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<https://doi.org/10.1057/s41599-022-01118-3>

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Key informants' perspectives about sexual victimisation of learners with intellectual disability in South Africa

Tlakale Nareadi Phasha¹ 

Sexual victimisation of children with intellectual disability is a serious problem that requires urgent attention if South Africa is to attain Sustainable Development Goals 4 and 5 by 2030. This paper provides the perspectives of key informants on the sexual victimisation of children with intellectual disabilities in South Africa. Data were obtained from 32 key informants by means of focus group discussions and individual interviews conducted by the researcher at six schools catering specifically for learners with intellectual disability in Gauteng Province. Findings indicate that sexual victimisation of children with intellectual disabilities is pervasive. It occurs in the home, at school and within community spaces. Most incidents occur at home where they tend to be more frequent and of a longer duration than when occurring in other spaces. Gang-rape, sodomy, and abduction for the purposes of sexual exploitation are commonly reported at schools, whereas, in the wider community spaces, there are reports of boys with intellectual disabilities forming relationships with female adults or finding themselves at the centre of sex rings. Downplaying the sexual victimisation of children with intellectual disabilities is to deny their rights to safety and proper development. A robust, coherent and consistent response to the problem is therefore required, especially for the home.

¹ Department of Inclusive Education, University of South Africa, Building 10, Sunnyside Campus P.O. Box 392 Pretoria 0003, South Africa.
✉ email: phashtn@unisa.ac.za

Introduction

Sexual victimisation of learners with intellectual disabilities is a disturbing matter in South Africa, given the country's bold Constitution, which mandates respect and protection from harm for children (Republic of South Africa, 1996). Children with intellectual disabilities are particularly vulnerable to sexual victimisation in their homes, schools, religious institutions and community spaces, yet society appears to be in a state of denial, avoiding uncomfortable conversations about it and pretending the problem does not occur (Lanning, 1992). This leaves children with intellectual disabilities at even greater risk. Acknowledging the problem of sexual victimisation among learners with intellectual disabilities is the first step towards inspiring the public to work towards developing effective preventive programmes that can improve the quality of life of the children effected (Jones et al., 2012). Meaningful strategies to protect learners with intellectual disabilities from sexual victimisation will be the first step towards restoring their human rights (Baladerian et al., 2013), as stipulated in the Constitution, national and international frameworks. Such strategies should target the society at large.

People with disability are at an increased risk of violence compared to those without disabilities (World Health Organisation, 2011). Furthermore, the prevalence of sexual violence amongst them is higher, especially for adolescents with intellectual disabilities. The scale of the problem was confirmed by a systematic review of 17 studies from high-income countries on violence against children with disabilities (Jones et al., 2012). The study suggested that children with intellectual and mental disabilities were 4.6 times more likely to be sexually victimised than their counterparts without disabilities. Harrell's (2017) analysis of the 2009–2015 crime statistical report which was based on annual estimates of 37,157,340 persons with disabilities and 226,696,790 persons without disabilities age 12 or older in the US, reveals that the rate of violent victimisation against persons with disabilities (32.2 per 1000 age 12 or older) was 2.5 times the rate of persons without disabilities (12.7 per 1000) during 2011–2015. Estimates per type of disabilities were recorded as 57.9% for persons with cognitive disability in comparison to people with disabilities such independent living (30.8), ambulatory (29.4), vision (28.8), self-care (25.9) and hearing (15.7). Similarly, Wissink et al.'s (2018) analysis of 176 files (of which 128 involved children with intellectual disabilities) of child sexual abuse in the state of care in Europe, revealed that children with intellectual disabilities in the 12–17-year age bracket were at a high risk of sexual victimisation when compared to their counterparts without intellectual disabilities. Serious and repeated forms of sexual victimisation were identified in 101 cases (genital penetration (47%), touching of genitals including oral sex in (30%), sexual abuse without physical contact (13%) and touching of other bodily parts (not genitals) in 11%). The authors' earlier study which involved narrative review of 13 empirical studies (Wissink et al., 2015), reported variation of findings in terms of the extent of sexual abuse amongst children with intellectual disability, but confirmed that they are very vulnerable and at a higher risk of sexual victimisation in comparison to their counterparts with average intelligence. Those within the mild intellectual disability spectrum were at an increased risk for sexual victimisation when compared to those who have severe and profound intellectual disability.

