for defilement on the 15th December, 2009. He forcibly had sex with the victim on

the floor in her father's room during his absence. The victim reported to her father and he in turn reported to DOVVSU. He alleged that the girl was his girl friend. Chief Inspector Comfort Baffuor Kyei, said both victim and the convict lived very close to each other.

A music teacher of Great Lamptey Mills Institute, Gideon Nana Offei Dodoo, 26, has been arrested by the police for allegedly defiling a 9 year old pupil of the school. The suspect defiled the girl in November but warned her not to tell anyone about it or else she would die. Chief Inspector Bossoh said the girl claimed Dodoo would usually ask her to wait for everyone to leave or when the school was quiet. The child's mother reported to the Tesano Divisional Police commander on the 19th March, 2010. School authorities wanted to settle her to keep the matter silent, (Salia, 2010).

Yamoah (2010) reported that a farmer Kwame Apaah defiled an eight year old girl at Agona Swedru has been sentenced to an 11 year jail term. Apaah met the girl from a visit to the toilet on 14th January.2010. He told her he admired her beads on the waist, and told her to follow him to his friend's house to collect money. When he found his friend was asleep he took the girl to an uncompleted building and defiled her. He was caught by children who had gone to play in the building. The children reported to Madam Agyeiwa who later reported to the police.

Donkor (2010) reported an ordeal of a 10 year old class five pupil who was allegedly defiled at Achimota by a man who escaped after the act was shocking and horrifying. The girl bled profusely and defecated on the floor as a result of

the sexual assault on her. The girl narrating her story on the 25th January, 2010 said she was sent, and on her way back home, she met the suspect who said he was looking for somebody. The innocent girl not knowing the person in question suggested that her parents may be of help to him. While they were walking towards home, the man branched to a nearby house, where nobody was around, and called the girl to come and look at something. When the girl got there he drew a knife and told her that he was going to rape her and warned her that he would kill her if she resisted. He covered her mouth, tied her hands, pinned her down, and defiled her.

United Nations report estimated that 150 million girls and 73 million boys under 18 years of age experienced forced sexual intercourse or other forms of sexual violence. The report notes: “This is certainly an underestimate. A review of students of 21 countries suggested that in some places as many as 36% of women and 29% of men had been subjected to some form of sexual victimization in childhood,” (Awake 2007, p.6). Child sexual abuse is one of the few crimes that consistently incites public outrage and draws media attention. It is a crime that knows no boundaries. It affects both boys and girls and occurs in all cultures and societies. In addition it is not limited to one particular setting. It takes place both within family units and outside the home. Organisations that work with children and young people such as schools and youth organizations are especially vulnerable. According to Watson (1984), there are several things that make children especially vulnerable to sexual abuse. Traditionally, children are taught to respect and obey elders and other adults. In addition children are dependent on

adults for many things including love, affection, food and other basic needs. According to Sorenson and Snow (1991) children are warned to stay away from dangerous strangers from an early age. However, statistics prove that strangers are not where primary suspicion should lie.

The Domestic Violence Victims and Supported Unit's (DOVVSU) statistics in 2010 from the greater Accra office of the Ghana Police Service indicate that sexual offence cases recorded by the unit increased from 4,904 in 2008 to 5709 in 2009. The rate of sexual abuse has been difficult to determine for various reasons due to its sensitive nature coupled with shame and guilt experienced by victims (Sawyer, Pettingel, Lara & Magel, 2003). Janseen (1984) contended that there may be at least 10 times as many cases that go unreported.

A study on child sexual abuse in schools by Plan Ghana (2009) by the child research resource centre revealed that 70% of child sexual abuse victims do not tell anyone about the incident because they feel they can handle it (21%), they want it (13%), they are afraid of being stigmatized (10%) and they do not want to betray a friend (8%).

Sexual abuse against children can be considered one of the most atrocious acts that a human being can inflict upon another person. The only person that totally understands the real impact of this phenomenon is the victim himself/herself. It is often difficult to determine whether this form of abuse has occurred, as sexual abuse often occurs in privacy, away from potential eye witnesses (Chetty, 2006).

Sex offenders typically seek to make the victim feel as though he or she caused the offender to act inappropriately and convince the child that they are the guilt party. As a result children often have great difficulty sorting out who is responsible for these abuses and frequently blamed themselves for what happened. In the end, fears of retribution and abandonment, and feelings of complicity, embarrassment, guilt and shame all conspire to silence children and inhibit their disclosures of abuse (Pipe & Goodman, 1991).

A child's self disclosure of sexual abuse is a critical component in initiating intervention to halt abuse, address its immediate effects, and decrease the likelihood of negative long-term outcome. The process by which perpetrators gain and maintain their victims' compliance and silence frequently places the child in the role of co-conspirator acting to conceal their own abuse (Furniss, 1991).

The importance of a child's self disclosure of sexual abuse extends beyond the individual child and his or her family. Sexual offenders commit many more crimes against children than those for which they have been investigated and or convicted, (Elliott, Browne & Kilcoyne, 1995). A child's self disclosure of abuse may lead to identification of an offender who poses a threat to other children, resulting in therapeutic and legal interventions to prevent and halt the sexual victimisation of others.

Children often fail to report because of the fear that disclosure of the crime will bring consequences even worse than being victimised again. The survivor may fear being penalised by the family, feel guilty for consequences to the perpetrator, and may fear subsequent retaliatory actions from the perpetrator.

With victims of sexual abuse the inability to trust is pronounced, which also contributes to secrecy and non-disclosure, (Courtois & Watts, 1982).

According to Johnson (1987); Tsai and Wagner (1978), it has become an open secret that many of our school children have found the home, the school as well as the community in which they live an unsafe place to be because of the experiences of sexual abuse. The dreams of these children have been suffocated and they have to battle for survival rather than academic achievement. The extent of the problem cannot be underestimated since most cases are not reported.

Bolen (2001) found that a restricted definition of child sexual abuse and the disclosure rates of sexual abuse of children, results in discrepancies in incidence rates between official surveys and unofficial sources. Unofficial sources rate the incidence of child sexual abuse higher than official sources. This tendency is found in Ghana as well. The awareness of the issue has become more evident as a result of exposure in the print and electronic media and increased involvement of a number of agencies. If the trauma of child sexual abuse is not resolved, it will affect the development of attitudes toward self, sexuality and trusting relationships during later years.

Statement of the Problem

When disclosure continuous to be a problem for young victims, then fear, suffering and psychological distress will, like the secret, remain with the victim. There is therefore the need to identify the perception of disclosure of child sexual abuse and factors that delay or lead to non disclosure of abuse in the Ablekuma Central Sub metro. Allagia (2004) states that many childhood sexual abuse

victims do not purposefully disclose before adulthood, suggesting that many children endure prolonged victimisation or do not receive necessary therapeutic intervention.

Disclosure as a process is an understudied area and even less is known about dynamics that impede or promote disclosure. Prevalence of child sexual abuse and timely interventions for victims has been difficult to execute because of the pervasive tendency towards non-disclosure by victims. The number of victims who never reveal their secret or who wait many years to do so is very high. This is regrettable because the longer they wait to reveal their abuse, the harder and more enduring the consequences will be. Although these crimes are on the increase, victims of child sexual abuse are reluctant to disclose the assault for a variety of reasons, some of which this study is going to investigate.

Purpose of the Study

The purpose of the study is to have an in-depth understanding of the problem of disclosure of child sexual abuse in basic schools in the Ablekuma Central Sub metropolis in Accra.

Specific objectives of the research are to identify:

1. The types of child sexual abuse.
2. The causes of child sexual abuse.
3. The effects of child sexual abuse.
4. What motivates children who are victims to disclose sexual abuse.
5. Patterns of disclosure
6. Why victims of sexual abuse do not disclose.

Research Questions

1. What are the types of child sexual abuse in Ablekuma Central Sub metropolis in Accra?
2. What are the causes of child sexual abuse in Ablekuma Central Sub metropolis in Accra?
3. What are the effects of child sexual abuse in Ablekuma Central Sub metropolis in Accra?
4. What motivates children to disclose sexual abuse in Ablekuma Central Sub metropolis Accra?
5. What are the patterns of disclosure in Ablekuma Central Sub metropolis in Accra?
6. What prevents children from disclosing sexual abuse in Ablekuma Central Sub metropolis in Accra?

Significance of the Study

The study will highlight the problem of disclosure of child sexual abuse in schools in the Ablekuma Central Sub metro. This study will be particularly important to educational researchers and teachers in fostering the development of children. It will serve as a source of reference for those who are interested in this field of study. Again it will help draw the attention of stakeholders for the need to establish effective counselling and other support services in schools to address issues of child sexual abuse. In effect, it will enhance services rendered by the Police, Lawyers, Child Right Agencies, and Counsellors in schools with regard to sexual abuse.

Again the study will go a long way to liberate children from their prisons of secrecy and pain, since an environment will be created to facilitate disclosures and provide appropriate response in schools.

Delimitation of the Study

The focus of this study was mainly to identify the factors that motivate and inhibit disclosure of child sexual abuse by Junior High School students of Ablekuma Central Sub metropolis of the greater Accra Region of Ghana. These factors can be highlighted by finding out the types, causes, and effects of child sexual abuse, what motivates disclosure, patterns of disclosure and what prevents disclosure through the use of questionnaire and interview to collect data.

Limitations of the study

The target population for the study was 1896 respondents. A sample of seventy (70) participants was relatively small. This sample size of respondents might impede the generalising of the findings to all the sexually abused children in the Ablekuma Central Sub metropolis

Definition of Terms

For the purpose of this study the key concepts are defined as follows:

- | | |
|-----------------------------|---|
| “Abuse” | Any behaviour that infringes on the right of others to intentionally cause pain. |
| “Child sexual abuse” | Involving children in sexual activities that they do not truly understand and to which they do not fully consent. |

“Victim”	Child who is abused sexually.
“Perpetrator”	The person who sexually abuse the victim.
“Disclosure”	Making secret or new information known.

Organisation of the Rest of the Study

Chapter two discusses relevant literature on child sexual abuse disclosure. The literature is organised under the following major headings and their sub headings. The theoretical framework includes: defining child sexual abuse, theories on child sexual abuse and theories on disclosure of child sexual abuse as sub headings. The empirical framework includes types, causes and effects of child sexual abuse. It also includes what motivates victims to disclose child sexual abuse, patterns of disclosure, and what prevents children from disclosing child sexual abuse.

