

EXPLORING PARENTAL COPING WITH CHILDCARE AFTER THE DISCLOSURE OF CHILD SEXUAL ABUSE

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Abstract

Child sexual abuse is a well-documented social crime that influences every aspect of the survivor and their family's lives. The parents are then confronted with a child that presents behavior that may include scholastic challenges, antisocial behaviour, sexual explorative behaviour as well as adult mannerisms. In addition, parents are then 'expected' to cope with their own feelings of guilt in relation to their child's affected behaviour. The aim of the study was to explore parental coping with childcare post the disclosure of child sexual abuse. This study used a qualitative methodological framework. A group of twelve (12) heterogeneous parents were purposively sampled from Childline case registers. Face-to-face interviews were conducted with the parents, using an interview schedule and a voice recorder. The parents' interviews were transcribed verbatim, translated and verified with the parents. The data was analysed using thematic analysis in order to explore parents' experiences. The findings of the study reveal the participants' emotional responses to the disclosure of child sexual abuse, parental coping post the disclosure of CSA and available resources. These themes highlight the experiences of the parents who care for children post the disclosure of child sexual abuse. The study discusses the needs and challenges of the parents, and offers recommendations regarding provisions that can be made for these parents.

DECLARATION

I declare that the thesis; *Exploring parental coping with childcare after the disclosure of child sexual abuse* is my own work that it has not been submitted for any degree or examination at another University and all the sources that I used or quoted had been acknowledged as complete references.

Abigail Lakey



November 2011

Sign:.....

Acknowledgements

I firstly need to acknowledge God for his undying love and guidance. Without God I would not have been able to encounter so many blessings and successes in my life. My favourite Bible passage is Jeremiah 29 verse 11.” For I know the plans I have for you declares the Lord, plans to prosper you and not harm you, plans to give you hope and a future”.

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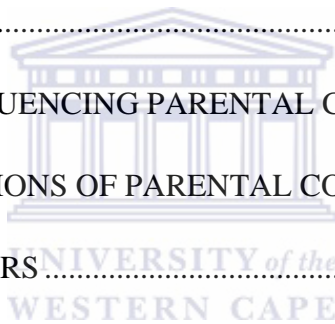
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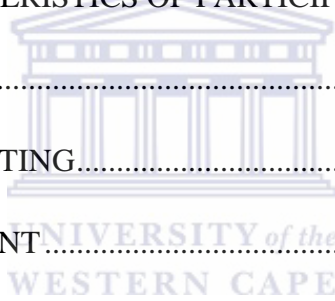
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CHAPTER ONE

CONTEXT OF THE STUDY

1.1 BACKGROUND AND RATIONALE

Child sexual abuse is regarded as a complex life experience that influences every aspect of the survivors' lives (Putnam, 2003:269). The literature on child abuse is extensive and emphasizes the influence it has on the victims and their families (Finkelhor & Browne, 1985:1). Due to the disturbing increase in child sexual abuse, parents are confronted by a surreal reality when they discover that their children are victims of sexual abuse. The parents are then required to deal with a child that presents behaviour challenges and traumagenics that influence every aspect of the child and the parents' lives. In addition, parents are then expected to cope with their own feelings of guilt and self blame in relation to their child's affected behaviour. Parents are further challenged to deal with caring for their child who has been a victim of sexual abuse, and the legal process that follows the disclosure process of child sexual abuse, which may be unknown to them (Muller & Hollely, 2009: 90-123).

Statistics indicate that between 1 April and 31 March 2005, 1 128 children were murdered, and 22 486 children were exposed to sexual abuse (Van Ass, 2008:1). Data from Childline indicate that the Western Cape has the highest number of reported child sexual abuse cases. Between 5 000 and 6 000 cases of child rape are reported each year. The majority of cases reported are of children under the age of thirteen years. Further data collected at a children's hospital in the Western Cape shows that 7 000 children, who

were under the age of twelve had been admitted with injuries that relate to sexual assault (Van Niekerk, 2003:11; Dawes, Long, Alexander & Ward 2006:3-4). Research has indicated a constant and alarming increase in the number of children that are survivors of child sexual abuse. This increase indicates that more parents are affected by child sexual abuse and forced to deal with care of children who are survivors of child sexual abuse. The increase in child sexual abuse indicates that more parents, families and caregivers are affected by child sexual abuse. The increase further warrants a need to explore the parental coping with childcare after the disclosure of child sexual abuse.

In 2007, I joined the South African Police Service as a social worker stationed at the Delft Family Violence, Child Abuse and Sexual Offence Unit. The core function of a social worker is to investigate sexual offences committed with children. In dealing with these cases I realized that parents are performing a crucial role when child sexual abuse is disclosed. Consequently, the question arose as to 'How do parents cope when they discover that their children may be victims of child sexual abuse?' It is accepted that child sexual abuse has varied in terms of internal, external and behavioural consequences for the victims and their parents (Kouyoumdjian, Perry & Hansen, 2009:41). The South African legal system is designed to safeguard the child, to ensure that children's rights are enforced to create a legal system that is child friendly. Although the changes within the legal system and support services are evident, the parents who are the crucial role players are excluded (Patton, 1991: 46). In the majority of cases, parents are the persons who report the case of sexual abuse to the police. The parents accompany the child to the medical assessment, sit in while the child gives a statement to the police officer, accompany the child to court, and provide collateral information to the social worker who

is investigating the case. Furthermore, the parents have to accompany the child to attend consultation sessions with the state prosecutor, court preparation sessions and later counselling sessions. In many cases parents are expected to support the child when the crime scene is visited. This process in itself is traumatic not only for the child, but the adults who are also exposed to this secondary trauma (Muller & Hollely, 2009: 261). The disclosure of child sexual abuse is the start of a process that influences the child's and the parents' ability to cope with both internal and external trauma (Van Niekerk, 2003: 11). The role of the parent is evident from the initial disclosure process and continues after the case is concluded. The parents' role is thus a crucial aspect that determines the well-being of the child in the process of disclosure. Furthermore, how parents cope with caring for their children post disclosure could influence the recovery of the child after sexual abuse has been disclosed. Research indicates that an over reactive response or a lack of parental response may cause a child to recant or deny the sexual abuse. The child's recanting or denial of sexual abuse may further endanger the child and the investigation that was initiated following the child's disclosure of sexual abuse. Denial and recanting also influence the parents' ability to care for the child. The parents do not know or understand what may have led to the behavioural changes that their child may present (Spies, 2006:45, Doyle, 1994; 141-143, Finkelhor & Brown, 1985:75, Davies, 1995; 399 as cited in Muller & Hollely, 2009: 144). Exploring parental experiences may assist parents to understand the disclosure of child sexual abuse and coping with child care. Thus, the purpose of this study was to explore parental experiences of coping with child care after a child has disclosed sexual abuse.

1.2 THEORETICAL FRAMEWORK

This study used the family resilience theory in order to understand how parents cope after a child has disclosed sexual abuse. Research has shown that the parental experience of child sexual abuse (CSA) is influenced by family resilience (Walsh, 2002:131). Family resilience refers to the family's capacity to withstand and rebound after a crisis. Furthermore, it is defined as building on those developments that strengthen family capacity to master adversity (Silberberg, 2001:55).

The family resilience approach encourages an ecological analysis and a developmental perspective to analyse the family system. An ecological analysis acknowledges the influence of socio-cultural aspects, as well as the multi-generational life cycle that the family unit passes through (Walsh 2002: 131). Family resilience encompasses the family systems theory and the strength-based approach. This approach is influenced by internal and external (environmental) factors that are present while the parents are dealing with CSA. The internal factors are methods with which CSA are approached, adult or parental caring, familial relationships and parental educational levels. The external factors that influence family resilience are poverty, access to appropriate resources and parental expectations as to how a child should respond to CSA. Family resilience is not only evident by means of the family coping with the internal and external factors but it is evident in the child's ability to deal with CSA (Lazarus, 2004: 40).

Family resilience is transferred to the child by means of effective parenting (Muller & Hollely, 2009: 113; Lazarus, 2004: 19). This transfer of resilience increases the child's capacity to overcome CSA. Family resilience further ensures that children who disclose

CSA are believed (Spies 2006: 52), receive the necessary support services (Van Niekerk, 2003: 13), are protected and have a good prognosis for dealing with the adversity (Spies, 2006: 113). The absence of family resilience may result in traumatic sexualisation, recanting or denial of disclosure and may ultimately result in failing to protect the vulnerable victim of CSA (Muller & Hollely, 2009: 100-110).

Research done with the Australian Family Strengths Template found eight qualities that are indicative of family resilience. These qualities are communication, togetherness, sharing activities, affection, support, acceptance, commitment (Silberberg, 2001: 54). These qualities are further enhanced by the evidence of family resilience in all family structures. It is an inherent property that needs to be acknowledged, nurtured and mobilized (Silberberg, 2001:55). Family resilience not only emphasises the strength of the family as a unit but focuses on the pressure that trauma has on all the members within the family (Walsh, 2002:134). Family stressors and trauma leave the members vulnerable to mental, health and social risk factors (Walsh 2002: 132). In this study, family resilience will form the basis with which to explore parental coping with child care after the disclosure of CSA. This will provide insight, as to how parents cope and understand the trauma of a child's disclosure of sexual abuse. Thus, further insight could be gained of how parents are resilient in the face of this type of trauma.

1.3 RESEARCH PROBLEM

The sexual abuse of young children is a very disturbing reality and children from every class, culture, race, religion and gender are exposed to acts of CSA (Spies, 2006: 45). Research indicates that there is a direct link between the parental experience of CSA, and

the recovery of the child after CSA was disclosed (Kouyoumdjian, Perry & Hansen, 2009: 1). Following the disclosure of CSA, children's recovery is greatly enhanced when the parents believe their child/children when they disclose CSA (Spies, 2006: 52; Doyle, 1994: 141-143; Finkelhor & Browne, 1985: 75). Further research has indicated that an unsupportive or an over reactive parental response results in greater trauma (Spies, 2006:52). Research has indicated that a parent's experience of CSA is influenced by a variety of social aspects (Patton 1991:46). The crucial role of the parents when CSA is disclosed is thus acknowledged. Hence, we need to understand how parents cope with child care after CSA has been disclosed in order to assist children recover from the trauma of CSA. Thus this study explored parental coping after CSA was disclosed.

1.4 RESEARCH QUESTIONS

The research question for this study was:

How do parents cope with child care after disclosure of CSA?

1.5 AIMS AND OBJECTIVES OF THE STUDY

The aim of the study was to explore parental coping with child care after the child disclosed sexual abuse.

The objectives of the study were to:

- Explore parental coping with child care after children disclose CSA;
- Understand parental feelings, thoughts and experiences during the process of child care after CSA disclosure.

1.6 RESEARCH METHODOLOGY

A qualitative methodological framework was utilized for this research study. The qualitative method attempts to provide an in-depth understanding of what people experience (Louw & Louw, 2007:31). The primary goal of this study was to understand and describe what people thought, experienced or felt. The process of understanding and describing the information provided by the parents was the primary goal of the study. The information provided by the parents was interpreted and understood in its specific context (Babbie & Mouton, 2008:270). Within a qualitative methodological framework, a narrative approach was used to conduct the study. A narrative approach “uses multiple forms of data to build the in-depth case or the storied experiences” (Creswell, 2007:143). Furthermore, a narrative approach refers to the study of an individual who is accessible and willing to provide information about a specific phenomenon (Creswell, 2007:119). The narrative approach has a variety of forms. In this study, structured in-depth interview was used to afford the parents the opportunity to share their individual and personal reflections of how they experienced care of a child post the disclosure of CSA. The parents’ experience portrayed their feelings, thoughts and experience while caring for a child who disclosed CSA (Creswell, 2007: 56).

1.7 DEFINITIONS OF TERMS

Child sexual abuse (CSA)

Child sexual abuse is a sexual act imposed on a child who lacks the emotional, maturational and cognitive development (Richter, Dawes & Higson-Smith, 2004:17)

Parent

A parent refers to the parental responsibilities a person may have in respect of a child

(Children's Act 38 of 2005).

Middle childhood

Middle childhood describes the developmental stage of a child who is between the age of seven to eleven years (Muller & Hollely, 2009: 157-158).

Family resilience

A family resilience approach builds on these developments to strengthen family capacity to master adversity (Walsh, 2002:130).

Child sexual abuse disclosure

Child sexual abuse disclosure is defined as a child's statement or demonstration that included an alleged offender, victim and sexual act (De Voe & Faller, 1999: 218).

Narrative approach

A narrative approach has a specific focus on the stories told by individuals, it emphasizes the experiences lived and told by individuals (Creswell, 2007:54).

Trauma

Trauma is defined as a sudden horrifying and unexpected experience that overwhelms the individual's ability to cope (Lewis 1999:5 as quoted by Muller & Hollely, 2009:92)

Child care

Care in relation to a child includes a suitable place to live, living conditions that are conducive to the child's well-being and development and the necessary financial support (Children's Act No 38 of 2005:18).

Coping

Coping has multiple functions, including but not limited to the regulation of distress and the management of problems causing the distress. (Lazarus, 2004: 234-247)

1.8 OUTLINE OF THE STUDY

Chapter one has briefly focused on the introduction, purpose, theoretical framework, problem statement, research question, aims of the study, the objectives and the research methodology of the study.

Chapter two focuses on the conceptual framework with reference to the application of the family resilience theory. Furthermore it describes the disclosure of CSA; the traumagenics children experience post the disclosure of CSA, as well as parental coping with CSA and finally influences of CSA on child care.

Chapter three describes the research methodology, research design, and information pertaining to the participants, data collecting tools, data collection, data analysis, trustworthiness, self reflexivity and, in closing, the ethical considerations.

Chapter four is a discussion of the research findings that describe the participants' coping with child care post the disclosure of CSA. The chapter starts with an introduction that highlights common characteristics of the participants. This is followed by the discussion of four crucial themes. The themes were the participants' response to the disclosure of CSA, behavioural changes post the disclosure of CSA and the influence of resources on parental coping.

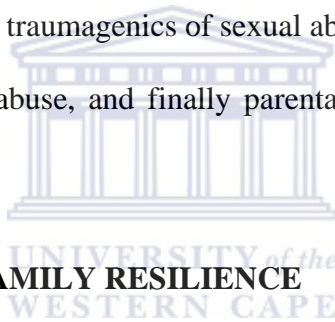
Chapter five concludes the study and offers recommendations to assist parents whose children have disclosed child sexual abuse.

CHAPTER TWO

CONCEPTUAL FRAMEWORK

2.1 INTRODUCTION

The study seeks to explore the experiences of the parents who care for children who disclosed child sexual abuse and the influence this disclosure of child sexual abuse had on their lives. This chapter commences with the theoretical framework which is family resilience. The chapter further encompasses the disclosure of child sexual abuse, with reference to child sexual abuse, traumagenics of sexual abuse and significantly the care of a child who disclosed sexual abuse, and finally parental coping post the disclosure of child sexual abuse.



2.2 THE THEORY OF FAMILY RESILIENCE

2.2.1 DEFINITION OF RESILIENCE

This study applied the family resilience theory in order to understand how parents cope with the care of a child who has disclosed CSA. On a daily basis people are faced with adverse difficulties and challenges posed by CSA. Over the years social science practitioners have become increasingly interested in people's ability to deal with the challenges they so often face, such as when their child or children have been sexually abused. Associated with this is the parents' ability to cope with childcare post the disclosure of CSA. The interest in the parental ability to cope with the care of a child who disclosed sexual abuse, has led researchers to explore the reasons for maladjustment,

psychopathology and the opposite to child sexual abuse which may be resilience (Lazarus, 2004:2).

In order to understand the unclear underpinning of resilience theory, one should first understand its definition. Various researchers have offered definitions for resilience. The *first* definition refers to resilience as what makes a family to work through a crisis (Silberberg, 2001:52). The *second* definition states that “resilience is the ability to withstand and rebound from adversity (Walsh, 2002:130). The *third* definition presents resilience as the ability to bounce back from, or adjust effectively to, risky life factors, for example divorce, maltreatment, drug abuse and poverty (Louw & Louw, 2007:381). The *fourth* and final definition of resilience is a focus point of positive psychology, which promotes the optimal functioning and well-being of the individual and research the strengths, virtues and skills that enable the individual to thrive irrespective of the adversity they may face (Muller & Hollely, 2009:113).

