



# Teacher Perceptions on In-School Care and Support for Children with Intellectual Disability and a History of Sexual Abuse

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## **Author's contribution**

*The sole author designed, analyzed, interpreted and prepared the manuscript.*

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## **ABSTRACT**

This study investigated teachers' perceptions on in school-based care and support for children with intellectual disabilities and a history of sexual abuse. The participants were a convenience sample of 28 teachers from four special educational needs schools in Gauteng Province, South Africa (females = 80%, age range = 30 to 55 years). The teachers participated in a focus group discussion on school-based quality of care and support for intellectually disabled children with a history of sexual abuse. A focus group interview schedule was designed and administered to collect the data. A thematic method of data analysis was used to collect the data. Two themes resulted from the data analysis: infrequency (80%) and short duration of support, and educator sensitivity. The most important point to consider is that the affected children are referred to the relevant structure and that parents are frequently consulted throughout the process. It is highly recommended that the issue of sexual abuse of children with disability should be handled with great care and sensitivity.

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## 1. INTRODUCTION

Child sexual abuse affects each and every country and has serious education and health implications [1]. Some of the noted consequences of child sexual abuse include poor academic performance, low concentration, lack of interest in education and high dropout rate [2]. Pillay [3] also found that child sexual abuse has negative implication on the education of these learners as it affects their literacy achievement. The school functioning of these learners is also severely affected (Phasha, 2008). The health consequences include unwanted pregnancies, sexually transmitted diseases and psychological problems such as depression [1]. It should be noted that child sexual abuse mostly affects the girl child. A study conducted in Kenya found that most females suffered sexual abuse [2].

South Africa is one of the most developed countries in Africa and yet it is one of the countries that has been severely been affected by child sexual abuse. In a study by Phasha and Nyokangi [4] that investigated school based sexual violence among female learners with mild intellectual disability in South Africa, it was found that learners with intellectual disability are not immune from school based violence. This study shows that child sexual abuse does not only affect non-disabled children only, but all children and that it is widespread among learners with intellectual disability [5]. In South Africa, there are attempts to mobilise and maximise appropriate community resources to respond to the scourge of child sexual abuse.

Child sexual abuse is endemic in South Africa, driven by high levels of gender-based violence and underscored by structural and social factors [1]. Child sexual abuse in South African schools is rife and the educators have been found to be the main culprits (Centre for Applied Legal Studies, 2014). Phasha and Nyokangi [4] also reported that child sexual abuse is widespread. However, the actual prevalence of child sexual abuse is difficult to determine because of underreporting. In his research article, Prinsloo [6] noted that sexual violence against the girl child is not only perpetrated by the educators, but some boys are also involved.

In 2001 Human Rights Watch (HRW) released, "Scared at school", an extensive report that examined sexual violence committed against

girls in South African schools. It found that many were subjected to some form of violence—rape, abuse, harassment and assault—and that this was "an inevitable part of the school environment". This study further revealed that the female victims felt hopeless and helpless as a result they opted for dropping out of school. Again, the educators and the boys were found to be the perpetrators

Children with intellectual and developmental disabilities (IDD) are a vulnerable population with added high risk for abuse by carers as well as of poor care and support [7,8]. Children with intellectual development disorder (IDD) have deficits in general intellectual functioning [9]. They struggle with skills such as reasoning, planning, judgment, abstract thinking and many types of learning. They may experience physical, emotional and sexual abuse by carers in a broad range of settings: homes, schools, and community facilities. Yet, few African countries cater for the physical and sexual safety of children with IDD [10,11].

In general terms, child sexual abuse can be defined as sexual contact with a child that occurs under one of three conditions [12]:

- when a large age or maturational difference exists between the partners.
- when the partner is in a position of authority over or in a care-taking relationship with the child.
- when the acts are carried out against the child by using violence or trickery.

However, there is no universal agreement as to the exact details of such a definition – for example, just how large the age or maturational difference must be. Obviously, individual and cultural factors play a role, but there is widespread international agreement about most of the common kinds of situations that confront us in actual practice: sexual acts between adults and prepubertal children, between parents and their offspring, and sex acts against children using force and violence [13]. Such situations include instances of sexual body contact with the child or any sexual behaviour in a child's presence [14].

