

**EXPERIENCES OF MALE ADULT SURVIVORS OF CHILD SEXUAL ABUSE AT,  
GA-MATLALA, LIMPOPO PROVINCE.**

**By**

**OBREY SEBELA**

**Master's Dissertation**

Submitted in fulfillment of the requirements for the Degree of

**Masters of Social Work**

**In the**

**Faculty of Humanities**

**(School of Social Sciences)**

**Department of Social Work**

**at the**

**University of Limpopo**

**Supervisor: Professor S.L SITHOLE (UL)**

**2021**

## DECLARATION

I, Obrey Sebela declare that this dissertation entitled "**Experiences of male adult survivors of child sexual abuse at Ga-Matlala, Limpopo Province**" hereby submitted to the University of Limpopo for the degree "Master of Social Work" was penned by me in all its appearance. I further certify that this work has never been heretofore submitted before for any degree or examination at any other university, and that except where due acknowledgement has been made by means of complete references, the work belongs to this abovementioned author.

Signature: AMP Sebela

Date: 10/11/2020

## **DEDICATION**

I dedicate this project to the Almighty God of Mount Zion, my late lovely daughter Lehlogonolo Nicole Phakula, my mother Bertha Pulane Sebela, Grandmother Sophy Makole Sebela, my two young brothers Hlayisani and Tsundzukani Rikhotso, my two special aunts Mavis and Margret Sebela, my uncle Moses Sebela, and my cousins, with special emphasis to my mother and grandmother who jointly wished for me to attain higher qualifications at all times to break the litany of illiteracy and lower educational attainment in the family. I also dedicate this project to all my friends who supported far most when I needed them. Lastly, I dedicate this study to myself for doing something positive and something of recognition by enrolling for this study months after I lost my only child, had couple of robberies, accidents, dealing with depression and anxiety. It took some resilience and patience to reach the end of this Masters project. If it was not this positive project, maybe I could have engaged myself into substances, gambling or anything negative that could have worsen the situation I was in and still recovering from it.

## ACKNOWLEDGEMENTS

I love to thank Almighty God of Mount Zion for His goodness, protection and benevolence throughout my study. You are indeed a wonderful miracle working God!

My profound gratitude goes to my prodigious supervisor, Professor S.L Sithole, who has fruitfully supervised and nurtured me from a novice level, to a competent, researcher. He always inspired me to challenge myself in viewing things in a different way to find the different outcomes. He is a tremendous impeccable supervisor, with him the future is looking bright and always promising! He will continue to be my role model and a point of reference in academia and beyond. He is truly an indispensable professor! God bless him throughout his life and the one of his loved ones.

I would love to show gratitude for the support and understanding I got from my family in all directions. Hence, I had not faltered along the arduous journey from the outset till the end of the research project; you have been a centre of strength to me always. It is time you reap the benefits thereof unconditionally!

I would like to acknowledge the support of my friends, Mr R.R Mudau, Miss R.P Hlungwani, Miss M.M Mushanganyisi, Mrs M.E Legadimane, my cousin Mr Crony Mushwana and colleagues who are close to my life who gave me support and always inspired me to go beyond all odds to finish what I have started in this research project.

A special acknowledgement to Kwena Tlatla (my ex-colleague), for the sisterly support you gave me throughout my study via study material and also by showing interest in my progress as you were always asking me about the progress of the study. As you once said *"I believe in you my friend, you will do it until the last day?"* God be with you sister friend.

Warm thanks to Mr P.J Mmadi, Mr T Baloyi, Mr T.J Dama, Mr S.K Moremi., Mr J. Mashotha, Mr. A Sirwali, Miss K.S Nkgoeng and lastly Miss R Mudau for the amazing support day and night throughout my study. You were there to provide me with guides, peer-reviewing my work, giving me your finalized proposals and final dissertations for me to see out how it is done properly. God be with you and all the best in your lives and the lives of your loved ones.

Appreciation to the Bakone Tribal Council (Ga-Matlala) under the leadership of Chief M.R.L Matlala for granting me permission to conduct my study at your area. I would also like to say thank you and the Indunas for providing me with information that led myself to the participants of the study after I presented my idea before the council.

All the survivors of child sexual abuse who had courage to come forward and devoted their time and efforts in support of my study, your candid contribution is highly appreciated. This project would have been a fantasy without your participation. God bless you in your journey of healing from your traumatic past experiences!

I appreciate the courage and spiritual support that I always got from my respective church led by His Grace Bishop (Dr) B.E Lekganyane. The prophecies and instructions given to me from the church were and still very vital in the completion of my study.

I would like appreciate and acknowledge the spirits my late grandfather Mr M.R. Phakula, my late grandmother Mrs M.E Phakula, my late grandfather Mr M.R Sebela, my late aunt Miss S. Phakula and my late uncle Mr D Phakula whom I believe and have faith that they are my leading Ancestors (Guardian Angels) looking down at me all the times. I will always represent you and the family with dignity, integrity and respect by always doing what is right with patience and always finish what you guided me for until I finish it.

All the authors or research community whose splendid work had shed a greater light on this study, thank you for your contributions. If there is still strength to work, please do not despair; keep on rebooting the human race with a new software!

The editor of this dissertation Dr S.J Kubayi, your time and efforts spent on every sentence embellishing this dissertation from proposal to the end project is well appreciated.

## ABSTRACT

Survivors of child sexual abuse experience a lot but various challenges in their everyday lives. The overall aim of the study was to describe the experiences of male adult survivors of child sexual abuse at Ga-Matlala, Limpopo Province. The study objectives were to identify types of child sexual abuse cases at Ga-Matlala perpetrated prior 1994; to determine how adult male survivors of child sexual abuse handle their life problems; to describe the social impact of child sexual abuse on male adult survivors; and to recommend appropriate professional intervention to male adult survivors of child sexual abuse. The study utilised descriptive research design. The data was collected through semi-structured face-to-face interviews from three (3) survivors of child sexual abuse who were sexually abused prior 1994 who are residing at Ga-Matlala area. The sample consisted of survivors of child sexual abuse drawn from the database of Bakone Tribal Council compiled and administered pre 1994. A thematic analysis method was selected. Thematic analysis organises and describes data set in detail. The data was analysed in eight steps. Ethical considerations such as voluntary participation, permission to conduct the study, anonymity, confidentiality and no harm to respondents were considered. The researcher found that two survivors indicated to be having abilities to resolve their personal problems while one participant has indicated to be having problems in resolving his personal problems. All three survivors indicated to be engaged in an intimate relationships. All these survivors indicated to have had experienced child sexual abuse more than once and they also indicated to have had experienced more than one type of sexual abuse. Two participants out of three survivors had not reported of imitating what they experienced while one has adopted the lifestyle but he is not doing it with children like it was done to him. All survivors indicated to have forgiven their perpetrators. All of survivors indicated that their childhood experience had a negative impact in their childhood lives and it still has a negative influence in their adult life. All three survivors indicated to have not accessed professional assistance in their childhood even during their participation in the study they have not yet accessed professional intervention towards their past traumatic experience. However, all three survivors acknowledged the fact that post traumatic intervention is important to their personal growth with regard to finding closure, gaining confidence and finding coping strategies that will be helpful in facing their personal problems with an open mind and positivity of finding solutions without tracing their childhood past into it. The researcher concluded that all the participants of the study had experienced different kinds or types of child sexual abuse and it has negatively impacted them. Being involved in an intimate relationship was not difficult for the survivors as all of them were engaged in intimate relationships. All three survivors need to access professional help for them to overcome the impact of their past child sexual abuse experience. There is a huge difference/gap regarding the previous findings and the current findings mainly because most of the previous studies were European based than African Based (South Africa) and it was also showing a gap between European based Theories and African based theories when dealing with child sexual abuse. The main recommendation that the researcher had was to motivate the survivors to participate in the process of accessing professional help to enable them to deal with their current lives without tracing everything back to their childhood.

**List of key words:** Experiences, Survivor, Adult male survivor, Child sexual abuse

## **LIST OF ACRONYMS AND ABBREVIATIONS**

AGM-Annual General Meeting

CSA-Child Sexual Abuse

SAPS-South African Police Services

SAPSAC- The South African Professional Society on the Abuse of Children

WHO- World Health Organization

## TABLE OF CONTENTS ITEM DESCRIPTION PAGE

Cover page.....	i
Declaration.....	ii
Dedication.....	iii
Acknowledgements.....	iv
Abstract.....	vi
List of key concepts.....	vii
List of Abbreviations.....	vii

### CHAPTER ONE: GENERAL ORIENTATION OF THE STUDY

1.1 Introduction .....	1
1.2 Background and Motivation of the study .....	1
1.3 Research problem.....	1
1.4 Aim of the study.....	2
1.5 Objectives of the study.....	2
1.6 Significance of the study.....	3
1.7 Operational definitions of key concepts.....	3
1.7.1 Experiences.....	3
1.7.2 Child sexual abuse.....	3
1.7.3 Survivor.....	4
1.7.4 Adult male survivor.....	4
1.8 An Outline of chapters.....	4

### CHAPTER TWO: LITERATURE REVIEW ON EXPERIENCES OF ADULT MALE SURVIVORS OF CHILD SEXUAL ABUSE

2.1 Introduction.....	5
2.2 Nature of child sexual abuse experienced by adult male survivors of child sexual abuse.....	5
2.3 Prevalence of child sexual abuse on adult male survivors.....	6
2.3.1 Global prevalence of male child sexual abuse.....	6
2.3.2 Prevalence of child sexual abuse experiences on male adult survivors in Africa.....	7



2.3.3 Prevalence of child sexual abuse experiences on male adult survivors in South Africa.....	7
2.4 Theories in relation to sexual abuse.....	9
2.4.1 Psychosocial theory by Erik Erikson.....	9
2.4.2 Psychoanalytic theory.....	11
2.4.3 Social learning theory.....	13
2.5 Types of sexual abuse as outlined by the criminal law.....	15
2.5.1. Acts of consensual sexual penetration with a child (statutory rape).....	15
2.5.2 Sexual exploitation of children.....	16
2.5.3 Exposure or display of child pornography or pornography to children.....	16
2.5.4 Using children for or benefiting from child pornography.....	16
2.5.5 Compelling and causing children to witness sexual offences, sexual acts or self-masturbation.....	16
2.5.6 Exposure or display of or causing exposure or display of genital organs, anus to children.....	16
2.6 Social experiences of adult male survivors of child sexual abuse.....	17
2.6.1 Cultural Attitudes on social experience of adult male survivors of child sexual abuse.....	18
2.6.2 Experiences of heterosexual adult male survivors of child sexual abuse.....	19
2.6.3 Social experiences of adult male survivors of child sexual abuse abused by women.....	19
2.6.4 Experience adult Male Survivors of child sexual abuse who are gay.....	20
2.7. How adult male survivors of child sexual abuse handle their life problems.....	21
2.7.1 Dissociation as a coping mechanism to handle problems.....	22
2.7.2 Eating Disorders as a Coping Mechanism to handle problems.....	24
2.7.3 Substance Abuse as a coping mechanism to handle problems.....	26
2.7.4 Self-Inflicted Violence as a coping mechanism to handle problems.....	26
2.8 Intervention on adult male survivors of child sexual abuse.....	30
2.8.1 Intervention on child sexual abuse survivors using dissociation as a coping mechanism.....	32
2.8.2 Intervention on child sexual survivors using eating as a coping mechanism....	33
2.8.3 Intervention on child sexual survivors using substance abuse as a coping mechanism.....	33

2.8.4 Intervention on child sexual survivors using self-inflicted violence abuse as a coping mechanism.....	37
2.9 Summary of findings from literature review.....	40

### CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction.....	42
3.2 Research approach.....	42
3.3 Research design.....	42
3.4 Population and sampling methods.....	42
3.5 Data collection.....	43
3.6 Data analysis.....	43
3.7 Quality criteria.....	45
3.7.1 Trustworthiness.....	45
3.8. Ethical considerations.....	46
3.8.1 Permission to conduct the study.....	46
3.8.2 Voluntary participation.....	46
3.8.3 Informed consent.....	47
3.8.4 Deception of respondents.....	47
3.8.5 Confidentiality and anonymity.....	47
3.8.6 Benefits.....	47
3.8.7 Avoidance of harm.....	48
3.8.8 Publication of the findings.....	48
3.9 Limitation of the study.....	48

### CHAPTER FOUR: PRESENTATION, ANALYSIS AND INTERPRETATION OF EMPIRICAL FINDINGS

4.1 Introduction.....	49
4.2 Identification particulars of the male adult survivors of child sexual abuse.....	50
4.3 Thick description .....	51
4.4 Presentation of the study findings in the form of themes and sub-themes.....	52

4.4.1 Theme 1: The Experience of Child Sexual Abuse.....	53
4.4.1.1 The occurrence of child sexual abuse.....	53
4.4.1.2 Number of Instances.....	55
4.4.2 Theme 2: The abilities or difficulties of resolving personal problem.....	56
4.4.2.1The influence of early (child) sexual abuse in problem solving.....	56
4.4.3 Theme 3: The coping mechanism.....	57
4.4.3.1 The activities used to live with child sexual abuse experience.....	57
4.4.4 Theme 4: The influence of the post traumatic experience in their daily lives....	57
4.4.4.1 The impact of living with an experience of child sexual abuse.....	58
4.4.5 Theme 5: The abilities or difficulties of socializing beyond the child sexual abuse.....	59
4.5.5.1 Engaging in intimate relationship.....	59
4.5.5.2 The count of intimate relationships they had after the experience.....	61
4.5.5.3 The relationship with the perpetrator.....	62
4.4.6 The intervention methods that could be helpful in male adult who experienced child sexual abuse.....	63
4.4.6.1 The access of professional intervention.....	63
4.3.6.2 The feeling of not being professionally assisted.....	64
4.4.6.3 The impact of the intervention(s) in their daily lives.....	65
4.4.6.4 Reason of further assistance.....	66
4.4.7 Overview of the issues discussed.....	67
4.5 Discussion of the findings.....	68
4.6 Summary of findings from the empirical study.....	72
<b>CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS</b>	
5.1 Introduction .....	74
5.2 Summary of the study.....	74
5.3 Conclusion.....	77
5.4 Recommendations .....	78
5.5 Recommendations for future areas of research.....	79
References.....	80
Appendix A: Letter requesting permission from the Chief to Conduct the Study.....	88

Appendix B: Participant Consent Form.....	90
Appendix C: Declaration of Consent.....	91
Appendix D: Ethics Clearance Certificate.....	92
Appendix D: Interview Schedule.....	93

#### APPENDIX TRANSLATED VERSION

Appendix A: Lengwalo la go ya go kgoši la kgopelo ya go dira nyakišišo.....	96
Appendix B: Tumelo ya tthalosetšo ya bakgathatema.....	98
Appendix C: Boikano le tumelo.....	99
Appendix D: Peakanyo ya poledišanopotšišo.....	100

## **LIST OF TABLES**

Table 1: Relationship status, age distribution, employment status, type of sexual abuse experienced and intervention method accessed.

Table 2: Synopsis of the development of themes and sub-themes

## **CHAPTER 1**

### **GENERAL ORIENTATION OF THE STUDY**

#### **1.1 INTRODUCTION**

Child sexual abuse is a serious issue facing remote rural communities in the Limpopo Province. The increase in reports of children who are sexually abused by their own family members, family friends, institutional personnel are captured in the media, police cases and social worker's reports. As the children grow to be adults they become survivors of child sexual abuse. Despite being survivors of child sexual abuse male adult survivors go through some experiences in handling their life problems, how they relate with others and maybe with accessing professional help dealing with the traumatic experience they have gone through. The sensitivity of sexual abuse on males and the socio-cultural perspective of the problem could play a huge role in the reporting or not reporting of cases. Dealing with this problem requires an integration of awareness programmes with collaborative investigations and sufficient training of all professionals involved in helping these male children who were sexually abused and male survivors of child sexual abuse.

#### **1.2 BACKGROUND AND MOTIVATION OF THE STUDY**

Child sexual abuse is a prevalent problem in South Africa: one in every three children is sexually abused before the age of 18 (Childline South Africa, 2016). Sexually abused children have serious psychological, physical and social problems, which cause further difficulties in adulthood. Most abusers are known to their victims and thus, the latter do not always disclose the abuse (Rule, 2017). A recent study by South African Police Services (SAPS) (2017) indicates that according to a survey carried out in 1 200 schools across the country, two out of five South African male learners say they have been sexually abused. Forty five percent (45%) of rapes reported to police in South Africa are child rapes, and 50% of South Africa's children will be abused before the age of 18, with 85% of the perpetrators known to them.

An Annual General Meeting (AGM) report by Childline South Africa (2016) shows that the number of children at the age of 17 years and under who display inappropriate sexual behaviour reached a total of 531 children. The inappropriate touching of private parts has a 10% (29) prevalence, public masturbating has prevalence of 2% (6) and exposure to porn 6%. Other secondary indicators include sniffing underwear at 1%, rape, which recorded the highest prevalence rate of 15%, and indecent sexual exposure 1.4%. Advances in this area have led to an array of research demonstrating that the effects of Child Sexual Abuse (CSA) can extend into adulthood, impacting on psychological and social functioning (Rule, 2017).

The study has been motivated by observation of child sexual abuse cases reported at Ga-Matlala Police Station, and by reading academic journals, books and articles. The researcher also watched and heard many media reports indicating that children are sexually abused by both family and non-family members in communities, leading to traumatic experiences to the victims of the abuse. With these traumatic experiences, the researcher assumes that child sexual abuse may have negative experiences on

the natural development of an individual in their later adulthood life. The researcher wanted to understand the experiences of male adult survivors of child sexual abuse.\

### **1.3 RESEARCH PROBLEM**

The researcher working in one setting with South African Police Service and Matlala Victim Empowerment has observed a high number of sexual abuse cases reported though it was reported by females of different age and different mental health state the researcher grew curiosity asking himself if the same phenomenon is it not occurring on men? And the literature has answered the curiosity by outlining that child sexual abuse (CSA) occurs across all communities regardless of race, religion, age, cultural heritage, and social or economic status (Berhanu, 2014). Alexander (2011) calls child sexual abuse a "chronic neurologic disease", and goes on to discuss how its effects create decades of negative consequences for victims. Adding on this, Long, Burnett and Thomas (2006) indicate that after years of negative self-thoughts, survivors have feelings of worthlessness, and avoid others because they believe that they have nothing to offer. Meduric and Nel (2011) argue that there is a consistent picture of significant links between a history of child sexual abuse and a range of adverse outcomes both in childhood and adulthood. Mathews (2009) has further elaborated that little is known about the effects of sexual violence on the later lives of boys and young men, and that this gap in knowledge needs to be addressed in order to effectively respond to the needs of boys.

Isley, Isley, Freiburger and McMackin (2008) argue that there is some evidence for greater difficulties in interpersonal and particularly intimate relationships among male adults who were sexually abused in childhood. These include increased instability in relationships, more sexual partners, an increased risk of sexual problems and greater negativity towards partners. In addition, Traub (2017) is of the view that the secrecy and often the fear of exposure create a sense of shame, guilt and confusion that disrupts the child's "internal working model". This influences how children and adults understand and construe the motives and behaviours of others, and how they handle stressful life events (Isley et al., 2008).

A study by Kessler, Nelson, Jurich and White (2004) indicates that there is no specific treatment model used for counselling male survivors. Researchers and clinicians have made suggestions and drawn important implications for counsellors to consider. The researcher is of the view this is a clear indication that there is no universal reaction to survivors of child sexual abuse. It also shows how vulnerable survivors can be in terms of decision-making for validation and affection. It appears that proper professional intervention has not been found, maybe because people are dynamic in reactions or because male sexual abuse-related matters have not been reported to law enforcement authorities.

### **1.4 AIM OF THE STUDY**

The aim of this study was to describe experiences of male adult survivors of child sexual abuse at Ga-Matlala, Limpopo Province.

## **1.5 OBJECTIVES OF THE STUDY**

The following were the objectives of the study:

- To identify types of child sexual abuse cases at Ga- Matlala perpetrated prior 1994.
- To determine how adult male survivors of child sexual abuse handle their life problems.
- To describe the social effects of child sexual abuse on male adult survivors.
- To recommend appropriate professional intervention to male adult survivors of child sexual abuse.

## **1.6 SIGNIFICANCE OF THE STUDY**

By describing the experiences of adult male survivors of child sexual abuse at Ga- Matlala areas will assist social workers to gain in-depth understanding of the social phenomenon. This will enable them to empower adult male survivors with knowledge on how to cope with their experiences of sexual abuse in their childhood and how to intervene when cases of this nature have been disclosed. The findings of this study will assist the Department of Social Development to fully equip social workers with skills to assist children and survivors who are sexually abused. This includes formulation of standardised campaign materials and dialogue topics to address this social phenomenon. Lastly it will assist in exposing the importance of forensic social work specialization dealing with sexually abused individuals (children).

## **1.7 OPERATIONAL DEFINITIONS OF KEY CONCEPTS**

### **1.7.1 Experiences**

Experiences refer to practical contact with and observation of facts or events (New Dictionary of Social Work, 2014). This study will adopt will adopt the above definition of experiences.

### **1.7.2 Child sexual abuse**

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007) defines child sexual abuse as assault of a child, or allowing a child to be sexually abused or assaulted and encouraging, inducing or forcing a child to be used for the sexual gratification of another person. This study will adopt the definition of



sexual abuse as explained here though is contrary to the prior 1994 state in which this definition was not applicable as child sexual was issue of culture. Sex with children was viewed based on body growth than mental and age considerations.

### **1.7.3 Survivor**

A survivor is a person who suffered a traumatic life experience (New Dictionary of Social Work, 2014). This study will focus on adult male survivors of child sexual abuse.

### **1.7.4 Adult male survivor**

A person from the age of 36 years who has suffered a traumatic life experience (New Dictionary of Social Work, 2014). This study will focus on adult male survivors of child sexual abuse, abused prior 1994.

## **1.8 AN OUTLINE OF CHAPTERS**

In Chapter one, an overview of the study and its objectives were outlined. It included the following: Introduction, research problem, aim of the study, objectives of the study, motivation of the study, significance of the study, and operational definition of key concepts.

Chapter two entails literature review. The first part will describe experiences of male adult survivors of child sexual abuse internationally, further look at studies about the phenomenon in Africa then understanding the phenomenon in South Africa. It goes further to discuss theories in relation to sexual abuse, types of sexual abuse as outlined by the Criminal Law, social experiences of adult male survivors of child sexual abuse, how adult male survivors of child sexual abuse handle their life problem and concluded by intervention on adult survivors of child sexual abuse.

Chapter three outlines the research methodology that has been applied in the study.

Chapter four is concerned with presentation of results, and the discussion in relation to documented literature and theories.

