

**AN EXPLORATORY, PHENOMENOLOGICAL STUDY OF THE MATERNAL-
INTERGENERATIONAL TRANSFERENCE OF SEXUAL ABUSE**

CECILLE ARLENE ADAMS

STUDENT NUMBER: 9026143

A thesis in partial fulfilment of the requirements for the Degree of Magister

Artium in Child and Family Studies.



Supervisor: Professor Mogammad Shaheed Soeker

**UNIVERSITY OF THE
WESTERN CAPE**

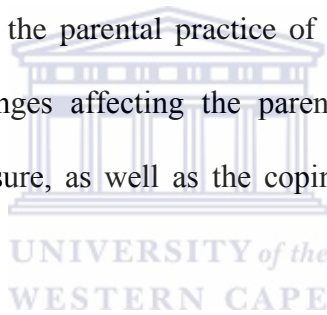
Date: November 2015

ABSTRACT

Childhood sexual abuse transcends boundaries of social class, race, age and gender. Research suggests that its effects are so profoundly debilitating that even in adulthood, victims struggle with a range of emotional, psychological and behavioural challenges. Nationally, South Africa has experienced a high prevalence of childhood sexual abuse, with a noticeable reporting of sexual abuse amongst children whose mothers survived childhood sexual abuse. The current study was aimed at exploring and describing the experiences of maternal survivors of childhood sexual abuse (CSA) whose children also disclosed childhood sexual abuse. It furthermore explored the maternal intergenerational transference of sexual abuse and its influence on parenting, as well as exploring how the experience of childhood sexual abuse influences maternal parental practice and confirms or negates whether sexual abuse is generational.

A qualitative research design was used to explore the experiences and perceptions of seven mothers who experienced sexual abuse as children, whose children also disclosed sexual abuse. The sample was purposefully drawn and the interviews were conducted at the premises of two counselling organisations, where they (mothers/children) were receiving counselling. The researcher made use of in-depth interviewing with maternal survivors of childhood sexual abuse whose children also disclosed childhood sexual abuse. The data was collected using an interview schedule with open-ended questions, which facilitated the interview process. Interviews that were conducted with the maternal survivors of childhood sexual abuse were recorded and transcribed verbatim. The data from the study was analysed using thematic analysis, with all data managed manually. Ethical considerations were deliberated to participants who provided signed, informed consent for participation in the study.

The findings were revealed in four themes. Theme one describes the experience of loss as a result of the CSA, which included loss of childhood, loss of relationships with family and friends, and loss of parental attachment. Theme two describes the interpersonal and psychological challenges resulting from CSA. A range of psychological and interpersonal sequelae resulting from the CSA experience poses many challenges for the maternal survivor of CSA. These include post-traumatic stress, cognitive distortions, emotional distress, avoidance, and interpersonal difficulties. Theme three describes the barriers affecting the maternal survivor's sense of Self, which includes negative body image and negative self-image. Maternal survivors of CSA struggle with issues pertaining to negative body image, which is as a result of the CSA experience. Issues pertaining to negative self-image were also captured. Theme four describes the parental practice of the maternal survivor and coping capacity, which includes challenges affecting the parental role, the maternal survivor's reaction to her children's disclosure, as well as the coping strategies adopted to cope and move on.



The results of the study show that maternal survivors of CSA experienced a shared feeling of loss, both on a personal level and a relational level. The findings furthermore indicate that the interpersonal and psychological challenges experienced by the maternal survivor are a direct consequence of the CSA and adversely affect the parental role of the maternal survivor. The findings indicate that in cases of intra-familial CSA, the chances are increased for CSA to re-occur in subsequent generations when contact with the mother's perpetrator is maintained. The findings indicate that when CSA occurs in a subsequent generation, regardless of whether intra-familial or extra-familial, maternal survivors are supportive towards their children's disclosures, as they are confronted with their own CSA experience.

DECLARATION.

I declare that the current study, titled *an exploratory, phenomenological study of the maternal-intergenerational transference of sexual abuse* in the Faculty of Community and Health Science (CHS) is my own work. It has not been submitted for any degree or examination at any university, and all the sources that have been used are indicated and acknowledges as complete references.