Chapter three deals with methodology of the study relating to research design, population of the study, sample and sampling procedure, instruments for the study, method of data collecting and method of data analysis. Chapter four focuses on the results and discussions of the findings. The fifth and last chapter deals with the summary, conclusions drawn, recommendations made and suggestions for future research.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

Child sexual abuse is largely a silent and witness – free crime, often leading to no physical sign and actively hidden by perpetrators. These features of sexual abuse make its detection very difficult, with increasing importance placed on the victim’s disclosure of abuse for investigative and treatment purposes. Children who have been sexually abused often do not tell others due to various obstacles. Yet despite these obstacles some children do come forward taking the brave step to reveal their victimisation. The study seeks an in-depth understanding of the problem of disclosure of child sexual abuse in Ablekuma Central Sub Metropolis. This chapter deals with literature related to child sexual abuse .These are discussed below.

Theoretical Framework

1. Defining child sexual abuse
2. Theories on child sexual abuse
3. Theories on disclosure of child sexual abuse

Definitions of Child Sexual Abuse

According to Johnson (2008) the definition of child sexual abuse varies among people and institutions. World Health Organisation (2001) defined child

sexual abuse as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by the activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.

According to Faller (1993) child sexual abuse can be defined from legal and clinical perspectives. There is considerable overlap between these two types of definitions. Child protection definition involves the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct. It involves the simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children. Criminal definitions involve the age of the child. Crimes against younger children are regarded as worse depending on the level of force, and the relationship between victim and offender. An act against a relative or household member is considered more serious. The type of sexual act, especially acts of penetration receive longer sentences.

Clinical definitions involves whether the encounter has a traumatic impact on the child. Traumatic impact is generally affected by the meaning of the act(s) to the child, which may change as the child progresses through developmental stages. In most states, the legal definition of child molestation is an act of a

person—adult or child—who forces, coerces or threatens a child to have any form of sexual contact or to engage in any type of sexual activity at the perpetrator’s direction.

Besharov (1994) defined sexual abuse as only sexual intercourse. But he noted that all offences that involve sexually touching a child, as well as non-touching offenses and sexual exploitation, are just as harmful and devastating to a child’s well-being. Munro (2000) defines Child sexual abuse as any form of sexual activity with a child by an adult, or by another child where there is no consent or consent is not possible; or by another child who has power over the child. By this definition, it is possible for a child to be sexually abused by another child who is younger than they are.

Kliegman, Behrman, Jenson and Stanton (2007) defined child sexual abuse as the deliberate exposure of minor children to sexual activity. This means a child is forced or talked into sex or sexual activities by another person.

According to Trocme and Wolfe (2001) sexual abuse can be defined in two ways, non-contact and contact. The non-contact sexual abuse involves children forced to watch sexual acts, forced to listen to sexual talk, including comments, tapes, and obscene phone calls. It also includes children forced to watch sexually explicit material such as videos, DVDs, magazines and photographs. Children are also forced to look at sexual parts of the body like the buttocks, anus and, genital area such as vulva, vagina, penis, scrotum and breasts. The contact definition involves children being touched and fondled in sexual areas, including kissing, forcing a child or youth to touch another person's sexual

areas. Contact also involves forced oral sex. Oral sex is when the mouth comes in contact with the penis, the vagina or the anus. Many children believe that oral sex is "talking dirty" and forced intercourse can be vaginal, anal or oral penetration. Penetration can be with body parts and/or objects (the most common body parts used are the fingers, tongue and penis).

From these definitions, it could be concluded that child sexual abuse may be defined as any physical or non – physical contact between a child and another person. The contact could be of a sexual nature, and where the exploitation implies an inequality of power between the child and the abuser on the basis of age, physical size and /or the nature of the emotional relationship.

Theories on Child Sexual Abuse

The majority of therapists and researchers believe that the tendency to sexually assault children begins with a predictable circumstance or pattern of behaviour called a "trigger." There can be one or more triggers for adults who sexually abuse children. Children of a particular sex, age, or stage of development can be "triggers" for child abusers. Certain situations can cause the perpetrators pattern of abusing. The crime may take place in circumstances where the perpetrator knows they will have uninterrupted access to a child.

Mathew's model of the sexual offence cycle outlines steps typically taken by an individual that commits a child sexual assault. These steps do not apply to all offenders in all cases. Mathew's model proposes that sexually abusing a child occurs due to some reasons. There are a number of excuses or rationalizations made for the decision that makes it possible to molest a child.

The first step of Mathew's cycle is fantasies about power and control, deviant sexual thoughts and feelings. This is where the abuse pattern begins. This stage is defined by the offender possessing overwhelming feelings of anger, powerlessness, despair, or depression. The abuser chooses to act on these feelings in a harmful manner instead of taking a responsible approach.

The second step of the model is the abuser making the decision to offend. The offender decides to molest children. Most offenders deny that their actions caused the victim harm as well as suggesting that they did not mean to cause harm. Some offenders excuse the abuse and claim it was accidental and that they got carried away playing with the victim. However, Mathew emphasises that it is the perpetrator who decides not to stop their harmful actions. Some offenders blame addiction to alcohol and drugs for their illegal behaviour. Even if this were true, the offender is still admitting that they have behaviour problems that are in need of help. Despite rationalisations and excuses, the offender still made the decision to offend.

The third step for the abuser is overcoming his personal obstacles. A person who decides to molest children crosses the boundaries of privacy and respect of the child. The person also breaks social taboos society has against sexual interaction between adults and children. In order to cross these boundaries, rationalisations and excuses are used to get past feelings of guilt. The offender may convince themselves that the actions they are planning will not harm the child. The adult offender neglects responsibility for the care and safety of children.

The fourth step according to the Mathew's model is the abuser planning the offence. At this stage, the offender finds a victim and plans how to get him/her alone to commit the offence. It takes a lot of effort, thought and planning to commit these offences. Some child abusers "groom" their victims over a long period of time. The offender acts as the child's friend, by giving them lots of attention and buying them gifts. Children do not typically see through these gestures until they are asked to do something that is distressing to them. Even if the child realises the abnormality of the perpetrators actions, they may be too afraid and confused to protest. A child may also fear losing the offenders attention. Other child molesters do not use "grooming" techniques; instead they force sexual activity on a child quickly.

The fifth step is committing the offence. After the perpetrator has committed their offence, they may experience a brief period where their arousal or stress is reduced; these feelings usually only last a short period of time. Most adult offenders begin to feel guilty and ashamed of their actions or they deny they committed the offence or minimise their responsibility.

The sixth step is the abuser's denial and minimisation. These are natural reactions the offender has towards their crime and are damaging because it slows and prevents the rehabilitation process. Other techniques that the perpetrator uses to deny or minimise their behaviour is through thinking. Thinking errors are similar to rationalisations and excuses which make it possible to molest children. These thoughts help the offender to ignore the child's feelings, get past the victims resistance and convince themselves that the child is partially to blame because

they did not protest. This typically involves blaming the child victim for their own abuse.

The seventh step is that the abuser feels ashamed and guilty. The offender may experience negative feelings about their actions and this may cause them to become depressed. Mathews found that adults who molest children are most likely to have fantasies about children when they are harbouring feelings of stress, anxiety, or depression.

The last step of Mathew's cycle of abuse model is false promises. Typically the offender will make false promises to themselves that they will never do this again. These false promises only help the offender deal with their feelings at that particular moment. False promises do not make the offender realise what causes them to molest children. It is important to emphasise that adults who molest children will not and do not stop offending simply because they feel bad. As soon as the offender is placed in another stressful situation or comes in contact with one of their triggers, they are likely to commit another offence.

A study conducted by Harley supports Mathew's model. Harley found that all of the offenders interviewed in the study described their motives for sexually abusing children as self-serving. These participants were incestuous child molesters and assumed the role of a parental figure to their victims. These offenders were able to set aside their parental duties in order to pursue their own gratification. Examining high recidivism rates of child sexual offenders demonstrates the significance of protecting the victim as well as other potential victims.

Harley's findings suggest that there is an early onset of paraphilic fantasy or behaviour, usually beginning in adolescence, although it varies within the group of child molesters (as cited in Abel, Osborn, & Twigg, 1993). This suggests that a proportion of child abusers are engaging in acts of sexual violence against children almost two decades before an authority agency detects the abusive behaviour.

Kliegman et al (2007) believe that child sexual abuse occurs in all social and economic classes of people. It has the same type of risk factors as physical child abuse including: Alcohol and drug abuse, family troubles and poverty.

Abusers often have a history of physical or sexual abuse themselves. There are a multitude of negative effects suffered by a victim of child sexual assault. Many adults' survivors of child sexual abuse develop addiction problems with alcohol and drugs. Some adult victims become interested in sexual behaviour that is harmful to themselves and others or completely lose interest in sex. Other adult victims develop physical illnesses and suffer life-long bouts of depression and mental illness. However, some adults who were abused as children go on to lead happy and productive lives. Protection of children from this harmful crime and its lifelong negative effects must be a primary goal. A small group of repeated abusers have the psychiatric, and with children.

Models of the Disclosure Process of Child Sexual Abuse

A review of the child sexual abuse literature reviewed stage -based models of disclosure, social exchange model and social cognitive model of disclosure. The child sexual abuse Accommodation Syndrome (Summit, 1983) has been

widely recognised among these models. The syndrome has facilitated serious consideration by professional of children's allegations of sexual abuse by illuminating obstacles to disclosure.

The first component of summit syndrome is secrecy. In majority of cases, sexual abuse occurs only when the child is alone with the offending adult. Secrecy inherently conveys to the child that the abuse is something bad that dangerous. Perpetrators foretell that disclosure will result in dire outcomes. The message imparted to the child is "maintain a lie to keep the secret is the ultimate virtue, while telling the truth would be the greatest sin" (Summit 1983, p. 185).

The second component of the syndrome is helplessness. This highlights the expectation of others that children will self-protect and immediately disclose, ignoring the basic subordination and helplessness of children within authoritarian relationships. They are expected to be obedient, even affectionate, with adults responsible for their care.

The third component is the entrapment and accommodation. When faced with a situation in which the child feels helpless, the only healthy alternative available is to learn to accommodate the sexual abuse. Children accommodate by means of assuming personal responsibility for the abused, adopting the distorted beliefs of the perpetrators, dissociating and suppressing or repressing memories of the abuse.

The fourth component of summits syndrome is most victims of ongoing abuse never disclose their victimisation, when they do delayed disclosure is the

norm. The delayed and conflicted manner in which victims disclose casts doubt on their credibility.

