

REDEFINING CHILD SEXUAL ABUSE: FROM A LEGAL TO A PSYCHOSOCIAL PERSPECTIVELouise Aucamp,¹ Marie Steyn² & Esmé van Rensburg³**ABSTRACT**

In order to effectively help traumatised children to achieve positive outcomes, one must have a clearly defined methodology, underpinned by theory and based on an integrated approach. The first step towards this is clearly to redefine the phenomenon of the sexual abuse of children. As sexual abuse is both a legal and a psychosocial phenomenon, the authors are of the opinion that the South African context necessitates a more integrative definition. The information in this article is therefore aimed at providing health care professionals with an integrative definition that takes into account both the South African legal definition of sexual abuse and the underlying psychosocial factors with which it is associated.

Keywords: *Child sexual abuse; legal definition; underlying psychosocial factors; integrated approach to traumatised children victims.*

INTRODUCTION

The incidence of the sexual abuse of children is reaching new statistical highs in South Africa. According to a research study conducted in 2009 on the incidence of child sexual abuse in South Africa by the social welfare arm (*Helpende Hand* [Helping Hand]) of the trade union *Solidariteit* (Solidarity), an average of 60 cases of child rape per day are reported in the country (Solidariteit, 2009:1). The study, further found that an average of 88 per cent of all child rape cases are never reported to the authorities. If the full picture of child rape cases per day were then to be extrapolated it would indicate that the incidence of the rape of children in South Africa would in fact be an average of 530 cases occurring per day. In other words, using this figure we can assume that in South Africa, one child is raped every three minutes (Solidariteit, 2009: 1).

Bearing these shocking statistics in mind, social workers, psychologists and other health care professionals are faced with the often daunting task of addressing the effects of abuse on children. One of the prerequisites for effectively addressing this impact is a solid knowledge base and understanding of the phenomenon of the sexual abuse of children. If social workers, psychologists and other health care professionals fail to understand and appreciate the experience and effects of sexual abuse, they will fail to make effective therapeutic interventions. The authors concur with Tomlinson and Philpot's (2008:11) perspective that, in order to effectively help traumatised children to achieve positive outcomes, one must have a clearly defined methodology, underpinned by theory and based on an integrated approach.

Although a diversity of literature is available on the field of sexual abuse, it would appear that the definition of sexual abuse focuses on either the legal definition or the psychosocial definition of sexual abuse. The Criminal Law (Sexual Offence and Related Matters) Amendment Act, 32 of 2007, represents a huge step in the right direction in terms of protecting children against sexual abuse and enabling the judicial system to effectively prosecute offenders. There are, however, several shortcomings in the Act, with specific reference to the legal definition of sexual abuse. The legal definition of sexual abuse, as

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expressed in the Act, falls short when it comes to both non-contact sexual behaviour, as well as a comprehensive definition of grooming as integral parts of sexual abuse. The shortcomings in the legal definition of sexual definition will be discussed under the summary of the legal definition.

In attempting to truly understand the sexual abuse of children, a definition of abuse further needs to incorporate the dynamics exclusive to the phenomenon of child sexual abuse. As sexual abuse is both a legal and a psychosocial phenomenon, the authors are of the opinion that a more integrative definition is necessary in the South African context. The first step in developing a clearly defined methodology as the foundation to an integrated approach therefore lies in redefining the phenomenon of the sexual abuse of children. The information in this article is therefore aimed at providing health care professionals with an integrative definition that takes into account both the South African legal definition of sexual abuse and the underlying psychosocial factors with which it is associated.

THE AIM AND OBJECTIVES OF THE ARTICLE

The aim of this article is to redefine sexual abuse from a legal to a psychosocial perspective. In order to do this the article will:

- Summarise the legal definition of childhood sexual abuse within the South African context;
- Critically evaluate current definitions of sexual abuse from a psychosocial perspective;
- Formulate a new integrative definition of sexual abuse that encompasses both legal and psychosocial factors pertaining to child sexual abuse.