Cecille Arlene Adams

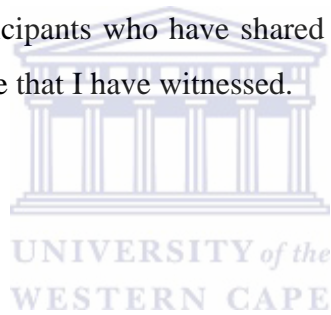
Date: January 2016



ACKNOWLEDGEMENTS:

All thanks to God for giving me the courage, strength, and endurance to finish this thesis, for without His grace, this task would have been an impossible one. In addition, I want to thank the following people:

- My supervisor, Professor Soeker, for your encouragement, guidance, and support, throughout this period.
- My husband James and my children Rebecca-Joy, Phoebe, and Izaiah for your love and support and for embracing my ideals.
- And then, to all the participants who have shared their stories, I am encouraged by the strength and endurance that I have witnessed.



DEFINITION OF TERMS

Sexual abuse

The involvement of a child in sexual activity that he or she does not fully comprehend is unable to give informed consent to, or for which the child is not developmentally prepared or else that violate the laws and social taboos of society. Children can be sexually abused by adults or other children who are-by virtue of their age or stage of development-in a position of responsibility, trust, or power over the victim” (World Health Organisation, 2006).

Intra-familial sexual abuse

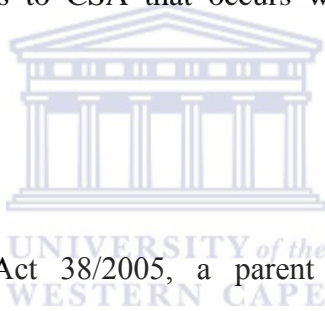
Intra-familial sexual abuse refers to CSA that occurs within the family (National Child Traumatic Stress Network, 2009).

Parent

According to the Children’s Act 38/2005, a parent is someone who has parental responsibilities in respect of a child.

Childhood sexual abuse

It refers to the sexual activity or sexual contact with a child through threats or force, regardless of the age of the child, and all sexual contact between an adult and a child, regardless of whether the child understands the sexual nature of the act (Drauker, Martsof, Roller, Knapik, Ross, Stidham, 2011).



Survivors of sexual abuse

A survivor is defined as “a group that exemplifies the challenges inherent in recovering from a “toxic relational environment” that poses significant risks for adaptation difficulty across many domains of functioning” (Wright, Fopma-Loy & Oberle, 2012).

Maternal childhood sexual abuse

The term refers to mothers who have experienced sexual abuse in their childhood (DiLillo & Damashek, 2003)

Intergenerational transference

The term refers to the passing forward into the next generation (Duncan, 2005).

Attachment Theory

The theory of attachment was developed by Bowlby and explains the bond between a child and his/her primary caregiver (Karakurt & Silver, 2014).

Parenting

Parenting is revealed by a mother through her parenting of her children (Duncan, 2005).

Post-traumatic Stress Disorder

A disorder that may develop after a traumatic event. PTSD symptoms may have an effect on the emotional, behavioural, or physiological functions of an individual (International Rescue Committee, UNICEF, 2012).

Traumatic sexualisation

This dynamic refers to the aspect of shaping the child's sexuality in a developmentally inappropriate and dysfunctional way (Muller & Hollely, 2009).

Resilience

The ability to maintain or recover one's well-being in spite of adversity, resulting from coping mechanisms which are innate or acquired (International Rescue Committee, UNICEF, 2012).




Contents

ABSTRACT.....	2
DECLARATION.....	4
ACKNOWLEDGEMENTS:.....	5
DEFINITION OF TERMS.....	6
CHAPTER ONE.....	13
1 BACKGROUND OF THE STUDY.....	13
1.1 Rationale of the study.....	16
1.2 Theoretical Framework.....	17
1.3 Aims of the study.....	18
1.4 Research Methodology.....	19
1.5 Overview of subsequent chapters.....	19
CHAPTER TWO.....	21
2 INTRODUCTION.....	21
2.1 Epidemiology of CSA.....	21
2.1.1 Prevalence of CSA.....	23
2.1.2 Disclosure of CSA.....	25
2.2 Long-term effects of CSA.....	28
2.2.1 The Four Traumagenic Factors.....	30
2.2.1.1 Traumatic sexualisation.....	31
2.2.1.2 Betrayal.....	31
2.2.1.3 Powerlessness.....	32
2.2.1.4 Stigmatization.....	32
2.3 Effects of CSA on parenting.....	33
2.4 Parental practice of maternal survivor of CSA.....	34
2.5 Attachment Theory.....	37
2.5.1 Secure attachment style.....	38
2.5.2 Avoidant attachment style.....	38
2.5.3 Resistant.....	39
2.5.4 Disorganised/disoriented attachment style.....	39
2.6 Intergenerational Transference of the risk for CSA.....	40
2.7 Maternal response to children’s disclosure of CSA.....	42
2.8 Summary.....	44
CHAPTER THREE.....	45
3 INTRODUCTION.....	45

