

Perceived Parental Disorders as Risk Factors for Child Sexual, Physical and Emotional abuse among High School Students in the Mpumalanga Province, South Africa

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ABSTRACT This is an investigation into the perceived parental disorders as risk factors for child sexual, physical and emotional abuse among high school students in the Mpumalanga Province (South Africa). 559 participants filled in a retrospective self-rating questionnaire in a classroom setting. The questionnaire asked questions about perceived parental disorders, and childhood sexual, physical and emotional abusive experiences of participants. Logistic Regression Analysis shows that among all the participants, parental psychiatric problems and parental physical domestic violence are risk factors for child sexual abuse. Parental drug or alcohol problems and parental physical domestic violence are risk factors for child physical abuse. Parental psychiatric hospitalisation, parental psychiatric problems, and parental physical domestic violence are risk factors for child emotional abuse. Mental health and social workers, educators and law enforcement agencies dealing with prevention and protection against child abuse in the province should take note of the above identified risk factors while designing programmes for the eradication of child sexual, physical and emotional abuse.

INTRODUCTION

Among the issues that concern young people in South Africa today, child abuse is one that many teenagers report having had personal experiences within their homes and schools. A majority (62%) of young people say that child abuse is one of the greatest concerns for them today (Henry J. Kaiser Family Foundation (2001). It is, therefore, one of the major problems that demand urgent attention in South Africa. The Child Protection Units of the South African Police Services identified during the first six months in 1996 19805 cases of crimes against children less than 18 years; of which child sexual abuses were 7968 (40%) (rape: 7363, sodomy: 480 and incest: 125) (Piennar, 1996). This study, therefore, focuses on parental disorders (as perceived by the participants) which may predict child sexual, physical and emotional abuse.

To define child abuse (especially in an African) context is very difficult and controversial, since, as Lachman, (1996) explained that cultural attitudes towards child abuse vary a great deal, the distinction between (for example, child physical) abuse and discipline is blurred, and the perception of child abuse as 'private' still prevails among many families (see also Kelley, 1996; Kaplan, 1996; King and Yorker, 1996; Putman, 1991) and emotional abuse is also often considered inherent in other types of abuse (Glaser and Prior, 1997).

The African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) defines child abuse as: "The intentional, unintentional or well intentional acts that endanger the physical, health, emotional, moral and the educational welfare of the child. These acts are those morally unacceptable to the community that may endanger the well being of the child, although the child may or may not perceive these acts as abuse. Child neglect is the denial of the basic rights and needs of the child by parents, school, peers, governments and cultural community, occurring as acts of omission and or commission" (Ebigbo, 1989: 404).

Practices viewed as acceptable by one culture can be viewed as abusive or neglectful in other culture. However, while cultures vary in their definitions of child abuse and neglect, each group nevertheless has criteria for identifying behaviours that are outside the realm of acceptable child training. The significance of the socio-cultural components in studying child maltreatment was emphasized in ecologically oriented models (Garbarino, 1992, 1995). These models highlight the interrelationships among the individual, familial, social, and cultural components. Three primary theoretical models have been presented to explain child abuse:

psychopathological, sociological and ecological (Roscoe et al., 1985). The latter researchers found among adolescents that they were aligned with the psychopathological model, followed by the ecological model, and societal factors were seen as relatively unimportant. Zuravin (1989) found that strong predictors of child abuse and neglect are families with poverty indicators and that the pattern covariation between economic stress indicators and inadequate social support indicators is consistent with the ecological hypothesis. Gillham et al. (1998) found that among registered cases of child abuse and neglect in Scotland that male unemployment rate alone accounted for two-thirds of the variance in total abuse and neglect rates. This literature (see also Garbarino and Sherman, 1980; Reynold, 1997; Schepers-Hughes, 1989) seems to suggest that local social factors play a role in the child abuse situation in different societal contexts.