Chapter five outlines the summary, conclusion and recommendations of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW ON EXPERIENCES OF ADULT MALE SURVIVORS OF CHILD SEXUAL ABUSE**

#### **2.1 INTRODUCTION**

The purpose of this chapter is to describe the social experiences of adult male survivors of child sexual abuse, how they handle their personal problem, interventions and the theory of child sexual abuse in order to gain a deeper understanding into general and specific trends of child sexual abuse.

In achieving this, current literature on the phenomenon on the experiences of adult male survivors of child sexual abuse was reviewed.

#### **2.2 NATURE OF CHILD SEXUAL ABUSE EXPERIENCED BY ADULT MALE SURVIVORS OF CHILD SEXUAL ABUSE**

Child sexual abuse is a social problem that is prevalent in South Africa (Tlali & Moldan, 2005). It occurs across all communities regardless of race, religion, age, cultural heritage, and social or economic status (Berhanu, 2014). It is a traumatic experience for the victims and it plays a role on how people perceive themselves among others in later life, including difficulty in relation to affection and being attached to others (Alexander, 2011).

Child sexual abuse (CSA) can be defined in different ways, depending on who is using the term and for what purpose. Its definitions may be divided into: (1) clinical-the broadest one, aimed at making an accurate assessment; (2) legal – limited to behaviours that are illegal in a given country, and (3) social-the narrowest one, expressing the public awareness about the problem (Włodarczyk, 2016). This study adopted the legal definition. The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007) defines child sexual abuse as assault of a child, or allowing a child to be sexually abused or assaulted and encouraging, inducing or forcing a child to be used for the sexual gratification of another person. Denhere et al., (2012) further indicate that it includes vaginal or anal penetration, genital-oral contact, genital contact, petting or stroking intimate areas, masturbation and exposure to pornography and watching adults having sexual relations.

## **2.3. PREVALENCE OF CHILD SEXUAL ABUSE ON ADULT MALE SURVIVORS**

### **2.3.1 Global prevalence of male child sexual abuse**

World Health Organisation (2016) indicates that there is a growing global evidence base concerning child sexual abuse, with an estimated 150 million girls and 73 million boys under the age of 18 having experienced forced sexual intercourse or other forms of sexual abuse involving physical contact. Denhere et al., (2012) indicate that child sexual abuse occurs in places normally considered safe such as homes and schools, at the hands of perpetrators who are known and trusted by the child or who has authority over the child.

Finkelhor, Shattuck, Turner and Hamby (2013) documented that the prevalence of CSA across 28 countries ranged from 0 to 53% in women and from 0 to 60% in men. In North America, it is estimated that 15% to 25% of women and 5% to 15% of men were sexually abused when they were children. In industrialised countries, estimates indicate a prevalence rate of between 5 and 10% of adult men reporting CSA.

According to National Clearinghouse on Family Violence (2006) in Canada indicated that 33 % of boys experienced sexual violence before the age of 18. In 2007, children under 12 accounted for 25% of all reported sexual assaults in Canada and 95% of children who are sexually abused know their offender (Statistics Canada, 2008). A study by the McDonald and Tijerino (2013) stipulate that offenders are frequently family members (49%) or partners of parents (18%), non-parental relatives (35%), step-fathers (13%), biological fathers (9%), partners / ex-partners of biological parent (5%) and mothers (5%). Finkelhor et al (2013) reported that in USA the lifetime experience of 17-year-olds with sexual abuse and sexual assault was 26.6% for girls and 5.1% for boys. The lifetime experience with sexual abuse and sexual assault at the hands of adult perpetrators exclusively was 11.2% for females and 1.9% for males. For females, considerable risk for sexual abuse and assault was concentrated in late adolescence, as the rate rose from 16.8% for 15-year-old females to 26.6% for 17-year-old females. For males, it rose from 4.3% at 15 years to 5.1% at 17 years.

### **2.3.2 Prevalence of child sexual abuse experiences on male adult survivors in Africa**

Peer-reviewed research on the male child sexual abuse in sub-Saharan Africa (SSA) is limited and is largely confined to the Republic of South Africa (Lolar, 2004). While, Stoltenborgh, van Ijzendoorn, Euser, and Bakermans- Kranenburg (2011) indicate that several studies found a higher prevalence in Africa than elsewhere but inconsistent findings exist with regard to other regions. The narrative review of Andrews et al. (2004) reports that 3.8–35 % of males have been sexually abused during childhood in Africa. With the exception of South Africa, Lalor (2004) estimated that the prevalence of CSA in sub-Saharan Africa is between 3% and 54%. Similarly, in Morocco Mchichi and Kadri (2004) estimated the prevalence of CSA at about 9%, considering that it is a taboo subject in the Muslim world. Even though the number appears very small, it shows that CSA is in reality not rare in Northern Africa (Mchichi and Kadri 2004).

In western Africa, particularly in Ghana, Boakye (2009) suggested that due to underreporting and fear of disclosure, the prevalence rate of CSA is likely underestimated. Therefore, both Boakye's (2009) and Lalor's (2004) reviews of the research literature suggest that due to a lack of research with clinical studies and a fear of disclosure, the prevalence of CSA in the African nations is not only inconclusive, but is also greatly underestimated. East, Central and Southern African Health Community (2011) further indicates that lifetime exposure to sexual violence was reported by an average of 23% (9-33%) 13-15 year old school children from Namibia, Swaziland, Uganda, Zambia, and Zimbabwe .

### **2.3.3 Prevalence of child sexual abuse experiences on male adult survivors in South Africa**

Sexual abuse of male children is a widespread social phenomenon that should raise concerns among social and welfare workers, educators and society at large in South Africa (Madu, 2001). Denhere et al., (2012), indicate that 1 in 10 boys have been subjected to serious forms of sexual abuse. Flagnan (2010), more than 67,000 cases of child sexual abuse were reported in the year 2000 in South Africa. While a recent study by SAPS (2017) indicates that according to a survey carried out in 1 200 schools across the country, two out of five South African male learners say they have been sexually abused. 45% of rapes reported to police in South Africa are child rapes, and

50% of South Africa's children will be abused before the age of 18, with 85% of the perpetrators known to them. An AGM report by Childline South Africa (2016) shows that the number of male children at the age of 17 years and under who display inappropriate sexual behaviour reached a total of 531 male children. The inappropriate touching of private parts has a 10% (29) prevalence, public masturbating has prevalence of 2% (6) and exposure to porn 6%. Other secondary indicators include sniffing underwear at 1%, rape, which recorded the highest prevalence rate of 15%, and indecent sexual exposure 1.4%.

However, Department of Social Development and Department of Women, Children and People with Disabilities (2012) argues that Child Welfare groups report that the number of unreported incidents could be 10 times that number. Traub (2017) indicates that the prevalence rates for adult males who were inappropriately touched or sexually abused before 18 years in South Africa are commonly held at 1 in 6 young boys (17%). However, Traub (2017) also indicates that these rates often appear inconsistent, expanding to 1 in 5 (20%), to 1 in 3 (33%) in a massive 2016 University of Cape/Optimus Programme study, to 2 in 5 (44%) in a 2016/2017 through several national languages across South Africa, relating to male childhood sexual abuse and the spread of HIV/AIDS.

Denhere, Mutshaeni and Mafhara, (2012) indicates that according to the National Council for Child and Welfare in Mutimbe, a child is sexual abused every five minutes in South Africa. The South African Professional Society on the Abuse of Children (SAPSAC) reports that one in three boys in South Africa are sexually abused during their childhood (Denhere, Mutshaeni, and Mafhara, 2012). Data on sexual abuse typically come from police, clinical settings, nongovernmental organizations and survey researches. The reported relationship between the sources of sexual violence/abuse, and its global magnitude, may be viewed as a tip of an iceberg (Selamolela, 2015). It appears that no child is safe anywhere (Regional Committee for Africa, 2004).

Male child sexual abuse occurs even in places normally considered safe: homes, schools, churches and places for leisure activities (Regional Committee for Africa, 2004). According to Denhere et al., 2012, hostels are particularly unsafe for both girls and boys and are reported to be places where teachers can prey at will on the young.

According to, East, Central and Southern African Health Community, (2011), South Africa is reputed to have the highest incidence of child and baby rape in the world. In a study on the effects of childhood adversity on adult mental health conducted in South Africa, 39.1% of women and 16.7% of men had experienced sexual abuse in childhood.

Contrary to popular perception that perpetrators of child sexual abuse are strangers (Broken Bodies-Broken Dreams, 2006), it has however emerged that most perpetrators are fathers, stepfathers, grandfathers, uncles, brothers, cousins, neighbours, family friends, men who exploits their powers in the community such as teachers and religious leaders (Denhere et al., 2012). In some child sexual abuse cases, perpetrators have been found to be female such as mothers, sisters, aunts, babysitters and grandmothers (Rape and Abuse Crisis Centre, 2009). And despite its alarming prevalence male child sexual abuse has been the most under-reported crime especially in the schools (Denhere et al., 2012). Unsurprisingly, some school principals do not view male child sexual abuse as a serious problem as such make efforts to block the report to protect the reputation of the school (Madu, 2001).

Sexual violence was found to be the most common form of Gender Based Violence. With regards to sexual offences, the SAPS (2015) reported 64 419 (2012), 66 197 (2014), 62 226 (2013) and 53 617 (2015) cases. These statistics do not provide details about the nature of the sexual offences in terms of who the victims and perpetrators are. It further says despite lack of details, the figures show a consistent trend that male sexual offences are common in South Africa. While a study by Department of Social Development and Department of Women, Children and People with Disabilities (2012) would like to believe that male children were part of the sexually abused victims in the statistics. 61% of children under the age of 15 experienced sexual assault and 29% between the ages of 0 and 10 endured sexual assault.

## **2.4 THEORIES IN RELATION TO CHILD SEXUAL ABUSE**

### **2.4.1 Psychosocial theory by Erik Erikson**

The premise of the psychosocial theory is that the personality development of an individual is not influenced by internal factors alone, but also by external factors. Each individual develops his own unique and distinctive personality, which enables him to function within society (King, Flisher, Noubary and Reece, 2004). This means that

irrespective of race or gender, the personality development of humans is the same with that of nature. It is only distinguished by the family and societal settings. How the person is raised at home and how he interacts with the society plays a role on how he becomes an individual.

Erikson's psychosocial theory basically asserts that people experience eight 'psychosocial crisis stages' which significantly affect each person's development and personality. The theory is passionately interested in childhood development and its effects on adult society. Psychosocial development is neither clear-cut nor irreversible: any previous crisis can effectively revisit anyone, albeit in a different guise, with successful or unsuccessful results. Crisis stages are driven by physical and sexual growth, which then prompts life issues which create the crises. The crises are therefore not driven by age. When children suffer sexually at their early ages, they develop crisis of Intimacy v Isolation in their adulthood life circle. The theory links with this study as it is concerned with how a childhood crisis eventually affects psychological development in later adulthood. For the purposes of this study, the researcher will apply the psychosocial theory because he is interested in exploring the childhood traumatic sexual experience and how it can have an effect on the psychological and social development of survivors of child sexual abuse.

This study challenges some of the Eurocentric and classist assumptions of psychosocial development. The applicability of the framework could be almost impossible because we need to re-contextualise child sexual abuse in South Africa as it requires cultural and political tolerance, and, in low-income communities, a disentangling of sources of childhood trauma (Capri, 2008). Capri further argues that the application of Eurocentric theories as universal knowledge blinds us to a local, context sensitive understanding and application thereof. It would be inappropriate, therefore to maintain a system of thought which may at best obscure cultural differences, and at worst, perpetuate Eurocentric practices.

However a study conducted by Ramokgopa (2001) indicates that African children go through various developmental stages which have distinctive names. He adds that in many cultural groups, these stages are accompanied by various problems and expectations. He further opines that Africans have used different methods to address problems experienced during each stage identified by Erikson. The study further

shows that although there is much in common, there are also differences between the developmental stages of African cultured people and those of Erikson. The most significant difference is that the developmental stages are not defined together with other factors such as readiness and ability to perform certain tasks.

Psychological problems in terms of stages of development were not indicated as identified by Erikson. The study indicates that there are both similarities and differences between the two approaches. One such difference is that whereas Erikson's theory describes stages in terms of age associated with some psycho-social problems, the study reveals that African stages of development are described in terms of readiness, and that no indication of the presence of psycho-social problems was found. The study does not imply that psycho-social problems are not important, it is just a matter of cultural priorities.

#### **2.4.2 Psychoanalytic theory**

Sigmund Freud's writing is regarded as the foundation of the psychoanalytic theory. The Psychoanalytic Theory holds the point that human behaviour and feelings are powerfully affected by unconscious motives. The theory further believes that human behaviour and feelings as adults (including psychological problems) are rooted in our childhood experiences (McLeod, 2007). According to Freud (1905), psychological development in childhood takes place in a series of fixed stages which are the psychosexual stages. The psychoanalytic approach posits that each stage represents the fixation of libido.

Sigmund Freud suggested that unsuccessful completion of one stage may lead to pathology. The theory also states that all behaviour has a cause (usually unconscious), even slips of the tongue. Therefore, all behaviour is determined (McLeod, 2007).

The Psychoanalytic Theory postulates that personality is made up of three parts which are the id, ego and the super-ego. The theory states that behaviour is motivated by two instinctual drives: Eros (the sex drive & life instinct) and Thanatos (the aggressive drive & death instinct). Both these drives come from the "id". Parts of the unconscious mind (the id and superego) are in constant conflict with the conscious part of the mind (the ego) (McLeod, 2007). As a result personality is shaped as the drives are modified by different conflicts at different times in childhood (during psychosexual



development). Freud (1905) perceived deviant sexual behaviour to be a direct reflection of a character disorder, with the origin being infantile sexual desires that continued into adulthood.

Lanyon (1991) described subsequent psychoanalytic writers as having expanded and elaborated on Freud's position with these explanations typically involving both castration anxieties and oedipal conflicts. Other writers, such as Cohen, Garofalo, Boucher and Seghorn (1971) suggest that feelings of sexual or interpersonal inadequacy and unacknowledged homosexual tendencies interact with the aggression directed at the victim as a substitute object for the mother, to produce a sexual assault. It is important to note however that although psychoanalytic perspectives have been very influential with respect to thinking and debate about sexual offending they have attracted substantial criticism for having a lack of empirical support (Polascheck, Ward and Hudson, 1997).

Freudian Theory assumes a largely predetermined relationship between sex and behaviour (Lanyon, 1991). The oedipal conflicts which children experience result in different consequences depending on their sex. For boys, the oedipal conflict leads to identification with their fathers and the internalisation of their fathers' attitudes, morals and prohibitions (Lanyon, 1991).

Psychoanalytic theory suggests that a sexual offenders could have one of a number of possible motives, which including aggressive, sadistic or sexual motives (Lanyon, 1991). A sexual offender with an aggressive aim intends to defile, humiliate and harm his victim. This is hypothesised to stem from potential concerns and intense rage linked to sexual anxiety on the part of the rapist (Lanyon, 1991). When the aim is sadistic the act is pre-planned, ritualistic and frequently involves torture and sexual abuse in which aggression and sexuality become inseparable (Lanyon, 1991). When the aim is sexual, the Psychoanalytic Approach suggests that the offence is rooted in either unacknowledged homosexual feelings, passive personality features or feelings of interpersonal inadequacy (Lanyon, 1991). This point suggests that men who have issues with themselves may rape or destroy others in an attempt to be equal or to feel better about themselves (Lanyon, 1991).

Historically the theory was anticipated to determine how people's behaviour and feelings as adults could be influenced by the childhood experienced? Whether lived

or observed as, McLeod (2007) indicated that human behaviour and feelings as adults (including psychological problems) are rooted in our childhood experiences. It is also intended on drawing attention on motives of sexual abusers to the sexual victims like, Lanyon (1991), suggests that sexual offenders could have one of a number of possible motives, which including aggressive, sadistic or sexual motives. Lastly it was intended to determine the relationship between perpetrators of sexual assault case and sexual abuse case with the history of being sexual assaulted/abused themselves.

The theory could be ideal and real at the same time. As the researcher believes at times some sexual abuse cases by males could be influenced by their observation or live experienced to hurt others like, Lanyon (1991), who indicates that men who have issues with themselves may rape or destroy others in an attempt to be equal or to feel better about themselves. By that it could mean healing their historic wounds by doing the same that was done to them, but at some times the observation or lived experience might build a conscious on the survivor/victim and never wish to put anyone through what they went through.

This theory is relevant to this study because it could give a view about how the sexual abuse experience played a role in developing personalities to the participants. That will also help in gaining understanding if the participants does view what was done to them as an infringement of rights that can play a role in the new societal laws post 1994. This theory will also help in determining if infringement of others rights will continue from being the victim to be perpetrator or not.

### **2.4.3 Social learning theory**

In Social Learning Theory by Albert Bandura (1977) states that behaviour is learned from the environment through the process of observational learning. Children observe the people around them behaving in various ways (Bandura, 1977). Individuals that are observed are called models. These models provide examples of masculine and feminine behaviour to observe and imitate. A child pays attention to these people (models) and encodes their behaviour. At a later time they may imitate (i.e. copy) the behaviour they have observed. They may do this regardless of whether the behaviour is 'gender appropriate' or not but there are a number of processes that make it more likely that a child will reproduce the behaviour that the society deems appropriate for its sex (Bandura, 1977).

First, the child is more likely to attend to and imitate those people he perceives as similar to him. Consequently, it is more likely to imitate behaviour modelled by people of the same sex as the child (Bandura, 1977). Secondly, the people around the child will respond to the behaviour it imitates with either reinforcement or punishment. If a child imitates a model's behaviour and the consequences are rewarding, the child is likely to continue performing the behaviour (Bandura, 1977). This process is known as reinforcement. Reinforcement can be external or internal and can be positive or negative. If a child wants approval from parents or peers, this approval is the external reinforcement, but feeling happy about being approved of, is the internal reinforcement. A child will behave in a way which it believes will earn approval because it desires approval. Positive (or negative) reinforcement will have little impact if the reinforcement offered externally does not match with an individual's needs. Reinforcement can be positive or negative, but the important factor is that it will usually lead to a change in a person's behaviour (Bandura, 1977).

Thirdly, the child will also take into account of what happens to other people when deciding whether or not to copy someone's actions. This is known as vicarious reinforcement (Bandura, 1977). This relates to attachment to specific models that possess qualities seen as rewarding. Children will have a number of models with whom they identify. These may be people in their immediate world, such as parents, elder siblings, fantasy characters or people in the media. The motivation to identify with a particular model is that they have a quality which the individual would like to possess. Identification occurs with another person (the model) and involves taking on (or adopting) observed behaviours, values, beliefs and attitudes of the person with whom you are identifying (Bandura, 1977).

This theory will be applied to in this study to determine the models and behaviours learned by the adult male survivors of child sexual abuse from their traumatic experiences to their current lives.

The historical intention of social learning theory was to determine the influence of behaviour learned through observing. The person (model) observed play a huge role in shaping the behaviour of the child observing when he becomes an adult as, Bandura (1977) indicated that a child pays attention to these people (models) and encodes their behaviour. He further indicated that at a later time they may imitate (i.e. copy) the

behaviour they have observed. They may do this regardless of whether the behaviour is 'gender appropriate' or not. This could mean that the adult could reflect the learned behaviour even if his behaviour could be very damaging to others. To extend the argument he further indicated that if a child imitates a model's behaviour and the consequences are rewarding, the child is likely to continue performing the behaviour (Bandura, 1977). This theory is relevant for the study as male adult survivors of child sexual abuse are found in societies their lives could be still influence or be influenced by the external forces of environment and people living with and around them. The experienced observed or lived in the childhood plays a huge role in moulding an adult. Bandura (1977) indicates that the child when he becomes an adult if he believes that the action of the adult who abused him was rewarding to the abuser the survivor can resume the action of his traumatic experience most especially if the adult was never punished it could be perceived as a rewarding behaviour. Since children grow in families, institutions such as schools, churches and a community they are exposed from learning behaviour through observing or being part of the experience themselves. If such damaging experiences goes unpunished It could be seen as social acceptable for an adult to satisfy his/her needs by overpowering a child despite knowing the effects of the experience because is about him meeting his needs (rewarding himself).

The researcher use psychosocial theory to gain understanding on how the external factors played a role in the personality development of the adult male survivors of child sexual abuse. The researcher also used Psychoanalytic theory to explore the theory believe that says human behaviour and feelings as adults are rooted in the childhood experiences and lastly the researcher used Social learning theory to determine if the behaviour experienced by the survivors can carried by the survivors towards others since it was learned through traumatic experience rather than being witnessed?

## **2.5 TYPES OF SEXUAL ABUSE AS OUTLINED BY THE CRIMINAL LAW**

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007) gives the following types and description of child sexual abuse. This law is recent and in the past there was no such law and policies in the country until 1994, meaning many sexual assaults and abuse cases were not legally addressed to fulfil justice to the children abused. In the past sexual abuse could have been described as sexual grooming whereas post 1994 it is described as sexual abuse.

### **2.5.1. Acts of consensual sexual penetration with a child (statutory rape)**

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007) indicate that an adult person who commits an act of sexual penetration with a child is, despite the consent of the child to the commission of such an act, is guilty of the offence of having committed an act of consensual sexual penetration with the child.

### **2.5.2 Sexual exploitation of children**

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007) indicate that sexual exploitation of children occurs when an adult person unlawfully and intentionally engages the services of a child, with or without the consent of the child, for financial or other reward, favour or compensation to the child or to a third person.

### **2.5.3 Exposure or display of child pornography or pornography to children**

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007) indicate that exposure or display of child pornography or pornography to children occurs when an adult person unlawfully and intentionally exposes or displays or causes the exposure or display of any image, publication, depiction, description or sequence of child pornography or pornography.

### **2.5.4 Using children for or benefiting from child pornography**

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007) indicate that using children for or benefiting from child pornography occurs when an adult person unlawfully and intentionally uses a child with or without the consent of the child, whether for financial or other reward, favour or compensation to the child or to a third person.

### **2.5.5 Compelling and causing children to witness sexual offences, sexual acts or self-masturbation**

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007), indicate that Compelling and causing children to witness sexual offences, sexual acts or self-masturbation occurs when an adult person unlawfully and intentionally, whether for the sexual gratification of an adult or of a third person or not,

compels or causes a child, without the consent of the child, to be in the presence of or watch an adult or the third person while he, she or they commit a sexual offence.

#### **2.5.6 Exposure or display of or causing exposure or display of genital organs, anus to children.**

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007) indicate that exposure or display of or causing exposure or display of genital organs, anus to children occurs when an adult person unlawfully and intentionally, whether for the sexual gratification of him/her or of a third person or not, exposes or displays or causes the exposure or display of the genital organs, anus or female breasts of adult or the third person to a child with or without the consent of the child.