South Africa is regarded as having an exemplary child rights environment, yet the levels of abuse and maltreatment of children are shockingly high

[15]. A wide range of commitments to children's rights and well-being were made by the post-Apartheid government. There is also increasing awareness of the roles and obligations of non-state actors in addressing children's rights, including through market-based strategies and corporate social investment [16]. Despite the protection intended by the constitutional, legislative and civic environment to safeguard children's rights, wrongs are perpetuated against a large number of South African children every day [17].

Children with IDD are three to four times more likely to be abused or neglected than their typically developing peers [18,19,20] (The American Association on Intellectual and Developmental Disabilities (AAIDD), 2013). Their inability to differentiate between care and abuse makes them more vulnerable, perhaps due to developmental and cognitive delays [12,21]. Moreover, children with IDD are more likely than their peers to be sexually abused before the age of 18, as well as by people they know, including care and support givers [22].

In South Africa, children with IDD attend a whole range of schooling opportunities. These schools offer a whole range of support programmes and specialised teaching and learning facilities. In special schools/resource centres, priorities include orientation to new roles within district support services of support to neighbourhood schools, and new approaches that focus on problem solving and the development of learners' strengths and competencies rather than focusing on their shortcomings only. In full-service schools, priorities include orientation to and training in new roles focusing on multi-level classroom co-operative learning, problem solving and the development of learners' strengths and competencies rather than focusing on their shortcomings only. .

There are available literatures on the extent of sexual crimes committed against people with learning disabilities, their difficulties in reporting such crimes and in obtaining appropriate redress [23]. The recognition of sexual crimes against people with learning disabilities is made more difficult by the tendency to avoid seeing people with learning disabilities as sexual. It is very rare for sexual abuse cases involving a complainant with learning disabilities to go to court and for the complainant to appear, especially as a sole witness against the accused (which is frequently required in sexual abuse cases [23]).

These difficulties in obtaining redress are being taken up as a challenge to services in this field. The September 2001 edition of the *British Journal of Learning Disabilities* focussed on witnesses with learning disabilities, indicating both just how seriously this issue is taken in the UK and the crucial importance of liaison amongst service providers. As far as we are aware, there are no published reports on conviction rates amongst sizeable cohorts of this nature [23].

Studies carried out in other countries, both developing and developed, also attest to the fact that sexual abuse against children with disability is very common. For instance, in Nepal, female learners have reported inappropriate touching by both male students and teachers [24], while a study conducted in Ecuador revealed that adolescent girls were sexually abused in educational settings [25]. The media reported horrific incidents involving Indian and Pakistani schoolboys throwing acid in the faces of female learners who refused their advances and proposals of friendship or marriage [26], while in the Netherlands it was revealed that girls were confronted with frequent unwanted sexual behaviour at school [27]. Mirsky's [28] study in the United Kingdom, France, and India, found that sexual violence is so common that it has become accepted as part of youth culture.

This study sought to explore South African teachers' perceptions on quality of care and support for children with intellectual disabilities and a history of sexual abuse. This study addressed the following research question: What do South African school teachers perceive to be the quality of care and support for intellectually disabled children with a history of sexual abuse?

## 2. METHOD

### 2.1 Study Area

The current study was conducted in four special schools in one of the education districts in the Gauteng Province, South Africa. The district has five special schools, the fifth special school was not selected as it focuses on specific learning difficulties, and the current study is focusing on learners with intellectual disabilities who have a history of sexual abuse. These schools are geographically located in the Gauteng Province in the East of Gauteng. Three of these schools cater for learners with severe intellectual disabilities and the fourth one caters for learners with moderate intellectual disabilities. Fictitious

names were used to protect the identity of the participating schools.

## **2.2 Study Population**

Participants were 28 teachers from four special schools for children with intellectual disabilities in the Gauteng Province in South Africa, (females = 80%; age range = 30 to 55 years). Twenty of the participants had qualifications in special education and inclusive education. The size of the convenience sample limits the generalisability of the findings from this exploratory study.

