

ATTITUDES OF INCEST ABUSE PERPETRATORS IN THE NORTHERN PROVINCE TOWARDS INCEST ABUSE AND THEIR VICTIMS

BY

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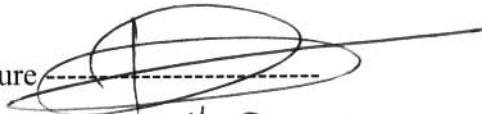
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DECLARATION

I declare that the dissertation hereby submitted to the University of the North for the degree of Masters in Clinical Psychology has not previously been submitted by me for a degree at this or any other university, that it is my own work in design and in execution, and that all material contained therein has been duly acknowledged.

Signature

Date:



10 August 2001

DEDICATION

The study is dedicated to my mother, Sariah Napo Selahle, a guiding light, a shelter in the storm, and a source of joy.

To my children Addeldriedah, Simon, Humphrey and Justiphine. Thank you for believing in me.

‘The bitterest tears shed over graves are for words left unsaid and deeds left undone.’
(Harriet Beecher Stove)

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ABSTRACT

This study is an investigation into the sexual attitudes of incest abuse perpetrators in the Northern Province and attitudes towards their victims (South Africa).

Forty-two convicted male incest abuse perpetrators and forty-two professional males nonperpetrators (as control group) participated in the study. The Hanson Sex Attitude Questionnaire was administered to both incest abuse perpetrators and professional males' nonperpetrator (as control group) to compare their attitudes. The questionnaire includes: Sexual Entitlement scale, Sexy-Children scale, Frustration scale, Affair scale, Sex/Affection-Confusion scale, and Sexual-Harm scale. A quantitative research approach was followed in the study.

The Statistical Package for Social Sciences (SPSS) was used to analyze the responses. Compared to the control group, the incest abuse perpetrators showed deviant negative attitudes in all the scales: (a) endorsing attitudes supportive to sexual entitlement, (b) perceiving children to be sexually attractive, (c) being sexually frustrated in their life, (d) confusing sex with affection, (e) minimizing the harm caused by sexual abuse of children, and (f) accepting extra-marital affairs.

Thus the attitudes of incest abuse perpetrators are significantly unfavorable to the victims. The researcher recommends psychological intervention for the perpetrators to help them adjust to their societal expectations. More job opportunities should be created in the province.

Key words: Incest abuse, incest abuse perpetrators, incest abuse victims, attitudes towards sex.

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CHAPTER 1

OUTLINE OF THE STUDY

1. INTRODUCTION

Since the 1970s sexual maltreatment of children has escalated. In South Africa a total of 706 cases of child sexual abuse were reported to the South African Police in 1992 (Russell, 1995). Child sexual abuse in the family is a symptom of family dysfunction (Freet; Scalise & Ginter, 1996; Furniss, 1991; Keen & Keen, 1995).

Incest abuse is a very sensitive topic in many cultures and this makes people not to talk about it or even report it when it happen (Courtois, 1999; Furniss, 1991). It is a stressor with many traumatizing characteristics that put the victim at risk for a range of initial and long-term effects. It often takes place in conjunction with other forms of family abuse, including spousal violence and all forms of child maltreatment ranging from physical and emotional abuse to neglect and abandonment. It also occurs in conjunction with other family problems and pathology, such as substance dependence, mental illness, and numerous psychosocial stressors. Disturbed family relationships and dynamics, such as parental discord and immaturity, parent-child role reversal and triangulation, boundary violations, double-blind communication, and entrenched patterns of denial, secrecy, rigidity and shame are frequently implicated (Courtois, 1997).

1.1 RESEARCH PROBLEM

For many generations parents have warned children to “beware of strangers.” Recently however, researchers have suggested that sexual assault by strangers is a relatively rare

occurrence. Children are more likely to be sexually abused by members of their own families and by acquaintances than by strangers.

Many people have difficulty understanding how older persons are able to have sex with a child. Such behavior is generally believed to inflict pain and emotional harm, violate acceptable standards of adult conduct towards children, and to be incongruent with how most adults perceive themselves in this regard. It is especially hard for many people to understand how members of a family can behave in such ways with one another family member. Therefore, it is important to identify specific attitudes of incest perpetrators that may be related to their offenses. Identification of the attitudes can be an important guide to assessment and treatment of indecent assault.

1.2 AIM OF THE STUDY

The main aim of the study was to determine the sexual attitudes of incest abuse perpetrators and attitudes towards their victims, and to test the predictive relationships between identified factors and data gathered from a sample of normal professional males and females.

1.3 OBJECTIVES OF THE STUDY

The objectives of the study were to:

1. Identify incest abuse perpetrators' sexual attitudes.
2. Identify incest abuse perpetrators' sexual attitudes towards their victims.

1.4 SCOPE OF THE STUDY

This study was conducted in the Northern Province, specifically at Pietersburg, Nylstroom, Louis Trichardt and Thohoyandou prisons. Participants were convicted incest abuse perpetrators in the above mentioned prisons. Normal professional males and females formed the control group. The professionals included: professional nurses, medical practitioners, clinical psychologists, psychiatrists, lawyers, social workers, occupational therapists and lecturers working in the Northern Province.

CHAPTER 2

CONTEMPORARY VIEWS ON INCEST ABUSE

2. OPERATIONAL DEFINITIONS OF KEY TERMS

Incest abuse: refers to physical contact sexual behavior between an adult and a child who are related.

Incest abuse perpetrators: includes family members, viz.: the biological and adoptive parents, mothers, sisters, brothers, grandparents, nieces, nephews, uncles and aunts who have had or have attempted to have physical contact sexual behavior with a child under the age of 17 years and this person being at least five years older than the victim.

Incest abuse victims: are children below the age of seventeen years who did not give consent regarding particular sexual contact with a family member.

Abuse: refers to any shameful sexual act of an adult person towards a child for his or her own gratification without the child's concern and not considering whether the child gets hurt emotionally or physically.

Incest: is any unlawful and intentional sexual intercourse between male and female persons who are prohibited from marrying each other because they are related within the prohibited degrees of consanguinity, affinity or adoptive relationship.

Perpetrator: refers to someone who has been found guilty of something wrong or something considered outrageous.

Victim: refers to a person suffering injury, pain or loss because of circumstances or an event.

2.1 THEORETICAL CONCEPTS

Incest is defined as sexual intercourse between close relatives such as father-daughter, mother-son, brother-sister, brother-brother, uncle-niece, sister-sister, grandparent-granddaughter or son (Gilgun, 1995; Freet, Scalise & Ginter, 1996). Incest is considered a form of child abuse when the perpetrator is at least 5 years older than the victim, physically bigger and stronger, or holds a position of power or authority over the victim (Courtois, 1997; Angela Tsun, 1999).

Incest abuse victims are usually children from birth to 17 years who are still immature and do not give consent to participation (Stutterhaim, 1997). In contrast, Broussard and Wagner (1988) argue that children should not be viewed as innocent victims simply by virtue of their age, but their behavior during the abuse may play a significant role. They further believed that children who encourage the encounter as well as those who remained passive during the interaction should be regarded as having responsibility for their abuse with the perpetrator.

2.1.1 HISTORY OF INCEST ABUSE

The earliest biblical story about incest abuse is the Adam and Eve creation allegory (Boswell, 1988). The Bible omits the concept that their children implicitly committed incest, perhaps because no prohibition against such behavior existed before civilization emerged (Boswell, 1988).

The story of Lot and the wicked cities, Sodom and Gomorrah, condemned sexual perversion. “The elder daughter said to her sister, ‘Our father is getting old, and there are no men in the whole world to marry us so that we can have children. Come on, let’s make our father drunk, so that we can sleep with him and have children by him’. That night they gave him wine to drink, and the elder daughter had intercourse with him. But he was so drunk that he did not know it.” (Genesis, 19:30-33).

Reflecting its patriarchal perspective, the story protects the man from guilt. Although Lot was sufficiently awake to perform sexually and impregnates both of his daughters, he remembered nothing about the events and succumbed only because he was duped (Boswell, 1988).

As Boswell (1988) has noted, Pagan, Greek and Roman cultures were more permissive than the Jewish culture about incest abuse. In both Greece and ancient Rome, historical records suggest that sexual activity with children was prevalent. Infants were castrated to prepare them for use in brothels. Prepubertal boys were commonly used for anal intercourse. Children were frequently abandoned in the ancient world as a means of

keeping down family size or simply because food was scarce and insufficient to feed everyone. This led to the fear that such children were likely to become prostitutes and that their fathers were then at risk for incestuous encounters later in life.

Boswell (1988) also indicates that in medieval literature, themes about incest abuse appear often. He supports this view by mentioning that during the 12th and 13th centuries, the Oedipus story of Gregarious was widely recounted throughout Europe. Born from a sexual relationship between a brother and sister, Gregarious was abandoned and later unwittingly married his mother. Again he indicates that Saint Alban was also said to be the child of a father and daughter. Abandoned as an infant, he later married his mother and then did penance for seven years.

It was in 1975 that the topic of incest abuse became more frequently discussed in the literature (Freedman & Enright, 1996). The reason for this, as stated by Lubell and Peterson (1998), is that since the 1970s sexual mistreatment of children escalated. Freedman and Enright (1996) support this by indicating that in the past 20 years, there has been a tremendous increase in reported cases, perhaps because of a greater number of adult survivors seeking treatment and society's gradual willingness to discuss the topic of incest abuse.

2.1.2 BIOLOGICAL THEORY OF INCEST ABUSE

Gilgun (1995), in discussing incestuous behaviors, indicates that touching the sexual body parts of children and inducing or forcing children to touch perpetrators' sexual body

parts are forms of incestuous behavior. These body parts include the vulva, vagina, anus, buttocks, breasts, testicles, and penis. Incestuous behavior also includes open mouth kissing, intentional touching of buttocks, thigh, or leg in a sexual or seductive manner, breast contact, clothed or unclothed body contact such as a hug that seems sexual, manual genital contact-clothed or unclothed, oral-genital contact, attempted or complete intercourse (Lubell & Peterson, 1998). Sariola and Clutela (1996) also considers adult exposure of genitals to the child as one form of incestuous behavior.

Incest abuse may produce biological changes in children, which may predispose these children to disturbances of eating and body dissatisfaction, a cognitive feature typically seen in bulimia nervosa. Binging and purging behaviors, which are the hallmark of bulimia nervosa, may serve such tension-reducing functions (Wonderlich, Donaldson, Carson, Staton, Gertz, Leach & Johnson, 1996).

According to Courtois (1997) and Godbey & Hutchison (1996) ongoing incest abuse has both neurological and physiological consequences that form a physical substrate to psychological symptoms. They note that survivors of incest abuse experiences a host of psychobiological and behavioral disorders including actual physical damage, muscular and skeletal pain, gastrointestinal disorders, chronic abdominal and pelvic pain, chronic sleep disorder, migraine headache and backaches. Lacerations or bleeding in the genital or rectal area, pain on urination or defecation are also considered (Renvoize, 1993) as other physical consequences of incest abuse.

2.1.3 SOCIOLOGICAL THEORY OF INCEST ABUSE

Although children are born with a sexual capacity, their expression of it is often culturally determined. According to Hunter (1995), there are some sexual activities between children that are considered normal. The question is how should one decide if a specific sexual activity between children is normal or abusive. Some professionals suggest that the difference in the ages of the children involved in the sexual activity could be used to assess if the behavior is abusive. It is typically accepted that in sexual activity between children who are 5 or more years apart in age, the older child is abusing the younger even if the activity is considered normal for similarly aged children. The type of sexual activity also may be used to determine if the situation is normal or sexually abusive. A normal activity is curiosity about another child's genitalia with mutual undressing. However, oral-genital contact and penetration of the vaginal or anal opening with fingers or objects is abnormal in preadolescent children (Hunter, 1995).