3.1	Research Design	45
3.1.1	Methodology.....	45
3.1.2	Exploratory Research	47
3.1.3	Phenomenological Approach	47
3.2	Sampling.....	49
3.2.1	Sampling Site.....	49
3.2.2	Sampling Strategy	50
3.2.3	Sample Inclusion and Exclusion criteria.....	52
3.2.4	Sample Size	52
3.2.5	Description of study participants.....	54
3.3	Data Collection.....	55
3.4	Data Collection Instrument.....	56
3.5	Data Analysis.....	57
3.5.1	Reflexivity.....	58
3.5.2	Trustworthiness	59
3.5.3	Triangulation	60
3.5.4	Peer debriefing.....	60
3.5.5	Ethical considerations	61
3.6	Significance of the Study.....	62
3.7	Motivation for the Study.....	63
3.8	Summary	64
	CHAPTER FOUR	65
4	INTRODUCTION	65
4.1	Diagrammatic representation of themes and categories.....	66
4.1.1.1	Loss of Childhood	69
4.1.1.2	Loss of relationship with family and friends	71
4.1.1.3	Duration of CSA and disclosure.....	75
4.1.1.4	Loss of parental attachment	76
4.1.2	Theme Two: Interpersonal and Psychological challenges resulting from the maternal survivors' experience of CSA.....	77
4.1.2.1	Post-traumatic Stress (PTS).....	78
4.1.2.2	Cognitive Distortions.....	81
4.1.2.3	Emotional Distress	82
4.1.2.4	Avoidance.....	85
4.1.2.5	Interpersonal difficulties.....	90



4.1.3	Theme Three: Barriers affecting the maternal survivor’s sense of SELF.	97
4.1.3.1	Negative Body Image	97
4.1.3.2	Negative Self-Image	98
4.1.4	Theme Four: Parental Practice of the maternal survivor of CSA and coping strategies/Resilience.....	99
4.1.4.1	Challenges affecting the parental role of the maternal survivor of CSA	101
4.1.4.2	Maternal survivors’ reaction to their children’s disclosure	105
4.1.4.3	Coping strategies/Resilience.....	111
4.2	Summary	117
	CHAPTER FIVE	118
5	INTRODUCTION.....	118
5.1	Background to the themes.....	118
5.1.1	Theme: Experience of loss by maternal survivor	119
5.1.1.1	Loss of Childhood	120
5.1.1.2	Loss of relationship with family and friends	122
5.1.1.3	Duration of CSA and disclosure.....	124
5.1.1.4	Loss of parental attachment	126
5.1.2	Theme: Interpersonal and Psychological challenges resulting from the mother’s experience of CSA.	128
5.1.2.1	Post-Traumatic Stress (PTS)	128
5.1.2.2	Cognitive Distortions.....	129
5.1.2.3	Emotional Distress	130
5.1.2.4	Avoidance.....	132
5.1.2.5	Interpersonal Difficulties.....	135
5.1.3	Theme: Barriers affecting the maternal survivor’s sense of self.	140
5.1.3.1	Negative body image	140
5.1.3.2	Negative self-image	141
5.1.4	Theme: Parental Practice of the Maternal Survivor and coping strategies	142
5.1.4.1	Challenges affecting the parental role of the maternal survivor.....	142
5.1.4.2	Maternal survivor’s reaction to her children’s disclosure	146
5.1.4.3	Coping strategies/Resilience.....	150
5.2	Summary	152
5.3	Relation of attachment theory to findings	152
	CHAPTER SIX.....	156
6	INTRODUCTION.....	156

