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Understanding child sex offending trajectories in South Africa: from victimisation to perpetration

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ABSTRACT

Violence against women and children, particularly child sexual abuse (CSA) remains a critical public health, human rights, and humanitarian-related issue in South Africa. The research base is largely under-developed in South Africa, given the intense stigmatisation of CSA, low-disclosure rates and inherent barriers to accessing perpetrators for research purposes. An in-depth qualitative study was conducted with twelve males who had sexually abused children and in a therapeutic, rehabilitation programme. Thematic analysis based on two years of recurrent interviews during the therapeutic intervention illustrates their experiences, histories and factors compounding their journeys as victims toward perpetration. We present four themes; *Familial abuse and maltreatment; Powerlessness, fear and abandonment; Sexualised lives and sexual abuse experiences; and Powerlessness and lasting impact of exposure to and perpetration of CSA.* Findings illustrate unique sex offending trajectories from victimisation to perpetration, particular to the South African context. We present broad and contextual recommendations for research, policy, restorative justice, and practice.

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Sexual abuse; victimisation; perpetration; trajectories; South Africa

Background

Violence against women and children, particularly child sexual abuse (CSA) remains a critical public health, human rights, and humanitarian-related issue in South Africa. The research base on this highly stigmatised issue is also very under-developed in South Africa, and compromised by low-disclosure rates and inherent barriers to accessing perpetrators for research purposes. In this article, we present the findings from a unique longitudinal research study conducted with sex offenders attending a therapeutic, rehabilitation programme in South Africa.

Gender inequality and negative socio-cultural norms continue to contribute to violence in South Africa (population of 59 million) (United Nations, 2019), with the highest incidence of rape per capita in the world (Jewkes et al., 2009). South Africa's historical legacy of apartheid, led to inequality, poverty, and violence which has become structurally institutionalised. Given the inter-generational impact of witnessing violence and the deeply violent history, the normative pervasiveness of violence is deeply entrenched within families. These challenges continue to serve as major structural determinants that impact child development and the attainment of sustainable development. Despite progressive legislation in South Africa in recent years, across many areas of child care and protection, the rate of violence against children remains one of the highest in the world. Children

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are particularly vulnerable to homicide, assault, drug use, crime, victimisation, gang-related crime, violent extremism and sexual exploitation.

Against the backdrop of exorbitant rates of violence in all areas of society, and especially against women and children; it appears that violence has indeed become a norm, with widespread tolerance of its prevalence in South Africa. Although largely under-reported, the incidence of child sexual abuse (CSA) is increasing in South Africa within a context of engendered violence, inequalities, wider structural, cultural challenges, stereotypes which surrounds this endemic social problem. A longitudinal study which followed the life course of more than 2000 children and their families in Soweto-Johannesburg, South Africa, for approximately 27 years, revealed a concerning extent of child exposure to violence, spanning witness of parental violence, community violence, personal experience as victims of physical and sexual violence and perpetration of violence. This study also reported that boys in the 7–17 years age-group reported higher rates of sexual abuse than girls (Richter, Mathews, Kagura, et al., 2018). Several recent studies appear to point to the increased prevalence and vulnerability of boys to all forms of violence within South Africa.

Most recently, the *Optimus Study* provides the first national estimates of sexual abuse and other forms of violence against children in South Africa (Ward et al., 2018). The study highlighted widespread sexual abuse of children; 36.8% of boys and 33.9% of girls reported having experienced some form of sexual abuse at some point in their lives (Ward et al., 2018). Whilst risk appeared to be equal between gender, types of sexual abuse differed in this study, with girls more likely to experience forced and penetrative sexual abuse and other types of sexual abuse involving contact with the abusers; and boys more likely to report forced exposure to sexual acts and material (non-contact abuse). One in ten who had experienced sexual abuse by a known adult, had experienced this abuse four or more times, with one third indicating that this occurred between two and three times. Half of those who experienced sexual abuse by another child or adolescent reported this happening more than once. Infant rape has been an additional source of concern since 2001 in South Africa (Jewkes et al., 2009).

Official data on CSA remains scant. CSA remains a critical public health, human rights, and humanitarian-related issue in South Africa (Richter, Mathews, Nonterah, et al., 2018; Ward et al., 2018). It contributes to serious health consequences tracking into adulthood, including mental health issues, HIV infection, injuries and risks to health (Ward et al., 2018). Structural factors and dominant discourses impact and deter disclosure of abuse by children in South Africa. Sexual abuse of children in South Africa is perpetuated within a climate of cultural and religious barriers, poverty, and respect for people in authoritative positions among other factors. For instance, educators, traditional leaders and other prominent figures who abuse, tend to respond by financially compensating the families of the abused child, who are generally in impoverished socioeconomic circumstances, and the matter is hence not reported to the police. The economic needs of adults supersede the rights of children.

Children's rights and views in many communities are ignored, and many South African children report feeling powerless and unprotected by their parents (Alaggia, 2004; Paine & Hansen, 2002). Approximately 90 percent of South African children do not report incidents of sexual abuse (Collings, 2011). Threats of harm to the victim encourage non-disclosure and low disclosure due to stigma and shame (Goodman-Brown et al., 2002). Most males reporting CSA do not self-label as having been sexually abused, as the complications of manipulated sexual arousal (grooming, education, justification of sexual acts) or the provision of reward items (gaming, money, and other material goods) blur the notion of unwanted versus wanted attention generally. These factors increase the challenges for disclosure among male victims (Naidoo & Sewpaul, 2014; Paine & Hansen, 2002).