## **2.3 Inclusion and Exclusion Criteria**

- a) Characteristics of participants
- b) Characteristics of intervention, factor, or exposure. Studies were included if they reported data of sexual abuse.
- c) Characteristics of comparison or control
- d) Characteristics of outcome

## **2.4 Sampling Method**

The participants were selected by a convenience sampling method. The participants were sampled simply because they were "convenient" sources of data for the researcher. As a researcher I had a specific group of schools and participants in mind. The four schools that participated in the study were deliberately identified because it is where cases of sexual violence had frequently been reported at the district office where I was employed as the district official responsible for the provision of care and support services, one to two cases of child sexual abuse incidences were reported in each month. Furthermore the schools were purposely chosen because they cater for children with intellectual disabilities. School Based Support Teams's were targeted because they are the custodians of care and support within the school system. The current study is on school based care and support for children with intellectual disabilities who have a history of sexual abuse.

## **2.5 Study Instrument**

The focus group interview schedule was designed, piloted and used to facilitate focus group interviews. In the context of this study, I created an enabling environment, I facilitated free discussion and the participants were encouraged to give one another a chance to talk and to listen to one another. I moderated the

conversations in such a way that no participant appear to have been left out. I used verbal minimal encouragers to allow them to feel free to talk as well. The participants engaged with each other, the researcher participant interaction was thus reduced. This approach gave more room to the voices of the participants and decreased the influence of the researcher on the process. The participants were able to challenge and confront each other's thinking. This made them to feel as valued members of the group. These interviews took between 45minutes to 1.5 hours and all the participating schools managed to organise adequate rooms for the interviews to take place where there was no interruption and these were either principal's offices or nursing sisters consultation rooms.

## **2.6 Data Collection**

The participants took part in focus group interviews of six to eight in which they addressed key issues in terms of frequency, duration and intensity of support, sensitivity, the effectiveness of strengthening resilience and prompt reporting. To address data credibility issues, member-checks were utilised to cross-validate data across school sites for consistency among sites and interviewers. Additionally, field notes were kept for clarification with key informants at the schools. The researcher conducted the study on his own and he did not make use of the assistant researcher.

## **2.7 Procedure**

The University of South Africa research ethics committee and the Gauteng Department of Education approved the study (DoE reference: 020121231). The school principals and teachers concerned consented to participate in the study in writing. The teachers completed focus group discussions with the researchers after school hours. The focus group discussions were conducted in English by the researcher. It is important to note that the focus group discussions were conducted in the staff rooms of the participating schools and that they were audio recorded.

## **2.8 Data Analysis**

A thematic method of data analysis was employed, one of the most commonly used methods in qualitative research (Vaismoradi, 2013). Cresswell's (2002) model of data analysis was used to categorise and formulate themes.

While data was collected, notes and observations were made in terms of the language used and the used and the body language demonstrated. This process was followed by listening to audio tapes several times to identify preliminary themes that featured prominently (Given, 2008), then comparing them to and establishing relationships between them. This was followed by transcription. Following data familiarization, the data was coded and brief verbal descriptions to small chunks of data of two or three lines were analysed. At each stage of the analysis, alterations and modifications were made in light of experience of the researcher and that of the participants. As ideas developed earlier coding was adjusted in the light of the full picture of the data to get as close a fit as possible, without having a plethora of idiosyncratic codes. On the basis of this, themes were identified, which integrated substantial sets and whereby a trial-and-error process in which change and adjustment were regular features.

## 2.9 Problem Statement

Care and support for intellectually disabled children subjected to sexual abuse is essential in the South African context where perpetuation of child sexual abuse (CSA) is at an alarming rate [5]. As indicated above, whilst research on intellectual disability and sexual abuse involving children is receiving increasing attention [29], research into actual care and support for them, specifically from school-based teams, continues to be largely overlooked. The years following South Africa's adoption of the new Constitution in 1996 saw the emergence of several initiatives aimed at addressing the most precarious problem affecting the majority of children, namely sexual abuse. Although efforts target both children and adults alike [30], the reported incidents of child sexual abuse continue to rise among children of all races. With the worldwide concern about the hegemony of the Western theories and practices in understanding and addressing problems in non-Western communities, and an acknowledgement of their limitations [31], a shift towards alternative methods becomes vital. In particular, methods, which validate and address the experiences of the local people, could be relevant and appropriate for responding to their problems.