6.1	Conclusion.....	156
6.2	Recommendations	159
6.2.1	Recommendations for welfare sector	159
6.2.2	Recommendations for education sector	160
6.2.3	Recommendations for justice/police sector.....	161
6.2.4	Recommendations for health sector	162
6.2.5	Recommendations for faith based sector.....	162
6.3	Recommendations for future research.....	163
	REFERENCES.....	164
	APPENDIX 1	173
	APPENDIX 2	175
	INFORMED CONSENT AND CONSENT FORM	175
	Private Bag X 17, Bellville 7535, South Africa	176
	APPENDIX 3	177
	INTERVIEW SCHEDULE	177
	APPENDIX 4	179
	ETHICAL CLEARANCE CERTIFICATE	179
 <p>UNIVERSITY <i>of the</i> WESTERN CAPE</p>		
List of figures		
	Diagrammatic representation of themes and categories.....	55

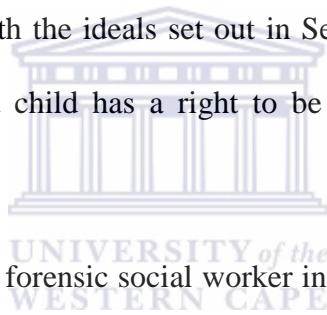
CHAPTER ONE: CONTEXT TO THE STUDY

1 BACKGROUND OF THE STUDY

Early sexual abuse experience is linked to greater risk of relational and sexual problems in adulthood (Bigras, Godbout, Runtz, & Bolduc, 2013). Studies indicated that childhood sexual abuse, henceforth referred to as CSA, may give rise to the development of insecure attachment which has been found to be the predictor of psychological and marital suffering (Bigras, Godbout, Runtz & Bolduc, 2013). Insecure attachment develops as a result of parental insensitivity and the parents' unresponsiveness (McVay, 2009).

According to Hunter, (2010) in the 1950's CSA was masked by societal denial and the sexual abuse of children was ignored, denied, or minimised. Hunter argued furthermore that by emphasising the rights of children, as well as the distress experienced as a result of CSA, it became important to create a climate for social change. Several studies conducted over the past 20 years projected that one in three women have reportedly experienced sexual abuse as children (Duncan, 2005). Retrospective studies in the past decade on sexual abuse suggest that its prevalence appeared to have been grossly underestimated. Each year between 150 000 and 200 000 new cases of child sexual abuse are being investigated (Frazier, Olatunji, St. Juste, & Goodman, 2009). According to Hall and Hall (2011), 28 to 33% of women, and 12 to 18 % of men were victims of CSA either in their childhood or in adolescence. Statistics provided by the International Rescue Committee, UNICEF (2012) on the findings of studies conducted in 21 countries, indicate that between 7-36% of women and 3-29% of men experienced CSA, with most of it occurring within the context of the family. Regardless of the difference in numbers, the statistics tells a staggering tale of the sexual victimization of probably the most vulnerable group in any society. These statistics are not restricted to the experiences of children and women globally, as the occurrence of CSA across South Africa

paints a similar picture. A study conducted in South Africa concludes that one in six girls under the age of 12 reported CSA (Matthews, Loots, Skweyiya, and Jewkes, 2005). Presently in South Africa, sexual abuse is on the increase and there appears to be an upward trend in the reporting of cases for children under 13 years (Dawes, Long, Alexander, & Ward, 2006). According to statistics by the South African Police Service, a number of 62,649 sexual offences have been reported in South Africa for the period 2013-2014 (Police Crime Statistics for 2013/2014). The statistics further suggest that 134 of these cases were reported in the Western Cape alone (Police Crime Statistics for 2013/2014). According to Van As, 2015, just over 5% (or 500) out of the 10 000 children (13 years and younger) admitted to Red Cross Children's Hospital annually were either physically or sexually abused. These statistics are in sharp contrast with the ideals set out in Section 28 (1) of the South African Constitution, which states that a child has a right to be protected from various forms of neglect, abuse and degradation.



The interviewer is employed as a forensic social worker in the South African Police Service, tasked mainly with the assessment of child victims of sexual abuse. Since working in this field, the interviewer has picked up on an increasing number of victims' mothers who survived sexual abuse as children, and thus consequently initiating the idea of exploring maternal intergenerational transference of sexual abuse and to answer the question whether sexual abuse was generational. Over this period, some mothers disclosed their own childhood sexual abuse, either by a family member or someone unknown to her. Many of these maternal survivors were living with this "secret" of being sexually abused as a child, and while they never disclosed, they were not going to allow their children to be "silenced" by it. Monahon and Lurie, cited in Spies (2006), identified that 16 to 25% of all adult women are sexually abused as children. According to Spies (2006), the percentage might even be higher in South Africa due to the Apartheid laws and their impact on families.