Mejiuni (1991) addresses child abuse in Nigeria and the way that abuse seems to have escalated there. He argues that, although particular political and economic factors are implicated in the physical and sexual abuse of children in Africa, these find a fertile base in ideological facets of African patriarchal traditions of family life which facilitate the sexual abuse of women and girls. Levett (1994), however, states that one needs to be cautious in putting forward arguments about 'cultural differences' in the southern African context, such as particular forms of patriarchal power.

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. This study limits itself to any contact (i.e., actual or attempted intercourse, oral or manual genital contact, sexual kissing, hugging, or touching) form of sexual abuse (among the secondary school students) which took place before 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.

For the purpose of this study, child physical abuse is here to be understood as purposeful nonverbal parental or adult care-taker's behaviour towards a child, which are typically associated with physical pain and/or fear of physical injury to the child (see also Briere and

Runtz, 1988; Ross, 1996). These may be in form of hitting, punching, cutting, pushing, which may result in bruises, scratches, broken bones or teeth, bleeding, or hurting that demanded medical attention (Briere, 1993).

Lachman (1996) explains child emotional abuse to be an injury to a child's psychological self; its intent and effects are punitive and it is generally experienced as parental or adult care-taker's hostility or rejection, such as verbal criticism, harassment or criticism of a child's failure to meet unrealistic expectations or standard for his or her performance. For this study, child emotional abuse is to be seen as those parental or adult care-taker's behaviours which primarily involve physical actions or threat of physical harm, directly or indirectly to a child (see Briere, 1993).

The rationale for exploring the relationship between parental disorders and child sexual, physical and emotional abuse is that, in many societies, many people are not always willing to report all forms of child abuse to the appropriate law enforcement agencies. For example, research has shown that child sexual abuse has very adverse effects on the victims, and the effect can be on long-term or short-term basis (Bergner, 1990; Collings, 1993, 1995, 1997; Finkelhor and Browne, 1986). In spite of that, child sexual abuse is still often associated with shame, threat, fear or taboo by many families and societies. Thus many of the cases are not reported to the mental health workers, social workers, or to the law enforcement agencies (Bagley and Ramsey, 1985; Goodwin, 1988; Gutheil, 1991; Kraemer, 1988; Steele, 1991; Wolf, 1995). With the above attitude, the perpetrator continues to go about unreported, and all the possible psychological, social, and psychiatric short-term and long-term effects of such childhood abuses (as indicated by Briere and Runtz, 1988; Frommuth and Burkhart, 1987; Kluft, 1985; Leavitt, 1994; Sanders and Giolas, 1991; Terr, 1992) continue to perpetuate themselves.

The above situation poses a problem for the mental health workers, social workers and the law enforcement agencies. Is a child whose parent is suffering from a psychiatric illness likely to experience child sexual, physical or emotional abuse as a result of the parental disorders? Is a child whose parent abuses drugs likely to experience child sexual, physical or emotional

abuse? Is a child whose parent often hits or beats up the other parent, likely to experience child sexual, physical or emotional abuse? These are questions on parental disorders and child abuse that would interest psychologists, educators, social and other mental health workers who are confronted with the problems of child abuse for proper planning of preventive and therapeutic strategies. Such adults should be treated to prevent child abuse. Thus, there is the need to study the relationship between parental disorders and child sexual, physical and emotional abuse.

In many parts of the world, some authors have tried to find out the risk factors for child sexual abuse in the society (for example, in Malaysia: Kassim and Kasim, 1995; in Australia: Fleming et al., 1997; in North America: Bergner, Delgado et al., 1979, 1980, 1993, 1994; Finkelhor and Baron, 1986; Finkelhor et al., 1990), but most of their findings are not unanimous with each other. For instance, in North America, out of the 8 risk factors found by Finkelhor 1979 (parental occupation, income, and education; religion; ethnicity; presence or absence of the father at home; presence of a stepparent; degree of violence at home; and the quality of parental marital home), only one factor (family income less than \$10,000) was confirmed by Bergner et al., (1994). In South Africa, Collings (1991) found punitive or emotional rejecting parents and separation from the natural father as significant factors for child sexual abuse.

