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Non-Disclosure of Child Sexual Abuse: The Lived Experience of Victims in South Africa

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Abstract

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Chima O. Ozor

MD, Spartan Health Sciences University, 2018

MBA, Marketing/Management, Imo State University, 2002

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health, Epidemiology

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Abstract

Child sexual assault (CSA) has been reported all over the world. Studies indicated that South Africa has one of the highest incidences with far reaching social, physical and emotional consequences. However, non-disclosure is common, which increases the risk of revictimization. Understanding the complexities surrounding the low reporting and non-disclosure will provide guidance for better intervention of CSA in South Africa. This study explored the past experiences of adults who were sexually abused as minors, and how their experiences and outcomes may have been influenced by factors at the micro, meso, macro, and chrono-system levels of Bronfenbrenner's social ecological model. The study was phenomenological and qualitative. In-dept interviews were conducted with nine participants using open ended questions regarding their experiences of CSA, family and community responses, and how these experiences determined their choice to disclose, not disclose, or recant earlier disclosure. Results showed that factors contributing to non-disclosure included poor family bonding, poor exposure to required information, patriarchy amongst male and female relationships, police bias by judging or accusing the victim, and light punishment for offenders, whereas recommendations to mitigate CSA include responder retraining, publicity and awareness creation, and an anti-corruption campaign. Implications for positive social change include improved population health through minimizing the deleterious outcomes of CSA on the victims and their families, social policy affecting family education and child care, and gender empowerment to improve reporting.

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Dedication

This study is dedicated to my loving parents, Professor Chris N. Ozor and Dr Mercy N. Ozor, who stopped at nothing to give me the education and everything I both needed and wanted. Your constant support and sometimes incessant pushful guidance provided me with the propulsion I needed to go on, even when it seemed humanly impossible, and though you are now gone, those words continue to ring in my ears, pushing and encouraging me even to this day. I love you dearly.

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Chapter 1: Introduction to the Study

Introduction

Child sexual assault (CSA) has been reported all over the world but is severely under-reported (Bosilong & Mbecke, 2019; Harper & Perkins, 2018; Katzenstein & Fontes, 2017). In South Africa, which has one of the highest incidences of CSA, only an estimated 1 in 20 cases are reported to the law, suggesting severe non-disclosure (Bosilong & Mbecke, 2019; Naidoo, 2013; Wiltkinson, 2018). An abnormally high incidence of 40% of all sexual violence crimes in South Africa are against females. This was indicated in the 2018 South African Police Services (SAPS) statistics report, which showed an increase in rape cases from 39,828 in 2016, 49,660 in 2017 to 50,180 in 2018 (Bosilong & Mbecke, 2019; Wiltkinson, 2018). In the same vein, Yesufu (2020) reported increases in child rape from prevalence rates of 28.01 per 100,000 population in 2015, to 29.11 per 100,000 population in 2016, and rose even further to 33.45 per 100,000 population in 2017.

The determinants of CSA are many: In Ethiopia, CSA was linked to isolation (Mekuria et al., 2015); in Swaziland and New Zealand, to poor attachment, conflict, and violence (Fergusson et al., 1996; Laura et al., 2010); in Nigeria and Geneva, to patriarchal authority (Daniel et al., 1996; Olley, 2008). In Congo, CSA was linked to power and authority (Nelson et al., 2011), also in South Africa, to coercion (Nicholas, 2007), male domination and female subordination (Bosilong & Mbecke, 2019; Sibanda-Moyo et al., 2017), ethnicity, violence, and step-parenting (Madu & Peltzer, 2000). On the other hand, non-disclosure, which has been identified to be responsible for the under-

reporting, is associated with contributory factors like the age at CSA occurrence, victim fear of reprisals, and stigma (Alaggia et al., 2017). It is also associated with fear of blame from different quarters, family and religious pressures (Lemaigre et al., 2017; Ramphabana et al., 2019), amongst others.

A widespread determinant of CSA against girls in South Africa is the Zulu virgin cleansing myth. According to this myth, sex with virgins rids men of the HIV virus (Baleta, 2001; Charlier et al., 2018; Groce & Trasi, 2004; Murray & Burnham, 2009; Sivelä, 2016; Yesufu, 2020). The rape of young children based on this myth has been widely promoted by traditional healers or *Sangomas* (Baleta, 2001) and is linked to the sporadic rise in the HIV/AIDS epidemic in South Africa (Yesufu, 2020).

Even though HIV is widely considered incurable and only managed by healthy lifestyles, offenders appear to be undeterred, and repeated assaults and revictimization (Macmillan et al., 2013) is common. This perhaps is encouraged by victims' fear of reprisals, stigma (Alaggia et al., 2017) and lack of trust in a failing legal system (van Westrhenen et al., 2017). This appears to contribute to non-disclosure and underreporting and encourages perpetration of the act by assailants, thus suggesting uncovered deep-rooted emotions of both the victims and the assailants, beyond the myth.

The long-term health outcomes of CSA are far-reaching and traumatic; they include psychiatric, pathologic, social, and health outcomes (Markowitz et al., 2011; Willie et al., 2016). The impact on the victims, their families and loved ones, and society (Collin-Vezina & Daigneault, 2013) include fear, long term anger, and depression, whereas victims usually experience anxiety and depression, a loss of control, power, and

the ability to be productive and inclusive in the society, CSA victims also have a higher risk of HIV and other sexually transmitted diseases (Boene et al., 2018), and dysfunctional lifestyles in later years (Campbell et al., 2009). All of this undermines the general health of the community and society.

Existing SAPS data on CSA from violent and sexual crimes and other studies on this topic in South Africa are incomplete and misleading (Jewkes & Abrahams, 2002). This is as a result of considerable underreporting (Naidoo, 2013; Yesufu, 2020) and thus is a major impediment to planning of effective prevention and intervention programs.

Background

The impact of CSA on both the victims and their families is far reaching and has impact both on their physical, emotional, and psychological wellbeing. Rape victims have been known to experience self-blame, emotional dysregulation, internalization, trauma, anxiety, anger, low self-esteem, loss of control and power, and being very vengeful (Collin-Vezina & Daigneault, 2013; Markowitz, 2011; Yesufu, 2020). Understanding the traumatic and heinous process by which this violent act occurs leaves no doubt of the degeneracy and cruelty of the assailant's mind. In order to access and penetrate the vagina of a small child, the channel of entry must first be made open enough to even begin to admit the size of a grown assailant's penile organ, and this the assailant achieves by cutting through and creating a common channel in the perineal wall between the vagina and the anal canal using the hand or an instrument like a knife, piece of glass, or similar sharp object, similar to what occurs in the so condemned and barbaric act of human mutilation of tender females sold into forced marriage. In the South African

context, a review of the amended Act 2007 of the South African Law on Sexual Offences and Related Matters according to Yesufu, (2020) defines rape as "when a person unlawfully and intentionally commits an act of penetration without the consent of the complainant" (p. 137).

Profile of CSA Assailants

The assailants in sexual violence and CSA in most instances are known to the victims. They typically include teenagers and adults who usually have access or are usually in close proximity to the victim like family members and relatives, teachers, religious people and clergy, public transporters, and friends. They also include persons who are in positions of trust or have authority or power over the victim like family, step parents, caregivers, and providers (Bosilong & Mbecke, 2019; Sibanda-Moyo et al., 2017).

CSA Prevalence and Reporting

The exact prevalence of CSA and sexual violence against women is unknown due to official law enforcement data riddled with underreporting, corruption, inaccuracies, and inconsistencies (Bosilong & Mbecke, 2019). As of date, the first and only nationally representative study using a sample of 5,631, on CSA in South Africa by Ward et al. (2018) found that 35.4% of the children interviewed in their places of learning had been sexually abused at some point in their lives, a prevalence of 1·6% for rape before the age of 15 years, and gender prevalence of 39·1% for females and 16·7% for males in the population. The minister of police in South Africa, General Bheki Cele, reported that in 2017, about 34% of female children were sexually abused before they reached the age of

18 years (Bosilong & Mbecke, 2019; Sibanda-Moyo et al., 2017). An abnormally high incidence of 41% of all sexual violence crimes in South Africa are against children as indicated in the 2018 SAPS statistics which also indicated an increase in child rape cases from 2017 to 2018, with only about 21% of the minimally reported cases (Naidoo, 2013) actually getting prosecuted (Bosilong & Mbecke, 2019). According to the SAPS rape statistics report for 2018, sexual crimes increased from 39,828 in 2016, to 49,660 in 2017, and to 50,180 in 2018 (Bosilong & Mbecke, 2019; Wiltkinson, 2018), whereas Yesufu (2020) reported that of these rape numbers, child rape in South Africa continues to increase with 15,520 cases in 2015, 16,389 in 2016, and rose even further to 19,071 in 2017, according to the crime statistics series, volume V (Maluleke, 2018).

Factors Contributing to CSA

Many factors have been indicated by past studies to be contributory to CSA. They include the attacker being in a position of trust and authority over the victim (Bosilong & Mbecke, 2019; Sibanda-Moyo et al., 2017), overbearing unequal cultural influences (Bergner et al., 1994), being of ethnic minority in a particular community (Bronfenbrenner, 2009; Chabeletsane, 2015; Madu & Peltzer, 2000), religious beliefs and inclinations (Rugwiji, 2017). They also include cognitive impairment and developmental disability (Euser et al., 2016), substance use or abuse (Ward et al., 2018), prior physical or sexual abuse incident (Macmillan et al., 2013; Rugwiji, 2017), and living in impoverished localities (Sanjeevi et al., 2018). Other factors are non-caregiving adult at home (Pittenger et al., 2018), talk of sexual nature and coercion (Nicholas, 2007), marital

conflicts, step parenting, poor income, and employment status (Finkelhors, 2009), and the influence of the apartheid regime (Sibanda-Moyo et al., 2017).

Factors Contributing to Non-Disclosure of CSA

Victim non-disclosure is responsible for the underreporting of CSA cases and has been found to result from factors like tender age at occurrence, fear of reprisals by assailant, fear of stigma and labelling (Alaggia et al., 2017), disbelief and blame by unsupportive parents, relatives and community, family, religious and cultural beliefs and inclinations (Lemaigre et al., 2017; Ramphabana et al., 2019). It also results from poor judgement and cognitive impairment (Eversn & Sandoval, 2011; Leander, 2010; Willott et al., 2020), inadequate responder staffing and skills, bias and blame resulting in secondary trauma (Fillis & McKerrow, 2019), disappointment and dissatisfaction with the police because the police "do nothing" (Maluleke, 2018), poor income and socioeconomic status (Banwari 2011; Finkelhors, 2009), resultant HIV infection (Alaggia et al., 2017; Armstrong-Mensah et al., 2019). Other factors like legal system failure, poor offender conviction, long bail periods, and offender visibility in the community (van Westrhenen et al., 2017) were also found to contribute to non-disclosure.

Outcomes of CSA

The outcomes of CSA have far-reaching ramifications and include impacts on families and loved ones (Collin-Vezina & Daigneault, 2013), physical health outcomes like unwanted early pregnancies, different kinds of fistulas (ano-vaginal and vesicovaginal fistulas), vaginal prolapse all resulting from forceful sexual onslaught of their tender anatomies (Boene et al., 2018). They also include psychiatric disorders like

persistent anxiety, posttraumatic stress disorder, depressive states, severe fear and trauma, self-blame, and sexually transmitted diseases like HIV, syphilis, herpes, gonorrhea, and chlamydia (Markowitz, 2011). Longer term emotional and psychiatric outcomes include higher risk of sexual revictimization, intimate partner violence in later years (Campbell et al., 2009), dysfunctional sexual behaviors and health risk behavior. They also include the risk of reproductive problems, miscarriages, loss of power and control, survival dysregulation, and the risk of early substance use and abuse (Kennedy & Prock, 2016; Markowitz et al., 2011).

Outcomes of Non-Disclosure

Studies have indicated that nondisclosure of CSA often results in internalization which eventually leads to more trauma, depressive states, self-blame, stigma and stigmatization (Tillman, 2010), severe anxiety and confusion (Tener & Murphy, 2014), and loss of power and control. These result in severe and longer-term psychiatric disorders and dysfunctional lifestyles and behaviors, with poor social inclusion and function (Markowitz et al., 2011). All this tend to put the individual at higher risk of repeated sexual abuse and other forms of abuse, spousal abuse (Campbell et al., 2009), revictimization, health risk behaviors (Beitchman et al., 1992), substance use and abuse (Markowitz et al., 2011), self-destructive behaviors, emotional degradation and survival dysregulation, violence and abusive treatment of their partners, children, and other people (Kennedy & Prock, 2016; Markowitz et al., 2011). Non-disclosure also sends the wrong messages to the assailant who walks free and whose perception makes him believe that

nothing can be done, thus he is motivated to repeat the process with new attacks on new people or repeated attacks on the same person (van Westrhenen et al., 2017).

Prevention of CSA and Non-Disclosure

A radical and progressive change and reindoctrination of lifestyles, and beliefs will be needed to change the culture of violence and abuse in South Africa. This will include reeducation and enlightenment of the population (van Westrhenen et al., 2017), communities, children, adults and parents, students, responders, law enforcement, the legal system, and all stakeholders to encourage those affected to speak up, disclose, and report cases of CSA and acts of violence through advocacy and policy modifications. This will ensure commitment of resources to plan and implement preventive and intervention programs, provision of jobs and gainful employment, adequate staffing, manpower and training, the prosecution of offenders to the fullest effect (Chabeletsane, 2015). It will also ensure the addressing of all factors that are determined to correlate positively with CSA.

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Problem Statement

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CSA continues to show increased prevalence in South Africa (Bosilong & Mbecke, 2019; Wiltkinson, 2018) of 33.45 per 100,000 population in 2017 (Yesufu, 2020) with increasing deleterious impacts on the victims, their families, and society at large, this scenario may be as a result of improperly targeted preventive and management public health strategies. However, it appears that some factors in the system promote the scourge of CSA through victim silence and non-disclosure (Alaggia et al., 2017; Lemaigre et al., 2017; Maluleke, 2018; Ramphabana et al., 2019) with severe long-term

suffering which encourages the vicious cycle. In order to better control, and design more effective preventive measures, understanding the factors resulting in CSA and its non-disclosure has become pertinent. Although there are past and current studies on the factors associated with CSA (Bosilong & Mbecke, 2019; Pittenger et al., 2018; Rugwiji, 2017; Sibanda-Moyo et al., 2017), many still associate it with the virgin cleansing myth (Charlier et al., 2018; Sivelä, 2016; Yesufu, 2020). Further, there is a paucity of studies that are relevant in identifying the reasons behind the prevailing silence, non-disclosure and revictimization. This may be as a result of the obvious ethical difficulties in assessing consent and reliable data from minors who are still impressionable (Creswell & Creswell, 2018) and the legal challenges in cases that may likely still be open. The study is also relevant to social change because the health and wellbeing of the victims and community at large remains undermined and threatened with sickness, low morale, inadequacies, and loss of empowerment (Laureate Education, 2015; Najaf et al., 2019).

Purpose of the Study

The purpose of this study was to explore the past experiences of adults who experienced CSA as minors and the role of associated social and ecological influences like fear, threats, bias, disbelief, blaming the victim and being judgmental, poor socioeconomic status, responder reactions and treatment leading to secondary trauma, and inadequate responder staffing and training on their disclosure status. These factors may be responsible for the current trend of underreporting, and revictimization. The study was unique in that it explored the factors that predict failure to report or non-disclosure

and recanting and how they may be responsible for the prevalence and perpetration of CSA in order to proffer prevention and intervention.

The results of this study provide much-needed insights into the processes by which non reporting and non-disclosure of CSA, revictimization, and increased prevalence occur and clarify the prevailing socioeconomic risk factors and their associations and influences in motivating rape. The insight may provide direction for sexual violence law reforms (Schissel, 1996) and improved education with parental involvement (El Nokali et al., 2010). It may also be instrumental in long-term changes to family structure and childcare (Crosnoe et al., 2014). All these would help address and control rape in the society, thus improving community health, improving safety for minors and the public, and reducing the spread of HIV/AIDS through rape. It may therefor prevent the trauma of victims, their families, and the general public.

Research Questions

RQ–Qualitative: How do adult survivors of CSA that was neither disclosed nor reported describe their experience of non-disclosure and non-reporting?

RQ -Qualitative: What are the suggested interventions to improve disclosure and control child sexual abuse?

Framework

This study explored the past experiences of CSA using the Bronfenbrenner's social ecological model (Bronfenbrenner, 1986; Campbell et al., 2009) which provides a framework for exploring the ways that individuals get exposed to CSA. The model also helps in exploring how these individuals have high risk for CSA and revictimization, and

may be influenced to report or remain silent and refuse to report or disclose the incident.

It also explored the factors that influence their disclosure at a personal, interpersonal,

societal, and organizational level based on microsystems, mesosystems, exosystems,

macrosystems, and chronosystems.

Nature of the Study

This was a qualitative phenomenological study of the lived experience of CSA

victims in South Africa especially regarding disclosure, or non-disclosure of the abuse.

The study participants were selected based on specific inclusion criteria. These were as

follows: female adult 18 years and older who experienced sexual abuse as a minor and

did not report or disclose the incident. Adult participants were selected because of the

ethical and legal challenges in assessing younger participants, being a vulnerable class

and considering the traumatic nature of CSA.

A total of nine adult participants were recruited through public advertisements

using posters placed in public places with high traffic. These locations included shopping

malls and mass transit stations and stops, for interested participants from different zones

of Johannesburg (east, west, north, and south). Individuals who called in and were found

to satisfy the recruitment inclusion criteria were read the informed consent. They were

then interviewed about their personal experiences of CSA and factors known to

contribute to non-disclosure and revictimization.

Content and thematic analysis (Schulz, 2012) were done to identify and label

important emergent themes and concepts. This analysis process also allowed for new

themes and ideas to emerge. Common threads and themes between these outcomes were also identified and analyzed (Schulz, 2012).

Definitions of Key Concepts and Constructs

Child rape: This is when a person unlawfully and intentionally commits an act of penetration on a minor without the consent of the complainant (Yesufu, 2020).