Sexual abuse is defined by Drauker, Martsof, Roller, Knapik, Ross, and Stidham, (2011) as the sexual activity or sexual contact with a child through threats or force, regardless of the age of the child, and all sexual contact between an adult and a child, regardless of whether the child understands the sexual nature of the act. D'zatko (2011) identifies these sexual activities as consisting of coercing the child into sexual activity, exposure of the genitalia to a child, contact with the child's genitals, viewing of the child's genitals, mutual genital contact between the adult and the child, as well as using the child to create pornographic material (D'zatko, 2011). The body of literature on childhood sexual abuse agrees on its widespread nature and far reaching implications, when taking into account the impact on the immediate and long-term emotions and behaviour of victims. The reality of sexual abuse is the fact that regardless of whether the abuse stops, the trauma does not (Spies, 2006). Literature by Hall & Hall (2011) concurs that stress and anxiety are often the lasting effects of CSA and can be frightening, causing stress long after the experience or experiences ended. A review of empirical literature found that self-blame, interpersonal difficulties, i.e. interpersonal problems and attachment insecurity as well as negative coping, including avoidance, to be potential risk factors in the link between CSA and emotional distress. Similarly, research findings have shown that over the long term, women's health and well-being are negatively affected by CSA (D'zatko, 2011), often with consequences for parenthood. It has been argued that the trauma of maternal experiences of childhood sexual abuse may interfere with the mother's ability to provide security, safety and comfort to her own children (Koren-Karie, Oppenheim, and Getsler-Yosef, 2008). It is furthermore argued that the experience of childhood sexual abuse creates impairments in the emotional, cognitive, behavioural and social functioning of the maternal survivor (Koren-Karie, Oppenheim, & Getsler-Yosef, 2008). Other effects of childhood sexual abuse on the maternal survivor include poor mental health of the mother, intimate partner violence, substance abuse, and homelessness (Tarczon, 2012). Furthermore, a history of maternal childhood sexual abuse places the mother at

increased risk of negative parenting outcomes such as decreased parenting satisfaction and sensitivity, increased anxiety about intimate parenting, increased parent-child role reversal, increased use of physical discipline, and increased child abuse potential (Pazdera, McWey, Mullis, & Carbonell, 2013). D'zatko (2011) holds the view that if the association between CSA and survivor emotional maladjustment, as well as the association between individual emotional workings and the development of parenting characteristics and actions are considered, it would be reasonable to expect that CSA will affect the future parenting practices of CSA survivors. Though the literature on maternal sexual abuse is broad, little research has been done on relationship difficulties for parents surviving childhood sexual abuse and the potential for the inter-generational transmission of abuse (Wright, Fopma-Loy & Oberle, 2012). In comparison to the existing knowledge base regarding the interpersonal and intrapersonal long-term effects of CSA, little is known about its long-term effects on parenting among female survivors (Dzatko, 2011). This study aims to explore the maternal transfer of intergenerational sexual abuse and its influence on parenting. According to Grigutyte (2009) "maternal trauma of childhood sexual abuse has been identified as a risk factor for intergenerational abuse. Although mothers who have been abused do not necessarily abuse their children, the risk of intergenerational abuse is estimated at 30%".

1.1 Rationale of the study

Wright, Fopma-Loy, and Oberle (2012) posit that the parental role is an important domain which is affected by the mother's childhood experience of CSA. Childhood sexual abuse has been linked with a wide range of problems in both childhood and adulthood (Vasconcelos 2007) and can cause a lot of stress in parenting for mothers with childhood sexual abuse experiences (Tarczon, 2012). This may be attributed to the fact that many maternal survivors often suffer from complex PTSD and often experience difficulty with parenting children in a sensitive and empathic way (Tarczon, 2012). Mothers with an abuse history are thus unable

to provide adequate bonding, nurturing and care, which affects attachment (Hooper, 2007). Literature suggests that the mothers' unresolved abuse experience may lead to the passing on of these abuse experiences to their children. Several recent studies have examined the role of possible mediators and moderators of the relationship between the abuse experiences and parenting outcome (Wright, Fopma-Loy, & Oberle, 2012). Literature evidence on the subject of intergenerational transmission of childhood sexual abuse questions whether maternal history of childhood sexual abuse leads to an increased risk of children becoming victims of sexual abuse. The purpose of this study will be to describe and explore the generational transference of sexual abuse of mothers and their children and to determine the mechanisms by which childhood sexual abuse is passed on.

