

**Life stories of Perpetrators of Child
Sexual Offences in a Community -
based Treatment Programme
in the Western Cape**

by

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Abstract

In this thesis, the researcher explored the life stories of male perpetrators of child sexual offences. It is argued that this is an area that needs to be addressed because sexual abuse of children has become a global problem, and South Africa is no exception. As in other parts of the world, in South Africa, sexual abuse of children is under reported.

It is estimated that only fifteen percent of rapes are reported, and in addition to this only about one in twenty rapes is reported to the police. Sexual abuse has become a great concern to social workers and health practitioners because of the harmful consequences for victims.

This study aimed to undertake an exploratory study on sex offenders' subjective reflections (constructions) of their involvement in the sexual molestation of children. Narratology or narrative analysis enabled the researcher to find out how the offenders portray their sexual engagement with children.

The researcher followed the qualitative research approach, utilizing the autobiographical method of inquiry. Data collection was by means of narratives / story-telling. The researcher made use of purposive sampling in the selection of seven participants for the individual interviews and thirty for the focus group interviews. The participants were perpetrators of sexual abuse against children, participating in a community-based program in the Western Cape. Personal interviews were conducted because of the sensitive nature of the information sought.

Data was analysed according to an adapted five-step process as proposed by Terreblanche and Durrheim (2006). Data was verified by using the peer review; rich, thick descriptions; external audits; and clarifying research bias, as suggested by Creswell (1998: 197-204).

The findings revealed that the offenders' stories unfolded chronologically, starting from their early childhood. They shared their family life experiences and happenings during their growth to adulthood. The various factors, which exposed and influenced them on the path to becoming adult child sexual offenders were explored.



Keywords

- Child sexual abuse
- Sex Offender
- Paedophilia
- Perpetrators

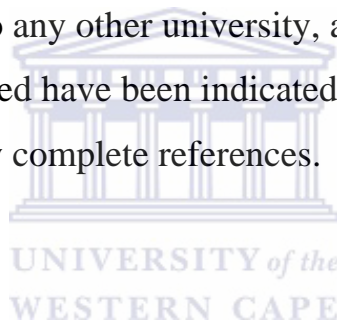


Declaration

I declare that:

**Life stories of Perpetrators of Child Sexual Offences
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the Western Cape**

is my own work, that it has not been submitted for any degree
or examination to any other university, and that all the
sources I have used have been indicated and
acknowledged by complete references.



Helene Denise Volkwyn - 24 November 2008

Signed:

TABLE OF CONTENTS

	PAGE
CHAPTER 1: INTRODUCTION TO THE STUDY	1
1.1. INTRODUCTION	1
1.2. CONTEXTUAL INFORMATION	1
1.3. RESEARCH PROBLEM STATEMENT AND RESEARCH QUESTION	5
1.4. SIGNIFICANCE OF THE STUDY	5
1.5. RESEARCH APPROACH AND RESEARCH STRATEGY OF INQUIRY	6
1.6. LITERATURE CONTROL	7
1.7. DEFINITION OF KEY CONCEPTS	7
1.8. LAYOUT OF THIS REPORT	8
CHAPTER 2: THEORETICAL PERSPECTIVES ON CHILD SEXUAL OFFENDERS	9
2.1. INTRODUCTION	9
2.2. CONCEPT CLARIFICATION	9
2.3. LEGAL IMPLICATIONS OF SEXUAL ABUSE	12
2.4. THEORETICAL MODELS	15
2.4.1. Nature versus Nurture debate	15
2.5. THEORIES OF CHILD SEXUAL ABUSE	16
2.5.1. Biological Theories	16
2.5.2. Attachment Theory	17
2.5.3. Cognitive Distortions	18
2.5.3.1. <i>Schema Theories</i>	18
2.5.3.2. <i>Implicit Theories</i>	19
2.5.3.3. <i>Mann & Beech's Schema-based Model of Sexual Assault</i>	20
2.5.4. Psychoanalytic Theory	21
2.5.5. Behavioural Theory	22

2.5.6. Feminist Theory	23
2.5.7. Single & Multiple factor Theories of Child Sexual Abuse	24
2.5.8. The Pathways Model	25
2.5.8.1. <i>Pathway 1: Multiple Dysfunctional Mechanisms</i>	26
2.5.8.2. <i>Pathway 2: Deviant Sexual Scripts</i>	26
2.5.8.3. <i>Pathway 3: Intimacy Deficits</i>	27
2.5.8.4. <i>Pathway 4: Emotional Disregulation</i>	28
2.5.8.5. <i>Pathway 5: Antisocial Cognitions</i>	28
2.6. SUMMARY AND CONCLUSION	29
CHAPTER 3: RESEARCH METHODOLOGY	31
3.1. INTRODUCTION	31
3.2. RESEARCH METHODOLOGY	31
3.2.1. Research Approach and Research Design	31
3.2.2. Narratology or Narrative Analysis	32
3.3. POPULATION AND RESEARCH SETTING	33
3.3.1. Sampling	34
3.4. DATA COLLECTION PROCESS	35
3.4.1. Narrative Semi-structured Interviews	36
3.4.2. Focus Groups	37
3.4.2.1. <i>The Process of Focus Group Interviewing</i>	38
3.4.2.1.1. Selection and Recruitment of Participants	38
3.4.2.1.2. Size of the Group	38
3.4.2.1.3. Number of Groups and Ensuring Participation	38
3.4.3. Role of the Researcher	39
3.4.3.1. <i>Individual In-depth Interviews</i>	40
3.4.3.2. <i>Focus group Interviews</i>	41
3.5. DATA ANALYSIS	41
Step 1: Familiarisation and Immersion	41
Step 2: Inducing Themes	42

Step 3: Coding	42
Step 4: Elaboration	42
Step 5: Interpretation and Checking	42
3.6. DATA VERIFICATION	42
3.7. ETHICAL CONSIDERATIONS	44
3.8. REFLEXIVITY	44
3.9. LIMITATIONS OF THIS STUDY	45
3.10. SUMMARY	46
CHAPTER 4: DATA ANALYSIS AND DISCUSSION	47
4.1. INTRODUCTION	47
4.2. DEMOGRAPHIC PROFILE OF THE PARTICIPANTS	47
4.2.1. Description of Individual Participants	47
4.2.2. Description of Participants of the Focus Groups	48
4.3. PRODUCTION OF QUALITATIVE DATA	49
4.4. DISCUSSION OF THE FINDINGS	49
4.4.1. Event 1: Early Childhood Influences	53
<i>Theme 1: Nature versus Nurture</i>	53
<i>Theme 2: Experiences in Family of Origin</i>	56
<i>Theme 3: Poverty and Substance Abuse in the Family</i>	63
4.4.2. Event 2: Experiences as a Pre-Adolescent Child	66
<i>Theme 1: Normal and Abnormal Sexual Experience</i>	66
<i>Theme 2: Childhood Molestation</i>	68
<i>Theme 3: School Experience</i>	71
4.4.3. Event 3: Experiences during Adolescence and Young Adulthood.	74
<i>Theme 1: Relationship Issues – Poor Social & Interpersonal Skills.</i>	74
<i>Theme 2: Children molest Children.</i>	77
<i>Theme 3: Inappropriate behaviour/misconduct.</i>	79
4.4.4. Event 4: Adult Child Sex Offenders.	81

<i>Theme 1: Descriptions of their Addiction to Sexually Molesting Children.</i>	81
<i>Theme 2: Modus Operandi/Grooming.</i>	84
<i>Theme 3: Reaction & Justification of their Behaviour.</i>	87
<i>Theme 4: Confrontation.</i>	90
<i>Theme 5: Disclosure.</i>	92
4.5. SUMMARY.	94

CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS **97**

5.1. INTRODUCTION.	97
5.2. THEMES.	97
5.2.1. Event 1: Participants' Experiences of Early Childhood.	98
5.2.2. Event 2: Participants' Experiences of their Pre-Adolescent Development.	100
5.2.3. Event 3: Participants' Experiences of their Adolescent and Young Adulthood Development.	102
5.2.4. Event 4: Participants' Experiences of their Behaviour as Adult Child Sex Offenders.	103
5.3. CONCLUSION.	105
5.4. RECOMMENDATIONS.	106
5.5. SUGGESTIONS FOR FUTURE RESEARCH.	107

BIBLIOGRAPHY **108**

Appendix 1

Appendix 2

Appendix 3

Chapter One: Introduction to the study

1.1. Introduction

The focus of this study is on sex offenders' subjective reflections (constructions) of their involvement in the sexual molestation of children. More specifically, it highlights their portrayal of their sexual engagement with children within the context of community outcry, legal prosecutions and the harmful consequences of their deeds for children.

It became apparent during this study, with reference to the web page of Deviant Crimes (2009), that the terms *Paedophilia* and *Child Molestation* are often used interchangeably in the media and even in professional literature to describe an adult, predominantly male, which performs sexual acts with children. The reason for this is the misperception that all child molesters are paedophiles and, conversely, that all paedophiles are child molesters. This is simply not the case. Therefore, for the purpose of this study, the term *sex offender* is used to refer to the participants who are mainly adult males and who have committed sexual crimes against children.

In this chapter, the reader is introduced to contextual information relating to child sexual abuse and sexual offenders. This information creates a backdrop to gain some understanding and insight into how sex offenders portray their sexual engagement with children.

1.2. Contextual Information

Sexual abuse involves a violation of trust between a molester and a child. The offender uses techniques, sometimes referred to as 'grooming', which involves secrecy to maintain the relationship he knows is unacceptable (Van Dam, 2001:49).

Grooming can typically be identified as following a five-step process whereby the molester:

- (i) identifies a vulnerable child,

- (ii) engages the child in peer-like involvement,
- (iii) desensitises the child to touch,
- (iv) isolates the child and
- (v) makes the child feel responsible (Harms & Van Dam, 1992).

Van Dam (2001) states that offenders seem to develop values, attitudes and beliefs that support their activity and make it possible for them to carry out their harmful deeds. They justify, minimise and deny the harm that is carried out by their actions, in order to make it possible for them to participate in such activity. This important aspect of their personality is what is referred to as 'cognitive distortion'.

Working with offenders of sexual abuse are complicated by differing definitions of what these terms mean and who the offenders are. Those who sexually molest children are variously referred to as sex offenders, paedophiles or incest offenders. Sex offenders are sometimes differentiated into paedophiles, which abuse outside the family and incest offenders, who abuse their own children. They are differentiated as separate and distinct populations (Van Dam, 2001:49).

The challenge for therapists is to demonstrate to offenders that, while their core values may be legitimate, the expression or the means of obtaining them via their goals and actions are deeply problematic.

Henry (2002) argued, in her presentation at the tenth anniversary of the National Centre for Injury Prevention and Control, that child sexual abuse should be an issue of Public Health because of its frequency, the nature of the injury, and the wide range of associated consequences and conditions, as well as the global reach of the problem.

In the introduction to the World Health Organisation's (WHO) publication on violence and health, former President Nelson Mandela warned that the twentieth century would be remembered as a century marked by violence (WHO 2002: v). In his foreword to this publication, he reiterates that violence is on the increase and

that we need to find ways of stopping it.

This is in stark contrast to the picture of twenty years ago, when there was scant reference in publications to child sexual abuse. Weinberg (in Van Dam, 2001) cited one case of incest per million persons per year, whilst Ferracuti (1972) estimated between one and five cases per million persons throughout the world. The frequency was thus relatively insignificant during 1972.

The SA Law Commission's report (1999) indicated that there had been an increase in sexual violence in South Africa. This report estimated that there were 1.6 million rapes per year in South Africa, of which approximately forty percent were of children under age twelve.

Van Dam (2001:ix) reports that, according to a study conducted by the National Institute of Mental Health in the USA, the average molester of girls will have abused fifty victims before being caught and convicted. The average molester of boys will have abused an astonishing 150 victims before being caught and convicted. Most perpetrators will continue to molest many more victims after being caught, some even victimising as many as 300 children during their 'careers'.

On the web page of the Non Governmental Organization, *Darkness to Light*, further shocking statistics were reported (2006). According to this organization, one in four girls and one in six boys in America are sexually abused before the age of eighteen and one in five children is solicited sexually whilst spending time on Internet websites. It is also noted that between thirty and forty percent of victims are abused by a family member, while another fifty percent are abused by someone outside of the family, but known to and trusted by the victims. The latter appear to be mostly children who are older or bigger than the victims. Strangers are therefore responsible for the abuse of only ten percent of victims.

According to the organisation *Darkness to Light* (2006), the median age for reported abuse is nine years old. More than twenty percent of children are sexually

abused before the age of eight and nearly fifty percent of all victims are forcibly sodomized, sexually assaulted with an object, or forcibly fondled before the age of twelve. Many children do not report that they have been abused and young victims may not recognise their victimisation as sexual abuse.

In South Africa, exact statistics of sexual abuse are difficult to obtain and we do not know the true extent of child sexual abuse. However, according to *Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN-2002)*, the number of reported rapes of under-eighteens has remained consistent for several years, at around 25 000 victims per annum.

The Child Protection Unit (2002) estimates that only fifteen percent of rapes are reported, hence it is commonly known that rape and child sexual abuse is underreported in South Africa. The *National Institute for Crime Prevention and Rehabilitation of Offenders (NICRO) (2002)* estimates that only one in twenty rapes are reported to the police.

Perpetrators of sexual violence continue with their deeds, regardless of the consequences for themselves, the victims, or the community responses. Although it is known that females also participate in sexual offending, the vast majority of offenders are male (Steffensmeier & Haynie, 2000:419). There is a growing need to conduct credible and reliable research in this area in order to develop appropriate policies (Londt, 2008).

Zimring (2006:16) is of the opinion that reliable research is a precondition for humane sex crime policies because, he states, 'our fears are almost worse than the facts.'

Benjamin (2006), at the twenty-fifth Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers (ATSA) held in Chicago, mentioned that legislators, the media and the public are not always receptive to research and practice knowledge about how best to respond to sexual abuse.

1.3. Research Problem Statement, Goal of the Research

In spite of awareness campaigns and statistics revealing that this activity is on the increase, perpetrators of sexual violence still continue with their deeds, regardless of the consequences for themselves, for the victim or from the community.

The goal of this research was to undertake an exploratory study on the life stories of perpetrators in order to gain insight into their constructions of their involvement in the sexual molestation of children. Narratology, or narrative analysis, enabled the researcher to find out how they portray their sexual engagement with children within the context of the community outcry, the legal prosecutions and the harmful consequences of their deeds for children.

Patton (2002:115) states that a foundational question of narrative analysis is to ask what the narrative or story reveals about the person and the world from which he came. How can this narrative be interpreted so that it illuminates and provides an understanding of the life and culture that created it?

The research question of this research was: *How do sexual perpetrators describe themselves and the world from which they come and how do they portray their sexual engagement with children?*

Participants of a community based sex offender intervention program, who were willing to share their life stories or narratives, were approached to participate in the research. The researcher then endeavoured to analyse what each life story revealed about each individual sex offender and the 'world' from which he came.

1.4. Significance of the Study

The most significant studies completed by Yates (2003), Ward & Hudson (2000), Ward, Gannon & Keown (2005), and Bickley and Beech (2002), to mention but a few, focus on developing models and theories to explain sexual abuse. This study sought to add to this body of knowledge by exploring life stories of perpetrators of

sexual molestation, in order to find out what meaning the participating perpetrators made of their individual experiences.

Max Weber, before his death in 1920 (as cited in Frank, 2002: 2-3), suggested that the stories people tell about their lives are one way in which they confront a dilemma. The local and contingent solutions that people have found, as to how they should live, are expressed as stories which recount past attempted solutions and are part of their ongoing attempts to seek present ways of living.

This research, using narratology, aimed at listening to stories from sex offenders in order to develop an understanding of what sense they make of their world and how this information can contribute to intervention strategies. Frank (2002:5) makes the point that stories give legibility. When shaped as narratives, lives come from somewhere and are going somewhere.

In this research, the writer wanted to contribute to this field by collecting and analysing stories from sexual offenders, to find out how they produce, represent and contextualise their experiences and personal knowledge (Coffey & Atkinson, 2002:55).

The study also aimed to add to the knowledge base of Social Work and other related disciplines.

1.5. Research Approach and Research Strategy of Inquiry

For the purpose of this study, the researcher decided to follow the qualitative research approach because qualitative research aims to elicit participants' accounts of meaning, experience and perceptions. It thus involves identifying the participants' beliefs and values. It is also concerned with understanding, rather than explaining and exploring the subjective. It explores the meanings, variations and perceptual experiences of phenomena and seeks to capture their interconnected nature (Pretorius, 2004:37).

The strategy of inquiry for this research can be classified within the context of

biography, and, more specifically, autobiographical life stories in the form of narratives. Roberts (2002:116-117) acknowledges that the term 'narrative' has been used in various ways in qualitative research. He explains further that, within the context of biographical research, it refers to a narrative inquiry that draws together diverse events, happenings and actions, as told by participants, into thematically unified, goal-directed processes. He concludes that narrative, therefore, has been applied to both stories and methods of inquiry.

Narrative analyses will be used to explore and describe the perceptions and experiences of sex offenders in relation to how they perceive their behaviour.

Roberts (2002:119-120) states that, through narrative, we come into contact with our participants as people engaged in the process of interpreting themselves. We work, then, with what is said and what is not said, within the context in which life is lived and the context of the interview in which words are spoken to represent that life. We must then decode, recognise, re-contextualise or abstract that life, in the interest of reaching a new interpretation of the raw data of experience before us. A detailed discussion of the methodology followed is presented in chapter 3 of this report.

1.6. Literature Control

Literature had a dual purpose in this qualitative research. Firstly, it was meant to introduce the reader to the issue of sexual offences with children and summarize the main theoretical perspectives on the issue. Secondly, it was used to compare with the findings of this study. Therefore, theoretical perspectives are introduced in chapter 2 of this thesis (before the reporting of the findings) and a literature control of the findings is presented in the discussion of the findings (Creswell, 1994:23).

1.7. Definition of Key Concepts

Perpetrator

In this study the term perpetrator refers to a sex offender or paedophile and is loosely defined as any individual who touches a child to obtain sexual gratification

Hall & Hall (2007: 458). The terms sex offender and paedophile will be used interchangeably in this study.

Child

The Children's Act of 2005 states, in subsection (1), that a 'child' is a person under the age of 18 years (The Children's Act, 2005).

Sexual Offences

In the Sexual Offences Amendment Act 32 of 2007, sexual act is defined as sexual penetration and in section 2 (1) 3, rape is defined 'as any person (A) who unlawfully and intentionally commits an act of sexual penetration with a complainant (B) without the consent of B.' It includes a definition of compelled rape, which includes 'a third person being compelled to commit an act with a second person.'

1.8. Layout of the Report

The contents of this chapter will be expanded as the thesis unfolds and the report will be structured into the following chapters:

- Chapter 1: A general orientation to the research and the presentation of the purpose of this study.
- Chapter 2: A theoretical perspective on child sexual offenders.
- Chapter 3: A discussion of the research methodology.
- Chapter 4: Data analysis and discussion of the findings.
- Chapter 5: Summary, Conclusion and Recommendations of this study.

Chapter Two: A Theoretical Perspective on Sex Offenders

2.1. Introduction

In this chapter, an attempt is made to clarify concepts and core theories that refer to and classify this topic, specifically referring to sex offenders. The purpose of this discussion is not to begin the study with one chosen theoretical perspective that guides the study, but to orientate the reader to basic concepts, to illustrate the multitude of perspectives that can frame this study and ultimately to learn from the perpetrators' narratives (Creswell, 1998:95).

Although the pathways model seems to be the most appropriate one for the purposes of this study, the researcher chose to explore the range of theoretical perspectives that pertain to the aetiology and intervention with adults who have a known history of sexual crimes against children.

The literature and findings highlight that there is no single, straightforward explanation for child sexual abuse (Patton, 1991:231). According to Townsend & Dawes (2004:61), the sexual abusing population is a particularly heterogeneous group. Researchers also agree that no single empirically derived theory has ever been able to fully explain the origins and causes of sexually abusive behaviour, whilst at the same time addressing the heterogeneous nature of the phenomenon.

A broad definition of sexual abuse, including a description of the legal definitions of what constitutes child sexual abuse and the various sexual acts, is offered. The terms perpetrator of child sexual abuse and paedophilia are clarified and references are made to the various theoretical frameworks to explain sexual abuse against children.