Child sexual abuse: According to the WHO consultation report on child abuse prevention (1999) in Geneva, Switzerland, which was presented in the WHO guidelines for medico legal care for victims of sexual violence (2004),

> Child sexual abuse is the involvement of a child in sexual activity that he or she does not totally understand, and therefore is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society, and is evidenced by such an activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, with the activity intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performance and materials. (p. 75)

Chronosystems: A social ecological factor that concerns broader characteristics like life transitions and socio historical events that affect the individual eg; history of

CSA, sexual revictimization, history of other forms of abuse, resultant loss of power and control, and sexual risk behavior (Bronfenbrenner, 1986).

Conviction: Process of finding someone guilty in court (van Westrhenen et al., 2017).

Domestic violence: Violence or fighting between partners or man and wife in the home.

Emotional disorder: A type of disorder in which the mind and reasoning play a major role, for example, depression (Brown et al., 2001).

Ethno-racial minority: An ethnic group or race that has a relatively small population compared to those that have much larger populations (Sawrikar & Katz, 2017).

Exosystems: A social ecological factor that concerns characteristics more distant from the individual in which they are not involved like industry, mass media, local politics, neighbors, and social service, which still affect them (Bronfenbrenner, 1986).

Labelling: When someone is seen or portrayed in a certain negative way as a result of something that happened to the person (Alaggia et al., 2017).

Macrosystems: A social ecological factor that concerns characteristics still further away from the individual like attitudes, ideologies, cultural beliefs, and myth acceptance (Bronfenbrenner, 1986).

Mesosystems: A social ecological factor that concerns characteristics in between and related to the microsystem and the exosystem (Bronfenbrenner, 1986).

Microsystems: A social ecological factor that concerns characteristics closer to the individual like family, peers, church, school, and health services (Bronfenbrenner, 1986).

Non-disclosure: A situation in which someone does not talk about something (Alaggia et al., 2017).

Mythology: A belief based on lifelong stories or narratives (Groce & Trasi, 2004; Murray & Burnham, 2009).

Patriarchy: A societal and family system or government in which the men hold all the power and predominate in all roles, whereas the women are excluded, or in which the father or eldest male retains the role of family head and descent is always determined through the male (Nelson et al., 2011; Zondo, 2019).

Phenomenology is a study of people, occurrences, or other phenomena as experienced, without any attempts to explain (Husserl, 1932), and thus concentrates on direct individual experience.

Recanting: Taking back something that was said or a report that was made (Malloy et al., 2016).

Reprisal: An act of revenge or payback (Münzer et al., 2014).

Responder: In this context, a person working with the SA police service, emergency medical services, HAZMAT, social services, etc., who is notified of an occurrence or emergency and shows up to provide professional help (Fillis & McKerrow, 2019; Leander, 2010).

Revictimization: The process of repeating an attack on the same victim (Macmillan et al., 2013).

Social ecological and socioeconomic factors: According to Glanz and Rimer (2005), these are factors that influence behavior and public health and include intrapersonal, interpersonal, organizational/institutional, community and environment, society, and public policy.

Survival dysregulation: When a person loses the ability to undertake normal responses to promote survival (Kennedy & Prock, 2016).

Underreporting: When the reported incidents are less than actual occurrences of what should have been reported (Bosilong & Mbecke, 2019; Naidoo, 2013; Yesufu, 2020).

Virgin cleansing myth: The belief that having sexual intercourse with a virgin cures people of HIV and other sicknesses (Charlier et al., 2018; Sivelä, 2016; Yesufu, 2020).

Assumptions

This study assumed that all participants that came forward actually experienced CSA based on their affirmative responses to the qualifying questions. It further assumed that their experiences and emerging factors associated with their experience were correct as rendered. These assumptions were made because there is no way of verifying these occurrences based on the very personal nature.

Scope and Delimitations

The scope of this study was limited to female adults living in Johannesburg who experienced CSA as children and who did not report it for one reason or the other, or who reported it and later recanted. It also excluded males who have shown far less cases than

females probably due to the male ego and possible abomination associated with it. It

further excluded those who experienced other forms of sexual abuse without penetration

by the opposite sex. Study outcomes in this case are transferable to the other populations

as perpetrators appear to be motivated by the same factors whether victims are male or

female.

Limitations, Challenges, and/or Barriers

Identified barriers to recruitment included the very nature of the social problem

which is traumatic. Also, it included the associated difficulty in readily accessing some

victims, and accessing some classes of victims either due to respondent attrition or fear of

stigmatization, lack of closure and persistent trauma, resistance from family members,

prevailing effects of threats by community members or the perpetrators, and a failing

medico-legal system. A possible barrier to data trustworthiness and a limitation to

questionnaire use (Creswell, & Creswell, 2018) may have been recall bias. This is more

so if the incident was long ago and adult participants were interviewed.

Research limitations may commonly include biases from information and

selection, and possible confounding. In this study, information or reporting bias may have

occurred because of possible poor recall or inability to deliver reporting accurately from

selectively withholding or suppressing information or selectively revealing or divulging

information. On my part, reporting may also have been biased, based on personal

experiences and possible partiality towards preconceived responses stemming from

structuring questions to elicit particular responses from participants. Selection bias may

have occurred if a representative sample was not assessed and used in the study;

however, in this case, the sample was representative based on the recruitment process and on the peculiar nature of the key study variable, child sexual abuse.

Efforts to Reduce Limitations

Reasonable efforts taken to reduce limitations included recruiting young adults who experienced CSA not more than 10 years ago and who vividly remembered the occurrence such that recall bias was minimized. Also doing due diligence in providing informed consent ensured that study subjects fully understood the personal nature and the dept of the information required of them and willingly gave their consent to collect that data. A nationally representative sample was drawn to avoid selection bias and ensure transferability of study results. In-dept interviews ensured that the required information was collected and cross verified with other information provided by each subject, whereas standardized language and coding was used for data collection, processing, and analysis.

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Study Significance

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The increasing prevalence of CSA in South Africa (Bosilong & Mbecke, 2019; Wiltkinson, 2018) accompanied by the severe health and social impact on the victims, their families, and society at large remains a public health problem. Studies have suggested some factors in the system which appear to promote the scourge through victim silence and non-disclosure (Alaggia et al., 2017; Lemaigre et al., 2017; Maluleke, 2018; Ramphabana, et al., 2019). Understanding the factors resulting in CSA, failure to report, and its non-disclosure has become pertinent in order to better control and design more effective intervention and preventive measures. The results of this study provided

much-needed insights into the processes by which non reporting and non-disclosure of CSA, revictimization, and increased prevalence occur, and clarified the prevailing socioeconomic risk factors and their associations and influences in motivating rape. The insight may provide direction for sexual violence policy and law reforms (Schissel, 1996), improved education with parental involvement (El Nokali et al., 2010), and long-term changes to family structure and child care (Crosnoe et al., 2014).

The health of the public in this dispensation is constantly threatened by this scourge. As a result, vital members of the community are chronically plagued with sickness, feelings of self-blame (O'Leary et al., 2017), inadequacy and poor academic performance (Baker et al., 2016). They are also burdened with loss of control and power (Kennedy & Prock, 2016), loss of productivity, and poor societal inclusion resulting from depression (Hailes et al., 2019). As a result of the aforementioned, achieving positive social change (Laureate Education, 2015; Najaf et al., 2019) will likely remain elusive.

Summary

CSA has been shown to be an endemic problem which is undermining the public health and wellbeing of the population of South Africa and has far reaching health, social, and emotional impacts on the victims, their families, and the society at large. Interventions and preventive measures have failed for the most part to control it; rather, the prevalence has increased. To further complicate matters and make the situation more dire, many victims and their families never report or disclose it, perhaps due to associated stigma, fear of reprisals, or other socio-economic influences. This non-disclosure further complicates matters and is responsible for the uncomprehensive data that negatively

impacts the planning of targeted intervention and preventive measures. The general

mediators that have been suggested by studies to impact CSA and non-disclosure have

been considered using the Bronfenbrenner's social ecological model as a guide, whereas

the possible outcomes of non-disclosure like revictimization and protracted emotional

health problem have been considered as well. In order to understand the predictors of

CSA, the reasons for non-disclosure, the impact of non-disclosure, and the experiences of

the victims need to be explored in detail. As such, a qualitative study design which used

in-dept interviews was selected in order to obtain the needed data.

In the following sections, the factors contributing to CSA in South Africa were

explored in detail and compared to the contributory factors in the rest of the world. The

factors associated with non-disclosure, and the outcomes of CSA non-disclosure were

also explored with the intention of identifying the most important themes. This thematic

process was guided by the groupings of the Bronfenbrenner's socio-ecological model,

and how they are interrelated.

Chapter 2: Literature Review

Introduction

CSA continues to show increased prevalence in South Africa (Bosilong & Mbecke, 2019; Wiltkinson, 2018). It presents with increasing deleterious impact on the victims, their families, and society at large. This scenario may be as a result of improperly targeted preventive and management public health strategies. However, some factors in the system promote the scourge of CSA through victim silence and non-disclosure (Alaggia et al., 2017; Lemaigreet al., 2017; Maluleke, 2018; Ramphabana et al., 2019). In order to better control CSA and design more effective preventive measures, understanding the factors resulting in CSA and its non-disclosure is pertinent.

The purpose of this study was to explore the past experiences of adults who experienced CSA as minors and the role of associated social ecological influences like bias, disbelief, blaming the victim, and being judgmental, that may be responsible for the current trend of under-reporting and revictimization. Offenders are undeterred with repeated assaults and revictimization (Macmillan et al., 2013), suggesting uncovered factors that influence the assailant to repeat assaults, and which may result from the social ecological influences of a victim's family, immediate community, organizations they are exposed to, and the society (Campbell et al., 2009). As Naidoo (2013) noted, CSA victims have often failed to disclose or report the incident due to their personal experiences in relation to their family, community, organizations, and society, and the underlying emotional trauma associated with these experiences may be a driver of CSA non-disclosure. These factors may contribute negatively to the victims' beliefs and

behaviors such as the shame, blame, stigma, and loss of power and control, resulting in revictimization, which has far-reaching emotional and psychiatric impacts on the lives of the victims (Markowitz et al., 2011). However, the existing data on this appears to be uncomprehensive, insufficient, and misleading (Jewkes & Abrahams, 2002), thus impeding the planning of effective prevention and intervention programs. Although studies and reviews abound on the causes and mediators, there is a scarcity of recent studies to identify the reasons behind the severe underreporting and non-disclosure in South Africa (Bosilong & Mbecke, 2019; Naidoo, 2013; Yesufu, 2020), and this greatly limits the planning of effective prevention and intervention programs.

South Africa has the highest CSA rates in the world, which has prevailed despite efforts to curb it (Naidoo, 2013). Many factors have been commonly found to predict CSA prevalence, and they include cultural and racial factors like racial and ethnic dispositions (Sawrikar & Katz, 2017), mythology (Groce & Trasi, 2004; Murray & Burnham, 2009), violence from apartheid culture (Sibanda-Moyo et al., 2017) and religious inclinations (Harper & Perkins, 2018; Katzenstein & Fontes, 2017; Rashid & Barron, 2019; Rugwiji, 2017). It is also predicted by family factors like family conflict and violence (Bergner et al.,1994; Finkelhor, 2009; Madu & Peltzer, 2000), intra family authority and power (Goodrum et al., 2019), absence of caregiving adult and non-caregiving adult at home (Finkelhor, 2009), parental substance use and abuse (Ward et al. 2018), marital conflict (Finkelhor, 2009), presence of step parenting (Finkelhor, 2009; Madu & Peltzer, 2000), family size (Walker et al., 2019), family power issues and patriarchy (Nelson et al., 2011; Zondo, 2019), poor parental communication, poor

attachment and social isolation (Alaggia et al., 2017; Bifulco et al., 2005; Finkelhor, 2009; Mekuria et al., 2015).

CSA non-disclosure was also found to result from social factors like parental employment (Bergner et al., 1994; Finkelhor, 2009; Madu & Peltzer, 2000), income and socioeconomic levels (Finkelhor, 2009), offender threats and fear of reprisal (Münzer et al., 2014), township dwelling (Kheswa, 2017; Sanjeevi et al., 2018), personal factors like earlier CSA episodes (Walker et al., 2019), coercion and sexual talk (Nicholas, 2007), victim psychiatric and cognitive health (Euser et al., 2016; Eversn & Sandoval, 2011; Leander, 2010; Willott et al., 2020), victim substance use and abuse (Ward et al., 2018), victim trust and offender authority (Bosilong & Mbecke, 2019; Sibanda-Moyo et al., 2017), and organizational and structural factors like poor staffing (Nen dan & Astbury, 2011), inadequate training, delays, and absence of prompt intervention (Everson & Sandoval, 2011; Leander, 2010). Many nations, authorities, and organizations the world over and particularly in the developing nations like the African countries still grapple with the measurement of CSA, and it may range from minor to major and to severe use of force, from touching, sexual innuendos and communication, exhibitionism, to penetration, all of which may predict different levels and outcome severities (Beitchman et al., 1992; Daniel et al., 1996).

Failure to report are persistent challenges when determining the scale of CSA and providing effective preventive and corrective measure (Wilson & Miller, 2016). Furthermore, failure to report contributes to the sexual revictimization because offenders get used to the idea of walking free (van Westrhenen et al., 2017). This has made it

pertinent to explore and understand the family, community, societal, and organizational

predictors of nondisclosure and even recanting (Malloy et al., 2016) and how they are

related in order to effectively address this issue (Collin-Vézina et al., 2013). Studies

indicate that over half of the CSA victims in one way or the other fail to disclose the

occurrence (Wilson & Miller, 2016), however, in South Africa, with the highest CSA

rates in the world, the scenario is severely dire, as only 1 in 20 cases of CSA is ever

reported, and even a lower ratio reach the scrutiny of the judicial system (Naidoo, 2013).

Studies have speculated that non-disclosure may be as a result of many reasons such as

cultural beliefs and boundaries, family forces, interpersonal dispositions, threats from

offender, biased debriefing by first responders and law enforcement, and a failing legal

system with unfinished suits and cases that just died a natural death. However, none of

these forces have been substantiated using the experiences of these victims of CSA.

     The long term sequalae include social and emotional outcomes such as increased

vulnerability from feelings of loss of power and control (Kennedy & Prock, 2016;

Markowitz et al., 2011; Willie et al., 2016), HIV and sexually transmitted diseases

(Markowitz et al., 2011), fear of reprisal (Münzer et al., 2014), internalization, mental

health problems, betrayal and stigmatization (Collin-Vézina et al., 2013), shame and

behavioral changes like hypervigilance and abnormal sleep rhythms (Naidoo, 2013). It

also includes sexual risk behavior, multiple sex partners, sexual aggression (Markowitz et

al., 2011; Willie et al., 2016), psychiatric disorders in adulthood (Bifulco et al., 2005)

future sexual dysfunction (Beitchman et al., 1992), substance use and abuse (Markowitz

et al., 2011), spousal abuse, gender violence, blame (Campbell et al., 2009), stigma and

stigmatization (Tillman, 2010), persistent anxiety and confusion (Tener & Murphy, 2014), amplified pain and poorer long-term mental and physical health outcomes (Coles et al., 2015), anxiety, depressive states, suicidal tendencies and sexual dysfunction (Beitchman et al., 1992; Willie et al., 2016), guilt and self-blame (O'Leary et al., 2017), and poor academic performance (Baker et al., 2016).

In this chapter, the literature search methods and strategies were reviewed, and search words and phrases identified with a view to locating studies that are relevant and pertinent to the research topic. The theoretical foundation for the study was identified, and the suitability related to the study, indicating the different levels of influence and how they interrelate and also affect the participants and victims in this study were also identified. It also explored the prevalence of CSA, the predictors in South Africa, in comparison to other parts of the world, and the factors associated with non-disclosure and attempted to identify them within the different levels of the theoretical foundation. Finally, it also explored and identified the outcomes of CSA and the outcomes of non-disclosure in relation to the perpetration of a vicious cycle.

Literature Search Strategy

For the literature review in this study, the keywords searched included *child sexual abuse, adult experiences, myths, revictimization, risk factors, HIV, rape, reporting, disclosure, barriers, minors, prevalence, family ecological theory, family, community, organizational and societal factors, bias, blame, motives* and *predictors* or any of their combinations, in databases like EBSCO Host, Pubmed Central, NIH, Medline full text, ProQuest, Ulrich, Thoreau, and Google Scholar in multiple database

searches. The search process involved putting in a primary search word or term in the search box, then selecting other parameters of the needed study like the methodology and the time period of the needed article. In some instances, there was a scarcity of recent articles from 2017 to 2020. Whenever this occurred, the primary and secondary search terms were juggled, and when there were still no results, the search now included dissertations newspaper inclusions and conference proceedings.

Theoretical Foundation

The theoretical base and framework for this study was Bronfenbrenner's social ecological model (Bronfenbrenner, 1986; Campbell et al., 2009). In 1986, Bronfenbrenner explored the influence of external environments on the functioning of families as contexts of human development and findings gave birth to this theory. This theory is similar to the Bowen family systems theory (Brown, 1999; Kerr, 2000; USDOJ, 1997) and it explains and addresses the experiences that individuals get exposed to in the form of systems like the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, and how these experiences impact and inform their behavior, lifestyles and result in non-disclosure, and under-reporting, leading to high risk for CSA and revictimization based on the personal, interpersonal, family, societal, and organizational level circumstances and predictors.

Another study by Campbell et al. (2009) deployed Bronfenbrenner's ecological theory to explore the impact of sexual assault and understand how factors at multiple levels like the individual level contribute to post-assault sequelae with outcomes on women's mental health (Onwuegbuzie et al., 2013). They compared this theory to the life

course theory (WHO.INT, 2000) and indicated that Bronfenbrenner's ecological systems theory is a more suitable fit for framing quantitative, qualitative, and mixed research. Furthermore, in comparison to the life course theory, Bronfenbrenner's ecological systems theory better explains and classifies the specifics of the participants' experiences from exposure to different systems. It has also been shown to provide guidance to the identification of themes of interest in understanding the experiences of the participants.