1.2 Theoretical Framework

This study will use the Attachment Theory as overarching framework. Attachment Theory was developed by Bowlby in an effort to link the social and psychological behaviour of human beings (McVay, 2012). According to McVay, (2012) "Attachment theory provides an ethnological, biological, and psychoanalytic framework for revealing how human infant's attachment to their caregivers correlates to attachment styles in relationships as an adult". This theory suggests that under-developed or non-existent bonds between the baby and parent offer attachment patterns for future relationships in adolescence and adulthood (McVay, 2012). The emotional bonding that takes place between two individuals; i.e., between relatives, friends, partners and spouses, and such bonds initially between parent and child, continue to be present throughout the lifespan of the individual (Louw & Louw, 2010). According to McVay (2012), the research done by Bowlby indicated that the human need for attachment starts from the beginning to the end, thus from the "cradle to the grave". Studies done by researchers on the subject of parent-infant attachment, observed the link between the behaviour of the infant towards the parent on the one end, and on the other, the parental style

and state of mind, which was identified by parents disclosing their own childhood attachment experiences (McVay, 2012). Riggs, Paulson, Tunnel, Sahl, Atkison, and Ross (2007) defined these as working models to illustrate how parent's childhood attachment experiences might predict an attitude of 'care-giving' later in life. Studies have found that when mothers have unresolved childhood abuse experiences, there is a possibility that these childhood experiences may be transmitted to their children, through parenting (Tarczon, 2012). Literature on the intergenerational transference of sexual abuse states that children of mothers who experienced childhood sexual abuse are at a higher risk of being sexually abused and maternal history of childhood sexual abuse is the single strongest predictor of sexual abuse occurring in the next generation (Tarczon, 2012). Duncan (2005) cites the fact that the majority of perpetrators are family members or known to the family, as well as the fact that sexual abuse is often perpetrated within generations, as the risk factor for children of maternal survivors of CSA. Wright, Fopma-Loy and Oberle (2012) concur with this view that the same perpetrator may sexually abuse across generations. For children of survivor mothers, the risk factor is often hidden in the mother's continuing contact with the perpetrator, thus exposing the child to possible sexual abuse by that same perpetrator. This often occurs in cases where the perpetrator is a relative, friend, husband, uncle, or father. When sexual abuse does occur in the following generation, mothers who have experienced CSA may react with great agony when their children disclose sexual abuse (DiLillo & Demashek, 2003).

1.3 Aims of the study

The current study focussed on exploring the maternal intergenerational transference of sexual abuse and its influence on parenting. The following questions guided the study:

- i) How do maternal survivors of CSA experience their children's disclosure of CSA;
- ii) How do they describe the relationship they have with their children,
- iii) How do they experience their parental role?

1.4 Research Methodology

In order to explore, describe and understand the maternal intergenerational transference of sexual abuse and its influence on parenting, a phenomenological research design was utilised. This research design allows for interpretation of the phenomenon of maternal intergenerational transference of childhood sexual abuse and its influence on parenting with regards to the meaning it brings to the study participants. Seven maternal survivors of childhood sexual abuse whose children disclosed childhood sexual abuse were interviewed for the study. All of the maternal survivors were interviewed in-depth in order to access their experiences and perceptions of the phenomenon. The interviews were conducted on the premises of the two counselling organisations. The interviews were audiotaped and transcribed verbatim.

1.5 Overview of subsequent chapters.

Chapter One: Background and rationale.

The first chapter of this thesis provides the background for the study and introduces the phenomenon of maternal intergenerational transference of childhood sexual abuse and its influence on parenting. It describes the rationale of the study, theoretical framework, aims of the study, and research methodology. It furthermore provides an overview for the subsequent chapters.

Chapter Two: Literature Review.