A LEGAL AS OPPOSED TO A PSYCHOSOCIAL PERSPECTIVE ON SEXUAL ABUSE

The sexual abuse of children encompasses a wide spectrum of acts about which professionals often disagree as to both when and whether certain sexual acts are abusive. When attempting to define sexual abuse the following components must be considered:

- Legal definition of sexual abuse;
- Types of sexual behaviour;
- Parameters of both abusive and non-abusive sexual encounters; and
- Psychosocial definition of sexual abuse.

For the purposes of this article, a summary of the legal definition of sexual abuse will be provided. For a more thorough discussion of the legal definition, the reader is referred to Aucamp, Steyn and Van Rensburg (2012: 1-10). The focus of this article, in terms of defining sexual abuse, will be on the psychosocial components of a definition of sexual abuse.

SUMMARY OF THE LEGAL DEFINITION OF SEXUAL ABUSE AND TYPES OF SEXUAL BEHAVIOUR

From the legal point of view the perpetrator of sexual abuse is defined by the Criminal Law Sexual Offences and Related Matters Amendment Act 32 of 2007, as any person who engages a child (*'person under the age of 18'*) with or without the consent of the child, in a sexual act. *'Sexual act'* is defined as an act of sexual penetration or an act of sexual violation. *'Sexual penetration'* can be seen as any sexual form of penetration to any extent whatsoever by the genital organ, any body part and/or object by one person into, or beyond, the genital organs, anus or mouth of another person (Criminal Law Sexual Offences and Related Matters Amendment Act 32 of 2007).

The terms sexual penetration and sexual violation, as described in the Act, provide healthcare professionals with the legal definition of what is often referred to in sexual abuse literature as contact sexual abuse. In the literature, the definition of contact sexual abuse is, however, broader than the legal definition, insofar as it is described as sexually abusive behaviour where there is direct or indirect contact between the child's and the perpetrator's bodies (Potgieter, 2000:19; Faller, 2003:21-22; Stop it Now, 2008).

A very considerable number of sexually abusive behaviours as described in literature can be seen as non-contact sexual abuse. This is seen as sexually abusive behaviour whereby there is no direct contact between the child's body and that of the alleged perpetrator, and thus involves other forms of sexually abusive behaviour in which actual physical contact is excluded (Potgieter, 2000:19; Faller, 2003:21-22; Stop it Now, 2008). Non-contact sexually abusive behaviour that constitutes an offence within the Act is limited to the following:

- a) the offence of compelling or causing a child to witness pornography and;
- b) the offence of compelling or causing a child to witness a sexual offence, a sexual act or self-masturbation (Criminal Law Sexual Offences and Related Matters Amendment Act 32 of 2007: (3) (19a,b & c.); (21,1, 2 & 3)).

Note that this Act criminalises all these sexual abuse behaviours.

Although the Act does make reference to behaviours that literature would describe as non-contact sexual abuse, it does not treat these behaviours as sexual abuse, but rather as the offence of compelling or causing a child to witness certain acts, which surely would be treated as a lesser offence.

Although the Criminal Law Sexual Offences and Related Matters Amendment Act 32 of 2007 is a great advance on previous legislation in this regard, literature on sexual abuse illustrates the shortcomings in the Act by providing health care professionals with a far broader definition of sexual abuse. Such a definition is needed when it comes to non-contact sexual behaviours that often form an aspect of sexual abuse and grooming. These non-contact sexual behaviours should further be clearly linked to grooming. In the event of these behaviours forming part of the abusive experience, the presence of these acts should constitute grooming.

Health care professionals should not only be knowledgeable about legislation relevant to sexual abuse, but should also be aware of the shortcomings in the legislation, so that they can take on the responsibility of acting in the best interests of the child, either by promptly

reporting matters of alleged sexual abuse or by speaking on behalf of children, and educating the court and others on the areas in which legislation falls short (Aucamp, Steyn & Van Rensburg: 2012:9).