### **2.6 SOCIAL EXPERIENCES OF ADULT MALE SURVIVORS OF CHILD SEXUAL ABUSE**

Childhood sexual abuse experiences can play a negative role in the interpersonal life of survivors (Berhanu, 2014). Alaggia and Mishna (2014) posit that the ideal time to establish effective relationship and develop basic social skills is during early childhood. However, Berhanu (2014) believes that adult male survivors of child sexual abuse are unlucky to face social dysfunctions such as being stigmatised, feelings that others are discussing them, avoiding and shying away from others, and withdrawing oneself. Furthermore, Hall and Hall (2011) argue that survivors of child sexual abuse may experience difficulty in establishing interpersonal relationships, and that symptoms correlated with childhood sexual abuse may hinder the development and growth of relationships.

A report by Colorado State University (2013) indicates that survivors of childhood sexual abuse may believe that since the abuse happened long ago, it would be better not to rehash the past. They may avoid feelings and memories in order to function in their day-to-day lives. However, the same report (by Colorado State University, 2013) describes that the abuse may still be affecting them as sexual abuse influences a survivor's ability to establish and maintain healthy sexual relationships. Hall and Hall (2011) are of the view that common relationship difficulties that survivors may experience are difficulties of trust, fear of intimacy, fear of being different or weird,

difficulty establishing interpersonal boundaries, passive behaviours, and getting involved in abusive relationships.

According to, Lew, (2004), most survivors have an abiding concern with what constitutes normalcy. He further elaborate that it is not uncommon for survivors to find pain easier to experience than pleasure. Lew, (2004) further indicate that pleasure may be treated with suspicion, even being equated with perpetration and it doesn't feel as though one has a right to pleasure. While, van Roode, Herbison, Dickson and Paul, (2008) indicate that for some survivors pain itself becomes eroticized and some adult male survivors experience having to keep concerns and questions about sex hidden as sources of shame or embarrassment, since men are supposed to know all about sex. Lew, (2004) further indicate that as with so many aspects of a survivor's life, perfectionism plays out in the sexual realm. He expand the argument by indicating that sex can feel like a matter of survival, as in many instances it once was and relaxation becomes difficult or impossible, often leading to dysfunction, which in turn increases the anxiety. At its most extreme, sexual intimacy can trigger flashbacks.

According to Lew, (2004), male survivors face particular challenges in their recovery, including widespread lack of understanding of male victimization. While Weiss, 2010 and Tewksbury, (2007) indicate that due to shame and fear, male survivors often find it difficult to accept the experience as abusive, to disclose that they were abused, and to seek help in their healing. Spiegel, (2003) further indicates that the fact that this form of abuse is inflicted sexually commonly leads male survivors to have deep-seated concerns about their sexuality and masculinity. Furthermore, Lew, (2004) indicate that these concerns can be expressed in a variety of forms, including sexual dysfunction, difficulties in relationships, trust issues, isolation, substance abuse, eating disorders, fears and phobias and sexual addictions and compulsions.

### **2.6.1 Cultural Attitudes as social experience of adult male survivors of child sexual abuse**

As the literature examine cultural attitudes toward victimization and masculinity, we must realize that boy victims and adult male survivors are also aware of these beliefs (Lew, 2004). Hill, (2009) further indicate that they know that our culture is quite clear that men are not supposed to be victims. They worry that if men are not victims, it must mean that victims are not men. When male survivors begin to articulate their concerns

they ask questions that boil down to variations on one theme, “Why me?” “Why did this happen to me?” “Why was I singled out?” “What is wrong with me?” Since most abuse is perpetrated in isolation and secrecy, child victims don’t know that it is being done to millions of other children. Furthermore, Lew, (2004) indicates that they believe that they were singled out because there is something wrong with them, often carrying these beliefs into adulthood.

### **2.6.2 Experiences of heterosexual adult male survivors of child sexual abuse.**

According to, Spiegel, (2003) the way heterosexual male survivors abused by a man articulate their worry is, “Why me? Is there something about me? Does this mean that I’m really gay?” (This occurs even if the survivor has never experienced same sex attraction.). Lew, (2004) further indicate that some of their confusion stems from the homophobia that is endemic in our society. One of the many dangerous effects of homophobia is the confusion of same sex abuse with homosexuality. Same gender sexual child abuse is no more a homosexual relationship than opposite gender sexual child abuse is a heterosexual relationship (Hill, 2009). Furthermore, Lew, (2004) indicates that both are violations of positions of power and trust; both are male sexual abuse and the society fail to recognize them as the same problem speaks to our society’s confusion about sex, sexual abuse, and homophobia.

### **2.6.3 Social experiences of adult male survivors of child sexual abuse abused by women.**

According to Lew, (2004) men who were abused by women, face an additional form of conflict. Regardless of their age or stage of development, our culture expects boys to be “little men.” And we expect men to be excited by sex with women under any circumstances. Lew, (2004) further indicate that despite the subjective experience of the boy victim, abuse by a female perpetrator is less likely to be defined as abuse, and therefore less apt to be disclosed. Lew, (2004) also indicated that when the abuse is disclosed it is more likely to be minimized, romanticized (as initiation into manhood), or joked about (“You were lucky to get it so young.”). Furthermore, Spiegel, (2003) indicate thus the child victim is faced with a paradox: if he was aroused by or enjoyed any part of the experience, he isn’t likely to define it as abusive; if he didn’t enjoy it, he may worry that he might be gay.



#### **2.6.4 Experience adult Male Survivors of child sexual abuse who are gay**

According to, Lew, (2004), gay men who were abused by a man ask the question in two ways, and clinicians must understand the importance of both forms of the question. He further says that the first way the question is framed is, "Is this (the abuse) what made me gay?" Although there is no convincing evidence of a causal link between childhood sexual trauma and adult homosexuality, the myth (and sometimes the hope) persists. Lew, (2004) further indicate that for those gay men who struggle with the burden of internalized homophobia, the idea of a "cause" of their homosexuality raises the hope of a "cure." As they pursue their self-exploration, the vast majority of men who experience this conflict find (often reluctantly) that their same-sex attractions antedated the abuse. They are left with having to acknowledge and understand themselves both as gay men and survivors.

The second and more painful form of the question was asked by gay men is, "Did this happen to me because I'm gay?" Sadly, due to cultural homophobia, in many instances the answer to this question is, "Yes." (Tewksbury, (2007). While, Stermac, Del Bove and Addison, (2004) indicate that all societies define some traits and behaviours as acceptably male and others as female and the specifics differ from culture to culture, members of any society learn the values and norms of their group. Our culture, while paying lip service to valuing diversity in our children, holds fairly rigid expectations of acceptably male or female behaviours, appearance, and interests. Lew, (2004), further indicate that a child who does not conform to these gender-based expectations is more likely to be shamed, teased, and isolated by adults as well as by his peers. In a sexist society this is especially true for male children.

This could be linked with psychosocial theory as the premise of the psychosocial theory is that the personality development of an individual is not influenced by internal factors alone, but also by external factors. The external factors could play a major role in how the adult male survivors of child sexual abuse integrate with the society as a whole. If the humiliation and stripping of power from them went unpunished it could be seen as a non-offence to infringe the rights of children as long as it serves the purpose and fulfil the needs of the adult. This could go further to link with Social learning theory as it indicates that the influence of behaviour could be learned through observing. The person (model) observed play a huge role in shaping the behaviour of the child

observing when he becomes an adult. The model in this case is the person who has infringed the sexual rights and choices of the male adult survivor of child sexual abuse. The in-depth of it is that the male adult survivor of child sexual abuse was much of a victim then than the observer as he was part of being abused than witnessing abuse done to others.

## **2.7. HOW ADULT MALE SURVIVORS OF CHILD SEXUAL ABUSE HANDLE THEIR LIFE PROBLEMS?**

All people have coping strategies that they use when they feel upset, tense, frightened, or angry (Sakheim, 2008). A study by Hall and Hall (2011) suggests that repetitive childhood sexual abuse significantly affects survivors' capacity to change or regulate their emotional states. In particular, the changes in the brain caused by repeated early trauma profoundly affect survivors' capacities to soothe themselves (Sakheim, 2008). Hall and Hall (2011) also indicate that survivors of child sexual abuse frequently rely on more dramatic means of self-regulation, such as drug/alcohol abuse, binge eating and purging, dangerous or high-risk sexual behaviours, self-injury to regulate their internal states.

Hall and Hall (2011) elaborate that some survivors rely primarily on one of the above methods of coping, while others demonstrate several. But while these behaviours are helpful to survivors in some ways, they ultimately are maladaptive, because they often lead to serious negative consequences. Sakheim (2008) further elaborated that highly dissociative survivors (those with multiple personalities) often have to go to the extreme of switching identities to shift moods or think differently about a problem.

According to Berhanu (2014), avoidant behaviour (engaging to other things /creating distractive activities that is believed to help to avoid the real problem) among survivors of sexual abuse may be understood as attempts to cope with the chronic trauma and dysphoria induced by childhood victimisation. Berhanu (2014) further argues that among dysfunctional activities associated with avoidance of abuse-specific memories and feelings are dissociation, substance abuse, suicidal thoughts and actions, and various tension-reducing activities. In each instance, the problematic behaviour may represent a conscious or unconscious choice to be involved in seemingly dysfunctional and/or self-destructive behaviours rather than fully experience the considerable pain of abuse-specific awareness. Hall and Hall (2011) further hold that although it is

sometimes immediately effective in reducing distress, avoidance and self-destructive methods of coping with child abuse experiences may ultimately lead to higher levels of symptomatology, lower self-esteem, and greater feelings of guilt and anger.

Hall and Hall (2011) are of the view that certain behaviours reported by adult survivors of child sexual abuse, such as compulsive and indiscriminate sexual activity, bingeing or chronic overeating, and self-mutilation, can be seen as fulfilling a need to reduce the considerable painful affect that can accompany unresolved sexual abuse trauma. However, Nelson and Hampson (2008) indicate that such behaviours may best be understood as problem-solving behaviours in the face of extreme abuse-related dysphoria.

This sub-title is divided into sections on dissociation, eating disorders, substance abuse, and self-injury. These particular coping strategies are so frequently encountered at sexual abuse crisis centres that they deserve special attention.

### **2.7.1 Dissociation as a coping mechanism to handle problems**

A study by Spiegel (1993) describe dissociation as a normal feature of human experience. It is a process that produces an alteration in a person's thoughts, feelings, or actions that for a period of time, certain information is not associated or integrated with other information as it normally or logically would be .It further indicate that it is characterized as an alternating personalities as they are actually fragmented components of a single personality whereby each of them is associated with particular memories, roles, and emotions that are at times unusually disconnected from one another and at times personified by the survivor.

While, according to, Lowenstein, (1994) Dissociation may be automatically called upon as a coping mechanism in a single-event trauma, such as sexual assault or rape. Spiegel (1993) further indicate that during the trauma, dissociation creates a barrier between the victim and overwhelming events. However, Lowenstein, (1994) indicates that when dissociation is repeatedly relied upon for survival, particularly in childhood, it often develops into an elaborate coping pattern with real benefits in the short term, but serious complications later.

Spiegel (1993), Lowenstein, (1994) and McDonald and Tijerino, (2013) indicate that there is two types of dissociative experience – depersonalization, and amnesia – play major roles in the development of dissociative identity disorder.

- **Depersonalization**

This is a sense of being outside one’s own body. The adult male survivor of child sexual abuse may experience a reduction in the physical pain of the abuse, similar to pain reduction that people can achieve through hypnosis. The male survivor may be comforted to imagine that the man on the bed below is Super man, who can handle the abuse better – or a “mean man” from his work, who might deserve it (Spiegel, 1993 and Lowenstein, 1994). Over time, the image of the man on the bed, now altered in appearance through fantasy, may come to exist in his head as an imaginary companion. As communication between imaginary companions or self-states goes on within the mind, one or more of them may gradually take on the role of a father or brother. This allows the male survivor some facsimile of an attachment to a loving and consistent caretaker, when such person is not available to his in the real world (Spiegel, 1993 and Lowenstein, 1994).

Other imaginary companions or self-states may act very “tough,” and reassure the male survivor that he will survive. Over time, some of these tougher self-states may seem able to take on the style of the abuser. These reincarnations of the abuser that have developed inside of the male survivor’s mind may at first feel more predictable and manageable than the original abuser. Thus, they, too, represent a positive attempt to cope. But later, they can lead the survivor not to trust anyone, including someone who tries to help, and may urge the male survivor to self-injure, attempt suicide, or lash out at someone (Spiegel, 1993 and Lowenstein, 1994).

- **Traumatic amnesia**

According to Lowenstein, (1994) this can occur after any traumatic event, and has been documented in combat veterans, crime and accident victims, and child abuse survivors. He also indicate that Amnesia is also a common feature in a normal hypnotic trance. Partial amnesia and full amnesia are important features of the development of the dissociative child. He further indicates that the ability to forget allows the child to go to school, study, play with friends, and pretend that everything is all right at home. Although the ability to forget may make it difficult to remember things like lessons and

homework, the child is sometimes able to create an illusion of safety by dissociating again and again.

A male survivor of child sexual abuse repeatedly dissociates, he may automatically learn to split single memories into pieces – separating the knowledge of what happened from the memory of the behavioural actions that occurred, from the emotions attached to them, from all of the physical sensations experienced during the abuse (Spiegel, 1993). Lowenstein, (1994) further indicates that these memory fragments seem to be more easily scattered than the more unified memories. And when memories are fragmented in this fashion, the survivor may be unable to speak about them in other than a confused fashion, in which the memories are revealed and then taken back at the same time.

Spiegel (1993) and Lowenstein, (1994) both agree that prior to assessments, survivors may be nearly as much in the dark about their dependence on their dissociative coping style as are their friends, family and co-workers. Survivors may feel that some of their thoughts and feelings are not their own; they may experience intense struggles within themselves and may hear the voices of one or more of their alters or parts. These voices may command survivors to hurt themselves, while other voices may console them.

### **2.7.2 Eating Disorders as a Coping Mechanism to handle problems**

A study by Stermac, Del Bove and Addison, (2004) reported that sexual trauma male adult survivors have been found to have a high incidence of eating disorders. Many classic descriptions of dissociative identity disorder and incest victimization contains accounts of disordered eating behaviours. It further indicate that proponents of the 'specific link' hypothesis describe complex, multiple mediating mechanisms between sexual abuse and disordered eating. After so much has seemed beyond their control, some survivors in an attempt to gain control of their lives rigidly regulate their food intake, as in anorexia, or plan secret rituals of bingeing and purging. Kearney-Cook and Striegel-Moore, (1994) further indicate that, eating disorder symptoms can serve adaptive functions for survivors of sexual abuse.

Stermac, Del Bove and Addison, (2004) further indicate that the three most commonly seen categories of eating disorders are bulimia, anorexia and compulsive eating. They can be understood as follows:

- **Bulimia** is characterized by binge eating or eating normal amounts and then purging the food from the body by vomiting, abusing laxatives, fasting, or compulsive exercising. Many people with bulimia are within normal weight range. Following the binge episode, many suffer from overwhelming feelings of guilt, depression, or self-disgust. Purge behaviour can relieve many of these feelings temporarily and can become an end in itself (Stermac, Del Bove and Addison, 2004).

- **Anorexia** is characterized by depriving oneself of food to the point of weighing less than 85 percent of normal body weight, and often includes some of the features of bulimia. The medical risks are numerous, including amenorrhea, or the lack of menstrual periods, growth of excess body hair, and even self-starvation. Anorexia is one of the few psychiatric illnesses that is often potentially fatal to the sufferer. In addition to these physical characteristics, anorexics may demonstrate psychological characteristics of the starving. They may be depressed, irritable, pessimistic, and/or nearly always preoccupied with food (Stermac, Del Bove and Addison, 2004).

- **Compulsive Overeating** usually involves bingeing in secret and rapidly ingesting large quantities of high-caloric food, or eating continuously all day long. This can lead to many medical risks and low self-esteem due to resulting obesity (Stermac, Del Bove and Addison, 2004).

Schwartz and Gay (1996) further say a survivor of childhood sexual abuse has noted, trying to physically change their body image to mask sexuality is typical of many teen and adult survivors and can set off a lifelong pattern of either anorexia or compulsive overeating. Some survivors believe that by gaining weight and increasing their body size, they can reduce their attractiveness and thereby, in their minds, reduce the probability that they will be abused again. However, Kearney-Cook and Striegel-Moore, (1994) indicate that for other survivors, the body becomes the only reason a woman would like their approach since they feel internally damaged. Making the body attractive becomes an obsession, the only way to escape being alone.

Some sexual abuse and rape survivors use repetitive eating behaviours and obsessive thinking about food to alter their mood. While engaging in bingeing and/or purging, they are absorbed with the behaviour and therefore avoid unpleasant or painful feelings. Survivors may use rituals with food or the avoidance of food to make themselves feel better (Kearney-Cook and Striegel-Moore.1994). While other

authorities have observed, Purging, particularly vomiting, can be a symbolic attempt to cleanse oneself of a rape or sexual assault experience. The purging is also a release. Some bulimics describe their vomiting as violent and visualize the abuser while vomiting Schwartz and Gay (1996).

### **2.7.3 Substance Abuse as a coping mechanism to handle problems**

A study by Crowder (1990) indicates that sexual assault survivors are at high risk for developing difficulties with alcohol and other drugs. Their problems may fall anywhere along a continuum from an isolated episode with binge use/abuse following a traumatic event, to full-blown addiction that may ultimately be life-threatening. Crowder (1990) further indicate that the importance of the relationship between the two problems is that they are not just coexisting but synergistic, meaning that each makes the other worse

Briere and Runtz (1987) indicate that mood-altering substances can act like anaesthesia by creating a state of mind very close to that of a trance or dissociative state. This state of mind can quickly and very effectively help the survivor escape both physical and emotional pain. Evans and Sullivan (1991) indicate that while intoxicated or high, memories of traumatic events can be blocked out and feelings numbed. While it is an illusion that lasts only as long as the effect of the alcohol or other drug, the survivor temporarily feels better by creating a sense of control and well-being. They further say the use of substances may start out as a social activity, but physical or emotional isolation is a likely outcome of prolonged use. Sexual abuse trauma often occurs at times when alcohol or other drugs are also involved. Crowder (1990) indicates that although survivors clearly use substances as a coping strategy, the possibility also exists that they had a pre-existing problem with these that may or may not have already been identified or treated.

### **2.7.4 Self-Inflicted Violence as a coping mechanism to handle problems**

Self-inflicted violence or self-injury is the intermittent deliberate hurting of one's own body. Self-inflicted violence is frequently encountered in adolescent and adult survivors of childhood sexual abuse, physical abuse, and neglect particularly when that abuse was repetitive, severe, and began early in life (before age seven). Self-injury is a coping strategy on which some sexual assault survivors regularly rely on (Favazza, 1989).

A study Trautmann and Conners (1994) indicate that self-inflicted violence is frequently difficult for others to understand, because it runs counter to the observation that human behaviour is more often pleasure-seeking or, at least, pain-avoiding. Briere and Runtz (1987) indicate that although self-injury appears to run contrary to logic, it is unfortunate that these behaviours have, in the past, been labelled “masochistic” or “manipulative”. Such labels are misleading and simplistic, serving to further victimize survivors of severe abuse.

Van der Kolk (1991) further indicate that self-inflicted violence covers a wide variety of behaviours. These include: scratching and cutting with razor blades, glass or knives; burning with cigarettes, matches, or caustic substances, such as oven cleaner; head and body banging; striking hard objects (such as a wall) with a fist. Van der Kolk (1991) continue to say there are other forms of self-inflicted violence: scratching with fingernails or biting the skin until a wound is created; pulling out hair, eyelashes, or eyebrows; inserting sharp objects into the vagina or rectum; using caustic substances as douches or enemas. Purging and laxative abuse fall into the category of self-inflicted violence, as they damage the body and cause pain.

A study by Favazza (1989) indicate that common sites for injury are wrists, forearms, legs, and genitals. Some survivors tend to self-injure in places that can be seen, such as on the hands and wrists; others tend to keep marks left by their violence concealed under clothing. The study further indicate that some depend on a single form of self-inflicted violence, while others do not. In general, self-inflicted violence has been more commonly reported in women than men. Favazza (1989) further say although coping through this behaviour appears to have increased dramatically since the 1960s, it may be that such actions were simply more hidden in the past. Self-inflicted violence may still be seriously underreported, due to social stigma.

A number of authors (Van der Kolk, Perry, and Herman (1991), Trautmann and Conners (1994) and Briere and Runtz (1987) have documented the frequency of self-inflicted violence among sexual abuse survivors. One study found that 62 percent of self-injurers reported histories of physical and/or sexual abuse. Another found that childhood sexual abuse was correlated more with later self-inflicted violence than was physical abuse. Research also has uncovered high rates of self-injury in adolescents and in adults with dissociative symptoms. One study found self-injury in 83 percent of



their group of individuals with dissociative identity disorder (DID) and 78 percent in a group with partial DID.

Favazza (1989) indicates that for some survivors, other types of behaviour can be considered self-inflicted violence, depending on the circumstances. These include more indirect forms of self-harm, such as excessive dieting, poor nutrition, or not obtaining needed medical care. Body alterations, such as body piercing, tattoos, or cosmetic surgery sometimes can be considered forms of self-inflicted violence (but are frequently carried out for other reasons). Eating disorders and drug abuse also can be viewed as self-inflicted abuse.

A study by Trautmann and Connors (1994) indicate that engaging in self-inflicted violence can be a means of distraction from painful emotions by inducing physical pain to replace the unbearable emotional pain. Self-injurious behaviours can also be re-enactments of childhood physical and/or sexual assaults that survivors may not remember, may only vaguely remember, or may be unable to talk about because to do so would be overwhelming or because they are still keeping a secret. Favazza (1989) further say self-inflicted violence can be a way of making the outside of the body look like what the inside feels like, or of showing oneself or others what that emotional pain is like. The physical scars can be powerful images or metaphors for the pain, anger, and grief that the survivor is reluctant to express openly. The survivor may really wish to cry out, in the process of re-experiencing the trauma, that she felt cut off from all affection and kindness at home, or that her spirit was crippled, or that parts of her felt as though they “died” with acts of incest (Van der Kolk, Perry, and Herman (1991).

Briere and Runtz (1987) indicate that a Child sexual abuse survivor may learn that the open expression of normal feelings of rage and sadness at being exploited will not be tolerated and must be suppressed or dissociated. Later, when she or he is given “permission” to express these emotions directly, the survivor may continue to rely on those ways that helped to release the feelings before. Favazza (1989) further say self-inflicted violence may feel like the most comfortable and familiar way to express feelings, even while the survivor is beginning to heal in other ways. Self-injury also can be a means to deal with ongoing abuse, by practicing ways to feel and cope with pain.

The survivor can experience a measure of control in choosing the time and type of injury, even knowing that pain is inevitable Favazza (1989).