The second chapter of this thesis focusses on the epidemiology of childhood sexual abuse. It provides discussion on disclosure, long-term effects and the four factors of traumagenics. Furthermore, the chapter describes effects on parenting, parental practice, and attachment theory and attachment styles. Finally, the intergenerational transference of the risk of childhood sexual abuse and the maternal response to their children's disclosure are discussed.

Chapter Three: Research Methodology.

This chapter describes the methodological principles of the study. It provides clarification about the research design, sampling site, sampling strategy, used for the selection of the participants for the research study, data collection technique and data analysis processes. Furthermore the aspects of trustworthiness and research ethics for the study are discussed in this chapter.

Chapter Four: Findings

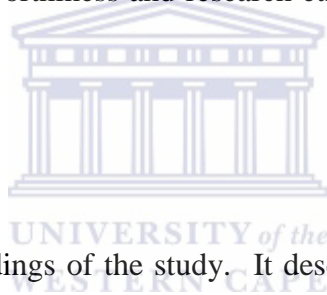
This chapter focusses on the findings of the study. It describes the patterns and trends that emerged from the analysis of the study. Subsequent findings are presented and described as themes, categories and subcategories.

Chapter Five: Discussion

This chapter discusses the findings of the study in relation to relevant literature. Thereafter, the findings are interpreted and discussed within the framework of the Attachment Theory.

Chapter Six: Conclusion and recommendations

Chapter six is the concluding chapter where recommendations and conclusion of the study are discussed.



CHAPTER TWO: LITERATURE REVIEW

2 INTRODUCTION

This chapter discusses the epidemiology, prevalence, and disclosure of CSA. Furthermore, discussion is provided on the long term effects of CSA and the four factors of traumagenics. A discussion on the effects of CSA on parenting, the parental practice of the maternal survivor of CSA, attachment theory, and attachment styles, is provided in understanding the influence of the phenomenon. Finally, the intergenerational transference of the risk for CSA and maternal response to children's disclosure of CSA provides a conclusion to this chapter.

2.1 Epidemiology of CSA

The sexual abuse of children has become a major social problem since the 1970's; with the result that public interest on the issue has increased ever since (Alnock, 2010). Today, childhood sexual abuse (CSA) is regarded as a grave public health issue and many children around the world are affected by it every year ((Pazdera, McWey, Mullis, & Carbonell, 2013). As such, increasing awareness about its occurrence has developed over the years and significant attention has been given to the complex psychological and developmental sequelae that can follow such an experience (Briere & Jordan, 2009; Courtis, 2010; Trickett, Noll, & Putnam, 2011; Walsh, Fortier, & DiLillo, 2010). CSA takes on many forms and can involve seduction by someone loved and trusted, or it can be an act of violence perpetrated by a stranger (Hall & Hall, 2011). Knowledge gained through numerous investigations into CSA over the years has effectively dispelled the notion that children are seized from the streets and forcibly molested (Afolabi, Onyinye, & Ifeyinwa, 2014). Although there are accounts of such incidents, the vast majority of children are molested by adults whose

identities are known to the child and the CSA occurs through subtle intimidation and manipulation. According to Hall and Hall (2011), the majority of sexual abuse happens in childhood with incest being the most common form of CSA. As a means of distinction, sexual abuse is referred to as intra-familial sexual abuse and extra-familial sexual abuse. Intra-familial sexual abuse refers to CSA that occurs within the family (National Child Traumatic Stress Network, 2009). Thus by means of association, extra-familial child abuse refers to CSA that occurs outside the family. The abuse may include acts of fondling, oral, vaginal and anal penetration (International Rescue Committee, UNICEF, 2012).

According to Hall and Hall (2011) due to its various forms, the levels of frequency, the variation of circumstances it can occur within, and the different relationships it is associated with, marks CSA therefore a concept hard to define. A definition by the World Health Organisation, (2006) provides the following definition of CSA: “the involvement of a child in sexual activity that he or she does not fully comprehend; is unable to give informed consent to, or for which the child is not developmentally prepared or else that violate the laws and social taboos of society. Children can be sexually abused by adults or other children who are- by virtue of their age or stage of development-in a position of responsibility, trust, or power over the victim”. In the South African context, the Sexual Offences and Related Matters Amendment Act of 2007, provide the framework for prosecution of such cases. The aforementioned act, defines the act of rape as any person who unlawfully and intentionally commits an act of sexual penetration with a complainant, without his /her consent. Sexual penetration includes the penetration by the sexual organs of one person into or beyond the genital organs, anus or mouth of the other person, (Sexual Offences and Related Matters Amended Act, 2007). Not all acts of CSA involve body contact, and may also include situations where a child is forced to witness an act of sexual violence, forcing a child to watch pornography, showing the child private parts, requesting the child to show his /her private