Some researchers examined the relationship between child physical abuse and parental factors. They identified parental history of abuse (Christmas et al., 1996; Hlady and Gunter, 1990), psychiatric illness (Christmas et al. 1996), low self-esteem (Christmas et al., 1996; Jason and Andereck, 1983; McCurdy, 1995), social isolation (Christmas et al., 1996; McCurdy, 1995; Whipple and Wilson, 1996), teenage parenthood (Christmas et al., 1996; Jason and Andereck, 1983; Wekerle and Wolfe, 1993), low economic status (Hlady and Gunter, 1990; Jason and Andereck, 1983; McCurdy, 1995), maternal hypothyroidism (Brethier and Oriot, 1994), family violence (Hotaling et al., 1998; Milner, 1994; Whipple and Richey, 1997), residential instability (Brent et al., 1994), step-parenthood (Wekerle and Wolfe, 1993), male perpetrators (Jason and Andereck, 1983), black perpetrators (Jason and Andereck,

1983) as correlates. Some looked at the correlates from the point of view of social demographic variables of the physical abuse child and identified the following as correlates: not growing up with both biological parents (Brent et al., 1994), presence of a stepparent during childhood (Brent et al., 1994), low family income (Hotaling, et al. 1998; Nevid et al., 1997; Whipple and Richey, 1997), poor rural white family and poor urban black family (Jason and Andereck, 1983), and parental stress and alcohol or substance abuse (Miam et al., 1996; Nevid et al., 1997). Knutson and Sullivan (1993) identified children's communication disorders (e.g. hearing, speech or language impairment) and enrollment in residential (school) programmes as correlates for child emotional abuse.

The above references show that most of their findings are inconclusive and cannot be generalised to every society. The present authors, therefore, are interested in finding out the parental disorders that would contribute to child sexual, physical and emotional abuse among high schools students in Mpumalanga Province of South Africa..

Mpumalanga Province has a population of 2.8 million inhabitants. Among them, 89.2% are blacks, 0.7% are coloured, 0.5% are Indians/Asians, 9.1% are whites and 0.6% are grouped as 'unspecified/other'; 48.6% of them are males and 51.4% are females; and many of the inhabitants live under poor economic and medical conditions (Statistics South Africa, 2000). No study has been carried out in the Province to find out the parental disorders that may be considered as risk factors for child sexual, physical and emotional abuse. The authors hypothesize that parental psychiatric problems, domestic violence, drug and alcohol abuse and psychiatric hospitalisation are related to child sexual, physical, and emotional abuse.

METHOD

Participants

The participants for this study were all standard nine and ten secondary (high) school students in three schools in the Mpumalanga Province. The schools were randomly chosen and the Department of Education of the Province

confirmed their representative character for the schools in the province before the schools were chosen for the study. Standard nine and ten secondary school students were chosen because the author believes that they are mature enough to have the courage to report about their sexual abusive experiences and at the same time their ages are expected not to be too far above the researcher's operational maximum age for child sexual abuse (16 years). This would give them the maximum opportunity to remember what happened before they were 17 years old. The total number of participants was 559, 223(39.9%) males, 321(57.4%) females, and 15(2.7%) did not indicate their gender; their mean age was 17.4 years ($SD=2.96$) and the age range was 11-28 years, 12(2.2%) did not indicate their age (financial problems, teenage pregnancy and early marriage delay many children in the province from completing their school education at the appropriate age). 553(98.9%) were blacks, 3(0.5%) were whites, and 3(0.5%) did not indicate their skin colour (the authors do not want to go into the problems of race categories in this study); 537(96.1%) live in villages, and 22(3.9%) did not indicate where they live.

