INTRODUCTION

Many studies have indicated that childhood sexual abuse and rape against females are some of the social problems that call for urgent attention in South Africa (Collings, 1992, 1993, 1995, 1997; Magwaza, 1994; Sonderling, 1993; Haffejee, 1991; Levett, 1989a, 1989b; Madu and Peltzer, 2000). These studies, however, were not discussed from the point of view of the ecology of human development.

The foundation of the ecological approach to human development is the interaction between a person and the environment, and the joining of the person and the environment to form an individual’s own personal ‘ecological niche’ or ‘place’ within which behaviour and development arise (Bronfenbrenner, 1979; Garbarino, 1982). A person’s environment includes everything outside the individual. There are four separate, but interacting and ecologically intermingled components of this environment: microsystems, the mesosystem, the exosystem, and the macrosystem (Garbarino, 1982).

Microsystems are the actual settings in which a person experiences day-to-day life. Each microsystem is the evolving, shared accommodation of the individual and the environment - the immediate forces of family, friends, church, school, and neighbours with whom the developing person interacts. The neighbourhood is a microsystem for the child when the child acts as part of the neighbourhood. The most important microsystem for a child is the family.

The main focus of the mesosystem is the environment as an interdependent interactive set of microsystems. It is the relationship between the overlapping and interconnected microsystems in which the developing individual experiences reality. The mesosystem represents the involvement or interaction between the various microsystems (family, relatives, teachers, peers, doctor, social worker) of a child.

The exosystem is made up of one or more situations which do not directly include the individual as an active participant but which affect the development of the person. It refers to those social groups, which affect the quality of the child’s environment. This includes the less immediate centres of power and forces. These forces include laws, the decisions made by planning commissions and school boards, social structures and the parents’ network of friends, workplace of the parents if the child is not also a participant in the workforce, and the neighbourhood in which the parents may interact (independently of the child).

The macrosystem is made up of the political, economic, and demographic factors, which shape the quality of life for children and families. It includes the ideology and culture that underlies the organisation of institutions, the assumptions people make about social relations, and the workings of the political and economic system (Bronfenbrenner, 1979). The macrosystem refers to the general organisation of the world as it is and as it might be (Garbarino, 1982). It encompasses the cultural values and belief systems that foster the abuse of children through the influence they exert on ontogenic development (forces at work in the individual) and the micro-, meso-, and exosystems (Belsky, 1980). Within each of the systems there is potential for both risk and opportunity for the developing person.

Bayley and Kings (1990) explained child sexual abuse to be when an adult or person significantly older or in a position of power interacts with a child in a sexual way for the gratification of the older person. There are contact (e.g. actual or attempted intercourse, oral or manual genital contact, sexual kissing, hugging, or touching) and non-contact (e.g. exhibitionism, voyeurism, sexual threats or invitations) forms of sexual abuse, but the study limits itself to any contact form of sexual abuse (among female university students) which took place before the completion of the age of 17 years. The perpetrator must be an adult or a person at least five years
older than the child or a person in a position of power over the child (e.g., doctor, teacher, Nanny).

In South African law, it is a requirement that if a child indicates that he or she has been sexually touched by an adult, and where the adult is known, the information should be revealed to the police, or to a Commissioner of Child Welfare or a social worker (Du Plessis, 1996). In spite of that, research has shown that child sexual abuse is very prevalent in South Africa and that it has very adverse effects on the victims, and the effect can be on long-term or short-term basis (Collings, 1993; Collings, 1995, 1997; Levett, 1998a, 1998b; Madu and Peltzer, 2000; Piennar, 1996). Before programmes against child sexual abuse can be adequately intensified and appreciated, it is important to know the implication of child sexual abuse for the ecology of human development. Thus, this study is called for. The author studied the prevalence of childhood sexual abuse among a sample of female university students (at the University of the North, in the Northern Province, South Africa) and the victim-perpetrator relationships. The results will be used to discuss the implications for the ecology of human development.

The Northern Province (where the university is situated) has a population of 5.4 million inhabitants. Among them, 97.1% are blacks, 0.1% are coloured, 0.1% are Indians/Asians, and 2.7% are whites; 45.7% of them are males and 54.3% are females; many of the inhabitants live under poor economic and medical conditions; 46% are unemployed (Republic of South Africa, 2000; Health Systems Trust and Department of Health, 1997).

METHOD

Participants: The participants for this study were all the female undergraduate students at the University of the North (South Africa) who registered for psychology in the year 2000. The total number of participants composed 465 females. The collective mean age was 23.8 years (SD=5.28) and the age range was 15-47 years. They were all black Africans from the Northern Province.

Instrument: The instrument used in this study is part of the Child Maltreatment Interview Schedule (Briere, 1993), which has the following components:

1. Questions on the demographic variables of the participants: age and ethnicity.
2. Questions on whether the participant perceives herself as have ever been sexually abused as a child (i.e., before the age of 17 years); and their overall self-rating of childhood (in terms of her relationship with adults or persons at least five years older or persons in positions of power over them).
3. Questions on (physical) contact forms of sexually abusive experiences of participants before the age of 17 years, with an adult or person at least five years older or a person in a position of power over the child (e.g., doctor, teacher, Nanny); and the relationship of the perpetrator(s) to the participant; and whether physical force was used. The patterns of contact sexual abuse considered were sexual-kisses, -touches, and oral, anal, or vaginal intercourse. (These questions are important since a participant might perceive her childhood differently, compared to how the author would interpret her indicated childhood sexual experiences using the above-mentioned criteria for sexual abuse.)

The questionnaire includes both open-ended and close-ended questions, and in some cases, closed-ended questions reflect a multiple-choice format.

Raborifi (1997) in South Africa has used the second and third components of the questionnaire as part of a questionnaire for a study on the history of childhood abuse among female university students. Madu and Peltzer (2000) also used them in their study of childhood sexual abuse among high school students in the Northern Province of South Africa. Before using the questionnaire for the present main study, however, it was administered to a group of 20 university undergraduate students, to be sure that the students would understand the questions and that it would be easy to administer. They had no problem in understanding and answering the questions. The 20 students did not participate in the main study. Chronbach Alpha for the whole sexual abuse measurement was 0.7 for the whole sample.

Procedure: A research assistant obtained permission from three lecturers teaching 100, 200
and 300 level psychology students to administer the questionnaire during their class periods (while the male students were allowed to go and recreate themselves outside). On the agreed dates and time with the lecturers, the research assistant went to administer the questionnaire to the students in their classrooms. The research assistant, first of all, explained the purpose of the research to the students. It was also made clear to them before hand that any of them who do not want to participate in the study should feel free to decline. They were then allowed to ask questions about the research, before filling-in the questionnaires to the best of their knowledge. A total number of 4(0.8%) students did not fill-in their questionnaires. The questionnaires were collected on the same day they were distributed to the participants. English, were the language of the questionnaire and also the language of its administration. All the participants completed the questionnaires within 30 minutes even though 1 hour was allocated for the whole exercise.

Because of ethical reasons, the participants were told to feel free to contact the researcher or his assistant (physically or telephonically using their numbers and addresses written out for the students on the black board in front of them) in case of questions, counselling and/or psychotherapy. They were also told that, alternatively, any clinical psychologist, psychotherapist or counsellor available (e.g., at the Students Counselling Centre of the university) could be consulted. This is in view of the fact that the questionnaire may have aroused some emotions especially among sexually victimised participants. Moreover, it was also agreed with the Directors of the Provincial Department of Health and the Students Counselling Centre of the university, that the result of the research shall be made available to them for use in planning preventive health care services.

The administration of the whole questionnaire was completed within three weeks in March 2000.

RESULT

Prevalence and Patterns of Childhood Sexual Abuse

Table 1 shows the prevalence and patterns of childhood sexual abuse among the students.

<table>
<thead>
<tr>
<th>Patterns of sexual abuse</th>
<th>Valid N</th>
<th>Frequency</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any form of sexual abuse</td>
<td>465</td>
<td>110</td>
<td>23.7</td>
</tr>
<tr>
<td>Sexual kiss</td>
<td>440</td>
<td>84</td>
<td>19.1</td>
</tr>
<tr>
<td>Kissed by force</td>
<td>38</td>
<td>8</td>
<td>8.6</td>
</tr>
<tr>
<td>Sexual touch</td>
<td>440</td>
<td>62</td>
<td>14.1</td>
</tr>
<tr>
<td>Touched by force</td>
<td>27</td>
<td>7</td>
<td>6.1</td>
</tr>
<tr>
<td>Oral/anal/vag. intercourse</td>
<td>420</td>
<td>40</td>
<td>9.5</td>
</tr>
<tr>
<td>Intercourse by force</td>
<td>23</td>
<td>5</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Table 1 shows that out of the total number of respondents (N=465), the number who indicated any form of (physical) contact sexual abuse is 110. That gives a prevalence rate of 23.7%.

If one would consider and arrange the ‘seriousness’ of the different forms of sexual abuse from a less serious form (sexual kiss) to the most serious form (oral/anal/vaginal intercourse), the prevalence decreases as the seriousness increases (sexual kiss = 19.1%, sexual touch = 14.1%, oral/anal/vaginal intercourse = 9.5%). The same tendency can also be observed when the different forms of sexual abuse with force are considered (sexual kiss by force = 8.6%, sexual touch by force = 6.1%, oral/anal/vaginal intercourse by force = 5.5%).

The Perpetrators

Table 2 shows the frequency distribution of the victim-perpetrator relationships.

Table 2 shows that with respect to abusive sexual kiss, the family/extended family members (father, mother, brother, sister, uncle and aunt alone or together with others) are the most commonly reported perpetrators (40.9%). This is followed by friend (friend alone or together with others) (31.2%), by strangers (strangers alone or together with others) (20.5%), and lastly by people entrusted with care of the participant as a child (babysitter/nanny, teacher, doctor, other professional, and any of the caretakers together with others) (20.4%).

With respect to abusive sexual touch, the most commonly reported perpetrators are people entrusted with care of the participant as a child (babysitter/nanny, teacher, doctor, other professional, and any of the caretakers together with others) (20.4%).
(babysitter/nanny, teacher, doctor, other professional, and any of the caretakers together with others) (40.7%). This is followed by friends (friend alone or together with others) (28.8%), by family/extended family members (father, mother, brother, sister, uncle and aunt alone or together with others) (27.2%) and lastly by stranger (stranger alone or together with others) (13.6%).

With respect to abusive oral/anal/vaginal intercourse, the most commonly reported perpetrators are people entrusted with care of the participant as a child (babysitter/nanny, teacher, doctor, other professional, and any of the caretakers together with others) (45%). This is followed by family/extended family members (father, mother, brother, sister, uncle and aunt alone or together with others) (42.5%), by friends (friend alone or together with others) (22.5%), and lastly by stranger (stranger alone or together with others) (12.5%).

The reported perpetrators are mostly people known (family/extended family members, friends, babysitters/nannies, teachers, and any of those together with others) to the victims (for sexual kiss: 73.4%, for sexual touch: 61.1%, for oral/anal/vaginal intercourse: 77.5%).

Mother, brother, uncle and ‘other professional’ were not indicated as perpetrators of oral/anal/vaginal intercourse.

Table 2: Victim-perpetrator relationships

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Sexual kiss N (%)</th>
<th>Sexual touch N (%)</th>
<th>Oral/anal/vaginal intercourse N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>6 (7.2)</td>
<td>4 (6.8)</td>
<td>2 (5)</td>
</tr>
<tr>
<td>Mother</td>
<td>2 (2.4)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Brother</td>
<td>4 (4.8)</td>
<td>1 (1.7)</td>
<td>-</td>
</tr>
<tr>
<td>Sister</td>
<td>2 (2.4)</td>
<td>-</td>
<td>6 (15)</td>
</tr>
<tr>
<td>Uncle</td>
<td>14 (16.9)</td>
<td>7 (11.9)</td>
<td>6 (15)</td>
</tr>
<tr>
<td>Aunt</td>
<td>12 (14.7)</td>
<td>1 (1.7)</td>
<td>6 (15)</td>
</tr>
<tr>
<td>Friend</td>
<td>22 (26.5)</td>
<td>15 (25.4)</td>
<td>5 (12.5)</td>
</tr>
<tr>
<td>Stranger</td>
<td>13 (15.7)</td>
<td>10 (16.2)</td>
<td>2 (5)</td>
</tr>
<tr>
<td>Babysitter/nanny</td>
<td>1 (1.2)</td>
<td>2 (3.4)</td>
<td>2 (5)</td>
</tr>
<tr>
<td>Teacher</td>
<td>4 (4.8)</td>
<td>3 (5.1)</td>
<td>6 (15)</td>
</tr>
<tr>
<td>Other professional</td>
<td>8 (9.6)</td>
<td>10 (16.9)</td>
<td>-</td>
</tr>
<tr>
<td>Doctor</td>
<td>-</td>
<td>5 (8.5)</td>
<td>7 (17.5)</td>
</tr>
<tr>
<td>Combination of family members</td>
<td>1 (1.2)</td>
<td>1 (1.7)</td>
<td>-</td>
</tr>
<tr>
<td>Combination of professionals</td>
<td>1 (1.2)</td>
<td>2 (3.4)</td>
<td>-</td>
</tr>
<tr>
<td>Combination of friend/stranger/nanny</td>
<td>-</td>
<td>-</td>
<td>1 (2.5)</td>
</tr>
<tr>
<td>Combination of friends/extended family members/strangers/nanny</td>
<td>2 (2.4)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Combination of family members &amp; professional</td>
<td>1 (1.2)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Combination of family members &amp; friends/extended family/strangers/nanny</td>
<td>1 (1.2)</td>
<td>-</td>
<td>1 (2.5)</td>
</tr>
<tr>
<td>Combination of family members &amp; friends/extended family/strangers/nanny &amp; professional</td>
<td>1 (1.2)</td>
<td>2 (3.4)</td>
<td>2 (5)</td>
</tr>
</tbody>
</table>

Total 83 (100) 59 (100) 40 (100)

DISCUSSION

Microsystem: In this study, the prevalence of child sexual abuse is 23.7%, and most of the perpetrators were found either among family/extended family members or among people entrusted with care of the participant as a child; and generally, most of the perpetrators are people known to the victims. This agrees with the findings of Collings (1997) where also the victim-perpetrator relationship is reported to be highest among “acquaintance” (40.4%). Huston et al. (1995) also reported that among Mexican Americans, the highest rate of perpetrators were
found among relatives (43% were relatives and 37% were acquaintances). According to the ecological approach to human development, two of the most important elements in the microsystem of the child are a climate of affection and the element of reciprocity (Cairns, 1979; Garbarino, 1982). When a family member or a person entrusted with the care of the child is sexually abusing the child, an affective climate and reciprocity is denied and the physical and mental development of the child is in jeopardy. One of the greatest threats to the microsystem is an abusive parent who starves children of emotional sustenance (Garbarino, 1982).

According to the conceptual framework of Finkelhor and Browne (1986), many of the victims of child sexual abuse suffer many psychological and behavioural problems as a result of traumatic sexualisation (e.g., increases salience of sexual issues, confusion about sexual identity and norms, confusion of sex with love and care-getting or care giving, negative associations to sexual activities and arousal sensations, aversion to sex or intimacy, sexual preoccupations and compulsive sexual behaviours, precocious sexual activity, aggressive sexual behaviours, promiscuity, prostitution, sexual dysfunction, flashbacks, difficulty in arousal and orgasm, avoidance of or phobic reactions to sexual intimacy, and inappropriate sexualisation of parenting), stigmatisation (e.g., guilt, shame, low self-esteem, sense of difference from others, isolation, drug or alcohol abuse, criminal involvement, self-mutilation, and suicide), betrayal (e.g., grief, depression, extreme dependency, impaired ability to judge trustworthiness of others, mistrust of sex partners, anger, hostility, clinging, vulnerability to subsequent abuse and exploitation, allowing own children to be victimised, isolation, discomfort in intimate relationships, marital problems, aggressive behaviour, and delinquency), and powerlessness (e.g., anxiety, fear, lowered sense of efficacy, perception of self as victim, need to control, identification with the aggressor, nightmares, phobias, somatic complaints, eating and sleeping disorders, depression, dissociation, running away, school problems, truancy, employment problems, vulnerability to subsequent victimisation, aggressive behaviour, bullying, delinquency, and becoming an abuser). This view is also supported by a review of the literature by Beitchman et al. (1991) which shows that many adolescents with a history of a childhood sexual abuse reported short-term sequelae such as sexual dissatisfaction, promiscuity, homosexuality, an increased risk for revictimisation, depression and suicidal ideation or behaviour.

Abusive and neglectful families demonstrated lower rates of interaction, and abusive and neglectful parents are more likely to emphasise the negative in their relationships with their children (Burgess and Conger, 1978). Since one child in the family is frequently singled out to be abused, that child is often one who disrupts or interferes with the family life cycle (Maccoby and Martin, 1983; Parke and Slaby, 1983). These disruptions may be problems of sleeping, excessive crying, or responding poorly when attempts are made to comfort the child. Also, many mistreated children are ill a great deal (Belsky, 1980).

**Macrosystem:** Based on the author’s operational definition of child sexual abuse, many of the victims of childhood sexual abuse (68.2%) did not perceive themselves as ever have been

| Table 3: Frequency of those who consider themselves to have ever been sexually abused during childhood and their overall self-rating of childhood. |
|---------------------------------|-----------------|----------------|-----------------|-----------------|----------------|
|                                | **Self-perception of have ever been sexually abused as a child** | **Overall Self-rating** |                                |                                |                                |
|                                | Abused Valid N (%) | Never have been abused Valid N (%) | Very unhappy Valid N (%) | Average Valid N (%) | Very happy Valid N (%) |
| Sexually abused                | 34 (31.8)         | 73 (68.2)       | 18 (17.3)        | 43 (41.3)        | 43 (41.3)       |
| Sexually kissed                | 27 (33.3)         | 54 (66.7)       | 16 (20)          | 34 (42.5)        | 30 (37.5)       |
| Sexually touched               | 27 (44.3)         | 34 (55.7)       | 11 (18.6)        | 25 (42.4)        | 23 (39)         |
| Oral, anal or vaginal intercourse | 22 (55)          | 18 (45)         | 9 (22.5)         | 15 (37.5)        | 16 (40)         |
sexually abused as children. As also indicated by Madu and Peltzer (1998), that may be an indication of the societal or traditional perceptions and attitudes towards child abuse. The victimised participants, in line with their cultural attitudes and perceptions, may have seen the abusive behaviours of the adults (that is, as seen by the author) as something normal. Thus, many of them may have taken their childhood sexual experiences and their possible effects very lightly. But such an attitude would continue to conceal such sexual victimisation in the society, thereby denying many children the atmosphere for proper physical, mental and emotional development. This calls for urgent and massive awareness-making campaigns in the area of child sexual abuse.

Sexual abuse involving penetration (9.5%), force or violence (5.5%) and a close relationship to the perpetrator (42.5% of the perpetrators) have been indicated to be some of the most harmful in terms of long-term effects on the child (Beitchman et al., 1991).

Many of the victims (41.3%) rated their childhood as “very happy”. This however, is a rating of overall childhood experiences and not only that of childhood sexual experiences. So, other pleasant childhood experiences may have greatly influenced the rating. Also, some of their ratings on their childhood may have reflected more of their momentary feelings and not that of their childhood.

Mesosystem: The number and the quality of the connections between the child’s microsystems determine the social richness of a child’s mesosystem. When the links between children’s mesosystems or settings are strong, diverse and positive, their developmental opportunities will be enhanced (Cochran and Brassard, 1979; Garbarino, 1981, 1982; Gladow and Ray, 1986). When children’s microsystems are few and/or do not interact and work in concert with one another on their behalf, children are at risk. There may be conflicts between values, rules, economic and social expectations that may damage children’s self-esteem and their ability to develop competencies. Many victims in this study (83%) perceived themselves (possibly in line with their societal or traditional perceptions and attitudes towards child abuse) as not sexually abused during childhood. Their view is, however, contrary to the law of the country. This contradiction may damage the children’s self-esteem and may lead to confusion about sexual identity and norms, confusion of sex with love and care-getting or care giving.

In relation to health care, the ability of the majority of the inhabitants of the Northern Province to obtain health services is hampered by low incomes, lack of health insurance coverage, lack of accessible health facilities (Health Systems Trust, and the Department of Health, 1997; Republic of South Africa, 2000). There is repeated evidence that child-abusing families are isolated from formal and informal support (Alvarez et al., 1988; Dorman and Larson, 1984; Garbarino and Gilliam, 1980). Abusive parents in times of stress have no means of escape, no friends or relatives to whom they can turn to receive help. Cochran and Brassard (1979) pointed out the importance of emotional and material assistance (including childcare services) in the promotion of the healthy functioning of all families (see also Tan and Ray, 1991).

Exosystem: Some settings in children’s lives (e.g., workplace of parents, planning commissions, laws, housing authority) have no direct role, but affect their development. When decisions are made in these settings which benefit children, their developmental opportunities are enhanced. In the Province, many parents work as migrant labourers either in other provinces or at places far away from their homes. As a result, many children are left either alone at home during the weekdays after school or they are left with Nannies and grand parents who may not give them proper care, guidance and protection as their biological parents would. Thus, they would be exposed to sexual abuse from opportunistic perpetrators. The development of the children is likely to be affected adversely.

When children’s parents and other caregivers suffer from long or inflexible work hours, travel, and stress in a way that drains their energy (as is often the case with migrant labourers) and strains behaviour in children’s microsystems (home, school, friends), children are at risk. Children often remain vulnerable for long periods and sustain needless physical, mental, or emotional damage (Larson et al., 1987). The context of poverty (as is the case in many families in the Northern
Province) multiplies the hazards of parental absence. Poor people have very little margin for irresponsibility or mismanagement of either time or money (Pelton, 1981).

During the South African apartheid regime, migrants may not have been properly covered by the general labour, health, and safety laws, or the statutes may not have been properly enforced on their behalf. They may not have received adequate services necessary for human development (see also Tan and Ray, 1991). Although, after the apartheid era, one is obliged by law to report any case of child sexual abuse to the police or a Commissioner of Child Welfare or a social worker (Du Plessis, 1996), it is questionable how strictly and effectively this law is being adhered to by the citizens.

Forty six percent of the inhabitants of the Northern Province are unemployed (Republic of South Africa, 2000). Gil (1971) in a national survey of 13,000 cases of abuse (in the US) found that nearly half of the fathers experienced joblessness in the year immediately preceding the abuse incident. Likewise, Steinberg, Catalano and Dooley (1981) found that increases in child abuse were preceded by periods of job loss. He suggested that job loss and material deprivation may produce feelings of frustration and anger, which may be displaced onto the child. According to Gelles (1976), the sense of powerlessness resulting from being “dethroned” as family provider might fuel intrafamily violence, especially when status might be regained by overpowering someone else. Children become the easiest targets. Child sexual abuse may also be a consequence of the increased parent-child contact (and the opportunity for conflict) that result from the unemployed parents spending more time at home (Belsky, 1980; Steinberg et al., 1981). For migrant families, periods of job loss (and increased parent-child contact) are frequent when parents no longer have work and must relocate to find another job (Larson et al., 1987). When working, there is also a great deal of alienation that is fostered on the job for migrant workers (Harper et al., 1979). Gil (1975) proposes that this job fostered alienation (along with other forces) is a causative factor in the abuse process (see also Tan and Ray, 1991).

Macrosystem: In understanding the relationships of microsystem, mesosystem, and the exosystem in child abuse, the role of the macrosystem - the overall cultural milieu - must be reviewed. When social patterns or events in children’s lives encourage and support parents and children, developmental enrichment for children is enhanced. When ideology (as during the apartheid regime) or cultural attitudes and beliefs threaten children’s microsystem, mesosystem, and exosystem interaction (see also Selahle, 2001), children are at risk (Garbarino, 1982). These include a national economic policy that encourages economic dislocation, poverty, and homelessness for families with children, institutionalised support for high levels of geographic mobility that disrupt neighbourhood and school connections, a pattern of non-support for parents and families which creates conflicts between a parent’s role of worker and that of parent, and discriminatory values that demean some parents and raise the level of stress for their children (Belsky, 1980; Gonzales, 1980; Larson et al., 1987; Mounts, 1987). There is also an attitude in this society of “blaming the victim” - especially in cases of incest abuse (Marivate, 2001). This perpetrates the developmental problems of the victims.

CONCLUSION AND IMPLICATIONS

Using the ecological approach to human development, the author concludes that child sexual abuse can have adverse developmental effects on both victims and their family members.

It is recommendable that parents should be involved in programmes against child abuse (McConnell, 1989). The ecological perspective is less automatic for professionals who relate segmentally to families in terms of their particular area of specialisation. Thus, programs that victims of child sexual abuse have an effective voice in shaping are more likely to seek to develop collaboration and support on all levels of individuals’ and families’ ecosystems. Such programs embed desirable changes within an affirmation of participants’ individual and cultural values. At the same time, changes are as frequently sought in neighbourhood, school, work, or other systems as in individual participants.

In both of these programs, the function of the
parent organisations should not be merely advisory. Parents should have a deciding voice in setting policy and in hiring program staff. Even more importantly, migrant adults (para-professionals) should be hired to do all of the teaching of the children.

Intensive, comprehensive, and flexible programs are needed at all levels of the ecological system. Advocates of migrant families can help migrants work with miner’s associations and community and political power structures to provide adequate housing, safe places for children to play, and economic and community development which fosters and maintains the stability and integrity of the family and of the neighbourhood.

LIMITATIONS OF STUDY

Only female undergraduate psychology students were used as participants for this study. This would limit the external validity of the findings. Focus groups or selected interviews with the sample would have helped to check the validity. Non-contact forms of sexual abuse were not considered in this study. There are also other aspects of child sexual abuse that needs further investigation, for example, the exact age(s) of the victims and perpetrator(s) at the time of the victimisation, and the gender of all the perpetrators. Since some participants were victimised by members and non-members of the family (at the same time or at different times), the author did not go into finding out the number of those victimised by the family members and those victimised by non-family members. Also the duration of victimisation, and secondary victimisation (like, the psychological and behavioural effects of the victimisation on the victims) were not investigated into. Future researchers in the area of child sexual abuse are hereby advised to guard against the above limitations.

ACKNOWLEDGEMENT

Thanks to the students who participated in the study and thanks also to the lecturers who co-operated with the research assistant in the study.

KEY WORDS Child Sexual Abuse. Human Development.

ABSTRACT This is an investigation into child sexual abuse, with the view of pointing out the its implications for the ecology of human development. Four hundred and sixty five female undergraduate students attending psychology courses at the University of the North, South Africa (mean age = 23.8 years, SD = 2.28), filled in a retrospective self-rating questionnaire in a classroom setting. The questionnaire is part of the Child Maltreatment Interview Schedule (Briere, 1993). It asked questions about childhood sexual forms of abuse experienced by the participants, victim-perpetrator relationships, whether participants perceive themselves as sexually abused during childhood or not, and their overall self-rating of childhood. Result shows a childhood sexual abuse prevalence rate 23.7%. 19.1% were kissed sexually, 14.1% were touched sexually, 9.5% were victims of oral/anal/vaginal intercourse. The highest number of perpetrators is found either among family/extended family members of victims (sexual kiss: 40.9%; sexual touch: 27.2%, oral/anal/vaginal intercourse: 42.5%) or among people entrusted with care of the participant as a child (sexual kiss: 20.4%, sexual touch: 40.7%, oral/anal/vaginal intercourse: 45%). Most of the perpetrators are people known to the victims (sexual kiss: 73.4%, sexual touch: 61.1%, oral/anal/vaginal intercourse: 77.5%). Many victims (83% of the victims) perceived themselves (possibly in line with their societal or traditional perceptions and attitudes towards child abuse) as not sexually abused during childhood; and most rated their childhood as either as “average” (41.3% of the victims) or as “very happy” (41.3% of the victims). The author discusses the above results from the ecological approach to human development, bringing out how child’s environment (the micro-, meso-, exo-, and macrosystems) can contribute adversely to the development of the individual. It is recommended that programmes against child sexual abuse should involve also children and their parents as providers.

REFERENCES


CHILD SEXUAL ABUSE AND IMPLICATIONS FOR THE ECOLOGY OF HUMAN DEVELOPMENT


**Author’s Address:** S. N. Madu, University of the North, Private Bag X1106, Sovenga 0727, South Africa. Email: madus@unin.unorth.ac.za