DEFINING SEXUAL ABUSE FROM A PSYCHOSOCIAL PERSPECTIVE

Although the Criminal Law Sexual Offences and Related Matters Amendment Act (32 of 2007) provides a solid explanation of which contact and non-contact behaviours can be seen as sexual offences against children, definitions of sexual abuse, as found in some literature, seem to encompass other common components that are not included in the legal perspective.

From psychosocial literature on sexual abuse, certain common components can be identified when attempting to define sexual abuse. These components can also be seen as the parameters defining abusive as opposed to non-abusive behaviour. These parameters include:

- behaviour where the motivation of the perpetrator is their own sexual pleasure or gratification;
- difference in status between the perpetrator and the victim;
- lack of mutual consent (Draucker, 2002:3; Wickham & West, 2002:3; Delany, 2005:3; Van Dam, 2006:48).

The first step in attempting to formulate a comprehensive psychosocial definition of sexual abuse begins with a critical study of the various parameters defining abusive behaviour.

Motivation of the perpetrator as a factor defining behaviour as abusive

One of the first parameters found in literature defining behaviour as sexually abusive is the motivation underlying the alleged offender's behaviour (Draucker, 2002:3; Wickham & West, 2002:3; Delany, 2005:3; Van Dam, 2006:48). In the authors' opinion, the motivation of the perpetrator is a very important factor in deciding whether or not behaviour can be seen as abusive. Often an action, such as touching a child's genitals, could be seen as abusive or non-abusive, depending on the perpetrator's motivation.

If a parent is putting ointment on a child's genitals because the child has a rash this surely cannot be seen as sexually abusive, as the parent's intention is to help the child by soothing the rash. Yet if the same parent were to put ointment on a child's genitals in order to stimulate the child sexually, the same behaviour would be seen as abusive.

However, the perpetrator's motivation as a factor determining whether or not an act can be seen as abusive poses various difficulties. The first, and possibly the most difficult aspect of this, is proving the perpetrator's motive. In certain cases of sexual abuse, this might be clearly indicated. For example, if there has been sexual penetration. However, in other forms of contact and non-contact, abusive sexual behaviours are often not that clear cut. In order to prove the motive of the alleged perpetrator, social workers, psychologists and other health care professionals will have to consider the broader context in which the behaviour has occurred, as well as examining alternative explanations for the behaviour.

The motivation of the perpetrator often lies embedded in a psychological dynamic that is more complex than just sexual needs. Weiland (1997: 12) maintains that distortion of thoughts often occurs whereby the perpetrator confuses his own needs with the needs of the child. The thought distortions of the perpetrator often results in him or her believing they are

meeting the emotional needs of the child, through meeting their own sexual and emotional needs. The child's needs in the sexually abusive exchange are therefore secondary to those of the perpetrator (Weiland, 1997:12; Draucker, 2002:3; Wurtele & Kenny, 2012:538). Spies (2006a:17-18) concurs and explains that the adult often turns to the child for nurturance and comfort further expecting the child to meet the adults unfulfilled emotional and sexual needs. The motivational drive behind child sexual offending is complex and regardless of various research, the question 'why' still cannot be fully answered (Gibson & Vandiver, 2008:35; Van Niekerk, 2007:101).

When behaviour is to be defined as sexually abusive, health care professionals ought to take into account all alternative hypotheses explaining both the behaviour and the motivation of the perpetrator. The motivation of the perpetrator can never lessen the harm done to a child through sexual abuse, yet it brings with it important information that can play a role in both sentencing and intervention planning of the perpetrator. Thorough assessment of the perpetrator, offending behaviour and rehabilitation potential therefore should form an integral part of child protection work (Van Niekerk, 2007:100).