2.2. Concept Clarification

The core concepts for this research are clarified because these terms are used interchangeably in the literature and may be misunderstood. The term sexual abuse

will first be discussed followed by the concepts paedophilia and sexual offender.

According to Lawrence & Van Rensburg (2006:128), **sexual abuse** can broadly be defined as any action that violates, humiliates or exploits; or attempts to violate, humiliate or exploit; the bodily integrity or dignity of the complainant and which has an element of a sexual nature. Sexual crime takes place when the complainant's consent is not consciously given. However, in certain cases involving minors, a case for a sexual crime can be made even if consent was given. In most instances, sexual abuse offences are crimes against the person (bodily integrity) and could fall within crimes against morality and are therefore abhorred by the community.

Townsend and Dawes (2004:59) suggest that a generally accepted definition of child sexual abuse includes 'any form of non-consenting interpersonal sexual behaviour that poses some risk of harm to the (non-consenting) individual'.

They continue by informing that other definitions of this concept are more inclusive; for example, a widely used definition is that of Kempe and Kempe (as quoted by Tomison, 1995:3): 'The involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend, are unable to give informed consent to and that violate social taboos of family roles.'

Townsend & Dawes (2004:84) completed a review of eleven studies in Southern Africa that dealt with associations between child sexual offending and a variety of what may be termed 'personality' or behavioural factors, and they concluded that a wide array of factors have, to a greater or lesser extent, been associated with the child sexual abuser population and that, because of this, creating a profile of abusers appears to be elusive.

The boundary between what is considered to be socially and legally acceptable parental chastisement and abuse remains contentious, reflecting religious, cultural and ideological tensions (Dale, 1999:3).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 1994), paedophilia falls under the classification of paraphilia, of which there are nine variants: fetishism, transvestic fetishism, voyeurism, exhibitionism, sexual sadism, sexual masochism, paedophilia, zoophilia and frotteurism. Paraphilia is a term that describes a group of persistent sexual behaviour patterns in which unusual objects, rituals or situations are required for full sexual satisfaction. They are sometimes referred to as sexual deviations or perversions.

The subject of this study is limited to those known sex offenders who have committed crimes against children. However, they may very well overlap with the other eight categories of paraphilia but for the purpose of this study the scope is limited. The researcher is aware that in paedophilia, the preferred sex object is a child, the intimacy usually involving manipulation of the child's genitals (Carson & Butcher, 1992:355-363).

Hall & Hall (2007:457) acknowledge that paedophilia is a clinical diagnosis usually made by a psychologist or a psychiatrist and that the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, define it. In terms of this diagnosis a paedophile is defined as 'an individual who fantasizes about, is sexually aroused by, or experiences sexual urges towards prepubescent children (generally <13 years) for a period of at least six months'.

Marshall, Marshall & Serran (2006:162) concur that there are difficulties in research when diagnosing paedophilia and confirm this by reporting on five reviews about paedophilia. Evidence presented by Marshall (1997 and 2006), Marshall & Kennedy (2003), and O'Donohue, Regev, & Hagstrom (2000) suggest that these diagnoses are unreliable.

The researcher is in agreement with Butterworth (2007:6) who quotes Cossins (2000) & Hermann (1988), stating that by its location in the DSM-IV, paedophilia implies that the person has a mental illness. The paedophiles can use this to excuse and justify their actions stating that the behaviour is uncontrollable, thereby relieving them of some of the responsibility for their actions. These authors state

further that the literature highlights that only a small percentage of men who sexually offend against children have a psychiatric illness; therefore this diagnosis should be cautiously applied.

The researcher again emphasizes that, contrary to popular belief, not all sex offenders who target children are paedophiles, and not all paedophiles commit sexual offences. Hall & Hall (2007:458) indicate that child molestation is not a medical diagnosis and is not necessarily a term synonymous with paedophilia. A perpetrator of child sexual abuse is loosely defined as any individual who touches a child to obtain sexual gratification with the proviso that the offender is at least four to five years older than the child.

As mentioned earlier in chapter one, it is for this reason that the terms sex offender and paedophile are used interchangeably. The term paedophilia will be used in its broader 'inclusive' definition, taking into account the behaviour of any individual who has sexual contact with children, including incest offenders.

It is for this reason that there are legal implications for child sexual offenders who are caught actively engaging in their deviance. Research into this field needs to continue to develop understanding about this phenomenon, to stop this behaviour and to give guidance to the courts.

In concluding this section, one needs to realize that 'sexual offences are very serious as they are a humiliating, degrading and brutal invasion of the privacy, the dignity and the person of the self' (Lawrence & Van Rensburg, 2004:127).

The courts need to uphold the law and remain determined to protect the equality, dignity and freedom of all children in South Africa. The following section describes the legal implications of sexual molestation in South Africa.

2.3. Legal Implications of Sexual Abuse

'The rights to dignity, to privacy and the integrity of every person are basic to the

ethos of the Constitution and to any defensible civilization. Women and children in South Africa are entitled to the protection of these rights. They have a legitimate claim to walk peacefully in the street, to enjoy their shopping and entertainment, to come and go from work and to enjoy the peace and tranquillity of their homes without the fear, apprehension and insecurity, which constantly diminishes the quality, and enjoyment of their lives.

The courts are under a duty to send a clear message to the accused and the community that they are determined to protect the equality, dignity and freedom of all women and children and they will show no mercy to those who seek to invade those rights' Lawrence & Van Rensburg (2004:127).

The discussion now turns to the legal definition of sexual abuse because it is important to clarify what is considered a child. Following are the main sections from the Children's Act 38 of 2005 and the Sexual Offences Amendment Act 32 of 2007, which deal with this issue.

The South African Constitution states in terms of section 28 (1) (d) that 'children have the right to be protected from maltreatment, neglect, abuse or degradation.'

Gallinetti (2006:209-210) states that 'these provisions form a framework within which our laws and policies must ensure that, in the context of sexual abuse, children's rights to dignity, privacy and security of the person are respected and adhered to. The Constitution is geared to protect children, both as subjects of all rights contained in the Constitution and as a vulnerable group in need of specific care.'

The Children's Act of 2005 states in subsection (1) that 'a *child* is a person under the age of 18 years; and states that 'Sexual Abuse', in relation to a child means-

- (i) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted;
- (ii) encouraging, inducing or forcing a child to be used for the sexual gratification of another person;

- (iii) using a child in or deliberately exposing a child to sexual activities or pornography; or
- (iv) procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.’

Section 1 (1) of the Sexual Offences Amendment Act 32 of 2007 section gives the following definition:

‘a *child* means a person under the age of 18 or with reference to sections 15 and 16, a person 12 years or older but under the age of 16. This act differentiates between what is defined as a sexual act or an act of sexual violence, sexual offence, sexual penetration and sexual violation. Sexual act is defined as sexual penetration.’

In section 2 (1) 3, rape is defined as ‘any person (‘A’) who unlawfully and intentionally commits an act of sexual penetration with a complainant (‘B’) without the consent of B.’ It includes a definition of compelled rape which includes ‘a third person being compelled to commit an act with a second person.’

In section 4 (12) 1, incest is defined as being committed by ‘persons who may not lawfully marry each other on account of consanguinity, affinity or an adoptive relationship and who unlawfully and intentionally engage in an act of sexual penetration with each other, are, despite their mutual consent to engage in such an act, guilty of the offence of incest.’

As indicated above, there is widespread debate and confusion as to the actual definition of sexual abuse and the differences between the sex offender and the so-called ‘paedophile’. The law indicates some guidelines as to what is acceptable sexual behaviour and what is not.

Despite this, the problem is increasing at an alarming rate and amongst younger children as indicated by Redpath (2003:17-24) who states that the declining age of the sex offender is a matter of some concern. Another study quoted in this article

further indicates that one in three adolescent sexual offenders will commit more serious sexual offences as adults (Delpoort & Vermeulen, 2006:43-49).

The next section of this chapter discusses some of the main theories that have been developed to explain this complex phenomenon.

2.4. Theoretical Perspectives

Why men sexually abuse children has been one of the foremost questions guiding research on sexually deviant behaviour in the twentieth century.

This section starts with a brief discussion about the oldest debate in psychology, the influence of hereditary, congenital, inborn or natural factors in human behaviour, and the formative influence of the various environmental factors the individual is exposed to: the nature versus nurture debate. The most significant theories that have evolved to explain child sexual abuse specifically relating to sex offenders is briefly discussed, and the chapter ends with a summative explanation of the pathways model which have received much focus in recent years.

2.4.1. Nature versus Nurture debate

Nature endows us with inborn abilities and traits; nurture takes these genetic tendencies and moulds them as we learn and mature. The 'nature versus nurture' debate still rages on, as scientists fight over how much of who we are is shaped by genes and how much by the environment (Bergh, 2003:294 – 295).

This author indicates that many theorists believe, and researchers have verified in certain instances, that certain characteristics and behaviours are determined by genetic endowment. In addition to physical attributes, many behaviour traits such as instinctive reactions, three-dimensional perception, the tendency for social belonging and caring (attachment behaviours) and even personality traits may be based on genetic causes. Theories that fall into this category may include the biological theories and neurobiological theories.

Bergh (2003:294) states that there is an argument by supporters of the environmental viewpoint that behaviour is learned. Personality is formed and transformed by stimulation or inhibition from physical, social and psychological environmental influences. The influences on an individual's personality, its formation, development, functioning, motivation and adjustment can be ascribed to many factors both individual and combined.

These factors are all about heredity or environmental influences, these two determinants being responsible for an ongoing controversy about their importance in personality formation. It is evident that both these factors impact on human potential; therefore various theories on child sexual abuse have developed which may take into account aspects of both the nature versus nurture factors. We now briefly identify these theories (Bergh, 2003:294 – 295)

2.5. Theories of Child Sexual Abuse

This section deals with some of the main theories that attempt to explain the aetiology and maintenance of sexual offending.

2.5.1. Biological Theories

These theories are concerned with organic explanations of human behaviour. These theories concentrate on physiological factors, such as hormone levels and chromosomal make up which have an effect on behaviour.

Kafka (1997:2003) has suggested that the neurotransmitters noradrenalin (crucial to the maintenance of alertness, drive and motivation) and dopamine (strongly implicated in the experience of pleasure and reward) may also play a role in behaviour.

Taken together, these monoamines act as 'neuro-modulators mediating attention, learning, physiological function, affective states, goal motivated and motor behaviour as well as appetitive states such as sleep, sex, thirst and

appetite' (Kafka, 1997:346). Kafka makes a number of arguments to suggest that problems in monoamine function underlie deviant sexual behaviour.

2.5.2. Attachment Theory

Attachment theorists believe that humans have a propensity to establish strong emotional bonds and that when individuals experience loss or emotional distress, they act out as a result of their loneliness and isolation.

Bowlby (1973) is credited with drawing on psychodynamic, biological and anthropological principles to develop what are now regarded as the fundamentals of attachment theory. He hypothesized that an attachment system evolved as a means of maintaining proximity between infants and their caregivers under dangerous conditions.

This author believed that, over time, children internalise experiences with caregivers such that these experiences become templates for later relationships. Early childhood experiences of the availability and responsiveness of significant caregivers may contribute to the formulation of 'internal working models' (Lynn & Burton, 2004: 150)

Marshall (1989) found that men who sexually abuse children often have not developed the social skills and self-confidence necessary to form effective intimate relations with peers and this may cause them to continue to seek intimacy with under-aged partners.

In summary biological and attachment theories seem to indicate that genetic and nurturing components interact to create an attachment between infants and caregivers for survival. The idea that early childhood experiences may influence the development of 'internal working models' is also suggested in the theory on cognitive distortion, especially relating to schema theories.

2.5.3. Cognitive Distortions

An article by Beech & Ford (2006:686) citing Beech, Fisher & Beckett, (1998) and Marshall, Anderson & Fernandez (1999) indicated that Cognitive Behavioural treatment programs have dominated the treatment of offenders in recent years.

The role of cognitions has been widely acknowledged in research, where distorted thinking is recognized as an important factor in both the initiation and maintenance of child sexual abuse (Burn & Brown, 2006). Not all theorists agree with this view however; for example, Vivian-Byrne (2004:190) states that to view their reality as 'cognitively distorted' is to impose our view of reality onto them.

Cognitive distortions are defined as the statements that sex offenders use to provide support for their offences when asked to recount their offences (Navathe, Ward & Gannon, 2006:216). These authors add that this concept was first defined as belief systems that supported having sexual contact with children, but also as 'justifications, perceptions and judgements used by the sex offender to rationalize his behaviour.' It is unclear whether these distortions are conscious or whether offenders genuinely believe these altered perceptions of reality. Another group of theories that has developed to explain child sexual abuse and which falls within the cognitive behavioural field involves theories about schemata.

2.5.3.1. Schema Theories

Schemata are variously defined in cognitive literatures as organized storage devices that hold knowledge acquired from experience and also act on incoming information according to both the nature and structure of that existing knowledge (Ward et al., 2006:115-130).

Abel, Becker & Cunningham-Rathner (1984) were the first researchers to document the offence-endorsing statements commonly articulated by child molesters. They observed that child molesters often reported that their child victims were willing sexual partners, claiming, for example, that the child instigated or enjoyed their sexual assaults.

Other comments made by child molesters indicated that they perceived the abuse to be acceptable for various reasons (e.g., it was educational for the child, or it would not cause long-term harm). Abel et al. labelled these apparently offence-endorsing thoughts 'cognitive distortions'. Unfortunately they did not provide a precise definition of cognitive distortions. For example, although they used the term interchangeably with 'belief', they later used it to refer to rationalizations, excuses, and justifications.

2.5.3.2. *Implicit Theories*

Ward (2000) felt that the statements offenders made which schemata generate should be regarded as causal theories interacting with personal and interpersonal experiences to form coherent structures that help explain and predict behaviour. These implicit theories are largely outside of conscious awareness (Ward, Polaschek & Beech, 2006:123).

Implicit Theories are networks of related beliefs that sexual offenders hold about themselves and their social world. According to Ward and Keenan (1999), sexual offenders use these networks of beliefs to make inferences about the current (and future) mental states and behaviour of their victims. Like all schemas, the content held in implicit theories is hypothesized to affect the way that information is attended to, perceived, and interpreted.

Thus, Ward (2000) hypothesized that Implicit Theories lead sexual offenders to attend to and interpret the social world in offence-congruent ways. Ward & Keenan (1999) argued that Implicit Theories develop during childhood, as the child tries to understand and predict unusual negative occurrences (e.g.

the death of a parent, physical abuse, neglect). Upon reaching puberty, however, the offender then applies their implicit theories to the sexual domain.

2.5.3.3. Mann & Beech's Schema-Based Model of Sexual Assault

Mann & Beech (2003) outlined the second schema approach to sexual assault in the form of a model of how schemata interact with environmental variables (e.g. life events) and with other risk factors (such as sexual arousal and poor emotional regulation) to produce sexual offending.

They propose that there are negative life or ambiguous life events, which together with dysfunctional schema process incoming information. These may be triggers to sexual offending. Once activated, surface cognitions are generated followed by affective and motivational states. The end result is that the offender feels that to carry out an assault seems 'appropriate, necessary or attractive' (Mann & Beech, 2003:147).

Lyn & Burton (2004:150) investigated whether insecure attachment distinguished sexual from nonsexual offenders and whether insecure attachment is reflected in the choices of victims, the modus operandi and the nature of the sexual acts. Insecure attachment distinguished sexual offenders from non-sexual offenders but was not related to the characteristics of sexual offences, with the exception of victim age. They are of the opinion that an awareness of attachment benefits the clinician as well as the sexual offender.

This awareness can prompt a clinician to think of his relationship with the offender as a tool to facilitate change. 'Within this relationship, it is possible not only to evoke the fear, vulnerability, and mistrust that characterised the offenders' previous relationship but also to work through those feelings in a safe environment and develop adaptive strategies.' They go on to indicate that this is not an approach that is often applied to sex offenders because moral judgements about the nature of the crime often inhibit the development

of an effective therapeutic alliance (Lyn & Burton, 2004:157).

Lyn and Burton (2004:158) continue by suggesting, 'with prior knowledge of an individual's attachment status, the clinician can become more mindful of potential boundary violations and can avoid inadvertently perpetuating unhealthy attachment dynamics.' The researcher concurs that that an attachment perspective within the framework of psychoanalysis may contribute to improved treatment outcomes by helping clinicians anticipate the attachment dynamics that may emerge during the course of an intervention.

2.5.4. Psychoanalytic Theory

Psychoanalytic explanations were initially attributed to Freud (1953) who viewed sexual deviance as an expression of unresolved problems experienced during the stages of development. Theorists following this approach attempt to assist clients to resolve these problems through various techniques such as psychotherapy.

An article by Bowers & Farvolden (1996:355) discusses the role of suggestion in psychotherapy. Their article concerns the debate about recovered-false memories of childhood sexual abuse and they question whether recovered memories of abuse that emerge in therapy twenty to forty years after the alleged abuse incidents can be trusted as reflecting actual abuse. An article by Priest & Smith (2001:27) indicated that it is not unusual for paedophilic clients to report a history of being sexually victimized as a child, but the question is whether this really happened.

This article cautions that many clients who are sexually active with children tend to be manipulative and deceptive in their interactions with their victims and counsellors. The researcher would question whether this disclosure is being used as an excuse for their sexual deviance.

There is thus controversy as to whether one should engage with sex offenders in treatment using psychoanalysis because of the recidivistic nature of their problem and the difficulty in building a therapeutic relationship based on trust with them.

2.5.5. Behavioural Theory

Bergh (2004:7) refers to J.B. Watson, an American psychologist, who launched Behavioural Theory in 1913. Behavioural Theory advocated an objective psychology to explain principles of behaviour based on the control and prediction of overt behaviour. He maintained that the environment determines behaviour.

The approach of Watson was followed by the Neo-Behaviourism Approach, the belief that conditioning was the learning process in psychology. According to Bergh (2004) theorists of this approach included Edward, C. Tolman, Edwin Guthrie, Clark Hull and B.F. Skinner. They extended the subject matter from only observable matter to include unobservable behaviour as well.

After 1960, the notion of consciousness was introduced into Behavioural Theories and Social Learning Theories were developed which focussed on learning in social situations. These theorists believe that deviant sexual behaviour is a learned condition and incorporates social learning. They believe that deviant sexual preferences and cognitions are acquired by the same mechanisms employed by other individuals to learn more conventionally accepted modes of sexual expression (Bergh, 2004:7).

Ward and Gannon (2006:155) describe two major forms of behavioural learning:

- (i) Classical conditioning – this process of learning takes place when an initial neutral stimulus in the environment comes to elicit a response that does not normally occur.

- (ii) Operant Conditioning – learning takes place when the relative frequency of a response increases as a result of reinforcement or decreases by the administration of an aversive stimulus. Negative reinforcement occurs when an individual escapes punishment.

Ward examined Law and Marshall's Conditioning Theory (1990), of how learning principles have been applied to the acquisition and maintenance of deviant sexual interest. They suggest that deviant sexual preferences and cognition are acquired by the same mechanisms as conventional modes of sexual expression. They incorporated aspects of Social Learning Theory (SLT) and concepts of participant modelling such as vicarious and symbolic learning, which was useful in the understanding of the aetiology of sexually abusive behaviours. Specifically, they noted that offenders who have been abused in childhood might replicate their own victimization experiences (Ward et al., 2006:159).

2.5.6. Feminist Theory

Feminist Theories of child sexual abuse focus on cultural explanations of child molestation. Culture has been defined as 'a socially constructed constellation consisting of such things as practices, competencies, ideas, schemas, symbols, values, norms, institutions, goals, constitutive rules, artefacts, and modifications of the physical environment'. These components are causally related in that the presence of one factor is entirely due to the existence of another (Fiske, 2002).

Ward and Gannon (2006:168) critically examines three types of feminist theory:

- (i) Radical feminism – emphasises males' possession of power; 'The power that all men have and exercise over all women, explicitly or implicitly' (Lancaster & Lumb, 1999:126).
- (ii) Postmodernist feminist theory – is more concerned with identifying the effects of oppression (Wolf, 1985).

- (iii) Sociological feminist theory – According to Cossins (2000), gender is constructed out of the activities people choose to engage in. She links child sexual offending to men’s feelings of powerlessness or perceived threats to power and masculinity.

