

# CHILD SEXUAL ABUSE

## A HANDBOOK FOR PARENTS AND CAREGIVERS



THE TEDDY BEAR CLINIC  
FOR ABUSED CHILDREN



**Produced by:**  
The Teddy Bear Clinic and the  
Centre for AIDS Development, Research and Evaluation (CADRE)

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## **A handbook for parents and caregivers**

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### **Acknowledgements**

Information in this report was identified through a literature review, as well as from materials from Teddy Bear Clinic, Childline, GRIP, RAPCAN, CSV, Child Protection Unit (Gauteng). We would like to thank the Department of Health, the Danish Government and UNICEF for assistance in this project.

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Child sexual abuse is the assertion of power, through sexual acts, against children before the age of consent – that is, under 16 years of age. Whether or not a child under the age of 16 allegedly consented to such sexual activity is immaterial to the definition of sexual abuse. Sex with a child under the age of 16 is legally defined as statutory rape. Sex without consent at any age is illegal. Child sexual abuse may be perpetrated by adults or children.

### **Sexual abuse may include:**

- Contact abuse: genital/anal fondling, masturbation, oral sex, object/finger penetration of the anus/vagina and/or encouraging the child to perform such acts on the perpetrator.
- Non-contact abuse: exhibitionism, suggestive behaviours or comments, exposure to sexual activity, pornographic materials or producing visual depictions of such conduct.



- Involvement of a child in activities for the purpose of pornography or prostitution.
- Rape, indecent assault, prostitution and incest with children.

## MYTHS ABOUT CHILD SEXUAL ABUSE

- **The abuser is usually a stranger.** False. In fact, perpetrators of sexual abuse are usually known to the child and may include persons from the community and authority figures such as teachers, relatives or family members.
- **No damage is done if the child is not physically harmed.** False. There are always emotional and psychological consequences to sexual abuse. In addition, a child faces the risk of pregnancy and sexually transmitted infections including HIV as a result of the abuse, which also has psychological consequences. Psychological harm is often long-term.
- **Children may be seductive and cause adults to be sexually aroused.** False. Children may be seductive and sexual in their behaviour, especially if they are emotionally needy or have been previously sexually abused. However, a child who has been sexually abused is never to blame. The perpetrator is wrong to have abused his power and the vulnerable position of the child.



- **A sexually abused child should forget the abuse.** False. Many children who are sexually abused need to deal with the abuse through counselling by professionals. Abuse leaves scars that are not easy to overcome. A professional should determine if long-term counselling is needed.
- **Children can say no to abuse.** False. Children cannot control the behaviour of adults.
- **Children feel better once they have disclosed the abuse.** False. While disclosure helps many children deal with what has happened, other children may feel worse. They may feel that they were disloyal to their family, especially if the abuser is a family member. It is important for the family to help the child to understand that s/he is not to blame.



## IDENTIFYING SEXUAL ABUSE

Sexual abuse is about a child being exposed to situations of risk. This involves being in situations when they are alone with people who may be abusers.

Sexual abuse may be difficult to identify because many of the behaviours of children who are sexually abused may occur in children who have not been abused.

Both male and female children can be sexually abused. Sexual abuse can happen to any child of any age.

Some of the possible indications of sexual abuse in children are listed below:

### Physical signs

A parent/caregiver may notice physical changes in the child that may indicate sexual abuse. For example:

- blood on underwear
- missing of periods or pregnancy in the case of a girl
- blood, pain, discharge, itching in the genital area
- tearing and pain in the vaginal/anal area
- abnormal way of walking





The behaviour patterns of a sexually abused child tend to include drastic changes. The child might start behaving aggressively (breaking things, stealing and lying), have difficulty in day-to-day activities (sleeping badly, missing school, eating too much or too little) or begin acting in a sexually mature way.

Other behavioural changes may include:

- excessive crying
- increase in irritability or temper tantrums
- fears of a particular person or object
- aggression towards others
- sexualised play
- unexpected changes in behaviour – withdrawal, disobedience towards adults, fear of being left alone, anxieties
- nightmares



## Emotional changes

Because of sexual abuse, children may have negative or confused thoughts about themselves. These may be picked up in the way they talk about themselves. They may think they are responsible for the abuse, or that they are not worthy of other people's love. Children may also develop distorted ideas about sex and sexuality.



It is important to understand that the behaviour exhibited by children who are sexually abused as described below may be noticed in many children. It does not mean that the child has been abused. Parents/ caregivers should be alert to drastic behaviour changes. If one single change in behaviour is witnessed, this does not necessarily mean that the child has been sexually abused. It is important for you to look at the overall picture and not jump to conclusions.

The sooner a sexually abused child is attended to, the better the outcome will be for the child. This includes getting help from a counsellor or social worker. If abuse has occurred an examination by a doctor may also be necessary.

Any person who has information about child abuse has an obligation to report it to the police. Failing to report child abuse is against the law.

The reaction of the person whom the child tells about the abuse influences the way in which the child experiences and deals with the trauma. You might be struggling with your own anger, shock and horror. But your support can do more to help heal and comfort a child.

It is important to ensure that the child is protected from any further abuse, and is looked after safely.

When speaking to the child, words of encouragement can make a world of difference.

### What can you say?

“I’m glad you told me what’s happened to you.”

“It’s not your fault.”

“I believe you.”

“Don’t be afraid to cry.”

“You have the right to be angry.”

“You may think you’ll never feel happy again. It’s normal to feel that way. It’s ok, you won’t feel sad forever.”



### What can you do?

Make it safe for your child to express feelings. Don’t be judgemental or correct the way the child feels. Show sympathy.

Don't urge the child to forget the abuse. Be supportive.

Don't blame yourself for what happened. No parent/caregiver can be everywhere all the time.

Your anger, shock and horror is normal. Talking to someone who can understand and comfort you will help you cope with these feelings (for example, a friend, counsellor, social worker, pastor).



Your child may feel different, angry, ashamed, depressed, suicidal and responsible for the abuse. Sometimes children feel sad, bad, dirty, afraid or mixed up.

Some children need opportunities for physical closeness – hugging or playing together. Older children may become withdrawn, but need their parents or caregivers to be available for them. Encourage the child to participate in any activities available either at school or in the community.

Some children may have temper tantrums, or they may misbehave. Understanding is important; but set limits on how anger is expressed.

Don't make promises to the child about what will happen to the offender. Don't tell the child that s/he will never have to see the offender again. The child needs to trust your word. If you are not sure, it is better to say that you don't know.

Don't restrict the child's play for your own peace of mind – the child will feel you are punishing him/her by not letting him/her play with friends. Playing is also a kind of therapy.

## At the police station

A child or parent can lodge a criminal complaint of sexual abuse at any police station.

It's not up to the police to decide whether or not to accept the case. You have the right to lodge a complaint.

The child is not required to give every detail of the abuse at the first interview. A statement is taken from the investigating officer only when the child is ready and can give a detailed account.

Explain to the child that he/she is not a bad person for reporting the abuse. Tell the child that the police will ask many questions and if the child doesn't understand something, he/she can ask the police officer or parent/caregiver for clarification.

The statement should be taken accurately. Details may be added to the statement until the case appears in court.

Children may feel embarrassed talking about sexual abuse to a parent. Children should not be questioned unnecessarily or pressurised into giving details. This could cause problems when it comes to a criminal court case.



A child 14 years or older may sign the SAPS 308 consent form.

This is a form that gives details of the incident and gives consent for a medical and forensic examination.

If the child is under 14, a parent/guardian must give consent. If a parent/guardian is not available, a number of other people can sign the consent form including the superintendent of a hospital, police officer, the court, a child commissioner or a statutory social worker.



Once the charge has been laid, an **investigating officer** (IO) is assigned to the case. It is his/her duty to trace the perpetrator, to obtain any evidence and any other information necessary to bring the case to court. The IO should keep you informed on the progress of the case. It is the responsibility of the IO to oppose bail and to gather the evidence that supports the withholding of bail. Therefore, it is important for parents and the abused child to discuss any anxieties about safety with this police officer.



### **The child has the right to:**

- relate the incident to the police in private
- speak to a female police officer if he/she so chooses
- know the case number, name and contact details of the investigating officer
- receive a copy of the statement
- add to the statement if the child remembers more about the incident
- a representative in court
- information on the investigation and court process
- know when the perpetrator is arrested and released on bail
- know when the perpetrator appears in court
- know when the child and other witnesses are expected to testify in court

**Medical examination**

If the child is under 14, a consent form for the medical/forensic examination must be signed by the parent/guardian before the child is examined. If there is not a 308 form available, consent may be given on a piece of paper.



The examination must be done privately in a comfortable and warm room. The child will be semi-dressed or covered by a blanket/sheet.

The doctor will do a full examination on the child, checking from head to toe for physical injuries, especially in the hidden areas.

A lack of signs of physical injury does not mean that the child was not abused.

During the forensic examination, the doctor will collect any evidence that can be used in court against the abuser.

This examination may be uncomfortable for the child, so you play an important role in supporting the child.

The child has the right to a copy of all his/her medical records after the examination.

## **Trauma counselling**

Counselling is given to help children deal with what has happened and the child's reaction to it. Dealing with the abuse through counselling is important at the time of the incident, and it helps prevent long-term emotional consequences. It is normal for a child to require counselling over a period of a few months.

Where there is not a trained clinical counsellor available, counselling may be given by a social worker, a nurse, or a doctor. The person will help the child deal with what has happened emotionally, socially, spiritually and otherwise.

Depending on the age of the child, the counsellor may use play therapy and other psychological approaches to assist the child in communicating and dealing with the abuse.



A parent or caregiver will also be traumatised by the child's sexual abuse. Children are protective of their parents, and a parent's stress may lead to the child experiencing even more trauma and distress.



**HIV testing**

An HIV test is done by taking blood from a pinprick on the child's finger.

If a child is 14 years old or older, he or she will be counselled about the HIV test both before and after the test. The child will also be required to sign a consent form for the test.

If the child is younger than 14 years old, the parent or guardian must sign the consent form and receive counselling. The results of the HIV test are confidential.

**If the child tests HIV negative:**

This does not guarantee that the child is not infected by HIV. After infection, HIV antibodies may not show up in a blood test for three months. This is called the 'window period'. The child should be re-tested after the window period.

**If the child tests HIV positive:**

A child can live 'positively' with HIV through family support, a healthy diet, a positive attitude and drug treatment. A counsellor can refer you to support services in the community.

It is also important for you to support your child and seek counselling if you cannot cope.

## Preventing HIV

### What is post-exposure prophylaxis (PEP)?

PEP is the treatment that is used after the child has been sexually abused to reduce the risk of HIV infection.

In addition to antiretroviral drugs prescribed for PEP, antibiotics will be prescribed to prevent other sexually transmitted infections.

PEP must commence as soon as possible, within 72 hours (3 days) after the abuse incident, in order for it to be effective. Every dose of PEP should be taken every day for 4 weeks. Skipping any one dose or one day may make the drugs less effective.

Children are given PEP in the form of a syrup or tablets, depending on how old they are.



PEP is only effective if the child is HIV negative.

### Where is PEP available?

Public clinics, government hospitals, private hospitals/clinics and other crisis centres. You will be given a starter pack of drugs and will return to the clinic/hospital for further treatment, testing, and counselling.

**How much does PEP cost?**

PEP is free to everyone who has been sexually abused.

**What are the side-effects?**

A child may experience nausea, headaches or tiredness due to the drugs. Some children experience no side-effects.

**How do you see when a child is reacting badly to the medicine?**

He/she will show the following signs:

- high body temperature
- swelling
- weakness
- loss of appetite
- irritability or non-stop crying.



## What should you do if your child has side effects?

Don't wait! Go immediately to the hospital or clinic for a check-up. The doctor will advise you on what to do.

## Follow-up



Follow-up with the hospital or clinic is very important. After 3 or 7 days (depending on the starter pack that you are given), make sure to go back to the clinic/hospital for a check-up and for the remaining course of treatment. The hospital staff will then schedule further follow-up visits for counselling and testing.

## Why is follow-up so important?

- You will receive the results of the child's HIV test.
- If the child tests HIV negative, s/he will receive the remaining course of PEP treatment .
- The child's response to the drugs will be monitored.
- The child will be re-assessed physically and emotionally, and will be counselled.

## CHECKLIST FOR PARENTS

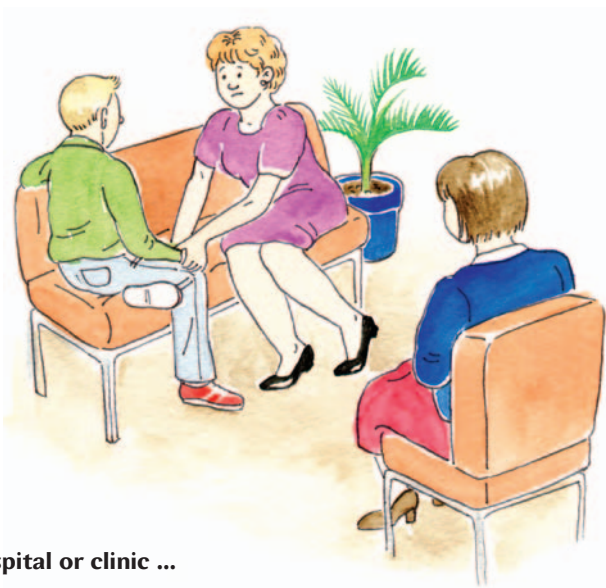
### When you find out that a child has been sexually abused...



- hug him/her and tell him/her that it wasn't his/her fault
- show support and love
- seek emotional support and advice from someone whom you trust
- take the child to the hospital for an examination and for reporting the abuse (Most hospitals have facilities to report the abuse incident, so that you do not have to make a separate trip to a police station.)
- get counselling for yourself and your child to help you cope with the situation

### When reporting the abuse at the police station ...

- know your rights in reporting the abuse
- fill in the necessary consent forms and receive a copy of the child's statement
- take the name and contact details of the investigating officer
- ensure that the child is kept away from the perpetrator



### At the hospital or clinic ...

- keep the child calm during the examination
- make sure that the child and yourself are counselled about HIV
- make sure that the child is given an HIV test
- make sure that the child is given medicine to prevent the transmission of HIV
- mark on your calendar the date to return to the hospital/clinic for follow-up counselling and HIV testing
- speak to a social worker about how to meet the best interests of the child

When in court, remember that the situation is not in your control. Tell the truth about what happened. Whatever your feelings are regarding your experiences, try to keep calm. Remember it is not you or the child who is on trial or at fault.

**There are a number of people that are involved in the child's court case. These include:**

- The **magistrate** is in control of the courtroom. The magistrate is hearing about the case for the first time, so he/she needs to hear the story from everyone involved in the case in order to be able to give judgement. If the accused is found guilty, the magistrate decides on what will happen to him/her.



- The **accused** is the person who has allegedly abused the child. He/she is referred to as the 'alleged perpetrator' until proven guilty.



- The **translator** is the person who may be called on to translate into the language being used in the court room. Any person can choose to have a translator if they want to speak in their own language.



- The **prosecutor** is the person working on behalf of you and the child. He/she presents the case against the accused so it is important that he/she knows everything about the case. It is the prosecutor's job to prove beyond a reasonable doubt that the accused is guilty of the charges against him/her.



- The **defence lawyer** represents the accused and has the duty to defend the accused. It is his/her job in court to create enough doubt that his/her client is not found guilty of the charges against him/her. The defence lawyer will question you and may try to confuse you. Try to remain calm. Answer his/her questions honestly and as events happened. If you are not sure of the question, say so. If you need time to understand the question, that is your right.



- An **intermediary** is someone who can relate to children and talk in a child-friendly way to the child. This person will ask the child questions about the incident.



- A **witness** is a person who has information about the case. The child is a witness, but there could also be other witnesses, such as family members, friends, teachers, neighbours. Other witnesses who might be called are expert witnesses. These are people who know a lot about their particular job, for example, a doctor who specialises in examining abused children.





Some courts have 'child friendly' services, which include a separate room for a child to testify through a closed circuit television and an intermediary. You need to ask the prosecutor if such a room is available.

### Tips for testifying

- Do not rush to give any answer. Think first then answer. Speak slowly.
- Speak in the language you are used to and are comfortable with. Don't try to use words that you are not comfortable with.
- Try to look at the magistrate when you are giving the answer.



- Speak clearly and loudly so everyone can hear you.
- Tell your story as you remember it.
- Stay calm and take deep breaths.
- If you don't understand a question that is asked of you, you may ask for it to be repeated or clarified.
- You have no control over the decision that the magistrate will make about the case or the accused.
- Remember, no matter what happens in the courtroom, you and your child have done the best you could.

- Childline 0800 055 555
- AIDS Helpline 0800 0123 22
- Stop Women Abuse Helpline 0800 150 150
- Additional organisations in your area:

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This handbook has been compiled with current knowledge and under existing legislation and policy directives. It will be revised at regular intervals to take account of new experiences, laws, and policy.

Please address any comments and suggestions to [cadrejhb@cadre.org.za](mailto:cadrejhb@cadre.org.za)