Difference in status between the perpetrator and victim as a factor in defining behaviour as abusive

The previous section debated the motivation of the perpetrator as one of the parameters defining sexual abuse. The second parameter highlighted in literature as important when defining sexual abuse refers to the difference in status between the perpetrator and the victim. This difference is a factor in defining behaviour as abusive, and includes the following:

- difference in developmental stages;
- an age difference of five years;
- difference in cognitive abilities;
- superior knowledge about sex; and/or
- power difference (Delany, 2005:3; Draucker, 2002:3; Van Dam, 2006: 48; Wickham & West, 2002:3).

When any of these factors are present, it can be argued that there is a difference in status which results in inequality between the perpetrator and the victim.

In the event of sexual abuse where the perpetrator is an adult, inequality is present in terms of all five of the above aspects that determine a difference in status. Sgroi, Blick and Porter (1982:9) maintain that the subordinate position of the child against the power and authority of the adult perpetrator enables the perpetrator to coerce the child into sexual compliance (Goodyear-Brown, Fath & Myers, 2012:4). Summit (as quoted by Garrison, 1998) concurs that no child is ready to deal with abuse by a trusted adult on whom they are entirely dependent. The basic subordination and powerlessness of children in their relationship with adults further contribute to their helplessness in abusive relationships. According to Summit (as quoted by Garrison, 1998) it is this helplessness that contributes to the later entrapment and eventual accommodation of the abuse by the child, as described in the Child Abuse Accommodation Syndrome. The authors are of the opinion that, in the case of an adult perpetrator, the power position of the perpetrator over the child includes not only the power of an adult position of authority, but also adult emotional power over the child brought about by grooming. This is not to overlook an adult perpetrator's physical power over the child owing to adult size and strength.

However, a difference in status becomes more difficult to determine when sexually inappropriate interaction takes place between two children. Inequality caused by a difference in status can exist even among children, and one of them can be in a subordinate position because of the greater physical size of a peer. Furthermore, children in different developmental stages have different cognitive abilities, which can place one child at a disadvantage in terms of his knowledge and understanding of a sexual act proposed by an older, yet still minor child. Goodyear-Brown et al (2012:4) explain other situations that may result in a difference in status or power, maintaining that even hierarchical differences in social standing in a peer group may arguably add to the coercive nature of a sexual encounter. In the case of sexual play between children, or even sexually inappropriate exploration, the motivation is seldom sexual in nature. The purpose of highlighting these factors is not to label the child initiating the act as the offender or perpetrator, but rather to call attention to the fact that such a child's experience may be one of abuse giving rise to the same actions that are often reported by another child as sexual abuse (Goodyear-Brown et al, 2012:5). As the occurrences of sexually abusive behaviour perpetrated by young children are on the increase, it is important for health care professionals to critically review those factors that can be seen as a difference in status amongst children, even amongst children of the same age, and to realise the possible effects on the children involved.

The previous discussion directs the attention to the Constitutional Court Verdict with regards to Sections 15 and 16 of the Criminal Law (Sexual Offence and Related Matters) Amendment Act, 32 of 2007 that criminalise consensual sexual acts between adolescents. The Constitutional Court on the 3 October 2013 found that Sections 15 and 16 of the Act is unconstitutional as it infringes on adolescents rights to privacy and dignity. However, non-consensual acts between children of any age still remains illegal and prosecutable (Gender Health & Justice Research Unit, 2013). Regardless of the decriminalisation of adolescent consensual sex, practitioners still need to consider variables of inequality when working with adolescents and guard against the assumption that all adolescent sexual encounters are consensual. The greatest challenge practitioners will face is educating law enforcement and the courts on inequality and the role this plays in both non-consensual and consensual adolescent sexual encounters.

When sexual abuse involves inequality, a stronger party (the alleged offender), for any of the above reasons, is forcing a weaker party (the child) to consent to sexual activity (Zabow & Kaliski, 2006:277). In psycho-legal terms, this can constitute undue influence imposed on the child's ability to consent. The issue of consent as a factor defining behaviour as sexual abuse will be discussed in the following section.