Instrument

The instrument used for this study was a self-rating Child Maltreatment Questionnaire, part of the Child Maltreatment Interview Schedule (Briere, 1993) which are anonymous and retrospective. It has the following components:

1. Questions on the demographic variables of the participants (gender, age, skin colour, and place of residence).
2. Questions on the following aspects of parental disorders: Before the respondent was 17 years old, whether any of the parents or stepparent or foster parent
 - ever had to go into a psychiatric hospital for psychiatric problems,
 - other than being in a psychiatric hospital, ever received psychotherapy or psychiatric medication,
 - ever had problems with drugs or alcohol, and if yes, whether the drug or alcohol problem ever resulted in either parent having medical problems, getting divorced or separated, being fired from work, or being arrested for intoxication in public or while driving, and whether the respondent

ever felt maltreated because of the parent's drug or alcohol problems;

- whether the respondent ever felt being mistreated because of the parent's having psychiatric problems,
 - whether he or she ever saw his or her parent beat up or hit the other parent, and if yes, how many times can the respondent recall this happening; whether the father ever hit the mother; whether the mother ever hit the father, and whether any of the occasions resulted in someone bleeding, needing medical care, or the police being called.
3. Questions on the (physical) contact forms of sexual abusive experiences of participants before the age of 17 years, with an adult or a person at least five years older or a person in a position of power. The patterns of contact sexual abuse considered were sexual kisses, touches, and oral, anal, or vaginal intercourse.
 4. Questions on child physical abuse asked the respondents to indicate (by ticking "yes" or "no") whether a parent/stepparent/foster-parent/other adult in charge of him or her as a child (i.e., before the age of 17 years) ever did something on purpose to him or her (e.g., hitting, punching, cutting or pushing him or her down) that gave him or her bruises or scratches, broke bones or teeth, or made him or her bleed; and whether in any of the above cases the respondent was so badly hurt that he or she had to see a doctor or go to a hospital.
 5. Questions on child emotional abuse asked the respondent to indicate (by ticking "yes" or "no") whether a parent/stepparent/foster-parent/other adult in charge of him or her as a child (i.e., before the age of 17 years) ever locked him or her in a room or closet or small space; ever tied him or her up or chained him or her to something; ever threatened to hurt or kill him or her; ever threatened to hurt or kill someone he or she cared about; ever threatened to leave him or her somewhere that frightened him or her or where he or she would not be able to get back home; ever threatened to leave and never to come back.

Procedure

Before the questionnaire was used in the main

study, it was administered to a group of 20 high school students in standard 9. This was to make sure it would be easily administered and that the students would be able to understand and answer the questions easily. The 20 students did not participate in the main study.

For the main study, the author got permission both from the Department of Education in the Province and from the principals of the schools to conduct the research in the schools. The school principals took the ethical responsibility of informing and getting the consent of the parents (where necessary) before the administration of the questionnaires. On the dates agreed with the schools, with the cooperation of the teachers, a research assistant went and distributed the questionnaire to all the school children in standard 9 and 10 in the schools in their class rooms. The children were first of all explained the purpose of the research, were allowed to ask questions about the research, before asking them to fill-in the questionnaires to the best of their knowledge. 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. A total number of 5(0.9%) students did not fill-in their questionnaires. The questionnaires were collected the same day they were distributed to the participants.

In view of the fact that the questionnaire may have aroused some emotions especially among the victimised participants, the students were told to feel free to contact the researcher (through his telephone number and address provided to the students) in case of questions,

counselling and/or psychotherapy. Alternatively, any clinical psychologist, psychotherapist or counsellor available could be consulted. Moreover, it was also agreed with the Department of Education that the result of the research shall be made available to them for use in planning preventive health care services in the province.

The administration of the whole questionnaire was completed within 3 weeks in March 1999. Up till the time of the write-up of this research, none of the participants contacted the researcher for an abuse-related problem. A counsellor in one of the schools, however, reported that he is taking care of a case of physical abuse of one of the participants.

Data Analysis

For the questions of parental disorders (except where the respondents are to indicate the frequency of occurrence), the positive response of the participants were coded as 1, while their negative responses were coded as 0. Also for sexual, physical and emotional abuse, the positive responses of the participants were coded as 1, while their negative responses were coded as 0.

The data was analysed using the Statistical Package for Social Sciences (SPSS). The Chronbach Alpha for the instrument among all the respondents were 0.8.