The final component is retraction. During the aftermath of disclosure the child's anticipated fears regarding disclosure often become reality. Faced with others, disbelief, lack of support and the upheaval following disclosure, the child may retract the allegation of abuse in an attempt to undo the damage and restore equilibrium.

Social exchange model of disclosure offered by Leonard (1996) is an interesting analysis of the child's sexual abuse accommodation syndrome by Summit (1983). Leonard's exchange theories are based on the guiding premise that individuals pursue those social relationships and interactions in which, based on perceptions of rewards and costs, they get the best payoffs or the greatest rewards for the least cost. Applying principles of cost and rewards to each of the five components of the child sexual abuse of accommodations syndrome, Leonard attempts to demonstrate that each component reflects the least unprofitable of the limited options child victims perceive are available.

He extends this theory to perpetrators and members of the victim's family. His application of exchange theory to one component of the child sexual abuse Accommodation Syndrome (i.e., entrapment and accommodation) is offered to illustrate subjection to repeated sexual abuse without intervention. For the child to reduce the distress, an individual can restore psychological equity. This can be achieved by distorting reality. The perpetrator convinces the child that being good means being available and compliant.

Bussey and Grimbeek (1995) proposed the social cognitive model. The Model posits that there are four socio-cognitive determinants of disclosure: attention retention; production; and motivation. Disclosure may be inhibited when children have not paid sufficient attention to the event (attention processes), they are unable to remember it in sufficient details (retentions), they are unable to adequately communicate about the event (production processes) or they are unwilling to report it (motivation processes). However with increased cognitive abilities and social experiences, children become more aware of the costs and benefit of disclosure.

Empirical Framework

Types of Child Sexual Abuse

According to Trocme and Wolfe (2001) adult exposing genitals to a child accounted for 6% of substantiated child sexually abuse cases. Touching and fondling of children's genitals was the most common form of substantiated abuse cases, accounting for 69% of the cases. Attempted and completed intercourse accounted for 25% of substantiated abuse case.

Kliegman et al (2007) found that such abuse includes oral sex, pornography, sexual intercourse and touching (fondling). Medem (2001) found that child sexual abuse could include a number of acts, including but not limited to: Sexual touching of any part of the body, clothed or unclothed; Penetrative sex, including penetration of the mouth; Encouraging a child to engage in sexual activity, including masturbation; Intentionally engaging in sexual activity in front

of a child; Showing children pornography, or using children to create pornography and Encouraging a child to engage in prostitution.

Faller (1993) also found that types of sexual abuse could be seen in two ways namely touching and non-touching. Touching sexual offenses include: Making a child touch an adult's sexual organs; and penetrating a child's vagina or anus no matter how slight with a penis or any object that doesn't have a valid medical purpose. Non-touching sexual offenses include: Engaging in indecent exposure or exhibitionism; Exposing children to pornographic material; deliberately exposing a child to the act of sexual intercourse; and Masturbating in front of a child. Sexual exploitation can include: Engaging a child or soliciting a child for the purposes of prostitution; and using a child to film, photograph or model pornography.

Munro (2000) observed that sexual abuse includes, but is not limited to, showing a child pornographic materials, placing the child's hand on another person's genitals, touching a child's genitals, and/or penetration of any orifice of a child's body (mouth, vagina, anus) with a penis, finger, or an object of any sort. Penetration does not have to occur for it to be sexual abuse.

Finkelhor and Ormrod (2001) found that sexual abuse could be of three types, namely; sexual assault, sexual exploitation and sexual grooming. Sexual assault, involves offenses in which an adult touches a minor for the purpose of sexual gratification. For example, rape (including sodomy), and sexual penetration with an object. Sexual involves offenses in which an adult victimises a minor for advancement, sexual gratification, or profit. For example, prostituting

a child and creating or trafficking in child pornography. Sexual grooming involves the social conduct of a potential child sex offender who seeks to make a minor more accepting of their advances. For example, this can happen on the internet.

Causes of Child Sexual Abuse

Child Sexual Abuse is a product of a disturbed society, which is characterised by various factors. It has led to the development of an anti-child culture that dominates contemporary society and has resulted in an inadequacy to protect the most vulnerable of groups. Researchers have identified various specific factors that may contribute to the sexual victimisation of children.

Disability

A study by Browning and Boatman (1977) revealed that more than half of children with disabilities are victims of child sexual abuse. Sullivan and Knutson (2000) also found that sexual abuse of children with education-related disabilities such as visual, hearing, speech/language, health impairment, mental retardation, learning or physical disability and behaviour disorder occurred at a significantly higher rate than children without disability.

Irresponsible parenthood

Another revelation in Forward's (1989) study is that alcoholic families are many times more likely to be abused. When there is an unresolved family boundary, the boundaries are not clearly defined and enforced. The roles of parents and children become unclear and intermingled. In addition, children in these families are not protected by the adults. While adults are coping with their

own problems, these children do not have much guardianship. Therefore others in close proximity such as baby-sitters, relatives, among others who are prone to abuse can identify these children as easy victims.

Obedience to authority

According to Watson (1984) there several things that makes children especially vulnerable to sexual abuse. Traditionally, children are taught to respect and obey elders and other adults. In addition children are dependent on adults for many things, including love, affection, food and other basic needs. In most instances, parents and educators teach children from a young age to beware of “stranger danger” (Meyer & Kotse, 1994). Unfortunately the danger is often posed by a trusted loved one, to whom the child shows loyalty.

Poverty

Townseed and Dawes (2007) argued that unemployment as a social problem causes a certain degree of stress and anxiety in the parent because they are unable to meet the needs of the family. This often results in the lack of basic needs such as adequate housing, clothing, food, running water, electricity and education. Many children who are faced with a home life lacking in basic necessities are vulnerable to being abused.

Broken home

It has been found that children from incomplete families or broken homes are generally more vulnerable to being abused than children from more stable home environments, where both parents are present (Richter, Dawes & Higson-Smith, 2007). Children raised in incomplete families generally because have more

freedom to do as they wish because of the lack of parental control. Such children are at high risk of abuse because they are vulnerable to advances made by undesirable adults. They are often also emotionally neglected and feel that the attention of the perpetrator fills a void in their lives. In homes where there is very little or no parental control and supervision, children may move to the streets and shopping malls searching for something to do.

Lack of knowledge or ignorance

A number of researchers have revealed that sex education was greatly desired by adolescents. For instance Chireh, Dornyo, Abugre and Yeboah (2006) and Adjei, Baafi & Agbanyo (2006) found that sex education is the second dominant need of adolescent. Gilbert (1988) was of the view that young victims may not recognise their victimization as sexual abuse. They may think the abuse is a normal practice because of their age or they are not well informed about it.

Effects of Child Sexual Abuse

There is an overwhelming amount of empirical evidence to indicate that child sexual abuse has a profound impact on the life of the victims, as a result of their experiences and the memories of these experiences (Spies, 2006). Spies further states that the information taken in, processed and internalised by an abused child has an enormous effect on the child's life specifically imparting on his behavioural patterns. Childhood sexual abuse has far reaching consequences on the individual's life and the effects are seen on multiple levels. Child sexual abuse constitutes a growing problem with social, psychological, academic, and health implications.

Social effect

Interpersonal problems such as fear of intimacy and closeness and the loss of trust is one of the most significant results of sexual trauma which results in social withdrawal (Hughes 2002). The child feels betrayed that a trusted person upon whom he/she depends has inflicted harm. Children may further, during or after abuse, come to realize that they have been manipulated through lies or misinterpretations about proper standard of behaviours. The abused child may feel betrayed by family members who failed to protect or believe the child and treated them differently after disclosing of abuse (Spies, 2006).

The young child has been violated physically, emotionally, sexually and his trust has been betrayed. This difficulty for the child lies in understanding why the person supposed to protect and care for him is the very one who is the source of the victims confusion and fear (De Witt, 2009; Matlin, 2000).

Academic Effect

Child sexual abuse has profound impact on the ability of the child to concentrate at school. Poor academic performance is common amongst children who are being abused (De Witt, 2009; Kapoor, 2007; Louw, 2000). Difficulties with academic performance and behaviour experienced by sexually abused children may impact negatively on future educational attempts and eventually hamper the development of the necessary life skills, including self discipline and the ability to sustain effective work roles. The victim experiences poor concentration and deterioration of academic performance.

Psychological Effect

Psychologically according to Kendall-Tackett, Williams and Finkelhor (1993) the impact of child sexual abuse varies from child to child. Some victims of child sexual abuse appear relatively unscathed, demonstrating a symptomatic or healthy functioning while others had more symptoms like anxiety fear, depression poor self esteem and mental illness. Self blame often accompanies feelings that contribute to low self esteem and this tends to influence other areas of the person's life world. Feelings of low self-esteem appear to be fairly common amongst survivors as they tend to feel unworthy, guilty, at risk of more abuse and helpless. It has been suggested that survivors of child sexual abuse experience feelings of confusion concerning sexuality.

A study by Klonsky and Moyer (2008) on 45 cases revealed that adults who were sexually abused when they were children did not carry the experience with them. That is, they were not self injured in their adulthood as a result of their childhood ordeal. However, the findings of Paine's and Hansen's (2002) study disagreed with that of Klonsky and Moyer that take people back to the past, bringing the hurt into the present.

Sexual effect

Paine and Hansen (2002) further stated that sexual abuse can cause someone to disregard their own humanity and perform sexual acts in a much more promiscuous way than they would otherwise. Or it can cause someone to dissociate during sexuality, which means they really do not have the chance to enjoy their sexual experience. The child may for instance give distorted

importance to certain parts of the body and developing misconceptions about sexual behaviour and norms. The victims may then associate sexual activity with certain negative feelings or confuses sex with love and affection.

Behavioural consequences might include sexual preoccupations, precocious or aggressive sexual behaviour and promiscuity. Sexually abused children exhibit inappropriate and unusual sexual behaviour such as increased sexual curiosity simulated sexual act with siblings and friends and premature sexual knowledge from an early age.

Physical Health Consequences

Children who are sexually abused are at elevated risk for physical health problems. Sexual abuse that involves penetration can result in several immediate injuries such as genital trauma and pregnancy among pubertal females (Childline South Africa, 1983). Ongoing effects may include genital abnormality and sexually transmitted disease (Kibel & Wagstaff 2001). Sexual abuse that involves penetration can result in severally immediately injuries such as genital trauma and pregnancy among pubertal females.