Favazza (1989) also indicate that self-inflicted violence may be a way to use a trance to make painful memories go away, or to help escape a trance in which the survivor is experiencing a flashback. Self-injury can “ground” a survivor who is “spaced out” (or in a trance), by allowing greater awareness of the body and surroundings. Sometimes seeing blood can help the self-injuring survivor feel “real.” Favazza (1989) further indicate that it may also speed up a flashback by going straight to the final part of the memory where the physical pain was felt. Self-inflicted violence can be felt as punishment for things survivors feel they have done wrong in the distant or recent past. It can be an attempt to attack (or “get rid of” or “punish”) a particular part of the body that the abuser favoured or that the survivor blames for the abuse.

Survivors frequently feel powerless to impress upon others the severity of their emotional pain and frustration, or to influence others on their behalf. Self-inflicted violence can be used in the context of an interpersonal relationship, by providing a measure of power and control (Van der Kolk, Perry, and Herman (1991). For example, the survivor may self-injure to gain nurturing from others or to shock them into paying attention. The individual experiences some restoration of personal power as the self-injurious behaviour results in similar feelings of helplessness and frustration in others. This mechanism, sometimes referred to as projective identification, allows the survivor to transfer overwhelming emotions to another person, partly to learn how someone else would handle similar feelings (Van der Kolk, Perry, and Herman (1991).

Trautmann and Connors (1994) and Favazza (1989) indicate that survivors may self-injure for reasons related to internal conflicts between alter personalities. Or one alter who feels isolated may carve a message or symbol as an attempt to communicate other specific information to other alters. Such survivors may feel quite pessimistic that the parts inside them will ever understand each other. Favazza (1989) further say some survivors report that they self-injure because they were taught, more or less specifically, to do so in response to certain feelings – such as anger, shame, or sexual arousal. Some were taught, in the context of ritualistic abuse, to self-injure at specific times of year, or as part of certain rituals.

It seems like there is a lot of risky behaviours male survivors of sexual abuse engage themselves into as their own personal ways of dealing with the traumatic experiences they went through. This could be in link with psychoanalytic theory by Freud (1905) that states that personality is shaped as the drives are modified by different conflicts at different times in childhood (during psychosexual development). This could also mean that the personality of a survivor of child sexual could be shaped by the experiences they went through in which could be in conflict of what they have to be now beyond the traumatic experience. They may develop personality disorders as a way of dealing with their trauma. At a stage of dealing with problems if the severity of trauma is not handled well it is suggested that men who have issues with themselves may rape or destroy others in an attempt to be equal or to feel better about themselves (Lanyon, 1991).

## **2.8 INTERVENTION ON ADULT MALE SURVIVORS OF CHILD SEXUAL ABUSE**

According to Fisher, Goodwin, and Patton (2009), it is not possible to provide a single program of sexual recovery for male survivors, since there are a wide variety of experiences of victimization and the specific needs of individuals in recovery are similarly wide-ranging. However, he indicate that there are some common threads:

Fisher, Goodwin, and Patton (2009), highlight that as in other areas of healing, a huge part of sexual recovery involves mental education and re-education. He further indicated that often the learning process of the therapist or educator parallels that of the client. While, Spiegel, (2003) indicate that both need to learn to overcome impatience and accept that recovery is slow, long-term, and often painful. Lew, (2010) further indicate that Vanquishing the sexual fears and habits of a lifetime does not occur overnight. Neither does accepting oneself as a healthy, sexual adult: one who deserves intimacy and pleasure without having to submit to abuse.

As part of this process, men as well as women need to come to accept that they have the power to establish and maintain reasonable boundaries around sex, including the right to choose not to be sexual unless it is right for them (Fisher, Goodwin, and Patton. 2009).Lew, (2004) further the argument by indicating that they need to learn that their responses are understandable given their past histories that sexual abuse is not the definition of who they are, but was something that was done to them. He further indicates that reclaiming pleasure and sexuality is a key part of their recovery process.

Furthermore, Lew, (2004) Survivors need, as one male survivor put it, “mega permission” to set aside performance pressures and perfectionism to experiment and to play, to make mistakes, to feel and express their feelings and to set boundaries.

A study by Sakheim (2008) indicate that survivors of child sexual abuse frequently rely on more dramatic means of self-regulation such as drug/alcohol abuse, binge eating and purging, dangerous or high-risk sexual behaviours, self-injury, or and forgetting their trauma. The study further explains that since the individuals who rely on these mechanisms often pay a very heavy price, interventions to assist survivors in finding new coping patterns are clearly warranted. Some attempts at coping can evolve into addictive patterns so that by the time a survivor reaches out for help, he is often struggling to fight both the original effects of the sexual assault trauma and problems caused by an addiction. Positive results require patience for both survivor and helping person, but persistence is rewarded.

Professional intervention is considered an effective and important factor in the recovery of survivors of child sexual abuse (Nelson & Hampson, 2008). However, Hovey and Stalker (2011) note that many survivors, particularly males, are reluctant to seek help, and many do not receive any intervention or support. In addition, Sakheim (2008) argues that male survivors of sexual abuse in general have been found to have a difficult time initiating therapy because they are unable to believe that anyone would want to help them. While, Lev-Wiesel (2008) highlighted that it is important for counsellors to be able to recognize and understand coping patterns, it is usually appropriate to offer survivors more long-term and specific help. Possible referrals include substance abuse treatment programs, therapists experienced in eating or dissociative disorders, and specialized groups. Rape crisis counsellors should always work with other helpers in the community to ensure clients access the best and most appropriate services.

The Chadwick Centre for Children and Families (2004) indicates that there are no clear guidelines regarding the length of treatment of adult survivors of child sexual abuse. In addition, the Rape and Abuse Crisis Centre (2009) argues that there is no defined time period for counselling. Healing from child sexual abuse can take a long time. However, Yuan, Koss and Stone (2006) believe that short-term counselling may have proven to be very helpful to adult survivors of child sexual abuse. Hill (2009) is of the

view that counselling has many purposes for survivors, including unconditional support, belief and validation; a safe place to explore scary or uncomfortable emotions and thoughts; and emotional education or skill development.

### **2.8.1 Intervention on child sexual abuse survivors using dissociation as a coping mechanism.**

A study by Spiegel (1993) indicate that the discovery of dissociative identity disorder (DID) and its partial forms is relatively recent, and the study of modes of treatment continues. However, Lowenstein (1994) further indicates that certain approaches have been identified as more successful than others. The modern treatment of DID involves three general stages:

- Stabilization, in which the client learns to communicate between alters and practices a range of skills with which to cope with the stress of the next stage;
- Memory Processing, in which trauma memories are shared between alters and are worked through; and
- Integration and Post-Integration Self-Development

Bower (1994) indicate that some techniques such as “re-parenting” have been tried with survivors but currently are being reconsidered. Extended hospitalization which may include scheduled work on memory processing, was tried during the 1980s and early 1990s in an attempt to shorten the length of therapy while ensuring safety; these now have been, for the most part, abandoned as a treatment approach. However, Lowenstein (1994) the current thinking among DID experts is to provide long-term outpatient treatment, several years at a frequency of two to three times a week (although once a week may be acceptable during less active phases or with some clients). Sabo (1995) further say this treatment typically is provided by an experienced therapist, trained in working with complex dissociative trauma survivors.

Lowenstein (1994) further say hospitalization of up to two weeks for stabilization and safety may be necessary and can be useful. Other recommended approaches include use of expressive therapies such as art and movement therapies, and expressive modes such as keeping a journal. Medications to treat some of the symptoms related to depression and anxiety are sometimes prescribed to ease the suffering of some survivors as they undergo therapy.

### **2.8.2 Intervention on child sexual survivors using eating as a coping mechanism**

Kearney-Cook and Striegel-Moore (1994) indicate that survivors of child sexual abuse may develop an eating disorder as a way of managing their trauma. The person with an eating disorder may be totally unaware of some of the unpleasant and long-lasting effects of nutritional deficiencies. Often these survivors have kept both their eating disorder and their sexual abuse secrets from everyone. It is therapeutic for them to tell someone their secret and not be judged so the counsellor's role is very important. Goodwin and Attias, (1993) further indicate as a counsellor, one may be in a position to recognize the signs of an eating disorder. It is not appropriate for one to provide treatment or diagnosis of this coping mechanism. Instead, seek supervision and make appropriate referrals for the eating disorder as you continue to work with the survivor on issues related to the assault or abuse.

A study by Prochaska, Norcross, and DiClemente,(1994) indicate that survivors disclosing an eating disorder need to be supported and reassured that having this coping behaviour is by no means their fault, and that they deserve to get help. They should be empowered to seek treatment because they want to help themselves and feel better about themselves. These individuals should understand that they are not alone: eating disorders are common among survivors and many other people, especially women (Lowenstein, 1994). They also must be told that this way of coping is dangerous to their health. The counsellor should be able to provide referrals to doctors and therapists who are sensitive to eating disorders and sexual abuse, and who have demonstrated expertise in treating both issues (Lowenstein, R.J. 1994).

### **2.8.3 Intervention on child sexual survivors using substance abuse as a coping mechanism**

Studies and clinical experience further suggest that a substantial number of men seeking treatment for substance abuse also have histories of physical or sexual abuse. Because there has been little support for men to verbally express their emotions, male survivors have likely learned to suppress their feelings (Prochaska, Norcross, and DiClemente, 1994). This has created a group of survivors who are at exceptionally high risk for alcohol and other drug abuse. Use becomes misuse with the survivor's main purpose to avoid thoughts, memories, or feelings most especially about their traumatic experiences (Briere and Runtz, 1987).

Crowder, A. (1990) indicates that substance abuse can be a difficult and overwhelming subject to address. Counsellors may have unresolved personal experiences with alcohol and other drugs and may not understand that dependence is an illness that requires treatment, rather than a moral issue or a matter of will power. Counsellors also may feel that they do not have enough knowledge or information, or that the problem will go away once the rape trauma is addressed.

However, McDonald and Tijerino, (2013) indicate that it is important to confront a survivor's substance abuse as soon as you suspect the problem. You do not need "proof," as long as your approach is respectful, caring, and non-judgmental. Bring up the matter when your client is not high or intoxicated, and mention specific behaviours and problems when expressing your concern. Providing education about addiction as a disease may be helpful in motivating the individual to seek help or accept a referral. Briere and Runtz, (1987) further say the counsellor need realistic goals for counselling a substance-abusing client. The recovery process is slow and often includes relapses, especially for sexual assault survivors. McDonald and Tijerino, (2013) in addition they indicate that in confronting the substance abuse, the counsellor can guide the survivor in thinking about options and beginning the recovery process. Avoidance of the subject only creates an illusion that the survivor is healing.

Evans and Sullivan (1991) indicate that it is not helpful to try to provide crisis intervention or counselling to someone who is currently drunk or high. You may need to set limits with a survivor who is abusing alcohol or other drugs. Gently but firmly explain that you will not work with a survivor while she or he is under the influence, but that you remain available to help overall. This counteracts the denial that the survivor may be experiencing.

Recovery from substance abuse is possible once there is understanding and acceptance of the purpose substances serve, their current function, and the ways they no longer serve the person well (Briere and Runtz,1987). Recovery begins with the identification that the alcohol, street drug, or prescription drug is causing a problem in the person's life. Prochaska, Norcross, and DiClemente (1994) further say this awareness can come from an internal or external source. Until the survivor achieves abstinence, little can change. Once the assessment is made that there is a substance abuse problem, the initial goal is to stop using the substance(s). Then, it is important

to proceed with treatment that will provide the survivor with an appropriate focus. A process called “The Spiral of Change” offers a useful concept. It has five distinct phases (Briere and Runtz, 1987, Elkins and Briggs. 2017).

The first phase, pre-contemplation, begins with identifying the alcohol or other drug as a problem. The survivor is actively using the substance in this stage, which results in increased isolation and narrowing of the world (Prochaska, Norcross, and DiClemente, 1994). The focus is on control of the use. The survivor is likely to respond to the identification of alcohol or other drugs as a problem with denial, anger, or sense of hopelessness. Since any misuse of substances during recovery from sexual assault is dangerous for the survivor and will interfere with trauma treatment, the survivor needs to recognize the importance of abstinence. The stronger the defences of denial and anger at this stage, the likelier the survivor is depending on alcohol or other drugs for managing the trauma. It is important for the counsellor to explore this area with the client in a non-judgmental way, recognizing that the survivor is utilizing substance(s) to feel better (Prochaska, Norcross, and DiClemente, 1994, McDonald and Tijerino, 2013).

The next step is contemplation. The survivor begins to recognize there is a problem, but may not be ready to change or give up the habit. A shift in beliefs begins to occur from faith in the ability to control the use of the substance to acknowledgment of the loss of control. During this process, the survivor is likely to have intermittent periods of sobriety until there is a true acceptance of loss of control. It will be important for the survivor to learn other coping strategies to strengthen her or his ability to remain substance-free (Prochaska, Norcross, and DiClemente, 1994, McDonald and Tijerino, 2013).

Preparation is the third step in the change process. Survivors may have strong ambivalence about giving up substances that have sustained a major coping pattern. The counsellor needs to be aware of the loss issues and help the survivor to grieve and find substitute activities. Self-help groups can be integral pieces of this process, as they provide a source of stability, hope, and security. The survivor’s world-view expands and changes unconsciously. At the end of this stage, there is a commitment to change (Prochaska, Norcross, and DiClemente, 1994, McDonald and Tijerino, 2013)



The action stage is recognized by continued movement into abstinence. Ambivalence diminishes, and the survivor moves from a strong defensive position to a more vulnerable, defenceless position. The counsellor must be aware of the need for support and empathy. This phase may be very threatening for the sexual abuse survivor, who already feels defenceless and vulnerable. The focus of work at this phase is on education and support (Prochaska, Norcross, and DiClemente, 1994, McDonald and Tijerino, 2013).

Maintenance is the phase to engage the survivor in “relapse prevention.” During this ongoing recovery, the survivor becomes interdependent and develops sharing relationships. Exploration of earlier losses and issues can occur as they emerge. The focus is on helping the survivor find healthy ways to cope with conflicts (Prochaska, Norcross, and DiClemente, 1994, McDonald and Tijerino, 2013).

Briere and Runtz (1987) indicate that Individuals who suffer from trauma issues are at high risk for relapse, since feelings related to trauma can be triggered for substance abuse. Education, honesty, and information are necessary at every stage to prevent relapse. Each survivor will have a unique set of warning signs that need to be identified; then she or he needs to develop healthy coping strategies. Keeping a daily journal and monitoring for relapse signs can be useful tools (McDonald and Tijerino, (2013).

Evans and Sullivan (1991) indicate that the combination of professional treatment and self-help groups can aid the survivor in keeping recovery on track. The numerous possibilities underscore how important it is for the counsellor to maintain good working relationships with local substance abuse treatment providers, to be able to refer appropriately. For an individual who wants to recover from addiction, self-help groups offer support and understanding from others in recovery. These include: Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous, Women for Sobriety, Rational Recovery, and specialized groups for professionals (physicians, lawyers, nurses, etc.). As well as other types of self-help groups may provide survivors with a safety net at all stages of recovery (McDonald and Tijerino, (2013).

#### **2.8.4 Intervention on child sexual survivors using self-inflicted violence abuse as a coping mechanism**

A study by Walsh and Rosen (1992) indicate that survivors have discovered a variety of alternatives to self-inflicted violence. As the reasons for the violence vary, so do successful strategies for replacing it. A sampling of strategies used as alternatives is as follows:

- Distraction techniques can be helpful, particularly when these lead to a mood change. Playing favourite music, watching a movie, reading, working on a hobby, or talking with a friend are possible alternatives. When self-inflicted violence behaviours are associated with a particular place in the home, such as a bathroom or bedroom, changing the environment is sometimes helpful, Walsh and Rosen (1992).
- When self-injurious behaviour involves an attempt to show others something about the pain inside or the abuse memories, strategies involving self-expression can be helpful. These include: writing about what happened and/or the feelings of pain; calling a trusted person to talk about what happened and subsequent feelings; making an audiotape to give a friend or therapist, Tewksbury (2007).
- When the self-injury is related to communication between alters in a survivor with DID, much can be done over time to increase internal communication and cooperation between alters, especially with the aid of a therapist trained in working with dissociation. Different alters can be encouraged to write or draw their thoughts and feelings. While it is not up to a trauma counsellor to initiate this work, you might consider referring your client to a professional therapist (Walsh and Rosen, 1992, McDonald and Tijerino, 2013).
- When survivors are about to self-injure because they feel “spaced out,” “not real,” or disconnected from their bodies, they can be encouraged toward actions that reconnect them, such as: remembering a time when they did feel connected; stroking their face or arm to feel the sensation of skin touching skin; rubbing an ice-cube on these areas; or drink a hot beverage or a very cold drink (Walsh and Rosen, 1992).
- When the self-inflicted violence seems like a physical addiction, survivors can seek the help of a trauma-oriented psychiatrist experienced in using medications. Some

survivors find that vigorous physical exercise leads to similar state changes. As well as peer support groups for those who self-injure (McDonald and Tijerino, (2013)

- When feeling overwhelmed, some survivors are able to learn (often with the aid of hypnotic suggestions by a trained therapist) to place in “containers” within the mind their overwhelming feelings, flashbacks, body memories, and tensions. These containers – visualized as bank vaults, locked chests, trash bags, videotapes, or compact discs – can be brought out again to remember and review in the service of healing (Walsh and Rosen, 1992, McDonald and Tijerino, 2013).

- With the rape crisis counsellor (or other helping person), survivors can discuss why they blame themselves (or parts of their bodies) for the abuse. They can practice ways to ask for attention from others in a direct fashion. They can try to talk over feelings of helplessness and horror, instead of watching for emotional reactions from the helping person when they report their self-inflicted violence (Walsh and Rosen, 1992).

- There are many strategies for expressing, exploring, and directing anger into healing. Expressing anger can be done physically by activities such as ripping up an old book, or throwing eggs into a bathtub and watching them smash. Hypnotic techniques, such as imagining cutting into a large rock with a hammer, are sometimes helpful. Some survivors like to draw, write, or talk about what they would like to do to their perpetrators. Some find that joining groups to educate others about child abuse or to change social policy can be a good long-term strategy for working through their anger, McDonald and Tijerino, (2013).

- Working on issues of sexuality, alone or with a sensitive partner, can be helpful. When sexual experiences in the present trigger memories, shame, and self-inflicted violence, survivors sometimes decide to put such experiences on hold awhile. Many find that talking with a therapist about sexual feelings, including the pairing of sexual feelings and pain, is very valuable (Walsh and Rosen, 1992, McDonald and Tijerino, 2013).

Sakheim (2008) indicates that the therapists gain increased understanding of the role of self-inflicted violence in the lives of survivors of sexual and other repetitive childhood abuse, they continue to explore approaches that will assist survivors. Most experts agree that a solid, ongoing, helping relationship is important. Van der Kolk (1991) further indicate that survivors find they can resist self-inflicted violence more easily

when they are in long-term therapy, because such therapy leads to increased feelings of safety, and attachment or connection with another person. Other safe, ongoing relationships have similar positive effects. When these relationships undergo stresses or disruptions, as when the therapist is away, the pressures to self-injure frequently increase.

There is a difference of opinion about how therapists should react to self-inflicted violence. Most clinicians hold the view that survivors should be encouraged to strive to gradually decrease the frequency and degree of self-injury with the goals of fewer episodes and less damage to body tissue over time Sakheim (2008). Contracts may be set up between therapist and client that help limit the amount of self-inflicted violence. As a last resort, brief hospitalization for safety is used, Sakheim (2008).

Walsh and Rosen (1992) indicate that few clinicians report achieving more success with a “no-tolerance policy,” in which the client is referred to a hospital or another therapist if self-injury continues. They define self-inflicted violence behaviours for the client as showing extreme disrespect for the body and person of the survivor which, as therapists, they cannot condone. They take the position that all self-abuse must stop without delay, in order for the work of healing to begin. Many survivors say they would be unable to give up self-inflicted violence so suddenly and completely, and others reject the notion that therapists should set such limits on their behaviours Walsh and Rosen (1992). However, Van der Kolk (1991) indicate that clinicians supporting this policy have reported that many survivors do well with this firm approach, when it is combined with a positive helping relationship and respect for the capacity of survivors to heal.

The usual emotional responses of helping a survivor may intensify if the counsellor becomes preoccupied with preventing self-inflicted violence. In the face of such pressure, it is important for you to recall that your own strong reactions are normal and result from the intensity of the issues involved. Self-awareness and self-acceptance enable the counsellor to assist the survivor (Van der Kolk, 1991).

The characteristics of the counsellor’s attitude that tend to be most helpful with the self-injuring survivor are:

- Concern for the survivor’s physical safety, even when she or he is not able to be concerned.

- A non-judgmental attitude toward the self-injurious behaviours.
- A calming presence that can “contain” the strong emotions of the survivor.
- Respect for the survivor as the expert on her or his own experience.
- Interest in the survivor as a human being.
- Maintenance of the appropriate distance, being neither under- nor over-involved.
- Belief that the survivor possesses considerable strengths that can be mobilized in the service of healing.
- Recognition of your own limitations in the role of a rape crisis counsellor, and offering appropriate referrals (Van der Kolk, 1990).

In terms of intervention with adult male survivors of child sexual abuse psychosocial theory can be applied to determine how external factors has played a role in developing the survivors personality this could also be linked with social learning theory as study would like to determine the relationship between the behaviour of the survivors and the one of the perpetrators since social learning theory indicates that adults who were in power to abuse could be seen as models.

## **2.9 SUMMARY OF FINDINGS FROM LITERATURE REVIEW**

The following is a summary of findings from literature:

- Defining child sexual abuse could be the most vital stumbling block in relation to reporting the cases.
- Male survivors of child sexual abuse do not seem to be believing that someone can help them with their trauma.
- Less attention seems to be given to male adult survivors of child sexual abuse perhaps because they do not disclose their experiences in time or they never disclose at all.
- Male child sexual abuse cannot be seen as a huge problem because it is underreported or not reported at all.
- Most adult male survivors of child sexual abuse turn their attention into risky behaviours as a way to cope with their trauma.

- Adult male survivors seem to be having difficulties into social life but mostly those who acknowledge that they were abused and they turn to have trust issues that stands in between them from being intimate or have stable intimate relationships
- Treatment for adult male survivors of child sexual abuse is not automatic or obvious as it seems to vary with the engagement of the survivor and commitment into finding help throughout their traumatic experience. The survivor should acknowledge that the trauma is still affecting him for him to find help than being forced to find help while he is not acknowledging it himself.
- It seems like there was no place called safe for the adult male survivors of child sexual abuse for development as children as most common places where it was supposed to be safe for them were the places of abuse and they were commonly abused by people who are close to their lives.
- There is fewer literature about the experiences of adult male survivors of child sexual abuse and the one available is outdated focusing much on children (boys) than adult male survivors and most of the literature is not South African based.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

The information obtained from the literature study in the previous chapter has shed some light on experiences of adult male survivors of child sexual abuse. In this chapter the researcher outlines the methodological processes applied in investigating the social experiences of adult male survivors of child sexual abuse. The following was addressed by this chapter, research approach, research design, population and sampling methods, data collection, data analysis, quality criteria, and ethical considerations.

#### **3.2 RESEARCH APPROACH**

The researcher opted for the qualitative approach of the study. Qualitative researchers apply an emerging qualitative approach to collect data in a natural setting sensitive to the people and places under study (Fouché and Schurink, 2011). The study wanted to understand how participants derive meaning from their experiences, surroundings, and how their meaning influences their behaviour. The approach was selected and deemed fit for the study since the researcher wanted to investigate the experience of adult male survivors of child sexual abuse, not the figures of the phenomenon.

#### **3.3 RESEARCH DESIGN**

According to Mouton (2001), research design is perceived as a plan or blueprint of how the researcher intends conducting a study, while the researcher considers it a large and comprehensive toolbox for the research journey to be undertaken. This study was descriptive and empirical in nature; with the intention to provide a clear description of the experiences of adult male survivors of child sexual abuse at Ga-Matlala, of BK Matlala Limpopo Province.

#### **3.4 POPULATION AND SAMPLING METHODS**

The population of this study was adult male survivors of child sexual abuse residing at Ga-Matlala area in Limpopo Province, who are in records of the traditional council cases. The council reported that they had five cases of persons that were male who were sexually abused as children prior 1994. The researcher gained access to adult

male survivors of child sexual abuse as well as the records. For purposes of this study, purposive sampling was used. The participants of the study were three adult male survivors of child sexual abuse who were currently 36 to 59 years according to the records of the traditional council. In consulting the sample, the following inclusion criteria were considered:

- Adult male survivors of child sexual abuse at Ga-Matlala area.
- All adult male survivors of child sexual abuse who were abused prior 1994; and
- They should have reported their cases at Matlala Tribal Council.

On the flip slip, the following exclusion criteria were observed:

- Males who were never sexually abused as children.
- Males who are not situated around Matlala area.

### **3.5 DATA COLLECTION**

In order to achieve the objectives of the study, the researcher used-structured interviews to gather data from participants. This has enabled the researcher to gain in-depth understanding of experiences of adult male survivors of child sexual abuse at Ga-Matlala area. The interview schedule was translated into Sepedi language in case some of the respondents cannot understand the English language.

Prior to data collection process, a request to conduct the study was made by the researcher and approved by the Traditional Council of Matlala. Thereafter, three (3) participants were interviewed at Ga-Matlala (Capricorn District, Polokwane Municipality) by the researcher using the list of questions carefully constructed before the interview. Data transcriptions (field notes) was applied to capture data.

### **3.6 DATA ANALYSIS**

The study sourced primary data from the interviews, while secondary data was thick literature study which shed greater light on this project. A thematic analysis method was selected. Thematic analysis organises and describes data set in detail. The data was analysed with the following eight steps explained below:



3.6.1. The researcher wrote down, word for word, data transcriptions. Once the researcher has completed this, he had read through them all to get a sense of the whole. He read through all the transcriptions carefully. He made notes of ideas as they came to his mind.

3.6.2. He selected one document (one interview) – the most interesting/the shortest/the one on top of the pile. He went through it, asking himself: what is it about? He did not think about the “substance”/content of the information, but its underlying meaning. He wrote down his thoughts in the margin.

3.6.3. When he has completed this task for several informants, the researcher made a list of all the topics. He put similar topics together. He also formed those topics into columns that were grouped as “major topics”, “unique topics” and “leftovers”.

3.6.4. The researcher found a fitting abbreviation (code/tag label) for each of the identified topics.

3.6.5 He found the most descriptive wording for his topics, which he converted into themes/categories.

3.6.6. He made a final decision on the abbreviation for each theme/category and alphabetise these codes.

3.6.7. He used the cut-and-paste method, assemble the data material belonging to each theme/category in one place and do a preliminary analysis.

3.6.8. Finally, the researcher had, if necessary, recoded the data. On completion, he commenced with the presentation of his research findings.

The study also applied document analysis as a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning around an assessment topic. Analysing documents incorporates coding content into themes similar to how focus group or interview transcripts are analysed. A rubric can also be used to grade or score a document. There are three primary types of documents (Bowen, 2009):

- Public Records: The official, ongoing records of an organization’s activities. Examples include student transcripts, mission statements, annual reports, policy manuals, student handbooks, strategic plans, and syllabi (Bowen, 2009).

- **Personal Documents:** First-person accounts of an individual's actions, experiences, and beliefs. Examples include calendars, e-mails, scrapbooks, blogs, Facebook posts, duty logs, incident reports, reflections/journals, and newspapers (Bowen, 2009).
- **Physical Evidence:** Physical objects found within the study setting (often called artefacts). Examples include flyers, posters, agendas, handbooks, and training materials (Bowen, 2009).

### **3.7 QUALITY CRITERIA**

#### **3.7.1 Trustworthiness**

According to Polit and Beck (2014) trustworthiness or rigor of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of a study. Truth value, applicability, consistency and neutrality will be used as criteria to assess the value of findings and to ensure trustworthiness (Botma, Greeff, Mulaudzi and Wright (2010). The researcher ensured truth value by conducting a face to face semi-structured interviews to verify that the applicable participant was the one answering the questions. The researcher asked same semi-structured interview questions to all participants. The interview was conducted in a neutral place suggested to be conducive by the participants. The researcher also used peer reviews as a way of ensuring the trustworthiness of a study and that the researcher has analysed the data correctly.

The researcher ensured credibility through member checking (Botma et al., 2010; Shenton, 2004). The study checked credibility by verifying that the respondents were really abused sexually in their childhood through records provided by the Chief of Ga-Matlala. They indicated to have had recorded all the cases that came in their attention and all the proceedings of the case. For consistency, the study applied dependability. To facilitate dependability, the researcher included dependable audit by keeping all the data transcriptions for reference. This required the researcher to provide a detailed account of how data was collected. The researcher described the methodology. This includes a description of the research design and the execution of the study. The researcher ensured that data is correctly coded by giving each respondent a code (Botma et al., 2010; Shenton, 2004).

This researcher enhanced applicability by applying transferability. To ensure transferability, a thick description strategy was adopted. The researcher fully explained all research processes from data collection, the context of the study to production of the final report. Thick description will help other researchers to replicate the study using similar conditions in other contexts or settings. Therefore, in enhancing transferability, the researcher gathered thick descriptive data that allowed the comparison of this context to other possible contexts to which transfer might be contemplated (Li, 2004). The findings in regard to this qualitative study was specific to three adult male survivors of child sexual at Ga-Matlala in Limpopo Province. The researcher improved transferability by recruiting the three male adult survivors of child sexual abuse from Matlala Tribal Council sexual offences records.

To maintain neutrality, the researcher applied conformability, which entailed that the research process and results are free from prejudice. He ensured that as far as possible, the results of the study were objective and were not biased. In order to do this, the researcher recorded the data presented from the respondents as it is without trying to put it in terms of his motives and perspectives. For purposes of this study, conformability field notes was made available for auditing purposes (Botma et al., 2010; Shenton, 2004).

### **3.8. ETHICAL CONSIDERATIONS**

#### **3.8.1 Permission to conduct the study**

Ethics relate to moral standards that a researcher should uphold in all stages of the research. Research ethics are developed to protect research participants from abuse by researchers Bless, Higson-Smith and Kagee, (2006). Permission to conduct the study was obtained from the Turfloop Research and Ethics Committee (TREC). A letter of request to conduct the study at Ga-Matlala areas was also be submitted to the Chief in order to gain access to the community.

#### **3.8.2 Voluntary participation**

The researcher ensured that the participants voluntarily take part in the study by ensuring that all parties were aware of this – no one was obligated to participate. Voluntary termination of participation in the study was not a disadvantage to anyone in any way.

### **3.8.3 Informed Consent**

Informed consent Social research, according to Babbie (2013), represents an intrusion into people's lives. The participants were all informed of the study's purpose and significance. They were requested to fill consent forms for their voluntary participation in the study. The participants were informed of their right to decline or withdraw from participating in the study at any time.

### **3.8.4 Deception of respondents**

The participants were briefed about the aim of the research. No information was withheld from them in order to allow them to make an informed decision regarding their participation in the research and to ensure non-deception (Nelson, Beauchamp, Miller, Reynolds, Ittenbach & Luce, 2011).

### **3.8.5 Confidentiality and anonymity**

The participants were informed from the onset about the confidentiality and anonymity of their inputs and responses. This was done by ensuring that the information provided, particularly sensitive and personal information such as names, contact numbers or identity numbers, was not discussed with anyone, and will not be made available to anyone other than the researcher so that no one can relate the information with the participants as per individuals. The researcher respected their privacy by not disclosing their names in the study but instead coded them to enable them to freely participate in the study. To sustain confidentiality and anonymity, the researcher ensured confidentiality and anonymity by making sure that there is no one who knows the names of the participants involved.

### **3.8.6 Benefits**

The benefits of this study to the participants included an opportunity to express the effects of child sexual abuse on male adult survivors at Ga-Matlala area, and a referral for appropriate intervention where it is needed was provided. Benefits for the community included conducting campaigns and community dialogues with factual context, which can assist in promoting males to report (disclose) sexual abuse cases. It also included briefing the community about the psychosocial effects of the researched phenomenon.

### **3.8.7 Avoidance of harm**

The researcher made an undertaking to treat all participants with respect during the interview in order to avoid emotional harm. The participants in social research, according to Strydom (2011), can be harmed either physically or emotionally. One can accept that harm to respondents in social research was mainly of an emotional nature. During data collection by means of an interview, the researcher was very attentive to whether any of the participants experienced any harm of an emotional nature when answering the questions. The researcher referred the participants to get appropriate professional intervention. Social workers/Psychologist were contacted when the participant required more counselling after participation in the study.

### **3.8.8 Publication of the findings**

The participants will be informed about the findings of the research without offering too many details or impairing the principle of confidentiality (Strydom, 2011). The findings of the study was also introduced to the reading public in written form by means of a dissertation as well as an article in an accredited journal. Creswell (2009) deems it necessary to publish the results of a research project.

## **3.9 LIMITATION OF THE STUDY**

The researcher acknowledges the following limitations to the study:

- There was South Africa limited literature that precisely addressed issues relating to describing experiences of male adult survivors of child sexual abuse.
- The study was conducted only in one municipality in Limpopo province, therefore the results thereof cannot necessarily describe experiences of male adult survivors of child sexual abuse of all other municipalities in Capricorn and other eight (8) provinces within the borders of South Africa.
- There was limited survivors of child sexual abuse and that means limited participation in the study.

## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND INTERPRETATION OF EMPIRICAL FINDINGS

#### 4.1 INTRODUCTION

In this chapter the researcher brings to the fore rigorous empirical findings from data collected on experiences of adult male survivors of child sexual abuse at Ga-Matlala, in Limpopo Province, RSA. In line with the preceding chapters, the researcher was heavily motivated to gain in-depth understanding on the experiences of adult male survivors of child sexual abuse. Some indications of the phenomenon researched on were observed through referral of police cases to the fellow social work colleague who specialises with Victim Empowerment Programme (VEP). The researcher also studied articles and documents showing the surge of female child sexual abuse hence the motivation to examine this issue from a different perspective, namely male adult survivors.

Revisiting questions posed in the collection of data is at the heart of this chapter. The answers to the study questions were obtained through in-depth interviews. Groenewald (2004), opines that an in-depth interview with between two (2) and ten (10) respondents is adequate to reach data saturation. The data saturation referred to herein is termed *inductive thematic saturation* by Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs and Jinks (2017). During the data collection process, in-depth interviews with three (3) male survivors of child sexual abuse were conducted as a primary tool of data collection. In addition, a myriad of global, continental and local literature was studied to gain insight into experiences of adult male survivors of child sexual abuse. This study, as indicated in the preceding chapter, deployed a qualitative approach, which is descriptive in nature. The descriptive case study research design was used in this research.

## 4.2 Identification particulars of the male adult survivors of child sexual abuse

**Table 1: relationship status, age distribution, employment status, type of sexual abuse experienced and intervention method accessed.**

Participant	Age	Marital status	Employment status	Instances	Type of sexual abuse experienced
1	46	Married	Employed	8/10	<ul style="list-style-type: none"> <li>• Statutory rape</li> <li>• Exposure or display of pornographic materials</li> </ul>
2	47	Married	Employed	3	<ul style="list-style-type: none"> <li>• Exposure or display of pornographic materials</li> <li>• Exposed or displayed genitals by an adult</li> <li>• Oral sex</li> </ul>
3	41	Unmarried	Employed	Maybe 8	<ul style="list-style-type: none"> <li>• Compelled or caused to witness sexual acts by adults</li> <li>• Exposure or display of pornographic materials</li> <li>• Statutory rape</li> </ul>

### 4.3 THICK DESCRIPTION

It is important for the researcher to give a full description of the nature of this study, with focus on the methodology and exposition of parameters so that it could be easy for the study to be replicated by any researcher (or for transferability purposes). The description is as follows:

- This was a qualitative study whose aim was to describe experiences of male adult survivors of child sexual abuse at Ga-Matlala, Limpopo Province. The focus was placed on male adult survivors of child sexual abuse and their experiences on their day to day lives years after the abuse had taken place.
- The researcher relied on observation of behaviour and literature review to gain an understanding of the experiences of male adult survivors of child sexual abuse, or to understand challenges that they may have currently in fulfilling their potential in respect of their day to day lives.
- For empirical purposes, a sample of 5 male adult survivors of child sexual abuse were recruited for participation but in the process of data collection two of the study participants withdrew from participating and only three of the participants were interviewed at Ga-Matlala, Limpopo Province, RSA as primary tool of data collection. Three participants were considered acceptable by the researcher as, Groenewald (2004), opines that an in-depth interview with between two (2) and ten (10) respondents is adequate to reach data saturation. The following ethical considerations applicable to the study were adhered to:



#### 4.4 PRESENTATION OF THE STUDY FINDINGS IN THE FORM OF THEMES AND SUB-THEMES

The data gathered by the researcher was analysed by means of data reduction or coding, and arranged into themes (Bazeley, 2007). An illustration of how the themes were developed (or coded) is proffered in the table below:

**Table 2: Synopsis of the development of themes and subthemes**

<b>Resultant themes</b>	<b>Coded text (sub-themes)</b>
The experience of child sexual abuse	<ul style="list-style-type: none"> <li>• The occurrence of child sexual abuse</li> <li>• Number of instances</li> </ul>
The abilities or difficulties of resolving personal problems	The influence of early (child) sexual abuse in problem solving
The coping mechanism	The strategies used to cope with child sexual abuse experience
The influence of the post traumatic experience in their daily lives.	The impact of living with an experience of child sexual abuse
The abilities or difficulties of socializing beyond the child sexual abuse	<ul style="list-style-type: none"> <li>• Engaging into intimate relationship</li> <li>• The count of intimate relationships they had after the experience</li> <li>• The relationship with the perpetrator</li> </ul>
The intervention methods that could be helpful in male adult who experienced child sexual abuse	<ul style="list-style-type: none"> <li>• Access to professional intervention</li> <li>• The impact of the intervention(s) in their daily lives.</li> <li>• The feeling of not being professionally assisted.</li> <li>• Reason for further assistance</li> </ul>
	Overview of the issues discussed

#### 4.4.1 Theme 1: The Experience of Child Sexual Abuse

##### 4.4.1.1 The occurrence of child sexual abuse

Participant 1 shared his experiences of child sexual abuse in the following extract:

*“The first day when the sexual abuse started I was confused because the person initiating the abuse was my aunt. She started showing me pornographic magazines. She started telling me about the process of having sex in justification that boys of my age have girlfriends and are having sex already.....that’s when we started having sex”*

Participant 2 revealed that:

*“What happened is that when we were in the bush herding cattle’s he would have pornographic books with him...The abuse started when he started to tell me to hold his erect manhood (penis) and said I should move my hand up and down smooth and gentle while spitting my saliva on it until some cream white liquid came out of his manhood. The exposure escalated when he asked me lick his manhood like how the women in the magazine were doing.”*

Participant 3 revealed that:

*“I came back from school when I was about to change my uniform she came in my room full naked and asked me to calm down....she brought a pornographic book in the room and in no time she started initiation what was in the book on me and that was when she started having sex with me...”*

In this study it was found that all of the survivors of child sexual abuse were abused by people close to them. Two of the respondents were sexually abused by their aunts and only one who was abused by a man outside the family but the man was not a stranger as he was known by the family.

Williams (2019), indicate that child sexual abuse can occur in a variety of settings, including home, school, or work and more often where child labour is common. Sexual abuse by a family member is a form of incest and can result in more serious and long-term psychological trauma, especially in the case of parental incest. Most sexual abuse offenders are acquainted with their victims as in case with participant 1 and 3; the perpetrators are relatives of the male child, most often brothers, fathers, uncles,

or cousins. In case with participant 2 most male child sexual abuse offenders are other acquaintances, such as "friends" of the family, babysitters, or neighbours.

Two of the participants in this study were sexually abused by women and Fontes and Plummer (2010:89) indicates that men who were abused by women, face an additional form of conflict. Regardless of their age or stage of development, our culture expects boys to be "little men." And they expect men to be excited by sex with women under any circumstances. Lew (2004) further indicate that despite the subjective experience of the boy victim, abuse by a female perpetrator is less likely to be defined as abuse, and therefore there is less chances to be disclosed. Lew (2004) also indicated that when the abuse is disclosed it is more likely to be minimized, romanticized (as initiation into manhood), or joked about ("You were lucky to get it so young."). Furthermore, Spiegel (2003) indicate thus the child victim is faced with a paradox: if he was aroused by or enjoyed any part of the experience, he is not likely to define it as abusive; if he did not enjoy it, he may worry that he might be gay.

Fontes and Plummer (2010) examines cultural attitudes toward victimization and masculinity, must realize that boy victims and adult male survivors are also aware of these beliefs).in addition, Hill (2009), further indicate that they know that our culture is quite clear that men are not supposed to be victims. When male survivors begin to articulate their concerns they ask questions that boil down to variations on one theme, "Why me?" "Why did this happen to me?" "Why was I singled out?" "What is wrong with me?" Since most abuse is perpetrated in isolation and secrecy, child victims did not know that it is being done to millions of other children. Furthermore, Fontes and Plummer (2010) indicates that they believe that they were singled out because there is something wrong with them, often carrying these beliefs into adulthood. In this study the one respondent indicated that he think he were sexual abused because there was no older person who could protect him as it always took place without someone whom they could have had relied on for protection and another participants indicating that for the fact that he did not have parents anymore that have exposed him to the experience that occurred to him.

One participant was abused by a man. Spiegel, (2003) indicate that heterosexual male survivors abused by a man articulate their worry, "Why me? Is there something about me? Does this mean that I'm really gay?" (This occurs even if the survivor has never

experienced same sex attraction). Lew (2004) further indicates that some of their confusion stems from the homophobia that is endemic in the society. One of the many dangerous effects of homophobia is the confusion of same sex abuse with homosexuality. Same gender sexual child abuse is no more a homosexual relationship than opposite gender sexual child abuse is a heterosexual relationship (Hill, 2009). Furthermore, Fontes and Plummer (2010) indicates that both are violations of positions of power and trust; both are male sexual abuse and the society fails to recognize them as the same problem about sex, sexual abuse, and homophobia. In case of the study the participant had or has questions about his sexuality and more concerned about how other men would perceive him.

#### 4.4.1.2 Number of Instances

Participant 1 and 3 shared the number of instances the sexual abuse had occurred in the following extracts:

Participant 1 revealed that:

*“It happened several times I think more than ten times.”*

Participant 3 revealed that:

*“This occurred so often most especially in the absence of her boyfriend.”*

All of the participants have experienced sexual abuse more than once. And it seems like they were all sexually abused by one perpetrator per individual. Participant 3 has express that he remember 8 instances but he was not sure about the exact number like participant 1 who is not sure about the exact number but he mentioned 3 difference kinds of sexual abuse in 8 or 10 instances by the same perpetrator and participant 2 expressed three different kinds of child sexual abuse on three instances. With all mentioned above repetitive sexual abuse has future negative impact. This is supported by Hall and Hall (2011) suggesting that repetitive childhood sexual abuse significantly affects survivors' capacity to change or regulate their emotional states.

#### **4.4.2 Theme 2: The abilities or difficulties of resolving personal problem**

##### 4.4.2.1 The influence of early (child) sexual abuse in problem solving

Two of the participants (2 and 3) revealed that they have the ability to resolve their own personal problems, but they also indicated to be having difficulties of resolving

personal problems involving other people. While participant 1 did not indicate any abilities of resolving his own personal problem all he outlined was his difficulties. This is what the participants had to say with regard to the abilities and difficulties to resolve personal problems in the following extracts:

Participant 1 revealed that:

*“I have the ability to resolve my own problems, but the main difficulty is my inability to disclose my child sexual abuse experience to my wife...”*

Participant 2:

*“I have the abilities to resolve my own personal problems.... The only problem is when I feel too close to another men, I get to question my sexuality and honestly I do not think I have much of confidence around men instead I find myself being distant and defensive in a situation that could make me feel like gay.”*

Participant 3:

*“I have the ability to resolve issues that involves me alone most especially if they are not related with my childhood experience.....Personal issues that has to do with other people are way too difficult to resolve most especially if they involve women within....”*

All the participants indicated to be having abilities to resolve their own personal problems more especially those personal problems that are not involving other people, but all three (3) participants reported that their childhood abuse has a negative impact in their lives when dealing with personal problems associated with their social life. The researcher is of the view that the participants rights of decision making was taken away from them by the perpetrator in the occurrence of the abuse and that could be the main factor contributing in the difficulties of resolving problems drawn from other people and being repetitively abused has broken their sense of confidence and ability to take decisions or in coming up with solutions.

#### **4.4.3 Theme 3: The coping mechanism**

##### **4.4.3.1 The activities used to live with child sexual abuse experience**

Regarding activities used to live with child sexual abuse experience. This is what the participants had to mention in the following extracts:

#### Participant 1

*"I used and still use one technique of coping in which is avoidance mechanism as it helps me to commit less in dealing with emotional and psychological issues.....Back in the days I mostly avoided being around older people most especially women by going to play soccer or watch it as it could and can still take my mind away from thinking about my emotional and psychological damages."*

#### Participant 2

*"..My mother tried hard to make sure I do not blame myself in the unfortunate experience I went through.....Avoiding close contact with men was and it is still my coping strategy."*

#### Participant3

*"I do not think I had a specific coping mechanism."*

It was found that two of the participants (participant 1 and 2) used avoidance coping mechanism to divert from real problems related to their child sexual abuse as a means of surviving the child sexual abuse experience. One participant (participant 3) indicated that he did not have a specific coping mechanism.

The findings of the study clearly indicate that people have the coping mechanisms to live with their traumatic experiences as supported, Sakheim (2008) who believes that all people have coping strategies that they use when they feel upset, tense, frightened, or angry. This view is supported by Berhanu (2014), who indicates that avoidance behaviour (engaging to other things /creating distractive activities that is believed to help to avoid the real problem) among survivors of sexual abuse may be understood as attempts to cope with the chronic trauma induced by childhood victimisation. In case of the study two participants used avoidance coping strategy to avoid dealing with the real issues. However, Nelson and Hampson (2008) indicate that such behaviours may best be understood as problem-solving behaviours in the face of extreme abuse-related anger. Furthermore, Hall and Hall (2011) also indicate that survivors of child sexual abuse frequently rely on more dramatic means of self-regulation, such as drug/alcohol abuse, binge eating and purging, dangerous or high-risk sexual behaviours, self-injury to regulate their internal states. The findings agrees

the dramatic means of dangerous or high risk sexual behaviours as two of the participants engaged into dangerous or high-risk sexual behaviours but the findings disagrees with using of drugs/alcohol abuse, binge eating and purging or any form of self-injury to regulate their internal states as stipulated by Hall and Hall (2011).

#### **4.4.4 Theme 4: The influence of the post traumatic experience in their daily lives**

##### 4.4.4.1 The impact of living with an experience of child sexual abuse

The participants had this to express experiences in the following extracts:

Participant 1

*“It influences me negatively because it makes feel like I am an easy target, deceivable and used....I also believe my childhood experience has broken trust between me and women, extended family members and this makes me to be little self-centred....”*

Participant 2

*“The abuse broke my self-confidence....I become angry and emotional when another man touch or come too close to me because it makes me feel like I am a gay.... To be honest the experience has tarnished my image as a man and it makes it hard for me to be open up about the emotional and psychological impact that was caused by the experience.”*

Participant 3

*“It affects me negatively because I feel like it has tarnished my dignity, I feel like a loser and a used pawn.....”*

It was found that the lives of survivors of child sexual abuse are affected and influenced negatively by their child sexual abuse experience. The findings of the study can agree with the social learning theory which is aimed into determining the influence of behaviour learned through observing. The theory indicate that the person observed play a huge role in shaping the behaviour of the child observing when he becomes an adult. One participant (1) has indicated to have adopted the lifestyle of being in an intimate relationship with older for material benefits just like the way he modelled by his aunt. But the study findings can disagree with Bandura (1977) who indicate that a child pays attention to these people (models) and encodes their behaviour. He further indicated that at a later time they may imitate the behaviour they have observed. They

may do this regardless of whether the behaviour is 'gender appropriate' or not. This could mean that the adult could reflect the learned behaviour even if his behaviour could be very damaging to others. In case of the study two participants (1 and 2) have not expressed any sign that shows that have copied any behaviour that resembles their perpetrators with an understanding the impact of the phenomenon in their own lives.

Alexander (2011) indicates that it is a traumatic experience for the victims and it plays a role on how people perceive themselves among others in later life, including difficulty in relation to affection and being attached to others. The participants reported that they have experienced child sexual abuse through statutory rape, exposed to child pornographic activities through display of pornographic materials, oral sex and also exposed or displayed genital organs by an adult. This is supported by Denhere et al., (2012) indicating that it includes vaginal or anal penetration, genital-oral contact, genital contact, petting or stroking intimate areas, masturbation and exposure to pornography and watching adults having sexual relations. The researcher is of the view that the severity of all kinds of child sexual abuse experienced can differ from one survivor to another.

The participants reported that the experience of being abused in their childhood have a negative impact as they seem to blame themselves on the occurrence of the abuse and it seems as it has taken their ability to take personal/sexual decisions. This is in correspondence with the Psychoanalytic Theory by Freud (1905) as it holds the point that human behaviour and feelings are powerfully affected by unconscious motives. The theory further believes that human behaviour and feelings as adults (including psychological problems) are rooted in the childhood experiences.

#### **4.4.5 Theme 5: The abilities or difficulties of socializing beyond the child sexual abuse**

##### **4.4.5.1 Engaging in intimate relationship**

Participant (1) first experience in intimacy was indicated to be in a purpose of sexual grooming so that he does not expose his lack of experience against his peers or girls of his age. The researcher wished to know if the teachings were shared or transferred with peers or girls of his age after teachings and this is what the participant had to say:



Participant 1

*“No I did not transfer or share any of my sexual experiences with my peers or girls of my age....I could not share my experiences because I did not want people to look at me as a victim or someone weak....”*

It was found that all the participants indicated to be involved in intimate relationships. This is what they had to say in the following extract:

Participant 1

*“Yes, I am in an intimate relationship like I said that I am married.....”*

Participant 2

*“Yes I am involved in an intimate relationship, I am married.”*

Participant 3

*“Yes I am in an intimate relationships.....Though I think my relationships are not of emotional and psychological attachment... they are more of physically and financially beneficial....I also do have a girlfriend of my age just to meet social expectations since I am not proud of having these old women in public.....”*

The findings of this study reflects that all of the study participants indicated to be involved in intimate relationships. Two of the participants (1 and 2) are married. The findings of the study agrees to disagree with a study by Berhanu (2014), which is indicating that childhood sexual abuse experiences can play a negative role in the interpersonal life of survivors. That was also collaborated by Hall and Hall (2011) who argued that survivors of child sexual abuse may experience difficulty in establishing interpersonal relationships, and that symptoms correlated with childhood sexual abuse may hinder the development and growth of relationships. It is further supported by Colorado State University (2013) which describes that the abuse may still be affecting them as sexual abuse influences a survivor’s ability to establish and maintain healthy sexual relationship. In case of the two participants indicated to be having healthy relationships with their wives. Only one participant indicated to be struggling in having emotional and psychological attachment relationship as he is in more of beneficial relationships with older women and only one participant who has a problem of establishing close relationships with fellow men because with men he can relate them

with his past traumatic child sexual abuse experience, but he indicated to be having a healthy relationships with females. In support of the statement that is concerned about building relationships, Hall and Hall (2011) indicated that common relationship difficulties that survivors may experience are difficulties of trust, fear of intimacy, fear of being different or weird, difficulty establishing interpersonal boundaries, passive behaviours, and getting involved in abusive relationships. The overall findings agrees with the previous findings stipulated by Hall and Hall (2011) as all participants indicated to have issues of trust, fear of being shamed, labelled and low self-belief that could be making it difficult for them to establish openness and transparency in relationship even though all of them indicated to be engaged in intimate relationships and two of them are married.

#### 4.4.5.2 The count of intimate relationships they had after the experience

Following the participant's expression that they have an ability to build into intimate relationships the researcher wanted to understand the historical count of their involvements in intimate relationships. This is what the participants had to say in the following extract:

##### Participant 1

*"I think I had several intimate relationships that I cannot really give you the exact or specific number. Some of them were once off relationships.....some did last for couple of years and some if was a matter of months."*

##### Participant 2

*"I did not have many relationships. I think it was three relationships before my marriage."*

##### Participant 3

*"I had several relationships..... I could say I might have been in 5 or 6 relationships with older women and the relationship I have with my girlfriend who is not older than me is the seventh relationship if I did count well."*

Participant 3 indicated to be involved/engaged in what could be unhealthy or dangerous intimate relationships and his awareness about the danger or unhealthy acts he is involved in was questioned and this is what he had to say:

*“I believe I see the wrong part of it since I am ashamed to be in public with the older women I am in relationships with.”*

Participant 2 indicated that he struggles with establishing close friendships or relationships with fellow man. This is what he had to mention:

*“My concern is the judgement, labelling and shame I could get from men if they were to know about my sexual abuse experiences.”*

#### 4.4.5.3 The relationship with the perpetrator

The researcher wished to understand the relationship between the survivors of child sexual abuse and their perpetrators. This is what participants 2 and 3 had to mention in the following extract:

Participant 2

*“...I do not have a grudge against him after all he is dead. I believe I forgave him the moment I heard he has passed on.....I had to let it go there was no point of hurting myself over a dead man.”*

Participant 3

*“I would like to believe that we are having a good relationship but I would not say we are close. We do talk sometimes and we do meet at family gatherings and family events such as weddings, lobola celebrations and funerals without trying to fight about what happened when I was a teenager.....”*

Psychosocial theory by, Erik Erikson (1950) indicates that when children suffer sexually at their early ages, they develop crisis of Intimacy v Isolation in their adulthood life circle. In another perspective, Capri (2008) indicates that the Eurocentric view of the phenomenon in relation to the applicability of the framework could be almost impossible because of the need to re-contextualise child sexual abuse in South Africa as it requires cultural and political tolerance. She is supported by Ramokgopa (2001) who indicates that the approach of psychosocial theory in African perspective is defined by the readiness of the child rather than the age as viewed by Erik Erikson (1950). This could mean the occurrence of the abuse might have influenced by the cultural and traditional perspective in relation to the readiness of the child, the environment (community) the child is being raised at and the political view of the

abuse on children. The study found that the participants do not reflect any signs of hatred towards their perpetrators maybe that is an element that allows them to work on finding closure with their childhood sexual trauma.

#### **4.4.6 The intervention methods that could be helpful in male adult who experienced child sexual abuse**

##### 4.4.6.1 The access of professional intervention

The participants responded in this manner in the following extracts:

Participant 1

*“....I did not get any professional help remember it was before 1994 I do not think our black people were privileged to access professional help....maybe what was a stumbling block to get professional assistance is that after my mother knew about the incident she reported it to the tribal council of Ga-Matlala but unfortunately we were not linked with any professional personnel .....”*

Participant 2

*“No I did not get any kind of professional help... we only tried to use the traditional ways of resolving the issue through Moshate (Tribal office) but it was dismissed because they indicated that there was no evidence that I might have been abused .....”*

Participant 3

*“.....I did not get professional help because I did not report the case....I had fear that if I report then and she get arrested or called for a meeting by the extended family she would not be able to provide me with the life that was nearly what my parents were providing.”*

All the participants revealed that they never had any access to professional help in their childhood and also now at their adult stage. They also reflected on the reasons why they have not yet received professional help. The researcher understood that the cases were dealt with in a traditional and cultural ways of resolving problems within the tribal councils and families but it sounds to have failed dismally in finding justice or closure to then victims of child sexual abuse. Pre 1994 it could be assumed that professionals were scarce in the villages (rural areas). The offences committed by

perpetrators and the way they were labelled pre 1994 and the definitions of child sexual abuse in Criminal Procedure Act 51 of 1977 or lack of looking in the lives of blacks before democracy in 1994 could be the stumbling block these criminal acts were not reported to the law enforcement officials and that made it difficult to access professional intervention.

#### 4.4.6.2 The feeling of not being professionally assisted.

After all the participants had expressed not having had any access to professional assistance there was thoughts and feelings hanging in their lives and this is what participant 2 and 3 felt or feel and think about it:

##### Participant 2

*“.....I felt maybe the appropriate way to deal with the issue was between the families that wronged each other.....as an adult I just believe the tribal office was not equipped enough to deal with the sexual abuse case reported to them.....I also believe that by then we were not exposed to therapists, social workers.....”*

##### Participant 3

*“.....at times when my unattended childhood experiences come to my conscious mind I happen to feel down and empty. Sometimes when I ask myself questions relating to it and I cannot answer myself I feel less of myself...”*

All the participants expressed that they did not have any access of professional intervention as children and as adults for variety of reasons such as; issues were to be resolved within the family, the cultural belief that a man should not see himself as a victim denied the survivors an opportunity to get help, a man should not cry, issues were conducted in a traditional and cultural ways and because they believed that it was the past there was no need to deal with them now. The participants found out that it is not too late and it is still much important for them to find a professional intervention and that is their personal decision to go through the process of professional intervention. And they now know the different kinds of interventions that can assist them in dealing with the childhood trauma. Since most of the respondents are in intimate relationships the intervention models or methods could be more than one. This is supported by Lew (2010), who indicates that it is not possible to provide a single programme of sexual recovery for male survivors, since there are a wide variety of

experiences of victimisation and the specific needs of individuals in recovery are similarly wide-ranging. Though, Hovey and Stalker (2011) note that many survivors, particularly males, are reluctant to seek help, and many do not receive any intervention or support in which is in contrary to the study findings as the respondents in the study indicated their willingness to participate in their healing process by finding the professional assistance required for them to find peace, closure, gaining confidence and forgiveness, this was also alluded by, Nelson and Hampson (2008) who indicated that professional intervention is considered an effective and important factor in the recovery of survivors of child sexual abuse.

#### 4.4.6.3 The impact of the intervention(s) in their daily lives.

All of the participants indicated to have never accessed or received any form of intervention from a professional.

The Chadwick Centre for Children and Families (2004) indicates that there are no clear guidelines regarding the length of treatment of adult survivors of child sexual abuse. This is collaborated by the Rape and Abuse Crisis Centre (2009) that argues that there is no defined time period for counselling. Healing from child sexual abuse can take a long time. However, Yuan, Koss and Stone (2006) believe that short-term counselling may have proven to be very helpful to adult survivors of child sexual abuse. And Bein (2011) is of the view that counselling has many purposes for survivors, including unconditional support, belief and validation; a safe place to explore scary or uncomfortable emotions and thoughts; and emotional education or skill development.

The researcher is of the view that the above outlined literature can simply mean that there is no specific time to measure the intervention and the healing. This can also mean that the different types of intervention and its impact can vary from one survivor to another. This can also assist the survivors from avoiding one problem by creating another one. For example, avoiding the flashbacks of the experience by causing the other by using substances, food (it can cause obesity), self-inflicted injuries, isolation and many other negative things as a coping mechanism.

#### 4.4.6.4 Reason of further assistance.

But for one to get proper assistance he needs to disclose the experience first. Participant had expressed how his disclosure can come about in order to get proper professional help. This is what he had to mention in the following extract:

Participant 1

*“I do think of disclosing my childhood sexual experiences at some point but for now I do not feel like I am ready to do so until I got help myself as an individual before I could involve her. I would prefer us to have a couple therapy after I am done with my issues at my own.”*

In an inclusive response this is what all the participants had expressed their views in relation to reasons for further assistance:

Participant 1

*“Yes...I believe that I still need professional assistance irrespective of my age. I think professional assistance can help me build on my self-confidence, self-trust and also learn to trust people with good intentions without linking them to my childhood experience. I also think it could help me with ways of disclosing my child sexual abuse experience to my wife..... And lastly if the professional expert can assist to deal away with self-blame referring on what happened to me I think it can help me to be able to find closure of the traumatic experience.”*

Participant 2

*“Yes.....I have a strong believe that I need professional help despite the fact that I said I was getting personal strength from my mother and spiritual strength from church including that I have forgiven my abuser...I still think my emotional and psychological being are not yet attended properly..... The main reason to get help is to make peace with my past.....”*

Participant 3

*“Yes, I believe I still need professional assistance from a psychologist or counsellor with the sole purpose of building my self-confidence with regard to resolving personal problems and decision making, help me stop identifying myself based on my child sexual abuse experiences..... my life is not normal at all and if professional experts can help me build my identity out of the child sexual abuse experience I would be happy for that. And lastly I think it will help me to deal with my mood swings, lack of concentration at times and by that maybe I could stop seeking for public approval about my own life.”*

All three (3) participants showed their willingness to go for professional help and revealed that they need professional help to help them find closure with their childhood past, to regain the power of taking major decisions about their lives, they want to develop techniques of acceptance, deal away with self-blame, be realistic about their current state of life and be able to identify themselves away from the experience.

Furthermore, all the participants reported that they do need a proper professional intervention to assist them deal with their daily life challenges as they believe, think and of the view that professional help can assist to build self-acceptance aside from the child sexual abuse, they can be able to forgive their abusers, they can attend to matters arising without tracing it to their past, they develop healthy and safe coping mechanism and find closure. This is supported by McDonald and Tijerino (2013) whom indicated that many find that talking with a therapist about sexual feelings, including the pairing of sexual feelings and pain, is very valuable. Most experts agree that a solid, ongoing, helping relationship is important. Furthermore Van der Kolk (1990) further indicate that survivors find they can resist self-inflicted violence more easily when they are in long-term therapy, because such therapy leads to increased feelings of safety, and attachment or connection with another person. The researcher is of the view that once the survivors of child sexual abuse realise that there is someone who understand their challenges they might develop safe and healthy coping mechanism without hurting themselves or anyone around them. In addition, Lew (2010), elaborate that in other areas of healing, a huge part of sexual recovery involves mental education and re-education. He further indicate that often the learning process of the therapist or educator parallels that of the client.

#### **4.4.7 Overview of the issues discussed**

All the participants had something to comment about on anything or everything discussed. This is what they had to say:

Participant 1

*“.....I think our culture and tradition should look at victimisation or crime against human rights in a holy perspective than making it about gender differences.....”*

Participant 2



*“I wish I had professional assistance in my childhood maybe it might have assisted me to deal away with self-blame and maybe I could have started to build my self-confidence towards my sexuality in time perhaps things would have been different in my adulthood relating with my fellow males.”*

Participant 3

*“I believe my experience will be helpful for your study and in future it will help people who will read your document...”*

In line with the participant no:1 the cultural beliefs with regard to victimisation assumed with a certain gender should be dealt with to acknowledge that child sexual abuse can happen to any gender in any racial group and it should be addressed as such (sexual abuse). The researcher is in support of participant no:2 maybe if professional help was accessible in their childhood their way of viewing life beyond the traumatic experience they went through in their childhood and their ways of handling personal issues could have been different but it is not too late to fix their reality of lives now. And lastly the researcher agrees with participant 3 that his shared experience will be helpful for future awareness and drawing interventions to deal with the phenomenon.

#### **4.5 DISCUSSION OF THE FINDINGS**

This research study aimed to describe the experiences of adult male survivors of child sexual abuse. To this end, the primary objective was purely to determine how adult male survivors of child sexual abuse live their lives after the traumatic experience. As shown in table 4.2, the participants were males from the age of 36 to the age of 59. A simplistic view could be that before 1994 incidents in African communities were handled culturally to be specific in a family setting for intervention purposes and in many cases men were seen as strong human beings and were not seen as victims.

In discussion of theories, there was a huge contradiction as the psychosocial theory by Erik Erikson says when children suffer sexually at their early ages, they develop crisis of Intimacy v Isolation in their adulthood life circle, while the findings show that all of the participants are engaged in intimate relationships despite one participant having a problem of emotional attachment or lack off in his relationships. The psychoanalytic theory by Freud (1905) holds the point that human behaviour and feelings are powerfully affected by unconscious motives. Freud (1905) further indicate

that human behaviour and feelings as adults (including psychological problems) are rooted in our childhood experiences. The findings of the study in way one aligning with the previous findings but also in a different view as two participants indicated to be having abilities to resolve their personal problems that are not related or cannot be attached with their child sexual abuse experience but they also expressed having problems of resolving their personal problem that are attached with their social lives and precisely with problems that can be related to what they observed, witnessed and experienced in their childhood. One participant has indicated to be having problems in resolving his problem that could be attained with his lack of understanding his coping mechanism too. There is a huge contrary on the findings of the study and the view of social learning theory in relations to how the behaviour observed has influenced the survivors of child sexual abuse. The theory believes that behaviour is learned from the environment through the process of observational learning (Bandura, 1977). Individuals that are observed are called models. It further believes that a child pays attention to these people (models) and encodes their behaviour. At a later time they may imitate the behaviour they have observed. They may do this regardless of whether the behaviour is 'gender appropriate' or not but there are a number of processes that make it more likely that a child will reproduce the behaviour that the society deems appropriate for its sex (Bandura, 1977). In the study two participants out of three participants had no reports of imitating what they experienced with an understanding of the consequences of the abuse and only one respondent has adopted the lifestyle in his adulthood though he is not busing children like he was abused. He is continuing to be in intimate relationships with older women for material benefits. This could mean that imitating the acts of the model is a personal choice is not guaranteed that anyone or everyone who observed, witnessed or experienced the acts can imitate it and adopt it. All the participants indicated to have forgiven their perpetrators and their sole objective in perusing further professional assistance is for individual development (e.g. finding closure) than getting justice by punishing their perpetrators.

The findings reflects that not having professional assistance after experiencing such a traumatic experience made them lose self-belief in the abilities to make major decisions about their lives, they developed variety of strategies as coping strategies towards facing their adult personal problems and it seems hard to face their personal

problems that are related with their childhood traumatic experience in which maybe it could be drawn from the severity and number of instances of the childhood sexual abuse experience they went through.

The study was interested in the participants from the age of 36 to 59 years of age. The participants of the study were in different age group, the eldest is 47, the second eldest is 46 and the youngest is 41 years of age. The participants looked so touched by their experiences of child sexual abuse when they were sharing their incidents with the researcher. It seems like the abuse is still playing a huge role in their lives most especially when it comes to how they view themselves as individuals, fear of how other people will look at them if they were to know about their child sexual abuse experiences, their self-confidence is broken and struggles of building trust too. But the childhood sexual abuse experience seems to not have had been a barrier for the participants to engage in intimate relationships as majority of the respondents were married, only one participant who is in various relationships and he is not married. His single status relating to his age was a major concern and his involvement in multiple relationships was a major concern too as it is dangerous looking at nowadays rate of sexual transmitted diseases. All of the participants shown that their childhood sexual abuse did not play a role in ability to work for themselves and their families as all participants revealed to be working stable jobs within the government sector as indicated in Table 4.2. All of the respondents have experienced severe child sexual abuse judging by number of instances in which could be playing a major role in the ability to deal with personal issues related to their childhood lives.

All of participants indicated that their childhood experience had a negative impact in their childhood lives and it still has a negative influence in their adult life. All of the participants have revealed that they have never gained any access of professional intervention during the childhood and even at the moment of participation they indicated that they never accessed any kind of professional help, but they all indicated that they would be happy if they did see an expert for professional intervention in which will help them in coping well, find closure, gain self-belief and with that it could assist them to not blame themselves about what happened. The results are worrying because all of the respondents experienced severe child sexual abuse and they never gained any kind of professional assistance.

The study sought to investigate the experiences of male adult survivors of child sexual abuse. It was unearthed that all of the participants have burning issues with regard to their experiences of being sexually abused in their childhood such as finding it difficult to resolve their personal problems that reminds them of the childhood experiences. One participant has indicated to be having a difficulty of establishing close relationships with his fellow men, one other participant indicated to be having a difficult of building relationships characterized by emotional attachments and the fact they never had any form of professional intervention in dealing with the trauma could be playing a major role in this difficulties. However, the participants acknowledged the fact that post traumatic intervention is important to their personal growth with regard to finding closure, gaining confidence and finding coping strategies that will be helpful in facing their personal problems with an open mind and positivity of finding solutions without tracing their childhood past into it. Furthermore, the researcher discussed with them about the importance of finding professional help since they indicated that their childhood experience is affecting them negatively and making it hard for them to find solutions when facing personal problems most especially those problems including other people and it would not be possible to live life in isolation as human beings are believed to be social being promoted with marriage, work environment, church and many more social places. He further indicated that is their personal decision to take a step towards their healing by finding a professional assistance, as he believes that with professional assistance they will be able to regain their confidence, make peace with their past (acceptance) and be able forgive their perpetrators even though two of them already indicated they have forgiven their perpetrators. In addition it could help them to socialize with others without judging themselves based on what happened in their past and it could deal with diverted anger or frustrations towards their partners as majority of them are in intimate relationships. The positive about it is that all the participants were open and willing to get post traumatic intervention and the researcher as a social worker would provide referrals to other professional personnel's to provide intervention.

## 4.6 SUMMARY OF FINDINGS FROM THE EMPIRICAL STUDY

**The summary of the findings is as follows:**

- Two of the participants indicated to be having abilities in resolving personal problems that are not related to their childhood but in conclusive view they all indicated to be having difficulties in handling personal problems beyond the experience of child sexual abuse.
- Despite the difficulties of resolving their personal problems drawn from socializing the findings of the study is in contrary to the previous studies that indicates that male survivors of child sexual abuse have difficulties of establishing interpersonal relationship as in case of this study findings indicate that all of respondents are engaged in intimate relationship with two out of three participants being married and the other one is also involved in an intimate relationship too.
- The highest number of instances whereby child sexual abuse occurred as per age group was one participant with (8 or 10) in the age range of thirty six (36) to forty one (41) and the other two participants raging in the age of 42 to 47 also encountered several child sexual abuse with one with the lowest of three instances and the other with eight instances that he could remember of.
- The experience did not deny the participants to gain independence in the work environment with all of the participants working for Government but in various departments, Health, Education and Tribal affairs.
- All the cases were not resolved instead they were referred back to be resolved within the family setting by the traditional council. And the intervention within family settings could not deal with the emotional and psychological damage caused by the traumatic experience.
- Despite lack of exposure to professional help by the male adult survivors of child sexual abuse two of the participants had initiated their own specific ways to cope with their trauma.
- All of the participants experienced more one type of child sexual abuse and two of them went through child sexual abuse in a form of statutory rape.
- Two of the participants were abused by family members beside one who was abused by someone who is not related to him but he was not a stranger to him and his family.
- All participants indicated to have not accessed the professional help because cases prior 1994 in the rural areas such sensitive issues were dealt with in a traditional and cultural ways, handled within a family setting and cultural beliefs

that a boy child cannot be a victim made the survivors to believe that as a man they should not see what happened to them as an impacting problem.

- Since there was no professional intervention to the male adult survivors of child sexual abuse the researcher revealed that post traumatic intervention was important to provide closure, gaining self-confidence, be realistic about life situations and acceptance of the past.
- All the participants were open to the idea of getting professional assistance and they were willing to get referrals that will be used to direct them to relevant professionals to provide post traumatic interventions.
- Male adult survivors of child sexual abuse seemed to be having the ability to forgive as all of them indicated that they did not have hatred towards perpetrators.
- There is a lot of contraries with regard to the study findings and the previous studies, but also there is common findings too and there is a huge contrary in theories in which could be caused by the Eurocentric VS Afrocentric ways of viewing things though there is few similarities too. Theories and more studies were conducted and drawn in Europe more than in Africa and particularly in South Africa.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

This study investigated the experiences of adult male survivors of child sexual abuse. This was a qualitative research in concert with a descriptive design intended to present the experiences of adult male survivors of child sexual abuse. Hence, a summary of the study and conclusion, coupled with recommendations on the experiences are presented in this chapter.

#### **5.2 SUMMARY OF THE STUDY**

The study sought to investigate the experiences of adult male survivors of child sexual abuse. A descriptive qualitative study was undertaken to gather data on the experiences of adult male survivors of child sexual abuse. This was after the researcher noticed a gap between African and European literature in this area. Literature was reviewed on the experiences of adult male survivors of child sexual abuse. The literature review explicitly outlined the experiences of adult male survivors of child sexual abuse in mostly European communities, and there was a paucity of African literature.

Psychosocial theory by Erik Erickson (1950) was aligned in the study including the challenged African perspective by Capri (2008) and Ramokgopa (2001). The Psychoanalytic theory of Freud (1905) and the Social learning theory by Bandura (1977) was also discussed in the study. The researcher opted for the qualitative approach of the study. This study was descriptive and empirical in nature; with the intention to provide a clear description of the experiences of adult male survivors of child sexual abuse at Ga-Matlala, of BK Matlala Limpopo Province. The population of this study was adult male survivors of child sexual abuse residing at Ga-Matlala area of BK Matlala in Limpopo Province. Purposive sampling was used. Semi-structured interviews to gather data from participants was conducted. A thematic data analysis method was selected.

A total of three (03) participants were selected purposively and all (03) were interviewed by the researcher to reach data saturation. The aim of this study was to describe experiences of male adult survivors of child sexual abuse at Ga-Matlala,

Limpopo Province. The study had the following objectives: To identify types of child sexual abuse cases at Ga-Matlala perpetrated prior 1994. To determine how adult male survivors of child sexual abuse handle their life problems. To describe the social effects of child sexual abuse on male adult survivors. To recommend appropriate professional intervention to male adult survivors of child sexual abuse.

The study had the following objectives:

- (i) To identify types of child sexual abuse cases at Ga-Matlala perpetrated prior 1994;
- (ii) To determine how adult male survivors of child sexual abuse handle their life problems;
- (iii) To describe the social effects of child sexual abuse on male adult survivors; and.
- (iv) To recommend appropriate professional intervention to male adult survivors of child sexual abuse.

In response to the study's objectives, the following major findings were found:

- Two of the survivors experienced statutory rape inflicted by close family members; to be precise these acts were committed by their aunts while one survivor experienced oral sex rape inflicted by someone who was known in the family (acquaintance).
- All survivors of child sexual abuse in the study had experienced more than type of child sexual abuse. The abuse hurt their self-esteem and they experience feelings of self-blame in response to their past abuse.
- Child sexual abuse can take place anywhere, to any child of any race, social status or economic status. Child sexual abuse can be mostly happen in an environment that the children are familiar with like church, school, home, playgrounds, grazing fields and it is mostly inflicted by those close to the survivors as they have a clear access to the children.
- One survivor suffered a serious and long-term trauma after being severely sexually abused by his aunt as he indicated to be failing to connect emotionally with people he engages with-closely. He does not have self-confidence and at his age he has not considered getting married.



- Two of the survivors of child sexual abuse in the study were abused by women and the cases were not reported to the police and any child protection institution. In relation to this Lew, (2004) indicates that despite the subjective experience of the boy victim, abuse by a female perpetrator is less likely to be defined as abuse, and therefore less motivation to be disclosed. Lew, (2004) also indicates that when the abuse is disclosed it is more likely to be minimized, romanticized (as initiation into manhood), or joked about (“You were lucky to get it so young.”). This can be aligned with one survivor who indicated that his abuse came in a form of being initiated into manhood by his aunt.
- Despite the experience of child sexual abuse all the survivors of child sexual abuse seems to have the ability to build on relationships as all the survivors of child sexual abuse in this study are engaged into intimate relationships and two of the survivors are married and even before marriage they had a couple of relationships in which contradict with Hall and Hall (2011), whom argued that survivors of child sexual abuse may experience difficulty in establishing interpersonal relationships, and that symptoms correlated with childhood sexual abuse may hinder the development and growth of relationships.
- Pre 1994 adults exploited children sexually as by culture the child’s readiness was not determined by age. This was highlighted by Ramokgopa (2001) who indicated that the approach of psychosocial theory in African perspective is defined by the readiness of the child rather than the age as viewed by Erik Erickson (1950), but post 1994 the child sexual abuse the survivors went through would be defined as statutory rape as all of the survivors experienced their sexual abuse before they had 16 years of age.
- All of the survivors of child sexual abuse in this study had their cases heard in a traditional court and they had no access or experience of professional help from experts such as social workers, psychologists and even police officers. By not having professional help it did not help them to deal with the emotional and psychological damages caused by the abused occurred to them. Their path to healing and finding closure will be positive as they all indicated that they do not hold grudges against their perpetrators.

- Despite lack of professional assistance as individual they developed their own coping strategies to survive against the repellant traumatic experience that occurred in their lives.
- Despite the fact that the child sexual abuse took place long time pre 1994 and the survivors of child sexual abuse did not have access to professional help they all outlined their reasons why would they still like to go through professional assistance.
- The study has exposed the gap in the applicability of European theories in the lives of Africans. There was also a huge contrary in terms of previous study findings conducted in Europe with the current findings of this study.

### **5.3 CONCLUSION**

Based on the above findings, the study can conclude that:

All the participants of the study had experienced different kinds or types of child sexual abuse and were negatively impacted as they reported to be having difficulties in resolving their own personal problems which can be related or remind them of their childhood sexual abuse. Engaging in an intimate relationship was not a problem to the survivors of child sexual abuse. Two of the survivors are married though their relationships were not based in whole honesty as they did not disclose their past traumatic experiences to their wives. But one participant was negatively impacted as he reported his inability to build a close relationship characterised by emotionally and psychologically attachments and one other participant reported that he could not build a close relationships/friendships with fellow male counterparts.

Despite lack of intervention the survivors of child sexual abuse in the study developed personal coping strategies to help themselves to survive the traumatic experience in their lives. Despite the abuse having had happened long time ago they were willing to go for professional help. Lastly there is a slight gap regarding the development of theories that can help in dealing with child sexual abuse in Africa compared to the availability of theories in European perspective that goes to the extent of literature review too.

## 5.4 RECOMMENDATIONS

Based on the literature reviewed and the empirical findings of the study, the researcher have the following recommendations:

- Survivors of child sexual abuse should participate in raising awareness about the phenomenon and its impact to the communities with a sole purpose of trying to eradicate the continuing occurrence of this problem to other children.
- It is the role and responsibility of adult survivors of child sexual abuse to take a lead in finding professional help to assist themselves in rebuilding what was/is destroyed by the abuse in a form of their self-confidence, trust and being honest about themselves without drawing shame of their past.
- Helping professionals such as social workers, psychologists and counsellors should raise the community's awareness about survivors of child sexual abuse and services available to deal with the problem.
- The parents, guardians and foster parents of the children who are sexually abused should report the cases to law enforcement officers for proper intervention and for justice to take its course.
- Families should not protect family reputations by not reporting the cases to law enforcement officials as they should be protecting the rights of the child who is sexually abused.
- The child justice system should be revisited or revised friendly to eradicate re-victimisation on the children who are sexually abused. The government should draw standardised manuals and guidelines for the purpose of community dialogues and campaigns aimed on teaching the communities, including parents, guardians and children about the types of child sexual abuse, the impact (adopting the livelihood of abuse, self-blame, low self-confidence, breaking of trust, etc.) caused by child sexual abuse, and the interventions methods aimed in dealing with sexually abused children. The researcher has recommended this because in his eight years of work experience as a social worker and with his integration with the probation officer and the Victim Empowerment Officer at his disposal he has not been exposed to guidelines on campaigns and dialogues capacitating social workers and communities in addressing the problem in hand. These preventative

intervention methods can assist in preventing the spread of abuse and with less cases it means less impact to individuals who could be exposed on being survivors of abuse in the long run.

- The punishments (verdicts) handed to the perpetrators of child sexual abuse should be revised or revisited as the ones handed are not assisting in decreasing the problem in hand.
- Social work practitioners should equip themselves with information related to child sexual abuse in terms of how to intervene to children who are sexually abused. In eight years of work the researcher as a social worker himself he has not been equipped on dealing with sexually abused children only two professionals in an area of 59 villages deal with that.
- More African perspective theories should be developed in relation to dealing with child sexual abuse survivors and survivors as only two African perspective theories were accessed in the University library that challenged the Europeans perspectives in terms of dealing with child sexual abuse.
- Lastly the provision of statutory professional services and Victim Empowerment Programmes in the rural areas must be accessible for everyone.

## **5.5 RECOMMENDATIONS FOR FUTURE AREAS OF RESEARCH**

The researcher investigated the experiences of child sexual abuse on male adult survivors, the impact of child sexual abuse on the male adult survivors in Capricorn District.

Given the foregoing and bearing in mind the findings of this study, the researcher further sees the need for additional studies that examine the following areas/issues: the importance of forensic social work (therapeutic professional service) trying to bridge a gap between criminal justice and mental health in eradicating child sexual abuse in the early stages. In addition a national survey to find out how married survivors cope in their marriages? A research on rehabilitation of perpetrators who abused children sexually should be conducted. Research investigating how male sexual victimisation occurs in an environment that were supposed to be safe such as churches, work, school, home and any other public institutions . Lastly a survey on public perspective on male sexual abuse should be conducted.

## REFERENCES

- Alaggia, R. and Mishna, F. 2014. Self-psychology and male child sexual abuse: Healing relational betrayal. *Clinical Social Work Journal*. Springer Science & Business Media. New York. USA.
- Alexander, R. 2011. Introduction to the special section: medical advances in child sexual abuse, Part 2. *Journal of Child Sexual Abuse*, 20 (6): 607-11.
- Bandura, A. (1977). *Self-efficacy towards a unifying theory of behavioural change*. California: Stanford University.
- Babbie, E. (2013). *The practice of social research*. 13th ed. Belmont: Wadsworth / Thomson Learning.
- Bazeley, P. 2007. *Qualitative Data Analysis with NVivo*: London Sage.
- Bein, K. 2011. *Action, Engagement, Remembering: Services for Adult Survivors of Child Sexual Abuse*. National Sexual Assault Coalition Resources Project. Liberty University.
- Berhanu, N. 2014. Child sexual abuse and its devastating effects on survivors: speaking the unspeakable. *Ethiop. J. Soc. Lang. Stud*, 1(1): 88-97.
- Bless, C., Higson-Smith, C., & Kagee, A. (2006). *Fundamentals of social research methods: An African perspective*. Juta and Company Ltd.
- Briere J.N., & Runtz, M. 1987. "Post Sexual Abuse Trauma: Data and Implications for Clinical Practice," *Journal of Interpersonal Violence*, 2, 367-379.
- Broken Bodies Broken Dreams. 2006: *Violence Against Women Exposed*. United Nations.
- Boakye, K. 2009. Culture and nondisclosure of child sexual abuse in Ghana: A theoretical and empirical exploration. *Law & Inquiry*, 34(4), 951-979.
- Botma, Y., Greef, M., Mulaudzi, FM. & Wright S.C.D. (2010). *Research in health sciences*. Cape Town: Pearson Education.
- Bowen, G. A. (2009). Supporting a grounded theory with an audit trail: An illustration. *International Journal of Social Research Methodology*, 12(4): 307-314.

Bower, G.H. 1994. "Temporary Emotional States Act like Multiple Personalities," in, Klein R.M. and Doane B.K., (Eds), *Psychological Concepts and Dissociative Disorders* (pp 207-234). Hillsdale, NJ Erlbaum. Sage Journals.

Burnett, R. and Thomas, V. 2006. *Sexuality counselling: an integrative approach*. Upper Saddle River, N.J.: Prentice Hall.

Capri, C. 2008. On observing work with sexually abused children in the Western Cape: Witnessing, participating, and defending. *Journal: Psycho-analytic, Psychotherapy in South Africa*, 4, 5-7. University of Cape Town. South Africa.

Chadwick Centre for Children and Families. 2004. *Closing the quality chasm in child abuse treatment: Identifying and disseminating best practices*. San Diego, CA.

ChildLine South Africa. 2016. National office reports on sexual victimisation of children in South Africa. Final report of the Optimus Foundation Study. South Africa May 2016.

Creswell, W. 2009. *Research Design: Qualitative, quantitative and mixed method approaches*. London: SAGE.

Cohen, M. L., Garofalo, R., Boucher, R., & Seghorn, T. (1971). The psychology of Rapists. *Seminars in Psychiatry*, 3, 307-327.

Colorado State University. 2013. *A guide for male survivors of childhood sexual abuse*. USA.

Crowder, A.1990. *Opening the Door: A Treatment Model for Therapy with Male Survivors of Sexual Abuse*. New York. USA. Sage Publications.

Denhere, C, Mutshaeni, H.N & Mafhara, T.P. 2012. Child sexual abuse: A study of primary school learners' experiences in Malamulele north-east Circuit. *Journal of Educational Studies* Volume 11, 1.

Department of Social Development & Department of Women, Children and People with Disabilities. 2012. *Strategic Plan: input by Children's Institute, Women's Legal Centre, South African Disability Alliance*. <https://www.dsd.gov.za>. Date accessed.20/

Elkins, J. Crawford, K and Briggs, H.E. 2017. Male Survivors of Sexual Abuse: Becoming Gender-Responsive and Trauma-Informed. *Advances in Social Work* Vol. 18 No. 1 (Spring 2017), 116-130, DOI: 10.18060/21301.

East, Central and Southern African Health Community. 2011. Child Sexual Abuse in sub-Saharan Africa: A review of the literature. Arusha, Tanzania.

Evans, K., & Sullivan, J.M. 1991 Understanding Post-Traumatic Stress Disorder and Addiction. New York. USA. Sage Publications.

Favazza, A.R. 1989. "Why Patients Mutilate Themselves," Hospital and Community Psychiatry, 40, pp. 137-145.

Finkelhor, D, Shattuck, A, Turner, A.H and Hamby, S.L. 2013. The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence. Journal of Adolescent Health.

Fisher, A. Goodwin, R. and Patton, M. 2009. Men & Healing: Theory, Research, and Practice in Working with Male Survivors of Childhood Sexual Abuse. The Men's Project. Canada.

Flanagan, P. 2010. Making Molehills into Mountains: Adult responses to child sexuality and behaviours. E-journal of narrative practice, 1:57-69.

Fontes, L.A. and Plummer, C. 2010. Cultural Issues in Disclosure of Child Sexual Abuse. Journal of Child Sexual Abuse, Volume19, 201-Issue 5: Forensic, Cultural, and Systems Issue in Child Sexual Abuse Cases-Part 1: Forensic Evaluations and Disclosures. <https://doi.org/10.1080/10538712.2010.512520>

Fouché, C.B. & Schurink, W. 2011. Qualitative research design. In de Vos, A.S., Strydom, H., Fouché, C.B., & Delport, C.S.L. eds. Research at Grass Roots: For the social sciences and human service professions. Pretoria: van Schaik. p. 307- 327).

Freud, S. 1905. Three essays on the theory of sexuality. Volume VII. London: Sage.

Goodwin, J.M., & Attias, R. 1993. "Eating Disorders in Survivors of Multimodal Childhood Abuse," in Clinical Perspectives on MPD, ed. Washington. pp. 327-341.

Groenewald, T. (2004). A phenomenological research design illustrated. International Journal of Qualitative Methods, 3(1): 1-25.

Hall, M. & Hall, J. 2011. The long-term effects of childhood sexual abuse: Counselling implications. Retrieved from [http://counselingoutfitters.com/vistas/vistas11/Article\\_19.pdf](http://counselingoutfitters.com/vistas/vistas11/Article_19.pdf).

Hill, J. 2009. Working with victims of Crime: A Manual Applying Research to Clinical Practice. Department of Justice Canada: Ottawa.  
<http://camada.justice.gc.ca/eng/pi/pcvi-cpcv/pub/res-rech/hi//.pdf>.

Hovey, A. & Stalker, C.A. 2011. The impact of child sexual abuse on victims/survivors. *Journal of Child Sexual Abuse*, 20:37–57. /12 (1991), pp. 1665-1671.

Isely, P.J. Isely, P. Freiburger, J. and McMackin, R. 2008. In Their Own Voices: A Qualitative Study of Men Abuse as Children by Catholic Clergy. *Journal of Child Sexual Abuse* 17(3-4):201-15.

Kearney-Cook., A. & Striegel-Moore, R.E. 1994 “Treatment of Childhood Sexual Abuse in Anorexia Nervosa: A Feminist Psychodynamic Approach,” *International Journal of Eating Disorders*, 15/4, pp. 305-319.

Kessler, M.R.H., Nelson, B.S., Jurich, A.P., & White, M.B. 2004. Clinical Decision-Making Strategies of Marriage and Family Therapists in the Treatment of Adult Childhood Sexual Abuse Survivors. *American Journal of Family Therapy*. 32:1-10.

Kia-Keating, M., Grossman, F., Sorsoli, L., & Epstein, M. 2005. Containing and resisting masculinity: Narratives of renegotiation among resilient male survivors of *Psychology of Men & Masculinity*, 6(3), 169-185. doi: <https://doi.org/10.1037/1524-9220.6.3.169>.

King, G., Flisher, A.J., Noubary, F., & Reece, R.M. 2004. Substance abuse and behavioural correlates of sexual assaults among South African adolescents. *Child Abuse & Neglect*. 28(6):683-696.

Lalor, K. 2004. Child sexual abuse in sub-Saharan Africa: A literature review. *Child Abuse & Neglect*, 28, 439-460.

Lalor, K. 2004. Child sexual abuse in Tanzania and Kenya. *Child Abuse and Neglect*, 28(8), 883-844.

Lanyon, R. L. 1991. Theories of sexual offending. In C. R. Hollin & K. Howells (Eds.), *Clinical approaches to sex offenders and their victims*. Chichester: John Wiley & Sons.



Lew, M. 2004. *Victims No Longer: The Classic Guide for Men Recovering From Sexual Child Abuse*. New York, USA: Harper Perennial.

Lev-Wiesel, R. 2008. *Child sexual abuse: A critical review of intervention and treatment modalities*. School of Social Work, University of Haifa, Har Hacarmel, Haifa, 31905 Israel.

Li, D. 2004. Trustworthiness of think-aloud protocols in the study of translation processes. *International Journal of Applied Linguistics*. 14(3): 301-313.

Lowenstein, R.J. 1994 "Diagnosis, Epidemiology, Clinical Course, Treatment and Cost Effectiveness of Treatment for Dissociative Disorders," *Dissociation*, 7, pp.3-11.

Madu, S.N. 2001. *Childhood Forcible Sexual Abuse and Victim-Perpetrator Relationship among a sample of secondary school students in the Northern Province Crime Research in South Africa Volume 2.2.1-13*.

McDonald, S. and Tijerino, A. 2013. *Male Survivors of Sexual Abuse and Assault. Their Experiences*. Research and Statistics Division Department of Justice Canada. Canada.

Mchichi Alami, K., & Kadri, N. 2004. Moroccan women with a history of child sexual abuse and its long-term repercussions: A population based epidemiological study. *Archives of Women's Mental Health*, 7, 237-242.

McLeod, S. (2007). *Psychodynamic approach*. New York: Simply Psychology.

Meduric, H.M and Nel, J.A. 2011. *New Voices in Psychology-Breaking the silence: the stories of men who are survivors of childhood sexual abuse*. University of South Africa.

Mouton, J. (2001). *How to succeed in your masters and doctoral studies: A South African guide and recourse book*. Pretoria. Van Schaik.