## 2.10 Theoretical Framework

This study was informed and guided by the human rights approach. Human rights approach

was preferred because of its emphasis on the rights of marginalised groups. People with disabilities are generally considered to be a marginalised community, including those who face discrimination and social exclusion. Disability is considered a human rights issue and people with disabilities often find their rights relegated to the periphery of societal and political concern [32]. Children with intellectual disabilities often find themselves being the victims of abuse, and this is the violation of their human rights.

The human rights approach seeks to empower people with disabilities and make them respected and able to fight for their rights themselves (Bollard, 2009). This approach calls on all those responsible for enforcing these rights to do so in a manner that reinforces accountability and responsibility in respecting, safeguarding and realising them [33]. Civil society should help in initiating empowerment support programmes for the disabled, which would enable them to participate meaningfully in decisions that affect their lives. This can inform policies that affect the disabled persons.

## 2.11 Findings and Discussion

Two themes resulted from the data analysis: Infrequency of care and support and educator sensitivity. The names used are not real names, They are pseudonyms. Only six quotes were used and these are representative of a larger number of teachers who participated in this study.

### Theme 1: Infrequency and short duration of care and support

The teachers perceived the care and support received by children with intellectual disabilities to be too infrequent to make a difference. According to the participants, the frequency of support depended on the nature and severity of the Child Sexual Abuse case. The most important point to consider is that the affected children are referred to the relevant structure and that parents are frequently consulted throughout the process. The following quotes substantiate this observation:

Lwanele (55 years): *[There is little of] reporting, listening to the child, taking it further and trying to assist, not only the child but the parents and to give the parents guidance to tell the parents where to go and what to do.*

Apelele (30 years): *The school does provide support, but it is not frequent as there are limited support services within the school. In addition to that, the District Based Support Team seems to be lacking in terms of providing support to the school and they do not come regularly.*

Lindiwe (43 years): *I am a member of the School Based Support Team. What is frustrating is that I am unable to provide the quality of care to the learners who need my help and attention. Sometimes, learners who need help urgently have to wait up until I am finished with my teaching responsibilities. In our school, we really need someone like a social worker to work full-time so that matters related to the sexual abuse of learners are attended to as a matter of urgency*

The frequency of support depended on the nature and the severity of the CSA case, with the most important point to consider being that the child being supported is referred to the relevant support structure and that parents are frequently consulted throughout the process. Parents have an important role in helping their children recover from sexual abuse but may require continuous support. They should be encouraged to spend time with their children and to accept that they may be acting differently. They can be taught to respect their children's wishes and be sensitive to their emotional needs [34].

## **Theme 2 Educator sensitivity**

The educators were of the view that school personnel needed assistance to understand what is meant by quality of care as it is applied to children with intellectual disability and with a history of sexual abuse. For this reason, educators may be limited in their practices to assist such children and their families.

Lindiwe (43 years): *We try to contain the situation and deal with the issue at hand with great care and sensitivity so that we do not cause further damage. ... since sexual abuse is traumatic and in the process of counselling them, they are encouraged to be resilient or strong.*

Dingi (36 years): *They [child sexual abuse victims] are called [to be interviewed] together, and then they are ... interviewed on different things.*

Willem (57 years): *Some learners will come to us and say, "this child, you know there's a*

*problem with this child," the educator will come – "there's a problem with this child, the learners spoke to me," and [there is no privacy] and anybody can read the file ... it's an open session where we talk in the mornings.*

The findings show that the issue of sexual abuse should be handled with great care and sensitivity [35], and that sexually abused children are broken. Meeting the care and treatment needs in humanitarian settings requires technical expertise and coordination across all relevant sectors. Child survivors have a profound need for care and treatment that is appropriate to their age, cultural context, psychological symptoms, and the type of abuse. With CSA, special investigations must be carried out, such as specimens being taken for forensic evidence. Also, the child may have been exposed to sexually transmitted infections (STIs), such as HIV/AIDS. Treatment for STIs is usually given when test results show that the child has an infection. Parents or caregivers should be counselled about the potential risk of the child having been infected with HIV [35]. The caregiver will be asked for his/her consent for an HIV test to be conducted on the child.