What Motivates Victims to Disclose Child Sexual Abuse

Sexually abused children's ability and willingness to report their victimisation plays a critical role in legal and therapeutic intervention.

Support

Forward (1989) also disclosed that a lot of sexually abused children will disclose their ordeal, when they see that those who can report the case for intervention are available. Children's cognitive appraisal of others' tolerance of

disclosure of child sexual abuse and their own perceptions of responsibility for the abuse, are crucial to the decision to disclose. Children are more likely to reveal sexual abuse when talking to someone who appears to 'already know' and is not judgmental, critical or threatening.

Fear offender will come again

Goodman-Brown, Edelstein and Goodman (2003) are of the view that children often report the sexual abuse out of concern for others, such as fear that a sibling will fall victim of the same abuse. Allagia (2004) argued that purposeful disclosure occurs when a child intentionally tells someone about the abuse, perhaps with the aim of stopping it. Forward (1989) posit that thirty percent will disclose when it is to protect another child.

Physical pain/Pregnancy

Forward (1989) further indicated that 75% also tend to disclose when they believe continuation of the abuse will be unbearable, that is when they are physically injured; or they receive sexual abuse prevention information. About two thirds will disclose when it is to protect another child or if pregnancy is a threat.

Patterns of Disclosure

Disclosure of sexual abuse is a process with definable phases and characteristic and not as a single event. An understanding of how and under what circumstances a child discloses sexual abuse is critical. These include accidental and purposeful disclosures.

Accidental Disclosure

Sorenson and Snow (1991) stated that accidental disclosure is revealed by chance rather than a deliberate effort on the victims' part. However purposeful disclosure is when a child decides to tell an outsider. When a child or adolescent makes a disclosure about abuse, it is often accidental. Accidental disclosures can result from the questioning of a child who is known to have been exposed to an alleged or convicted child sex offender. Again it could occur as a result of exhibition by a child with excessively sexualized behaviour learned from the abusive incident. A sexually inappropriate statement made by a child as well as disclosure by a friend who has been told of the abuse in confidence is also a form of accidental disclosure. Allagia (2004) argued that accidental disclosure refers to situations when the abuse is found out by someone else through observation or through medical examination.

Purposeful Disclosure

Sorenson and Snow (1991) purported that purposeful disclosure that occur most often among adolescents are those consciously made by children to others, and are less common than accidental disclosures. Deliberate disclosures are as a result of participation in an educational awareness programme, and the influence of peers. Deliberate disclosure is also made due to proximity to the perpetrator which increases the child's anxiety to disclose.

Furthermore anger at the perpetrator enhances deliberate disclosure. Allagia (2004) argued that purposeful disclosure occurs when a child intentionally tells someone about the abuse, perhaps with the aim of stopping it.

What Prevents Victims from Disclosing Child Sexual Abuse

Children contemplating the decision to disclose their sexual victimisation encounter many significant fears and concerns. Due to the covert nature of Child sexual abuse, this ominous decision is borne by victims alone.

Threats

An important factor that may inhibit Children's willingness to reveal abuse may be their fear for negative consequences for themselves and family (Sauzier, 1989), specifically when they are yielding to request for secrecy, (Carstens & Fouche, 2006), or due to threats posed to them. It is confirmed by Goodman Brown et al (2003) during their study "that children will often weigh the consequences of their actions for themselves and others prior to disclosing threats from parents". Perpetrators often ask, bribe and or threaten victims to keep the abuse secret, (Berliner & Conte, 1990). Personal threats to the victim may include threats of physical harm, punishment, and withdrawal of physical materials or privileges.

Stigmatisation

A study by Toukmanian and Brouwers (1998) disclosed that majority of the sexually abused children of families of high values will be hesitant to disclose their abuse due to heightened concerns regarding the negative impact their disclosure will bring upon their family.. They further indicated that majority, about 60% of sexually abused children wait to report because of the shame or guilty feelings sexual abuse causes. Victims may be embarrassed or reluctant to answer questions about the sexual activity Majority (73%) of sexually abused

children who are involved in cultural attitudes toward purity–virginity and/or stigmatization of those sexually victimized greatly compound disclosure (Muntarhorn,1996).

Childs perception of responsibility

Normally children feel embarrassed and ashamed to disclose their involvement in a taboo topic namely sex with an adult. Hershkowitz, Orbach, Lamb, Sternberg and Horowitz (2006) confirms “that older children assume responsibility or blame themselves for the happenings”, thinking they could have escaped or ended the abuse (Goodman-Brown et al, 2003). The dynamics of the abusive relationship and the insidious nature of grooming process may lead victims to perceive themselves as willing participants in a “relationship” with the offender. Children were hesitant to break their promise to keep the abuse a secret, Bussey and Richard (1990), reported in Bussey and Grimbeck (1995).

Non Supportive Disclosure

Non-supportive disclosure in child sexual abuse occurs when a confidant fails to take appropriate protective action, does not believe the child’s account and, or blames the child for the abuse (Collings, Griffiths & Kumalo, 2005). Courtois and Watts (1982) observed that the absence of parents, guardians and people to trust makes sexually abused children able to disclose. People of trust will comfort the victims and report the cases for intervention.

Many child victims fear they will not be believed or helped. Many children are reluctant to disclose their victimization for fear they would be blamed or judged negatively by others, (Berliner & Conte, 1995). Many child sexual

abused victims have reported they developed or refrained from disclosing their abuse because they feared they would not be believed (Furniss, 1991; Summit 1983).

Disabilities

Saywitz, Nathanson and Snyder (1993) study indicated that children with disabilities are likely to encounter special problems disclosing their abuse. These impediments may include physical and social isolation related to their disability, impaired ability to communicate, and increased dependency and vulnerability. In addition to the difficulties they may experience communicating their abuse to others, the disclosures of disabled children especially those with cognitive impairments are less likely to be viewed as credible.

Gender

Research suggests that boys are more hesitant and unlikely to disclose than girls. The trend may increase with age, as adolescent boys have been observed to be least likely to report their sexual victimization (Hecht & Hansen, 1999).

Faller (1993) noted that boys' reluctance to disclose emanates from the fact that boys are socialized not to reveal doubts, weaknesses, and fears, and the fact that, since most of the abusers are male, boys have the additional taboo of homosexuality to overcome if they tell. Additionally, boys sexually abused by females are faced with societal norms that endorse and even glorify "older woman/young boy" sexual relationships and fantasies (Hecht & Hansen, 1999) Studies have yielded mixed findings on the relationship between the gender of a

victim and disclosure of sexual abuse. A few studies have found gender and disclosure to be unrelated. However, a variety of research suggests that under reporting is a significant problem among boys (Violato & Genius, 1993).

Lack of knowledge

Gilbert (1988) was of the view that young victims may not recognize their victimization as sexual abuse. They may think the abuse is a normal practice because of their age or they are not well informed about it. Paine and Hansen (2002) also identified that lack of knowledge and familiarity with community support contributed to non-disclosure.

Summary of Review of Related Literature

The theoretical review focused on the definition of child sexual abuse and Mathew's model of sexual offence cycle. It also highlighted the model of the disclosure process of child sexual abuse. The empirical review covered types of child sexual abuse, causes of child sexual abuse and effects of child sexual abuse. Besides the chapter looked at what motivates victims to disclose child sexual abuse, patterns of disclosing child sexual abuse and what prevents children from disclosing child sexual abuse.

CHAPTER THREE

METHODOLOGY

The chapter describes the procedures followed in carrying out the study. In order to investigate child sexual abuse disclosure, the following headlines are used in this chapter: research design, population of the study, sample and sampling procedure, method of data collection and method of data analysis.

Research Design

According to Mouton (2001) a research design is like a route planner. It is a set of guidelines, instructions on how to reach the goal that the researcher has set and how he or she intends to conduct the research. It can be seen as a detailed plan, white print or strategy by which data is collected and analyzed, questions are answered or hypotheses are tested. Babbie (2001) holds that the term research design basically has two connotations namely alternative logical arrangements to be selected and the act of designing the study in the broadest sense.

The research design adopted for this study is descriptive survey design. Mouton (1996) states that the survey is used to collect original data for describing a population too large to observe directly. Best and Kahn (1995) indicated that the process of descriptive study goes beyond mere collection and tabulation of factual data. To them, it is concerned with conditions and relationships that exist, opinions that are evident or trends that are developing. It is basically concerned

with the present, although it often considers past events and influences as they relate to current conditions.

A descriptive survey was selected because it provides an accurate portrayal or account of the characteristics, for example behaviour, opinions, abilities, beliefs and knowledge of a particular individual, situation or group. This design offers a natural unchanged environment to the subject and collects a large amount of data for detailed study. The design was chosen to meet the objectives of the study namely to determine factor's that impede or promote child sexual abuse disclosure.

Nevertheless, the survey methods have some weaknesses. Seifert and Hoffriung (1991) maintained that there is the difficulty of ensuring that the questions to be answered using descriptive survey design are clear and not misleading. Getting a sufficient number of questionnaires completed and returned so that meaningful analysis can be made is another weakness of the descriptive survey. Despite the weaknesses of the descriptive survey it was the appropriate design which will enable the researcher to obtain meaningful conclusions.

Population

A population is any group that is the subject of interest. According to Strydom (2005) the population is the totality of persons, events, organization units, case records and other sampling units with which the research problem is concerned. The research was conducted in the Ablekuma Central Sub metro of Accra Metropolis in the Greater Accra Region. The accessible population from which the sample was drawn consists of children aged between (12 – 17) years

who have been sexually abused in upper primary and junior high schools in the sub metro, all parents of abused children, and all in-school guidance coordinators in the four circuits of sub-metropolis located at Mataheko, Abossey Okai, Mamprobi and Lartebiokorshie.

Sample and Sampling Procedure

Samples are subjects of a population. The sample for the study comprised of seventy (70) respondents. The sample was limited to thirty (30) children who have been sexually abused, thirty (30) parents of the sexually abused children and ten (10) in-school guidance coordinators of the schools in which children were selected. The researcher employed a combination of probability and non-probability sampling techniques. The non-probability techniques employed was purposive sampling. Lewis and Sheppard (2006) stated that purposive sampling is an informant selection tool. It is the deliberate choice of an informant due to the qualities the informant possesses. Simply put the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge and experience. Another sampling technique used was the snowball sampling, which according to Kumar (2005) is a process of selecting a sample using networks. To start with a few individuals are selected and the required information is collected from them. They then go back to identify other people who become part of the sample until the required number is reached.