With reference to South Africa, Wilkinson (2017) noted that a total of 15,790 incidents involving rape of children were recorded by the police services in 2015/16. In the years 2018/2019, the country recorded a total of 24,387 sexual crimes committed against children (rape: 18,587 (76.2%); sexual assault: 4451 (18.2%); attempted rape: 562 (2.3%); and contact sexual offences:

788 (3.2%) (South African Police Services, 2019). Furthermore, between April 2019 and March 2020, rape (22,070) was at the top of the list of sexual offences committed against children (South African Police Services, 2020). Although these figures give an indication of the severity of the problem of sexual victimisation amongst children, they do not specify incidents involving children with intellectual disability. Given that children with intellectual disability are most vulnerable, it is highly unlikely that they are spared from this form of victimisation, especially in a South African context where some men have admitted to have used force to gain sex from a woman. For example, 27.6% of men recruited from 1686 households in Eastern Cape and KwaZulu-Natal admitted to have used violence in intimate relationships (Jewkes et al., 2011); 165 (11.97%) of 1379 male volunteers from 70 rural villages have used force to gain sexual access to a woman in their lifetime (Jewkes et al., 2006); and girls are often gang-raped if they refuse to consent to intercourse with their boyfriends (Woods, 2005).

Sexual victimisation and intellectual disability in South Africa

Research on sexual victimisation in relation to intellectual disability is accumulating at a slow rate. However, countrywide, the mental health services are inundated with incidents of sexual violence and abuse involving children with intellectual disabilities (Pillay, 2012). Earlier studies that analysed medical records of individuals aged between 6 and 40 years at a mental health facility (behavioural health unit) in Cape Town, revealed sexual abuse among children with mild, moderate, and severe intellectual disabilities (Dickman and Roux, 2005; Dickman et al., 2006). Approximately 89% of the incidents were perpetrated by family members, friends, neighbours and other people with direct connections to the families, such as stepfathers and caregivers.

A qualitative study conducted at two special schools in north of Gauteng Province revealed various forms of school-based sexual victimisation committed against female learners with mild intellectual disabilities by their male counterparts (Phasha and Nyokangi, 2012). These included touching, kissing, sexual intimidation, coercive sex/rape, name calling, pornography, grabbing/pinching, pulling down of skirts and sexually explicit behaviours. In a study conducted at special schools in Gauteng East, a total of 28 teachers reported various types of sexual abuse experienced by learners with intellectual disabilities (Mdikana et al., 2018). Incidents included incest, rape, sexual harassment, pornography, child prostitution and exposure to adult sexual encounters. These incidents were reported to have happened both at home and in community spaces. A study in KwaZulu-Natal further revealed that societal misconceptions about intellectual disability rendered such children particularly vulnerable to sexual abuse in their communities (Phasha and Myaka, 2014).

Recent studies revealed similar findings. For example, a doctoral study conducted at two special schools in Gauteng West, discovered sexual violence towards children with intellectual disabilities occurring alongside physical and emotional abuse (Satuku, 2020). Reported incidents there included rape, inappropriate touching and attempted rape. The study also reported an incident that involved a school patroller who enticed a female learner with gifts and money. Additionally, a study, conducted in Langa and Gugulethu townships in Cape Town between January and March 2020, revealed the commonness of sexual violence amongst women and girls with physical, intellectual and/or developmental disabilities (Haggstrand, 2020). Though the sample size was small, at 11 participants, almost all of them reported having experienced some form of sexual violence.