Offending to perpetration pathways potentially followed by CSA victims are as follows; index abuse occurs within the context of broader familial disadvantage and disruption (e.g. co-occurring physical abuse and/or neglect, poor parental adjustment), and they present with individual risk factors such as, behavioural and emotional regulatory deficits, drug abuse and disrupted schooling, which interact over time and contribute to more enduring patterns of antisociality. Some empirical literature suggests that the majority of people who have been sexually abused

as children do not go on to offend, either sexually or non-sexually, whereas other data indicates that 70 per cent or more of sexual offenders disclose a history of CSA (Finkelhor & Jones, 2004). Very little is known about this trajectory in South Africa.

Hence, in order to better understand unique sex offending trajectories from victimisation to perpetration, particular to the South African cultural and societal context, we conducted an in-depth qualitative study with twelve male CSA offenders in a therapeutic, rehabilitation programme, in order to potentially inform and guide targeted measures for the prevention of violence against children.

Methods

The study was undertaken using a theoretical framework of critical social work (Bhattacharjee, 2012); to support critical reflection in practice, awareness of the situation of the abused and the roots of their social problems and injustice, ultimately to bring about a more emancipatory approach and transformative change. The chosen framework supported introspection on the wider structural issues related to CSA particularly inequality along with gender, economic, social forces, power structures and systems of resource distribution that undermine the well-being of those who are abused, disadvantaged and neglected (Fook, 2002; Dominelli, 2002; Rogowski, 2010; Sewpaul, 2013). Critical theory in this sense acknowledged the reality of those who are victims in society, and looked at how their hopelessness and despair could be transformed to support learning, deconstruction and action (Sewpaul, 2013). Overall, the study lent itself to the interpretivism paradigm, as it sought to study strategies and patterns of behaviour of the CSA offender, through their subjective lens, understandings and perspectives.

An in-depth qualitative study spanning two years was designed to yield a substantial and meaningful understanding of the lived experiences of a small, purposive sample of CSA offenders in relaying their own real world experiences as victims of and perpetrators of CSA ($n = 12$). In depth interviews conducted with participants attending a therapeutic, rehabilitation programme opened the space for hearing their voices, and given their unique contributions they were positioned as the experts on their own reality. This enabled the lead author, a trained social worker to delve into the thought processes and mind-sets of the sex offenders that could only be obtained over a prolonged, qualitative process, and so the practicalities of the therapeutic context offered a relevant foreground.

Ethical approval for the study was given by the University of Kwa-Zulu Natal, Durban, South Africa. A purposive sampling process was used, and participants were selected in addressing the particular focus areas and questions of the study relating to experience as victim and perpetrator of CSA. Twelve adult male sex offenders agreed to take part. Inclusion criteria centred on their perpetration of sexual abuse of children. Multiple fortnightly in-depth interviews alternating with groupwork sessions were conducted and facilitated by the lead author, the social work lead of the therapeutic programme, over a two year period. The individual interviews and group sessions in combination were used to understand the personal experiences as well as the emotive aspects of the offenders' lives, the sensitive areas of personal victimisation experiences, trauma, sexual behaviour, as well as in-depth privileged information on the mind strategies, and information on specific offences. Specific topics included biographical data and family details; description of offence/s; life stories and experiences; traumatic incidents, abuse and other events; predisposing factors; and life skills and coping abilities.

With the permission of the participants, who were informed about the research and its objectives, the interviews and all groupwork interactions were recorded with either a video recorder or a tape recorder, and complemented with written notes. The question of the credibility of their reports was considered in terms of the recruitment process and the motivation of the participants. Many say offenders lie, and if we believe that offenders are lying, then let's listen to what their "lies" can tell us about their lives (Copes, 2000). The participants on their own accord, found value in the

sessions and wanted the process to be captured in some way to help others. In group sessions, participants were prompted by the openness of other participants.

Recorded interview and group discussions were transcribed. Data were analysed using thematic analysis (TA), and we used a quality framework in analysis to ensure scientific rigour. This consisted of several key steps; reading and rereading transcriptions, individually and in pairs to note early ideas; coding in a systematic and logical manner using a data-driven approach supported by QSR NUD*IST software, and identifying interesting concepts and ideas within the data; organisation of codes into corresponding groups using an iterative process in developing themes and subthemes; refining and reviewing the themes as a collective in terms of internal homogeneity and external heterogeneity, examination of coherence of patterns across themes and development of a thematic map; and finally creating clearly defined and named themes, with narratives selected to represent and articulate the essence of the theme, and the overall analysis.

Each participant's life experiences along the trajectory of victim to perpetrator were analysed in terms of the biopsychosocial perspective by looking at the intersection between their biological, psychological, social, and cultural experiences in understanding what contributed to their progression toward and engagement as perpetrators of CSA. Interpretation during analysis focused on garnering emphasis on the contextual meaning of language, contextual knowledge, the social aspects of communication and the manner in which the participants used language to achieve specific outcomes pertaining to trust, doubts, emotions and conflict. We were cognisant of the real life context surrounding victimisation and pathways to perpetration of CSA, the identified social and historical reflective contexts, and the close analysis of content for relevant themes and patterns. Trustworthiness was supported by triangulation with case notes, victim statements and interviews with family members.

Results

Profile

In terms of participant characteristics, all were male and had sexually abused children. Eleven were employed; five were the eldest children in the family and five were the middle-children; three of the participants were in the age category of 20–29 years, five were in the category 40–49 years, and three were in the 50–69 years age group. Two were single; five were married; one was widowed, and four participants were divorced, primarily as a result of the sexual abuse of children. Perpetration of CSA ranged from fondling to rape. Regardless of their sexual offending patterns of behaviour against children, the participants simultaneously engaged in intimate relationships with adult women. Most also lived alone or with their parents. Case biographies are presented in [Table 1](#).

They shared some commonalities in characteristics and an underlying denominator: they were all child sex offenders who used sexual aggression against the most vulnerable and powerless, to mend their brokenness and affirm their own power and control. Higher level abstraction of the data revealed the following. Participant pathways to perpetration of CSA shared commonalities in degrees of childhood exposure to physical and sexual violence and lack of parental affection, sibling, parental and institutional sexual abuse during childhood, the deliberate pursuance of single parents as partners in later life, feelings of inadequacy, sexual dysfunction in relationships, substance abuse and harmful initiation to pornography from an early age. Unresolved severe isolation, psychological distress, trauma underpinned the engagement in sexual offending behaviour, along with fantasy and opportunity in exerting an influence on the modus operandi of sexual offending. Overall the data is indicative of how life experience of CSA tracks into intra-familial perpetration of CSA ranging from fondling to rape, and the entrenchment of sex offending behaviour overtime from early childhood. We present the following key themes with illustrative quotes.

Table 1. Case biographies.

Case one: Bungie Bungie's family was characterised by family violence. His parents engaged in alcohol abuse, shared a conflictual relationship and relocated regularly, almost annually. They subsequently divorced when he was eight years old. He performed poorly in school, engaged in chronic behaviours of nail biting, and experienced social anxiety. His first sexual exposure to pornography was at the age of six years, when he watched a video of his parents having sex. He compulsively used pornography from the age of 10 years and masturbated to sexual fantasies. He engaged in penetrative sex play at the age of six years with friends, at the age of 10 years he had sex with his seven year old cousin for a duration of two years and at 12 years he had sex with his nine year step sister for a period of two years. He sexually abused his two stepdaughters, aged six and thirteen years, as well as his six-year-old biological daughter, over a period of three years. He had groomed his child victims with pornography and sexually themed games. He indicated that he experienced some sexual dysfunction and felt rejected by his adult female partners. Some critical points of concern were that he chose single parent partners with children, whom he had all sexually abused. He indicated that he felt addicted to sex. In two of the criminal cases of child sexual abuse, the charges against him were withdrawn, and in the third he was sentenced to a period of two years to a community based therapeutic programme.

Case two: Tom Tom's family was characterised by violent onslaughts from his alcoholic, sexually permissive and emotionally abusive father. Tom was a weak scholar, and displayed chronic behaviours of drug and alcohol use, depression and suicide. He urinated in his pants when his parents fought, had feelings of self-loathing, felt rejected by his parents, experienced insecurity in social situations and in relationships, had low self-esteem, felt a sense of powerlessness, unhappiness and displayed anger outbursts. His parents divorced and later remarried other partners. He was sexually abused by several abusers: from the age of five years by his father; from six to eight years by his uncle; at 15 years he was sexually abused by his friend's 25-year old brother. His uncle also sexually abused his younger sister and two brothers. The siblings engaged in sex play with each other, as well as with two cousins and four neighbours. Whilst in self-induced detention after school, he was exposed to the self-masturbation activities of an educator for a period of 2½ years. At the age of 17 years Tom and his brother ran away from home. His brother became a drug addict and later a dealer and was stabbed by the police. Tom married at the age of 21 years. He believed he was a sex addict as he had sex five times per day, frequent sexual fantasies, sexual relations with approximately 50 sexual partners, collected pornography and video-recorded his sexual acts with children. From the age of 24 years, he chose approximately six relationships with single parents who had young children, whom he sexually abused. When he was sexually spurned by his partners, (four of his partners had other sexual relationships) which gave him a sense of inadequacy and hounded by flashbacks of sexual abuse by his father, he felt driven to sexually abuse children. He had aberrant sexual fantasies and objectified women. Tom compulsively used pornography as a form of escape from his loneliness, and later created videos of his sexual abuse of children, which he used to groom his victims, and fuel his fantasies. All of his victims did not disclose the sexual abuse, and two of the victims were sexually abused over a period of five years. Concerns existed as he was not convicted nor mandated to attend therapy. He left the therapeutic programme prematurely and continued to choose relationships with single women with children.

Case three: Mathew Mathew's family was characterised by severe marital discord and family violence, perpetrated by the father, who abused substances. Mathew's father physically and sexually abused his children, when they were at the age of five to six years, for a duration of six years. His mother was an adult survivor of childhood sexual abuse. Mathew displayed chronic patterns of stealing from his parents, truanting, aggression, alcohol and drug abuse, withdrawn behaviour and compulsive use of pornography. He attended a remedial school at the age of 15 years and was not able to secure stable employment. From the age of 15 years he started sexually abusing other children in the neighbourhood, he also engaged in babysitting, which created an opportunity to access and sexually abuse children. He was not reported to the police during these encounters until, at the age of 25 years, he sexually abused his four-year-old nephew. He displayed characteristics of low self-esteem, poor social skills with women, (was rejected by two of his girlfriends) poor work skills and emotional immaturity. Concerns were that he enjoyed having sex with children and found it easy to manipulate children.

Case four: Ronnie Ronnie's parents divorced when he was just a year old, due to severe marital discord. The parents later remarried but experienced hostile and conflictual relationships in their new marriages. Ronnie stayed with either parent at alternate school holidays but attended a convent boarding school with his sister. Ronnie displayed chronic behaviours: he urinated in his pants when parents fought; was a weak scholar as he indicated that he could not concentrate and cheated in tests; felt inferior to his peers, and chose negative friends; lied; stole; engaged in alcohol and drug abuse and was uncomfortable in social relationships. At eight years he engaged in penetrative sex play with friends. In his adolescence he engaged in compulsive masturbation, developed a fetish for women's underwear (stole them), and at 17 years, he sexually abused his nine-year-old sister (father dismissed the behaviour as sexual experimentation). He indicated that he was addicted to: pornography, including child pornography; and sex, and had multiple, risky sexual encounters with prostitutes and other women. Ronnie married his pregnant wife, an adult survivor of sexual abuse, who was diagnosed and treated for major depression. He indicated that he developed deviant sexual fantasies of his three-year-old, stepdaughter, groomed her in sexually themed games, lavished her with attention and sexually abused her when she was six years old for a period of three years. His personal characteristics were: low self-esteem, emotional – cried easily, lack of social skills, inadequacy and self-doubt, social incompetency, poor work skills and ethics as he stole from his work situations. Concerns related to his compulsive use of pornography especially child pornography, although criminally prosecuted on this aspect.