## **2.12 Implications for Research and Practice**

It is evident from the reviewed literature and the empirical investigation that care and support services continue to be problematic and that the quality thereof continues to be compromised. Since the topic of sexually abused children with intellectual disabilities has been neglected in South Africa and abroad, the researcher found that there is little literature published on the matter. This necessitates further research into the quality of care and support of children with intellectual disabilities who have a history of sexual abuse, all as an aspect of inclusive education. This study found gaps in the current knowledge regarding the topic and that no clear policy guidelines exist to guide care and support practices within the schools.

## **2.13 Limitations of the Study**

Although the participants were able to share their lived experiences about the quality of care and support, the fact that sexual abuse is a sensitive topic and taboo might have limited some of the responses. Furthermore, the study was conducted in one district in the Gauteng Province in South Africa. Gauteng is divided into 15

districts, meaning that the findings cannot be generalised to the rest of the province or country, even though they may be regarded as a significant point of reference. In addition to that, the researcher was previously a DBST member in the district in which the study was conducted and it is noted that, if a neutral person had conducted the research in the same district, the findings might have been different. Although the participants gave their consent it was not possible to know if they were giving their honest opinions.

Anticipated limited literature about care and support with regards to learners with intellectual disabilities might have put the researcher at a disadvantage with regards to designing a methodology for this study. As part of the findings for this study, only two themes were identified. The researcher felt that more themes could have been identified from the rich data gleaned as part of this study. The size of the convenience sample limits the generalisability of the findings from this exploratory study.

### **3. CONCLUSION**

Sexual abuse of children and adolescents with intellectual disabilities is traumatic and the interventions, care and support should be readily available to these children frequently. This, apparently, is not the case in the view of the school teachers who responded. Taken together with the fact that only relatively few child sexual abuse interventions are sustained over time, this presents significant challenges to the safety and wellbeing of children with intellectual disability who may be less able than their peers to self-report their support needs.

Child sexual abuse is an abuse of trust, power and authority that may cause serious and short-term and long-term trust for a child (Briere & Eliot, 2003). Sexual abuse of individuals with intellectual disabilities is a worldwide problem. South Africa's levels of violence against children are among the highest in the world. Tens of thousands of children are victims of abuse, neglect and exploitation every year – and offenders often go unpunished (UNICEF-South Africa, 2012). To date, care and support services for learners with intellectual disabilities in South Africa is still problematic despite robust legislative and policy frameworks that promote their rights, and the availability of agencies charged with the responsibility to ensure quality in service provision, such as mental health societies.

### **4. RECOMMENDATIONS**

School oriented strategies should target the learners, educators, school management teams, parents and the support staff. A child is the member of the school community and this means if the child is sexually abused, this should be concerning to all the members of the community including the parents. Within the context of the schools, programmes and strategies that are aimed at caring and supporting the child are most of the time led by the School Based Support Team. This structure has primary responsibility of training or empowering teachers and parents on issues such as the identification of sexual abuse, an awareness of children with intellectual disabilities, reporting and referral of sexually abused learners. Since this structure normally has expertise, it can also provide sexuality education, basic counseling and it can also be in the position to advocate for awareness and advocacy campaigns. The activities of the SBST are expected to result to informed and capacitated school and parent community that is aware of sexual abuse in relation to children with intellectual disabilities. It is also imperative for this structure to formulate school based policies on matters relating to sexual abuse. The policy framework would be well placed to guide the practice of quality care and support.

### **CONSENT AND ETHICAL APPROVAL**

This study formed part of a larger study on care and support for intellectually disabled children who had experienced sexual abuse. Permission to conduct the research was obtained from the provincial Department of Education and ethical clearance was also obtained from the relevant tertiary institution where I was initially registered then another university to which I transferred. Informed consent was obtained from participants who took part in the study. Confidentiality and anonymity were assured and trustworthiness of findings was improved by sharing the analysis with them.

### **COMPETING INTERESTS**

Author has declared that no competing interests exist.

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