The definitions of resilience appear to clarify resilience, but omit a very pertinent life aspect such as the influence of culture, belief systems, and stages of life and the different expression of resilience (Morales, 2007:3). Conversely a more inclusive and descriptive definition is provided by (Morales, 2007:3). They define resilience as never absolute, total, or established once and for all; it may change according to circumstances, the nature of the traumas, the context in which it is experienced and the life stages the persons find themselves in. Furthermore resilience can be expressed in different ways and according to the different cultures (Morales, 2007:3). The expression of resilience is promoted as a personal strength that is transferred from the individual to the family (Walsh, 2002:130, Walker, Andries & Kinzig 2006:1, Morales 2007:4; Morales, 2007:4, Silberberg,

2001:52). The transference of resilience is indicative of this research study, concluding that parents transfer resilience to their children and that parental care of a sexually abused child is advanced by the resilient family.

2.2.2 FAMILY RESILIENCE

Family resilience refers to the family's capacity to withstand and rebound after a crisis and adversity (Silberberg, 2001:55). Family resilience is evident in all family structures, and is an inherent property that needs to be acknowledged, nurtured and mobilized (Silberberg 2001: 55). Family stressors and trauma affect every member of the family leaving the members vulnerable to mental, health and social risk factors (Walsh, 2002: 132). Family resilience not only emphasises the strength of the family as a unit but focuses on the pressure that trauma has on all the members within the family (Walsh, 2002: 134). Family resilience is found and strengthened in family relational networks such as extra familial resources. The Family Resilience Framework proposes that instead of seeing the troubled family as damaged and beyond repair, they should be seen as challenged. These families must be shown respect and compassion. The emphasis must be on the families' reparative potential, self- determination, family values, structure, resources, life and challenges (Walsh, 2002:132).

The family resilience approach encourages a developmental perspective to analyse the family system. An ecological analysis acknowledges the influence of socio-cultural aspects, as well as the multi-generational life cycle that the family unit passes through (Walsh 2002: 131). The family resilience framework encompasses the family systems theory and the strength-based approach. The family systems theory views the family as

an open system that functions in relation to its broader socio-cultural context and evolves over the multi-generational life cycle (Walsh 2002:131 as stated by Carter & McGoldrick, 1998). In overview of the Family Resilience Framework presented by Walsh, (2002: 130-137) he questioned the relevance of family resilience within a changing world where the term family is no longer regarded as inclusive.

Resilience has different factors that contribute to the capacity for resilience. These factors are individual, sociological and familial. In this research study the focus is on familial factors, as a means of coping with CSA. The family irrespective of kinship is regarded as the first social group a child belongs too. The family as a social group provides emotional attachment and familial cohesion that is crucial for the development of resilience. Research has indicated that resilience is imparted from parent to child by means of protective and positive parental behaviour (Morales, 2007:3-6; Seibert, 2004:3).

Various research studies indicate the prevalence of resilience within the family. In the first study 310 boys between the ages of 15 and 12 years were observed with the intention of evaluating the influence of parent-child relationships and a positive conjugal relationship on children's level of resilience. The study found that the quality of the relationship between the parents and the child and the quality of the conjugal relationship creates a warm emotional climate within the family. A positive conjugal relationship is regarded as important for the development of resilience within a growing child (Morales, 2007:6). The second research study was done by Australian Family Action Centre. It was a qualitative research study with a thematic analysis. The study extracted recurring themes from families' stories, which described the strengths, the challenges and the coping strategies from strong families. The participants in the study were single parent

families and blended families. The study identified eight qualities of resilience that were evident in these families. The qualities were as follows: communication, togetherness, sharing activities, affection, support, acceptance and commitment. These qualities form the basis of the study in understanding parental coping after the disclosure of sexual abuse. These qualities enhance the survivor of CSA's ability to cope and deal with the challenges they face. The post traumatic symptoms are less intense and dealt with more effectively, when the parents impart resilience to their children (Silberberg, 2001:52-53; Walsh, 1996:261).

The advantage of acknowledging family resilience instead of focusing on seeing the family as being troubled, encourages the belief that the family do not bounce back unscathed, but rather work through and learn from adversity and attempt to integrate the experience into their lives (Walsh, 2002: 130-133). Another factor is the supportive family structure. Outside of the family unit resilience is fostered through community support. Community support is provided by religious leaders, peers, neighbours and teachers. Family resilience is further enhanced by support programs that help the victims to share their experiences and build on the resilience of other survivors (Muller & Hollely, 2009:115-116).

Family resilience is further influenced by internal and external environmental factors. These environmental factors are often evident or present while the family or parents are dealing with CSA. The internal factors are methods with which CSA is approached, adult or parental caring, familial relationships and parental educational levels. The external factors that influence family resilience are poverty, access to appropriate resources and parental expectations as to how a child should respond to CSA (Lazarus, 2004: 40).

Family resilience is not only evident by means of the family coping with the internal and external factors, but it is evident in the child's ability to deal with CSA. Family resilience is transferred to the child by means of effective parenting (Muller & Hollely, 2009: 113; Lazarus, 2004: 19). This transfer of resilience increases the child's capacity to overcome CSA. Family resilience further ensures that children who disclose CSA are believed (Spies, 2006: 52), receive the necessary support services (Van Niekerk, 2003: 13), are protected and have a good prognosis for dealing with the adversity of CSA (Spies, 2006: 113).

The absence of family resilience may result in traumatic sexualisation, recanting or denial of disclosure and may ultimately result in failing to protect the vulnerable victim of CSA. Furthermore the absence of resilience may result in long-term psychological, emotional and social difficulties for the child and family. Research has indicated that the absence of resilience in the family and the child may result in an intense sense of powerlessness, betrayal, fear and stigmatization. These factors are not only evident in the child who disclosed CSA, but are also evident in the parents. Research has further indicated that the absence of these factors often results in parents withdrawing the cases and children not receiving the necessary services which are crucial for their recovery (Muller & Hollely, 2009: 100-110).

2.2.3 TRANSFER OF RESILIENCE FROM PARENT TO CHILD

If the presence of resilience is accepted then the question needs to be asked, how is resilience fostered and transferred to the child? Resilience is believed to be fostered and transferred by means of parental involvement in children's education, socio-economic

advantages, faith and religious affiliations, stable and supportive home environment, positive family climate, and close relationship with parents, positive parenting style, good sibling relationships and a supportive connection with extended family members (Louw & Louw, 2007:381).

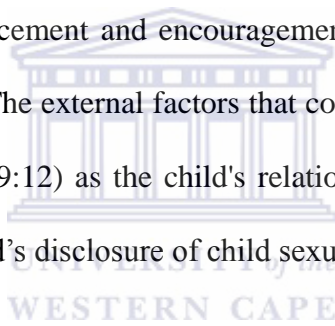
2.2.4 POLICIES AND FAMILY RESILIENCE

The intense attention given to the sustainability of families and the importance of fostering resilience in children have led an increase in the development of prevention and intervention programs in many communities and families (Lazarus, 2004:16). The South African National Policy for Families (2004:6) regards the family as central to healthy communities. The family is also regarded as integral to the well-being of the individual, as the families provide nurturing, support and opportunity for growth and the development of children (SANPF 2004:6). The South African government has committed itself to ensure the preservation of the family and the reunification of family members, when appropriate (Lazarus, 2004:30). The importance of the family and specifically the parental role in promoting and sustaining resilience within the family is thus acknowledged and guided by policies.

2.2.5 INDIVIDUAL RESILIENCE

Resilience, as stated earlier, is not only evident in the family but also in the individual. Individual resilience was recognized in children who are victims of CSA. Research argued that the development of resilience is due to a combination of internal and environmental factors (Muller & Hollely, 2009:114; Lewis, 1999:10-110). Resilience in children can be identified by the following internal indicators. The most outstanding

feature of resilience is the child's temperament; children who are endearing, easy going, have well developed social skills, are good natured and warm hearted to others tend to be less at risk from long-term effects of trauma. These characteristics were found in children who managed to overcome the adversity of CSA. Furthermore a positive temperament is the result of positive response from a caring adult and the quality of care given after a traumatic event. The following internal factors were identified: intelligence, school achievements, positive problem solving skills, the ability to find escape routes and sources of help. Resilience is further evident in children who are self-confident, who have a positive self-image. These children are able to gain control of the traumatic experience by mastery, reinforcement and encouragement (Lewis, 1999:11 as stated by Muller & Hollely, 2009:115). The external factors that contribute to resilience in children were identified by Lewis (1999:12) as the child's relationship with his and the primary caregiver's response to the child's disclosure of child sexual abuse.



Furthermore resilience is questioned as an individual's personal trait that is inborn. Another question was if resilience is transferred from parent to child. How is resilience then evident in children who were cared for by parents who maltreated them or parents who were mentally ill? Research has answered these questions. In order to understand resilience, resilience needs to be viewed as interplay of risk and protective processes. The interplay of risk and protective processes involves individual, family and larger socio-cultural influences (Lazarus, 2004:30). Although research indicated the significance of resilience in dealing with child care, the question still arises, is resilience evident in the individual or the family as a unit? If resilience is evident within the family, and contributes positively to child care post the disclosure of child sexual abuse, then

family resilience appears to warrant the value placed on it by this study. The influence and presence of family resilience can only emerge if we discuss child sexual abuse and disclosure.

2.3 DEFINING CHILD SEXUAL ABUSE

The literature pertaining to CSA is extensive and emphasizes the influence it has on the victims and their families (Finkelhor & Brown, 1985:1). The attempt to define CSA is difficult as there is no universal definition that is accepted globally, although the term is commonly used. The reason for this difficulty is that the term is influenced by people's culture, values, beliefs and society at large. A common facet used by various researchers is the sexual use of a child by an adult, for his or her own sexual gratification, without concern for the child's psychosexual development. Child sexual abuse may be described as a sexual act imposed on a child who lacks the emotional, maturational and cognitive development to voluntarily consent to intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography and the use of a child for prostitution or pornography (Putnam, 2003:269, Spies, 2006:45, Richter, Dawes & Higson-Smith, 2004).

The identified categories that are present when child sexual abuse is defined are "social harmfulness, incidental sexual contact, and ideological sexual contact, psychotic intrusion, and rustic environment, true endogamous incest, misogynous incest, imperious incest, paedophilic incest, child rape and perverse incest". Furthermore, researchers identified three types of sexual abuse; these types are no touching, touching and violent

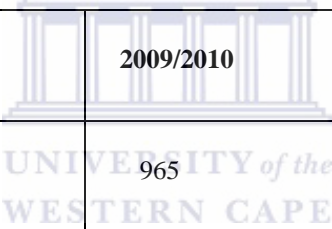
touching (Mrazek & Kempe, 1989:12). The clarification of the term child sexual abuse warrants the discussion of child sexual abuse disclosure. The two concepts are interrelated.

Child sexual abuse disclosure can be described as a child's statement or demonstration that included an alleged offender, victim and sexual act (Putnam 2003:269, Spies 2006:45, Richter, Dawes & Higson-Smith, 2004; De Voe & Faller 1999: 218). The statement refers to a verbal announcement and demonstration to behavioural manifestations such as clinging, regression, anxious, exaggerated interest in sex or aggression, and irritable behaviour (Muller & Hollely, 2009:143). Child sexual abuse disclosure is regarded as a process and not a single incident (Muller & Hollely, 2009:137; Goodman, Ghetti, Quasi, Edelstein, Alexander, Redlich, Cordon & Jones, 2003:113; Spies, 2006:211 & Collins, 2006:33). Child sexual abuse disclosure has in recent years become a much debated topic within social sciences as well as the legal profession. A major concern is that child sexual abuse disclosure is affected by outdated and unfounded assumptions, legal and popular understanding of how a child should disclose child sexual abuse (Collins, 2006:33; De Voe, 1999:217; Muller & Hollely, 2009:137; Spies, 2006:211; Mrazek & Kempe, 1989:129). The unfounded assumptions are that disclosure in child sexual abuse is normative; that child sexual abuse victims disclose without delay and that the disclosure of child sexual abuse is purposeful. The unfounded assumptions are challenged by a literature review of Collins (2006) that indicates that non-abuse disclosure is the norm with only a minority of child sexual abuse cases reported to the authorities. The majority of child sexual abuse disclosures take place more than a year after the abuse has occurred and a purposeful disclosure is the exception rather than the

norm (De Voe, 1999:218).

2.4 RESEARCH INDICATORS OF CHILD SEXUAL ABUSE

Research has indicated that the disclosure of CSA is not fully accounted for as all cases are not reported to the police or a central register. The statistics that are available will however be discussed. Statistics indicate that between 1 April and 31 March 2005 22 486 children were exposed to sexual abuse. The South African Police Force has provided the following data in a recent national crime report. The data pertains to crimes committed against children. The report indicates a marked increase in crimes committed against children during 2008 and 2010.



Crime category	2008/2009	2009/2010
Murder	843	965
Attempted murder	782	1113
Sexual offences	20141	27 417
Common assault	14544	14982
Assault GBH	12422	12062
Total	48732	56539

Research pertaining to violent crimes committed against children in the Western Cape is,

however, regarded as uneven. The most conclusive data is provided by the Children's Courts (Dawes, Long, Alexander & Ward, 2006:4). The reason for this is that the Children's Court findings are conclusive while other data provided by the police and Childline was found to be inconclusive (Dawes, et al 2006:4). The reasons for scanty data in the Western Cape and South Africa in general may be due to under-reporting, perpetrators' relationship with the family of the victim, the family or the victim may not have confidential access to the police services (particularly in rural areas), victims or their families may lack confidence in the justice system and victims and their families fear secondary traumatization as well as victimization (Dawes et al, 2006:15). Furthermore the reporting of child sexual abuse cases is influenced by systemic reporting and lack of a centralized register (Dawes & Mushwana, in press; 2000 as stated by Dawes et al 2006:16). Although the data is inconclusive, the crimes against children are still increasing at an alarming rate and it is having a crippling effect on all those affected by its devastation. The devastation is evident in the traumagenics of CSA.

2.5 TRAUMAGENICS OF CHILD SEXUAL ABUSE

Although it is accepted that sexual abuse has varied effects on the survivors and their families, it is crucial to this study that the effects of child sexual abuse are explored (Putnam, 2003; 269). Research in child sexual abuse has identified symptomologies that are evident in the lives of the victims of child sexual abuse. The need to categorize these symptoms was addressed by researchers developing a systematic model called traumagenics (Muller & Hollely, 2009:101). This model is solely based on the symptoms related to child sexual abuse and can be distinguished from other forms of childhood trauma.

The aspects that distinguish it from other forms of childhood trauma are the co-existence of the dynamics of this trauma and the dynamics of this trauma alter a child victim's cognitive and world emotional orientation to the world (Finkelhor & Browne, 1985:1). The trauma distorts the child's concept of self, the child's world view and the ability to show emotions (Muller & Hollely, 2009:101). It is imperative that the traumagenics of CSA be discussed as it describes what parents of CSA survivors have to deal with while caring for a child who disclosed CSA. Traumagenics are divided into four dynamics: firstly traumatic sexualisation, secondly betrayal, thirdly powerlessness and finally stigmatization (Muller & Hollely, 2009:101-112; Spies, 2006:151-152, Doyle, 1994:114-135; Finkelhor & Browne, 1985:1).

2.5.1 TRAUMATIC SEXUALIZATION

Traumatic sexualisation refers to a process in which a child victim's sexuality and sexual attitudes (child sexuality refers to sexual feeling and sexual attitudes) are shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse (Muller & Hollely, 2009:101-112; Spies, 2006:151-152, Doyle, 1994:114-135; Finkelhor & Browne, 1985:1).

Traumatic sexualisation occurs when a child is repeatedly used for sexual behaviour inappropriate to her level of development, or sexual behaviour is conducted in exchange for affection, attention, privileges and gifts. The child learns to use sexual behaviour to manipulate others in order for the child to satisfy developmentally inappropriate needs. Certain parts of the child's body are given distorted importance and meaning, when the offender transmits misconception and confusions about sexual behaviour and sexual

morality to the child, and when very frightening memories and events become associated in the child's mind with sexual activity (Muller & Hollely, 2009: 102; Finkelhor & Browne, 1985:1).

Traumatic sexualisation is affected by the sexual response that the offender evokes in the child. The trauma is more intense when the child is just used by the offender to masturbate. Traumatic sexualisation is further educed if the child is enticed to participate. The trauma is greater when the offender uses brute force. Another aspect that contributes to the traumatic sexualisation is the child's understanding of the offender's behaviour (Muller & Hollely, 2009: 102; Finkelhor & Browne, 1985:1).