Figure 1

Factors Affecting Non-Disclosure and Non-Reporting of CSA Based on Bronfenbrenner's Social Ecological Model
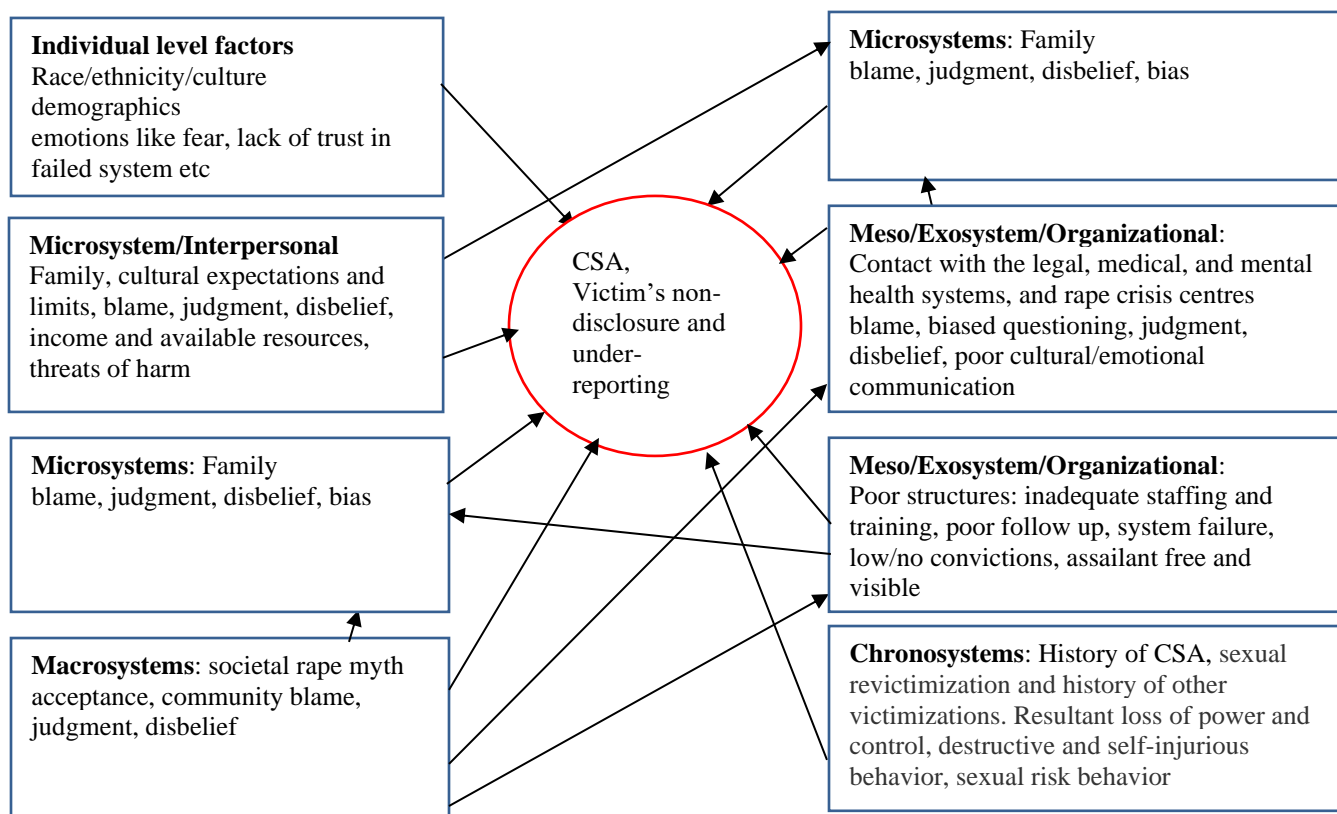
Literature Review Related to the Key Concepts

Nen dan and Astbury (2011) explored the organizational barriers in working with CSA victims in Malaysia on the levels of the mesosystem and exosystem using Bronfenbrenner's theory. The results identified factors indicating that excessive workloads hampered productivity in the social workers, as much as inadequate time provision to review submissions and have repeated assessment sessions resulted. They resulted in tardy work done and limited disclosure by victims (Nen dan & Astbury, 2011). Kennedy and Prock (2016) used Bronfenbrenner's theory to explore the outcomes of CSA; they found that it results in behavioral modifications like self-blame, self-judging, stigmatization, internalization, diminished survival instincts, diminished or non-existent help seeking behavior, loss of power and control, emotional degradation, and survival dysregulation (Kennedy & Prock, 2016). Again, in studies by Naidoo (2013) and Collin-Vézina et al., (2013), Bronfenbrenner's theory was used to explore CSA outcomes. They found that it resulted in feelings of shame, betrayal, and loss of trust with permanent emotional and lifestyle changes like keeping sealed lips and non-disclosure. Onwuegbuzie et al., (2013) also indicated that Bronfenbrenner's ecological systems better explains the qualitative responses and the specifics of the participants' experiences from exposure to different systems.

Prevalence of Child Sexual Abuse

CSA is a social and health scourge that has become a pandemic affecting nations all over the world with about 20% of females and about 10% of males, and has far reaching deleterious physical, mental, emotional, and social impacts on the lives of the

victims for long into their adulthood, as it does their families and loved ones (Collin-Vezina et al., 2013). Kheswa (2017) reported in his study of the impact of CSA on the self-worth of adolescent females in South Africa, that the prevalence of CSA in South Africa comparatively exceeds those found in developed nations like the United States and the United Kingdom with prevalence rates of 26.8% (Finkelhor, 2014) and 18.6% (Radford et al., 2013) respectively, with 53% of females who have been sexually abused based on the study by Artz et al., (2018). In the same vein, Naidoo (2013) reported that South Africa has an abnormally high prevalence of CSA, compared to the whole world with over 68,000 cases reported to the South Africa police service in 2009. This is despite the recorded underreporting of 1 in 20 cases. The study also noted that a failing criminal justice system and the potential for secondary trauma at the hands of first responders were responsible for the underreporting (Naidoo, 2013), in addition to the possible bias, blame, betrayal, and attending family and societal factors (Collin-Vézina et al., 2013).

Naidoo (2013) found that most of the offenders were known to the culprits and school teachers were found to be the most prevalent, followed closely by relatives of the victims, whereas responses from the medical, law enforcement and the legal justice systems were identified as playing a pivotal role in the outcomes and as such must be included in the reeducation interventional efforts. In another study in South Africa, van Westrhenen, et al. (2017) explored the experiences of first line responders caring for severely sexually abused children using an inductive approach to thematic analysis and a qualitative methodology. They found that child abuse rates in South Africa are abnormally high, although the social workforce is non commensurate and inadequate,

being mostly subject to work overloads, complex sociocultural scenarios, and high risk of fatigue and burnout (van Westrhenen et al., 2017). This was indicated as a possible barrier to disclosure, as methods used in questioning and poor cultural and emotional communication may make the system ineffective, thus calling for an enhanced supervision and education of social workers and responders who relate with and care for these victims (van Westrhenen et al., 2017).

Factors Contributing to CSA in South Africa

Although studies in CSA abound, very few identify and validate the risk factors for CSA, revictimization, non-disclosure, and underreporting in the South African context. Madu and Peltzer (2000) while examining the risk factors prevalent in CSA amongst high school students in the northern province (Sotho) of South Africa using a mixed methods retrospective study of 414 students, found that CSA had a prevalence of over 54% whereas four out of the eight of the Finkelhor's CSA risk factors check list were evident (Bergner et al., 1994; Finkelhor, 2009; Madu & Peltzer, 2000). Finkelhor's list includes non-northern Sotho ethnicity, an employed mother but not as a laborer, presence of a stepparent in the household during childhood, and regular violence in the victim's home (Bergner et al., 1994; Finkelhor, 2009; Madu & Peltzer, 2000).

Cultural and Racial Factors

Ethnicity and Racial Dispositions

Studies have identified belonging to a minority ethnic group like being non-northern Sotho, may put an individual at increased risk of getting victimized, and sexually abused (Bronfenbrenner, 2009; Madu & Peltzer, 2000)**.** A study conducted in

the northern province with predominantly Sotho people showed that the non-Sotho tribe had a higher risk of being victims of CSA. Belonging to an ethnic minority group has also been identified as responsible for making people stand out as a weaker class and mediating sexual victimization in studies exploring Chinese people in Australia (Sawrikar & Katz, 2017) and Setswana people in South Africa (Chabeletsane, 2015).

Mythology and the Virgin Cleansing Myth

In South Africa, CSA has been mostly associated with mythology that at best is nonsensical and holds no sense. This Zulu virgin cleansing mythology claims that sex with virgins rids men of the HIV virus (Baleta, 2001; Charlier et al., 2018; Groce & Trasi, 2004; Murray & Burnham, 2009; Sivelä, 2016; Yesufu, 2020). According to Yesufu (2020), the rape of young children has been perpetrated by this virgin cleansing myth which has been linked to the sporadic rise in the HIV/AIDS epidemic in South Africa, and widely promoted by traditional healers or Sangomas (Baleta, 2001). However, no truth has been shown regarding this claim, rather it appears the CSA may be perpetrated by other factors other than mythology.

History of Apartheid and Violence

South Africa has a culture of violence stemming from the violent, abusive and oppressive apartheid regime. In a recent study for example, 51.1% of men and 33.8% of women responded that it is acceptable for a man to hit his partner if she is guilty of any misdoing except burning food which showed equal figures (Maluleke, 2018). This culture of violence is continuously and increasingly normalized and tolerated, thus eating deeply into the sociocultural fabric of the people (Sibanda-Moyo et al., 2017).

Religious Inclinations

Religious beliefs such as may be found in Jewish communities, traditional religion, and the orthodox/unorthodox churches tend to teach female submission. This may increase the risk profile of victims (Harper, & Perkins, 2018; Katzenstein & Fontes, 2017; Rashid & Barron, 2019; Rugwiji, 2017), who are too young to understand the levels of submission and where they should occur. In the same vein, the male counterparts may take this notion for granted and perpetrate male domination.

Family Factors

Marital Conflict and Violence

Marital conflicts and regular fighting at home disrupts the expected healthy balance. This may make the child feel uncared for and unloved, creates opportunities for lapses in monitoring, controlling, educating and chaperoning the affairs of the family members. It may also lead to the introduction of substances and drugs by parents and victims (Ward et al., 2018). When this occurs it further complicates the scenario and increases the risk of CSA (Bergner et al.,1994; Finkelhor, 2009; Madu & Peltzer, 2000).

Results from their different studies underscored the need for the four identified risk factors of the eight Finkelhor's CSA risk factors checklist to be used. They are non-northern Sotho ethnicity, an employed mother but not as a laborer, presence of a stepparent in the household during childhood, and regular violence in the victim's home (Bergner et al., 1994; Finkelhor, 2009; Madu, & Peltzer, 2000). These should be used in planning preventive strategies and an effective campaign against CSA in the northern province (Madu & Peltzer, 2000).

Caregiving Adult and Stepparenting in the Home

The presence of a non-caregiving adult in the home may increase inequality of power from a relative, friend, or co-tenant. This is because they may have their own selfish interests aside from caring for or chaperoning anyone in the home, and can thus easily manipulate and coerce an unsuspecting child, as indicated by Pittenger et al. (2018) study results. The absence of a caregiving adult at home also means that there isn't any form of supervision in the home (Finkelhor, 2009). This puts the minors in the home at greater risk of harm (Finkelhor, 2009).

The presence of a stepparent during childhood may result in neglect and antipathy. It may also result in physical and other forms of abuse and higher risk of sexual abuse. This is due to the position of control the parent may command, resulting in fear and which can lead to sexual abuse (Bergner et al., 1994; Finkelhor, 2009; Madu & Peltzer, 2000).

Parental Substance use and Abuse

Parental substance use and abuse was found to be a strong predictor of CSA and HIV infection in a quantitative methods cross-sectional study of a nationally representative sample. The study assessed 15 to 17year old children whose parents had given consent (Kheswa, 2017; Ward et al., 2018). Parental substance use or abuse was found to result in poor judgement, increased aggression, libidinous potentials, and loss of control, as well as reduce inhibition and good judgement (Ward et al., 2018).

Intra Family Authority, Power, Patriarchy, and Culture of Male Dominance

A culture of power and patriarchy by men in their families has been shown to be responsible for gender abuse, sexual abuse and other forms of abuse in the family (Nelson et al. 2011). Also, a study by Zondi (2019) in Kwazulu Natal province of South Africa suggested that the male figure felt entitled to exhibit their power and dominance based on cultural backgrounds and ancestral influences. As a result, he subjects family members and the female gender to patriarchal abuse. This leaves the female family members living in fear which subjects them to higher levels of sexual abuse risk.

In the same vein, cultural influences in the family where there is male domination and female subordination in which the girl child is taught to be quiet, to listen and take directives has also been found to contribute to the domestic violence and sexual abuse risk level of the victim (Goodrum et al., 2019).

Social Factors

Employment

Having to work as a fully employed mother, but not as a laborer or farm hand, meant not being around or present at home for long durations. It also meant not being able to show up and check in to direct and chaperone the children or whoever is there with them. This increases the risk of CSA due to poor monitoring and encourages intrafamily offending (Bergner et al., 1994; Finkelhor 2009; Madu & Peltzer, 2000).

Income and Socioeconomic Levels

Unemployment or inadequate employment, on the other hand can lead to poor income and economic instability. This is usually from a scarcity of resources for the family and may result in higher risk of doing anything for money like sexual favors for

money (Kheswa, 2018). It will also increase the risk of substance use, CSA and revictimization. More so, unemployment can result in ample time to idle away with friends and indulge in drinking of the popular local brew in shebeens (local watering holes), as such, minimizing the time to supervise the children.

Victim Age, Gender, and Family Size

Studies have indicated that younger children who are females are more at risk of CSA in South Africa than older children and males (Naidoo, 2013; Yesufu, 2020). This is because younger children often offer no resistance and as such are easier targets to the perpetrators. Younger females have also been related and associated with beliefs in prevalent mythology of virgin cleansing because younger children are definitely more likely to be virgins (Naidoo, 2013; Yesufu, 2020). As such many studies, including reported statistics have shown that even babies have been victims of CSA (Bosilong & Mbecke, 2019; Naidoo, 2013; Wiltkinson, 2018; Yesufu, 2020).

On the other hand, a larger family size appears to increase the risk of violence and CSA in the family. This was suggested in a study by Walker et al. (2019). They indicated that this may be as a result of less effective monitoring and supervision on the part of the parent or supervising adult due to an obvious imbalanced parent to child ratio.

Offender Threats and Fear of Reprisal

The presence of offenders in the society, especially when they are visible to the victims has the negative impact of increasing victims' fear of being harmed (Alaggia et al., 2017). It also increases the risk of repeated sexual assault (Münzer et al. 2014). This may result from a failing legal system (van Westrhenen et al., 2017) that has failed to

arrest or prosecute the offender. In the case of a failed legal system, the offenders are released back to the community.

Living in Townships and Impoverished Locations

CSA may be found to be more prevalent in the townships for example Diepsloot in Johannesburg, South Africa. The same may occur in impoverished locations and squatter camps because of the severe poverty levels associated with CSA and these places (Kheswa, 2017). This prevalence is attributable to the crowding from high populations, and the low level of education and enlightenment, which have been found to predispose to and increase CSA risk (Sanjeevi et al., 2018).

Other Forms of Abuse

Ward et al. (2018) agreed that other forms of abuse like emotional abuse, physical abuse, violence, neglect, family abuse were all associated with sexual victimization. These factors were found to undermine the self-worth and emotional balance of the victim, increasing their culture of fear and submission. As a result, it promotes loss of power and increases the risk of CSA. Parental experiences of abuse, violence, and neglect as children, are also associated with perpetrating abuse in later years such as emotional, physical, spousal, and child abuse (Ward et al., 2018).

Personal factors

History of Earlier Sexual Abuse

Studies have indicated that the victim having a prior physical or sexual abuse incident (Macmillan et al., 2013) puts the victim at a higher risk of CSA. This is due to the victim's feelings of inadequacy and loss of power. In the same vein, the assailant

committing the act in the past without appropriate repercussions (Rugwiji, 2017) also

sends the wrong signals and may result in repeat attacks of same or other victims.

Coercion and Sexual Talk

Nicholas (2007) in a qualitative methods study, explored the unwanted sexual

experiences in a representative sample of 1,434 South African first year university

students. He found that coercion in the form of "talk" of a sexual nature by people they

already knew was a strong predictor, and then fear took over because the person was

usually bigger or perceived to be stronger. He also found that about 30% of these

freshmen reported sexual exposure from just talk, whereas over 40% of these new

students already knew their assailants (Nicholas, 2007). This study underscores the need

for effective education of new university students by the school and their families on

what fresh men students may expect from older university students so they can easily

recognize such talk and situations, and avoid finding themselves in situations that

compromise their safety (Nicholas, 2007).

Victim Trust, and Offender Authority

Studies on the correlates of CSA have indicated that a majority of CSA cases have

resulted because the attacker was in a position in which they were trusted by the victim.

They also indicated that the victim was comfortable with them, such as a parent, step

parent, relative, friend, sibling, teacher, and spiritual leader (Bosilong & Mbecke, 2019;

Sibanda-Moyo et al., 2017). There were also indications of the perpetrator being in a

position of authority or power over the victim such as a parent, stepparent, close relative,

and spiritual or academic instructor (Bosilong & Mbecke, 2019; Sibanda-Moyo et al., 2017).

Cognitive Impairment

Presence of some level of cognitive impairment and developmental disability usually undermines the credibility of the person to testify in court. This group pf persons may be considered a vulnerable population. The scenario also undermines decision making ability, and increases risk for victims who may have diminished executive and motor function (Euser et al., 2016).

Victim Substance Use and Abuse

Victim substance use and abuse was found to be a strong predictor of CSA and HIV infection in a quantitative methods cross-sectional study of a national representative sample. These participants of 15 to 17year old children whose parents had given consent (Ward et al., 2018; Kheswa, 2017) indicated that parental substance use and abuse resulted in poor decision making and increased health risk behaviors. Substance use or abuse as well as on the part of the assailant leads to poor judgement, libidinous potentials, and loss of control, as well as reducing inhibition and good judgement on the part of the victim (Ward et al., 2018).

Organizational and Structural Factors

Poor Staffing

In organizations like schools, churches, homes and shelters, day centers and programs, etc, where children need to be supervised and chaperoned (Finkelhor, 2009), there is a strong need for adequate staffing (Nen dan & Astbury, 2011) in the facility.