Lack of mutual consent as a factor defining behaviour as abusive

The inequality or difference in status that influences a child's ability to give consent has been highlighted. Consent is seen in some literature as a further factor in distinguishing between abusive and non-abusive behaviour (Wickham & West, 2002:3; Draucker, 2002:3; Delany, 2005:3; Van Dam, 2006:48). In a review of psycho-legal literature on the issue of consent, certain factors can be pointed out as playing a role in an individual's ability to give consent. Potonick and Pienaar (2006:272) state that, in order for an individual to give consent, the following prerequisites for valid consent are to be followed:

- that the subject is informed;
- that the subject is competent; and
- that the subject is not unduly influenced (voluntariness).

The first prerequisite for a valid consent thus lies in the assumption that consent must be informed. The implication is that a child must have full knowledge and understanding of the nature of what he/she is consenting to, the significance of the sexual encounter, and the benefits, risks and reasonable alternatives for what he/she is consenting to (Potonick & Pienaar, 2006:272; Zabow & Kaliski, 2006:371).

The second prerequisite for a valid consent lies in the competency of the child to consent to a sexual act. The issue of a child's competency to consent to a sexual act is addressed by the Criminal Law Sexual Offence and Amendment Act (32 of 2007) insofar that Section (1)(3)(d) includes children under the age of 12 in the group who are seen as incapable in law of appreciating the nature of a sexual act and are therefore not deemed competent to consent to such an act (Minnie, 2009:545). Beauchamp and Childress (2001:76) state that a person is competent to make a decision if they have the capacity to:

- understand the information;
- make a judgement about the information in the light of their values;
- intend a certain outcome; and
- freely communicate their wishes.

Owing to the nature of their developmental abilities and levels of maturity, children are in no position to make a judgement about the appropriateness of a suggested sexual act. Their limited field of experience and their knowledge of social values regarding sexual abuse mean that they are unable to make an informed decision about sexual abuse. When considering helplessness as described by Summit (as quoted by Garrison, 1998) in the Child Abuse Accommodation Syndrome (CSAAS), it is clear that no child has equal power to say no or to anticipate the consequences of sexual involvement with an adult. The essence of helplessness as described in the CSAAS stands in stark contrast to valid consent. Furthermore, children who are sexually abused are not given due notice of the intended abuse, nor are they informed of the intended outcome of either a process of sexual grooming or the outcome or effect of the sexual interaction(s). It is therefore clear that children usually do not have the capacity to conform with or meet any of the above criteria in an abusive situation.

The last prerequisite for valid consent is voluntariness, which implies that the subject is not unduly influenced. According to Potonick and Pienaar (2006:277), this occurs when a stronger party influences a weaker party to the latter's detriment by using factors such as isolation, dependence, powerlessness, fear and deception. Truly voluntary consent can therefore be given only in the absence of these conditions. In child sexual abuse, and with specific reference to helplessness and entrapment as described in the CSAAS (Summit in Garrison, 1998), most, if not all, of these conditions are present.

The authors are further of the opinion that, in order for a child to give consent voluntarily, he or she must be sure that, should they withhold their consent, they would not suffer any negative consequences. Zabow and Kaliski (2006:371) concur, emphasising that one of the core elements impacting on a person's ability to give consent is the individual's right to withdraw consent at any given time. In the researchers' experience, this very seldom applies, since there is often an element of threat or bribery issued to obtain and maintain a child's apparent consent to the abusive act.

Abusive sexual behaviour refers to interaction in which there is a difference in status between the perpetrator and the child. Subsequently, the question that immediately arises is that of

whether a child is able to give consent to an action of which he or she knows less than a person who is older, wiser and physically bigger and in a position of authority over him or her (Finkelhor, 1995:54; Delany, 2005:3; Spies, 2006b:44). For this reason, situations in which children give consent, agree to cooperate, or even willingly and actively participate, are still abusive.