The sampling allowed the researcher to select sexually abused children as a result of their experiences. Children were identified after schools in the Ablekuma Central sub metropolis had been briefed on the types, causes and effects

of child sexual abuse and how to protect themselves. Consequently, some victims disclosed themselves, whilst others were reported by friends, teachers and parents. Parents of sexually abused children were selected because they may know a lot of what happened. In-school guidance coordinators were also selected as respondents because they were well informed on child sexual abuse. The probability sampling technique used as part of this study is the simple random sampling method. Using this method as the name implies, all individuals in the population had equal chance of selection. First of all the schools of each circuit were put in a bowl and shuffled separately. A friend of the researcher was asked to pick two schools from each circuit. This was done until all ten (10) schools were chosen. Ten sexually abused children were picked from each circuit with the help of the in-school guidance coordinators. In all thirty (30) parents were selected, and these were parents of the sexually abused children picked from the schools. The ten (10) in-school guidance coordinators selected came from each of the ten schools selected.

**Table 1: Sample of Children, Parents and In-school Guidance Coordinators
for the Study**

Name of school	Children	Parent	In-school Guidance Coordinators
New Abossey Okai '2' JHS	3	3	1
Abossey Okai Ang.Basic	3	3	1
West '2'/ Cann 'B' Basic	3	3	1
Abossey Okai 'A' Basic	3	3	1
Ebenezer AME Basic	3	3	1
Ihyeedeen Isl. Basic	3	3	1
Larterbiokorshie '4' Basic	3	3	1
Sempe '4' Basic School	3	3	1
Sempe'3' Basic School	3	3	1
Salvation Army 'A' Basic	3	3	1
Total	30	30	10

Instrument(s)

The instruments used to collect data for the study are questionnaire and interview. The development of the research instruments were based on the research questions for the study. Questionnaire was conducted for the in-school coordinators. Interview schedules were also designed for sexually abused children and their parents.

The questionnaire and interview schedule had six sections. Section A dealt with biographical characteristics of respondents , Section B, examined the types of child sexual abuse, Section C looked at the causes of child sexual abuse, Section D investigated the effects of child sexual abuse, and Section E looked at why children will disclose child sexual abuse and the patterns of disclosure. Section F viewed what would prevent children from disclosing.

The questionnaire and interview schedules were pilot tested on 10 people consisting of 4 parents, 4 children and 2 in-school coordinators who were not part of the sample for the main study. The purpose of pilot testing was to remove ambiguous items from the questionnaire and interview schedules. Pilot testing of the questionnaire and interview schedules helped to unearth the validity and reliability of the questions in measuring what it was intended for. For example, some of the items were reconstructed to be accompanied by multiple choices to enable respondents to answer the question objectively. The reconstruction of the items in the questionnaire was also intended to make the items very simple for the respondents to understand so that they could provide the appropriate responses.

Furthermore, to enhance the validity of the instruments my supervisor scrutinised them to ensure that items asked could elicit the information needed.

Data Collection Procedure

The researcher had an introductory letter from the Department of Educational Foundations of the University of Cape Coast. This letter was sent to the Officer-in-charge of Ablekuma Central sub metro Education Office. This letter helped to establish the researcher's identity and sought for cooperation of all

the heads and the respondents concern. The researcher was allowed by the heads of the schools to collect the data. The questionnaire was personally distributed by the researcher to in-school coordinators to complete. The participants were clearly informed that the purpose of the study was to investigate the problem of disclosure of child abuse in basic schools and that their responses would be totally anonymous and treated with confidentiality. Formal informed consent was sought. Children who had been sexually abused and their parents were interviewed using the interview schedules. The data was collected over a period of one month. The children and parents were interviewed separately by the researcher in an isolated area to ensure openness during the interviews.

Data Analysis

Data collected was edited, coded and analysed using Statistical Package for Service Solution (SPSS). The result was presented in frequencies and their corresponding percentages while others were presented in narrative form.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter is on the presentation and analysis of data collected from the ten basic school as well as ten in- school guidance coordinators, 30 sexual abused children, and 30 parents of sexually abused children. The data was presented and analyzed using tables that indicated the frequencies and their corresponding percentages, graphs and pie charts.

Biographic Data

Table 2: Age Distribution of Parents and In- School Guidance Coordinators and Children

Age(years)	Children		Parents		In-school Guidance coordinator	
	Freq	%	Freq	%	Freq	%
10-19	30	100	-	-	-	-
20-29	-	-	1	3.3	-	-
30-39	-	-	8	26.7	3	30
40-49	-	-	15	50.0	5	50
50-59	-	-	4	13.3	2	20
60 +	-	-	2	6.7	-	-
Total	30	100	30	100	10	100

Table 2 shows the age distribution of parents and in-school guidance coordinators and children. It shows that 50% of parents and 50% of in-school guidance coordinators are in the age bracket of 40-49, and 26.7% of parents and 30% of in-school guidance coordinators are in the age bracket of 30-39. All the children representing 100% are in the age bracket 10-19. The table also indicates that 3.3% of parents are in the least age bracket, namely 20-29 years.

Table 3: The Sex of Children, Parents and In-School guidance Coordinators

Sex	Children		Parents		In-school Guidance coordinator	
	Freq	%	Freq	%	Freq	%
Male	9	30	10	33.3	2	20
Female	21	70	20	66.7	8	80
Total	30	100	30	100	10	100

Table 3 shows that 70% of abused children are females, while 30% are males. It also depicts that 66.7% of interviewed parents are females and 33.3% are males, while 80% of responding in-school guidance coordinators are females and 20% are males.

Table 4: The Occupation of Parents

Occupation	Frequencies	%
Trader	10	33.3
Hairdresser	5	16.5
Driver	4	13.3
Seamstress	4	13.3
Policeman	3	10.0
Caterer	2	6.7
Nurse	1	3.3
Teacher	1	3.3
Total	30	100.0

Table 4 shows that 33.3% of parents which constitute the majority are traders, while 16.7% of them are hairdressers .The table also depicts 3.3% of parents as being in nursing. The predominant occupation of parents is shown to be trading, and the least, nursing and teaching.

Table 5: The Marital Status of Parents and In-school Guidance Coordinators

Marital status	Parents		In-school guidance coordinators	
	Freq.	%	Freq.	%
Married	14	46.6	5	50
Single	6	20.0	4	40
Separated	5	16.7	1	10
Divorced	5	16.7	0	0
Total	30	100.0	10	100

Majority of parents and in-school guidance coordinators indicated that they were married representing 46.6% and 50% respectively, while 16.7% and 0% represented divorced respondents. The table depicts that 53.4% represents parents from unstable homes. This confirms Richter, Dawes and Higson-Smith (2007); Meyer and Kotze's (1994) findings that children from incomplete families or broken homes are generally more vulnerable to being abused than children from more stable home environments, where both parents are present.

Table 6: Children’s Responses on their Relationship with Parents and In-School Guidance Coordinators

Type of Relationship	With Parents		With In-school guidance coordinators	
	Freq.	%	Freq.	%
Not at all friendly	4	13.3	0	0
Not Friendly	6	20.0	1	10
Somehow friendly	5	16.7	2	20
Friendly	8	26.7	4	40
Very Friendly	7	23.3	3	30
Total	30	100.0	10	100

Table 6 depicts relationships between children and parents as well as in-school guidance coordinators. The data show that 90% of in-school guidance coordinators are friendly and 10% are not friendly, while 66.75% parents are friendly and 33.3% are not friendly. The results disagree with the myth that families in which abuse occur show little or no love and affection. De Witt (2009) and Van Nickerk (2006), disproving this myth argued that in many cases of sexual abuse either one or both of the parents are unaware that the abuse is taking place. Parents tend to blame themselves for not protecting their children when the abuse is eventually disclosed.

Research Question 1

What are the types of Sexual Abuse Experienced by Respondents?

Table 7: Responses of Children, Parents and In-school Coordinators on the Types of Sexual Abuse that Victims have Experienced

Types of Sexual Abuse	Children		Parents		In-school Guidance coordinator	
	Freq	%	Freq	%	Freq	%
Touching the child's body	3	10.0	4	13.3	1	10.0
Kissing child sexually	1	3.3	1	3.3	-	-
Attempt to arouse child sexually	2	6.7	2	6.7	2	20.0
Rubbing genital against child's body	1	3.3	-	-	-	-
Touching child's genital	3	10.0	3	10.0	1	10.0
Having child touch adults genitals	1	3.3	1	3.3	-	-
Using other instruments or fingers to penetrate child's anus or vagina	3	10.0	2	6.8	2	20.0
Vagina intercourse	5	16.7	6	23.3	3	30.0
Anal intercourse	4	13.3	7	20.0	-	-
Exposing to pornography	6	23.3	4	13.3	1	10.0
Total	30	100	30	100	10	100

Table 7 shows the type of abuse experienced. Children indicated exposed to pornographic material 23.3%, vaginal intercourse 16.7%, anal intercourse 13.3%, and the least being kissing child sexually, the child touch adult's genitals and rubbing genitals against child's body 3.3%.

Parents interviewed indicated vaginal intercourse 23.3%, anal intercourse 20%, touching the child's body 13.3%, using other instruments or fingers to penetrate child's anus and vagina 6.7% and the least being having touch adult's genitals and kissing child sexually 3.3% .

Responding in-school guidance coordinators on the other hand indicated vaginal intercourse 30%, using other instruments or fingers to penetrate child's anus and vagina 20%, and exposing children to pornographic materials 10%. The findings depicts that a larger number of victims were abused through contact.

Table 8: The Responses of Children, Parents and In-School Guidance Coordinators on Category of Abuser

Abuser	Children		Parents		In-school guidance Coordinators	
	Freq	%	Freq	%	Freq	%
Strangers	2	6.7	4	13.3	-	-
Uncles	2	6.7	1	3.3	-	-
Father	-	-	1	3.3	-	-
Classmate	3	10.0	4	13.3	2	20
Teacher	-	-	5	16.7	1	10
Neighbours	10	33.3	10	33.3	2	20
Cousin	1	3.3	2	6.7	-	-
Guardians son	2	6.7	-	-	3	30
Family friend	1	3.3	-	-	1	10
Guardian	-	-	3	10.0	1	10
Total	30	100.0	30	100.0	10	100

In Table 8 the study further revealed that victims indicated that 93.3% of perpetrators are people that children know and 6.7% are strangers. Parents interviewed also observed that 86.7% are known to victims and strangers 13.3%. According to In School Guidance Coordinators, apart from uncles and father the abusers are all people the victims know some of whom they trust.