When this need isn't met, there isn't effective monitoring of the individuals. As a result

of poor staffing and monitoring, foul play can go unnoticed.

Table 1

Factors Associated With CSA and Non-Disclosure, Organized Into Elements of the Theoretical Model

Theoretical model grouping into systems	Factors associated with CSA	CSA reported in South Africa	CSA reported in other countries
Microsystem	Racial and ethnic dispositions	*	*
Macrosystem	Mythology and the virgin cleansing myth	*	
Chronosystems	History of apartheid and violence	*	
Microsystems	Religious inclinations	*	*
Chronosystems	Marital conflict and violence	*	*
Chronosystems	Intra family authority and power	*	*
Microsystem and Exo system	Non-caregiving adult at home	*	
Chronosystem	Parental substance use and abuse	*	
Microsystem	Presence of step parenting in the household	*	*
Microsystem and Exo system	Absence of caregiving adult at home	*	*
Microsystem	Family size	*	
Macrosystem and Microsystem	Power, patriarchy and culture of male dominance	*	*
Microsystem	Employment	*	
Microsystem	Income and socioeconomic levels	*	
Macrosystem and Microsystem	Offender threats and fear of reprisal	*	*
Exo system	Living in townships and other impoverished locations	*	*
Chronosystem	Other forms of abuse	*	
Chronosystem	History of earlier sexual abuse	*	*
Microsystem	Coercion and sexual talk	*	
Exo system	Victim trust and offender authority	*	*
Microsystem	Cognitive impairment	*	*
Microsystem	Victim substance use and abuse	*	*
Mesosystem and Exo system	Poor staffing	*	
Mesosystem and Exo system	Inadequate training	*	
Chronosystem	Prior history of abuse	*	*
Microsystem	Victim age and gender	*	*
Chronosystem	Racism and ethno-racial minority	*	*
Microsystem	Mental health issues	*	*
Exo system	Absence of caregiving adult	*	*
Microsystem and Exo system	Economic instability and poverty levels		*
Macrosystem	Patriarchy, authority, and power inequality	*	*
Microsystem	Poor parental communication, poor attachment, and social isolation		*
Microsystem	Marital conflicts, and domestic violence		*

Factors Associated With CSA and Non-Disclosure, Organized Into Elements of the

Theoretical Model

Theoretical Model grouping into systems	Factors associated with CSA	CSA reported in South Africa	CSA reported in other countries
Chronosystem	Concurrent presence of physical abuse		*
Factors associated with non-disclosure of CSA			
Exo system and Mesosystem	Poor conviction rates, legal system Failure		*
Microsystem	Shame, stigma and persistent fear		*
Exo system and Mesosystem	Unsupportive family and community dynamics		*
Exo system and Mesosystem	Inadequate social services		
Microsystem and Macrosystem	Ethnicity and culture		
Microsystem and Exo system	Self-blame and labelling		*
Microsystem	Family member involvement		*
Microsystem and Macrosystem	Threats by perpetrator and fear of reprisal		*
Microsystem	Socioeconomic status		

Inadequate Training

The availability of professionally trained personnel (Everson & Sandoval, 2011; Leander, 2010; Nen dan & Astbury, 2011) also cannot be overemphasized. This is important in order to avoid delays due to the absence of prompt intervention It is also important in order to ensure professional supervision of the children and identify risks of sexual abuse on time. In the light of this, any identified tell-tale signs of early sexual abuse will be reported immediately to the authorities for investigation before it gets full blown and out of hand (Everson & Sandoval, 2011; Leander, 2010).

Factors Contributing to CSA in Other Countries

Prior History of Abuse

Walker et al. (2019) conducted a meta-analytic review of 1,412 articles on CSA predictors in the general world population while exploring the mean prevalence of sexual revictimization across these studies, and similar in the study by Coles et al. (2015), in which they explored the associations of childhood sexual abuse with adult physical and mental health outcomes. They found that CSA survivors are at a greater risk of victimization, commonly known as revictimization, later in life when compared to the general population. Their study outcomes of 47.9% mean prevalence at 95% confidence interval suggested that almost half of CSA survivors are sexually victimized in the future (Walker et al., 2019). However, whereas the study by Walker et al. (2019) predicts the need for effective preventive measures in order to control the CSA occurrence, Coles et al. (2015) emphasized earlier effective preventive measures because prior CSA may amplify pain and poorer long-term mental and physical health among women who are again exposed to violence in adulthood. In a similar study by Olley (2008), in which CSA was explored as a risk factor for sexual risk behavior among socially disadvantaged adolescents in Ibadan, Nigeria, he found that a prior incident of CSA predicted repeated CSA and revictimization through increased risk of sexual risk behavior in socially disadvantaged persons.

Age, and Gender

In another study in the United States of America by Pittenger et al. (2018), the predictors associated with CSA revictimization were explored and found to be related

strongly to prior CSA. They were also found to be related to younger ages at initial

occurrence, female gender, ethno-racial minority, an identified mental health problem,

presence of a non-caregiving adult in the home, and domestic violence at home, however

no community influences were found to be predictive. In another study, Yesufu (2020)

argued that the age of the child usually undermines their competency and ability to testify

in court because of their imaginations and the tendency to tell lies against people they

may not like, for example, stepfathers. This suggests that care must be taken to extract

information from kids in such scenarios using different means.

Racism and Ethno-Racial Minority

In an Australian study, Sawrikar and Katz (2017) explored the impacts of

ethnicity and cultural differences as barriers to CSA reporting and disclosure while

investigating Chinese people in Australia (Sawrikar & Katz, 2017) and Setswana people

in South Africa (Chabeletsane, 2015). They found that being of ethnic minority in these

locations put victims at higher risk in the community. As such they tended to avoid

disclosure in order to prevent racial attacks, ostracization and excommunication

(Chabeletsane, 2015; Pittenger et al., 2018; Sawrikar & Katz, 2017).

Mental Health Issues

Mental health problems can impair good judgement and behavior control in

people, both victims and assailants, and thus make them more vulnerable to CSA (Eversn

& Sandoval, 2011; Leander, 2010; Willott et al., 2020). Results from their studies

indicated that individuals with cognitive and intellectual problems were at higher risk for

sexual abuse (Eversn & Sandoval, 2011; Leander, 2010; Willott et al., 2020). This class

of individuals are considered vulnerable. Again, mental health issues will undermine the persons competency to testify in any court, according to studies by Yesufu (2020), and Euser et al. (2016).

Absence of a Caregiving Adult

Finkelhor (2009) in his study to explore the programs for the prevention of CSA indicated in his study outcomes that poor parental attachment and poor chaperoning by a responsible adult at home, school, church or where ever, played determining roles in the prevalence of CSA. This is because bonding is strengthened by a care giver prescence. As such increasing caregiver-child communication, teaching, social activities, and guidance will better the understanding and self-confidence of the child, thus supporting the prevention of CSA.

Economic Instability and Poverty Levels

According to a study by Mathews et al. (2016), poverty, minimal income, and belonging to a lower socioeconomic class all impact the wellbeing of the child. This is because they may result in being needy, and have low self-esteem. This puts them at higher risk, just like it will affect their parents who may become abusive from constant anger, and suffer depressive states. They may also seek outlets from their financial stress like alcohol, substance use and abuse, and further complicate the scenario and cause desperation and lack of caution. This web will put the children at higher risk of CSA.

Patriarchy and Inequality

Intra-family offending as a result of power inequality and positions by offenders were found to be predictors of CSA and revictimization in a qualitative cross-sectional

study in Geneva by Daniel et al. (1996). They found that the perpetrator was a family member and the victim felt powerless from threats, possibilities of punishment and physical abuse. Daniel et al (1996), and Murray and Burnham (2009) identified close associations with intra-family offending in CSA. Daniel et al. (1996) found that CSA perpetrated by a family member was most damaging because of the betrayal and loss of trust, they also found that even adolescents were perpetrators in some cases as a result of being bigger, older and in family power positions over victims. A similar study by Nelson et al. (2011) explored the impact of sexual violence on children in the raging wars of the Eastern Democratic Republic of Congo and found that the ongoing wars and conflict complicated the power issues and patriarchy and resulted in a prevalence of CSA with long term outcomes on the victims that include accepted fear and submission.

In the same vein, a study in Kenya in which the non-consensual sexual experiences of youth were explored by Njue et al. (2005) found that CSA was predicted by a power inequality in which the female youth faced an unequal systemic denial of positions of influence and available resources in different scenarios. They were also subject to humiliation, required to be more submissive and accept being at the receiving end of whatever the male gender offered. On the other hand, the male gender was more authoritarian based on the systemic definitions of masculinity characterize by manifested audacity and sexual recklessness. The study indicated that the male youth were more perpetrators than victims whereas a reversal of this scenario was evident amongst the female youth who were mostly victims and hardly perpetrators (Njue et al., 2005).

Poor Parental Communication, Poor Attachment and Social Isolation

Other studies in Ethiopia (Mekuria et al., 2015), Canada (Alaggia et al., 2017) and in the general United States population (Finkelhor, 2009) indicated that social isolation was a mediator and increased risk for CSA through reduced contact and communication with parents or older siblings, and poor chaperoning. The same applied to living alone or with sibling who are neither qualified to care for themselves nor care for younger siblings. The mixed methods cross-sectional study employing the family ecology theory in Ethiopia found that the odds of experiencing life time rape was higher among students who lived alone, and among students who lived with their friends in comparison to those who lived with their parents (Mekuria et al., 2015). In the same vein, the mixed methods study in the general US population associated the occurrence to an ecological theory and indicated that isolation and poor parental attachment and chaperoning amongst others like marital conflicts and family violence, played evident roles in the prevalence of CSA (Finkelhor, 2009), whereas the Canadian mixed methods study that employed the life course theoretical framework and socio ecological perspective found that social isolation and dysfunctional communication amongst others contributed to CSA prevalence and the failure to disclose (Alaggia et al., 2017).

Marital Conflicts, and Domestic Violence

Finkelhors (2009) used the ecological theory in his mixed methods study to explore the possible predictive factors and preventive measures for CSA. He identified marital conflicts, low family or parental income, lower socioeconomic levels, poverty levels, and presence of step parenting as dominant predictors. He further indicated that

individuals usually live in-fear of being blamed because they may think that they are responsible for the conflicts and violence between their parents. As such, these individuals have the fear of harsh and insensitive responses from the public, and public negative reaction which all play a role in discouraging them from speaking up and reporting (Finkelhors, 2009).

Concurrent Presence of Physical Abuse

The close association between physical abuse and sexual abuse was shown by Macmillan et al. (2013) using qualitative methods in a cross-sectional study in Ontario, Canada. They indicated that both forms of abuse have closely related risk factors and thus indicative of the fact that physical abuse may also be predictive of CSA. This appears to be due to constant fear and the victim's loss of power and control following other forms of abuse (Kennedy & Prock, 2016; Markowitz et al., 2011).

Outcomes of CSA

The outcomes of CSA include revictimization (Classen et al., 2005; Pittenger et al., 2018) and far-reaching impacts on the victims, their families, and loved ones (Collin-Vezina & Daigneault, 2013). Physical health outcomes include unwanted early pregnancies, ano-vaginal and vesicovaginal fistulas, and vaginal prolapse (Boene et al., 2018). Psychiatric outcomes include feelings of betrayal and loss of trust (Naidoo, 2013; Collin-Vézina et al., 2013), later psychiatric outcomes like persistent anxiety, self-judging, internalization, stigma, stigmatization, posttraumatic stress disorder, depressive states, severe fear and trauma, and self-blame (Kennedy & Prock, 2016). Others include

sexually transmitted diseases like HIV, syphilis, herpes, gonorrhea, and chlamydia (Markowitz, 2011).

Although these are immediate outcomes, there are also longer term emotional and psychiatric outcomes (Campbell et al., 2009). The severe trauma resulting from this experience may lead to victim silence, due to an interplay of a myriad of complicated emotional outcomes like survival dysregulation, and the loss of power and control (Campbell et al., 2009; Kennedy & Prock, 2016; Markowitz et al., 2011) all resulting from the CSA. Whereas CSA has these outcomes, these factors appear to become more compounded when the victims experience repeated sexual violence (Classen et al., 2005), keep silent, and the CSA is not disclosed or reported. All of these result in a vicious cycle and the impact festers.

Factors Associated With Non-Disclosure

Poor Conviction Rates and Legal System Failure

"Silence" following CSA, non-disclosure, and even recanting, have been identified as a serious problem that is not only debilitating but clearly responsible for the inadequate data on CSA and gender violence in South Africa. It is also responsible for the perpetrators of CSA walking free which results in revictimizations due to poor convictions by a failing legal system. Although many predictors for CSA have been studied, non-disclosure which is a key element in this vicious cycle, has not been exhaustively explored in South Africa, neither have the experiences of these adult CSA victims been exhaustively studied using qualitative methods. This may be as a result of the risk in undercovering the possible dept of the decay in the society and the possible

political implications. With so much buzz currently on gender violence, past efforts appear to have failed and much more can be done to stem this decay, and there isn't a better time than now.

Wilson and Miller (2016) showed that over 60% of sexually victimized females refused to disclose. Studies have proposed factors that may be responsible for victims or even parents keeping silent following sexual victimization and CSA and failing to disclose to anyone or report the incident. In another study by Leander (2010), responder skills and bias in police interviews were explored in the patterns of reporting, avoidance and denial amongst victims of CSA using a qualitative methodology employing a socio-ecological theory. The study found that failure to report, non-disclosure and even recanting may have resulted from the secondary trauma caused by police responders not taking time to conduct repeat question sessions in addition to their informal methods and lack of emotional and cultural sensitivity in their questioning. It may have also resulted from the feelings of being blamed, disbelieved and judged. They also found that repeated question sessions produced better responses (Leander, 2010). In a similar police study, the researchers used forensic CSA evaluations by assessing subjectivity and bias in professional judgements (Everson & Sandoval, 2011). In their study while using a mixed methodology and a life course and cognitive theory, they appeared to agree with the earlier study by Leander (2010). They indicated that looks of skepticism and doubt, questioning that suggest bias, disbelief and officer related subjectivism resulted in poor reporting which may predict resistance to disclosure by minor victims (Everson & Sandoval, 2011). They also concluded that police officers needed more years of

experience to improve their objectivity and better handle CSA cases without any form of attending bias (Everson & Sandoval, 2011).

A more recent study evaluating police participants' perception by Venema (2016) made use of a modified grounded theory in a qualitative methods study to evaluate policemen's understanding of sexual assault and what informed their perceptions. The study concurred with earlier studies by Leander (2010), and Everson and Sandoval (2011), and identified police officer thought process as perceived by the victims, their lines of questioning, biased attitudes and lack of emotional communication as mediators of non-disclosure and under-reporting in victims (Venema, 2016). In addition, it underscores the need for improvement within police procedure like interviewing and responding to CSA victims. Chabeletsane (2015) also urged the employment of a multi-pronged effort which would involve the police and justice departments, and the reeducation and enlightenment of social workers, responders, parents and community members on the importance of immediately disclosing such incidents, the benefits for the children involved, and also the possibility of a conviction for the alleged offender.

Shame, Stigma and Persistent Fear

Alaggia et al., (2017) explored the facilitators and barriers to CSA disclosures in a mixed methods systematic review of CSA studies between 2000 and 2016 using the life course theoretical framework and social ecological theory. They identified different levels of possible predictive influences for non-disclosure including believing that they will be blamed or won't be believed, offender being from within the family with obvious power inequalities, tender age of initial occurrence, strong cultural, racial, or ethnic

beliefs resulting in the female gender not having a voice with attending hypermasculinity. The influences also include shame and blame, emotionally and culturally insensitive and judgmental responses from responders causing secondary trauma, non-supportive family structure, community blame, stigmatization and labelling, amongst others (Alaggia et al., 2017). Finkelhor (2009) also identified the fear of harsh and insensitive responses from family and responders, stigmatizing publicity, and an overreaction to offenders who are juveniles or offenders who are loved and favored family members as obstacles to reporting and disclosure.

Unsupportive Family and Community Dynamics

Lemaigre et al., (2017) explored the barriers and facilitators to disclosing sexual abuse in childhood and adolescence using a mixed methods study and a life course theoretical framework. They identified predictors like unsupportive family and community responses, anticipated negative consequences like blame, and disbelief by family and community, as barriers. Their study emphasized the implications and importance of addressing non-disclosure because it prevents timely access to help and thus allowing perpetrators to continue undetected (Lemaigre et al., 2017). This underscores the need for larger longitudinal studies to establish a temporal relationship and replicate the finding.

Inadequate Social Services

Organizational barriers in working with CSA victims in Malaysia were explored on the levels of the mesosystem and exosystems according to Bronfenbrenner. The researchers identified factors that suggest that excessive workloads for social workers,

inadequate time provision to review submissions and have repeated assessment sessions resulted in poor, tardy work done and limited disclosure by victims (Nen dan & Astbury, 2011). The study however used a small purposive sample and as such could not generalize its findings. These findings underscore the need for larger future studies (Nen dan & Astbury, 2011).

Ethnicity and Culture

Sawrikar & Katz (2017) in a systematic literature review and using the social ecological theory, explored the barriers to CSA disclosure in ethnic minority populations. They concluded that barriers to CSA disclosure were predicted by the deep desire to protect the family name and to shield the family members from the outcomes of racism like ostracization and excommunication. In addition, according to Sawrikar and Katz (2017), belonging to an ethnic minority group has also been identified as responsible for making people stand out as a weaker class and mediating sexual victimization in studies exploring Chinese people in Australia (Sawrikar & Katz, 2017) and Setswana people in South Africa (Chabeletsane, 2015). In agreement with the study by Sawrikar and Katz (2017), Chabeletsane (2015) in a thesis paper and one of the few studies on possible associations of CSA disclosure in South Africa, explored the perceptions of Setswana parents regarding the disclosure of CSA. They identified dictates by the boundaries of their culture that protects family name and reputation, avoids and prohibits labelling and any form of stigmatization, a fear of the offender, poor parental support, disbelief of victim, and a low socioeconomic status with low disposable income to deal with challenges of such an outcry. Results from these studies provide guidance to the future

training of responders like the police operatives and social workers to incorporate

emotional and culturally sensitive behavior and communication in order to identify and

deal with these cultural concerns early and effectively, and improve disclosure

(Chabeletsane, 2015; Sawrikar & Katz, 2017).

Cultural dictates have also been identified in studies by Fontes and Plummer

(2010), and Smith et al. (2010). They indicated that victims and their parents are

constantly subjected to and influenced by the dictates and boundaries of their culture,

thus influencing CSA reporting and disclosure and indicating the need for culturally

sensitive child abuse interviewing in order to facilitate disclosures of CSA from culturally

diverse children in formal settings. A similar study by Tillman et al. (2010) indicated

cultural factors and responses to initial disclosure as predictors of CSA non-disclosure

using an ecological theory model in a mixed methods study in an effort to break the

silence responsible for the prevalence of CSA and gender violence. Their study

concluded that insensitive and unsupportive responses to initial disclosure, stigmatization

of African American female sexuality, and fear of racism were all factors that predict

CSA non-disclosure.

Self-Blame and Labelling

Deploying a grounded ecological theory approach in a qualitative study with

interviews, Collin-Vézina et al. (2015) studied the individual, relational, and social

factors that are barriers to CSA disclosure. Results from their study suggest that self-

blaming and protecting oneself, being aware of the possible family dysfunction that may

result from telling, and fear of labelling by community result in non-disclosure. In

addition, avoiding the taboo of sexuality at such a tender age (Collin-Vézina et al., 2015),

also resulted in victim non-disclosure. Results underscore the need for larger studies

using bigger samples in order to generalize study outcomes to larger populations (Collin-

Vézina et al., 2015).

Family Member Involvement

In a mixed methodology study by Malloy et al. (2007), they studied the impact of

family and siblings and victim's trust and belief in them as responsible for recanting and

barriers to disclosure. They used a filial dependency model and family eco-social theory

to access the predictors. They resultantly revealed that recantation of the CSA allegations

was found to be strongly correlated to the incident involving a family member (Malloy et

al., 2007).

Threats by Perpetrator and Fear of Reprisal

Münzer et al. (2014) studied the barriers to disclosing sexual victimization in a

mixed methods longitudinal study. They identified critical reasons for non-disclosure as

feelings of shame, threats by the perpetrator, and an anticipated lack of support from the

system. On the other hand, in another study, van Westrhenen et al. (2017) used an

inductive approach to thematic analysis and a qualitative methodology to explore the

experiences of social workers that respond to CSA victims in South Africa. The study

results indicate that poor offender conviction rates, offenders being on a long bail and

continued moving around freely with visibility in the immediate community were

persistent predictors for non-disclosure of CSA and failure to report (van Westrhenen et

al., 2017).

Socioeconomic Status

Smith et al. (2010) in another study, explored barriers to help-seeking behavior for South African childhood sexual assault survivors. They found that associated barriers to reporting and help-seeking behavior included lower socioeconomic status of family (Chabeletsane, 2015) amongst others. This limits case follow-up, and the availability of adequate and consistent help.

Outcomes of Non-Disclosure

Revictimization

Although many known factors have been identified as predictors of CSA, the pathway to revictimization may not be very clear and mostly assumptions have been made on the temporal association of these factors with actual sexual revictimization. Pittenger et al., (2018) explored the different level predictors of sexual revictimization using the ecological systems theory in a quantitative longitudinal study which included ethno-racial factors, inter-marital violence, presence of psychiatric and cognitive problems, and non-care giver adult presence. They found results to be inconclusive and that there is poor clarity in identifying the factors contributing to revictimization and the pathway by which it occurs. Apparently, studies in this area are limited and not exhaustive, neither have there been many qualitative studies that examine experiences by victims that may result in this, even more so in South Africa.

Many studies across the world have established that prior CSA predicts later life revictimization in the victims, however not many studies have identified same in South Africa. This is despite the fact that many women acknowledge repeated cases of sexual

abuse following CSA. Walker et al. (2019) in a quantitative methods study, investigated the average prevalence of sexual abuse amongst many studies and found that CSA survivors are at greater risk of revictimization later in life compared to the general population with results (47.9% of 12, 252 CSA survivors at 95% confidence interval) suggesting that almost half of CSA survivors are sexually victimized in the future. Walker et al. (2019) further indicated the need for further studies in order to explore and identify specific mediators that account for this scenario.

Another study, Classen et al. (2005) explored predictors of sexual revictimization in a systematic review using the ecological theory and life course theory. They concluded that repeated violence and physical abuse as a child, traumas, specific ethnic associations, family violence, and recently occurring CSA were related to a higher risk of revictimization. Their study also found that up to 60% of CSA victims will be revictimized in the future (Classen et al., 2005). Other studies by Walker et al. (2019) and Olley (2008) showed that predictors of repeated sexual abuse amongst socially disadvantaged children in Nigeria include prior CSA and increased sexually risky behavior in socially disadvantaged persons. Studying addiction, Ward et al. (2018) found that other forms of abuse like emotional abuse, physical abuse, violence, neglect, family abuse were all associated with sexual victimization, whereas in another study, Scoglio et al. (2019) agreed that risk factors for revictimization following CSA include other forms of abuse and maltreatment occurring at the same time, high risk sexual behavior, post-traumatic stress disorder, poor control of emotions, and other maladaptive coping behavior.

On the part of the assailant, repeat CSA assaults and revictimization may also occur because the assailant may be getting the wrong signals and exposure. This is particularly so when nothing is done to punish him accordingly and is a scenario often seen with a failing legal system. This occurs when the system fails to arrest and prosecute such assailants, or release them to long bail period. It may also occur by disbelieving the victim based on bias, and doing nothing at all, as such giving the assailant the freedom to threaten their victims and encouraging them to even revictimize others (van Westrhenen et al., 2017).

Later Psychiatric Dysfunction, Abuse and Emotional Problems

Kennedy & Prock (2016) in a mixed methods systematic review using a life course theoretical framework and socio-ecological perspective, highlighted the modified individual resulting from CSA, sexual abuse, and intimate partner violence, as broken and not feeling normal. This is due to the impact of these occurrences on the different levels of the victim's life. These impacts include the loss of control, self-blame, self-judging, internalization, stigma and stigmatization. These outcomes dictate future revictimization because they shape the victims help seeking behavior, thought process, survival instincts, lifestyles and possible health risk behaviors. This study indicates the need for further longitudinal studies to better understand the pathways and correlations of the identified mediators in revictimization.

Loss of Control, Poor Social Function, Survival Dysregulation

The impact of the act on the victims and their experiences based on Bronfenbrenner's family ecological theory (Bronfenbrenner, 1986; Campbell et al.,

2009), and the life course theory (WHO.int, 2000), results in possible behavioral

modifications. These include chronic depressive states, self-blame, self-judging,

stigmatization, internalization, diminished survival instincts, diminished or non-existent

help seeking behavior, loss of power and control (Kennedy & Prock, 2016), feelings of

shame, betrayal and loss of trust (Collin-Vézina et al., 2013; Naidoo, 2013). Often times,

it also results in permanent emotional and lifestyle changes like keeping sealed lips, and

non-disclosure, which put them at higher risk, especially because they have become

resigned to their fate, will not seek help, and now have a mind-set that nothing can be

done about it. This precarious emotional degradation, survival dysregulation, non-

disclosure, and loss of power (Kennedy & Prock, 2016) are all associated with the

internalization of their experiences and may be at the root of revictimization risk through

offenders getting the wrong messages that the system cannot handle them and thus feel

encouraged to continue in the same path. Whereas the victims on the other hand relive

their traumatic experiences, resign themselves to fate and may even freeze and feel totally

powerless and helpless when faced with a new episode of sexual abuse, or perhaps

through a more complex mechanism, yet to be defined.

<p style="text-align:center">Summary</p>

Studies in South Africa have identified that SA has a CSA prevalence that is one

of the highest in the world, and despite efforts by governmental, non-governmental

bodies, and concerned private entities to control it, the prevalence remains high. CSA in

South Africa has been mostly associated with the virgin cleansing mythology, ethnicity,

employment, socioeconomic status, coercion, poverty, parental income, power,

patriarchy, violence and step-parenting, racial dispositions, social isolation, neglect and poor chaperoning, religion, culture, trust, township dwelling, patriarchy and power. Other associations include sexual talk, culture of male dominance and female submission, cognitive impairment, non-caregiving adult presence, violence and marital conflicts, sexual education, other forms of abuse, parental and victim substance use and abuse, influences of apartheid, and consistently with prior CSA occurrence. CSA in other parts of the world has been associated with prior history of abuse, tender age, gender, racism and ethnic minority, mental health issues and poor cognition, absence of caregiving adult, economic instability and poverty levels, patriarchy, authority and power inequality, poor parental support and social isolation, marital conflicts and domestic violence, and concurrent presence of physical abuse. Factors associated with non-disclosure may include poor conviction rate and a failing legal system, shame, stigma, and persistent fear on the part of the victim, unsupportive family and community dynamics, poor responder skills, bias and secondary trauma, ethnicity and culture, inadequate staffing and manpower, self-blame and labelling, family member involvement, threats by perpetrator and fear of reprisals, and socioeconomic status. On the other hand, the outcomes of non-disclosure include revictimization, internalization, later psychiatric dysfunction, abuse and emotional problems, loss of control, poor social function, and survival dysregulation.

It has also been noted that South Africa has a severe level of underreporting, with many cases never reported and victims staying silent (Bosilong & Mbecke, 2019; Harper & Perkins, 2018; Katzenstein & Fontes, 2017), without getting the help they need to heal and have closure. Although studies have identified the severe underreporting, there

haven't been studies aimed at understanding the reasons and predictors for the

nondisclosure and nonreporting (Alaggia et al., 2017; Lemaigre et al., 2017; Maluleke,

2018; Ramphabana et al., 2019), with the government and concerned authorities and

stakeholders baffled with the reasons for the silence, not just in South Africa, but the

world over. Underreporting appears to be of immense health and social detriment to

victims and also seems to be responsible for the vicious circle that is perpetrating the

prevalence (Bosilong & Mbecke, 2019; Harper & Perkins, 2018; Katzenstein & Fontes,

2017), however this has not been confirmed by CSA studies. Despite the known facts and

speculations, so much is yet unknown and undocumented with data that is incomplete,

uncomprehensive, unreliable, and thus leaves a void in the information on CSA in South

Africa. Factors associated with, and which appear to predict non-disclosure, recanting

and underreporting appear to be deficient in available studies and yet to be documented,

perhaps because of the ethical implications of obtaining consent and data of this sensitive

nature from a high-risk population like minors (Creswell & Creswell, 2018). This study

therefore explored the lived experiences of adults who were victims of CSA as minors,

regarding factors that premeditated it, and post episode responses from self, family,

community, society, and organizations that influenced their behaviors towards disclosure

and other outcomes.

Studying and identifying these associated factors may be the vital missing link in

understanding the severe underreporting in South Africa and inform the design and

implementation of effective preventive and reformative measures to reduce the CSA

prevalence. It may also provide direction for targeted interventions to break the silence

surrounding CSA, mitigate the reduction of gender-based violence and sexual violence reforms (Schissel, 1996), and may be instrumental in long-term changes to family structure and child care (Crosnoe et al., 2014). It may further provide the much-needed data that may aid in social and education policy and legislative reforms (El Nokali et al., 2010), all of which will lead the population to positive social change (Laureate Education, 2015; Najaf et al., 2019).

Many studies have used both the quantitative, qualitative and mixed methodologies to access and analyze their data, however, this study used a qualitative methodology. This study explored the experience of victims as a means to understanding the predictors of non-disclosure. It also deployed in-dept interviews conducted with all participants using predetermined themes and prepared question guidelines expected to address all systems as predicted by the different levels of the Bronfenbrenner's social ecological model.

Chapter 3: Research Method

Introduction

The purpose of this study was to explore the past experiences of adults who experienced CSA as minors and the role of associated social and ecological influences like fear, threats, bias, disbelief, blaming the victim and being judgmental, and poor socioeconomic status in predicting non-disclosure. Responder reactions and treatment leading to secondary trauma, inadequate responder staffing and training were also explored as possible predictors of the current trend of under-reporting and revictimization. The study is unique in that it explored the factors that predict failure to report or non-disclosure and recanting. It also explored how these factors may be responsible for the prevalence and perpetration of CSA in order to proffer prevention and intervention.

The results of this study provided much-needed insights into the processes by which non-reporting and non-disclosure of CSA, revictimization, and increased prevalence occur. It also clarified the prevailing socioeconomic risk factors and their associations and influences in motivating rape. The insight may provide direction for sexual violence law reforms (Schissel, 1996) and improved education with parental involvement (El Nokali et al., 2010). It may also be instrumental in long-term changes to family structure and childcare (Crosnoe et al., 2014). All these would help address and control rape in the society, thus improving community health, improving safety for minors and the public, and reducing the spread of HIV/AIDS through rape.

This chapter considered the research design and rationale behind it, the role of the researcher and any associations with the study, and the selection of participants and the sample. It also explored and identified the data collection instruments and process, and the exit and follow up process for participants after the study. It discussed the data analysis plan and related the types of data collected with the research questions. Issues of trustworthiness and validity were discussed, while also elaborating on the ethical procedures followed.

Research Design and Rationale

In an effort to fulfill the focus and objectives of this dissertation, which is to explore the lived experience of CSA victims in South Africa regarding non-disclosure, the study used the qualitative research tradition. I conducted a pilot study, and Johannesburg was used as a pilot city from which a representative sample was drawn. This is because Johannesburg is a business melting point for South Africa and destination for everyone, as such containing every possible demographic character. Because I sought to understand and explain the occurrence of CSA non-disclosure, which is a phenomenon, the data collection and analysis took the form of a phenomenology. Edmund Husserl (1932) suggested that phenomenology is a study of people, occurrences, or other phenomena as experienced without any attempts to explain.

Research Questions

RQ–Qualitative: How do adult survivors of child sexual abuse that was neither disclosed nor reported describe their experience of non-disclosure and non-reporting?

RQ -Qualitative: What are the suggested interventions to improve disclosure and control child sexual abuse?

Role of Researcher

I was directly involved in the research study. From placement of the research study posters in strategic high human traffic locations like busy malls and mass transit stations like the gautrain stations and taxi ranks, to identifying and selecting participants that called in based on specified inclusion and exclusion criteria, (Creswell & Creswell, 2018. I also obtained informed consent and disclosures, delivered the in-dept research questions and recorded the answers. In addition, I provided agreed upon gifting, analysis of collected data and data output and presentations.

I had no personal or professional relationship with the participants. I also do not hold a position of power over any respondent, be it supervisory or as an instructor. Neither was the study in my own work environment; therefore, there were no anticipated biases, conflicts of interest, or power differentials.

Gifting

Gifting was used as a form of incentive to show appreciation to participants. However, whereas incentives may influence participants, measures were taken in this case to ensure that the gift was not in cash but as a grocery shopping gift card of one hundred rands (zar), which could only be used to buy food or grocery instore. Therefore, it was meaningful in this post-COVID-19 lockdown period, but not substantial enough to influence or sway participants' input.

Methodology

Study Population

The study population from which a representative sample was drawn was

Johannesburg. This is because Johannesburg is a business melting point for South Africa.

It is also a destination for everyone, as such containing every possible demographic

characteristic.

Sampling Strategy

The sample constituted of only participants who saw and responded to the study

invitation posters by calling the contact number in the study poster. Posters were placed

in strategic high human traffic locations like busy malls and mass transit stations like the

gautrain stations and taxi ranks. Following the initial recruits, the snowballing technique

(Creswell & Creswell, 2018) was to be used to identify others when the initial

recruitment was not enough, however, that was not the case, as data saturation was

reached with the initial available participants. The sample was representative based on

the recruitment selection criteria, and on the peculiar nature of the key study variable,

child sexual abuse.

Participant Selection Criteria

Young adult women who had been the victim of unreported CSA were recruited

through public advertisements in the form of posters visibly placed in strategic high

human traffic locations like busy malls and mass transit stations (the gautrain stations and

taxi ranks) in the four different zones of Johannesburg (east, west, north, and south). A

copy of the recruitment advertisement is shown in Appendix B. The inclusion criteria were:

- 18 years or older female

- Sexual abuse experienced as a child

- Sexual abuse disclosed to someone and later abandoned

Participants were asked to answer the screening questions, and for those who wished to proceed, a consent form was explained and required of them to consent by saying the words "I consent" in the audio recording. They were individually interviewed over the telephone, and all aspects of the interview, consent, and administration of in-dept questionnaire were done in that one telephone call. As suggested by Creswell (1998), and Creswell and Creswell (2018), five to 25 people would suffice for phenomenological studies and Morse (1994) indicated just about six participants. For this study, a total of nine adult participants were interviewed from all of the zones of Johannesburg. According to Glaser and Strauss (1967), a qualitative sample size needed to be large enough in order to provide the required data to explain the phenomenon being studied and address the research questions. However, the sample size may be less or more and would ultimately be determined by saturation which occurred when the addition of more participants did not result in any additional information or new views (Glaser & Strauss, 1967).

Instrumentation

In dept interviews were used to explore the personal experiences and predetermined themes of interest that may be predictors for CSA non-disclosure and

revitimization. In-dept interviews were preferred in this case to focus groups because of the sensitive nature of the topic being investigated, which participants may not be willing to talk about in focus groups. Participants were interviewed using in dept interview guides (Appendix A) and comprised mainly of open questions, a few close ended questions used to provide direction to areas of interest, encouraged "thinking back" and focused on general areas of interest first, before more specific areas of interest. I developed the in-dept interview guide based on predetermined themes that may be predictors of CSA, non-disclosure, and revictimization.

The basis for the development of the in-dept interview guide is the sensitive and personal nature of the study which required a personal researcher approach with cultural and emotional sensitivity. This was needed in order to encourage the participant to speak openly. In dept interviews are sufficient and were preferred in this case to focus groups because of the sensitive nature of the topic discussed, which participants may not have been willing to talk about in focus groups. Moreover, the research questions were designed to identify individual experiences of CSA and only the participants could provide them.

Content validity was also established in the process. This was achieved by ensuring that all the aspects and predictors of CSA, nondisclosure and revictimization, which were explored by the in-dept interview guide were relevant to the fundamental construct of CSA nondisclosure.

Procedures for Recruitment, Participation, and Data Collection

Data were collected from each participant over the telephone at a suitable, comfortable, and safe location. From a cultural standpoint, face to face interviews were preferable, although most participants may have been reluctant to open up. However, telephone interviews sufficed due to the sensitive nature of the study topic, thus enabling participants to open up and remain safe. I was responsible for administering the in-dept interviews and collecting data, and each participant was interviewed in one telephone call session. This was needed to promote the safety, privacy, and confidentiality of each participant while giving them the time to stay focused, understand the questions, and answer the questions. The entire interview for each participant took an average of 45 minutes to 1 hour in one telephone call, whereas all data collection from all participants took 3 months which was the time it took to reach data saturation.

Recording of Data

Audio data collected were recorded using audiotaping, followed by transcription into a standardized word documentation, and there was not any need for translation, as only English language was used. The in-dept interview questions and prompts included topics reported as predictors of CSA non-disclosure and revictimization, related to Bronfenbrenner's theory namely microsystems, mesosystems, exosystems, macrosystems, and chronosystems (Bergner et al.,1994; Finkelhor, 2009; Madu & Peltzer, 2000).

Follow-Up Plan

Follow up plans were made in an event that the recruitment results in too few participants, such that more participants who called in will be interviewed. However, there were no referrals generated from earlier participants through the process of snowballing (Creswell & Creswell, 2018). This was in order to limit contact and exposure to the participant.

Debriefing and Exit

The debriefing and all required information including access to study results, access to stress counselling, and shopping voucher were included in the consent form. This ensured that participants did not need to be contacted again after the interview. It was also in order to preserve their safety, privacy, and confidentiality.

<div align="center">

Data Analysis Plan

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The in-dept interview guide (Appendix A) comprised of qualitative questions designed to explore the experiences of adult participants who were childhood victims of sexual abuse and how those experiences impacted their lives and resulted in non-disclosure and even revictimization. The questions as such were predominantly open questions. The data collected through this interview guide were relevant and directly related to the research questions:

RQ–Qualitative: How do adult survivors of child sexual abuse that was neither disclosed nor reported describe their experience of non-disclosure and non-reporting?

RQ -Qualitative: What are the suggested interventions to improve disclosure and control child sexual abuse?

Types of and Procedure for Coding

In order to make sense of this occurrence, I conducted a vigorous and systematic data analysis by organizing the contents of participants' answers into themes that emerge based on predetermined and preconceived thematic interests. A phenomenological examination of CSA non-disclosure followed the preconceived themes around which the in-dept questions were designed. Content and thematic analysis (Schulz, 2012) were done to identify and label important emergent themes and concepts while allowing for new themes and ideas to emerge. Common threads and themes between these outcomes were also identified, analyzed, and discussed (Schulz, 2012).

Keeping in mind my research questions, I undertook content and thematic analysis by familiarizing myself with the results data from the in-dept interviews and identified content and themes related to the research questions (Wilson, 2011). I then identified and assigned codes in my content by first transcribing the content into written text. In this case, because I already had an idea based on the interview questions being asked, the codes I assigned were in line with the coding already identified to be looked for in the interview questions. A participant's response and feedback content which contained words and identified codes like fear, bias, blame, disbelief, police, social worker, health worker, and judged, were assigned to a theme like mesosystems according to Bronfenbrenner's (1986) eco social theory. Likewise, a study in social infrastructure that presents respondent feedback with the following codes: flight, rail line, and cruise ship, would be assigned to the theme, transportation.

I used an iterative process (Sagepub, 2011) in identifying and analyzing themes that emerged from the interview data, by scrutinizing the data from front to back and back to front in order to get familiar with the data. In the next step I assigned codes to my data to help describe the content, searched for patterns or themes in my codes across the different interviews and assigned codes to them. I then reviewed the themes to see if the codes aligned to the themes. Finally, I then described and named the themes to ensure they were engaging and easily understandable while formulating a detailed discussion and report.

I evaluated and analyzed the microsystems in consideration of the individuals' family influences, cultural expectations and limits, family judgment, blame, and disbelief, income and available resources, and even the influences of the threats of harm to the individual or family members. I evaluated and analyzed the mesosystems in consideration of the influences of the individuals contact with the legal, medical, and mental health systems, and rape crisis centers, blame and biased questioning, judgment, disbelief, and poor cultural and emotional communication. I then evaluated and analyzed the exosystems in consideration of the influences of poor organizational structures, inadequate staffing and training, poor follow up, system failure, low or no convictions for reported CSA cases that went to trail, with the assailant free and visible in the community. I also evaluated and analyzed the macrosystems in consideration of the social influences including myths like the virgin rape myth acceptance, and even belief in female submission and male dominance and control. Finally, I evaluated and analyzed the chronosystems in consideration of the influences of time on prevailing CSA predictors,

community influences, past CSA history, sexual revictimization and history of other

victimizations, resultant loss of power and control, destructive and self-injurious

behavior, and sexual risk behavior.

Statistical analysis

I did some statistical analysis of included demographic data like age of

occurrence, location, number of occurrences, and relationship with assailant, using the

SPSS version 25 statistical software. However due to the strictly qualitative nature of the

study, only the demographic description of the data was included.

Treatment of discrepant cases

I cross referenced the cases that did not align to the expected norm or which were

discrepant in some way with the participant in order to verify and clarify the particular

area. In the event that the cases emerged unchanged, I considered them as an emergent

content or theme.

Issues of Trustworthiness

Credibility (Internal Validity)

In order to establish internal validity and ensure the credibility of data produced, I

employed measures to ensure that contact with the participants were long enough. I also

ensured that pertinent questions were asked and cross referencing was done.

Transferability (External Validity)

In order to establish external validity and ensure the transferability of data

produced, I employed measures to ensure that there was substantial description of data

produced and variation in the selection of participants. All the participants were recruited based on study posters placed in all regions of Johannesburg. Johannesburg was also found to have the best mix of national and diverse demographic content (Creswell & Creswell, 2018).

Dependability (Reliability)

In order to establish reliability and ensure the dependability of data produced, I employed measures to ensure that the multiple sources of information were passed through a process of convergence to help develop a comprehensive understanding in a process known as triangulation (Carter et al., 2014). I used audit trails and checklists which illustrated and documented each step taken in the study and how the participants narratives led to the arrival of the study findings.

Confirmability (Objectivity)

In order to establish objectivity and ensure the confirmability of data produced, I employed measures to ensure that my knowledge was always systematically constructed. This was in order to produce a clear picture indicating how a process taken led to an outcome and how an outcome was dependent upon a process (Barry et al., 1999).

Intra- and Intercoder Reliability

In order to ensure coding reliability, I undertook intra-coder and inter-coder processes. The coding process was standardized and involved agreed upon and predetermined codes. It also included word content that were associated with or related to these codes, and also predetermined themes based on the levels of predictors according to

Bronfenbrenner's eco social theory (1986). Also, my committee members reviewed and

coded a sample of transcripts to ensure intercoder reliability in the coding process.

Ethical Considerations

I obtained institutional permissions from the Institutional Review Board (IRB) of

Walden University, Minneapolis, Minnesota, in the United States of America. I also

obtained approvals, and agreements to collect data. Walden University's IRB approval

number for this study is 11-19-21-0724528.

I had initially considered collecting data from minors which were the focus in

child sexual abuse, however this wasn't ethically viable because of the peculiar nature of

the study variables. Minors are a special at-risk population, and more so the nature of

CSA meant that family members, a parent or guardian may be responsible thus making it

impossible to even obtain consent from them. Also, some of the cases of CSA which may

still be in the course of navigating the course of law would make it ethically impossible to

question the victims as it may influence the final outcomes of the legal process. The IRB,

and the dissertation committee, having pointed out these ethical issues, therefore

provided guidance to assess adults who were victims of CSA as children such that their

experiences may be assessed.

Standardization of the interview materials, coding materials and data generated

was done to ensure that there was a clear understanding of the participants' feedback

without any misrepresentation or misinterpretation. In the event that a participant opted to

discontinue, the participant would have undergone debriefing and clarity would have

been obtained on reasons behind discontinuance. Another respondent would have then

been invited for preselection screening and subsequently included in the study. However, to forestall this kind of occurrence, the whole study process was explained to the participant in due diligence, before obtaining agreement and signed informed consent and there was no such event.

The data collected were protected by omitting any participant personal identification and only coding of the individual data with applicable participant codes was done. I was responsible for the data during the study process, and I did the data encryption and stored the data in passworded hard drives, although concerned bodies and organizations like the IRB had access to the data. Participant that wished to follow up also had access to the final study report but not on the personal details of other participants. Following conclusion of the study and completion of study results presentation and publication, the held data and audio recordings may be destroyed after a period of 5 years in the event that any republishing is needed after the initial publication (McCrae & Murray, 2008).

Other Ethical Concerns

This study and the area of concern don't relate to my area of specialty or field of current or past study, or work environment, and none of the participants is associated or related in any way to me as the researcher. As such no biases, conflicts of interest or power differentials were identified. Incentive used by way of gifting was necessary only to show appreciation for participant's willingness and steadfastness to come forth and disclose personal and emotionally traumatic information which they have been unable to or refused to disclose for so long. However, the presentation and amount of the gifting

was not substantial enough to sway participants in the direction of falsifying information. Participants also indicated interest in undertaking the study before they become aware of any gifting, which only happened at the point of signing the informed consent.

Summary

Preparatory to the actual data collection process which was the next step in this study, this methodology section took a more in-dept look and recorded the synchrony between the study objective, research design and rationale, theoretical framework, my roles as the researcher, the methodology, participant selection criteria, instrumentation, study conclusion and participant debriefing and exit. It also critically recorded the data analysis procedures and data coding systems, software uses, issues that ensured trustworthiness and ethical considerations. Bearing all of this in mind was critical to the collection of applicable research data on the area of interest and provided a launchpad to engaging the participants in the actual study.

Chapter 4: Results

This study explored the lived experiences of adult victims of child sexual abuse that was neither disclosed nor reported and how these survivors describe their experience of non-disclosure and non-reporting. Results of this study were analyzed using thematic analysis based on the feedback given by the study participants. Nine participants were recruited based on specific selection criteria and they gave feedback on their lived experiences of non-disclosure of child sexual abuse. Telephone interviews were done between the respondent and I only, and informed consent was obtained before executing the questionnaire. The participants were encouraged to speak freely and take their time to recall all the information, while prompts were used to focus on answers rendered to major questions. The need to discontinue further recruitment was based on saturation of data (Glaser & Strauss, 1967) in which further feedback did not provide any new insights and information but repeated what was expressed in previous data. Audio data collected were first transcribed to script in order to do thematic analysis. Thematic analysis involved familiarizing myself with the data, developing initial codes, reviewing them, and arriving at themes as recommended by Braun and Clarke (2014). The results are arranged and discussed based on five major themes that emerged, with some of these themes having subthemes discussed under them.

Demographic Description of Data

The participants provided feedback that had similarities and were also varied for their non-disclosure, recanting, or abandoning of earlier disclosure in the different systems under review. Some of the participants had families of lower socioeconomic

status (n = 6), were aged under 10 years (n = 3), were aged 10 to 18 years (n = 6), urban

dwelling (n = 5), rural dwelling (n = 4), lived with parents (n = 4), or lived with other (n

= 5). Some knew their assailant (n = 5), unknown assailant (n = 4), initially disclosed to

family (n = 9), disclosed to other (n = 5), recalled someone with past CSA (n = 7), had

experienced revictimization (n = 8), revictimization by the same person (n = 3), and were

forced to stay silent, abandon or recant earlier disclosure (n = 9).

Feedback from the study participants were grouped into five themes and multiple

sub-themes. The themes were "nondisclosure influenced by personal and immediate

family dynamics," "nondisclosure influenced by social factors," "non-disclosure

influenced by poor training and performance of police and other responders," and

"nondisclosure influenced by broader community dynamics over time."

Theme 1: Non-Disclosure Influenced by Personal and Immediate Family Dynamics

Participants reported different forms of family influence that were responsible for

their nondisclosure, or recanting on an earlier disclosure. These were identified as

determining factors that influenced their reactions to the CSA incidence. Some disclosed

multiple influences which compounded their peculiar scenarios, including dynamics and

emotions with, amongst, and resulting from immediate family relationships, influences,

bonds, trust, presence, availability, and reactions. These identified themes are grouped in

the microsystem predictors according to Bronfenbrenner's social ecological model.

Lack of Family Bonding, Trust, or Parental Unavailability

Participants disclosed that an absence of bonding or closeness to parental figures made it impossible for them to disclose their horrendous experience. This was because they were not sure how the parent would react. One woman said:

"There wasn't that friendly bond or closeness between me and my parents so I just kept silent" (Participant 2). She further explained:

"So, I think that if they were available, and there was that bond like between mother and daughter, something that would make me comfortable around her, I think I was going to be able to tell her what happened" (Participant 2).

This participant acknowledges that if the situation were different and there was that bond, she would have disclosed her experience to her parents. Another participant disclosed that she could not trust anyone, so she chose to keep it to herself.

"I couldn't trust anybody to tell" (Participant 5), she said.

Fear of Blame, Judgment, or Disbelief

Some participants indicated that they did not say anything because they were afraid that their families would blame them and not believe them. Therefore, rather than deal with the shame from blame and disbelief from family, they preferred to keep quiet and not say anything. This woman said:

"I was afraid they would not believe me and would blame me, I was afraid people will blame me and laugh at me" (Participant 2).

This other participant made effort to tell the only person she felt should be responsible enough to understand but was met with blame and disbelieve, she said:

"It wasn't easy talking about what happened, when I told my sister, she was taking sides with her husband and would not believe me", "my elder sister didn't believe me" (Participant 4).

Perpetrator was a Family Member

Some participants disclosed that it was even more heartbreaking when their culprit was a family member like an uncle, brother, step father, and this put them under so much pressure to keep quiet. This woman said:

"Yes, my mum told me not to disclose it because it was done by her husband so their marriage will not be affected" (Participant 9).

Another woman disclosed that she was living with a family member who was providing her shelter and everything else. She said: "I was living in his house and he was looking after my needs" (Participant 5).

Another girl disclosed that when it involved a family member, the family would rather deal with the issue internally, rather than report it. She said:

"He was a family member and yes my family knew everything and agreed I should keep quiet and they'll deal with it internally" (Participant 5).

They acknowledged finding their hands tied as disclosing will bring more hurt and shame to family members whereas on the other hand not disclosing may put them at risk of revictimization and further harm in the future.

Family Embarrassment

One participant disclosed that the influence wielded by her family was another important perspective because the family was well known and influential in society and disclosure would have led to embarrassment or disgrace to the family. She said:

"I was very disappointed that my parents would not give me any support. They agreed we must keep it quiet because I come from a well-known and influential family and they didn't want the embarrassment" (Participant 8).

This appears to be an uncommon or emerging theme in nondisclosure predictors.

Fear From Threats of Retaliation, Even Death

Participants also disclosed having feelings of desperation and feeling the threatening of their existence because they had nowhere also to go and no one else to turn to, so they had no way out but to keep quiet in order to continue getting the benefits. One woman said:

"I was living in his house, so I was afraid of losing all the benefits and fear of losing out and finding myself in the street", "I was afraid of what he will do to me" (Participant 7).

Another participant disclosed that she was sexually abused repeatedly by her big brother and had almost gotten killed for reporting it to their parents and authorities so she had to abandon the case and keep quiet in the face of possible perilous harm to herself and her family:

"It was my brother that raped me, and he has been threatening to kill me, my children, and my mother" (Participant 3).

Perpetrator Still Moving Around Freely

Participants also reported having and seeing the assailant freely moving in the streets and community was a major deterrent to reporting because of the possibly high risk of revictimization and harm to the lives of the victims. They indicated that this only happens because the system doesn't prosecute these perpetrators but releases them back into the society after a short duration, for whatever reasons. This woman said:

"They took him for 3 months but unfortunately he was out on the street again," "they picked him up but they immediately released him" (Participant 3).

Participants also confirmed that they experienced and lived in fear when they knew that their assailant wasn't arrested and was free in the community especially with the nonchalance of the police. As this participant disclosed:

"When that happened, it was so traumatizing so I was filled with fear, I never wanted to give him power because maybe if I kept quiet, he could have come back to do the same thing to me again so I wanted him to get arrested but now he is free because the police did nothing. (Participant 1)

Feelings of Shame

Participants disclosed that feelings of shame were always part of the initial emotions and final decision regarding disclosure or non-disclosure. They indicated that feelings of shame follow the realization of what had happened, and shame causes the fear of telling anyone, of what people may say or think, and of being stigmatized. They indicated that their first reaction to shame was to keep silent, especially at such a young

age and in such a culture where it's still considered a taboo to even think of sex, not to even talk about it. One woman said:

"I felt so ashamed, especially as girls my age, it was an abomination to even mention anything like sex, not to mention rape" (Participant 2). Another said:

"I felt so ashamed that people will laugh at me" (Participant 2).

Theme 2: Non-Disclosure Influenced by Social Factors

Participants reported different scenarios of a society dominated by male dominance, power, and authority and the culturally expected female submission. Participants also disclosed that the reasons for their non-disclosure and recanting were as a result of some social and systemic factors. These are social and societal factors that directly or indirectly influence non-disclosure by affecting their family dynamics. Such factors include patriarchy, biased questioning, responder attitudes, and system failure.

These are the macrosystem of CSA predictors according to Bronfenbrenner's social ecological model.

Police Corruption

Participants indicated that possibly due to the popular cultural notion of "nothing for mahala," meaning "nothing for free," which has existed as long as anyone can remember, the preexisting glaring social inequities and worsening economic difficulties and challenges in South Africa, most members of the population are now more focused on what they can get out of people and the system without struggling. The members of the police service have not been left out of this equation. Data from this study suggest

that they propagate corruption the most being the ones using the protection provided by their uniform.

Participant 5 claimed that "the thing is that the police these people are after money, even if you report that person, the suspect will go and pay them and they will drop the charges. Then after dropping those charges, you'll still be the one in danger." Another woman said:

"When the police came, they did nothing and instead became friends with her husband, then at Christmas time they came to get some drinks from the husband" (Participant 5).

Participants also disclosed that the police responders showed a high degree of corruption when someone they knew was abused and it was reported. The woman stressed that:

"Yes, the police went to my girlfriend's house and were laughing and smoking with the uncle outside. She had to leave the house to a location unknown to the man because the police were not doing anything to help" (Participant 5).

Police Attitudes and Procedures

Participants disclosed that whereas there are many challenges faced by victims just to open up and disclose what their experiences were, it is further complicated and frustrating when they are given certain subjective, and biased treatment by the first responders that they go to for succor. This woman said:

"The police asked me what was I wearing, where was I, and what was I doing there? They were asking me if I did anything to lead the person to do what he did to me?" (Participant 6).

This participant further disclosed that the responders who were police officers were judgmental and had their eyes on her body and hips. She added:

"the look on their faces, and they were looking at my body" (Participant 6). Participants agreed that this type or responder behavior made them feel like they were being revictimized and was retraumatizing.

Law Enforcement System Failure

Those participants who had finally summoned up the courage to report the incident reported that the response of the police was far from satisfactory and was best described as lukewarm and unserious. One woman said:

"They just came here, asked a few questions, only picked up the shoes that the person left behind and went away, never showed any support, they came just that once and never came back or even called" (Participant 1). Another woman said:

"When the police came, they did nothing and instead became friends with her husband, then at Christmas time they came to get some drinks from the husband" (Participant 5).

All these women reported a similar scenario, and said it was disheartening and disappointing, it made them feel hopeless in the situation and this led to abandoning the case. They felt that the system had failed them, and this made them feel hopeless and then abandoned the report they had made earlier:

"I felt so disappointed and felt like they had failed me", "They picked him up but they immediately released him," "they had just taken him for 3 months but unfortunately, he was out on the street again. How can somebody do this to you and tomorrow he is out of prison?" (Participant 3).

The participant is clearly showing with this statement, that she is frustrated with the system bearing in mind the implication this scenario presents which is further risk of harm to the victim.

Participants also stated that when the process undertaken by the law enforcement and legal system wasn't satisfactory, they felt that they had been failed by the system:

"How the officers handled the case was like they had failed me cos I never had closure, so I kept wondering who did this, maybe someone I know close to me or a hired person, or maybe not. I felt so disappointed and felt like they had failed me" (Participant 1).

Lack of Education/Personal Ignorance About What to do

Another participant disclosed that she had made the mistake of taking a bath. She reported that this wouldn't have happened if she had been advised on what to do by her parents and big sister. She noted that this was because of their level of education and exposure so they had no idea what process to take and by the time her big sister took her to the police to report, there was no evidence and no case to pursue or prove. The woman said:

"Due to lack of exposure and poor education levels on the part of my family I didn't know that I wasn't supposed to bath before going to the police or clinic, so there was no evidence left to collect" (Participant 2).

Theme 3: Non-Disclosure Influenced by Poor Training and Performance of Police and Other Responders

In the various ways described above, participants reported that their non-disclosure or recanting was heavily influenced by their disappointment in police and responder performance. This led to losing all hope in the support of the system and in the hope of effectively getting any help. Though the data do not directly refer to police training, these responses suggested inadequate responder training and to poor responder follow ups, a low level of convictions by the legal system, resulting in perpetrators being left free in the community. This theme is a primary exosystem predictor according to Bronfenbrenner's social ecological model.

Theme 4: Non-Disclosure Influenced by Broader Community Dynamics Over Time

Participants disclosed that in the course of time, friends of the family and their broader community, who might have believed the victim initially, became influenced by the immediate family. They also got influenced by other societal norms and started to disbelief and blame the victims. This theme operates in the chronosystem predictors according to Bronfenbrenner's social ecological model.

Community Disbelief

Participants confirmed that there was some hope if the friends of the family, relatives and community members believed and showed some support. They indicated

that in such a case, at least there was somewhere to run to for succor. However, when there is disbelief on the part of their family friends, relatives and community, all hope is lost. This constituted an even stronger force as a deterrent to reporting and indicated a futile battle with keeping silent as the only option. This woman said:

"My sister didn't believe me, so she influenced other people in our community and her friends to disbelieve me, and there was no need to keep talking" (Participant 4). She added:

"and when the neighbors and relatives who initially believed me and were on my side, started believing her too, I just lost hope and so I also just kept quiet" (Participant 4). And another woman emphasized that:

"The neighbors and family friends that believed me when I first told them also later started judging me and blaming me" (Participant 7).

Although participants agreed that the interventions needed to improve reporting and disclosure were the same interventions needed to control CSA incidence and prevalence, they noted that predictors of improved reporting will serve as a deterrent and decrease CSA occurrence as an outcome. Participants reported that non-disclosure is a complex multidimensional response to a traumatic experience and a fundamental element in reducing the prevalence of child sexual abuse. Also, regardless of what other interventions are implemented, improving reporting and disclosure plays a landmark role in reducing CSA, as this is the only way that cases and incidents will get reported to the authorities and so plays a pivotal role in this effort. It is therefore imperative that the different family, social and systemic influences that may improve reporting and

disclosure need to be focused on as interventions as well. These areas include family and responder publicity, awareness creation and education, being open, supportive, and non-judgmental in the family and responders, responder retraining and reeducation, anticorruption campaigns, and maximum punishment.

Theme 5: Suggested Interventions to Improve Disclosure and Control Child Sexual Abuse

Education and Awareness

Participants indicated that the many emotions that cause nondisclosure may be subdued by publicity, awareness creation and education on the parts of the family, community and the responders as this will provide the needed information on a constant. As one woman said:

"More awareness needs to be created in children and parents. We must stop hiding what happened and take the matter to the authorities. Flyers, poster, talks, road shows need to be done continuously so that people know about it like they know HIV/AIDS" (Participant 1). Another participant said that what is needed is:

"educating the kids, enlightening them and families" (Participant 4). Another agreed:

"creating awareness in children and teaching them to report is important" (Participant 5). Yet another added:

"Then awareness with parents, family members, responders, health workers, police" (Participant 6)

Education was part of the account of most of these girls. One said they needed:

"awareness creation like has been done with HIV, so that people will have lots of support" (Participant 8). Another said:

"People must be made aware of what is happening" (Participant 9). A third stated:

"Creating awareness will help" (Participant 7). Yet another called for:

"educating the kids, enlightening them and families" (Participant 4).

Participants also indicated that these publicity campaigns should involve actual victims who will talk about their experiences and offer advice on how to respond, what mistakes they made and what they would do better. One woman said:

"As a victim of child sexual abuse, it will help to talk about yourself in public awareness creation campaigns" (Participant 1).

This effort will also encourage communication within the family regarding certain taboos and how to prevent and deal with them so that in the event that someone has to face such a dilemma, the person knows what to do immediately and is confident about doing the necessary.

Encouraging Families to be Open, Supportive, and Non-Judgmental

Participants also indicated that being open, supportive, and non-judgmental on the part of family members and responders as well will encourage victims to feel more confident to talk about their traumatic experience. This will include all manner of nonverbal communication, nonjudgmental facial expressions, voice tone and body posture. One woman said:

"If parents are open and supportive" (Participant 6). Another participant said:

"If parents will support their children no matter the circumstances" (Participant 8).

Another added:

*"*If the family can support you, support from the families is important, they need

to believe and trust what you are telling them" (Participant 6). This woman insisted that:

"Responders must keep an open mind and should not be judgmental in anyway"

(Participant 2). And this one advised that:

"Police should support and protect victims instead of judging them, victims

should be given a chance and encouraged by the police because they are afraid to talk"

(Participant 3). Yet another stressed that:

"If responders listen to victims, support them and believe their stories. It is very

important to support the person to talk about what happened, so if the police can be more

involved, it can help" (Participant 8).

An open and supportive environment is paramount in enabling the scared and

traumatized victim to talk. Hence, providing that private and peaceful atmosphere where

the victim perceives that the listener is giving them full attention and ready to support

them will make all the difference between bottling up and loosening up to talk.

An Anti-Corruption Campaign and Responder Retraining

Participants indicated that the dept of the corruption in the police and perhaps in

addition to the poor economic climate has totally changed their mindsets from that of

providing service to enriching themselves in any way possible. They indicate that they

lack focus to the extent that they hardly even respond like trained members of the police

services. This negatively impacts the victims, families and community members who

witness and experience these appalling behaviors, feeding off them and making them develop. One girl insisted that victims have negative views about reporting as they already see the futility in doing so because of their anticipated response of the police. To this end it is indicated that extensive retraining, reeducation and anticorruption campaigns are needed to achieve a turnaround in this operational discordance. This woman said that:

"The police should take these crimes seriously. When you report, they drag their feet or they do nothing about it" (Participant 6). Another added that:

"the responses they give to people that report can affect the outcome of reporting" (Participant 8). This other participant stated that:

"when the police came, they did nothing and instead became friends with her husband, then at Christmas time they came to get some drinks from the husband" (Participant 5). Yet another explained that:

"if the person is arrested, soon enough you'll see the person amongst the community freely as well" (Participant 6).

This participant clearly indicated that if the image of the police in fighting crime and corruption changes for the population to see, it would help. Rather than being corrupt themselves, the police must make people believe they are available to help. Only then would it be easier to believe in the system. People will alsobe guaranteed that they will get help when they report such crimes, then reporting and disclosure will improve. She said that:

"if people are guaranteed to get help from the responders, it will help" (Participant 9). Another woman added:

"police should lock and prosecute the suspects instead of releasing them" (Participant 7).

Participants also indicated that parents need to educate their children on time in early life so that they know about the issues surrounding CSA and understand how to prevent it. This woman said:

"Also, parents must educate the children on time so they know about it and how to prevent it" (Participant 6).

Establish Heavier Punishments

Participants proposed policies that implement maximum punishment. They believed this will serve as a deterrent to new CSA occurrence and would also encourage victims to speak up. It would as well send the right messages that the law enforcement and legal system are doing the right thing. This woman said:

"The police should lock up and prosecute the suspects, instead of releasing them" (Participant 7). Another added:

"Police must just arrest them and keep them in prison" (Participant 3).

Chapter 5: Discussion

"Silence" following CSA, non-disclosure, and even recanting, have been identified as a serious problem that is not only debilitating but clearly responsible for inadequate data on CSA and gender violence in South Africa. Silence is also responsible for the perpetrators of CSA walking free which results in revictimizations due to poor convictions by a failing legal system. Although many predictors for CSA have been studied, non-disclosure which is a key element in this vicious cycle, has not been exhaustively explored in South Africa, neither have the experiences of these adult CSA victims been exhaustively studied using qualitative methods. This may be as a result of the risk in undercovering the possible dept of the decay in the society and the possible political implications. With so much buzz currently on gender violence, past efforts appear to have failed and much more can be done to stem this decay, and there isn't a better time than now.

Interpretation of Findings

Participants indicated that disclosure is a complex multidimensional response to a traumatic experience and a fundamental element in reducing the prevalence of child sexual abuse. Nondisclosure appears to be a key factor in underreporting and the perpetration of CSA (Alaggia et al., 2017; Lemaigre et al., 2017; Maluleke, 2018; Ramphabana et al., 2019). It may also appear that some predictors of CSA occurrence emerged as predictors of non-disclosure like education, literacy and exposure levels, lack or absence of parental and family bonding, and poor communication amongst the family. Whereas there is a paucity of studies to identify predictors of non-disclosure in South

Africa (Bosilong & Mbecke, 2019; Naidoo, 2013; Yesufu, 2020), many factors also

contribute to non-disclosure as indicated by studies done in many parts of the world such

as tender age at occurrence, fear of reprisals by assailant, fear of stigma and labelling

(Alaggia et al., 2017), disbelief and blame by unsupportive parents, relatives and

community, family, religious and cultural beliefs and inclinations (Lemaigre et al., 2017;

Ramphabana et al., 2019). Predictors also include poor judgement and cognitive

impairment (Eversn & Sandoval, 2011; Leander, 2010; Willott et al., 2020), inadequate

responder staffing and skills, bias and blame, resulting in secondary trauma (Fillis &

McKerrow, 2019), disappointment and dissatisfaction with the police (Maluleke, 2018),

poor income and socioeconomic status (Banwari 2011; Finkelhors, 2009), and resultant

HIV infection (Alaggia et al., 2017; Armstrong-Mensah et al., 2019), Other predictors

include legal system failure, poor offender conviction, long bail periods, and offender

visibility in the community (van Westrhenen et al., 2017). This study explored the lived

experiences of victims in non-disclosure of CSA, and the results of this study provide the

needed input to present a better scenario of the peculiarities of the South African

communities. For the most part, the study results appear to be congruent with studies

conducted in the other parts of the world, however some differences do present also.

Theme 1: Non-Disclosure Influenced by Personal and Immediate Family Dynamics

Lack of Family Bonding, Trust, or Parental Unavailability

Lack of family closeness, bonding, trust, or unavailability of parental figures was

identified in this study as playing a role. This made it impossible for victims to disclose

their horrendous experience because they were not sure how the parent would react, and

if the situation were different and there was that bond, victims would find it easier to disclose their experience to their parents. Difficulty in trusting anyone was also identified as a factor in nondisclosure. These factors are in agreement with the studies by Naidoo (2013) and Collin-Vézina et al. (2013), in which Bronfenbrenner's socio ecological model was used to explore CSA outcomes and found that it resulted in feelings of loss of trust and betrayal which were predictive for nondisclosure and keeping sealed lips. Similarly, the study by Alaggia et al. (2017), which explored the facilitators and barriers to CSA disclosures in a mixed methods systematic review of CSA studies between 2000 and 2016 found that non supportive family structures like poor bonding, detachment and unavailability of parental figures, community blame, stigmatization and labelling all predict CSA nondisclosure.

Fear of Blame, Judgment, or Disbelief

Fear of blame, judgment, or disbelief were identified by participants in this study who indicated that they did not say anything because they were afraid that their families would blame them, judge them, and not believe them. A such they preferred to keep quiet and not say anything. This was in concurrence with the qualitative study by Alaggia et al (2017) which explored the facilitators and barriers to CSA disclosures and found that people believing that they will be blamed or won't be believed, offender being from within the family with obvious power inequalities, shame and blame, emotionally and culturally insensitive and judgmental responses from responders causing secondary trauma, community blame, stigmatization and labelling, amongst others.

Perpetrator was a Family Member

Participants in this study disclosed that family member involvement posed a major influence and was even more heartbreaking when the culprit was a family member like an uncle, brother, or step father, and this put them under so much pressure to keep quiet (Lemaigre et al., 2017; Ramphabana et al., 2019). Similarly, the mixed methodology study by Malloy et al. (2007), which studied the impact of family and siblings and victim's trust and belief in them as responsible for recanting and barriers to disclosure. Non-disclosure was found to be strongly correlated to the incident involving a family member (Malloy et al., 2007). While Naidoo (2013) found that most of the offenders were known to the culprits, he also showed that school teachers were the most prevalent followed closely by relatives of the victims. This study differs slightly by finding that most of the culprits were known to the victims and were their relatives. Participants disclosed that when it involved a family member, the situation was particularly dire because the victim would be deriving all necessary life needs from the family member like shelter, nourishment, health support, and even education needs. As a result, the victims typically found their hands tied as disclosing will bring more hurt and shame to family members whereas the family would rather deal with the issue internally, rather than report it. On a sad note, though, not disclosing may put victims at risk of revictimization and further harm in the future.

Family Embarrassment

Influential family involvement appears to be an emerging trend in this study of non-disclosure predictors. It was found that the influence wielded by the family was

another perspective in family involvement and this made it even more difficult as the family or person was well known and influential in society. This meant that reporting would bring so much embarrassment and disgrace to the family. This result is still congruent with other earlier studies by Malloy et al. (2007), which found that victims' trust and belief in the family as responsible for recanting and as barrier to disclosure and strongly correlated to the incidents involving a family member.

Fear From Threats of Retaliation, Even Death

Fear from threats of retaliation and even death was reported in this study as a deterrent to disclosure. Participants reported having feelings of desperation and feeling the threatening of their existence (Alaggia et al., 2017) because they had nowhere else to go and no one else to turn to, so they had no way out but to keep quiet in order to continue getting the benefits. These findings correlate with the study by Münzer et al. (2014) of barriers to disclosing sexual victimization in a mixed methods longitudinal study. In this study, critical reasons for non-disclosure were identified as feelings of shame, threats by the perpetrator, and an anticipated lack of support from the system. When the threat is from outside, it may be more manageable. However, when the perpetrator is on the inside, the victim's core existence is threatened, and there is fear of losing all benefits and finding themselves on the street, while the risk of revictimization and mortal harm greatly increases (Alaggia et al., 2017).

Perpetrator Still Moving Around Freely

Visible perpetrator due to poor conviction rates and system failure emerged in this study as a strong predictor of nondisclosure. Participants reported that having seen the

assailant freely moving in the streets and community (van Westrhenen et al., 2017) was a major deterrent to reporting because of the possibly high risk of revictimization and harm to their lives (Münzer et al., 2014) and an indication that the system doesn't prosecute these perpetrators but releases them back into the society after a short duration, for whatever reasons. These findings are congruent with the study outcomes of van Westrhenen et al. (2017) in South Africa. In the study they indicated that poor offender conviction rates, offenders being on a long bail and continued moving around freely with visibility in the immediate community were persistent predictors for non-disclosure of CSA and failure to report. Also in line with the outcomes of an earlier study which showed that presence of offenders in the society, especially when they are visible to the victims has the negative impact of increasing fear of being harmed (Alaggia et al., 2017) in the victim and as well as increasing the risk of repeated sexual assault (Münzer et al., 2014).All these may result from a failing legal system (van Westrhenen et al., 2017) that has failed to arrest or prosecute the offender, in which case they are released back to the community.

Feelings of Shame

This study found that feelings of shame and self-blame were always part of the initial emotions and final decision regarding disclosure or non-disclosure. Results indicate that feelings of shame follow the realization of what has happened and shame causes the fear of telling anyone, of what people may say of think, and of being stigmatized (Alaggia et al., 2017). They indicated that their first reaction to shame is to keep silent, especially at such a young age and in such a culture where it's still

considered a taboo to even think of sex, not to even talk about it. In an earlier correlated study, Kennedy and Prock (2016) used Bronfenbrenner's theory to explore the outcomes of CSA and found that it results in behavioral modifications like self-blame, shame, self-judging, stigmatization, internalization, diminished survival instincts, diminished or non-existent help seeking behavior, loss of power and control, emotional degradation, and survival dysregulation (Kennedy & Prock, 2016). In another qualitative study providing similar outcomes using interviews, Collin-Vézina et al. (2015) studied the individual, relational, and social factors that are barriers to CSA disclosure and found that self-blaming and protecting oneself, being aware of the possible family dysfunction that may result from telling, fear of labelling by community, and avoiding the taboo of sexuality at such a tender age were all predictive (Collin-Vézina et al., 2015).

Theme 2: Non-Disclosure Influenced by Social Factors

Police Corruption

Corruption in the police has been blamed on factors like greed, social influences, free will of citizens to part with monetary gratification, free use of discretionary powers, and poor ethical beliefs. It has been described as a "rot" in the system and a reflection of the standards of the system and community. In the same vein the corruption in the police force is a reflection of how much the community has been affected by corruption (Basdeo, 2010; Hope, 2016; Newham, 2002; Newham & Full, 2011; Sayed & Bruce, 1998). The results of this study indicate that corruption is a predictor of CSA outcomes like nondisclosure and the perception of the police service members by the people determines the kind of response, be it reluctance, defeatist, pessimistic, or optimistic, that

will come from the people when they are victims in a crime. This result is in agreement

with earlier and recent studies on police corruption and how it destroys victims trust,

undermines crime preventions and deepens the decay in the society (Basdeo, 2010; Hope,

2016; Newham, 2002; Newham & Faull, 2011; Sayed, & Bruce, 1998).

Police Attitudes and Procedures

Social and systemic responses were identified in this study as social and societal

factors. They were found to directly or indirectly influence non-disclosure by affecting

victim family dynamics. Such factors include police responder biased questioning,

societal judgment and disbelief, and system failure.

Police Biased Questioning, Judgment, Attitudes, and Procedures

Responder biased questioning, judgment**,** attitudes and procedures were found to

be part of the many challenges faced by victims just to open up and disclose what their

experiences were. It is further complicated and frustrating when they are given certain

subjective (Everson & Sandoval, 2011), and biased treatment (Fillis & McKerrow, 2019)

by the first responders that they go to for succor and this was found to results in

retraumatization. This study is in agreement with a previous study by Leander (2010) in

which responder skills and bias in police interviews were explored in the patterns of

reporting, avoidance, and denial amongst victims of CSA using a qualitative study.

Leander (2010) found that failure to report, non-disclosure, and even recanting may have

resulted from the secondary trauma caused by police responders not taking time to

conduct repeat question sessions in addition to their informal methods and lack of

emotional and cultural sensitivity in their questioning, and the feelings of being blamed, disbelieved, and judged.

Outcomes from this study also agree with the study by Naidoo (2013) that found that responses from the medical, law enforcement, and the legal justice systems were identified as playing a pivotal role in the non-disclosure outcomes. The findings in this study also appear to be in agreement with the earlier findings of Everson and Sandoval (2011), Venema (2016), and Leander (2010), who showed that looks of skepticism and doubt, questioning that suggest bias, disbelief and officer related subjectivism resulted in poor reporting. These were found to predict resistance to disclosure by minor victims (Everson & Sandoval, 2011), and identified police officer thought process as perceived by the victims, their lines of questioning, biased attitudes and lack of emotional communication as mediators of non-disclosure and under-reporting (Everson & Sandoval, 2011; Leander, 2010; Venema, 2016). This study also agrees with a similar study in South Africa by van Westrhenen et al. (2017), which agreed that methods used in questioning and poor cultural and emotional communication by responders may predict resistance to disclosure and may make the system ineffective but found this scenario to be as a result of work overloads, complex sociocultural scenarios, and high risk of fatigue and burnout.

Law Enforcement System Failure

System failure was reported in this study as unsatisfactory experiences with the legal and police services. This made victims feel disappointed and that the system had failed them (van Westrhenen et al., 2017), and this made them feel hopeless and then

abandoned the report they had made earlier. This finding is in correlation with the findings of an earlier study which noted that a failing criminal justice system and the potential for secondary trauma at the hands of first responders were responsible for the underreporting of child sexual abuse (Naidoo, 2013). This was in addition to the possible bias, blame, betrayal, and attending family and societal factors (Collin-Vézina et al., 2013).

Lack of Education/Personal Ignorance About What to do

Participants in this study disclosed that personal ignorance about what to do and low exposure levels were responsible for their experienced outcomes following CSA. A participant stated that she had made the mistake of taking a bath, which wouldn't have happened if she had been advised on what to do by parents or older siblings. She noted that this was because of their level of education and exposure (van Westrhenen et al., 2017) so they had no idea what process to take and by the time they finally made it to the police to report, there was no proof or evidence and no case to pursue or prove. Whereas this scenario by deduction is in consonance with the findings of an earlier study by van Westrhenen et al. (2017), however the earlier study found that a radical and progressive change and reindoctrination of lifestyles, and beliefs through enlightenment and reeducation of the population, communities, children, adults, parents, students, responders, law enforcement, legal system and all stake-holders will encourage those affected to speak up, disclose and report cases of CSA and acts of violence.

Patriarchy, Male Power and Authority

Another theme uncovered by this study is non-disclosure influenced by social factors and community customs like patriarchy, male domination and authority. Different scenarios involving patriarchy and male domination (Goodrum et al., 2019; Nelson et al., 2011; Zondi, 2019) and being subject to persons of undue power and authority puts victims at risk of abuse and predicts non-disclosure when sexual abuse occurs. This is because in most cases the victim is subject to a male figure who feels that he has the power and authority to do what he likes. In some instances, this male figure abuses more than just one person and in this study both sisters in the same house. This behavior is perpetrated and supported by the cultural expectations of expected female submission (Goodrum et al., 2019). Such power and authority from patriarchy and male dominance doesn't of necessity have to come from parents but just about anybody. This female submission was also found to be an influencing factor in previous studies with victims that were too young to understand the levels of submission and where they should occur (Harper & Perkins, 2018; Katzenstein & Fontes, 2017; Rashid & Barron, 2019; Rugwii, 2017).

Theme 3: Non-Disclosure Influenced by Poor Training and Performance of Police and Other Responders

Non-disclosure influenced by poor training and performance was found present in this study. Participants reported that their non-disclosure or recanting was due to their disappointment in police responder performance (Fillis & McKerrow, 2019) and responses from the systems when they were reported to. They indicated that this led to the participants losing all hope in the support of the system and in the hope of effectively

getting any help. These responses probably stem from and suggest inadequate responder training (Maluleke, 2018).

They also indicate inefficient systemic operations and suggest poor responder training, poor responder follow ups, no or poor convictions by the legal system which results in visibility of the assailant in the community (van Westrhenen et al., 2017). These study outcomes agree with the findings of Naidoo (2013) which indicate that responses from the medical, law enforcement and the legal justice systems were identified as playing a pivotal role in victim disclosure decisions as such must be included in the reeducation interventional efforts. Study outcomes are also in agreement with the findings of Nen dan and Astbury (2011) in Malaysia that explored CSA outcomes on the levels of the mesosystem and exosystem using the Bronfenbrenner's, socio ecological model. They identified factors indicating that excessive workloads hampered productivity in the responders, as much as inadequate time provision to review submissions and have repeated assessment sessions and this resulted in tardy work and limited disclosure by victims (Nen dan & Astbury, 2011).

Theme 4: Non-Disclosure Influenced by Broader Community Dynamics Over Time

Broader community dynamics emerged in this study as another predictor of CSA non-disclosure. Participants disclosed that the friends of the family and the immediate community that they live in are also influenced by the immediate family. When this happened, they too may become influential to the victim as their loyalties and their cultural dispositions may change. These emotions include community blame, community judgment and community disbelief.

In the course of time, the friends of the family and the immediate community that they live in, who might have believed the victim initially, are then also influenced by the immediate family and other societal norms and beliefs, and they too become influential to the victim, as such, through time, because of what they have been made to believe, their loyalties and their cultural dispositions change and they may start expressing stigmatization on the victim. This finding agrees with the outcomes of an earlier study by Finkelhor (2009) which identified the fear of harsh and insensitive responses from family, responders, and stigmatizing community, as obstacles to reporting and disclosure. Participants in this study also indicated that when there is disbelief on the part of their family friends, relatives and community (Lemaigre et al., 2017; Ramphabana et al., 2019), all hope is lost and this constituted an even stronger force as a deterrent to reporting and indicated a futile battle with keeping silent as the only option. This scenario also agreed with an earlier study by Lemaigre et al. (2017) that explored the barriers and facilitators to disclosing sexual abuse in childhood and adolescence. They found that unsupportive family and community responses, anticipated negative consequences like blame, and disbelief by family and community, were barriers to CSA nondisclosure (Lemaigre et al., 2017).

Theme 5: Suggested Interventions to Improve Disclosure and Control Child Sexual Abuse

Participants in this study agreed that the interventions needed to improve reporting and disclosure were the same interventions needed to control CSA incidence and prevalence. They noted that predictors of improved reporting will serve a deterrent

and decrease CSA occurrence as an outcome. Study findings indicated that CSA non-disclosure is a complex multidimensional response to a traumatic experience and a fundamental element in reducing the prevalence of child sexual abuse, and therefore requires a multipronged approach regardless of what other interventions are implemented. It is therefore imperative that the different family, social and systemic influences that may improve reporting and disclosure need to be focused on as interventions as well. These include family and responder publicity, awareness creation and education, being open, supportive, and non-judgmental in the family and responders, responder retraining and reeducation, anti-corruption campaigns, and harder punishment.

Education and awareness

Chabeletsane (2015) urged the employment of a multi-pronged effort which would involve the police and justice departments in interviewing and responding to CSA victims. Of equal importance are the reeducation and enlightenment of social workers, responders, parents and community members on the importance of immediately disclosing such incidents, the benefits for the children involved, and also the possibility of a conviction for the alleged offender. This is because improving reporting and disclosure plays a landmark role in reducing CSA. This has been shown as the only way that cases and incidents will get reported to the authorities. The findings of this study are for the most part in agreement with findings of previous reviewed studies which focus mostly on responder retraining, reeducation and reindoctrination, all aimed at achieving improved responses to CSA reporting and occurrence with heightened awareness,

knowledge and understanding of CSA, improved communication with no bias, not being judgmental, openness and non-subjectivism.

An earlier study that explored the performance of police responders agreed that police officers needed more years of training and experience to improve their objectivity and better handle CSA cases without any form of attending bias (Everson & Sandoval, 2011). Another study that evaluated police participants' perception and understanding of sexual assault and what informed their perceptions by Venema (2016) agreed with earlier studies by Leander (2010), and Everson and Sandoval (2011) that police officer thought process as perceived by the victims, their lines of questioning, biased attitudes and lack of emotional communication, were mediators of non-disclosure and under-reporting in victims (Venema, 2016). Naidoo (2013) also agreed that the inclusion of medical, law enforcement and the legal justice systems in the reeducation interventional efforts was important. This is because they play a crucial role as initial responders to CSA reports.

Encouraging Families to be Open, Supportive, and Non-Judgmental

Participants in this study emphatically agreed that an open and supportive environment is paramount in enabling the scared and traumatized victim to talk. They agreed that providing that private and peaceful atmosphere where the victim perceives that the listener is giving them full attention and ready to support them is important. This, they said will make all the difference between bottling up and loosening up to talk. These results are in line with earlier studies in South Africa, by van Westrhenen, et al. (2017) which called for enhanced emotional and cultural sensitivity of social workers, family members and responders who relate with and care for CSA victims such that they are

more open and receptive thus creating the enabling environment for victims to open up.
Earlier studies also provide guidance to the future training of responders like the police
operatives and social workers to incorporate emotional and culturally sensitive behavior
and communication in order to improve disclosure (Chabeletsane, 2015; Sawrikar &
Katz, 2017; Nen dan & Astbury, 2011)

An Anti-Corruption Campaign and Responder Retraining

Anti-corruption campaigns, responder retraining and reeducation emerged from
this study as interventions. This is in agreement with earlier studies which indicate the
importance of future training of responders like the police operatives and social workers.
These were indicated by earlier studies to be effective interventions. The studies also
indicate the need to incorporate emotional and culturally sensitive behavior and
communication in order to identify and deal with cultural concerns early and effectively,
and improve disclosure (Chabeletsane, 2015; Sawrikar & Katz, 2017).

Establish Heavier Punishments

Participants in this study also prescribed a change in policy decisions to
implement maximum punishment. They believe that this will serve as a deterrent to new
CSA occurrence and also encourage victims to speak up because it will send the right
signals that the law enforcement and legal system are doing the right thing. This study
outcome is in agreement with the promulgates of an earlier study by Freiberg et al. (2015)
that explored the impact of sentencing in child sexual abuse offenses in Australia.
Freiberg et al. (2015) found that the severity of sentencing signaled the stance of the
system, showed their total displeasure in such offences, and intended to ensure zero

reoccurrence and improve confidence in the victims in the system, and also improve reporting.

Limitations and Recommendations

Although the sample size in this qualitative study was small, the study set out to explore the lived experiences of victims in nondisclosure of CSA and had intended to recruit victims that had never reported their experience to anyone or had reported to a family member or responder but afterwards abandoned the case or recanted and withdrew the case. However, probably because of the sensitivity of the topic being explored, there was no participant who had never disclosed before and this study only had participants that had initially disclosed to a family member, and or a responder and then recanted, withdrew or abandoned the case. It may also be possible that those that have never spoken about it were influenced by other predictors, some of which may also be predictors of CSA occurrence, or the same predictors identified in this study but in a more severe manner. More so, because of the sensitivity of the topic and the need to protect the privacy and confidentiality of the participants, the spontaneity of the study onset, and the time spent with each participant which was limited with all aspects of the study done in just one call, these may have impacted the information obtained from the participant and its quality including some degree of responder and recall bias.

Results from this study underscore the need for larger studies using bigger samples. This is because of the need to enroll the full spectrum of study participants and to generalize study outcomes to larger populations. Larger samples and longer duration studies are therefore needed in order to establish temporal associations between

predictors, interventions and outcomes. In addition, the results provide indications to further explore the predictive impact of patriarchy, male domination, responder treatment by police and responders, revictimization, and time lapsed from CSA incident, on nondisclosure, and also the impact of CSA nondisclosure on revictimization.

Social Change Implications

It is hoped that the results of this study will be a guide to informing government policies for social change, social development and community wellbeing. These outcomes will result in improved population health through gender empowerment to break the silence and encourage more women to open up, talk about their experiences, and report CSA. Opening up will reduce nondisclosure, incidence and prevalence, and in the same vein, minimize its deleterious outcomes and improve community health and wellbeing. Results of this study will also provide direction in designing intervention in other African nations and the world at large.

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Appendix A: Interview Guide

INTERVIEW GUIDE

Thank you for being part of this interview.

Please do not tell me your name because I want to keep your true name completely confidential**.** This study is trying to identify the factors that are associated with reporting a sexual abuse incident either to your family or the authorities or making a report but then withdrawing. The goal is to reduce and control the problem of child sexual abuse.

The questions I will be asking you will enable me to understand your situation and how a similar situation may be prevented in the future, so I urge you to be truthful and patient, and take your time to think back as much as you can to answer all the questions.

1). **PLEASE TELL ME ABOUT THE DIFFERENT THINGS YOU THOUGHT ABOUT WHEN YOU WERE TRYING TO DECIDE WHETHER TO TELL SOMEONE ABOUT WHAT HAPPENED TO YOU.**
Potential prompts:
What were some factors that made you want to tell authorities and what were some factors that made you <u>not</u> want to tell authorities?
Can you talk about whether there was fear as part of your decision?
Can you talk about whether there were any family influences as part of your decision?

2). **PLEASE SHARE WITH ME YOUR THOUGHTS AT THE POINT YOU DECIDED NOT TO TELL ANYONE OR WITHDRAW YOUR REPORT, OR CHANGE YOUR STORY**
Potential prompts:
What were the circumstances that you feel compelled you to withdraw or change your story?
Can you talk about whether there was fear as part of your decision?
Can you talk about whether there was shame or/and blame as part of your decision?
Can you talk about any religious or cultural influences that were part of your decision?

3). **PLEASE TAKE YOUR TIME TO RECALL ANYONE ELSE YOU KNOW WHO EXPERIENCED SEXUAL ABUSE AS A CHILD, AND IF THEY REPORTED IT, OR DIDN'T FOLLOW THROUGH?**
Potential prompt:
Do you have any thoughts about why they didn't report it or didn't follow through?

4). **PLEASE TELL ME WHAT MEASURES IN YOUR OPINION CAN BE TAKEN TO PREVENT OR STOP CHILD SEXUAL ABUSE?**
Potential prompt:
Can you share with me why you believe that will help?

Can you talk about what you think of awareness creation around child sexual abuse?
Can you talk about what you think of assistance from the police and courts?

5). PLEASE TELL ME WHAT MEASURES IN YOUR OPINION COULD BE TAKEN TO STOP THE SILENCE AND ENCOURAGE VICTIMS TO REPORT CHILD SEXUAL ABUSE?
Potential prompt:
Can you talk about what you think of awareness creation around child sexual abuse?
Can you talk about what you think of assistance from health or social workers?
Can you talk about what you think of assistance from the police and courts?

Appendix B: Recruitment Advertisement

RECRUITMENT ADVERTISEMENT

INVITING FEMALE PARTICIPANTS FOR A RESEARCH INTERVIEW TO BREAK THE SILENCE
&
HELP PREVENT CHILD SEXUAL ABUSE

NOTE: To protect your privacy, your full name will not be requested at any time

Invitation for study description: Interested adult female volunteers in Mzansi who experienced Sexual Abuse as children, reported it to family or the authorities, but chose to not follow through.

Interviews will be done by phone in order to maintain your confidentiality. Please contact @

To have the study described, and give your consent, contact: Dr. Chima Ozor @

Actual Interview: Will follow immediately after the study is described to you.

Grocery Gift card available as appreciation

An approved doctoral study at Walden University,
100 South Washington Avenue
Minneapolis, Minnesota
U. S. A