As revealing as these studies are into sexual violence against children with intellectual disability, they all exclude the vital perspectives of key stakeholders who interact with these learners in informal ways, such as school caregivers (house parents/matrins/boarding masters, assistants who help with school and daily living activities, including cooking), gardeners, cleaners, messengers, and security guards. Cossman and Johanson (2019) clarified that key informants are knowledgeable individuals who provide information about the subjects. They are natural observers, who may be interested in the behaviour of those around them (Tremblay, 1957). Key informants are in a position to provide a deeper insight into the issue (Marshall, 1996) of sexual misconduct in special needs schools and unveil patterns in which sexual victimisation occurs amongst learners with intellectual disability. Therefore, their voices ought to be considered. They have knowledge which the researcher may not obtain from learners with intellectual disability. By virtue of their position as non-academic staff members, they also have special opportunities to interact with the school children in an informal way, providing them with an alternative adult figure to speak to about their life experiences. Moreover, they represent community interest and have a constitutional mandate to protect children (Republic of South Africa, 1996).

Inclusion of key informants is crucial for widening participation in a matter that concerns the community and empowering them to solve the problem collectively. Therefore, pertinent to this study was that the views of key informants are equally useful for understanding this problem and for developing effective ways to improve the children's lives. In that light, this paper reveals key informants' perspectives about sexual victimisation of learners with intellectual disability.

Theoretical framework

The social model of disability, which rejects the normative perspective that disability is an outcome of bodily pathology was adopted as the theoretical lens for this investigation. Not only does this model cherish ideals similar those enshrined by the United Nations Convention on the Rights of Persons with Disabilities (2006), namely, respect, protection, promotion and fulfilment of the rights of people with disabilities, but it is naturally inclusive in its approach, and helpful in recognising the barriers that create inequality in society.

The social model argues that there is nothing 'wrong' with people with disability because their impairment is a natural part of who they are. From this point of view, the problem lies with the insensitive ways in which society reacts to people with disabilities (Anastasiou and Kauffman, 2013). Further, this model posits that society has created ideologies and practices that hinder the full participation of people with physical or intellectual impairments (Loewen and Pollard, 2010; Shakespeare, 1996), and thus render them marginalised. Thus, the presence of intellectual disability does not expose learners to a greater risk of sexual victimisation, so much as the established practices, beliefs and attitudes that encourage the sexual victimisation of learners with intellectual disabilities.

Any meaningful solution to this problem must be directed at societal change rather than an individual adjustments and rehabilitation (Barnes et al., 2010). Thus, societal barriers that encourage sexual victimisation of learners with intellectual disabilities should be addressed to allow them learners to live and participate freely in safe environments.

Methods

Study design. This study adopted a qualitative phenomenological approach. This approach is suitable for exploration and

understanding of a societal problem from the perspectives of those who are familiar with the group that forms the focus of the study (Kim et al., 2017). It facilitates understanding of events against the background of the whole context and how such a context confers meaning to the events concerned (Babbie and Mouton, 2009). Behind this approach, there is a belief that reality exists in individual's consciousness and is thus, subjective. Considering the paucity of South African research in this area and the exclusion of key informants from existing studies, this approach was preferred for permitting a detailed description of phenomenon.

Research sites. The study took place at six schools in Gauteng Province. All schools catered to learners with mild to moderate intellectual disabilities and had a learner population of between 120 and 160 each. Four of the schools were in the townships (an underdeveloped urban area designated for black occupation by the apartheid regime), and two were in informal settlements (housing area illegally built on municipal land). Two of the township schools had boarding facilities. The number of non-academic staff at each participating school ranged between 10 and 16. The schools were public institutions and in each case had a student body that was exclusively black.

Sampling and participants. To obtain information-rich cases, key informants were sampled, purposefully guided by the following five criteria: (a) having more than five years' experience of working at a school for learners with intellectual disabilities; (b) being a non-academic staff member; (c) having being a recipient of a disclosure of sexual victimisation involving a person with intellectual disability; and (d) being over 18 years old.

A total of 32 key informants volunteered to participate in the study following: (a) the provincial and district offices of the department of education's approval to undertake the study; (b) issuing of the ethical certificate by the research ethics committee at the author's institution; and (c) a detailed explanation of the study at each school, which covered data collection methods, research ethics including, their rights, anonymity, confidentiality, the benefits of the study, safe keeping of raw data and non-payment for participation. Participants were assured complete confidentiality—that their views will not be shared with anybody including academic staff at the schools. However, it was explained that should there be any disclosure of an incident which has never been reported to the police or to the relevant authorities, the researcher will contact the Research Ethics Committee for advice. This is in line with the country's law which mandates every citizen in South Africa to protect children from any form of maltreatment. The informed consent agreement form was explained and signed before the commencement of data collection. They also gave permission to audio-record the discussions for accurate description of their views. Attached to the consent form was a form, which required participants to commit to treating other participants' information and views with confidentiality.

Participants included caregivers (14), cleaners (7), gardeners (4), security guards (4) and messengers/junior administrative staff (3). Only eight participants were males. They formed six groups of participants—one group from each school, comprising 6–8 members. Grouping participants from the same school together ensured that they would speak freely without worrying about how members from other schools would perceive their school.

Data collection and process. Focus group discussions were conducted with each group at school on two occasions during extracurricular activities and/or in the afternoon. Participants

were asked to sign a declaration that they would not divulge information shared by other participants. This was in line with Denscombe's advice for facilitators to establish that all group members honour the requirement to treat the discussion as confidential (Denscombe, 2007). The request was reiterated throughout the data collection process and at the end of each session. Participants deliberated on the following questions for approximately 60 min:

- How common is sexual victimisation amongst learners with intellectual disabilities?
- Please share information about an incident which has been disclosed to you directly or indirectly (without sharing the name of the person who disclosed it)?

Participants were probed for additional information, especially when their responses were short. The language used was English and a mix of local languages: Sepedi, Setswana and IsiZulu. Most participants were not forthcoming during the first focus-group discussions. It could be that they were uncertain about the reactions of other group members or the researchers' motives, as is often the case with research on sensitive topics. However, this changed in the second focus-group discussions, following my reiteration about how the finding would help children with intellectual disability. They were able to build upon the responses of each other. This made it possible to compare views, observe interactions and, importantly, generate a variety of opinions that may have not been discovered if a different method had been used. It was at this point that (5) participants indicated an interest to share additional information during individual interviews, which I did in a face-to-face manner at school. The interviews were open-ended so as to give participants more options for responding. The sessions were audio-recorded. Participants shared incidents that were disclosed to them without mentioning real names of the victims. The sessions were relatively short (30–35 min), because most of the information was shared during focus discussions. Using two data collection strategies increased the quality of data.

Data analysis. Data were analysed thematically following these stages: (a) familiarisation with data; (b) generating initial codes; (c) identification of themes; (d) reviewing and naming of themes; and (e) finally writing up (Braun and Clarke, 2006). The process took place alongside data collection. It began with listening to the audio-recordings to identify tentative themes. The themes were refined during the second analysis stage, when transcripts became available and sentences spoken in local languages were translated. Participants' words and repetitions were compared throughout the process to identify patterns and to refine tentative themes. Relationships between themes and sub-themes were established and conclusions were made. The themes and sub-themes that emerged from data are summarised in Table 1.

To enhance the quality of the findings, transcripts and analysed data were sent to participants for an accuracy check. A total of 16 participants were able to provide feedback.

Table 1 Summary of themes and sub-themes.

Themes	Sub-themes
Occurrence of sexual victimisation	• Commonness of the sexual abuse
Forms of sexual victimisation	• Intrafamilial • Extrafamilial

Results

In presenting the results of the study, I quoted participants' verbatim, and used fictitious names for anonymity. Findings are presented under two broad themes, namely: Occurrence of sexual victimisation and forms of sexual victimisation.

Occurrences of sexual victimisation. Key informants concurred that sexual victimisation of learners with an intellectual disability is common; the media reports it, there are private talks about it, and some children disclose it to them. However, they did not know where the reports ended up.

A month cannot pass without hearing about such incident involving a child with intellectual disability. You will read about it in the newspaper, hear about it in the radio, or overhear private talks in the buses, taxis or in the street corners. Some of these children disclose to us. So, this thing is common. Last month people were talking about three cases, two of them involved our children here. I even saw it in the newspapers. [Michael, the gardener].

Just a week ago, our radio station reported about the girl who was abducted and raped for weeks by some men. Even last night, can you believe that? The girl was found disoriented and confused next to Roland industrial area. The reports do not stop because nothing is done to perpetrators and nobody questions anything, urgh. [Tumelo, the caregiver].

Forms of sexual abuse. Both intrafamilial and extrafamilial forms of sexual victimisation of learners with intellectual disabilities were reported.

Intrafamilial sexual victimisation. Key informants (26) opined that most learners with intellectual disability are victimised at home by their close relatives using both coercive and non-coercive strategies to ensure that the incidents is not disclose.

Most sexual victimisation cases happen at home by people they know. They make them believe that what they do to them is ok, and she does not report. [Mohale, the cleaner].

These children are suffering in their own homes. 'Ba hlokometsa ke di family tsa bona' (they are victimised by people in their own families). The culprits threaten them to keep the victimisation undisclosed. [Makosha, the caregiver].

Perpetrators of sexual victimisation at home tended to be close male family members who lived with the child in the same house. Such incidents occur frequently, for a longer duration, and the disclosures are often denied by the non-offending family members. In some instances, the child is being blamed for lying.

One learner here told me that her grandfather sleeps with her up to almost every day, but the grandmother was so angry with us. She said in our face that "this child is just naughty". [Patience, the caregiver].

Meanwhile, Monica, the caregiver, narrated an incident, which involved a mother's boyfriend as a perpetrator. She explained:

Melda disclosed that her mother's boyfriend sleeps with her almost every day. Apparently, he does that as soon as her mother leaves for work. The boyfriend is also working but he leaves home late and he is the one dropping the child at school. The child disclosed when I insisted on taking her to

the local clinic for check-up. I reported the matter to the school support team, but the mother accused Melda of fabricating stories. She also said that Melda was having sexual fantasies.

Incidents that involve sexual victimisation by biological fathers were reported by eight (8) participants.

Even their own fathers do this. We had such a case in 2018, which involved a child whose parents were not living together. She and her brother were staying with their father. When she reached grade seven and starting to flirt with boys, the father physically punished her severely. As a school, we got very worried about such punishment. Together with some teachers, we called the younger brother from the other school just to get a sense of the situation at home. It came out that the girl was sleeping with the father in his bed daily. The girl confirmed sexual activities with her dad. Then we reported the matter to the police and the man was arrested, but on the day of the trial, the prosecutor's interrogations confused the learner so much, eventually she lost the case. [Nomsa, the caregiver].

A total of four participants spoke about incidences which involved uncles as perpetrators.

I know that Thandi was sexually victimised by her uncle in 2018, so often that she became so traumatised and always wetting herself. But her mother denied it. The school referred the learner to the hospital. [Sophia, the cleaner].

Sexual victimisation by stepfather was mentioned by seven participants. For example, Mooimeisie (messenger), asserted:

Maria's case was first disclosed by her friends. They said that Maria told them that her stepfather made her sleep with him every day. At first I ignored it, but after few days I asked Maria about it and she just told everything. The reaction of her mother and her sister were very negative. They even wanted to hit her in front of us.

Extrafamilial sexual victimisation. Participants (13) reported that females and younger male learners were sexually victimised by older male learners within the school premises. Also, some community members took advantage of learners after school hours.

Rape happened here at school to a girl whose transport did not come on time. Apparently, this culprit thought everyone had left because the security was not at the gate. I don't know where the security was at that time. The girl was somehow dragged to one of the classrooms where she was raped. [Subrayeen, gardener].

Key informants made reference to an incident which abduction of a learner with intellectual disability with an intention to be sexually exploited. Abduction at school was common by people who pose as relatives.:

Some learners are picked at the gate by people who claim to be relatives. They are tricked, by the time you realise that, it is already late. [Lerato, the cleaner].

Instances of sodomy were reported to have happened at four schools. They involved older males following younger ones to toilets during school hours.

A boy in the class that I clean had difficulty walking. I could see that he wanted to say something but he just couldn't. After school, I approached him to find out if everything was well. He then told me about what happened to him in the

toilet. He confirmed on being penetrated by an older boy who followed him to the toilet. [Kate, the cleaner].

Reports of girls being gang-raped by their male counterparts within the school premises came through, especially at schools located in informal settlements. This was articulated by seven participants.

Boys rape girls here in school. They force them on the floor. By the time, you realised, they are already finished. An incident occurred last year. This year, I would say, there was an attempted rape, because we rescued the girl before it could happen. [Million, the security guard].

Our boys target new girls. They rape them as a group (gang-rape). You know, these boys do not even see anything wrong with what they do. When you asked them, they just laughed. With a recent case that happened here, school organised therapy for the girl and two of those boys did not come back to school; but they are older anyway. [Maura, the caregiver].

The safety of learners with intellectual disability remains problematic in the community. About nine participants referred to few of such incidents, stating that perpetrators were both male and female adults:

In 2018, we had an incident that involved one of the boys here, who was sleeping with an older lady, but the problem with it was that Josh himself bragged about it. He said the lady was his girlfriend and they see each other every day. He even said the lady gives him everything he wants, including cell phones. [Ravi, security guard].

There was a group of boys, who were sodomised by that spaza (small unofficial) shop man. It took us a long time to discover that because he appeared like a good man who loved the children. He offered them sweets, bread and achaar [mango pickles] or chips. Little did we know that he was using our kids. The boys were also so secretive about it. But he got caught when that 14 years old boy confessed and also mentioned the names of other boys. [Reuben, gardener].

The victims of sexual victimisation in the community were male learners, victimised individually or as part of the group. Unlike incidents that occurred at school and home which involved some form of coercion, sexual victimisation in the community involved enticement of learners with gifts in exchange for sexual activities/relationships. A female was named a perpetrator in an incident which involved one male learner. Interestingly, the victim thought he was in a love relationship. A male adult was a perpetrator in instances where learners were victimised as a group.

Discussion

Learners with intellectual disability are sexually victimised at home, school and in community spaces. Key informants' reference to many incidents that have committed by male blood relatives at home resonates with the results of the analysis of medical records at a mental health facility (behavioural health units) in the Western Cape (Dickman and Roux, 2005). This finding portrays the home as the least safe space for learners with intellectual disabilities. Furthermore, it confirms Shapiro's (2018) point that children with intellectual disabilities are victimised at places where they should feel safest. A combination of factors could provide an explanation for this form of sexual victimisation. For example, limited opportunities to interact with people

outside the homes and dependency on family members for care, make the child easily accessible to the potential perpetrator. Lack of knowledge about appropriate sexual relations and a desire to please others (Phasha and Runo, 2017) increase their vulnerability to victimisation at home by a family member who may abuse their position of authority. Learners with intellectual disabilities in particular may have a limited ability to make decisions on relationships and their sexual lives (Everly and Ganim, 2011). Even if they understood that what was happening to them was wrong, they might not be aware that they were entitled to protection (Handicap International and Save the Children, 2011).

A home should provide protection and peace. It should be a special place that provides for the physical, psychological, social and spiritual development of children and adults, and instils social values and norms (Department of Social Development, 2013). With specific reference to vulnerable groups, the home should provide care and support for the young, ill and those with disabilities or other vulnerabilities. However, when the home is a place in which children are sexually victimised on a regular basis, severe psychological trauma will ensue, leading to low self-esteem, self-loathing, somatisation, low self-efficacy, pervasive interpersonal difficulties and feelings of contamination, worthlessness, shame and helplessness (Lawson, 2020). If hopelessness is developed due to being trapped in a cycle of fear and silence, educational performance may be affected negatively.

The denial of the child's disclosure of sexual abuse by a non-offending adult family member can intensify the impact of sexual victimisation. MOSAC (n/d) noted that such a reaction is common because it is a factor by which families' capabilities to care for their children are judged. The reaction could be motivated by various factors. These include: (a) anger that the child has disclosed the problem outside the home; (b) disappointment in families for failing to identify the problem earlier and feelings of being betrayed by the perpetrator (National Child Traumatic Stress Network, 2009); and (c) a fear of breaking the family unit through the process of prosecution and probable imprisonment (Bamgbose, 2001), especially if the perpetrator is a family member or someone connected to the family. The reaction could be a way to avert shame from the family since traditional and modern rules and regulations governing sexual relations in most communities prohibit sexual relations between blood relatives. In South Africa, such relations are also prohibited under the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (Republic of South Africa, 2007). Also, sex with a child is considered a disgrace (Odey and Akpashila, 2016). In instances where the family is already stigmatised by the social attitudes in relation to disability, the denial may be attributed to fear of further rejection and isolation by neighbours and the wider community, if their child with a disability become a victim of sexual abuse (Aley, 2016). Prevalent conceptions that children with intellectual disability are too sexual (Phasha and Myaka, 2014), may also contribute to denial of the child's disclosure.

In alignment with previous studies (Phasha and Nyokangi, 2012; Satuku, 2020), the current study points to schools as spaces of occurrences of sexual victimisation but revealed other forms of sexual victimisation. These include sodomy of younger boys, gang-rape of girls and learner abduction by community members. Sodomy, in particular, was reported at schools where learners in junior and senior classes shared premises. It can be inferred that such arrangements are risky for younger and weaker learners. The victimised boys' tendency to be secretive about their experiences of sexual victimisation could suggest that the perpetrators used tricks such as ruses, lies, force or fear to lead the child to participate in sexual acts. Such deceptions instil a feeling that they had participated willingly in the acts and, if they experienced sexual excitement, they felt too ashamed and guilty to report (Engel,

2019). Brown (2021) attribute the silence to three factors, namely: (a) a desperate need to belong; (b) avoidance of the humiliation of having to describe how the victimisation occurred, and (c) lack of knowledge that they are victims.

Abduction of learner from schools to be exploited for sexual purposes was reported. The Institute for Security Studies (2020) cautioned that such tendency is on the increase in South Africa, amongst children irrespective of their disability status. Their study involving a sample of 3024 dockets found that 27% of cases were kidnapped/abducted with the intention to commit a sexual offence. Although the study did not specify intellectual disability, their vulnerability could be heightened by their limited ability to assess and identify difficult situations and their tendency to comply with instructions.

Gang-rape of girls by male peers was noted and so were key informants' explanations that perpetrators did not see anything wrong with the behaviour. Meyer's (2005) point that violence has become a way of life for the majority of youths in South Africa, is confirmed. They witnessed it at homes and in communities and they had learnt to use it to achieve what they wanted and to resolve problems. This occurred alongside their socialisation into gender roles that sees masculinity in terms of aggression and power, where being a real man means having power to make a female submit to them (Nedombeloni and Oyedemi, 2014) and places female learners at risk of gang-rape.

Sexual victimisation of any form at school renders the environment unsafe and difficult for exploration and learning. Victimised learners drop out of school or remain on the perimeter of involvement throughout the day (Phasha, 2007). However, if they feel safe, it is easier for them to be at ease, to concentrate, to be analytical, to be creative and reflective, to respond to others responsibly and to take appropriate academic risks (Themane and Osher, 2014).

Incidents that occurred in the community involved sexual victimisation of a boy by an adult female invested in the idea of relationship and child sex rings, where an adult male involves a group of children who are all aware of each other's participation in sexual activities with the perpetrator. In both instances, the perpetrators used gifts and money to entice the child in exchange for performing sexual activities. Such techniques foster trust in and dependency on the perpetrator (Plummer, 2018), while the perpetrator maintains control as part of the seduction process (Lanning, 1992). Often children do not realise that they are being victimised, and they repeatedly and voluntarily return to the perpetrator (Lanning, 1992). Children with disabilities fall prey to such techniques because they are easily manipulated. Coupled with lack of proper sexuality education, learners with intellectual disabilities may not realise that an intimate relationship with an older person is deviant and abusive; instead, they may deem it to be based on love. Emotional deprivation drives some children to be vulnerable to such inappropriate affection. Gifts, money and attention from the perpetrator tempt them because they rarely get them at home. They are also easy targets of peer pressure, motivated by the desire to conform (Phasha and Nyokangi, 2012).

The finding that points to females as perpetrators of sexual abusers of boys is atypical as most perpetrators in this study were males. Interestingly, research in South Africa rarely report such incidents. Mallet (2017) explained that, when the perpetrator is an adult woman, such a relationship is motivated by a woman's need for intimacy and trying to compensate for emotional needs not met elsewhere. Invested in the idea of a relationship, they find adolescent boy less threatening than men of their own age, and have more control over the relationship. Victims of such forms of abuse may come to develop psychological problems such as shame, guilt and self-blame (Plummer, 2018) especially when they come to realise that they were used.

Recommendations and conclusion

The findings of this study point to the existence of sexual victimisation of learners with intellectual disability. Importantly, the study reveals that male learners with intellectual disability can be victims and adult females can be perpetrators of sexual abuse. Downplaying the problem would reflect society's failure to safeguard the lives of individuals with intellectual disability, and fuelling the problem in the community because the victimised learners may come to commit similar acts to others. Acknowledging the problem is imperative to facilitate a coherent and consistent response to curb sexual victimisation of children with intellectual disabilities, given their vulnerability in their own homes, schools and community. In line with the social model's view that blames the society for poor treatment of individual with disability, this study calls for preventive strategies that target the entire society and require the participation of every member of the society. This is in line with the African expression "it takes a village to raise a child". Strategies should also move away from over emphasising female as victims and male as perpetrators because males are also victimised and females are also potential perpetrators.

In conclusion, this paper advances knowledge in the area of sexual victimisation in relation to children with intellectual disability and calls upon public acknowledgement of the problem and prompt meaningful action in addressing it. Its limitation lies in the small sample size which prevents the generalisability of the findings to a wider population. As participants were employees at the schools, it is possible that they might have withhold important information thinking that it might not be relevant to the study or damage the reputation of the schools. Therefore, future research should include perspectives of male learners and ordinary community members as that could deepen understanding about this phenomenon, particularly on other forms of sexual victimisation in community spaces.

Data availability

The datasets generated and/or analysed for the current study are not publicly available because the author promised participants that data they shared will be treated with strictest confidentiality and it will not be shared with the public. Data is kept safely by the corresponding author on reasonable request.

Received: 4 August 2021; Accepted: 7 March 2022;

Published online: 01 April 2022

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Competing interests

The author declares no competing interests.

Ethical approval

This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Research Ethics Committee in the College of Education at the University of South Africa.

Informed consent

Informed consent to participate in the study and to publish the analysed data was obtained from participants.

Additional information

Correspondence and requests for materials should be addressed to Tlakale Nareadi Phasha.

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