Case five: Derek Derek's family of origin was characterised by conflict and violence, and his father dominated the family with rigid and harsh discipline. Derek was an average scholar. At the age of 12 years he was sexually abused by a 17-year-old neighbour over a period of four years. At 15 years, he sexually abused his 11-year-old sister, over a three-year period, to prove he was not gay. He sexually abused his nine-year-old son and 10-year-old daughter, believing that he was entitled to some source of sexual gratification, as his wife denied him any sexual relations. His wife was an adult survivor of sexual abuse, and was diagnosed and treated for depression for a period of 15 years, subsequent to the miscarriage of their first baby. From an early age, the children displayed uncontrollable behaviour, were manipulative and aggressive. Derek took responsibility for the care and discipline of the children, shopping, vacations and outings with the children, as his ill wife preferred to remain at home

and was hospitalised on several occasions for depression. The couple separated after Derek was convicted for the sexual abuse of his children. He was a compulsive user of pornography on incest, particularly of children between 10 and 13 years. He had sexual fantasies of his abuser and masturbated excessively. He felt sexually inadequate, had a low self-esteem, was socially isolated, lacked social skills, engaged in excessive eating, passive in relationships and used economic manipulation with wife and children.

Case six: Larry Larry's family of origin was characterised by incest and family violence. Larry's mother committed suicide when he was 13-years old and his sister committed suicide a couple of years thereafter. Larry did not do well in his academic performance. Larry was sexually abused from the age of four years by: a female, teenage neighbour; family members; family friends; his teenage brother and sister. He was easily bribed and manipulated by the abusers, felt ashamed and guilty. Larry was violent, controlling and manipulative with his immediate family. He coerced his first wife into sexually abusing their four children, from their infant years; and coerced his second wife to have sex with his two male children from his first marriage. He sexually abused the children from his first two marriages; his wives three brothers, neighbours' children, as well as his children's friends (it is alleged that he sexually abused 35 victims – he did not verify this). He was not able to accurately recollect the number of children that he had sexually abused. He exposed his three wives and children to acts of physical violence and intimidation. He was verbally expressive but showed little empathy, was deceptive, denied the details of his offences, manipulative, charismatic and engaged in intensive grooming of children. Concerns remained that he left therapy prematurely, was living with his third wife and two little stepchildren and appeared to be a risk to children.

Case seven: Jason Jason's family of origin was characterised by family violence and substance abuse. He indicated that he was sexually fondled by a teenage boy at the age of 15 years, and compulsively masturbated. Jason qualified as an electrician, married at the age of 21 years and engaged in three polygamous marriages of which he had 13 children. His youngest wife was 32 years his junior (24 years: 56 years). Jason had a hearing defect and his behaviour was characterised by temper outbursts and strong patriarchal dominance. He sexually abused three related children over an eight-year period. Jason used his economic resources to control his family and victims. He viewed men as the head of the household, the dominant initiators of sex, who should introduce force to persuade women to comply. He had poor self-esteem, feelings of inferiority, was suicidal in his early adulthood, and had a sense of entitlement. His sexual experiences with children and women gave him a feeling of superiority. He had no close friends since he was a child and was insecure in new situations.

Case eight: Roy Roy was lonely, unhappy and attempted to run away from the catholic boarding school at which he spent six years of his childhood. He spent Christmas vacations with his family. He did not recollect many memories of his childhood with his family. His scholastic performance was weak, and he completed his grade nine. He had chronic asthma, which prevented him from engaging in sport and developing friends. He had poor impulse control in relation to his anger and aggression, poor social skills, introverted personality, had no friends in school, had a patriarchal view of sexual relationships with women and felt rejected by family. At the age of 15 years he sexually abused his eight-year-old sister. He dominated and controlled his family economically as he financially provided for them. His sexual relationship with his wife terminated early in their marriage due to her long-term psychiatric treatment for 92 depression, cancer and various other illnesses, and untimely death in 2008. He sexually abused his eight-year-old grand-daughter and her friend and was referred for therapy. He denied responsibility for the sexual abuse, and blamed his granddaughter for initiating the sexual contact.

Case nine: Alton Alton's life was characterised by family violence perpetrated by his father on his mother and the children. Alton and his older sister attended a boarding school, but his youngest sister remained at home. Alton attempted suicide at the age of eight years, due to fear of being punished by his father, and twice subsequently as an adult. His performance at school was satisfactory but he received no tertiary education. He did not regard his parents as sexual beings as they did not show affection, did not communicate, and he did not notice any sexual nuances between them. At the age of six years, he played sex games with his ten-year-old sister and her friend. He was sexually abused by his grandmother at the age of eight years. From the age of 13 years he masturbated frequently having experienced his first nocturnal emission associated with fantasies of his youngest sister. He was caught masturbating a couple of times and felt awkward about his sexuality. His marital relationship was fraught with conflict and sexual dysfunction. Intercourse had occurred once a week with his ex-wife and once or twice per month with his current partner, as she decided on the rules of their intimacy. He sexually abused his 12-year-old stepdaughter (for a period of three years) which was triggered by sexual fantasies of his younger sister (according to him, this was his best sexual fantasy, and dominated his sexual life). He indicated that his substance abuse also led to his reckless driving in which his best friend died. He engaged in excessive substance abuse; had suicidal tendencies; a poor body concept; compulsively used pornography; had fantasies of teenage girls; had inadequate relationships with women, as he was not sexually satisfied in their sexual relationships. He displayed characteristics of: low self-esteem; loneliness; isolation; felt unwanted, abandoned and rejected by his family; had pent up feelings of revenge against his wife who had engaged in several affairs, as a result of which two of the four children were born out of wedlock. He had a poor relationship with his son, who was suicidal.

Case ten: Deshan The home of Deshan's adoptive parents was characterised by family violence and conflict, as his adopted father consumed alcohol excessively and was emotionally, physically and verbally abusive towards him, his sister and mother. At the age of six years, Deshan and his sister were informed that they were unrelated and that both had been adopted. He was an average scholastic performer. He was sexually abused by his cousin at the age of 12 years, over a three-year period. He and his sister ran away from home during their late teenage years. Deshan married his wife who was pregnant from another relationship. He exposed his wife to physical and emotional abuse. Deshan groomed and sexually abused his eight-year old stepdaughter over a three-year period. His wife divorced him as a result of the abuse of her child. His personal life was characterised by: loneliness, social isolation, fear, self-loathing, attempted suicidal attempts, aggression and anger, frustration for concealing his female nature (he was a male transvestite), risky sexual relationships with prostitutes (approximately 30–40 prostitutes), reckless behaviour due to alcohol and drug abuse, compulsive use of pornography, and sexual dysfunction – erectile dysfunction.

Case eleven: Khuzwayo Khuzwayo's parents' relationship was characterised by marital conflict; his mother was on tranquilisers and his father engaged in substance abuse. At the age of five, his mother abandoned the family to live with her boyfriend. Khuzwayo shared a poor relationship with his father and sought out his mother at the age of 19 years, hoping to reconcile with

her. He stayed in a boarding school from the age of seven to thirteen years, at which he was sexually exploited by both the school personnel and his peers. He was a poor performer, scholastically. He had a chronic problem of biting his nails, was extremely anxious, and he was treated for his alcoholic and drug dependency. He was distrustful, introverted, self-reliant, reclusive in nature, had a poor self-concept and found expression in his poetry, and appeared to have an inability in maintaining employment. He was introduced to pornography at his senior primary and secondary schools and became a compulsive user of child pornography, as it helped him to escape the rejection and loneliness. He had sexual fantasies of boys between seven and eleven years. He had not engaged in any sexual relationship and felt inadequate to socialise with women. He avoided his peers and family, as he felt inadequate and unloved. Concerns: he did not complete therapy; the police had not charged him for possession of child pornography; his presenting personal characteristics made him a risky candidate for the sexual abuse of children.

Case twelve: Tony Tony's family of origin was characterised by chronic disruption, instability and family violence, perpetrated by his father, who consumed alcohol and drugs, and spent late nights out, returning home when intoxicated. When Tony was 11 years, his father was murdered. His mother subsequently engaged in a relationship with a married boyfriend, who was unemployed, suicidal, a substance abuser and a thief. Tony was weak in his scholastic achievement until his matric year, and truant school. Tony displayed particular behaviour patterns: poor social skills; introverted behaviour; urinated in his pants out of fear for his father; alcohol and drug abuse, which provided an escape from problems and gave him confidence. He was emotionally immature; belonged to a gang who engaged in anti-social behaviour; aggressive – stabbed a person; inept in relationships with women, as he was afraid of rejection, and maintained short-term (three months) relationships, until he met his wife who was 10 years his senior. His six-year-old marriage was characterised by marital conflict. He groomed his four-year-old stepdaughter extensively prior to his marriage, and sexually abused her after his marriage for a period of 3.5 years. He was motivated by sex fantasies of his victim, and felt dominated by his wife in their sex activities.

Familial abuse and maltreatment

The participants attempted to make sense of their lives and sexual offending behaviour and introspected on their childhood, family experiences and relationships. All described intensely traumatic experiences, with families beset by domestic and sexual violence. Other circumstances that pervaded initiated instability, poor emotional bonds, poor supervision, diverse forms of abuse, early exposure to sexual material and inappropriate behaviour. Eleven of the 12 participants were exposed to family violence, five experienced the divorce of their parents, five of their fathers had a history of substance abuse, and all were exposed to some form of neglect or abuse within the family. Nine experienced sexual abuse; twelve physical abuse; and all experienced varying forms of emotional abuse. These circumstances were devastating to the participants, and they vividly described their recollections of various incidents of violence in their households, and the consequent intense fear.

When I was six years old, my dad came home one day and because his food was not ready, he grabbed my mum and beat her. And although she fell to the ground he did not stop, until he saw me watching and crying. (Mathew)

I grew up with a lot of fear. When my father entered the door after work and if my mother had to ask him why he was late, all hell will break loose. When he used to hit my mother, my sister and I would hide in our rooms. (Tony)

My father was a very hard man; he was always in a bad mood, and he always punished us. He used to take me to the bathroom and beat me up until I lost consciousness. He also used to beat me with a fan belt. (Tom)

Powerlessness, fear and abandonment

All recalled their experiences of anger, helplessness, powerlessness, hostility, guilt, shame, anxiety, and confusion. They were unsupported by other relatives and family, as contact by outsiders to the home was minimum, due to the hostile environment. Anton was terrified of his father, which led to a suicidal attempt in order to escape any further assault. The volatile climate within the home was internalised as Anton identified himself with these circumstances, and felt responsible, increasing his sense of personal self-loathing and alienation.