RESULT

Table 1 shows a crosstabulation of perceived

Table 1: Crosstabulation showing parental disorders and child sexual, physical and emotional forms of abuse

<i>Perceived parental disorders</i>		<i>Sexually abused (N=166, 30.3%)</i>		<i>Physically abused (N=146, 27.0%)</i>		<i>Emotionally abused (N=188, 35.3%)</i>	
	<i>Valid N (%)</i>	<i>Valid N</i>	<i>Abused (%)</i>	<i>Valid N</i>	<i>Abused (%)</i>	<i>Valid N</i>	<i>Abused (%)</i>
D1	38(7.0)	37	19(51.4)	36	12(33.3)	35	22(62.9)
D2	34(6.4)	34	11(32.4)	32	12(37.5)	33	19(57.6)
D3	47(8.8)	46	25(54.3)	45	18(40.0)	46	27(58.7)
D4	39(7.1)	39	20(51.3)	37	18(48.6)	38	16(42.1)
D5	93(16.8)	91	39(42.9)	88	41(46.6)	91	45(49.5)

D1 = Parents or stepparent or foster parent had to go into a psychiatric hospital for psychiatric problems.

D2 = Other than being in a psychiatric hospital, parent or stepparent ever received psychotherapy or psychiatric medication.

D3 = Respondents have ever felt being mistreated because of the parent's having psychiatric problems.

D4 = Parents or stepparent or foster parent have ever had problems with drugs or alcohol.

D5 = Respondents have ever seen his or her parent beat up or hit the other parent.

parental disorders and and child sexual, physical and emotional forms of abuse.

Further analysis of the results of this study shows that among those who had problems with drugs or alcohol, 31 (6.4%) resulted in either parent having medical problems, getting divorced or separated, being fired from work, or being arrested for intoxication in public or while driving. 29 (5.7%) respondent ever felt maltreated because of the parent's drug or alcohol problems. Among parents who beat up or hit the other parent, the number of times this happened ranged from 1 to 50 times (Mean= 4.15, SD=6.22). 74 (15.3%) respondents indicated that the father has ever hit the mother, 18 (3.8%) indicated that the mother has ever hit the father. Thus, more fathers beat up the mothers than the mothers do to the fathers ($\chi^2 = 58.86$, $df=1$, $p < 0.01$). 29 (6.1%) participants indicated that the violence resulted in someone bleeding, needing medical care, or the police being called.

Among those who participated in this study who were sexually abused, the number of males is 68 (31.3%), while that of the females is 91 (28.8%). 122 (22.1%) participants indicated that they were kissed in a sexual way. Among them are 50(22.7%) males, 67(21.1%) females. 91 (16.4%) participants indicated that they were touched in a sexual way or that they were made to touch another's sexual parts. Among them are 34 (15.3%) males, 52(16.3%) females. 62 (11.3%) participants indicated that someone has

ever had oral, anal, or vaginal intercourse with them or has placed their fingers or objects in the participant's anus or vagina. Among them are 20(9.3%) males, 38 (11.9%) females.

Among the physically abused, 123(22.5%) of the respondents indicated that they were purposely hit or punched or injured, and 56(10.4%) needed medical attention thereafter. Among the emotionally abused, the item with the highest frequency was threatening to leave the child somewhere frightening (N=60, 10.9%), followed by threatening to hurt/kill someone the child cared about (N=59, 10.8%), threatening to hurt/kill the child (N=58, 10.6%), threatening to leave the child and never to come back (N=57, 10.4%), locking the child in a room/closet/small space (N=51, 9.3%), tying up/chaining the child to something (N=37, 6.8%), and threatening to hurt/kill the child's pet (N=35, 6.4%),

Table 2 shows Multiple Logistic Regression Analysis (Forward:Wald) for the relationship between perceived parental disorders and child sexual, physical and emotional abuse among all the participants.