Further, it is important for health care professionals to be aware of the factors that influence a child's ability to give consent, so that, if necessary, this can be highlighted and explained to the child and his or her caregivers in a therapeutic process. Health care professionals also need to understand and make a clear distinction between consent as opposed to cooperation or willingness as a result of difference in status. The child could also have been sexually and emotionally groomed. The authors maintain that cooperation and willingness to comply do not inherently imply that a child has consented to a sexual act.

Concluding the parameters that define behaviour as sexual abuse

Considering the various parameters defining sexually abusive behaviour, it is clear that an enormous responsibility rests on the shoulders of health care professionals when they are faced with the question of whether or not certain behaviour can be considered abusive. The authors are of the opinion that the various parameters cannot be viewed in isolation, but should rather be seen as an interlinking set of factors that, when viewed holistically, could assist professionals in determining whether or not certain behaviour can be seen as abusive.

It is vital for health care professionals always to view behaviour within the broader context in which it occurred. It is also important for alternative hypotheses that explain this behaviour, as well as that of the alleged perpetrator, to be taken into account when the motive underlying the behaviour as a determining factor in sexual abuse is considered. Health care professionals should further be informed about the various factors that can constitute inequality, especially in cases where both the victim and the perpetrator are minor children. A sound knowledge base of the CSAAS and the characteristics depicting the abusive reality is vital for all health care practitioners working with child sexual abuse.

REDEFINING SEXUAL ABUSE FROM A PSYCHOSOCIAL PERSPECTIVE

As stated earlier, most definitions of sexual abuse found in literature focus on either the legal definition of sexual abuse or the psychosocial definition of abuse. As far as the South African context is concerned, the authors would like to redefine sexual abuse from a psychosocial perspective that integrates the legal parameters of behaviour that can be seen as abusive. The components that redefine child sexual abuse will be discussed to best explain the behaviours and situations that constitute this phenomenon.

The first component of a comprehensive definition of child sexual abuse is the legal definition of sexual abuse as outlined in the Criminal Law Sexual Offence Amendment Act 32 of 2007. This aspect, as summarised in the above definition, was extensively discussed earlier in this article.

When redefining the sexual abuse of children, the health care professional needs to take the categories and dynamics in the Child Sexual Abuse Accommodation Syndrome (CSAAS) into account. CSAAS, as described by Roland Summit during 1983 (as quoted by Garrison, 1998), reflects the compelling reality of sexual abuse for the victim. The CSAAS describes five categories, two of which are preconditions for the occurrence of sexual abuse. The

remaining three categories are sequential contingencies which take on increasing variability and complexity. The five categories as described by Summit include secrecy, helplessness, entrapment and accommodation, delayed conflicted disclosure and retraction (Garrison, 1998:3-5). The characteristics of this syndrome, especially secrecy, helplessness and entrapment, corroborate the parameters that define sexually abusive behaviour.

After taking into account the legal definition of abuse and the reality of the characteristics of the abusive situation for the victim, the next aspect for consideration when attempting to redefine sexual abuse is the experience of the victim in this situation. Traumagenic dynamics, as described by Finkelhor and Brown (1985:530-541), illustrate the effect that the various trauma dynamics in conjunction with each other has on the child's unique experience of abuse. Four different traumagenic dynamics are identified:

- a) **Traumatic sexualisation:** The first dynamic explains how sexuality is shaped often in a dysfunctional and inappropriate manner through secondary gains and reward offered by the abuser for sexually inappropriate behaviour.
- b) **Stigmatisation:** The second dynamic operates on receiving negative messages within the abusive experience. These messages of badness, worthlessness, shame and guilt may be communicated overtly by the abuser or covertly through the secrecy of the abuse.
- c) **Betrayal:** Betrayal occurs when the child realises that someone they trust and depend upon is harming them. Betrayal may occur early on in abuse, but in the authors' experience the realisation of betrayal, especially amongst young children, often sets in much later.
- d) **Powerlessness:** A number of aspects of child sexual abuse play a role in powerlessness, not least being the repeated overruling and undesired invasion of the body (Finkelhor & Brown, 1985:530-541).