I felt very alone in the household and believed that everyone hated me. I was terrified when I heard – Just wait until your dad gets home. I decided to end my life. I attached a rope to a tree and jumped onto a big oil-barrel and proceeded to hang myself. (Anton)

Khuzwayo experienced pervasive self-blame for his mother abandoning him, which was internalised and shaped his life.

My mother abandoned me at the age of five years. She was able to make a choice and chose her boyfriend over me. I felt like second best. ... helpless and alone. I couldn't justify why she left so I blamed myself. ... self-blame has travelled with me all my life. It's still a strong emotion that dictates how I relate to people and how people relate to me. (Khuzwayo)

The lack of attachment, parental relationships devoid of empathy, emotion and support was potentially characteristic of the lives of the participants. All experienced constant emotional attacks by their parents, which affected their social competence, self-esteem, levels of security allowing them to feel rejected and lonely. Their families manifested dysfunction; substance abuse, consequent isolation, and parents who avoided social contact with the outside world. Consequently this manifested in participants generating poor self-concepts, poor adjustment in later life, and patterns of inept social skills.

My biggest stumbling block is my family. My dad constantly verbally abuses me. That makes me feel like a failure, I have low self-esteem, and am withdrawn. My mother has got no trust in me. I had no childhood. (Tom)

I felt unloved by my father at times. My father was dominant. I respected both parents but was fearful of my father. The atmosphere at home was always cold and very strict and Victorian era. (Anton)

All the abuse that he did to me to makes me feel worthless, a good for nothing and a severe introvert. (Mathew)

Sexualised lives and sexual abuse experiences

Their childhood was characterised by a pervasive sexualised climate. Nine of the twelve participants experienced sexual abuse; of which, seven participants were sexually abused by family members (father, uncle, grandmother, cousin, siblings); five of the participants were sexually abused by non-family members (neighbours, peers, family friends, doctor, principal) and two participants were sexually abused by both family and nonfamily members. Four of the participants were exposed to pornography in their early years between six to 10 years of age.

The description of living in sexualised and traumatic atmospheres affected not only them, but their siblings who shared a commonality of prolonged exposure to violence, and in some cases contributed to patterns of incest especially with siblings. Four participants sexually abused a total of four siblings (two stepsisters and two sisters); and a fifth participant was sexually fixated on his sister, and these fantasies predisposed him to sexually abuse his own daughter. A total of five siblings were also sexually abused by relatives, and their father (two brothers and three sisters). One participant was sexually abused by his two siblings. Four of the participants indicated other traumatic incidents pertaining to their siblings, including sibling suicide, run away, prostitution and drug dealing.

We use to play nurse games with the children in the neighbourhood or teacher games and we used to have sex with everyone. When we were caught, my parents moved out of the area. But the sexual urges became too great in us, and my sister and I use to have sex regularly. We had sex for a year, then her friends starting having sex with me. (Tom)

The participants were also commonly sexually abused by peers and friends.

While I was growing up and about 12 years old, another boy about five years older than me abused me and made me perform oral sex on him. We were lost while we played and I relied on him to take us home, he would only take me home, if I performed oral sex on him. I could not tell anybody about this incident and would have sounded stupid and kept it a secret. (Derek)

Involuntary sexual contact was reported by many, and often in return for sweets and gifts. Intra-familial sexual abuse and sexual abuse by educators was described.

My relative, a teacher, used to visit our house when my parents were at work, and would give us gifts and sweets. He sexually abused us for three years. (Tom)

Sexual abuse perpetrated by senior personnel at an institution or facility, by persons in authority was described by several, as in the case of Khuzwayo, who was sexually abused in his boarding institution, by the professionals who managed the institution.

I was abused from the age of seven to thirteen years old. This all happened at boarding school from seven years. The headmaster made me remove my clothes many times and sexually play with the other boys. The school doctor also did the same but also sexually fondled me as well. Mostly the abuse came from the other boys. They would gang up on the younger boys and molest them. Group masturbation would occur. (Khuzwayo)

The participants did not disclose the abuse to their families at the time of its occurrence, even when abuse was reported and confirmed by forensic examination. One participant indicated "you just don't report or mention those things".

A social worker came to see me and asked me to draw pictures. My mum asked me if anyone touched me on my private parts – and I remembered what my dad said – that he would hurt my mum, so I just got angry with her and denied everything. (Mathew)

Powerlessness and lasting impact of exposure to and perpetration of CSA

The negative psychological impact varied widely from participant to participant, depending upon their adversities, inequalities, wider structural constraints, patriarchal influences, available resources, support of their families, and nature of their abuse and relationship with the abuser. The participants chronicled multi- and inter-layers of complex experiences. Their problem areas revolved around their emotions, their beliefs about who they are, which affected their interpersonal competency and even had implications for their psychological and physical health. Abusive interactions incurred a sense of powerlessness, with severe impact on child development and the resultant perpetration of CSA, via the re-enactment and attempted mastering of these personal abusive experiences. Their own CSA experiences, and their enactment of abuse on others, during childhood distorted their sexuality and male gender identity. It challenged their sense of being adequate as a man, and their ability to have power and control in their relationships. All reported problems regulating their feelings, as they experienced a roll-coaster of emotions that moved from explosive outbursts of anger, to a pervading sense of fear and sadness sometimes leading to attempts at suicide. Many felt powerless and out of control and indicated a sense of worthlessness and vulnerability.

I just had a feeling of not caring about anything, but wanting to hurt others. (Mathew)

I believe these experiences killed something in me. I found myself now unable to trust or feel. (Khuzwayo)

I did not know it then as I was too young to understand that the deep scars of my own abuse dictated my mind-set and would grow with me in my teens and adulthood. (Larry)

Problematic substance use was common as a coping mechanism. Numbing the pain in this manner, however, did not enable functionality in other areas of their life, and their relationships. The participants lacked social skills, and their perceptions of how they saw themselves in relation to other people was a pivotal aspect.

I could never really get close to the opposite sex. It was hard to with the same sex nevertheless the opposite sex. I could never really get my head around how to bridge that gap so perhaps it was the fear. I never really tried. I really want too. It is a greater part of me that wants to be loved and love someone else but there is that part of me that just can't take that step. I don't like who I am. I seem to be like two people stuck in one body. The abused boy and the man. I wish I wasn't like this. I wish I was normal. (Khuzwayo)

Many felt stigmatised by their victimisation experiences, leading to sexually risky behaviour. The lack of basic social skills inhibited healthy interaction patterns, and relationships. Many who were exposed to intra familial child abusers, indicated that their affirmation was intrinsically linked to their sexual activity. If their intimate activities with their partners were dysfunctional (as was the case in most), they felt disempowered and rejected. Empowerment, and affirmation was then

restored, in their sexual engagement with children. Tom and Bungie repeatedly married or entered into interpersonal relationships with women, in order to gain access to their children. Their targeted preference of children abused were females below the age of eight years. Sexually abusing these children allowed them to feel compensated for the inadequate intimate relationships with adult women.

Discussion

There is consensus that the complexity of sexual offending makes it a “multi-dimensional and multi-determined phenomenon” (Smallbone & Wortley, 2001, p. 1). The study findings posit a unique exploration of CSA victim to perpetrators childhood experiences, and by using a critical social work approach yielded a deep, rich, qualitative understanding of the profound life experiences of the participants, and the way in which they perceived their circumstances (Goodman-Brown et al., 2002). The participants were not a homogenous group (Richards, 2011; Smallbone & Wortley, 2001) although they had all, been sexually abused as a child, and went on to sexually abuse children, as they lacked commonality in their life experiences, choice and means of accessing their victims, in offences committed and in other dynamic areas of their life (Veysey & Zgoba, 2010).

The study, does however, highlight the underpinning and cyclical nature of violence and family dysfunction perpetuated daily in the lives of these CSA offenders. The impact of exposure to family violence on a child’s development: psychologically, emotionally, socially, intellectually and even neurologically cannot be underestimated. A boy’s family structure, home environment, experiencing multiple forms of childhood abuse, neglect, harsh discipline, and lack of parental empathy are defining risk factors for perpetuating violence against children, and particularly CSA. Children in these circumstances observe the abusive treatment of their mothers, develop their own perceptions and distorted constructs of gender roles (Naidoo & Sewpaul, 2014; Stewart, 2010). Further to this, although gender violence existed in these families, it is not just a feature of the family but a characteristic perpetuated and entrenched on a macro-level within society and institutions which ultimately influences the micro-level interactions of the family (Pierson et al., 2014). Repeated experiences or witnessing of abuse during childhood contributed to the perception of violence to be normal, acceptable, and hence, causing desensitisation to its effects.

The study highlights the potential association between childhood trauma, as a result of abuse, and the trajectories for anti-social behavioural tendencies, sexually risky behaviour, sexual abuse perpetration, substance abuse. Such negative experiences in childhood are observed to contribute to the development of poor interpersonal relationships in many sexual offenders (Covell & Scalora, 2002; Dallos & McLaughlin, 1994; Marshall & Barbaree, 1990). Offender biographies in this South African study are consistent with other studies that describe the lack of intimacy and emotional abuse experienced by child sex offenders (Barnett et al., 1997; Dube et al., 2005; James, 2000; Marshall, Anderson, et al., 1989; Marshall et al., 1993; Ward et al. 1995). Research shows that challenges in developing secure attachments can lead to individuals having little or no empathy, the ability to be detached and tendency to sexually objectify others (Marshall et al., 1993). Rejection and poor emotional attachments further predisposed them to engaging in high risk and offending behaviour (Naidoo & Sewpaul, 2014).

Findings are supported by extant CSA literature in South Africa (Richter, Mathews, Kagura, et al., 2018) and elsewhere, underscoring that adverse childhood experiences tend to have developmental effects, and with regard to boys, leaving them with a sense of inadequacy, humiliation, anger, disempowerment, and which can later manifest in controlling and violent behaviour (Lamb et al., 2019). Developmental stage, gender norms, gender-based stereotypes for masculinity may add to stigma and shame associated with CSA, reducing the likelihood of disclosure. Similar to research elsewhere (Briere & Elliott, 2003; Robertiello & Terry, 2007; Senn et al., 2008; Stewart, 2010), the experiences of an on-going sense of helplessness, hopelessness, despair, shame and guilt, as well as feelings of being completely different from others, was observed to contribute to perceived

identity crises and inadequacies. The participants appeared to be predominantly social isolates and experienced difficulties in having appropriate relationships, including romantic relationships, which reflected on their intimacy deficits and emotional loneliness, and contributed to inappropriate, dysfunctional pairing of sex with a child (Cortoni, 2012). They were more often attracted to (or attracted) extremities of dominating, controlling partners, or passive partners (Paul et al., 2001).

The study is further indicative of the “multifarious relationships”; between victims and offenders (McAlinden, 2013). The participants described incest and intra-familial offences. It is commonly assumed that incest offenders are less of a threat than paedophiles, as they may supposedly abuse a single child. Most often they are confronted about the presenting abuse by welfare agencies and allowed to return to their families when they seemingly appear remorseful, or for purposes of family integration (Lanning, 2010). However, intrafamilial offenders may be more of a risk than ordinarily perceived, as they remain largely undetected due to family secrecy and children’s inability to report them (Summit, 1983). Studer et al. (2011) reported that these offenders remain hidden longer, are more difficult to detect, allowing their offending to continue for a longer duration.

Ultimately whilst the study provides evidence for childhood trauma and the perpetration of sexual abuse on children; it highlights the need for urgent action and operationalisation to tackle systemic failures spanning disclosure, prevention, response, high risk perpetrator assessment and rehabilitation. CSA engrained in South African communities has contributed to a heavy economic societal burden; as sexual, physical and emotional violence perpetrated against children, the neglect of children – including disability-adjusted life-years lost, due to death and ill health, reduced earnings and welfare costs – is estimated as being ZAR 196 billion, or 4.9% of South Africa’s gross domestic product (Fang et al., 2016). Indeed, extant literature has observed continued systemic failures within the South African context, which depict inadequate service provision to children affected by violence (Jamieson et al., 2017). In 2019, only 3% of the total healthcare budget was allocated to mental healthcare (South Africa Healthcare Sector Report, 2019).

South African legal and policy frameworks offer ample scope for the prevention and response to violence against children. We recommend interventions should have a broader proactive, multi-agency, prevention approach that addresses both victim vulnerability and offender opportunity. For this reason, the interventions offered to young people who have been abused should holistically address their legal, sexual, mental health, reproductive health rights, substance abuse and other high-risk sexual behaviour. Programmes need to move beyond awareness programmes and away from child disclosure as the trigger for intervention and protection. Multi-agency working spanning law enforcement, judicial, social protection, social care, public health and education offers maximum promise of effective recovery for the victim, rehabilitation of the offender and survival of the family. Enhancing knowledge of how sex offenders operate are also of practical and policy relevance in terms of enhancing interventions and the skills of these professionals. Smallbone and Wortley (2001, p. 88) describe a strategy of “developmental prevention” to address developmental deficits that may lead a person to become a sexual abuser like “early attachment failures in childhood, poor school adjustment, and then non-involvement in early parenting as an adult”. Barriers currently include lack of trained therapists, sentencing to mandatory rehabilitation programmes, and the public perception, that, therapy protects offenders and “is a softer option” and offenders should be only harshly punished by incarceration. According to Gould (2015), punishment through incarceration, in itself, does not deter, and in South Africa, recidivism rates range between 80 and 94%, with released prisoners re-offending.

The INSPIRE report provides several key evidence-informed strategies and interventions that can prevent violence against children (WHO, 2016). These interventions should be implemented as early as possible in a child’s life to maximise their effectiveness and minimise the complexity of the intervention: it is much easier (and therefore cost effective) to intervene in the pre-school years than after an adult is already in conflict with the law. In this regard, policies and laws and strategies should be

established to provide parents with knowledge of child development, to improve parents' relationships with their children and impart positive discipline skills (Lamb et al., 2019). Given the association between family violence and the sexual abuse of children, evidence-based programmes that assist caregivers with non-violent approaches to managing children's behaviour, must be made widely available and investigated for their effect on deterrence of CSA. Improving school safety and preventing violence in schools in South Africa must be maximised for impact spanning universal and targeted prevention. Offenders need to be equipped to recognise their own vulnerability and be empowered to manage themselves in the face of risky situations (McAlinden, 2013). Offender treatment options should be expanded, to include quality multi-component interventions and supports. Cognitive-behavioural therapy for sex offenders has received by far the most extensive evaluation as it addresses influences and teaches offenders self-management skills to reduce their risk (Finkelhor & Jones, 2004; Jones & Jemmott, 2009). In addition, parenting, family and community programmes should be enhanced to support and address the behaviour of boys who may be presenting with inappropriate sexual behaviour, rather than stigmatising or ignoring the problem. The family and community could be significant contributors in holding the offender accountable and being institutions that can provide monitoring and support. Hence, professionals should address innovative methods of jointly working together to restore, re-integrate, rehabilitate offenders, hereby protecting potential victims and creating safer communities.

Our study highlights the need to intervene, support and treat male victims of CSA. It highlights a failure by the State in the protection of boys in South Africa, and shows that boys need as much protection as girls (albeit that their needs are different), a fact that the advocacy and policy communities are only beginning to recognise. Considerations of the high levels of male victims and male offenders need to be factored into preventive, rehabilitative, restorative, and protective interventions (Prentky et al., 1997; Seto, 2008). Counselling services for boys to counteract the trauma is essential as it would give them an opportunity to cope with distorted beliefs, attitudes and perceptions. Violence against boys was given scant specific attention in the 2014 World Health Assembly declaration on violence against children, which mostly discussed "the global challenge of violence, in particular against women and girls". Boys in this sense are in danger of being left behind, a key theme in the 2030 Sustainable Development Agenda. Our research, and that of others underpins the urgent need to address the situation of violence as an imperative, commencing with the prevention of violence against boys, or we risk backlash of the repetitive cycle of violence in South Africa.

Limitations and implications for further research

There are limitations to this study. The sample size was limited, and participants were from a particular context, that being a therapeutic context, and this may pose challenges in the generalisations of the findings. Based on the above limitations, it would be valuable to develop studies that address in-depth explorations of child sex offenders' experiences within other settings.

Conclusion

The study has illustrated specific CSA determinants and the trajectories of victimised boys becoming offending adults prone to sexually abusing children in the South African context, and justifies the dire need for comprehensive evidence-based prevention, response and rehabilitation interventions that are systematic, coordinated, rigorously monitored and constantly evaluated. It is apparent that identifying the indicators of risk before children resort to violent crime, like CSA, and implementing appropriate gender targeted interventions, may contribute to ultimately reducing violent crimes in South Africa. Future studies should explicitly include a focus on risk prevention in boys, a focus on perpetrator risk assessment and rehabilitative processes in order to provide an evidence-based platform for advocacy and relevant policy reform in South Africa.

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