Traumatic sexualisation may lead to sexual preoccupation and repetitive sexual behaviour. Another well documented and researched effect is the influence it has on the adult victims of child sexual abuse (Goodman et al, 2003:113). Victims of child sexual abuse are often confronted with issues pertaining to their sexuality or sexual identity. The victim may associate sex or sexual activity with negative connotation (Muller & Hollely, 2009:104).

2.5.2 BETRAYAL OF TRUST

Betrayal refers to the victim of child sexual abuse discovering that the person they know and may have depended on has caused them harm (Finkelhor & Browne, 1985:1). The realization of betrayal is twofold; the victim may realize the offender has manipulated them through lies and manipulation. Furthermore the offender may be a trusted person they loved. The feeling of betrayal may be extended to the family members who they may have expected to protect them (Muller & Hollely, 2009:104).

Betrayal is affected by the perpetrator's relationship with the child. Betrayal is more intense if the offender is known to the victim or is a trusted friend or family member. Betrayal is further influenced by the level of victimization experienced by the child. The victim's level of betrayal is also influenced by the person's response when the child discloses (Muller & Hollely, 2009:105). The child's reactions of betrayal were identified by Finkelhor and Browne (1985: 69-70). The reactions are as follows: feelings of disillusionment and disenchantment, an intense need to regain trust and security by expressing extreme dependency and clingy behaviour. Furthermore, the victim's judgment is often impaired. Research has shown that female victims become victim to similar abuse in later relationships and often fail to recognize when their partner becomes abusive to their children (Goodman et. al, 2003:3). Betrayal may be characterized by hostility, anger and an intense feeling of mistrust, which may influence the person's mental health, sexual functioning and relationships later in life. Aggressive behaviour may be evident as the person attempts to protect and assert the self. A sense of betrayal and bereavement is evident with the mothers of children who were abused. Mothers may react with disbelief (Rivera-ISO-SAC 2011).

2.5.3 POWERLESSNESS OR DISEMPOWERMENT

Powerlessness is described as the process in which the child will desire a sense of efficacy, but this desire is continually contravened. The child victim's territory and body space are repeatedly invaded without the child's consent. The incursion is aggravated by coercion and manipulation. Powerlessness is influenced by feelings of fear; the child may regard the abuser's authority as absolute. The abuse may be followed by force or a threat of serious harm to the child. Disbelief and entrapment is the child's realization that

the consequences of disclosure may be harmful to the family and may influence the child's chances of remaining in the family. The effects of powerlessness may permeate most areas of the child's functioning. The sense of fear and anxiety is due to the child's inability to control the abusive events. The child may respond with behavioural symptoms such as nightmares, phobias, hyper-vigilance and somatic complaints (Muller & Hollely, 2009:108). The sense of powerlessness is manifest by parents or caregivers who report cases, most of them feeling powerless in relation to the system they are reporting to, powerless when confronted by poor services, being criticized and faced with the insensitivity of the authorities (Plummer & Eastin, 2010:1). Furthermore parents and caregivers are confronted with the fear of separation; fear that their children may be removed from their care (Rivera-ISO-SAC 2010).

2.5.4 STIGMATIZATION OF SEXUAL ABUSE

Stigmatization refers to the negative connotations such as badness, shame and guilt that are communicated to the child during the abusive experiences (Finkelhor & Browne, 1985:4). Stigmatization is further influenced by the attitude of the person to whom the child discloses families' and the community's reaction to the child post disclosure. Stigmatization is influenced by the following factors; the child is manipulated into believing that they are responsible for the abuse, keeping the secret of the abuse intensifies the stigma (Finkelhor & Browne, 1985:3), the influence of social attitudes; people are more sensitive to the dynamics of child abuse but the level of sensitivity is still influenced by religious and cultural taboos as well as children, being aware that they are not the only victims of abuse, may feel less stigmatized (Muller & Hollely, 2009:11). Research has indicated that stigmatization may have the following effect on the child; the

child may feel isolated and may turn to drugs, alcohol, criminal activity and prostitution, the child may develop self-destructive behaviour and suicidal tendencies. Feelings of guilt and shame may be evident or the negative attitude of others may result in the child presenting with a distorted self-image and a low self-esteem (Finkelhor & Browne, 1985:3-4). These symptoms are not only evident with the children but also their parents. Research indicated that stigmatization is manifested with the parents as well. Mother's report feelings of self blame, the authorities often imply that they should have known about the abuse, in addition their parenting ability is questioned by the authorities and family members (McGuffey, 2005:620)

The four previously discussed traumagenics are an organized framework that is useful to categorize and understand the effect of child sexual abuse. They may be regarded as the main sources of trauma in child sexual abuse cases (Finkelhor & Browne, 1985:3; Spies, 2006:152; Muller & Hollely, 2009:113). Literature has however indicated that similar symptoms of trauma are experienced by the parents who care for these children post the disclosure of CSA (McGuffey, 2005:620, Plummer & Eastin, 2010:1).

2.6 RISK FACTORS

The public outcry to child sexual abuse has highlighted many limitations with the resources that are provided to the families and children who are victims of abuse. These limitations may be regarded as risk factors. These risk factors are defined as “determinants that increase the possibility of an event or circumstance having a negative effect on children are called risk factors”. The following risk factors were identified; divorce, step-families, single parent families, child headed households, homosexual

families, street children, maltreatment, poverty, substance abuse, AIDS, suicide, violence, death and bereavement. These risk factors compromise the safety of the children and compromise their vulnerability (Louw & Louw, 2007:351-377).

2.7 PARENTAL CARE

Research indicates that the impacts of CSA are experienced by parents even before the children disclose. Parents are expected to deal with behaviour that is unknown to them. In addition to this unfamiliar experience that parents need to deal with, they are further confronted with socio-economic, community and societal pressures, over which they have no control (Van Niekerk, 2003: 11-16). A valid illustration that depicts the volatile position parents find themselves in post the disclosure process is provided by Pelletier and Handy (Davies 1995:339 as quoted by Muller & Hollely, 2009:142). The illustration is as follows: in many cases the parents may be more concerned with self-protection and protection of the family unit than with the psychological well-being of the child (Muller & Hollely, 2009:142). This illustration indicates that the parents are not only confronted with the care and interest of the survivor of CSA, but also with the care and interest of the family unit (Muller & Hollely, 2009:141). In addition to the protection of the child and the family unit, parents in South African societies are forced to contend with many other social concerns. These social concerns are poverty, a lack of resources, inadequate service provider, gangsterism, unemployment, high violent crime levels, substance abuse and a lack of community or societal support (Dawes, 2006:10). Parental care is further challenged by CSA survivors, as the CSA survivor may present physical signs and symptoms as well as behavioural symptoms. Physical symptoms may include pregnancy, contracting a sexually transmitted disease and contracting a urinary tract infection.

Behavioural symptoms may include sexualized play, over- sexualized behaviour towards adults, running away, isolating oneself from peers, display of hostility, fear of adults or being naked among peers, becoming badly behaved and achievements at nursery/school deteriorating, killing or harming family pets, sleeping patterns being disturbed, eating habits deteriorating, telling lies, psychosomatic symptoms as well as persistent masturbation (Doyle 1994: 122-131). These behavioural and physical changes may further compromise parental care offered to CSA survivors.

A longitudinal study of 156 sexually abused children, done by Sauzier (1989:467) as stated by (Muller & Hollely, 2009:141) researched the person to whom children disclosed to. The average age of the children in the study was 10 years. The study found that fifty five percent of the children had disclosed to their mothers and most of the abuse was intra familial. These children were referred for treatment. 115 of these children were re-evaluated to determine their post disclosure adjustment. The study concluded that twenty four percent of the children showed deterioration in mental health and self-esteem. What was very significant was that this group included most of the children that regretted having disclosed sexual abuse. They regretted disclosing due to the lack of acceptance of the disclosure by the significant others, legal delays and an unsympathetic legal process (Muller & Hollely, 2009:141).

Research has indicated that survivors of CSA disclose to their mothers or caregivers. If research acknowledges the importance of the parents and caregiver to the disclosure of CSA, then the parents' or caregivers' response to the child who discloses CSA must be evaluated.

Two family factors were identified as crucial to parental care post the disclosure of CSA. These two factors are parental reaction to disclosure and parental support post the disclosure of CSA. Both factors have indicated that children's recovery is influenced by how the parents react and respond to the child's disclosure of CSA (Kouyoumdjian, et. al 2009:41). Parental responses to CSA disclosure are however influenced by the parents' opinion of the support they get post the disclosure of CSA. Parents, however, felt that the services rendered to them post the disclosure of CSA were more focused on the child and not the parent. A crucial need for therapeutic services is focusing on the parents' needs, and lived experiences are being omitted (Muller & Hollely, 2009:142).

2.8 CHILD CARE

Child care may be defined as the 'Care in relation to a child'. Care includes a suitable place to live, living conditions that are conducive to the child's well-being and development and the necessary financial support" (Children's Act No 38 of 2005:18). Child care has become a contentious issue. In the last few years the role of parents and the care that children receive have become a much debated concern. Research has indicated that child care cannot be evaluated in isolation. The researcher suggests that child care may be viewed from an ecological approach. This approach sees child care as an interactive model. The interactive model sees child care as being interactive with other factors such as; the care a child receives, the community, the quality of relationships between caregivers and children as well as the cultural scripts for parenting and child care that prevails in society (Dawes, 2006:10). Parental care is seen as an important source for protecting children (Moses 2005 as stated by Dawes, 2004:10). However, recent research has suggested that the family can be a source of abuse and violence to children.

It is believed that most abuse occurs in the child's home and most abuse is perpetrated by a person known to the child (Straus, 2000:10; Townsend & Dawes, 2004:24).

Child care and the parental ability to care for a child who disclosed child sexual abuse are influenced by internal and external factors. The external influences on child care are referred to as social networks. The social networks that influence parental care are relatives' neighbours' negative attitudes, a lack of resources, poor service delivery from prominent resources such as the police and Social Services (Moncrieff, 1979:601). Parental care is further influenced by these factors and is in turn transferred to the child. Resilient parental care is evident if the parents are able to encourage the child to establish and build positive relationships; helping children to make sense of their experiences and to gain some control over their experiences. Children need routine as this provides them with structure. Parents need to remain calm and not over-react. Finally parents need to provide an environment that facilitates self-esteem and self-efficacy (Louw & Louw, 2007:382-383).

2.9 PARENTAL COPING

In this chapter family resilience, traumagenics, child sexual abuse, sexual abuse disclosure and child care were discussed. These aspects are all influential in the parents' ability to cope with CSA. In order to comprehend the influence of parental coping with the care of a child who disclosed CSA, we need to revisit the term parent, child care and coping. In discussing the term parent we need to discuss how this term has changed and the influence it has had on parental responsibility.

2.9.1 PARENTING

The term parent has for decades been forced to contend with the needs of a changing society as well as changing family structures. The term parent has been challenged by gender roles, marriage, single parenting, unwed fathers, divorce and gender equality (Meyer, 2006:125). Parenting and the responsibility awarded to parenting is no longer dependent on biology and legal status in respect of adoption. Legal parenthood without genetic connection or marriage or adoption has become a reality. Researchers are promoting the broadening of the term parent (Meyer, 2006:125). For the purpose of the research study the following South African legal term for parent will be cited “A parent refers to the parental responsibilities a person may have in respect of a child” (Children’s Act 38 of 2005). In terms of the South African Constitution section 28 (b) children have the right to family and parental care and alternatives to these are a last resort.

Although children’s rights are paramount and parents have legal obligations to take care of a child, it needs to be acknowledged that parental coping is influenced by varied circumstances. Research has identified multiple factors and circumstances that parents face (Azar, et al 1998 & Belsky, 1984). These factors are a lack of resources, stress, poverty, marital discord and lack of social support (Gershater-Molko, Lutzker & Wesh, 2003:377). Parents are further confronted with economic and social challenges that they do not have control over. Irrespective of the challenges that parents face they are expected to adhere to the legal obligations of parenting and coping with child care. One of these challenges is coping with the care of a child who disclosed CSA. Researchers have acknowledged that the influence of CSA is so severe on the child, that the CSA victim's immediate and natural resource, the parents, are also influenced by the disclosure

of CSA (Kouyoumdjian, et al 2009: 43). The influence of CSA is noted by Davies (1995:399) as quoted by Muller & Hollely, (2009:142); parents are reported to have a wide variety of responses to CSA. The parents' ability to cope is challenged by their response to CSA disclosure. Their responses range from protectiveness to hostility and possible rejection of the child victim. The levels of distress are influenced by the family's level of functioning and coping skills. Children are more distressed if the family or parents coping are characterized by conflict and low intra-familial cohesion.

2.9.2 FACTORS INFLUENCING PARENTAL COPING

Most parents believe the children when they disclose. However, parents' willingness to believe the child is influenced by various factors, one being the mother's relationship to the offender. If the offender is the mother's boyfriend, husband or spouse the support that the child receives may be compromised (Finkelhor, 1994:63). The mother is then expected to cope with the loss of a partner, income and accommodation. This places the mother and the child at risk of being victimized. The mother or parents are often faced with this reality. Their ability to cope is further compromised by having to deal with the needs of the child who disclosed CSA.

Secondly, research done by Davies (1995:406) indicates that the stressors experienced by parents persist with little change even when interventions were made by helping agencies. This may be attributed to the parents feeling that the service provided by agencies is focused on the child and does not include specialized services to the parents (Muller & Hollely, 2009:143).

Research has further indicated that parents' ability to cope with child care is compromised

by the fact that the mother is found to be the person to whom almost 50% of children disclose. A longitudinal research study was done on 156 sexually abused children. The average age of the children was 10 years. The research study found that fifty five percent of the children disclosed to their mothers (Muller & Hollely, 2009:141). This places pressure on the mother to report the case, to support the child and to cooperate with the authorities or service providers. Another research study evaluated the initial reaction of parents to the trauma of the disclosure of CSA. The study found that 93 parents (63 mothers and 30 fathers) within three months of disclosure were compared to a non-clinical comparison group of 136 parents. The study revealed that, mothers of sexually abused children, in comparison to mothers of non-abused children, experienced greater emotional distress, poorer family functioning, and lowers satisfaction in their parenting role. The research study further found that the fathers of sexually abused children experience a lesser amount of distress than the mothers of sexually abused children. The maternal relationship and the family functioning prior to the disclosure of CSA influence the parental coping post the disclosure of CSA (Manion, Firestone, Lingezińska, Ensom & Wells 1095:1996; Finkelhor, 1994:63).

Research has found that parents experience secondary traumatization following the disclosure of extra-familial child sexual abuse. Research has further found that little controlled research was done about parental initial response to this type of trauma (McIntyre, et al 1996:1095). Research pertaining to secondary traumatization of the disclosure of extra-familial child sexual abuse, examined the initial reaction of parents to this type of trauma. The research study evaluated 93 parents (63 mothers and 30 fathers) within three months of the disclosure of ESA. Parents' functioning was compared to that

of the non-clinical comparison group of 136 parents (74 mothers, 62 fathers). Parent's adjustment was assessed using self-report measures of psychological distress, parent competence, family functioning, life stressors and environmental support. Results revealed that mothers of sexually abused children in comparison to mothers of non-abused children experienced greater overall stress, emotional distress, poorer family functioning and lower satisfaction of their parenting role. Fathers of sexually abused children also experience greater overall emotional distress relative to comparison fathers, but their level of distress remained below that of mothers. Standard and hierarchical multiple regressions on maternal and self-reports revealed that mothers' satisfaction with their parenting role and their perceived level of environmental support predicted their emotional functioning. Abuse related variables did not contribute to the prediction of emotional functioning. These results emphasized the need to expand our focus beyond the child victims to the traumatized families and to normalize the potential for all close family members, who may be vulnerable to experience adjustment difficulties following CSA (McIntyre, et al 1966:1095).

2.9.3 THE IMPLICATIONS OF PARENTAL CONTEXT

Another aspect that influences parental response and coping to CSA is the parents' logistical setting. Parents in rural areas often do not report cases due to a lack of access to resources; families living in poverty are motivated to accept damages from the perpetrator as an alternative solution to the sexual assault on the child. Many caregivers or parents believe that reporting the case will traumatize the child further; parents often believe that when the abuse occurred within the family, or due to the perpetrator being a child, nothing is done about the case. These factors indicated that the parental coping

with the child is further compromised by external factors (Van Niekerk, 2003:12).