The researcher supports Londt (2004) that the feminist approach is an important contributor to include when men and their problems are addressed because it brings in the voices of women, however, the feminist approach does not offer a range of intervention techniques to address intervention needs. It also serves as a constant and necessary reminder that our efforts must be broad and incorporate historical, political, societal and institutional impacts.

2.5.7. Single and Multiple factor Theories of Child Sexual Abuse

Ward, Polaschek & Beech (2006:213) devised a comprehensive list of the various models and theories on sexual offending. They divided this into single factor theories and multifactor theories. The single factors that seem to be evident in sex offenders include those related to cognitive distortions, empathy deficits, intimacy deficits and sexual preferences.

They make a significant contribution to the field of child sexual abuse by integrating three of the most influential multi-factor theories into a Pathways Model. These theories are Finkelhor’s Precondition Model of child sexual abuse (1984); Hall and Hirschman’s Quadripartite Model (1992); and Marshall and Barbaree’s Integrated Theory (1990).

The writer concludes this part of the report with an analysis of the Pathways Model of Ward and Siegert (2002). The model seems to successfully integrate influential theories and ideas, culminating in the formulation of different pathways that sexual offenders may follow when they sexually molest a child.

2.5.8. The Pathways Model

According to Ward and Siegert's Pathways model (2002), childhood experiences and environmental events may contribute to vulnerability factors that emerge due to genetic inheritance and/or developmental experiences that make a person vulnerable to offending sexually as an adult. This suggests that both the nature and nurture factors impact on human potential.

Ward & Siegert (2002) suggest that distal factors constitute pre-dispositional and vulnerability causal factors that make a person vulnerable to offending sexually. Triggering or precipitating and situational factors are usually present for these distal factors to be activated.

Ward, Polascheck & Beech (2006:62-77), taking into account the above-mentioned, state that this model describes multiple pathways sex offenders may use that can lead to the sexual abuse of a child. Each pathway involves developmental influences of one type or another, a core set of dysfunctional mechanisms and an opportunity to commit the offence.

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Each of the pathways is associated with a set of core primary psychological mechanisms acting as vulnerabilities that, when interacting with each other, can lead to the individual sexually abusing a child. It is postulated that these dysfunctional psychological mechanisms are initially caused and then influenced by learning events and biological and cultural factors, each of which can exert both a proximal and distal influence on behaviour (Ward & Siegert, 2002:321).

Ward and Siegert are of the opinion, after careful consideration of a number of theories, that there are four clusters of problems or symptoms found among adults who sexually abuse children. The causal mechanisms include those associated with emotional regulation, intimacy/social skills deficits, cognition or cognitive distortion and sexual preferences and arousal. These vulnerability factors are also likely to play a role in maintaining offending behaviour (Ward & Siegert, 2002:330)

These different pathways, as presented by Ward, Polascheck & Beech (2006:69-72), will now be presented and discussed.

2.5.8.1. Pathway 1: Multiple Dysfunctional Mechanisms

This pathway refers to individuals with distorted sexual scripts usually reflecting a history of child sexual abuse and exposure to sexual abuse at a young age. It seems that sex has become salient at an earlier age and will be activated in a variety of contexts, precipitating sexually abusive memories and fantasies. This group of offenders will only molest children under certain circumstances such as if a victim is available. The offenders in this pathway also manifest flaws in all the other primary psychological mechanisms.

Thus this group is likely to exhibit a multitude of offence-related deficits and constitute “pure paedophiles.” All four clusters of problems evident in child sexual offenders, namely inappropriate emotions, intimacy deficits, cognitive distortions and deviant sexual arousal, will be created by the existence of distorted sexual scripts in conjunction with one or more of the following problems:

- (a) Dysfunctional implicit theories about children’s sexuality and their ability to make informed decisions about sex.
- (b) Inappropriate emotional regulation.
- (c) Impaired relationships
- (d) Attachment mechanisms (Ward et al., 2006:69-70).

2.5.8.2. Pathway 2: Deviant Sexual Scripts

This pathway refers to individuals who have subtle distortions in their sexual scripts that interact with dysfunctional relationship schemas (Sperling and Berman, 1994).

These individuals may have experienced sexual abuse as children and as a consequence may become prematurely sexualised. However, unlike pathway one,

there are hypothesized to be no major distortions resulting in the development of sexual preferences for children and/or sexually abusive behaviours.

As adults, they are likely to seek reassurances through sex and equate sex with intimacy (Marshall et al., 2000). This occurs through the confusion of sexual cues with those signalling affection and closeness, and a fear of rejection by others if they were to establish intimate relationships.

Sexual offences against children may occur following periods of rejection by adults, if the children are perceived as more trustworthy and accepting. The sexualisation of relationships will result in the four clusters of problems, with cognitive distortions emerging to justify or excuse the sexual abuse. The onset is usually in adulthood and is episodic in nature, associated with periods of rejection, disappointment or extreme loneliness. Self-esteem in the personal domain is estimated to be low (Ward et al., 2006:70-71)

2.5.8.3. Pathway 3: Intimacy Deficits

The following summary of this pathway comes from Ward et al. (2006:71). Individuals who only offend at specific times, for example when a preferred partner is unavailable, but who are hypothesized to possess normal sexual scripts, fit into this category. In certain situations, they might be prepared to substitute a child in the place of an adult.

The primary cause of the sexual abuse of a child in this situation resides in intimacy deficits. There is no confusion of sex and intimacy (as in pathway two) but rather an inappropriate choice of a sexual partner. The primary cause of the sexual abuse of a child resides in intimacy deficits, loneliness leading to a need to engage in a sexual relationship with another person. The types of intimacy deficits experienced by this group of child molesters are likely to be related to their attachment styles as follows:

- (a) Preoccupied attached - these offenders are characterized by emotional neediness and profound doubts about their ability to elicit

love and support from a partner.

- (b) Fearful-dismissively attached – tend to be emotionally distant in relationships because of their fear of rejection.

The primary cause underlying this pathway is insecure attachment and problems establishing satisfactory relationships with adults. (Ward et al., 2006:71)

2.5.8.4. Pathway 4: Emotional Disregulation

Ward et al. (2006:72) hypothesized that some child sexual abusers possess normal sexual scripts but have difficulties (dysfunctional mechanisms) in some aspect of the emotional regulation system. The resulting deficits may involve emotional incompetence, including problems identifying emotions in themselves, a lack of capacity to modulate negative emotions, or an inability to utilise social supports in times of emotional distress. Others may have problems controlling their anger and sexually abuse children as a way of punishing partners.

The primary dysfunctional mechanisms for these individuals might reside in defects in emotional and behavioural control or relate to the inappropriate utilisation of sex as a coping mechanism.

2.5.8.5. Pathway 5: Antisocial Cognitions

Individuals who fit into this identified category have no distortions in their sexual scripts but possess general pro-criminal attitudes and beliefs. Their sexual offences against children are part of a general picture of antisocial behaviour and reflect general antisocial tendencies. It is hypothesized that offending in these situations may be further facilitated by the existence of patriarchal attitudes towards children and the offenders' sense of their own superiority (Ward et al., 2006:72).

2.6. Summary and Conclusion

This chapter follows on from the previous one where it was indicated that there are differing definitions of offenders. It began with an attempt to clarify definitions and other concepts relating to this research. The concepts of sexual abuse, sex offender and paedophile were discussed. Legal definitions were also discussed and it was noted that, despite the harsh consequences for molesting a child, there is a growing increase in child sexual abuse.

A discussion of some of the major theories that have contributed to developing an understanding of this phenomenon formed the main body of this chapter. The discussion started with the nature aspects that influence human behaviour, such as biological theories, and including a theory on attachment.

It became apparent as the literature unfolded that theories about cognitive distortion dominated this field. A group of theories, which fall within the cognitive-behavioural field, are about Schemata. Schema-based theories describe offence-endorsing statements commonly articulated by sexual offenders. Implicit theories, a Schema-based theory, describe how sexual offenders use networks of beliefs to interpret the social world in offence-congruent ways. They believe that offenders develop implicit theories about how the world works during childhood.

The nurturing factors that influence human development interact with the nature factors to form personalities, and the debate as to which is more influential continues. Psychoanalytic, Feminist and Behavioural theories followed this discussion, and it became apparent that theorists differ on what they suggest predisposes an individual to develop an interest in sexually molesting a child and how to address this problem.

The chapter ends with a description of the Pathways Model by Ward (2002). This model integrates a number of theories and proposes that there are different pathways that offenders may use to molest children.

The researcher will attempt to identify, through narrative analysis, how the offender's explanation compares to the literature and what offenders perceive and reveal are the pathways that lead them to become sexually attracted towards children.



Chapter Three: Research Methodology

3.1. Introduction

The foundational questions of this research were – how do sexual offenders describe themselves and the world from which they come and how do they portray their sexual engagement with children?

The researcher hoped to develop an understanding of how sexual offenders portray their actions and involvement in the sexual molestation of children. These findings may inform guidelines to prevent sexual abuse. This chapter presents a description of the research design and method.

3.2. Research Methodology

3.2.1. Research Approach and Research Design

According to De Vos, Strydom, Fouche, Poggenpoel & Schurink (1998:77), there is confusion as to the definition of a research design and whether this refers to the overall plan for conducting the research study. Mouton (1996:107), however, specifies that it is indeed a plan, and the function is to guide the research towards control over factors that could hinder the validity of the eventual research.

I followed the qualitative research approach because I wanted to elicit participants' accounts of meaning, experience and perceptions. This involved identifying the participants' beliefs and values that underlie the phenomenon. This approach is also concerned with understanding, rather than explaining and exploring the subjective. It explores the meanings, variations and perceptual experiences of phenomena and seeks to capture their interconnected nature (Pretorius, 2004:37).

When this is applied to this research, it means taking participants' subjective

experiences seriously, as the essence of what is real for them (ontology). I had to make sense of their experiences by interacting with them and listening carefully to what they told her (epistemology). I thus used qualitative research techniques to collect and analyse information (methodology) to help me understand the world the participants live in (Terreblanche, Durrheim & Kelly, 2006:273-274).

So, I concluded that qualitative research is exploratory, descriptive and contextual in nature. Burns & Grove (1999:339) confirm that it is meant to explore and describe the depth, richness and complexity of an issue or phenomenon. Holloway and Wheeler (1996:95) further explain that experiences of participants in qualitative research have a specific, significant context that the researcher needs to take into consideration in the interpretation of the data.

These characteristics are also evident in the following discussion of narratology, the strategy of inquiry used in this research.

3.2.2. Narratology or Narrative Analysis

Patton (2002:115-116) describes narratology or narrative analysis as including in-depth interviews, transcripts, life history narratives, historical memoirs, and creative non-fiction. This author suggests that personal narratives, family stories and life histories reveal cultural and social patterns through the lens of individual experience. White and David (1990) look at the power of stories in the lives of individuals and suggest that people have adjustment difficulties because the stories of their lives, as created by themselves or others, do not match their lived experience. They propose that therapists can help their patients by guiding them in rewriting their life stories.

It is proposed to categorize narratology within the context of biography, and more specifically, autobiographical life stories, in the form of narratives. Roberts (2002:116-117) acknowledges that the term “narrative” has been used in various ways in qualitative research. He explains further that, within the

context of biographical research, it refers to a narrative inquiry that draws together diverse events, happenings and actions, as told by participants, into thematically unified, goal-directed processes. He concludes that narrative, therefore, has been applied to both stories and methods of inquiry.

Roberts (2002:119-120) states that, through narrative, we come into contact with our participants as people engaged in the process of interpreting themselves. We work then with what is said and what is not said, within the context in which life is lived and the context of the interview in which words are spoken to represent that life. We must then decode, recognise, re-contextualise or abstract that life in the interest of reaching a new interpretation of the raw data of experience before us.

3.3. Population and Research Setting

The population of this study was perpetrators of sexual abuse who are participating in a community-based program in the Western Cape. This court-mandated program for sex offenders entails members having to participate in a group-based intervention as part of their sentence. Many of these subjects are court mandated to participate in the program for at least 36 months however they are not obliged to participate in any scholarly activities or research. The groups meet fortnightly, but high-risk offenders are required to attend sessions weekly. There are four groups, each consisting of eight to fifteen members, in the program.

At the time of this study, there were four facilitators of the program of whom two were female social workers and two were male facilitators from different disciplines who had been trained in group dynamics and were able to work with these groups.

The researcher is a group facilitator who has been involved in the program for fifteen years. To minimise subjectivity it was decided that members in my group would not be included in this research. So, they did not have a choice to participate in the research.

Prior to embarking on this research, an effort was made to establish whether this was a 'researchable' topic, referring to potentially available and willing participants. The goal of the research was presented to members of the therapy groups who showed interest in participating and who were not members of my group. Some of the members were eager to share their understanding of their behaviour.

The focus of the group sessions is on sex-offence-specific intervention and prevention. In order to achieve this goal, the program has a psycho-educational and behavioural cognitive component that aims to educate the members about their behaviour. Further interventions are directed at evaluating risk factors for recidivism. Their commitment and motivation to change their behaviour as well as their willingness for accountability form part of the ongoing assessment.

3.3.1. Sampling

Purposeful sampling was employed as De Vos et al. (2002:253) state that in qualitative research, the data to be collected must be rich in description of people and places.

The qualitative researcher used purposive sampling methods by identifying access points (settings where subjects could be more easily reached) and selecting informative subjects. As mentioned the participants excluded were those with whom I had a professional relationship.

Patton (2002:230) states that purposeful sampling focuses on selecting information-rich cases whose examination will illuminate the questions under study.

The following criteria were preferred for inclusion in this study:

- (a) Men who had sexually molested a child and who were prepared to discuss their life story.
- (b) Representative of different race and ethnic groups.
- (c) Participants who would be available for an in-depth, two-hour interview.

- (d) A final requirement was a good understanding of and ability to express themselves in either English or Afrikaans as the interviewer and co-coder did.

Reactions to the research were varied, with some of the members expressing an interest in the research while others were hostile and resistant. The members who denied the allegations, preferring to blame their behaviour on victims or misperceptions, were not willing to participate in the research and those who felt that they were not child sex offenders also expressed disinterest in the research. Only members who were willing to participate in the research were incorporated in this study, the eventual sample size for the individual interviews being seven and for focus groups thirty participants

The participants who were asked to voluntarily participate in the study were assured of anonymity. All subjects were reassured that their decision to participate or to decline participation would be respected. They were told that they would be invited to tell their life stories in relation to their behaviour and that the length of the sessions might vary, depending on their story. There would therefore not be a stipulated time limit. It was envisaged that two hours should be sufficient for each individual participant's interview.

The volunteers for the individual interviews were all white between the ages of 22 and 65. Four of them were Afrikaans speaking and three were English speaking.

The focus group interviews were arranged by prior consent and during the normal two-hour therapeutic group times. The focus groups consisted of a mixture of ethnic groups and were more representative of the South African population than the individual interviews.

3.4. Data Collection Process

The multi-method of data collection consisted of interviews and focus groups. After the interviews were finalized, it was decided that focus groups could give

further insights into how sex offenders view their behaviour.

The focus groups allowed the researcher to clarify and expand on what was revealed during the interviews. Using focus groups in conjunction with interviews is referred to as triangulation. It entails collecting material in as many different ways and from as many different sources as possible and can help researchers to 'home in' on a better understanding of a phenomenon by approaching it from several different angles (Kelly, 2006:287). The data collection is described under the following headings:

3.4.1. Narrative semi-structured interviews

3.4.2. Focus group discussions

3.4.3. Role of the researcher.

3.4.1. Narrative Semi-structured Interviews

The researcher, using narratives as stories, wants to consider the way in which every participant's social, interpersonal reality has been constructed through interaction with other human beings and human institutions, thereby focusing on the influence of social realities on the meanings of their lives (Freedman & Combs, 1996: 1).

The interviews were semi structured in that the researcher did not impose a set of categories but did want specific information. The researcher started the interview by asking the following open-ended question: 'Tell me your life story in relation to your experience of becoming a child molester.' The participants were then prompted to tell their stories in a flowing, sequential fashion. The aim was to obtain rich, thick descriptions of their thoughts and perceptions.

The initial interview guide consisted of structured and less structured questions. When the pilot interviews had been completed, the researcher realized that the structured questions were answered during the unstructured part of the interview thus the respondents were encouraged to elaborate on the topics discussed (See

Appendix 3). It was also advised that one should start with the theme of the research instead of a chronological process starting with childhood history as this could distract the subject from discussing the more difficult themes. The researcher therefore started the interview by posing the following question: 'Tell me your life story in relation to your experience of becoming a child molester.' Memories seem to unfold chronologically and the interview schedule continued with descriptions of early childhood, middle to late childhood, adolescence and adult experiences being collected. This is referred to as events during the data analysis. Themes within these events such as familial relationships, experiences of home and sexual development were identified and explored. Probing, a technique to further explore their perceptions of the process of sexual involvement with children and finally, how their behaviour was disclosed, was carried out.

Rapport had been established, as the members were comfortable, trusted the researcher and felt that they had been accepted despite their behaviour. Some of them appeared to be of the opinion that by participating in the research they were helping to develop an understanding of this behaviour so that it could be stopped.

However, it was also apparent that this might have alleviated feelings of guilt that they still felt about having been caught molesting a child. Others seemed to participate because of a need for recognition. Interviews took place from the end of March to May 2007 and ranged in length from 100 to 130 minutes, resulting in a total of about fourteen hours of interviewing.

3.4.2. Focus Groups

De Vos et al. (1998:314) describe a focus group as a purposive discussion of a specific topic or related topics taking place between eight to ten individuals with a similar background and common interest. The researcher, as stated, is familiar with, and has some understanding of, group dynamics, and it was felt that this data collection method could add to the data generated from the in-depth

individual interviews. De Vos et al. (1998:314) also states that focus groups would enable the researcher to develop inductively concepts, generalisations and theories that are grounded in or reflect the intimate knowledge of the people participating in the focus group interview.

3.4.2.1. *The Process of Focus Group Interviewing*

3.4.2.1.1. Selection and Recruitment of Participants

It is stated that, when considering focus groups, one must ensure that the right people are selected to participate in these groups. These people must be able to provide specific information. The researcher made use of the existing groups of perpetrators of child sexual abuse, participating in the community-based program in the Western Cape discussed above, for recruitment, excluding her own therapeutic group.

Members were asked to participate voluntarily. The participants who had volunteered for the individual interviews also participated in the focus group interviews; however, newcomers to the program were invited to participate in the focus groups. This was not mandatory and did not form part of their court-mandated treatment.

3.4.2.1.2. Size of the Group

It is suggested that the ideal size of these groups should be between six and nine members. The three focus groups used for this research consisted of ten, nine and eleven members respectively.

3.4.2.1.3. Number of Groups and Ensuring Participation Check

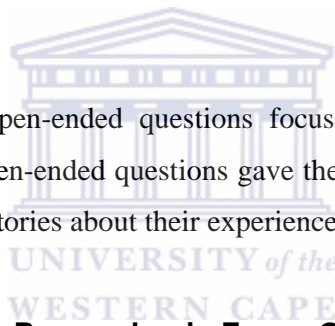
The facilitator negotiated to do the focus groups during the allocated group time slots making it easier for members to attend and participate in the research at a convenient time for them. The researcher envisaged that keeping to the allocated time would encourage as many members as

possible to participate in the research, which was of a sensitive nature. De Vos et al. (1998:317) indicate that because focus groups are time-consuming, participation in them can become problematic

Three groups, consisting of members not familiar with the researcher, were selected for the focus group discussion. The three focus groups were held in September 2007 and ranged from ninety minutes to one hundred and twenty minutes.

Members were told the purpose of the research and assured of anonymity. They were informed that participation was voluntary. Ten members participated in the first focus group, nine in the second and eleven in the third group.

The central open-ended questions focused on how they viewed their behaviour. Open-ended questions gave the respondents the opportunity to tell extended stories about their experiences.



3.4.3. Role of the Researcher in Focus Groups.

De Vos et al. (1998:256) warn that fieldwork is definitely not a soft option and that the process of gathering data requires time, a deep personal involvement and commitment. They reiterate that, despite the increase in the popularity and sophistication of qualitative research, researchers are still grappling with the problem of how such studies should best be conducted.

Kelly (2006:296) states that when the researcher is attempting to find out how people really feel about or experience something, they need to create an environment of openness and trust within which the interviewee is able to express himself/herself authentically. Kelly suggests that the researcher needs to plan for the interview. In this study, the researcher made a list of semi-structured interviews and developed an 'interview schedule.'

In setting up the interview, one must ensure that the interviewee has put aside the required time, that there are no disturbances while recording the interview and that the subject has given consent for the interview to be recorded.

The researcher, being a social worker, is trained in the art of responsive listening and is aware of the necessity of using minimal verbal responses such as 'I see' and 'yes' as well as head nodding to indicate genuine interest and listening while eliciting information from the informant. Other techniques when eliciting information includes probing and reflecting which the researcher is comfortable using. These skills proved to be advantageous while carrying out the research.

In order to gain subjective experience, one interviews individuals and in order to gain access to inter-subjective experience, one works with groups (Kelly, 2006:304). The groups were available because the researcher works in the field and has gained the confidence of the participants because of her role as a facilitator in the sex offender program. Once again, the researcher's training as a group facilitator proved valuable, especially in terms of understanding group dynamics and the techniques required when using groups. It was apparent that most of the members of the therapeutic groups excluding my own group, were interested in participating because, as stated by Kelly (2006), the issues at hand were important to them.

3.4.3.1. Individual in-depth Interviews

Participants signed a consent form setting out the terms of agreement before participating in the study (Refer to Appendix 2 Consent form). The researcher guaranteed confidentiality and arranged a specific time to meet with each individual. These times were confirmed closer to the date. The seven interviews were conducted over a time period of eight weeks. The researcher was able to get valuable information from participants.

3.4.3.2. Focus group interviews

The members of the focus group were aware of the research as they were requested to volunteer to participate in the individual interviews. The facilitator reassured members that, where possible, the session would be anonymous, confidential and voluntary. The focus groups consisted of existing and new recruits. Members were already aware of allowing one member to speak at a time and respecting the views of others.

A researcher needed to be aware of the personal and interpersonal dynamics at work within the group, including the marginalization of certain people, avoidance of topics, and the concentration span and comfort level of the group from beginning to end. The researcher followed a semi-structured interview schedule (refer to Appendix 3) and gave the group an opportunity to talk about what was most pressing for them by allowing a degree of meandering discussion. The researcher listened for commonalities and differences of opinion and encouraged the group to reflect on the extent to which their understanding or experience was homogenous or diverse.

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3.5. Data Analysis

The data was recorded verbatim on a digital voice recorder. Interviews were then meticulously transcribed and edited to remove identifying information. The five steps proposed by Terreblanche and Durrheim (2006:322-326) were used to analyse the transcripts.

Step 1: Familiarisation and Immersion

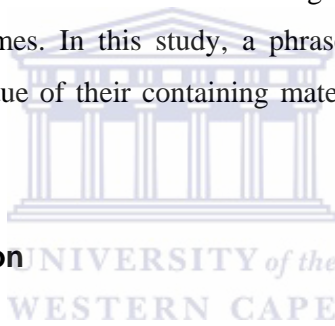
It is suggested that the researcher take the material and immerse him/herself in it, working with texts (field notes and interview transcripts) to obtain a sense of the whole. This includes reading through the texts many times, making notes and diagrams and brainstorming until it is known what things can be found in the data and which interpretations are likely to be supported by the data and which not.

Step 2: Inducing Themes

Induction means inferring general rules or classes from specific instances. The research study looks at the material and organizes it in terms of the participants' life experiences, from their earliest memories to their most recent ones. These life experiences were called events because they indicated significant episodes in the life stages of each individual. Once the events were identified, themes within each event were clarified and described as indicated in step 3.

Step 3: Coding

During the activity of developing themes, one will code the data. This entails marking different sections of the data as being instances of, or relevant to, one or more of the themes. In this study, a phrase will be coded that identifies textual 'bits' by virtue of their containing material that pertains to the themes under consideration.



Step 4: Elaboration

Exploring themes more closely is called elaboration. The purpose is to capture the finer nuances of meaning not captured by the researcher's original, possibly quite crude, coding system. This process also involves highlighting content with observations as well as the form and structure of stories, including the use of metaphors.

Step 5: Interpretation and checking

The final step is when the researcher adds his or her interpretation. This is a written account of the phenomenon under study, most probably using the thematic categories identified.

3.6. Data Verification

In qualitative designs, validity and reliability are described through strategies for

trustworthiness. Eight verification procedures suggested by Creswell (1998:197-204) include prolonged engagement; triangulation; peer review or debriefing; negative case analysis; clarifying research bias; member checks; rich, thick descriptions; and external audits. The researcher used the following procedures for demonstrating standard of work and trustworthiness:

- (i) Peer review, or debriefing, provides an external check of the research process and in this case, the thesis co-supervisor was used. This person has more than 20 years' experience in the field of sexual violence and working with sexual and physical abuse. She recently obtained a doctorate for her work and was willing to examine the findings. The role of this individual was to keep the researcher honest; to ask hard questions about the methods, meanings and interpretations; and to provide the researcher with an opportunity for catharsis.
- (ii) Rich, thick description allows the reader to make decisions regarding transferability of data. The setting, the participants, the methodology and the findings are described in detail. These descriptions may enable readers to transfer information to other settings and to determine whether findings can be transferred because of shared characteristics.
- (iii) Clarifying researcher bias. The author is a woman who interviewed sex offenders who are male, and although she has been working in this field as a group facilitator for about fifteen years, she bore in mind the effect of gender on the data collected. She also used reflective notes and peer debriefing to clarify her own bias from the outset of the study, commenting on past experiences, biases, prejudices and orientation. She consulted with her supervisors on challenges met and constantly reflected on her feelings, perceptions and interpretations, so as to be able to divorce her role as practitioner/therapist from that of researcher.

The research methodologies and techniques are well grounded in a sound, empirical context. In this study the researcher integrates the values and principles of accountability, transparency and relative freedom from contamination, personal bias or value judgments.

3.7. Ethical Considerations

In the section on reflexivity some of the ethical issues were addressed. This will now be further explored. The nature of the study and the potential risks, as well as the advantages, was fully explained to potential, voluntary participants (refer to Participation Information sheet Appendix 1 and Consent Form Appendix 2).

Ethics for Individual interviews and Group settings

- (i) Anonymity regarding reporting of the information was reiterated but the participants were informed that the findings of the study might be published and would definitely be reported in a thesis.
- (ii) Participants were informed of the availability of the services of their counsellors for debriefing, should they prefer.
- (iii) They were informed that they could withdraw at any time, without any negative consequences.
- (iv) I was aware of the importance of the ethics of care as well as of research and because of the population, I wanted to ensure that I adhered to standards of ethical practices and also consulted the ATSA (Association for the treatment of sexual abuse) guidelines on ethical research which concurs with international standards and those of the University of the Western Cape.

3.8. Reflexivity

‘Reflexivity requires an awareness of the researcher’s contribution to the construction of meanings throughout the research process, and an acknowledgement of the impossibility of remaining ‘outside of one’s subject matter’ while conducting research. Reflexivity then, urges us to explore the ways in which a researcher’s involvement with a particular study influences, acts upon and informs such research’ (Nightingale & Cromby, 1999:228).

The researcher has been involved with sex offenders for over fifteen years and continues to be astonished by their blatant disregard for the havoc they cause in their victims' lives. The researcher constantly reflected on her experience to ensure the trustworthiness of the qualitative data because of her awareness that her involvement with sex offenders might have influenced biases, pre-conceived ideas and notions that arise from clinical experience. In the case of the researcher, peer debriefing was done with a colleague who is an expert in the field of sexual abuse and could therefore reflect on the researcher's role in the research.

I am aware that there is a power differential when one is working with this population. These participants are marginalized by society because of their actions and may participate in the research because they want to vindicate themselves from feelings of humiliation and shame and seek approval. They furthermore may participate because they are court-mandated and do not want to be seen as not complying with authorities, of which the researcher may be viewed as one.

3.9. Limitations of this Study

The limitations of this study include that:

- (i) The information shared by participants was highly confidential and of a sensitive nature and therefore a number of participants were not comfortable in participating or sharing information on their sexual activities with children.
- (ii) The time for the study in terms of cost and duration also limited the number of interviews and participants that could be accommodated.
- (iii) This study is contextual where perceptions and experiences are related to the participants in the specific context.
- (iv) The interviews were recorded and transcribed and some descriptions of body language and feelings may have been lost in the process.
- (v) Being a female could have influenced the researcher's perception of the participants.

- (vi) My role as practitioner in the program might have influenced the outcome in spite of assurances of ethical care and responsibilities.

3.10. Summary

In chapter three, a description of the research design, strategy and method was given. Measures to ensure the trustworthiness of the data were addressed. The chapter ended with a discussion on reflexivity and ethical considerations of this study. In chapter four the results of the interviews and group interviews will be described.



Chapter Four: Data Analysis and Discussion of Findings

4.1. Introduction

The primary goal of this research was to undertake an exploratory study on sex offenders' subjective reflections (constructions) of their involvement in the sexual molestation of children.

Coffey & Atkinson (1996:68) indicate that stories can chronicle a series of events, happenings, influences and decisions. The stories in this study unfold based on comments from individual participants and are complemented by information gleaned from the focus groups. They indicate how sex offenders portrayed their involvement and sexual engagement with children.

A semi-structured interview guide was compiled. The researcher made use of open-ended questions to facilitate free-flowing responses. At the outset of the study, it was envisaged that twenty participants would be selected for the interviews. However, due to time constraints and the initial low number of volunteers, seven members for individual interviews and thirty in focus groups were finally chosen to participate in this research. The responses from individual participants will be discussed first. Thereafter, the focus groups' responses will be discussed. Three focus groups were used to complement individual perceptions.

This chapter begins with a descriptive analysis of each of the participants in the study, followed by brief descriptions of the questions used in the individual interviews and in the focus groups' interviews.

4.2. Demographic Profile of the Participants

4.2.1. Description of Individual Participants

The participants formed a heterogeneous group, mostly from lower and middle

socio-economic backgrounds. One participant had a high-income background. They were mostly White, middle-aged men – four Afrikaans speakers and three English speakers.

Their ages varied, the youngest being 22 years old. Four participants were between 38 and 48 years of age, and the remaining two were over the age of 60. Two of the participants were unmarried and one was still married. The others were divorced. Two out of the four divorcees were remarried. The participants all said that they were heterosexual. However, one participant was not sure of his sexual orientation.

The participants also differed in terms of how they came into the sexual offenders' program and the length of time they had been in the groups. Three of the participants had been in the program for less than six months, three for over a year; and one had been in the program for over eight years.

Three participants were referred via court-mandated requirements, and the other four were referred from other sources. One came from another addiction programme when he disclosed, in addition to other addictions, his sexual deviance. Another was referred by FAMSA (Family and Marriage Association of South Africa), and the participant who had been in the programme the longest was referred by his psychiatrist as part of his treatment for other personality issues.

4.2.2. Description of Participants of the Focus Groups

Three heterogeneous focus groups were used for the study. The participants were all male and generally from lower-to-middle socio-economic backgrounds. The majority of the participants ranged in age from 30-55, with a few members slightly older than 60.

Group 1

This group consisted of ten volunteers. The members were classified as

follows: six Coloured, Afrikaans-speaking members; and four White, English-speaking members.

Group 2

The second group consisted of nine volunteers. They were classified as follows: six White, English-speaking members; one White, Afrikaans-speaking member; and two Coloured, Afrikaans-speaking members.

Group 3

The third group consisted of eleven volunteers, classified as follows: five White, English-speaking members; three White, Afrikaans speaking members; and three Coloured, Afrikaans-speaking members.

4.3. Production of Qualitative Data

The following question themes guided both the individual and focus-group interviews:

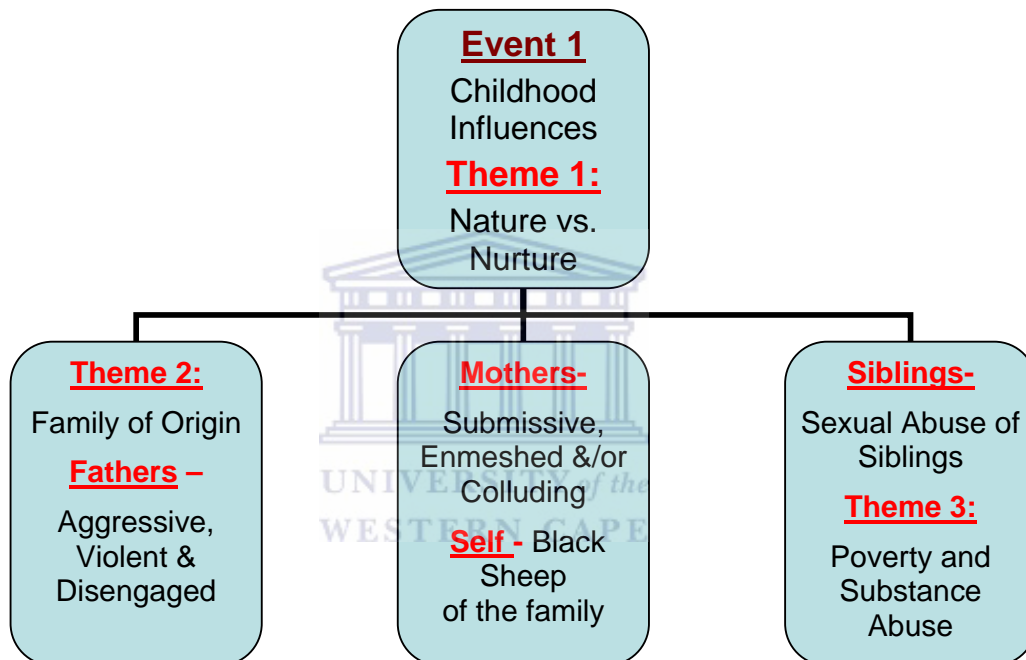
- (i) Participants' experiences of early childhood.
- (ii) Participants' experiences of their pre-adolescent development.
- (iii) Participants' experiences of their adolescent and young adulthood development.
- (iv) Participants' reflections of their behaviour as adult sex offenders.

4.4. Discussion of the Findings

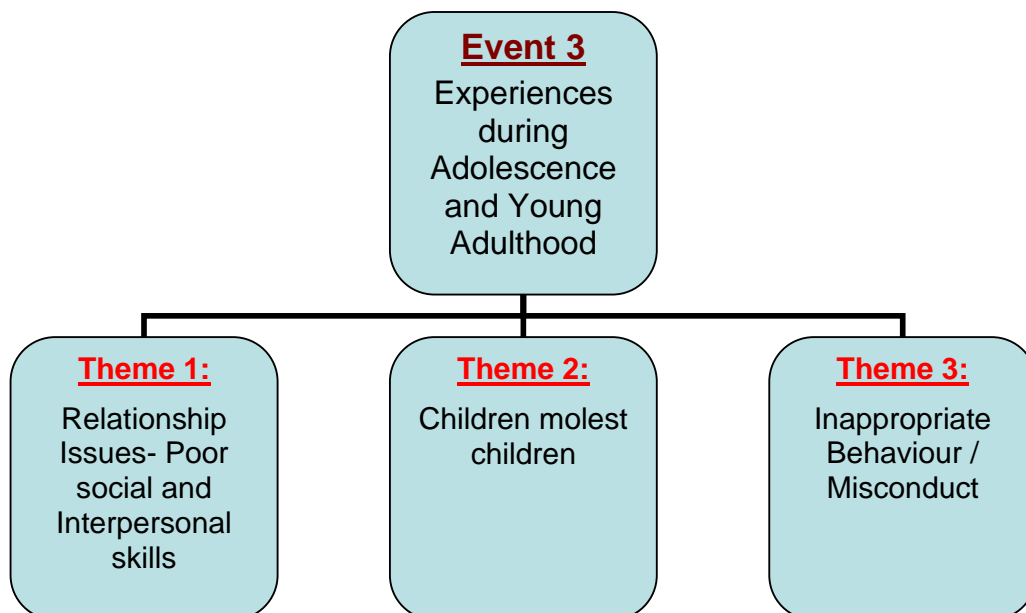
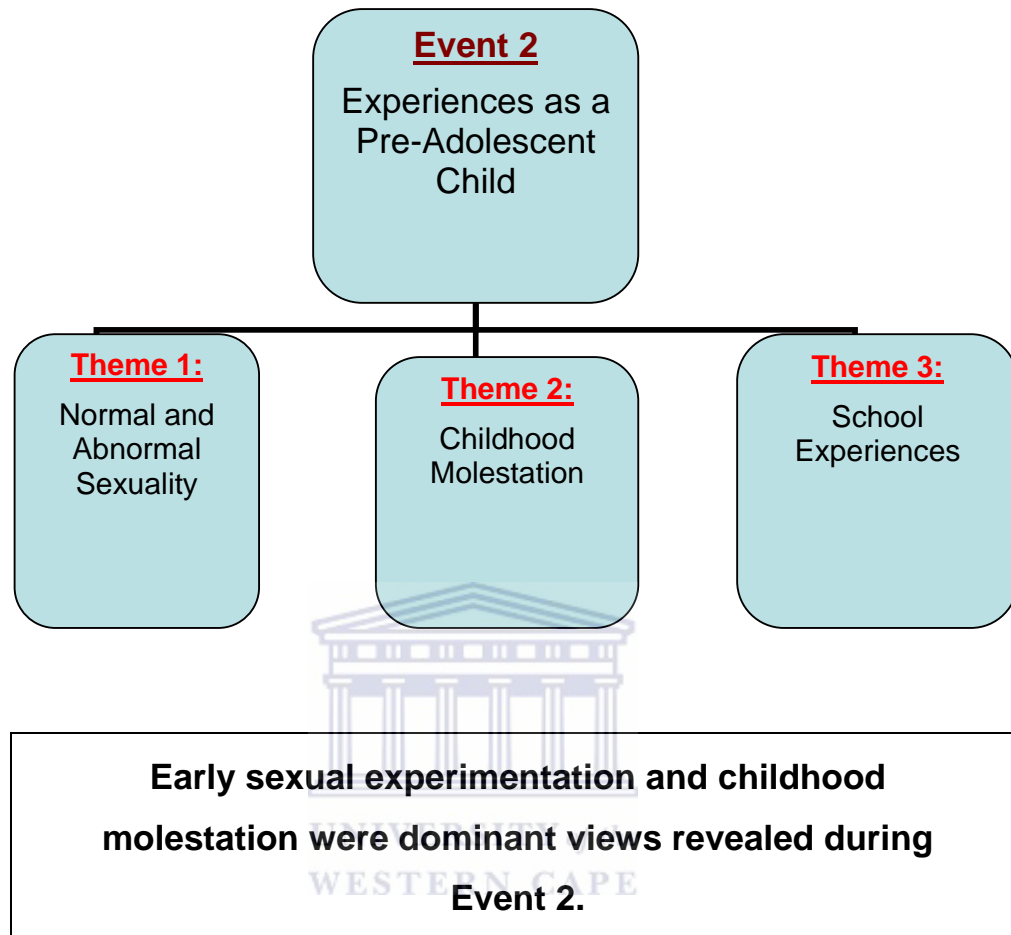
The individual participants told their stories in chronological order, and therefore the story line will be presented as such. The story will be presented in chronological order, starting with their descriptions of their early childhood experiences and moving through their life stages. The life stages will be depicted as events, and themes that emerged within these events will be explored and discussed and compared with the literature where possible.

The events and themes that emerged as their stories unfolded and that will be discussed in this chapter are indicated in the flow chart diagram that follows:

**Life stories as presented by Sex Offenders in a
Community-Based Programme in the Western Cape.**

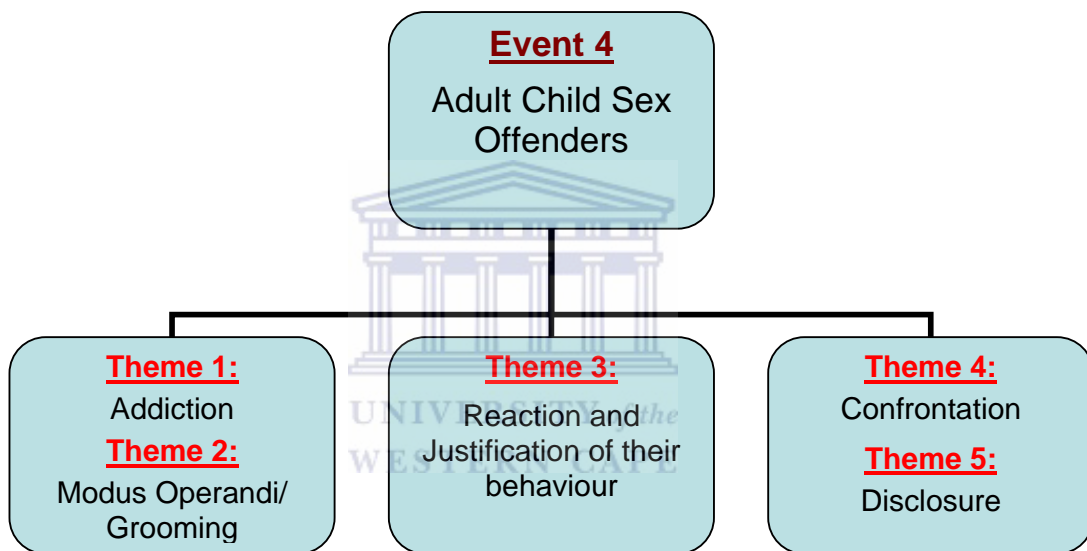


**Childhood experiences revealed a strong theme of
exposure to abusive circumstances in
Family of Origin.**



Error!

Adolescence seemed to be characterised by inappropriate sexual behaviour.



It seems that participants perceived that multiple pathways lead to the sexual abuse of a child.

4.4.1. Event 1: Early Childhood Influences

Theme 1: Nature versus Nurture

The first theme that emerged from the stories was based on one of the oldest arguments in psychology concerning the influence of hereditary, congenital, inborn or natural factors in human behaviour and the formative influence of the various environmental factors the individual is exposed to (Bergh, 2003:294). This debate is often referred to as nature versus nurture.

The story unfolded after the first question asked by the researcher: ‘How do you think you got involved in child sexual abuse?’ The participants started their stories by talking about their present behaviour and referring back to their childhood.

Most participants were unsure about what had led to their behaviour.

Participant 3 summarized their views by stating: *‘I don’t know ... you know ... when I look back at my childhood, then I must be honest, I am no closer to an answer?’*

Participant 5 felt that he was born with a sexual desire for children stating: *‘It was something that was always in me.’*

The opinion that it was because of their genetic make up, seemed to be strongly reflected by most of the individual participants, yet there were some who felt that it was more their childhood circumstances that influenced the development of their behaviour. They appeared reluctant to commit to whether it was genetic disposition (nature) or environmental influences (nurture) that led to their deviance.

There was also no agreement amongst focus group members on what contributed more to the development of their behaviour. The argument reflected by one participant that he was ‘born with it’ was met with both

support and opposition. Comments from the groups supporting the nurture debate included the following comments:

‘For me ... I disagree ... I don’t think you are born with it. In my situation, I was actually ... um ... sexually abused by my father and then later on, when I went to a farm, a group of boys....’

‘What I found astounding was at a very early age we were exposed to sex or sexuality.’

There was still a third opinion that rejected the argument that the behaviour is related to nature or nurture but rather to your own decision-making:

‘In my case my grandfathers were molesters, my great grandfather was a molester, my father was a molester ... er ... teenage girls. I don’t think ... I don’t know about the boys ... but one cannot blame this ...’ and he adds: *‘You have determining factors ... wilful decisions.’*

The literature indicates that there are authors who support both sides of the nature versus nurture debate. On the nature side, for example, is a study by Kafka (1997, 2003). He suggested that the behaviour is due to neurotransmitters such as noradrenalin (crucial to the maintenance of alertness, drive and motivation) and dopamine (strongly implicated in the experience of pleasure and reward), which may play a role in the development of sexual deviance. Taken together, these monoamines act as ‘neuro-modulators mediating attention, learning, physiological function, affective states, goal motivated and motor behaviour as well as appetitive states such as sleep, sex, thirst and appetite.’ Kafka (1997:346) argues that problems in monoamine function underlie deviant sexual behaviour.

When I started working in this field, I was inclined to agree with the moral defect argument, believing that personal responsibility played a key role in the development and recovery of this behaviour. Since then and having been in the field for many years, it has become evident that this is too simplistic an understanding of a complex issue. There also seemed to be other factors

playing a role in offenders' sexual attraction to children and their continuation of the behaviour regardless of the consequences of their actions.

Theorists and researchers have verified that certain characteristics and behaviours are determined by genetic endowment; for example, Geldard & Geldard (2006:24) caution that many childhood and adolescent psychological and behavioural disorders such as disruptive behaviour may be due to genetic disposition. The genetic components of these disorders have a number of genes in common, which affect dopamine, serotonin and other neuro-transmitters.

Hanson & Gottesman (2005:264) recognize the long-held belief that the central nervous system is hard wired and cannot be easily changed once we reach adulthood. The researcher agrees with these authors who claim that, from the perspective of adaptability, we continue to learn, change and adapt throughout the life span to the environment.

Supporters of the environmental viewpoint on the other hand reason that behaviour is learned and that personality is formed and transformed by stimulation or inhibition from physical, social and psychological environmental influences. Bergh (2003:294-295). This theme emerged from narratives of the individual participants and was also debated during the focus group discussions.

This view is confirmed by Polaschek (2003:363), who indicates that sex offenders are difficult to treat and relapse frequently. This is why one of the first dominant interventions for sex offender treatment was and still is relapse prevention.

The cause may indeed be related to genetics or even a psychiatric illness; however, the research in this area seems limited. The argument that the sexual offences may be caused by social and environmental stressors, which contribute to inappropriate sexual behaviour, was more extensively discussed

in individual and focus group sessions. The following section elaborates on the findings.

Theme 2: Experiences in Family of Origin

People and especially children can be regarded as being emotionally deprived if they are deprived of adequate and appropriate interpersonal and/or environmental experiences in the early developmental years. (Dorland's medical dictionary, 2007).

Childhood experiences of being physically abused, being neglected and witnessing family violence have been independently associated with sexual violence in juvenile offenders. (Righthand & Welch, 2004:19).

Family relationships play a vital role in the development of emotional security in children. In chapter 2, Attachment Theory indicated that an attachment between infants and their caregivers evolved as a means of maintaining proximity under dangerous conditions in some instances (Bowlby, 1973). He believed that the relationship between a child and the attachment figure provides a secure base from which the child can explore and master the world. Family relationships are therefore vital in providing emotional security for children. Bearing this in mind, we explore the family relationships of the participants in this study.

Sub-theme 2.1: Aggressive / Violent/ Disengaged Fathers

The participants recalled their parents' marital conflicts and there was a strong response against the father figures. They seemed to have left a negative impact on most of the participants. The fathers were described as aggressive, violent, domineering and sexually inappropriate. The following quotes illustrate:

Participant 1 described how his father handled him when he found out that he was playing sexual games with the other children in the

neighbourhood he said: *'And my father found out...and he beat me ...and said to me I had disgraced him. That he...that he said...you are not part of my name...and...and you can't carry my name anymore,'* this seemed to upset him and he stuttered while recalling how his father treated him. He spoke with vengeance and hatred about his father.

Participant 2 *'Er...ja...my childhood was bad...um...I had a father who was hitting me against the wall most of the time when I was small still...er...my mom was always the one who jumped in between...stop my father from doing it...um...'*

Participant 3 did not mention that there was physical abuse; however, he described his father as domineering. It was apparent that their father-son relationship was compromised or non-existing from an early age. By his admission, he was sent to a boarding school early in his childhood and did not seem to have a close relationship with his father. He was also shocked when he discovered that his father had molested his brother's children: *'I mean...when he said to me...you know...he told me that your father had also molested his...apparently he molested my brother's children.'*

The remaining participants also disclosed that their fathers displayed physical violence, whilst only one participant indicated that the father was not violent. The participant however felt neglected because his father did not engage with him or support him in any childhood activities. Other participants also expressed this disengagement.

This theme of violence, neglect and inappropriate sexuality by father figures was also expressed during the focus groups as the following comments indicate:

'My father died when I was aged 2...and...stepfather who hit us terrible...and chuck us out of the house...and things like that. I had to

seek away out...if I could stay by a woman that is fine. I got away...and it was better for me to stay with a prostitute...that helped a lot...especially when it came to clothes and money.'

Another comment that revealed inappropriate sexuality during the focus group discussion: *'When I was small...ja...I was a victim of my own father.'*

This finding concurs with Priest & Smith (1992:27) who state that men are generally socialized to be aggressive and may translate this learned aggression into sexual conquest and exploitation (Herman, 1981). In the same article, Finkelhor (1984), in seeking explanations about men who sexually victimize children, theorized that 'men are socialized to see as their appropriate sexual partners, persons who are younger and smaller than them.'

It also concurs with Lawson (2003:698) who indicated that child sexual offenders saw their fathers as cold, distant and authoritarian.

Sub-theme 2.2: Submissive, Enmeshed and / or Colluding Mothers

Participants did not have lengthy discussions on their relationship with their mothers, however, the following quotes illustrate how they described their relationship with their mothers:

Participant 1 indicated that his mother was critical of him and when she found out about his behaviour the participant remembered: *'Ja,...my mother knows...ja,...she said to me...why don't I just go and shoot myself...um...she said...what use are you being alive.'*

Participant 2 felt rejected when his mother sent him to an industrial school because she could not control his unruly behaviour. He described it as: *'She posted me away.'*

The more dominant narratives that emerged from their stories indicated that they felt their mothers were submissive to their fathers, only sometimes protecting them from their father's aggression and even appearing neglectful. The mothers were generally portrayed as enmeshed in and colluding of the inappropriate behaviour in the family.

Participant 2: *'Then...my mom knows exactly when it happens...she knows exactly when it is going to happen...because she can see in him when it starts.'* She did try and protect him: *"...er...my mom was always the one who jumped in between...stop my father from doing it ...um.'*

Participant 5 indicated that his mother seemed to collude with his behaviour: *'But...if I didn't want to do her works around the house...or take the washing off line...or whatever the case may be...pick up the dogs droppings...and then she would tell me...listen here...I'm going to tell your dad about your smoking habits, ...obviously we'd sulk and do whatever she wanted you to do.'*

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Collusion is described by Becvar & Becvar (1996:168) as an unconscious defence mechanism. It involves an interactional process as the other person is influenced to behave in a manner consistent with the feeling and attitudes projected onto him. Collusion refers to the participation by the other in this process, by acting in accordance with the projection.

When **Participant 2** became a young adult, his relationship with his mother seemed to become enmeshed: *'Ja...and not only that...the other thing is...my mom drinks a bit too much...then I take her home...make sure she gets safely home, you see.'* He seems to have been drinking himself colluding with her drinking as indicated by this comment: *'I always went with my mom...there...you know...go dance and that...you know...go spent time with my mum.'*

The participants indicated that they also perceived their mothers as

weak and submissive towards their fathers as indicated by these comments: **Participant 1:** *'My mother was in fact prohibited to be...er...show any affection towards us...because he told her that he got jealous of that.'* **Participant 4** said he told his mother about his stepfather's abuse of him but she did not seem to do anything about it: *'And my mom would believe him. I wouldn't tell her anything anymore.'*

They also indicated that they were neglected because their mothers were submissive to their fathers in some instances. **Participant 1:** *'And he said to her...if you want to keep a happy family...don't you show any of these children affection...they are children and what is important is...me.'*

Participant 3, despite coming from a higher socio-economic group, seemed to experience neglect, as most of his childhood was spent exclusively with a nanny or at boarding schools. *'So there was a lot of social interaction, which required...um...you know...that we spent a lot of our childhood...me...that being my brother and I...him with his nanny and me with my nanny...we both had a nanny and...er...wherever my parents went...we went. But the nanny was always there as well...ready to take care of whatever needed to be taken care of.'* These comments suggest that attachment difficulties may have been the consequence of this perceived emotional vacancy and neglect.

Minuchin (1984) is the person most frequently associated with structural family therapy. His theory provides a useful tool for helping people see patterns, processes and transactions of the family as a system.

The terms collusion, enmeshed and disengagement are best described using this model. Becvar & Becvar (1996:189) indicated that Structural theory defines three subsystems that operate within the family. They are the spouse, parental, and sibling subsystem, and the rule for the functional

family is that they operate according to a hierarchy. The ideal arrangement in a family is to have clear boundaries allowing members of a family to feel supported and nurtured and yet be allowed a degree of autonomy.

Participants in this study indicated that they had experienced families where the boundaries between the various subsystems were either too rigid or diffused. Participants who described fathers as disengaged and neglectful may have come from families where the boundaries were rigid. Becvar & Becvar (1996:193) indicate that rigid boundaries imply disengagement where access between subsystems is restricted. In such families, the spouses, parents and children are involved with their own issues. They may rely on systems outside the family for the support and nurturance they need and desire.

Families where there are diffused boundaries are characterized by enmeshed relationships, the polar opposite of the rigid boundary. In this case, everybody is into everybody else's business. The spouse subsystem devotes itself almost totally to parenting functions. The children may have difficulty knowing which feelings are theirs and which belong to others. It is indicated that the children in these families may be uncomfortable by themselves and may have trouble building relationships with others outside the family (Becvar & Becvar, 1996:193).

Marshall (1989) was one of the first to note that poor attachment bonds between child and parent characterize sexual offenders' family contexts and may later lead to difficulties relating effectively to adults.

In a study by Lawson (2003:698), child sex offenders saw their mothers as rejecting and critical. This was also indicated in this research.

Sub-theme 2.3: Black sheep of the family

Participants from the individual interviews showed strong feelings of

being the black sheep in the family and of not being the favourite. The following comments support this notion:

Participant 2 felt that, being the eldest, he was picked on by his father and expressed it as: *'Then he goes and grabs me...because my other two brothers couldn't do anything wrong...my one brother was a baby and my other brother is a bit younger than me. He was the apple of the eye of my father.'*

Participant 1: *'I don't know...he was my mother's favourite...there's no mistake.'*

Participant 6: *'I used to take the punishment for them when they did something wrong...or us as kids did something wrong.'* (**P3**) and (**P7**) were both from families consisting of only two children and they also seemed to indicate that their sibling had it better than them.

Sub-theme 2.4: Sexual abuse of siblings

No universally accepted definition of sibling incest has emerged that differentiates it from normal sex play and exploration (Caffaro & Conn-caffaro, 2005).

The participants reveal that in some cases and from a young age they abused their siblings sexually and physically, as indicated by this comment from **Participant 4:** *'I was also fiddling with my...with my half sister's...my father...My step mom's children...ja...and...er (coughs)...I don't know...I just...I was about 7½...yes...my sister's four years younger than me. Ja...carried on till I was about 15...with my sister. And...er...my mom and my stepfather had two children as well, a boy and a girl...but the girl as well.'*

During the focus group interviews, the participants did not talk as extensively about their families as in the individual interviews; however,

this comment also indicated that they were able to act out sexually against siblings and seemed to get away with it.

'For me...about 8/9..with the family there was no sexual discussion or... but...um...I sorted everything out on my own and experimented with my sister...ja...9 and 8.'

'I was caught...um...nothing happened...no repercussion with my sister.'

An interesting article highlighted a number of public attitudes about sibling sexual abuse by family, professionals and the community that reflect a public discourse that fails to make this issue a problem. Most common were misconceptions that sibling sexual abuse was natural and normal, the victim's fault, not serious, a family matter, and a taboo subject (Rowntree, 2007:358)

Townsend and Dawes (2004:81) emphasize that the role of physical abuse and emotional abuse appear to be equally influential in initiating the cycle to later sexually abusive behaviour. Abuse, whether sexual, physical or emotional, but most probably a combination of all three, appears to be a common feature of the child sexual abuser's childhood.

Theme 3: Poverty and Substance Abuse in the Family

Other important descriptions about their family of origin were the feeling that they were poor and that the parents used alcohol inappropriately at times. They did not seem to connect this to the development of their sexual deviance however it was a negative aspect of childhood. This was not a strong theme; however, it has been indicated in the literature that socio-economic factors can make a person more vulnerable to sexual abuse and substance abuse.

Participant 1 spoke about poverty in his family: *'We were dirt poor...I*

can't remember anything about my parents at that stage.' He continued to talk about his childhood activities as if the poverty created a situation where he was allowed to play unsupervised.

Two other individual participants also felt that their poor economic status may have contributed to their problems. **Participant 5** indicated that they were not coping financially. **Participant 7** also mentioned that he felt his families' socio-economic status impacted on his choice of career as this comment indicates: *'And I not being...er...I wasn't from the most wealthy families because we had...er...quite tough in those years.'*

Poverty seemed to be more strongly indicated in the focus group discussions with the following comments being expressed: *'It was a shock for me when my wife told me she was brought up in a very different manner to me. She was middle class and she was brought up in that way. I was poor and she was brought up in a way that this was not done,'* the individual indicates that he feels sexual abuse was not done in the middle classes.

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Salzinger, Feldman, Ng-mak, Mojica, Stockhammer & Rosario (2002:23) researched the effects of partner violence and physical child abuse on child behaviour. They note that family adversity and family stress on caretakers have long been recognized as major contributors to poor family functioning (Holden & Ritchie, 1991; Rossman, 1998; Wolfe et al., 1985). This raises the risk for abusive parenting.

Dawes (2002:5) quotes from (Pelton, 1994) who indicates that: *'Studies in the U.S. show that the rate of child sexual abuse in the lowest income groups is six times higher than in families who are better off.'* These writers further state that *'There is no comparable South African data but SAPS precinct data and evidence indicate that crimes to children are likely to be significantly higher in poor areas.'*

Dawes (2002) suggests that people struggling to cope with the strains of poverty may turn to alcohol to cope with their circumstances, which raises the risk of abuse, and some of the participants indicated that they experienced alcohol abuse. Most participants mentioned this as something subtle and/or that it occurred as part of the family gathering. In some instances it was actually mentioned, for example, one of the participants recalled his father coming home drunk: '*And he comes home drunk*', said in a way which indicated that this was not a pleasant experience. A comment showing that alcohol was also described as a problem for some of the participants of the focus group was, for example, this one: '*Looking at my childhood...um...my father was never there and my mother was an alcoholic.*'"

The participants' life experiences up to this stage included a distant relationship with their parents characterized by a feeling of neglect. This was accompanied by a strong sense of fear of aggressive, violent fathers and little reassurance from their mothers, who were described in some cases as critical, and rejecting and in others as submissive towards the fathers and seemingly unaware of the participants' feelings of insecurity.

According to a study by Whisman (2006:376), childhood traumas can result in intimacy disturbance, difficulties with sexual relating, increased probability of physical violence and revictimisation, problems with emotional avoidance which may in turn interfere with effective relationship functioning.

Ward & Gannon (2006:78) indicate that inner peace (i.e., freedom from emotional turmoil and stress) is a primary human good. The participants did not indicate a sense of inner peace during this stage of their lives, and Ward et al. (2006:115) caution that generally people appear not to have direct access to the content and structure of their own cognition. Hence, much of the business of making sense of the world is achieved automatically.

Ward et al. (2006:115) document that life experiences lead to a knowledge base or framework of highly associated content (schema) that contains assumptions of what to expect from the world and people in it rather than what is objectively true.

In the light of this beginning, the participants continued narrating their lives, and the next section addresses the next stage of development: their pre-adolescent years. The themes that unfolded during the second event and had a significant impact on them related to their sexual experiences and school progress.

4.4.2. Event 2: Experiences as a Pre-Adolescent Child

Theme 1: Normal and Abnormal Sexual Experience

It may be difficult to determine what is “abnormal sexuality” at this stage of development. However, if coercion, bullying or a lack of parity is involved; or if the activity is a re-enactment of adult sexual activity; or if one or more of the children feels fear, shame or discomfort, then the situation should be considered abusive Kikuchi (1995:109-113).

The participants seemed to start experimenting sexually at a young age, and at first some of their comments seemed to show normal childhood curiosity about their bodies.

The following comments support this idea. **Participant 3** said: *‘And at that stage I was about 4 or 5...I suppose...and ...um...interested in you show me yours and I’ll show you mine...that sort of story...but it never went any further than that.’*

This theme of normal childhood sexuality also emerged as a strong theme during the focus groups.

The following are some of the comments that were made during the focus

groups as this comment indicates: *'I remember when I was like very little ...say about in sub A...um...we were playing doctor, doctor with these two girls in a flat next door to our house...and I didn't understand what was going on...really...and that was the first experience I can remember. We were all about age 6/5...thereabouts...'* and another group member responds: *'It was the same with me...I can remember...just being alone with a friend...who was probably about the same age...swopping views of private parts. It wasn't sexually arousing at that stage...but it was fascinating...it was a pleasant experience I can say.'*

Some of the comments indicated that at this age participants were already displaying inappropriate sexuality and appeared unaware of this development.

Participant 1, for example said: *'Also a vague...vague memory of us kids...um...in...in a...in a tree house...playing with other little girls over there...and I was very small...also a very sexual affair...of masturbation and...and showing...and all kinds of things...like that.'*

The participants suspected that their experimenting was not acceptable as indicated by **Participant 2** who made sure they were alone: *'I was about 7. She was 8 or 9. The girl came to play with my sisters and so on...and I'd...a couple of times...I think two or three times...I got her alone in the room. And I would ask her to undress...and stand...so that I could look at her...and touch her.'* and **Participant 5** also indicated this: *'I can remember that as little boys we were very sexual in...er...gee...that was like 6, 7 years old...um...but I think it was...Ok...we did do the doctor-doctor thing...but I can remember one night...we pitched a tent outside in the garden...and it was me and my older brother and two of our friends. I can remember this...that during the night...er...we were sort of like rubbing each other and carrying on.'*

Authors suggest, Kikuchi (1995), that children experience normal sexual exploration with positive, healthy feelings – light-hearted, spontaneous, and

giggly; and although it may result in embarrassment at times, it is uncommon for it to involve anger, shame, fear or anxiety. Children normally experiment with other children who are within a year of their chronological or developmental age, and participation is on a voluntary basis. Although some siblings experiment sexually, it is more common for the other child to be a friend whom the child plays with often. The children's interest in sexuality is balanced by their curiosity about other aspects of their life. It has typically been accepted that in sexual activity between children who are five or more years apart in age, the older child is abusing the younger, even if the activity is considered normal for similarly aged children. Thanasiu (2004) also expressed this sentiment in a later study.

According to Thanasiu (2004:311-312), psychosexual development begins in infancy and progresses with age. Children's sexual development is marked by curiosity about first their own bodies and then those of others (Schuhrke, 2000). Children exhibiting interest in their own genitals and those of their parents is a normal phase of childhood sexual development. Genital play has been found to be a common sexual behaviour in children from infancy to at least 6 years old. Children will often masturbate and show an interest in the genitals of others. Interest progresses from their own genitals, to their parents' genitals, and then to those of their siblings and peers.

The participants continued narrating their lives and the following section addresses themes that emerged as they shared their life story of their adolescence and young adulthood development.

Theme 2: Childhood Molestation

Childhood molestation of participants emerged as a strong theme in both the individual and focus group interviews. Four out of the seven participants spoke about their own abuse and felt that this might have played a role in them becoming abusers. The following words bear testimony to this reality.

Participant 1 spoke about his molestation as if he had wanted this; his obsession with sex was already prevalent by the time he was abused: *'And I actually said to him...but listen...when...when am I going to get a chance...you know...everybody's going to your bed...and I don't...I don't get a chance.'*

Participant 2 said that this started in high school: *'You see...the other thing also...the school that I went to...there were no girls in there...just boys...eer...ok that's where...basically I was...I was...they started...I started...they started to molest me. Because we are all boys...you know...that is where we started molesting each other...and playing with each other's private parts...you see...that's where it started and...er...'* He spoke about an incident that happened at home as well: *'Ja...and it happened once with me...and I left it...I didn't worry about it...because we doing it at school. Yes...he gave me money...and that...you see...I did not make money...or get pocket money or anything like that.'*

Participant 4 said: *'When I was sexually abused...during the course of that time...I can't remember doing anything before it happened to me...I was about 7 years old.'* He felt that this molestation had a direct influence on his addiction to sex : *'I was about 7...and that carried on for about 7 years...and within that 7 years I started...very quickly...started having ideas...and thoughts...and fantasies about younger girls and boys...so ja...I basically started acting out.'*

Participant 5 could not recall whether he had been abused or not but did remember some incidences that seemed more forced: *'It was unpleasant...but...um...(pauses) I mean it wasn't...er...it wasn't that...er...un-bearing...but it was sore...I mean...I can remember that. Um...Ja...that was basically it...I mean...'*

Participant 6 was abused by his cousin when he was aged 10 and said: *'Um...I was shocked at first...um...and I also kept quiet...to try and keep the relationship...the good relationship between my father and his sister...my cousin's parents...to...to maintain that relationship.'*

This theme was also expressed in the focus groups as this comment illustrates: *'Another thing I want to say is...that I had four sisters and one touched me...and stuff like that...only now...when I came here...did I realize what she was doing was molesting. I was participating willingly. I was about...er...she was about...I cannot remember...I was about 7...'* and another comment from a group member states: *'After I had been molested...I was about 10-years-old...I had no relationship with any girl ...even at school...not in high school.'*

The Pathways Model discussed by Ward et al. (2006:69-71) indicates that exposure to early sexual abuse strongly predisposes children when they are adults to follow two of the five pathways identified in this model. In brief, this model proposes that there are a number of distinct aetiological pathways that culminate in the sexual assault of a child. They describe five pathways and each of these is hypothesized to have at its centre a unique array of mechanisms. These are derived from varying developmental experiences, which in conjunction with circumstantial factors, result in an offence. The causal mechanisms include those associated with emotional regulation, intimacy and social skill deficits, cognition and sexual preferences.

Because individuals experience difficulties in all of the mechanisms described above, one of the pathways, it is hypothesized, is followed and at the heart of this pattern of multiple deficits will be distorted sexual script, usually reflecting a history of sexual abuse at a young age. Pathway 2 contains individuals with subtle distortions in their sexual scripts that have dysfunctional relationship schema (Ward et al., 2006:69-71).

Dawes et al. (2006:74) quote Calder (1999) as indicating that people who are abused as children are at risk of becoming abusers themselves. In order to overcome this early trauma, they become the abusers of the next generation. The stories related by the participants in this study concur with this author's analysis.

Theme 3: School Experience

The participants' early childhood environment seems to reflect an atmosphere of instability and neglect. They were vulnerable to sexual abuse and some were experiencing molestation by adults. Despite these environmental barriers, they were required to function adequately at school.

Some of the participants indicated that their sexual molestation had a negative impact on their school experience:

Participant 1: *'Then things started deteriorating...then I was starting to be abused by that time. So from standard 5...std. 6...std. 7, 8, 9...from that time...it just went down...and it reflects that decline in my reports... you can actually read that...it was like a book.'*

Participant 6: *'I was fine at junior school...I was fine...like I said...I didn't take part in any sport. I have asked the question to a lot of other professional people...and some of them came up with the sort of solution...that it might be due to my own molestation.'*

They also indicated that school was traumatic and they felt inferior:

Participant 5: *'I mean...it just went like that...from standard 2. It just went backwards...backwards...backwards...eventually as I said...I failed standard 5...which was also very traumatic for me...but...um...I didn't have the support...er...from my parents. They did...I can remember the day that I did get my report...it was in summer of course...the end of the year...and I was in tears...and I just wanted to be all by myself. I felt a bit different...because...um...your...your...your classmates are on their way to the senior standards...and you had to remain in junior school.'*

In addition, **Participant 5** described incidents of corporal punishment by teachers: *'He would line us up in front of the board...he had these big hands...and he would smack us on our bare legs...at the back...that you*

could see the hands on your leg.' **Participant 7** also reported that he had hidings every day.

One of the participants reported engaging in substance abuse in junior school: **Participant 4:** *'Ok...drinking started...in primary school...in...er ...Lognerhof...but...ja...during that time I started drinking with my...my ...my...my best friend.'* He continued experimenting with alcohol, and then by age 15, *'I started smoking weed...um...with a couple of friends that I met...and...er...about 2 or 3 months after that, I had my first ecstasy tablet. And...um...soon after that crystal meths was...like ...introduced into Cape Town...I think...ja...2000. And...um...I can still remember the straws we bought...and how much we paid for it...and we used to smoke it through a light bulb at first...and that carried on for quite a while.'*

This involvement in inappropriate activities while at school was also expressed during the focus group discussions: *'Yes...and I remember...even when I was in about...std. 4 and 5...I would collect scopes and things and hide them away...so that other people would not see them.'*

Despite inappropriate activities and abuse some of the participants reported that they were able to excel in other areas during their schooling:

Participant 4: *'I was first team rugby...always excelled in athletics...I always went to the trials...um...always rugby...um everything...all sports. I tried karate...tried bowling...fishing...skate boarding...cycling ...er...squash...baseball...soccer.'*

Participant 3: *'I excelled at rugby...I excelled at swimming...um ...basically any sport that I put my hand to...I was excellent at...and as a result...I was first team rugby...I was first team swimming...I was first team...I didn't really get excited about cricket, but...um...those sports that I did play...I was first team in everything. And actually landed up...er ...becoming a prefect.'*

Participant 2: *“So...ja...I finished my school...I been a prefect in high school...”*

This finding concurs with research that indicates non-conclusive findings about academic performance (Righthand & Welch, 2004:18). They reported that those youths who sexually offended tended to have more adequate academic performance than those who committed other types of offences. However, there are other studies that contradict this finding and indicate that, as a group, juveniles who sexually offended experienced school and academic difficulties.

In summary, when relating their pre-adolescent experiences, the participants' description of themselves as the 'black sheep' of the family, as well as feelings of inferiority, seemed to escalate during childhood. The fact that five of the individual participants and more than half of the focus group members experienced molestation as children concurs with the literature stating that this predisposes some victims of perpetrators to offend later. Some also became involved in other addictions such as substance abuse and pornography; and one wonders whether this was an escape from their adversity, a way to cope, a feeling of belonging.

There were indications that some of them were able to excel in other areas at school, despite these negative experiences. Against this background, the participants had to negotiate the challenges of adolescence, one of the most significant stages in one's development as a human being.

The participants continued narrating their lives, and the following section addresses themes that emerged as they shared the stories of their lives during their adolescence and young adulthood development.

4.4.3. Event 3: Experiences during Adolescence and Young Adulthood

Geldard & Geldard (2006) concur with Mabey & Sorenson (1995) who state that adolescence is considered to be the stage in a person's life between childhood and adulthood. It is the period of human development during which a young person must move from dependency to independence, autonomy and maturity. The young person moves from being part of a family group to being part of a peer group and progresses to standing alone as an adult.

The writer was reminded about the following analysis regarding sexuality. Sgroi (1988) emphasize that it is not normal for pre-adolescents or adolescents to be involved in any type of sexual behaviour with preschool or elementary school-age children. Kikuchi (1995) describe normal and abnormal sexuality in adolescents. They point out that as children become adolescents, the range and frequency of normal sexual behaviours increase. The development of new normal sexual behaviours in adolescents progresses from handholding to sexual intercourse (Kikuchi, 1995:109-113).

Theme 1: Relationship Issues - Poor Social and Interpersonal Skills

It became evident from the narratives that participants struggled to develop appropriate social and interpersonal skills, and most of them did not seem to know how to pursue their needs for intimacy and romance during adolescence appropriately.

Participant 1 stated: *'Then I broke up with her because her boyfriend came back from the Navy College and she just cut the relationship like this. And since then, I have never, ever given myself to someone...um ...emotionally,'* indicating that he blamed the break-up of the relationship on his girlfriend and used this as an excuse for not being able to connect to someone emotionally.

This experience of rejection shows that he had difficulty dealing with his emotions. Pathway three of the pathways model contains individuals who are hypothesized to possess an insecure attachment style and have subsequent problems with intimacy establishment, Ward et al. (2006:71)

Participant 1 however married at age 19 to someone eleven years older than him but seemed to also experience intimacy deficits: *'I needed someone to like me, and that's what a paedophile's whole problem is, he can't love on his own, he can't love unconditionally, he can't love someone for themselves, he has to be loved before he can show affection, and show that he cares for someone. If a person doesn't love him, he doesn't care that much. You love for the relationship to work.'*

Participant 2 seemed to contradict his experiences, referring to an incident as a one night stand but in the same breath calling this a relationship: *'Umm...no...it was before that...I had...I had a girl...like they call it...a one night stand. I was about 18...17...18...I just left school...I was in school...um...it's a woman...she's married...she also had children ...I had a relationship with her when I was still younger.'* His need for intimacy seemed hampered by poor social and interpersonal skills which continued until adulthood: *'Ja...I am a shy person actually...ja...umm...I don't actually go to a girl...not even to a woman my age now...I wouldn't even go to a woman...tell her listen...you are a nice person...and tell her...don't you want to go out for supper tonight...or come we go have a few drinks or something like that...I don't have that...guts to do it...I am like a chicken still.'*

Participant 5 also described an inability to relate appropriately: *'What I can see now is basically that...um...I didn't have a normal...um...sexual life...first of all...and definitely not...um...socializing properly with...with...um...definitely with either sex...doesn't matter...male or female ...um... There was definitely a lack in...in...in...an ability to communicate well and...um...to build up proper relationships...it was sort of like I*

pushed it aside. I mean you...you do pretend and you do try to make conversation, but it's just on the surface...I mean it doesn't go deeper.'

Some of the participants were promiscuous during their adolescent experiences.

Participant 4 states for example: *'And...um...I can also remember I had lots of girlfriends and I used to invite them over quite often, and they'd bunk school and then we'd have sex.'*

The same applied to **Participant 3**: *'Lets take the car and go into Maritzburg...lets go and chat up the nurses at Grey's Hospital.'* *'And that was where my first true encounter with woman started...after...um...after I left the army, I...um...went to Sedara agricultural college, failed, because of girls...interaction...um...'*

Poor social and interpersonal skills were also revealed during the focus group discussions, which these two comments highlight: *'I always felt extremely uncomfortable and nervous and unsure about my sexuality. I remember when I reached puberty and masturbated I would...like...cry and pray to God to please struck me down there...and all that kind of thing. That is kind of...at once being attracted to sex...and also dissociating oneself from this...so that I would not feel like I was sinning. This carried on right through my whole life.'*

"And look...of course...we are trying to figure out why...how...I think a lot of us do...and besides being rejected...I went a bit further and say...why did I...why did I...er...er...withdrew from...from...from ...from my teenage years...from relationships...I am not talking about real sexual relationships...but actual...between a boy and a girl... boyfriend and girlfriend...like my sisters and friends used to do it...but now...at a later age...you might want to experience what you missed out on... being a teenager ..."

Whisman (2006:376) quotes Briere (1992) and Compton & Follette (1998) as indicating that childhood trauma can result in intimacy disturbance, (e.g. fearing, distrusting and experiencing ambivalence about interpersonal closeness and impaired ability to trust).

Geldard & Geldard (2006:17) indicate that some children do not have the opportunity to form a secure attachment to one person. They may have neglectful or abusive parents. As indicated earlier in this chapter, most of the participants experienced neglect and abuse from their parents.

Insecure or unsatisfactory attachments during childhood have been linked to early sexual activity and high-risk sexual behaviour (Smith, 1997). It is apparent that these participants generally had difficulty forming intimate and emotional relationships with peers. They seemed to sexualise these relationships and expressed in some instances a fear of rejection.

The Pathways Model discussed by Ward et al. (2006:69-71) indicates that Pathway 3 contains individuals hypothesized to possess an insecure attachment style, who have subsequent problems with intimacy establishment.

Theme 2: Children molest Children

A study carried out by Delpont & Vermeulen (2006:41) investigated the current profile of convicted male sex offenders, and one of their findings was that these offenders were under the age of 20 when they committed the offence. They state that this concurs with a study by Redpath (2003:17) indicating that the declining age of the sexual offender is a matter of some concern. They furthermore emphasize that arrest figures in South Africa show that the number of arrests of children for sexual crimes committed against other children is increasing and that one in three adolescent sexual offenders will commit more serious sexual offences as adults.

A strong theme that emerged from the narratives during this event was that they began molesting children younger than them; for example:

Participant 1 stated *'I was 14...I had a sexual partner...she was about 9 ...for about 4 years...no...no...3 years sorry. And I still didn't do any penetration sex with her...just feeling and masturbation.'*

Participant 2 also indicated that he started becoming involved with younger partners: *'I had one relationship before with a younger girl...um ...I was...I was 18...she was...what...13 or 14 years old but she's been molested before that time. She had an eye for me and I had an eye for her and then she started.'*

Participant 4 seemed to continue from his childhood sexual experiences as indicated: *'I don't know...I just...I was about 7½...yes...my sister's four years younger than me. Ja...carried on till I was about 15 with my sister.'* He also reported another incident during his adolescence: *'I'd just get out of bed...and go to my younger brother...and start playing with him...and I was about...ja...I was about...ja...I was about 14, 15 when I started doing that...and...um...I was eventually in matric...er...2nd of April...like...about during the course of that...I was also fiddling with my...with my half sister's...my father...my step mom's children...ja ...and...er...(coughs).'*

Participant 5 indicated that he molested his younger cousin: *'One was my cousin. He's quite younger than me...um...I'd say about 10 years or more. I can't remember...I just know it was one day we were in the toilet. I can't remember...I just...I just touched him, I think...that was all.'*

Geldard & Geldard (2006:23) indicate that children who are sexually abused may become abusers themselves and that children witnessing violence are likely to become violent.

Ward et al. (2006:34) refer to Marshall and Barbaree (1990) who indicate that a critical developmental task for adolescent males is to learn to

discriminate between aggressive and sexual impulses. The task is made more difficult if individuals are insecurely attached. The assumption is that the presence of such vulnerability factors, in conjunction with an influx of male hormones in puberty, increases the chances of a young man behaving in a sexually aggressive manner.

These studies concur with the findings of this study as four out of the six individual participants indicated that they were molesting children younger than them during their adolescent years. This theme was not expressed during the focus group interviews.

Theme 3: Inappropriate behaviour/misconduct

A study by Righthand & Welch (2004:23) indicates that juveniles who sexually offend have been reported to exhibit disruptive behaviour, truancy, academic problems and learning disabilities; however, other variables are involved in this finding.

The participants indicated that they became involved in other misdemeanours; however, this was not a strong theme.

Participant 1: *'I can't remember their names...but what we did...we started off with breaking into telephone boxes, and stealing peanuts. And then we started with cars...and then we started with houses...breaking into houses. And...and...er...Hennie and...er...Willie...that was the two persons...just when we really started getting serious now...we were going to rob people... that I left home and I went to Pretoria...got away from the gang.'*

Participant 4 seemed to have problems that became entrenched in personality difficulties. This continued into his adult years as indicated by this narrative: *'Ja...and he started having parties...and he used to have parties...and that's how I started...and I tasted a bit...and eventually when I got drunk the first time, I felt like it was kind of nice. Ja...between*

12 and 13...I just kind of felt that this numbs me...I can't feel anything and next I just can't remember...I just can't remember everything I used to do.'

Zankman and Bonomo (2004:147) indicate that a relevant debate in the juvenile sexual offender field is whether adolescents who commit sexual offences exhibit unique characteristics different from youths who commit general nonsexual crimes. They conclude that the literature indicated no clear agreement as to whether juvenile sex offenders are a unique group and that there is a need for further research in this area.

According to Righthand & Welch (2004:18), youths who commit sexual offences do seem to have unique characteristics. These have included an overall negative attitude regarding most types of delinquent behaviour and a disengagement from family interactions (Miner & Crimmins, 1995), as well as increased rates of child sexual abuse victimisation, major mental health difficulties, sexual identity problems and fewer appropriate peer relationships (Milloy, 1994). They indicate that, despite this, when a longitudinal perspective is used, findings suggest that sexual offences among juveniles appear to be but one piece of a pattern of generalized delinquency.

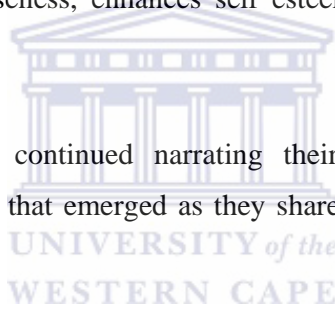
In summary on experiences during adolescence and young adulthood, the two main themes identified during the participants' narrative discussions at this stage of their life were, firstly, that they experienced poor social and interpersonal skills in pursuing their romantic relationship and intimacy needs. Secondly, they seemed to find satisfaction in acting out sexually. The third theme that seemed to be expressed was inappropriate acting out and misconduct; however, this was not as strongly expressed as the other two themes.

Marshall and Barbaree's Integrated theory (1990) provides an explanation of how vulnerable youths can become sexual offenders. They indicate that vulnerable individuals, such as the participants of this study, enter puberty

without a satisfactory repertoire of social and intimacy skills. They suggest that this makes it more probable that their relationship overtures to women will be met with rejection, which concurred with the findings of this study.

They then indicate that this may result in these youths developing lowered self-esteem, anger and negative attitudes towards females. These negative emotions caused by rejection may trigger the onset of deviant sexual fantasies. The young offender may masturbate to these fantasies to alleviate unhappiness or to express rage and disappointment. A key idea of this theory is that individuals frequently meet a number of psychological needs through sexual activity: It provides pleasure and tension release, increases a sense of personal effectiveness and control, alleviates low mood, promotes interpersonal closeness, enhances self esteem and consolidates a sense of masculinity.

The participants continued narrating their lives and the final section addresses themes that emerged as they shared their life story as adult child sex offenders.



4.4.4. Event 4: Adult Sex Offenders

The findings of this study seem to indicate that by the time four out of the seven participants had reached adulthood they had already engaged in deviant sexual activities with children. The other three indicated that they started molesting and were attracted to children once they had reached young adulthood and were married. The members of the focus group did not indicate when they started molesting, but there was a mixture of those who started molesting when they were children and those who started molesting later in life.

Theme 1: Descriptions of their Addiction to Sexually Molesting Children

In this last event, we discuss their reflections of their behaviour, and the first theme that emerged confirms that their pattern develops, is or becomes

addictive. The life story is now reflected in the descriptions of their modus operandi or grooming patterns and how they continue with this until they are confronted and eventually disclose their behaviour.

The common dictionary definition refers to addiction as a habit. Samadhi (2006:69) states that the Internet today provides a definition for addiction by referencing Pub Med quoting from the DSM-111-R: 'Addiction designates a process whereby a behaviour that can function both to provide pleasure and to provide escape from internal discomfort is employed in a pattern characterized by:

- (a) Recurrent failure to control the behaviour (powerlessness) and
- (b) Continuation of the behaviour despite significant negative consequences (unmanageable).'

The participant's descriptions of their behaviour seem to concur with this definition as indicated by the following narratives.

Participant 1 indicated that he could not stop his attraction and need to molest children so he went to see a doctor: *'I expected to be cured, but things never got better, my paranoia started acting out, and my anxiety and ordinary things became very obsessive.'*

Participant 4 also described this lack of control: *'Um...it just turned me on so much to pull off their clothes...and then I would start playing with myself...masturbate...and then as soon as I come...I felt so guilty. After I'd come and not even a few minutes later...I want to do it again.'*

Participant 3 said: *'Ja...no...I knew it was wrong...But I somehow couldn't stop myself.'*

Participant 5 said *'...but you got that urge and I mean you keep on...um ...helping...improving on the ways you groom...and things like that... just to nourish this...this need. You continue with what you are doing... but you are not really realizing um that you are going further and further*

and causing more and more damage until you caught of course”

This was also a strong theme that emerged during the focus group discussion. The debate centred around whether this was an addiction or not: *‘Yes but to make a specific choice like that...it is an addiction.’* Another group member disagreed and asserted: *‘An addiction might not be a choice but what you do with that addiction is definitely a choice.’* Other members added their opinion, and some agreed that this is a choice: *‘Well let’s just take an alcoholic, for example, you can’t just say, no...I am not an alcoholic. But at this point in time you can say, I am an alcoholic...what the hell am I going to do about it. Do I act on it, do I refrain from it, do I need help what do I do about it?’*

In another focus group, this debate also came up, and a member indicated: *‘You are aware of what you are doing, there is no doubt about it. I think you are fully aware of what you are doing and you know that what you are doing is wrong but you just somehow... you know you can’t stop yourself.’* Another then attempted to clarify what this participant was saying: *‘Like a type of addiction,’* and this opinion was confirmed by the group: *‘The minute it happens twice, it is an addiction...you try other things and gradually...’* He was interrupted by still another member who added: *‘I think my first time... it already became you can say an addiction...you don’t need to repeat an offence...the reason that I am saying that is... that is why we...about an hour or two afterwards it only sinks into our mind...what we term as wrong...you know...but the adrenalin’s pumping so high while you doing the act that...’*

The conversation became complex and members began to debate the terms addiction and obsession. *‘So when is it an obsession and when is it an addiction. What is the difference between the two?’* He was answered by a member of the group: *‘Addiction is that...that...that you can’t stop it.’* Another one asked, *‘When does it become an obsession?’* and this was answered almost superficially with a comment: *‘When you think about it’* and this debate continued with the term being compared to other addictions.

'Ja...it's almost like he said...he touched on it...emotionally...you get emotionally...um...dependent on it...its almost like a drug...you take your drug every morning...after six years you can't go a day without that pill or whatever and if you reach that thing...it is a very dangerous place ...'

Wolf (1984) developed a 10-step model of the cycle of sexual offending and referred to it as an addiction cycle. It begins with an offender's negative perception of himself. To compensate for his inadequacy, the offender engages in 'need-fulfilment fantasies' usually sexual fantasies that enhance his sense of control and efficacy. (Ward et al., 2006:238).

It appears from the research and literature that offenders fail to control their behaviour (powerlessness) and that they continue with it despite significant negative consequences.

Theme 2: *Modus Operandi / Grooming*

The next theme that emerged during this event seemed to focus on their modus operandi and grooming styles.

Craven, Brown & Gilchrest (2006:297) define grooming as: 'A process by which a person prepares a child, significant adults and the environment for the abuse of this child. Specific goals include gaining access to the child, gaining the child's compliance and maintaining the child's secrecy to avoid disclosure. This process serves to strengthen the offender's abusive pattern, as it may be used as a means of justifying or denying their actions.'

The participants' descriptions of their grooming concur with this definition. They verbalized how they were able to get children to co-operate with them. This theme was strongly expressed during both the individual and the focus group discussions.

Participant 1 indicated that his sexual deviance was planned: *'No, they*

are planned...there is no doubt about that what so ever.’ He explained how he carried out his plan: ‘I chose children at random, and I measured their reaction. And when their reaction was positive, I carried on with touching...and from there eventually masturbating. And then I left. But if I came to a child and the reaction was negative...then I left it.’

Participant 2 stated: *‘What I get pleasure out of was...I grab my daughter...hold my daughter and that...playing with their breasts and that ...and then I masturbate. That was what making me my pleasure.’*

Participant 3 added: *‘An...er...that was the year that television came about...and while watching TV...ja...or just on my lap...and hands inside the panties...that sort of thing.’*

Participant 4 said: *‘I’d...er...started doing precisely the same to my other half sisters...also because they slept in their own rooms...the one was a baby...a year or 2 old...the other was a bit older.’*

Participant 5 said that, *‘...it would definitely be a specific victim that I would target and would really groom well...um...but then also it depends on the mood that I’m in...and also the opportunity...and what the situation is.’* He also said: *‘And there was a lot of kids with financial problems...out of broken homes...things like that.’* He would arrange funding to take them away on holiday and there he would create the opportunity to molest them.

Participant 6 said: *‘The oldest one of 13...she would get into the bed right next to me and...um...its...er...its difficult you know...’*

Participant 7 said: *‘Slept on her side of the bed...just to be close to me ...for that parent...parent/child relationship to be close...and unfortunately ...in my sleep...I may have touched her...or I did touch her, according to her.’*

During the focus group discussions, one of the members said: *'Grooming is preparing your victim to be seduced'* inviting other members to describe how they groomed victims: *'Yes I am not attracted to children...mine was brought on by watching movies and so on.'* *'I think from my point of view, I did use alcohol...but not necessarily...and secondly I sometimes used pornography on the internet to make me feel better about what I had been doing...so there is the alcohol and the pornography.'* Another member said: *'No, no my victims were always...I did not go hunting for my victims...I am not a stalker...all my victims were children of the parents that were around...because of our socialization and...er...and you...er...identify a specific girl that you know appears to be a soft target...to use an expression...if you touch her and you feel rejected then you left it...um...you know...if you didn't get rejected then you carried on.'*

It was evident from the descriptions that the participants were able to successfully groom their victims. Their grooming styles appeared to follow a pattern. The literature refers to a number of theories that have been developed based on offenders' descriptions of their grooming styles and modus operandi. Two theories that will be referred to as illustrations are the Self-regulation Model, (Hudson and Ward, 2000) of the offence and the relapse process, which demonstrates that sexual offenders can be reliably assigned to different offence pathways. This model evolved from the Relapse Prevention Model, (Ward and Hudson, 1998) as one of the most comprehensive explanations of offender types based on their grooming. The later version of this theory, which has been indicated in this study and discussed in chapter 2, is the Pathways Model of Ward & Siegert (2002).

Polaschek (2003:365) refer to Ward and colleagues, who proposed four pathways that all offenders are organized around based on the type of goal (approach vs. avoidant), and type of strategy used by the offender to reach the goal (automatic, passive and active). These four pathways are called: Avoidant-passive, Avoidant-active, Approach-automatic and Approach-explicit.

In this study, it was apparent that some of the participants did seem to follow this pathway when grooming. Participant 1, for example, seemed to approach victims at random for sexual pleasure. He therefore seemed to display traits of the classic paedophilic approach pathway to child sexual offending or the approach-explicit pathway. Other offenders indicated that they waited for the victim to approach them and could be following an avoidant-passive pathway.

Some of the participants described aspects that complemented both the Self-regulation Model and Pathways Model. However, most of them did not want to discuss their grooming behaviour in detail. The literature does however indicate that people use different strategies and methods when molesting children.

Theme 3: Reaction and Justification of their Behaviour

The third theme that emerged strongly while they discussed their grooming styles was their reaction and justifications of their behaviour.

Cognitive distortion is defined as the statements that sex offenders use to provide support for their offences when asked to recount their offences (Navathe, Ward & Gannon, 2006:216).

Initially, after reviewing a range of cognitive distortion measures and interview studies, Ward and Keenan (1999) developed the judgment model of cognitive distortion (JMCD) and proposed that there are five implicit theories that can account for the offence-endorsing cognitions typically articulated by child molesters. They are uncontrollability, dangerous world, entitlement, children as sexual beings and nature of harm (Ward et al., 2005).

It was clear from the stories that the participants developed justifications that could be linked to cognitive distortions, as indicated by the following narratives:

Participant 1 seems to fall into the network where he feels he is ‘entitled’ to molest children. This network refers to offenders who view themselves as superior to others; therefore, he feels he is entitled to assert his needs, including sexual needs, and this was strongly indicated by his comment where he ‘blames the victim’ for the offences as indicated by this statement: *‘Another thing that I experience is that children are massive antennae’s and some of my victims had no clue what I was doing to them. But because they were curious they came in...or wanted me to carry on ...and then realized what it was...they got pleasure out of it and...and I left it...and it was fine.’*

Participant 2 concurred with ‘uncontrollability’ when he said that he felt that he had **no control** and did not realise that what he was doing was in fact wrong: *‘Ja...no...it was actually a shock...I didn’t know that...like ...that can be a molesting or...a betassing.’* According to the JMCD, this thematic network refers to sex offenders’ reports that their thoughts, feelings and behaviours are uncontrollable and that powerful internal or external forces drive their behaviour, for example, sexual desire, alcohol, lack of control. WESTERN CAPE

Participant 7 also indicated that he felt this just happened. *‘And, unfortunately...in my sleep...I may have touched her.’*

‘Children as sexual beings’ seemed to be the most commonly used excuse for engaging in this behaviour. It includes the view that children wish to engage in sexual activities with adults and that sex is beneficial for children.

Participant 3 indicated that he felt the victims wanted sex: *‘It was...um ...purely sexual stimulation of the vagina...and she was very sexually orientated...highly sexed.’*

Participant 6 also seemed to use this as an excuse as the following narrative indicates. *‘Even when I touched her leg...now I know...that girls go into a state of shock. They can’t co-operate...they freeze...they can’t*

move. That's how I thought this is...like...ok...you can go on... because her legs were relaxed...one leg over my leg...it was relaxed...and...Ja...I thought that she was like...you know...compliant as you say...ok.'

Participant 5 seems to concur with 'dangerous world' where it is hypothesized that these offenders view the world as hostile and rejecting, and they are consequently attracted to children because they feel safer or for revenge, therefore to harm them. He indicated that he was aware that he was harming his victim but continued the behaviour regardless. *'Yes...I mean...but...ja...you were very much aware that there's harm done here. But you sort of like...try and make it up with something else...or take them out for a hamburger...or...'* He also went on to justify his actions stating: *'I needed somebody to...um...love...in a way...I would say that...um...ja...I think that was one of the biggest reasons actually...for becoming sexually involved with children...I just I needed a partner.'*

During the focus group discussions they also justified and excused the behaviour as indicated by these narratives: These narratives imply 'uncontrollability': *'Not really...I don't know...I was drinking most of the time...I was under the influence...I don't know it happened...I saw my daughter and...it just happened like that.'*

'Yes...I am not attracted to children...mine was brought on by watching movies and so on.'

'I am not using it as an excuse...the fact...but I have been molested myself when I was young.'

Members in the focus groups also indicated that they felt children wanted sex: *'Ja...especially when a child is coming on their own without you telling them to come.'*

'I always had the impression that my victim came onto me...um...'

They also seemed to feel that it fulfilled a need in them and therefore in the child as well: *'Ok...um...what I can...what my mind tells me...where a child can give you unconditional love...'*

The general consensus is that sexual offenders' cognitive distortions reflect thoughts about children, women, the world, and themselves that seem to facilitate and maintain sexual offending, although the exact mechanisms underlying these statements and how they influence action are unclear.

The narratives seem to concur with literature that these participants became addicted to their behaviour, planned their offences, and were able to carry out their behaviour by grooming themselves, the victim, and the community. Eventually, they are caught, so the next theme that emerged from the narratives was their description of how they were eventually confronted.

Theme 4: Confrontation

Their modus operandi, justification and reaction to their behaviour were the strongest themes that emerged from the narratives during this stage of their lives. This is only revealed however once they are confronted so the next theme that emerged was how they were eventually confronted which led to the final theme the disclosure of their behaviour.

These participants indicated that even though they were confronted in various ways by society, most of them still seemed to be able to continue with their inappropriate sexual behaviours. It is as if the society does not believe they exist. Only in some instances were they punished more severely. The participants in this study indicated that most of their early molestations were identified and then ignored.

This finding concurs with Van Dam (2001:46) where she states that most of the molesters interviewed for her book, *'Identifying Child Molesters,'*

acknowledged that they had frequent early experiences where their molestations of children were identified and then ignored.

Most of the participants were confronted because the victim disclosed the abuse, as indicated by:

Participant 2 who abused his daughters (intrafamilial) and victims outside of his family (extrafamilial): *'I know she needed love and attention and maybe I wanted to give it to her but she took it on the wrong way and that's where the court started.'* This victim then went to speak to his daughters and he said: *'My daughter say...ja...but my daddy bathed us and all that I done to them...and that is why I am sitting here now.'*

Participant 3 was confronted by his son: *'He just said to me...Dad are you molesting my girls? And I said...ja...I am...'*

Participant 4 disclosed his sexual addiction while getting rehabilitation for his drug addiction.

Participant 5 felt that he was able to get away with his behaviour because of the responses by the community and the psychiatrist that seemed to minimize his behaviour. *'He's actually a psychiatrist...and he was also still studying...he was doing his honours at that stage...and he called me in and said...listen...we got this complaint. So the people in the Boland knew...the people in the Western Province knew...they knew me...they knew I was a very good coach...but they also knew my background... they also knew there's some stories about me...ja...there's some skeletons in the closet. But of course, its not something that people would sit down and talk about.'*

Participant 7 was confronted by the police: *'She was 7...8 and it was time for her to come home...she did not...so we started to search. Eventually we ended up at the police station...where a charge of indecent assault was laid against me. I scream...What!...When!...Where!...How! And then it came out that on the December that my wife was in hospital...er...I basically touched her.'*

The majority of members in the focus group indicated that they felt they would only be discovered if their victims disclosed the sexual deviance. *'Nobody catches me...my victim came out with it...nobody catches me'* other members also expressed this feeling: *'The only person that is going to bring out the thing is your victim'* and another comment that supports this was: *'My victim too...so we don't know.'*

It seems from their narratives that, even though they are aware that what they are doing is wrong, hence the secrecy, it is only when they are eventually confronted that they admit to their behaviour. In fact they sometimes temporarily stop until the threat of being caught goes away. Nothing however seems to entirely stop them. As in other addictive problems, it is evident that only when they are ready to admit to these offences and want to change will they stop. The confrontation therefore sometimes led to a disclosure; however, in addition some of them need to deal with their cognitive distortions to realize that what they are doing is harmful and needs to change.

Van Dam (2001:48) states that molesters describe being empowered each time visible slips are overlooked or ignored. The researcher concurs with this author when she states that when adults observe seemingly ambiguous sexual activities it often leaves them feeling helpless, uncomfortable and confused and this leads to them blocking it out altogether. Effectively protecting children from sexual abuse requires the opposite reaction. It requires understanding the dynamics of sexual abuse clearly enough to tackle this extremely complex and challenging dilemma. This study wants to add to this understanding.

Theme 5: Disclosure

It became evident that most of the participants only disclosed once the abuse was revealed. It appears therefore that every effort should be made to identify sexual offenders.

There are a number of programs that have been developed to help protect children from sexual abuse by teaching them to report the abuse, however educating children does not guarantee that they will tell when it does happen to them (Van Dam, 2001:138).

Participant 1 disclosed his abuse while seeking assistance for a variety of other psychological problems. He says: *'Oh yes...um...I went at 47 I...I said to the...to my boss...I said to him that I had been molested when I was a youngster and...and that I'm suffering terribly now because of that. I wasn't really...I was suffering more from trying to get away from the paedophilia. I went to military hospital and...and I met I met the doctor Dr Pymer...Pymer was his name...and he tried to...er...to what...the doctor...lets put it that way...he tried very...er...very...variety...types of...types of drugs.'*

Participant 2: *'I feel a bit ashamed about it myself...I feel already ashamed enough...and hurt...and punished because of my daughters...and what I done to them...and what I done to a friend of mine.'*

Participant 3: *'So...he said...man...I have something really heavy I need to discuss with you...he said...can we meet somewhere? So he went down there...and when I got there...he was sitting on one of the outside tables. And...er...I think I already knew...when he said I've got something heavy I need to discuss with you...my conscience was already pricking me that...um...I think...I knew what was coming...so when he confronted me...I didn't try and lie...or deceive him in any way.'*

Participant 5: *'Ja...what I can just say is...that when I was caught and after the trial and everything...and I was imprisoned...I just decided that ...um...I've got to do something about this...and I've got to be positive... I cannot be negative...um... What I've done was wrong...and I'm getting the second opportunity...although I'm being punished now...which is fine.'*

The taboos associated with sexual abuse make it difficult to educate people about their rights when these are violated. The low reporting levels of sexual abuse suggest that people are reluctant to break the taboos and risk the stigma associated with sexual abuse (Guma & Henda, 2004:106).

As indicated, for some participants, acknowledging that this is indeed a problem may take one confrontation or many. It is as if they need to come to the realization that this is a problem before they will seek assistance. They may also enter treatment for fear of punishment or fear of incarceration and for a chance to learn more about their behaviour.

We therefore now have a chance to stop the behaviour before it is the end of the line and they realize they cannot get away with it any longer. Unfortunately not all sex offenders get to the stage where they acknowledge they have a problem before they commit another offence or are caught.

4.5. Summary

This chapter presented the findings of the stories portrayed in this study. The subjects started their discussions with their early childhood experiences. They described their fathers as violent, aggressive and disengaged while their mothers were portrayed as submissive to these fathers, enmeshed at times and disengaged at other times. The descriptions provided by the subjects in this study concur with the literature (Righthand & Welch, 2004:18) and Geldard & Geldard (2006) that early family trauma leaves children vulnerable to further negative life experiences. The participants told their stories in a chronological way and the next stage they discussed was pre-adolescence. Many participants continued to be exposed to physical and other forms of violence, including sexual abuse. Their relationship with family remained distant and they began to find deviant ways to deal with their needs for intimacy and attention. They also seemed to express feelings of inadequacy as they continued their journey to adulthood.

They reached adolescence and young adulthood, and one can start to see the effects of poor childhood practices, defined in the literature of Marshall and Barbaree (1990) and Righthand & Welch (2004), manifesting as these youngsters attempted to cope with the many and varied challenges of adolescence. Evidence of the pathways theories began to emerge at this stage of development. The participants reflected that they were not able to adequately address tasks required at this stage of development. These subjects ascribed their relationship issues to their poor social and interpersonal skills. Cognitive distortions became evident as they attempted to justify their deviant sexual practises, which either arose at this stage or were continued from childhood.

The last section of this chapter addressed how the participants either developed from this struggle in adolescence into adult sex offenders or how as adults they developed justifications for their behaviour. What is clear is that they were able to meet their needs in deviant, inappropriate ways within the context of the community outcry and the harmful consequences of their deeds. This concurs with the notion that offenders follow a pattern.

In conclusion Ward & Siegert (2002) used a grounded theory approach and developed their model directly from offenders' experiences. They identified nine stages of the offence chain. Stage one relates to the offender's background factors, including their perception of themselves and their life at the beginning of the offence chain and whether these factors caused positive or negative affect. Stage two describes distal planning of access to their victim; this could take the form of implicit, or explicit planning or chance. Contact with the victim takes place in stage three. Stage four involves cognitive restructuring, which will result in either positive or negative affect. Stage five entails proximal planning, which would either be self-focused, victim-focused, or a mutual-focus. This leads to stage six and the sexual offence, which is followed by further cognitive restructuring at stage seven. This results in negative or positive evaluation and future resolutions regarding continued offending at stage eight. This resolution will be either to avoid future offending or to persist in an abusive pattern. Stage nine depicts the impact of these resolutions on the offender's life. It is important to consider how sexual

grooming fits into, and facilitates, the offence Craven, Brown & Gilcrest (2006:291).

The findings in this section suggest that you need to use an eclectic approach, taking into account their individual histories and not to use a one size fits all approach when dealing with this population. Clearly their realities are very different to what we assume and this needs to be explored in order to intervene and gain an understanding of this problem in order to develop interventions in effectively addressing and targeting this behaviour.



Chapter Five: Summary, Conclusion and Recommendations

5.1. Introduction

The primary goal of this research was to undertake an exploratory study on life stories of sex offender. The research question was how do perpetrators of sexual abuse portray their sexual engagement with children within the context of the community outcry, legal prosecutions and the harmful consequences of their deeds for children.

In-depth interviews, in the form of narratology (life history narratives), were undertaken with seven individual sex offenders. Thereafter three Focus group discussions were used to expand on what was revealed during these in-depth interviews. Triangulation has, as its main purposes, the elimination of possible bias and obtaining a more holistic account of the phenomenon Kelly (2006:287).

5.2. Themes

The following themes guided the interviews:

- (i) Participants' experiences of early childhood.
- (ii) Participants' experiences of their pre adolescent development.
- (iii) Participants' experiences of their adolescent and young adulthood development.
- (iv) Participants' reflections of their behaviour as adult sex offenders.

The findings were categorized in a chronological format, highlighting the main themes during major life events.

5.2.1. EVENT 1: PARTICIPANTS' EXPERIENCES OF EARLY CHILDHOOD

The participants told their stories in chronological order, starting with early childhood influences they felt had contributed to the development of their sexual attraction to children.

The decision for most of them to report on their early childhood influences and genetic make up, when first asked how they thought they had become involved in sexual abuse of children, led to the first theme in this study, nature versus nurture.

Participants did not know which had more influence; the nurturing factors in their family of origin and social environment or the belief that they had been born with a sexual desire for children. They generally felt that it was a combination of sex drive and nurturing factors, but there was no agreement on what contributed *more* to the development of their behaviour. It became apparent that the nurturing factors were more easily identified by the participants and seemed to play a more definitive and long lasting role in the lives of the participants. They also discussed the possibility of the behaviour being of one's own decision-making.

The literature also indicated that there is no agreement, with theorists making claims on both sides of the debate. Kafka (1997:2003) suggested that nature, specifically neurotransmitters, plays a role in the development of sexual deviance. Bergh (2003:294) indicates that supporters of the environmental viewpoint reason that behaviour is learnt and that personality is formed and transformed by environmental influences.

It became evident, as their stories unfolded, that the nurturing aspects in the participants' childhoods were inadequate and may have contributed greatly to the development of their behaviour.

A second dominant theme that unfolded as they shared their stories described their family of origin. Participants described aggressive and violent father

figures whom they feared and avoided. Mothers were described as critical and rejecting. They were also described as submissive to the fathers, protective towards the participants where possible and at times enmeshed with them. They seemed to collude, enhancing inappropriate behaviours from both the father figures and the participants.

This finding is supported in the literature of Lawson (2003), who indicated that child sexual offenders viewed their fathers as cold, distant and authoritarian while their mothers were seen as critical and rejecting.

The participants' descriptions of their family relationships reflect family structures that were dysfunctional. The boundaries were either rigid or diffused (Minuchin, 1984).

Their early childhood relationships left most of the participants feeling that they were inadequate; they were emotionally neglected and they seemed to have poor attachment bonds to significant others. The participants showed a strong feeling of 'being the black sheep in the family' and not the 'favourite' when compared to their siblings. Some of them described physically and sexually abusing their siblings, apparently being able to get away with this.

Rowntree (2007:358) highlights that public opinion about sibling sexual abuse views this as natural and normal, the victim's fault, not serious, a family matter and a taboo subject. Therefore, instead of confronting the inappropriate behaviour at this critical stage of development, individuals are able to get away with it.

A third theme that emerged about their childhood, but was not strongly indicated by all the participants, was that they were poor and their parents were guilty of substance abuse, mainly alcohol. They did not connect this to their sexual deviance; however, studies indicate that family adversity and family stress raise the risk for abusive parenting and is therefore a negative aspect of childhood (Holden & Ritchie, 1991; Rossman, 1988; Wolfe et al., 1985). A

study by Dawes (2002) suggests that people struggling to cope with the strains of poverty may turn to alcohol, which raises the risk of abuse.

It appeared that their early childhood experiences left most of the participants insecurely attached. Whisman (2006:376) states that childhood traumas can result in intimacy difficulties, difficulties with sexual relating, increased probability of physical violence and revictimisation, and problems with emotional avoidance which may in turn interfere with effective relationship functioning. This concurs with the opinion that poor attachment seems to lay a foundation for a sense of inadequacy and may predispose people to develop inappropriate sexual attachments later on in life. The participants moved into the challenges of their next life stage with an apparent sense of insecurity.

5.2.2. EVENT 2: PARTICIPANTS' EXPERIENCES OF THEIR PRE-ADOLESCENT DEVELOPMENT

The main theme that unfolded during event two, on the journey of their stories about offending, was about their sexual experience. They appeared confused as to whether their pre-adolescent sexual activities were normal sexual curiosity and experimenting or whether some of those sexual practices were in fact abnormal, especially given their present sexual deviance.

When discussing accounts of early childhood sexual playing, participants seemed to portray this as pleasurable and mutual. The accounts from some of the participants, however, seemed to indicate an abnormal fascination and obsession with sexuality. The literature also indicates that it is difficult to determine what "abnormal sexuality" is (Kikuchi, 1995:109-113).

The second theme that emerged during this event was their accounts of childhood molestation. It became apparent that more than half of the participants had been molested or experienced inappropriate sexuality at this stage of their development. This concurs with the literature that childhood

molestation is a strong predictor that predisposes children to the possibility of becoming child sexual offenders.

Dawes et al. (2006:74) strongly indicated that childhood molestation is a strong predictor for developing sexual and emotional problems later in life. They confirm that child sexual abuse is a strong predisposing factor to later sex offender behaviour.

The Pathways Model by Ward et al. (2006:69-71) also indicates that exposure to early sexual abuse strongly predisposes children to develop a distorted sexual script and, when they are adults, to follow, more specifically, two of the five specified pathways that culminate in the sexual assault of a child. It is hypothesized that two of the pathways, namely the sexual preference pathway and multiple dysfunctional mechanism, are caused because adults have developed distorted sexual scripts. The multiple dysfunctional pathways in addition to the distorted sexual script contain individuals who have problems in all the causal mechanisms. The other causal mechanisms are emotional regulation, intimacy, social skill deficits and cognition.

Causal mechanisms lie at the heart of each pathway. It is hypothesized that the remaining three pathways are caused because adults experience problems in one of these mechanisms. The adults following these three pathways, however, have normal sexual scripts, and may therefore not be as strongly associated with being exposed to sexuality or child sexual abuse as opposed to the other two pathways.

The third theme that emerged during this event was descriptions of their school experience. Some indicated poor academic performance and blamed this on their experiences of childhood molestation and/or neglect by parents who needed to work. Teachers, in some instances, used corporal punishment that may have caused the participants to re-enact the physical abuse some of them experienced from father figures, which may have negatively affected their school performance. Others felt that, despite inappropriate sexual and other

acting-out behaviours, they were able to excel in some areas at school, especially in sport.

This finding concurs with a study by Righthand & Welch (2004), which gave non-conclusive findings about academic performance.

5.2.3. EVENT 3: PARTICIPANTS' EXPERIENCES OF THEIR ADOLESCENT AND YOUNG ADULTHOOD DEVELOPMENT

The first theme that emerged was their relationship issues and interpersonal difficulties. It became evident that participants lacked the necessary social and interpersonal skills to navigate and successfully engage in romantic relationships, a necessary requirement at this stage of life, to later fulfil the need for friendship (including intimate, romantic and family relationships). In fact, most of the participants seemed to experience feelings of fear, especially of rejection by peers, distrust, and ambivalence about interpersonal closeness. They seemed to sexualise these relationships, and some were promiscuous.

The literature confirmed that childhood trauma could result in intimacy disturbance. Whisman (2006:376) and Geldard & Geldard (2006:17) indicate that such children do not have an opportunity to form a secure attachment to one person.

The second theme that emerged, as the stories continued, was that they, as children, molested other children. Some participants continued their inappropriate sexual behaviour, which had started during early childhood, and others began experimenting sexually with younger children at this stage of their development. Overall, they did seem to find satisfaction in sexual acting out; however, there were some participants who did not indicate inappropriate sexuality at this stage of their lives.

This finding concurs with the literature, which indicates that children who are sexually abused may become abusers themselves, and children witnessing violence are likely to become violent (Geldard & Geldard, 2006:23).

A third theme that was not strongly indicated by all the participants emerged which indicated that some of them became involved in other misdemeanours such as stealing cars, breaking telephone boxes and using illegal substances.

A study by Righthand & Welch (2004:23) concurs with this finding and states that juveniles who sexually offend have been reported to exhibit disruptive behaviour, truancy, academic problems and learning disabilities.

5.2.4. EVENT 4: PARTICIPANTS' EXPERIENCES OF THEIR BEHAVIOUR AS ADULT CHILD SEX OFFENDERS

The stories began with childhood influences, and it was evident that the participants who had volunteered for this study perceived that they were sexually addicted to children. Addiction was therefore identified as the first theme that emerged as they continued their stories.

They focussed on descriptions about this addiction, trying to make sense of the behaviour. They excused their behaviour by attempting to refer to childhood influences as a reason for the development of their problem. It became apparent that they concurred with the literature that this behaviour is an addiction. They would continue with this behaviour, despite negative consequences, unless confronted.

Their modus operandi and grooming styles were identified as the second theme. It was evident from the descriptions that the participants were able to successfully groom their victims. The study confirmed that, by the time they reached adulthood, most of them had developed grooming styles.

Craven, Brown & Gilchrest (2006:297) define this term as 'A process by which a person prepares a child, significant adults, and the environment for the abuse of this child.' A number of theories in the literature discuss the various grooming styles of offenders and attempt to develop sophisticated models based on offenders' descriptions of their grooming styles and modus operandi. Two

theories referred to in this study which explain offender types based on their grooming styles were the Self-regulation Model, (Ward and Hudson, 1998) and a later version of this called the Pathways Model (2002).

The Self-regulation Model hypothesizes that offenders can be organized based on the type of goal (approach vs. avoidant) and type of strategy (automatic, passive and active) they use to reach the goal. They propose that there are four pathways, Avoidant-passive, Avoidant-active, and Approach-automatic, Approach-explicit.

The Pathways Model suggests that all offenders experienced problems in four domains identified in the Pathways Model (2002). These four domains are emotional regulation, intimacy and social skill deficits, cognitive distortions, and deviant sexual arousal.

The offenders in this study could be classified into pathways; however, this was outside the scope of this study. It also became evident that when they were describing their grooming styles, participants differed in which pathway they used, but they all reacted by justifying their behaviour.

Therefore, the third theme that emerged as they continued their stories refers to their reactions and justifications for their behaviour.

The judgement model of cognitive distortion developed by Ward and Keenan et al. (1999) suggests that there are five implicit theories that account for the offence-endorsing cognitions typically articulated by child molesters. These were identified in this study as uncontrollability, dangerous world, entitlement, children as sexual beings, and nature of harm (Ward, 2005).

The fourth theme that emerged was the participants' description of how they were confronted about their inappropriate sexual attraction towards children, and the final theme focussed on their eventual disclosure of their problem and referral for treatment.

5.3. Conclusion

The research question asked how the participants portray their sexual engagement with children despite the community outcry and the harm they cause. Narratology, in the form of life stories was used to answer this research question.

The life stories unfolded in a chronological way starting from their early childhood influences and family of origin relationships. The findings concur with the literature that, as yet, there is no conclusive evidence as to whether nature has more influence than nurture on the development of this behaviour. The story continues with the environmental (nature) influences. Participants generally seemed to feel that their family and childhood issues might have contributed to their development into sexual offenders.

They gave a lengthy discussion on their family of origin, indicating that this impacted greatly on them as children. The families were generally unstable and it seemed that in most cases primary care takers and parents were unable to give necessary attention to the participants at a young age. Their behaviour in most cases was inappropriate from a young age however this was never addressed.

The participants engaged in physical and sexual violence with siblings and peers and studies highlighted society's denial or minimization of this problem. It seems as if there is no intervention at a young age and offenders are able to continue with their behaviour unnoticed. As the story unfolds and these participants move along the life cycle it becomes clear that they continue to deal with their emotional issues in inappropriate ways.

The literature confirmed that it is difficult to differentiate normal from abnormal sexual experiences. Another significant event that emerged was that a significant number of the subjects experienced childhood molestation by adults. There is a strong indication in the literature that this can predispose individuals to molest children when they themselves reach adulthood.

It becomes evident that their childhood left them with interpersonal difficulties, emotional turmoil and stress and difficulties in meeting their needs for friendship, which includes intimate, romantic and family relationships.

The final part of the story discussed their sexual addiction to children and they were unanimous in their agreement that this behaviour is addictive and/or obsessive. The stories revealed that their addiction seemed to develop in strength and gave them purpose and value. This study concurred with the literature that offenders use offence-endorsing statements to excuse and to justify their behaviour.

They differed as to whether the modus operandi that they used to select victims was planned or unplanned. It became apparent that they do use pathways to select and abuse victims, however, a detailed account of these pathways was outside the scope of this study.

It can also be concluded that unless confronted, participants of this study will hesitate to disclose their deviance and will continue with their behaviour.

5.4. Recommendations

The findings of this research concurs with suggestions that in South Africa we need to intervene with this population to develop specific knowledge and expertise, and consolidate laws, policy and practice around the most effective methods and techniques of behaviour management and change. Taking into account the abovementioned statement legal intervention should incorporate retribution, rehabilitation and deterrants. The retribution aspect needs to be carried out by the law, thereafter the following needs to take place:

A theory, which takes into account the different types of offenders, is a recently developed model called the Good Lives Model. This model is a strength-based approach for sexual offender rehabilitation.

5.4.1. Sex offenders can be incorporated into an intervention program that is explicitly constructed in the form of a good lives conceptualization. They need to develop a way of meeting their needs in personally fulfilling and socially acceptable ways.

5.4.2. A treatment plan should specify offenders' strengths, primary goods, relevant environment and exactly what competencies and resources are required to achieve these goods.

5.4.3. Social workers need to be trained to intervene in families that are displaying symptoms of violence and aggression in an effort to address children who are vulnerable to inappropriate aggressive and sexual acting out.

5.4.4. Prevention programs should be carried out at school by social workers to identify children at risk, and they should be referred to treatment programs aimed at addressing their needs appropriately.

5.4.5. In conclusion the research is clear that sex offenders can be managed effectively to reduce the incidence of violence against children when given the appropriate structure and guidelines.

5.5. Suggestions for Future Research.

- (i) Identifying children who are at risk of abuse at an earlier stage of development may be a topic for future study.
- (ii) Research exploring sexuality and children at school seems limited and its relation to sexual identity and subsequent behaviour should be carried out.
- (iii) A clear guideline of normal versus abnormal sexuality as well as guidelines for intervention seems important to stop the path to adult sexual offenders.
- (iv) To explore the relationship between sex offender characteristics, dynamics and modus operandi.
- (v) To evaluate treatment initiatives regarding adult and juvenile sex offenders.

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Appendix 1

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DEPARTMENT OF SOCIAL WORK

PARTICIPANT INFORMATION SHEET

Date:

Ref: Dr. Marcel Londt Phone: 0824906469
Student researcher: Ms. H. Volkwyn

Dear...

You **are invited to participate** in a research study titled: Life story of a child sexual offender

The following written information is given to assist you to make a decision whether to participate or not. Please feel free to ask the researchers to clarify anything in this letter that is not clear to you.

The **goal of this** research is to explore your life story and we hope that the findings of this study will contribute to intervention strategies to stop child sexual abuse.

If you agree to participate you will be **required** to make yourself available for a one-to-one interview which will take about two hours of your time. This will be done at a venue that is convenient to you. These interviews will need to be tape-recorded and a supervisor will have access to the transcripts. Your details will be anonymous.

The **potential risk(s)** for participating are that you may find some of the questions are of a very personal nature. You are encouraged to discuss with the researcher or supervisor any feelings of discomfort that you may experience during or after the interview. We will also make available an independent consultant for this purpose should this be your choice.

Please note that should it become clear that from the story telling you are still involved with or plan to be involved with child sexual abuse in any way, the researcher would have to report this activity, to the manager and / or the authority who send you to the program. Participation in this research is **voluntary**. You are also free to excuse yourself from the research should you at any time feel uncomfortable to continue.

There are no financial **costs or direct benefits** for you for by participating in the project. However your participating is highly valued for the potential of conducting research into this area of concern and in developing intervention strategies for ongoing treatment.

Every attempt will be made to keep information **confidential/anonymous** in the sense that you will not be named in the writing up of the research. The findings of the research will be reported and may be published but no participant's **identity** will be revealed.



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Appendix 2

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DEPARTMENT OF SOCIAL WORK

PARTICIPANT INFORMATION SHEET

Date:

Ref: Dr. Marcel Londt – Phone: 0824906469
Student researcher: Ms. H. Volkwyn

Dear...

You **are invited to participate** in a research study titled: Life story of a child sexual offender

If you agree to participate, kindly complete the following and sign.

CONSENT FORM.

Title of research: Life story of a child sex offender

I have read the information about this research / it has been read to me. I had the opportunity to ask question and my questions have been answered to my satisfaction.

I..... confirm that I understand the goal, and risks/benefits of participating in this research project.

I was informed that the findings will be reported **anonymously** and that the researcher will at all times adhere to professional ethical behaviour in this project.

I am participating voluntarily and am aware that I can withdraw at any time should I wish to do so.

Signed (participant) name and signature.....
signature

Date:.....

Researcher..name and

Date.



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Appendix 3

Questions for the Individual Interviews

1. Tell me your life story in relation to your experience of becoming a child molester.
2. Describe your relationship with your family of origin.
3. Describe your school experiences both junior and high school in relation to your behavior including relationships with peers.
4. Talk about how you engaged the first time in sexually molesting the victim.
5. How many victims did you molest and what do you understand by the term "grooming?"
6. What meaning did this behaviour give you?
7. Describe your vocational choice and adult relationships in relation to your sexual attraction towards children.
8. How were you confronted about the behaviour and how did you come to the programme?
9. Do you believe treatment has altered your beliefs, values and attitudes about sexual abuse and if so in what way do you think this has been altered?

Questions for the Focus Group interviews

1. Do you think that childhood experiences can lead to sexual attraction towards children?
2. After the first sexual incident you had with the victim how did you feel?
3. What was the feeling while you were busy with the behaviour?
4. What do you understand by the term grooming?
5. Do you think all pedophiles groom?
6. How did the second occurrence take place or how did it gain momentum?
7. What does your behaviour, sexual attraction for children say about you?
8. How did your partner or wife find out about this behaviour?