It is important to determine if there is any type of force or power used in the activity or generally in the relationship. Power may include physical strength, force, threats, weapons, unwanted grabbing, pinching, teasing, pulling down pants or pulling up skirts, and harassment. Concern about sexual abuse may also arise when a young child puts his or her mouth on someone else's genitals, to imitate sexual intercourse, to masturbate with an object, or insert objects into the anus or vagina (Hunter, 1995; Myers, 1997).

It is commonly believed incest abuse usually begins slowly and gently, with a small child first being patted and stroked in a comparatively innocent way. Then, gradually the

attention would become more sexualized until by the child's early adolescence; then the abuse might, in fairly rare instances, develop into partial or full intercourse (Renvoize, 1993). Renvoize (1993) argues that this approach is now known to represent just one of the many modes of incest abuse. He also mentions that although it is still a fact that most abusers carefully 'groom' their younger victims into acceptance, much abuse begins horrifyingly early, sometimes starting in babyhood. In Renvoize's (1993) view, a great deal of incest abuse begins from a few days old onwards. However, Stutterhaim (1997) emphasizes that approximately 33% of incest abuse victims in South Africa are abused for the first time before the age of 6.

Dwyer and Miller (1996) consider disclosure of incest abuse as a crisis since family members suffer a range of powerful and conflicting emotions. They believe that when a biological parent is a perpetrator of the incest abuse and the child protection system intervenes, inevitably huge changes occur within the family, since usually either the victim or the perpetrator is removed from the home. Regardless of the removal of the perpetrator, the victim experiences a complete loss of their family, as they have always known it (Dwyer & Miller, 1996). They further mention that survivors not only lose their family unit but they also lose their broader social network and their predictable lifestyle.

Dwyer and Miller (1996) point out that following the disclosure of incest abuse survivors may experience a loss of normal regard from others and may in turn view themselves differently. They also mention that the survivor may now be seen as "victim of abuse" within the family, school and community, which may be experienced as stigmatizing and

alienating. Holman and Silver (1996) add to these problems interpersonal difficulties, social isolation and sexual difficulties as some of the psychosocial difficulties encountered in adulthood after incest abuse.

Among other psychosocial consequences of incest abuse as indicated by Simon-Roper (1996) is the fact that survivors frequently become involved with abusive relationships due to a lowered self-esteem and becoming familiar with violence. Simon-Roper (1996) further states that these patterns of behavior learned in their early relationships often generalize to other relationships that may or may not be traumatizing. Thus, what they have learned in the traumatic environment becomes their blueprint for survival for living in the world.

According to Simon-Roper (1996), children who are survivors of incest abuse frequently do not have the opportunity to learn social skills. These children are often rejected when they attempt to relate to others given their lack of social skills. Rejection often leads to withdrawal from others in an attempt to protect themselves. Unfortunately, this may also lead to a sense of isolation and the need to cope with very painful affect.

2.1.4 PSYCHOLOGICAL THEORY OF INCEST ABUSE

According to Courtois (1997), incest abuse often takes place in conjunction with other forms of family abuse, including spousal violence and all forms of child maltreatment from physical and emotional abuse to neglect and abandonment. He also suggests that incest abuse occurs in family relationships that are described as a “macabre double bind”

of love- hate, dependence-terror and dependence-betrayal. Courtois also cites pathology such as chemical dependence, mental illness and psychosocial stressors as some of the causes of incest abuse. He further points out that disturbed family relationships and dynamics, such as parental discord and immaturity, parent-child role reversals and triangulation, boundary violations and double bind communication may constitute causes of incest abuse. This is in accord with Miner and Dwyer (1997) who observe that incest abuse shares a common pattern: the family relations make the girl victims into second wives, taking over many of the mother's role, from housekeeping to sexual relations.

Courtois (1997) mention that survivors of incest abuse develop negative self-attributions as a way of coping with their experiences. Survivors conclude that they are bad and, therefore, the cause of the incest abuse. This conclusion paradoxically allows them to maintain an image of the abuser as good (Courtois, 1997).

Williams and Wilkins (1996) state that there is a markedly higher level of dissociative symptoms among survivors of incest abuse. This is supported by Courtois (1997) who assumes that child survivors of incest abuse cope by emotionally and physically distancing themselves from ongoing incest abuse. Survivors step outside of themselves in whatever way possible and dissociate to distort reality and their own physical and emotional responses to accommodate ongoing incest abuse. Self-destructiveness, including suicidality, reenactments, naivete, personal disregard and risk-taking, addiction and compulsions are cited (Courtois, 1997) as measures used by survivors to alleviate distress.

According to Courtois (1997), many survivors of incest abuse suffer from extensive damage of identity and self-esteem. These survivors also experience a generalized mistrust of others whom they expect to use them to meet their own needs or abandon and not protect them. Survivors of incest abuse further experience a profound loss of faith, personal meaning, and safety in the world. Courtois (1997) adds to the list malignant sense of the self as contaminated, guilt and evil as other complex deformations of identity experienced by survivors of incest abuse. He mentions fragmentation of the sense of self which sometimes reaches its most dramatic extreme in multiple personality disorder as common among survivors of incest abuse. He further states that there is also an overlap between a history of incest abuse and symptoms of borderline personality disorders.

Anger is mentioned by Scott and Day (1998) as one of the most pervasive emotional consequences of incest abuse. However, there is variability in how this type of anger is manifested. Survivors may deny their anger, disguise its expression by being overly compliant and perfectionists, and sometimes may project it onto partners by sexually teasing, being unresponsive, or by totally avoiding sex. Scott and Day (1998) further mention that survivors utilize emotional suppression and denial as the primary coping mechanisms, which sometimes may exacerbate social maladjustment in adulthood.

CHAPTER 3

CURRENT POSITION AND FUTURE OUTLOOK OF INCEST ABUSE

3. LITERATURE REVIEW

3.1 Introduction

Although figures vary from study to study, it is estimated that biological fathers and stepfathers may account for about one-quarter of all incest abuse cases, uncles for another one-quarter, and the other half may be committed by brothers, sisters, grandparents, and aunts, with women infrequently identified as incest abuse perpetrators (Gilgun, 1995). Keen and Keen (1995) suggest that father-daughter incest abuse is the most common type of incest occurring in many families and has an early and slow onset. They also mention that sexualized contact develops from the ages of three to five, and manifests into full sexual intercourse by the time the child is an adolescent.

Russell (1995), in his South African study, found that most of the survivors are white. He mentioned that the reason might be that women in black communities, particularly African women, are less inclined to talk about incest abuse than are white and coloured women.

3.2 PREVALENCE OF INCEST ABUSE IN SOUTH AFRICA

Although parents often caution their children to beware of strangers, incest abuse occurs within the context of their families (Horton, Johnson, Roundy & Williams, 1990).

According to Russell (1995), approximately 97% of incest abusers are males. However, an estimation of the extent of incest abuse is difficult to report with any certainty. It is unfortunate that statistics concerning sexual molestation, including incest abuse, are often unavailable or unreliable but it is estimated that every three females and one out of six males experienced some form of sexual molestation at one stage or another (Russell, 1995).

Russell (1995) estimates the prevalence of incestuous abuse of female children in South Africa to be 10%. The prevalence in 16 countries of Europe and USA range from as low as 2% in France, Great Britain and Sweden, to a high range of 16% in the Netherlands. In this study, South Africa was recorded as the fourth leading country, with an incest prevalence rate of 10%, when compared to the 16 countries.

Furthermore, Russell (1995) mentions that the prevalence rates would have been higher in this study if some of the institutions with probabilities of high rates of incestuous abuse were included in the sampling, for example, mental hospitals, prisons, and other rehabilitation centers and places for homeless people.

According to Stutterhaim (1997) 224 cases of incest abuse have been reported in 1997 to the South African Police Services. Stutterhaim suspects that this number of cases is not a true reflection of the incidence of sexual crimes within the family system. She argues that family members are often rather charged with child rape or indecent assault, than with incest abuse. Ngwezi (2000) points out that in certain areas in South Africa when a child

report sexual abuse, police in the charge offices get the families of the victim and the perpetrator together and advises them to settle the dispute with money.

Stutterhaim (1997) also mentions that one out of every four girls and one out of seven boys are sexually abused in some way or another. She indicates that the actual number of abused boys is even higher, as they are more reluctant than girls to report such incidents. She concludes by indicating that approximately 33% of the incest abuse victims in South Africa are abused for the first time before the age of 6. In support of this, Argent, Bass, and Lachman (1995) point out that although reporting of sexual abuse cases (including incest abuse) by dentists, medical practitioners, and nurses has been mandatory in South Africa since 1984, the law has never been enforced and there are major discrepancies in the numbers of patients reported.

The incest abuse statistics in the Northern Province as supplied by South African Police Service (SAPS) (1998) indicate that between 1996 to 1998 sixty-nine cases of incest abuse were reported. Twenty-five of these cases were reported in the Bushveld, twenty-three in the Far North, eight in the Central region, whereas thirteen were reported in the Lowveld.

3.4 CAUSES OF INCESTUOUS BEHAVIOR

The literature on incestuous behavior indicates that there are different causes of this behavior. According to Ehrmin (1996), fathers engage in an incestuous experience with their daughters because of an inability to relieve sexual tension with their wife and a

desire to keep the family unit together, while mother perpetrators engage in incestuous experience with their daughters because of unconscious homosexual tendencies.

Hanson, Gizzarelli and Scott (1994) argue that incestuous abuse can be the product of sexual preferences of children, opportunities to offend, emotional immaturity, a belief in male sexual entitlement, and inability to recognize the negative impact of such abuse. Alcohol use, psychosis, impulse disorders, inadequate social skills, and marital problems are mentioned by Hartley (1998) as other causes of incestuous behavior. Hartley (1998) also added situational opportunities such as social isolation of the family, absence of the non-offending parent, and lack of supervision of the child as some of the motivating factors of this crime. He further indicates that sociocultural factors such as social tolerance for sexual interest in children, tolerance for deviance committed while intoxicated, weak criminal sanctions against offenders, and a tendency to sexualize emotions, and patriarchal prerogatives of fathers are other causes of incest abuse.

Hartley supports Horton's contention that alcohol consumption is one of the causes of incest abuse, but also added drug abuse as another cause of this crime. Both agree that these substances may serve to reduce normal inhibitions, allowing the tendency for abuse to emerge. They also points out that the perpetrators might attempt to excuse their sexual behavior by blaming it on the abused substance.

Wash and Knudson-Martin (1994) argue that incest abuse happen when men feel they are failing in their masculine roles and are thus entitled to having their needs for closeness met. They further remark that incest abuse perpetrators perceive other people as owing

them the satisfaction of their needs and rights. They are absorbed with their own needs, inattentive to the experience of others, angry when they do not get their own way or when others, particularly children do not obey them. However, Horton, Johnson, Roundy and Williams (1990) point out that perpetrators of incest abuse may have been exposed to mothers or other significant adult females who were hostile toward, rejecting of, and superior to the males in their lives and, consequently, a generalized fear of all adult females may result. On the other hand, Ngwezi (2000) reports that in South Africa some perpetrators still use cultural or traditional excuses as a right for their sexual abuse of children. He indicated that many fathers claim that their tradition allows them to sleep with their daughters in order to introduce them to womanhood.

