

Misconceptions Surrounding Child Sexual Abuse In Durban

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DECLARATION OF ORIGINALITY

I declare that this document, apart from supervisory guidance, is my own work, and that all sources of information have been acknowledged in line with normal academic conventions. I further declare that I have complied, to the best of my knowledge, with the University's policies in terms of postgraduate research. In particular, I confirm that I have obtained an ethical clearance certificate for this research (Certificate Number UZREC 171110-030 PGM 2013/50). I further confirm that I have complied with the University's Plagiarism Policy, and have subjected this document to the University's text-matching and similarity-checking procedures. I certify that this document has not been previously published, or submitted, fully or in part, to fulfil the requirements of any other degree.

A handwritten signature in black ink, appearing to read 'Elaine Jackie Rahm', is centered on the page.

Elaine Jackie Rahm

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ABSTRACT

Social attitudes towards child sexual abuse (CSA) tend to reflect a wide variety of misconceptions. These not only play a highly significant role in the etiology and maintenance of sexual offending against children, they also contribute to under reporting and promote the silence that generally surrounds CSA. They further predict unfair treatment of victims, and compromise adaptive resolution in both victim and offender.

The main purpose of this study was to investigate the existence of misconceptions surrounding CSA amongst the general public of Durban in South Africa. A further purpose was to explore differences in rates of myth endorsement in this context, firstly between males and females, and secondly between two levels of education.

The research design was conceptualised within a positivist paradigm with the use of quantitative data collected through questionnaire method. The research instrument was developed by the researcher within the framework of four empirical studies, with input from two professors with extensive research experience. The sample consisted of members and staff of a public library; clothing factory workers; staff in two elementary schools; and employees in a retail outlet. The research sites were located in three different geographical areas of the city to maximise generalisation of findings.

Although previous studies have indicated high rates of myth endorsement amongst the general public and gender differences in rates of myth endorsement, the present study

did not yield significant results in these two areas. This may have been due to the composition of the sample which was largely representative of educators and other school personnel (n = 80). This population has more exposure to victims of CSA than the average member of the public, and may well have a wider knowledge in issues surrounding CSA, as a consequence of this.

In terms of differences in rates of myth endorsement according to levels of education, findings in this study have indicated a higher rate of myth endorsement in those with a lower level of education. This is consistent with findings in previous studies amongst the general public in the USA and Australia. This suggests a priority for the development of programs to disseminate accurate information in issues surrounding CSA at all levels of public education.

The literature additionally indicates an urgent need for the development and implementation of comprehensive programs to elucidate issues in CSA amongst the general public. It has been suggested that these public programs be based on the educational initiatives employed in antismoking campaigns, since these have proven efficacy.

Key words: child sexual abuse; misconceptions

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 Introduction

This chapter provides a broad overview of the study. It presents the motivation for the study to be undertaken; the problem statement; the aims of the research and the hypotheses that were formulated prior to the research. This is followed by definitions of key concepts in the study and a brief discussion in terms of the value of the study. The chapter is concluded with an outline of how the study will be reported.

1.2 Motivation for the study

Social attitudes towards child sexual abuse (CSA) tend to reflect a wide variety of erroneous assumptions (Collings, 1997; Campbell & Collings, 2000; Suliman & Collings, 2005), including those that provide justification for adult child-sex, diffuse culpability and undermine victim testimony. The literature identifies and describes numerous misconceptions in CSA and provides empirical evidence for these to be classified as such. The continued prevalence of these, despite extensive research into CSA following the publication of Finkelhor's (1979) book *Sexually Victimized Children*, presents an ongoing challenge to society and more particularly to researchers and the legal fraternity (Sherrill, Renk, Sims, & Culp, 2011). It appears that although CSA is generally acknowledged to be undesirable, general consensus on what *constitutes* CSA is lacking.

Studies in this field have indicated the significant role of myth acceptance in the etiology of CSA (Stermac & Dafoe, 2009; Nunes & Jung, 2011; Beech, Bartels & Dixon, 2013) as well as its negative impact on both victims and their families (Tennfjord, 2006; Finnilä-Tuohimaa, Santtila, Björnberg, Hakala, Niemi, & Sandnabba, 2008). Since it has been estimated that one in three girls, and one in six boys are sexually abused before they reach age eighteen (Grossman, Lundy, Bertrand, Ortiz, Tomas-Tolentino, Ritzema, & Matson, 2009), the eradication of false information surrounding CSA is indicated as a major priority.

These findings are particularly pertinent for South Africa, since it has one of the highest rates of child sexual abuse in the world (Corbella & Collings, 2007). In a study conducted amongst South African adolescents in 2011 between 28% and 30% of the sample reported that their first sexual experience was forced. In the USA, for the same population, in the same time period, this figure was estimated at 19% (www.rape.co.za/index.php?option=com_content&task=view...).

Sexual offending against children in this country should be a major cause for concern since reported cases were more than 28 000 for 2010/2011 and more than 25 000 for 2011/2012 (UNICEF, 2012). More alarming is that The National Institute for Crime Prevention and Rehabilitation of Offenders (NICRO) estimates that approximately only 5% of adult and child rapes are reported to the police (Butterworth, 2007; Naidoo, 2013). Table 1 shows the overall statistics for crimes against children in South Africa and serves to illustrate that sexual offending is by far the most common crime against South African children.

Table 1: Crimes against children in South Africa 2009-2012

Crime category	2009/2010	2010/2011	2011/2012
Murder	965	906	793
Attempted murder	1113	786	758
All sexual offences	27 417	28 128	25 862
Common assault	14 982	13 387	12 645
Grievous bodily harm	12 062	11 018	10 630
Total	56 539	54 225	50 688

(UNICEF, 2012, p.10)

While there are a limited number of academic and empirical studies that have explored the prevalence of misconceptions in the general population (Tennfjord, 2006; Cromer & Goldsmith, 2010), they have all indicated high rates of CSA myth endorsement in this population (Cossins, Goodman-Delahunty & O'Brien, 2009; Stermac & Dafoe, 2009). Fortney, Baker and Levenson (2009) describe the amount of misinformation surrounding sexual offending amongst the general public as 'staggering' (p.42).

Evidence to suggest the existence of CSA myths in the general population of Durban was encountered by the researcher during a trauma counselling internship at a Durban public hospital in 2010. One of misconceptions observed in this context was the belief that victims provoke the abuse. A case in point was one where the grandmother of a 14 year-old old female victim suggested that the child's wearing of very short skirts was causal in the abuse. In another, the mother of 11 year-old victim was told by the offender, that because the child had often sat on his lap, she was clearly 'asking for it'.

It was also noted, particularly with very young victims, that some caregivers were sceptical about the victim's ability to provide reliable testimony. This emerged in a case involving sexual abuse of a 5 year-old girl by her biological father. When asked to comment on the child's report, the stepmother suggested that this was a product of the child's vivid imagination. Caregivers also appeared to be misinformed in terms of reasons for nondisclosure, children's reactions following abuse, and perpetrator profiles. Some were shocked that CSA could occur in their own families even though research clearly indicates that this is most commonly perpetrated by family members (Adams, 2009; Hamilton, 2014).

The hospital context additionally provided observations that supported scientific evidence for two common beliefs as to be classified as false. Firstly, contrary to the popular belief is that CSA victims will always avoid the perpetrator (Cossins *et al.*, 2009; Shackel, 2009; Stermac & Dafoe, 2009) it was observed that many of the victims appeared to have continued to relate relatively normally to their abusers. This was evident in the case of an adult patient who had been sexually abused by her father throughout her childhood, but had nevertheless set up home with him in adult life. She could not provide logical reasons for doing this, and although she perceived this as 'weird', she did not appear to be able to terminate the arrangement.

Secondly, the general conceptualisation of CSA as a traumatic experience for *all* victims (Gardner, 2001; Clancy, 2009), did not seem to hold true in two of the cases seen at the hospital. The first of these involved a 12 year-old girl who had been sexually abused by her mother's partner. The child appeared to have conceptualised the

abuse as attention and affection and described her experiences with the perpetrator as ‘fun’. Following his disappearance from the family home she was visibly upset and manifested symptoms normally associated with bereavement.

The second case involved a 14 year-old girl who had been sexually abused by an adult member of her extended family. After discovery of the abuse by the mother, the perpetrator was convicted and incarcerated in a correctional facility. Following his incarceration the child was unable concentrate at school, or relate normally to family members. She only returned to relatively normal functioning when the attending social worker obtained a letter from the perpetrator in which he assured the child that he well treated, and not unduly unhappy in the correctional facility. No signs of trauma were observed during counselling and the child told the researcher that she loved the perpetrator ‘more than anyone else in the world’ and missed him every day. According to Clancy (2009) and Grondin (2011) a child’s sexual contact with an adult is not necessarily experienced as traumatic or terrifying at the time of occurrence. This does not however, preclude the emergence of related negative symptoms in adulthood (Clancy, 2009; Hamilton, 2014).

1.3 Statement of the problem

Social cognitive models, including Bandura’s social cognitive theory and Fishbein’s theory of reasoned action, have clearly established that attitudes and beliefs predict behaviour (Leander, Christianson, Svedin, & Granhag, 2007). Erroneous beliefs surrounding CSA not only inform abusive behaviour (Tennfjord, 2006; Cossins, 2013), they also predispose victims to inappropriate and unfair treatment, both in and out of a

court of law (Shackel, 2009; Cossins, 2010). They additionally promote denial; cast doubt on victim credibility; discourage disclosure and reduce awareness of CSA.

The prevalence of these beliefs needs to be addressed by identifying populations in which they predominantly occur to facilitate the dissemination of accurate information within these populations (Katz-Schiavone, Levenson, Ackerman & Jay, 2008; Stermac & Dafoe, 2009).

1.4 Research questions

At the commencement of this study the following research questions were formulated:

- 1.4.1 Do misconceptions in CSA exist amongst the general population in Durban?
- 1.4.2 Do categories of misconceptions occur at varying frequencies in this context, and how often does each of these occur?
- 1.4.3 Do rates of myth acceptance differ according to gender in this context?
- 1.4.4 Do rates of myth acceptance differ according to levels of education in this context?

1.5 Research aims

The aims of this study were as follows:

- 1.5.1 To determine if misconceptions surrounding child sexual abuse exist amongst the general population in Durban;
- 1.5.2 To determine if categories of misconceptions occur at varying frequencies in this context, and how often each of these occurs;

1.5.3 To determine if rates of myth acceptance differ according to gender in this context;

1.5.4 To determine if rates of myth acceptance differ according to levels of education in this context.

1.6 Hypotheses

The following hypotheses were formulated in accordance with the aims of the study:

1.6.1 Aim 1

Research hypothesis: Misconceptions do not exist in the proposed context.

Null hypothesis $H_0: p = 0$

Alternate hypothesis $H_1: p \neq 0$

1.6.2 Aim 2

Research hypothesis: Categories of misconceptions do not occur at different frequencies in this context.

Null hypothesis $H_0: p = 0$

Alternate hypothesis $H_1: p \neq 0$

1.6.3 Aim 3

Research hypothesis: Gender accounts for differences in the rates of myth acceptance in this context.

Null hypothesis $H_0: p = 0$

Alternate hypothesis $H_1: p \neq 0$

1.6.4 Aim 4

Research hypothesis: Educational levels account for differences in the rates of myth acceptance in this context.

Null hypothesis $H_0: p = 0$

Alternate hypothesis $H_1: p \neq 0$

1.7 Definition of key concepts

1.7.1 CSA misconceptions

For the purposes of this study, misconceptions shall refer to stereotyped assumptions and inaccurate beliefs in all issues surrounding CSA. Other terms and synonyms for the word ‘misconception’ shall include: myth; erroneous belief; faulty belief; incorrect belief; incorrect assumption and erroneous assumption.

1.7.2 Education

In this study, education shall have two levels namely:

- Less than 4 years of tertiary education
- At least 4 years of tertiary education

1.7.3 Child sexual abuse (CSA)

In this study, CSA shall refer to any sexual act between a child and an adult, or a child and an older child. These acts include:

- sexual touching of any body part, with or without clothing;
- all forms of penetrative sex including mouth penetration;
- showing a child pornography, or engaging a child in the creation of pornography;

- intentionally engaging in sexual activity in the presence of a child;
- encouraging a child to engage in any form of sexual activity, including masturbation; and
- engaging a child in prostitution.

1.7 Value of the study

The researcher located four previous South African studies on this topic. The first of these was conducted seventeen years ago for the purposes of validating a research instrument for quantifying myth endorsement in CSA (Collings, 1997). The second was confined to the investigation of myth acceptance amongst student teachers (Campbell & Collings, 2000). The third investigated this amongst aspirant, trainee and registered psychologists (Collings, 2003) and the fourth explored myth acceptance amongst psychologists, medical doctors and social workers (Suliman & Collings, 2005).

The present study will provide additional insights into myth acceptance in the general population since the sample comprised different types of subpopulations, namely: educators, sales people, general workers and factory workers.

According to Collins (1997) the limited research that has explored the prevalence of misconceptions surrounding CSA in the general population may be attributed to the lack of valid and reliable instruments to measure and quantify the extent of myth endorsement in this population. The instrument which was developed in the current study can be used as is, or provide a point of departure for the development of instruments with improved psychometric properties.

In this study, people with lower levels of education have been identified as having higher rates of myth endorsement than those with higher levels of education. By supplementing and updating existing information, the study may be able to assist in informing protocol for the provision of accurate information in this subpopulation.

1.9 Report of the study

The study will be reported as follows:

1.9.1 Chapter One

This chapter provides a broad overview of the study.

1.9.2 Chapter Two

This chapter constitutes a review of the relevant literature and provides a theoretical background for the research.

1.9.3 Chapter Three

This chapter describes the research design; the methodology and the research instrument used in the study.

1.9.4 Chapter Four

This chapter presents the data from the study. Analysis and interpretation of data is reported.

1.9.5 Chapter Five

In the final chapter the findings of the study are discussed and conclusions are presented. The limitations of the study are considered and suggestions for further research are made.

1.10 Conclusion

This chapter provided an orientation to, and a general outline of the current study. Chapter Two constitutes a review of previous relevant research and a summary of current findings in this field, and serves as a theoretical background for the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter constitutes a review of the current literature in terms of misconceptions, or myths surrounding child sexual abuse (CSA). The chapter will begin with the identification and description of myths that commonly exist in CSA. This will be followed by an exploration of myth acceptance rates amongst the general public and various subpopulations. Results in two studies will then be provided to indicate the types of misconceptions that occur most frequently. This will be followed by a discussion of previous findings with regard to differences in rates of myth endorsement, firstly, between males and females, and secondly, between levels of education. The chapter will be concluded with a brief consideration of factors that influence the development and maintenance of misconceptions in CSA.

2.2 Common misconceptions in CSA

An investigation into the prevalence of misconceptions in CSA amongst the general public requires an awareness of those which commonly exist. These will be identified and described, and empirical evidence to justify their classification as myths will be provided.

They will be discussed according to the six categories that appear in the research questionnaire, that is, myths that (i) minimise harm; (ii) exaggerate harm; (iii) diffuse culpability; (iv) typecast perpetrators; (v) dispute victim credibility; and (vi) typecast victim responses.

2.2.1. Myths that minimise harm

Myths that minimise the harm of CSA deny both the abusiveness and the harmful consequences of this. These include the belief that boys are fortunate if an adult female engages in sex with them (Collings, 1997; Cromer & Goldsmith, 2010), and the assumption that boys are less traumatized by sexual abuse than girls. Also in this category are the assumption that boys are seldom victims in CSA (Hestick & Perrino, 2009), and the belief that children will outgrow the effects of CSA (Cossins *et al.*, 2009), as well as the perception that the nonviolent sexual abuse is harmless. Minimisation of harm is further espoused in the belief that CSA is not abusive if the victim experiences pleasure during sexual contact (Collings, 1997), and the assumption that incest is harmless (Suliman & Collings, 2005).

When the perpetrator in CSA is female, minimal blame is generally assigned to the perpetrator, and the assault is judged as far less serious than that perpetuated by a male (Davies, Austen & Rogers, 2011; Landor & Eisenclas, 2012). Society further tends to view sexual interaction between women and boys as harmless and even desirable (e.g., Reynolds & Birkimer, 2002; Hestick & Perrino, 2009; Gakhal & Brown, 2011).

This was evident in the trial of a 43 year-old female teacher accused of sexually abusing a 13 year-old boy, in the United States. During legal proceedings, New Jersey Supreme Court judge, Bruce Gaeta, told the court that he believed that no harm had been done since there had been mutual consent, and the relationship had been beneficial in satisfying the boy's sexual needs (Cromer & Goldsmith, 2010, p. 624). The judge's comments not only reflect the myth that sex between adult women and boys is harmless and suggest that adult-child sex is beneficial; they additionally imply the legitimacy of consent to sex by a minor. His description of the abuse as a 'relationship' further suggests his complete disregard for the fact that the teacher's actions constituted an abuse of power and statutory rape. Overall his sentiments reflect an entirely subjective and flawed perception of CSA, and imply that well-educated people in positions of power and influence are not above subscribing to this.

The perception of harmlessness emerges in popular cinema where sexual encounters between the women and boys are portrayed as daring and exciting, and the associated unfavourable outcomes are largely ignored (Deering & Mellor, 2011). These outcomes are likely to include shame and guilt; conflicts with authority and family relationship problems (Bunting, 2007). These may further manifest in sexual dysfunctions or compulsions, and problems with intimacy in adult life (Shumba 2004; Hamilton, 2014). The additional assumption that boys are not as traumatised by CSA as girls, is false since the negative effects have been found to be similar for both (Cromer & Goldsmith, 2010). It has further been suggested that boys react more intensely than girls to the abuse, and have a slower rate of recovery (Putman, 2009).

Support for the common belief that boys are seldom victims in CSA appears to be provided in statistics from the Australian Institute of Health and Welfare (1999) which indicate that reported cases of CSA constitute a 2:1 girl/boy ratio (Briggs & Potter, 2004). These should however, be interpreted with caution since boys are far less likely than girls to report abuse (Shumba, 2004; Whealin, 2007). This failure to disclose in boys has been related to a fear of being labelled homosexual and a reluctance to violate cultural norms which hold that male victims are weak and easily controlled (Kassing, Beesley & Frey, 2005). Shumba (2004) contends that sexual abuse of males has historically been disregarded, but is much more common than is generally believed and cannot continue to be ignored.

Although there is a belief that children may outgrow the effects of CSA, this is highly unlikely, since the negative effects following sexual abuse are manifold and generally require interventions to address and contain these. It has been suggested that negative outcomes include lower reading and perceptual reasoning abilities which may additionally require the implementation of remedial initiatives to facilitate academic coping (Bode & Goldman, 2012).

2.2.2. Myths that that exaggerate harm

Misconceptions that exaggerate the harm of CSA reflect this as an ‘emotionally charged crime’ (Finnilä-Tuohimaa, *et al.*, 2008, p.311) and tend to catastrophise outcomes. These include the beliefs that sexually abused children will all be permanently damaged and that victims will perpetuate CSA in adult life, as well as assumption that male victims will become homosexual as a consequence of the abuse.

The popular belief that all children will be permanently damaged by CSA is challenged by Cromer and Goldsmith (2010). They acknowledge that negative outcomes for adults who have experienced CSA include physical health problems and a continuum of psychological problems ranging from mild emotional and adjustment difficulties to severe psychopathology (e.g., Cromer 2006; Grossman, *et al.*, 2009; Putman, 2009). However, they believe that recovery in adult life is mediated by social environment and satisfaction with social roles. They suggest that between 20% and 44% of CSA victims do not manifest with permanent negative consequences.

Cromer and Goldsmith (2010) refute the common assumption that all children who have experienced sexual abuse will perpetuate this in childhood, but cite early sexual victimisation as a risk factor. They report a study amongst adult victims of CSA, where 12% of the sample had a record of sexual offending, mostly against children. Other researchers have estimated that 30% of victims in CSA will re-victimize in adolescence or adulthood (Katz-Schiavone, *et al.*, 2008). Although this victim-perpetuator cycle is generally thought to be confined to males (Cromer & Goldsmith, 2010), contrary findings were indicated in research amongst female sex offenders where a large proportion of this sample reported that they had experienced sexual abuse in childhood (Vandiver & Kercher, 2004). However, Collings (2012) maintains that many, if not most, child molesters have no history of early sexual abuse, and Putnam (2003) reports that approximately only one third of child victims of incest perpetuate this when they become parents. It is therefore safe to assume that while the cycle may well exist, it cannot be seen to occur in every case.

Although there is a popular belief that males will become homosexual as a consequence of CSA, conclusive research evidence to support this appears to be largely absent (Brady, 2008; Cromer & Goldsmith, 2010; Carballo-Diéguez, Balan, Dolezal, & Mello, 2012). There are several possible explanations for the existence of this belief. Firstly, homosexual men who have experienced CSA may have established sexual orientation before the occurrence of the abuse, with their non-gender conformity increasing the likelihood of the abuse (Brady, 2008). Secondly, Wilson and Widom (2010) suggest that although CSA does not ‘cause’ homosexuality, it increases the likelihood of sexual experimentation with both sexes in adulthood. In a longitudinal study amongst victims in Chicago, they found that males in their sample who experimented with same-sex relationships had rates of CSA that were three times higher than those of the average male.

2.2.3 Myths that diffuse culpability

Erroneous beliefs in this category suggest that the victim or another party is partly to blame for the abuse. Although blame in CSA is often attributed to various parties, including the non-offending parent, myths that blame the victim emerge as the most common. These include the belief that affectionate young children initiate sexual contact, and the contention that girls who dress seductively invite CSA, as well as the assumption that children who do not report sexual abuse want this to continue (Collings, 1997; Fontes & Plummer, 2010)

In a study amongst educators in Singapore by Briggs and Potter (2004), child provocation for abuse through sexual posturing, was deemed possible by 18% of the

kindergarten sample and 22% of the special education sample. This was also indicated as a distinct belief in the study by Mann and colleagues (2007) amongst child molesters, rapists and non-offenders. Although child molesters had the highest rate of subscription to this belief, subscription was present in both of the other groups (Mann, Webster, Wakeling & Marshall, 2007). This child provocation theory is strongly refuted by Goldman and Goldman, in Briggs and Potter (2004). They assert that children are very unlikely to attempt to seduce adults, since they are repulsed and embarrassed by adult sexual behaviour.

Although victim blaming is common in most crimes, it occurs overwhelmingly in both child and adult rape (Strömwall, Alfredsson, & Landström, 2013). This was evident in the decision by the Criminal Injuries Compensation Authority in Britain to reduce compensation to rape victims who had imbibed alcohol prior to the assault (Grubb & Harrower, 2009). This is further reflected in findings in the Amnesty International Report on Sexual Assault (2005) where nearly a third of the sample thought that rape victims were partly, or totally, to blame if they were intoxicated at the time of the rape (Grubb & Harrower, 2009, p. 63).

This blaming tendency emerged in an incident reported by a British newspaper in June this year, where two girls, aged twelve and fourteen were gang-raped in India (British Daily Mail, June, 06, 2014). Subsequent to the rape, these children were murdered and left hanging from a tree. Following an alleged police cover-up of the crime, government minister, Babulal Gaur, stated, 'This is a social crime which depends on men and women. Sometimes it's right, sometimes it's wrong'.

A second government official followed this by commenting that rape could only be considered as a crime *after* it was reported to the police. Apart from being disquieting, this comment makes little sense since the murder clearly precluded the reporting of the rape. Overall these comments provide clear implications for victim blaming, and even more disturbingly for complete denial of the atrocity of this crime.

2.2.4 Myths that typecast perpetrators

Misconceptions in this category reflect stereotyped views of perpetrators. These include the belief that women do not perpetrate CSA, the conceptualisation of offenders as mentally ill, socially isolated or homosexual (Cromer & Goldsmith, 2010), and the common assumption that perpetrators are normally strangers.

The belief that women do not commit CSA has been attributed to the limited number of studies that have focused on female offenders (Kramer & Bowman, 2011). It has also been found that female abusers quite often avoid detection by perpetuating the abuse under the guise of maternal child care, for example, during bathing, or with sexual use of rectal thermometers and enemas (Vandiver & Kercher, 2004). It has been suggested that females constitute up to 5% of perpetrators (Bunting, 2007), but Kramer and Bowen (2011) suggest that this is even higher. They believe that up to 25% of CSA may be female perpetrated. This is supported by findings in Briggs and Potter's (2004) study where it was reported that approximately 50% of the child sex offenders in correctional facilities in Australia had been sexually abused by females during childhood. It is therefore clear that women cannot be excluded as perpetrators in CSA.

The stereotyped public perception of child molesters as mentally disturbed, social misfits is partly due to the confusion of child sex offenders with paedophiles (Green, 2005). While paedophilia is defined as a mental illness by the Diagnostic and Statistical Manual of Mental Disorders Text Revised, 4th Edition (DSM-TR-IV), child molesters are seldom mentally ill and are often, in many respects, surprisingly normal (Penfold, 2010). Although offenders tend to be male; heterosexual; employed; over 30 years old and married, they nevertheless constitute a highly diverse group (Green 2005; Finkelhor, 2009; Rogers, Hirst and Davies, 2011). This diversity was illustrated in a South African study conducted at Childline, in KwaZulu-Natal, where 40% of the abusers did not fit this general profile, since they were under the age of eighteen and most were unemployed and unmarried (Kriel, 2001).

The assumption that CSA is perpetuated by strangers is partly fuelled by sensationalised media reporting of child kidnappings and rape-murders which suggest that perpetrators frequent public parks and playgrounds in search of victims (Katz-Schiavone, *et al.*, 2008; Gakhal & Brown, 2011). In reality, CSA is seldom perpetrated by strangers (Naidoo, 2013), and most often occurs within the family context. In a North American study amongst undergraduates who had experienced CSA, it was found that nearly half the participants (44%) had been abused by a family relative (Fortier, DiLillo, Messman-Moore, Peugh, DeNardi, & Gaffey, 2009), and according to Hamilton (2014) approximately 75% of offenders are known to their victims. Findings in a Nigerian study indicate that the victim is familiar with the perpetrator in 80% of cases, with nearly two thirds of child rapes occurring within the family home (Penfold, 2010). Similarly, research in Cape Town found that the offender was acquainted with, or well

known to, the victim in 79% of cases (Penfold, 2010). This has been reported as even higher at 93%, of which 34% are family members and 59% are people with whom the child is acquainted (Katz-Schiavone *et al.*, 2008). This suggests that only a small percentage (7%) of abuse is perpetrated by strangers. According to Adams (2009) ‘the most dangerous place for children is the home, the most likely assailant their father’ (p. 549).

2.2.5 Myths that dispute victim credibility

Myths that dispute victim credibility include the beliefs that young victims are incapable of providing reliable testimony, and that children fabricate sexual abuse, as well as the assumption that delayed or inconsistent reporting is evidence of fabrication.

Victim credibility, particularly in the case of younger children, is often disputed in legal proceedings (Leander, *et al.*, 2007; Cramer, Adams, & Brodsky, 2009). This has been attributed to garbled and inconsistent reporting by victims during court proceedings (Meintjes & Collings, 2009), as well as to children’s tendency to fantasise. Rogers, Josey and Davies (2007) report however, that even a five year old is now known to be capable of providing accurate testimony. There is further evidence to suggest that the younger the reporter the more likely it is that he/she is telling the truth (Cossins, *et al.* 2009).

It is generally agreed that fabrication of sexual abuse is rare in children and even the most sceptical of researchers acknowledge that approximately 95% of allegations are true (Adams, 2005). It appears that nondisclosure is more likely than fabrication since a

large proportion of victims are unlikely to disclose until adulthood (Cromer, 2006; Katz-Schiavone *et al.*, 2008). In an Australian study amongst victims it was found that nearly half (48%) of the women in the sample had not disclosed prior to their involvement in the study (Mathews, Walsh, Rassafiani, Butler & Farrell, 2009).

There are multiple factors to explain delayed disclosure (Paine & Hansen, 2002; Shackel, 2009). This is very common and been partly attributed to continued emotional attachment to the abuser, or ambivalent feelings towards the abuser (Lowenstein, 2011). In a study amongst victims, 29% of the sample stated that they delayed disclosure because they were still loved, or liked the offender. In the same study, the relationship between offender and victim was perceived positively by nearly two thirds of the sample (61%) and negatively by only 13% of the sample (Shackel, 2009). Delayed disclosure has been attributed to the power differential between child victim and adult abuser, which is always in the abuser's favour (Spies, 2009). In a family context, children rely on their parents for survival, and in an institutional context the offender has power over them through the organisation's structure. This was evident in the case of Pennsylvania State University football coach, Jerry Sandusky, who is currently serving a prison sentence for sexually abusing the boys in his football teams. The victims did not report the crimes until much later, because the coach could facilitate their football careers by assuring their entrance to the university (Hamilton, 2014).

Further reasons for delayed disclosure include shame; fear of the perpetrator and fear of rejection following disclosure, but can also be part of the avoidant coping associated with trauma in general (Fortier, *et al.*, 2009; Mathews, *et al.*, 2009).

Fontes and Plummer (2010) cite cultural biases and insufficiently developed cognitive and linguistic abilities as reasons for nondisclosure. They maintain that children often do not understand the meaning of sex, and have even less idea of the lifelong outcomes of being sexually victimised. In some cases, reporting may be ignored by family members due to economic dependence on the perpetrator. Penfold (2010) cites insensitive and critical attitudes towards adolescent rape victims that exist amongst certain members of staff in state hospitals as another reason for delayed disclosure. Since nondisclosure allows for victimisation to continue, the occurrence of CSA can only be reduced with the acknowledgement of these persistent and formidable barriers to disclosure (Paine & Hansen, 2002).

2.2.6 Myths that typecast victim responses

Erroneous beliefs in this category reflect stereotyped assumptions of a child's reactions to sexual abuse. These include the beliefs that a child who has been sexually abused will always show signs of distress, and that victims will always fear and avoid the abuser. They further include the myth that non-resistance implies consent, and the belief that children will always experience sexual contact with adults as distasteful and disturbing.

It is typically expected that all children will manifest with bizarre and disturbed behaviour following sexual abuse (Shackel, 2009). Although there is generally some manifestation of sexualised behaviour (Kools & Kennedy, 2002; Rus & Gálbează, 2013), children's reactions are diverse and often unexpected, and may appear inconsistent with allegations of abuse (Paine & Hansen, 2002; Cossins, *et al.*, 2009;

Lowenstein, 2011). Approximately one third of victims do not demonstrate any adverse symptoms during initial assessment and many maintain apparently normal relationships with their abusers, and do not appear to fear them (Shackel, 2009). According to Fincham, Beach, Moore and Diener (2001) the impact of sexual abuse appears to depend on the severity and nature of the abuse, the relationship between offender and victim, as well as situational and personality variables. They suggest that between 21% and 49% of victims are asymptomatic.

Although it is commonly assumed that victims will physically resist adult sexual advances, research indicates that physical resistance in CSA is rare for various reasons, including shock and coercion. Offenders often gradually coerce children into sexual activity with gifts and the portrayal of this as a secret game and a privilege (Rusinko, Bradley, & Miller, 2010), and seldom use violence (Rus & Gălbează, 2013). Davidson (2006) attributes this victim passivity to fear of the abuser or emotional attachment to the abuser, as well as the child's inability to fully understand the situation. Others have suggested that the children participate because they have been taught to respect adults and assume they are right and know best (Spies, 2009).

The belief that all children experience sexual contact with adults as distasteful is questioned by Gardner (2001). He refutes the popular belief that children only become sexual at puberty and contends that young children may well enjoy sexual contact with an adult. He points out that this it does not provide justification for the premature oversexualisation inherent in CSA. Gardner's theory is in line with Freud's assertion that children have sexual impulses from birth, but contrary to Goldman and Goldman's

belief that children find adult sexual behaviour repulsive and embarrassing (Briggs & Potter, 2004).

2.3 The existence of misconceptions in the general population

As has already been mentioned, previous studies that have explored myth acceptance in the general population, although limited, have generated results that suggest that the public is misinformed in many critical aspects of CSA. For example, two common myths were endorsed in study amongst Australian public reported by Cossins (2008). Nearly half of the sample thought that CSA victims would always show extreme distress and display highly sexualised behaviour, and 51% thought that there was always physical evidence to confirm CSA. It has already been established that children's reactions to sexual abuse are diverse, and Cossins and colleagues (2009) report that physical evidence in CSA is rarely available. In a later study conducted amongst the same population, on average only eight out of the twelve questionnaire items were answered correctly by respondents (Cossins, *et al.*, 2009). This indicates that the average respondent was misinformed in 60% of the items. Similarly Gakhil and Brown (2011) found that the members of the public in their sample demonstrated the most stereotyped views of offenders when compared with the rest of the subgroups in their sample.

Studies amongst various subpopulations within the general population are more extensive and have identified the existence of misconceptions, to a lesser or greater degree, in all of these subpopulations. The wide diversity of these appears to provide further support for the assumption of myth existence in the general population.

The identification of some of these subpopulations will serve to illustrate this diversity, and findings reported in these studies will provide an indication of the type of misconceptions that generally occur, and their frequencies.

2.3.1 Studies in the criminal justice system

Collings (2009) reports a South African study in which the existence of misconceptions amongst the South African legal fraternity was indicated. He concludes that this fraternity have inadequate knowledge of the real impact of sexual abuse on children. According to Cossins and colleagues (2009) this not only contributes to low conviction rates, it also predicts unfair treatment of victims and can prejudice attitudes towards the accused.

Misconceptions amongst legal professionals were identified in Piper's (2008) article which offered guidelines to this population for determining the accuracy of allegations in CSA. These included the assumption that responses to CSA would be standard for all victims; the belief that some sort of general profile existed for victim and offender; and the assumption that children could not be led by an adult to fabricate sexual abuse. In support of the first of these, Piper reports that there are attorneys who believe that prompt disclosure would be a child's normal reaction to unwanted sexual encounters although this has been found to be entirely the opposite. In terms of a general victim and offender profiles, he reports legal proceedings in which the defence attorney questioned the validity of a particular trial, because the victim, a female adolescent, and the perpetrator, her father, did not fit the correct profile. Piper additionally contends that although it has been established that children can be led by adults to give false

reports, jurors are sometimes overzealous in their acceptance of victim reports. Shackel (2009) reports a study amongst jurors and judges which indicate the existence of another misconception in this fraternity, that is, victims will always fear and avoid the perpetrator. In this sample 54% of the jurors and 30% of judges subscribed to this belief.

In Mann and colleagues' (2007) study amongst child molesters, rapists and non-offenders the *Sex with Children (SWCH)* scale was used to measure the existence of beliefs which justify adult-child sexual activity, with higher scores indicating greater endorsement of erroneous beliefs. Although scores for child molester group were much higher than for the other two, factor analysis indicated the endorsement of two false assumptions in all groups. The first, which has already been mentioned, asserted that children provoked adults into sexual activity, and the second suggested that adult-child sexual activity was harmless.

2.3.2 Studies amongst parents and in educational institutions

In the study amongst parents in Australia, Babatsikos (2010) reports that the most of the sample were of the opinion that CSA was largely committed by persons unknown to the victim, one third believed that a young child was incapable of reliable testimony and 40% thought that boys were not at risk for CSA.

Myths appear to exist amongst educators since in the Singaporean study amongst this population, those endorsed included (i) young children are not at risk for sexual abuse; (ii) children should be taught to keep family secrets; and (iii) CSA does not occur in

Singapore (Briggs & Potter, 2004). This is consistent with findings in a study reported by Cromer and Goldsmith (2010) in which 76% of the sample thought that CSA was uncommon. Even though it has been established that boys and girls are both likely to be victims in CSA nearly a third (32%) of the kindergarten teachers and nearly a quarter (23%) of the special education teachers in the Singaporean sample were of the opinion that CSA was 'exclusively a problem for girls' (Briggs & Potter, 2004, p. 344). In addition, more than 50% the respondents were of the opinion that women did not perpetrate CSA. This is consistent with findings in two Chinese studies reported by Babatsikos (2010) where 33.3% of the sample in the one study, and 36.6% in the other, believed that perpetrators in CSA excluded women.

Victim age and lack of resistance appears to play an important role in whether a child is perceived to have been sexually abused or not. In a study amongst undergraduates in Texas, Reynolds and Birkimer (2002) found that more blame was attributed to older victims as well as to those that did not resist sexual advances. This is consistent with findings in a study amongst undergraduates in Florida, USA, where respondents' attributions of blame varied according to the age and gender of the victim and offender, with more blame being attributed to older victims and male perpetrators (Sherrill, *et al.*, 2011).

Endorsement of perpetrator stereotypes was found in a study amongst university students in the USA (Katz-Schiavone, *et al.*, 2008). A large proportion of the sample believed that offenders were often strangers and that force and violence was always used in the commission of CSA.

The existence of perpetrator stereotyping was further indicated in interviews with politicians from the Midwest in the USA, where offenders were variously described as ‘sick’, ‘compulsive’, and ‘irredeemable’ (Katz-Schiavone *et al.*, 2008, p. 294).

2.3.3 South African studies

In a South African study, Schoubben-Hesk (1997) identified the existence of four misconceptions amongst a sample of traditional healers in Zululand, namely, (i) CSA occurs more commonly in urban areas; (ii) it is a new phenomenon; (iii) it is restricted to girls; and (iv) it is caused by socio-economic factors.

In a study amongst parents in Botswana and Swaziland, respondents attributed blame for CSA to both victim and caregiver. They believed that irresponsible parenting and provocative clothing were causal in CSA (Babatsikos, 2010).

Findings in other South African studies suggest the existence of misconceptions amongst student teachers; student psychologists; helping professionals and medical practitioners (Campbell & Collings, 2000; Collings, 2003; Suliman & Collings, 2005).

2.4 Types of misconceptions which occur most frequently

According to Corbella and Collings (2007) the most frequently occurring misconceptions in CSA are reflected in newspaper reports which tend to perpetuate and consolidate popular myths.

They report the most common types of misconceptions as those that:

- (i) promote stereotypes of perpetrators and victims;
- (ii) suggest that the CSA is consensual;
- (iii) imply that the victim is partly responsible for the abuse;
- (iv) suggest that CSA occurs in settings outside the home; and
- (v) promote the idea that the perpetrator is unfamiliar to the victim.

Cossins and colleagues (2009), report these as:

- (i) victims generally avoid the perpetrator;
- (ii) victims typically cry for help and try to escape;
- (iii) victims display strong emotional reactions following the abuse;
- (iv) a physical examination provides evidence for sexual abuse; and
- (v) adults cannot lead children to give false reports.

In their study, one third of the sample believed that victims generally avoid the perpetrator and adults cannot lead children to give false reports. Between 20% and 26.6% of the sample endorsed the beliefs that victims generally cry for help or try to escape, and that victims always demonstrate extreme distress following CSA. A large majority (75%) believed there was always physical evidence for sexual abuse.

2.5 Differences in rates of myth acceptance according to gender

The literature extensively indicates that males have higher rates of myth endorsement than females (e.g., Collings & Bodill, 2003; Cromer, 2006; Colton, Roberts & Vanstone, 2010). In the study conducted amongst aspirant psychologists, psychologists

in training and qualified psychologists in Durban, the 15 item Child Sexual Abuse Myth Scale (CSAM), was used to investigate the relationship between myth acceptance and gender (Collings, 2003). The scale consists of three subscales, namely *Blame Diffusion*, *Denial of Abusiveness* and *Restrictive Stereotypes*. The *Blame Diffusion* scale contains items which attribute part of the blame for CSA to the victim or another party. The *Denial of Abusiveness* scale contains items that minimise the abusiveness, or deny the reality of CSA. The *Restrictive Stereotypes* scale has items that depict a ‘typical’ perpetrator and victim. In this study, males scored significantly higher than females on all three CSAM subscales (Collings, 2003).

Suliman and Collings (2005) report similar findings in two studies amongst school teachers. In both of these studies, male teachers were found to endorse myths more readily than their female colleagues. Similar results were found in a study amongst the Australian public where men in the sample demonstrated significantly higher myth acceptance rates than women (Cossins, *et al.*, 2009).

According to Tennfjord (2006) misconceptions in CSA are related to attitudes towards rape, with females generally having more negative attitudes towards rape than males. This was corroborated in an Australian study conducted amongst high school students in 2001. Findings indicated that student’s attitudes towards rape varied as a function of gender since males endorsed incorrect assumptions more frequently than females (Tennfjord, 2006). The same study indicated that attitudes towards rape victims were strongly related to conservative beliefs about females and their social roles. Sherrill and

colleagues (2011) contend that men from cultures that endorse male supremacy and inferior social roles of women, more readily endorse inaccurate assumptions in CSA.

There is strong evidence to suggest that males tend to attribute less blame to the perpetrator and more blame to the victim, than do females (Collings & Bodill, 2003; De Marni-Cromer & Freyd, 2007; Rogers, Titterington, & Davies, 2009). This is consistent with findings by Cromer (2006) who reports that males are more likely than females to disbelieve victim reports and assign less blame to the offender. She suggests that men are additionally more likely than women to blame the non-offending parent and to view CSA as less serious. It has been suggested that since males are the predominant perpetrators in CSA, this blame diffusion and denial is a function of male identification and defensiveness (Rogers, *et al.*, 2009).

High rates of child sexual abuse amongst both male clerics and men who work with children in institutional settings have been extensively reported in the literature (e.g., Green, 2005; Firestone, Moulden, & Wexler, 2009; Colton, *et al.*, 2010). Since myth acceptance has been strongly linked to perpetuation, this appears to provide further support for the assumption that male rates of myth acceptance are generally higher than those of females.

2.6 Differences in rates of myth acceptance according to education

The CSAM was used to investigate whether differences in rates of myth acceptance could be accounted for by levels of education in Collings' (2003) study amongst aspirant psychologists, trainee psychologists and qualified psychologists in Durban.

No significant differences were indicated on the *Blame Diffusion* and *Restrictive Stereotypes* subscales. However, on the *Denial of Abusiveness* subscale, aspirant psychologists, that is, the least educated in this sample, demonstrated a higher rate of myth acceptance than the other two groups (Collings, 2003).

Suliman and Collings (2005) report myth endorsement in all three categories of helping professionals in a study conducted amongst medical doctors, social workers and psychologists. These were highest amongst medical practitioners, second highest amongst social workers and lowest amongst psychologists. If it is assumed that medical doctors have higher levels of education than social workers and that psychologists and medical practitioners have similar levels, these findings do not appear to support the assumption that educational levels account for differences in rates of myth acceptance.

Support for this assumption was, however, indicated in two studies reported by Kassing, Beesley and Frey (2005). Although these investigated the effect of educational levels on rates of *rape* myth acceptance, Collings (1997) contends that attitudes in rape are consistent with those in CSA. In both of these studies those with higher levels of education demonstrated less rape myth acceptance and subscribed less strongly to rape stereotypes than those with lower levels of education. Similar findings were reported in the study conducted amongst the Australian public by Cossins and colleagues (2009) where differences in myth acceptance were investigated in three levels of education, namely, high school diploma or less; diploma or trade certificate; and university education. Except in respondents who were above the age of fifty-six, higher levels of education positively correlated with lower levels of myth endorsement.

2.7 Influences in the origin and maintenance of faulty assumptions in CSA

2.7.1 Cognitive distortions and implicit theories

Pervan and Hunter (2007) contend that child molesters can be distinguished from other sample populations on the basis of their faulty attitudes and beliefs. Studies amongst offenders and controls have established that cognitive distortions and underlying implicit theories are highly contributory in the origin and maintenance of faulty assumptions in CSA (e.g., Mann, *et al.*, 2007; De Long, Durkin & Hundersmarck 2010; Ciardha & Gannon, 2011). Support for this theory is provided in the efficacy of cognitive restructuring techniques to address these in offender treatment programs. In one study it was found that the re-offense rate in treated offenders was 10% compared to 17% in untreated offenders (Katz-Schiavone, *et al.*, 2008).

One of the first studies to investigate these in the offender population was conducted by Gene Abel and colleagues in 1984 (Stermac & Dafoe, 2009). They established that cognitive distortions in child molesters facilitated coping with the conflict between their attraction to minors and social norms. Abel's theory proposes that cognitive distortions arise after the offense and serve as defense mechanisms to protect self-image and justify behaviour (Gannon, Ward & Collie, 2007; De Long, *et al.*, 2010). This is consistent with the beliefs that, children do not report sexual abuse because they enjoy it; sexual fondling is not harmful; and adult-child sex facilitates emotional bonding between adult and child (Stermac & Dafoe, 2009).

Three broad categories of cognitive distortions have since been identified: (i) justification for morally reprehensible behaviour; (ii) minimization, ignoring or misattribution of the consequences of this behaviour; and (iii) devaluation and blaming of the victim (Pervan & Hunter, 2007).

Abel's theory prevailed until 1999 when Ward and Keenan proposed that these erroneous beliefs did not arise *after* the offense but originated in implicit theories developed during childhood (Gannon, Ward, & Collie, 2007). They group these beliefs according to five implicit theories which espouse the following: (i) children are sexual beings who enjoy sexual contact; (ii) sex with children is harmless provided it is nonviolent; (iii) the world is dangerous and exploitive; (iv) individual needs are all important and must be satisfied at all costs; and (v) humans are not in control of their urges and emotions. These theories are consistent with myths identified in the previous section.

It has been argued that erroneous assumptions in CSA are a function of either conscious processes, that is, cognitive distortions; *or* implicit theories, that is, deeply entrenched beliefs (Mann *et al.*, 2007). However, more recent research indicates that *both* of these influence the processing of social information to inform and justify offending (Van Vugt, Hendriks, Stams, Van Exter, Bijleveld, Van der Laan, & Asscher, 2011).

2.7.2 Social and cultural factors

Individual attitudes are influenced and reinforced by the social group to which the individual belongs (Helmus, Babchishin, Hanson, & Mann, 2013) and social support is

highly correlated with both mental and physical health. Social networks often function to uphold moral principles and prevent the development of unfavourable attitudes. If however, these attitudes are entrenched in a particular culture, these may develop and prevail to ensure social support (Van Vugt, *et al.*, 2011).

Greater rape myth acceptance has been indicated in patriarchal cultures which embrace traditional stereotyped gender roles (Marshall, Marshall, & Kingston, 2011). These presuppose that women are inferior to men and that violence towards women and children is acceptable on the grounds that women and children who flout the social norms get what they deserve (Fontes & Plummer, 2010). It has been suggested that patriarchal attitudes alone may not be predictive of sexual aggression against women and children, but that these can function as cognitive precursors (Tennfjord, 2006). According to Fallas (2012) despite feminist efforts to equalise women, this gender stereotyping also occurs to a lesser or greater degree in wider society where women are socialised to normalise their behaviour and appearances to allow men to maintain control.

According to Fontes and Plummer (2010) blame diffusion in CSA is often related to social attitudes within particular communities. In their study amongst Puerto Rican parents from low income communities they report that sexual abuse in these communities is seen as a function of parents' failure to teach their daughters to hide their bodies from a young age. If this is not successfully inculcated, male sexual arousal and attendant sexual assault is perceived as both uncontrollable and inevitable. This attitude is reflected in myths that diffuse culpability in CSA.

Religious extremism has been cited as a further influence in the development and maintenance of CSA myths. Although mainstream religious communities tend to reject justifications for adult-child sex, religious extremists in some of the historically tight-knit Jehovah's Witness and Mormon communities often subscribe to myths that reflect religious justifications for incest and sexual violation of children (Adams, 2005).

2.7.3 Background and personality variables

Tennfjord (2006) identifies background and personality variables that influence the development and maintenance of faulty beliefs in CSA. These are shown in Figure 1.

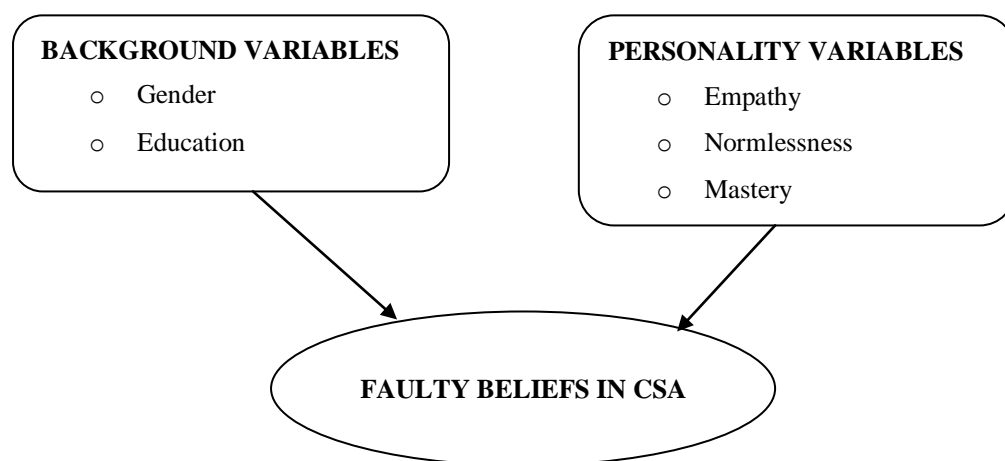


Figure 1: Influences in the origin and maintenance of faulty beliefs in CSA.

(Adapted from Tennfjord, 2006, p. 250)

The two background variables identified as influences by Tennfjord (2006) are gender and education. Consistent with extensive previous research, his study confirms that women have lower rates of myth acceptance in CSA than men. He also found that the most significant precursor for myth acceptance amongst male prisoners was their

traditional and stereotyped view of women. He proposes that people with higher levels of education have less conservative attitudes towards women and are therefore less likely to demonstrate myth acceptance than those with lower levels.

Personality variables that have been associated with myth acceptance include low empathy, (Marshall, Marshall, Serran & O'Brien, 2009; Barnett & Mann, 2013), normlessness and an external locus of control, or low mastery (Tennfjord, 2006). Normlessness constitutes the expectancy that socially unacceptable behaviour is necessary to achieve goals with an attendant disregard for moral principles. There are however indications that lower levels of moral development are not entirely predictive of myth acceptance unless cognitive distortions and faulty implicit beliefs already exist (Van Vugt, *et al.*, 2011). Mastery is the extent to which one believes one has control over one's own destiny. It has been suggested that low mastery, which is associated with fatalism, contributes to myth acceptance in some Asian cultures ((Tennfjord, 2006).

2.7.4 Perceptions of control and defensive attributions in victim blaming

According to Marshall and colleagues (2011), there are a number of reasons why individuals may subscribe to incorrect beliefs in CSA, some of which can be attributed to differing worldviews. Lerner's Just World Theory (1980) explains the development and prevalence of these beliefs as a function of the need to see the world as a just place (Cromer 2006). This is consistent with the myths that contend that CSA is harmless, those that suggest it is uncommon, and those that blame the victim.

Lerner's theory is particularly influential in maintaining the overwhelming societal tendency towards victim blaming in CSA (Idisis, Ben-David, & Ben-Nachum, 2007; Vynckier, 2012). According to this theory, blaming the victim assists in preserving the belief that everything happens for a reason, and that the world is organised, fair and safe (Grubb & Harrower, 2009). In an attempt to establish a sense of control over their environments people tend to look for casual explanations for the occurrence of events (O'Connor, Wright & Kotze, 2011). Cognitive theorists suggest that observers blame victims in an attempt to establish this perception of control and make sense of traumatic events (Capezza & Arriaga, 2008; Lagnado & Channon, 2008). To accept that misfortune happens indiscriminately would threaten this perception. Blame further increases if harm is severe since the observer needs to be convinced that he or she would have behaved differently under the same circumstances. This helps to maintain perceptions of an inner locus of control and a safe, predictable environment. This theory is summarised in the words 'people get what they deserve, and deserve what they get' (Idisis, *et al.*, 2007, p.104).

Victim blaming has further been attributed to defensive attribution. According to Shaver's (1970) Defensive Attribution Theory, attributions of blame vary according to perceived similarities or differences between observer and victim (Grubb & Harrower, 2009; Kahn, Rodgers, Martin, Malick, Claytor, Gandolfo, & Webne, 2011). Increased attributions of blame are assigned to victims when the observer perceives differences between themselves and the victim. Where similarities are perceived, less blame is assigned to the victim and more to contextual factors. This supports the observer's perception that the possibility of being in the same situation themselves is minimal, and

protects them from being blamed if this should this happen to them (Harding, Zinzow, Burns, & Jackson, 2010). This theory accounts for the increased tendency of males to assign more blame to the victim and less to the perpetrator, since victims are more predominantly female and perpetrators are more predominantly male (Capezza & Arriaga, 2008).

Although victim blaming is most prevalent in sexual assault, it occurs in all other types of crime, and is influenced by the same two theories. This emerged in the media's description of a crime in which members of a rock band were shot and killed by unknown assailants (Vynckier, 2012). In reporting this, the media implied that the victims were drug dealers and that the crime was part of a drug war. According to Vynckier (2012) this unfounded suspicion is typical of the way society embraces the theory of a just world (everything happens for a reason) and seeks defensive attributions to distance themselves from the crime (they were not like us, because they were drug dealers) by suggesting that the victims deserved their fate.

Victim blaming has pervasive and interactive consequences in all types of crime, but more so in crimes of sexual assault, since attitudes towards the sexually victimised are a major influence in under reporting. Victims do not report abuse for fear of not being believed or being blamed. This in turn reduces awareness of CSA and precludes victim treatment to facilitate recovery and reduce the risk for re-victimisation (Grubb & Harrower, 2009). Blaming the victim further reduces the importance of the crime and allows for society to avoid dealing with the problem of sexual assault (Idisis, *et al.*, 2007).

2.7.5 Professional attitudes and environmental factors

Cromer and Goldsmith (2010) contend that professional attitudes to CSA are the subject of ongoing debate and have historically been subject to cycles of denial and acknowledgement similar to those that have occurred in the larger field of general trauma studies. According to Conte (1994) French medical doctor, Ambroise Tardieu, first called attention to the seriousness of CSA in the 1880s, but following his death there was a backlash as sceptics began suggesting that children fabricate sexual abuse. Greater awareness began to resurface in the 1970s, and in 1987 *The American Professional Society on the Abuse of Children* was established followed by the first publication of the *Journal of Child Sexual Abuse* in the early 1990s. The 1990s saw a period of debate following the emergence of false memory syndrome which once again cast doubt on victim allegations. These cycles of acknowledgement and denial may account for fluctuations in public attitudes towards CSA at a given time in history (Corbella & Collings, 2007).

It has been further suggested that environmental factors at a given time in history influence myth endorsement. In a study amongst college students it was observed that respondents who watched advertisements of a highly sexual nature prior to completing the research questionnaire were more likely to endorse CSA myths than those who watched a neutral nature scene (Cromer & Goldsmith, 2010). This offers some explanation for the public's current high level of myth acceptance, since modern environments are besieged with advertisers who embrace the mandate that 'sex sells' and entertainment sources that abound with explicit portrayals of sex and related activities. A case in point is the popular TV series '*Games of Thrones*' which started

off its fourth season with a scene in which a prince progressively strips a group of prostitutes of their clothes as he selects his companion for the night (British Daily Mail, September, 12, 2014).

2.7.6 Media reporting

In a study amongst the public in the USA, most of the sample (91%) that reported that they relied on popular media as their source of information in CSA, which implies media influence in the high rates of CSA myth acceptance amongst the public (Katz-Schiavone, *et al.*, 2008). The media creates and promotes myths in CSA by the manner in which they report individual cases (Landor & Eisenchlas, 2012), including sensationalised headlines, the portrayal of victims as not entirely innocent, as well as reports which deny or minimise the harm of CSA (Corbella & Collings, 2007).

It has been widely suggested that popular media contribute to the maintenance of the belief that CSA is not necessarily harmful by using subtle techniques to titillate the reader when reporting adult-child sex (e.g., Katz-Schiavone, *et al.*, 2008; Collings & Bodill, 2003). This is evident in their tendency to use terms which suggest consensus, such as ‘fondling’, ‘sexual intercourse’ and ‘affair’ (Collings & Bodill, 2003, p.170). These techniques further emerge in emotive headlines designed to maintain and promote sales. Headlines similar to ‘*Jailed Teacher Afraid Lover Boy Will Dump Her*’ (Cromer 2006, p. 14) are common in popular media, and not only promote the idea that CSA is harmless and consensual, but further suggest that abusers are vulnerable to being emotionally hurt by the victim.

The media's lexical framing has been further implicated in contributing to the maintenance of myths that blame the victim. Previous studies have found that participants are far more likely to assign blame to the victim when consensual, rather than abusive, language is used to describe CSA (De Marni-Cromer & Freyd, 2007). In one of these studies, respondents were presented with two differently worded reports of one case of CSA. In the first report, the crime was described in terms of having sex, and an ongoing relationship, and in the second, as a rape, and ongoing abuse. Respondents who read the first report assigned significantly more blame to the victim than those who read the second (Collings & Bodill, 2003).

The media have also been criticised for portraying child molesters as a homogenous group by describing these as predators and paedophiles and reinforcing the idea that offenders are generally strangers. They do this by over-focusing on extreme, high-profile cases and largely ignoring interfamilial sexual abuse (DeMarni-Cromer & Freyd, 2007). They have further been implicated in promoting the myth that perpetrators are exclusively males (Landor & Eisenchlas, 2012).

2.8 Conclusion

This chapter provided an overview of the relevant literature in terms of myths surrounding CSA. A multitude of erroneous assumptions appear to exist in this field, with individual frequencies being dependant on population and culture. The literature suggests that gender and education influence rates of myth acceptance, with gender being the more significant. This review has indicated that influences in the development and maintenance of misconceptions in CSA are complex and interactive. The following chapter will present the research methodology that was used facilitate the aims of this study to provide a further contribution to knowledge in this field.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter will present the research design and methodology that was used to facilitate the achievement of the research aims presented in Chapter One. The first of these was to determine if misconceptions surrounding child sexual abuse (CSA) exist amongst the general population in Durban. The second was to determine if types of misconceptions occur at varying frequencies in this context, and the third and fourth were to determine if rates of myth acceptance differ according to gender and levels of education in this context.

The chapter will begin with an outline of the study's research design and a description of the study sample. This will be followed by a description the research questionnaire and the statistical tests that were used to analyse the collected data. The chapter will be concluded with a discussion of the ethical issues that were taken into consideration during the course of this research, and a description of how the study was implemented.

According to Baron (2008) the purpose of discussing the research methodology in a given study is to provide a clear set of directions to allow for the study to be replicated by other researchers. Research methodology should be distinguished from research methods since the term implies far more than just a collection of methods (Sapsford, 2006). While methods are the various approaches and tools used for data gathering,

such as surveys, interviews and case studies, methodology is the philosophy underlying these methods. It informs both the choice of methods and the research process (Cohen, Manion, & Morrison, 2007).

The methodology in a given study is informed by the epistemology and ontology of the paradigm in which the researcher operates (Sapsford, 2006). A paradigm is a theoretical mindset, or a set of beliefs about what exists in the world, and a set of agreements on how this should be studied (<http://www.sagepub.com/upm-data/14649>). The epistemology defines which knowledge is valid, what can be known and by whom it can be known (Ryan, 2006). The ontology dictates the nature of what is to be studied; the type of knowledge that can be acquired and the conclusions that can be made (Terra Blanche, Durrheim, & Painter, 2008).

3.2 Research design

In a scientific study, the formulation of the research questions is followed by the conceptualisation of a research design. Research design refers to the structure of a scientific enquiry and ensures that collected data provides relevant and valid answers to the research questions (De Vaus, 2001). The design determines the study type, for example, experimental, non-experimental, meta-analytic or descriptive. Similar to architectural plans for a building, the design directs and guides all aspects of the research process and ensures a systematic and organised approach.

According to Terra Blanche and colleagues (2008) in developing this design the researcher must give due consideration to the following:

- the purpose of the research;
- the paradigm which informs the research, e.g., positivist/interpretive;
- the context in which the research is to be conducted; and
- the ways in which the data will be collected and analysed.

In addition, the purpose of the research and the method of data collection must be in accordance with the chosen paradigm.

The research design in this study was conceptualised within the positivist paradigm with the use of quantitative data collected through questionnaire method. In the positivist paradigm there is a systematic and scientific approach to research and an assumption that the world is governed by immutable and universal laws of cause and effect (Mukherji, 2009). Positivism is a philosophy which assumes that knowledge is created through scientific observation and measurement. Little relevance is accorded to human interests and the researcher's role is limited to the collection of quantifiable data which is interpreted through statistical analysis (Dudovskiy, 2014). The key features of positivism are summarised in Table 2.

Table 2: Key features of positivism

<i>The observer</i>	Must be independent
<i>Human interests</i>	Should be irrelevant
<i>Explanations</i>	Must demonstrate causality
<i>Research progresses through</i>	Hypotheses and deductions
<i>Concepts</i>	Need to be operationalised so that they can be measured
<i>Units of analysis</i>	Should be reduced to simplest terms
<i>Generalisation through</i>	Statistical probability
<i>Sampling requires</i>	Large numbers selected randomly

(Dudovskiy, 2014, p.3)

The present study comprised a field study with a non-experimental and descriptive research design. In non-experimental research there is no attempt to control or manipulate situations, attitudes or respondent experiences (Mertens & McLaughlin, 2004). Descriptive research is the one of the most common approaches to investigate attitudes and perceptions (De Vaus, 2001), and describes the current state of existing phenomena in a natural setting. One of the objectives in descriptive studies is to explore associations between certain selected variables (Mertens & McLaughlin, 2004).

3.3 Study sample

The sample consisted of (i) staff and members of a public library; (ii) general workers and sales persons in a retail outlet; (iii) employees in a clothing factory; (iv) general workers, educators, and assistant educators in a school for children with special needs; and (v) educators in an elementary school.

To provide for fair representativeness of the general population of Durban, the research sites were located in three different geographical areas of Durban. The public library is situated in Umdloti, and the elementary school is in Durban North. These suburbs are both in the northern area of Durban. The retail outlet and the clothing factory are in the central Durban area. The first is in Morningside and second is in Greyville. The school for children with special needs school is situated in the suburb of Woodlands, which is in the southern area of Durban.

The two schools were allocated codes to distinguish them from one another in summary tables. The school for children with special needs was coded as School 1 and the elementary school was coded as School 2. The sites were chosen for the likelihood of permission being granted for research since the researcher has worked at various times as an administrator, educator and clothing designer and has maintained contact with previous colleagues and employers in these fields. Sampling was therefore nonprobability and convenience sampling.

3.4 Research instrument

The research instrument consisted of a questionnaire which was developed by the researcher (Appendix 1). The scale conceptualises CSA myths as a multidimensional entity and was developed within the framework of four empirical studies (Collings, 1997; Katz-Schiavone, *et al.*, 2008; Cossins, *et al.*, 2009; Cromer & Goldsmith, 2010).

The technical construction was made in accordance with the scientific guidelines provided in a symposium attended at the University of Zululand (Sibaya & Sibaya,

2012). Further input and recommendations in final editing was provided by two professors with extensive research experience.

Questionnaire method is extensively used in research and provides for a time-effective collection of an extensive variety of data that can be relatively easily categorized and interpreted using statistical analysis. In addition, according to Terra Blanche and colleagues (2008) respondents are more likely to give opinions, or admit to unpopular attitudes on sensitive issues, in writing than they would be in verbal interview.

3.4.1 Description of the research instrument

The questionnaire that was developed for this study consisted of a five point Likert type scale. This type of scale contains standard questions that allow for comparison between individuals. In this study, the scale indicated the extent to which respondents agreed or disagreed with various statements.

The scale consisted of two sections as follows:

Section A: This section contained four questions that were designed to collect demographic data relating to gender and levels of education.

Section B: This section contained 30 statements, which were grouped according to six categories namely, myths that: (i) minimise harm; (ii) exaggerate harm; (iii) diffuse culpability; (iv) typecast perpetrators; (v) dispute victim credibility; and (vi) typecast victim responses.

3.4.2 Nature of research instrument in relation to aims of the study

The first aim was to determine if misconceptions in CSA exist amongst the general population in Durban. This was achieved by having members of the public in three different areas of Durban fill in the research questionnaire, as described above, to assess their knowledge in issues surrounding CSA.

The second aim was to determine if types of misconceptions occurred at varying frequencies in this context. The study assessed and compared the occurrence of six different types of myths. The items on the research instrument were constructed to reflect these six types and were grouped accordingly. There were between three and eight items per category. Table 3 indicates the how the research instrument relates to this aim.

Table 3: Relation of questionnaire items to categories of misconceptions

Categories of misconceptions	Questionnaire items		
Myths that minimise the harm	b1	-	b4
Myths that exaggerate the harm	b5	-	b7
Myths that diffuse culpability	b8	-	b11
Myths that typecast perpetrators	b12	-	b15
Myths that dispute victim credibility	b16	-	b23
Myths that typecast victim responses	b24	-	b30

The third aim was to determine if rates of myth acceptance differ according to gender in this context, and the fourth was to determine if rates of myth acceptance differ

according to levels of education in this context. Table 4 shows how questionnaire items relate to gender and levels of education.

Table 4: Relation of questionnaire items to gender and education

Please tick where applicable	I am a male
	I am a female
	I have less than 4 years of tertiary education
	I have at least 4 years of tertiary education

3.4.3. Suitability and validity of the research instrument

When the final draft of the questionnaire was complete, ten copies were printed and a pilot study was conducted using a sample of ten library members. The purpose of the pilot study was:

- to ensure that the questionnaire was not too lengthy;
- to eliminate ambiguity and poor wording;
- to minimise sensitive areas and
- to ensure that language level was appropriate for respondents.

(Sibaya & Sibaya, 2012)

Following the pilot study some of the items on the questionnaire were reworded to facilitate clarity and the number of items was reduced from 35 to 30 statements. In order to maximise validity, the questionnaire was then submitted to two research experts for candid judgement. The first is a professor in the department of research at the

University of Zululand, and the second is a professor emeritus from the northern area of Durban. Alterations and amendments were made according to the recommendations they kindly provided.

3.5 Scoring procedure

In the research instrument the response options were as follows:

- SA = Strongly agree
- A = Agree
- U = Uncertain
- D = Disagree
- SD = Strongly disagree

Responses to each item were recorded as correct, uncertain or incorrect. Responses SD and D were generally correct and were scored as 1 and 2, respectively. Response U was scored as 3. Responses A and SA were generally incorrect and were scored as 4 and 5, respectively.

Since numbers were used to represent categories of entirely separate and mutually exclusive data, the level of measurement used in Section A was nominal. In nominal levels of measurement, these numbers have no numerical value, and are simply used as short labels or codes for categories, or levels, within variables (Osherson & Lane, n.d.). In gender, *male* was coded as 1 and *female* was coded as 2. In education, *less than 4 years of tertiary education* was coded as 1, and *at least 4 years of tertiary education* was coded as 2.

In Section B the level of measurement was ordinal because discrete categories were ordered or ranked according to an attribute (Terra Blanche *et al.*, 2008). On the rating scale used in this study these categories ranged from strong agreement to strong disagreement. For most items, disagreement was the correct response. The exceptions were items 20 and 26, where agreement was the correct response. These two items were reverse scored. Higher total scores on the research instrument indicated greater myth endorsement.

3.6 Data analysis

3.6.1 Preparation of data

According to Terra Blanche and colleagues (2008) the preparing of data for analysis is done in three steps: coding, entering and cleaning. Coding involves allocating numbers to the various items and categories in the research instrument so that these can be entered into the program used for analysis. Entering involves entering these numerical codes into a format that can be imported into a statistical computer program. Spreadsheets such as Microsoft Excel are generally used for this purpose. Variables are represented by rows and scores are reflected in columns. Cleaning the data involves checking the entered data for errors. This may be done selecting a random sample of approximately 15% and checking this for errors (Terra Blanche *et al.*, 2008). If there are errors in this sample, all data must be re-entered. If there are no errors the researcher may proceed to checking variables to determine the presence of impossible codes, for example, a code of 3 for gender.

Once all the data were collected, the researcher labelled the individual questionnaires according to research sites and numbered these from 1-147. The data were then coded and the responses of each individual participant were entered into a Microsoft Excel spreadsheet. The data was then cleaned by the researcher. Finally, the spreadsheet was submitted to a statistician for importation of data into the Statistical Package for Social Science (SPSS) program to generate descriptive and inferential statistics.

3.6.2 Descriptive statistics

Descriptive statistics were used to summarise and describe the data. These included statistics such as the mean (the average of a set of scores), the standard deviation (a measure of the dispersal of the scores) and the median (the score that has equal number of scores above it and below it). These were presented graphically, or in summary tables. Although descriptive statistics are essential in organising and making sense of the data, they but do not provide for inferences or predictions to be made from the data (Johnston, 2012). These were provided for in the generation of inferential statistics.

3.6.3 Inferential statistics

Inferential statistics are procedures that allow for the inference or generalisation of sample results to the larger population from which they were drawn. In this study these were generated with the use of Chi-square and t-tests.

3.6.3.1 Chi-square

The Chi-square is a statistical test to determine difference. The test compares the total number of categorical responses between two or more independent groups to determine if actual results differ from expected results (Fisher & Yates, 2007). It provides the 'goodness of fit' between the expected and the observed result (Cohen *et al.*, 2007, p.525). The *one sample* chi-square and the *simple case* chi-square tests were used in this study.

Before deciding to use a Chi-square test it is important to ensure that the data to be analysed meets certain assumptions. These are as follows:

- the variables must be categorical data at a nominal level or ordinal of measurement;
- the variables must consist of two or more mutually independent groups;
- the sample must be random;
- data must be discrete, i.e. there should be no decimal places between data points;
- 80% of the cells in the cross tabulation must contain five or more cases.

(Cohen *et al.*, 2007)

3.6.3.2 t-Test for independent groups

The t-test for independent groups is used to determine whether there is a statistically significant difference in the means of the two groups (Trochim, 2006).

The t-test can only be used if data is in accordance with the following assumptions:

- the dependent variable must be measured on an interval or ratio scale;
- the independent variable should have two independent categories;

- no participant can be in more than one group;
- there should be no single data points that follow an unusual pattern (outliers);
- for each group of the independent variable, the dependent variable should be approximately normally distributed; and
- there should be homogeneity of variances, which can be determined with the use of Levene's Test for Equality of Variances (Trochim, 2006).

The chi-square and the t-test both provide a *p*-value, which is the probability of the observed result occurring if the null hypothesis is true. A small *p*-value (usually ≤ 0.05) signifies strong evidence against the null hypothesis, and therefore the null hypothesis is rejected. A large *p*-value (usually >0.05) signifies weak evidence against the null hypothesis, and therefore the null hypothesis is not rejected.

3.7 Ethical considerations

In the construction of the research questionnaire, certain items were used verbatim from a questionnaire which was developed for a previous study (Cossins *et al.*, 2009). Permission to do this was sought and granted from the questionnaire developers (Appendix 2). All relevant sources used to assist in the construction of the instrument were acknowledged.

Before the commencement of this research, ethical clearance was obtained from the Ethics Committee at the University of Zululand. The researcher then approached each of the research site managers to verbally request permission to conduct research at their sites. This was followed by a letter formally requesting permission to use each of the

five research sites (Appendix 3). This was sent by e-mail, or hand delivered, to each of the site managers. The managers were assured of anonymity and confidentiality, as well as their right to withdraw from the research at any time. Written permission was obtained from all five of the research site managers (Appendices 4-8). In addition, written permission to conduct research in KwaZulu-Natal educational institutions was sought from the KwaZulu-Natal Department of Education in Pietermaritzburg (Appendix 9). Ethical considerations in terms of research participants will be discussed in the section below, which outlines how the study was implemented.

3.8 Implementation of the study

Before beginning the research at individual research sites, potential participants were gathered for a short meeting to explain the purpose of the research, the research instrument and the research process. They were informed that participation was voluntary and would only be conducted with their written consent. They were assured that all responses would be confidential and anonymous. They were advised that they were free to leave out any question(s) which they preferred not to answer, and that they could withdraw from the research at any time. They were further advised that they were not required to provide reasons for either of the aforementioned decisions. Throughout this meeting potential participants were invited to ask questions and encouraged to offer suggestions concerning the most convenient way of implementing the study.

Those who agreed to participate were asked to sign a consent form (Appendix 10). They were told that these consent forms would not be attached to their questionnaires to ensure anonymity. Participants had the option of completing the questionnaire in the

presence of the researcher, or having this e-mailed to them by the researcher for completion at home. The researcher was available to answer questions, and provide clarification of questionnaire items at all times during the research process. Questionnaires were collected at the convenience of the participants, either physically by the researcher, or by e-mail.

3.9 Conclusion

This chapter outlined the research design and the methodology used in this study. The research instrument was described and validity of the instrument was discussed. The method of scoring and the statistical tests used for data for analysis were provided. This chapter was concluded with a description of the ethical issues that were taken into consideration in the process of this study, and how the study was implemented. Chapter Four will present the findings of the study in terms of the collected data.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1. Introduction

The previous chapter provided a brief description of the sample and an explanation of the research design, the methodology and how the study was conducted. This chapter describes the sample in detail, and presents the results and findings of the data that were collected to answer the research questions identified in Chapter One.

4.2. Description of the sample

4.2.1 Sample component according to gender

Descriptive statistics were generated to determine sample characteristics. As was previously discussed, the sample in this study (N=147), consisted of employees and members of a public library and employees in a retail outlet, a clothing factory and two schools. The total number of female respondents in the sample was n=96 (65.3%) and the total number of male respondents was n=51 (34.7%). Therefore the ratio of females to males in the sample was approximately 2:1. Figure 2 shows the sample component according to gender (N=147).

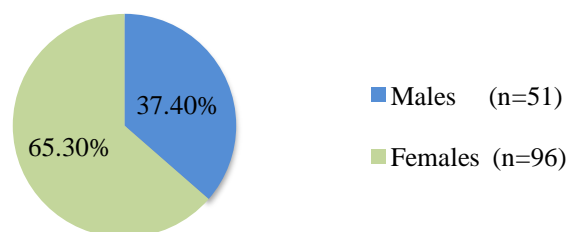


Figure 2: Sample component according to gender (N=147)

4.2.2 Sample component according to levels of education

In terms of educational level the sample consisted of n=81 (55.1%) with less four years of tertiary education and n=66 (44.9%) with at least 4 years of tertiary education.

Figure 3 shows the sample component according to levels of education (N=147).

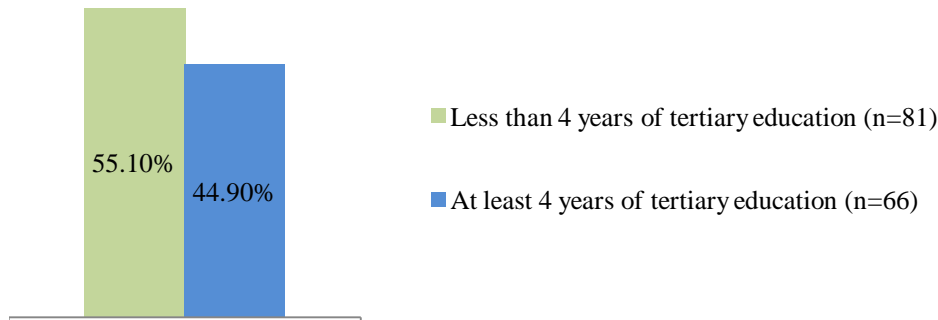


Figure 3: Sample component according to levels of education (N=147)

4.2.3 Sample component according to individual research sites

The sample at the public library (N=14), consisted of n=9 (64.3%) females and n=5 (35.7%) males. At the retail outlet (N=14), the sample comprised n=3 females (21.5%) and n=11 (78.5%) males. In the clothing factory (N=39), the sample consisted of n=29 (74.3%) females and n=10 (25.7%) males. At the School 1 (N=58) the sample consisted of n=41 (70.7%) females and n=17 (29.3%) males. At School 2 (N= 22) the sample consisted of n=14 (63.6%) females and n=8 (36.4%) males.

Female respondents outnumbered male respondents at nearly all the research sites with the exception of the retail outlet where more than three quarters of the respondents were males and less a quarter were females. Figure 4 shows the sample component according to individual research sites.

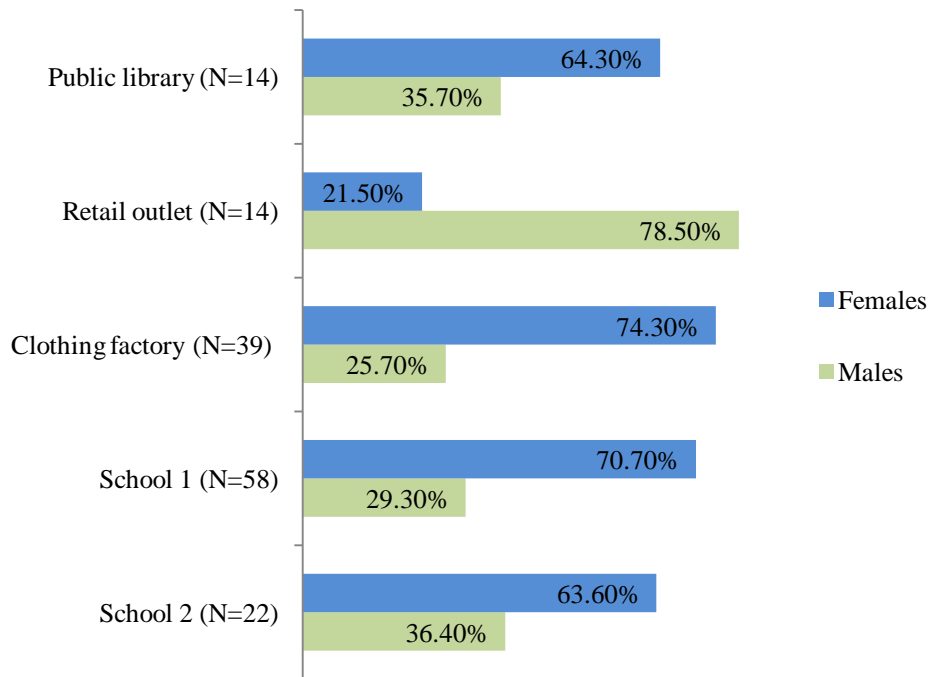


Figure 4: Sample component according to individual research sites (N=147)

4.3 Results of the study

4.3.1 Aim 1: To determine if misconceptions in CSA exist amongst the general population in Durban.

The hypothesis that was formulated in accordance with this aim was as follows:

Research hypothesis: Misconceptions do not exist amongst the general population in Durban.

A Chi-square test was used to test the research hypothesis. Before calculating the test, the scores on the entire questionnaire for each respondent in the sample (N=147) were totaled. These were then added together to achieve a grand total (11407). The average score was calculated as follows: $11407 \div 147 = 77.5$.

This mean score was then used as a cut-off point to establish a low scoring group (LS) and a high scoring group (HS). Along the continuum LS to HS the participants were classified into strong endorsement of misconceptions (HS) and weak endorsement of misconceptions (LS). A score below the mean (77.5) was coded as a low score (LS) and a score equal to, or above the mean was coded as a high score (HS). It was determined that 85 respondents had a total score below the mean (LS) and 62 respondents had a total score equal to, or above or the mean (HS).

Null hypothesis $H_0: p = 0$

Alternate hypothesis $H_1: p \neq 0$

Table 5 indicates the results of the Chi-square test.

Table 5: Existence of misconceptions amongst general Durban population (N=147)

	MISCONCEPTIONS GROUPS	
	Low scoring group	High scoring group
Observed	85	62
Expected	73.5	73.5
Chi-square = 23 df = 1 $p < 0.05$		

The calculated Chi-square value (23) is larger than the tabled critical value (3.84) at $df = 1$ using $\alpha = 0.05$. Since the probability (p) is smaller than the previously set level of significance ($\alpha = 0.05$), the null hypothesis can be rejected at confidence level of 95%.

The results between the low and high scoring groups are significant and are not due to chance factors. Therefore the research hypothesis has been found tenable, and it can be concluded that there are many people in the general population in Durban, who do not have misconceptions about CSA.

4.3.2 Aim 2: To determine if categories of misconceptions occur at varying frequencies in the proposed context

4.3.2.1 Hypothesis testing

The hypotheses that were formulated in accordance with this aim were as follows:

Research hypothesis: Categories of misconceptions do not occur at varying frequencies in the proposed context.

A Chi-square test was used to test the research hypothesis. Before calculating the test, the total scores for each category were summed to establish the mean score. The mean score was calculated by dividing the total score in each category by the number of respondents (total score in each category \div N (147)). Table 6 shows the total and mean scores in each category of myths.

Table 6: Total and mean scores in each category of myths (N=147)

Category	Total score	Mean score
1. Myths that minimise harm (4x items)	1077	7.32
2. Myths that exaggerate harm (3x items)	1467	9.98
3. Myths that diffuse culpability (4 x items)	1401	9.53
4. Myths that typecast perpetrators (4x items)	1414	9.61
5. Myths that dispute credibility (8x items)	3098	21.0
6. Myths that typecast victim responses (7x items)	2950	20.0

This was followed by calculating the total scores for each respondent in each category to determine how many had a score below the mean (LS) and how many had a score above, or equal to the mean (HS).

Null hypothesis $H_0: p = 0$

Alternate hypothesis $H_1: p \neq 0$

Table 7 indicates the frequency distribution of participants in terms of low and high scores across the different categories of myths, as well as the result of the Chi-square test.

Table 7: Frequency distribution across different categories of myths (N=147)

CATEGORIES/TYPES	FREQUENCIES OF PARTICIPANTS	
	Low scoring group	High scoring group
1. Myths that minimise harm	93(A)	54(B)
2. Myths that exaggerate harm	62(C)	85(D)
3. Myths that diffuse culpability	86(E)	61(F)
4. Myths that typecast perpetrators	84(G)	63(H)
5. Myths that dispute credibility	71(I)	76 (J)
6. Myths that typecast victim responses	73(K)	74(L)

Chi-square = 17.89 df = 5 $p < 0.05$

The calculated Chi-square value (17.89) is larger than the tabled critical value (11.07) at $df = 1$, using $\alpha = 0.05$. Since the probability (p) is smaller than the previously set level of significance ($\alpha = 0.05$), the null hypothesis can be rejected at confidence level of 95%. The results between the low and high scoring groups across all categories of myths are significant and are not due to chance factors. Therefore the research hypothesis has been found tenable, as there was no significant difference in the occurrence rates of different categories of myths in the research context.

4.3.2.2 Occurrence rates of individual myths

○ Analysis of individual responses

Since scores of 1 and 2 on individual items were correct responses, scores of < 3 showed that the respondent recognised the item as a myth, that is, the myth was not endorsed. Scores of 4 and 5 were incorrect responses. Therefore scores of >3 showed that the respondent did not recognise the item as a myth, that is, the myth was endorsed.

To determine myth endorsement rates for individual items, the sample percentages in scores <3 and >3 were calculated. Table 8 shows the sample percentages for non-endorsement and endorsement of each item.

Table 8: Sample percentages for non-endorsement and endorsement of each item

	% that did not endorse	% that endorsed
Boys are seldom victims in child sexual abuse (CSA)	68.7	25.2
CSA does not cause damage if it is nonviolent	81.6	12.2
Boys are fortunate if an adult female engages in sex with them	85.7	8.8
Children will outgrow the effects of CSA.	84.4	8.8
Victims of CSA will perpetuate CSA in adult life	25.2	42.9
Children are all permanently damaged by CSA	12.9	71.4
Male victims of CSA very often become homosexuals	38.8	23.1
Partners of perpetrators are often partly to blame for CSA.	41.5	35.4
Girls who dress seductively invite CSA	54.4	36.7
Affectionate young children initiate sexual contact	72.1	15.0
A woman who does not satisfy her husband's sexual needs is partly to blame if her husband commits CSA.	75.5	19.0
The perpetrator of CSA is normally a stranger to the child.	66.7	22.4
Stepfathers are more likely to commit CSA than natural fathers.	47.6	31.3
Well educated people do not molest children.	70.7	16.3
Women do not perpetrate CSA.	69.4	17.0
Repeatedly asking children questions such as: "What happened? What else happened?" leads them to make false claims.	42.9	26.5
Inconsistencies in a child's report of sexual abuse indicate that the report is false.	61.2	12.9
Children are easily coached to make false accusations of sexual abuse.	41.5	37.4
Children sometimes make up stories about being sexually abused when they actually have not.	36.1	27.9

Children are sometimes led by an adult to report that they have been sexually abused when they have not.	40.1	23.8
It would be wrong to convict someone of a crime if the only eye-witness was a 7-year old.	70.1	14.3
Delayed disclosure of the abuse is evidence of lying.	70.1	15.0
Children sometimes make false claims of sexual abuse to get back at an adult.	34.7	36.1
A child who shows no signs of distress has not been abused.	73.5	15.0
An abused child will typically cry for help and try to escape.	39.5	43.5
Children may experience sexual contact with an adult as pleasurable	23.1	52.4
A child who returns to, or spends time with the alleged offender is unlikely to have been abused.	74.1	12.9
Children who are abused display strong emotional reactions.	25.9	56.5
There is one set of symptoms to indicate that a child has been sexually abused.	19.0	63.9
All victims of sexual assault respond in the same way.	76.2	16.3

- **Least and most frequently endorsed myths and items where uncertainty was commonly indicated**

Table 9 indicates the least frequently endorsed myths.

Table 9: Least frequently endorsed myths

	Mean	SD	% that did not endorse
Boys are fortunate if an adult female engages in sex with them	1.6	1.09	85.7%
Children will outgrow the effects of CSA	1.6	1.00	84.4%
CSA does not cause damage if it is nonviolent	1.7	1.24	81.6%
A woman who does not satisfy her husband's sexual needs is partly to blame if her husband commits CSA	1.9	1.31	75.5%

Table 10 indicates the most frequently endorsed myths.

Table 10: Most frequently endorsed myths

	Mean	SD	% that endorsed
Children are all permanently damaged by CSA	3.9	1.10	71.4%
There is one set of symptoms to indicate that a child has been sexually abused	3.6	1.2	63.9%
Children who are abused display strong emotional reactions	3.5	1.2	56.5%
Victims of CSA will perpetuate this in adult life	3.3	1.15	42.9%

Table 11 shows the items where uncertainty was more commonly indicated.

Table 11: Items where uncertainty was commonly indicated

	Mean	SD	% that indicated uncertainty
Male victims of CSA very often become homosexuals	2.7	1.13	38.1%
Victims of CSA will perpetuate CSA in adult life	3.2	1.15	32.0%
Children sometimes make up stories about being sexually abused when they actually have not.	2.8	1.01	36.1%
Children are sometimes led by an adult to report that they have been sexually abused when they have not	2.8	1.01	36.1%
Repeatedly asking children questions such as: "What happened? What else happened?" leads them to make false claims.	2.8	1.10	30.6%
Children sometimes make false claims of sexual abuse to get back at an adult.	2.9	1.14	29.3%

4.3.2.3 Occurrence rates of categories of myths

The category of myths that reflected minimisation of harm had the lowest percentage of myth endorsement (13.8%) and a low percentage of uncertain responses (6.1%) which suggests that the majority of the sample acknowledged, and were aware of the harmfulness of CSA.

The category of myths that exaggerate harm had the highest percentage of myth endorsement (45.8%) and relatively high indications of uncertainty (28.6%). This suggests that the nearly half the sample over exaggerated the harm in CSA and more than one quarter were unsure as whether this was over exaggerated or not.

In the category that reflected perceptions of victim responses, the percentage of myth endorsement was 37.2% and the percentage of uncertainty was 15.5%. This suggests that more than a third of the sample were misinformed in terms of children's responses to CSA and nearly one fifth were unsure of how children respond to CSA

In the category of myths that reflected perceptions of victim credibility, the percentage of myth endorsement was 27.7% and the percentage of uncertainty was 26.2%. This suggests that more than a quarter of the sample were sceptical in terms of a child's ability to reliable testimony, and more than a quarter were unsure about this.

In the categories that reflected diffused culpability and stereotyped perceptions of perpetrators, more than one quarter (26.5%) of the sample supported myths that diffused blame and nearly a quarter (21.8%) had stereotyped perceptions of perpetrators.

Table 12 shows the sample percentages for myth endorsement and uncertainty according to categories.

Table 12: Sample percentages for myth endorsement and uncertainty in categories

Category	% endorsed	% of uncertain responses
Myths that minimise harm	13.8%	6.1%
Myths that exaggerate harm	45.8%	28.6%
Myths that diffuse culpability	26.5%	12.6%
Myths that typecast perpetrators	21.8%	14.6%
Myths that dispute victim credibility	27.7%	26.2%
Myths that typecast victim responses	37.2%	15.5%

4.3.3 Aim 3: To determine if rates of myth acceptance differ according to gender in the proposed context.

The hypotheses that were formulated in accordance with this aim were as follows:

Research hypothesis: Rates of myth acceptance differ according to gender in the proposed context.

A two-sample assuming unequal variances t-test was calculated to test the research hypothesis. This provided the statistical significance of the difference in means between males and females. The level of significance was set at 0.05.

Null hypothesis $H_0: p = 0$

Alternate hypothesis $H_1: p \neq 0$

Table 13 shows the results of the two tailed t-test.

Table 13: t-Test for gender differences in myth acceptance (N=147)

Gender	Mean	Variance	N	df	P(T<=t) two-tail	Significance	Result
Males	8.62745	27.91843	51	124	0.731384	$p > 0.05$	N.S.
Females	8.28125	44.64638	96				

Since the two tailed t-test indicated a significance level ($p = 0.731384$) which is greater than 0.05, results are not significant and the null hypothesis cannot be rejected. It can be therefore be inferred that rates of myth acceptance do not differ according to gender in the proposed context, at a confidence level of 95%.

4.3.4 Aim 4: To determine if rates of myth acceptance differ according to educational levels in the proposed context.

The hypotheses that were formulated in accordance with this aim were as follows:

Research hypothesis: Rates of myth acceptance differ according to levels of education in the proposed context.

A two-sample assuming unequal variances t-test was calculated to test the research hypothesis. This provided the statistical significance of the difference in means between the two levels of education i.e. less than 4 years of tertiary education and at least 4 years of tertiary education. The level of significance was set at 0.05.

Null hypothesis $H_0: p = 0$

Alternate hypothesis $H_1: p \neq 0$

Table 14 shows the results of the t-test.

Table 14: t-Test for levels of education differences in myth acceptance (N = 147)

Education level	Mean	Variance	N	df	t-stat	Tabled critical value	Result
Less than 4 yrs	10.90123	47.71512	81	119	6.422972	1.9801	S
At least 4 yrs	5.33333	10.717949	66				

Since the calculated t-statistic (6.422972) is greater than the tabled critical value (1.9801), results are significant, and the null hypothesis can be rejected. It can therefore be inferred that rates of myth acceptance differ according to levels of education in the proposed context, at a confidence level of 95%.

4.4 Conclusion

This chapter was largely focused on the testing of the four hypotheses formulated in Chapter One. There were indications that there are many people in the Durban population who do not have misconceptions about CSA. There were further indications that there was no significant difference in the occurrence rates of types, or categories of myths in this context. The misconceptions that were most and least frequently endorsed by the sample were identified, as well as those where uncertain responses were commonly indicated. It was determined that differences in rates of myth endorsement were statistically significant for education, but not for gender. Chapter Five will focus on a discussion related to these findings, as well as recommendations, limitations of the study, and suggestions for further research.

CHAPTER FIVE

DISCUSSION OF FINDINGS AND IMPLICATIONS

5.1 Introduction

In Chapter Four the research data were analysed and interpreted with the use of quantitative measures. In this chapter these results will be discussed and compared to those in previous studies to determine similarities or differences. The implications of these findings will be discussed together with some suggestions for adaptive resolutions in identified problem areas. Finally, the limitations of the study will be outlined and some suggestions will be made in terms of directions for future research.

5.2. Findings for the first aim

The first aim of this study was to determine if misconceptions in CSA exist amongst the general population in Durban. Findings in the study suggest that there are many people in this population who do not have misconceptions about CSA. This is inconsistent with findings in studies amongst the general public in the USA and Australia where high rates of myth endorsement were found in these populations (e.g. Katz-Schiavone, et al., 2008; Cossins, *et al.*, 2009; Stermac & Dafoe, 2009).

Rates of myth endorsement in the current study were not as high, but it must be noted that more than half of the sample (54.4%) consisted of employees in two schools (n=80) who would presumably have a higher level of exposure to CSA than the average person, and therefore a wider knowledge in issues surrounding CSA.

5.3 Findings for the second aim

The second aim was to determine if types of misconceptions occur at varying frequencies in the proposed context. Findings in the current study indicate that there is no statistically significant difference between rates of occurrence of categories, or types of myths in the research context. Results in each category of myths will be compared to findings in other studies to determine similarities or inconsistencies.

5.3.1 Myths that minimise harm

In the current study, the category of myths that minimise the harm had the lowest overall mean score of all categories. This indicates that the majority of the sample was aware that CSA is harmful, whether it is violent or nonviolent, and whether victims are male or female. This is consistent with results in the study amongst the public in the USA by Katz-Schiavone and colleagues (2008) where 99% of the sample disagreed with the statement, *'Victims of sexual assault are harmed only through physical violence'*. Similar results were found in Cromer's (2006) study amongst college students where only 1.3% of the sample agreed that CSA was not abusive if the child experienced physical pleasure during sexual contact. In the same sample only 1.4% of the sample strongly agreed with the statement, *'Sexual contact between a child and an adult that does not involve force or coercion is unlikely to have serious psychological consequences for the child'*.

Although these and the current study indicate that the public do not generally underestimate or minimise the harm of CSA, it appears that this has not always historically been the case. Cromer (2006) cites the historic minimisation of this by the

clergy, and quotes the popular Kinsey Report (1953) in which it was stated that CSA is unlikely to harm a child unless the parents are disturbed by this.

5.3.2 Myths that exaggerate harm

In the current study, the category of myths that reflect exaggerated harm in CSA had the highest overall mean score. This shows that a large proportion of the sample tended to amplify the harmful consequences of CSA. This is similar to findings in the study by Katz-Schiavone and colleagues (2008) where more than a third (39%) of the sample indicated that they believed victims of CSA would all perpetuate this in adulthood. This is an exaggerated perception of harm since it is estimated that a victim-perpetuator cycle in CSA occurs in only 30% of cases and some researchers estimate this to be even lower (Putnam, 2003; Katz-Schiavone, *et al.*, 2008; Collings, 2012).

5.3.3 Myths that diffuse culpability

In the current study more than a third of the sample thought that non-offending partners and girls who dressed seductively, shared culpability for CSA. This is consistent with findings in previous studies since it appears that victims are assigned blame to a lesser or greater degree in all samples where this is investigated. It has been estimated between 4% and 61% of respondents in studies of attributions of blame assign some degree of responsibility to the victim (Collings & Bodill, 2003). Myths that reflect victim blaming are also amongst the most commonly occurring (Corbella & Collings, 2007). This is in keeping with results reported by Cromer and Goldsmith (2010) where almost half of their sample agreed or partly agreed with statements that diffused blame. Similar results were found in a study amongst the public where 32% of the sample

thought that victims were partly to blame for the assault, which included some of the participants that had experienced sexual violation in childhood (Katz-Schiavone *et al.*, 2008). This was even higher in a study reported by Stermac and Dafoe (2009), where 42% of the sample assigned some degree of blame to the victim. Numerous other studies have indicated that victim blaming is common in both adult and child sexual assault (e.g., Reynolds & Birkimer, 2002; Rogers, *et al.*, 2007; Rogers, Weczasek, & Davies, 2011).

Victims are more likely to be blamed when the respondent is male; the victim is older; the victim does not sufficiently resist; and the victim appears to encourage the adult's advances (Collings 2003; Stermac & Dafoe 2009). This is consistent with just world beliefs in which nature is deemed inherently fair so that no victim is ever entirely blameless and must have done something to deserve their victimisation (Rogers, *et al.*, 2009). These attitudes have the potential to negatively affect the victim's recovery and long term mental health and have important implications for both research and treatment.

5.3.4 Myths that typecast perpetrators

Myths that reflect stereotyped perceptions of perpetrators have been identified as some of the more common (Corbella & Collings, 2007). This is in keeping with a study amongst parents of junior school children, reported by Cromer and Goldsmith (2010), in which 56% of the sample endorsed the concept of 'stranger danger' (p.631). Contrary findings were indicated in their own study where 84% of the sample did not agree that perpetrators were generally strangers. Results in the current study appear to fall

between these two extremes, since 67.1% of the sample disagreed with this belief and 23.6% agreed.

In the current study nearly three quarters of the sample were aware that women could perpetuate CSA. This is similar to results reported by Katz-Schiavone and colleagues (2008), where 99% of their sample refuted the statement: '*Only men commit sexual assault*'. This is contrary to findings in other studies where respondents generally excluded females as perpetrators of CSA (Briggs & Potter, 2004; Babatsikos 2010; Landor & Eisenclas, 2012).

5.3.5 Myths that dispute victim credibility

In the current study nearly 40% of the sample thought that children could be easily coached to make false accusations in CSA, and nearly 25% expressed uncertainty. This is similar to findings reported by Cossins and colleagues (2009), where approximately 50% of the participants in two separate studies believed this to be true.

There appear to be both divided opinions and uncertainty in terms of the likelihood of children fabricating sexual abuse. In the current study, responses to the statement '*Children sometimes make up stories about being sexually abused, when actually they have not*' were almost equally distributed between disagreement, uncertainty and agreement. In the study by Cossins and colleagues (2009), most of the respondents agreed with this statement, but in Katz-Schiavone and colleagues' (2008) study, 64% of the sample disagreed with a similar statement.

More than 70% of the sample in the present study indicated that they believed that a 7-year old child could be a credible witness in a legal context. This is in accordance with findings in Cossins and colleagues' (2009) study where most respondents acknowledged that children were able to deliver reliable testimony in a court of law.

The majority of participants in the present study did not perceive delayed disclosure as evidence of lying. Similar perceptions were found in three other studies. In the first, 94% of the sample acknowledged that delayed disclosure was common, and in the second, a large proportion of the sample disagreed with the idea that inconsistent or delayed reporting implied fabrication. In the third, 96% of the sample refuted the belief that nondisclosure implied consensus (Katz-Schiavone, *et al.*, 2008; Cossins *et al.*, 2009; Cromer & Goldsmith, 2010). This is in keeping with findings in a study amongst students, community members and child sexual abuse experts, in which the majority of the participants acknowledged that most victims delayed disclosure (Cossins *et al.*, 2009).

5.3.6 Myths that typecast victim responses

Although it is well established that children's responses to sexual abuse are diverse (e.g., Fincham, *et al.*, 2001; Kools & Kennedy, 2002; Paine & Hansen, 2002; Putnam, 2003; Mathews, *et al.*, 2009; Shackel, 2009), many people expect children to demonstrate clear and overt changes in behaviour and functioning following sexual abuse (Stermac & Dafoe, 2009). More than a third of the current sample (37.2%) demonstrated poor knowledge of children's responses to CSA and general findings in USA studies have indicated that up to 72% of the public are misinformed in this respect.

In a study by Cossins and colleagues (2009), between 20% and 26.6% of the sample endorsed the myth that victims generally cry for help or try to escape, which is similar to results in the current study where nearly half (43.9%) of the sample believed this to be true.

The belief that children will all demonstrate extreme distress following CSA has been identified as one of the more common myths (Cossins *et al.*, 2009). This is congruent with results in many previous studies, as well as in the current study where more than half (57.3%) of the sample supported this belief.

In the study amongst students, members of the community and child sexual abuse experts, reported by Cossins and colleagues (2009), the sample generally refuted the statement: '*A child who returns to, or spends time with the alleged offender is unlikely to have been abused*'. This is consistent with results in the current study where nearly three quarters (74%) of the sample refuted the same statement.

5.4 Findings for the third aim

The third aim of this study was to determine if rates of myth acceptance differ according to gender in the proposed context. Results in the current study suggest that these do not differ, since statistically significant differences were not established. There were, however, indications of clinical significance since the means for males in all categories of myths were higher than those of females. However, since statistical significance was not established, results in the current study are inconsistent with most previous research which extensively indicates significantly higher rates of myth acceptance amongst

males (e.g., Collings 2003; Suliman & Collings 2005; Tennfjord, 2006; DeMarni-Cromer & Freyd, 2007; Rogers *et al.*, 2009; Davies, *et al.*, 2011)

Findings in the current study are however, congruent with those in a Swedish community sample where it was found male and female rates of myth acceptance did not differ (Strömwall, *et al.*, 2013). The researchers acknowledge that this is in contrast to findings in most other studies, and suggest that the tendency towards gender equality in Sweden may have influenced results.

5.5 Findings for the fourth aim

The fourth aim of this study was to determine levels of education could account for differences in rates of myth acceptance. Findings in this study indicate a statistically significant relationship between education and myth endorsement, that is, those with a lower level of education demonstrated a higher rate of myth acceptance than those with a higher level of education.

Consistent with these results are findings in the study amongst the Australian public that investigated myth acceptance rates in three levels of education (Cossins *et.al*, 2009) and in two studies reported by Kassing and colleagues (2005). They are also congruent with findings in Collings' (2003) study where university students demonstrated a higher rate of myth acceptance than trainee psychologists and registered psychologists.

5.6 Recommendations

Suggestions and recommendations will be provided for the implementation of focused educational interventions to disseminate accurate information in all issues surrounding CSA to various subpopulations, and amongst the general public.

5.6.1 Learners, university students and educators

The need for the implementation of educational initiatives in schools is indicated in the study amongst the American public by Katz-Schiavone and colleagues (2008). In this study only 9% of the sample cited their schools as an information source in CSA. The remaining 91% reported that they gleaned this information from popular media.

In secondary schools, these initiatives should form part of the life skills program for learners. At universities these should provide a course credit, ideally for all students, but more so for students in education and all helping disciplines. They should be included in the workshops currently offered to educators by Psychosocial Services at Departments of Education in South Africa. School provides the first line of defence for victims of CSA since is the one institution where children have regular contact with adults in authority (Mathews, *et al.*, 2009). It is therefore vital that educators are fully informed so that they are competent and active in the identification, handling and reporting of this (Campbell & Collings, 2000). These initiatives are further indicated as an urgent priority for South African educators since they are responsible for approximately 33% of child rapes in this country (Naidoo, 2013).

5.6.2 Helping and legal professionals

In terms of registered helping professionals, myth acceptance should ideally be fully addressed during initial training (Suliman & Collings, 2005). This should be supplemented by the implementation of further initiatives in Continuing Professional Development (CPD) programs. Myths that relate to victim blaming and to victim insensitive attitudes are particularly relevant in this field.

Cossins (2010) emphasises the importance of promoting correct understandings of patterns of disclosure in CSA into the criminal justice system to provide for fair treatment of victims. According to Adams (2009) poor understanding of these are highly contributory to low conviction rates in CSA. Although attorneys in cases of child sexual abuse often make use of expert witnesses (Cossins, 2013), this does not provide for plaintiffs who cannot afford this option. In the short term, it may be useful to develop a fact sheet for mandatory reading by all professionals involved in CSA cases. In the long term, there would need to be some provision for accurate and scientifically proven information in CSA to be included in law programs at universities.

5.6.3 Traditional healers

Educational programs should be offered to traditional healers since they play a key role in South African society and have large followings. As far back as 1997, traditional healers in a KwaZulu-Natal study indicated the need for more information in issues surrounding CSA to reduce CSA in their communities (Schoubben-Hesk, 1997).

According to an article in a Durban newspaper there are indications that traditional healers are finally gaining the official recognition they deserve (Daily News, 14 April, 2014). For example, in 2013, the government ruled that sick notes issued by traditional leaders should be accepted by employers. Further evidence of this recognition is that some traditional leaders are currently receiving training in managing basic child oncology, tuberculosis and HIV/AIDS treatments. The same article reports that traditional healers are modernising of their practices and becoming part of the business community. The article describes the practice of Nokulinda Mkhize, a social science graduate, who not only writes for the media, but has also has website and an online store. She consults face-to-face or via Skype and has 700 followers on Twitter.

This increased recognition and modernisation raises issues of control and regulation and implies opportunities for training. Funding appears to be available for this, since the trade in traditional medicine in South Africa has been estimated to be worth three billion rand a year (Daily News, 14 April 2014). In rural areas where funding may not be so readily available, training could be implemented through short government-funded courses at neighbouring universities. It is a given that the success of these initiatives amongst traditional healers in rural areas, requires that facilitators have both cultural awareness and ‘cultural competency’ (Fontes & Plummer, 2010, p.509). The former is self-explanatory and latter implies that the facilitator respects and accounts for the group’s home language; beliefs; traditions and lives in general, when developing and implementing these interventions.

5.6.4 Employees in the manufacturing sector

In South Africa, the Manufacturing Sector Education and Training Authority (SETA) provides education and training to enhance the skills of those employed in manufacturing industries. Findings in this study suggest that respondents with less than four years of tertiary education are more likely to endorse CSA myths than those with higher levels of education. Since it may be assumed that factory workers would fall into the first category, SETA could be approached to include a mandatory program which elucidates issues in CSA for this population.

5.6.5 Child sex offenders

The extensive research to implicate cognitive distortions and implicit theories in the development and maintenance of myths in CSA appears to indicate mandatory offender treatment programs in which these are addressed.

However, it seems there are some reservations for the justification of these (Gannon & Polaschek, 2005). Firstly, there appears to be little supporting empirical evidence for theories to explain motivations for sexual offending in general (Mihailides, Devilly & Ward, 2004; Schneider & Wright, 2004). It has been suggested that since Ward & Keenan's (1999) theory does not fully account for the structure and processes in the development of implicit cognition, these programs address the symptoms rather than the causes (Mihailides, Devilly & Ward, 2004). Secondly, Ciardha and Ward (2013) are of the opinion that the term cognitive distortion as discussed in sex offender literature needs clearer definition since it is currently 'vague and so broad that it is at best unwieldy and at worst meaningless' (p. 5). They suggest that the minimisations and

excuses termed as cognitive distortions by some researchers are used by most people. This is consistent with Butterworth's (2007) report of studies where it was found that offense-supportive statements made by perpetrators were similar to those in non-offender samples. She suggests that this supports the feminist view that myths in CSA are an outcome of culturally sanctioned attitudes and biases rather than cognitive distortions. Finally, these treatment programs would need to be clearly indicated for female offenders, since Gannon and Alleyne (2013) report a number of studies in which cognitive distortions did not appear to exist in female offender samples.

Despite these findings, offender treatment programs that use cognitive behavioural techniques to modify cognitive distortions and implicit theories have become the preferred approach since their inception in the 1970s (Schneider & Wright, 2004). The strong empirical support to confirm their efficacy implies the inclusion of these in all sex offender treatment programs (Beech *et al.*, 2013; Helmus, *et al.*, 2013).

5.6.6 General population

A clear and accurate understanding of CSA is also vital in implementing social change. According to Klein (2010), even though a great deal of information is available to the public, there are still those that condone and promote adult-child sex, as a function of myth acceptance. Extreme and chilling examples are adult-child sex advocacy groups such as the *North American Man/Boy Love Association (NAMBLA)*. That these have managed to prevail is highly disturbing, and allegations that *NAMBLA* has been allowed membership in a well known social network, is even more so (<http://www.foxnews.com/tech/2010/09/28/pedophiles-find-home-social-networking-facebook>).

According to Cromer (2006) the general public's acknowledgment of the atrocity of CSA can only be facilitated with the implementation of mass educational information. This requires the generalisation of current research findings to education in public health campaigns, disseminated through multiple media, including television, the internet and newspapers and magazines.

Cromer and Goldsmith (2010) are of the opinion that the public would be open to educational initiatives since uncertainty as to whether statements in the CSAM were myths or not, was indicated in all studies where this was used. This is congruent with findings in the current study since uncertainty was indicated to lesser or greater degree in all questionnaire items. It was additionally one of the more predominant responses in twelve out of the thirty items on the current research questionnaire. Cromer (2006) reports strong support for the effectiveness of educational materials in changing attitudes to CSA, and suggests that these be based on those used in antismoking campaigns since these have proven efficacy.

5.7 Limitations of this study

The limitations of the study will be discussed to allow for an accurate perception of the value of current findings, and as well as to improve future studies in this field.

5.7.1 Validity

Validity was limited by sample size (N=147) which was small in comparison to previous studies that investigated myth acceptance rates amongst the general public with the use of quantitative measures. Previous quantitative studies all had between 179

and 400 respondents in their samples (e.g., Cromer, 2006; Lowe, Pavkov, Casanova, & Wetchler, 2005; Cossins *et al.*, 2009; Katz-Schiavone, *et al.*, 2008).

The validity of the research questionnaire could have been improved with a more in-depth study of the literature prior to its construction. In further study of the literature after this was constructed, attitudes to victim blaming were revealed as an investigative priority. The questionnaire should have included more items which focused on these attitudes to provide a more in-depth evaluation of these.

Education was measured on two broad levels in this study. Although it was indicated that respondents on the lower level had a higher rate of myth endorsement than those on the higher level, more exact information would be provided by expanding these levels.

It may be worth considering the use of the following four levels in future studies:

- Secondary school or less
- Diploma or trade certificate
- Graduate university degree
- Postgraduate university degree

(Adapted from Cossins *et al.*, 2009, p. 443)

5.7.2. Generalisation

The sample in this study did not include respondents from the semi-rural areas and informal settlements that are part of the EThekweni municipality. It was also highly representative of staff in elementary schools (n=80). Future studies should include more diverse groups to facilitate improved generalisation.

5.7.3 Qualitative research

The inclusion of qualitative techniques in the research process would have made this study more comprehensive. Interviews with focus groups to investigate their perceptions of the origin of CSA myths may have contributed to improved understandings of how these arise in this particular research context. These interviews may have additionally facilitated an exploration of initiatives to reduce the prevalence of these.

5.7.4 Statistical analysis

In terms of statistical analysis, the sample mean score on the entire questionnaire was used to divide respondents into a high and a low scoring group. Those who scored below the mean were assigned to the low scoring group and those who scored above the mean were assigned to the high scoring group. The limitation of this approach is that the mean score was sample dependent, and did not necessarily indicate high or low rates of myth endorsement. The calculation of a high and low score in terms of agreement and disagreement with individual items may have provided a more objective approach.

5.7.5 Research instrument

The language level in the research questionnaire was largely inappropriate for certain of the groups in the sample. This was evident in the clothing factory and in the retail outlet where the researcher was required to extensively explain the meaning of many of the items in the questionnaire. This could have been avoided by using a parallel form of the questionnaire in which items were worded in simpler language.

5.8 Avenues for future research

The few studies in the field of myth acceptance and CSA suggest many directions for future research. This should include research to investigate assumptions in subpopulations within the general population where research is limited or absent, as well as research across ethnic and cultural groups. To assist in tackling myths at their source, there is a need for further research to broaden understandings of the origins of misconceptions in CSA.

5.8.1 Subpopulations within the general population

Subpopulations which appear to be especially relevant for further study are those that have extended contact with vulnerable children, such as caregivers in child care institutions, law enforcement officers and attorneys. More information on attitudes within the latter two populations will assist in facilitating fair and unbiased ways of interacting with victims and their families. Suliman and Collings (2005) recommend further research amongst helping and health professionals and suggest that this should include research which identifies factors which influence rates of myth endorsement, such as professional experience and the extent to which issues surrounding CSA were addressed in professional training.

5.8.2 Ethnic and cultural groups

There additionally appears to be a need for research to explore the varying definitions of CSA in different ethnic and cultural groups since it is often assumed that they share a common definition (Lowe *et al.*, 2005; Kanukollu & Mahalingam, 2011). Conte

(2002) suggests that the absence of a common definition is the main barrier to cross-cultural understandings of CSA.

5.8.3 Origins of misconceptions

The origins of myths in CSA have been variously attributed to sensationalised media reporting of this, inaccurate knowledge and cognitive distortions, as well as cultural biases; religious affiliations and personality variables. It appears that the highly prevalent phenomena of victim blaming is largely a function of societal subscription to the theory of a just world, and human tendency towards defensive attributions.

Changing the way in which the media portrays CSA appears to be a mammoth task since these rely on sensationalised reporting to maintain sales. It may be possible to encourage journalists to acknowledge that this type of reporting contributes to skewed public perceptions in CSA and persuade them to balance this with investigative articles that provide factual information. Research to assess whether journalists would be open to this type of initiative may be useful in determining whether this would be a feasible.

Inaccurate knowledge is relatively easily addressed through educational initiatives. Cognitive distortions have historically been addressed through cognitive behavioural therapy in offender treatment programs (Beech, *et al.*, 2013). There is, however, some skepticism as to whether this is a sufficiently comprehensive solution. This suggests the need for further research in this area to inform supplementary initiatives (Katz-Schiavone, *et al.*, 2008). It has been suggested that greater understandings of the

relationship between cognitive distortions; hostility towards females; denial and sexual deviance are required (Helmus, *et al.*, 2013).

Although all of the aforementioned imply challenges in their own rights, formidable challenges are implied where myths arise from cultural biases; religious affiliations; and personality variables. These would all require in-depth research to inform programs that facilitate shifts in deeply entrenched and change-resistant attitudes and beliefs.

Even greater challenges are implied by the societal support for the theory of a just world and the use of defensive attributions in victim blaming. Although attributions of blame and responsibility are often core issues in the counselling, the literature on attributions offers no conclusive solutions to resolve these (Harding, *et al.*, 2010). Davies and colleagues (2011) contend that male victims are held far more responsible for their sexual abuse than females. They suggest that there is a need for community research that focuses on how heightened blame towards male victims can be reduced, as well as research to increase public awareness of the seriousness of sexual assault against males.

Further understandings of how victim blame is assigned are vital for many reasons. Victim blaming contributes to nondisclosure, which turn reduces awareness of CSA and precludes treatment for recovery to reduce the risk for re-victimisation (Grubb & Harrower, 2009). Attributions of blame further influence legal decisions in both offender convictions and child custody cases. Decisions for placements of sexually abused children can be affected by the degree of responsibility assigned to the victim, the perpetrator and the non-offending parent.

5.9 Conclusion

This study has elucidated the major role of CSA misconceptions in informing abusive behaviour and reducing awareness of CSA, as well their profoundly damaging impact on child victims and their families. Three types of myths have emerged as those with the most impact, namely, those that dispute victim credibility, those that typecast victim responses and those in support of victim blaming. The latter appear to be amongst the most commonly occurring and the most damaging.

Although the study has explored the various origins of these misconceptions, in general the underlying problem appears to be that the public's knowledge in CSA is largely informed by social judgment and popular media, rather than by objective scientific findings. Scientific data is vital in informing interventions and public policies to dispel erroneous assumptions. Misconceptions fuel public decisions to limit resources for victim and family services and block successful offender rehabilitation. This study provides a contribution to collective understandings of the nature of child sexual abuse and the myths that surround it, and can assist in informing these policies and programs.



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SOCIAL ATTITUDES TO CHILD SEXUAL ABUSE (CSA)

Thank you for agreeing to complete this questionnaire.
Your input is very much appreciated and may be able to assist in the development of interventions to prevent child sexual abuse.

<u>SECTION A</u> Please tick where applicable		I am a male				
		I am a female				
		I have less than 4 years of tertiary education				
		I have 4 or more years of tertiary education				
<u>SECTION B</u> Please tick the appropriate box in the questionnaire that follows <div style="text-align: center;"> SA = Strongly agree A = Agree U = Uncertain D = Disagree SD = Strongly disagree </div>						
1. Boys are seldom victims in child sexual abuse (CSA).	SA	A	U	D	SD	
2. CSA does not cause damage if it is nonviolent.	SA	A	U	D	SD	
3. Boys are fortunate if an adult female engages in sex with them.	SA	A	U	D	SD	
4. Children will outgrow the effects of CSA.	SA	A	U	D	SD	
5. Victims of CSA will perpetuate CSA in adult life.	SA	A	U	D	SD	
6. Children are all permanently damaged by CSA.	SA	A	U	D	SD	
7. Male victims of CSA very often become homosexual.	SA	A	U	D	SD	
8. Partners of perpetrators are often partly to blame for CSA.	SA	A	U	D	SD	

9. Girls who dress seductively invite CSA.	SA	A	U	D	SD
10. Affectionate young children initiate sexual contact.	SA	A	U	D	SD
11. A woman who does not satisfy her husband's sexual needs is partly to blame if her husband commits CSA.	SA	A	U	D	SD
12. The perpetrator of CSA is normally a stranger to the child.	SA	A	U	D	SD
13. Stepfathers are more likely to commit CSA than natural fathers.	SA	A	U	D	SD
14. Well educated people do not molest children.	SA	A	U	D	SD
15. Women do not perpetrate CSA.	SA	A	U	D	SD
16. Repeatedly asking children questions such as: "What happened? What else happened?" leads them to make false claims.	SA	A	U	D	SD
17. Inconsistencies in a child's report of sexual abuse indicate that the report is false.	SA	A	U	D	SD
18. Children are easily coached to make false accusations of sexual abuse.	SA	A	U	D	SD
19. Children sometimes make up stories about being sexually abused when they actually have not.	SA	A	U	D	SD
20. Children are sometimes led by an adult to report they have been sexually abused when they have not.	SA	A	U	D	SD
21. It would be wrong to convict someone of a crime if the only eye-witness was a 7-year old.	SA	A	U	D	SD
22. Delayed disclosure of the abuse is evidence of lying.	SA	A	U	D	SD
23. Children sometimes make false claims of sexual abuse to get back at an adult.	SA	A	U	D	SD
24. A child who shows no signs of distress has not been abused.	SA	A	U	D	SD
25. An abused child will typically cry for help and try to escape.	SA	A	U	D	SD
26. Children may experience sexual contact with an adult as pleasurable.	SA	A	U	D	SD
27. A child who returns to, or spends time with the alleged offender is unlikely to have been abused.	SA	A	U	D	SD
28. Children who are abused display strong emotional reactions.	SA	A	U	D	SD
29. There is one set of symptoms to indicate that a child has been sexually abused.	SA	A	U	D	SD
30. All victims of sexual assault respond in the same way.	SA	A	U	D	SD

From: obrien@unimelb.edu.au
To: jackie@fit.co.za
Cc: [Anne Cossins](#)
Sent: Tuesday, May 08, 2012 10:27 AM
Subject: RE: Child Sexual Assault Misconception Questionnaire

Dear Jackie,

Dr Cossins has asked me to respond to your request, as I am the research assistant who previously worked with Dr Cossins and Prof. Goodman-Delahunty on their CSA project. They are happy to provide you with a copy of the questionnaire for your research. Please find attached a copy of the CSA Misconceptions Questionnaire, and three recent publications in relation to this questionnaire.

I apologise, I just realized that I have not indicated which items need to be reversed scored in the attached questionnaire. However, this information is contained in the 2009 article, which is attached (see the tables indicating which are true and false statements. True statements need to be reverse scored).

Please let me know if you require any further information or assistance.

Kind regards
 Kate

Kate O'Brien ■ Project Manager, ARC Juries and Expert Evidence Project
 ■ Melbourne Law School ■ The University of Melbourne
 ☎ 0419 650 917 ✉ obrien@unimelb.edu.au

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From: jackie@fit.co.za
Sent: Monday, 30 April 2012 9:01 PM
To: a.cossins@unsw.edu.au
Subject: Child Sexual Assault Misconception Questionnaire

Dr. Anne Cossins
 School of Law, University of NSW
 Sydney, NSW 2052

Dear Dr. Cossins

I have recently read your article entitled 'Uncertainty and Misconceptions about Child Sexual Abuse: Implications for the Criminal Justice System'. I am currently a master's student in educational psychology at the University of Zululand in South Africa. As part of this course, I am planning to do a study to investigate the existence of misconceptions amongst the public in Durban, KwaZulu-Natal.

Would you be kind enough to allow me to use the scale that you developed for your study i.e. 'Child Sexual Assault Misconception Questionnaire', in my study?

If so, I would be most grateful if I you would e-mail me a copy of the scale or alternately give me some indication of how to access this.

Many thanks
 Kind regards
 Jackie Rahm

Request for permission to use research sites

APPENDIX 3

Title	-----	P O Box 625
Address	-----	Umdloti Beach
	-----	4350
Telephone	-----	Cell number: 083 310 9904
E-mail	-----	E-mail: jackie@fit.co.za

Dear Mr./Mrs.-----

Re: Permission to do research

I am currently doing a master's degree in educational psychology at University of Zululand. We are required to do a research study as part of this course. I will be investigating social attitudes to child sexual abuse amongst the general public in Durban, and I am planning to access this population through educators, library members and employees in retail outlets and factories.

May I please ask you to consider allowing me to use your site for this research? The research consists of a questionnaire which should take about 5-10 minutes to fill in. Participation is entirely voluntary and participants are not required to write their names on the questionnaire.

Should you be kind enough to grant me this permission, you are at liberty to withdraw this at any time without having to furnish any reason for this withdrawal.

I look forward to hearing from you.



Elaine Jackie Rahm

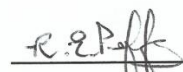
Name and address is blocked out to preserve anonymity

20 June 2014

To Whom It May Concern

This is to confirm that I give consent for Mrs. Elaine Jackie Rahm to request that members of staff at my school fill in her research questionnaire.

This will be done at my convenience and I understand that I may withdraw this consent at any time.



Mr R.E. Pepper

Principal

School stamp is blocked out to preserve anonymity

Name and address is blocked out to preserve anonymity

Ref: Administration 2013
26 March 2013

TO WHOM IT MAY CONCERN

This is to confirm that I give consent for Mrs. Elaine Jackie Rahm to request that members of staff at my school fill in her research questionnaire.

This will be done at my convenience and I understand that I may withdraw this consent at any time.



C L NEL
PRINCIPAL

Name and address is blocked
out to preserve anonymity

Wednesday, July 02, 2014

TO WHOM IT MAY CONCERN

This serves to confirm that we have granted authorisation for MRS E.J. RAHM
to conduct research amongst our staff.




SHELAGH DUNGAN

Name and address is blocked out to preserve anonymity

17 June 2014

RE: Permission to do research

This serves to confirm that we will allow Mrs. E. J. Rahm to ask members of our staff to participate in the research study entitled "Misconceptions Surrounding Child Sexual Abuse in Durban". This will be confined to staff in the Umgeni Rd. and Umhlanga branches of our business, and does not include staff in the Johannesburg branch.

We understand that the research consists solely of a questionnaire which each member of staff is required to fill in. We have been advised that individual members of staff have the right to refuse to participate.

Should the process become inconvenient for us, we reserve the right to withdraw from this research.

Signed



J. P. Meyer

MANAGING PARTNER



arts and culture

Department:
Arts and Culture
PROVINCE OF KWAZULU-NATAL

Name and address is blocked out to preserve anonymity

12 April 2013

TO WHOM IT MAY CONCERN

This is to confirm that I am prepared to allow Mrs. Elaine Jackie Rahm to conduct research at the [REDACTED] Library. She may request that individual library members fill in a research questionnaire, but there will be no obligation for members to participate. I reserve the right to withdraw this consent at any time.

Signed

Mrs. Pam Singh
Head Librarian

05 February 2014
Attention: Mr. Sibusiso Alwar
Department of Education KZN
Department of Resource Planning
Private Bag X9137
Pietermaritzburg 3200

Telephone: 033-3418610
Fax: 033-3418612
Email: Sibusiso.Alwar@kzndoc.gov.za

P O Box 625
Umdloti Beach
4350

Cell number: 083 310 9904
E-mail: jackie@fit.co.za

Dear Mr. Alwar

Permission to conduct research

Research Topic: Misconceptions Surrounding Child Sexual Abuse in Durban

Supervisor: Professor P.T. Sibaya

I am currently doing a master's degree in educational psychology at University of Zululand. We are required to do a research study as part of this course. I will be investigating social attitudes to child sexual abuse amongst the general public in Durban, and I am planning to include educators, general workers and assistant educators, in my sample.

I request permission to conduct research in two schools in the Umlazi District. These are [REDACTED] in Woodlands and [REDACTED], in Durban North. The research consists of a questionnaire which will take about 5-10 minutes to complete. Participation is entirely voluntary and strict confidentiality will be maintained throughout the research. Please find the research questionnaire, and the completed 5-page form: *Application for Permission to Conduct Research in KwaZulu-Natal Department of Education Institutions*, attached.

I look forward to hearing from you.



Elaine Jackie Rahm

Title of this research project

Misconceptions Surrounding Child Sexual Abuse in Durban

Purpose of the research

The purpose of this study is to investigate social attitudes in child sexual abuse (CSA). The study may be able to contribute to the design of interventions to prevent CSA.

Procedure to be followed

You will be asked to fill in a short questionnaire. You are not required to write your name on the questionnaire. This consent form will not be attached to your questionnaire, so all your answers will be anonymous.

Time duration

The questionnaire should take about 5-10 minutes to complete.

Statement of confidentiality

All records will be kept confidential. If the results of this study are published, participants will not be identified.

Voluntary participation and withdrawal

Your participation is voluntary. You may leave out any are question(s) that you prefer not to answer, and you may withdraw from the research at any time.

Questions regarding this research should be directed to:

Elaine Jackie Rahm: e-mail jackie@fit.co.za

I have read all the information provided on this form

I am at least 18 years of age, and I consent to fill in the research questionnaire.

Name: -----

Signature: -----

Date: -----

Signature of researcher:



Elaine Jackie Rahm