2.9.4 SOCIAL FACTORS

Research highlighted the influence of parental responsibility and experience of CSA, but omitted to include the social aspects that persuade the parental response. Parental experience is influenced and determined by uncontrollable social aspects (Kouyoumdjian, et al 2009: 40). These social aspects include the adult expectations of children exposed to CSA. Adults expect the children to present symptoms of trauma. The adult's expectations of how a child will respond to CSA are influential in the sexual abuse label that parents attach to CSA (Kouyoumdjian, et al., 2009:40), parental reaction when CSA is disclosed, if the child is convinced that the parent will not be able to protect them or does not have a strong bond with the child (Spies, 2007:211), parental support in the aftermath of CSA disclosure, socio-economic circumstances of the parents, single parenting (Van Niekerk, 2003:11-13), availability of organizational resources (Van Niekerk, 2003:16), an extensive and prolonged legal process and the developmental stage of the child disclosing CSA (Stevens, Bruce, Proctor, O'Riordan 1984:237).

2.9.5 COPING STRATEGIES

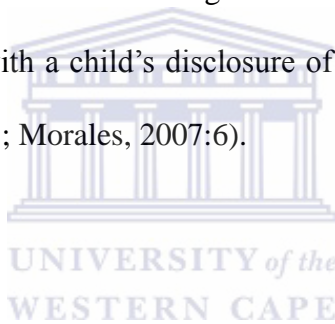
As mentioned previously, the parent's experience and ability to cope with CSA disclosure may be attributed to resilience. Resilience is believed to put active coping strategies into operation. Coping strategies refer to the individual seeking emotional support and making use of cognitive restructuring. Cognitive restructuring implies a change in the understanding of a traumatic event (Morales, 2007: 5). Coping is defined as the ability to overcome adversity and master the ability to cope with future stressors. The parents'

ability to cope with adversity can be transferred to the child as familial knowledge can shield children from the devastating effects of a major life crisis.

Thus, it is crucial that parents transfer their coping skills to their children as it may instill positive outcomes for their children (Lazarus, 2004: 43). A research study done with children attending school in a low income moderately violent neighbourhood, indicated that a child's chance of adaptation to success or failure was positively related to the stability and safety of his or her home. The research concluded that family life may promote or hinder coping in children. Research has further concluded that a family constitutes a non-negligible protection factor against adverse conditions. This study will thus explore parental coping with a child's disclosure of CSA and the possible presence of resilience (Lazarus, 2004: 43; Morales, 2007:6).

2.10 CONCLUSION

The chapter presents an extensive overview of resilience with emphasis on the research theory family resilience. A broad discussion of child abuse is then presented and culminates in the parental coping with the care of child who disclosed CSA. The following chapter will discuss the methodology that was applied to give meaning to the parents' experience of taking care of a child who disclosed CSA.



CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter describes the research methodology that was applied throughout this study. The narrative approach was used to afford the participants the opportunity to share their stories of how they experience the care of a child who disclosed CSA. Story telling was applied as a research method to reach the aims and objectives of this study. The procedures for data collection and analysis are illustrated, after which reflexivity aspects are discussed.

3.2 RESEARCH METHODOLOGY

A qualitative methodological framework was utilized for this research study. Qualitative research takes people's feelings and thoughts into account, furthermore the person is seen as a unique individual (Louw & Louw, 2007:31). Qualitative research is defined as an interpretive, naturalistic approach, which give meaning to people's words (Creswell, 2007:36).

Researchers have identified five characteristics that are evident in qualitative research. These characteristics are, firstly that the information is obtained from people's words. Secondly the research process is subjective. Thirdly a small amount of participants are used, with emphasis on individual thoughts and emotions. Fourthly the data gathering is less structured; often interviews or observations are used. Fifthly results are usually not

generalisable. Furthermore qualitative research does not make use of a controlled environment. The focus is on description and interpretation of behaviour (Louw & Louw, 2007:32).

An added seven key features of a qualitative research were acknowledged by Babbie and Mouton. These features are as follows: research is conducted in a natural setting, the qualitative research focus is on the process rather than the outcome, the participant's perspective is crucial to the study. Furthermore the primary focus is on in-depth understanding and description of the participant's experience. The main aim is to understand the social action in terms of its specific context. The research process often results in the generation of new hypotheses and theories and finally, the researcher is seen as the main instrument (Babbie & Mouton, 2008:270).

The primary goal of this study is to understand and describe what people think, experience or feel. The process of understanding and describing the information provided by the parents or caregivers is pertinent in the study. The information provided by the parents and caregivers is interpreted and understood in its specific context (Babbie and Mouton, 2008: 270).

3.3 NARRATIVE APPROACH

Within a qualitative methodological framework, a narrative approach was used to conduct the study. Narrative research originated from literature, history, anthropology, sociology, socio-linguistics and education (Creswell, 2007:54). Two types of narratives were identified. The first is the analysis of narratives, which refers to the description of themes and then adapting these themes into a plot line; furthermore to indicate how

individuals are constrained or enabled by social resources (Polkinghorne, 1995 as quoted by Creswell, 2008:55). The second is the variety of forms found in narrative research practices. The forms of narrative research practices are biographical study, autobiography, life history and oral history (Creswell, 2007:56).

A narrative approach uses multiple forms of data to build the in-depth case or the storied experiences of the participants (Creswell, 2007:143). Furthermore, a narrative approach refers to the study of an individual who is accessible and willing to provide information about a specific phenomenon (Creswell, 2007: 119). The narrative approach or storytelling is regarded as meaningful human activity for making sense of lives and constructing and performing identities (Kielty, 2008:367). A narrative approach has a variety of forms. In this study, storytelling was used to afford the parents the opportunity to share their individual and personal reflections of how they experienced care of a child who disclosed CSA. The parents' experience portrayed their feelings, thoughts and experience while caring for a child who disclosed CSA (Creswell, 2007: 56). Furthermore narrative accounts were used by participants to make their actions understandable and explainable to others as well as the issue of accountability (Kielty, 2008:368).

The narrative approach has a procedural guide that steers the interviewer (Clandinin & Connelly, 2000). The procedural guide is as follows; to determine if the research problem suites narrative approach, to do a field test, to collect information about the context of the stories, analysing participants' stories and restoring them, and finally collaborating with participants (Creswell, 2007:57).

3.4 PARTICIPANTS

Permission was sought from the manager of Childline in the Western Cape. The parents were selected from the caseloads of the social workers at the Bishop Lavis and Eersterivier Childline offices. The participants were identified by the social workers at the respective offices. A sample of 12 parents or primary caregivers was purposively selected. Purposive or criterion sampled refers to the criterion that was used to select the participants for the study (Creswell, 2007). The criteria for participation in the study were: the participants were parents of children who disclosed CSA, and the parents or caregivers had to be able to speak English or Afrikaans. The initial clarifying information was obtained from the social workers. Initial contact was established by the social workers, who deliberated the goals and significance of the study to the parents and caregivers. The parents or caregivers could then indicate if they were willing to participate with the research study. When they agreed a mutual appointment was made with the interviewer and the participant. This form of contact was regarded as the most confidential (Patton, 1991). The personal contact with the parents was regarded as a major factor that ensured a low refusal rate from the parents and caregivers (Patton, 1991:43). The social workers had positive relationships with the participants, which contributed to the participants' willingness to participate with the research study.

The majority of the participants were the biological parents, only one was a foster mother and grandmother. The other was in the process of becoming a foster parent, the child was however in her care for a year. The participants were all female. They spoke Afrikaans as this is their home language and language of choice. The majority were unemployed, one was a pensioner and others left their jobs when their children disclosed CSA. The

participants' age ranged from 28 to 62 years. Only one parent had tertiary education, the rest of the participants were part of the unskilled labour force. The majority of the participants lived in their own homes in sub-economic areas. Others lived with their extended families. Only one of the participants was married. The rest of the participants were single parents. Three of the participants' children were male, the rest were female. Only one participant's child was under five years of age, the rest were between the ages of 6 and 12 years. Only one participant's child did not make a full disclosure of CSA. The other children made full disclosures and their disclosure was confirmed by the district surgeon's medical report. All the participants reported the matter to the police. The police later referred the children to Childline for counselling. All the participants' cases were withdrawn, pending their children's ability to testify in a Court of Law.

3.5 DATA COLLECTION INSTRUMENT

In the narrative approach, individual interviews are the most frequently used method of data gathering (Babbie and Mouton, 2008:289). In this study interviewing was the method used to collect the data. Interviewing is the most suitable to use if observation cannot be done (Louw & Louw, 2007:33). The narrative approach promotes the interviewing process as a means of gaining information from the participants, without battering the participants with predetermined hypothesis based questions. Interviewing is regarded as the central resource through which social science engages with issues that concern it (Rapley, 2001:303). The interviews are interactive (Babbie & Mouton, 2008:289). Interviewing is flexible, iterative and continuous (Babbie & Mouton, 2008:289). Seven stages of interviewing were identified that were crucial for the interviewing process. These stages are: collecting of data, transcribing of interview,

thematizing, designing, interviewing, transcribing, analysing, verifying and reporting (Babbie & Mouton, 2008:291; Aronson, 1994:1).

Interviews are inherently social encounters that are dependent on the local interactional contingencies where the speakers draw from and co-construct broader social norms (Rapley, 2001:303). The interview format consisted of open-ended questions, which were non-directional (Creswell, 2007:107). Open-ended questions present the participants with an invitation to describe themselves (Rapley, 2001:309).

A research study needs a core question that guides the participant and sub-questions that assist the participant to elaborate (Creswell, 2007:108-109). Probing during interviewing is crucial as it affords the interviewer the opportunity to acquire in-depth information (Babbie & Mouton, 2007:289). The research instrument was interviews. Interview data is described as a resource. The interview data is seen as reflecting the interviewee's reality outside the interview (Rapley, 2001; 304). Researchers have suggested that interviews are research instruments used to get information (Louw & Louw, 2007:33). Interviews are particularly useful when the behaviour the researcher is interested in cannot be observed. An interview schedule with open-ended questions was asked of the parents and caregivers. Participants were prompted at certain points in order to guide the storyteller. The interview schedule was used as a guide to facilitate the interview process (Babbie & Mouton, 2008:252; Creswell, 2007:133). The interview schedule consisted of seven basic questions with further probing to explore any gaps during the interview sessions. The questions were as follows;

- 1) The interviewer, tell me about your family, finances, home environment, family

routine, family relationships and employment.

- 2) How did you discover that your child was abused? Prompt who disclosed
- 3) How did you feel when your child disclosed the abuse? Prompt types of feelings, anger, denial, fear, self-blame
- 4) What was your reaction when you found out about the abuse? Who told you about the abuse?
- 5) How do you feel now that your child has disclosed? Prompt self the child the extended family.
- 6) Now that your child has disclosed, how do you cope with his care. Prompt need for food, shelter, hygiene education and affection.
- 7) Are you managing with the care of your child? Prompt child's behaviour, school progress, the community and the accused family.

These open-ended questions afforded participants the opportunity to formulate their own answers and to be guided through the research process (Babbie & Mouton, 2008:233).

3.6 DATA COLLECTION

Following the participants' agreement to participate in the study, a convenient time, date and venue was arranged for the interview to take place. The data was collected by means of face-to-face interviews that were conducted in English or Afrikaans giving preference to the participants' language of choice (Babbie & Mutton, 2008: 251). These interview sessions afforded the participant's time to tell their stories. At start of the interview the purpose, aims and objectives of the research study were deliberated to the participants. All ethical considerations were explained to the participants. The participants were requested to complete the consent form before participating in the research study. Two of the participants were illiterate, the consent was deliberated to them and their consent was

marked with a drawn cross, on the consent form. The informed consent informed the participants of all the features of the research. This enabled the participants to consider all aspects of the research, which may have influenced their willingness to participate or answer questions (Louw & Louw, 2007:41). The participants were reassured of their right to withdraw from the study and to end the data collecting process at any time (Zion, Gilliam & Loffell, 2000:615). Participants were also assured of the confidentiality and anonymity by using pseudonyms during the interviews. Permission to use an audio voice recorder was requested from the participants. .

3.7 DATA ANALYSIS

The thematic analysis was applied to analyse the research data. The interviewer followed the five data analysis steps identified by Creswell (2007:156). The *first* step was to analyse the data by managing the data. Data managing refers to the checking and organizing of files for data. The *second* step was to read and re-read text. The *third* step was to make margin notes to form initial codes. The *fourth* step was to place the participant's comments into a chronological order. Information received from the participants was clarified and classified. Furthermore the information was interpreted to give meaning to the participant's life experience. The *fifth* and final step was to reduce the codes to themes. The themes were grouped into meaningful units (Creswell, 2007:156-157). The meaningful units were to be related to an analytic framework in literature. The interviewer then created a research point of view highlighting the findings of the data. (Creswell, 2007:142).

3.8 TRUSTWORTHINESS

Trustworthiness was ensured by the interviewer, as the interviewer will clarify the purpose and the nature of the study and report the information as provided by the participants (Creswell, 2007:142). **Trustworthiness** was ensured by the application of the following principles: **Neutrality** was achieved by the interviewer by respecting the participants' individuality, not stereotyping or labelling the participants (Cho & Trent, 2006:322). The interviewer respected the participants' opinions and views by not influencing the participants in any way. **Credibility** was maintained by the interviewer using an accurate reflection of the information provided by the participant (Cho & Trent, 2006:321). The interviewer spent enough time with the participants ensuring that they had sufficient time to share their experience of coping with a child post disclosure of CSA. The interviewer checked for misinformation by clarifying information with the participant. Furthermore the interviewer ensured authenticity by using the qualitative research method with a narrative approach to collect data and analyse data. This approach encouraged the use of open-ended questions and answers and afforded the participant the opportunity to authentically express him or herself (Blanche & Durrheim, 2002; 152). The interviewer described and explained the participants' experience as they portrayed it. A crucial aspect that was adhered to is the validity of qualitative research. **Validity** in qualitative research was labelled by Cho and Trent (2006:321) as transactional validity and transformational validity. **Transactional validity** in qualitative research is an interactive process between the researcher, the researched and the collected data (Kietz, 2008:367). Transactional validity affords the researcher the opportunity to achieve a higher level of accuracy by revisiting facts, feelings, experiences and values or

beliefs, collected and interpreted (Cho & Trent, 2006:321). **Transformational validity** refers to a process that leads to social change. Social change involves a deeper, self reflective empathetic understanding of the researcher while working with the researched (Cho & Trent, 2006:322).

Transformational validity is achieved when the researcher is able to play back the collected data to the researched to check for perceived accuracy and reactions. This process was further enhanced by the researcher's efforts to record and write accurately, seek feedback and report fully what the participants had shared (Cho & Trent, 2006:322).

3.9 SELF-REFLEXIVITY

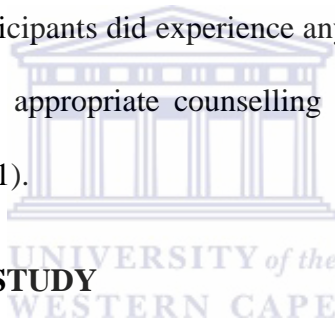
According to Creswell (2007:179) reflection refers to our own interpretation based on cultural, social, gender, class and personal politics that we bring to research. I was conscious of the fact that the information shared by the participants is personal and very sensitive. I was aware of the fact that it is the responsibility of the interviewer to ensure that participants are protected against psychological and physical harm (Louw & Louw, 2007:41). I empathized with the participants. I was aware of the fact that the participants may become emotional and that I was affected by the participants' emotions. I consulted with my research supervisor throughout the research process. The consultation process ensured that I remained objective throughout the research process. During the research process I was aware of self-reflection, as this ensured emphatic response and objectivity (Cho & Trent, 2006:321). The interviewer kept a research journal by noting her feelings and experiences. She shared this with the research supervisor or sought counselling when needed. This ensured that she remained objective and professional in her dealing with the

participants.