According to the observation of Sorenson and Snow (1991) children are warned at early age to stay away from dangerous strangers. The finding of this

study however suggests that children at early age should be warned more against neighbours than against strangers. Killian and Brakarsh (2007) supports the fact that parents, teachers and other adults in the child's life warn the child against 'stranger danger' without realising that this provides the perfect cover for any sexual offender in the immediate neighbourhood and family.

Summit (1983) indicated that a child is three times more likely to be sexually abused by an adult he knows and trusts, than by a complete stranger. This seems to support the findings from Table 7.

Offender's Reaction after Abuse

Figure 1 shows the offenders' reaction after abuse as obtained from the study

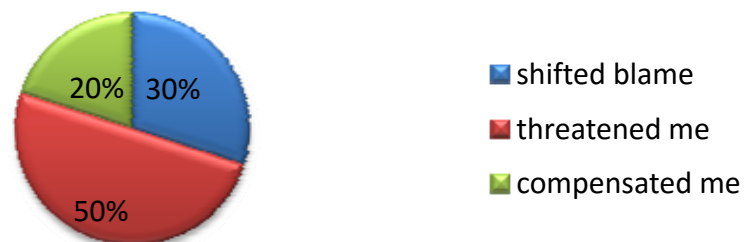


Figure 1. Offenders' reaction after abuse

Researcher sought the reaction of offenders after the abuse from children. Fifty percent indicated that the offender threatened them. Thirty percent indicated that the offender shifted blame while 20% were compensated. This finding confirms the assertion of Pipe and Goodman (1991) that sex offenders typically make their victim feel as though he or she caused the offender to act inappropriately and convince the child that he or she is the guilty party. As a

result, children often have great difficulty sorting out who is responsible for the abuse and frequently blame themselves for what happened. De Witt (2009), Spies (2006) assert that threats are often made by the perpetrators to ensure that the abuse is kept a secret. Lyon (2002) is of the opinion that a very cruel deception used by the perpetrator is to manipulate the victim into believing that the abuse is the victim's fault. The degree of self blame experienced by the victim is enormous and it often only after reaching adulthood that they begin to understand and accept that he or she is not to be blamed for what happened to them.

Research Question 2

What are the Causes of Child Sexual Abuse?

Table 9: The Causes of Child Sexual Abuse by Parents, In- School Guidance Coordinators and Children

Causes	Children		Parents		In-school Guidance coordinator	
	Freq	%	Freq	%	Freq	%
Irresponsible parenthood	2	6.7	2	6.7	2	20.0
Poverty	9	30.0	10	33.3	2	20.0
Broken home	8	26.7	5	16.7	3	30.0
Lack of knowledge or ignorance	6	10.0	3	10.0	1	10.0
Obedience to authority	4	13.3	10	33.3	1	10.0
Favour	1	3.3	-	-	1	20.0
Total	30	100	30	100	10	100

In Table 9 victims interviewed indicated poverty 30%, broken home 26.7% lack of knowledge or ignorance 20% obedience to authority 13.3% irresponsible parenthood 6.7% and academic favour 3.3% as causes of child sexual abuse.

Parents interviewed indicated poverty 33.3% obedience to authority 33.3%, broken home 16.7% lack of knowledge or ignorance 10%, Irresponsible parenthood 6.7%, favour 3.3% as the main causes of child sexual abuse.

School guidance coordinators attributed causes of child sexual abuse in study area to broken home 30%, irresponsible parenthood 20%, poverty 20%, obedience to authority 10%, Lack of knowledge or ignorance 10% and academic favour 10 %.

Townseed and Dawes (2007) argued in favour of this study that unemployment as a social problem causes a certain degree of stress and anxiety in the parents because they are unable to meet the needs of the family. This often results in the lack of basic needs such as adequate housing, clothing, food, running water, electricity and education. Many children who are faced with a home life lacking in basic necessities are vulnerable to being abused. Watson (1984) asserts that children are vulnerable because traditionally they are taught to respect and obey elders. In addition they depend on adults for many things.

Research Question 3

What are the Effects of Child Sexual Abuse?

Table 10: The Responses of Children, Parents In-school Guidance Coordinators on the Effect of Child Sexual Abuse

Effects	Children		Parents		In-school Guidance coordinator	
	Freq	%	Freq	%	Freq	%
Fear of being left alone with a given person	8	26.7	6	20.0	1	10.0
Low academic performance	4	13.3	5	16.7	2	20.0
Lack of concentration	7	23.3	4	13.3	3	30.0
Genital/anal injury	5	16.7	2	6.7	1	10.0
Abnormal interest or curiosity about sex and genitals	2	6.7	8	26.7	1	10.0
Abandonment of previous play habits	1	3.3	1	3.3	1	10.0
Pregnancy	3	10.0	3	10.0	-	-
Infection of sexually transmitted diseases	-	-	1	3.3	1	10.0
Total	30	100	30	100	10	100

In Table 10, when sexually abused children were asked how they were affected by the abuse, 26.7% of them said they feared being left alone with the perpetrator. They also indicated the following: lack of concentration 23.3%, genital and anal injury 16.7%, low academic performance 13.3% and infection of sexually transmitted diseases 3.3%.

The interviewed parents observed abnormal interest or curiosity about sex and genitals as 26.7%, fear of being left alone with a perpetrator as 20%, low academic performance 16.7%, lack of concentration 13.3%, 19%, genital and anal injury 6.7%, and infection of sexually transmitted diseases 3.3%

On the other hand, the in-school guidance coordinators indicated lack of concentration as 30%, low academic performance as 20%, and abnormal interest or curiosity about sex and genitals, 10%.

From all indications and supported by De Witt (2009); Barker and Hodes (2007); Kapoor (2007); Louw (2000), when a child is abused, his or her education is disrupted and this has a profound impact on the ability of the child to concentrate at school. However, Hall and Lloyd (1993) also state that some sexually abused children become high achievers because they channel all their energies into focusing on their school work as a coping and compensating mechanism. The response of the fear of being alone with the perpetrator confirms that the issue of trust is generally one of the problems of sexually abuse victim (Spies, 2006; Matlin, 2000). Contributing to the above, Spies (2006); Kay (1999) observed that sexually abused children exhibit inappropriate and unusual sexual

behaviour such as increased sexual curiosity, simulated sexual acts with sibling and friends, and premature sexual knowledge from an early age.

Research Question 4

What Motivates Children to Disclose Child Sexual Abuse?

Responses of Children on whether they talked to anyone about the Abuse

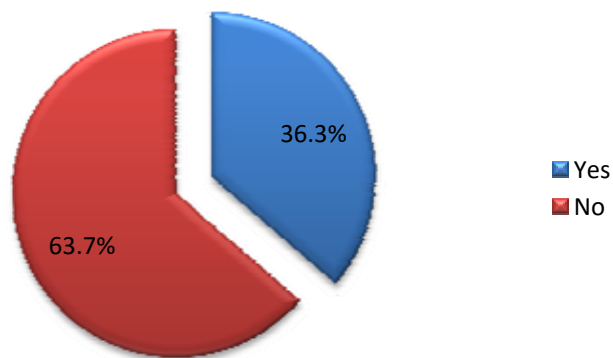


Figure 2. Victims indicate whether they disclosed abuse

When victims were given the opportunity to indicate whether they disclosed abuse, 63.7% did not tell anyone, while 36.3% disclosed their abuse. The present finding is consistent with an observation by Plan Ghana (2009) that 70% of child sexual abuse victims do not tell anyone about the incident .

Table 11: Responses from Children, Parents and In-School Guidance Coordinators Giving Reasons for Disclosing

Reasons for disclosing	Children		Parents		In-school Guidance coordinator	
	Freq	%	Freq	%	Freq	%
Fear offender will come again	14	46.7	7	23.3	4	40.0
Fear of pregnancy	1	3.3	3	10.0	1	10.0
Because of the pain experienced	8	26.7	2	6.7	2	20.0
Support	3	10.0	15	50.0	2	20.0
Fear of contracting STDs	4	13.3	3	3.3	1	10.0
Total	30	100	30	100	10	100

In Table 11 victims who disclosed sexual abuse gave various reasons for reporting. Significant among them were fear the offender will come again 46.7%, because of the pain experienced 26.7%, and fear of pregnancy 3.3%. Parents interviewed indicated the following: so that offender would be punished 50%, fear offender would come again 23.3%, and fear of contracting STD's 3.3%.

In-school guidance coordinators gave reasons for disclosing as fear offender would come again 40%, and fear of contracting STD's 10%.

Goodman-Brown et al (2003) are of the view that children often report the sexual abuse out of concern for others, such as fear that a sibling will also fall victim of the same abuse. Childline South Africa (1983) supports the present

study by noting that victims disclose when there is the presence of sensitive helper whom the child trust enough to disclose. It also observed that disclosure also occur as a result of the consequences of the abuse, especially the fear of pregnancy among adolescent girls and also when the child can no longer tolerate the abuse.

Research Question 5

What are the Patterns Of Disclosure?

Responses of Parents, In-school Guidance Coordinators and Children on When Children Disclose

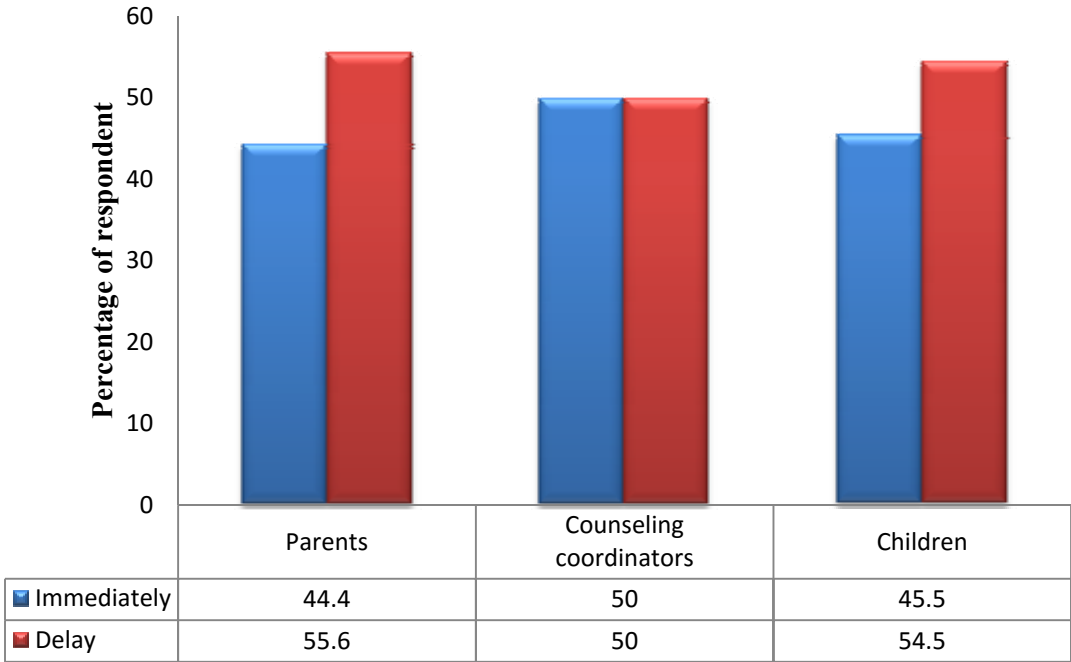


Figure 3. When victims disclose abuse

Figure 3 depicts children indicated when disclose delayed 54.5% and when they disclose immediately, 45.5%. Parents interviewed also indicated

delayed 55.6% and immediately 44.4%. In-school guidance coordinator 50% indicated delayed and immediately 50%.

Research involving child samples suggest that more children do not disclose immediately and for many children the abuse is discovered in some other manner and they never spontaneously disclose. Kelly, Brant & Waterman (1993). While Higson-Smith and Lamprecht (2004) have found out that purposeful disclosure is the predominant mode of disclosure. The present finding has revealed that purposeful disclosure characterizes only a minority of child sexual abuse report. This is so because children may not have had enough educational awareness programme and see this whole topic as a taboo to talk about.

Table 12: Responses of Children, Parents and In-School Guidance Coordinators on how Children Disclose (Voluntarily, Accidentally)

How children disclose	Children		Parents		In-school guidance coordinators	
	Freq.	%	Freq.	%	Freq.	%
Voluntarily	5	17.2	12	42.1	3	30
Accidentally	25	82.8	18	57.9	7	70
Total	30	100.0	30	100.0	10	100

Table 12 revealed that children disclosed abuse either accidentally or voluntarily. Victims interviewed indicated accidental disclosures 82.8% and voluntary disclosure as 17.2%.

Parents interviewed indicated accidental disclosure as 57.9% and voluntarily disclosure as 42.1%, while In-school coordinators indicated 70% accidental disclosure and 30% as voluntary.

Fouche (2007); Sorenson and Snow (1991) confirms the findings of this study that disclosure generally occurs by means of accidental discovery by another person, however, purposeful or voluntary disclosure is less common. Furthermore, when children disclose abuse it is not usually straight forward.

Table 13: Responses of Children, Parents and In-school Guidance Coordinators on how Children Disclose (In bits, Told all that happened)

How children disclose	Children		Parents		In-school Guidance coordinator	
	Freq	%	Freq	%	Freq	%
In bits	8	27.3	7	27.3	4	40.0
Told all that happened	22	72.7	23	74.4	6	60.0
Total	30	100	30	100	10	100

Table 13 depicts that victims interviewed indicated disclosure by telling all that happen 72.7% and in bits 27.3%. Parents indicated disclosing all that happen 74.4% and in bits 25.6%. In-school guidance coordinator indicated 60% as disclosing all that happens and 40% as in bits. This finding contradicts that of

Sorenson and Snow’s (1991) arguments that how children disclose abuse is not usually straight forward.

Table 14: Responses of Children, Parents and In-school Guidance Coordinator On how Children Disclose. (Not Clear, Well Understood)

How children disclose	Children		Parents		In-school Guidance coordinator	
	Freq	%	Freq	%	Freq	%
Not clear	13	43.3	7	27.3	4	40.0
Well understood	17	56.7	23	74.4	6	60.0
Total	30	100	30	100	10	100

Table 14 revealed that when victims were interviewed, they indicated disclosure was well understood 63.7% and not clear 36.3%. Interviewed parents indicated disclosure was well understood 76.7% and not clear 23.3%, while responding In-school guidance coordinators indicated the disclosure was well understood 70% and not clear 30%.

Research Question 6

What Will Prevent Children from Disclosing?

Table 15: Reasons for Not Disclosing

Factors	Frequency	Percentage
Fear of stigmatization, Guilt	3	15.7
Self blame	4	21.1
Afraid of harm by abuser (Harm)	2	10.5
No one will believe	4	21.1
Fear of losing much needed material assistance	4	21.1
Do not know what is wrong	2	10.5
Total	19	100.0

The data in Table 15 shows how victims who did not tell anyone about the abuse gave various reasons for not disclosing. Significant among them were self blame, unbelief and fear of losing the much needed material assistance. This represented 21.1% each. The least responses as 10.5% were those who did not know it was an abuse.

Hershkowitz et al (2006) confirm that older children assume responsibility or blame themselves for the happenings thinking they could have escaped or ended the abuse. Collings et al (2005) agrees with the fact that when a confidant does not believe the child's account and blames the child, it makes disclosure difficult. Lyon (2002) supporting this study state that fear on the part of the victims is probably the most important reason for non-disclosure. Tsai and

Wagner (1978) also believe that in addition to the abused feeling guilty, there are several other types of guilt associated with the abuse, which include feeling different from peers, harbouring vengeful and angry feelings toward both parents, feeling responsible for the abuse, feeling guilty about reporting the abuse, and bringing disloyalty and disruption to the family. Any of these could outweigh the decision of the victim to report, the result of which the secret may remain intact and undisclosed.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter provides a brief summary of the main findings of the study, draws conclusion and makes recommendations based on the findings.

Summary

The study was conducted to investigate child sexual abuse disclosure in the Ablekuma Central Sub metropolis in Greater Accra Region, Ghana, specifically to find out why victims disclose child sexual abuse and factors that prevent them from disclosing. Therefore the research aimed at answering the following questions:

1. What are the types of child sexual abuse?
2. What are the causes of child sexual abuse?
3. What are the effects of child sexual abuse?
4. What motivates children to disclose abuse?
5. What are the patterns of disclosure?
6. What prevents children from disclosing?

The literature review examined the theories of child sexual abuse and disclosure and also examined the following sub themes:

1. Types of Child sexual abuse
2. Causes of child sexual abuse
3. Effects of child sexual abused

4. What motivates disclosure
5. Patterns of disclosing child sexual abuse and
6. What prevents disclosing of child sexual abuse

The research design employed was the descriptive survey design. The sample size was 70 respondents made up of sexually abused children, parents of sexually abused children and in-school guidance coordinators. The purposive and snowball sampling methods were used to select respondents. Questionnaire and interview schedules were the main data gathering instruments used to collect data. Data was analysed using Statistical Package for Service Solution (SPSS). The result was presented in frequencies and their corresponding percentages while others were presented in narrative form.

Summary of Findings

The findings of the study were the following:

1. Incidences of child sexual abuse were in the form of both contact and non-contact sexual abuse. Perpetrators of child sexual abuse were mostly people that children knew.
2. Perpetrators after abusing victims shifted blame, threatened them or compensated them to keep it secret. As a result many incidences of child sexual abuse went unreported and delayed disclosure was common.
3. Child sexual abuse occurred mainly as a result of broken home, poverty, lack of knowledge, obedience to authority, irresponsible parenting and academic favour.

4. Victims of child sexual abuse were affected greatly, that is socially, academically, psychologically and physically.
5. Disclosing child sexual abuse took various patterns. This included immediate, delayed, voluntarily, accidental, in bits and telling all that happened.

Conclusions

This study has established that child sexual abuse exists in the study area, manifesting itself in both contact and non-contact forms. For many reasons, children and young people often do not tell anyone about the abuse they are experiencing. This is a major cause for concern because it means that they continue to suffer in silence which can have both short term and long term impacts on their wellbeing. Furthermore until perpetrators of abuse are caught, other children remain at risk. If we can help create a safe environment for open dialogue so that children feel they can tell someone, then it is important to listen and address children and young people's concerns.

When abused children do not disclose their ordeal, people apart from the abused will not know and so no intervention will be given to the abused. Policies and procedures that are geared only to those children who have disclosed, failed to recognize the needs of the majority victims. Virtually all investigative protocols are designed to respond to only those children who have disclosed. Early identification of sexual abuse victims appears to be crucial to the reduction of suffering of abused youth and to the establishment of support systems for

assistance in pursuing appropriate psychological development and healthier adult functioning.

Recommendations

In view of the findings the following recommendations have been suggested.

1. In view of how incidences were both in the form of contact and non-contact abuse, children should therefore be well informed on the forms of abuse to enable them differentiate between what is an abuse and what is not an abuse. The finding that perpetrators were mostly people around the victim indicates that people should not be trusted completely. As a result parents should be very cautious when leaving children in anyone's care.
2. Victims should always be helped to avoid self-blame and be reminded that the perpetrator is always at fault.
3. The incidence of child sexual abuse could be minimized by controlling the motivational factors. Parents should therefore monitor the activities of their wards with other children, to ensure they are not influenced negatively. Again parents should work hard to enable them cater for the needs of their wards. Scholarship schemes should be established to support needy but brilliant students within the communities to avoid them falling prey to perpetrators who disguise themselves with the pretence of assisting the poor child.
4. The effect of child sexual abuse could be minimized when victims are encouraged to be more assertive. That is urging them to express their

feelings, since suppressing your feelings prolong the problem. When victims act assertively, they act in their own best interest in stand up for their legitimate rights.

5. There is the need to train guidance and counselling teachers to improve their knowledge and skills in dealing with sexual abuse cases. The knowledge will help manage victims who report and identify victims who hide their ordeal .It will also enhance their understanding of the patterns of disclosing sexual abuse.

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APPENDICES

APPENDIX A

Interview Schedule for Children Who have Been Sexually Abused

I am a student of the University of Cape Coast of the Department of Educational Foundations. I am conducting research into Child Sexual Abuse Disclosure.

Your sincere response to the terms in this questionnaire is very vital to the successful outcome of the study. Please be assured that your responses will be treated as confidential and used strictly for research purposed only.

SECTION A

BIOGRAPHIC DATA

- 1. Age:
- 2. Sex: A, Male B, Female
- 3. Occupations of parents:

SECTION B

TYPES OF SEXUAL ABUSE

4. What type of sexual abuse did you experience?

Type of child sexual abuse	Tick
Touching / fondling the child's body	
Kissing child sexually	
Attempts to arouse child sexually	
Rubbing genital against child's body	

Touching child's genitals

Having child touch adults genitals

Using other instruments/fingers to penetrate child's anus and vagina

Vagina intercourse

Anal intercourse

Exposure to pornographic material

5. If it happened to you who was the abuser?

- | | | | | | |
|------------------|--------------------------|-------------|--------------------------|-------------------|--------------------------|
| A. Stranger | <input type="checkbox"/> | B. Uncle | <input type="checkbox"/> | C. Father | <input type="checkbox"/> |
| D. Classmate | <input type="checkbox"/> | E. Teacher | <input type="checkbox"/> | F. Neighbour | <input type="checkbox"/> |
| G. Cousin | <input type="checkbox"/> | H. Guardian | <input type="checkbox"/> | I. Guardian's son | <input type="checkbox"/> |
| J. Family friend | <input type="checkbox"/> | | | | |

6. What did the offender do after the abuse?

- | | | | |
|-------------------|--------------------------|------------------|--------------------------|
| A. Shifted blame | <input type="checkbox"/> | B. Threatened me | <input type="checkbox"/> |
| C. Compensated me | <input type="checkbox"/> | | |

SECTION C

CAUSES OF CHILD SEXUAL ABUSE

7. Why were you abused? Tick where appropriate

Reasons	Tick
Irresponsible parenthood	
Broken home	
Poverty	
Lack of knowledge / Ignorance	
Obedient to authority	
Favour	

SECTION D

EFFECTS OF CHILD SEXUAL ABUSE

8. Child sexual abuse affects children in many ways. Tick where appropriate

Effects of child sexual abuse	Tick
Fear of being left alone with a given person	
Low academic performance	
Lack of concentration	
Genital / Anal injury	
Abnormal interest or curiosity about sex and genitals	

Abandonment of previous pay habits	
Pregnancy	
Infection of sexually transmitted diseases.	

SECTION E

WHAT MOTIVATES CHILDREN TO DISCLOSE SEXUAL ABUSE

9. Why did you tell others or disclose? Tick where applicable

Reasons for disclosing	Tick
Fear offender will come again	
Because of the pain experienced	
Fear of pregnancy	
So that the offender would be punished	
Fear of contracting STD's	
Type of abuse	
Other specify	

10 .When did you tell others or disclose? Tick where appropriate

(a) Immediately

(b) Delayed

11. How did the child tell you?

- | | | | |
|----------------|--------------------------|------------------------|--------------------------|
| A. Voluntarily | <input type="checkbox"/> | Accidentally | <input type="checkbox"/> |
| B. In Bits | <input type="checkbox"/> | Told all that happened | <input type="checkbox"/> |
| C. Not clear | <input type="checkbox"/> | Well understood | <input type="checkbox"/> |

SECTION F

WHAT WILL PREVENT CHILDREN FROM DISCLOSING

12. Why did you not tell any one? Tick where applicable

Reasons	Tick
Fear of stigmatization	
Guilt	
Victim / perpetrator relationship	
Unfavourable response	
Afraid of harm by abuser	
Afraid of losing friends	
Self blame	
No one will believe me	
Fear of losing much needed materials assistance	
Do not know it was wrong	

APPENDIX B

Interview Schedule for Parents of Sexually Abused Children

I am a student of the University of Cape Coast of the Department of Educational Foundations. I am conducting research into Child Sexual Abuse Disclosure.

Your sincere response to the items in this questionnaire is very vital to the successful outcome of the study. Please be assured that your responses will be treated as confidential and used strictly for research purposes only.

SECTION A

BIOGRAPHIC DATA

1. Age:

A. 18 – 28

B. 29 – 39

C. 40 – 50

D. 51 – 60

E. 60 And Over

2. Gender: Male

B. Female

3. Occupation:

4. Marital Status:

A. Married

B. Single

C. Separate

D. Divorced

5. How would you describe the relationship between you and your children?

A. Not Friendly

- B. Fairly Friendly
- C. Friendly
- D. Very Friendly
- E. Most Friendly

SECTION B

TYPES OF CHILD SEXUAL ABUSE

6. What Type Of Sexual Abuse Has Happened To Your Child? Tick Where Appropriate

Type of child sexual abuse	Tick
Touching / fondling the child's body	
Kissing child sexually	
Attempts to arouse child sexually	
Rubbing genital against child's body	
Touching child's genitals	
Having child touch adults genitals	
Using other instruments/fingers to penetrate child's anus and vagina	
Vagina intercourse	
Anal intercourse	
Exposure to pornographic material	

7. If it happened to your child who was the Abuser?

- A. Stranger B. Uncle C. Father
 D. Classmate/ E. Teacher F. Neighbour
 G. Cousin H. Guardian I. Guardian's son
 J. Family friend

SECTION C

CAUSES OF CHILD SEXUAL ABUSE

8. Why was your child sexually abused?

Reasons	Tick
Irresponsible parenthood	
Poverty	
Peer pressure	
Lack of knowledge / Ignorance	
Obedient to authority	
Favour	

SECTION D

EFFECTS OF CHILD SEXUAL ABUSE

9. Child sexual abuse affect children in many ways. Tick where appropriate

Effects of child sexual abuse	Tick
Fear of being left alone with a given person	

Low academic performance	
Absentmindedness	
Abandonment of previous play habits	
Genital or anal injury	
Abnormal interest or curiosity about sex and genital	
Pregnancy	
Infection of sexually transmitted diseases	

SECTION E

WHAT MOTIVATES CHILDREN TO DISCLOSE SEXUAL ABUSE

10. Why did your child tell you? Tick where appropriate.

Reasons for disclosing	Tick
Fear offender will come again	
Because of the pain experienced	
Fear of pregnancy	
So that the offender would be punished	
Type of abuse	
Fear of contracting STD's	

11. When did the child tell you?

A. Immediately

B. Delayed

12. How did the child tell?

- | | | | |
|----------------|--------------------------|------------------------|--------------------------|
| A. Voluntarily | <input type="checkbox"/> | Accidentally | <input type="checkbox"/> |
| B. In Bits | <input type="checkbox"/> | Told all that happened | <input type="checkbox"/> |
| C. Not clear | <input type="checkbox"/> | Well understood | <input type="checkbox"/> |

SECTION F

WHAT WILL PREVENT CHILDREN FROM DISCLOSING

13. Why did you not tell any one? Tick where applicable

Reasons	Tick
Fear of stigmatization	
Guilt	
Victim / perpetrator relationship	
Unfavorable response	
Afraid of harm by abuser	
Afraid of losing friends	
Self blame	
No one will believe me	
Fear of losing much needed materials assistance	
Do not know it was wrong	

APPENDIX C

Questionnaire for In-School Guidance Coordinators

I am a student of the University of Cape Coast of the Department of Educational Foundations. I am conducting research into Child Sexual Abuse Disclosure.

Your sincere response to the terms in this questionnaire is very vital to the successful outcome of the study. Please be assured that your responses will be treated as confidential and used strictly for research purposes only

SECTION A

BIOGRAPHIC DATA

1. Age:

2. Sex: A. Male B. Female

3. Marital Status:

 A. Single B. Married C. Separated

 D. Divorced E. Other specify.....

4. How would you describe the relationship between you and your school children?

 A. Not at all friendly

 B. Not friendly

 C. Somehow friendly

 D. Friendly

 E. Very friendly

SECTION B

5 .TYPES OF SEXUAL ABUSE

What type of abuse did the child experience?

Type of child sexual abuse	Tick
Touching / fondling the child’s body	
Kissing child sexually	
Attempts to arouse child sexually	
Rubbing genital against child’s body	
Touching child’s genitals	
Having child touch adults genitals	
Using other instruments/fingers to penetrate child’s anus and vagina	
Vagina intercourse	
Anal intercourse	
Exposing to pornographic material	

6. If it happened to who was the abuser

- | | | | | | |
|------------------|--------------------------|-------------|--------------------------|-------------------|--------------------------|
| A. Stranger | <input type="checkbox"/> | B. Uncle | <input type="checkbox"/> | C. Father | <input type="checkbox"/> |
| D. Classmate/ | <input type="checkbox"/> | E. Teacher | <input type="checkbox"/> | F. Neighbour | <input type="checkbox"/> |
| G. Cousin | <input type="checkbox"/> | H. Guardian | <input type="checkbox"/> | I. Guardian’s son | <input type="checkbox"/> |
| J. Family friend | <input type="checkbox"/> | | | | |

SECTION C

CAUSES OF SEXUAL ABUSE

7. If sexual abuse occurs, what factors promote it?

Tick where appropriate.

Reasons	Tick
Irresponsible parenthood	
Poverty	
Broken home	
Lack of knowledge / Ignorance	
Obedient to authority	
Favour	

SECTION D

EFFECT OF CHILD SEXUAL ABUSE8. Child sexual abuse affects children in

many ways. Tick where appropriate.

Effects	Tick
Fear of being left alone with a given person	
Low academic performance	
Absentmindedness	
Genital / Anal injury	

Abnormal interest or curiosity about sex and genitals	
Abandonment of previous play habits	
Pregnancy	
Infection of sexually transmitted diseases	

SECTION E

WHAT MOTIVATES CHILDREN TO DISCLOSE

9. Why did they tell you? Tick where appropriate

Reasons	Tick
Fear offender will come again	
Because of the pain experienced	
Fear of pregnancy	
So that the offender would be punished	
Fear of contracting STD's	
Type of abuse	
Other: specify	

10. When did the child tell you?

A. Immediately

B. Delayed

13. How did the child tell you?

- | | | | |
|----------------|--------------------------|------------------------|--------------------------|
| A. Voluntarily | <input type="checkbox"/> | Accidentally | <input type="checkbox"/> |
| B. In Bits | <input type="checkbox"/> | Told all that happened | <input type="checkbox"/> |
| C. Not clear | <input type="checkbox"/> | Well understood | <input type="checkbox"/> |

SECTION F

WHAT WILL PREVENT CHILDREN FROM DISCLOSING

13. Why do they not tell any one? Tick where applicable

Reasons	Tick
Fear of stigmatization	
Guilt	
Victim / perpetrator relationship	
Unfavorable response	
Afraid of harm by abuser	
Afraid of losing friends	
Self blame	
No one will believe me	
Fear of losing much needed materials assistance	
Do not know it was wrong	