parts and exploiting children for prostitution or for pornography (International Rescue Committee, UNICEF, 2012). The latter acts are referred to as ‘grooming’. According to the Sexual Offences and Related Matters Amended Act, 2007), grooming is defined as “ Any person who (i) supplies, exposes or displays to a child, an article, pornography or publication with the intent to encourage, enable, instruct or persuade child to perform a sexual act, (ii) commits an act with or in the presence of child”. Regardless of the scope of its definition, CSA is a serious and widespread phenomenon (D’zatko, 2011) and the psychological impact on individuals is generally negative and pervasive (Hall & Hall, 2011).

The epidemiology of CSA is described in terms of prevalence and disclosure of CSA in the subsequent sub-sections.

2.1.1 Prevalence of CSA

The occurrence of CSA is unfortunately quite a common one (Wright, Fopma-Loy Oberle, 2012), and has become a worldwide problem. Both adult survivors of CSA and those working in the field, have over the years attempted to highlight the difficulties experienced by those subjected to CSA to find a voice. According to Singh, Parsekar, and Nair (2014), in 2002 already the WHO estimated that 27 million boys and 150 million girls under the age of 18 years had an experience of CSA. Just in the US alone, it is estimated that as many as 24 million women between the ages of 15-55 have experienced CSA (D’zatko, 2011). Literature by both Singh, Parsekar, and Nair, (2014) and Harvard Kennedy School Shorenstein Centre on Media, Politics and Public Policy, (2011) refers to a 2009 meta-analysis published by the University of Barcelona of 65 studies that were conducted in 22 countries to determine the incidence of CSA and predicted an overall international figure. According to findings of the aforementioned study, 19.7% of females and 7.9% of males universally experienced CSA before they reached their eighteenth birthday. The highest prevalence rate was found in

Africa, 34.3%. The prevalence rates for Europe, America and Asia were found to be lower at 9.2%, 10.1%, and 23% respectively.

In South Africa, a document by the Department of Social Development, Department of Women, Children and People with Disabilities, and UNICEF, (2012), stated that in a nationally representative sample of 11 735 South African women, 2% were reportedly raped before the age of 15 years, and 85% reportedly raped between the ages of 10-14 years. It is further argued that a study conducted in 2009 found that 3.5 % of males have been reportedly raped by another man.

National crime statistics for 2013/2014 indicated that half of the 45 230 ‘contact crimes’ reported against children were sexual offences, which alludes to an average of 62 cases per day (Van As, 2015). According to Van As, (2015) the situation in South Africa is that though mandatory reporting of CSA became effective since 1984, it was hardly ever enforced, especially in the first decade after implementation. Though the indicated numbers are a staggering indication of the prevalence of CSA in South African society, incidents of sexual violence against children are still under-reported and do not portray the full extent of its occurrence (Van As, 2015). This together with the issue of non-disclosure makes its extent hard to determine, thus keeping the numbers on its exact prevalence down. D’zatko (2011) theorizes that the imprecision of CSA prevalence estimates are influenced by factors such as underreporting due to non-disclosure, and the lack of any uniform working definition of CSA (D’zatko, 2011). It is argued that there are wide disagreement on what constitutes CSA, for example whether non-contact activity such as pornography and exhibitionism falls under the banner of CSA, as well as the aspect of age difference between those who engage in sexual activity (D’zatko, 2011; Bellhouse, 2013). With regard to the issue of disclosure, Allnock, (2010) in evaluating children’s disclosures, found that often incidents of CSA are not reported to authorities and that delayed disclosure is common. Children are often influenced

not to disclose. Pipe, Lamb, Orbach and Cederborg, (2007) concede that an adult's command for secrecy about such a taboo and potential shameful act as CSA has a powerful effect on an already vulnerable young child.

Of specific relevance to this study is that, though the body of literature that exists on CSA is varied, the relationship difficulties for maternal survivors of CSA, especially those experienced in marriage, their parental role and the intergenerational transmission of sexual abuse, still need much exploration (Tricket, et. al., 2011). