An Exploratory Study of Child Sexual Abuse in Tanzania

Denis McCrann
Technological University Dublin

Follow this and additional works at: https://arrow.dit.ie/appadoc

Recommended Citation

This Theses, Ph.D is brought to you for free and open access by the Applied Arts at ARROW@TU Dublin. It has been accepted for inclusion in Doctoral by an authorized administrator of ARROW@TU Dublin. For more information, please contact yvonne.desmond@dit.ie, arrow.admin@dit.ie, brian.widdis@dit.ie.

This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License.
An exploratory study of child sexual abuse in Tanzania

Denis Mc Crann
Bachelor of Arts

Submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy

School of Languages, Law and Social Sciences
Dublin Institute of Technology

March 2017
ABSTRACT

There are no prevalence data for childhood sexual abuse among Tanzanian university students. This investigation addressed this paucity. The nature of sexual abuse and the contextual issues exacerbating the problem of CSA were explored. The research questions explored were as follows: 1. At what rate do university students in Tanzania report experiences of child sexual abuse? 2. What is the nature of child sexual abuse in Tanzania? 3. Who perpetrates child sexual abuse in Tanzania? 4. What are the effects/consequences of child sexual abuse in Tanzania? 5. What are the causes of child sexual abuse in Tanzania? An ecological framework will be employed in this research. An ecological prism is useful for investigating CSA in Tanzania because it recognises that individuals are inseparable from the context in which they live and that this context has significant influences on them.

Participants (N= 487) from a university in Tanzania completed a questionnaire, which assessed abusive childhood sexual experiences, gathering information about age of victim, duration of abuse, perpetrators, amount of force or persuasion involved, and potential causes of child sexual abuse. A number of individuals were also interviewed about their experiences. Two focus groups and a review of case files also added to the research.

The overall prevalence rate for child sexual abuse was 27.7%, with rates being higher for females than for males. The average age of the victim when abuse occurred was 13.8 years. Perpetrators were generally unidentified by respondents; nonetheless, a
surprisingly high proportion of female perpetrators was noted. Poverty was the primary explanation given for child sexual abuse. Contextual factors exacerbating the problem of CSA were identified such as the patriarchal nature of society, the transactional nature of sexual relations, the low status of children, and the avoidance of HIV.

The findings of this study suggest that child sexual abuse exists in Tanzania at similar levels to those reported throughout the world and that some of this abuse is a product of a need for economic support and survival. It is suggested that poverty feeds the “sugar daddy/mammy” phenomenon, which aggravates the problem of CSA. The avoidance of HIV is another potential factor fueling the sexual abuse of children in the region. It is argued that CSA is occurring in a patriarchal cultural context, making women and children particularly vulnerable to sexual abuse. A strong incest taboo and the higher rates of sexual abuse of boys need further investigation in the Tanzanian context. This thesis has particular relevance to students, researchers, and academics undertaking research projects focusing on child protection in SSA.
STATEMENT OF ORIGINAL AUTHORSHIP

I certify that this thesis which I now submit for examination for the award of Doctor of Philosophy, is entirely my own work and has not been taken from the work of others, save and to the extent that such work has been cited and acknowledged within the text of my work.

This thesis was prepared according to the regulations for graduate study by research of the Dublin Institute of Technology and has not been submitted in whole or in part for another award in any other third level institution.

The work reported on in this thesis conforms to the principles and requirements of the DIT's guidelines for ethics in research.

DIT has permission to keep, lend or copy this thesis in whole or in part, on condition that any such use of the material of the thesis be duly acknowledged.

Signature __________________________________ Date _______________ Candidate
ACKNOWLEDGEMENTS

This thesis would not have been possible without the support of numerous individuals and institutions. I am most indebted to the young people in Tanzania who shared their experiences and stories with me. Research does not exist without participants.

I wish thank Joviter Katabaro and Brian Mc Carthy for their supervision in the earlier stages of the research project. The staff and graduate students of the Dublin Institute of Technology deserve mention for their constant support in my development as a researcher. The time spent bouncing ideas off my fellow students was very formative and enjoyable.

In particular, I would like to thank my primary supervisor Doctor Kevin Lalor for his unfailing encouragement through the research and writing process. Both personally and professionally he has been a rock. I will be forever grateful for his support, guidance, intelligence and candour. His research in SSA has been the inspiration for this thesis and he has been a model for me.

Finally, I would like to thank my wife Angela for her belief in my capacity to finish this research project, four children later.
### LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSA</td>
<td>Child Sexual Abuse</td>
</tr>
<tr>
<td>CSEC</td>
<td>Commercial Sexual Abuse of Children</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>ISPCAN</td>
<td>International Society for the Prevention of Child Abuse and Neglect</td>
</tr>
<tr>
<td>EPCAT</td>
<td>End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes</td>
</tr>
<tr>
<td>PASADA</td>
<td>Pastoral Activities and Services for people with AIDS in Dar es Salaam Archdiocese</td>
</tr>
<tr>
<td>SSA</td>
<td>Sub-Saharan Africa</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

## Chapter 1 – INTRODUCTION TO THE THESIS

1.1 Introduction 1  
1.2 Defining the problem 3  
1.2.1 Operational definition of child sexual abuse adopted by this investigation 4  
1.3 Rationale 6  
1.4 The theoretical context 12  
1.5 Treating children humanely 13  
1.6 The study objectives 18  
1.7 Research Questions 19  
1.8 Significance of the study 19  
1.9 The layout of the thesis 20

## Chapter 2 – CHILD SEXUAL ABUSE

2.1 Introduction 21  
2.2 The universality of CSA 21  
2.3 An history of childhood and child sexual abuse 22  
2.4 The social construction of sexuality 29  
2.4.1 Patriarchy 31  
2.5 The contemporary origins of child sexual abuse 31  
2.6 Aetiology of child sexual abuse 35  
2.7 The consequences of child sexual abuse 38  
2.8 Child sexual abuse research 46  
2.8.1 Knowledge of child sexual abuse after decades of research 47  
2.9 The global presence of child sexual abuse 48  
2.10 Conclusion 51

## Chapter 3 - CHILD SEXUAL ABUSE IN SUB-SAHARIAN AFRICA

3.1 Introduction 52  
3.2 Child sexual abuse in sub-Saharan Africa 52  
3.3 Understanding the lack of research in SSA 54  
3.4 Individual barriers to reporting in SSA 56  
3.4.1 Stigma 56  
3.5 Early evidence of child sexual abuse in SSA 58  
3.6 Clinical populations in South Africa 60  
3.7 Non-clinical populations in South Africa 62  
3.8 Sexual violence against girls 67  
3.9 Child sexual abuse in schools 68
3.10 Other regional research 71
3.11 Child sexual abuse in Tanzania 75
  3.11.1 Legal age of consent to sexual intercourse 75
  3.11.2 Evidence of child sexual abuse in Tanzania 76
3.12 Consequences of child sexual abuse in SSA 80
3.13 Conclusion 84

Chapter 4 – CONTEXTUALISING THE PROBLEM 86
4.1 Introduction 86
4.2 The causes of CSA in SSA 86
4.3 The ecological model and child sexual abuse 87
4.4 The Tanzania context 95
4.5 Culture and sexuality in SSA 96
  4.5.1 Sexuality in SSA and Tanzania 97
  4.5.2 Children and sexuality 101
  4.5.3 Patriarchy 103
  4.5.4 Gender socialisation and expectations 106
4.6 Poverty 107
4.7 Types of sexual relationship in SSA 108
  4.7.1 Coercive sex 109
  4.7.2 Survival sex 109
  4.7.3 Exchange or transactional sex 110
  4.7.4 Exchange or transactional sex with substantially older partners 111
  4.7.5 The sugar daddy phenomenon 114
  4.7.6 The Sugar Mommy 116
  4.7.7 Exchange or transactional sex among same-age relationships 117
4.8 HIV/AIDS 120
  4.8.1 Virgin cleansing myth 123
4.9 Conclusion 124

Chapter 5 – METHODOLOGY 126
5.1 Introduction 126
5.2 Philosophical underpinnings 126
5.3 Quantitative research 130
5.4 Qualitative research 132
5.5 Interviews and focus groups 134
5.6 Methodological concerns involved in child sexual abuse research 136
  5.6.1 Incidence and prevalence 137
  5.6.2 Reliability, validity and trustworthiness 140
5.7 Measuring child sexual abuse 142
5.8 Methods of data collection 144
5.9 The definition used 145
5.10 Defining child sexual abuse 146
  5.10.1 The age used 149
  5.10.2 The accuracy of adult memory 149
5.11 Cultural methodological considerations 152
  5.11.1 An understanding of the Tanzanian context 152
5.12 Research design 154
5.13 Ethical issues 155
5.14 The present study 158
5.15 Phase one 159
  5.15.1 Participants 159
  5.15.2 Materials 160
  5.15.3 Piloting procedure 161
  5.15.4 Administration of the questionnaire 162
  5.15.5 Exploratory interviews 163
5.16 Phase two 164
  5.16.1 Procedure 164
  5.16.2 Methods 165
5.17 Data analysis procedures 166
5.18 Limitations of the study 168
5.19 Conclusion 169

Chapter 6 – RESULTS 172
6.1 Introduction 172
6.2 Phase one findings 172
  6.2.1 Child sexual abuse (CSA) 172
  6.2.2 Unwanted kissing 175
  6.2.3 Unwanted fondling 176
  6.2.4 Unwanted masturbation 176
  6.2.5 Unwanted oral sex 177
  6.2.6 Unwanted flashing of genitals 177
  6.2.7 Unwanted anal intercourse 178
  6.2.8 Unwanted sexual intercourse 179
  6.2.9 Sexual abuse not included 179
  6.2.10 Age of victim when abuse occurred 179
  6.2.11 Duration of abuse 181
  6.2.12 Perpetrators 182
  6.2.13 Amount of force or persuasion involved 184
  6.2.14 Perceived causes of child sexual abuse 186

VIII
6.2.15 The perceived extent of the problem
6.3 Interviews with university students
6.4 Findings from interviews
6.5 Focus group discussion
6.6 Phase two findings
   6.6.1 Procedure
   6.6.2 Interviews with students at the university
   6.6.3 Interview and case study review at PASADA
   6.6.4 Interviews with male workers
   6.6.5 Focus group discussion 2
6.7 Thematic analysis
   6.7.1 Reluctance and poor recall
   6.7.2 Victims of CSA feel powerless
   6.7.3 Perception of CSA
   6.7.4 Social issues exacerbating the problem
   6.7.5 Consequences of CSA
   6.7.6 Some other observations
6.8 Limitations
6.9 Conclusion

Chapter 7 – DISCUSSION
7.1 Introduction
7.2 The problem
7.3 Research questions
7.4 Summary and conclusions
7.5 Phase two
7.6 Perception of child sexual abuse
7.7 Effects and consequences of child sexual abuse
7.8 Masculine identity
7.9 An ecologic perspective
7.10 Poverty
7.11 Transactional nature of sexual relations
7.12 The avoidance of HIV
7.13 Powerlessness
7.14 General limitations and strengths
7.15 Conclusion
7.16 Recommendations

REFERENCES
LIST OF TABLES

Table 1: Research Phase 1 158
Table 2: Research Phase 2 159
Table 3: Child sexual abuse prevalence rates among a sample of Tanzanian University students 173
Table 4: Age of respondents when abuse occurred 180
Table 5: Pre-pubertal frequency of sexual abuse for males and females 179
Table 6: Frequency of sexual abuse over time of child sexual abuse (multiple responses) 182
Table 7: Perpetrators and type of unwanted sexual abuse involved 184
Table 8: Force/persuasion involved in episodes of child sexual abuse for males and females 185
Table 9: Perceived causes of child sexual abuse in Tanzania 187
Table 10: Thematic analysis of interviews 212
LIST OF FIGURES

Figure 1: Matrix of risk influences for sexual violence (Petersen et al., 2005) 93
Figure 2: Continuum of volition (Source: Weissman et al. 2006) 113
Figure 3: CSA prevalence rates among a sample of Tanzanian University students 173
Figure 4: Types of CSA among a sample of Tanzanian University students 175
CHAPTER 1

INTRODUCTION TO THE THESIS

1.1 Introduction

In 2004, the World Health Organization (WHO) declared childhood sexual abuse (CSA) “a silent health emergency” of international importance (WHO, regional office for Africa, 2004, p.1). This study is an attempt to explore this health emergency in SSA where the health stakes are highest, and the problem is mute. Specifically, this study examined the prevalence and nature of child sexual abuse in a sample of Tanzanian university students. A small number of non-university participants were also interviewed. Quantitative and qualitative methods were employed to achieve this goal. The research was carried during two field trips in 2003 and 2005.

This chapter presents background information on CSA; the definition used in CSA research and a description of the problem. The purpose and objectives of the study will be outlined. Furthermore, the research questions used for data collection will be explained. The conceptual framework and the significance of the study will serve to locate the research in the larger context.

The seeds of this work were planted in the early 2000s when the extent of the sexual abuse of children came to public attention in Ireland. Organisations such as One in Four in Ireland brought to public attention the extent of the problem. The Sexual Abuse and Violence in Ireland (SAVI) report (2002) demonstrated that the sexual abuse of children was not only common but was frequently carried out by people known to the victim.
For the first time in Ireland, it became clear that child sexual abuse occurs close to home, often has a detrimental impact on the developing person and is a universal phenomenon. The present study was an attempt to study these questions in an environment where little research had been previously carried out. This situation has ameliorated substantially in the intervening years. For example, the Violence Against Children (VAC) studies carried out throughout sub-Saharan Africa (SSA) have clearly demonstrated the extent of CSA in the region. To date the studies have been carried out in Kenya, Malawi, Swaziland, Tanzania and Zimbabwe. These studies will be explained in detail later. The SSA region was chosen as a research site because of the gap in the research literature at the time. Tanzania was chosen specifically for it was relatively representative of the sub-Saharan region and because of its stable political state. The contribution of Lalor (2004a/b) has been immense in bringing attention to the problem of CSA in SSA. At the heart of this research is a concern for the wellbeing of others more vulnerable than us.

The United Nations Convention on the Rights of the Child has as its goal this concern: “Recognising that, in all countries in the world, there are children living in exceptionally difficult conditions and that such children need special consideration” (UNCRC, 1989, p.3).

This declaration is a useful starting point for any enquiry that sets out to demonstrate the existence of a social problem that potentially puts children in great danger. Child sexual abuse is a controversial subject because it hits at the heart of a deep-seated revulsion that people have about it. Often this personal revulsion can impede progress in dealing
with it effectively. However, child sexual abuse is also contentious because there is general disagreement about how it is defined.

Child sexual abuse is a peculiar problem in that often the people who are expected to protect and nurture the child are involved. This paradox makes it difficult to accept and much easier to blame strangers for the problem. Although child sexual abuse has occurred throughout history, it has a relatively short history as a societal problem (Pfohl, 1977). De Mause (1998) offers a useful way of comprehending this paradox and his psychogenic theory of history goes some way to explaining the improvements seen in the rearing of children over time. This history will be traced in chapter two.

1.2 Defining the problem

Definitions of child sexual abuse are extremely contentious. If the definition is too narrow the incidence and prevalence figures become deflated and our full understanding of the problem diminishes. On the other hand, if the definition is too broad we run the risk of losing focus of that which is important. Child sexual abuse cuts across all economic, social, cultural, religious and racial lines. Children of both sexes, all ages, races, religions, economic and social backgrounds are victims. There have been a number of definitions that have attempted to encapsulate the full meaning of child sexual abuse. Milner (1998) pointed out “although child sexual abuse has received increasing awareness from professionals, there is still a lack of agreement on its definition” (p. 149). This situation has clearly been ameliorated today but it was still the case when the research project was carried out. Difficulties remained in reaching a consensus on the definition of child maltreatment and sexual abuse (Manly, 2005), in
part because it was determined by cultural and community standards (Bradley & Lindsay, 1987).

One of the most widely accepted definitions is that of Schechter and Roberge (1976). They defined child sexual abuse as; “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” (p. 60). The present study accepts and adopts this definition of child sexual abuse to a large extent although other stipulations are put in place. The contentious nature of defining the problem of child sexual abuse will be dealt with in detail in chapter five. Methodological issues surrounding the definition have meant that comparing incidence and prevalence rates from country to country has proved difficult. An awareness of these difficulties ensures that future research studies are more standardised.

It is important to note that despite variation in some aspects of definitions, there is universal acceptance across national, cultural and religious groups that there are aspects of sexual interaction (including some which are acceptable in sexually and developmentally mature humans – that is, for ‘adults’) for which children are developmentally unprepared; and that these sexual interactions are predominately harmful to children (ISPCAN, 2011, p. 9).

1.2.1 **Operational definition of child sexual abuse adopted by this investigation**

Defining CSA has proven difficult. The American Psychological Association (2014) has pointed out that there is no universally accepted definition. However, they point out that
a central characteristic of any abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity. Child sexual abuse may include fondling a child's genitals, masturbation, oral-genital contact, digital penetration, vaginal and anal intercourse. Child sexual abuse is not solely restricted to physical contact; such abuse could include noncontact abuse, such as exposure, voyeurism, and child pornography. Abuse by peers also occurs (p. 1).

Schechter and Roberge’s (1976) definition of child sexual abuse was accepted to a large extent by the researcher, although there were some other criteria set in order for the definition of child sexual abuse to be met.

Broadly, this definition was employed for the present study. In addition, the following criteria were set:

1. It was stipulated that the sexual behaviour experienced by the respondent had to have taken place while the person was under the age of eighteen years. This position was taken to ensure congruence with the United Nation Convention on the Rights of the Child (1989), of which Tanzania is a signatory. This is also the age at which sexual activity is permitted by Tanzanian law.

2. It was also stipulated on the questionnaire that the sexual incidents experienced be unwanted by the respondents.

3. An age differential of 5 years had to exist between the victim of the unwanted sexual experience and the perpetrator. This age differential has been used to
ensure that a power discrepancy existed. This ensured that abusive or unwanted same-age relationships were not deemed child sexual abuse.

1.3 Rationale

The current study set out to fill an obvious gap in knowledge regarding child sexual abuse in SSA at that time. The dearth of research was particularly worrying considering the HIV pandemic which is both a potential cause and result of child sexual abuse.

*Child sexual abuse has not received adequate attention in SSA*

An awareness and appreciation of the international epidemiology of child sexual abuse has emerged slowly. Finkelhor (1994) observed the preponderance of results from Caucasian, Western, Christian countries and the relative lack of data from middle-Eastern, African or Far-Eastern countries. The existence of CSA would appear from Finkelhor’s assessment to be worldwide, however, in many parts of the globe its presence is denied, has failed to receive due attention or has not been shown to exist empirically. This situation is changing, however, it is still the case that in most non-English speaking countries the problem of CSA is still relatively unexplored (Veenema, Thornton, & Corley, 2015). In the developing world, for example, CSA has been neglected because other social and economic problems are more immediate. Malnutrition, war, the HIV virus and prostitution take centre stage in the poverty stricken continent. A follow-up to Finkelhor (1994) has found that the lack of research in developing countries remains a feature with a few notable exceptions (Pereda, Guilera, Forns & Gómez-Benito, 2009b). Their review found similar prevalence rates to those reported by Finkelhor (1994).
Indeed, in the area of child sexual abuse research, the emphasis has been placed on the commercial sexual exploitation of children (CSEC). CSEC encompasses sexual abuse where the child or a third party is paid for the sexual interaction. The child is treated as a sexual and commercial object. South East Asia, particularly Thailand and the Philippines, is the key to any discussion of the commercial sexual exploitation of children because it was the situation in this area in the past two decades that raised public awareness of the commercial sexual exploitation of children and mobilised public opinion against ‘child sex tourists’. The highly publicised case of Gary Glitter in the United Kingdom generated widespread discussion on the problem. CSEC in Africa has become a significant problem, given the levels of poverty in the continent. CSEC may take the shape of child pornography, juvenile prostitution, trafficking of children for sexual purposes and child marriages. ECPAT (End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes) a non-governmental global organisation is dedicated to ending the commercial sexual exploitation of children. They have been heavily involved in the organisation of global conferences attempting to eradicate the problem. The global conference on CSEC held in Stockholm in 1996 and the second World Congress Against Commercial Sexual Exploitation of Children held in Yokohama in December 2001 have highlighted the emphasis that has been placed on this form of CSA. In SSA, transactional sex is commonplace but this cannot be viewed in the same light as CSEC although there is considerable overlap between them both. This distinct form of sexual experience as well as the cultural context will be discussed in chapter 4.

The early focus on CSEC has meant that the abuse of children in their own homes, in schools, in their neighbourhoods and at work by family, peers, and authority figures was
initially relatively undetected in most parts of the developing world. A 1996 Eastern and Southern African Regional Consultation on CSEC, (a preparatory consultative meeting for the first World Congress on CSEC) observed that “apart from commercial sexual abuse of children, there were more alarming occurrences of the non-commercial sexual abuse of children in the form of domestic violence and incest … far more attention needs to be paid to abuse in the home as both a primary cause of commercial sexual exploitation and as a far more serious problem in itself” (Unicef & ANNPCAN, 2001, p. 8).

These “alarming occurrences of non-commercial sexual abuse” are difficult to quantify in situations where little or no research community exists and where they receive little attention. However, a briefing paper for the 2nd World Congress against CSEC suggested that:

There is an overwhelming amount of anecdotal evidence that the problem of sexual abuse and sexual exploitation (including commercial sexual exploitation) of children in the (sub-Saharan African) region is an extensive problem. Children are sexually abused and exploited in the home, school, community, in the workplace and brothels. It is also the case that the HIV/AIDS pandemic is both a cause and consequence of sexual exploitation of children in the region (Unicef & ANNPCAN, 2001, p. 3).

The Third World Congress Against Commercial Sexual Exploitation of Children (2008) renewed its commitment to protect children from sexual exploitation. It emphasised the need for social support and global participation. ECPAT (2008) highlight the complex nature of combating the sexual abuse of children:
“One of the major challenges is the transformation of attitudes and breaking impunity. Often, an adult-centered view dominates societies, gender dynamics are deeply discriminatory and some societies display high tolerance levels towards sexual abuse of children, often labelled as “private sphere of the family” (ECPAT, 2009, p. 63).

A western import

A problem cannot be successfully handled until there is recognition and awareness of the problem. Denying a problem exists and putting the blame elsewhere is a normal reaction considering the taboo surrounding CSA. The belief that CSA is a recent phenomenon and a “western import” is omnipresent in SSA. According to one commentator, there is widespread belief that CSA “can be attributed to the insidious forces of modernity, foreign influences and rapid social change” (Lalor, 2004b, p. 440). CSA is viewed as something extremely “un-African”, “unnatural” and atypical. The presence of CSA would be an attack on the masculinity of the African male. This view is clearly not the reality of the situation. For example, studies conducted in Zimbabwe found that half of reported rape cases involve girls less than 15 years of age and that the girls were most vulnerable to sexual abuse by male relatives, neighbours and school teachers (Njovana & Watts, 1996). Young girls in African countries also have difficulty reporting the abuse. There is great threat of social stigma attached to speaking out about rape and abuse. In Zimbabwe, the rape cases are often settled out of court when the perpetrator either pays compensation to the girl’s father or pays a “bride price” and marries the girl to avoid bringing public attention and shame to the girl and her family (Njovana & Watts, 1996). Stigma attached to the sexual abuse and threats from perpetrators also make reporting difficult as was seen in Tanzania (Kisanga et al., 2012).
**Other social problems**

When the research was carried out CSA had been largely neglected because of the host of other problems facing the African population such as wars, hunger, disease, drought, homelessness, and the overbearing poverty (Lalor, 2004a). These concerns ensure the sexual abuse of children is way down the line in the list of priorities. The awareness of the need for research into the problem of child sexual abuse in SSA and Tanzania was clear in the 2000s when the study was been designed. It is only through knowledge and understanding of child sexual abuse that a society can begin to deal with it.

**Recent developments**

It is clear that the problem of CSA in SSA is being given increased attention. Evidence to support this comes from the Violence against Children Studies (VACS). Funded by the United Nations and Centre for Disease Control (CDC), the studies begin with the premise that by understanding the magnitude, nature, and consequences of violence against children society can implement effective prevention programs. The surveys are the first step of the public health model adopted by the (CDC). The surveys measure physical, emotional, and sexual violence against girls and boys. VACS data have been released in eight countries, six in SSA. Data collection is on going in several more.

Swaziland was the first country in SSA to participate in the VAC studies in 2007. The main finding was that one in three females experienced some form of sexual violence as a child. The 2009 Tanzania Violence against Children Study (VACS) was the first national survey of violence against children in the United Republic of Tanzania. Some 3,739 females and males, 13 to 24 years of age were surveyed. Estimates of experiences of sexual, physical, and emotional violence prior to turning age 18 for females and
males in the United Republic of Tanzania were gathered. The findings from the survey indicate that violence against children is a serious problem: nearly 3 in 10 females and approximately 1 in 7 males in Tanzania have experienced sexual violence prior to the age of 18. In addition, physical violence prior to 18 by an adult or intimate partner was noted as a serious problem. In response to these findings the Tanzanian government has initiated a raft of broad-based interventions in education, social welfare, justice, public health, and in the community.

The 2010 Kenya VAC surveyed 1,306 females and 1,622 males aged between 13 to 24 years. Lifetime and current experiences of emotional, physical and sexual violations for female and male children were examined. The findings from the survey indicate that violence against children is a serious problem in Kenya. One in three females and one in five males experienced sexual violence in childhood. Seven per cent of females aged 18 to 24 experienced physically forced sexual intercourse prior to age 18. One in four females whose first sex occurred before age 18 reported that it was unwilling. The most common perpetrators of sexual violence for females and males were found to be boyfriends/girlfriends and romantic partners.

Other VACs in Malawi, Swaziland, Nigeria and Zimbabwe have found similar levels of violence against children. These national surveys signify definite progress in the fight against CSA in SSA.

1.4 The theoretical context

*The Ecological Systems Model*
A model or framework is important to the researcher because it identifies the variables worth considering and the meaningful relationships among those variables. Bronfenbrenner’s Ecological Systems model (1977) is a widely used framework that has been successfully applied in a number of areas such as early education, health disparities, sexual re-victimisation and CSA risk factors (Kontos, Burchinal, Howes, Wisseh, & Galinsky, 2002; Reifsnider, Gallagher & Forgione, 2005; Grauerholz, 2000; Petersen et al., 2005). The ecological framework rests on the premise that individual behavior can only be understood by taking into account factors at each of: ontogenic, micro-system, exo-system and macro-system levels (Bronfenbrenner, 1979).

Attempting to understand a complex social problem like CSA requires an approach that considers multiple factors. An ecological approach is extremely useful. The ecological model recognises that individuals are inseparable from the context in which they live and that this context has significant influences on them. As Finkelhor puts it “sexual abuse does not occur in a vacuum” (1998, p. 1865). For sexually abused children, this context includes their family, community, and culture. The individuals, institutions, and organizations that are part of these entities are also part of the child's ecological environment (Shay 1995; Bronfenbrenner 1986).

The structure proposed by Bronfenbrenner to examine a child’s human development is also applicable to the problem of child sexual abuse in SSA. At the core of Bronfenbrenner’s theory, human development is examined by focusing on three aspects: an individual’s characteristics; the environment surrounding that individual; and the dynamic interaction between the individual and the environment. Thus, development is defined as an on going change in the way a person perceives and deals with or adapts to
the environment. Applying this to the problem of child sexual abuse in SSA, this model provides sufficient scope to cover all the possible influences that may make a child vulnerable to, and an adult likely to perpetrate, sexual abuse. In SSA, poverty, a cultural acceptance of violence, patriarchal values, male dominance and violence, child-rearing and socialisation methods, the normalisation of male virility, unemployment and overcrowding all play a role in the sexual abuse of children. These influences affect both victim and perpetrator. An ecological understanding of problem behaviour, including child sexual abuse is not new, and is constantly undergoing development and refinement as a conceptual tool for understanding problem behaviour (World Health Organization, 2002). This model (hereafter known as the ecological model) will be elaborated on in chapter four.

1.5 Treating children humanely

While cultural practices regarding the treatment of children may vary from one country to another, there is agreement on the rights universally afforded to each child. These rights were set out in the 1989 United Nations Convention on the Rights of the Child. This document, agreed internationally set minimum standards for in the humane treatment of children. Countries are held accountable and forced to consider certain cultural practices carried out.

1.5.1 The United Nations Convention on the Rights of the Child

The 1989 United Nations Convention on the Rights of the Child sets international standards for child-care and protection. It highlights the importance of the child and recognises her separate identity. It seeks to ensure that children are treated humanely
and fairly without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status:

Those who drafted the Convention took the view that, although methods of upbringing, socialisation and opportunity varied greatly from one country to another, concern to protect a broad range of children’s rights was shared by all peoples. Experience suggested that the reactions of all communities and nations were essentially the same when children were subjected to torture, separated from their families, deprived of food or proper medical care, or maimed in armed conflicts (UNCHR & Unicef, p. 3).

The Convention was borne out of a concern that the situation of children in many parts of the world remains critical as a result of inadequate social conditions, natural disasters, armed conflicts, exploitation, illiteracy, hunger and disability, and convinced that urgent and effective national and international action is called for. The Convention for the rights of the child is the most significant event for children’s rights to date. It was adopted by the general assembly in November 1989, and entered into force in September 1990. The Convention functions on the premise that there are universal standards of care that needs to be upheld so that the child can develop harmoniously. The Convention outlines through 54 articles the rights of the child. Each child has the right to life; to a name and state; to a freedom from discrimination of any kind; to rest and to play; to an adequate standard of living; to health care; to education; and to protection from economic exploitation and work that may interfere with education or be detrimental to health and well-being. The Convention also recognises the important role of the family. The child has the right to stay with her parents provided they offer the
adequate care. The child has the right to move away from her parents if they are
neglectful or abusive. In addition, the child’s right to protection from exploitation
through child labour, through being kidnapped and sold, or through sexual abuse is
safeguarded (UN, 1991).

The Convention exerts a power in that a nation that ratifies it accepts that by doing so
she is bound by its provisions and is answerable to the international community.
Signatory countries to a United Nations Convention undertake to incorporate the
Convention into their national laws. Assessment of countries’ development is carried
out every five years and countries are called to task if they have not improved their child
rights record in the intervening time period.

In 2015, 196 countries are parties to the treaty (some with stated reservations or
interpretations) including every member of the United Nations except the United States.
The United States has signed the document but has not ratified it. Somalia is in the
process of ratifying the treaty. While the Convention sets forth the conditions by which
children should be treated it does represent the ideal. In reality, the rights of the child
are trampled on in many countries throughout the world. For example, 150 million
children in developing countries were still malnourished in 2001; research also shows
that in more than 30 countries covering 35 per cent of the developing world population,
19 per cent of 5 to 14 year olds are working (Unicef, 2001). Indeed, a review of the
progress of the implementation of the Convention showed major inadequacies especially
in Africa:

The ratification of the United Nation’s 1989 Convention and the passing of
supportive legislation by most state governments has not resulted in major
improvements in the well being of children. This is as a result of prevailing socioeconomic and political conditions such as social transformations within the family unit, poverty, and rampant corruption. The emergence of HIV/AIDS, civil wars and armed conflicts is a major impediment to the protection of children’s rights across much of Africa (Mulinge, 2002, p. 1117).

When carrying out research which examines the belief systems and practices of different cultures it is essential to have a barometer by which certain behaviours can be judged. The fact that the Convention is universally accepted makes it the perfect instrument to gauge disparities in behaviour across cultures. While it has so far failed to achieve the accepted level of care throughout the world, it has improved the way we view children and it does give researcher and policy maker alike a standard to aim for. The following articles from the convention are relevant to the area of child sexual abuse and offer a framework to work from. They also act as a point of reference to researchers sifting through this complex and sensitive area:

1. Article 1: A child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.
   
   This definition of a child is central to the present investigation for it aids in creation of an universal definition of child sexual abuse.

2. Article 9: The child has the right to live with his or her parents unless this is deemed to be incompatible with the child’s best interests. In the preamble to the convention, the UN recognises that the child “for the full and harmonious development of his personality, should grow up in a family environment, in an atmosphere of happiness,
love and understanding. Article nine is important because it recognises the responsibility of the family in providing and contributing to the well being of the child. Equally it hints at the considerable influence of the family unit, which can just as easily stunt the growth and development of the child through abusive treatment.

3. Article 19: “States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has care of the child.”

4. Article 34: “States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse”

Articles 19 and 34 bestow upon the authorities the right to intervene if children are been maltreated by their caregivers or by any other person. The later article places particular emphasis on sexual exploitation.

The Convention is the most significant children’s document ever produced. It allows “children to hold society to account and provide the background to any attempts to develop child protective services. In all countries, the rights of children as documented in the Convention are the foundation on which services will develop” (Lachman et al. 2002, pps.589-590). An Optional Protocol on the sale of children, child prostitution and child pornography became legally binding on 18 January 2002. The Convention’s Optional Protocol on the sale of children, child prostitution and child pornography
supplements the Convention by providing States with detailed requirements to end the
sexual exploitation and abuse of children.

1.6 The study objectives

The present study sets out to investigate the presence and nature of child sexual abuse in
a sample of students at the University of Dar es Salaam, Tanzania. Seven forms of child
sexual abuse were examined. The perpetrators of the sexual abuse were identified. The
frequency and duration of the sexual abuse was outlined. Information relating to the
presence of child sexual abuse will be delineated:

a) To provide evidence that child sexual abuse exists in Tanzania as it does worldwide.
There has little published evidence before this research was undertaken.

b) To gain a better understanding of the problem of child sexual abuse in Tanzania and
the contextual factors that influence and contribute to it. The Tanzanian context may
offer particular risk factors previously not studied.

c) To obtain relevant qualitative data for describing local perceptions and knowledge of
CSA in the sample. Understanding how a problem is perceived will help in developing
specific strategies to deal with said problem.

This exploratory study hoped to glean information and deepen the knowledge base of a
particularly sensitive subject in Tanzania. Data was gathered using a questionnaire
designed for the Tanzanian context and informal interviews. Focus groups and case
review will supplement in providing useful context. The primary objective of this study is to explore and shine some light on CSA in Tanzania.

1.7 Research questions

1. At what rate do university students in Tanzania report experiences of child sexual abuse?

2. What is the nature of child sexual abuse in Tanzania?

3. Who perpetrates child sexual abuse in Tanzania?

4. What are the effects/consequences of child sexual abuse in Tanzania?

5. What are the causes of child sexual abuse in Tanzania?

1.8 Significance of the study

The results of the study will bring attention to an important social problem facing SSA and Tanzania. It will be relevant to students, researchers, and academics - especially those undertaking research projects focusing on child protection in SSA. This study will highlight future avenues of research to explore. From a policy perspective, the findings of the study could help policy-makers, social workers, community leaders and the Tanzanian Government develop better strategies in addressing child protection from CSA in SSA. Accurate estimation of prevalence and a deeper understanding of the nature of the problem help inform decisions about the most appropriate course of action to combat the problem. This study will add to the existing body of knowledge in the
field of child sexual abuse research and will provide a much-needed base for the Tanzanian context.

1.9 The layout of the thesis

The thesis comprises seven chapters. The first is this introductory chapter, which is followed by three literature review chapters. Chapter Two reviews the problem of child sexual abuse including its history, causes and consequences. Chapter Three reviews a variety of studies and research findings from the sub-Saharan and Tanzania context. Chapter Four details the contextual issues in sub-Saharan African that cause and aggravate the problem of CSA using an ecological framework. Chapter Five discusses the methodological issues and concerns when studying CSA in general but also in the context of a different culture. In this chapter the methodology is presented. The design of the study as well as the steps taken by the researcher to carry out the research is outlined. Chapter six presents the results of the study. This chapter is divided in two phases. Phase one begins with the descriptive data relating to the quantitative part of the research detailing the prevalence rate for different forms of CSA, the age of victims, duration of abuse, perpetrators, amount of force or persuasion involved and the perception of causes. Phase two presents the findings from the qualitative part of the study. Summaries of interviews, case reviews and focus groups are presented followed by the emergent themes. This chapter also discusses the limitations of the study and identifies the ethical issues addressed. The thesis concludes with chapter seven where the results are considered in more detail and in the context of the literature review. Some suggestions on how the problem of child sexual abuse can be dealt with more effectively are offered and recommendations for future research, practice and policy are presented.
CHAPTER 2

CHILD SEXUAL ABUSE

2.1 Introduction

This chapter presents a review of the literature outlining the widespread presence of CSA, drawing attention to the fact that it has been found in every locale in which it has been studied (Pereda et al., 2009a). The history of childhood and abuse of children will be traced with a view to understanding the changes in the treatment of children that have occurred relatively recently (de Mauasse, 1991). The social construction of sexuality and patriarchy will be presented as the backdrop to the maltreatment of women and children. The recent history of the problem of child sexual abuse as well as its aetiology will be considered. The consequences of child sexual abuse will be discussed highlighting the dangers, in particular of severe forms of child sexual abuse for adult mental health outcomes. In addition, this chapter considers trends in research.

2.2 The universality of CSA

Sexual abuse is a complex life experience, not a disorder or diagnosis (Putnam, 2003). The sexual abuse of children has had a long history and evidence of its existence has been found in almost every domain. Yet we have only recently started to deal with it. Just four decades ago a prominent psychiatric textbook reported that the prevalence of incest was one per million (Henderson, 1975). This position has certainly changed in recent times:

The formal identification of child sexual abuse as a significant and pervasive issue for children in all nations, from all cultural, linguistic and economic
backgrounds is very recent. The realisation that child sexual abuse poses substantial risks to the physical and mental health and wellbeing of the individual child across his/her lifetime is more recent still (ISPCAN, 2011, p. 34).

However, most of the research detailing the existence of child sexual abuse has been carried out in the developed world (Finkelhor, 1994). Developing countries have conducted very little research, perhaps being more concerned with acute social, economic and health problems. However, signs are that the situation is ameliorating with research taking place in such places as El Salvador (Barthauer & Leventhal, 1999), India (Segal & Ashtekar, 1994, Patel & Andrew, 2001), and Palestine (Haj-Yahi & Tamish, 2001). The recent VACs studies in Tanzania (2009) and Kenya (2010) demonstrate an acceptance that CSA is a real problem in SSA. Other research (Kisanga et al. 2012) has also added to the knowledge base.

To understand the problem of child sexual abuse, a reflection on how we view children and the concept of childhood is central. How a society perceives its children and childhood has a direct bearing on the care and treatment they receive. Similarly, the concept of sexuality is important to the discussion.

2.3 An history of childhood and child sexual abuse

It is evident that the abuse (including sexual) of children is not a recent phenomenon. Where records exist we see evidence. This section will examine this dark history. The social construction of concepts such as childhood and sexuality will also be explored as it gives us an understanding of how and why the treatment of children changes.
It has been argued that child abuse is not a recent phenomenon and that the treatment of children in the past was cruel and suffused with much abuse (de Mause, 1998). Children held a much different position than today. An observer of history with an interest in children and childhood is likely to gain two significant impressions: firstly, children do not feature very prominently in historical texts; and, secondly, it is clear that children have a very long history of suffering at the hands of adults (Goddard, 1996). According to Lloyd de Mause (1991), the history of society is replete with ways in which children have been traumatised. The sexual abuse of children is just one such traumatic experience.

De Mause has written extensively on the history of childhood and the abuses suffered by children over time. His views are revealing and harsh:

> The history of childhood has been a nightmare from which we have only recently begun to awaken. The further back in history one goes – and the further away from the West one gets – the more massive the neglect and cruelty one finds and the more likely children are to have been killed, rejected, beaten, terrorised and sexually abused by their caretakers (de Mause, 1991, p. 123).

De Mause (1998) supports his views of widespread child sexual abuse with numerous examples from Greece, India, China, the Middle East, and Africa that occurred centuries ago as well as in the recent past. He writes of pederasty in Greece; uncle-niece and cross-cousin marriages, baby masturbation, sex dormitories and widespread rape of young children in India; child concubinage and eunuchism in China, temple prostitution
and parent-child marriage (among the Zoroastrians) in the middle east; and circumcision and clitoridectomy in Africa.

Only a few hundred years ago, children were commonly “neglected, abandoned, abused (sexually and otherwise), sold into slavery, mutilated and even killed with impunity” (Pappas, 1983, p. xxviii). While the evidence for such past abuse is convincing there is little to suggest that similar child sexual abuse does not occur today. In fact, the available evidence, which will be delineated in the coming sections, supports the view of the widespread sexual abuse of children worldwide today.

De Mause posits a psychogenic theory of history, which attempts to explain this abusive behaviour; his theory also explains how society develops according to the stage of child rearing they are utilising. He proposed six child-rearing modes in his model – infanticidal, abandoning, ambivalent, intrusive, socialising, and helping. According to this model, society moves from one lower developmental stage to a higher based on the improved treatment of children. He argues that adults have used children throughout the centuries as “poison containers” to alleviate their personal anxiety. He believes that the child-rearing mode functioning in a given society is the funnel through which its culture is passed on. Therefore, child rearing, which at its most deficient, includes child sexual abuse, is responsible for passing on certain aspects of culture. De Mause, thus, considers child sexual abuse to precede culture. This view is contrary to much literature, which cites certain cultural norms as partly responsible for abuse, for example, patriarchy. What accounts for the progress from one stage to the next is not clearly delineated by de Mause but he alludes to it in a chapter in his edited collection “The emotional lives of nations”: 
What is miraculous and what is the source of most social progress is that mothers throughout history have slowly and successfully struggled with their fear and hatred with so little help from others and have managed to evolve the loving, empathic childrearing one can find in many families around the world today (2002, p. 354).

Children were largely absent from history because they were not seen as distinctly different from adults. Indeed the idea of “childhood” has been described as a 'recent invention' (Goddard, 1996, p. 7). According to Phillipe Ariès, in the seminal work “Centuries of Childhood” (Ariès, 1962), children in the period up the seventeenth century were seen as “miniature adults” not yet developed; they were not seen as particularly different from adults. Children naturally were weaker and more vulnerable but they were not accorded any special allowances. This made them easy targets for abusive behaviour by adults. De Mause argues that children were used (abused) to lessen the anxieties of their parents. However, while evidence of all kinds of abuse exists throughout history, the evidence that this abuse was the result of parental anxieties is not conclusive by any means. Ariès has pointed out the treatment of children has improved dramatically since the concept of a distinct childhood has taken root.

Ariès has observed that conceptions of childhood have varied across time and that our current notion of childhood is socially constructed. His work was based on the depictions of children in Renaissance art. Ariès noted that the conception of a child shifted from being that of a little adult to being a separate vulnerable entity over the past three centuries. The validity of Ariès conclusions has been questioned (Shipman, 1988).
For example, are depictions of aristocratic families (which were the basis for Ariès’ conclusions) representative of the general population? And is this secondary data reliable and valid? These methodological questions require readers to exercise caution in interpreting Ariès’ results. However, Ariès has highlighted the fact that the very notion of a child is historically and culturally conditioned. Indeed, the notion of “youth” that society subscribes to today is a similar social construction used to describe a particular subgroup of the population who share comparable attributes. This construction continues to develop and as Hart (1991) points out “the conceptualisation and treatment of children has moved the child from being considered basically a non-entity or miniature adult to being a special class of human being; and from property to partial person status” (p. 345). The concept of “kidult”, which refers to an adult who has interests typically appropriate for a child, points out the blurry nature of the concept of childhood. The concept of childhood often extends in adulthood, which is an evolving social construction in itself.

Child sexual abuse has only relatively recently been viewed as a serious social problem even if the available evidence suggests that it has existed as a social phenomenon for centuries. It has been argued by many historians that the prohibition of incest has been a universal human trait. Kroeber (1939) stated, “If ten anthropologists were asked to designate one universal institution, nine would likely name the incest prohibition; some have expressly named it as the only universal one (p. 446).” Meiselman (1979) has similar views on incest:

The taboo on nuclear family incest is more or less universal. The exceptions that are so frequently listed often serve to distract the reader from apprehending the
truly remarkable degree of regularity with which nuclear family incest is prohibited (p. 3).

De Mause believes it is incest itself that is the universal institution in society. The evidence he presents for its existence in history throughout many civilisations is convincing. The universality of the incest taboo indicates that, in all cultures, there is an attraction between parents and children, usually of the opposite sex. The taboo, therefore, acts as a deterrent. However, Mead (1968) in “Sex and temperament in primitive societies” does find exceptions – indigenous groups where incest is not known to occur.

Child sexual abuse has received major attention in the developed world as of late although it is not a recent western phenomenon. Incest, a common form of sexual abuse between family members, occurred in the brother/sister and father/daughter marriages in Egypt during the Pharaonic and Ptolemaic periods. Such marriages were also allowed in certain other ruling families, in, for example, Hawaii and among the Incas of Peru (Meiselman, 1979). Weinberg (1955), writing of remote areas in the United States, exposed groups who believed that men could “catch” purity (thus fighting off a venereal disease) by having sex with their pre-pubertal daughters. This type of ancient belief system is still believed to encourage and promote the sexual abuse of young children in the developing world today. In Weinberg's study of 203 incest criminal cases in Illinois, 78 per cent of incest occurs between fathers and daughters or stepfathers and stepdaughters. Eighteen per cent is between brothers and sisters, and one per cent between mothers and sons. The remaining three per cent are multiple relationships.
Instances of child sexual abuse have also been noted in early-Christian Ireland, the Byzantine and Roman empires and Medieval Europe (Lalor, 2001). Breckenbridge (1992) examined historical episodes of child sexual abuse. Her work, elaborating on the recordings of Savonarola (1497) and Mandelso (1658), found that girls as young as six and nine years old were impregnated by men (cited in Helfer and Kempe, 1987). The statistical information provided from Germany displays the increase in sexual offences committed against children between 1897 and 1904, the recorded convictions in that period increased from 3085 to 4,378 (Breckenbridge, 1992).

In France, Ambroise Auguste Tardieu was one of the first physicians to deal with the sexual abuse of children. In 1857 “A Medico-Legal Study of Assaults on Decency” highlighted public indecent behaviours such as exhibitionism and taking obscene photographs but more importantly it presented Tardieu’s analysis of 632 cases of sexual abuse in females, children for the most part between the ages of four and twelve. He reported that sexual abuse of pre-pubertal children was increasing and also noted that this topic was completely neglected by previous medical authors. He also cited rape statistics for the period 1858-1869; out of 11,576 accusations of rape or attempted rape, 79 percent (9,125) were directed against children (Masson, 1984).

Bernard’s “Sexual Assaults on Young Girls” (1886) cited 36,176 reported cases of “rape and assaults on the morality” of children who were fifteen years or younger in France between 1827 and 1870. Breckenbridge (1992) maintains that, historically, sexual offences against children were widespread, and instinctively, this seems to be a sound proposal.
This section has provided evidence for the widespread sexual abuse of children throughout history. The work of de Mause has been important in establishing the existence of the problem historically and in offering some explanations for the abuse. The contribution of Ariès has shed light on the idea of a socially constructed notion of childhood. Ultimately the way we think of childhood affects how we treat children.

2.4 The social construction of sexuality

An awareness of the construction of sexuality is essential in understanding the sexual abuse of children. This section will attempt to explain what is contained by the idea of sexuality and how this relates to child sexual abuse.

Sexuality is a social construction. It is contained in culture, and ideas about its constituents are in constant flux. Sexuality means many things to many people but there is generally a set of ideas that are accepted by the particular society. Manderson, Bennett & Sheldrake (1999) assert that sexuality is subject to the moral sentiment of the day. Ehrenreich and English (1973) and Foucault (1978) have defined sexuality in accordance with contemporary moralities and ethics, pathologised variant behaviours, and saw such pathology as predetermined and diagnosed by other "essential" characteristics, such as those of race, class, and sex. Manderson, Bennett & Sheldrake (1999) point out that sexuality and sexual behaviour, like all other institutions and behaviours, are - in all cultures subject to gender rules and, therefore, experienced differently for women and men. Ortner and Whitehead (1981) argued that gender symbols - the meanings of "male," "female," "sex," and "reproduction" - can only be understood in the context of a larger system of symbols and meanings, that is, in terms of other cultural beliefs, conceptions, assumptions, and institutions and structures.
Whilst a deviant form of sexuality, child sexual abuse is still contained and influenced by these same variables. An awareness of the contextual variables that influence sexuality and how they feed into the problem of child sexual abuse is important. For example, a patriarchal society, which supports the notion of male sexual entitlement, has obvious implications for the sexual abuse of children, particularly girls.

If the concept of childhood and sexuality are continually changing it leaves considerable space for interpretation about what is acceptable behaviour. For example, if children were viewed as miniature adults in the seventeenth century Europe then presumably sexual activity with them would have been viewed as more acceptable. Societal attitudes towards particular sexual behaviours can be viewed as normal at one period and place in history and totally unacceptable at another, for example, pedastery was widely accepted in ancient Rome and Greece but is a serious crime today in the same society (de Mausse, 1998). Similarly, the varying age of consent, even in one region such as Europe, shows considerable variation in norms and values.

Although every person has her own distinct sexuality, most people conform loosely to the sexual norms of the society they find themselves in. These norms vary from time to time and place to place. Deviant forms of sexuality can therefore only be understood when they are viewed against the backdrop of normal sexuality. In SSA and Tanzania, the target country, patriarchal notions such as respect, male sexual entitlement, and the uncontrollability of the male sexual urge pervade sexual relations and are therefore important in understanding child sexual abuse (Jewkes et al., 2005; Kisanga, Nystrom, Hogan & Emmelin, 2011).
2.4.1 Patriarchy

In academic discourses, patriarchy is conceived either as a tool/concept for analysing power and kin relationships; as ideology; or as a gender system (Coetzee, 2001; Bhasin, 1994; Walby, 1990). As a gender system, patriarchy is “reproduced through the ability of fathers to bequeath to their sons the power to command resources, direct the labour of their wives and children, monopolize material control of the ‘public sphere’ [and] enforce ideologies which legitimate all this as natural, godly and inevitable state of affairs” (MacInnes, 1998, p. 3) or as a “system of social structures and practices in which men dominate, oppress and exploit women” (Walby, 1990, p. 20). Patriarchy is often ambiguous and imprecisely defined: sometimes as an amorphous quality of cultures; sometimes as an inventory of socio-economic inequalities between men and women; sometimes as the attitudes and beliefs of individuals or rules of institutions (Dutton & Corvo, 2006).

The feminist perspective considers the sexual abuse of children to be a manifestation of the oppression of females inherent in patriarchy (Finkelhor, 1982). Rush (1974) comments, “the sexual abuse of children, who are overwhelmingly female, by sexual offenders, who are overwhelmingly male adults, is part and parcel of the male dominated society which overtly and covertly subjugates women” (p. 73). Patriarchy in the sub-Saharan context will be discussed further in chapter four.

2.5 The contemporary origins of child sexual abuse

This section situates the surfacing of child sexual abuse in the last century and notes the key influences in that emergence. Freud, Kinsey, Kempe and Finkelhor have had a
considerable input, the former somewhat denying the presence of considerable child sexual abuse in society.

There has been a slow emergence of belief and recognition regarding child sexual abuse, and a reluctance to accept its presence, except in rare circumstances. As Oates (1990) has pointed out; it is easier for society to cope with ‘stranger danger’ and the threat of the stereotypical child molester assaulting children than to acknowledge the much more threatening notion that sexual abuse is commonly occurring within the family. The acknowledgement of sexual abuse was (and is) therefore a threat to the structure of the family. Studies showing evidence of interfamilial child sexual abuse focus on father/daughter incest in a few dysfunctional families and neglecting the widespread nature of the problem (Bolen, 2001). This hints at a society not yet ready to come to terms with the problem.

In 1896, Freud attempted to shed light on the subject with the formulation of his seduction theory. According to this theory, early experience sexual abuse was a necessary precondition for developing mental problems as an adult. He recognised a link between child sexual abuse and hysteria in many of his patients who had reported experiencing abuse at the hands of their fathers. However, in Freud’s time, father-daughter incest could not be accepted (Masson, 1984). He later denounced his seduction theory and replaced it with the Oedipal theory. Freud’s Oedipal theory viewed incestuous accounts by victims as mere sexual fantasies (Russell, 1986). The un-accepting social climate of the time meant that the sexual abuse of children went relatively unnoticed for many decades (Masson, 1984). The controversy that resulted from this turnabout has never been successfully resolved but his change of direction had
two major effects. Firstly, women who reported incidences of child sexual abuse were less likely to be believed, their accounts were seen as fantasy and secondly, it placed blame on the victim and not the perpetrator.

There is a third perspective on this controversy elucidated by Esterson (1998). She maintains that Freud’s methods were questionable at best; in particular, his pressure technique in which he reconstructed the piecemeal memories of his patients. Both the seduction and Oedipal theories are based solely on Freud’s observations and interpretations. This concern has also been expressed by Schimek (1987) “[T]he knowledge of [the] original trauma, whether an unconscious memory or fantasy, was based on Freud's interpretation and reconstruction; it was not directly revealed by the patient” (p. 960).

There was little work carried out on the subject until the Kinsey’s studies (1948, 1953). In the study by Kinsey, Pomeroy and Martin (1948) on “Sexual Behavior in the Human Male”, incestuous behaviour is commonly found: "there are some psychoanalysts who contend that they have never had a patient who has not had incestuous relations," (p. 588). It is likely many of these psychoanalysts treated these “incestuous relations” as mere fantasy. Kinsey, Pomeroy, Martin and Gebhard (1953), in a study of 4,441 females, reported that 24% (1,075) of females had been approached while they were preadolescent by adult males, who appeared to be making sexual advances. Eighty percent of the females who were approached seem to have had only one experience of this type in their preadolescent years. Kinsey et al. showed convincing evidence “establishing that childhood sexual experiences were virtually universal” (Finkelhor, 1979, p. 9). However, Kinsey instead emphasised masturbation, homosexual relations
and extramarital affairs whilst trivialising the sexual abuse of children. He stated, “It is difficult to understand why a child, except for its cultural conditioning, should be disturbed at having its genitals touched” (1953, p. 121). This statement at the time caused little consternation or dismay; today given the current climate and attitude towards child sexual abuse it would be vastly more inflammatory and controversial. This is demonstrative of the change in the social construction of the problem.

Kinsey’s denial or slant of emphasis has been blamed on sexism, Victorianism and the social and political atmosphere of the time (Finkelhor, 1979). The social climate of the time ensured that the widespread sexual abuse of children by family members and close associates was ignored. This is despite other studies also illustrating child sexual abuse. Landis (1956) is a case in point; he provided evidence in a retrospective study of 1,800 college students, in which almost one-third of the respondents of both sexes reported being subjected to some form of sexual abuse as a child.

It was not until the 1960s that the problem of child sexual abuse was taken seriously spurred by the women's movement heightened public concern and recognition of incest (Courtois, 1988). Florence Rush (1971) claimed that the family itself is the vehicle that allows child sexual abuse to occur. Her views challenged long held views of the sanctity of the family. Child abuse research began exposing the sexual abuse of children as a problem of sizeable proportions in the late 1960s and early 1970s (Watson, 1984). Reported cases of child sexual abuse in the United States reached epidemic proportions, with a reported 322 per cent increase from 1980 to 1990 (National Center on Child Abuse and Neglect, 1988, cited in Sorensen & Snow, 1991). The social concern for the welfare of children was sparked by the publication of Kempe and colleagues' seminal
paper, "The Battered Child Syndrome" (Kempe, Silverman, Steele, Droegemuller, and Silver, 1962). It described for the first time the medical aspects of physical child abuse. Kempe's paper reported on a nationwide survey of hospitals and district attorneys in the US, which was designed to establish the incidence of the problem. The problem of CSA was not on the radar at this point. Francis (1969) wrote that social work “literature seems devoid of reference to or content on this subject” (p. 5). In 1977, Kempe spoke of “sexual abuse of children and adolescents as another hidden pediatric problem and a neglected area” (1978, p. 382). According to Myers (2008), two related factors were responsible for bringing CSA to public attention. First, the child protection system—including reporting laws—expanded significantly in the 1970s. Second, new research shed light on the prevalence and harmful effects of sexual abuse.

2.6 Aetiology of child sexual abuse

There have been several theories put forth to explain the sexual abuse of children by adults. This section summarises the main theories explicating the reasons for its occurrence. No single theory comprehensively captures all the elements of the problem. Some theories examine (for example, Freud’s psychodynamic theory) the psychology of the perpetrator while others focus on the experience of the victim. For example, the traumagenic model proposed by Finkelhor and Browne (1986) examines the process a victim of child sexual abuse goes through. The ecological model (Bronfenbrenner, 1977, 1979, and 1988) will be used in chapter four to explain the contextual factors that aggravate the problem. It is the author’s contention that an ecological prism is an appropriate model for understanding the causes of CSA in the sub-Saharan context.
Several theories have been proposed to understand why an adult sexually abuses a child. Psychodynamic theory stresses the struggle between the id, ego and superego, as well as a failure to negotiate through the psychosexual stages successfully. Biological theory places emphasis on abnormal hormonal secretions and chromosomes, effectively absolving the individual from any responsibility. Cognitive behaviour theory stresses the cognitive distortions and neutralisations of the perpetrator as well as the learning of dysfunctional behaviour. Attachment theory blames weak emotional bonds between child and caregiver. These perspectives of the person may go some way to explaining elements of child sexual abuse but other environmental influences are also strongly implicated.

No one theory explains child sexual abuse successfully. This is partly due to the heterogeneous grouping of those who perpetrate child sexual abuse. There are a multitude of pathways of influence that explains an adult’s attraction to a child (Becker, 1994). Finkelhor (1979) mentioned 13 such pathways of influence that remain useful when considering the causative factors. He grouped them into five categories. They include theories about the perpetrator, victim and family context as well as showing the general case of abuse and the social and cultural influence on its existence. Finkelhor (1979) offers the caveat that “children’s sexual victimisation must be viewed against their true backdrop: a vast ignorance of the forces governing the development and expression of sexual behaviour in general” (p.20).

Finkelhor (1984) reformulated his ideas and proposed an integrated theory combining elements of the above theories to explain the conditions needed for an adult to abuse a child. He maintains that four factors must be present for child sexual abuse to occur.
These factors include (1) emotional congruence, (2) sexual arousal, (3) blockage and (4) dis-inhibition. Firstly, the perpetrator needs to find similarity between his emotional needs and the characteristics of the child (emotional congruence). He must find children sexually attractive and be aroused by them. Finkelhor uses social learning theory to explain this phenomenon whereby the perpetrator may have been abused or over-sexualised as a child and has been conditioned to enjoy such experiences. He may have modelled his behaviour on someone else. The third stage is called blockage and deals with the perpetrator’s inability to have his sexual and emotional needs met by adult relationships. The final component, dis-inhibition, refers to the perpetrator’s efforts to overcome his inhibitions so that he can sexually abuse a child. The perpetrator may employ cognitive distortion to justify his behaviour. Substance abuse and stress may also aid to dis-inhibit the perpetrator. This organisational structure is useful for highlighting at risk individuals and understanding the process through which people sexually abuse children.

Marshall and Barbaree (1990) focus on how adverse early experiences (especially child abuse and neglect) can disrupt the development of inhibitory control (self-regulation skills) over normal aggressive tendencies. They claim adverse early experiences disrupt the development of healthy attachment and social skills.

Hall and Hirschman (1991, 1992) identified four major components to explain sexual offending: personality problems, affective dysregulation, inaccurate cognitions that justify sexual aggression, and physiological sexual arousal to children. Hall and Hirschman suggested that these components could occur alone or in combination but that a single factor typically was the most important for a particular individual. Their
theory explicitly recognises that there may be different routes to sexual offending and different types of sex offenders. Theories that include personal, cognitive, behavioural and environmental components will have more explanatory power.

Environmental factors such as marital conflict, over-sexualisation, poor supervision, male supremacy or patriarchy and the social fragmentation of society highlight the complexity of the problem. Many of these causal pathways will be explored later in relation to the sub-Saharan context.

2.7 The consequences of child sexual abuse

It is generally accepted by society that adult-child sexual interaction causes harm to the children who experience it and that the harm is more often than not psychological rather than physical in nature. This partly explains why much of child sexual abuse goes unnoticed. The characteristics of the sexual abuse experience often determine the severity of the outcome (Lew, 2004). More severe forms of sexual abuse inflict a deeper wound by reinforcing helplessness, powerlessness, and self-blame for survivors (Easton, 2014). Child sexual abuse involving physical contact is associated with higher levels of depression and other psychological problems in adulthood (Andrews et al., 2004). Other studies have found that penetration (Briere & Elliott, 2003; Cutajar et al., 2010), duration or frequency (Briere & Elliott, 2003; Molnar et al., 2001), coercion or force (Molnar et al., 2001), and relation to the abuser (Molnar et al., 2001; O’Leary, Coohey, & Easton, 2010) are related to more long-term mental health and trauma symptoms. However, not all studies have found that these abuse variables predict long-term psychopathology (e.g., Cutajar et al., 2010).
The sexual interaction between children and adults is taboo. It is not tolerated by most modern societies and laws are in place to ensure adults and children do not mix sexually. Sexual relations between adults and children are seen as dangerous to the child who is unable to negotiate the terms of the encounter due to being developmentally immature and because of the inherent power differentials. Sexual relations between adults and children therefore are referred to as “abusive”.

Child sexual abuse is a violation of the Rights of the Child as laid down by the Convention on the Rights of the Child 1989. This standard of care for children has been universally accepted. It was adopted by almost every country in the world in recognition of the rights that children have to grow and develop without any form of neglect or exploitation. The impact the sexual abuse can have on the development of the child is a major cause for concern. Although the impact of child sexual abuse is complex (Crouch, 1999), both its initial effects and long term consequences impact gravely on the individual, on their family and on the community. Researchers note that many victims of sexual abuse suffer symptoms of post-traumatic stress disorder (Morrissette, 1999), act out sexually (Hall, Mathews, & Pearce, 1998), and experience periods of dissociation (Hall & Powell, 2000). Calam, Horne, Glasgow, and Cox (1998) note a host of symptoms exhibited by victims of sexual abuse including anger, sleep problems, and school difficulties. Further, many symptoms actually increase over a two-year follow-up period, and many victims of childhood sexual abuse are vulnerable to re-victimisation (Krahe, Scheinberger-Olwig, Waizenhofer, & Kolpin, 1999; Messman-Moore & Long, 2000). Problems of internalising and externalising behaviour also appeared to be specific to sexually abused children of all age groups (Tyler, 2002).
Long-term effects that are frequently reported and associated with sexual abuse include depression, self-destructive behaviour, anxiety, feelings of isolation and stigma, poor self-esteem, difficulty in trusting others, tendency toward re-victimisation, substance abuse, and sexual maladjustment (Long et al., 2006; Neumann et al., 1996). Lisak (1994) on interviewing 26 male victims of child sexual abuse concluded that:

The analysis identified prominent affects and affective states (anger, fear, helplessness, loss, guilt, and shame), salient cognitive sequelae (inability to legitimise their experience as abuse, negative schemas about the self and about people and self-blame), pervasive issues around gender and sexuality (homosexual issues, masculinity issues and problems with sexuality), and interpersonal difficulties (betrayal, isolation and alienation, and negative childhood peer relations) (p. 544).

Zierler et al. (1991) studied a sample of 186 adults in New England, US, of whom 41 reported being raped or forced to have sex as a child or teenager. They found that:

“Sexually abused women and men were more likely to engage in sex work, to change sexual partners frequently, and to engage in sexual activities with casual acquaintances than individuals who had never been assaulted” (Zierler et al., 1991, p. 575). Research on child maltreatment by Turner, Finkelhor, & Ormrod (2006) found that child sexual victimisation is a significant predictor of depression and aggression when other risk factors are held constant.

There is no broadly accepted framework to account for the effects of child sexual abuse. However, Finkelhor and Browne (1986) have developed a Traumagenic model to
encompass and explain some of the problems arising from the sexual interaction of adults with children. It is a fairly comprehensive framework looking at the psychological aspects of adult-child interaction. The conceptual framework formulated by Finkelhor and Browne (1986) includes the initial and long-term effects of child sexual abuse. They assert that the effects relate to the conjunction of the following trauma-causing factors: Traumatic sexualisation, betrayal, powerlessness and stigmatisation. In traumatic sexualisation the child's sexuality is distorted by age-inappropriate sexualisation. The perpetrator rewards inappropriate sexual behaviour, by trading gifts, affection, privileges, or attention for sex. He is attendant to or distorts the meaning and importance of bodily parts. He also conveys misconceptions and confusions about sexual behaviour and accepted morality. The sexual traumatisation may be enhanced if the perpetrator attempts to arouse a sexual response from the child rather than interacting with the child as a passive object. Increased levels of trauma are associated also with having enticed the child to participate, high levels of fear associated with sex, and with a child that has a better understanding of the implications of the behaviour. Confusion for the child is the usual outcome and victims tend to hold extreme views about sexuality: both a heightened sensitivity, and attraction to sexual behaviour or highly negative feelings to all sexual activity.

The sense of betrayal a victim feels towards the perpetrator extends to others. The person can lose trust in all people or can also become overly dependent on others. The sense of betrayal felt by other family members also leads to severe and hostile reactions. As well as this, there is a sense of powerlessness as the child tries to evade without success the abuse. The effort to convince others of the abuse can be most difficult. The child may not overtly do this but will give signs. The child may become fearful and
anxious, suffer nightmares, become depressed, run away, or show truancy. Eating and sleeping disorders may occur. The child may express a strong desire to control events and people.

The final stage set out in the Traumagenic model is Stigmatisation. The child's sense of being is denigrated and the child is isolated from a larger society. The perpetrator may explicitly denigrate and blame the victim, or the child may blame himself for the abuse, and therefore feel an overwhelming sense of shame and responsibility. The child's self-esteem is lowered and the child has a feeling of being different from everyone around him or her. The child will isolate himself from peers, may participate in criminal or delinquent behaviour, may abuse drugs and alcohol, may practice self-mutilation, and may become suicidal. This model gives us a picture of the mind of the child and the perpetrator. It illustrates the processes involved that allows abuse to occur, aids its continuation and prevents its discovery. It is important to remember that not all adult-child sexual interaction causes harm and some studies fail to find a causal link between child sexual abuse and later adverse sequelae.

The outcome for the child is dependent on a number of factors including the age of the victim, the frequency and extent of the abuse, the relationship of the victim to the abuser (incest has the worst outcomes), the use of force, the presence of severe injury, and the number of different perpetrators (Goldman, Horan, Warshaw, Kaplan, & Hendricks-Matthews, 1995). The response of the victim's family has a tremendous effect on the outcome. Supportive responses from the victims’ family and friends can go far to lessen the impact of the abuse. The role of parental support (Godbout, Briere, Sabourin, & Lussier, 2014) seen commonly in cases of incest where one parent tries to protect the
other parent) significantly improves outcomes while negative responses will compound the damage done.

Some studies have highlighted the falsity of assuming that negative consequences result a priori from sexual interactions between adults and children. Walters (1975) suggested it was a myth that child sexual abuse caused lasting psychological harm. He asserted that what harm may be experienced by the child was due to factors extrinsic to the sexual abuse itself: “Most of the psychological damage, if any, stems not from the abuse but from the interpretation of the abuse and the handling of the situation by parents, medical personnel, law enforcement and school officials, and social workers” (p. 113). This idea has been re-iterated by West (1985) in studies of general patients in two health clinics and of students. The effects of abuse were mixed. West believes that it’s the child’s assessment of the sexual contact that determines whether or not the event will affect her adversely. Women report more negative outcomes after an abusive sexual incident in childhood. Rind, Tromovitch and Bauserman (1998) examining seven male and seven female national probability samples from the United States, Canada, Great Britain, and Spain found that significantly more women (68%) reported the presence of some type of negative effect at some point after their abusive experience than did men (42%). Their results are especially important because the samples used were all chosen to be representative of their national populations. In a study by Madu and Peltzer of secondary school students in the Republic of South Africa in 2001, 86.7% of child sexual abuse victims did not perceive themselves as having been sexually abused as children. It has previously been suggested that the outcome of an early sexual experience is greatly mediated by how the person perceives such experiences and is
dependent “on how events are perceived, appraised and processed” (Williams, 1993, p. 46).

It should be noted that conceptions and misconceptions about sexual abuse are a function of cultural factors, specifically the socialisation process children go through and how they are brought up. Socialisation is the process by which we learn the ways of a given society or social group so that we can function within it (Elkin & Handel, 1978). Has Madu and Peltzer’s South African sample been socialised to accept aggressive forceful sexual behaviour?

Constantine (1981) has also reported on the apparent absence of ill effects in his review of 30 studies describing the effects of child sexual abuse. He found that 20 report at least some subjects without ill effects; 13 of those conclude that, for the majority of subjects, there is essentially no harm; and six even identify some subjects for whom, by self-evaluation or other criteria, the childhood sexual encounter was a positive or possibly beneficial experience (p. 224).

Conte (1985) concluded "a review of the literature describing the effects of sexual abuse on children leads irrefutably to the ambiguous conclusion that sexual abuse appears to affect some victims and not others" (p. 117). Rind and Tromovitch (1997) conducted a meta-analytic review of seven studies on the effects of child sexual abuse. Using national probability samples (four were from the United States, and one each, from Great Britain, Canada, and Spain), their findings indicate that child sexual abuse "is not associated with pervasive harm and that harm, when it occurs, is not typically intense" (p. 237). Dallam, Gleaves, Cepeda-Benito, Silberg, Kraemer and Spiegel, D. (2001)
reported numerous problems in the study that minimized the impact of CSA. They believe that Rind and Tromovitch’s conclusion are not supported by the original data because of the definition of CSA used and a failure to correct for statistical attenuation. Others such Levitt and Pinnell’s (1995) point out that "the traditionally accepted link between childhood sexual abuse as an isolated cause and psychopathology in adulthood lacks empirical verification" (p. 151). Ulrich (2007) agreeing that CSA does not inevitably lead to harm warns of an increased vulnerability present in CSA victims. She highlights the protective benefits of social support and attributional style that may help explain some of the variability in harm reported by CSA victims.

There has been much controversy surrounding the actual effects of child-adult sexual interaction and the outcome for the child is dependent on a number of factors (Goldman et al., 1995). Finkelhor and Browne have proposed a useful model, which explains the process involved, and the possible sequelae. They propose that traumatic sexualisation leads to mental health, social and sexual problems such as sexual preoccupation, aversion and/or ambivalence. The power differential and the imbalanced relationship that exists between adult and child preclude mutual understandings on the subject of sexual interaction. If the potential exists for one child to be severely damaged then that is sufficient evidence to prevent the sexual interaction of adults and children. The uncertainty regarding the impact of early sexual experiences has been clarified somewhat by the work of Trickett, Noll and Putnam (2011).

Trickett, Noll, & Putnam (2011), reporting on a 23-year longitudinal study of the impact of intrafamilial sexual abuse on female development, find considerable damage as a result of CSA. Eighty-six females aged 6 to 16 years old with substantiated sexual
abuse showed deleterious sequelae across a host of biopsychosocial domains including: earlier onsets of puberty, cognitive deficits, depression, dissociative symptoms, maladaptive sexual development, hypothalamic–pituitary–adrenal attenuation, asymmetrical stress responses, high rates of obesity, more major illnesses and healthcare utilisation, dropping out of high school, persistent posttraumatic stress disorder, self-mutilation, psychiatric diagnoses, physical and sexual revictimisation, premature deliveries, teen motherhood, drug and alcohol abuse, and domestic violence. Children born to abused mothers were also at increased risk for child maltreatment and overall maldevelopment. The effects reported here leave little doubt regarding the potential dangers of CSA.

In conclusion it does appear from the available research, that more often than not, there are negative effects associated with adult-child sexual interaction and that these effects may exist along a continuum dependent on factors on the aforementioned factors.

2.8 Child sexual abuse research

The United States has been the forerunner in research on the sexual abuse of children and evidence of its existence has abounded for the last three decades. David Finkelhor in “Sexually Victimised Children” (1979) established empirically that, high levels of child sexual abuse existed in the general population. He pointed out that, nearly one in five girls and one in eleven boys reported having a sexual experience with someone much older. The experience cuts across all social and ethnic lines. He also reported that preadolescent children are particularly vulnerable because of their inexperience with newly learned sex-roles. Today the existence of child sexual abuse is taken for granted. A meta-analytic study by Rind, Tromovitch, and Bauserman (1998) covering samples of
college students, found that reported prevalence of abuse for males ranged from 3% to 37%, and for females from 8% to 71% with mean rates of 17% and 28% respectively.

2.8.1 Knowledge of child sexual abuse after decades of research

Child sexual abuse is a common occurrence and is perpetrated most often by someone known to the victim. In a recently published global meta-analysis incorporating 65 articles from 22 countries, 19.7% of women and 7.9% of men had experienced CSA before age 18 years (Pereda, Guilera, Forn, & Gómez-Benito, 2009a). Overall, the highest prevalence rates for child sexual abuse (34.4%) were reported in Africa (Morocco, Tanzania, South Africa). A recent population-based cross-sectional study among Swiss adolescents (Mohler-Kuo et al., 2013) found lifetime prevalence rates of 35.1% for females and 14.9% males respectively, which point out that CSA is still a social problem continuing to affect large swathes of the population despite decades of research and recognition of the problem. Interestingly, the authors highlight the presence of sexual abuse via the Internet and text messaging as a significant trend.

Offenders of child sexual abuse are a heterogeneous group and are predominantly male; they can be fathers, grandfathers, uncles, brothers, stepfathers, mothers, grand mothers, aunts, sisters, stepmothers, babysitters, coaches, teachers, doctors, social workers, religious leaders, neighbours (Finkelhor 1979; Finkelhor & Browne, 1986). Smith et al. (2000) indicated that 28% of women who were raped during childhood never disclosed this sexual victimization to anyone prior to participation in that study. Finkelhor (1993) noted that boys, more so than girls, were reluctant to disclose instances of sexual victimization, presumably because of the stigma attached to such experiences.
CSA is also perpetrated by minors against other minors (e.g., Horton, 1996). There is evidence that some juveniles begin a pattern of committing sexual offences against others prior to the onset of adolescence (Gray, Pithers, Busconi, & Houchens, 1999; Pithers & Gray, 1998). In fact, referring to the studies carried out in the United States approximately 40% of all reported child sexual victimisation is perpetrated by individuals below the age of 20 years. Surprisingly, 6 to 12 year-old children committed 13–18% of all substantiated cases of child sexual abuse (Pithers & Gray, 1998).

2.9 The global presence of child sexual abuse

Whilst the presence of child sexual abuse has been accepted in North America, particularly for the last three decades, countries in other parts of the world have doubted that similar levels exist in their own countries. This has been shown not to be the case. Finkelhor (1994), examining studies from around the world, has registered high rates of child sexual abuse comparable to rates found in research in North America from nineteen different countries. Rates of abuse from these non-clinical samples ranged from 7% to 36% for women and 3% to 29% for men. These rates illustrate the universality of the problem and undermine the assumption of North American exceptionalism. Finkelhor aptly concludes:

Studies from a variety of countries suggest that sexual abuse [of children] is indeed an international problem. In every locale where it has been sought, researchers have demonstrated its existence at levels high enough to be detected through surveys of a few hundred adults in the general population… As such epidemiological findings are available for more and more countries, the responsibility of proof shifts to anyone who would argue that sexual abuse is rare or non-existent in their locale (1994, p. 412).
A follow-up to Finkelhor (1994) by Pereda et al. (2009b), found a similar pattern and demonstrated again the lack of evidence emerging from developing countries. The authors note that CSA is clearly an international problem. The evidence of child sexual abuse continues to appear around the world, and as noted earlier, prevalence figures have been recorded in such diverse places as El Salvador, India and Palestine. Other countries have followed to investigate the problem in a systematic way. For example, a study in Switzerland by Halperin, Bouvier, Jaffe, Mounoud, Pawlak, Laederach, Wicky, and Astie (1996) of 1193 adolescents aged 13-17 years, demonstrated that 33.8% of girls and 10.9% boys reported having experienced at least one sexually abusive event.

In Hong Kong, Tang (2002) described the presence of child sexual abuse in a convenience sample of 2147 Chinese college students. She reported an average rate of sexual abuse of 6%. A telephone survey study from the Republic of Ireland by McGee, Garavan, de Barra, Byrne & Conroy (2003) found that out of a sample of 3,118 one in five women and one in six men reported experiencing contact sexual abuse in childhood with a further one in ten and one in fourteen reporting non-contact sexual abuse respectively. Cases of contact abuse which involved penetrative sex - either vaginal, anal or oral sex was experienced 5.6 per cent of all girls and 2.7 per cent of all boys. In Korea, Kim and Kim (2005) sampling 1,672 adolescents (1,053 student adolescents and 619 delinquent adolescents) reported a 3.7% prevalence rate of incest. Families in which incest occurred were characterized by higher levels of problems, such as psychotic disorders, depression, criminal acts, and alcoholism among family members. Adolescent incest victims were significantly more dysfunctional and unhealthy in terms of family dynamics and showed significantly higher maladaptive and problematic psychological patterns than non-victimized adolescents.
The available evidence suggests that child sexual abuse is universal and that it has been shown to exist in every locale where it has been investigated. Low rates of reported child sexual abuse have been noted in Asian populations (Pereda et al., 2009). They may be due the tendency in collectivist cultures to put the needs of a group ahead of those of an individual (Hofstede, 2001), leading to lower levels of reporting to avoid adversely affecting the health of the group.

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) has also being involved in documenting the abuses and the responses to them, faced by children and professionals globally. Their biennial publication “World Perspectives on Child Abuse” surveys child specialists throughout the world to gauge knowledge and responses to child maltreatment. The survey asks questions in relation to many aspects of child maltreatment such as incidence, intervention, policy trends, health status and public awareness. The 2014 edition obtained data from 73 countries (covering 76% of the world’s children). This voluntary survey offers a global perspective on the issue of child abuse and neglect. In order to facilitate participation in this survey effort, the questionnaires were translated and made available to potential respondents in French, Spanish, Russian and Arabic.

The authors point out that low-income countries face the greatest challenge ensuring children’s wellbeing and protection but high-income countries have work to do too. They call for continued efforts to ensure the protection of children given what we now know: “Enough is known about the potential harm of child maltreatment to support a compelling argument for building societies that strengthen families, support
parents/caregivers, and promote children’s health, development and safety as so doing should also help prevent child maltreatment” (ISPCAN, 2014, p. 6).

2.10 Conclusion

This chapter has argued that we have only recently started to protect children from many forms of abuse (de Mause, 1998). This change has been in part due to recognition that children are not miniature adults. They are more vulnerable and thus should be afforded special protection (Ariès, 1962). The work of Freud, Piaget, Erikson and Bowlby, in particular, has highlighted the developmentally significant position of childhood. Any disruption caused by maltreatment could lead to significant long-term developmental problems.

Sexuality is a social construction. Each society decides, for itself, the sexual behaviours they view to be acceptable. In nearly every society today sexual contact between children and adults is considered taboo but this has not always been the case. For example, in ancient Rome and Greece, sexual contact between young boys and men was acceptable. The strength of this taboo is perhaps positively related to the care we have given our children. There is growing recognition that CSA is universal, pervasive and dangerous. The evidence for its presence is indisputable and there is clear recognition that it should be prevented (World Health Organization, 2004/2006). The work of Kempe and Finkelhor has been instrumental in bringing to light the presence and dangers of child sexual abuse. The reasons why adults choose to have sexual contact with children instead of adults are manifold. Theories include personal, cognitive, behavioural and environmental factors.
CHAPTER 3

CHILD SEXUAL ABUSE IN SUB-SAHARIAN AFRICA

3.1 Introduction

A general introduction to the subject of child sexual abuse was outlined in chapter two detailing its history, as well as the current understanding gleaned from contemporary research. This chapter now focuses on the research carried out in SSA and Tanzania, where such research is available. The paucity of research in this region has been highlighted (Lalor, 2004a). Research from clinical, nonclinical and school samples will be examined. The consequences of CSA in the SSA region will be considered particularly pertinent in an area with high levels of HIV.

3.2 Child sexual abuse in sub-Saharan Africa

The study of child sexual abuse in sub-Saharan Africa is a recent development and it is still in relative infancy due in part to competing social and economic problems. A recent global meta-analysis estimated the prevalence in Africa from self-report studies of child sexual abuse as close to 20 % for both males and females (Stoltenborgh, Van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). The figure for males is higher than is usually reported in other regions.

The earliest concerns about child sexual abuse were focused on commercial forms of sexual exploitation (CSEC). This form of sexual abuse was more visible and easier to accept. It was easier to confront a behaviour that outsiders and sex tourists were largely responsible for. Non-Governmental Organisations (NGOs), such as Unicef and Save
the Children set up programs to assist children involved in prostitution and increase awareness through advocacy. This approach was adopted by NGOs because most societies have been unwilling to accept that child sexual abuse occurs in their own communities and is been committed by trusted members of their communities. This focus on CSEC was highlighted by Lalor (2004a). He maintained that the abuse of children in their own homes, in schools, in their neighbourhoods and at work by family, peers, and authority figures has gone largely undetected in most parts of the developing world.

Research that has emerged from SSA has been sporadic and peer-reviewed work (until recently) was infrequent. The Republic of South Africa is the notable exception. This may reflect the relative wealth of the country in comparison to other African nations and more developed social structures they have in place to carry out research. The extant research from much of SSA was disjointed and lacking direction and much research has sidestepped the issue of child sexual abuse. Ennew, Gopal, Heeran, and Montgomery (1996) noted that two annotated bibliographies of studies of African children and childhood (Gueye, 1995; Ross, 1995) provide no references to published work on sexual abuse. They conclude:

“In terms of academic discourse, or even within NGO and IGO literature, the topic of child sexual exploitation in sub-Saharan Africa consists of an almost total vacuum, in which dispersed and disconnected items of journalistic and project-oriented text are floating aimlessly” (Ennew et al., 1996).

This situation has been ameliorated greatly in the intervening years with NGOs and academic discourse improving considerably (Human Rights Watch, 2001; Jewkes and
Abrahams, 2002; Atwood, Kennedy, Barbu, Nagbe, Seekey, Sirleaf, Perry, Martin, & Sosu, 2011; and Kisanga, 2012).

3.3 Understanding the lack of research in SSA

The paucity of research into the problem of child sexual abuse in the region has been noted by Lalor (2004a, 2004b). In addition to the emphasis on CSEC, he posits two main reasons why the issue of child sexual abuse has failed to receive sufficient attention.

**Rapid social change**

Child sexual abuse in SSA is viewed as a recent occurrence “attributed to the insidious forces of modernity, foreign influences, and rapid social change” (2004a, p. 440). The migration from rural to urban areas has been cited as a force that has led to a breakdown of traditional child-rearing practices. The absence of adults in certain homes has led to an increased vulnerability to sexual predation. This migration has not only increased the spread of HIV from the urban to rural populations, but also predisposed girls aged 10-19 years to have sex with adults (Abdool Karim et al., 1992). Mbagaya (2010) has pointed out that the rapid social changes in Africa along with increases in urbanization and individualism has led to greater isolation of families. He notes the increased risk to children left with biologically unrelated caregivers when parents go to work. Globalisation has impacted on SSA bringing many changes to normal life affecting traditional values and roles. Simultaneously the increases in communication media have brought the problem of child sexual abuse to the forefront of society like never before. It appears in newspapers and is talked about on the radio. A natural reaction is to blame
this new awareness of the problem on outside forces (although the problem has likely been there all the time in some form).

**Competing social forces**

A second reason for the scant attention given to child sexual abuse research is down to competing social forces. Poverty, war, disease and starvation are more immediate concerns that need to be dealt with before resources can be spared to deal with such a taboo subject as sexual abuse. Staying alive precedes living free from sexual exploitation in the hierarchy of needs. These concerns ensure the sexual abuse of children is way down the line in the list of priorities. Lachman, Poblete, Ebigbo, Nyandiya-Bundy, Bundy, Killian & Doeke (2002) rightly point out that “the relative dearth of research in less developed countries has been the result of many factors—the enormity of the problem, the lack of resources to afford the luxury of research, and the lack of trained researchers” (p. 589).

In addition there are other factors that have stalled research into sexuality in Africa: The conservative Victorian values surrounding the inappropriateness of sex in public discourse have stifled its academic discussion in Europe and America are also at work in SSA. A related point is the Victorian idealization of children as sexless innocents. This attitude still very much holds sway leading to the dearth in research exploring children’s sexuality in SSA and elsewhere. Methodologically, sex-oriented research poses many problems. The question of African sexuality will be explored in more detail in the next chapter.
3.4 Individual barriers to reporting in SSA

Many children find it difficult to talk about their experiences of being sexually abused (Paine and Hansen, 2002) and consequently many adults report never disclosing their abuse during childhood (Finkelhor, Hotaling, Lewis, & Smith, 1990). It is suspected that many victims never disclose at all. A study by Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, (2005) investigated the factors that influenced the disclosure of sexual abuse. Using data from therapeutic sessions and follow-up interviews with 20 families (22 children) who had experienced child sexual abuse, the authors noted the difficulties facing children in disclosing:

> It was difficult to find situations containing enough privacy and prompts that they could share their experiences. They also were sensitive to others reactions, and whether their disclosures would be misinterpreted. When the children did disclose they did it in situations where the theme of child sexual abuse was in some form addressed or activated (p. 1395).

Voicing abusive experiences may be more difficult for young people in SSA given the culture of respect for one’s elders. There is also considerable stigma attached to reporting child sexual abuse (Levett, 1989; Kisanga, Mbwambo, Hogan, Nyström, Emmelin, & Lindmark, 2010).

3.4.1 Stigma

Stigma is complex and difficult to measure. Acknowledging that stigma is not merely an attribute within the stigmatized individual, but constitutes a social process is important (Link & Phelan, 2001). Firstly, there is great threat of social stigma attached to
speaking out about rape and abuse. Kisanga et al. (2010) found that stigma among survivors and death threats from perpetrators were identified by representatives of the sociolegal system in Tanzania as impediments to CSA disclosure. In another study at the same site in Dar es Salaam, community members expressed an unwillingness to support victims out of fear of facing perpetrator retaliations or the possibility that informant anonymity and confidentiality would not be protected by the police (Kisanga, Nystrom, Hogan, & Emmelin, 2011).

A further challenge noted by Dartnall and Jewkes (2013) is rooted in rape stigma, as well as women’s internalisation of strong, culturally rooted ideas about male sexual entitlement. Women after a sexually violent act may reclassify acts of sexual violence as ‘not rape’. A failure to perceive an act as rape means action is not necessary and many rape perpetrators go free.