National Clearinghouse on Family Violence, 2006: *Child Abuse & Neglect*. A one-stop source of information on family violence, 1, 14-21.

Nelson, S., & Hampson, S. 2008. *Yes you can: Working with survivors of childhood sexual abuse*. Edinburgh: Scottish Government.

Nelson, R.M, Beauchamp, T. Miller, V.A, Reynolds, W., Ittenbach R.F. & Luce, M.F. 2011. The Concept of Voluntary Consent. <https://doi.org/10.1080/15265161.2011.583318>.

New Dictionary of Social Work, 2014. South Africa. Pretoria

Polaschek, O., Ward, T., & Hudson, S. M. 1997. Rape and rapists: Theory and Treatment. *Clinical Psychology Review*, 17, 117-144

Polit, D.F., and Beck C.T. 201. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. 8<sup>th</sup> ed. Philadelphia: Wolters Kluwer Health. Print.

Prochaska, J.O., Norcross, J.C., DiClemente, C.C. 1994. Changing for Good: *Journal of Interpersonal Violence*, 3, pp. 161-173.

Ramokgopa, M.L. 2001. Development stages of the African child and their psychological implications: A comparative study. Unpublished Doctoral thesis, Rand Afrikaans University, South Africa.

Rape and Abuse Crisis Centre. 2009. Long-term impact of child sexual abuse: Child Family Community Australia. Australia. Agora Press Australia.

Regional Committee for Africa, 54. 2004. Child Sexual Abuse: a Silent Health Emergency (document AFR/RC54/15 Rev.1) WHO. Regional Office for Africa. <https://apps.who.int/iris/handle/10665/93134>. Date accessed: 12/03/2018.

Rule, D.M. 2017. Factors that influence the reporting of child sexual abuse amongst primary school teachers in South Africa: An application of the theory of planned behaviour. Published Doctoral Theses. University of Cape Town.

Sakheim, D.K. 2008. "Assessment of Self-Injurious Coping Behaviours," *Clinical handbook of psychological disorder: A step-by-step treatment* (p.615-661). The Guilford Press.

Sabo, R. 1995. "The Under diagnosis of Severe Dissociative Disorders in Adolescent Inpatients: Three Mid-adolescent Cases," unpublished clinical research project.

Saunders, B., Sim, J., Kingstone, J., Baker, S., Waterfield, J. Bartlam, B., Burroughs, H., & Jinks. (2017). *Saturation in qualitative research: exploring its conceptualization and operationalization*. Springer.

Schwartz, M.F., and Cohn, L. 1996. "Eating Disorders and Sexual Trauma," in *Sexual Abuse and Eating Disorders*. New York. USA.

Schwartz M.F., and Gay. P. 1996. "Physical and Sexual Abuse and Neglect and Eating Disorder Symptoms," in *Sexual Abuse and Eating Disorders*. New York. USA.

Selamolela, M.C. 2015. Trends of rape in Mankweng area between 2009-2012: A study of the Thuthuzela Care Centre. Faculty of Humanities (School of Social Sciences). A Mini-Dissertation .University of Limpopo.

Shenton, A.K. 2004. Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information*, 22:63-75.

Stermec, L., Del Bove, G. and Addison, M. 2004. Stranger and Acquaintance Sexual Assault of Adult Males. <https://doi.org/10.1177.08862605066887>.SAGE Journals.

South Africa. 2007. Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007. Cape Town: Juta.

South Africa. 2015/2016. Department of Police. Crime statistics overview RSA 2015/2016.

South Africa. 2016/2017. Department of Police. Crime statistics overview RSA 2016/2017.

Statistics Canada. 2004. Sexual orientation and Victimization of Adult Survivors of Childhood Sexual Abuse. Sexual Assault Centre of Edmonton. Canada.

Stoltenborgh, M, van Ijzendoorn, M. H, Euser, E. M, & Bakermans- Kranenburg, M. J. 2011. A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, 16, 79–101. doi: 10.1177/1077559511403920.

Strydom, H. (2011). Ethical aspects of research in the social sciences and human services profession. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpport, C.S.L. (Eds.). *Research at grassroots for the social sciences and human service professions*. 4th Ed. Pretoria: Van Schaik.

Spiegel, D. 1993. "Dissociation and Trauma," in *Dissociative Disorders: A Clinical Review*. Handbook of Dissociation, pp 227-250.Springler Link.

- Spiegel, J. 2003. Sexual abuse of males: The SAM model of theory and practice. New York: Brunner-Routledge.
- Tewksbury, R. 2007. Effects of Sexual Assaults on Men: Physical, Mental and Sexual Consequences. *International Journal of Men's Health* 6(1): 22-35.
- Tlali, T. & Moldan S. 2005. Educator's Experience of Managing Sexually Abused Learners: The implications for Educational Support Structures. *The Indo-Pacific Journal of Phenomenology*. 5:1.
- Trautmann, K. and Connors, R.1994. *Understanding Self-Injury: A Workbook for Adults*, Pittsburgh Action Against Rape. Pittsburgh.
- Traub, C.M. 2017. Adult male survivors of childhood sexual abuse in your practice. *mental health matters: Morningside*, JHB.
- Van Der Kolk, B.A. 1990. Psychotherapy and Psychological Trauma in Borderline Personality Disorder: *Psychiatric Annals*.1990; 20(1):33-43.
- Van der Kolk, B.A. 1991. "Etiology and Treatment of Self-Mutilation," lecture at Second Eastern Regional Conference on Abuse and Multiple Personality. Alexandria.
- Van der Kolk, B.A., Perry J.C., & Herman, J.1991. *American Journal of Psychiatry*, 148 Retrieved,from[http://counselingoutfitters.com/vistas/vistas11/Article\\_19.pdf](http://counselingoutfitters.com/vistas/vistas11/Article_19.pdf).
- Van Roode, T., Dickson, N., Herbison, P and Paul, C. 2009. Child sexual abuse and persistence of risky sexual behaviours and negative sexual outcomes over adulthood: Findings from a birth cohort. <https://doi.org/10.1016/j.chiabu.2008.09.006>
- Walsh, B & Rosen, P. 1992. *Self-Mutilation: Theory, Research and Treatment*.
- World Health Organization. 2016: *Violence against children*. <http://www.who.int/SevenStrategiesforEndingViolenceAgainstChildren>. Date of access: 21 Oct. 2017.
- Weiss, K. 2010. Male Sexual Victimization: Examining Men's Experiences of Rape and Sexual Assault. *Men and Masculinities*. 12:275-298.
- Williams, M. 2019. *The NSPCC's Protect & Respect child sexual exploitation programme: a discussion of key findings from programme implementation and service use*. London: NSPCC.

Włodarczyk, J. 2016. Childhood Sexual Abuse and Its Effects in Adult Life. Executive summary. Empowering Children Foundation. Poland.

Yuan, N.P., Koss, M.P. and Stone. M. 2006. The psychological consequences of sexual trauma. [https:// vawnet.org/10.1080/15265161.2011.583318](https://vawnet.org/10.1080/15265161.2011.583318). Accessed date 23.October.2017.

## **APPENDIX A: LETTER REQUESTING PERMISSION FROM THE CHIEF TO CONDUCT THE STUDY**

Date: 15-03-2018  
Mrs: Matlala M.R.L  
Matlala Tribal Council  
P.O Box 1213  
Bakone  
0746

Re: Permission to Conduct Research Study

I am writing this letter to ask permission to conduct a research study at your area of Ga-Matlala. I am currently attached to the Department of Social Work, School of Social Sciences, Faculty of Humanities, University of Limpopo. I am in the process of writing my masters dissertation. The study is entitled: Psychosocial effects of Child Sexual Abuse on Male adult survivors at Ga-Matlala, Limpopo Province.

I hope that the Chief and the Tribal Council will allow me to recruit the five male adult survivors of child sexual abuse, aged 36 to 59 years of age from their records. Interested participants will be given consent forms to sign and return the forms at the beginning of the data collection process.

If approval is granted, the participants will be interviewed in a quiet setting at Ga-Matlala area. The interview will not take longer than 90 minutes of commitment. The research results will be pooled for the dissertation project and individual's responses will remain confidential and anonymous. Should this study be published, only pooled results will be documented. No costs will be incurred by either your council or the individual participants.

If you agree, kindly sign below and return the signed form in the enclosed self-addressed envelope. Alternatively, kindly submit a signed letter of permission on

your council's letterhead acknowledging your consent and permission for me to conduct this research study at your area of jurisdiction.

Sincerely,

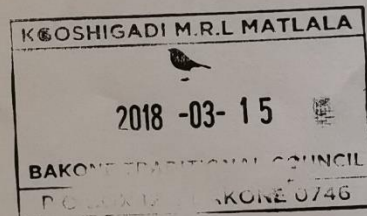
OBREY SEBELA: Student at University of Limpopo

Enclosure

Cc: Prof: S.L SITHOLE

Approved by: M. ALEBANE M.R

Signature: [Handwritten Signature] date: 2018-03-15



## **APPENDIX B: PARTICIPANT CONSENT FORM**

Study topic: Experiences of adult male survivors of child sexual abuse at Ga-Matlala, Limpopo Province.

My contact number: 0782329211/0723714529

Dear participant

My name is Obrey Sebela. I am an MSW Student at the University of Limpopo. The research study on the experiences of adult male survivors of child sexual abuse at Ga-Matlala is part of my MSW degree programme. As part of this study, I am expected to collect data from identified participants, including you. During the data collection, the researcher will make use of an interview schedule.

You are kindly invited to be a participant in this study. The session will take approximately one hour. You are further requested to read and sign the informed consent provided to you. Your participation in this study is voluntary and anonymous.

Thanking you in anticipation.

Mr. Obrey Sebela.

MSW Social Work Candidate

University of Limpopo, Turfloop Campus

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## APPENDIX C. DECLARATION OF CONSENT

I, ....., hereby give permission to voluntarily participate in this research study with the following understanding:

- The Researcher, Mr. Obrey Sebela, from the University of Limpopo (Turfloop Campus) is conducting the research. The research is conducted to fulfil requirements for Mr Obrey Sebela's MSW degree. Interviews will be conducted to collect data.

My rights as a participant are as follows:

- I cannot be forced to participate in this study.
- I have the right to withdraw from the study at any given time.
- I have the right to decline to answer any question (s) I am not comfortable with.
- I will remain anonymous and my name and identity will be kept from public knowledge.
- Any information I reveal during the process of this study shall remain confidential, shall only be used for purposes of this research and for publication in Mr. Obrey Sebela's thesis, and relevant or appropriate publications.
- I grant permission for any information I reveal during the interview process, with the understanding that data collected will remain in possession of the interviewer, Mr. Obrey Sebela and his supervisor.
- The identification particulars such as surnames and names will be kept securely safe in Mr. Obrey Sebela's office and thereafter the list will be destroyed.

Signature Participant: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX D: ETHICAL CLEARANCE CERTIFICATE



University of Limpopo  
Department of Research Administration and Development  
Private Bag X1106, Sovenga, 0727, South Africa  
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

**TURFLOOP RESEARCH ETHICS COMMITTEE**  
**ETHICS CLEARANCE CERTIFICATE**

**MEETING:** 05 November 2019

**PROJECT NUMBER:** TREC/392/2019: PG

**PROJECT:**

**Title:** Experiences of adult male survivors of child sexual abuse at Ga-Matlala, Limpopo Province.

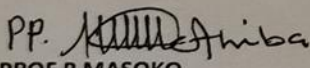
**Researcher:** O Sebela

**Supervisor:** Prof SL Sithole

**Co-Supervisor/s:** N/A

**School:** Social Science

**Degree:** Master of Social Work

PP.   
PROF P MASOKO  
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

- Note:**
- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
  - ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
  - iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

## APPENDIX E. INTERVIEW SCHEDULE

### Demographic details of respondents

#### 1. Age of the adult male survivor of child sexual abuse

Age	X
36-41	
42-47	
48-52	
53-59	

#### 2. Marital status

Status	X
Single	
Married	
Divorced	
Widow	

#### 3. Employment status

Employer	X
Government	
NGO	
Private company	
Self employed	

#### 4. Types of sexual abuse

Types	X
Statutory rape	
Compelled or caused to witness sexual acts	
Sexual exploitation	
Exposure or display of child pornography	
Used for or from child pornography	
Exposed or displayed genital organs by an adult	

#### 5. Types of intervention method provided

Intervention	X
Individual counselling	
Family counselling	
Referred to another professional	
None	

#### Social experiences beyond child sexual abuse

- Please share with me your experiences of child sexual abuse.
- How does this experience influence your adult life?
- Do you have an intimate relationship?
- If yes, how did this experience assist or influence this area of life?
- If no, how did this experience influence this part of your life?

#### Solving personal problems

- How do you handle personal problems beyond the experience of child sexual abuse?
- If positive, how do you resolve them after such a traumatic experience?
- If negative, why are you failing to find resolutions on personal problems?

### **Intervention on experiences of adult male survivors of child sexual abuse**

- Did you access professional help after the incident occurred when you were still young?
- Did this help?
- Would you still need assistance at this stage?
- What would be the reason for further assistance?
- What would be the reason for no assistance at this stage?
- Any other comment you would like to make about what we discussed?

## TRANSLATED VERSION

### APPENDIX A: LENGWALO LA GO YA GO KGOŠI LA KGOPELO YA GO DIRA NYAKIŠIŠO

Letšatšikgedi: 15-03-2018  
Mdi: Matlala M.R.L.  
Kgoro ya mošate wa Matlala  
P.O. Box 1213  
Bakone  
0746

Re: Tumelelo ya go kgopela go dira dinyakišišo tša thuto

Ke ngwala lengwalo le e le ge ke kgopela go dira dinyakišišo tša thuto tikologong ya lena ya Ga-Matlala. Ka se sebaka, ke ka fase ga Kgoro ya Badirelaleago, Kgorong ya Social Sciences, Lefapheng la Bomotheo go la Yunibesithi ya Limpopo. Ke dira se go ngwala pukwana ya thuto ya Masters, elego *dissertation*. Hlogo ya dinyakišišo tša ka ke: “Maitemogelo a batšwasehlabele ba banna bao ba ilego ba tlaišwa ka thobalano e sa le bana tokologong ya GaMatlala, profenseng ya Limpopo.”

Tumo ya ka ke gore Kgoši, gammogo le Kgoro ya Moshate di ntumelele ke ikopanye le banna ba bahlano bao ba ilego ba tlaišwa ka thobalano nakong ya ge e sa le bana, bao mengwana ya bona e lego magareng ga 36 go fihla go 59. Bakgathatema bao ba nago le kgahlego nyakišišong ye ba tla fiwa letlakala la tumelelo ya tsebo gore ba le saene, gomme ba le buše pele ga ge tshedimošo e tla kgoboketšwa.

Ge tumelelo e filwe, bakgathatema ba tla tšea karolo ka go tsenela poledišanopotšišo lefelong leo le fodilego, mono GaMatlala. Poledišanopotšišo e tla tšea metsotso ya ka tlase ga 90. Dipelo tsa nyakišišo di tla šomišwa mabakeng a go ngwala pukwana ya *dissertation*, gomme tshedimošo yeo bakgathatema ba fanego ka yona e tla ba sephiri le go swarwa ka polokego. Ge nyakišišo ye ya thuto e ka gatišwa le go phatlalatšwa, dipelo tša dinyakišišo ke tšona di nnoši di tlogo gatišwa dingwalweng. Ga go tefo yeo e tlo go fiwa; e ka ba kgoro goba bakgathatema.

Go o dumela, ka boikokobetšo saena ka fa tlase, gomme o romele foromo ye ka omfolopo. Goba, o ka buša lengwalo la kgopelo leo le saennwego kgorong ya geno leo le fanago ka tumelelo le maatlataolotoka gore nka dira dinyakišišo tša ka tikologong ya geno.

Wa lena,

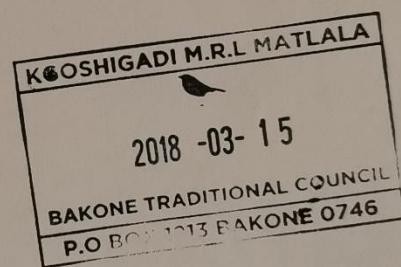
OBREY SEBELA: Moithuti wa Yunibesithi ya Limpopo

Go tswalela

Cc: Prof. S.L SITHOLE

Tumelelo e filwe ke: M ALEBANE NR

Mosaeno: [Signature] Letšatšikgweji: 2018-03-15



## **APPENDIX B: TUMELO YA TLHALOSETŠO YA BAKGATHATEMA**

Hlogo ya thuto: Maitemogelo a batšwasehlabele ba banna bao ba ilego ba tlaišwa ka thobalano e sa le bana tokologong ya GaMatlala, profenseng ya Limpopo.

Dinomoro tša ka tša boikgokaganyo: 0782329211/0723714529

Go mokgathatema,

Leina la ka ke Obrey Sebela. Ke moithuti wa Masters of Social Work (MSW) Yunibesithing ya Limpopo. Dinyakišišo tša ka tša mabapi le maitemogelo a batšwasehlabele ba banna bao ba ilego ba tlaišwa ka thobalano e sa le bana tokologong ya GaMatlala, ke ye nngwe ya karolo ya dinyakwa tša lenaneo la dikrii ya MSW. Go ya ka tše dingwe tša dinyakwa tša thuto ye, ke tlamega go kgoboketša tshedimošo go bakgathatema ba bjalo ka wena. Ka sona sebaka sa go kgoboketša dintlha, monyakišiši o tla diriša lenaneo la poledišanopotšišo.

O kgopelwa go tšea karolo thutong ye. Nako ya poledišanopotšišo e tla tšea metsotso ya go gagabela go iri ye tee. O kgopelwa gape gore o bale le go saena letlakala la tshedimošo le tumelelo leo o le filwelo. Go tšea karolo ga gago ke ga boithaopo, le gona ga sephiri.

Ke leboga go menagane,

Nna Obrey Sebela

Moithuti wa MSW

Yunbesithi ya Limpopo, Turfloop campus

Mosane: \_\_\_\_\_ Letšatšikgwe: \_\_\_\_\_



## APPENDIX C: BOIKANO LE TUMELO

Nna ke le \_\_\_\_\_, ke dumela go tšea karolo ya boithaopo nyakišišong ye ya thuto ka mabaka a kwešišo a hlalošago gore:

- Monyakišiši elego Nna Obrey Sebela, go tšwa Yinibesithing ya Limpopo (Turfloop campus) o dira dinyakišišo. Dinyakišišo tše di dirwa malebana le dinyakwa tša lenanelo la dikrii ya MSW ya Nna Obrey Sebela. Dipoledišanopotšišo di tla dirišwa go kgoboketša tshedimošo.

Ditokelo tša ka bjalo ka mokgathatema ke tše di latelago:

- Nka se gapeletšwe go tšea karolo thutong ye,
- Ke na le tokelo ya go ikogogela morago nako ye nnge le ye nnge yeo ke ikwago nka dira seo,
- Ke na le tokelo ya go se arabe dipotšišo tšeo ke ikwago ke sa lokologela go di araba,
- Ke tla dula ke sa tšwelele setšhabeng, goba gona gore tshedimošoboitsebišo ya ka e tšweletšwe,
- Tshedimošo ye nngwe le ye nngwe yeo ke fanago ka yona nyakišišong ye e tla swarwa ka polokego, gomme e tla dirišwa fela mabakeng a nyakišišo ye, le go gatišwa ga pukwana ya *dissertation* ya monyakišiši, ka tsela ya maleba,
- Ke dumela le go ikana gore tshedimošo yeo ke tlogo fana ka yona nakong ya ge re swere poledišanopotšišo, ka kwešišo ya gore tshedimošo yeo e tla felela diatleng tša monyakišiši elego Mna Seleba le mohlokomedi wa gagwe wa thuto ye,
- Tshedimošo ya boitsebišo ye bjalo ka maina le difane, e tla swarwa ka polokego, kantorong ya monyakišiši, gomme morago ga fao e tla lahlwa.

Mosaeno wa mokgathatema: \_\_\_\_\_

Letšatšikgwedi: \_\_\_\_\_

## APPENDIX D: PEAKANYO YA POLEDIŠANOPOTŠIŠO

### Tshedimošo ya pele ya mokgathatema

#### 1. Mengwaga ya motšwasehlabelo wa monna

Mengwaga	X
36-41	
42-47	
48-52	
53-59	

#### 2. Maemo a tša lenyalo

Maemo	X
Ga ka nyala	
Ke nyetše	
Ke hladile	
Ke hlokofaletšwe	

#### 3. Maemo a tša mošomo

Mongmošomo	X
Mmušo	
NGO	
Lekala le le ikemetšego	
Moipereki	

#### 4. Mohuta wa tlaišo ya thobalano

Mohuta	X
Go katwa o sa le ngwana	
Go gapeletšwa go bona ditiro tša thobalano	
Go dirišwa tša thobalano	
Di dirišwa dikgatišong le pontšho ya tša thobalano	
Go dirišwa go, goba go tšweletšwa dikgatišong tša thobalano	
Go bontšhwa ditho tša bonna/sesadi ke motho yo mogolo	

#### 5. Mekgwa ya thušo yeo o e humanego

Thušo ya	X
Boikeletšo ka noši	
Go eletšwa ke ba lapa,	
Go nyakelwa setsebi/go romelwa go setsebi	

#### Go rarolla mathata a gago

- O rarolla bjang mathata a a lego ka godimo ga maitemogelo a gago malebana le tlaišo ya bana ya thobalano?
- Ge eba o a kgona, o a rarolla bjang morago ga maitemogelo a a šoro?
- Ge eba ga o kgone, goreng o palelwa ke go hwetša tharollo mathateng ao a gago?

#### Maitemogelo a kago a ka godimo ga tlaišo ya thobalano baneng

- Ke kgopela o abelane le nna maitemogelo a gago malebana le tlaišo ya thobalano ya bana
- Ekaba maitemogelo ao a ama bjang bophelo bja gago bja ge o godile?
- Ekaba o na le kamano yeo e amanago le thobalano?
- Ge eba go bjalo, maitemogelo a a ama bjang karolo ye ya gago ya bophelo?

- Ge eba ga go bjalo, le gona hlaloša gore maitemogelo a a ama bjang bjang karolo ye ya gago ya bophelo

**Dithušo tša malebana le batšwasehlabelo ba banna bao ba tlaišitšwego ka thobalano bonnyaneng**

- O ile wa hwetša thušo go tšwa go ditsebi morago ga gore tiragalo ye e direge ge o be o sa le ngwana?
- Thušo yeo e go hotše bjang?
- Ekaba o gopola gore o sa hloka thušo ye nngwe mo nakong yeo re lego go yona?
- Ke ka lebaka la eng o gopola gore o sa ntše o hloka thušo?
- Gona, ke ka lebaka la eng o re ga o sa hloka thušo?
- Ekaba o na le leo o ratago go le lahlela ka seo re boledišanego ka sona?