3.10 ETHICAL CONSIDERATIONS

Ethics is defined as “conforming to the standards of conduct of a given professional group. Research ethics are the guidelines researchers use to protect the rights of the participants (Louw & Louw, 2007:41). Ethics is regarded as crucial to a research study as the interviewer negotiates entry to the field of research, coerces the participants to participate in the study, gathers personal and emotional data that reveal the details of the participants’ lives and requests that the participants give of their time to participate in the study (Babbie & Mouton, 2008:528). The participants often reveal, in a research environment, personal information that is unknown to their friends and associates (Babbie & Mouton, 2008:520). The parents who participated in the study were regarded as vulnerable. Their vulnerability was due to the on-going levels of stress that they experienced (Stevens, et. al., 2010:496). The parents were further regarded as vulnerable due to their possible lack of access to resources, which created a sense of being vulnerable to exploitation (Zoin, Gillam & Loff, 2000: 615). Thus, the following ethical considerations were honoured by the interviewer: **Informed consent** was further deliberated to the parents by explaining the research purpose, aims and objectives of the study. Additionally, the participants were informed about the research procedure that was experienced (for example the data collection process). During this initial process the parents were assured of continued confidentiality and privacy. Parents were encouraged to ask questions and clarify any uncertainties or questions that they may have had (Lucas, 2008: 37: 67). **Anonymity** was ensured as the researcher allocated pseudonyms to each of the participants, masking their personal details to remain anonymous (Creswell,

2007:143).The parents' identity was concealed in written and verbal reports of the results as well as in informal discussions with colleagues and fellow students. **Confidentiality** refers to the protection of the participants' identity, this was ensured by removing all the participants' details from the information that the participants provided. Furthermore the personal details of the participants were only known to the researcher. The researcher ensured that the information was only used for research studies for which it was intended (Lucas, 2008: 37; 69). In addition confidentiality was implemented from the start by the social workers first making contact with the parents as a means of introduction (Patton, 2000:43). **Beneficence** is ensured by informing participants that they will not be harmed or deceived in any way. If participants did experience any challenges during the research process, they were referred to appropriate counselling and parental support clinics or groups (Louw & Louw, 2007:41).



3.11 SIGNIFICANCE OF STUDY

The study enabled the parents to share their experience of dealing with CSA; their experience will aid the respective service deliverers to assess what the experience of the parents is and how these experiences can be better understood. In rendering a service to the CSA survivors, we need to use an approach that targets every aspect of the victims' lives. Previous research has already determined that the crucial role of parents in dealing with CSA cannot be disproved (Muller & Hollely, 2009:100-110). Further recognition of the parents' experience will enhance the value of parents' significance in dealing with victims of CSA. This may result in achieving an increased success with dealing with victims of CSA. Additionally, the research results may be used to develop training or support groups for parents who are caring for victims of CSA.

3.12 CONCLUSION

The research methodology was the most suitable research method for this study. This chapter discussed data collection and data analysis. The study also conferred the trustworthiness and ethical considerations that were applied in the study. In Chapter four the results of the study are discussed.



CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 INTRODUCTION

The current study aimed to explore the narrative account of parents or caregivers whose children are survivors of CSA and the influence the experience had on their lives. The research study aimed to answer questions about parental coping post the disclosure of CSA. The objectives of the study were to explore parental coping with child care after children disclose CSA. Furthermore to understand parental feelings, thoughts and experiences during the process of child care after CSA disclosure. This chapter begins with the common characteristics of the participants and will progress to the essential themes that were identified in the study. The themes are the participants' emotional responses to the disclosure of CSA, parental coping, childcare post the disclosure of CSA and resources. The essential themes will be discussed and presented by using the participants' own words.

4.2 COMMON CHARACTERISTICS OF PARTICIPANTS

The common characteristics formed a trend which was evident in the research study. The common characteristics formed part of the internal and external factors which influenced the parental coping post the disclosure of CSA. The common characteristics are firstly, the participants' gender and that of their children. Secondly the majority of participants are single parents. Thirdly the participants are unemployed. Fourthly the majority of the abuse was committed by persons that are known to the child and their families (intra

familial abuse). The fifth common distinctive was the children's age.

4.2.1 GENDER

The first common characteristic is that all the participants were female. This may be attributed to research done by Sauzier (1989:467) as quoted by Muller & Hollely, (2009:141) who indicated that an average of fifty percent of children disclose to their mothers (Muller & Hollely, 2009:141). The mother's being the first report, as stated by Muller and Hollely (2009:141) they are the persons who often have the task of reporting the CSA to the authorities. Research has further indicated that the reason for children disclosing to the mother may be attributed to the mother's role as caregiver. The mother is regarded as the person who is responsible for the daily care and welfare of the children. The influence of gender on CSA is referred to as the engendering of trauma. Research has indicated that mothers are the persons who are expected to take care of a child, post the disclosure of CSA. The disclosure of CSA is further influenced by gender affirmation. Gender affirmation refers to the influence that family ideologies of care and labour participation have on females. Women within the nuclear system are expected to be the nurturers, who are primarily responsible for domestic tasks and the care of children (Louw & Louw, 2007:359). This refers to the role that was enforced on mothers by society and the media. Three of the participants indicated that they stopped working after their children disclosed CSA. They stated that they felt it is their responsibility to stay home and care of their children. The participants' response may be linked to research which indicated that mothers are often reproached for CSA, although mothers are seldom found to be the perpetrators. The reproach is linked to the expectation that is attached to motherhood; the expectation that you are responsible for your child's safety and well-

being. It should be noted that similar expectations are not enforced of fatherhood (McGuffey, 2005:622-629). The second aspect of gender that needs to be discussed is the gender of the participant's children. Research has indicated that girls and boys fall prey to sexual abuse; however the majority of participants' children who disclosed CSA were girls. This is consistent with research findings that both male and female children are victims of CSA, however less males, or boy children, are reporting the abuse. Research had indicated that this is due to societal and cultural influences. It is commonly accepted that women, or the girl child, may be a victim of abuse, but not a male or the boy child. Males, or the boy children, are still portrayed as masculine and able to solve their own problems. They are not commonly accepted as being a victim. Although this opinion is changing, the status quo regarding men or the boy child's lack of reporting abuse or CSA remains the same (Spies, 2006:52; Finkelhor, 1994:48). The common characteristic that was evident in the participants' information related to previous research findings (Breckenridge & Davidson, 2002:22, ISOC-SAC, 2011:1, Plummer & Easton, 2011:1; Muller & Hollely, 2009:141).

4.2.2 SINGLE PARENTING

The majority of the participants indicated that they are single parents. One participant is in the process of divorce and one is married. In 1998 a survey indicated that 22% of households in South Africa are headed by female single parents (Single parent centre 2010: 2). Single parenting has arisen due to the absence of a father or mother figure from the family. The absence of either may be the result of divorce, separation, migrant labour or non-marriage. Single parenting was identified as a possible risk factor that could contribute to CSA (Finkelhor, 1994:48).

In South Africa most single parent families are headed by women. The female headed households are regarded as vulnerable. Their vulnerability may not only be due to socio-economic hardships, but due to the attitudes and reactions of those around them. The attitudes and reactions to female headed households are fuelled by experience, myths and self-protection. Female headed households are further affected by gender affirmation.

The fathers are regarded as the distant breadwinner. “Father figures are further often absent if not physically then emotionally” (Van Niekerk, 2003:13). This finding was evident with the participants.

Participant eleven indicated that her ex-husband shows no interest in the children irrespective of the fact that he was informed that they disclosed CSA. The majority of the participants' children have no or limited contact with their fathers. The fathers were found to be emotionally and financially absent from the children's lives.

The reality of single parenting may result in their acceptance of the responsibility for child care post the disclosure of CSA. Furthermore mothers have included the responsibility for reporting the CSA cases, liaising with authorities or resources and ensuring that the children receive the necessary assistance. Single parenting often leads to financial challenges. Single parenting is linked with unemployment as a possible risk factor to CSA (Loffell, 2000:9).

4.2.3 UNEMPLOYMENT

Unemployment was mentioned by all the participants. Unemployment was either by choice or a conscious decision. Two of the participants took leave from work because

they had difficulty coping with their work and coming to terms with the secondary trauma of CSA. One participant felt that she owed it to her daughter to take care of her on a full-time basis. The participants indicated that the children needed full-time mothering in order to deal with CSA. Unemployment for the participants was sometimes due to their personal difficulties to cope with CSA. Furthermore unemployment was regarded by the participants as a positive response to childcare post the disclosure of CSA. Only two of the participants indicated that they shared the responsibility with a partner. Hence sharing the childcare with their partners they still preferred to be unemployed.

Mothers' response and involvement with CSA cases are further compromised by unemployment. Mothers' economic value in the family may be higher than that of their partner, but they often choose to leave the job market irrespective of the financial implications it has on their family. This decision decreases the mothers' economic participation and increases their social isolation (McGuffey, 2005:622 & Cabrera, Tamis, LeManda, Bradley, Hofferth & Lamb 2000:128). Decreased economic participation was an aspect that was mentioned by the majority of participants. Unemployment forced mothers to become dependent on the receipt of a child support grant. This dependence and the lack of financial support from the fathers placed the participants at risk. Research has indicated that the financial position of a single parent family places them at risk for further abuse and exploitation (Putnam, 2003:270). Allied to this is poverty. Poverty is reported to increase the risk for children in the home and the surrounding community (Dawes, 2006:11; Vonnie & Mcloyd, 1990:325). Furthermore, unemployment is regarded as a debilitating aspect that has far-reaching effects on those who are confronted with it.

Unemployment results in substance abuse, overcrowding and poor child care. These factors may contribute to the vulnerable position that many mothers and children find themselves in. The vulnerable position of mothers and children is further influenced by the participants' acknowledgement that the perpetrators of abuse are known to them.

4.2.4 INTRA-FAMILIAL ABUSE

The fourth common characteristic identified by the participants was that the abuse was intra familial. All participants mentioned that their children were sexually abused by persons known to them. Intra familial are defined as sexual crimes committed against children within the family or immediate neighbourhood (Van Niekerk, 2003:11). In South Africa 80% of the accused are known to the victim. In addition to this, perpetrators are typically male, known to the child and the parents, and the assaults occurred in the home (Dawes, 2006:5). The participants described intra familial abuse as follows;

It was her father (Respondent two).

It was my foster child (Respondent three).

It was my sons' 16 year old friend, he was like a son to me (Respondent four).

It was her foster father (Respondent six).

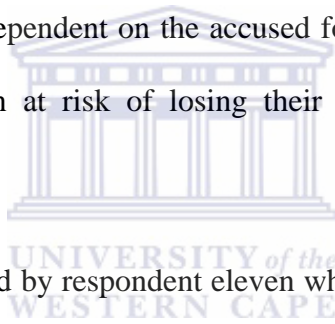
He is her godfather (Respondent seven).

He is our neighbour and church priest. He was like a father to me and a grandfather to my children (Respondent eight).

He is my boyfriend (Respondent eleven).

Eight of the participants stated that the perpetrators were known to them prior to the disclosure of CSA. Intra familial abuse affects the disclosure of CSA. Research has indicated that children suffer more intensely and persistently, when the trauma they experience is caused by someone they know (Muller & Hollely, 2009:91). Furthermore intra familial abuse is not readily disclosed or reported. This may be attributed to the child's fear of the perpetrator, or the perpetrator coerced or bribed the child into silence. The family may also be financially dependent on the perpetrator or the child may have an affectionate relationship with the accused and may feel obligated to protect the perpetrator (Dawes, 2006:15). Intra familial abuse may further result from the child feeling too ashamed to disclose, or for fear of being stigmatized. In many cases children are simply not aware that they are being abused or that it is a criminal offence (Dawes, 2006:15; Muller & Hollely, 2009:93). In intra familial abuse the child has a natural tendency to be loyal to the accused, due to attachment and the identification with the person and the family group they belong to (Doyle 1994:132). Intra familial abuse may result in blurred role boundaries and role confusion. The information provided by the respondents was similar to the research that was done by Doyle (1994). The respondents mentioned that their children did not make voluntary disclosures. The sexual abuse was discovered accidentally or reported by a third person. It is only after being questioned, that the children made full disclosures. The respondents stated that the children's silence was due to fear, bribery and the affectionate relationship the perpetrator had with the children. The affectionate relationship was extended to the parents. This was evident as all the respondents mentioned the relationship they had with the perpetrators. Research had indicated that Mosaic, a London based charity that supports non-abusing parents or

caregivers of children who were sexually abused, found that not only was the child groomed by the perpetrator, but the family as a whole are groomed by the perpetrator (Paine & Hansen, 2002:277). This indicates the extent of the perpetrators' actions and the influence they have on the entire family, and not just the child that was exposed to sexual abuse. Research has indicated that most parents believe their children when they disclose. It is however evident that parental support may be compromised if the abuse is intra familial. Parental support is influenced by the mothers' relationship with the accused. If the mother is in a close relationship with the accused, or if she is financially dependent on the accused, she often finds herself in a compromised position. Furthermore if the mother is dependent on the accused for accommodation, it places the mother and the other children at risk of losing their accommodation (Manion, et.al 1996:1096).



Accommodation was mentioned by respondent eleven who stated that both her daughters were abused by the paternal grandmother's partner. When the children disclosed the sexual abuse she was asked by her husband and his mother to leave their premises. The family was residing with the paternal grandmother.

Intra familial is also influenced by poverty. In the research study poverty was described by one of the respondents as, *he used us because we are poor* (respondent seven). The perpetrator assisted the family by giving them food or money. He often took the children out to malls, parks and the beach. He regularly gave the children money and often bought them clothes. Poverty is one of the risk factors that compromise the safety and vulnerability of the child and their caregivers (Dawes, 2006:28).

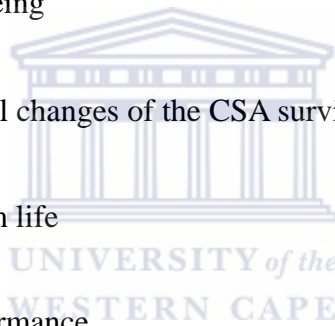
4.2.5 THE AGE OF THE CHILD

The fifth common characteristic is the children's age. Eleven of the participants' children are between the age of six and 12 years. This developmental stage is known as middle childhood. This period is regarded as important due to the level of cognitive, social, emotional and self-concept development (Louw & Louw, 2007:214). Research has shown that children tend to disclose more during this development stage. At this stage they are able to understand their own sexual behaviour and that the sexual behaviour of the accused is wrong. This stage of development indicates new found language and communication skills.

The child is able to reason, understand, question and respond to a speaker in an appropriate manner. At this stage of development disclosure may be determined by the child's relationship with the perpetrator. If the child has a strong relationship with the perpetrator and if the perpetrator poses a threat to the child, the child may not disclose. At this developmental level the child will disclose if he or she is confident of the support from the non-offending parent and the parent's ability to cope with problems (Spies, 2006:245). This developmental stage was marked as the peak of vulnerability for children (Finkelhor, 1994:48).

The common characteristics highlight the similarities that were evident in the participants' clarifying details and the disclosure of CSA. The common characteristics relate to the themes that were identified by the participants (Finkelhor, 1994:47). The research study identified the most expressed themes that were shared by the participants. The following themes and sub-themes were identified as:

- **THEME 1:** Emotional experiences
 - Anger
 - Fear
 - Empathy for the victim
 - Guilt about the experience
 - Trusting the perpetrator
 - Hope for well being
- **THEME 2:** Behavioural changes of the CSA survivors
 - Withdrawal from life
 - Scholastic performance
 - Adult mannerisms
- **THEME 3:** Parental coping
 - Parenting style
 - Family support
 - Spiritual well-being
- **THEME 4:** Available resources



- Communities
- The Police Service
- Criminal Justice System
- Counselling Services

4.3 EMOTIONAL EXPERIENCES

The participants of the research study mentioned an array of emotions. The emotions that were, however, more pertinent were the following; anger, fear, empathy, guilt and trust. The non-abusing parents' response to the disclosure of sexual abuse was identified as a significant risk factor. The quality of support available to the parents and the coping strategies applied influence the parents' ability in dealing with CSA. (Forbes, et.al 2003:66; NYC Administration for Children's Services 2010:26).

Before discussing the different emotions we need to define the term emotions. Emotions are described as feelings such as anger, fear, empathy self-blame, guilt and trust. Emotions are an important part of a person's development. Emotions are caused by certain situations and experiences and are associated with physiological and behavioural reactions. Emotions guide your behaviour in social situations and to talk about feelings. Emotions are a cognitive process that may lead to action. Emotions are interconnected and influenced by experience (Louw & Louw, 2007:175). These emotions were described as stages of grief that parents of children who disclosed CSA go through after they were informed of the CSA (Stages of grief for parents of sexually abused children, 2009/10/23).

4.3.1 ANGER

The anger expressed by the participants was not only directed at the perpetrators, but often the perpetrators' family, the community and the resources that are involved with the case. The anger that was directed at the perpetrator's family was often because they did not acknowledge the crime that was committed or their attitude. The perpetrator's family often blamed the victim or simply showed no compassion. The anger directed at the community was due to their apparent support of the perpetrator, and that they blamed the victim for the abuse. The participants mentioned that the one perpetrator was a priest in the community and the people preferred to believe and support him instead of the victim. The community also isolated the family by encouraging people not to visit them, ignoring them and making constant remarks, when they saw the victims. Anger was also directed to the police for the withdrawal of cases, for a lack of information or feedback about the progress of the investigation and omitting to arrest the perpetrator. Participants further mentioned that the District Surgeon did not give adequate information and they showed no empathy for the victims.

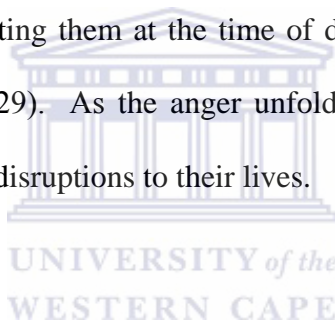
The anger that the participants expressed were as follows:

I was upset and angry...I am very angry (Respondent seven).

It seems that they (community) are angry (Respondent eight).

I am angry he (the perpetrator) is still walking around in the community (Respondent one).

The anger expressed by the participants is defined as a strong emotional reaction to circumstances of threat or frustration. Furthermore anger is described as an emotion that is mainly socially instigated (Louw & Louw, 2007:178). Anger is an emotion that is influenced by parents, family relationships, culture and the environment in which the person grows up. (Louw & Louw, 2007:175). Anger is regarded as another survival mechanism. It helps the person to tolerate the intolerable (Stages of grief for parents of sexually abused children, 2009:1). These are some examples of the anger, a common emotion that was expressed by the participants. The participants' anger was not only directed at the accused, but many times at the child who disclosed CSA, the community and the system that were assisting them at the time of disclosure (NYC Administration for Children's Services, 2010:29). As the anger unfolds the parent or care giver may contemplate the losses and the disruptions to their lives.



4.3.2 FEAR

The participants expressed fear. The fear they mentioned was for the perpetrator, their children and their own feelings towards the perpetrator. The participants also mentioned that they worried about their children's future and the impact the sexual abuse may have on their children. The one participant stated that she is concerned about her daughter and how she will deal with a heterosexual relationship. The participants whose cases were withdrawn mentioned that they fear that the perpetrators will harm other children. Fear is an emotion that was experienced by the parents and the children. The participants mentioned that their children only disclosed after accidental discovery of the sexual abuse by another person. Some of the participants mentioned that the children feared the perpetrators. Some indicated that the children feared their response should they disclose.

I am scared (Respondent four).

I am scared of him (Respondent two).

The participants indicated that the children's fear was caused by continuous exposure to domestic violence.

In the case of respondents nine and five, the child was often physically assaulted by the perpetrator. The children were often threatened with violence which resulted in them not making earlier disclosures.

Fear is an emotion that was mentioned by all the participants. Fear is regarded as a common response to the unknown, as the majority of the participants stated that this was the first time that they had been involved in a case of this nature (NYC Administration for Children's Services 2010:26). One respondent mentioned fear, as her partner who was identified as the accused has a history of gangsterism and of domestic violence (Paine & Hansen, 2000:279).

The one respondent mentioned that she had difficulty controlling her own emotions and she feared that her emotional response will influence her son's ability to cope with the recovery of CSA. She stated, *I was scared that I'll upset my child* (Respondent six). The two other participants related their fear as follows,

I was scared to tell (Respondent eight).

I am scared of my husband (Respondent five).

The participant acknowledged that she is scared of her husband as he has previously

assaulted her. The influence of domestic violence on parental response to child sexual abuse was acknowledged by research. Fear due to domestic violence or intimidation by the accused or his family was acknowledged as a significant deterrent that often led to parents withdrawing cases (Van Niekerk, 2003:13).

Fear also affected parent's ability to parent their children. One of the participants mentioned that she was too scared to reprimand her daughter. She stated, *I was scared to reprimand her* (Respondent ten). The respondent feared that her child would tell her grandmother or father that the respondent reprimanded her, as an allegation was also made that she physically abused her daughter. Respondent eleven's daughter related, *I was scared of daddy*. In this case, although the father was not the accused, the child decided not to tell her parents due to her intense fear of her father. She feared that her father would hit her, as physical punishment was often used in this family. This is evidence of what Spies (2006: 52) stated, that the children know the problem solving capacity of their parents and this influences their ability and willingness to disclose.

Fear was also related to the parents' belief that their children may be removed from their care. This fear was summed up as follows,

I was scared that they will take my children, I was removed from my parents' care, and they were terrible parents (Respondent eleven).

Research has indicated that parents whose children disclosed CSA are confronted with the possibility of losing custody of their children. The fear of losing custody of your child was evident in research that was done by Plummer and Eastin (2000; 6). Research done by Loffell indicated that the respondents' fear is factual (Loffell, 2000:9). Research

further found that there is a tendency of generic organization, contra to specialized organizations, to separate children from their parental care. This separation is often accompanied by lack of proper preparation of the family and child and a lack of permanency planning or coherent follow-up services. In addition to this, authorities often threatened mothers that if they did not follow the rules they may lose their children. The fear mentioned by the participants related to fear of the accused, the community, the father and fear of reprimanding their children. Fear is an emotion that not only grips the parents but the child as well, and it has a debilitating effect on those involved in the disclosure. Another emotion felt and expressed by parents was empathy.

4.3.3 EMPATHY FOR THE VICTIM

The emotion expressed by these participants can be defined as empathy. Empathy is the ability to put oneself in another person's position and to feel what that person feels (Louw & Louw, 2010:118). Empathy can be shown in a variety of ways. Empathy is shown when the parents demonstrate concern for and interest in their children's general well-being and particular experiences. Furthermore empathy affords the parents the opportunity to place themselves in their children's place and to appreciate experiences from their children's perspective. With regard to CSA, empathy almost becomes a prerequisite. Parents are expected to put their children first whatever the consequences may be. An example of this is, in cases of CSA, the parent may have to resolve the dilemma by having to sacrifice loyalty to an abusing partner in order to ensure greater protection of the child (Reder & Lucey, 1995:10). Empathy was one of the emotions that were evident with all the respondents. It was expressed at different stages of the interview, but its pertinence was evident throughout the research study. Empathy was

related as follows,

I felt hurt for my child (Respondent eleven).

Why must my child always get hurt? (Respondent four).

They don't know but I feel for my child (Respondent three).

4.3.4 GUILT ABOUT THE EXPERIENCE

Research study done by Manion et.al (1996:1092-1109) recognized that due to the mothers' parenting role, they are more vulnerable to feelings of self-blame and guilt. Linked to this is the society's tendency to blame the parents instead of the accused. Guilt is reported as the emotion that is commonly responsible for the mother's suffering. Guilt is rooted in the cultural element of perfect motherhood. Guilt is regarded as an emotion that pairs with the maternal figure (Carvalho, 2009:506). Mother blame is propagated from three areas, firstly the immediate family, secondly the extended family and thirdly social services (McGuffey, 2005:629). Mothers whose children were exposed to CSA are believed to present with secondary traumatization (Manion, et.al 1998:1299). It is often implied that mothers know or are complicit in the abuse; this belief may separate the child from the person who was most likely to support them, the mother. (CASA, 2011:272).

Parents are said to use mother blaming themes to frame their accounts of CSA. This mother blaming is evident in their questions and treatment of the mother's post the disclosure of CSA. (McGuffey, 2005:629).

Parents whose children are exposed to CSA ask themselves many questions that relate to feelings of guilt and self-blame. In this study the respondent related the following statements that can be interpreted as self-blame or guilt;

I should not have allowed him to play so far from the house (Respondent one).

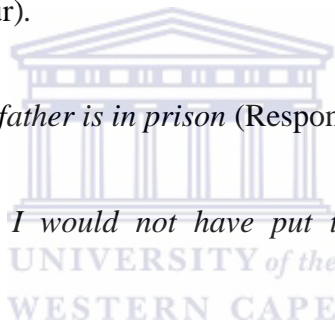
I had to protect him (Respondent two).

I blame myself, I should not have taken care of the child (foster child is the accused)
(Respondent three).

I blame myself (Respondent four).

My son blames me because his father is in prison (Respondent five).

If the social worker told me I would not have put this child through this trauma
(Respondent six).



The participants expressed the belief that they were responsible for their children's safety and for what happens to the accused. Mothers tend to take the responsibility away from the accused and transfer it to themselves. They tend to do this by claiming to be responsible for their child's safety. This idea is reinforced by society and the authorities. Furthermore gender ideologies are believed to contribute to the way in which the therapeutic organization and scientist treat and interpret the response of parents and caregivers who report CSA (McGuffey, 2005:624).

They make me feel as if I did something wrong (Respondent seven).

The participant felt that the community was holding her responsible for the accused being

denied bail. The accused is a prominent church leader. The participant's comment may be linked to the parents' perceived level of environmental support; this perceived level of support or lack of it can influence the parents' emotional functioning. The parents are expected to deal with their own feelings of guilt and the blame the community places on them.

Furthermore, the intense feeling of guilt and self-blame is captured in the following expressions provided by the participants.

I regret that I trusted him (Respondent eight).

I feel guilty, I had feelings of guilt (Respondent ten).

I feel that I was a bad mother; I am supposed to be their protector (Respondent eleven).

The expressions relate to self-blame and the concept of irreproachable motherhood, in which the feeling of failure becomes natural (Carvalho, et.al 2009:504). It is evident that in these responses, the mothers question their parental competence and they see themselves as responsible for their child's safety. If mothers do not recognize the sexual abuse, their maternal protection becomes fragile, because mothers often feel that it is their responsibility to perceive possible danger. Mothers have a self- and societally-imposed opinion that they have the ability to know everything about their children and are able to perceive danger. If they are unable to live up to this expectation, they regard themselves as failures (Carvalho et.al 2009:505).

Guilt appears to be an emotion that is not only restricted to the primary caregivers of the CSA survivors but is evident in the extended family. The potential for CSA to traumatize

the entire family system was acknowledged by Mansion et.al (1996:1095). The extended families' response to CSA was concurred by the following response, *my father (child's grandfather) feels that he should have walked with him to school, my sons feels that this would not have happened if they gave him more attention* (Respondent one). Many of the participants indicated that the extended family felt that they should have been more involved in the victims' lives and that their lack of interest in the victims resulted in or contributed to the sexual abuse. This reaction by the extended family members indicated that the guilt is not just felt by the mothers or caregivers, but also by the extended family members.

4.3.5 TRUSTING THE PERPETRATOR

Trust is another common emotion that was mentioned by the participants. The majority of the participants stated that they trusted the perpetrator. The perpetrators were known to them and often had access to the children. The perpetrator was always giving the children attention. The perpetrator shared the same interests as the children. The majority of the participants' children shared a special bond with the perpetrator. The participants stated that there was no reason for them to doubt the sincerity of the perpetrator. The majority of the perpetrators had intra familial links with the family. They were neighbours, priests, the child's friends, mother's boyfriend or family friends. Research has indicated that the perpetrators do not only build a relationship of trust with the child, but also with the parents or family. This relationship of trust makes it more difficult for the child and the parent to recognize the abuse (Paine & Hansen, 2002:277).

Trust is an emotion that has far-reaching effects on the life of those who are affected by

CSA. After the disclosure of CSA, the parents and caregivers doubt their ability to perceive danger and their ability to build a relationship of trust with other adults. They become suspicious of others and see others as possible perpetrators. CSA compels the parents and caregivers to doubt the intentions of others, including the service providers they deal with. Trust indicates loss for the parent, caregivers and the child. For the parent it indicates loss of trust in relationships with adults and other people. For the child it is a loss of a safe world (Spies, 2006:272-275).

In the case of intra familial abuse, the parents or caregivers trusted a person they thought they knew. Often they entrusted their children's care to these people, and it was these people that harmed or abused their children. This breaks down the parents' or caregivers' confidence in their parenting ability and their ability to make the right choices for their children. Furthermore the aspect of trust extends to the parent-child relationship. In cases of CSA, trust is not a given. In order for the child and the parent to regain trust, it needs to be explored by both parent and child. Both the parent and child need to acknowledge their pain and their past experience in order to deal with the present healing process (Spies, 2006:272). Trust is an achievable emotion if the child and parents are in a stable and safe environment (Spies, 2006:275). Trust has far-reaching effects on the mothers' ability to cope with child care. The lack of trust may be linked to self-blame. The mothers doubt their ability to mother and their ability to make decisions that are in their children's interest. This was summarized by respondent ten as follows,

People say, I must trust my gut feeling, what gut feeling? I already put my child in danger, how can I trust my gut feeling?

4.3.6 HOPE FOR WELL-BEING

Hope is an emotion that was evident with the majority of participants. Hope was expressed by respondent eleven as follows;

I want them to get over what happened, to heal from inside. I also want them to have a strong self-esteem. I do not want them to be a target for die next man or the next women. You know they should learn to, that what happened to them was wrong, but at the end of the day they should speak out about what happened to them, because something was done about it. I don't want them to sit back, I want them to grow up to be strong coloured girls, teenagers and women.

This expression of hope represents a summary of what was expressed by all the participants.



This participant expressed hope for the future, the hope that her children will heal from the trauma that they now experience; that they will speak out about their experience and not allow it to keep them back; that they will realize that what was done to them was wrong and that it should not keep them back from becoming strong coloured women, girls and teenagers. This participant's expression summarized the hope expressed by all the participants. The hope so eloquently expressed by the participant is recognized as resilience. It signifies the potential for personal and relational transformation and growth that can be forced out of adversity. The families' resilience may emerge stronger and more resourceful through their shared experiences. A crisis can be a wake-up call; it becomes an opportunity for reappraisal of priorities, stimulating investment in new relationships and life pursuits. Families may discover untouched resources and abilities

they have not recognized before (Walsh, 2002:131-132).

4.4 BEHAVIOURAL CHANGES OF THE VICTIM

The second theme is parental coping with the behavioural symptoms of the CSA survivor post the disclosure of CSA. Although an array of emotional responses were identified by various researchers, the participants in the study identified the following in their children; withdrawal, poor scholastic progress, adult mannerisms and stubbornness. The participants' identification of behavioural symptoms may be influenced by the parents' lack of exposure to an unfamiliar traumatic situation, CSA. These behavioural symptoms may be common to them, easily identifiable and within their frame of reference.

The following behavioural symptoms; withdrawal, poor scholastic progress, adult mannerisms and stubbornness will be discussed as the majority of the participants indicated that these were evident in their children's behaviour.

4.4.1 WITHDRAWAL FROM LIFE

Withdrawal from life is behavioural response to CSA that was mentioned by eleven of the respondents'. Withdrawal from life indicates that the child may isolate himself from his peers, other children or his parents. This is to avoid being reminded of what has happened. Children are also preoccupied with thought of the abuse and may avoid contact with other people (Powell, 2007:87). Being withdrawn is regarded as a sign of bereavement. The children may isolate themselves in an attempt to come to terms with the traumatic event (Muller and Hollely, 2009:93). This behavioural symptom was described by the participants as follows;

He dreams a lot (Respondent one).

He prefers to be alone (Respondent four).

She seldom speaks (Respondent seven).

She sits in a corner when we have people (Respondent nine).

These are some of the statements which the participants made. These statements indicate the children's response after the disclosure of CSA. The majority of the participants mentioned this behaviour as it was a concern to them. It appears that they started noticing this behaviour prior to the disclosure of CSA.

Two of the participants stated that they addressed their concerns with medical doctors but they were told that there was no reason for them to be concerned. None of the participants indicated that they approached a social worker, psychologist or a religious leader about their concerns. The medical doctor was the first professional person they approached for help. Although the behavioural indicator may be commonly identified as a possible response to CSA, the participants' response indicates parents are not readily exposed to this information.

4.4.2 SCHOLASTIC PERFORMANCE

The majority of the participants indicated that they informed the school. The school appears to be the second system of authority that the participants disclosed to. The school response according to the participants was positive as many of the children were referred for help via the school. The participants indicated a positive encounter with the

school post the disclosure of CSA. The participants acknowledged the significance of having informed the teacher. The participants further mentioned that they often consulted with the teachers about their children's progress.

The participants share their opinions of their contact with the school staff as follows,

He is at a special school. I told the school. They know what happened. The teacher said he likes the girls. He likes watching the girls. The other day when I took him to the bus stop he kissed one of the girls, he said it was his girlfriend. I felt embarrassed (Respondent three).

Her school progress weakened. I went to speak to them. When this happened I went to the teacher. The teacher said she is progressing again (Respondent seven).

Such children school progress is slow (Respondent six).

The teacher cried when we told her what had happened. The school arranged for the school psychologist to see her (Respondent eight) .

The school knows what happened. I immediately told them what happened. They support her (Respondent nine).

A change in the children's academic performance may be a symptomatic indicator of CSA. Poor scholastic progress may be evident at the beginning of the abuse. Research has indicated that CSA has a long term effect on the child's ability to cope at school. The educators are normally the first to notice this and then inform the parents. School work is seldom completed or the child may have difficulty concentrating in class, which results in

poor scholastic performance (Powell 2007:86). Children may also be resilient and do well at school irrespective of the abuse. Children may make the school a home away from home or a refuge away from the trauma that they may encounter in their lives (Louw & Louw, 2010:376). In addition to this Muller & Hollely (2009:114-115) quoted Lewis (1999:110) as stating that intelligence and school achievement are factors that affect the child's ability to cope with the abusive experience. Children who are intelligent and who do well at school tend to be more resourceful in their ability to deal with abuse. These children tend to be more resilient. They have problem solving skills; they have self-confidence and a positive self-image. It is of significance to note that the majority of the participants reported that when they informed the disclosure of CSA to teacher, the children's progress weakened, but steady progress was mentioned later by the educators. This indicates the presence of resilience. A child's successful mastery of the difficult experience can reinforce their self-image and confidence (Muller & Hollely 2009:114-115). Another behavioural response mentioned by the participants was their children presenting adult mannerisms.

4.4.3 ADULT MANNERISMS

Adult mannerism refers to the child's display of behaviour and knowledge that is above their developmental level. Adult mannerism may also be termed as pseudo-maturity. The child may find it difficult to relate to her peers as she may have achieved developmental stages that are incongruent with her age. This developmental advance may be due to the child's exposure to CSA. Pseudo-maturity impacts on the child's personality, making the child appear more serious and mature for their age. The child's ability to play with their peers, and spontaneity are weakened due to CSA (Muller & Hollely, 2009:100). Adult

mannerisms were one of the behaviour symptoms of CSA which were very difficult for the participants to cope with. It was difficult to comprehend and to seek assistance for. This was a behavioural symptom that was not easily identified or linked to CSA. The participants had no term for this behaviour and often used a derogatory colloquial term to describe this behaviour. Adult mannerism was portrayed by the respondents as follows;

She is like a mother to her brothers and sisters. She responds to them, like a mother. I have to remind her that it is okay I am here to look after them. One day when I was not home. The baby needed nappies. She took a towel and a plastic bag and wrapped it around the baby. I could see that she is used to taking care of them (Respondent six).

She acts like an adult person. She prefers adult persons' company. I must remind her to act like a child (Respondent two).

Respondent two indicated that she would physically hit her daughter as she had difficulty dealing with her daughter's adult behaviour.

The participants identified the behavioural symptoms that were evident to them and how they coped with these symptoms. The participants further indicated how the different social aspects influenced their coping with CSA.

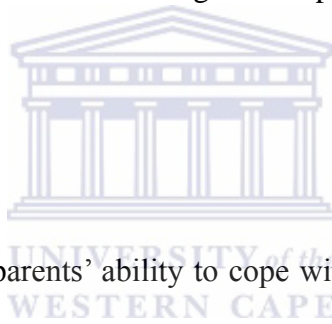
4.5 PARENTAL COPING

Three of the research questions focus on the influence or challenges that CSA have on the parents or caregivers of children who disclosed CSA. The three questions were as follows; the first question was, how are you managing with the care of your child? Prompt child's behaviour, school progress, the community and the accuser's family. The

second question focused on the parent or caregiver reaction; what was your reaction when you found out about the abuse? Who told you about the abuse? The third question looked at specific basic needs for care; *now that your child has disclosed, how do you cope with his care? Prompt need for food, shelter, hygiene, education and affection.*

The weight of the questions was based on the parental and caregivers' experience post the disclosure of CSA. These questions' emphasis was on how the parents or caregivers felt post the disclosure process, their ability to cope with the care of their child and personal resources they used to manage the care of the CSA survivor. The participants identified parenting, family support, spiritual well-being and hope as resilient attributes to their coping ability.

4.5.1 PARENTING STYLE



Parenting style influences the parents' ability to cope with child care post the disclosure of CSA. The parenting styles are authoritarian, authoritative and permissive. An authoritative parent sets rules and strategies, which allows for freedom of exploration, but implements discipline. An authoritarian parent uses power and control to dominate and control their children's lives. Furthermore a permissive parent uses less discipline and tends to be more compliant of the desires and actions of their children (Baumrind, 1997 as quoted by Human, 2010:25-28). Many of the participants have mentioned that their parenting style has changed since their children disclosed CSA. Some participants mentioned that post the disclosure of CSA, they are obsessed with their children's safety.

When I bath him I check his anus for signs of abuse (Respondent one).

I take him everywhere with me. I use to let him play wherever he wanted. He often played far from the house and I never used to worry (Respondent three).

I never leave her alone with my boyfriend, I don't trust anyone with her (Respondent ten).

I watch him all the time. I don't even trust the other children with him (Respondent four).

I am now paranoid over my child's safety. They can no longer play away from home. I now watch movies with them (Respondent ten).

They are not allowed to play in the street anymore (Respondent eleven).

The respondents' statements indicate that they are more anxious with their children's safety and that they take precautions in an attempt to try and prevent further abuse. Their response indicates a change from how they previously handled their children's care. The parents' response indicates that their parenting style was more permissive and has now changed to authoritarian parenting. Permissive parenting refers to when limited control is exercised over children. Authoritarian parenting is defined as restrictive punitive and where parents set limitations and exercise strict control (Louw & Louw, 2007:328).

4.5.2 FAMILY SUPPORT

Family support was mentioned by the majority of participants as a coping mechanism that helped them to cope with CSA. Family support was evident from the following extracts that were taken from the participants.

I moved to my aunt with my children. She was always there for me (Respondent one).

My father and my sons are now very supportive of him (Respondent two).

My daughters help me to take care of the children (Respondent three).

My husband supports me. My mother-in-law put my son in the dance group to help him to forget what has happened (Respondent four).

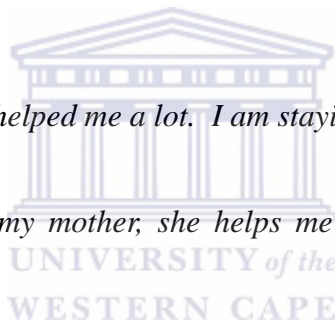
I do not know what happened but I must support my child (Respondent five).

My sister-in-law goes to church with us. She supports us; she often speaks to us. She encourages us (Respondent seven).

My family understands what we are going through. They always asked if we need anything (Respondent nine).

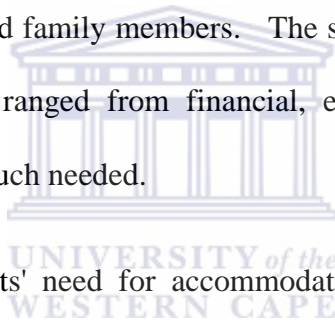
My family especially my sister helped me a lot. I am staying with her (Respondent ten).

I was forced to go stay with my mother, she helps me with my children (Respondent eleven).



Family support was one of the most crucial coping factors that were mentioned by the majority of participants. Research acknowledged that the route to a child's recovery is via the parents and family support (Manion, et.al 1998:1301). From the disclosure of the participants the family support was most significant for them. Family support was identified as a contributor to resilience. Family aided the participants' ability to cope post the disclosure of CSA. Family support was evident in the form of emotional support for the parent and the child, financial and providing accommodation when it was needed. The commitment shown by the extended family was identified as one of the six qualities of the Family Strengths Model (Walsh, 2002: 130-137). Another family strength that was

identified was support for single parents. Evidence of this was found in the participants' response stating that they pulled together as a family, even if it was a single parent family. The research study indicated that the majority of the participants are single parents. Research done by Silberberg (2001:57) found that although single parenting is not part of the traditional nuclear family it is now one of the many forms of family that society needs to deal with. These families had to face the challenge of developing new family practices without the help of a role model. This study identified strength themes that were specific for these families. The strength themes were support from the extended families and co-parenting arrangements. One of these themes was evident in this research study and it was the support by the extended family members. The support the participants received from their extended families ranged from financial, emotional support to providing accommodation when it was much needed.



An example of the participants' need for accommodation and the extended families' response to this need was described by the participants as follows;

I had to move, he (perpetrator) was still in the area (Respondent four).

I had to give up my flat and stay with my brother. I am now living with my sister (Respondent ten).

My husband and his mother put us out after they found out about the abuse I had to live with my mother and stepfather (Respondent eleven).

The support the participants received gave them the resilience to face the challenges of sole or single parenting of children who were survivors of CSA (Silberberg, 2001:57).

This indicates that the communities are aware of the fact that single parents are vulnerable and that they need the support of their extended families to cope with the aftermath of CSA (Louw & Louw, 2010:367). Furthermore the participants' responses indicated that they valued the support that they received from their families, as it enhanced their ability to cope with trauma that they were experiencing.

4.5.3 SPIRITUAL WELL-BEING

Four of the participants mentioned that their belief in God was keeping them focused and provided them with the strength to keep going irrespective of the adversity that they faced. Religion and a person's beliefs form part of the person's value system. Sharing similar values gives the family the resilience to face challenges. Furthermore it bonds the family together. The spiritual values of respect, kindness, acceptance, understanding and tolerance form part of spirituality and religion. Spiritual well-being is one of the six qualities of the Family Strengths Model. It is a form of resilience that helps individuals and families face adversity.

Furthermore it is a coping mechanism. Spirituality is something that cannot be thought but it is transferred from parent to child. So is the principal of resilience; it is passed on from the parent to the child (Walsh, 2002: 130-137). Spirituality was reflected by the participants as follows;

I had prayer meetings at home (Respondent six).

Reading the Bible is my everything (Respondent eleven).

My children and I go to church (Respondent eight).

We go to church (Respondent seven).

4.6 AVAILABLE RESOURCES

One of the research questions looked at the parents' access and the support they received from the resources with which they had contact. The resources the participants identified were communities, Criminal Justice system and counselling service providers. The participants indicated that their involvement with these resources had direct implications on their daily functioning and their ability to cope with CSA. The participants mentioned that they cannot access resources due to a lack of finances.

The participants summarized their contact with the resources as follows, I want them to tell me what is happening with the case. When something like this happens to your child you don't know what to do. They must understand that you don't know it is the first time this happens to your child. The majority of the participants indicated that they needed intervention from the time the child makes the disclosure. Furthermore the participants indicated that they needed help with understanding their children's behaviour post the disclosure process. They also related that they would prefer to get regular feedback from the SAPS. They felt that they wanted to know when the perpetrator appears in court, will the perpetrator receive bail and why are cases withdrawn? The participants related that they needed to be consulted about the decisions that were made by the authorities.

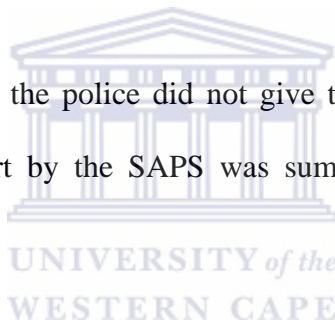
4.6.1 COMMUNITIES

The community is a significant resource for the participants and their children. The participants mentioned the influence the community attitude and opinions have on them

post the disclosure of CSA. The participants felt the community held them responsible for what happened to their children; that the community tends to support the perpetrator if it was a well-respected member of the community. The participants further indicated that they could sense that the people ignored them and their children. The community would pass remarks when they or their children walked down the street. The reproach expressed by the community often resulted in the participants isolating themselves. CSA is a form of violence that influences the individual, family and community (Breckenridge & Davidson, 2002:22).

4.6.2 THE POLICE SERVICE

The participants indicated that the police did not give them the necessary support and guidance. This lack of support by the SAPS was summed up by the participants as follows;



They do not tell you what is happening with the case. You have to phone them. We need them to explain to us what will happen. They don't help you to get to the hospital for the follow up visits and you don't have money to get to the hospital. You see the person walking around and you don't know what is happening to the case. How must your child feel when this person is still around? The people laugh at you and the person who hurt your child. They just say they don't have enough evidence. They don't tell you what to expect or how to handle the case or your child. You don't know what to expect, if someone can just tell you what to expect. Furthermore the participants mentioned that the police told them not to question their children and to wait until they are able to have the child medically assessed. The police also told the participants that they will refer the

children for counselling and that they should wait for this to happen. All the participants stated it takes too long for their children to get help.

The participants' response links to what Plummer and Eastin (2011:6) affirmed. Parents are expected to adhere to mandates given by authorities that are contra to mothers' notions of good mothers. Mothers are given instructions by the authorities not to take their children to a doctor, not to question the children and not to tell anyone about the CSA. What is evident here is that mothers are not given advice on how to handle a situation that is completely new to them, yet they are expected to do the opposite of what a concerned mother would deem normal or appropriate. In other instances of trauma a mother is expected to take her child to a doctor or the nearest medical facility and to talk about the trauma that the child had to endure. The difference in the trauma and the legal implications of questioning the child are not explained to the parents or caregiver. This increases their level of stress and trauma (ISO-SAC 2011:2).

4.6.3 CRIMINAL JUSTICE SYSTEM

The criminal justice system is widely acknowledged to lead to further victimization of children who were sexually abused and their families. The problems identified were addressed by the South African Law Commission, however the participants' response indicates that law reform may be an idealized concept, and its success is dependent on the various role players and their implementation of the reform process, in order for it to be successful.

The opinions of the participants do not indicate the success of the law reform. The participants' response to their contact with the criminal justice system was accounted for

as the uncertainty experienced by the parents and caregivers. The participants expressed it as follows;

The case was just withdrawn, they did not tell me why it was withdrawn (Respondent one).

Nothing happened to the case. They just told me my child does not want to talk about what happened (Respondent four).

The doctor's findings are not conclusive. My child could not tell the social worker what happened (Respondent eleven).

The response from the Criminal justice system indicates that parents often live with uncertainty. Authorities often inform them that abuse probably occurred, but there is nothing that they can do, as there is not enough evidence to convict the perpetrator. This situation leaves the parents with unsolved feelings and fears. The parents or mothers are often expected to make choices about their children's future, but they are hampered by the lack of guidance they receive from the authorities. An example of this is;

Who stated, I don't know if I can trust my boyfriend. The grandmother said that my child told her that my boyfriend touched her. The doctor's finding is inconclusive and social worker could also not find anything (Respondent ten).

Another aspect that the participants mentioned was that mothers are often suspected of influencing their children. These allegations do not need to be proven. It is based on the opinion of the investigating officer or the social worker who is dealing with the case. The consequences of such suspicion lead to the removal of the child from the mother's care.

Respondent five, my child was placed with my mother; they said I will influence the child.

The participants' experience relates to research findings. The removal of children from parental care post the disclosure of CSA is a reality faced by many parents. The possibility was also expressed by another participant. *Respondent eleven stated that she feared that her children will be removed because she was removed from her parents' care* (Loffell, 2000:9).

4.6.4 SOCIAL WORK SERVICES

The majority of the participants stated their first exposure to any form of assistance was when they received a letter stating that they should see a social worker at Childline. Before that, they were dependent on sporadic contact from the investigating officers. The information from the investigating officer was unclear and limited. The participants felt that they should have had this contact with a social worker earlier and from the start. They related that if they had social work services from the time they reported the CSA case to the police, it would have minimized the stress and agony that they experienced. The participants indicated that the police only referred them for counselling or to a social worker after they have completed their investigation. The participants indicated that this was too late. The participants indicated that they needed counselling or intervention from a social worker when they report the case. Although the participants identified this need, research has revealed that the services rendered by social work services may be deficient (Loffell, 2000:9). This raises concern as it further compromises the vulnerable position of the survivors and their caregiver. Throughout the chapter the themes indicated that parents and caregivers find themselves in economically and socially deprived circumstances. These circumstances further increase their vulnerability when they are

confronted with CSA, a crime over which they have no control. The service providers on whom they depend for protection and assistance is seemingly not equip to assist them. Or they are provided with inadequate services which compromises their safety and ability to cope with CSA.

This chapter highlighted the experiences of the parents who care for children who disclosed CSA. The information shared by the participants was presented in their own words and gave meaning to the experiences that they wanted to share. The next chapter five will discuss the recommendations and conclusions.



CHAPTER 5

CONCLUSION AND RECOMMENDATION

5.1 INTRODUCTION

The chapter provides a summary of the findings, the methodological limitations and makes recommendations about the service provisions that can be made to assist parents who care for children who disclosed CSA.

5.2 SUMMARY OF FINDINGS

The current research study explored the lived experiences of parents whose children disclosed CSA. The Study further explored the different psychological, emotional and socio-economic circumstances which influenced their care of the child who disclosed CSA. Four essential themes emerged from the participants' experiences. The current study afforded the interviewer the opportunity to identify distinctives that surfaced as the study progressed. The first common distinctive was the gender of the participants and their children. Secondly the majority of participants were single parents. Thirdly the participants were unemployed. Fourthly the majority of the abuse was committed by persons that were known to the child and their families (intra familial abuse). The fifth common distinctive was that the majority of the children were between the age of six and twelve years. These common distinctives could all be related to various research studies that had the similar distinctive. The common distinctives not only highlighted the similarities of the participants but served the purpose of validating their lived experiences (Manion, 1998:1285).

The themes that emerged were as follows; the first theme is the participants' emotional response to the child's disclosure of CSA. The second theme was the behavioural changes of the CSA survivors; the third theme was the participants' response and coping with CSA. The fourth theme was the influence of the resources.

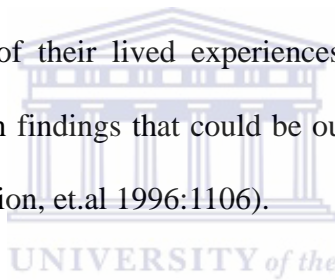
These themes each created sub-themes. These sub-themes created the opportunity to fully comprehend and describe what the participants were experiencing. The first theme is **emotions**. Participants' emotional responses to CSA were as follows; anger, fear, empathy, guilt, trust and hope. The portrayal of these emotions re-affirmed that the parents and caregivers are exposed to secondary trauma. The secondary trauma is due to their parenting role as primary caregiver. (Manion et al. 1998:1285). Furthermore the emotions experienced by the parents and caregivers are similar to that of the CSA survivors. The second theme is **behavioural symptoms** of CSA survivors. The sub-themes that emerged were withdrawal, poor scholastic progress, and adult mannerisms. These were the behavioural indicators that were evident for the participants. The participants indicated how they managed these behavioural symptoms. The third theme is **parental coping**. The participants identified the following sub-themes that related to the challenges they faced in their attempt to cope with the care of a child who disclosed CSA. The sub-themes were parenting style, family support, and spiritual well-being. The participants indicated that these three sub-themes aided them to cope with the care of a child post the disclosure of CSA. The fourth and final theme was the influence of **available resources** on the parent and child. The sub-themes that emerged from this were the resources that the participants identified and how the attitudes and services delivery of the resources influenced their coping. The resources were communities, criminal

justice system and counselling service providers. The participants indicated that their involvement with these resources had direct implications on their daily functioning.

5.3 LIMITATIONS OF THE STUDY

In the current study the parents and caregivers that availed themselves to participate were the mothers. As the research indicated this was due to a variety of gender-based ideologies that are enforced by society (McGuffey, 2005:621). It would however be more descriptive if a conscious effort is made to include the absent partners.

It appears that the absent partners are conveniently left out. Their input would provide a more in-depth understanding of their lived experiences. Their absence will then be accounted for and not based on findings that could be outdated and not relevant to their present lived experiences (Manion, et.al 1996:1106).



The questions used in the research study were an excellent guide for the interviewer and the participants. It was however a challenge to guide the participants as they were eager to share detailed information that was not always relevant to the current study. The participants also saw the research as a means of voicing their concerns and dismay with particular resources. Some participants wanted to use the interviewer to address the unresolved issues that they had with these agencies. The participants saw the research study as a means to an end.

The research should be broadened to include other races and genders. The research focused on the experience of the parents and caregivers, but the entire family unit is affected by CSA. The research should include the family unit, and not single out certain

family members. Research has indicated that CSA influences all members of a family, and service providers should extend their services to include the family as a unit (Manion, 1996:1105).

The participants were interviewed at the Childline offices, which may have created the opinion that the interviewer was part of the services rendered by the agency. The participants were eager to share their lived experiences which led to many of the questions being misinterpreted. A follow-up interview may have been more structured as it would have given the participants the opportunity to consider the information that they wanted to share, and allow them to focus more specifically on the research questions.

Various research studies have made reference to the need to further investigate the parental response to the child who disclosed CSA; no mention is, however, made of the child's opinion of the parental response. How does the child perceive the response of the parents and caregivers as well as the resources that assist them?

5.4 RECOMMENDATIONS FOR SERVICE PROVIDERS AND FURTHER RESEARCH

SERVICE PROVIDERS

5.4.1 NON GOVERNMENTAL ORGANIZATIONS

The efforts made by the government, NGO's and CBO's are acknowledged, but it is evident that women and children are still vulnerable, they are still abused and violated on a daily basis. The organization which is there to assist them cannot deal with the magnitude of this problem. These results indicate that this state of affairs further leads to

secondary traumatization and secondary abuse. Poor services delivery was evident in *respondent six* responses. The participant is a single parent with four children of her own. Two of her children function independently. A government social worker placed four more children in her care. The case was then referred to a non-governmental organization for further service delivery. One of the children was raped, two are suspected of having foetal alcohol syndrome. The children were placed with her on a form 36 (emergency placement documentation). The caregiver received financial support for six weeks in respect of these children. A year has passed no intervention services were rendered to the caregiver or the children. The court enquiry in respect of the children was never completed. No counselling service was rendered to the survivor of CSA or the other children. The caregiver has no documentation of the children's birth or legal status. She receives no financial support to aid her to take care of eight children. The question is, is such a placement in the children's best interest? Can a single parent manage with the care of eight children considering the fact that three of the children have special needs? This is only one of the disturbing realities of the type of services that are rendered to the most vulnerable members of our society. This appears to be the reality of under-resourced organizations and poor service delivery by social workers.

Recommendations: Effective counselling and parenting programmes must be made available to parents. Logistical and financial challenges of the parents and caregivers must be considered when services are made available to them. The programmes should be implemented and evaluated on a continuous basis to ensure that the people's needs are met and in-line with their expectations. Organizations should enter into a consultative process with parents (Van Niekerk, 2003:263-275)

5.4.2 COUNSELLING SERVICES

It is evident that societal and government organizations worldwide have recognized this need for specialized services to be rendered to the survivors of CSA. A central focus point was however ignored. This was the family or parents of the survivors of CSA (Breckenridge & Davidson, 2002:22). Counselling services rendered to survivors of CSA do not include the parents or caregivers of the survivors, although they are the primary support of the child. It is a given that the mother's capacity to support the child affects the success of the counselling and the pending legal investigation and the child's ability to recover (Spies, 2006: 272-273). Mothers' disbelief of their children's disclosure may hinder the counselling process as well as the investigation and the children's future well-being. It is thus of great value if mothers' attitude and ability to cope with CSA is detected early in the process. The only way of detecting this is by service deliverers having productive contact with the parents and caregivers (Breckenridge & Davidson, 2002:22, ISOC-SAC, 2011:1, Plummer & Easton, 2011:1; Muller & Hollely, 2009:141). The value of including the mother in the initial assessment may result in the successful investigation of CSA cases.

A research study done by Plummer and Easton (2001:11) indicated that mothers reported a lack of support from professionals, poor services delivery, being scrutinized and insensitivity to their concerns. In the present research study these aspects were mentioned by the respondents the lack of support from resources such as the SAPS.

Recommendations: A need to extend counselling and child protection programmes to include the parents', caregivers and the communities is essential to effectively address

CSA. The role of the parents and caregiver is crucial to the investigation and should not be compromised. They should be included in every aspect of the investigation. A multi-disciplinary approach will ensure that parents and caregivers receive the necessary assistance. Programmes presented to parents start when the case is reported. The programmes should include child and human rights, impulse management, education on responsible sexual behaviour and training on responsible parenting. Furthermore, child abuse programmes should guard against promoting programmes encouraging children to say “no”, as this may indicate that children have the power to protect themselves. The imbalance of power between the child and the perpetrator, as well as the universal norm of children encourages respecting their adults. Role players within the child protection system must be appropriately selected for their roles. Furthermore, they should receive specialised training and regularly be debriefed. Should they fail in their duties and responsibilities to protect children through corruption, disinterest and carelessness? They should be held accountable and disciplined. This may improve public confidence in service providers (Van Niekerk, 2003:273).

5.4.3 CRIMINAL JUSTICE SYSTEM

In South Africa it is common that a significant number of perpetrators are identified and reported to the police but fewer than half are prosecuted. Of these, most receive fines or suspended sentences. Others are sent for treatment. The treatment is either non-existent or under resourced. Research has indicated that there is a lack of co-ordination between welfare organizations and the justice system. Furthermore the justice system has become known for the lack of police follow-up, multiple remands, lengthy delays and court personal are reported for using inconsistent practices and procedures in court. Cases

often take three years before the trial commences. These aspects are often what motivate people not to report cases of CSA to the police; for fear that the child will be exposed to secondary trauma and due to fear that the trials will not have a positive outcome. Sadly these people's perceptions are often realized (Loffell, 2000:9 & Richter, et.al 2004:209).

Furthermore in South Africa the justice system is presently adversarial with no or very little input or involvement from the presiding officers. There is presently a call for the implementation of a more inquisitorial justice system. It is proposed that the inquisitorial system will give the presiding officer more powers of intervention by affording children greater means of protection especially in cases of CSA (Richter, et.al 2003:219).

An analysis of case records showed enormous variation in the quality and intensity of services rendered to the children and their families. The case records showed a lack of standardized or systemic approaches to social work (Loffell, 2000:9).

Recommendations: The respondent indicated that there is a lack of consultation since they do not understand why cases are withdrawn. They felt that they need more information and that they wanted to be consulted before a decision is made. This notion is supported by Richter et al (2004), who proposed that a multidisciplinary approach be applied when dealing with cases of CSA. The multi disciplinary approach suggests that the South African Police service, the National Prosecuting Authority, Social welfare services, medico-legal services and civil society need to be co-ordinated in a manner that will ensure swift management of the investigation and prosecution of CSA cases. Furthermore, policy documents, guidelines and protocols are available but it is not consistently implemented and service providers are not held accountable when these are

not implemented (Richter et al 2004:217).

5.4.4 POLICIES

The participants' experience may be linked to under-resourced social service organizations, which are flooded with referrals. This may lead to secondary abuse of the child and the family who was exposed to CSA. Furthermore this is in direct contravention of the country's Constitution that stipulates that children are a vulnerable group in need of specific care that have the right to freedom and security. The Constitution further states that children should be free of violence from either the public or private sources. In South Africa, Child Protection services have always been under-resourced. This is a sector of social services that lacks basic resources and programs that are required to deal effectively with CSA. Although the need to involve families in a social services program was accepted as crucial for their future well-being we need to acknowledge that sometimes there are difficulties with getting these families to cooperate with authorities. These families are often challenged by multiple stressors and limited resources. The referrals are often coercive or mandated by the court (Gershater-Molko, et.al 2003:384; Van Niekerk, 2003:11-16; Richter, 2004:210).

Recommendation: Although policies are in place research have indicated that due to a lack of finances and personal to render the much needed services, people are exposed to secondary trauma by the very system that is supposed to assist them. A National Child Protection Strategy is required. This will hold role players responsible to perform duties that are co-operative, responsible and co-ordinated. Furthermore, it will prevent duplication and ineffective service delivery (Gershater-Molko, Lutzker & Wesch

2003:384; Van Niekerk, 2003:11-16; Richter, 2004:210).

FURTHER RESEARCH

The participants' experience indicates that there is a need for more co-ordinated services, to be rendered to CSA survivors and their families (Richter, et.al. 2004:217). If we consider the case of *participant six* then, it is imperative that it is recommended that officials who fail in their responsibility to protect children due to disinterest or carelessness be held accountable and disciplined (Van Niekerk, 2003:15).

Participants indicated extensive feelings of guilt and self-blame. This was not only self-inflicted but imposed on them by society and service providers. Therefore it is recommended that the emphasis should not be on blame, but on the strengths the family present (Manion, et.al 1996:1105). The facilitation of healing for the parents and caregiver will ensure that the survivors of CSA are provided with a non-judgmental and healing environment (Morales, 2007:15).

The criminal justice system is focused on the child telling what has happened. The irony is, if we consider the power difference between the perpetrator and the child, is this a fair expectation? Prevention programs are focused on the child saying no. This creates the impression that the child has the power to protect themselves and added to this, in our society the child is taught to unconditionally respect their elders (Van Niekerk, 2004:270).

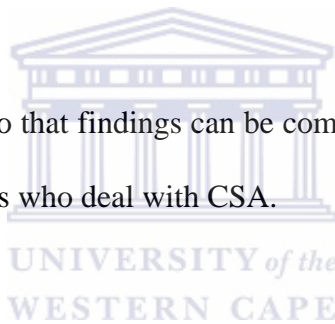
The participants mentioned the need for early intervention and a need for information. This is a crucial need that is not addressed by service providers. The media may be a valuable means of communication, informing parents and caregivers how to handle the

disclosure and what to expect post the disclosure process (Van Niekerk, 2004:273).

The current research study has highlighted the need of the participants, which is eloquently provided for in our Constitution and criminal justice system, but has not filtered down to those who need it the most, our children and their caregivers and parents.

Further research is needed with:

- Absence of fathers during the disclosure of CSA.
- Quantitative research pertaining to the parental experience of child care posts the disclosure of CSA.
- Other cultural groups, so that findings can be compared and a holistic attempt can be made to assist parents who deal with CSA.



5.5 CONCLUSION

Chapter five discussed the findings and the recommendations of the study. The study concluded with the participants' needs for early intervention and more effective service delivery from all role players and organizations that render services to survivors and caregivers who experienced CSA. . The study recognized what was previously stated by other researchers; that the parents' and caregivers' role in dealing with CSA is not recognized. The recognition of the parental role could lead to more successful investigations, enhanced healing for the survivors of CSA and improved functioning for the entire family post the disclosure of CSA.

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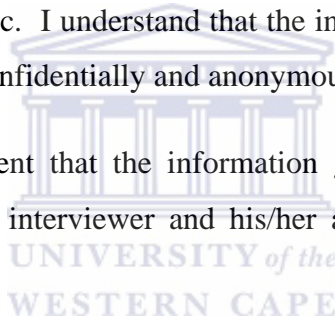
Appendix A

Letter of consent

An individual in dept interview with parent's of children who were identified as victims of child sexual abuse.

The letter serves to grant my consent to complete and participate in an individual interview with the interviewer. It is an in dept discussion of my experience as a parent caring for a child who is a victim of child sexual abuse. The objectives of the study are to explore what parents experience when they are confronted with child sexual abuse further more to describe the aspects that influences parental response to child sexual abuse disclosure. I am aware that I may withdraw from the study at any time should I not feel comfortable discussing the topic. I understand that the information is private and will be managed by the interviewer, confidentially and anonymously.

I understand that I give consent that the information gathered will be typed and be marked for interaction by the interviewer and his/her and lecturers, as it serves as a research study.



This letter was and signed onday ofmonth of the year.....

Signature of interviewee:.....

Signature of interviewer:.....

APPENDIC B

INTERVIEW SHEDULE

Respondent:

Date:

Time

The interviewer introduces herself and the reason for the interview.

The respondent responded in Afrikaans stating that the referring Social worker from Childline has informed her about the interview and the reason for the interview and she is willing to participate in the research process.

The interviewer then explained to the respondent that a voice recorder will be used to record the valuable information that she will provide. The interviewer handed the consent form to the respondent and read the content to her. The research values and principles were also deliberated to the respondent. The interviewer further explained to the client that questions will be asked and she may stop the interview at anytime or omit to answer a question if she wishes to.

- 1) The interviewer, tell me about your family, finances, home environment, family routine, family relationships and employment.
- 2) How did you discover that your child was abused? Prompt who disclosed
- 3) How did you feel when your child disclosed the abuse? Prompt types of feelings, anger, denial, fear, self-blame
- 4) What was your reaction when you found out about the abuse? Who told you about the abuse?
- 5) How do you feel now that your child has disclosed? Prompt self, the child, and the extended family?

6) Now that your child has disclosed, how do you cope with his care. Prompt need for food, shelter, hygiene education and affection.

7) Are you managing with the care of your child? Prompt child's behaviour, school progress, the community and the accused family.