The Table shows the following: When sexual abuse is the dependent variable, the significant parental disorders (independent variables) that are added in the final equation are 'respondent has ever felt being mistreated because of the parent's having psychiatric problems' and 'respondent has ever seen his or her parent beat up or hit the other parent'. Therefore, the

Table 2: Multiple Logistic Regression Analysis (Forward:Wald) showing the relationship between parental disorders, and child sexual, physical, and emotional abuse

Dependent Variables	Independent Variables in the Equation								
	Forms of parental disorder	B	S. E.	Wald	df	Sig	R	Exp (B)	Overall % predicted
Sexual abuse (n = 166, 30.3%)	D3	1.1064	0.3241	11.6545	1	0.00	0.13	3.02	70.36
	D5	0.7022	0.2469	8.0887	1	0.01	0.10	2.02	
Physical abuse (n = 146, 27.0%)	D4	0.8243	0.3644	5.1160	1	0.02	0.07	2.28	72.46
	D5	0.9413	0.2540	13.7318	1	0.00	0.14	2.56	
Emotional abuse (n=188, 35.3%)	D1	0.9925	0.4033	6.0544	1	0.01	0.08	2.70	67.54
	D3	0.7104	0.3451	4.2361	1	0.04	0.06	2.04	
	D5	0.7637	0.2438	9.8107	1	0.00	0.11	2.15	

D1 = Parents or stepparent or foster parent had to go into a psychiatric hospital for psychiatric problems.

D2 = Other than being in a psychiatric hospital, parent or stepparent ever received psychotherapy or psychiatric medication.

D3 = Respondents have ever felt being mistreated because of the parent's having psychiatric problems.

D4 = Parents or stepparent or foster parent have ever had problems with drugs or alcohol.

D5 = Respondents have ever seen his or her parent beat up or hit the other parent.

presence of the two variables predict the presence of child sexual abuse. The R values show that 'respondent has ever felt being mistreated because of the parent's having psychiatric problems' and 'respondent has ever seen his or her parent beat up or hit the other parent' account for 12.5% and 10% (respectively) of the variance in sexual abuse. The overall prediction is 70.36% correct.

When physical abuse is the dependent variable, the significant parental disorders (independent variables) that are added in the final equation are 'parent or stepparent or foster parent has ever had problems with drugs or alcohol' and 'respondent has ever seen his or her parent beat up or hit the other parent'. Therefore, the presence of the two variables predict the presence of child physical abuse. The R value shows that 'parent or stepparent or foster parent has ever had problems with drugs or alcohol' and 'respondent has ever seen his or her parent beat up or hit the other parent' account for 7.3% and 14.2% (respectively) of the variance in physical abuse. The overall prediction is 72.46% correct.

When emotional abuse is the dependent variable, the significant parental disorders (independent variables) that are added in the final equation are 'parents or stepparent or foster parent had to go into a psychiatric hospital for psychiatric problems', 'respondent has ever felt being mistreated because of the parent's having psychiatric problems', and 'respondent has ever seen his or her parent beat up or hit the other parent'. Therefore, the presence of the three variables predict the presence of child emotional abuse. The R values show that 'parent or stepparent or foster parent had to go into a psychiatric hospital for psychiatric problems', 'respondent has ever felt being mistreated because of the parent's having psychiatric problems', and 'respondent has ever seen his or her parent beat up or hit the other parent' account for 8.0%, 5.9% and 11.1% (respectively) of the variance in emotional abuse. The overall prediction is 67.54% correct.

DISCUSSION

Four out of the five main parental disorders considered in this study (see Table 2) predicted one form of child abuse or the other. None of the

predictive parental disorders has been identified as risk factors for child abuse in South Africa.

'Respondent has ever felt being mistreated because of the parent's having psychiatric problems' and 'respondent has ever seen his or her parent beat up or hit the other parent' are identified in this study as risk factors for child sexual abuse. Marshall and Herman (1998) identified contextual conditions for child sexual abuse in South Africa as follows: (1) legacy of apartheid (e.g., labour system forced families apart, family and community support systems broke down); (2) institutionalized patriarchy (e.g., boys are socialized to have more power, male perpetrators are protected by state and families); and (3) the notion of children as property with a culture of domination and power denies children recognition and rights (e.g., child abuse becomes normalized, laws and court procedures discriminate against children). Magwaza (1997) identifies the following external disinhibitors that could promote child sexual abuse: Lack of bonding with parent or parents, as in the case of the South African migrant labour system, which fragments family life and makes it difficult for fathers to bond with their children; absence of the mother from the family and lack of supervision, common in Black families due to domestic work away from the family and poor childcare facilities; unemployment, which is highest among Blacks; and overcrowded household conditions (such as family members sleeping in one room) common among squatter and township families. Garbarino (1992, 1995), Garbarino and Sherman (1980), Gillham et al. (1998), Reynold (1997), Roscoe et al., (1985), Scheper-Hughes (1989), and Zuravin (1989) agree that social and environmental factors play a role in child abuse situation in different societal contexts.