In cases of sibling incest abuse, Horton et al. (1990) wrote that the cause is minimal warmth and care in their families. In contrast, Ammerman and Hersen (1992) postulate that the cause of sibling incest abuse is unknown, although, there are factors that might contribute to the development of sibling incest abuse. These include: (1) parental and family psychopathology; including parents who act as role models for abusive behavior; (2) sibling psychopathology; (3) neglect and abuse which may predispose the adolescent to seek revenge on substitute targets.

3.5 VICTIM - PERPETRATOR RELATIONSHIPS

3.5.1 FATHER-DAUGHTER INCEST ABUSE

In the view of Consiorek, Bera and LeTourneau (1994), the most common reported cases of incest perpetrated by fathers involve coercion without physical force. Fathers use “courting behaviors”, patronizing and bribing their daughters to participate in incestuous acts (Horton et al. 1990).

Horton et al. (1990) claim that secrecy is often used by incestuous fathers to perpetuate the “affair”. They also mention that perpetrating fathers generally adopt the role of a suitor with their daughters. These fathers court their daughters like jealous lovers, bringing them presents of flowers, expensive jewelry, or sexy underwear. They further indicate that courting behavior also involve talking about sex with their daughters, leaving pornographic materials for them to find, exhibiting themselves to their daughters, and spying on their daughters while they are undressing. They also argue that these behaviors are designed to obligate and eroticize daughters on the other hand, excite and gratify fathers on the other hand. Furthermore Horton et al. (1990) mention that rather than being a sudden event, most cases of father-daughter incest involve a gradual deliberate and predictable entanglement planned and carried out by the father.

3.5.2 MATERNAL INCEST ABUSE

Studies suggest that between 2% and 10% of all perpetrators of incest abuse are women (Renvoize, 1993). It is also estimated that 5% of incest abuse of girls and 20% of incest

abuse of boys are perpetrated by women (Consiorek et al. 1994; Elliot, 1997). Elliot and Briere (1992) remark that people find it difficult to understand exactly how a woman could sexually abuse a child. Horton et al. (1990) postulate that this could be accounted for by the fact that only a few cases of female sexual abuse of children are reported. Elliot and Briere (1992), on the other hand, indicate that the reason might be that women are not seen to be capable of this kind of abuse because they do not have penises. Hence this minimizes the issue of female-child sexual abuse and even makes it virtually ignored or totally discounted in the literature.

In addition, Saradjian and Hanks (1997) claim that the appearance of lower rates of female perpetration could be due to female perpetration assuming a different form and mimicking child care through activities such as exposure, fondling, and sexualized physical interactions. They further state that bathing and dressing or undressing children could mask more varieties of female perpetrations than can typical goal-oriented male orgasmic behavior. Furthermore, victims of female incest abuse report that their lives have been dramatically affected. They have turned to drugs, alcohol, solvents, often attempted suicide, gender identity problems, difficulties maintaining relationships, unresolved anger, shame and guilt, self mutilation, having been anorexic or bulimic, suffered chronic depression, have become agoraphobic, and had run away from home. Many of the survivors say that, although they hate their mothers for what they did, they still want to be loved by their mothers and would not confront them (Elliot & Briere, 1992).

According to Myers (1997) and Elliot (1997), apart from the fact that females do not have a penis, the type of incest abuse inflicted upon children appears to be the same as that inflicted by men. The sorts of abuse include anal and oral sex, masturbation of the child, and vaginal penetration with objects causing severe tearing and scarring. Boys have their penises roughly and brutally handled whilst their abusers try to stimulate erection. Leberg and Berliner (1997) add voyeurism, a child masturbating a woman, child pornography, and sexual arousal from child's pain as some of the sexual acts committed by women.

Elliot (1997) also points out that these acts are not necessarily carried out in isolation. They are often accompanied by physical and emotional abuse of varying severity. The child may be threatened with severe punishment, including death threats to them, to a loved one or family pet. These threats are used both during the incest abuse and to get them to participate. This is in agreement with Leberg and Berliner's (1997) view that for women who sexually abuse very young children, they often begin the abuse when the child is so young that 'grooming for compliance' is not necessary as the child does not know any other form of treatment.

Elliot (1997) further mentions some of the myths surrounding female perpetrators. Some of these are:

- Females do not sexually abuse;
- Females only abuse if coerced or accompanied by a man;
- If females sexually abuse it is gentle, loving, or misguided 'motherly' love;
- Females only abuse boys.
- People who say they were abused by a female are fantasizing or lying;

- Women only sexually abuse adolescents;
- It is worse to be sexually abused by a woman than by a man.

3.5.3 STEPFATHERS AND NONCUSTODIAL FATHERS INCEST ABUSE

The literature suggests that vulnerability to sexual abuse by the stepfather may be exacerbated by the role confusion they experienced (Horton, et al. 1990). Stepfathers often enter the family as a boyfriend and subsequently become stepfathers. There may be uncertainty regarding role expectations because of his changing and fairly undefined status in the family. Another important characteristic that may explain why incest abuse happens in these families is that close to one-third of the children were previously sexually maltreated by their biological fathers. Such experiences are likely to increase the vulnerability of children to additional sexual abuse because they have been socialized to expect sexual behavior from adult males. They may also engage in sexualized behaviors, because of this socialization, that are perceived as seductive by their stepfathers (Horton et al. 1990).

On the other hand, Horton et al. (1990) suggests that non-custodial fathers may seek affection and comfort from the child, and appropriate interaction becomes sexualized. They further indicate that the father might also regress under the stress of the marital demise, and therefore feel more comfortable with an immature sex object. They also point out that the father's desire to retaliate against his wife leads him to harm the child by sexually abusing her or him. Horton et al. (1990) also mention that stepfathers tend to

target female children, while non-custodial fathers are prone to victimize all their children, boys as well as girls, and children who are very young.

3.5.4 SIBLING INCEST ABUSE

According to Gibbens, Soothill and Way (1978), sibling incest abuse perpetrators are youths under 18 years who engage in sexual activities including exposure, genital fondling, oral, anal, and vaginal intercourse with their siblings. These perpetrators use some type of manipulation or coercion, either threats or implied power to engage the victim. In addition, Renvoize (1993) claims that when sexual exploration, such as looking, exposing, touching is mutual and appropriate to age, and is a comfortable albeit exciting experience, in 'normal' families this most likely will be a formative, positive experience. But where any force is used, and where difference in age means the older child wants something more advanced and beyond the age-appropriate requirement of the younger, emotional or physical pain may be inflicted and this implies abuse.

Although Ammerman and Hersen (1992) state that the literature on sibling incest is sparse, Gibbens et al., (1978) suggests that sibling incest abuse range from 6% to 33%. This is in accord with Newman and Peterson (1996) who report brother-sister incest abuse to account for 31% of incest abuse. Consistent with Ammerman and Hersen (1992), Renvoize (1993) points out that anthropologists such as Ford and Beach found societies where children are permitted to play sexually with each other and where parents sexually stimulate their children, masturbate them as a normal part of family contact, but such attitudes are rare. However, Angel Tsun (1999) indicates that the severity of sibling

incest abuse in Hong Kong is still masked by the presumption that sex between siblings is mutual sex play or purely experimentation. Consistent with recent advances documented by other researchers in the study of sibling incest abuse, Finkelhor (1979) agrees that sibling incest abuse is often less discovered and, when discovered, is dealt with more easily within the family.

3.5.5 INCEST ABUSE OF BOYS

Ray (1996) states that until recently male survivors of incest abuse were found to be more frequent than previously identified. Estimates based on the general population suggest that approximately 10-20% of males are sexually abused at some point in childhood. The average age of abuse of males tends to be underreported (Donaldson & Corder-Green, 1994). Renvoize (1993) observes that because of a combination of fears, including fear of the loss of the “macho” image, of being thought of as homosexual and, latterly, of having AIDS, boys are even more wary of admitting that they have been assaulted than are girls.

Ammerman and Hersen (1992) support Renvoize (1993) on the idea that male victims may be less likely to disclose sexual abuse than female victims. They cite the following as reasons for the decreased reporting by male victims: (1) as a result of cultural bias, there is reluctance to identify the sexually molested boys as a victim, (2) because physical trauma appears less frequently in male victims than in female victims, the tendency is for adults to deny that the boys were victimized, and (3) if a boy has a homosexual

orientation and is coerced into sex by an older adult male, the boy is often blamed for the ‘seduction’ of the older male, instead of being acknowledged as the innocent victim.

3.6 CONSEQUENCES OF INCEST ABUSE

3.6.1 SEVERITY OF THE CONSEQUENCES

In discussing the consequences of incestuous abuse, Courtois (1997) indicates that incest abuse results in a more serious aftermath if: it begins when a child is either very young or in early puberty; is of longer rather than shorter duration (the average duration is four years); is forceful and violent; involves misrepresentation; coercion; and “grooming” of the child to be an active participant. Courtois (1997) further mentions that the aftermath of incest abuse is also more serious if: the blame is on the child; involves an escalation of sexual behavior over time and a sexualized response on the part of the child; includes physical penetration; occurs between parent (or step-parent) and a child or between other members of the nuclear family; is observed, acknowledged or disclosed, but not stopped.

These views are in agreement with Hanson et al. (1994) who indicate that incest abuse has some negative impact on the survivors. These negative effects are often serious and persisting, particularly when the offender is a father or father figure to the victim. Johnson and Kenkel (1991) who state that father-daughter incest abuse is more damaging to the victim than sibling-incest abuse also support this. In contrast, Hunter (1995) states that incest abuse offenses committed by children and adolescents have lasting consequences for both the victim and the perpetrator. He also remarks that children who

are sexually abused by their siblings suffer the same types and severity of negative consequences as children who are sexually abused by adults.

When incest abuse occurs in a family, a profound role and relationship betrayal is also involved. Paradoxically, the perpetrator is the source of both safety and danger to the victim who is thus dependent upon the very person who inflicts harm. The situation in the case of incest abuse is compounded further by the fact that the victim is not yet physically or psychologically mature. A child's physiology may thus be negatively affected by ongoing abuse in ways that compromise later physical and psychological development. The child's sense of self, psychosexual progression and object relations may be destabilized (Courtois, 1997).

Incest abuse can lead to psychological, psychobiological and behavioral disorders and physical consequences, and all these are traumatizing to the survivors.

3.6.2 PSYCHOLOGICAL CONSEQUENCES OF INCEST ABUSE

Incest abuse is emotionally devastating to a child as it involves the "irretrievable loss of the child's inviolability and trust in the adults in his or her life" (Courtois, 1997). Other psychological effects of incest abuse are depression, low self-esteem, suicidal behavior, post-traumatic symptoms along with irrational guilt, shame, self-blame, anxiety reaction, dissociation and somatization (Horton et al, 1997). Holman and Silver (1996) add interpersonal difficulties and social isolation as other effects of incest abuse.

Horton et al. (1990) mention that the most prevalent and pervasive effect of childhood incest abuse is the inability to trust others. Courtois (1997) points out that the survivors also experience a profound loss of faith, personal meaning, and safety in the world. However, very young children, under four years of age, may not be aware that the sexual activities are wrong. Confusion and betrayal impact on these children once they become aware that these acts are wrong. This then undermines their development of a basic sense of trust and leads them to question their relationship (Consiorek et al. 1994).

Ray (1996) draws attention to the fact that the longer the duration of incest abuse, the lower the survivors' self-esteem and, again, the earlier the incest abuse took place in a survivor's life, the more severe the overall effect.