The traumagenic dynamics are generalised dynamics not necessarily unique to sexual abuse. It is the conjunction of these four dynamics in one set of circumstances that makes the trauma of sexual abuse unique and therefore different from other childhood traumas.

Faller (2003:22) highlights the fact that that the victim's perception of an abusive act is of great importance when it comes to whether or not their experience of the act will be traumatic (Wickham & West, 2002:3; Spies, 2006b:45; Gill, 2006:6). The child's unique experience or perception of an abusive incident is, in the authors' opinion, a vital component in the formulation of a psychosocial definition of sexual abuse. It can therefore be argued that, when attempting to redefine sexual abuse from a psychosocial perspective, the traumagenic dynamics should be considered in order to assist health care professionals in their understanding of what sexual abuse encompasses.

Following the discussion of the components that constitutes child sexual abuse the authors would like to conclude by redefining sexual abuse as follows:

- Exposure of a child to sexually inappropriate stimuli, that can include but are not limited to sexual penetration, sexual violation and compelling a child to witness sexual acts (Criminal Law Sexual Offence Amendment Act, 32 of 2007);

- where the behaviour falls within the parameters defining sexually abusive behaviour that includes lack of mutual consent, inequality and a sexualized motive;
- correlation with the characteristics of secrecy, helplessness, entrapment and eventual accommodation of the abuse; and
- where the child's experience of the abuse is shaped by traumagenic dynamics of traumatic sexualisation, betrayal, powerlessness and stigmatisation, resulting in symptoms of abuse-related trauma. The absence of trauma and symptoms of abuse-related trauma does not, however, mean that sexual abuse did not take place.

CONCLUSION

It is vital that, in working with children who have been sexually abused, it should not be the legal definition alone that is considered when defining an experience as abusive, but a more psycho-social definition should be considered. Although the legal definition of sexual abuse provides health care professionals with the legal parameters of what is considered prosecutable it falls short in capturing the full range of abusive behaviour, as well as the dynamics that forms an integrated part of child sexual abuse. Most psychosocial definitions of sexual abuse incorporate a wider range of behaviour that can be considered abuse, as to what is stipulated as such in the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 32 of 2007. Psychosocial definitions, however, fail to truly capture the dynamics of sexual abuse when limited to a range of behaviours that are considered abusive. The phenomenon of the sexual abuse of children, and thus a definition of sexual abuse, is much more extensive than just a list of abusive behaviour but includes fundamental dynamics such as grooming, individual experiences and the effect of abuse on the individual child.

In order to effectively help sexually abused children and effectively prosecute offenders, health care professionals and law enforcement officers must have a clearly defined understanding of child sexual abuse. The authors definition of sexual abuse takes into consideration, not only the legal definition, but incorporates the characteristics of the reality of the abusive situation as set out in the Child Abuse Accommodation Syndrome, and also considers the conjunction of the four traumagenic dynamics evident in the effect of an abusive experience on a child. Through the proposed comprehensive definition of child sexual abuse, all role players are educated on all the variables that play a role in establishing whether or not an act can be considered abusive. The proposed definition promotes an understanding of the effect of abuse on the child as an integral facet of child sexual abuse. The inclusion of both the reality of the abusive situation and the effect of the abusive experience is necessary in the assessment of victim impact, therapeutic intervention and sentencing of offenders as indispensable components of child protection work.

A one sided approach limited to either the legal definition or a psychosocial definition listing a range of behaviours that can be considered sexually abusive will no longer suffice in effectively addressing the phenomenon of the sexual abuse of children. Effective child protection work begins with health care professionals, law enforcement officers and the public having a clearly defined understanding of the sexual abuse of children. The proposed definition of sexual abuse lays the foundation for a comprehensive understanding of child sexual abuse – the first step in answering the call to protect and effectively help sexually abused children.

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