'Parents or stepparent or foster parent have ever had problems with drugs or alcohol' and 'respondent has ever seen his or her parent beat up or hit the other parent' are identified as risk factors for child physical abuse. Parental alcohol or substance abuse was also identified by Miam et al. (1996) and Nevid et al. (1997) as risk factors for child physical abuse. Hotaling et al. (1998), Milner (1994), and Whipple and Richey (1997) also identified family violence as a risk factor for child physical abuse. 15.3% of the participants indicated that their fathers have ever beaten their

mothers; while only 3.8% indicated that their mothers have ever beaten their fathers. Thus, more fathers beat up the mothers than the mothers do to the fathers. This is a serious problem, especially, in the black African families, where many husbands still believe in 'disciplining' their wives through physical violence (see also Lachman, 1996).

'Parent or stepparent or foster parent had to go into a psychiatric hospital for psychiatric problems', 'respondent has ever felt being mistreated because of the parent's having psychiatric problems', and 'respondent has ever seen his or her parent beat up or hit the other parent' are identified as risk factors for emotional abuse. This overlap in the risk factors for emotional abuse, on the one hand, and those for sexual and physical abuse, on the other hand, is understandable when one considers that many authors (e.g., Glaser and Prior, 1997) consider child emotional abuse to be inherent in other types of child abuse.

The perception of child abuse as 'private' still prevails among many African families (Kaplan, 1996; Kelley, 1996; King and Yorker, 1996; Putman, 1991). With due caution as sounded by Levett (1994), the ideological facets of many African patriarchal traditions of family life have been identified as facilitating child abuse (Mejiuni, 1991). These perceptions and traditions need to be challenged. The African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) and also the Child Protection Unit of the South African Police Service have this challenge as one of their objectives (see Ebigbo, 1989; and Piennar, 1996, respectively). Also in South Africa, if a child indicates that he or she has been sexually touched by an adult, where the adult is known, it is required by law that the information be revealed to the police, or to a Commissioner of Child Welfare or a social worker (Du Plessis, 1996). This law, however, needs to be properly and widely implemented.

The above information is relevant to psychologists, educators, social workers and other mental health workers who are confronted with problems of child abuse. While planning preventive and therapeutic strategies for a victim of child sexual, physical or emotional abuse, they should take the above risk factors into consideration. In their programme, they should

also aim at elimination or minimisation of such parental disorders which contribute to child abuse. This would help in preventing or minimizing the short-term and long-term health problems associated with childhood abuse (as indicated by Berger, 1990; Biere, 1988; Collings, 1993, 1995, 1997; Finkelhor and Browne, 1986; Frommuth and Burkart, 1987; Kluft, 1985; Leavitt, 1994; Sanders and Giolas, 1991; Terr, 1992).

This study has some limitation. Only the standard 9 and 10 high school students were used for the study. This would limit the external validity of the findings in the province, since some children drop out of school before attaining standard nine or ten. No qualitative method (e.g., focus group interviews) was used to throw more light on or validate the results got from the quantitative study. Information on parental disorders relied solely on the reports of the participants. The information was not cross-checked with hospital and police records or with the parents. The above limitations should be guarded against by future researchers interested in the topic.

CONCLUSION

The mental health and social workers, educators and law enforcement agencies dealing with prevention, protection and intervention in the area of child abuse in the province should take note of the above identified risk factors (parental disorders) while designing programmes for the eradication of child sexual, physical and emotional abuse. They should address the problem of child abuse but not in isolation to parental disorders. Parental disorders should be treated to prevent child abuse.

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