According to Courtois (1997), most, if not all, child victims develop negative self-attributions. They conclude that they are bad and, therefore, are the cause of the abuse, a conclusion that allows them to maintain an image of the abuser as good. Simon Roper (1996) postulates that children who have been sexually abused frequently become involved with abusive relationships due to a lowered self-esteem and becoming familiar with violence.

Consiorek et al. (1994) suggest gender differences in the effects of incest abuse. They describe that boys appear to respond more often with acts of aggression whereas girls tend to respond more with depression. Furthermore they mention sexual identity confusion, insecurity about masculinity, and recapitulation of victimization as unique

effects on male victims. However, Ray (1996) notes the immediate and long-term effects of incest abuse on males as fear, anger, depression, self-destructive behavior, anxiety, feelings of isolation, shame, stigma and, possibly, directing sexual offenses towards children.

3.6.3 PSYCHOBIOLOGICAL AND BEHAVIORAL DISORDERS AS CONSEQUENCES OF INCEST ABUSE

The literature on incest abuse indicates that survivors experience a host of psychobiological and behavioral disorders that may be directly or indirectly related to their traumatic experiences. These experiences include: gastrointestinal and autoimmune disorders, sexually transmitted diseases, sexual deviance including prostitution and promiscuity and adolescent pregnancy. Other behavioral anomalies could: be dysfunction's of desire and arousal, eating disorders, alcoholism, drug addiction and forgetting of the details of their abuse (Godbey & Hutchinson, 1996; Daniel, 1996; Freedman & Enright, 1996; Parens, 1997; Courtois, 1997).

Renvioze (1993) states that previously happy children become depressed and discontented, withdrawn and sullen, their sleep broken by nightmares or they stay awake because they are frightened to fall asleep in case their abuser creeps up on them unawares. In addition, these children who have been doing well at school may become uncooperative. They may complain of stomachache, headache, fatigue, or develop obsessions, phobias, tics, fears of objects or people they were not frightened of before

(Renvoize, 1993). Consiorek et al., (1994) add that other children exhibit symptoms such as nightmares, age-inappropriate separation anxiety, firesetting and fearfulness.

3.6.4 APPROACHING AND ENGAGING THE VICTIMS

In a study by Pryor (1996) some perpetrators were able to pinpoint events during which their view of a child shifted in a sexual direction. Some perpetrators mentioned that the presence of developing breast on girls, the overall contour of the body or the shape of the buttocks on a child of either sex, or the presence of a muscular or firm build on boys is what attract them. They also mentioned looking and being “caught by surprise” by how the child had matured and developed physically as one of the things that make them engage in incestuous abuse. They described that their awareness of these physical changes was followed by sexual fantasy about the child accompanied by masturbation. After a period of sustained watching and fantasizing, the perpetrators eventually make the construction that the young person, as they saw it, was a sexual being (Pryor, 1996).

Perpetrators also mentioned noticing the victims’ sexuality after they had seen the victim getting dressed, for example, or taking a bath, using the restroom, or walking around the house in nightclothes or underwear. However, those who started offending in this manner were identified as heavy drinkers. Men perpetrators reported that a particular victim, if the child was a girl, began to remind them of the way their wives looked, or used to look, at a younger age. The child victim represented a newer, updated, and more erotic version of their spouses (Pryor, 1996).

It was also found that perpetrators use a range of tactics to gain sexual compliance, such as: verbal coercion and intimidation, seduction, misrepresentation of sex as a game or as something innocent, physical force, or the use of entitlements like money or candy. These tactics involve slowly introducing sex by adding it on instances of otherwise routine affectionate contact, masking sex in the context of play or game situation that were surreptitiously initiated by the perpetrator (Pryor, 1996).

Less common strategies for initiating sexual contact consist of catching the victims at times when they are busy with something else, sneaking and spying on children in the middle of the night while they are allegedly asleep, commanding or physically forcing a victim to submit or acquiesce to sexual advances with no pretense, use of pornography, praise about physical appearance, and monetary or social rewards to try and groom the younger person to reciprocate with sexual acts (Pryor, 1996).

3.6.5 RECOGNITION AND DISCOVERY OF SURVIVORS

Therapists working with sexually abused children are faced with the difficulty of identifying children who are sexually abused. A useful way of recognizing young children who have been sexually abused is through their stories, artwork and play. Abused children's stories may indicate a desire for privacy and support by telling of large houses, separate bedrooms, and protective parents. A careful note should also be taken of drawings where parts of the face or body are obliterated or shaded, or where mouths or arms are omitted at an age where they would be expected to be included, or where parts

of the body are accentuated in a bizarre way, and where explicit sexual actions or parts are shown (Renvoize, 1993).

In their actual play, abused children may reveal surprisingly sophisticated knowledge of sexual behavior or there may be masturbatory play. They may be very concerned with cleanliness especially around genital areas and the anus. Recurring themes of protection are common, while nurturance may be interpreted erotically. The child may refuse to include her/himself and family in role play about families, and his/her concealed anxiety is likely to make the watcher uncomfortably aware of something wrong (Renvoize, 1993).

3.6.6 PERPETRATORS' REQUESTS

According to Horton et al. (1990) perpetrators feel that medical, psychological and social services available are extremely limited, inaccessible, and not well known to the public. They want counselors to be informed, sensitive, understanding, and confrontive when working with sexual abusers. Perpetrators also emphasize the need for cooperation and coordination between professionals and service agencies. They also stress the importance of the entire family receiving services, not just the victim or the perpetrator. In a study by Horton et al. (1990), perpetrators felt that the following new services would help prevent incest abuse, assist their families, and rehabilitate themselves.

1. Train more qualified professionals to work with incest abuse perpetrators and increase research efforts in this area.
2. Have more cooperation between services and professionals in the community.

3. Have individualized treatment plans and avoid stereotyping.
4. Provide more funding for all services to perpetrators and their families.
5. Locate sponsors or group services for perpetrators and their families immediately following arrest or involvement with the legal or child protection services. Group or individual therapy should also be offered to perpetrators and their families before they are convicted or involved with the court process. Special groups should be set up for teenage perpetrators.
6. Educate the public at all levels-grade schools, adult education, churches, work places, the legislature, and public meetings through the media, regarding sex education, incest abuse, and prevention techniques.
7. Make trained group leaders available to help rebuild and reunite incestuous families.
8. Establish confidential hot-lines for perpetrators, which should be maintained by well-informed listeners who understand incest abuse and can discuss it comfortably.
9. Have rehabilitated perpetrators work with the newly identified perpetrators at all points in the legal process. Perpetrators need to be advised for their rights, options, and legal responsibilities.
10. Provide legal services for perpetrators at all stages in the legal process. Perpetrators need to be advised of their rights, options, and legal responsibilities.
11. Establish halfway houses for perpetrators that would help with financial assistance, housing, counseling services, future planning, and adjustments.
12. Arrange, with the legal system, a treatment program that can be used without the threat of imprisonment.

13. Offer family counseling for perpetrators in jail, which could deal with incest abuse issues.
14. Develop training materials and programs about the dynamics of incest abuse for couples to study before marriage or remarriage.
15. Encourage churches to become more involved.

4. INTERVENTION FOR INCEST ABUSE

4.1 For Adults

Greer and Stuart (1983) identified family therapy as a form of intervention for families with incest abuse. Family treatment in therapy does not necessarily mean seeing all family members together in therapy sessions, and can include a variety of treatment modalities. However, it does involve engaging family members in examining those issues and events that has affected them all. Incestuous families require an extended treatment period and are primarily concerned with behavior modification and education (Greer & Stuart, 1983).

According to Wieland (1997) both direct and indirect interventions are needed when dealing with families with a history of incest abuse. Wieland first talks of the kick-stroke method in which there is direct confrontation related to the abuse and then encouragement for any movement the family has made away from the abusive pattern. He also suggests other various family therapy techniques such as creating a new story, positive reframing, and externalizing the problem.

Wieland (1997) also talks about an apology-confrontation session involving the non-perpetrating parent as well as the perpetrating parent. He also mentions that a discussion of what the family was like in the past and what is like now is similarly effective. In this technique each individual in the family can be asked what they want to say to the other members in the family about the past and about the future. This needs to be done carefully so that the child is never put in a position of apologizing for behaviors that occurred because of the abuse.

4.2 For Children

Once incest abuse has been detected, a child victim should receive some kind of individual attention in order to assess and alleviate any trauma resulting from the incest abuse experience or their siblings. The therapist should emphasize repeatedly to the children that nothing they may have done justified the parent's incestuous behavior. The child should be given the opportunity to ventilate the emotions and concerns that have been evoked by the incestuous experience. Once the child has verbalized concerns about the incest abuse, the therapist can correct any misconceptions that the child may have formed about the incest abuse and its aftermath such as "all men are bad or sex is evil" (Greer & Stuart, 1983).

It is important for the therapist to avoid anxious overreaction that may communicate to the child that there is something drastically wrong with her or him now, and if parents or other adults have given the child this impression, the therapist should strive to correct it.

The child should be given the assurance that no further sexual approaches will be made (Greer & Stuart, 1983).

The other method of intervention recommended by Furniss (1991) is The Primary Therapeutic Intervention. This method of intervention has seven treatment steps.

4.3 Step 1: Blocking further sexual abuse

The first step in therapy is to block further sexual abuse. In child sexual abuse there is a need for temporary separation of the abuser and the abused child during the crisis intervention. It is desirable for the abuser, as the adult who is responsible for the abuse, to leave the family and for the child to stay at home. The therapist should always try to work towards approaches where the abuser should leave the family and not the child. If the child is removed, careful steps need to be taken to guarantee continuous and free access to the other members of the family and to other important attachment figures in the child's life.

4.4 Step 2: Establishing the facts of abuse and the abuse as shared family reality

The second step in the treatment of incest abuse is to establish the facts of the abuse in order to establish the incest abuse as a psychological fact and family reality. The child and family need to be helped to use explicit sexual language, which they may have never used. They may have to describe events for which they may not have the words and the language to communicate. Therefore, it is important to give the family explicit license to communicate about the abuse. By introducing explicit sexual language, the therapist

gives the message to the family that they know how to talk about this difficult topic. The therapist should serve as a model by talking openly and appropriately about explicit sexual acts in front of the family.

4.5 Step 3: Paternal responsibility - taking for the abuse

For further therapy, the abuser needs to take full and sole responsibility for the sexual abuse in the initial stages of therapy. Always and under all circumstances the responsibility for the sexual abuse lies solely with the abuser. The moment the abuser accepts sole responsibility for the incest abuse, he/ she becomes, if the abuser is one of the parents, a true parent to his/ her child. By accepting sole responsibility for the abuse, the abuser moves into a parental position and the child returns back into the position of being a child. The change in the abuser's position from a pseudo-partner to one of a parent helps to relieve the child of his/ her sense of responsibility for the abuse and constitutes the abuser as responsible cares in a parenting role.

4.6 Step 4: Parental responsibility for general care

Although the abuser is solely responsible for the abuse, non-abusing parents and abusers have to take equal responsibility as parenting couples for the general care and well-being of their children.

4.7 Step 5: Work on the mother-child dyad

After the incest abuse between father and child (if that is the case) has been blocked and both parents have taken equal parenting responsibility, therapy needs to focus on the

relationship between mother and child. The work on the mother-child relationship aims at making the mother a more emotionally central and protective person whom the child can trust, someone to be believed and to be rejected when she tries to find protection in case of renewed and further abuse.

4.8 Step 6: Work with the parents as partners

During partner therapy, the main focus is the split between the couple's emotional and sexual expectations of each other. In the initial crisis of the disclosure, the non-abusive parents in their own confusion between parenting and partner roles tend to decide that they have to go, for instance for divorce, reacting to their own moralistic expectations or to the expectations from professionals. When the initial shock of disclosure has diminished, the non-abusive parents often realize their continuing attachment to the abuser. Abusers may initially say that they are sorry for what they did.

4.9 Step 7: Work on the father-child dyad

If the father is the abuser, it is easy to cope with the father-child dyad once the basic problems in the mother-child dyad and the mother-father dyad have been dealt with. It is crucial for any sexually abused child to be able to build or rebuild emotionally trusting relationships to the father and to father figures, which do not end up in sexual abuse.

5. PREVENTION FOR FURTHER INCEST ABUSE

The following are some of the factors considered to prevent future incest abuse (Elliot, Browne & Kilcoyne, 1995; Hunter, 1995; Swift, 1995).

1. Adults need to send a clear and unambiguous signal that aggressive behavior, which includes sexual aggression, is not permitted.
2. The public needs to be educated to sharpen awareness of the harm done by child perpetrators and their potential to produce more and more victims who also might become perpetrators.
3. Schools should initiate programs to teach children appropriate information about sexuality.
4. Parents should teach children about sexual abuse. Children should know the following:
 - differences between safe and unsafe touches.
 - proper names for all body parts, so that they will be able to communicate clearly.
 - that safety rules apply to all adults, not just strangers.
 - that their bodies belong to them and nobody has the right to touch them or hurt them.
 - that they can say “no” to requests that make them feel uncomfortable even from a close relative.
 - to report if any adult asks them to keep a secret.
 - they are not bad or to blame for incest abuse.
 - to tell a trusted adult about abuse even if they are afraid of what may happen.
 - parents should help children to know where to go for help.
 - parents should help children to make self-protective decisions.

6. HYPOTHESES

1. Perpetrators hold on to sexual entitlement more than the control group does.
2. Perpetrators see children as sexually attractive more than the control group does.
3. Perpetrators are more sexually frustrated in life more than the control group does.
4. Perpetrators accept extra-marital affairs more than the control group does.
5. Perpetrators confuse sex with affection more than the control group does.
6. Perpetrators do not regard sex with children as harmful more than the control group does.

CHAPTER 4

4. RESEARCH METHODOLOGY AND DESIGN

This chapter deals mainly with the methods used to carry out this study. It includes the research design, participants, data collection, procedure and data analysis.

4.1 Research design

The study followed the quantitative research approach. The quantitative research methodology will enable the researcher to provide descriptive and generalisable data on the respondents' attitudes towards incest abuse.

4.2 Participants

The participants were all the forty two convicted incest abuse perpetrators committed and were detained for the abuse in Pietersburg, Nylstroom and Thohoyandou prisons, who were willing to take part in the study. Forty two professional males non-perpetrators willing to participate in the study were conveniently sampled from the University of the North, Mankweng- Pietersburg Hospital Complex, and Pietersburg Regional Court to make up the control group. Professionals are individuals who practice a certain career as a full-time occupation and amongst them were professional nurses, medical doctors, clinical psychologist, occupational therapist, social workers, lecturers and lawyers. The control group was a good comparison group since it fall within the same age range and they have the same demographic characteristics (except the level of education) with the perpetrators.

4.3 Data Collection

4.3.1 Instruments

An Hanson Sex Attitude Questionnaire, Consent form and a Background Questionnaire were used as instruments for data collection. The Hanson Sex Attitude Questionnaire used to collect data was developed by Hanson, Gizzarelli and Scott (1994). Besides the demographic variables in the questionnaire it contains the following subscales: Frustration, Affairs, Sexual Entitlement, Sex/ Affection Confusion, Sexy Children, and Sexual Harm scales. The Sexual Entitlement scale contains nine items, the Sexy Children scale contains eleven items, the Frustration scale has five items, Affairs scale has three items, Affection/ Confusion scale contains eight items and Sexual Harm contains ten items. The questionnaire had forty-six items altogether. The respondents were asked to rate their agreement on the statements using a 5-point Lickert scale ranging from completely disagree (1) to completely agree (5). The Background Questionnaire was developed by the researcher herself to obtain information on the subject's demographic characteristics (e.g., marital status) and offence history (e.g., number of cases of incest ever committed). The questionnaires were translated into Northern Sotho and TsheVenda languages since these are the common languages in the geographical area of the research. For respondents who speak Afrikaans and Shona the English version of the questionnaire was used. The Crombach Alpha and Guttman split-half reliability measures for the whole scale among all the participants were 0.87 and 0.94 respectively.

4.3.2 Procedure

A pilot study was conducted to test the questionnaire with twenty convicted incest abuse in Tzaneen prison. These respondents did not take part in the main study.

The researcher obtained a letter of permission from the Department of Correctional Services (Head Office in Pretoria) to conduct the research in the prisons. On the approval letter it was indicated that it was up to the researcher to make arrangements with the area manager for the visits to the prisons. The area managers of Pietersburg, Nylstroom, and Thohoyandou were contacted telephonically and arrangements were made for data collection.

A meeting was arranged by each area manager, and the researcher and the perpetrators (selected from the prison records) were invited to the meeting. At this meeting, the researcher explained the nature of the research and that it would be appreciated if the perpetrators could partake. The participants were made to feel at ease by reassuring them that no harm would befall them if they took part or not in the study, and that the data would be compiled anonymously. The researcher interviewed the perpetrators one by one to assess if they had committed incest abuse or rape. In cases where both rape and incest abuse had been committed the researcher informed the perpetrators that the present study focused on incest abuse rather than the rape and interviewed them on incest abuse only. Perpetrators who committed rape only were thanked for volunteering to be interviewed and were also told that the present study focused on incest abuse. All the Forty-two black incest abuse perpetrators from the three prisons agreed to participate, while all whites

incest abuse perpetrators (five in number) did not want to participate. For security reasons, the researcher was always accompanied by a prison warder when seeing the perpetrators.

Before administering the questionnaire, the perpetrators were asked to sign a consent form, which was read and explained to them. Questionnaires were then administered one at a time to all the perpetrators who were willing to participate in the study. The researcher was there all the time to provide clarifications that might be necessary. For example some of the respondents needed clarification on town of origin, whether they should indicate their nearest town or places where they came from.

The researcher conveniently, approached the professionals (control group) at their areas of work and informed them about the study and that it would be appreciated if they could participate. The researcher visited different offices in different departments and approached those in the control group depending on their availability in their offices. Participants were reassured about the confidentiality and anonymity of the study, after the purpose of the study had been explained to them. The respondents were given the questionnaires and were asked to fill them in themselves the same day. The researcher waited and collected the completed questionnaires. After the completion of the questionnaire, the respondents were debriefed in case of any uncomfortable emotions that might have resulted from answering the questions.

Data collection was done between March and September 2000, i.e., for seven months. Participants took different times to fill in the questionnaires with the time range of between twenty minutes to thirty minutes.

4.3.3 Data Analysis

Statistical Package for Social Science (SPSS) was used to analyze the responses. Independent t-test was used to compare the means of the two groups. Non parametric chi-square test was also used to test differences in frequencies.

CHAPTER 5

RESULTS

Basic information on perpetrators and control group

Out of the total number of (84) respondents; the number of the control group is 42 and that of perpetrators is 42. All the respondents were males. The age of the perpetrators ranged from 21 years to 58 years. The majority 25 (59.5%) of the perpetrators were between the ages of 31 years and 40 years. The age of the control group ranged from 25 years to 44 years. Many 14 (33.3%) of the control group were between the ages of 23 years to 30 years.

The occupations of the perpetrators prior to imprisonment are as follows: 25 (59.5%) of the perpetrators were labourers; 14 (33.3%) were unemployed; 2 (4.8%) were self-employed, and 1 (2.4%) were professionals (computer technician). The control group was made up of 5 (11.9%) professional nurses, 6 (14.3%) medical doctors, 4 (9.5%) Clinical psychologists, 4 (9.5%) psychiatrists, 4 (9.5%) occupational therapists, 3 (7.14%) social workers, 10 (23.8%) university lectures and 6 (14.3%) lawyers.

Among the perpetrators, at the time of the research 12 (28.6%) had been or were still married; 22 (52.4%) were single; 6 (14.3%) were divorced and 2 (4.8%) were separated.

Frequencies:

The socio-economic status of the perpetrators measured by self-described economic status scale are as follows: The number of perpetrators from upper class is 14 (33.0%) and that of those from lower class is 28 (67.0%). Non parametric chi-square test indicates that incest abuse is committed more by perpetrators from lower socio-economic status (Chi-square = 4.667; df = 1; p < 0.05).

Prior to the imprisonment, 34 (81.0%) of the perpetrators lived in villages and 8 (19.0%) in townships. Among the control group, 29 (69.0%) lived in townships and 13 (31.0%) in villages. Non parametric chi-square test shows that incest abuse is more common in villages (Chi-square = 16.095; df = 1; p < 0.05).

As to sexual preferences, it was found that 40 (95.2%) of the perpetrators prefer heterosexual relationships, while 2 (4.8%) indicated that they prefer homosexual relationships. All those in the control group 42 (100%) prefer heterosexual relationships.

At the last occasion of incest abuse, a third 14 (33.3%) of the perpetrators sexually abused their sisters; 11 (26.2%) sexually abused their niece; 8 (19.0%) their daughters; 7 (16.7%) their step-daughters; and 2(4.8%) their grand-daughters. All the perpetrators sexually abused females.

The victims ranged in ages from 6 years to 18 years old. 8 (19.0%) of the perpetrators engaged in incest abuse of children of ages 6 years to 10 years; 25 (59.5%) had abused

children between 11 years to 15 years; and 9 (21.4%) engaged themselves with children between 16 years to 18 years old.

Thirty-nine (92.9%) perpetrators had committed incest abuse once; 2 (4.8%) had committed incest abuse twice; and 1 (2.4%) committed incest abuse more than twice. In all these incest abuse cases, the perpetrators were detained for the first time.

Seventeen (40.5%) of the perpetrators were from Thohoyandou prison; 13 (31.0%) were from Pietersburg prison; and 12 (28.6%) were from Nylstroom prison.

Two-thirds (64.3%) of the control group are Northern Sotho speaking (Bapedi); 6 (14.3%) are Venda speaking; 2 (4.8.0%) are Tsonga; 2 (4.8.0%) Afrikaans speakers, 2 (4,8%) are Nguni and 3 (7.1%) fall under the category of “others” which includes Shona speaking and Ovambo. Twenty-two (52.4%) of the perpetrators are Northern Sotho speaking; 10 (23.8%) are Tsonga; 7 (16.7%) are Venda and 3 (7.1 %) are Nguni speaking.

33.3% (N=14) of the control group and 23.8% (N=10) of the perpetrators are Christians (Protestant); 16.7% (N=7) control group and 4.8% (N=2) perpetrators are Born Again Christians; and Africans constitute 11.9% (N=5) control group and 19.0% (N=8) perpetrators respectively. Ten (23.8%) of the control group and 1 (2.4%) of the perpetrators are Catholics; 4 (9.5%) control group and 6 (14.3%) perpetrators are members of the Apostolic church. 33.3% (N=14) perpetrators are members of Zion

Christian Church as compared to 4.8% (N=2) control group. All members of the control group indicated their religion while 1 (2.4%) perpetrators did not indicate their religion.

Table 1 below shows the mean scores and standard deviations on the Hanson Sex Attitude Questionnaire.

Table 1: Mean Scores and Standard Deviation for the Hanson Sex Attitude Questionnaire.

Scales and Groups		N	Mean	Std. Deviation	Std. Error Mean
Sexual Entitlement:	Control group	42	22.7857	4.6932	0.7242
	Perpetrators	42	33.5000	6.8405	1.0555
Sexy-children:	Control group	42	17.1667	4.7159	0.7277
	Perpetrators	42	37.8095	9.2030	1.4200
Frustration:	Control group	42	11.1905	4.0978	0.6323
	Perpetrators	42	17.9762	4.1053	0.6335
Sex/ AffectionConfusion:	Control group	42	20.8333	4.7929	0.7396
	Perpetrators	42	28.4048	6.8220	1.0527
Sexual harm:	Control group	42	16.8571	2.8334	0.4372
	Perpetrators	42	28.7143	5.9152	0.9127
Extra-maritalAffairs:	Control group	42	4.9286	1.7585	0.2713
	Perpetrators	42	9.0000	3.5818	0.5527

The above mean scores will be used to interpret the Independent t-test analyses following below.

Test of Hypotheses:

Hypothesis 1: Perpetrators hold on to sexual entitlement more than the control group does.

Table 2 below shows an Independent t-test analysis comparing the scores of the perpetrators and that of the control group on Sexual Entitlement.

Table 2. Independent Sample t-test for sexual entitlement.

	t – test for Equality of Means						
	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Sexual Entitlement: Equal variance assumed	-8.370	82	.000	-10.714	1.2801	-13.2607	-8.1678
Equal variances not assumed	-8.370	72.598	.000	-10.7143	1.2801	-13.2657	-8.1629

The Table shows that there is a significant difference between the scores of the perpetrators and those of the control group ($t = -8.370$; $df = 82$; $p < 0.05$). As hypothesized, perpetrators hold on to sexual entitlement (Mean score = 33.5000) more than the control group does (Mean score = 22.7857). Therefore, hypothesis 1 is accepted.

Hypothesis 2: Perpetrators see children as sexy more than the control group does.

Table 3 below shows an Independent t-test analysis comparing the scores of the perpetrators and those of the control group on children as sexy.

Table 3. Independent Sample t-test for children as sexy.

	t-test for Equality of Means						
	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Sexy Children Equal variances assumed	-12.937	82	.000	-20.6429	1.5956	-23.8171	-17.4686
Equal variances not assumed	-13.937	61.143	.000	-20.6429	1.5956	-23.8334	-17.4523

Table 3 shows that there is a significant difference between the scores of the perpetrators and those of the control group ($t = -12.937$; $df = 82$; $p < 0.05$). The perpetrators see children as sexually attractive (Mean score = 37.8095) more than the control group does (Mean score = 17.1667). Thus hypothesis 2 is accepted.

Hypothesis 3: Perpetrators are more sexually frustrated in life than the control group does.

Table 4 below shows an Independent t-test analysis comparing the scores of the perpetrators and that of the control group on sexual frustration.

Table 4: Independent Sample t – test for sexual frustration.

	t-test for Equality of Means						
	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Frustration Equal variances assumed	-7.582	82	.000	-6.7857	.8950	-8.5662	-5.0052
Equal variances not assumed	-7.582	82.000	.000	-6.7857	.8950	-8.5662	-5.0052

Table 4 shows that there is a significant difference between the scores of the perpetrators and those of the control group ($t = -7.582$; $df = 82$; $p < 0.05$). Thus, the perpetrators are more sexually frustrated in life (Mean score = 17.9762) than the control group does (Mean score = 11.1905). Hypothesis 3 is therefore accepted.

Hypothesis 4: Perpetrators confuse sex with affection more than the control group does.

Table 5 below shows an Independent t-test analysis comparing the scores of the perpetrators and those of the control group on confusion of sex with affection.

Table 5: Independent Sample T-test for confusion of sex with affection.

	t-test for Equality of Means						
	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Sex/ Affection-Confusion							
Equal variances assumed	-5.885	82	.000	-7.5714	1.2865	-10.1306	-5.0122
Equal variances not assumed	-5.885	73.545	.000	-7.5714	1.2865	-10.1351	-5.0078

Table 5 show that there is a significant difference between the scores of the perpetrators and those of the control group ($t = -5.885$; $df = 82$; $p < 0.05$). Perpetrators confuse sex with affection (Mean score = 28.4048) more than the control group do (Mean score = 20.8333). Thus, hypothesis 4 is accepted.

Hypothesis 5: Perpetrators do not regard sex with children as harmful as the control group does.

Table 6 below shows an Independent t-test analysis comparing the scores of the perpetrators and those of the control group on sexual harm.

Table 6. Independent Samples t-test for sexual harm.

	t-test for Equality of Means						
	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Sexual-Harm:							
Equal variances assumed	-11.716	82	.000	-11.8571	1.0120	-13.8704	-9.8439
Equal variances not assumed	-11.716	58.873	.000	-11.8571	1.0120	-13.8823	-9.8320

Table 6 shows that there is a significant difference between the scores of the perpetrators and those of the control group ($t = -11.716$; $df = 82$; $p < 0.05$). The result indicates that perpetrators do not regard sex with children (Mean score = 28.7143) as harmful as control group does (Mean score = 16.8571). Hypothesis 5 is therefore accepted.

Hypothesis 6: Perpetrators accept extra-marital affairs more than the control group does.

Table 7 below shows an Independent t-test analysis comparing the scores of the perpetrators and those of the control group on extra-marital affairs.

Table 7: Independent Sample t-test on extra-marital affairs.

	t-test for Equality of Means						
	t	df	Sig.(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Extra-marital Affairs: Equal variances assumed	-6.613	82	.000	-4.0714	.6157	-5.2963	-2.8466
Equal variances not assumed	-6.613	59.680	.000	-4.0714	.6157	-5.3031	-2.8397

Table 7 shows that there is a significant difference between the scores of the perpetrators and those of the control group ($t = -6.613$; $df = 82$; $p < 0.05$). The result indicates that perpetrators accept extra-marital affairs more (Mean score = 9.0000) than the control group does (Mean score = 4.9286). Therefore hypothesis 6 is accepting.

CHAPTER 6

DISCUSSION

On Hypotheses:

Incest abuse perpetrators in the present study reported more deviant negative attitudes than did the control group. This study suggests that incest abuse perpetrators are more likely to endorse attitudes supportive of male sexual entitlement than the control group would do. According to Hanson, Gizzarelli and Scott (1994), incest abuse can be the product of a belief in male sexual entitlement. Wash and Knudson-Martin (1994) report that incest abuse happens when men feel they are failing in their masculine roles and are thus entitled to having their needs for closeness met. Wash and Knudson (1994) further indicate that incest abuse perpetrators perceive other people to owe them the satisfaction of their needs and rights. They appear absorbed with their own needs, are inattentive to the experience of others, become angry when they do not get their own way or when others, particularly children, do not obey them.

Moreover, the result suggests a significant difference on how perpetrators and the control group perceive children. Incest abuse perpetrators are more likely to perceive children as sexually attractive as compared to the control group. Hanson, Gizzarelli and Scott (1994) mention that incestuous abuse can be the product of sexual preference for children.

The results also show that incest abuse perpetrators do not regard sex with children as harmful and minimize the harm caused by the sexual abuse of children. This could be due to the fact that incest abuse perpetrators are unable to recognize the negative impact of their abuse (Hanson; Gizzarelli & Scott; 1994 and Gilgun, 1995).

The findings show that perpetrators are more sexually frustrated in life and turn to their children because of sexual frustration. The result is supported by Ehrmin (1996) who indicates that fathers engage in an incestuous experience with their daughters because of the inability to relieve sexual tension with their wives and their desire to keep the family unit together. According to Horton et al., (1990) non-custodial father's desire to retaliate against his wife may lead him to harm the child by sexually abusing her or him.

The findings indicate that perpetrators confuse sex with affection more than the control group does. This could be so, because, as Horton et al., (1990) indicate, non-custodial fathers may seek affection and comfort from the child, and appropriate interaction becomes sexualized. Horton et al. further suggest that the vulnerability of sexually abusing children by the stepfather may be exacerbated by the role confusion they experienced. Stepfathers often enter the family as boyfriends and subsequently become stepfathers. They may be uncertain regarding their role expectations because of their changing and fairly undefined status in the family.

The literature indicates that the family relations of incest abuse make the girl victims into second wives, taking over many of the mother's roles, from housekeeping to sexual

relations (Miner & Dwyer, 1997). Consistent with the present study, there is a significant difference between the scores of the incest abuse perpetrators and that of control group on the measures of attitudes towards extra-marital affairs. Incest abuse perpetrators are the more likely to accept extra-marital affairs than the control group.

On Prevalence:

The fact that there were no female perpetrators in the prisons in the areas of study could be explained by the fact that cases of female sexual abuse of children are hardly reported (Horton et al., 1990). Females are not seen in the society as being able to sexually abuse a child, since they do not have penises. Hence this has led to child sexual abuse by females being virtually ignored (Elliot & Briere, 1992). This is consistent with Gilgun's (1995) statement that females are infrequently identified as incest abuse perpetrators. This is also supported by Saradjian and Hanks (1997) who suggest that the appearance of lower rates of female perpetration could be due to female perpetration assuming a different form and mimicking child care through activities such as exposure, fondling and sexualized physical interactions. However, Consiorek et al., (1993) and Elliot (1997) estimate that 5% of incest abuse of girls and 20% of incest abuse of boys are perpetrated by women.

Only males were found as perpetrators in the prisons. This is consistent with the findings from other studies (Russell, 1995) that incest abuse victims are more often abused by males. Russell also mentioned that approximately 97% of incest abusers are males.

Only females were indicated by the perpetrators as their victims, although 4.8% of perpetrators indicated that they prefer homosexual relationships as their sexual preference. The results are in agreement with Russell (1995) who report South Africa to be the fourth leading country with respect to incestuous abuse of female children, with the prevalence rate of 10%, when compared to the 16 countries of Europe and USA. Russell further mentioned that in these countries incestuous abuse range as low as 2% in France, Great Britain and Sweden, to a high range of 16% in the Netherlands. Although no males were cited as victims in this study, Stutterhaim (1997) postulates that one out of every four girls and one out of seven boys are sexually abused in some way or another in South Africa. She further suggests that the actual number of male victims is even higher as they are more reluctant than girls to report such incidents.

Only black perpetrators agreed to participate in this study, five white incest abuse perpetrators identified in the prisons did not want to participate. This could have been due to the fact that incest abuse is a sensitive topic in some cultures and many people may be reluctant to talk about it (Courtois, 1997; Furniss, 1991). It may be also that they were not willing to open up to the black (female) researcher (the author).

In contrast to Keen and Keen's (1995) view that father-daughter incest abuse is the most common type of incest abuse occurring, this study found that brother-sister incest abuse (33.3%) is the most prevalent in the study area. Gibbens et al., (1978) pointed out that sibling incest abuse ranges from 6% to 33%.

The result shows that father-daughter incest abuse were indicated by 19.0% of the perpetrators, stepfather-daughter by 16.7%, brother-sister by 33.3%, niece abuse by 26.2%, and grand-child abuse by 4.8% of the perpetrators. The results of the present study are higher than that of Gilgun (1995) who indicates that stepfather-daughter and father-daughter incest abuse account for about one-quarter of all incest abuse cases and uncles as perpetrators account for another one-quarter but disagree on grandparents account. However, the results of the present study are in accord with Newman & Peterson (1996) who found that brother-sister accounted for 31% of incest abuse.

The relationship between socio-economic status and incest abuse has not previously been cited by other researchers. The results in the study indicate that many of the perpetrators (67.0%) come from lower socio-economic class and (81.0%) live in the villages. These findings may be explained as follows: some factors, such as the environments in which people live, socio-cultural beliefs (e.g., great tolerance of child sexual abuse), boredom may be facilitative of abuse of children. Ngwezi (2000) points out that in South Africa, some perpetrators use cultural or traditional excuses as a right for their sexual abuse of children. He reports that many fathers claim that their tradition allows them to sleep with their daughters in order to introduce them to womanhood.

The findings show that 19.0% of the perpetrators engage in sexual activity with children between 6 and to 10 years of age and the majority of the perpetrators (59.5%) engaged in sexual activity with children between 11 and to 15 years of age. This is supported by Renvoize (1993) who states that although it is still a fact that most abusers carefully

“groom” their young victims into acceptance, much abuse begins horrifyingly early, sometimes starting in babyhood. The results are also supported by Stutterhaim (1997) who emphasizes that approximately 33% of incest abuse victims in South Africa are abused for the first time before the age of 6 years.

The fact that 4.8% of incest abuse perpetrators in the study had committed incest abuse twice and 2.4% had committed incest abuse more than twice, although all were detained for the first time, could reflect the fact that in some areas in South Africa when a child report sexual abuse, police officers in the charge offices get the families of the victim and the perpetrator together and advise them to settle the dispute e.g., with money (Ngwezi, 2000)

The findings show ethnic differences among the incest abuse perpetrators. Perpetrators were most commonly found among the Northern Sotho speakers (Bapedi) (52.4%), followed by Tsonga speaking (3.8%) and Venda speaking (16.7%). Only a few Nguni speaking (7.1%) committed incest abuse. It may be possible that Northern Sotho speakers (Bapadi) readily report incest abuse cases more than other ethnic groups do. Ethnicity as a factor has not been considered by other researchers in the area of incest abuse in South Africa. Statistics in the Northern Province as supplied by the South African Police Services (SAPS) indicate that 25% of these cases were reported in the Bushveld, 23% in the Far North, 8% in the Central region, and 13% were reported in the Lowveld (South African Police Services, 1998).

The fact that many of the perpetrators (40.5%) were found in Thohoyandou might not necessarily imply that incest abuse is prevalent in Thohoyandou district. The reason might be that Thohoyandou is the biggest prison in the Northern Province as compared to Pietersburg and Nylstroom prisons. Therefore, most prisoners especially those who are sentenced for a long period are found in this prison.

Limitations

This study has some limitations:

Only males were found in the prisons as perpetrators; consequently, there were no data on females. This would limit the external validity of the findings to the whole population.

Similarly, the findings may not allow much generalization to the South African context due to the fact that only blacks agreed to participate in the study.

The fact that the researcher was a woman and the participants were males could have influenced their responses. Some participants may have given answers that they believed are what the researcher wanted to hear, thus making it difficult for the researcher to draw valid conclusions without some reservations.

There are some sources of bias. Health professionals would possibly be able to perceive what is an appropriate or healthy response option, and select this option.

Since the questionnaires were given under instructions of anonymity and prisons situations, it is unclear whether similar results would be found in legal settings when the participants could face serious legal consequences of their admitting guilt of incest abuse.

Conclusion

From the results of this study, the author concludes that the attitudes of the incest abuse perpetrators towards incest abuse and their victims are significantly deviant, negative and unfavorable to the victims, than that of the control group.

Recommendation

Future research can focus on expanding and diversifying the sample to include professional females, female perpetrators and Whites. This would help to understand, and perhaps explain, the group's variability in responses to incest abuse and their victims.

Since perpetrators show significant deviant attitudes, there is a need for them to get psychological intervention to help them adjust to societal expectations. In all the prisons visited for this research there was no psychologist.

The Northern Province government should create more jobs opportunities in the province, so that the inhabitants would be employed and be kept busy than being bored and end up sexually abusing children.

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APPENDIX

The Background Questionnaire on Incest Abuse Perpetrator

1. Respondent's occupation prior to detension-----
2. Position held in occupation-----
3. Respondent's social class (self-described based on economic status): (a) upper []; (b) middle []; (c) lower []
4. Respondent's sexual preference: (a) heterosexual []; (b) homosexual []; (c) bisexual []; (d) unsure []; (e) other -----
5. Victim's relationship to the respondent-----
6. Victim's age-----
7. Victim's Gender-----
8. Number of cases of incest ever committed-----

A QUESTIONNAIRE ON ATTITUDES TOWARDS INCEST ABUSE

Department of Psychology
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Please fill in the questionnaire as honestly as you can. Your answers shall be handled confidentially and anonymously.

Section A: IDENTIFICATION DATA

1. Age-----2. Sex: Female [] Male []
3. Place of origin-----
4. Ethnic Group-----
5. Religion-----

Section B: QUESTIONS

Below are some questions that concern attitudes towards incest abuse. Please feel free to answer.

1. A person should have sex whenever it is needed.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
2. Women should oblige men's sexual needs.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
3. Everyone is entitled to sex.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
4. Sex must be enjoyed by both parties.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []

5. Men need sex more than women do.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
6. I have a higher sex drive than most people.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
7. I am often bothered by thoughts of having sex.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
8. I have no trouble going without sex if my partner is not interested.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
9. A man who is denied sex suffers more than a woman who has sex when she does not want it.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
10. Some children are mature enough to enjoy sex with adults.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
11. An 8-years-old child can enjoy a good sex joke.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
12. Some children are so willing to have sex that it is difficult to stay away from them.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []

13. Young boys want sex as much as adult men do.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
14. Young girls want sex as much as adult do.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
15. Children are often able to understand an adult's need better than other adults can.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
16. The innocent look of young girls makes them attractive.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
17. The lack of hair makes children's bodies attractive.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
18. Children do not tell others about sexual activity because they do not want it to stop.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
19. A child who does not resist sexual touching really feels OK about being touched.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
20. If a child does not say "no" it means the child wants sex.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
21. I am often sexually frustrated.

(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []

22. I have sex about as often as I want to.

(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []

23. Quite often I would like to have sex but I cannot.

(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []

24. I am often sexually aroused when there is no one to have sex with.

(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []

25. I do not have sex as often as I would like to.

(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []

26. Sexual faithfulness is not essential for a happy marriage.

(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []

27. It is OK for a man to have a few affairs in any relationships.

(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []

28. A man can have sex outside marriage and still love his wife.

(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []

29. Sex is a necessary part of intimacy.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
30. My closest relationships are not sexual.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
31. It is impossible to really love someone until you have had sex with them.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
32. Sexual attraction is not an important part of affection.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
33. If someone likes me it is OK to have sex with them.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
34. Being a good sexual lover is a way of showing someone that you care.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
35. All kissing is a type of sex.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
36. Sex makes all relationship stronger.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d) Slightly agree [] (e). Completely agree []

37. Sometimes it is possible for an adult to teach children about sex by having sex with them.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
38. An acceptable way to answer children's questions about sex is to show them.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
39. Having sex with a lonely child can make the child feel loved and cared for.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
40. Sometimes having sex with a child can be a way of showing love for the child.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
41. Caressing a child's body or genitals usually is not a sexual act.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
42. Fondling a child without penetration can still cause harm.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
43. As long as the child does not protest, it is OK to touch his or her genitals.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []
(d). Slightly agree [] (e). Completely agree []
44. Sometimes in the future our society will realize that sex between a child and an adult is all right.
(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []

(d). Slightly agree [] (e). Completely agree []

45. Children who have sex with adults will have sexual problems when they grow up.

(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []

(d). Slightly agree [] (e). Completely agree []

46. Children can easily forgive parents if they have sex with them.

(a). Completely disagree [] (b). Slightly disagree [] (c). Uncertain []

(d). Slightly agree [] (e). Completely agree []

THANKS VERY MUCH

**LENANEOPOTSIŠO MABAPI LE GO ROBALA LE BANA BAO MOTHO A
TSWALANAGO LE BONA KA MADI**

Department of Psychology

University of the North

Hle, araba dipotšišo tše ka botsepegi ka fao o ka kgonago. O tshepišwa gore dikarabo tša gago di tla ba sephiri gomme di ka se phatlalatšwe le maina a gago

Karolo ya A: Boitsibišo bja gago.

1. Mengwaga-----2. Bong: Mosadi [] Monna []
3. Mo o dulago gona-----
4. Morafe-----
5. Tumelo-----

Karolo ya B: Dipotsiso

Tše ke dipotšišo mabapi le maikutlo ka go robala le bana bao motho a tswalanago le bona ka madi. Hle, lokologa go araba dipotšišo tše:

1. Motho o swanetše go tšena mapaing le mosadi neng le neng ge a nyaka.
(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
(e). Ke kwana nayo []
2. Batho ba basadi ba swanetše go obamela dikgnyogo tša banna tša thobalano.
(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
(e). Ke kwana nayo []
3. Mang le mang o swanetše go ikamanya le thobalano.
(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

4. Barobalani ba swanetše go ipshina ka thobalano

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

5. Banna ba nyaka thobalano go fetiša basadi.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

6. Ke na le tumo ya thobalano go feta batho ba bantši.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

7. Gantš ke tshwenywa ke dikgopolo tša go fela ke ikhwetša ke robotše le motho mogopolong.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

8. Molekani wa ka ge a se na kganyogo, ga ke bone bohlokwa bja go mo gapeletša thobalano.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

9. Monna yo a ganwago le mapai o kwa bohloko kudu go feta mosadi yo a robalwago ka kgang.
- (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
- (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
- (e). Ke kwana nayo []
10. Bana ba bangwe ba budule mo ba ka tsenago maipaing le batho ba bagolo.
- (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
- (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
- (e). Ke kwana nayo []
11. Ngwana wa mengwaga e seswai a ka thabela metlai ya thobalano.
- (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
- (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
- (e). Ke kwana nayo []
12. Bana ba bangwe ba na le tumo ya thobalano moo e le go gore go bothata go ahlogana le bona mabapi le tša thobalano.
- (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
- (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
- (e). Ke kwana nayo []
13. Bašimane ba na le kganyogo ya thobalano bjalo ka banna ba bagolo.
- (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
- (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
- (e). Ke kwana nayo []
14. Basetsana ba na le kganyogo ya thobalano bjalo ka batho ba bagolo.
- (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
- (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

15. Gantši bana ba tle ba kwišiše dikganyogo tša motho o mogolo go fitia ka moo batho ba bangwe ba bagolo ba di kwišišago ka gona.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

16. Go bonya bonya ga basetsana go dira gore ba be le maatlakgogedi.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

17. Go hloka boya mebeleng ya bana go dira gore ba be botse kudu.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

18. Bana ga ba botšane ditaba tša thobalano ka ge ba sa nyake di tlogelwa.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

19. Ngwana yoo a sa ganego go phopholwaphopholwa ka tsela ya baratani o laetša gore o iphsina ka go kgongwa fao.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

20. Ge ngwana a sa gane go ipontšha gore o a di ratela (o nyaka yona thobalano).

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

21. Ke na le go fela ke hlakahlakanywa moyeng ke (ditaba tša) thobalano.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

22. Ke tsena mapaing le molekane wa ka gantši ka mo ke ratago.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

23. Gantshi ke nyaka go tsena mapaing eupša ke a sitwa.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

24. Gantšhi ke tle ke tsogelwe le ge go se na motho yoo nka robalago le yena.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

25. Ga nke ke humana thobalano go ya le ka fao ke ratago ka gona.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

26. Go botegelana thobalanong ga go bohlokwa lenyalong la mmakgonthe.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []
27. Ke tshwanelo gore monna a be le metlabo.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []
28. Monna a ka ba le motlaboo eupša a fela a sa rata mosadi wa gagwe ka tshwanelo.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []
29. Thobalano e bohlokwa leratong.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []
30. Segwera sa ka se segolo ga se sa thobalano.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []
31. Ge o re motho o a mo rata o ra ge o kile wa robala le yena.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []

32. Go duma motho ga go bope karolo ye bohlokwa ya lerato.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []
33. Ge motho a nkganyoga, ke tshwanelo gore re robalane.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []
34. Go ba mafakudu ke go bontsha gore o na le sedi.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []
35. Mekgwa ka moka ya go atlana ke ditsela tša go iša go thobalano.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []
36. Thobalano e tiiša setswalle.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
 (e). Ke kwana nayo []
37. Ka nako ye nnywe go a kgonega gore motho yo mogolo a rute bana ka tša thobalano ka go robala le bona.
 (a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
 (c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

38. Tsela e kaone ya go araba dipotšišo tša bana mabapi le thobalano ke go robala le bona.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

39. Go robala le ngwana yoo a lego bodutung go dira gore a ikwe a ratwa e bile a hlokometšwe.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

40. Go robala le ngwana ka nako, e ka ba tsela ya go laetša lerato.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

41. Go kgwatha kgwatha mmele wa ngwana le ditho tša gagwe tša bonna goba bosadi ga se tsela ya thobalano.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

42. Go phopholaphophola ngwana ntle le go tsenya setho sa gago sa bonna goba bosadi ka gare ga setho sa gagwe sa bonna goba bosadi go ka gobatša ngwana mogopolong goba maikutlong.

(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []

(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []

(e). Ke kwana nayo []

43. Ge ngwana a sa gane go kgongwa ditho tša gagwe tša bonna goba tša bosadi gona ga go tshwenye go mo swaraswara ka fase/ badimong/ mošate.
(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
(e). Ke kwana nayo []
44. Ka le lengwe la matšatši setshaba sa geso se tla lemoga gore thobalano magareng ga ngwana le motho yo mogolo a lokile.
(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
(e). Ke kwana nayo []
45. Bana bao ba robalago le batho ba bagolo ba tla ba le mathata a tša thobalano ge ba gola.
(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
(e). Ke kwana nayo []
46. Ge batho ba bagolo ba robetše le bana bao ba tswalanago le bona go bonolo gore bana ba ba swarele.
(a). Ga ke kwane nayo ka gohle [] (b). Ke dumela ke kgokgona []
(c). Ke kwana nayo, eupša ga ke fete gabotse [] (d). Ga ke na kakanyo []
(e). Ke kwana nayo []

RE A LEBOGA

MBUDZISO MALUGANA NA U EDELANA HA VHABEBI NA VHANA

Department of Psychology

University of the North

Vha humbelwa u fhindula mbudziso dzi tevhelaho nga hune vha kona. Phindulo dzavho dzi do dzhiwa sa tshiphiri.

Tshitenwa A: Zwidombedzwa nga ha vhone.

1.Minwaha-----2.Mbeu: Musadzi [] Munna []

3.Hune vha dzula hone-----

4.Murafho-----

5.Vhurereli-----

Tshitenwa B: Mbudziso.

A fha fhasi huna mbudziso malungana na u edelana ha vhabebina vhana. Kha vha pfe vho vhofoholowa u eða phindulo.

1. Muthu u fanela u wana mabai tshifhinga tshine a funa.
(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []
2. Vhafumakadzi vha fanela u tenda u ya mabaini arali vhanna vha tshi toda.
(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []
3. Munwe na munwe u na ndungelo ya u ya mabaini.
(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []
4. Vhathu vha yaho mabaini vhothe vha fanela u dipina ngao.
(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi TMivhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

5. Vhanna vha funesa mabai u fhira vhasadzi.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

6. Ndi funesa mabai u fhirisa vhatu vhanzhi.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

7. Ndi dinwa nga u dzula ndo humbula u ya mabaini.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

8. Arali mufunwa wanga a si na lutamo lwa mabai a zwi nndini.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

9. Munna o dzinwaho mabai u pfa u vhavha u fhirisa mufumakadzi o edelwaho a sa funi.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi TMivhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

10. Vhanwe vhana vho no aluwa u kona u diphina u edelana na vhaaluwa.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

11. wana wa minwaha ya malo a nga kona u TMiphina nga mabai na vhaaluwa.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

12. Vhanwe vhana vha funesa mabai nga nTMila ine muthu a nga si vha litshe.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

13. Vhatukana vha toda mabai u fana na vhaana.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

14. Vhasidzana vha ṭoda mabai u fana na vhaaluwa.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

15. Vhana vha kona u pfesesa thodea dza vhaaluwa u fhira vhaaluwa vhone vhane.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

16. U sedzea u luga ha vhasizana zwi ita uri vha tamise.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

17. Vhana vha si na mahaha muvhilini vha a tamisa.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

18. Vhana a vha funi u amba nga ha u edelena nga u shavha uri nyito yavho i nga imiswa.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

19. Ngwana ane a farwa farwa nga ndila ya ṭoda u ya mabaini u pfa a tshi diphina nganzwo.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

20. Arali nwana a sa ri “hai” zwi amba uri u funa u ya mabaini.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

21. Tshifhinga tshinzhii ndi pfa ndo hanganea nga mafhungo a u edelana.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

22. Ndi wana mabai tshifhinga tshinwe na tshinwe nda funa.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

23. Kanzhi ndi tshi ṭoTMa mabai ndi a balelwa/ kundelwa.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

24. Kandzi ndi pfa ndi tshi ṭoTMa u ya mabaini naho hu si na muthu ane ndi nga diphina nae.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

25. A thi wani mabai nga ndila ine nda funa ngayo.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

26. U fulufhedzea kha zwa u edelana a si zwone zwi itaho uri mbingano i vhe yavhudi.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

27. Zwo luga arali munna a sa li muri muthuhi.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

28. Munna a nga di wana mabai nnda a di dzula a tshi funa mufumakadzi wawe.

- (a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

29. U edelana ndi tshinwe tsha zwithu zwo fanelaho vhu_jama ha tsinisa.

- (a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

30. Vhukonani hanga ha tsinisa a si ha mabaini.

- (a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

31. A zwi konadzei u funa muthu u sa athu u edela nae.

- (a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

32. U kokodzea malofhani a si tshipida tsha vhu_hogwa tsha u funa muthu.

- (a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

33. Zwo luga u edelana na muthu ane a u takalela.

- (a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

34. U fha muthu mabai ndi u mu sumbedza uri u a mu_hogomela.

- (a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

35. Tshakha dzoṭhe dza khisi dzi di nga u edelana.

- (a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []
(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

36. U edelana hu ita uri vhushaka hothe vhu khwathe.
 (a). Ndi a hanedza tshothe [] (b). Ndi a hana nyana [] (c). Thi divhi []
 (d). Ndi a tenda nyana [] (e). Ndi a tenda tshothe []
37. Tshinwe tshifhinga mualuwa a nga funza vhana nga zwa u edelana nga u edela navho.
 (a). Ndi a hanedza tshothe [] (b). Ndi a hana nyana [] (c). Thi TMivhi []
 (d). Ndi a tenda nyana [] (e). Ndi a tenda tshothe []
38. Mbudziso dza vhana dza zwau edelana dzi nga fhindulwa nga u tou vha sumbedza.
 (a). Ndi a hanedza tshothe [] (b). Ndi a hana nyana [] (c). Thi divhi []
 (d). Ndi a tenda nyana [] (e). Ndi a tenda tshothe []
39. Nwana a re vhuluduni a nga sumbedzwa lufuno na vhulenda nga u tou edela nae.
 (a). Ndi a hanedza tshothe [] (b). Ndi a hana nyana [] (c). Thi divhi []
 (d). Ndi a tenda nyana [] (e). Ndi a tenda tshothe []
40. Tshinwe tshifhinga u edelana na nwana I nga vha ndila ya u mu sumbedza lufuno.
 (a). Ndi a hanedza tshothe [] (b). Ndi a hana nyana [] (c). Thi divhi []
 (d). Ndi a tenda nyana [] (e). Ndi a tenda tshothe []
41. U phuphuledza muvhili kana vhudzimu ha nwana a si u edelana nae.
 (a). Ndi a hanedza tshothe [] (b). Ndi a hana nyana [] (c). Thi divhi []
 (d). Ndi a tenda nyana [] (e). Ndi a tenda tshothe []
42. U phuphuledza nwana u songo toma kana u tomiwa vhudzimu hau zwi nga di mu vhaisa.
 (a). Ndi a hanedza tshothe [] (b). Ndi a hana nyana [] (c). Thi divhi []
 (d). Ndi a tenda nyana [] (e). Ndi a tenda tshothe []
43. Arali nwana a sa hanedzi, zwo luga u mu fara vhudzimu hawe.
 (a). Ndi a hanedza tshothe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

44. Tshinwe tshifhinga minwaha I daho vhathu vha do limuwa uri u edelana ha muhulwane na nwana zwo luga.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

45. Vhana vhane vha edelana na vhathu vhahulwane vha do vha na thaidzo dza mabaibi musi vha tshi aluwa.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

46. Zwi a leluwa u ri vhana vha hangwele vhabebi vhe vha edelana navho.

(a). Ndi a hanedza tshoṭhe [] (b). Ndi a hana nyana [] (c). Thi divhi []

(d). Ndi a tenda nyana [] (e). Ndi a tenda tshoṭhe []

NDIVHUWO NGA ZWANDA ZWIVHILI

CONSENT FORM

Information about the research and the researcher

This research takes an in-depth look at perpetrator's who have been convicted of incest abuse with persons under age of 18 years. The main goal is to develop an understanding of the attitudes of perpetrators towards incest abuse and their victims. In order to accomplish this, I would like too conduct a face-to-face interview with you. This is an opportunity for you to report your views on incest abuse and incest abuse victims.

If you agree to participate, there are a number of steps that will be taken to protect your identity: (1) your name will not be recorded in the data, (2) only I and my supervisor will examine the data, (3) your location will be kept secret, (4) you will not be cited as the sole example in any formal write-up. Care will be taken to keep your involvement in this study strictly confidential.

There are a few other points I must convey to you as well, about myself. I am an intern Clinical Psychology student from the University of the North. I am not affiliated with any legal organisation. Thus your participation is not a condition of your release from prison. I will be using the data you provide only to complete my Masters degree dissertation and to write essays for publication and presentations.

If you have any question or concern, I will be kin to talk with you in more detail, and to provide answers as best as I can. Thank you.

Respondent agreement to participate

I hereby consent, freely and by my own choosing, to participate in this project. I acknowledge that I have been informed about the purpose of the research as well as my rights as a human being in a statement that was read to me or that I read. I acknowledge that I was given the opportunity to ask any question I had about the research before participating and that these were answered to my satisfaction. I also understand that I am not obligated to participate in this study for any reason and that I can terminate my involvement at any point. I also realise that my participation is not a requirement or condition of my release from prison. I also understand that this interview will be confidential, and that any publication of it – in whole or in part –will respect my anonymity.

Signature:-----

Date: -----

Name of Prison:-----