The importance placed on the virginity of new brides and loss of virginity also reduces a girl’s chances of disclosing sexual abuse, fearing for her future marriage. A corollary of this is that there is the possibility that an abused girl would have to stay with the abuser. In Zimbabwe for example, rape cases are often settled out of court when the perpetrator either pays compensation to the girl’s father or pays a “bride price” and marries the girl to avoid bringing public attention and shame to the girl and her family (Njovana & Watts, 1996). Magwaza (1997) also describes a similar practice of Inhlawulo and Ukugeza in South Africa whereby a man makes a payment to the guardians of a girl he has impregnated out of wedlock. This practice has been extended to also cover younger girls, thus, absolving perpetrators from any remorse or guilt they may feel. In the case of sexually abused boys the stigma attached to speaking out is probably higher given the
patriarchal nature of sub-Saharan African society. The fear of not being believed and the failure of authorities to deal with perpetrators are also barriers to reporting in SSA. Despite these reasons Lachman et al. (2002) reported that the research situation has improved:

“More articles from the less developed countries have been published in the past 2 years than in the previous 10 years. This is a welcome development as it encourages research and the evolution of programs aimed at the protection of children” (p. 589).

Concern over CSEC, competing social and economic problems, and an attitude of denial has meant that the sexual abuse of children by people known to them has received inadequate attention to date. Other factors relating to the difficulties inherent in reporting and facing up to sexual abuse were also mentioned to explain the dearth of research in CSA by people known to the victim. Research has been slow to tackle the problem because of the obvious sensitivity of the subject. The situation has been improving and there is an ever-increasing emphasis placed on the sexual abuse of child in all situations. This improvement has come at a time when the problem of HIV continues to affect millions in SSA.

3.5 Early Evidence of child sexual abuse in SSA

The investigation of sexual behaviour in Africa, as elsewhere, is difficult. Much of the research has been driven by public health concerns surrounding the HIV epidemic (Cleland & Ferry, 1995). The investigation of sexual deviance has been even more difficult to accomplish. This difficulty was notable in earlier studies investigating child abuse in SSA by the absence of reference to sexual abuse. Earlier studies focus on physical abuse such as among the Samia of Kenya (Fraser & Kilbride, 1980), physical
and emotional abuse and neglect of children amongst the Zulus of South Africa (Loening, 1981) and on physical forms of child abuse such as excessive corporal punishment, infanticide and female circumcision (Okeahialam, 1984).

LeVine & LeVine (1981) were one of the first to broach the subject of child sexual abuse in Africa. They reported on the rape of prepubescent girls by adult men who were often the child’s guardians in their anthropological studies of the Gusii in Kenya:

> Sexual molestation of girls is a known phenomenon in tropical Africa. Among the Gusii we have encountered cases, for example, of rape of prepubescent girls by adult men who in many instances are the classificatory fathers of their victims (i.e., they are closely related members of their victims’ parents’ generation). We have also come across actual father-daughter incest. In addition, the seduction of pubescent girls by male schoolteachers is the occasion for recurrent scandals in Nigeria and Kenya (LeVine & LeVine, 1981, p. 38).

Initial investigations into the problem of child sexual abuse had been sparse and exploratory. In his review of extant English language, peer-reviewed literature in the Social Sciences Citation Index Lalor (2004a) has divided this material on the basis of the samples used describing clinical and non-clinical populations. This is a useful dichotomy and will be used to format the subsequent review of the available literature. It becomes evident from this review that while investigations into child sexual abuse in SSA have emerged, there is still a need for more detailed analysis of the problem. The review of the extant literature also demonstrates that child sexual abuse in SSA has many similar characteristics to sexual abuse reported elsewhere; namely, victims are
predominantly female while the perpetrators are male who are known to the victim. Sexual abuse cuts across all racial and ethnic groups, is often shrouded in secrecy and shame, and is often reported only because of the severe physical damage to the victim. However, there are also characteristics of child sexual abuse problem in SSA that make for a unique problem such as HIV, transactional sex and superstition.

3.6 Clinical populations in South Africa

The first studies of child sexual abuse in South Africa came primarily from hospital settings. The Red Cross Memorial Children’s Hospital in Cape Town has been the location of many of the initial studies detailing serious sexual abuse of children in South Africa. Westcott (1984) described 18 cases seen there over a 6-month period in 1982; they represented the “tip of the iceberg” according to the author. The victims were no older than 12 years and 80% were female.

Jaffe and Roux (1986) investigated 88 cases of suspected sexual abuse at the same hospital during 1985, the increase in cases presenting is immediately obvious. These cases were severe enough to warrant a visit to the trauma unit at the hospital. Twenty cases of rape, 15 of incest and seven of sexual interference were confirmed; but 47% of cases remained unconfirmed. Victims came from all social groupings and ranged from 10 months to 13 years in age. Of the 88 children, 90% were female and most were in the four to six year old age group. In 57% of cases, the victim knew the perpetrator.

Haffejee (1991) identified the existence of child sexual abuse in a population where it had not previously been shown to exist, that is, in a sample of South African Indians. Argent, Bass and Lachman (1995) investigated child abuse at the Red Cross War
Memorial Children's Hospital in Cape Town over the period of June 1989 through July 1990. Five hundred and three children with a median age of less than 7 years were seen. Abuse was confirmed in 389 (160 physical abuses and 229 sexual abuses). Abuse was suspected and not confirmed in 114 (41 physical and 73 sexual).

Larsen, Chapman and Armstrong (1996) reported that sexual abuse takes place in both urban and rural environments. A study in a rural population of South Africa found that 51 per cent of children between six months and 15 years of age receiving medical treatment for sexual abuse have been abused by a neighbour, an acquaintance, a lodger or a stranger (Larsen, Chapman and Armstrong, 1998). They also found among clinical sample of 99 children who had been sexually abused in Kwazulu-Natal, South Africa, that 60.4% experienced rape or attempted rape, 7.7% anal penetration, 4.4% rape and anal penetration, 3.3% rape and battering, 16.5% sexual molestation, and 7.7% uncertain. The incidence of sexually transmitted diseases at presentation was high (65.9%), a possible reason for turning to modern medicine for help.

A study by Meel (2003) to investigate the HIV-seropositivity of rape victims attending the Sinawe Rape Crisis Center in Transkei, South Africa found that out of 243 victims, 68% were less than 20 years old, 23% were less than 10 years and 5% were less than five years of age. Seven victims (almost 3%) less than 19 years of age tested positive for HIV, although it is uncertain whether they contracted the infection through the rape.

Birdthistle, Floyd, Mwanasa, Nyagadza, Gwiza, & Glynn (2010) investigated child sexual abuse in Harare, Zimbabwe, and its links to HIV and orphanhood using records for new clients attending a child sexual abuse clinic from July 2004 to June 2005. They
concluded that high numbers of children in Harare experienced penetrative sexual abuse, and most present too late for post exposure prophylaxis (PEP). In a one-year period, 1194 new clients (90% female) aged 7 weeks to 16 years were assessed, with 93% of boys and 59% of girls classified clinically as prepubertal. Ninety-four per cent of clients reported penetrative sexual abuse, occurring most often in the child’s home. Most girls (93%) described the type of abuse as vaginal penetration, followed by fondling body parts (15%), genital exposure by the perpetrator (14%) and dry intercourse (10%). Anal penetration was reported by 1% of all girls. Most boys experienced anal penetration (60%, n=33), and 12 reported forced vaginal intercourse with a female abuser. Relatively few clients (<5%) reported oral sex or prostitution. Most perpetrators were identified as relatives or neighbours by children under 12 years, and ‘boyfriends’ by adolescent girls. At presentation, 31/520 (6%) of clients tested were HIV-positive. This large sample provides convincing evidence of CSA in Harare.

While the clinical studies of child sexual abuse are important initially in highlighting the problem, they fail to provide normative rates of sexual abusive behaviour and prevalence. Prevalence rates are calculated using non-clinical samples of the general population. The next group of studies deal with these attempts, although most of the early studies use non-representative university samples.

### 3.7 Non-clinical populations in South Africa

A number of researchers have endeavoured to study samples that are more representative of the general population. The earlier studies in this area began with university samples and reported rates of child sexual abuse ranging from 43.6% for females (Levett, 1989) and 34.8% for males (Collings, 1991). Madu and Peltzer
(2000/2001) reported rates of sexual abuse as high as 53.2% (for females) and 60% (for males) for secondary school students in South Africa. The vulnerability of children whose parents are absent was highlighted in the latter studies. Studies examining larger representative samples have reported rates of attempted child rape of 8.4% and actual rape of 5.8% (King, Flisher, Noubary, Reece, Marais and Lombard, 2004), and 8% for child sexual assault (Dunkle, Jewkes, Brown, Yoshihama, Gray, McIntyre, and Harlow, 2004).

Ann Levett (1989) was the first researcher in South Africa to attempt to calculate prevalence figures for child sexual abuse from a non-clinical sample. Ninety-four female students from the University of Cape Town participated. Her research revealed that 43.6% (41 women) had experienced 61 instances of sexual abuse before the age of 18 years. Of the abused women 17% had experienced an attempted rape. On follow ups with these women two-thirds expressed reluctance in expressing views about sexual abuse with their peer groups. Levett suggests the stigmatic effects associated with disclosure are to blame. The author points out the absence of any close family members been implicated in the sexual abuse and the non-occurrence of abuse by a single perpetrator. She believes her findings are an under-estimation of the true incidence of sexually abusive experiences in childhood.

Collings (1991) used a retrospective questionnaire approach with a racially diverse sample of 284 South African University men and reported that almost 29% of men experienced some form of CSA, the majority of which was non-contact (63.7%).
Collings (1997), of the University of Natal’s Child Abuse Research Unit, conducting the largest study of its kind in the region, surveyed a sample of 640 female university students regarding their unwanted sexual experiences involving physical contact experienced whilst a child of 17 years or younger. The composition of the sample by ethnicity is detailed by the author (64% White, 21% Asian, 11% Black) but a breakdown of abuse by ethnicity is not provided. Results indicate that 223 (34.8%) of the total sample experienced contact sexual abuse before the age of 18 years.

Targeting a more representative sample Madu & Peltzer (2000/2001) in a study of 414 secondary school students in form 9 and 10 in 3 secondary schools in the Northern province of South Africa found an overall prevalence rate for contact forms of child sexual abuse 60% for males and 53.2% for females. Sixty-five of the 414 respondents (15.7%) experienced oral, anal, or vaginal intercourse or had fingers or objects placed in their anus or vagina. Sixteen (3.86%) indicated that the sexual intercourse was done by force. Interestingly many victims (86.7%) did not perceive themselves to be abused as a child. The authors attribute the abuse to absent parents (migrant workers), high numbers of stepfathers, unaccompanied, or street children and poverty (enabling entrapment of children with the lure of gifts):

In this province, many parents work as migrant labourers – either in other provinces or at places far away from their homes. As a result, many children are left either alone at home during the weekdays after school or with nannies and grandparents, who may not give them proper care. Thus, they are vulnerable to sexual abuse from opportunistic predators (Madu & Peltzer, 2001, p. 318).
The high prevalence rate amongst males (60%) could be due to the absence “of the adult male (who is working as a migrant labourer) in many families and the frequent single parenthood in the society [which] contributes to adult females abusing boys” (2001, p. 318).

Madu (2001) surveyed 722 university students (64% female; 34% male) in the University of the North, South Africa regarding their experiences of childhood sexual abuse, defined as experiences before the age of 17 with a person at least five years older, or a person in a position of power. The majority (95.4%) of respondents were Black, with single figure numbers of other categories. Respondents (N=649) reported a prevalence rate for contact sexual abuse of 21.7% for males and 23.7% for females.

Dunkle et al. (2004) analysing data from 1,395 interviews with women attending antenatal clinics in Soweto, South Africa, between November 2001 and April 2002 to estimate the prevalence of physical/sexual partner violence (55.5%), adult sexual assault by non-partners (7.9%), child sexual assault (8%), and forced first intercourse (7.3%). Child sexual assault was associated with increased risk of physical and/or sexual partner violence and with adult sexual assault by a non-partner. Forced first intercourse was associated with increased risk of physical and/or sexual partner violence and non-significantly with adult sexual assault by a non-partner. This study confirms the need for increased attention by the public health community to primary and secondary prevention of gender-based violence, with a specific need to reduce risk among South African adolescents.
King et al. (2004) examined the prevalence of being the victim of actual and attempted rape among a large representative sample of Cape Town high school students (in grades 8 and 11 in non-private schools). A total of 2,946 students completed a survey consisting of socio-demographic questions and items about substance abuse, sexual activity, and other adolescent health risk behaviours. A sub-sample of 939 was randomly selected to complete items about sexual violence. The results revealed that 8.4% of respondents were victims of attempted rape, while 5.8% were victims of actual rape; girls were 3.9 times more likely than boys to have been victims of sexual abuse. Family structure was also significantly related to rape as persons who lived with a single parent and those who resided with one biological parent and one step parent were more likely to have been have been victims of sexual abuse than those living with both biological parents. Alcohol use, anti-social behaviour (stolen property, caused physical damage to property, bullied others, or been in physical fights), suicidal dialogue and suicidal attempts were also significant predictors of sexual abuse victimization. Racially classified social groups, age, drug use, and cigarette smoking were not significant predictors of sexual abuse victimization, while socioeconomic status was found to be marginally significant.

As the knowledge base grows and studies become more refined child sexual abuse starts being viewed in the context in which it occurs. In the following section some crime statistics are shown to illustrate the problem facing the authorities. However, other research is presented that goes beyond basic incidence and prevalence figures to the context of sexual abuse in SSA. Child sexual abuse can be found under different headings and influenced by many contextual factors. Gender based violence (including rape), for example, is important in that it provides a backdrop to understanding the
problem. Sexual abuse in schools is examined; it illustrates the powerlessness of children to negotiate the terms of their sexual involvement, the pervasive abuse of children by the institutions that should protect them and the tolerance that is afforded the perpetrators involved.

3.8 Sexual violence against girls

Gender-based violence is a key health risk for women globally and in South Africa (Dunkle et al., 2004). Child sexual abuse is often viewed as a gender based problem affecting more girls than boys and perpetrated by men. Fuelled by concerns about HIV/AIDS, research in South Africa has honed in on sexual violence committed against women and children. The World Report on Violence and Health has also identified child rape as an important public health problem in South Africa (Runyam, Wattam, Ikeda, Hassan, & Ramiro, 2002). From 1996 to 1998, girls aged seventeen and under constituted approximately 40 per cent of reported rape and attempted rape victims (Hirschowitz, Worku, Orkin, 2000). According to 1998 figures from the South African Police Service (SAPS) Child Protection Unit and the Victims of Crime Survey from 1999, rape is the most prevalent reported crime against children, accounting for one-third of all serious offences against children reported between 1996 and 1998 (Human rights watch, 2001). Furthermore, according to a SAPS statistical analysis of reported rape cases for 1999, the victim age group reflecting the highest rape ratio per 100,000 of the female population is the category of twelve to seventeen-year-old girls, with 471.7 cases per 100,000. The age category of zero to eleven years of age reflected a ratio of 130.1 rapes per 100,000 of the female population (Human Rights Watch, 2001). By comparison, the United States has an annual rape of 71 incidents per 100,000 (Bureau of Justice Statistics, 1998) while the rate for Botswana in 1993 was 132 incidents per
100,000 (Emang Basedi Women’s Association, 1998). Adolescent girls also experience a high rate of forced sex, ranging from 39% (Lovelife, cited in CADRE, 2003) to 66% (Jewkes, Vundule, Maforah, & Jordaan, 2001).

3.9 Child sexual abuse in schools

School environments have been the focus of investigations into sexual assault and harassment by pupils and teachers. The gender-based sexual abuse of girl students becomes apparent from the available studies. Human Rights Watch (2001) interviewed thirty-six South African girls about their experiences of sexual violence as well as interviewing teachers and administrators about their response to the incidents. A real need for change was identified with regard to the law protecting students, the handling of allegations and the treatment of victims.

For many South African girls, violence and abuse are an inevitable part of the school environment. In other sub-Saharan countries a similar pattern emerges. In a study commissioned by the Uganda National Council for Women and Children in 1994, it was found that in Kabale district 31% of girls and 15% of boys had been abused, many by their teachers. “Victims are often reluctant to come forward to testify; rape victims can be shunned in their communities and may be considered ineligible for marriage. Cases which make it to court rarely get a fair hearing, according to the Council of Women, because the men handling the cases often favour the culprits” (Sebunya, 1996, p.15). Noble, Cover, and Yanagishita (1996) also report that nearly half (49%) of sexually active Ugandan primary school girls reported being forced into sexual intercourse, and twenty-two per cent anticipated receiving gifts of money in exchange for sex.
In Malawi, there were many forms of child sexual abuse reported by the Safe School Program researchers although actual prevalence figures were unknown:

Within schools, girls have sexual relationships with peers and teachers that all exist on a continuum of coercion. Sexual relationships with teachers range from outright rape, to coercion with threats and humiliation, to transactional sex exchanged for grades or money (DevTech Systems, 2004, p. 21).

The Safe Schools’ research team study from Ghana (of 6,106 students) reveal that 15% of the pupils have been sexually harassed. Of the 1,457 pupils that indicated that they had had sexual intercourse, more than one in four (26.5%) said they had been raped. Regarding their first sexual encounter, 23.3% reported they had been forced and 21.8% had been "tricked" (DevTech Systems, 2005).

Research on the abuse of girls in three government schools in a particular region of Ghana concluded that some level of harassment and abuse, both sexual and non-sexual in nature, existed and that it was mostly girls who were at risk, whether from male pupils and teachers within the school, or from older boys and men outside (p. 11).

Andersson, Parades-Solis, Milne, Ormer, Marokoane, Laetsang, & Cockcroft (2012) examined the prevalence and risk factors for experience of forced or coerced sex among school-going youth (aged 11-16 years old) in 10 southern African countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe Tanzania and South Africa) at two points (2003 and 2007). In 2007, 19.6% (4432/25840) of female students and 21.1% (4080/21613) of male students reported they had
experienced forced or coerced sex. Rates among 16-year-olds were 28.8% in females and 25.4% in males. The authors did not see any significant change between 2003 and 2007 among females in any country and inconsistent changes among males.

Individual-level risk factors for forced sex among female students were age over 13 years and insufficient food in the household; school-level factors were a lower proportion of students knowing about child rights and higher proportions experiencing or perpetrating forced sex; and community-level factors were a higher proportion of adults in favour of transactional sex and a higher rate of intimate partner violence. Male risk factors were similar. Some 4.7% of female students and 11.7% of male students reported they had perpetrated forced sex. Forced or coerced sex remained common among female and male youth in 2007.

The Optimus Study (2016) provides the first-ever nationally representative data in South Africa on child maltreatment and exposure to other forms of violence. 9730 15-17 year old South Africans participated in household and school surveys. Young people were interviewed about their experiences and also given the opportunity to respond to a small set of questions on a more confidential questionnaire they completed themselves. The initial results show that by the time South African children are 15-17 years old, many of them had already experienced sexual, physical or emotional abuse, neglect, or had been exposed to high levels of family and community violence. One in five (19.8%) young people reported having experienced some form of sexual abuse in their lifetimes. This was true for both boys (20.3%) and girls (19.2%).
3.10 Other regional research

As the review of the available research has illustrated the preponderance of research has been conducted in South Africa, however, the studies presented below from elsewhere in SSA show many parallels. Again, the early work began examining the most severe form of child sexual abuse reported to hospitals. For example, Nduati and Muita (1992) in Kenya and Meursing, Vos, Coutinho, Moyo, Mpofu, Oneko, Mundy, Dube, Mahlangu & Sibindi, (1995) in Zimbabwe clearly identified more severe forms of child sexual abuse presenting in hospitals.

Armstrong (1998) investigated 36 cases of child sexual abuse amongst the Shona of Zimbabwe, largely from a legal perspective. Compensation for the rape of a girl-child; for example, the payment of fines and (in eight of the 36 cases) the marrying of the rapist and victim to fulfil the girl’s “lobola” (bride price) is discussed. Armstrong notes that “a girl who has had sexual intercourse, whether consensual or not, has less chance of contracting a marriage that will contribute lobola to the family. Thus, the sexual abuse of a girl has grave economic consequences for the family” (1998, p. 144). While Armstrong neglects the specifics of the cases two instances of grandfathers raping their granddaughters and two further instances of men raping the niece of their wives are recorded.

Menick (2001) using 1710 questionnaires to assess the incidence of sexual abuse in schools in Yaounde, Cameroon, and the extent of teacher involvement in such acts between January 4 and April 30, 1999 found a total of 269 students who experienced sexual abused before the age of 16 (an overall incidence of 15.9%). There were 74 boys (27.5%) and 195 girls (72.5%) with a mean age 11.6 years (range 4 to 15 years) at the
time of abuse. Sexual abuse involved rape in 38.7% of cases, fondling in 54.6% and pornographic scenes in 6.7%. Of the 274 sexual abusers identified, 86.5% were men and 13.5% were women. Sexual abuse took place within the family in 31.4% of cases and outside the family setting 68.6%. Sexual abuse occurred in a school setting in approximately 15% of cases and involved classmates in approximately 30%. The alleged extra familial abusers were teachers in 7.9% of cases and tutors in 7.6%.

Rudd (2004) reviews cases of child sexual abuse that were seen at three clinics of the Family Support Trust in Zimbabwe in the period 1997 to 2001. In total 5,470 children were seen, of which 93% were female. Fifty-eight per cent of the victims were below 12 years while the remainder were between 13 and 16 years old. Ninety-two per cent of the child sexual abuse was penetrative and thirty-five per cent took place in the victim’s home. The sexual abuse was discovered because of changes noted in the child’s behaviour by outsiders (46%), child’s report (34%) and physical indicators such as STDs (16%).

Dassa, Balaka, Douti, Banakinao, Kouassi, Agbèrè, Ahyi, & Ferrari, (2005) investigated children maltreatment in families in Togo in 2400 children aged 5-15 years. The authors found that three out four children had been maltreated in the past 12 months. Five per cent of girls had been victims of sexual abuse and the majority of these were in the age group 10-14 years. One third of the victims had been domestic workers. The abuse was not disclosed in the majority of the cases even with the nature of injuries involved: tears 5 out of 44, infections 11 out of 44, and pregnancy 3 out of 44. An amicable settlement was carried out between the families in three cases out of four and the authorities were not involved. The perpetrators were unidentified in 14 out 44 of
cases (31.8 %), were parents in 8 out 44 (18%) and teachers in 4 out of 44 of cases (9%). The authors also noted that 2.2% of children had had early marriages.

In a study investigating the knowledge and perceptions of parents regarding child sexual abuse in Botswana and Swaziland by Mathoma, Maripe-Perera, Khumalo, Mbayi & Seloilwe (2006) the dearth of research extant in both countries was noted. The available statistics cited in their study are from 1996 and amount to a mere 147 reported cases in Botswana. For Swaziland, there were no comparable figures; the authors note that over 50% of those seeking counselling for sexual abuse were below 21 years.

Mathoma et al. using focus groups and interviews on a sample of eighteen people from the target countries found that respondents acknowledged the presence of child sexual abuse and demonstrated knowledge of the predisposing factors, perpetrators of the problem and the effects of child sexual abuse in children. All but one respondent defined child sexual abuse as having sexual intercourse with a child with or without consent. Other forms of child sexual abuse such as fondling and masturbation appear to be absent from their definition. One respondent believed force was a necessary component or that the sexual intercourse occurred between relatives. Predisposing factors to child sexual abuse were exposure to western lifestyle (such as the watching of television); negligent parents; sexual disorders; culture and beliefs; poverty and witchcraft.

Perpetrators were identified as men who could be fathers, stepfathers, relatives, wealthy men, teachers, neighbours, and housemates; women who could be mothers and wealthy women; and, finally, older children who could be relatives, strangers, or schoolmates.
The physical effects of child sexual abuse were recognised and one respondent reported that “the girl child who is sexually abused can actually fall pregnant and be infected with STD and HIV, pass it on to the unborn baby, or worse still both the mother and the baby could die from the disease” (p. 69-70). The respondents also believed that child sexual abuse would have severe psychological and social effects such as withdrawal, suicidal ideas, poor performance at school, growing up to be an abuser, stigmatization, and the rejection by family members and community in general.

Reza and colleagues (2009) using a nationally representative sample of girls and women aged 13–24 years (n=1242) from selected households in Swaziland reported that a third of girls and women experienced some form of sexual violence before age 18 years. About 5% of girls had forced intercourse and 9% had coerced intercourse before 18 years of age. Most perpetrators were men from their own household or in the immediate neighbourhood. The authors note that “this pattern could indicate the vulnerability of girls to victimisation and the importance of cultural factors that influence relationships between men, women, and children” (p. 1970). The authors are also concerned that “the frequency of sexual violence in the home emphasises the hidden nature of sexual violence, and presents one of the largest challenges to prevention efforts in Swaziland” (p.1970). Sexual violence was associated with reported lifetime experience of sexually transmitted diseases, pregnancy complications or miscarriages, unwanted pregnancy, suicidal thoughts and self-reported feelings of depression.
3.11 Child sexual abuse in Tanzania

3.11.1 Legal age of consent to sexual intercourse

Underlying Tanzania’s legal perspective on the construction of childhood is the United Nations Convention on the Rights of the Child, which it has ratified. Tanzania has made efforts to improve its legal structures to protect its children, however, there is still some room for improvement.

Jewkes and Abraham (2002) remarked that “the law [regarding child sexual abuse] is formed around clear definitions” (p. 1232), however, this was not necessarily the case in Tanzania. The situation was not so straightforward there because of seemingly contradictory laws. For example, the age of consent and majority appeared to be the same but marriage and Islamic law contradicted them. This contradiction was not unique to Tanzania. Tanzania has made strong efforts to ameliorate the legal position of children. The Law of the Child Act (2009) applicable in Tanzania and the Children’s Act (2011) applicable in Zanzibar brings the country close to fully meeting its obligations under international law.

According to section 130 (2) of Tanzania penal Code as amended by section 5 of Sexual Offences Special provision Act (SOSPA) of 1998, the consent for sexual activity is eighteen years of age and above. It states that a male person is said to have raped a girl or woman if he has carnal knowledge with or without her consent when she is less than eighteen years of age, unless the woman is his wife who is fifteen or more years of age and is not separated from the man. The age of consent for sexual activity under the Law of Marriage Act Number 4 of 1971 is 15 years of age. This lower age of consent for
married youths in Tanzania means that what is considered abusive behaviour in
devolved western countries is not seen as abuse in Tanzania. It must be noted that
most countries allow the institution of marriage to contradict laws regarding age of
consent, however, few allow marriage to take place at 15 years of age. Child/adult
marriages violate human rights and introduce ambiguities into policies intended to

The age of majority decree defines the age of adult capacity as being 18 years, but the
exception to this definition is the capacity to marry, especially as provided for in
religious law. Islamic law permits the marriage of individuals who have reached
puberty. However, Islamic law in Zanzibar also seems to recognise the possibility that
girl children may be married before they have reached puberty and without their
consent. The possibility of marriage before 15 is also recognised by the Zanzibar penal
code. The international community has noted this apparent contraction in law and the
difficulty it poses. Young girls who have been sexually abused are also encouraged to
marry the abuser as a way to avoid bringing shame on the family.

3.11.2 Evidence of child sexual abuse in Tanzania

In Tanzania, the paucity of published studies dealing with child sexual abuse is noted in
a review by Lalor (2004a). It reveals clearly the scattered nature of research and
identifies the need to gather data to dispel mistruths and myths. Lalor’s review draws
attention to the fact that most studies investigating child sexual abuse in Tanzania use
marginalised samples such as street children (Rajani and Kudrati, 1996) and hospital
samples (Asser, Hizza, Mrema & Hamudu, 1996). However, this has changed

Asser, Hizza, Mrema & Hamudu, (1996) provide clear evidence of serious forms of child sexual abuse extant in Dar es Salaam. As elucidated earlier, initial research investigating child sexual abuse (for example, South Africa and Kenya) usually commence in this manner. In this study, one hundred and two victims of alleged rape were treated at the Muhimbili hospital, Dar es Salaam. Seventy-one percent of victims were under the age of 14; one third were primary school children, 18 percent had not yet started school, two were secondary students and one went to nursery school. There was no educational status for 45% of the victims. In 61 per cent of cases the assailant was known to the victim. Sixty-three percent of cases came from Kinondoni district, one of the city’s poorest areas. The authors also note that incidents involving older girls were more promptly reported compared to the younger girls who were commonly pacified with gifts or were threatened to remain silent. Incidents where the assailant was familiar to the victim were also reported later than where the assailant was a stranger. The latter observation suggests that there is hesitation involved in reporting abuse when the perpetrators are known to the victim and a danger that the abuse of younger children is not reported at all.

Rajani and Kubrati's (1996) study of street children at Kuleana center in Mwanza, Tanzania, found that Tanzanian street adolescents experienced very low percentage of overt prostitution. Less than five percent, six cases, are reported to have agreed to have sex with an adult with whom they were staying the night. The study highlights both the
complexities of youth sexuality and their sexual experiences, and the importance of ethnographic techniques for collecting such information.

The study worked with street children over a period of 2-3 years focusing on how they conceptualize their sexuality. The authors illustrated how the sexual experiences of street children are shaped by complex power and friendship dynamics. Activities that adults typically identify as sex were not necessarily so categorized by the street children and were motivated by different desires. Young men living on the street identified three categories of sexual activity, but only one was called "sex." For young men, anal intercourse (*kunyenga*) with other boys was seen as either a form of "violence" (if unwanted) or "play" (if wanted), depending on the context. These activities represent a desire to protect oneself or a desire for affection and belonging, respectively. "Real" sex occurs only with a woman and is a means of confirming potency, virility, strength, or manhood. This occurred for the older boys (14-17 years) and such relationships with women are seen to represent power, the "power of having a body at one's disposal to relieve sexual tension" (Rajani & Kudrati, 1996, p. 318).

Lugalla and Mbwambo (1999) examined street children and street life and corroborate the findings of Rajani and Kudrati (1996) in that they highlight the active sex life the young children lead. The children had various partners, with anal sex being common among street children. The use of condoms was non-existent and the transactional nature of sex was a noted cause for concern in an environment rife with HIV. Poverty was the main factor precipitating life on the streets.
A further review of July 1995 to June 1997 hospital records from Muhimbili National Hospital identified 143 sexual offence cases involving children aged 6 months to 10 years. Sodomy was the most frequent form of abuse, followed by vaginal sexual intercourse. Perpetrators ranged in age from 9-60 years and 53% were teenagers. Half of the perpetrators were neighbours (52%) and 13% were close relatives (Ngiloi & Carneiro, 1999).

Recently research into CSA has received considerable attention. A 2009 VAC study found one in seven boys and one in three girls reported an incident of sexual abuse before the age of 18 years. This nationally representative sample provided conclusive evidence that CSA is a serious problem in Tanzania. The perpetrators were mainly neighbours or strangers. The most common forms of abuse were sexual touching and attempted sexual intercourse. In addition, almost three-quarters of both females and males have experienced physical violence prior to 18 by an adult or intimate partner and one-quarter have experienced emotional violence by an adult during childhood (i.e., prior to turning 18) Although the rates of sexual violence are lower for Zanzibar (approximately 6% of females and 9% of males), sexual violence against children is still an issue that requires immediate attention. Sparked by the high rates of violence identified, the Government of Tanzania developed a multi-sector National Response Plan to prevent violence against children that focuses on education, social welfare, legal, justice, public health, and community. The Plan pays particular attention to sexual violence, the vulnerability of girls, and the health consequences of violence.

Kisanga et al. (2010/2011/2012) have also attempted to readdress the dearth in understanding of CSA in Tanzania. They have carried out both quantitative and
qualitative research with victims, as well as various social and legal stakeholders involved in child protection. A school-based survey conducted in Temeke District in 2010 among 1,359 students found that almost one out of three secondary school students experience an incident of CSA, with boys experiencing more sexual abuse than girls (26 per cent among girls and 30 per cent among boys). Non-contact forms of sexual abuse are more common, however, one in 10 students experience more severe forms of CSA such as forced penetrative sex. Their work points outs the systemic problems faced by young people and their families who report sexual abuse. Their work will be discussed in more detail in chapters four and eight.

3.12 Consequences of child sexual abuse in SSA

Much of the coverage on the effects of child sexual abuse has been conducted in developed countries. The effects of child sexual abuse in SSA have only recently begun to be assessed as the research base increases.

The physical effects

Early clinical studies identified the possible physical outcomes a sexually abused child might undergo such as Vesico Vaginal Fistula (VVF), Recto Vaginal Fistula (RVF), labial and perineal lacerations, hymenal tears, vaginal and perineal tears, abdominal injuries, and genital bleeding and infection (Westcott, 1988; Nduati and Muita, 1992; Koki Ndombo, Biyong, Eteki Tamba, Gruselle, Lantum, Makang-Ma-Mbog, 1992). These physical outcomes are responsible for bringing the sexual abuse to clinical attention. These outcomes are more common in developing countries where survivors have poor access to health care. Children who experience CSA are at an increased risk of acquiring HIV and other sexually transmitted diseases (Menick & Ngoh, 2003).
However, much child sexual abuse goes unnoticed because it does not leave such severe marks physically. The harm caused to children by abusive behaviour may not be evident, or may not be evident for many years (Putnam, 2003).

**The psychological effects**

The psychological effects of child sexual abuse have received scant attention in SSA and few studies have addressed this issue. De Villiers and Prentice (1996) examined the patients of the Child Abuse and Neglect Clinic of the Transvaal Memorial Institute and found other non-physical effects of the child sexual abuse. Behaviour problems were recorded in 73% of cases. Other common problems were school problems (21%), inappropriate masturbation (19%), 'clingy' behaviour (12%), and withdrawal and depression (11.5%).

Pillay and Schoubben-Hesk (2001) using a sample from the Midlands Hospital and Natal University Medical School, South Africa, found 50 sexually abused girls showed significantly higher scores on depression, anxiety, and hopelessness than 50 non-abused controls. The 31 subjects who were repeatedly abused showed higher distress than the 19 abused ones and were at a greater risk for suicide.

Slonim-Nevo and Mukuka (2007) surveyed 3,360 10–19 year olds in Zambia regarding their experiences of physical and sexual abuse by family members and AIDS-related knowledge, attitudes and behaviour they found that:

(…) abuse by family members was a significant predictor of engagement in high risk behaviours (…) Specifically, the higher the level of sexual and physical
abuse in the family, the higher the probability of engagement in any kind of high-risk behaviour, controlling for various socio-demographic factors. For example, each unit of increase in the family abuse scale is about 1.5 in the likelihood of trading sex for food, money, gifts or a place to stay, of having sex with an unknown person, and of having sex while high on drugs (p. 152).

In a study of secondary school students in Kinondoni district of Dar es Salaam Mallya (2011) reported more suicidal thoughts and attempts among young people who had experienced an incident of CSA. Kisanga et al. (2012) report that the health consequences differ by gender. Girls exposed to sexual abuse have a higher risk of poor perceived health, suicidal thoughts, and suicidal attempts than do boys.

**The spread of sexually transmitted disease**

One severe side effect of CSA in SSA is the spread of sexually transmitted diseases and this has been noted in a number of African countries (Burundi, South Africa, Nigeria, Togo and Cameroon). Gonococcal genital infections, anogenital warts and HIV are reported. Baribwira, Muteganya, Ndihokubwayo, Moreno, Nduwimana, and Ruyikiri (1994) reviewed 230 files presenting vaginal or urethral discharge in Burundi and found a total of 25 cases of gonorrhoea that was the result of sexual abuse during the period from 1987 to 1992. There were 20 girls and 5 boys with a mean age of 6.4 years. In four cases, rape was proven. In nine cases the abuser could not be identified and in 12 cases evidence showed that the alleged perpetrator of sexual abuse was a domestic employee at the child's home.
Argent, Bass and Armstrong (1995) found 229 cases of child sexual abuse in the Red Cross Memorial Children’s Hospital, Cape Town over a 12-month period. There was evidence of a sexually transmitted disease in a considerable number of cases (17%). Dada-Adegbola and Oni (2001) found eighty-four children aged 1 to 10 years who had gonococcal genital infections between 1983 and 1998 and presented at the Special Treatment Clinic of the University College Hospital, Ibadan, Nigeria.

Pitche, Kombate, Gbadoe and Tchangai-Walla (2000) in a 20-month study conducted in the dermatology department of Lome Teaching Hospital, Togo found that 13 of 33 cases of sexually transmitted diseases diagnosed in young children were gonorrhoea (mean age 7.2 years). It was due to sexual abuse in 12 cases (all in young girls). The children knew all the abusers. Syphilis serology was negative. In a follow up study using the same sample, Pitche, Kombate, Gbadoe and Tchangai-Walla (2001) reported a total of 16 cases of anogenital warts in children under the age of 12 years. Sexual abuse was discovered in 8 cases (all female). The mode of acquisition involved self-infection from non anogenital warts in three cases and contamination by the mother in three cases. In two cases the mode of acquisition could not be identified. The abusers were known to the children in all cases and were family members in three instances. HIV infection was detected in one 10-year-old girl.

The transmission of HIV via child sexual abuse has been noted in the literature. Menick and Ngoh (2003) conducted a study at two hospitals in Cameroon from February 1, 1998 to March 31, 2000. A total of 76 sexually abused children with a mean age of 11.6 years (range, 3-15) were included. There were 64 girls (84.2%) and 12 boys (15.8%). Among the 71 victims tested, 24 (37.5%) became seropositive as a result of sexual
abuse with penetration. In 84.2% of cases rape was involved. The majority of the abuse occurred outside the family (86.9%) but there were cases within the family (13.1%). The authors appealed for a national program to protect children from sexual abuse and the implementation of policies for post-exposure prophylaxis against HIV when CSA occurs.

3.13 Conclusion

Child sexual abuse as a social problem has been shown to exist in many societies, however, until recently very little about its presence and its nature was known in SSA or in Tanzania more specifically. Competing social forces, rapid social change and stigma associated with disclosure have been cited as key reasons for the neglect of this important social issue (Lalor 2004b; Kisanga et al., 2010). The majority of published research has come out of the Republic of South Africa, with researchers first focusing on clinical samples before moving onto more representative samples. Research into sexual violence against girls suggests that patriarchal norms may be responsible for putting young children at a heightened risk of CSA. The spread of HIV is also seen to aggravate the problem.

Research into the problem of CSA in Tanzania is limited and has recently started to emerge. The work of Lalor (2004a, 2004b) has been instrumental in highlighting the extant gap in the literature. The VAC study (2009) and the recent legal changes have been important developments. Nonetheless, the legal system has been seen as an impediment to the disclosure of CSA (Kisanga et al., 2010). The protection of children in Tanzania has improved dramatically in the last decade yet there is a still need to develop the knowledge base so that prevention and intervention strategies can be based
on the available evidence. The gap in the research literature impels researchers to study this problem in more detail as well as the factors that are associated with it in Tanzania. The influence of patriarchy, poverty and the HIV/AIDS pandemic are essential to our understanding of the problem in Tanzania as well as elsewhere in SSA. These factors will be discussed in more detail in the next chapter.
CHAPTER 4

CONTEXTUALISING THE PROBLEM

4.1 Introduction
This chapter will explore the contextual issues surrounding the sexual abuse of children in SSA. Many contextual factors have been cited as aggravating the problem of CSA in SSA (Lalor, 2004a; Dunkle et al., 2004). The ecological model will be the conceptual tool for piecing together these influences, although it will be adapted to suit the sub-Saharan environment. The work of Townsend and Dawes (2004) and Petersen et al. (2005) demonstrate the usefulness of the ecological model in grasping the complexities of the problem in SSA. The interaction of the many cited causes of child sexual abuse is a complex process that renders young children vulnerable and adults more susceptible to sexual abuse.

4.2 The causes of CSA in SSA
Sexual violence against children in SSA has been clearly demonstrated by the VAC studies (2007, 2009, 2010). The causes of child sexual abuse in SSA have received less attention. These causes are multiple and there is considerable interrelation among those identified. Lalor (2004a) categorises three widespread explanations for child sexual abuse in sub-Saharan Africa: rapid social change; HIV cure and avoidance strategy and the patriarchal nature of society. Dunkle et al. (2004) have implicated patriarchy, gender-based violence and relationship power. Poverty, a pervasive problem in SSA, also compels young people to engage in “survival sex”, “transactional sexual networking” and encourages the “sugar daddy/mammy” phenomenon (Silberschmidt,
The rising HIV rate in SSA has also been blamed for encouraging adults to seek ever younger partners in an attempt to avoid infection. The HIV pandemic has also been held responsible for encouraging the virgin-cleansing myth (Bowley & Pitcher 2002a; 2002b), although its presence is said to be exaggerated (Jewkes, Martin & Penn-Kekana, 2002).

These contextual influences can also be considered as risk factors. Werner and Smith (1982) define a risk factor as an individual or environmental hazard that increases an individual's vulnerability to negative or developmental outcomes. According to Rutter (1987), the presence of a risk factor does not guarantee a negative outcome will occur, but simply increases the probability of its occurrence. The risk factors approach to viewing the causes of child sexual abuse in SSA will complement the Ecological Model.

4.3 The ecological model and child sexual abuse

The ecological model is the conceptual model through which the multiple causes of child sexual abuse will be viewed and interpreted. It will act as an integrative tool to bring together the many influences on the problem of child sexual abuse in SSA. This model has a range of applications and has been successfully adapted to suit sexual abuse research methodologies. Grauerholz (2000) for example, explored the many determinants of sexual re-victimisation by looking at factors related to the victim's personal history (for example, traumatic sexualisation), the relationship in which re-victimisation occurs (for example, decreased ability to resist unwanted sexual advances), the community (for example, lack of family support), and the larger culture (for example, blaming the victim attitudes). This particular usage of the model illustrates its diverse application on a specific subject. The ecological model has long
been recognised as fundamental to understanding the many determinants of child maltreatment:

Given the seminal contribution of Bronfenbrenner (1979), child maltreatment is now widely recognized to be multiply determined by a variety of factors operating through transactional processes at various levels of analysis (i.e., life-course history to immediate situational to historical–evolutionary) in the broad ecology of parent–child relations (Belsky, 1993, p. 413).

The application of the model exclusively to understanding the aetiology of child sexual abuse is still in its infancy but there have been some notable exceptions in SSA. In South Africa, the ecological model has been espoused and adapted by Townsend and Dawes (2004) in the area of child sexual abuse, in an attempt to understand the various influences involved in the victim and perpetrator’s life. They believe the ecological model is a most useful theoretical tool for grasping the complexities of the problem. They view the occurrence of child sexual abuse as a multidimensional phenomenon with many degrees of influence. Their model comprises three levels, of which each level is nested within the less proximal level.

The individual and his/her personal characteristics are at the centre of this model, which means the individual characteristics of the victim or perpetrator can be analysed. Examples of a perpetrator’s individual characteristics may include low self-esteem, poor impulse control, lack of empathy and sexual dysfunction. O’Halloran, Carr, O’Reilly, Sheerin, Cherry, Turner, Beckett and Brown (2002) have emphasised other perpetrator factors such as anger management, emotional loneliness, perspective-taking and
psychosocial adjustment. Townsend and Dawes focused on the perpetrator’s characteristics, most likely, for fear of victim blaming. However, there have been individual victim characteristics that increase the likelihood of becoming a victim of sexual abuse or that may present as possible risk factors. Such factors may include physical attractiveness and a willingness to please and obey adults. In SSA, culturally children are expected to respect and obey adults.

However, it is important to state clearly at this point, that a victim of child sexual abuse can never be to blame for the abuse suffered. There is a tendency in SSA, as elsewhere, to offload the blame from the perpetrator to victim. In their study of the contextual factors associated with child rape in South Africa and Namibia, Jewkes, Penn-Kekana and Rose-Junius (2005) noted, inter alia, that women and girl children are often held responsible for allowing the sexual abuse to occur: “Not only were girls the majority of victims, but girls, or their mothers, were held primarily to be accountable for it” (p. 1818).

The “microsystemic” layer of the Townsend and Dawes ecological model comprises the interpersonal contexts of the individual’s life and includes the impact of relations at an intimate level such as domestic violence, poor attachment patterns and victim-perpetrator relationships. These interpersonal relationships are mediated by factors at the individual level and also by factors at the broader socio-cultural and economic level. For example, poverty can impact on interpersonal relationships in many ways leading more adults to abusive behaviours whilst making greater numbers of children vulnerable to sexual abuse.
The microsystemic layer includes many influences that the person encounters in his/her immediate environment. Influences such as work, school or the immediate neighbourhood are important here. For example, the opportunity of employment in a given region can have various repercussions for perpetrator and victim alike. As more and more people flock to urban areas in search of work, rural communities become depleted and the traditional African care-taking structure collapses. The lack of supervision that ensues increases the vulnerability of children to sexual abuse. Low parental availability is often cited as a risk factor for CSA (Madu, 2002).

Simultaneously, a lack of employment for other adults means that they often become frustrated and have more time on their hands. Failure to secure gainful employment can mean failure to obtain a sexual partner. Sexual intercourse with children close to the adult, who are likely to obey adults (a societal norm), may then become a more attractive option. It is suggested that sex with children could be a way to regain lost self-esteem - “a man’s identity, self-confidence and social value being closely linked to his sexuality” (Silberschmidt, 2001, p. 667). Silberschmidt found that men resort to aggressive and violent behaviour to re-assert their weakened authority. Jewkes at al. (2005) supports Silberschmidt’s conclusion and believe that child rape is a means of communication about power relations to the victim of abuse and to the abuser. This idea concurs with de Mause’s notion of children as “poison containers” used by frustrated adults to recapture a sense of mental equilibrium.

This brief analysis demonstrates how different factors intermingle to produce certain behaviour – in this case child sexual abuse. A person’s self esteem, linked to his success in gaining employment and his sexual prowess, is responsible for his attempts to regain self-confidence through his control of another person sexually. The child victim
becomes more available through parental absence due to employment obligations. Other societal factors are also at play, which make it more likely that adults sexually abuse children who are most vulnerable. This analysis may explain a certain proportion of child sexual abuse, resulting partly from the breakdown of traditional African social structure Lalor (2004b). This is but one possible “pathway” to child sexual abuse.

The outer or “macrosystemic” layer is made up of the socio-cultural and economic contexts, including such influences as the effects of poverty, a cultural acceptance of violence, and/or the strength of patriarchal values. This component is difficult to gauge as “there is very little empirical data exploring influences at this level” (Townsend & Dawes, 2004, p. 63). The authors explicitly mention patriarchy, male dominance and violence, child-rearing and socialisation methods, the normalisation of male virility, poverty, unemployment and overcrowding. Some of these factors will be dealt with later in the chapter.

This ecological model incorporates and encompasses the multiple pathways outlined by Finkelhor (1979), as well as the conditions necessary for an individual to sexually abuse a child (Finkelhor, 1984). It also allows researchers space to examine other less obvious causes of CSA. For example, Ramíreza, Pinzón-Rondón, Botero (2011), using an ecological model to assess CSA in Colombia, highlight the association between intimate partner violence and CSA. Other researchers from the SSA region such as Jewkes et al. (2005) and Petersen, Bhana and McKay (2005) have espoused a similar approach to the study of child sexual abuse.
Jewkes et al. (2005) have examined these cultural/environmental factors in relation to child rape in South Africa and Namibia. Their study was based on 77 semi-structured in-depth interviews and three small group discussions which were conducted with informants in Windhoek, Namibia and rural Mpumalanga province, South Africa. Children (abuse survivors and others), parents, men and women from the community and a range of key informants (such as police, social workers, health workers, NGO staff and teachers) were asked about their experiences and perceptions of child rape and child-rearing. Jewkes et al. (2005) have uncovered and identified cultural and societal factors that have allowed the rape of girl children in South Africa to occur. They believe that the rape of young girls in South Africa and Namibia is a problem caused in large part because of the societal forces (macrosystem) that shape the interaction between men and women and children. They implicate power relations and argue that children are rendered vulnerable to abuse because of a series of ideas which create opportunities, the most important of which is the dominant patriarchal ideology, compounded by the pronounced age hierarchies found in these societies. The high status of men, with respect to particularly girl children, leads to vulnerability through reducing girls ability to refuse sexual advances and generating expectations in men that they should control women and children (p. 1809).

A similar theoretical perspective is adopted by Petersen et al. (2005) in their study of sexual violence and youth in South Africa. They explored the multiple levels of risk factors that render adolescent girls vulnerable to becoming victims of sexual violence and adolescent boys vulnerable to becoming perpetrators of such abuse in one South African community (see Figure 1 below).
Moving from the specific to the general, the first level of influence - (the intra-personal stream) is linked to biology/personality, which influences self-determination/control and social skills leading to self-efficacy. The next level - (the situation context/social normative level) examines the person’s local environment and how social learning experiences and social bonding influence social normative beliefs. The contextual issues relating to child sexual abuse and the mitigating factors will be expanded upon later. The final stream – (the cultural/environmental attitudinal level) is linked to the cultural/environmental influences on knowledge and values and informing attitudes. Patriarchal attitudes is an example of this level of influence; such attitudes often lead to negative behaviours towards women and children and indeed can impel men to act in certain ways.
The factors from each level of risk or influence are inseparable and inter-related. For the purposes of clarity they will be dealt with independently, beginning with the broader socio-cultural influences and working towards the individual characteristics that may be influential. It is important to remember that these risk factors affect individuals differently and account for some of the variation in the perpetration of sexual abuse.

Petersen et al. (2005) use a risk accumulation model to understand the sexual abuse of children (see Figure 1). The model points out the risk to victims and by extension the protective factors. The importance of “cumulative risk” is well established in understanding children’s resilience and developmental outcomes. As the number of risk factors increase so to does the child’s chances of being abused (Evans and English, 2002). For instance, patriarchal notions of respect and sexual entitlement combined with unemployment, poverty and a lack of education together put a child at a greater risk than any one factor alone.

The outer level of the ecological model examines the attitudinal assumptions and the economic conditions of a given society. Countries in SSA are considered to be sufficiently similar to make certain assumptions about the sub-Saharan region, although the author recognises there are many differences from country to country. SSA in general, and Tanzania in particular, is generally considered to be impoverished and patriarchal. Attitudes to sexual matters in SSA are controversial; this is especially true in light of the current HIV pandemic. Male virility, violence and control are common throughout the region. These claims are debatable and over the subsequent pages the author will endeavour to explain in detail the assertions made and elaborate on how these societal norms encourage the sexual abuse of children. The work of Silberschmidt
(2001), Townsend and Dawes (2004), Jewkes et al. (2005) Petersen et al. (2005) and Kisanga, Nystrom, Hogan & Emmelin (2011) will be drawn on to explore the issues involved. Understanding a little about Tanzania will aid this discussion.

4.4 The Tanzania context

Tanzania is situated in sub-Saharan Africa and has a population of about 45 million (Census 2012). According to the Poverty and Human Development Report (United Republic of Tanzania [URT], 2009, cited in Kisanga et al. 2011), life expectancy for 2008 was estimated to be 55 (53 and 56 years for men and women respectively).

Tanzania is still one of the poorest countries in the world, where more than one-third of rural households live below the poverty line. The country ranked 159th on the 2014 Human Development Index, below the average for Sub-Saharan Africa. Per capita income was US$768 in 2013, which is well below Sub-Saharan Africa’s average of US$2,320. The unemployment rate in Tanzania averaged 11.46 percent from 2001 until 2014, reaching an all time high of 12.90 percent in 2001 and a record low of 10.30 percent in 2014 (National Bureau of Statistics of Tanzania, 2015).

HIV/AIDS is the most pressing social and health issue facing Tanzania. HIV has spread to all regions of mainland Tanzania and, at a slower rate, to Zanzibar. There are 1.4 million adults living with HIV/AIDS. The overall prevalence of HIV infection has decreased from seven per cent in 2004 to five per cent in 2013. Steady progress is being made. Typically the rate is higher among women (7%) than men (5%) and varies between districts (Tanzania Ministry of Health, 2014; Tanzania Commission for AIDS,
Primary school enrollment in Tanzania has increased to 96%. The enrollment rate is similar for girls and boys. However, the actual attendance rate is only 80%, and in some districts the completion rate has dropped from 80% to 60% between 2006 and 2008 (Kisanga et al., 2011). Wamoyi, Wight, Plummer, Mshana, and Ross (2010) showed that gender discrimination is part of the prevailing norm system at least in rural northern Tanzania. Girls are overburdened with excessive household work, have higher dropout rates from school, suffer the consequences of early marriages, and are denied property ownership if married. There is a clear gender division of labour, generally favouring men.

Children’s rights had not been prioritized, despite the fact that Tanzania ratified the United Nation’s 1948 Human Rights Convention in 1978 and the UNCRC in 1991. It was not until 2009 that a law was enacted that specifically targeted children’s rights. The law specified that children should be protected from discrimination and have the right to a name and nationality. It also pointed to the rights and duties of parents and clearly stated that children have a right to express their opinion and to be protected from torture and degrading treatment (United Republic of Tanzania, 2009).

4.5 Culture and sexuality in SSA

Culture is a way of life of a group of people—the behaviours, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next. Culture and cultural
norms can make certain groups, namely women and children in SSA, more vulnerable to victimisation (Bell & Aggleton, 2014).

According to Samovar and Porter (1994), culture refers to the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving. Sexuality is contained in culture and it means many things to many people. Gender symbols - the meanings of "male," "female," "sex," and "reproduction" - can only be understood in the context of a larger system of symbols and meanings, that is, in terms of other cultural beliefs, conceptions, assumptions, and institutions and structures (Ortner & Whitehead, 1981).

4.5.1 Sexuality in SSA and Tanzania

Sexuality is a social construction that varies from one society to the next and is dependent on its cultural connection for expression. It can only be understood when contextualised. Attitudes and beliefs about sexuality vary throughout SSA but there are also commonalities throughout the region. Traditionally, African sexual systems were based on complex sexual norms, values and moral codes. Restrictions, respect and avoidance were key notions (Silberschmidt. 2001). Silberschmidt refutes the suggestion made by Caldwell, Caldwell, & Quiggin, (1989) and Caldwell, Orubuloye, and Caldwell (1992) that African societies had a “permissive” attitude to sexual matters. She further claims that the “sexual networking” and casual sex common in SSA today is the result of a breakdown of traditional norms and regulations surrounding sexual behaviour. Ironically, Christianity, because of its attack on indigenous moral systems in Africa, in
conjunction with colonial administrative and economic changes, was more likely to blame for this permissive sexuality (Ahlberg, 1994; Standing & Kisekka, 1989; Heald, 1995). Jewkes et al. (2005) identify this interplay of two contrasting sets of ideas in relation to sexuality in South Africa; the Christian missionary teachings and sexual repression articulated by Foucault (1976) on the one hand, and the frankness and openness of African sexuality as proposed by Caldwell and colleagues (1989, 1992) on the other. Wight et al. (2006) found this contradiction still evident in a sample of young people in northern Tanzania. They report:

Sexual activity is constrained by clear norms of school pupil abstinence, female sexual respectability and taboos around the discussion of sex. However, these norms are incompatible with several widely held expectations: that sexual activity is inevitable unless prevented, sex is a female resource to be exploited, restrictions on sexual activity are relaxed at festivals, and masculine esteem is boosted through sexual experience (p. 987).

Setel (1997) noted that the notion that there ever were clear-cut universally obeyed rules and rigid social institutions governing sexual behaviour is no truer for Africa than for Europe. Cultural systems and structures in Africa have been influenced by external factors such as Christianity, Islam, colonization, capitalism and modernity. Norms governing sexual partnership and intimacy being largely cultural constructs are bound to acquire a dynamic in keeping with cultural changes. Leshabari, Kaaya Nguma, and Kapiga (1996) noted, from in-depth interviews amongst elders in Southern Tanzania, a deep resentment of what was viewed as the amoral sexual behaviour of young people,
which deviated from a more puritanical morality reported to have existed about two to three decades before the study, as is illustrated by the following account:

Nowadays the secrecy governing the whole process of sexual advances between men and women has disappeared. Even taboos are no longer adhered to. What you see today is a bunch of young men and women going after each other in broad daylight, ridiculing each other in public (by doing so) ... Some young women use their bodies as income generating machines, sleeping with whoever is ready to pay them (p. 22).

Sexual education was one of the modes through which attitudes and beliefs about sexuality were learned in SSA. In many parts of Tanzania, until the late 1950s, special traditional sexual health training was given to boys and girls at age 13, openly discussing sexual and reproductive matters. Boys were taught to be good fathers (jando) and girls were taught to be good mothers (unyago). New socio-economic patterns, rural-to-urban migration and formal education systems have led almost all 120 ethnic groups in Tanzania to abandon this traditional sex education (Mzinga, 2002). However, traditional sexual health education has not disappeared in Tanzania and is evident in varying forms throughout the country. In some areas of SSA, initiation rites representing the “transition into adulthood” in early and mid-adolescence still encourage sexual behaviours with older persons (Mbagaya, 2010).

Fuglesang (1997) writes of traditional Tanzanian sex education during the “Unyago” ritual observed in three Tanzanian tribes (Wapare, Wamera, Wakaguru). Instruction in sexual, maternal and reproductive matters was given to pubertal children over a three-month period. Recently, this rite of passage is taking place at younger ages (in Lindi)
because children are now being sent to school. “What impact this may have is unclear, but it is obvious that the girls are too young to comprehend much of the meaning of initiation, and it may prematurely encourage them to take an interest in sexual activity” (p. 1249). This is an example of outside influence (the establishment of formal schooling) affecting traditional local practices (initiation rites), which may have a negative impact on subsequent sexual behaviour.

Ikamba and Ouedraogo (2003) also write of the initiation process of young girls (10-12 years old) in Tangan communities, carried out during the school holidays by elder women in their community. A possible sinister element of the initiation process emerges; it seems some young girls feel they are being prepared sexually for the older men in the community and complain that they were never informed about the HIV virus:

Among other things, the girls are taught about hygiene, how to behave in bed, what to do to make a man satisfied during sexual intercourse and that it is her responsibility to see that the man is satisfied sexually to the maximum. After this one month training period, the girls feel that they know everything about sex and they are pressured to put their knowledge into practice without knowing that HIV/AIDS exists and that they do not have enough information on HIV/AIDS prevention. “I wish they could also be taught on how to prevent AIDS”, commented one of the girls. “Men, on the other hand, feel that they now have a ticket to have sex with the young girls. Particularly the elder men would talk on how eager they are waiting for the initiation period to be over”, said another girl (p. 1).
Education regarding sexual matters is by no means consistent in Tanzania or throughout SSA. Different regions deal with the issue their own way. However, there is degree of ignorance present regarding sexual matters. Leshabari (1988) in a study of 657 adolescents observed that one out of four girls conceptualised menarche as a sign of injury or disease while one in ten boys had similar feelings about spermarche.

According to Kisanga et al (2011), traditional rites for marking the transition from childhood to adulthood have largely been abandoned. Usually this type of training in sexual and reproductive health matters was gender specific, with no interaction between girls and boys (Janssen, 2004). Today, most of this type of education has been abandoned, resulting in a vacuum, with no place for youth to discuss sexual matters due to a taboo of discussing sex within the immediate family (Swantz, 1986; Wight et al., 2006). Schools have had difficulties in developing sex education to include healthy sexual behaviour among youth. There is disagreement about bringing up sexual matters with boys and girls together and between generations (Wamoyi, Frenwick, Urassa, Zaba, & Stones, 2010a). In contexts where sexual matters are no longer discussed in any organized form and where children are left to rely on information from peers, it is likely that reporting abusive sexual behavior becomes difficult (Wamoyi, et al., 2010b).

4.5.2 Children and sexuality

Sexuality in the African home has its own expression, however, it is subjected to the accepted social climate of the day. Traditionally in African societies there was a degree of openness about sexuality (Caldwell et al., 1989) and it did not suffer the same fate as in Judeo-Christian Europe and North America. The importance of sexuality in Africa cannot be understated. Wembah-Rashid (1994) writes of the sexual examinations in
Tanzania carried out by older family members to ascertain sexual development and fertility. These often take the form of games:

Grandparents often examine boys’ and girls’ sexual parts without necessarily directly showing that they are ascertaining fertility characteristics. A grandparent can handle a boy’s genitals pretending “to seek snuff” from the phallus or wanting to use the whole apparatus as “bellows” (the testicles) and “tuyere” (the phallus). If fact, he or she wants to establish the reaction of the boy: whether the testicles are developing, whether pubic hair is growing, or whether the grandparent can trigger an erection. Grandparents would do the same for girls. When a grandmother would go so far as to check on the genitals, a grandfather would only play with breasts. He would teasingly demand to suckle from the girl (pp. 51-2).

Children and adult’s sexualised games are still common today. Jewkes et al. (2005) noted women who spoke of “taking snuff” as an example of the ribaldry between adults and children in South Africa:

One older woman described it as “a very pleasant thing” and explained “a child jumps out of the water undressed and granny tickles his penis and says – “Oh snuff let me have some”. Everybody laughs and the child runs away to get dressed and that is over”. Men would similarly touch girls, including fathers touching their daughters. If they were teenagers, the men might touch their breasts. One man explained “the child won’t see anything wrong with being touched on the private parts” (p. 1812).
However, Jewkes et al. (2005) suggest that the normalisation of sexualised play and the joking between generations has provided space for ambiguity about the boundaries between acceptable and unacceptable exchanges. Jewkes et al. found that such boundaries were often crossed without warning. The example of a 16 year old Namibian boy raping his nine year old niece after a year of molestation (that was perceived by her mother as harmless) was cited. The authors also point out that in Namibia, it is normal for some Herero men to sexually desire girls. The acceptable age boundary for what constitutes a girl was not clearly defined. So while foreign influences are blamed for the sexual abuse of children in SSA as reported by Lalor, (2004b), traditional African practices may also render young children vulnerable to sexual abuse.

4.5.3 Patriarchy

The term patriarchy comes from Greek “patria” meaning father and “arché” meaning rule. It is the anthropological term used to define the sociological condition where male members of a society tend to predominate in positions of power; with the more powerful the position, the more likely it is that a male will hold that position. Male patriarchy is defined as “the systematic organization of male supremacy and female subordination” (Asiyanbola, 2005, p. 2).

For Eisenstein (1986), patriarchy is:

a sexual system of power in which the male possesses superior power and economic privilege. Patriarchy is the male hierarchical ordering of society. Although the legal institutional base of patriarchy was more explicit in the past, the basic relations of power remain intact today. The patriarchal system is
preserved, via marriage and the family, through the sexual division of labour and society … Manifested through male force and control, the roots of patriarchy are located in women's reproductive selves. Woman's position in this power hierarchy is defined not in terms of the economic class structure but in terms of the patriarchal organization of society (p. 17).

The material base of patriarchy is men’s control of women's labour power. Men maintain this control by excluding women from productive resources (such as jobs that pay enough to live on) and by restricting women's sexuality. Monogamous heterosexual marriage is a recent and efficient way that men control both of these areas at once. Controlling women's access to resources and sexuality allows men to control their labour power to serve men and rear children. This gender hierarchy is learned by the next generation since they are raised by women, and the inferiority of women is taught within and outside the home. The material base of patriarchy is not solely based on child rearing, but on all social structures that allow men to control women's labour.

Feminists consider patriarchy as a “system characterized by power, dominance, hierarchy and competition” (Tong, 1989, p. 2), and one with “legal and political structures” and “social and cultural institutions” that support this hierarchy (p. 3). Patriarchy is an almost universal phenomenon; however, subscription to its ideological assumptions in SSA is considerable. At the socio-economic level of society values associated with patriarchy permeate without explicit rules being learned. Patriarchy is largely responsible for gender-based inequality. Feminists believe that the socialisation of children through a patriarchal cultural lens that promotes unequal gender and power
relations serves to perpetuate patriarchal ideology and create “a culture of sexual entitlement” (Jewkes, 2002).

Patriarchy is accepted as an important driver in the social construction of gender identities even though there are many masculinities and femininities. The notion of multiple masculinities and in particular hegemonic masculinity (Connell, 1995) has since extended the hypothesis that sexual exploitation is the result of patriarchy. According to Connell (1995), hegemonic masculinity is the “configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees the dominant position of men and the subordination of women” (p. 77). In SSA, it has been shown how particular understandings of masculinity legitimate unequal and often violent relationships with women (e.g. Jewkes, Dunkle, Koss, Levin, Nduna & Jama, 2006). Speizer et al. (2009) have demonstrated that societal factors are important in understanding the sexual experiences of young South African girls and women. They found community level violence was associated with lower levels of condom use and higher rates of HIV in their sample. Stephenson et al. (2007) found similar contextual influences on modern contraceptive use in SSA. That is to say, male recourse to violence creates an environment where young girls and women have little say in negotiating the sexual interactions in which they find themselves.

As gender identity is continually constructed (Connell, 1995) women negotiate their sexuality under conditions of patriarchal inequality though they are not simply passive, even when young (Campbell, 2000; Wojcecki & Malala, 2001). This is most visible in the literature on transactional sex, which shows some women having multiple sexual
partners as a way of accessing services, goods and cash as well as prestige, in a context
where having ‘rich’ boyfriends is the mark of success (Hunter, 2002; Leclerc-Madlala,
2004). Patriarchy is about power and who wields it. In SSA, it is most often the men.

4.5.4 Gender socialisation and expectations

Patriarchal ideas passed down through the generations undoubtedly influence notions
about what it is to be male or female in SSA. However, even patriarchy continues to
change and young people have multiple environmental influences, which help them
construct their identities. Wight et al’s (2006) study on sexual expectations of young
people in northern Tanzania demonstrates how sexual beliefs are socially constructed
and subject to social change. Their findings highlight the contradictions present and the
uncertainty faced by young people attempting to negotiate competing sexual
expectations. Some expectations coming from traditional beliefs while others from
modernity.

Respect

The notion of respect as an indicator of who holds power in society is worth mentioning.
Understanding ‘respect’, and how it relates to the hierarchical positions of men and
women, is crucial for understanding the responses of children (in particular girls) to
sexual advances from men and the scope of possible reactions to these. In South Africa
and Namibia, social relations between people of hierarchically different levels are
governed by a notion of ‘respect’, which dictates appropriate practices in speech and
action (Jewkes et al., 2005). This holds true for Tanzania too. There are some common
Kiswahili phrases which point out appropriate behaviour with an elder: “Asiyesikia la
mkuu atavunjika guu” means - anyone who is disrespectful to elders is going to suffer -
and “Asiyefunzwa na mamaye hufunzwa na Ulimwengu” - children should have respect for elders. Parents commonly use such phrases. While the demand from parents for respect from their children is almost universal, the threat of suffering for failure to comply is not.

Guma and Henda (2004), with no reference to gender hierarchies; assert that ‘culturally derived authority vested in age hierarchies may under certain circumstances constitute a risk to children’ (cited in Jewkes et al. 2005, p. 1813). Other authors have rather emphasised the gendered nature of ‘respect’ (e.g Magwaza, 1997; Mager, 1999). Wight et al. (2006) found parent-child relationships remain very formal. Children are expected to obey parents and always greet them with the respectful “Shikamoo” greeting. Corporal punishment is commonplace for failure to show respect to one’s elders. Townsend and Dawes (2004) believe a willingness to obey and please adults leave children at a greater risk of becoming victims of CSA. The socialization of children in SSA to unquestioningly obey older people puts them at an increased risk of being sexually abused by people to whom they are expected to respect (Lalor, 2008; Mbagaya, 2010).

4.6 Poverty

Pelton (1994) states that “after years of study and research, there is no single fact about child abuse and neglect that has been better documented and established than their strong relationship to poverty and low income” (p. 131). The impact of poverty on the occurrence on child sexual abuse is not so well documented but initial signs are that it has a considerable influence. Pinea-Lucaterro, Trujillo-Hernandez, Millan-Guerrero, & Vasquez (2009), investigating the Mexican context, found that CSA primarily affects
girls among low-income families who lack both economic and social resources. Turner et al. (2006) in a nationally representative sample of 2030 children aged 2–17 in the USA found that factors related to poverty such as low socio-economic status, low parental education and parental availability were significant risk factors in child maltreatment including child sexual victimisation:

In general, racial and ethnic minorities, children in low income households and who have parents with lower education, and those living with single parents or stepparents, experienced more types of victimisation and were more often exposed to other form of adversity than were higher status children (p. 22).

In SSA, poverty is a pervasive problem affecting the lives of large swathes of the population. Poverty in rural and urban SSA is deep, severe and massive (Ali & Thorbecke, 2000; Fields, 2000). Poverty affects every aspect of life for both adults and children from child mortality to later life development. Poverty is an important risk factor that puts women and children at higher risk of early sexual debut, transactional sex, and unwanted pregnancies (Rogan et al., 2010). This following section will discuss different types of sexual relationships in SSA and examine the link between poverty and the sexual abuse of children.

4.7 Types of sexual relationships in SSA

There are different types of sexual relationships noted in SSA. It is important to distinguish between each one even though there may be considerable overlap. Sexual relationships can be coercive; engaged in for survival and often involve some form of material transaction. Sometimes there is the presence of a “sugar daddy” or “sugar
“mammy” where there is a large age differential between the parties. These types of relationships are not unique to SSA but their presence is significant given the level of poverty and HIV in the region.

4.7.1 Coercive sex

Coercive sex occurs where there is a level of force involved in the sexual experience. The WHO explains that coercion “can cover a whole spectrum of degrees of force,” including physical force (World Health Organization, 2002). Young girls in SSA often experience coercive sex. A significant numbers of adolescent women have experienced coercive sex, with studies reporting a range of 10% to 46% (Reza et al., 2009). The most common forms of sexual coercion as reported by nationally representative samples of young women in Sub-Saharan Africa are forced sex, pressure through money or gifts, and threatening to have sex with other girls (Moore et al., 2007; Reza et al., 2009). Like CSA, perpetrators of coercive sex are often men or boys that young women know, such as boyfriends or husbands and male relatives. Coercion usually occurred in the adolescent’s own home (Reza et al., 2009). Coercive sex is often difficult to recognise and the lines where it starts and finishes are sometimes blurred. Coercive sex and CSA often overlap, as children are more vulnerable than young women and have more difficulty refusing sexual advances from adults. Patriarchal assumptions, poverty, transactional sex and HIV avoidance complicate the problem.

4.7.2 Survival sex

Poverty is recognised as an important factor fuelling child sexual abuse. For many girls and women early sexual behaviour is motivated by the receipt of money or other small gifts. Poverty forces young people to engage in survival or transactional sex or to
acquire a “sugar daddy/mammy” whereby young women/men gain financial support from older men/women in return for sexual services rendered (Ecker, 1994). Human Rights Watch (2002) note the role of increasing poverty in Zambia as a factor in forcing young girls towards survival sex, and the associated risks of HIV transmission.

4.7.3 Exchange or transactional sex

Transactional sex has been defined as any sex for material gain that functions as a motivator for women/children to have sex in situations where they might otherwise abstain (Dunkle et al., 2007). Transactional sex is a global phenomenon, and Africa is not exempt. An analysis of data from nine sub-Saharan African countries found that 7.4%–42.8% of unmarried men and 3.4%–18.3% of married men had exchanged money or gifts for sexual favours in the 12 months preceding the survey (Luke, 2005). Often the women/men are very young and the experiences abusive. It also leads to considerable risk for HIV and STI infection. A woman’s odds of contracting an STI are significantly higher if she has a male partner who pays for transactional sex (Morrison, Sunkutu, & Glover, 1997).

There is increasing evidence that youth — particularly young women — engage in sexual relations in exchange for money, clothing or school fees. A comparison of findings from Demographic and Health Surveys in several sub-Saharan African countries notes, for example, that 13 per cent of unmarried girls aged 15–19 had received money or gifts in exchange for sex in the four weeks preceding the survey; in Kenya, Mali and Zambia, as many as 21 per cent, 26 per cent and 38 per cent respectively reported such an experience over the 12 months preceding the survey (Population Reference Bureau, 2000). It must be mentioned here that the questions in
these surveys were ambiguously phrased as they did not distinguish between giving and receiving money or gifts in exchange for sex; it was assumed that girls who responded in the affirmative had received rather than given gifts or money. Moreover, not all exchange or transactional sex fits the typical definition of sexual coercion.

There is often a fine line between culturally accepted gift giving in the context of sexual relations, and more coercive forms of exchange in which refusing the offer of financial support or gifts from another would entail severe consequences. Indeed, in several examples cited below, young people might not themselves view the exchange as a case of coercion. However, it is noteworthy that young people are often financially dependent on older adults, for example, in order to continue schooling or simply to survive. This power imbalance may make young people particularly vulnerable to sexual coercion in the form of exchange or transactional sex.

4.7.4 *Exchange or transactional sex with substantially older partners*

Studies largely but not exclusively from sub-Saharan Africa describe the occurrence of sex in exchange for money, gifts and favours. The economic motivation for a relationship is especially obvious in the case of relationships with substantially older partners, also known as “sugar daddy” relationships, observed frequently among girls (Balmer et al., 1997; Brown et al., 2001 for Kenya; Fraser 2002 for Trinidad and Tobago; Meekers and Calves 1997 for Cameroon). A review of over 45 studies of cross-generational and transactional sexual relations in sub-Saharan Africa reports that engaging in sexual relations with older partners is the norm among adolescent girls in some settings (Luke 2003; Luke and Kurz 2002). In Botswana for example, girls as young as 13 years reported having engaged in sex with “sugar daddies,” and one in five
school-going and out-of school adolescent girls reported that it is difficult to refuse sex when money and gifts are offered (Kgosidintsi, 1997).

A review of 45 sub-Saharan African studies (Luke and Kurz, 2002) concludes that motivations for engaging in relationships with substantially older partners are varied and overlapping. Common motives include a desire to find love and an economically well-off spouse as well as financial reasons — money, presents and the opportunity to remain in school. This review puts the leading reasons underlying such relationships into three categories: for economic survival, to increase long-term life chances, and to gain status among peers. Evidence suggests that the trend is spiralling and is fuelled by several factors, notably the economic value of sexuality, which is particularly pronounced among adolescents who have fewer economic opportunities than adult women, and because men prefer adolescent girls as sexual partners believing them to be free of HIV. The corollary of this is that young girls in SSA have an increased risk of contracting HIV because of the practice. The authors write of two portrayals of the girls involved in transactional sex. One is the innocent passive girl coerced into sexual relationships because of deep poverty. The other is the active social agent who chooses to engage in such relationships to increase her social status. Both are probably true. Save the Children Malawi (Weissman, Cocker, Sherburne, Powers, Lovich & Mukaka, 2006) has constructed a useful typology highlighting the factors that support and sustain cross-generational relationships as ranging along a continuum (see Figure 2 below).
Emotional security, material comfort and financial security, life maintenance, survival security, and coercion/physical insecurity are factors included. According to the authors, even though there is often considerable coercion involved, young people are not always vulnerable and passive when they are involved in sexual relationships with persons who are older or more powerful. High levels of poverty exert considerable influence on young girls to have relationships with older men. These older men are seen as being less likely to be infected with HIV. A Human Rights Watch report (2002) of sexual abuse among girls in Zambia suggests that the HIV epidemic has resulted in strengthening the phenomenon of older men who, fearing infection among older adolescents, increasingly seek younger girls with whom to engage in sexual relations.

A study of pregnancy among unmarried adolescents in Nigeria suggests that partners of as many as 84 per cent of pregnant adolescents attending a maternity facility were older
males, and the sexual relationship was reported to have occurred as a result of material need, direct coercion or abuse (Obi, Ozuma and Onyebuchi, 2002). Another case study in a hospital setting in Dar-es-Salaam, United Republic of Tanzania, reports that 28 per cent of young women suffering post-abortion complications were made pregnant by men who were about 25 years older than them, evidence that the authors link to a “sugar daddy” relationship (Mpangile, Leshabari and Kihwele, 1999). Silberschmidt and Rasch (2001) found that 73 per cent of 15–19-year-olds admitted to one of the three district hospitals in Dar-es-Salaam for “incomplete” abortion reported that the partner was 30 years or older. In this study girls referred to their partner as “a goat to milk”; sexual services were typically exchanged for small luxuries and several noted that they received no sexual pleasure but “wanted to get it over with as quickly as possible but he is my major source of income.” Many used the word “love” to describe their relationships with substantially older partners, but associated this closely with money: for example, “I love him because he gives me money” (p. 1820).

4.7.5 The sugar daddy phenomenon

A study by Dunkle, Jewkes, Brown, Gray, McIntryre and Harlow (2004) found that 21.1% of 1395 pregnant women in South African clinics “reported having ever had sex with a non-primary male partner in exchange for material goods or money” (p. 1581). In an interview study examining the sexual activities of fifty-one adolescent girls who had just had abortions in Dar es Salaam, Silberschmidt and Rasch (2001) discovered that the majority of girls had “sugar daddy” partners or mshikaji wa muda who provided small “luxuries” in exchange for their sexual services. “It is believed that sexual services are commodities that should be paid for” (p. 1821). Some of the girls had more than one “sugar daddy” at a time. Kuate-Defo (2004) calls it transactional sex and sees
it as a commodified sexual exchange for the purposes of economic survival, educational achievement, job opportunities, or various gifts that will boost one’s status among one’s peer group. This exchange often includes the presence of force, coercion or power differentials that may be characterized in a number of different ways such as “free, transactional, exploitative, coercive or unlawful” (Kuate-Defo, 2004, p. 14).

The Kenya Demographic and Health Survey reports that 15% of adolescent girls who have ever had sexual intercourse (it’s important to note that a majority, 56%, have not ever had sexual intercourse) have done so in exchange for money, gifts or favours in the previous 12 months (National Council for Population and Development (NCPD), Central Bureau of Statistics (CBS) (Office of the Vice President and Ministry of Planning and National Development) [Kenya], and Macro International (MI), 1999). Williams, Binagwaho & Betancourt (2012), using interview and focus group participants in Rwanda, reported “how children, primarily girls, engaged in transactional sex as a survival strategy in response to situations of adversity including economic deprivation, difficulty accessing school, and social pressure” (p. 354).

Writing of Tanzania, Fuglesang (1997) recognises the practical aspect of the presence of “sugar daddies”; “economic gain has to be acknowledged as having an impact on the courtship behaviour of adolescent girls” (p. 1246). This economic gain is not only sought for survival. Leclerc-Madlala (2004) identifies the notion of consumption-sex, arguing that transactional sex occurs to satisfy needs as well as wants. Hunter (2002) argues that it is the pursuit of modernity that puts women at risk through transactional sex rather than economic privation. He believes a new generation of “material girls”, some of whom come from families one would not consider poor, engage in transactional
sex to satisfy consumer impulses. Wamoji et al. (2010) interviewed young people in north western Tanzania about their sexual behaviour and noted that transactional sex was a part of normal sexual life, had varying motivations and was not seen as amoral. Women’s motivation for engaging in transactional sex included: escaping intense poverty, seeking beauty products or accumulating business capital. Peer pressure to be like others was cited as a cause. Underwood et al. (2011) collected views from community members in Botswana, Malawi, and Mozambique found the belief that adolescents were vulnerable to HIV (hence early sexual initiation) because of poverty but also because of consumerism. These studies demonstrate that there are many overlapping motivations for transactional sex.

4.7.6 The Sugar Mommy

What of “sugar mammies” as a potential source of child sexual abuse among young males? It has received little attention in research to date but may become more prominent as gender roles evolve and African women become less and less reliant on men for support. Silberschmidt (2001) notes “successful businesswomen in Dar es Salaam are even said to pay younger men for sex” (p. 665). In a study investigating reports of male sexual abuse by male and female perpetrators in two Zimbabwean schools, Shumba (2004) discovered just one case out of five involved women as perpetrators; he attributes this to gross under-reporting of female abusers. Madu and Peltzer noted that one third of CSA perpetrators were female in a South African study. In some settings, relations between substantially older women and adolescent boys are also reported in which adolescent males exchange sex for food or pocket money (see for example, Bohmer and Kirumira 1997 for Uganda; Meekers and Calves 1997 for Cameroon). Young males in Uganda appeared to be familiar with this practice, and
described how boys can be seduced to have sex against their will or “conned” by older women.

Even in a patriarchal society like Tanzania social change leads to a breakdown of traditional patterns. This rupture can also lead to a number of problems whereby men try to reaffirm their masculinity. Silverschmidt (2001) argues that due to the economic upheaval of the last few decades African men have become dis-empowered and use sex to reassert their masculinity. They see extra-marital sex as necessary to their identity and it “is a legitimate way for men to enhance self-esteem and masculinity” (p. 667). The attempt to avoid catching HIV is also embroiled in this complex matter.

**4.7.7 Exchange or transactional sex among same-age relationships**

Several studies note that economic transactions also characterise relationships in which both partners are young. These relationships may be more pervasive yet ignored, and are also associated with sexual leverage and a sense of entitlement among young males to force sex on those to whom they have offered gifts (see, for example, Kaufman and Stavrou, 2002). In fact, gifts are perceived as a symbol of a girl’s worth and a man’s interest, and their absence is often taken as humiliation. For example, in their study of White, Asian and African adolescents in Durban, Kaufman and Stavrou (2002) note that although they were reticent to acknowledge the influence of gifts on their own sexual activities, young people nonetheless agreed that gifts do play a role in negotiating sex and shaping expectations of sexual activity. Studies of out-of-school adolescents in rural Tanzania reiterate this practice and suggest that young men perceive such transfers as a transaction conferring on them the right to force sex on recipient partners while young women perceive gifts and money as a signal of the affection and commitment of
the partner (Nnko and Pool, 1997; Nnko et al., 2001). Narratives of students in Magu district, Tanzania suggest however that boys do put pressure on girls to respond sexually, but that girls display considerable “competence” in negotiating deals that are financially rewarding. Out-of-school rural adolescents in Magu district, Tanzania suggest gender differences in the interpretation of gifts or money exchanged. While boys perceived the necessity of material exchange for the relationship to exist, young girls interpreted the exchange as a symbol of commitment, affection and appreciation.

A study in Cameroon (Meekers and Calves, 1997) reports that virtually all relationships have an economic component, but the importance of this varies from paying for a girl’s drinks and food to an explicit exchange of money for sexual favours. In this study, young males report that the “main advantage” of having many girlfriends is that “you increase the chance that one of them can help you when you need it” (male aged 21, p. 371). In a study in Uganda (Bohmer and Kirumira, 1997), the practice of exchanging sex for gifts and money is well known among youth: “Girls get tempted so much by money while still young” (female aged 14–16). And: I used to see she was being given good things... nice knickers that attracted me too; things like good and expensive creams, soap... which looked expensive...and attractive. Eventually I ended up giving in to those boys (married woman aged 17–19; Bohmer and Kirumina 1997). Boys in this study noted the financial pressure this practice placed on them — they equated having money with success with girls: “If a girl realises that you don’t have money, she abandons you” (male aged 17–19). In this study, young people spoke of the “detoothing” of boys, or acceptance of gifts or money by girls but evading the sexual payback. In these cases, even the community considers forcible rape as a justified option: There are these women who say they are “detoothers,” or women who take
money and other favours from men and in most cases give nothing in return, but if he gets her in a dark spot he rapes her there, and if the victim knows that she has ever “worked” the man, she does not report the incident. (Girls’ group, 17–19 years; Bohmer and Kirumira, 1997). “Detoothing” was also mentioned by respondents in a study by Samara (2010) as a way for young women of keeping control over their sexual lives. Another study in rural Uganda revealed that 75 per cent of female participants stated that expectation of gifts was the main reason they had sex at their last intercourse (Moore and Biddlecom, 2006).

A study by Atwood et al. (2011) in post-conflict Liberia using focus groups with 36 students aged 13-19 years found that “When the participants were asked about their motivation for becoming sexually-active, there was a general recognition among girls that their sexuality had value on the sexual exchange market and provided certain financial freedoms, status, and power (p. 115). The authors believe that transactional sexual relations with considerably older men offered a type of social agency to many of the young girls living in difficult financial situation. One female respondent in the study put it thus:

If you see your friends with so much money, you ask her to assist you with US$10, they will say, “Go and do your own Man-Man business, and you will have your own money”… Since she is in it, I will join her too. That is just how we get involved in sex (p. 116).

The authors also report that the young girls have difficulty in refusing the sexual advances of adults in positions of power, such as teachers, for fear of jeopardising their
future. These types of relationships with older men also put the girls at a heightened risk of contracting a STD for they have little power in negotiating the format of their sexual interactions. Parental acquiescence and even encouragement of transactional sex with older men was also reported by some of the respondents. However, Atwood et al. conclude that transactional sex is a choice for many young girls who want to progress in life. This viewpoint has been previously expressed by other commentators (Hunter, 2002; Leclere-Madlala, 2004; Wamoyi et al., 2010). One wonders how much choice these young girls really have.

Recently, an ethnographic study in North-western Tanzania found that three out of four girls reported receiving some form of gift from their sexual partners and two out of five sexually active boys reported rewarding their partners. Money motivated young girls to keep sexual relationships going. They also found schoolgirls over 14 years of age, from poor families, secretly practice transactional sex to get money for food while at school and to buy clothes and cosmetics for themselves. In rare circumstances, mothers or grandmothers were aware and permitted their daughters to embark on transactional sex to obtain money (Wamoyi et al., 2010a).

### 4.8 HIV/Aids

Transactional sexuality has serious consequences for many people living in SSA, notably the spread of AIDS. As Conroy and Whiteside (2006) put it:

Poverty drives the [AIDS] pandemic as poor women and children are forced into transactional sex in order to get money to survive. They are often fully aware of the risks but have no choice. The imperative for short-term survival in a
desperately poor environment forces people into behaviours that place them at direct risk of infection (p. 66).

HIV/AIDS is a serious problem worldwide but is particularly poignant in SSA where the disease is most prevalent. It has been cited as a possible reason why some men engage in sexual activity with children, first as an avoidance strategy and secondly as a cleansing strategy (Lalor, 2004). It should also be noted that HIV is a sequelae of CSA, particular for girls and young women who are most at risk. More than two fifths of new HIV infections in sub-Saharan Africa are among young people aged 15 to 24 years (WHO, UNAIDS, & UNICEF 2011) mainly attributable to high-risk sexual behaviours. Females within that age range are three times as likely to be infected with HIV, compared to their male peers (Lamptey, Johnson & Khan, 2006). Gregson et al. (2002) explain that the greater incidence of HIV in adolescent females is due to physiological factors that favour male to female transmission. It is also the case that females have less power to negotiate safe sex with their partners.

While no quantitative data exist linking CSA to HIV transmission a number of studies have started making links between the two. Keke (2002) examined the relationship between child sexual abuse and HIV transmission amongst 21 South African children who were sexually assaulted. She suggests, ‘it has not been possible to know exactly how prevalent HIV transmission is in children who have been sexually assaulted. This is an area that has not been studied in South Africa, and there is no literature available’ (p. 5). Of the 21 children in the sample, 17 were tested for HIV. Keke (2002) reports that four (23.5%) of the 17 children were found to have HIV. However, it was impossible to know whether these children contracted the infection before or after the
sexual assault they sustained. This study points out the inherent difficulties in measuring HIV contracted after sexual abuse.

In Zambia, Human Rights Watch (2002), interviewed young girls under the age of 18 about CSA and highlighted the cultural expectations of obedience and subservience that makes ‘it extremely difficult to negotiate safe sex and to control their sexual lives’ (p. 20). This, they pointed out can lead to a heightened risk of HIV transmission. Other authors in the region have also noted this phenomenon (for example, Armstrong, 1998; Kaboberi-Macharia, 1998). The Human Rights Watch report (2002) highlight the powerlessness of girls to report such abuse, particularly where they are economically dependent on relatives (their own parents having died) (Human Rights Watch, 2002, p. 25). According to Human Rights Watch: ‘the HIV epidemic seems to be pushing these men to seek increasingly young girls on the assumption that, other things being equal, younger girls are less likely to be HIV-infected’ (p. 34).

Richter, Komárek, Desmond, Celentano, Morin, Sweat, Chariyalertsak, Chingono, & Gray, (2013) explored the relationships among both men and women who report histories of childhood abuse from representative samples of communities in three countries in southern and eastern Africa (South Africa, Zimbabwe and Tanzania). The results indicated that reported childhood sexual and physical abuse is high in all three settings (between 6 and 29%) and that there is strong relationship between early experiences of abuse and high risk sexual behaviour.
4.8.1 The virgin cleansing myth

The “virgin cleansing myth” is the belief that intercourse with a virgin can cure disease or otherwise bring good fortune. Ecker (1994) was informed in Keffi, Nigeria that “old men are advised to have sexual contact with virgin girls in order to cure sexually transmitted diseases” (p. 20). This advice invariably comes from traditional healers. In the Republic of South Africa this belief has been blamed as a cause for the spate of infant rapes (Bowley & Pitcher 2002a; Bowley, & Pitcher, 2002b; Richter, 2003). Jewkes, Matubatuba, Metsing Ngcobo, Makaota, Mbhalati, Frohlich, Wood, Kabi, Ncube, Nduna, Jama, Moumakoe, & Ralesetmo (2000) report from a sexual health workshop with 293 participants that 32.7% of the participants believed sex with a virgin could cure HIV. Surprisingly, after 14 sessions, 20% of the participants still held that view. The Tanzanian Media Women’s Association (TAMWA, 1998) noted that sixty members of the Tanzanian parliament believed witch doctors, or traditional healers, were responsible for encouraging men to defile and sexually abuse children in the pursuit of health and wealth.

Even though there has been anecdotal evidence highlighting the link between HIV cleansing and CSA, the evidence for its existence has not been found (Jewkes et al., 2002). A recent study in Malawi by Mtibo, Kennedy and Umar (2011) examining 58 offenders convicted of sexual crimes against victims under the age of 18 found no evidence that the perpetrators were motivated by a desire to cleanse themselves from HIV. Despite little more than anecdotal evidence this myth persists. Perhaps it is more tenable to believe outside forces are responsible for instigating CSA rather than believe it is coming from people close to the child. The the so-called ‘virgin myth’ is not
considered to be a major factor driving the sexual abuse of children in sub-Saharan Africa (Jewkes et al., 2002).

4.9 Conclusion

This chapter has tried to put in context the environmental forces that influence sexual behaviour in SSA and Tanzania. Some of these forces have been recognised as aggravating the problem of CSA in SSA. The ecological model is a useful framework for understanding the varying influences exacerbating the problem in Tanzania both from the perspective of the victims and perpetrators of CSA. Some of the important forces include: rapid social change, HIV cure and avoidance strategy, the patriarchal nature of society, gender-based violence, transactional sex and poverty (Lalor, 2004a; Dunkle et al., 2004; Silberschmidt, 2001). These forces often work in combination leading to an increased risk for children.

The pervasive poverty in SSA plays a huge role in encouraging children to use sex as a way of providing for the basic things in life even if it means putting themselves at great peril. Patriarchal notions of respect, obedience and subordination means children have little choice but to accept the sexual advances of adults. However, it is important to note that in SSA sex seems to be viewed as a commodity to be traded. Young people who do not come from impoverished backgrounds also engage in this type of sexual practice. The evidence is strong for the existence of transactional sex across SSA and it is increasingly viewed as a factor fueling the sexual abuse of children. This chapter has tried to reveal the factors that propel adults to have sexual relations with children and the factors that force children to engage in same relations with adults. Lalor (2008) has called on researchers to be aware of these factors if we are to have a fuller
understanding of CSA in SSA: “Understandings of child sexual abuse in SSA must be
cognisant of economic factors, cultural norms governing sexual relationships, and the
generally low social status of women and children” (p. 98).
CHAPTER 5

METHODOLOGY

5.1 Introduction

This section examines the various methodological issues involved in researching the sensitive topic of child sexual abuse in general, as well as the additional factors that come into play when conducting such research in the Tanzanian context. Issues relating to the researcher, cultural biases, language and definitions are pertinent to this discussion. Measuring CSA has proven particularly difficult because researchers have employed varying operational definitions of sexual abuse; and so what is abuse in one study is not considered abuse in another. The methodology utilised in this study will then be outlined. The purpose of the study was to conduct an epidemiological investigation into the nature of child sexual abuse in a selected country in sub-Saharan Africa (Tanzania). Two principal methods of data collection were used; firstly, an anonymous questionnaire that was administered to a sample of university respondents and, secondly, qualitative interviews with victims of child sexual abuse. The principal tool used by the researcher was a questionnaire (Appendix A) adapted from Lisak and Luster (1994). This was supplemented by a small number of interviews with young men and with two social workers. The newspapers were consulted as a secondary source of data and two exploratory focus groups were conducted.

5.2 Philosophical underpinnings

When a researcher looks at a phenomenon and asks questions as to the nature of it, he is being ontological. He is looking at what actually exists. “What exists?”, “What is?”,

126
“What am I?”, and “What is describing this to me?” are typical ontological questions that search for truth about a subject. The most basic problems in ontology, finding a subject, a relationship, and an object to talk about are evident in these questions. This philosophical perspective is essential to the researcher as he searches for truth. In the present study questions such as “What is the nature of child sexual abuse?” and “what counts as evidence of it?” are ontological in nature. Several methods and approaches are used to explore these ontological questions. The overarching philosophical positions are now examined. Positivism, Post-positivism and Constructionism are given most attention as they offer a way of understanding the measurement difficulties inherent in carrying out research.

Comte’s Positivism, as marked by directly observable facts, is one method for exploring truth. The positivist research orientation maintains that science is or should be primarily concerned with observable events (Kincheloe, 1991). However, is this search for exactness an unreachable goal? Our knowledge of the world is limited; facts as we know them are mere estimates dependent on our current measuring faculties.

An alternative paradigm for guiding investigation is the Post-positivist perspective. It does not insist on discovering absolute truth but tries to come as close as is humanly possible (Guba & Lincoln, 1994). It follows specific procedures to ensure that observations are verifiable, accurate and consistent. Critical realism, a form of Post-positivism avers that there is a reality independent of our thinking and that by using objective means we can measure it. It combines elements of transcendental realism and critical naturalism. Critical realism views science as an ongoing process in which researchers improve the concepts they use to understand the mechanisms that they
study. This perspective recognises the bi-directional relationship between social structures and human agency. Human agency is made possible through the extant social structures and these social structures change because of the influence of human agency. This fluctuating relationship is recognised by critical realism.

While critical realism is an important concept underlying the methodology of the current investigation, a social constructivist approach to the subject matter is also useful. This approach contends that we each construct our view of the world based on our perceptions of it. This idea may be particularly important when victims of child sexual abuse assess the damage caused by experiencing an unwanted early sexual experience, if any, or when perpetrators (or society) justify and rationalise their actions. Social constructionism is a sociological theory of knowledge developed by Berger and Luckmann (1966). Social constructionism tries to uncover the ways in which individuals and groups participate in the creation of their perceived reality. As an approach, it involves looking at the ways social phenomena are created, institutionalised, and made into tradition by humans. Socially constructed reality is seen as an ongoing, dynamic process; reality is re-produced by people acting on their interpretations and their knowledge of it. Berger and Luckmann argue that all knowledge, including the most basic, taken-for-granted common sense knowledge of everyday reality, is derived from and maintained by social interactions. When people interact, they do so with the understanding that their respective perceptions of reality are related, and as they act upon this understanding their common knowledge of reality becomes reinforced. People negotiate this common knowledge on a daily basis interacting and changing it continually. It is in this sense that reality is socially constructed.
Knowledge and interpretation in a constructivist research paradigm is the result of a collective process whereby the reflexive participant and observer influence the process. Therefore, three things must be considered when writing up research:

1. Prior assumptions the researcher brings to the subject of inquiry, and to the research situation;

2. The socially constructed meanings that occur in the context of a particular interview;

3. The socially constructed meanings that existed prior to, and shape or limit, the meanings that may emerge in a specific interview context.

Post-positivists reject the idea that any individual can see the world perfectly as it really is. We are all biased and all of our observations are affected. Our best hope for achieving some degree of “objectivity” is to triangulate by using multiple methods. William (2002) asserts that researchers must examine a question from differing angles using both qualitative and quantitative methods. He espouses the use of triangulation. Because all measurement is fallible, the post-positivist approach emphasises the importance of multiple measures and observations to get a better understanding of what’s happening in reality.

In the present study narrative inquiry will be also used in part to help construct the reality that exists for the participants. Narrative inquiry is supported by the philosophical assumptions of interpretivism (see Smith, 1989; Sparkes, 1992). As such, it commits to the assumption that there is no social reality ‘out there’ independent of us
that can be accessed and known as it is. Realities are multiple, created, and mind-dependent (Smith and Sparkes, 2009). There is also the belief that knowledge is socially constructed, fallible, and subjective. In the face of this, there are no claims that there is a social reality, independent of our purposes and interests, which can be the referent point for sorting out claims to knowledge (Smith & Deemer, 2000).

The present study uses the Post-positivist paradigm in so far as it is assumed that all measurement is fallible and subject to bias. This inherent bias will be minimised by the use of triangulation to explore the truth and existence of child sexual abuse in Tanzania. There is also a leaning towards social constructivism present in this investigation. Child sexual abuse is a social construction and definitions about it vary from one era to the next and from country to country. This investigation will attempt to shed some light on how child sexual abuse is socially constructed in Tanzania. It is important to remember though that “inquiry into the social world and the value of understanding that results is to be determined by methodology” (Rabinow & Sullivan, 1987, p. 20).

5.3 Quantitative research

Researchers have long debated the relative value of qualitative and quantitative inquiry (Patton, 1990). The follow paragraphs will expound both methods of data collection highlighting both their strengths and weaknesses in carrying out research.

In quantitative research, a notable aim is to determine the relationship between one thing (an independent variable) and another (a dependent or outcome variable) in a population. Quantitative research designs are either descriptive (subjects usually measured once) or experimental (subjects measured before and after a treatment). A
descriptive study establishes only associations between variables. An experiment establishes causality. For an accurate estimate of the relationship between variables, a descriptive study usually needs a sample of hundreds of subjects; an experiment, especially a crossover, may need only tens of subjects. The estimate of the relationship is less likely to be biased if there is a high participation rate in a sample, selected randomly from a population. In experiments, bias is also less likely if subjects are randomly assigned to treatments, and if subjects and researchers are blind to the identity of the treatments.

Quantitative research attempts to reduce social reality to variables in the same manner as physical reality. It strives for testable and confirmable theories that explain phenomena by showing how they are derived from theoretical assumptions. Quantitative research is confirmatory and deductive in nature. Objectivity is fundamental and measurement is supreme. Quantitative research deals with numbers and attempts to generalise its findings to the population. It is the foundation for comparison between variables. Questionnaires and surveys are the most widely used quantitative methods. Such methods are a fast and efficient way to obtain data on most social phenomenon. Information gleaned is usually on a surface level; this is a usually cited shortcoming of the approach. That is, Quantitative research fails to understand a phenomenon at a deeper level.

Hammersley (1999) notes that the validity of quantitative research – particularly in the social sciences – has been challenged on a number of grounds. The limitations he identifies in quantitative methods include the fact that:
(i) The structured characteristics of the data collection process involves imposition of the researcher’s assumptions about the social world and consequently reduces the chances of discovering evidence discrepant with those assumptions.

(ii) Recording what happens in ‘natural’ settings specially set up by the researcher and generalising out of these settings to the real world is questionable.

(iii) To rely on what people say about what they believe and do without also observing what they do is to neglect the complex relationship between attitudes and behaviour.

(iv) Quantitative analysis reifies social phenomena by treating them as more clearly defined and distinct than they are, and by neglecting the processes by which they develop and change.

(v) Quantitative analysis assumes that people’s actions are mechanical products of psychological and social factors, thereby neglecting the creative role of individual cognition and group interaction.

5.4 Qualitative research

Conversely, qualitative research is concerned with non-statistical methods of inquiry and analysis of social phenomena. According to Patton (1990), qualitative research is naturalistic, inductive, holistic, empathic, dynamic, and context sensitive; it is thickly described; involves personal contact and a unique case selection, and allows for flexible design. Patton (1990) points out that these are not “absolute characteristics of
qualitative inquiry, but rather strategic ideals that provide a direction and a framework for developing specific designs and concrete data collection tactics” (p. 59). These characteristics are considered to be “interconnected” (Patton, 1990, p. 40) and “mutually reinforcing” (Lincoln and Guba, 1985, p. 39). Qualitative inquiry is based on the assumption that knowledge as meaning is relative and a creation of the interaction between the researcher and the researched (Guba & Lincoln, 1994).

Field research is often used interchangeably with qualitative research to describe systematic observations of social behaviour with no preconceived hypotheses to be tested (Rubin & Babbie, 1993). Qualitative research is exploratory and inductive in nature. It is also referred to as naturalistic research or inquiry (Taylor, 1977) into everyday living. May (1994) believed:

“Doing qualitative research is not a passive endeavour. Despite current perceptions and student's prayers, theory does not magically emerge from data. Nor is it true that, if only one is patient enough, insight wondrously enlightens the researcher. Rather, data analysis is a process that requires astute questioning, a relentless search for answers, active observation, and accurate recall. It is a process of piecing together data, of making the invisible obvious, of recognizing the significant from the insignificant, of linking seemingly unrelated facts logically, of fitting categories one with another, and of attributing consequences to antecedents. It is a process of conjecture and verification, of correction and modification, of suggestion and defence. It is a creative process of organizing data so that the analytic scheme will appear obvious.” (p. 10)
Qualitative research differs from quantitative research in that the latter is characterized by the use of large samples, standardized measures, a deductive approach, and highly structured interview instruments to collect data for hypothesis testing (Marlow, 1993). The purpose of inquiry in qualitative research is in understanding the world from the point of view of those who live in it, the grasping of understanding, or the "meaning" of social phenomena. In this view observation and description are not sufficient to understand fully a social phenomenon. Deeper inquiry is essential to arrive at what anthropologist Clifford Geertz's (1973) termed, a “thick description” of how people as actors understand and ascribe meaning to their own actions and others.

There are shortcomings to using a qualitative research approach. Firstly, fewer people are studied and the findings are less generalisable as a result. Added to this it is difficult to aggregate data and make systematic comparisons. The research is very dependent upon the researcher's personal attributes and skills (also true with quantitative, but not as easy to evaluate their skills in conducting research with qualitative). And finally, participation in the setting by the researcher can always change the social situation.

5.5 Interviews and focus groups

Qualitative information can be gathered using interviews and focus group discussions. Interviews involve “a face-to-face interpersonal role situation in which an interviewer asks respondents questions designed to elicit answers pertinent to a research hypotheses” and records their answers. “The questions, their wording, and their sequence define the structure of the interview.” Interviewers must learn established techniques for ensuring that the interview data are unbiased, and determine who to
Focus group discussions are a fitting method to delve into the attitudes of a group of people. There are many definitions of a focus group, but features such as organised discussion (Kitzinger, 1994), interaction (Kitzinger, 1995), collective activity (Powell, Single & Lloyd, 1996) and social events (Goss & Leinbach 1996) encapsulates part of their meaning. Powell and colleagues define a focus group as “a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research.” (1996, p. 499). Focus groups are steered and guided by a moderator who listens non-judgementally to the discussion and offers clarification to the individual and to the group as a whole. Good leadership skills are important. However, focus groups take on a life of their own once commenced and moderators have limited control over them. They are subject to bias through domination of a few strong members and a tendency to consensus. Often avoidance of conflicting opinions occurs. However, focus groups can provide the opportunity to observe interactions on a topic, as well as provide evidence about similarities and differences in the participants’ opinions and experiences (Babbie & Mouton, 2001).

There are difficulties involved in using either of the research methodologies and where possible the use of both quantitative and qualitative methods is encouraged to reduce bias and to glean a better understanding of the topic under investigation. Simultaneously, other considerations need to be understood in relation to the subject.
matter being investigated. The concerns associated with investigating child sexual abuse will now be examined.

5.6 Methodological concerns involved in child sexual abuse research

The methodological concerns involved in carrying out research into child sexual abuse will be discussed in this section. Common terms will be clarified and the problems faced by researchers will be expounded.

Substantial difficulties in researching child sexual abuse were highlighted recently by (ISPCAN, 2011). They include:

- challenges in identifying the actual prevalence of child sexual abuse versus incidence reports;
- challenges in definition, which relate to both diagnosis and to the development of descriptive data on child sexual abuse;
- the importance of avoiding additional harm to victims while respecting their rights;
- the challenge of engaging offenders while protecting their rights;
- the cost of conducting the research and disseminating research outcomes;
- the challenge of meeting scientific requirements for reliability, validity and generalisability of research findings across cultures;
- challenges relating to intra-familiar versus extra-familial child sexual abuse;
- the stigma that may inhibit disclosure, even where confidentiality is assured (p. 13).
5.6.1 Incidence and prevalence

The “prevalence” of child sexual abuse is a common starting point when researchers attempt to understand how widespread the problem of child sexual victimisation is; this term thus refers to the portion of the population who have the condition at a given time (Susser, 1973). Prevalence refers to the number of individuals having experienced sexual abuse during childhood (Fallon et al., 2010). This indicator will be a point of departure in the present study.

The “incidence” of child sexual abuse is also commonly used and refers to the rate of occurrence of this condition per unit of time. Incidence refers to the number of new cases of abuse reported or detected during a specific, restricted period of time (Fallon et al., 2010). Fergusson and Mullen (1999) point out that what is reported in most studies of child sexual abuse is the cumulative incidence over the period of childhood. This figure is commonly found in police crime statistics for a given year. Both prevalence and incidence rates are considered quantitative.

In the literature, differing methods have been used to arrive at the incidence and prevalence rates given, therefore, a very disparate picture of the amount of child sexual abuse is conveyed. The proportion of the child population who are exposed to sexual abuse is a source of ongoing debate and controversy (Kinsey et al., 1953; Peters, Wyatt, & Finkelhor, 1986; Bagley, 1990; Feldman et al., 1991; Finkelhor, 1994). The rates reported are more often determined by the methodologies employed by the individual researcher than by actual differences in the occurrence of the problem. For example, more than half of Kilpatrick’s (1986) sample of 501 middle-class females reported one or more undesirable incidents during childhood. By contrast, just 13.4% of 1995
Turkish female secondary school students reported sexually abusive experiences during childhood (Alikasifoglu, Erginoz, Ercan, Albayrak-Kaymak, Uysal, & Ilter, 2006). It could be argued that the different rates reported are the result of a cultural difference, and that may well explain a percentage of the variation. However, it would be irresponsible to omit the methodological differences that existed, such as sample, age, definition of child sexual abuse used and setting. The following paragraphs will address these issues.

The variation in reporting was aptly demonstrated in an international study of the epidemiology of child sexual abuse (Finkelhor, 1994). Rates of abuse ranging from 7% to 36% for women and 3% to 29% for men were reported in studies from nineteen countries mainly in the developed world. This difference in levels of child sexual abuse reported in the literature may arise from genuine variability in the existence of the problem but most commentators attribute the disparities to methodological and definitional differences (Finkelhor, 1986; Wyatt & Peters, 1986; Fergusson & Mullen, 1999). Similar disparities of methodology and definition have been noted in a follow-up to Finkelhor (1994) by Pereda et al. (2009b).

According to Finkelhor (1994), “few comparisons among countries are possible because of methodological and definitional difficulties” (p. 409). This makes it particularly difficult to make cross-cultural comparisons. From the limited number of studies available from SSA, the variation in prevalence was also evident with the rate of abuse varying according to the definition used by the researcher; for example, when the term ‘touched sexually by force’ was used as a question, 5.2% of participants were deemed
sexually abused (Madu, 2001) compared to 26.3% when the term “unwanted genital fondling” (Collings, 1997) was used.

Any investigation assessing levels of child sexual abuse in a population must take into consideration these definitional concerns. Throughout the literature certain patterns emerge and there are common problems faced by researchers. Leventhal (1998) identified six differences relating to methodology that have impacted on the studies thus causing fluctuating rates of CSA: (1) the sample surveyed (which could vary in a number of ways, like socio-economic status, educational level or age of the respondents); (2) the response rate; (3) the methods of data collection (anonymous questionnaire vs. in person interview, specific versus general questions); (4) the definition of CSA; (5) the age used to define childhood; and (6) the accuracy of the adult’s memories (or willingness to report past events that are painful).

ICAST (ISPCAN Child Abuse Screening Tools) has been successful in overcoming many of the difficulties as it uses a common instrument worldwide to enable systematic collection and comparison of data across cultures, time or between research groups. The ICAST questionnaire is a survey instrument developed by international child protection experts that allows the retrospective measurement of child abuse. The original ICAST questionnaire consists of “15 primary questions about potentially abusive physical, sexual, and emotional events, with follow-up questions about perpetrator characteristics, frequency of acts and periods in childhood when the recalled abuse occurred” (Dunne et al., 2009, p.815). It has been translated and validated into at least 20 languages. Three areas are examined; parents are asked about a child's exposure
to violence in the home; young adults are questioned and a child instrument for children over 11 years of age are used.

The WHO (2005b) multi-country study on women’s health and domestic violence against women seeks to overcome these challenges by using a single methodology (n=24,000 women), including a section on CSA. The study analyses data from 10 countries and sheds new light on the prevalence of violence against women in countries where few data were previously available, documenting the consequences of violence for women’s health.

5.6.2 Reliability, validity and trustworthiness

Reliability and validity need consideration because it is through continued refinement of research methodologies that the above research pre-requisites develop and strengthen. According to Brink (1999), reliability is the ability of an instrument to obtain consistent results when repeated under the same conditions or similar situations, while validity is the ability of an instrument to measure or to test what it is supposed to measure or test. The concept of reliability has to do with how well the study was carried out; a researcher must ask if he has carried it out in such a way that, if another researcher were to look into the same questions in the same setting, they would come up with essentially the same results. Validity has to do with whether the measures used in the study to test a phenomenon (in this case child sexual abuse) actually test what they purport to test. Studying the literature and basing survey questions on those previously asked in other studies enhances validity. For example, by asking specific questions à la Lisak and Luster (1994), participants respond more accurately to questions about CSA. Validity and reliability are particularly contentious in studies of child sexual abuse because of the
sensitive and traumatic nature of child sexual abuse. With reliance on the retrospective accounts of victims, accuracy may be difficult to obtain and verify. The problems with accuracy may be circumvented to a certain extent but there remains the risk that inaccuracies exist.

In qualitative research trustworthiness of the data is the gold standard. Lincoln and Guba (1985) posit that trustworthiness of a research study is important to evaluating its worth. Trustworthiness involves establishing credibility, transferability, dependability and confirmability. Credibility is the confidence in the truth of the findings, a concept similar to internal validity in quantitative research. Lincoln and Guba suggest that researcher ask three basic questions when examining the findings: (a) Do the conclusions make sense? (b) Do the conclusions adequately describe research participants’ perspectives? And (c) Do conclusions authentically represent the phenomena under study? Using triangulation is the main way to ensure the credibility of the research findings. Transferability is demonstrating that the findings have applicability in other contexts. By providing thick, rich description of the contexts, the transferability of the findings can be enhanced. Dependability is similar to the concept of reliability and involves showing that the findings are consistent and could be repeated. Having an independent researcher review the data and the conclusions drawn enhances the dependability of the findings. Confirmability is extent to which the findings of a study are shaped by the respondents and not a reflection of researcher bias, motivation, or interest. Triangulation of data is one way of establishing confirmability.

Issues affecting to the validity, reliability and the trustworthiness of research into child sexual abuse will be dealt with in the coming paragraphs.
5.7 Measuring child sexual abuse

In this section many of the problems outlined by Leventhal (1998) are expounded to ensure that bias is limited and consistency maximised. This leads to higher degrees of reliability and validity. Issues relating to prevalence, response rates, and question format resurface.

The preferred way of assessing the prevalence of sexual abuse is to obtain a representative sample of the population using random sampling methods and to assess for each member of the sample the extent of his or her exposure (if any) to child sexual abuse (Peters et al., 1986). Even with this design, bias may influence estimates. For example, “One source of bias may come from non-response in survey investigations, refusal of the individual to participate, or an inability to interview the individual because of language barriers or other difficulties” (Fergusson & Mullen, 1999, p. 17). The latter reason was pertinent to the study of child sexual abuse in Tanzania. If the reason for the non-response is associated with the individual’s history of child sexual abuse, then this bias is problematic to the estimates of the prevalence in the population. Often this non-response reaction is the result of past events being too painful for the person to recount. This problem is hard to circumvent. Conversely, some people refuse to answer a questionnaire on grounds that, since they have not been abused they have little to contribute. Both cases of non-response lead to biased estimates of the prevalence of child sexual abuse, albeit in different directions. Researchers never know the reasons for non-response. Therefore, researchers look for high response rates in studies to ensure that the results are not skewed in either direction.
In the seminal study exploring the incidence of child sexual abuse in a non-clinical sample (Finkelhor, 1979), a response rate of 92% was seen as satisfactory. It is worth noting that questionnaires completed immediately yield higher response rates than questionnaires to be completed and returned at a later date. The prevalence of child sexual abuse in a population depends a great deal on how a researcher investigates the problem (Peters et al., 1996). Approaches have ranged from relying on a single survey item (e.g., Hibbard, Ingersoll, & Orr, 1990) to using methods with multiple questions and means of assessment (e.g., Anderson et al., 1993; Douglas & Finkelhor, 2005).

It is contended that the optimum way to elicit information from a participant involves asking a comprehensive set of questions that address specific instances of behaviour (Wyatt & Peters, 1986; Schaeffer, Leventhal, & Asnes, 2011). Questions such as “as a child were you ever sexually abused” (Kercher & McShane, 1984) force respondents to decide what events constitute “abuse” and according to Miller, Johnson and Johnson (1991) “may drastically under-represent the prevalence of influential, deleterious early sexual experiences” (p. 44). Explicit questions such as “has someone fondled you (that is, touched your genitals or other parts of your body) in a sexual way” (e.g., Lisak, 1994) simply ask the respondent to answer yes or no to a question about a specific behavioural incident. There is no confusion as to what the question means and any unnecessary ambiguity is avoided. In addition there are follow-on questions addressing every aspect of the fondling incident (if there was one). Miller et al. (1991) employed a checklist strategy to rule out participant confusion over vague terminology. As a result greater confidence in the results was reported. Apart from the framing of questions, which undoubtedly affect the reporting of abuse, the different methodologies used to
gather the data also result in variable reporting of child sexual abuse (Dill et al., 1994; Martin et al., 1993; Peters et al., 1986).

5.8 Methods of data collection

There are three main methods of data collection. A number of studies use anonymous self-report questionnaires (Lalor, 1999) especially on non-clinical normative samples such as college students. These are used for their economy in terms of time and financial resources. Other studies have conducted telephone interviewing (e.g., McGee, Garavan, de Barra, Byrne, and Conroy, 2002) and face-to-face interviews (e.g., Anderson et al., 1994). Each method has its own advantages relating mainly to economy or the amount of information generated. It has been suggested that methods that protect respondent privacy are likely to result in greater disclosure (Dill et al., 1991; Martin et al., 1993). The evidence in favour of this position is far from definitive. Peters et al. (1986) contend that more information is gleaned from face-to-face interviews. However, the added expense of carrying out these interviews and the differing effects of interviewer training and characteristics should be duly noted. There is growing evidence that the latter factor plays an influential role in eliciting answers (Fowler & Mangione, 1989; Groves, 1989). For example, men get different results than women, and those who are trained get more consistent results than those are not. However, economic and time constraints limit the use of interviewers who are more suited to the group being interviewed.

Using face-to-face interviews with 248 United States women Wyatt, Guthrie and Notgess (1992) established child sexual abuse prevalence levels as high as 62.1%. When only contact abuse was considered this rate fell to 45.2%. This figure for child
sexual abuse is still extremely high. However, when we bear in mind the authors used a late cut off age at which sexual abuse occurs (eighteen years) and a broad definition of child sexual abuse it is less surprising. The face-to-face interview method used is also known to promote increased disclosure by respondents (Peters et al., 1996). It has also been shown that retrospective recall is the most realistic way of approaching the true magnitude of the problem of child sexual abuse but there are disadvantages relating to the accuracy of recall (Hardt & Rutter, 2004). Other authors have stated that there might be some difficulties related to the accuracy of self-report retrospective recall (Bruck, & Ceci, 1999).

5.9 The definition used
Variations in the definition of child sexual abuse also lead to variations in estimations of the problem. According to Fergusson and Mullen (1999), there are two main problems that may lead to the variability in the definition of child sexual abuse. Firstly, the normative description given to child sexual abuse ensures that there is no universally agreed-upon definition, which clearly demarcates where child sexual abuse begins and ends. Therefore, it can be difficult to distinguish the abused from the non-abused. Secondly, for those that have been identified as abused, there is considerable heterogeneity. The difference between an abuse victim who experiences “kissing and hugging in a sexual way” (one of Kilpatrick’s (1986) categories of abuse) and one who experiences “unwanted intercourse with an adult” (Lalor, 1999) is vast. These two problems have created a situation in which different studies have adopted different criteria for the identification of child sexual abuse. These two problems go a long way to explaining the disparities in prevalence estimates (Fergusson & Mullen, 1999). The problem concerning definition has also meant that many studies are incomparable. This
concern is strongly connected to the problem of framing questions. The divided view on what constitutes child sexual abuse makes it hard to frame questions correctly. This problem may be circumvented to some extent by asking a comprehensive set of explicit questions so that incidents of child sexual abuse are clearly delineated without any cultural or contextual connotation. Hauggard & Emery (1991) suggest that studies should make “a commitment to providing reasoned, clear definitions of child sexual abuse” (p. 99). The WHO multi-country studies have succeeded by using common methods across countries (WHO, 2005b)

5.10 Defining child sexual abuse

Definitions are problematic because they imply universality, however, it is essential to arrive at an acceptable understanding of any phenomenon been investigated. Children are not able to give informed consent to sexual activity because they cannot fully understand adult-child sexual contact or predict the consequences, and where this interaction occurs, the adult is abusing a position of authority over the child. This interaction may be described as child sexual abuse.

To understand child sexual abuse we need to look at its components. Firstly, the difference between contact and non-contact should be established. Contact sexual abuse involves any form of physical contact during the commission of a sexually abusive act, ranging from non-genital and genital touching to vaginal or anal sexual intercourse. Non-contact sexually abusive acts may range from exhibitionism to being an (non-contact) agent in the use of children in pornography or prostitution (Milner, 1998). This division is often used to separate the severe from least severe forms of child sexual abuse.
Schechter and Roberge (1976) have provided a useful, much adhered to definition of child sexual abuse. According to them, the term child sexual abuse is “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.” (p. 129). There have been numerous interpretations of the problem. For example, Finkelhor and Korbin (1988) define it:

…as any sexual contact between an adult and a sexually immature child for purposes of the adult's sexual gratification; or any sexual contact to a child made by the use of force, threat or deceit to secure the child's participation; or sexual contact to which a child is incapable of consenting by virtue of age or power differentials and the nature of the relationship with the adult (p. 8).

Put simply, child sexual abuse is the use of a child for sexual gratification by an adult or significantly older adolescent (Tower, 1989).

To understand the behaviours that constitute sexual abuse other researchers have been more explicit. Finkelhor, Hotaling, Lewis, and Smith (1990) identify child sexual abuse as including any of the following acts committed by an adult upon a child younger than 18 years of age: attempted or completed sexual intercourse (i.e., oral, anal, vaginal); touching, grabbing, kissing, or rubbing up against the child in the context of a sexual situation; photographing the child nude; exhibiting body parts to the child, or having the child view a sexual act. Child sexual abuse involves activities ranging from exposing the child to sexually explicit behaviours, taking visual images of the child for pornographic purposes, touching, fondling and/or masturbation of the child, having the
child touch, fondle or masturbate the abuser, oral sex performed by the child, or on the child by the abuser, and anal or vaginal penetration of the child. It may also include showing sexually explicit material to children, which is often a feature of the “grooming” process by perpetrators of abuse and the consensual sexual activity involving an adult and an under-age person.

Another definition that highlights the issue of power relations between the victim and the perpetrator is worth noting:

Child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child’s age, dependency and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance (Sgroi, cited in Calder, 1999, p. 11).

The notion of a power differential is also fundamental to the concept of sexual coercion. This form of child sexual abuse is noted in the SSA literature (Heise, Moore & Touba, 1995). It is worth delineating here, as many cases of child sexual abuse better fits this description particularly in the SSA region. It has been defined as the:

act of forcing (or attempting to force) another individual through violence, threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviour against her/his will. As such, it
includes a wide range of behaviours from violent forcible rape to more contested areas that require young women to marry and sexually service men not of their choosing (Heise, Moore and Toubia, 1995).

One proposed working definition of sexual abuse is that:

‘ssexual abuse’ involves any sexual activity where consent is not, or cannot be, given. This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants, and all sexual contact between an adult and a child, regardless of whether there is deception or whether the child understands the sexual nature of the activity (ISPCAN, 2011, p. 11).

5.10.1 The age used

The age used to define childhood has meant that prevalence and incident rates vary depending on the age used to demarcate when childhood ends and adulthood begins. In cases where a child is described as a person under 18 years, prevalence rates tend to be higher. Finkelhor (1979) reported a prevalence rate of 19.2% for females when this demarcation was used. However, when researchers use younger age demarcations lower prevalence rates tend to be reported. Fritz et al. (1981) reported rates of 8% when the younger age of sixteen was utilised. As legal systems throughout the world have different ages of consent it can be difficult to compare rates between countries.

5.10.2 The accuracy of adult memory

The accuracy of adult’s memories is also a source of concern. It is now accepted that in general, memories are not fixed entities but rather something fluid that continue to
change over time. As the reporting of child sexual abuse relies heavily on the retrospective reporting of abuse they may be subject to substantial fallibility arising from problems of recall (Squire, 1989; Henry, Moffitt, Caspi, Langley, and Silva, 1994), from a refusal or reluctance to disclose by those abused (Peters et al., 1986; Hauugard & Emery, 1989), and, possibly, as a consequence of the painful memories being repressed (Fredrickson, 1992; Herman, 1992). A major problem with retrospective reporting is that there are few independent criteria by which reports can be verified. Police reports and court proceedings can be checked but they represent just a small proportion of the actual sexual abuse occurring. Supporting this contention is the work of Williams (1994) who reports that child sexual abuse is underestimated in society. Examining victim’s memories, she concluded that as many as one in three incidents of child sexual abuse are not remembered by adults who experienced them, and that the younger the child was at the time of the abuse, and the closer the relationship to the abuser, the more likely one is not to remember. These concerns cast serious doubt on the reliability and validity of child sexual abuse studies. Fergusson & Mullen (1996) suggest the use of longitudinal or panel studies in which the same sample is asked about their experiences on several occasions. The changes in response are noted. This allows the stories to be verified years later. This approach would yield invaluable insights into the recall difficulties inherent in abusive experiences but at a cost in terms of time and resources. Few studies have examined this issue comprehensively. Those that have looked at it found moderate-to-good consistency of child sexual abuse reports. Martin, Anderson, Romans, Mullen, and O’Shea (1993) using the “reverse records check” found that levels of reporting remained consistent over time and trials.
Another related problem is the perception of sexual abuse itself by the person who is abused. If a person does not view the event as abusive, it may lead to lower levels of reporting. A study from Denmark, surveying the sexual experiences of almost six thousand students aged between 15-16 years old found that 15.8% of females and 6.7% of males had “unlawful sexual experiences before age 15” with “someone much older”. The unlawful sexual experiences were not perceived as abuse by a majority of respondents (Helweg-Larsen and Larsen, 2006).

The concerns outlined above, if not understood and considered, take away greatly from the reliability and validity of a study. By providing a clear well reasoned definition of child sexual abuse, by asking an explicit but comprehensive set of questions concerning abuse before the age of 18, by using random samples, by looking for high response rates and finally by using various methods of data gathering can the problems of researchers in this field be circumvented. Another way of achieving a consensus on definition and method is to use a validated screening tool such as the ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R). The ICAST-R instrument has been designed by a diverse group of international child protection experts to be cross-culturally robust and is “based on consensus from international experts, translates clearly and has satisfactory properties for adoption as a survey tool to estimate prevalence and describe perpetrators and other contextual aspects of child abuse” (Dunne et al., 2009, p. 815). Using such a tool will ensure maximum reliability and validity across studies. However, there are additional cultural issues to be considered when conducting research in SSA.
5.11 Cultural methodological considerations

The study of child sexual abuse in SSA is in its infancy with research only beginning to emerge in a systematic fashion. Conducting research in SSA is vastly different from carrying out research in Ireland or the United States. There are many cultural issues to become aware of, language and perceptual differences to overcome, and modes of behaviour that need to be understood.

5.11.1 An understanding of the Tanzanian context

Korbin (1981) makes the important point that in cross-cultural studies of child abuse and neglect, definition and cultural considerations are of prime consideration. She suggests three levels of consideration: (1) practices which are viewed by one culture as abusive and by another as acceptable, (2) detrimental environmental and economic conditions not related to cultural practices, and (3) idiosyncratic abuse which falls outside all social definitions.

The study of child sexual abuse in Tanzania contains these three elements to some degree. For example, the practice of middle aged men taking younger brides and girlfriends is common and largely accepted in Tanzania even though at times the girls are in their teens. This kind of relationship would be seen as abusive for many from a different culture and is certainly not the norm in most developed countries. The detrimental environmental factors are essential to the understanding of the problem in Tanzania. Poverty and HIV risk mediate sexual activity to a far greater extent in Tanzania than they do in Ireland. Having sex with children as a HIV avoidance strategy is an idiosyncratic form of abuse.
Korbin suggests that in cross-cultural research, instead of labelling specific conduct as "abuse," it would be more helpful to ask to what extent the conduct violated family roles/status, was coercive, was non-consensual, was secret, and/or involved age discrepancy. These considerations were adopted by the present study in formulating an operational definition. Korbin notes that even these criteria are not absolute determinants of whether the behaviour was abusive in a particular culture, but they are helpful guidelines. Korbin believes that child rearing as a means of socialisation is essential in understanding abusive behaviours. She further argues that the key to understanding child rearing, as opposed to child abuse, in cross-cultural perspective, is the distinction between the “emic” perspective - seeing an act from the participants’ point of view - and the “etic” perspective - the broader trans-societal point of view (Korbin, 1980).

Korbin (1986) also points out issues relating to our understanding of children’s sexuality generally, in order for society to gain more understanding about abusive behaviours. She believes our understanding of child sexual abuse would be aided by greater understanding about the range of sexual behaviours generally regarded as acceptable in families, and how behaviour varies by culture and subgroup. Families vary in attitudes about nudity, privacy, touching, and kissing. In this author's view, however, in most of the cases that come to the attention of law enforcement or child welfare services, definitional concerns are not great because the behaviour alleged clearly violates a widespread consensus in this country that such behaviour constitutes sexual abuse [see Wembah-Rashid, 1994]. However, there are some cases for which cultural norms are of considerable importance in deciding whether certain behaviours constitute sexual abuse; inappropriate behaviour, perhaps even representing poor judgment; or simply a variation
within acceptable bounds. Such decisions will shape how our society responds to the problem.

We must be careful not to fall into a trap of absolute cultural relativism when viewing child-rearing. Some practices may reflect cultural values and be important; others may reflect cultural values and be harmful. Understanding the difference is the onus on the researcher.

5.12 Research Design

The present study explored the nature of child sexual abuse in Tanzania. To understand the task involved, it was important to comprehend the meaning of the term “nature”.

The “nature” of child sexual abuse is an umbrella term, which includes information about the victims and perpetrators of child sexual abuse; the types of abuse experienced by the victims and the duration of this abuse. In understanding the nature of child sexual abuse, the amount of persuasion involved in the perpetration of abuse needs to be known, as well as understanding the possible causes and effects of the child sexual abuse. In sum, the nature of child sexual abuse is a condensed term, which refers to all possible information about the presence of the child sexual abuse in the chosen context.

This study employed an exploratory research design. Many social research investigations use this type of design to provide a starting point in the search of knowledge on a subject. This type of research design is typical when a researcher is examining a new interest or when the subject of study has previously been neglected. Published child sexual abuse research for Tanzania was almost non-existent. Therefore,
there was very little previous research to draw on. In that sense, the present study attempted to fill the space in the field.

A mixed-methods research design was employed to address the subject of CSA on different levels and to overcome the limitations of a single research design. Mixed methods research is the combination and integration of qualitative and quantitative methods in the same study (Molina-Azorin, 2016). It provides opportunities for the integration of a theoretical perspective such as the ecological model. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems that either approach alone (Creswell and Plano Clark, 2007). A mixed-methods research design allows the researcher an opportunity to explore and sharpen his methodological skills. Edwards (2008) believes we can increase the rigor of our conceptual thinking, see new ways to answer research questions, and even identify questions that would not have occurred to us otherwise by using mixed methods research. Both qualitative and quantitative measures were utilised in this study. A topic is best investigated from many perspectives. As all measurement is fallible the use of triangulation was essential to optimise accurate recording of a phenomenon. The post-positivist emphasis on the importance of multiple measures and observations to get a better understanding of what is happening in reality was fundamental to this investigation. Therefore, a post-positivist paradigm guided the investigation into the existence of child sexual abuse in Tanzania. However, the qualitative component of the investigation uses a constructivist paradigm to understand the participant’s comprehension of their early sexual experiences.

5.13 Ethical Issues
Ethical concerns

The study of such a sensitive topic poses ethical questions, which must be addressed by the researcher. The researcher is called upon to be sensitive and reflect deeply on his actions. Reflexivity is essential in this regard. Guillemin and Gillam (2004) defined reflexivity as a “continuous process of critical scrutiny and interpretation,” including relational and personal aspects of conducting, interpreting, and representing research (p. 275). Reflexivity for the promotion of ethical practice necessitates that the researcher notice and respond appropriately to “ethically important moments” (Guillemin & Gillam, 2004). It is important that participants in child sexual abuse are protected and are not traumatised by their disclosure. Certain measures taken by the researcher can increase the sense of security felt by the participants in such sensitive research endeavours.

Anonymity and confidentiality are fundamental concerns here. Anonymity refers to concealing the identity of the participants in all documents resulting from the research and confidentiality is concerned with who has the right of access to the data provided by the participants. Child sexual abuse research is particularly emotive for the participants and it is beholden on the researcher to be especially delicate with the participants and the information obtained. The research was carried out with an adult population and each participant gave informed consent after a clear explanation of the study objectives was furnished.

Possible harm or distress

Research into child sexual abuse is extremely sensitive and recalling past painful events can lead to emotional upset. In the present study, participants were free to withdraw
from the study at any time if they became upset. This did arise in a small number of cases. During the interviews some participants decided it was time for them to stop as they were troubled by the past incidents they were recalling. Participants were informed that there was a counselling service available for those who needed to talk to someone at the dean of student’s office at the university.

**Privacy and Confidentiality**

Child sexual abuse is unlawful and taboo in most instances, therefore, it is fundamental that the participants have confidence that the information they provide will be treated confidentially and that their privacy be respected. It was made clear in the present study that no information gathered during data collection would be discussed with anyone else and that all identifying information would be removed when the research was been written up.

**Ethical approval**

The study received ethical approval from the Dublin Institute of Technology Research Ethics committee. In addition, a research permit was granted by the Tanzanian Commission for Science and Technology. Permission was also granted by the University of Dar es Salaam. All participants were older than 18 years and were able to give informed consent. Participants were told about the study aim, that participation was voluntary and that they had the right to withdraw at any stage. They were also informed that information provided would only be used for research purposes. Confidentiality and anonymity was assured. Given the sensitive nature of the research study the counselling service at the office of the Dean of Students agreed to assist with personal issues that the interviews may have raised for them.
5.14 The present study

The present investigation was divided into two phases taking place in 2003 and 2005.

The field work involved two field trips to Dar es Salaam, the largest city in Tanzania. The first trip from June to December 2003 involved mainly gathering quantitative data about child sexual abuse among a university sample using a questionnaire. This was supplemented by a small number of interviews with victims of child sexual abuse. A focus group with non victims of child sexual abuse was also carried out. Secondary sources of data such as NGO reports and the media were also examined for relevant information.

The second field trip from March to July 2005 was qualitative in nature. Unstructured interviews were the main source of information. Interviews were carried out with victims of child sexual abuse, as well as with men who had had sex with underage girls. Case study review was conducted at a centre for children affected by HIV/Aids - The Pastoral Activities and Services for People with AIDS in Dar es Salaam Archdiocese (PASADA) - to understand the risk involved for young orphaned children. A focus group gave additional depth to the data collected. Tables one and two below summarise phases one and two:

Table 1: Research Phase 1

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot questionnaire</td>
<td>40 students</td>
</tr>
<tr>
<td>Primary questionnaire</td>
<td>487 students</td>
</tr>
<tr>
<td>Mean age</td>
<td>282 males</td>
</tr>
<tr>
<td></td>
<td>205 females</td>
</tr>
<tr>
<td></td>
<td>29 years old</td>
</tr>
<tr>
<td>Interviews</td>
<td>6 students</td>
</tr>
<tr>
<td>Focus group</td>
<td>2 students</td>
</tr>
</tbody>
</table>
### Table 2: Research phase 2

<table>
<thead>
<tr>
<th>Method</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unstructured interviews</td>
<td>10 students</td>
</tr>
<tr>
<td>Case study review (5)</td>
<td>2 social workers</td>
</tr>
<tr>
<td>Perpetrator interviews</td>
<td>4 labourers</td>
</tr>
<tr>
<td>Focus group</td>
<td>10 students</td>
</tr>
</tbody>
</table>

The following section outlines the steps taken to carry out the first stage of the research project. The definition used to define child sexual abuse, the sample and procedures used are outlined.

**5.15 Phase one**

The first part of the study was carried out with students at the University of Dar es Salaam, Tanzania. It was quantitative in nature and involved the use of a questionnaire to gauge the level of child sexual abuse in this sample. A small number of interviews and a focus group supplemented the questionnaires.

**5.15.1 Participants**

Non-probabilistic sampling was used with undergraduates from the University of Dar es Salaam, Tanzania. There were 487 students consisting of 282 males and 205 females. The students came from varying geographical and ethnic backgrounds. The age of the group ranged from 20 to 53 years, the mean age being 29 and the median 27 years. Students at university in Tanzania are typically older than students in the developed world because they start school later. Many students take time after their secondary education has finished, to work and save, to attend university. Fifty separate ethnic groups completed the survey. The majority came from the Chagga and Haya tribes.
There were 61% single, 37% married and less than 1% divorced, separated and widowed. It must be recognised that the present sample represents a relatively privileged group given that less than 1% of the Tanzanian population attend university.

Lower prevalence rates are found in convenience samples such as college student samples compared to random samples representing the wider community (Goldman & Padayachi, 2000). It has been argued this is because college samples tend be a psychologically healthier group (Goldman & Padayachi, 2000). This was not confirmed in a review of international samples by Pereda et al. (2009b). However, college students may be more aware of the study’s aims and thus more liable to response biases. Social desirability bias cannot be ruled out.

### 5.15.2 Materials

A questionnaire modelled closely on that of Lisak and Luster (1994) was used. There were some minor amendments made to it to account for the Tanzanian cultural context (appendix A). The questionnaire asked a comprehensive set of specific questions to secure maximum clarity on the issue of unwanted early sexual experience. The questionnaire consisted of 25 questions, which were divided into demographic and opinion questions, and early sexual experiences questions. There were 12 of the former and thirteen of the later. The first page explains the purpose of the questionnaire. It defines “a child” in line with the UNCRC, that is, “a person under 18 years of age” and also states that the sexual experience encountered be “uncomfortable and unwanted.” An assurance of confidentiality and privacy was given on the questionnaire as well as verbally by the researcher. The questionnaire concluded by thanking the participants for
their time and honesty and also by directing the students to the relevant counselling services if the questionnaire evoked feelings that were upsetting.

5.15.3 Piloting procedure

In Tanzania, the questionnaire was presented to the local supervisor, Dr Katabaro of the Department of Humanities and Social Sciences of the University of Dar es Salaam, to gauge its sensitivity to cultural issues. Changes regarding wording and phrases that might not be understandable to the student population were suggested. Appropriate changes were made before piloting began. Piloting was carried out on a convenience sample of 40 second-year undergraduate students from the faculty of education. It occurred at the end of a tutorial class given by Dr. Katabaro. The room was small and privacy was not easy. Their tutor introduced the primary researcher and the students were then told the nature of the pilot. Respondents were informed that there was no requirement to participate and two students chose not to take part in the study. Respondents were encouraged to ask questions, especially if they had any difficulty with the wording of the question or if they needed clarification on any point. The pilot questionnaire was completed in less than 30 minutes and was understandable to the students. Two respondents had queries regarding the meaning of words. One student asked about the meaning of the word “episode” in the context of the questionnaire. The meaning of this word was explained to the student by the researcher by using synonyms such as experience/incident or occurrence. A female respondent also queried the meaning of the word “masturbated”. A fellow student explained this to her in Kiswahili before the researcher had a chance to explain. The findings from the pilot showing a high number of participants who reported traditional healers and HIV as a cause of child sexual abuse prompted the researcher to include an extra open ended questionnaire.
about the link between child sexual abuse and HIV (Appendix A, Q8). The age question was also changed from a four-category choice question to a single answer question. This questionnaire was used to estimate the prevalence of CSA and to gain insight into the nature of CSA. The nature of CSA is understood by asking questions about the form of their abuse, their age at the onset of the abuse, their relationship to the abuser, the gender of the abuser, the duration and frequency of the abuse, whether they disclosed their abuse and, if so, to whom.

It was decided to include the queried words in the final questionnaire as it was felt that they were the most suitable words available for this situation, even though they had been queried. Overall respondents appeared to comprehend the material without much difficulty.

5.15.4 Administration of the questionnaire

The adjusted questionnaire was given to two separate undergraduate classes, which were both convenience samples. The purpose of the study was briefly explained and the primary researcher distributed the questionnaires. Two hundred and ninety-nine first year arts students and 188 third year students from a mixed range of degree areas attempted the questionnaire. This part of the study was carried out in large lecture halls that could comfortably hold 400 people. There was a certain degree of privacy available. Two students from the first year class and three students from the third year class walked out before even hearing about the purpose of the study. All other students made an attempt to answer the questionnaires; however, thirty-eight questionnaires were only partially answered. These participants were included in the study nevertheless. It took the participants approximately 30 minutes to complete the questionnaire, which
were then passed to the end of each row of seats and collected by the primary researcher.

After receiving the questionnaires it appeared many of the participants (forty-eight percent) were willing to talk about the subject of child sexual abuse in face-face interviews. These included both victims and non-victims of abuse. Unfortunately many of the participants failed to give adequate contact details. Eight participants were interviewed. Six of these were victims and two were non-victims; there were two males and six females. The interviews sought to confirm information provided in the questionnaire and to glean additional information about the nature of child sexual abuse. A focus group with the two non-victims (one male and one female) of child sexual abuse took place to gauge common views among students.

Six interviews (one male and five female) were carried out with victims of CSA who indicated a willingness to discuss further their experiences.

5.15.5 *Exploratory interviews*

In total six interviews took place. The interviews were informal, unstructured and served primarily to clarify the extent of the abuse reported in the questionnaire. Uniformly, confidentiality was reiterated on first communication with the participant. Two interviews were carried out over the phone (the participant’s choice) and four in person. Five other participants who had expressed willingness to talk about their abuse in the questionnaire declined to do so when they were phoned. Two participants, one male and one female, were contacted and interviewed over the phone. Both interviews lasted under ten minutes. Questions relating to the survey were asked where something had
been unclear. Questions a propos the perpetrator, the duration of abuse, and age involved were asked in both interviews.

5.16 Phase two

Research in Dar es Salaam, Tanzania took place from March to July 2005. A research license was sought from the Commission for Science and Technology. This took a month to secure. This license enabled the researcher to apply for a residence permit (Class C). A month later this arrived and the researcher now could freely seek permission from the University of Dar es Salaam to carry out a study. The research plan was exploratory. The primary goal was to sample university students about their experiences of child sexual abuse. The unstructured interview was the instrument chosen to do so. A focus group with students and interviews with stakeholders working in the area of child protection was also envisaged. The plan was to broaden and deepen the researcher’s knowledge. Ecological theory was used as the theoretical framework to structure and bring meaning to the emergent data.

5.16.1 Procedure

A poster detailing the study was distributed throughout the university alerting students to the project. Students chose to participate voluntarily; there was no obligation. A telephone number was provided if students wished to talk about their past sexual experiences. Participants phoned the researcher and an interview was scheduled at the earliest convenient moment. Word spread of the study’s existence and some non-students wanted to talk about their experiences too.
5.16.2 Methods

Over two months after arriving in Dar es Salaam the interviews begun. Unstructured interviews sought to obtain the person’s “story”. Narrative construction was pursued by the study to give voice to participants’ experiences and to avoid imposing a lens through which the participants would view their experience. Interviews also took place with two social workers involved in child protection. A review of current cases took place with the social worker. One focus group also took place with university students. An open-ended question format was used to facilitate discussion in the focus groups as well as to generate richer and more natural responses. In addition, five interviews took place with young men who wanted to speak about their early sexual experiences.

Interviews

Following consent, participants engaged in a face-to-face unstructured interview, which began with the broad question, ‘Can you tell me about your early sexual experience?’ Other questions were prepared if needed but most interviews took place as conversations in which the researcher asked spontaneous questions arising from what the participant narrated. This is appropriate in a narrative methodological framework as narratives are more likely to be elicited by an open-ended and unstructured interviewing style (Riessman, 2008). An important advantage of unstructured interviews is that it permits respondents to express their stories in their words. The narrative approach to social science research is underpinned by the understanding that stories shape and provide the structure of individuals' lives (Kirkman, 1997). “…people live, make sense of their lives and give organisation to their experiences through socially constructed narrative realities” (Flaskas, 2002, p. 36). People tend to give their experiences in story form unless prevented from doing so (Polkinghorne, 1995). As Bruner (1990) puts it,
when we narrate our lives we engage in ‘acts of meaning’. The goal of qualitative researchers is to provide ways of understanding experience from the perspective of those who live it (Schwandt 1994). Korbin (1980) calls on researchers examining child abuse to take an “emic” perspective which views an act from the participant’s point of view. In a way, this is about empathising with the person telling their story. A disadvantage of narrative approach is that some participants have difficulty recounting their story. Sometimes they do not know where to go next in the telling of their story. Qualitative constructivist theory is based on the premise that individuals construct reality as they engage in their environment. Interpretation of this reality by qualitative researchers is yet another construction (Avis, 1995).

Interviews were tape recorded and transcribed verbatim by the author. Some participants were uncomfortable with being tape-recorded and in these cases the author asked the participants permission to take notes. Field notes were also taken of non-verbal information as well as the researcher’s impressions and ideas.

*Opportunistic Sampling*

In qualitative research, developments in the research trajectory are the norm even if the research is for a short duration. While in the field, the researcher took advantage of such unexpected occurrences. Hence opportunistic sampling (Patton, 2002) was utilised when the researcher believed the data would be rich. This occurred when a small number of young men asked to talk about their early sexual experiences.

5.17  **Data Analysis Procedures**
The analysis of research in any project involves summarising the mass of data that has been collected. The findings are then presented in a way that communicates the most important findings or features. The analysis of quantitative research involves the analysis any of the following: frequencies of variables, differences between variables and statistical tests. Counting and comparison is made easier by the use of statistical programs like SPSS. In this study all three forms of analysis were employed. SPSS allows us to perform certain statistical tests such as chi-square. In this study chi square tests were used. Chi-square helps us make decisions about whether the observed outcome differs significantly from the expected outcome and how confident we can be about saying that our observed results differ from expected results.

Qualitative data analysis is an iterative and reflexive process that begins as data are being collected rather than after data collection has ceased (Stake, 1995). The analysis of qualitative research involves uncovering the big picture - by using the data to describe the phenomenon and what this means. Data is labelled and coding takes place in order that similarities and differences can be recognised. The qualitative researcher has no system for pre-coding; therefore a method of identifying, labelling and coding data needs to be developed uniquely for each research endeavour. This is called content analysis. Content analysis is a procedure for the categorisation of verbal or behavioural data, for purposes of classification, summarisation and tabulation. Content analysis can be used when qualitative data has been collected through: interviews, focus groups, observation, and documentary analysis. The content can be analysed on a basic level in which a descriptive account of the data is given or on a higher level in which a more interpretive analysis is offered. Content analysis has a two-fold purpose: (a) to understand the participants’ perspectives, and (b) to answer the research question(s).
Marshall and Rossman (1999) defined qualitative analysis in terms of organising and attributing meaning to the data. In this study, transcripts were analysed using an inductive thematic approach (Stemler, 2001). It emphasizes pinpointing, examining, and recording patterns (or "themes") within data (Braun and Clarke, 2006). Themes are patterns across data sets that are important to the description of a phenomenon and are associated to a specific research question (Daly, Kellehear, & Gliksman, 1997). The themes become the categories for analysis (Fereday & Muir-Cochrane, 2006). Thematic analysis is performed through the process of coding in six phases to create established, meaningful patterns. These phases are: familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report (Braun and Clarke, 2006). General issues of interest had been determined prior to the interviews; however the specific nature of codes was not predetermined (Neuendorf, 2002).

5.18 Limitations of the study
The researcher acknowledges that there are limitations present in the study. Caution must be exercised when interpreting the results. Like most retrospective studies of child sexual abuse the possibility for a recall bias skewing the results existed (Hardt and Rutter, 2004). However, it is hoped the relatively young age of the sample will make recall easier. The study did not have external verification for the information provided. This was beyond the means of the study. The sample used was non-random. The convenience sample of university students were used and is not representative of the general population.
All respondents attempted the questionnaire (although some provided more information than others). The response rate varied from question to question. This may be an artefact of the questionnaire or may be related to the information that was been asked of the participants. The questionnaire was not in the first language of the participants. This may have caused some students to misinterpret questions (although it is important to note that the language of instruction in secondary and university education in Tanzania happens is English). It was hoped comprehension issues were resolved in piloting although the possibility that some participants failed to understand some questions remains. Interviewees were self-selected, which introduced unknown bias. The language of the interviews was English for the most part. Perhaps richer descriptions and more detail would have been gleaned had the interviews been carried out in Kiswahili.

Despite the above limitations, strategies including triangulation of data sources, the piloting of instruments and researcher objectivity were applied to ensure robust data collection.

5.19 Conclusion

This chapter has outlined the methodological considerations necessary for conducting valid and reliable research on child sexual abuse in SSA.

Post-positivism and Constructionism are the overarching philosophical paradigms guiding the exploration. It is contended by the author that all measurement is biased and that by triangulating one’s method, the researcher can get as close to the “truth” as possible. By using both quantitative and qualitative research methodologies the
researcher adds width as well as depth to his findings. Knowledge is constructed by social structures and by the people within them. There are multiple realities but by understanding each person’s perspective the researcher gets closer to the real meaning of a single reality. Korbin (1980) entreaties researchers studying in a new culture to take this ‘emic’ position.

Research into CSA is fraught with methodological difficulties. Challenges in identifying the actual rates of child sexual abuse persist. Incidence rates represent the tip of the iceberg of the extent of child sexual abuse but are often the only available data in some countries. Prevalence rates gives a clearer picture but the measurement of CSA often founders on a lack of a common agreed upon definition. Age of victim, contact versus non-contact, age of perpetrator, and the amount of force or persuasion are important considerations. Validity and reliability can be enhanced by using a random representative sample of the population to assess for each member of the sample the extent of his or her exposure to child sexual abuse. By asking a comprehensive set of questions that address specific instances of behaviour participants can answer without having to decide whether a particular incident was abusive. However, even when every consideration has been taken by the researcher there is still the possibility that the participant may not remember the event, particularly when the sexual abuse occurred as a young child.

Two principal methods of data collection were used to conduct an epidemiological investigation into the nature of child sexual abuse in Tanzania. An anonymous questionnaire was administered to a sample of university respondents and, secondly, qualitative interviews with victims of child sexual abuse were conducted. A small
number of interviews with young men about their sexual experiences helped give another perspective. Focus groups, media exploration and interviews with social workers added depth to the researchers’ understanding of the issue in Tanzania.
6.1 Introduction

This study examined the prevalence and nature of child sexual abuse in a sample of university students in Dar es Salaam, Tanzania. The study had two phases with an emphasis on prevalence in phase one and the nature of the problem in phase two. Quantitative data was collected in phase one and qualitative data in both phases.

6.2 Phase one findings

Descriptive analysis:

All statistical analysis was carried out using SPSS (Statistical package for Social Sciences) 11.0, Windows 2000 edition. It is evident that child sexual abuse occurs at a rate similar to that typically found throughout the world. The rate of CSA for males however is higher than is normally reported. The nature of CSA is explored by describing the forms of CSA, the duration of sexual abuse and the age at which the sexual abuse occurs.

6.2.1 Child sexual abuse (CSA)

In this sample, 27.7 per cent of 487 participants reported experiencing at least one form of CSA, that is 25 per cent of males and 32.2 per cent of females. Five participants failed to answer any questions relating to CSA and were excluded from the survey. Figure below demonstrates that one in four male students and one in three female students experienced an incident of CSA.
Figure 3: CSA prevalence rates among a sample of Tanzanian University students

The overall figure for CSA can be broken down into the abusive experiences demonstrated in Table 3 (see below).

Table 3: Child sexual abuse prevalence rates among a sample of Tanzanian University students

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>% Male (n = 282)</th>
<th>% Female (n = 204)</th>
<th>% Total ( N=487 )</th>
<th>% Missing</th>
<th>( X^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissing</td>
<td>10.2</td>
<td>18.1</td>
<td>12.9</td>
<td>3.9</td>
<td>6.16*</td>
</tr>
<tr>
<td>Fondling</td>
<td>13.4</td>
<td>28</td>
<td>18.3</td>
<td>6.6</td>
<td>15.10**</td>
</tr>
<tr>
<td>Masturbation</td>
<td>7.3</td>
<td>10.8</td>
<td>8</td>
<td>8.6</td>
<td></td>
</tr>
<tr>
<td>Oral sex</td>
<td>6.2</td>
<td>5.6</td>
<td>5.9</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>Flashing</td>
<td>9.8</td>
<td>7.4</td>
<td>7.8</td>
<td>11.7</td>
<td></td>
</tr>
<tr>
<td>Anal intercourse</td>
<td>4.8</td>
<td>2.2</td>
<td>2.5</td>
<td>11.5</td>
<td></td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>8.8(^b)</td>
<td>11.2</td>
<td>8.6</td>
<td>12.1</td>
<td></td>
</tr>
</tbody>
</table>
In the study, respondents were asked to indicate whether they had experienced an unwanted sexual experience before the age of 18. To constitute child sexual abuse the perpetrator had to be five or more years older than the respondent. A total of 135 respondents (27.7%) reported having experienced at least one type of abusive sexual experience before the age of 18 (many respondents had more than one experience; this information is revealed in the individual analysis of abuse). Table 3 illustrates the breakdown and severity of each type of abuse for males and females. As evident from table 3, unwanted fondling and kissing were the most common forms of child sexual abuse ($X^2 = 6.16, df = 1, p < 0.05$ and $X^2 = 15.10, df = 1, p < 0.001$ respectively). Unwanted masturbation was experienced by 8% of the respondents, while 6% reported unwanted oral sex. An incident of flashing was experienced by one in twelve respondents. Unwanted sexual intercourse was high, especially for women (11.2%). The corresponding figure for men (8.8%) relates to experiences young males (<18 years) had with women at least five years their senior. It indicates that many adolescent boys were involved in unwanted sexual relationships with older women. It is worth noting that as the severity of the sexual abuse increases the percentage of missing responses increase. Each category of abuse will be examined, as well as the perpetrators involved, duration of the abuse and the level of coercion present. Figure 4 below highlights that there was little difference between male and female in their experiences of CSA. Females experienced significantly more abusive kissing and fondling.
6.2.2 Unwanted kissing

Unwanted kissing was experienced by 63 participants (12.9%) in the study; 10.2 per cent of males and 18.13 per cent of females. There was a tendency for many incidences of unwanted kissing to occur, more than two being the norm. A small proportion (3.9%) of participants failed to respond. The median age of the victim of unwanted kissing was 15 years while the median age of the person involved was 20 years. Often the person involved was left unidentified; unnamed women and men were reported in 23 and 13 cases respectively and both men and women together in seven cases. A “friend” was involved in some 10 cases of abuse, a teacher in five, and a lover in five. A neighbour, classmate, sister-in-law, house-worker and young child was involved in two cases each. The last figure indicates that the respondent was in fact the person who was doing the abusing. Overall the abusive kissing took place over many different timescales. A period of days (38 cases) was the most common followed by weeks (14 cases), months
(11 cases) and years (11 cases). There was a high level of force and persuasion involved (74 reported incidents from the 63 participants). The majority of victims felt their trust was betrayed (35.3%) and bribes were exchanged in 19.1 per cent of cases. Intimidation, threat to self and family and physical force accounted for 8.8, 8.8 and 7.4 per cent respectively. Two or more of the above methods of coercion were mentioned by 16.2 per cent of victims.

### 6.2.3 Unwanted fondling

There were a total of 89 unwanted fondling incidences reported and this accounted for 18.3 per cent of the sample. This comprised 13.36 per cent of males and 28 per cent of females. Thirty-one participants failed to respond to this question. The median age of the victim of fondling was 17 years whereas the median age for the perpetrator was 20 years. Thirty-seven participants experienced unwanted fondling on two or more occasions. The most frequent perpetrators were unidentified; Men and women were involved 21 and 20 times respectively. Friends and neighbours were responsible in seven and six incidences while uncles and lovers were identified in four and three cases respectively. House-worker and cousin were mentioned twice while student, relative, street person, aunt, witchdoctor and child were mentioned once. Force and persuasion featured to a large extent. Betrayal of trust was reported most by the victims (35.4%). The use of physical force and bribery was also high at 21.5 and 19 per cent respectively.

### 6.2.4 Unwanted masturbation

Thirty-nine participants reported experiencing unwanted incidents of masturbation (8% of the sample). This was made up of 7.30 per cent for males and 10.81 per cent for females. Forty-one participants failed to respond to the question. The median age of
the victim was 15 years while the median age of the perpetrator was 24.63 years. Unwanted masturbation occurred in 10 cases over a number of days; in two cases over weeks; in 10 cases over a number of months and in five cases over a number of years. Numerous incidents per victim were common (in 13 cases or more incidents of the abusive behaviour occurred). Unidentified men and women were involved in eight and 10 incidents respectively. A “friend” was deemed responsible for five incidents and a teacher, cousin, uncle, lover, and neighbour was involved in one incident of unwanted masturbation. Trust was betrayed in eight incidents while physical force was cited six times as a determining factor in the abusive behaviour. A combination of factors was mentioned four times and intimidation occurred twice.

6.2.5 Unwanted oral sex

Twenty-six participants experienced an instance of unwanted oral sex (5.3% of the sample). This comprised 6.20 and 5.62 per cent for males and females respectively. Fifty-one participants failed to respond to this question. The median age of the victim was 17 years and the median age of the perpetrator was 25 years. In 13 cases there were two or more occurrences of unwanted oral sex which took place over a number of days in 10 cases; weeks in seven; months in six and years in four. Unidentified men and women were deemed responsible in five and nine cases respectively. Lover was implicated in seven cases, friend in four and neighbour in two. Betrayal of trust was mentioned most by respondents (12 times) as a possible reason for the abuse having occurred. Bribes were mentioned seven times, physical force and intimidation were both cited four times while a combination of factors was cited three times.

6.2.6 Unwanted flashing of genitals
There were a total of 38 unwanted flashing incidences reported and this accounted for 7.8 per cent of the sample. This comprised 9.8 per cent of males and 7.43 per cent of females. Fifty-seven participants failed to respond to this question. The median age of the victim of the flashing incident was 13 years whereas the median age for the perpetrator was 20 years. Unwanted flashing occurred at a rate of two or more incidences 18 times. The most frequent perpetrators were unidentified; Men and women were involved six and 20 times respectively. Neighbours were responsible in three incidences while students and house-workers were identified in two cases. Aunt, lover and friend were each mentioned once. Force and persuasion featured to a large extent. Betrayal of trust was reported most by the victims (10 times). The use of bribery and intimidation was also high at eight times each. The use of threats was reported four times and physical force twice. Some of the flashing reported here seems to have occurred by someone known to the victim and may have acted as a prelude to further sexual abuse.

6.2.7 Unwanted anal intercourse

Unwanted anal intercourse was experienced by 12 participants (2.5%) in the study; eight males and four females. Fifty-five participants failed to respond to this question. The median age of the victim of unwanted anal intercourse was 14.5 years while the median age of the person involved was 20 years. Often this person was left unidentified; unnamed women and men were reported twice and once respectively. A neighbour was involved in two cases of abuse, a lover in one, an uncle in one and a student in one. Overall the abusive anal intercourse took place over many different timescales. The abuse was spaced over a period of days (once), weeks (twice), months (twice) and years (once). There was a level of force and persuasion involved (eight reports in total). The
majority of victims felt their trust was betrayed (four) and bribes and intimidation were used in two cases each.

### 6.2.8 Unwanted sexual intercourse

Forty-eight participants reported an unwanted sexual intercourse incident and this accounted for 8.6 per cent of the sample. Twenty-five males and 23 females reported experiencing unwanted sexual intercourse. This represents 11.2 per cent of males and 8.8 per cent of females. Fifty-nine participants failed to respond to this question. The median age of the victim was 15 years whereas the median age for the perpetrator was 20 years. Unwanted sexual intercourse occurred at a rate of two or more incidences 17 times. The most frequent perpetrators were unidentified; men and women were involved four and 11 times respectively. Lover and neighbours were responsible in five and three incidences while teachers, uncles, house-workers, students, aunts and cousin were identified in one case each. Force and persuasion featured to a large extent. Betrayal of trust was reported most by the victims (14 reports). The use of bribery and intimidation was reported by six male and three female respondents. Physical force was reported by three participants and one participant was threatened.

### 6.2.9 Sexual abuse not included

Often the participants reported abusive experiences that did not meet the criteria for them to constitute child sexual abuse; 7.2 per cent of participants reported such incidents. Often the age differential was less than five years. This figure relates to coercive sexual experiences with someone of similar age.

### 6.2.10 Age of victim when abuse occurred
The average age of a victim of child sexual abuse is 13.6 years and 15 is the age at which most abuse occurs (see Table 4 below). The mean age at which males are abused (13.5 years) is slightly lower age than the age for females (13.8 years). The average age for unwanted sexual intercourse is 12.6 years for males and 14.2 years for females. Victims experiencing unwanted exposure to another's genitals (“flashing”) were the youngest (12.7 years). Pre-pubertal sexual abuse is evident in Table 5 (see below); it accounts for 10.2% of all abuse recorded. It is important to note from this table that pre-pubertal boys were found to have experienced more sexual abuse than girls and that one per cent of the sample experienced unwanted sexual intercourse before age thirteen.

Table 4: Age of respondents when abuse occurred

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Mean Age</th>
<th>Mean Age</th>
<th>Mean Age</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Kissing</td>
<td>12.3</td>
<td>14.5</td>
<td>13.4</td>
<td>15</td>
</tr>
<tr>
<td>Fondling</td>
<td>13.3</td>
<td>13.4</td>
<td>13.3</td>
<td>15</td>
</tr>
<tr>
<td>Masturbation</td>
<td>14.6</td>
<td>12.4</td>
<td>13.5</td>
<td>15</td>
</tr>
<tr>
<td>Oral sex</td>
<td>14.2</td>
<td>15.7</td>
<td>14.9</td>
<td>17</td>
</tr>
<tr>
<td>Flashing</td>
<td>13</td>
<td>12.4</td>
<td>12.7</td>
<td>14</td>
</tr>
<tr>
<td>Anal intercourse</td>
<td>14.7</td>
<td>13.7</td>
<td>14.2</td>
<td>14.5</td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>12.6</td>
<td>14.2</td>
<td>13.3</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>13.5</td>
<td>13.8</td>
<td>13.6</td>
<td>15</td>
</tr>
</tbody>
</table>
Table 5: Pre-pubertal frequency of sexual abuse for males and females

<table>
<thead>
<tr>
<th>Type of abuse ≤ 12 years</th>
<th>% Males (n = 282)</th>
<th>% Females (n = 204)</th>
<th>Total % (N = 486)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissing</td>
<td>3.6</td>
<td>2.4</td>
<td>3.1</td>
</tr>
<tr>
<td>Fondling</td>
<td>2.8</td>
<td>3.4</td>
<td>3.1</td>
</tr>
<tr>
<td>Masturbation</td>
<td>1.1</td>
<td>0.9</td>
<td>1</td>
</tr>
<tr>
<td>Oral sex</td>
<td>0.7</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Flashing</td>
<td>1.4</td>
<td>1.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Anal intercourse</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>1</td>
<td>0.9</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10.6</strong></td>
<td><strong>9.8</strong></td>
<td><strong>10.2</strong></td>
</tr>
</tbody>
</table>

6.2.11 Duration of abuse

As is evident from Table 6 (see below), the child sexual abuse took place over a broad timeline from days through to years in some cases. Sexual abuse most commonly took place over a period of days; this amounted to 129 episodes of sexual abuse. The numbers of episodes of sexual abuse that occurred over weeks, months and years are lower but all three are considerable. Overall there were 46 episodes of abuse that took place over a period of ‘weeks’, 56 over ‘months’ and 35 over ‘years’. This figure for prolonged abuse (years) is high. Consequently these respondents are more likely to be susceptible to the adverse effects of child sexual abuse. There was a high missing figure for this question; that is participants who admitted experiencing some form of child sexual abuse but did not report its duration. Also it is important to remember that some participants reported the abuse occurring over more than one timeframe.
Table 6: Frequency of sexual abuse over time of child sexual abuse (multiple responses)

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Days</th>
<th>Weeks</th>
<th>Months</th>
<th>Years</th>
<th>Total number of incidences</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissing</td>
<td>38</td>
<td>14</td>
<td>11</td>
<td>11</td>
<td>74</td>
<td>29</td>
</tr>
<tr>
<td>Fondling</td>
<td>41</td>
<td>14</td>
<td>17</td>
<td>10</td>
<td>82</td>
<td>49</td>
</tr>
<tr>
<td>Masturbation</td>
<td>10</td>
<td>2</td>
<td>10</td>
<td>5</td>
<td>27</td>
<td>52</td>
</tr>
<tr>
<td>Oral sex</td>
<td>10</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>27</td>
<td>66</td>
</tr>
<tr>
<td>Flashing</td>
<td>18</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>34</td>
<td>61</td>
</tr>
<tr>
<td>Anal sex</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>68</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>46</td>
<td>56</td>
<td>35</td>
<td>266</td>
<td>385</td>
</tr>
</tbody>
</table>

* Participants included instances of abuse that took place over days, weeks, months and years for each type of abuse.

### 6.2.12 Perpetrators

This study found that there is a multitude of perpetrators of CSA in Tanzania. Respondents identified 16 types of perpetrators. Unfortunately the two most common perpetrators mentioned were left unnamed; the respondents simply put ‘man’ or ‘woman’. It cannot be assumed that these perpetrators were unknown; the respondents may have been protecting their identities. It is interesting to note that fathers or mothers were mentioned by none of the respondents. This is a highly unlikely scenario. It is more likely that sexual abuse at the hands of parents is hidden in the ‘unnamed males and females’ response. This may hint at the strong stigma attached to disclosing CSA by close family members. Many of the participants who experienced an incident of
CSA did not reveal the identity of the perpetrator. In the results they appear as “unidentified male/female”, however, it cannot be assumed that all of these perpetrators were unknown to the victim. For example, male participants who had unwanted sexual intercourse with an older woman did not reveal the identity of the perpetrator. It can be assumed that he did know who she was but prefers not to mention her identity.

As can be seen from Table 7 (see below), which examined the type of perpetrators involved in unwanted sexual experiences, there are a high proportion of female perpetrators of child sexual abuse; this goes against most research findings, which highlight the preponderance of male perpetrators. Multiple perpetrators were mentioned seven times for unwanted kissing. The perpetrators present a large mix but many of them are known to the respondents (for example, friend, teacher, lover, aunt, uncle and neighbour). None of the respondents reported being abused by strangers; although some of the “unspecified male” and “unspecified female” responses may include strangers. It is important to note that a small number of women reported they had sexual intercourse with other women. This may signify a lack of understanding on the part of the participant or a different understanding of the term that was used by the researcher.
Table 7: Perpetrators and type of unwanted sexual abuse involved

<table>
<thead>
<tr>
<th>Perpetrator identified</th>
<th>Kissing</th>
<th>Fondling</th>
<th>Masturbation</th>
<th>Oral sex</th>
<th>Flashing</th>
<th>Anal sex</th>
<th>Sexual intercourse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unnamed female</td>
<td>13</td>
<td>20</td>
<td>10</td>
<td>9</td>
<td>20</td>
<td>2</td>
<td>11</td>
<td>85</td>
</tr>
<tr>
<td>Unnamed male</td>
<td>23</td>
<td>21</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>68</td>
</tr>
<tr>
<td>Friend</td>
<td>10</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>26</td>
</tr>
<tr>
<td>Lover</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>5</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Neighbour</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Unnamed male and female</td>
<td>7</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>Teacher</td>
<td>5</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Uncle</td>
<td>-</td>
<td>4</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>House worker</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Student</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Relative</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Child</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Aunt</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sister-in law</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Classmate</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Witch doctor</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Street person</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
<td>67</td>
<td>28</td>
<td>27</td>
<td>33</td>
<td>8</td>
<td>29</td>
<td>265</td>
</tr>
</tbody>
</table>

6.2.13 Amount of force or persuasion involved

As can be seen from Table 8 (see below), the abusive experiences occurred in an environment of considerable coercion. It is evident there was considerable force and persuasion involved in the abusive experiences reported by the respondents. The figures reported are for specific episodes of abuse that occurred (sometimes the victim failed to respond for every episode). “Betrayal of trust” and “physical force” was the most
frequently cited form of force or persuasion experienced by males and females respectively. Twenty-five per cent of males and 16 per cent of females who responded to the question reported the reason they had partaken in the early sexual experience was because of “bribes or enticements”. The high figure relating to bribes and enticements suggests that a form of “transactional abuse” took place among the present sample. Often participants gave multiple responses for the type of force/persuasion involved. Nine males and 18 females reported that there was more than one type of force or persuasion involved.

**Table 8: Force/persuasion involved in episodes of child sexual abuse for males and females**

<table>
<thead>
<tr>
<th>Force / persuasion involved</th>
<th>Sex</th>
<th>Kissing</th>
<th>Fondling</th>
<th>Masturbation</th>
<th>Oral sex</th>
<th>Flashing</th>
<th>Anal sex</th>
<th>Sexual intercourse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust betrayed</td>
<td>m</td>
<td>13</td>
<td>19</td>
<td>5</td>
<td>10</td>
<td>8</td>
<td>4</td>
<td>9</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>11</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>32</td>
</tr>
<tr>
<td>Bribes</td>
<td>m</td>
<td>9</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Physical force</td>
<td>m</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>4</td>
<td>14</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>32</td>
</tr>
<tr>
<td>Intimidation</td>
<td>m</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>4</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Threats</td>
<td>m</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>m</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>m</td>
<td>31</td>
<td>31</td>
<td>8</td>
<td>15</td>
<td>20</td>
<td>5</td>
<td>15</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>26</td>
<td>39</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>3</td>
<td>12</td>
<td>116</td>
</tr>
</tbody>
</table>
6.1.14 Perceived causes of child sexual abuse

Respondents had clear ideas about what caused child sexual abuse and reported nine potential causes (see Table 9 below). The most prominent causes mentioned were poverty and superstition, which amounted to 63.4% of all reasons given. Poverty increases the vulnerability of young people to older sexual predators offering payment or financial support of some kind. Superstition was also much cited. Participants used the term “superstition”, to describe a perception in Tanzania, that witchdoctors encourage men to seek out virgins to increase health, wealth or good luck.

The word “superstition” was the most common response for this question. However, any time a participant responded “witch doctor” or “traditional healer” it was grouped under superstition too. The perception that witch doctors are responsible for CSA persists even though there is little research to back up the claims. The perception that superstition is responsible for CSA is equivalent to blaming outside forces or strangers for the sexual abuse of children often seen in other cultures. Lack of education was mentioned by 15.7% of the sample, while HIV prevention strategy, substance abuse and modern influences accounted for 6.2, 6.1 and 6 per cent respectively. Biology was cited as an explanation by 1.6% of respondents meaning that there was a genetic component to the abuse of children.
Table 9: Perceived causes of child sexual abuse in Tanzania

<table>
<thead>
<tr>
<th>Cause</th>
<th>% of participants who gave explanation for CSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>31.7</td>
</tr>
<tr>
<td>Superstition</td>
<td>31.7</td>
</tr>
<tr>
<td>Lack of education</td>
<td>15.7</td>
</tr>
<tr>
<td>HIV prevention strategy</td>
<td>6.2</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>6.1</td>
</tr>
<tr>
<td>Modern influences</td>
<td>6</td>
</tr>
<tr>
<td>Biology/nature</td>
<td>1.6</td>
</tr>
<tr>
<td>Parental problems</td>
<td>.8</td>
</tr>
<tr>
<td>Gender Discrimination</td>
<td>.2</td>
</tr>
</tbody>
</table>

6.2.15 The perceived extent of the problem

Participants believed that child sexual abuse was a problem in Tanzania. They gave a mean per cent of 32 for their estimation of the number of people who had experienced child sexual abuse in Tanzania (per cent ranged from 1 to 90). It is interesting to note that this estimation is similar to the actual rate reported in this study (27.7%). Forty-one per cent of those who were asked if they knew someone who had been abused answered in the affirmative, 59 per cent did not.

6.3 Interviews with university students

The purpose of these interviews was to further explore some aspects of the findings in the survey and to help with their interpretation. Specifically, the author conducted informal interviews using open-ended questions. In total, there were six interviews.
Two females (aged 13 and 14 years, respectively, at the time of abuse) had coerced sexual intercourse with a neighbour and teacher (20 and >30 years old, respectively). One male participant had been sodomized at age 5 by his neighbour. One participant was sexually touched by her primary school teacher on a number of occasions. Two other participants agreed (while children) to sexual relations (one out of curiosity and the other for personal gain) with adults. They later felt they had been too young to make the decision. None of the above incidents has ever been reported to the authorities. The interviews are summarised below. The summaries endeavour to stay faithful to the way the interviewees told their story.

6.4 Findings from interviews:

Interviewee A (Female) – 24 years

At 13 years old she had coerced sexual intercourse with her neighbour who was about 20 years old. He was friends with her brother and would often be in her house. Once she had reached puberty he began to give her a lot of attention telling her how beautiful she was and that she would make some man a good wife. She liked the attention even though she was shy. Then one day he kissed her. This happened a few other times with him going a little further touching her. This eventually led to him having sex with her.

“I said to him no but he did not listen to me. He continued and said ‘sshh you will like it’. I was crying at the end. He said this is what it is like the first time”. He gave me money afterwards and told me that all will be ok but do not tell anyone”.

188
It happened again with the same man a number of times. She never mentioned it to anyone.

*Interviewee B (Female) - 27 years*

She experienced sexual abuse at the hands of her primary school headmaster when she was 14 years old. He started kissing her after class; this went on for weeks.

“He told me that it would be better if I stayed quiet about it. Although I did not like what was happening I did not cause trouble over it. I was fearful of what would happen if I angered him. I needed to do well at school to go to a good secondary school”.

Later he began touching her body all over until he would masturbate her. He told her to “touch him in the same way”. She didn’t know what to do. He told her he was “showing her what adults do”. Coming near to the end of the school term after keeping her back he told her to take off her knickers as he undid his trousers. He told her he was “going to do something special” for her. Then he had sex with her. He used a condom this time and every other time. “It hurt very much the first time. I couldn’t walk properly or use the toilet like usual”. The sexual abuse continued until she finished primary school. She has avoided him ever since. He still teaches at the school. She has told her friend about the abuse but she feels there is little she can do about it now. “I did what I had to do and now it worked out”.
Interviewee C (Male) - 28 years

He was abused when he was five years old by his neighbour who was between the ages of 15 and 20 years. He confirmed that he was fondled, masturbated and sodomised. He was asked to touch the man’s private area. It continued for a while and nobody knew it happened.

“He wanted me to touch him in his private parts. The man gave me treats (sweets) for doing it. The neighbour told me it was ok to do it. I was young and did not know what it was”.

The sexual abuse stopped when the neighbour moved away to work in the city. He never told anyone what happened and now he feels embarrassed by it. “I wished it never happened and I have never been comfortable with sex.” According to him, apart from that, there have been no other side effects.

Interviewee D (Female) – 27 years

She reported child sexual abuse that occurred while she was in primary school aged 11-12 years. The head teacher, a much respected man, would touch her breasts and sometimes rub her private area.

“He would ask me back after class…he would want to explain something to me. He would explain this thing or that and his hands would be all over my body rubbing it…I did not say anything…I felt very scared at that time and never told anyone what he was doing. Everyone older thought he was a great man”.

The sexual abuse never went further than that. He is still teaching in the same school.
She told a story about her sister who had been seriously sexually abused. A man enticed her when she was 6 years old using sweets. He had sexual intercourse with her. The perpetrator, a 30-year old man from the area, was caught by the police and imprisoned. Her sister needed hospital attention and a check-up. She believes child sexual abuse to be widespread and much more common than the media suggests.

Interviewee E (Female) - 23 years
She had a relationship with an older man when she was 16-17 years old. The man was 28 years old and would visit her after school. Usually he would pick her up after school and drive her around a little bit. The man first started talking to her after school. The man wanted to have sex with her but was content with kissing and touching for a while. “I knew it was dangerous getting involved with this man because of the risk of getting HIV”. “Many of my friends had similar arrangements with older men”. “They would give us gifts to keep us happy”. Nothing else happened as she stopped the relationship with this man.

Interviewee F (Female) - 22 years
She had two experiences when she was less than 18 years of age. The first involved kissing with an older man (35 years), her neighbour. She received money from the man. ‘It is normal for a man to give a woman something in Tanzania”. The second incident involved kissing and touching when she was 17 years old. This happened at a bar. The man bought her drinks. She began to feel relaxed and let this man touch and kiss her. She says she feels bad about that now. She felt uncomfortable at this point and did not want to talk about it any further. “I think that is all I want to say, it makes me uncomfortable to talk about it now”.
6.5 Focus group discussion

A male and a female student who had not experienced child sexual abuse expressed an interest in the study and wanted to give their opinions on the subject in Tanzania. They both believed CSA was a major problem in the country fuelled primarily by poverty. They believed poverty forces young people to seek out older partners who will give them money. “Young girls like to take sugar daddies who will provide for them, a girl knows she will get something if she attracts him”. It emerged that it was not an uncommon experience for young males to have older “sugar mammies” in the very same way young girls use older men for material gain. When asked if CSA occurs in families both agreed that it does but not so much. They believed that young girls having sex for material gain was much more common. “The man too, he likes the younger girl because she is free from HIV” commented the female student.

It was clear that having sex with a young girl under the age of 10 was abusive but after 10 it was not so certain. One male student cited marriage in the maasai tribe at this age as being acceptable for them. The female student did not believe that this was acceptable. Both were uncertain about the behaviours that constituted CSA. More severe forms of sexual abuse with prepubertal girls was clearly abuse but fondling and kissing did not seem to be clearly abusive. There was very little mention of the sexual abuse of young boys. They seemed to believe that CSA was more of a girl problem.

Was HIV fuelling the sexual abuse of children? The students thought it was having an impact particularly in that men (and some women) will take younger partners to minimise their chances of catching the disease. Both students were aware of the virgin
cleansing myth but did not believe it. They did not know of anyone who had been abused because of this belief but they thought that it does happen.

6.6 Phase two findings

Research in Tanzania took place from March to July 2005. A research licence was sought from the Commission for Science and Technology. This took almost a month to secure. This licence enabled the researcher to apply for a Residence permit (Class C). A month later this arrived and the researcher now could freely seek permission from the University of Dar es Salaam to carry out a study.

6.6.1 Procedure

The initial research plan was to sample university students about their experiences of child sexual abuse. The unstructured interview was the instrument chosen to do so. A poster was distributed throughout the university alerting students to the project. Students chose to participate voluntarily, there was no obligation. A telephone number was provided if students wished to talk about their past sexual experiences. Over two months after arriving in Dar es Salaam the interviews began. The interviews were unstructured and sought to obtain the person’s “story” or narrative construction.

Interviews took place with ten students from the university who phoned the interviewer. These interviews took place in a private place at the university. An interview took place with two social workers working in the area of child protection with the organisation PASADA. Five case files were also reviewed with these social workers. Four interviews also took place with men who worked as labourers who had gotten word of the study and who wanted to share their experiences. Even though this was not a part of
the initial study plan, it was decided to remain open to the possibility of obtaining as much information as possible from different sources. Finally, a focus group of ten students was held at the university to discern general notions of CSA by the students. The various strands of data will be presented followed by an analysis of common themes.

6.6.2 Interviews with students at the university

Interviewee G (Male) - 26 years

He was happy to talk about his experiences as he himself felt it was important for research of this kind to be carried out. He was concerned about confidentiality. After assurances that the information disclosed would be kept private he agreed to tell his story.

He went to live with his grandfather between the ages of six and ten. It was more convenient for his family at the time and for the grandfather as well who was living alone. The grandfather treated him in “a badly manner” and sexually abused him. “He even tried to undergo sexual intercourse with me”. “He wanted to undergo sex, he forced me several times”. “Did he? I think he did”. Sometimes he awoke naked to find his grandfather at his bedside. At other times “he often tried to pull down my shorts”. The grandfather wanted to control him and asked a lot of questions about his playmates and activities “he wanted to know exactly what I was doing with my peers…Do you have a girlfriend?”. He told his mother what had happened and she confronted the grandfather. He denied the allegation “I cannot make my kid to be my wife”. However, the story he told his mother was too convincing for her to disbelieve him. The time spent with the grandfather was thereafter restricted and supervised. Nothing further
happened to him after this incident. However, the details are very unclear. “I do not remember really well what happened”.

*Interviewee H (Female) – 27 years*

She was extremely nervous when we met. She wasn’t sure she had a story worth telling but I told her I would listen to it nonetheless. She asked some questions about what I was doing and afterwards began slowing telling me what had happened to her. “I am not sure my story is good for your research, I do not remember everything that happened but I know something bad happened”.

She doesn’t remember clearly; it is like a vague memory but it stays with her. She was about 9 years old at the time. She remembers being alone at home in the care of an uncle who would touch her sexually when no one was around.

“Sometimes he would kiss me on the lips and tell me it was a game. I didn’t understand what was happening but the kissing felt strange. It was not like the kissing mama did. He would touch my body in place and even my vagine. He would put his fingers in there”.

She never told anybody for fear of their reactions and this was the first time she had told anybody. The experience has left her uncomfortable. “The behaviour of this uncle has made me uncomfortable in relation to sexual matters. It took me a long time to have a boyfriend”. The uncle is still close to the family and he pretends nothing has happened but she has never forgotten. Her memory is hazy and she wonders what really happened. This is worrying for her. She has no explanation for the incidents but she
wishes they never occurred. “I wonder what really happened with this uncle, I have a bad feeling when I think about it but I don’t remember what happened”.

*Interviewee I (Female) 24 years*

She was reluctant to talk about her experience as she felt it wasn’t sufficiently abusive. She was quiet and had difficulty looking at the researcher. The researcher encouraged her gently but reinforced the point that she was under no obligation to speak and that anything she would say would be kept in confidence. She related a story of an incident that occurred when she was approximately 8 years old. She was in standard 2 of primary school. The incident happened when:

“I was walking home from school when this crazy man who is known to me starts walking with me. I do not like him at all. He is dirty and starts touching my arm my breasts. I walk fast and pull away. He does not go away. He pulls at my shirt and makes me fall to the ground. He tries to open my clothes. I make noise and some security people come and beat him”.

She believed he was mentally disturbed. She did not go any further in her description of how he attempted to rape her. It was evident from listening and watching her that she had not come to terms with what had happened. There were tears in her eyes as she talked. It was obviously painful to recall. The rape did not happen because local security men came to the rescue. The man was beaten and taken away by the police. He was subsequently let go. She never saw the man again and she was always fearful of the area. The event was known to people in the area and her peers jeered her a lot. This
hurt her greatly. The researcher had the impression that there was a lot of information omitted from her story.

*Interviewee J (Male) 28 years*

He arrived late and smiled continuously. He explained that he was looking to share his research experience with me. I listened to his academic background. He was now doing some work at the university. At this stage I asked if he had suffered from any abusive sexual experience when he was young. He laughed and said people often asked him that same question because of his habit of touching his crotch. He went on to tell of how he was seduced by an older woman in his teens. At age 14 a female neighbour, many years his elder, came to his room window and accidentally dropped a stick of some sort into his room. She asked him to return the stick to her house. When he did she asked him into her bedroom. Once inside she started kissing and touching him. He was scared. She began taking off his clothes but he resisted, being unsure. She tried to convince him “…it is alright you will good, this is what a man does. Let me have it (refering to his penis). She took off my shorts. I was ready.” Eventually he relented and let her take control. He did not see any problem with this behaviour and he had a certain pride in telling the story. He had sex with this woman on a number of occasions. He is now in a relationship with an older woman.

*Interviewee K (Female) 30 years*

She was unsure her story was valid but with some encouragement she went on. “I don’t think this is sexual abuse but it is something that happened when I was young involving sex”. She told of an incident that occurred when she was about 14 years old. She was approached by a man who she recognised from her area but whom she didn’t know. He
flashed his genitals at her. She didn’t know how to react so she just stared for the few seconds that he stayed there. He then ran off. When she got home she told her family what had happened. They explained that the man must have been crazy. She doesn’t believe the event has affected her adversely in any way.

*Interviewee L (Male) 28 years*

At 6-7 years old he had a sexual experience with an older girl of about 16 years old. The girl inserted his penis into her vagina and they did what he believed was sexual intercourse but at the time he did not really know what was happening. Later he mimicked this action on the younger sister of the previous girl and there was blood. This brought the attention of his parents but he remained silent as to how and where he had learned the behaviour. Not long after that, it happened again with another girl - there was blood again. His parents at this stage warned him to cease this behaviour.

After moving to another town L seduced two more girls, there was no blood this time. He realised he had to go with bigger girls. Later he began to worry about HIV so he stopped and was more careful about sex. During holidays from form 1 & 2 he had sex using condoms. At 16-17, he started following a primary school girl of about 12 years old. He pursued her until she finally agreed to have sex with him. The relationship continued when she went to secondary school but he also had sex with other girls. A relative of his died from HIV and he promised he would discontinue sex. He said

“No it is like that. I always like to sex young girls. I promise them things that their problems will be fulfilled... sometimes I promise marriage and they are told that they are loved... I like young girls because they have had less sex than
older girls and with HIV a man needs to be careful…Girls in Tanzania expect something if you want to have them”.

He doesn’t see the initial incident as being negative. It is how he “learned to sex”.

*Interviewee M (Female) 25 years*

She is shy to speak after we make initial introductions at the university bookstore. We stroll to a quiet area under a tree where it is easy to talk. She tells of a family relative (from Tabora) who often had sex with her when she was 13 years old. He was friends and the older cousin of her father. He would wait for her on her way from school or sometimes at home when there was nobody there. “It was not really forced but I could not refuse. I felt uncomfortable and did not want to cause trouble by resisting”. The sex hurt her a lot at the beginning but after some time it stopped being sore. “He gave me little things after we had sex-sometimes money”. He never seemed worried about having sex with her.

When she went to secondary school the abuse stopped. He just didn’t meet her. She has told her friend what has happened but has never revealed it to her family. It would be very shameful and she fears for their reaction. Since that age she has disliked sex and has had few sexual relationships. She feels she was taken advantage of by this man because she was helpless to do anything about it or resist.

*Interviewee N (Female) 29 years*
She tells of sexual abuse at the hands of her father that occurred when she was 12 years old. He would usually come home late at night after drinking with friends and come to her room.

“He would touch my skin in the dark and stick his hands between my legs and start rubbing my vagina. I usually lay there and did not say anything. I didn’t know what do. Sometimes I pretended to be asleep but my father usually woke me up.”

Her father would touch himself with his other hand at the same time as he touched her. He enjoyed it and very often made noises and ejaculated. She felt very bad at the time and didn’t understand why her father was doing it. “I knew it was wrong but felt powerless to stop it happening. I could not talk about it to anyone. Nothing was said to keep me quiet but I knew I couldn’t tell. For a long time afterwards I was afraid of sexual matters and boys and men were not seen positively.”

*Interviewee O (Male) 31 years*

When he was 13 years old, a female neighbour asked him to have sex with her. She was friends of the family and she told him it would be good for him. She was in her thirties when this happened.

“I was confused initially but accepted partly because she was an adult and I was obedient but also because I was very excited with sex at this time. It was a mystery that I wanted to know about.”
The neighbour brought him to her house which was close by and started stroking his body. He felt overwhelmed by the experience and didn’t know what to do. The women proceeded to undress him touching his penis all the while. The encounter didn’t last very long and he ejaculated very quickly. She told him also to start touching her “I will teach you how to be a man”. He did as he was told. The same thing happened many times over the next few months and he did enjoy it very much. It stopped abruptly. He doesn’t know why. It is only as an adult that he now sees the experience as bad but not too much. He has not seen the woman for many years. He does not know what happened to her. “There have been no negative consequences associated with the event for me.” He did start having sex with other girls after the affair with this woman ended.

*Interviewee P (Male) 25 years*

He was abused by a cousin when he was about 10 years old. The cousin (male) was 10 years older than him. When he was left alone the cousin would always play with his penis, “touching it and stretching it”. At the time it didn’t mean anything bad for him. He thought it was just play and it didn’t feel bad. Later he understood that “boys should not play with other boys penises”. “My cousin didn’t really say anything or force me; it all happened at the end or in the middle of play but I did understand that there was something strange about the behaviour”.

The reaction of his cousin was different. He has never told anybody about the incident. He doesn’t think they would understand and he wonders what they would think. It makes him feel uncomfortable. The experience hasn’t impacted on subsequent sexual experiences and he is currently in a relationship with another female student.
6.6.3 Interview and case study review at PASADA:

PASADA is an acronym for "Pastoral Activities and Services for people with AIDS in Dar es Salaam Archdiocese." It is a social service agency providing care, prevention education, and treatment for the poor living with HIV in Dar es Salaam, Tanzania and also for those who are indirectly affected by the disease.

Two of their social workers were interviewed as well as a review of some cases where child sexual abuse was clearly evident. The social workers believe “many of the children [they help] are sexually abused but it is not always easy finding the evidence”.

Interview with social workers Q and R

Both are social workers dealing with orphans and vulnerable children who come in contact with Pasada. They identified child sexual abuse as a major problem in Tanzania, especially in the slums where they do most of their work. “We see it [child sexual abuse] all the time”. They see child sexual abuse as being related and interconnected with many other social problems that are faced by Tanzanians. “There are many factors contributing to child sexual abuse in our society”.

According to them, superstition is a major player – “many abuse children to do well in life”. They have seen it happen in the course of their work. “Witch doctors tell men they should have sex with young girls and it will help them in life”. They have seen a few cases but it is by no means widespread. The vulnerability of children because of poverty and the destruction to families caused by the aids pandemic is more pressing.
“The need for young children to have someone close in their lives is also important. Young girls especially have been victims because they have no one to protect them”. In such circumstances they accept many brutalities. According to Q and R, “Particularly vulnerable are child-headed homes”. In Tanzania at present more and more families are becoming child-headed due primarily to the HIV pandemic.

The social workers at PASADA believed that the aids pandemic was making children more vulnerable as adults attempted to avoid getting the disease:

“The avoidance of HIV through sex with the young is common, however mistaken this idea is at present. Many young girls have contracted the disease at birth. This problem is widespread in the poorer areas of Dar es Salaam. Young girls are targeted because they pose less of a risk to men fearful of contracting HIV”.

Q and R noted that young girls who agree to have sex with older men for small gifts is [generally] not seen as sexual abuse, “only penetrative sex with a girl who refuses is abusive”. The social workers maintain that “there are many cases of sexual abuse but leaders and community members prevent the disclosure. Pasada [therefore] tries to educate people about the law”.

Case files

The case files reviewed at PASADA highlight severe sexual abuse of young children in environments of extreme poverty. The children that come to the attention of PASADA come from families directly affected by HIV. Most of the young people are currently
being looked after by grandparents or aunties who are already overburdened. Five case files were reviewed.

Case file of S aged 15 years
This is a case of a vulnerable orphan living with his grandmother which came to the notice of the social worker at Pasada by accident. The social worker involved noticed the poor grades of S. He continually scored zero in his tests. It later emerged that he had been sodomised. The case has been brought to the courts. A 35 year old man (HIV+) took S home and waited for his wife to go on night duty whereupon he brought him into his room and smeared some type of jelly oil around S’s anus, he pressed his penis into the anus of S. Afterwards he told S to leave. S returned later to buy flour at the man’s shop. The man asked him to return to the shop later for he had something to tell him. The same method was used again on S. He was ordered to tell no one. S told his grandmother.

In the court case that followed (which is unclear), S says his grandmother was there, and that she saw it. He also says he was crying during the abuse. He claims it had happened 10 times. The grandmother informed her sister-in law and the police are notified. The doctor’s examination point out that the event was carried out by an adult. S had difficulty controlling his faeces and had stomach pain. There was a delay in hospital examination, which posed big problems at court. However, a doctor from the Muhimbili hospital testified that an operation was performed to control the young boy’s faeces. The damage was caused by an unnatural sexual affair five months earlier. In the court proceedings it appears that no sensitivity is given to the victim of the sexual abuse. S is treated like an adult and is questioned like he was on trial.
Case file of T aged 14 years old

T came to the Pasada office to report that she had been sexually abused by her uncle, the younger brother of her father who is 35 years old. He is still living with his parents and is not married. T told that this uncle had been trying to rape her several times before and she had reported it to her grandmother who took the initiative of calling other elder family members for a meeting. During the meeting the uncle was seriously warned. He asked for forgiveness and promised not to do it again.

However, the uncle managed to rape her coming back from her auntie’s house one evening. The aunty had given birth and she was visiting. T wanted to spend the night but the uncle insisted they go home then. He raped her on the way home. She didn’t tell her grandmother straight away. She was afraid, however, as the days went by she could not live with it and so she told her grandmother. The case was reported at the local police station. The accused uncle ran away and has not been found. The grandmother has asked Pasada to help T move from her current place, she cannot stay there anymore. The grandmother was reluctant to get the police involved and thought it would be best to resolve the problem in the family and with the help of traditional medicine.

Case file of U aged 13 years

She arrived at the centre because she had no food at home and had little chance to complete schooling. Pasada provided emergency assistance for her. She had been looked after by her grandmother and a large extended family. According to Pasada many of the Aunties living with U are HIV+ and they have no source of income. U
started school with the help of Pasada, however she stopped attending and her behaviour changed after the death of her mother. She left school after three months.

Encouragement from her extended family led her to beg on the streets putting her in all sorts of danger. However, “she is not afraid of anyone” according to her social worker. Sometimes she is not seen by her family for days. The local leaders have arrested her grandmother for her failure to take adequate action in controlling the girl’s behaviour.

Out of school U spends her time floating around, sometimes begging. On one such occasion she followed a man for food along the Tazara, a rugged area leading out of town. The man raped her there before running off when a police truck came. She was taken home by the police and her grandmother said she “enjoyed the rape” and she doesn’t want to pursue the case. In counselling when asked what she wanted most she replied “a nice dress and red shoes”.

*Case file of V aged 14 years*

She lives in Tandara (one of the slums of Dar es Salaam) with an aunt who was also a Pasada client. This woman currently cares for five other children. There has long been a shortage of food in the family. V is a standard 5 student but she stopped going to school after she developed a relationship with a local chip-seller who was 30 years old. She had an agreement with him that he would provide food in return for sex. Her uncle was furious when he heard and information filtered through to Pasada who provided counselling for V. She was tested at Muhimbili hospital but the delay meant it was difficult to find conclusive evidence of abuse. However, the chip-seller accepted the blame and paid a sum of money to the guardian to prevent further legal action being taken. The uncle was furious but could do nothing. The girl subsequently got pregnant and is staying with another aunt.
*Case file of W aged 14 years*

She lived in Tandika with her mother who died early in her life. She lives a life in which food was never guaranteed. She lives near a brothel and has been invited to join. The other young girls said that the owners buy nice clothes for small girls. Recently she has become involved with drama and has been playing the part of an abused orphan. She missed the last rehearsal for the show and her friend took her to the brothel instead. She later apologised but didn’t go any further than that.

Later in Bagamoyo on a group outing, W and her friend disclosed the nature of their involvement at the brothel. They said they had gone out and had sex with different types of men and they were now tired of this life. This remains to be seen according to the social worker. W couldn’t finish standard 7 and has since lost contact with Pasada.

### 6.6.4 Interviews with male workers

Four interviews were carried out with male workers who had heard about the study from another participant. They had discussed the subject together briefly and wanted to share their early sexual experiences with the researcher. All four men originally moved to Dar es Salaam to find work. An interpreter was used and the format was informal. The men were interviewed separately.

*Interviewee X (Male) 23 years*

X is a shop keeper from Iringa. When he was seven years old he went to live with a relative because of overcrowding at home. This woman became sexually abusive while supposedly looking after him. He became “her husband” as such and he experienced a
A series of abusive behaviours which resulted in sores around his penis. The woman was 32 years old at the time.

She forced him to have sex with her every day. He says he liked it at the time and afterwards wanted more. When his parents became aware of what was happening they confronted the woman and told her to stop or they would involve the police. The woman agreed to pay the medical fees to cover X’s medical treatment. “The damage was caused by the friction of too much sex”. He also contracted a venereal disease.

After the discovery X went back to live with his family but he continued to see the woman although he never had sex with her again. His parents warned him against it. He thinks the woman was a “killer” and he has “great pain inside him”. He believes “the woman wanted to destroy him”. The abuse had gone on for nearly a year. The woman had no husband but had two children by different fathers. When X was 10 years old the woman died (possibly from HIV but X is unsure).

X explained that in child sexual abuse disputes “the abuser can pay a small amount of money to the parents of the child” and the problem is resolved. The police are kept out of it. Today X feels bad about what happened to him. His attitude to sexual intercourse is relaxed. He has sex with young girls (14 - 16 year olds) on a regular basis. “I give them something and they are happy”.

_**Interviewee Y (Male) 27 years**_

Y is a metal worker from Moshi who wanted to tell the story of his early sexual experiences. He says that his earliest sexual experience occurred when he was 7 years old. He was playing “mammies and daddies” with girls 13 and 14 years old in the
evenings. “I had different sexual experiences with the girls, sometimes full sexual intercourse with the girls.” He didn’t know much about what was happening but the girls helped him. “The experience was good for me as it helped me to understand sex more”. His parents knew for awhile and eventually tried to stop it. As time went by there were different girls he had sex with. They enjoyed it because they were “panting”. Many of his friends had similar experiences.

Today he has sex with young girls from primary and secondary school, aged 13, 14, sometimes 16 years old. “They agree to have sex so there is no problem”. Some money and small gifts are usually exchanged. Y thinks it is ok to have sex with a girl if she is 14 years old and that it is not abusive. He admitted earlier that he sometimes had sex with 13 year old girls even though he feels 13 might be crossing a line. “I like sex because it makes me feel good, it is what a man does, he makes sex”.

*Interviewee Z (Male) 28 years*

Sex started as hiding play during the evening and sometimes when he was coming home from fetching water. At about 8 years old he started having sex with a 12 year old girl he knew. She asked him “if he knew how to do sex”. She showed him what had to be done by taking off his clothes and touching him. He had sex with her afterwards on a few occasions. Today he has sex with younger girls aged 15-16 years old and believes it is wrong to have sex with girls younger than 12 years old. The parents of the girls do not know and usually small gifts and money are given. 1000-2000 shillings (less than 2 euro) is the amount exchanged. He believes “young girls do not have aids” and so are safer to have sex with.
Interviewee XY (Male) 28 years

XY is a labourer from the Southern highlands region but he has been living in Dar es Salaam for over 10 years. His first sexual experience occurred at age 12 with a girl of similar age from his area. She seemed “to know more about it than me and she had done it before”. She showed him exactly what to do. It continued for a while, he got good at it and he enjoyed it. He has continued being sexually active over the years usually with girls of his own age but sometimes with younger girls. He has had sex with girls of 14 years old on many occasions. “It is no problem as long as they agree”, “they are sexually mature at that age and they like it too”. He usually keeps these liaisons quiet as school girls should not really have sex until they are finished with their education, but it happens a lot. “I give them some shillingi or a small thing”. He believes “child sexual abuse happens with force and to children under ten years”.

6.6.5 Focus group discussion 2

Ten students in their mid-twenties took part in the discussion about the child sexual abuse in Tanzania. Firstly, it was unanimously agreed that a serious problem existed in Tanzania. All students knew people or had heard of stories of severe child sexual abuse in their areas. It was noted that the media had contributed to the recent recognition of the problem. There had been a number of high profile cases in the media, most notably the Nguza rape case, in which a famous pop group had paid pre-pubertal girls for sex. They had been convicted and sentenced to life imprisonment.

The definition of child sexual abuse varied amongst the students. “Strong contact” was a constituent of child sexual abuse according to the group. This meant penetration. When asked if “unwanted kissing” constituted child sexual abuse the majority were
unsure and non-committal in response. Many of the students (4 males and 1 female) believed child sexual abuse occurred only when there was penetrative intercourse. While the other students didn’t prescribe to this view there was very little dissent. One male student noted that “it is common for teenage girls (14-15 years old) to have sex with older men for gifts or money, this is not child sexual abuse because the child (girl) agreed to it”.

Three of the students strongly believed poverty was the primary factor forcing young children into situations where they were particularly vulnerable to sexual exploitation. These students viewed child sexual abuse in the typical commercial form. The other students agreed to varying degrees. “When a child has no money she has to do something to get food”. The transactional nature of sexual affairs in Tanzania was a dominant theme here. “It is common for girls to get something for sex”. The girls are usually much younger than the men involved who have the extra financial resources to pay for sex. The alternative “sugar mommy” phenomenon occurs but at a much more infrequent rate according to the students.

The idea that “sex with young girls is a way of avoiding HIV” was expressed by the group. Every student had heard of this either through personal experience or the media. Either way it was a common notion in the consciousness of these students. Superstition about the cleansing power of virgins was known and mentioned by the group but none of the students had personal experience of the phenomenon. While this idea seems like common knowledge there is little evidence to date to support or refute its existence.
6.7 Thematic Analysis

The data analysis procedures began once the interview and focus group data was converted from audiotapes to transcribed text. Data reduction began with reading and re-reading the transcribed data. The themes began to emerge with the initial reading of each transcript. Next, an open coding procedure was utilised for the identification of emergent themes. This involves searching for meaning in the data. Key ideas and patterns are identified. Coloured markers were used to identify the concepts that repeated. Five themes emerged: (1) Reluctance and poor recall (2) Perception of CSA (3) Powerlessness of victims (4) Social issues exacerbating the problem and (5) Effects/consequences of CSA. In addition to these themes, some other observations were made. Table 10 below quantifies the themes that emerged.

Table 10: Thematic analysis of interviews

<table>
<thead>
<tr>
<th>Themes identified</th>
<th>No. of participants identifying theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reluctance</td>
<td>9</td>
</tr>
<tr>
<td>Poor recall</td>
<td>6</td>
</tr>
<tr>
<td>Victims who felt powerless</td>
<td>8</td>
</tr>
<tr>
<td>Discordant perception of CSA (focus group)</td>
<td>6</td>
</tr>
<tr>
<td>Discordant perception of CSA (interviews)</td>
<td>7</td>
</tr>
<tr>
<td>Poverty as cause</td>
<td>8</td>
</tr>
<tr>
<td>HIV avoidance as cause</td>
<td>5</td>
</tr>
<tr>
<td>Transactional nature of CSA</td>
<td>10</td>
</tr>
<tr>
<td>Negative consequences</td>
<td>12</td>
</tr>
<tr>
<td>Positive consequences</td>
<td>6</td>
</tr>
</tbody>
</table>
6.7.1 Reluctance and poor recall

With such a sensitive subject it was not surprising to find that many participants (nine) had trouble telling their story and sometimes stopped short, deciding to go no further. It was also the case that many participants (six) had trouble remembering the event and questioned themselves about what really happened. Interviewee G said: “I do not remember really well what happened”. Even when asked if his grandfather had sodomised him he was unsure: “Did he? I think he did”. Interviewee F was upset when she recalled her early sexual experiences that were of a transactional nature: “I think that is all I want to say, it makes me uncomfortable to talk about it now”. Other interviewees questioned their own memories and the relevance of what they had to say. Interviewee H stated: “I am not sure my story is good for your research, I do not remember everything that happened but I know something bad happened”…. “I wonder what really happened with this uncle, I have a bad feeling when I think about it but I don’t remember what happened”.

6.7.2 Victims of CSA feel powerless

One of the most prominent themes to emerge was the feeling that participants (eight) in the study felt powerless to do anything about the abusive sexual experiences they experienced. Acquiescence and obedience to authority figures is a strong cultural norm in Tanzania, which leads to feelings of powerlessness - a common experience for victims of CSA. Interviewee A, on having coerced sex with her neighbour at 13 years old explains, “I said to him no but he did not listen to me. He continued and said ‘sshh you will like it.’” Other participants did not say no because they were afraid. Interviewee B was sexually abused by her primary school teacher and did not refuse the advances. “He told me that it would be better if I stayed quiet about it. Although I did
not like what was happening I did not cause trouble over it. I was fearful of what would happen if I angered him. I needed to do well at school to go to a good secondary school”. Interviewee D was also abused by a schoolteacher and spoke of fear she experienced: “I felt very scared at that time and never told anyone what he was doing. Everyone older thought he was a great man”. Interviewee M recalls the sex she had with a cousin of her father when she was 13: “It was not really forced but I could not refuse either. I felt uncomfortable and did not want to cause trouble by resisting”. Interviewee N was sexually abused by her father: “I usually lay there and did not say anything. I didn’t know what do. Sometimes I pretended to be asleep but my father usually woke me up. I knew it was wrong but felt powerless to stop it happening. I could not talk about it to anyone. Nothing was said to keep me quiet but I knew I couldn’t tell”.

One male interviewee points out the obedience that is expected from children when interacting with someone older: “I was confused initially but accepted partly because she was an adult and I was obedient but also because I was very excited with sex at this time. It was a mystery that I wanted to know about” (Interviewee O). Interviewee P explains the implicit idea that you follow and obey the instructions of someone older: “My cousin didn’t really say anything or force me; it all happened at the end or in the middle of play but I did understand that there was something strange about the behaviour”.

6.7.3 Perception of CSA

The definition of CSA is contentious, participants in the study had trouble demarking the boundaries of acceptable behaviour when it comes to sex. In the focus groups with
university students it is clear that there is considerable debate about what constitutes abusive behaviour. In interviews with people who have been sexually abused as children, there is a sense that their experiences were not really abusive or not sufficiently abusive (six).

There was considerable variation in the definition of CSA held by students in the focus groups. Some students believed that “using girls sexually” or “touching children on their private parts against their will” constituted child sexual abuse but others did not. There was a sense that the students were not totally sure of their position regarding the definition of child sexual abuse. The age demarcation for sexual abuse was controversial. One student thought child sexual abuse only occurs before the age of ten. Four students (two male and two females) thought that sexual intercourse could be permitted at 12 or 13 years. The majority thought that 16 years was a reasonable age for a young person to have sex with someone older. One student in the focus group expressed his view that transactional sex with young girls does not amount to sexual abuse: “it is common for teenage girls (14-15 years old) to have sex with older men for gifts or money; this is not child sexual abuse because the child (girl) agreed to it”. This position was confirmed by the male workers interviewed. The male workers interviewed all had regular sexual intercourse with young girls, starting from 13 years. They generally thought such sexual behaviour was the norm and was acceptable. Even so they did keep their sexual behaviour with these young girls secret. The age at which sexual intercourse becomes abusive for these young men ranged from 10-12 years old. Interviewee XY believes “child sexual abuse happens with force and to children under ten years”.
6.7.4 Social issues exacerbating the problem

Social problems have been cited as exacerbating the sexual victimisation of children in SSA. This was seen to be the case in the present study, however, it is important to note that CSA also took place without these exacerbating social problems. The interviews and focus groups revealed that poverty (eight), transactional sex (ten) and the avoidance of HIV (five) were mitigating factors in some instances of CSA. Evidence for the the virgin cleansing myth is still scarce.

Poverty

The case files reviewed at PASADA revealed the existence of severe CSA occurring with young children in particularly vulnerable situations. The social workers mentioned “The need for young children to have someone close in their lives is also important. Young girls especially have been victims because they have no one to protect them”. Pervasive poverty in certain areas of Dar es Salaam forces young children to engage in dangerous interactions just to survive.

The avoidance of HIV/the virgin cleansing myth

The social workers at PASADA noted: “The avoidance of HIV through sex with the young is common, however mistaken this idea is at present. Many young girls have contracted the disease at birth. This problem is widespread in the poorer areas of Dar es Salaam. Young girls are targeted because they pose less of a risk to men fearful of contracting HIV”. Interviewee L explaining his preference for girls: “I like young girls because they have had less sex than older girls and with HIV a man needs to be careful”. Another young man (Interviewee Z) stated a similar reason for having sex with young
girls, “young girls do not have aids”. The possible transmission of HIV through CSA was noted in one of the files reviewed at PASADA.

The idea of virgin cleansing was known about by university students but they did not know of anyone who had been abused because of it. The social workers had encountered some cases where sexual abuse was precipitated by the myth, “many abuse children to do well in life” … “Witch doctors tell men they should have sex with young girls and it will help them in life”.

Some presence of transactional sexual abuse – gifts are exchanged

Both men and woman talked about the custom in Tanzania of giving something to the woman/child after a sexual experience. The amount is usually small. One man (Interviewee Z) said the amount was about 1000-2000 Shillings. Interviewee A said her neighbour gave her money after a coercive sexual experience at age 13: “He gave me money afterwards and told me that all will be ok but do not tell anyone”. This was similar to the experience of Interviewee M: “He gave me little things after we had sex—sometimes money”.

Interviewee E spoke of the pervasiveness of having a sugar daddy: “Many of my friends had similar arrangements with older men. They would give us gifts to keep us happy”. Interviewee F also spoke of the custom of exchange in sexual matters common in Tanzania: “It is normal for a man to give a woman something in Tanzania”. One man (interviewee L) spoke of the expectation governing sexual relations in Tanzania: “Girls in Tanzania expect something if you want to have them”. Interviewee X also sees the sexual exchange as normal: “I give them something and they are happy”.

217
6.7.5 Consequences of CSA

Most of the participants felt uncomfortable talking about their experiences and they were clearly upset. However, there was a gender divide. Most of the men (six) who experienced CSA as young boys talked about their experiences in a positive light. There is bravado in their accounts, at least, when the sexual experience occurred with an older woman. This was not the case for some men (four) and for eight of the women who had an abusive sexual experience.

Interviewee B talks of the physical problems she experienced: “It hurt very much the first time. I couldn’t walk properly or use the toilet like usual”. Interviewee M also spoke of the physical experience: “The sex hurt me a lot at the beginning but after some time it stopped being sore”. Interviewee C spoke of the regret and the effect the experience has had for her subsequently: “I wished it never happened and I have never been comfortable with sex.” Interviewee H also spoke of a malaise in relation to sexual relations: “The behaviour of this uncle has made me uncomfortable in relation to sexual matters. It took me a long time to have a boyfriend”. Interviewee N has had similar negative effects: “For a long time afterwards I was afraid of sexual matters and did not like boys or men.” One man (Interviewee X) contracted a venereal disease and was greatly upset by the sexual abuse: “The damage was caused by the friction of too much sex”. He believed the woman wanted to destroy him.

Other men view their early sexual experiences differently. Speaking of sexual intercourse at age 13 with a female neighbour in her thirties, interviewee O believed: “There have been no negative consequences associated with the event for me.” He goes on to say that “I like sex because it makes me feel good, it is what a man does, he makes

218
sex”. On having early sexual initiation with young teenage girls, Interviewee Y believed: “the experience was good for me as it helped me to understand sex more”. It is important to note that the majority of men who had early sexual experiences continued to have sexual experiences and today have sexual interactions with young girls between 13 and 16 years old.

6.7.6 Some other observations

1) Most victims of CSA do not disclose the abuse to anyone. In this study it was the exception that children disclosed the sexual abuse. Stigma surrounding sexual abuse and the low position of children may account for this.

2) The legal system does not handle cases of CSA with sufficient care. For example, paying a small fee to the family of the victim settles the problem in the short term but the perpetrator is free to continue abusing other children. In addition, in cases that do make it to court, the child is treated like an adult.

3) Most CSA identified by the participants in this study occurred with someone known to the victim (family member or neighbour) and often in a position of authority (teacher) over the child.

6.8 Limitations

Although there were a high number of participants who completed the questionnaire and the response rate was high, the number of participants who failed to answer all questions completely raises concerns. It was the case that for more severe forms of CSA the response rate decreased. Does this mean they did not want to answer these questions for
a reason? Does this volunteer bias affect the results considerably? Is the method effective when it asks participants to answer questions in a language, which is not their first? The questionnaire also fails to consider that perpetrators might answer the survey. This occurred in the present study and the structure failed to absorb them. The questions should have been prepared to elicit both victim and perpetrator information. There might have been more in-depth interviews and focus group. However the researcher did go to considerable lengths to triangulate and get information from multiple sources.

6.9 Conclusion
The findings reported here presents evidence of CSA in Tanzania on par with rates reported elsewhere in SSA. The nature of CSA in Tanzania was also explored. The findings are discussed in the next chapter and located within the context of the literature review presented in the earlier chapters of the thesis. The implications of these results for future research, policy and practice are also discussed.
CHAPTER 7

DISCUSSION

7.1 Introduction

Child sexual abuse is a sexual act imposed on the child who is not in a position to understand it emotionally or cognitively. Perpetrators use their authority and dominant position to lure children who have little choice in the matter. In SSA, where power differences between adults and children are especially high, children are particularly vulnerable. Poverty, a transactional patriarchal sexual culture and the avoidance of HIV add further degrees of risk for children in the region. This study explores the prevalence of CSA in Tanzanian university students and endeavours to shine some light on the nature of the problem in this particular context.

This chapter begins with a restatement of the philosophical underpinnings, guiding frameworks and purpose of this study. A review of relevant literature and methodology will put the present study in its proper context. In addition, a presentation of the results and their relationship to the research questions is provided. This discussion is developed against the backdrop of other empirical evidence on the subject.

The present study is guided by the post-postivist and constructionist paradigms. The researcher believes all knowledge is fallible and it is therefore essential to use a triangulation of methods to increase the accuracy of one’s assertions. Constructionism is another important paradigm guiding the research. This paradigm contends that people construct their realities by interacting with the social norms already present in a society.
This exploratory study of child sexual abuse attempted to glean knowledge of CSA through understanding the perspectives of people who experienced it and in some cases those who perpetrated it. The UNCRC is the standard adhered to by this study. It acknowledges the special position afforded to children as well as stipulating the protection each child in every nation has the right to. The ecological mode first proposed by Bronfenbrenner (1979) is the guiding framework for understanding the causes of CSA in SSA. It has already been used successfully in SSA examining the subject (See Townsend and Dawes, 2004; Petersen et al., 2005).

The purpose of the study was to explore the prevalence and nature of child sexual abuse in Tanzania. It was an attempt to explore and examine CSA as it occurs in a persons’ everyday environment. Previously, it had been noted by Lalor (2004a) that the sexual abuse of children carried out by people acting as authority figures has largely gone unnoticed, with attention being diverted instead to combating the more visible forms of commercial sexual exploitation of children. This battle, Lalor maintained, was much easier to confront being largely perpetrated by outsiders. The work of Kisanga (2010, 2011, 2012) has highlighted the continued difficulties faced by victims of CSA in having their voices heard. This study, using a mixed methodology, is an attempt to add to an empirical base that was clearly lacking. Students at the university of Dar es Salaam were the primary subjects in this study. They completed a questionnaire on abusive early sexual experiences. Some of these students volunteered for an informal interview. Phase two of the study involved more interviews at the university, a focus group and a review of case files held by a NGO working with vulnerable children. The goal was to explore as many potential sources of information as possible to gain a better understanding of the problem in Tanzania.
7.2 The problem

Child sexual abuse is a complex social problem and its existence widespread. The realization that CSA is universal, pervasive and dangerous has occurred relatively recently (ISPCAN, 2011). However, evidence for its existence in SSA is scant and only beginning to surface (Pereda et al., 2009b). The recent VAC studies have helped greatly to increase the knowledge base in SSA. Other social problems often take precedence. For example, in Tanzania, the target country, high levels of poverty and infectious diseases such as malaria and HIV are pressing social problems.

The ecological model is the theoretical framework for understanding the varying personal and environmental influences that aggravate the sexual victimisation of children in Tanzania and SSA. It is the contention of this thesis that contextual factors such as poverty, transactional sex and HIV avoidance exacerbate the problem. This focus on context calls to mind the work of Korbin (1980) who called for consideration of detrimental environmental and economic conditions when judging abusive behaviour. The work of Petersen et al. (2005) has also highlighted the possible risk factors present in the South African context, which apply in Tanzania to a large extent. Their work examines the matrix of influences present in SSA that facilitate the sexual abuse of children. For example, traditional notions of masculinity, the commodification of sex and inadequate parental monitoring are some of the influences that put children at an increased risk of being sexually abused. An analysis of sexuality and sexual relations in SSA has shown that sexual abuse of children does not take place in a vacuum but rather as the result of an interplay of social forces. Poverty may put children at a heightened risk of CSA through transactional sexual relationships with older adults. Patriarchal notions of masculinity also mean children, especially young girls, have little defense
against sexual exploitation from the adults they are expected to obey (Jewkes et al., 2006). This study is an attempt to explore the problem in Tanzania with a view to bringing to light new information on the subject. The study had two phases.

The initial study investigated the incidence of unwanted sexual experiences before the age of eighteen with a person five years older in a sample of university students in Tanzania. A number of interviews were also conducted to provide a deeper understanding of the problem. The nature of child sexual abuse was understood by asking participants’ questions about the form of their abuse, their age at the onset of the abuse, the duration and frequency of the abuse, and the perpetrators involved.

7.3 Research questions

1. *At what rate does child sexual abuse exist amongst university students in Tanzania?*

2. *How much sexual abuse exists in a sample of university students?*

This exploratory study, using a narrow definition of CSA (using a broad definition of CSA would likely lead to greater reporting), provides strong support for the existence of a level of child sexual abuse on par with rates reported in developed countries (or even higher). Even though the study uses an affluent sample, it has been observed that there is a weak relationship between the experience of sexual abuse and the social class or degree of poverty of the victim's family of origin (Runyan, 1998). In retrospective studies of child sexual abuse in other countries, average rates of child sexual abuse have
been 22.3% for females and 8.5% for males (Gorey and Leslie, 1997). Stoltenborgh et al. (2011) estimated the prevalence in Africa from self-report studies of child sexual abuse as close to 20% for both males and females. The present study found that 31% of females and 25% of males had experienced some incident of child sexual abuse. The figure for men is at the higher end of reported rates worldwide (Pereda et al., 2009a). The prevalence of CSA in this study correspond to rates reported by Kisanga et al. (2012) who found that 26% of girls and 30% of boys experienced at least one sexual abuse incident in a study of secondary school students in Tanzania.

The present study uses college students who tend be a psychologically healthier group and often report lower rates of CSA compared to random samples representing the wider community (Goldman & Padayachi, 2000). Lalor (2004b) commenting on the research of Madu and Peltzer (2000/2001) note that affluent samples with fewer absentee parents because of migrant labour patterns have more protection against CSA. Pereda et al. (2009b), not specifically addressing migrant labour patterns, did not see lower rates of CSA in college samples in their review of the available literature. Nonetheless, this study suggests similar or possibly higher levels of CSA in the general population.

3. What is the nature of child sexual abuse in Tanzania

Questions asked to victims about the nature of the abuse examine the form of their abuse, their age at the onset of the abuse, the duration and frequency of the abuse, the amount of force or persuasion involved and the perpetrators involved.
Form of abuse

The most common forms of abuse noted were the least severe (in terms of adverse sequelae) – fondling and kissing (18.3% & 12.9% respectively). This is consistent with previous student studies (Bagley, 1991; Goldman and Padayachi, 1997; Moore et al., 2010), where the most common types of sexual acts reported were kissing, hugging and fondling. However, the rates for the more severe forms of child sexual abuse were high in themselves. Unwanted masturbation was experienced by eight per cent, oral sex by 5.9 per cent, “flashing” by 7.8 per cent, anal intercourse by 2.5 per cent and sexual intercourse by 8.6 per cent. All forms of abuse were experienced by more females than males with the exception of anal intercourse, which was experienced by 4.6 per cent of males compared to 2.2 per cent of females. Unwanted sexual intercourse was experienced by 8.8 per cent of females and by 8.6 per cent of males. It is important to note that unwanted sexual intercourse reported by males refers to young men who have experienced unwanted sexual intercourse as a minor with women five years their senior.

The figures recorded in this study are at the higher end of estimates for more severe forms of child sexual abuse (Finkelhor, Hotaling, Lewis, & Smith, 1990; McGee et al., 2003; King et al., 2004). Other studies from Tanzania have found similar levels of more severe forms of abuse. For example, Kisanga et al. (2012) reported rates of penetrative sex of 9.8% and 8.7% for boys and girls respectively, in their study of secondary school children. Another study by Andersson et al. (2012) of ten African countries (including Tanzania) found 19.6% of female students and 21.1% of male students reported coerced sex. In Tanzania specifically, 42.6% of girls and 32% of boys reported an experience of coerced sex. One would assume that a considerable portion of this figure would fit the criteria for CSA as defined by the present study. Incidentally, a
coercive sexual experience occurred for one out of fourteen participants in the present study.

The high figure for more severe forms of CSA is a cause for concern given that previous studies have shown that the characteristics of the sexual abuse experience often determine the severity of the outcome (Lew, 2004). For example, sexual penetration along with other factors such as the use of threats are associated with more negative long-term outcomes compared to no abuse or abuse without force or penetration (Briere & Elliott, 2003; Andrews et al., 2004; Cutajar et al., 2010). More severe forms of sexual abuse are more damaging because they reinforce feelings of helplessness, powerlessness, and self-blame (Easton, 2014). Feelings of helplessness and powerlessness were reported in interviews and will be discussed in detail further in the text.

Age at onset of abuse

Average age at which abuse occurred was 13.6 years, although the average age for unwanted sexual intercourse was younger at 13.3 years. According to Coleman & Coleman (2002) most CSA occurs between the ages of 8 and 12. A possible reason for this finding may be that a higher proportion of participants in this study had an unwanted sexual experience for material gain as opposed to being forced and that this occurred after the age of 12. Wamoyi et al. (2010a) found that a girl’s risk for transactional sex with an adult increases after the age of 14. This conclusion is further supported by the high number of participants (25% of males and 16% of females) admitting that bribes and enticements were involved in the unwanted sexual experience. However, it is important to note that female victims in the present study reported
physical force as the primary determining factor in their abusive experiences (although bribes and enticements was mentioned frequently). Dunkle et al. (2004) report similar findings of transactional sex among women in Soweto, South Africa; they also reported the link between transactional sex and physical force. Transactional sex as a means of survival has long been reported in sub-Saharan Africa (Caldwell et al., 1989; Silberschmidt, 2001). However, approximately 10 per cent of the present sample had been sexually abused before or at the age of 12, so it is dangerous to attribute poverty and transactional sex as the only reason behind the sexual abuse of the sample.

Frequency of abuse
Consistent with other studies (e.g. Finkelhor et al., 1990; Bagley, 1991; Collings, 1997), most abuse took place over a number of days or weeks but there are many instances of victimisation that took place over months and years. A number of child sexual abuse experiences were reported to have continued over a period of years, which is a cause for alarm. The behavioural outcome of child sexual abuse is strongly linked to the duration and frequency of the abuse (Steel et al., 2004); therefore, this finding is a cause for concern.

4. Who perpetrates child sexual abuse in Tanzania?

The first point to note is that most perpetrators were unidentified male and females. High numbers of unidentified perpetrators has been noted in previous studies in SSA (Dassa et al., 2005). According to Bunting (2008) cases of CSA involving family members or close relatives are most likely to be hidden. The preponderance of unidentified female perpetrators was notable (110 out of 262 identified perpetrators were female) given that perpetrators are usually male (Finkelhor, 1994). However,
Collings (1991) did find that one third of perpetrators of CSA in a college sample in South Africa were female. The failure to identify perpetrators in an anonymous confidential survey suggests significant stigma attached to the disclosure of CSA.

Stigma

There is great stigma attached to the reporting of CSA worldwide. There is a reluctance to bring shame on the family if a close family member has been involved. In a South African study, 50% of girls and 60% of boys had not disclosed their sexual abuse experience due to fear of causing family embarrassment or separation (Smith et al., 2010). There is the fear of not being believed or being labelled as an instigator. Children are also dependent on these abusive adults for their very survival, which makes it extremely difficult to report sexual abuse (Human Rights Watch report, 2002). There is also the failure of authorities to deal with perpetrators effectively. Kisanga et al. (2010) found that threats from perpetrators were preventing the disclosure of CSA according to representatives of the socio-legal system in Tanzania. Sometimes, rape cases are settled out of court where the girls’ family is paid or the girl is married to avoid bringing shame on the girl and or family (Njovana & Watts, 1996). There was some evidence of this occurring in files that were reviewed at PASADA. Kisanga et al. (2011) found community members in Dar es Salaam expressed an unwillingness to support victims out of fear of facing perpetrator retaliations. They also noted that the police do not always protect informant anonymity and confidentiality. The unwillingness to support victims of CSA may also represent the low status position of children in Tanzanian society. Children, lacking trust that authority figures will protect them will be unlikely to disclose episodes of sexual abuse. If the protection of children is not made a priority, the disclosure of CSA will not happen. Social support also
influences the development of sequelae to child sexual abuse with more support associated with a lower risk for adverse mental health outcomes (Kinnally et al., 2009).

It was surprising that none of the participants in the survey study mentioned a parent, grandparent or a sibling as being the abuser. Levett (1989) also noted the absence of any close family members in her study of college students in the Republic of South Africa. She believes that stigma associated with disclosure is to blame and that the reported rates of CSA are an under-estimation of the true incidence of sexually abusive experiences in childhood. Other studies in the region have seen family members implicated in CSA (Jaffe & Roux, 1988; Collings, 1997). It is likely that the participants were protecting their family from possible repercussions or that the incest taboo was strong in this sample. Ngiloi & Carneiro, (1999) reported that one in eight of the perpetrators of severe sexual abuse reported to a Dar es Salaam hospital was perpetrated by a close relative. The interviews revealed a father and a grandfather had been involved in child sexual abuse. Friends, lovers, neighbours, teachers and family relations were mentioned frequently reiterating the finding that most sexual abuse occurs with someone known to the victim. The questionnaire identified that some of the respondents had been involved in abusing young children. For example, two respondents admitted to perpetrating unwanted kissing with young children.

5. What are the causes of child sexual abuse in Tanzania?

The perceived causes of child sexual abuse were manifold but poverty and superstition were mentioned most by the participants. Poverty partly explains the presence of transactional sex in Tanzanian society (even amongst the better off such as university
students). Anderson et al. (2012) point out that poverty and an acceptance of transactional sex are risk factors for CSA in ten countries surveyed in SSA including Tanzania. The open, less puritan, nature of African sexual life may also be an important factor. “The evidence is that Africans neither placed aspects of sexual behaviour at the centre of their moral and social systems nor sanctified chastity” (Caldwell et al., 1989, p. 194).

The connection between child sexual abuse and superstition may be explained by the “virgin-cleansing myth”, which was revealed by many of the participants as a perceived cause for child sexual abuse. Many participants mentioned the magical powers associated with having sexual contact with a virgin such as making a person wealthy. There was little evidence that CSA had been provoked by superstition in this study, even though an interview with two social workers revealed that they had come across it in their work. Whether substantiated or not, it is clear that superstition exists in the minds of university students as a possible cause of child sexual abuse.

Closely linked to the virgin myth was “HIV avoidance strategy” as a cause for child sexual abuse, which was cited by over six per cent of the participants. That is, younger sexual partners are thought less likely to have HIV/AIDS. Modern influences and biological urges were also mentioned. Mathoma et al. (2006) found similar perceptions of the causes in FGD and interviews in Botswana and Swaziland. According to their respondents, CSA was caused by exposure to western lifestyle (such as the watching of television); negligent parents; sexual disorders; culture and beliefs; poverty and witchcraft. The findings of this study concur with the three broad explanations for child sexual abuse noted by Lalor (2004a): rapid social change, STD/HIV avoidance strategy
and male dominated nature of society. It is important to note that these causes cited are the perceptions of the students surveyed. Further research is needed to draw a fuller picture of the causes of CSA in SSA. The second phase of the study attempted to examine these potential causes more closely.

7.4 Summary and conclusions

In summary, the findings of the quantitative study indicate that child sexual abuse exists in this sample of Tanzanians to a similar degree as the rest of the world. Females suffer more abuse than men although the rate of abuse for males in this study is high. A level of “transactional abuse” was identified in this study whereby young adolescents received bribes and enticements for the sexual favours provided. Most perpetrators were unidentified but there were a lot of female perpetrators. Many perpetrators were known to the victims. The main perceived causes of child sexual abuse were poverty, superstition, lack of education, HIV avoidance strategies, substance abuse and “modern influences”.

7.5 Phase two

This qualitative study attempted to delve deeper into the problem of child sexual abuse in Tanzanian. Such research is based on the assumption that knowledge as meaning is relative to context and the creation of the interaction between the researcher and the researched (Guba & Lincoln, 1994). It is important to remember that the sample used was not representative of the general population (using primarily university students), however, there was an attempt to include some data from other less privileged backgrounds.
The qualitative study interviewed young adults about their early sexual experiences. It emerged that almost all had experienced some form of CSA, reiterating the findings from the quantitative study. In addition, a focus group and a review of case files were carried out. In the following pages, the findings will be discussed and examined in relation to other empirical findings. Analysis of the interviews revealed a number of themes that help in understanding the nature of child sexual abuse in Tanzania.

7.6 Perception of child sexual abuse

The perception of sexual abuse by the victims is noteworthy. It should be noted that conceptions and misconceptions about sexual abuse is a function of cultural factors, specifically the socialisation process children go through and how they are brought up. Socialisation is the process by which we learn the ways of a given society or social group so that we can function within it (Elkin & Handel, 1978). In Tanzania, children are expected to obey unquestioningly their elders. This cultural expectation of respect may put children at an increased risk of sexual abuse (Lalor, 2008). Madu and Peltzer (2001) found that many victims of child sexual abuse (86.7%) perceived themselves as not being sexually abused as children. Therefore, most of the victims did not see the behaviour of adults as abusive or problematic. This perception may be beneficial for the person psychologically but it may make it much more difficult to combat a problem that people do not recognise as a problem. It has previously been suggested that the outcome of an early sexual experience is greatly mediated by how the person perceives such experiences and is dependent “on how events are perceived, appraised and processed” (Williams, 1993, p. 46). The failure to view sexual abuse as such may be rooted in patrichial notions of sexual entitlement (Jewkes, 2002). Such incidents occur in a context which accepts that sex is a female resource to be exploited (Wight et al.,
2006). Many participants in the study identified a sense of powerlessness that was present in the abusive experiences. They felt obliged to go along even though they knew that something might not be right.

The perception that child sexual abuse only occurs with pre-pubertal children and involves only penetrative sex came through in both interviews and focus group discussions. This finding corresponds with the findings of Mathoma et al. (2006) who found that only more severe forms sexual contact between young children and adults constituted CSA in Botswana and Swaziland. In the interviews with male workers, who were all in their mid twenties, it was evident that having sexual relations with young girls aged between 13 and 15 years was commonplace. They did not see it as abusive. However, pre-pubertal sexual intercourse was viewed as abusive. This failure to recognise sexual abuse is not restricted to SSA, although it may be more pronounced there. Helweg-Larsen and Larsen (2006), surveying the sexual experiences of 5829 Danish students aged 15-16 found that 15.8% of females and 6.7% of males had “unlawful sexual experiences before age 15” with “someone much older”. Respondents did not perceive those unlawful sexual experiences as abuse. The focus group discussions in this study revealed conflicting views on the boundaries of acceptable sexual behaviour. Some students believed it was not sexual abuse when young girl agreed to have sex with older men. Other students believed it is only penetrative sex that constitutes CSA. Many of the women who volunteered to speak of their early sexual experiences were reticent at first because some of them did not perceive their experiences as being particularly abusive. These experiences included flashing, transactional sex and sex intercourse.
7.7 Effects and consequences of child sexual abuse

Few studies have examined the consequences of abuse in specific cultural contexts (Collings, 1995; Collings, 1997; Meursing et al., 1998; Haj-Yahi & Tamish, 2001). Most of the research effort has focused on first identifying the problem of child sexual abuse in developing countries. This paucity needs to be addressed in sub-Saharan Africa in light of the different conceptualisations of sexuality (Caldwell et al., 1989) that exist. The findings from the qualitative study suggest some of the possible consequences of CSA in Tanzania. It is important to note that a history of sexual abuse places an individual at an increased risk for sexual re-victimisation in adolescence and adulthood (Fillipas and Ullman, 2006). This is especially worrying given the high level of HIV in SSA.

The findings in the current study concur with the traumagenic framework proposed by Finkelhor and Browne (1986). They believe that four trauma-causing factors are usually present in CSA. Those factors include: traumatic sexualisation, betrayal, powerlessness and stigmatisation. Participants in the present study reported high levels of betrayal, feelings of powerlessness and very few felt they could report the abuse to anyone. Finkelhor and Brown believe that traumatic sexualisation leads to sexual preoccupation, aversion and/or ambivalence. It was the case that many of the men interviewed experienced a preoccupation with sex after the early sexual incident. Early in their lives they learned sexualised behaviours, which may have led to a continuation of sexual activity with playmates and later with younger girls (Paolucci, Genuis, & Violato, 2001). Many men viewed their early sexual experiences neutrally or benignly for the most part, especially true if the abuser had been female. There was some who enjoyed the experience and there seemed to be a sense of bravado in having had sex so
young. This was not the case for every male sexually abused as a child. One male participant even contracted a venereal disease from the experience and wished the abuse had never happened.

The female participants in the study did not view the early sexual incidents positively and were clearly upset by their experiences. Some experienced physical pain during the sexual abuse and many stated that they were uncomfortable with sex at present. They often manifested ambivalence and/or aversion to sexual relations thereafter. Kisanga et al. (2012) also noted that the health consequences differed by gender. Girls exposed to sexual abuse have a higher risk of poor perceived health, suicidal thoughts, and suicidal attempts than do boys. This difference of outcome for men and women may be related to how gender is socially constructed in SSA.

7.8 Masculine identity

It is the contention of this thesis that masculine stereotypes may obscure the sexual abuse of young boys who may seek to validate their identity with sexual experiences with women. In addition, it may also encourage young men to sexually abuse young girls who have been conditioned by society to accept it.

Social attitudes and stereotypes about the roles of men may prevent men from viewing sexual abuse as such (Widom & Morris, 1997). The men who reported that their early sexual experiences were positive may have viewed the experience as a part of becoming a man. Boys may not view their sexual experiences with women as sexual abuse because of sex stereotypes and instead see them as instances of sexual prowess and manhood (Coxell, King, Mezey, & Gordon, 1999). Wight et al. (2006), found the belief
and expectation that masculine self-esteem is boosted through sexual experience. This may be the case for some of the young men who experienced CSA. They were able to view it as a relatively positive experience because it fitted well with the cultural expectation that having sex is a part of being a man and that it is beneficial. Recently, French, Tilghman, and Malebranche (2014) surveyed 284 diverse adolescent and emerging adult males in high school and college and found that young males who are sexually coerced by females do not experience low self-esteem. The authors believe that “sexual victimization might not impact males’ self-perceptions in the same way that it does for women, and instead may inadvertently be consistent with expectations of masculinity and sexual desire” (p. 9). Elder, Brooks, and Morrow (2012) found that heterosexual men’s sexual schemas included the desire for sexual validation from women, and that this was a key component of their masculine identity. A study from Nigeria exploring adolescent perceptions of sexual relations found that informants expressed a strong belief that not getting enough sex could cause young people ill health, madness, or male sterility. One half of the adolescents believed that one’s well being and continued virility was associated with having as many sexual partners as possible (Izugbara and Modo, 2007). The sexual experiences of boys with women as viewed through a patriarchal lens may represent a way of exercising power.

The men who have sex with young teenage girls may be acting out a script of masculine prowess. It has been suggested that sex with children could be a way to regain lost self-esteem - “a man’s identity, self-confidence and social value being closely linked to his sexuality” (Silberschmidt, 2001, p. 667). Being dominant and in control of women and children, are important aspects of hegemonic masculinity (Connell, 1987, 1995). Jewkes at al. (2005) support Silberschmidt’s conclusion and believe that child rape is a
means of communication about power relations to the victim of abuse and to the abuser “in a self assessment of capacity” (p. 1818). This idea concurs with de Mause’s notion of children as “poison containers” used by frustrated adults to recapture a sense of mental equilibrium.

The idea common in SSA that a man’s sexual desire is uncontrollable, particularly when ‘provoked’ by girls and women, was expressed in Jewkes et al. (2005). The corollary that “girls should know these dangers” and avoid them is part of a narrative that shifts the responsibility for controlling men’s sexual desires, to girls and women (Jewkes et al., 2005). The feminisation of blame was also evident in a Kenyan study by Njue et al. (2005) where fathers blamed their daughters for tempting them and blamed their wives for failing in their familial and sexual responsibilities. Jewkes et al. (2005) state:

Patriarchal ideas render girls vulnerable to abuse through legitimising on some level displays of male power in private, and sometimes public, spaces, and acts which serve to manufacture gender hierarchy and communicate about gender power relations. Child rape is represented as an overwhelmingly female problem, with conspicuous feminisation of blame. This suggests that the prevention of child rape must be intimately linked to efforts to transform the status of women and children in society (p. 1819).

Social change in Tanzania has led to a breakdown of traditional patterns. This rupture has forced men to migrate to find work and to enter a world they may not be prepared for. Men may try to reaffirm their masculinity through sex. Silverschmidt (2001) argues that due to the economic upheaval of the last few decades African men have
become dis-empowered and use sex to reassert their masculinity. They see extra-marital sex as necessary to their identity and it “is a legitimate way for men to enhance self-esteem and masculinity” (p. 667). Young girls in particular may be an easy target for these men. The attempt to avoid catching HIV may also make younger girls more attractive.

7.9 An ecologic perspective

The above analysis demonstrates how different factors intermingle to produce child sexual abuse. A man’s identity and self-esteem, linked to his success in gaining employment and his sexual prowess, is responsible for his attempts to regain self-confidence through his control of another person sexually. The child victim becomes more available through parental absence due to employment obligations or death. HIV is responsible for creating countless orphans in SSA. Other societal factors are also at play, which make adults susceptible and children vulnerable to abuse. This analysis may explain a certain proportion of child sexual abuse, resulting partly from the breakdown of traditional African social structure. This is but one possible “pathway” to child sexual abuse.

The “macrosystemic” layer of the ecological perspective is made up of the socio-cultural and economic contexts, including such influences as the effects of poverty, a cultural acceptance of violence, and/or the strength of patriarchal values. Townsend & Dawes (2004) have suggested that patriarchy, male dominance and violence, child-rearing and socialisation methods, the normalisation of male virility, poverty, unemployment and overcrowding all play a role in the sexual abuse of children in SSA. Other researchers from the SSA region such as Jewkes et al. (2005) and Petersen et al.
(2005) also contend that the above sociocultural factors directly and indirectly put children at risk of sexual abuse. The interaction between men and woman is at the heart of this discussion, in particular, the low status of women and children in SSA. Jewkes et al. (2005) have argued that the existing power relations render children vulnerable to the sexual advances of adults.

7.10 Poverty

In Tanzania, poverty is a pervasive problem impacting the lives of most Tanzanians. Poverty in SSA is deep, severe and massive (Ali & Thorbecke, 2000; Fields, 2000). In this exploratory study it was shown that poverty was a perceived cause of CSA and a risk factor for many young people who do don’t have their basic needs met. Poverty affects every aspect of life for both adults and children. Poverty is an important risk factor that puts women and children at higher risk of early sexual debut, transactional sex, and unwanted pregnancies (Rogan et al., 2010). Pelton (1994) stated that poverty is the single biggest risk factor for child abuse and neglect. The impact of poverty on the occurrence on CSA specifically is not so well documented. Pinea-Lucaterro et al. (2009) found that CSA primarily affects girls from low-income families and Turner et al. (2006) found that low socio-economic status, low parental education and parental availability were significant risk factors in child sexual victimisation. In SSA, it has been observed that poverty forces woman and girls, in particular, to use sex as a means of survival (Ecker, 1994). Human Rights Watch (2002) had observed the role poverty plays in forcing young girls towards survival sex, and the associated risks of HIV transmission in Zambia. The case files reviewed at Pasada revealed that poverty was indeed forcing young girls to engage in sexual activities with adults in order to survive. Poverty may also prevent the disclosure of abuse. Kisanga et al. (2011) observed that
poverty constrains the health care and justice seeking of CSA survivors. The costs and the hassle involved for children and families are just too high. The link between poverty, transactional sexual activity and HIV is ever-present in Tanzania. Conroy and Whiteside (2006) put the connection thus:

Poverty drives the [AIDS] pandemic as poor women and children are forced into transactional sex in order to get money to survive. They are often fully aware of the risks but have no choice. The imperative for short-term survival in a desperately poor environment forces people into behaviours that place them at direct risk of infection (p. 66).

7.11 Transactional nature of sexual relations:

Human agency is made possible through the extant social structures and these social structures change because of the influence of human agency.

It would appear from this study, and from others in SSA, that transactional sex is common in Tanzania ((Nnko and Pool, 1997; Wamoyi et al., 2010a; Kisanga et al., 2011). A 2009 study found 1 in 25 females aged 13 to 17 years have been given money or goods in exchange for sex (United Republic of Tanzania, 2011). This study confirms that children well below the legal age of consent, engage in sexual relations with adults for material gain. In the survey study, one in four males and one in six females reported the reason they had partaken in the early sexual experience was because of “bribes or enticements”. In interviews it was revealed that sexual relations often have a transactional element.
Interviews established that men expect to pay something for having sexual relations with young girls, confirming the finding of Nnko and Pool (1997). Most young men in the study who spoke of their sexual relations with young girls paid or gave something to the girls for the sexual interaction. The receipt of money or gifts within a relationship has been found to be associated with reduced negotiating power for women regarding the conditions of sex, and so with increased HIV risk (Dunkle et al., 2004). The negotiating power for children is virtually zero. Gift giving of any kind within a relationship is strongly associated with sexual leverage and dangerous sexual behaviour such as not using condoms (Luke, 2005). In a focus group discussion with a male and a female student who had not experienced child sexual abuse, it emerged that it was not an uncommon experience for young males to have older “sugar mammies” in the very same way young girls use older men for material gain. Silverschmidt (2001) had previously noted that successful business woman would pay young boys for sexual activity.

Atwood et al. (2011) highlight the general recognition among girls that their sexuality provides a certain power they might otherwise not have. The social agency allows young girls to face the pervasive poverty in Tanzania. Samara (2010) notes that while transactional sex can be coercive and dangerous, it cannot be viewed as such in all instances. Sometimes transactional sex is a bargaining tool, which gives the boy/girl/woman certain freedoms. It is not just individuals living in poverty who engage in transactional sex. In this study participants came from comparatively affluent backgrounds yet still engaged in transactional sexual relationships with adults. Atwood et al. conclude that transactional sex is a choice for many young girls who want to progress in life. This viewpoint has been previously expressed by other commentators.
(Hunter, 2002; Leclerc-Madlala, 2004; Wamoyi et al., 2010). Kgosidintsi (1997) points out that adolescent girls find it difficult to refuse sex when money and gifts are offered. Perhaps in some instances it is a choice, however, for the child who has nothing to eat, it is clearly not. These types of relationships are clearly abusive and put children at a heightened risk of contracting a STD for they have no power in negotiating the format of their sexual interactions.

7.12 The avoidance of HIV

As early as 1997, Lema writes of the scare of contracting HIV as a motivating factor for children to be used sexually. It has since been suggested that the fear of catching HIV has encouraged adults to have sex with increasingly younger children in an effort to avoid contracting HIV (Human Rights Watch, 2002; Lalor, 2004). However, the difficulty in making a direct link between CSA and HIV has also been observed (Keke, 2002). Clearly adults are having sex with children in SSA but is the avoidance of HIV the motivating factor? Intuitively it would seem to be a strong consideration. Yet the evidence for this link is still lacking. The numbers of children who contract HIV because of CSA is also difficult to discern but some authors have noted its presence (Armstrong, 1998; Kaboberi-Macharia, 1998). Birdthistle et al. (2010) reported that 31 children were HIV positive following presentation at a clinic for CSA. The authors recognise that some of these children may have been HIV positive at birth but it is likely that most of them contracted the virus as a result of sexual abuse. In this study there was evidence that the avoidance of HIV through sex with young girls was a consideration for some of the participants. Further research is needed to establish the motivations of adults in deciding to engage in sexual relations with children.
7.13 Powerlessness

One of the most prominent themes to emerge was that victims of CSA felt powerless to do anything about the abuse. They were often voiceless and obedient to the older person in the sexual exchanges. Children are expected to unquestioningly obey adults in SSA. This pattern of behaviour is the norm in Tanzania too and may put children there at an increased risk of CSA (Townsend and Dawes, 2004).

Acquiescence and obedience to authority figures is expected in SSA (Jewkes et al. 2005). It emerged from the participants that they had to obey the adults and that there was really nothing they could do they avoid these sexually abusive experiences. The implicit idea that you obey the instructions of someone older was evident. Power relations are such that children and girl children in particular have no choice but to go along with behaviour they know is abusive. A socialization process that encourages children to unquestioningly obey older people puts them at an increased risk of being sexually abused by people to whom they are expected to respect (Lalor, 2008; Mbagaya, 2010).

7.14 General limitations and strengths

Caution must be taken in generalising the findings of this analysis. The present study was exploratory and has several limitations. The sample used was a non-random convenience sample of university students and is not representative of the general population. There was an effort to include other sources of data.

Due to ethical considerations, CSA was assessed retrospectively. One of the main problems faced by retrospective studies is that since they are conducted with adults their
results cannot be generalised to the current population of children (Finkelhor, 1993). This was largely true of the present study. However, it must be noted that the use of data collected from multiple sources goes some way to circumvent this problem. The value of triangulation is that it offers a more complete and holistic representation of the subject explored. It allows for a deeper understanding of the environmental context, which in the case of CSA in Tanzania is extremely important given the relevance of cultural factors to the problem of CSA. The case file review of young children who had recently experienced CSA and the interviews with young men who spoke of their current relations with young girls gives clear evidence that the sexual abuse of young boys and girls is present in Tanzania.

It is possible that respondents may have failed to accurately recall their experience of CSA (Williams, 1994). Indeed this was evident in the interviews, many of the participants had difficulty recalling and sometimes could only partially recall the sexual abuse. This leads to the risk of underestimating the number of real cases of sexual abuse, since in this type of research the percentage of false negatives is higher than that of false positives. False positives are believed to be rare, and unlikely to compromise the validity of prevalence estimates in large samples (Finkelhor, 1994). Like most retrospective studies of child sexual abuse the possibility for a recall bias skewing the results existed. The study did not have external verification for the information provided. This was beyond the means of the study. The sample used was non-random.

The delay between data collection and thesis submission can be seen as limitation of this work. However, the author contends that the paucity of research identified by Lalor (2004a) is still a feature of the research landscape today. It should also be noted that the
risk factors highlighted in this work that makes a child vulnerable to CSA are still present in Tanzania and SSA generally. Poverty, HIV, transactional sex and a male dominated social structure are as present today as they were in 2005.

There was several strengths of this study. This was the first study to assess the prevalence of CSA in a university sample in Tanzania. The research was a direct response to the paucity highlighted by Lalor (2004a). The study employed a mixed methodology and attempted to triangulate sources of data. Questionnaires, interviews and focus groups were employed to obtain richer data. The response rate from the survey was high and information was corroborated by follow-up interviews.

7.15 Conclusion

This research contributes to the growing body of research in SSA which highlights the sexual victimisation of children. The findings of this study suggest that child sexual abuse exists in Tanzania at similar levels to those reported throughout the world and that much of this abuse of the young is a product of a need for economic support and survival. If the basic needs of children continue to be neglected this form of economic sexual exploitation will continue as children try to survive. The results also suggest that child sexual abuse as a form of HIV avoidance strategy or as a way of increasing one’s wealth/health may exist. This needs further research.

The sexual abuse of children and children in SSA has also been blamed in part on patriarchial notions of power which are pervasive in the region (Jewkes et al., 2005). Despite the substantial call for female economic empowerment in order to halt the AIDS pandemic, very few efforts have actually been made to realize this (Kim et al., 2008).
is the argument of this thesis that societal level factors are at fault in putting children at particular risk of CSA and that these factors need to be addressed if the treatment of children is to improve.

The reluctance of participants to mention incestuous experiences suggests the incest taboo is strong in Tanzania. This being the case, the likelihood that disclosure takes place is slim. The treatment of CSA in SSA by authorities is also worth considering and may be another factor preventing the disclosure of CSA (Kisanga et al., 2012). This thesis contends that there is an urgent need, based on the literature review presented alongside the empirical data, for the issue of child sexual abuse to be given more attention in Tanzania. An important next step, given the high number of males reporting CSA in this research, Stoltenborgh et al. (2011) and that of Kisanga et al. (2012) would be to investigate the reasons for the higher rates of CSA seen in this population. Patriarchy, poverty and HIV avoidance may still be important factors exacerbating the problem of CSA for boys.

7.16 Recommendations
De Mausse (1998) believed society develops in accordance with the improved treatment of children. If this proves to be the case, the flourishing of our societies is directly related to how we treat the most vulnerable members of our society. Therefore, every effort needs to be made to ensure children have at the very least a safe and abusive-free environment in which to grow up. Implementation of UNCRC would definitely achieve this. The following recommendations may also prove useful in achieving this goal:
a) Reducing widespread poverty will automatically reduce the numbers of children who are vulnerable to child sexual abuse. Transactional sex is less likely when children have their basic material needs met. According to Banwari (2011) “poverty alleviation is not only important to feed a human being but it is also important to bring morality among people and to control increasing HIV infection in the community” (p. 121).

b) Research, programmes and policies must continue to focus on protecting and assisting children and women. The status of women and children in SSA is low. The dominant patriarchal culture is to blame (Jewkes et al., 2005). Until this is addressed men will continue to feel sexually entitled to dominate women and children. The findings from the current study suggest that the prevention of CSA is linked to improvements in the social position of women and girls, and the struggle for the recognition of their rights.

c) The current narrative of “manhood” needs to change. Boys in particular, need other scripts to follow. A region-wide dialogue about what it is to be a man could be started. Rarely do programmes address the cultural expectations assimilated by boys growing up and how these same cultural expectations promote the sexual victimisation of women and children. Hegemonic masculinity needs to be challenged.

d) Additional research is needed to identify potential protective contextual factors that can be utilised to dissuade adults from sexually exploiting children. Petersen et al. (2005) have identified the risk factors and they may well be a useful starting point in the search for potential protective factors.
f) Not all men abuse children, research should pay more attention to the factors that inhibit boys and men from carrying out sexual exploitation (Hughes, 2004).

g) Research methodologies must use CSA criteria that correspond to the legal definition of CSA in the specific country, so that the results of studies will be useful for local policymakers (Stoltenborgh et al., 2011). The current study attempted to do this.

h) The perception of CSA in SSA warrants further exploration. Many victims do not feel they have experienced abuse at all (Madu and Peltzer, 2001). Jewkes et al. (2006) suggest that an exploration of early sexual experiences may be more productive rather than asking specific questions about rape or CSA.

i) There was a considerable sexual abuse of boys noted in this study. Future research could address the sexual exploitation of boys considering the cultural expectations of masculinity in Tanzania.
REFERENCES


Kitzinger J. (1994). The methodology of focus groups: the importance of interaction between research participants. *Sociology of Health, 16*(1), 103-21.


Abuse & Neglect, 22(6), 493–498.


Appendix 1:

EARLY SEXUAL EXPERIENCES QUESTIONNAIRE

Dear Respondent

I am a researcher from the Dublin Institute of Technology, Ireland and I am in Tanzania to study early sexual experiences. Tanzania was chosen because little or no research has been carried out on this important topic to date. The study will focus on experiences that are abusive. Abusive sexual experiences are difficult to define. For the purpose of clarity a child will be perceived as a person under 18 years of age. This is a general standard accepted by most countries and is the criterion used by the United Nations convention on the rights of the child. Having sex or engaging in sexual behaviour while still a child does not constitute abuse per se. It is very often the case that first sexual experiences occur at this time. The researcher views child sexual abuse as sexual behaviour that makes the recipient (who is under 18 years old) feel uncomfortable and is unwanted. It is also worth noting down sexual experiences that occurred while you were under 18 with someone who was a lot older than you. For example, if you had sexual experiences when you were 12 years old with an adult, this constitutes abuse whether it was wanted or not. The researcher maintains that a child is incapable of giving informed consent and age differential an important determinant of abuse.

This study hopes to shed light on a sensitive subject and your assistance is essential. Participation is entirely optional but I would urge you to assist in discovering the facts about early sexual experiences for a portion of the Tanzanian population. There are fourteen questions in all, some of which require long answers and others that need only a word or a tick.

I assure you that the information received on this questionnaire will be treated with the utmost of confidence.
Demographic information

Q1. Age ____ years

Q2. Gender   Male   Female

Q3. What is your ethnic group?

Q4. Are you a Tanzanian? If yes, what part of the country do you come from?

Q5. What is your marital status?
Single   Married   Separated   Divorced   widowed

Q6. Do you think that child sexual abuse is a problem in Tanzania? Elaborate.

Q7. What are the causes of child sexual abuse in Tanzania?

Q8. Is there a relationship between child sexual abuse and traditional healers? Please explain.

Q9. Do you think there is any relationship between the HIV virus and child sexual abuse?
Your Early Sexual Experiences

Q10. Whilst under the age of 18, did you ever experience any of the following:

Q10.1 **Kissing** which was **unwanted**

Yes  No

If yes...

- How old were you when this first happened
- How old was the person(s) involved
- How old was the person(s)
- How many incidences were there
- Over what period of time did it happen (i.e., days, weeks, months, years)

How much force or persuasion did the person use?

(Please check off the appropriate categories below.)

- They took advantage of your trust
- They used bribes or enticements
- They used intimidation or adult authority
- They used threats against you or someone else
- They used physical force
- Other (please explain)

Q10.2. Someone **Fondled** you (i.e., touched your genitals or other parts of your body) in a way which was **unwanted**

Yes  No

If yes...

- How old were you when this first happened
- Who was the person(s) involved
- How old was the person(s)
- How many incidences were there

Over what period of time did it happen (i.e., days,
weeks, months, years)  

How much force or persuasion did the person use?
(Please check off the appropriate categories below.)

- They took advantage of your trust
- They used bribes or enticements
- They used intimidation or adult authority
- They used threats against you or someone else
- They used physical force
- Other (please explain)

Q10.3. Being **Masturbated** by, or made to masturbate someone, in a way, which was unwanted

Yes  No

If yes…

- How old were you when this first happened
- Who was the person(s) involved
- How old was the person(s)
- How many incidences were there
- Over what period of time did it happen (i.e., days, weeks, months, years)

How much force or persuasion did the person use?
(Please check off the appropriate categories below.)

- They took advantage of your trust
- They used bribes or enticements
- They used intimidation or adult authority
- They used threats against you or someone else
- They used physical force
- Other (please explain)

Q10.4 Performing, or having performed on you, **unwanted Oral Sex**

Yes  No

If yes…
How old were you when this first happened ___________
Who was the person(s) involved ___________
How old was the person(s) ___________
How many incidences were there ___________
Over what period of time did it happen (i.e., days, weeks, months, years) ___________

How much force or persuasion did the person use?
(Please check off the appropriate categories below.)

- They took advantage of your trust ___
- They used bribes or enticements ___
- They used intimidation or adult authority ___
- They used threats against you or someone else ___
- They used physical force ___
- Other (please explain) ___

Q10.5 An individual exposing, or “Flashing” their genitals to you
Yes No

If yes…

How old were you when this first happened ___________
Who was the person(s) involved ___________
How old was the person(s) ___________
How many incidences were there ___________
Over what period of time did it happen (i.e., days, weeks, months, years) ___________

How much force or persuasion did the person use?
(Please check off the appropriate categories below.)

- They took advantage of your trust ___
- They used bribes or enticements ___
- They used intimidation or adult authority ___
- They used threats against you or someone else ___
- They used physical force ___
Q10.6 Unwanted Anal Intercourse
Yes    No
If yes...
   How old were you when this first happened
   Who was the person(s) involved
   How old was the person(s)
   How many incidences were there
   For how long did it happen
   How much force or persuasion did the person use?

(Please check off the appropriate categories below.)
   They took advantage of your trust
   They used bribes or enticements
   They used intimidation or adult authority
   They used threats against you or someone else
   They used physical force
   Other (please explain)

Q10.7 Unwanted Sexual Intercourse
Yes    No
If yes...
   How old were you when this first happened
   Who was the person(s) involved
   How old was the person(s)
   How many incidences were there
   For how long did it happen (i.e., days, weeks, months, years)

   How much force or persuasion did the person use?

(Please check off the appropriate categories below.)
   They took advantage of your trust
   They used bribes or enticements
They used intimidation or adult authority ___
They used threats against you or someone else ___
They used physical force ___
Other (please explain) ___

If you have answered “yes” to any of the above items, please pick out two episodes, which stand out most in your mind and answer questions 11.1, 11.2, 11.3, 11.4 and 12. There is also a blank sheet at the end if you wish to add something you feel the questions have failed to ask. If you have answered “No” to the above questions skip to question 13.
You may also include comments on the blank space provided at the end.

Q11.1 In your own words, please describe what happened to you in the episode, which stands out most in your mind (if necessary enclose an additional sheet).
Q11.2 In your own words, please describe what happened to you in the episode, which stands out **second most** in your mind (if necessary enclose an additional sheet).

Q11.3. Did you ever report abusive sexual contact before the age 18 to anyone?
Yes  No
If yes, to whom did you report to?

Q11.4. How would you describe their reaction?
Supportive  1
Unsupportive  2
Dis-believing  3
N/A  4

Q12. Would you like to discuss these matters in more detail in form of an interview?
Yes  No
Contact details:

Q13. Do you know of anybody who was abused sexually when they were young? If yes please explain
Q14. In your opinion what percentage of the population has experienced sexual abuse as a child?

Q15. Please list two ways through which child sexual abuse can be prevented/reduced in Tanzania?

A)

B)

Thank you for your time and honesty in answering the questions. There is additional paper included if you wish to add anything, which you think might help.
If any of the issues dealt with has affected you in any negative way please contact the counselling service at the office of the Dean of Students.
Appendix 2: Unstructured Interview Schedule

Introduction:
This guide outlines the procedures that were followed and the general issues that were included in the interview. First, introductions were made and the purpose of the research was re-explained. Then the researcher started each interview with the question:

1. Can you tell me your early sexual experience?

Some follow up questions were prepared to help the participant tell their story but also to show the participant that the interviewer was still present. The interviewer tried to listen attentively and ask the appropriate question which may not have been on the list.

2. Who was involved in this event?

3. Could you tell me in more detail what happened?

4. How do you feel about what happened today?

5. Are their negative consequences associated with the event?

6. Did you tell anyone about your experience?
Appendix 3: Transcript of interview with L (June 2 2005)

Participant profile

The participant is a single 28-year-old Hehe male from Iringa, who is currently in second year of an education degree. The interview took place at a room in the education department of the university. The interviewee L arrived a little late and was extremely happy to participate in the study.

Interviewer (I): Good afternoon L thank you for taking the time to participate in the study (handshake). You can call me Denis.

Interviewee (L): It is my pleasure. I want to help with the research project and I think I have things to say about my sexual experiences.

I: How are you today?

L: I am very good today. It is not hot today. The people are in good humours.

I: I agree it’s nice. The dead heat is gone. I would like to talk a little about your participation and the services available at the university.

L: Okay

I: This interview is voluntary and you can stop it at any time if you feel the need.

L: Hmmm

I: The counselling services for students has been informed of the study and is available if you need to talk about your experiences further. The information given will be handled with care so as your identity will not be revealed. Do you have any questions about any of this?

L: No Mr Denis this is all good for me.
I: Okay let's get started then. I would like to ask you some simple questions to get started.

L: (Smile)

I: How old are you?

L: I am now 28

I: From which ethnic group do you come from?

L: I am a Hehe from Iringa. There are many Hehe at the university.

I: Can you tell me your early sexual experience?

L: It goes back to when I was little...I was maybe 6 or 7 years I don’t know. I remember it not well but I had some sex at this time with an older girl.

I: Do you remember what happened?

L: Some of it. The girl was my neighbour 16 years old.

I: She was 16 years old at that time?

L: Yes, she would be in my house. She looked after me when my mother was not home. She was a nice girl. I liked her. One day she was playing with my penis and she put my penis to her place (pointing to his crotch).

L: She put your penis to her vagina?

I: Yes that is so

I: What happened then?

L: It went in some but I don’t remember how much. It was like a game that I liked. I did not understand much.

I: Did it happen again?

L: I think it did

I: But you are not sure?
L: My memories are not so good for this. It did happen with the sister of my neighbour some time after. I tried to have sex with her. I put my penis (pointing) in her and started pushing. She had blood there so I stopped. I was afraid. My mother was not happy with me when she knew what happened.

I: What did she say?

L: She asked me where I learned sex. I did not say it was with the other girl. It would make trouble for her.

I: So you knew at that age that the older girl should not have sex with you?

L: In some way yes. When young it is best to stay quiet. I did it again with another girl and there was blood too. I was running after girls to have sex many times. My father and mother were angry this time because it was with a girl that my family knew well. My father he hit me this time and told me to stop it.

I: And did you stop it?

L: Not really… when I moved to another town I seduced two more girls.

I: You were how old?

L: Now I was maybe 11-12 years. I knew I should go with bigger girls. There is no blood with bigger girls and they like it too.

I: Did you have any problems?

L: No not really I did think about the disease HIV, many people die at this time. It made me stop for some time. During my break from form 1 or 2 I started using condoms for the first time. I was afraid.

I: You were how old?

L: Maybe 14 or 15 years.

I: Okay. So you had a number of early sexual experiences starting at age 6. Did it stop there?
L: Oh no I was seducing girls after that. At maybe 16-17 I was running after many girls. One I think of is a very beautiful girl. She was 12 and she did not want to at the beginning. Girls are like that sometimes. She was in standard 6 and I would walk with her after school. I would ask her to have sex with me. She always say no but I ask every day until she say yes. I stayed with this girl for many years when she was in secondary school too.

I: She was your girlfriend.

L: Yes but I have other girls too. I used condoms with them. I was afraid again when my cousin died from HIV. I promised I would stop but I did that for not long.

I: You continued to have sex with girls

L: Yes it is like that. I always like to sex young girls. I promise them things that their problems will be fulfilled… sometimes I promise marriage and they are told that they are loved.

I: Why do you like sex with young girls?

L: I like young girls because they have had less sex than older girls and with HIV a man needs to be careful. I give them something. It is like that… girls in Tanzania expect something if you want to have them.

I: Are their negative consequences associated with your early sexual experience?

L: I do not see the negatives. I learned to sex. It was good for me.

I: Did you tell anyone about your experience?

L: No I did not see the reason to tell other people.

I: Thank you L for your time today. It will be very helpful for the research I am doing.

L Thank you Mr Denis.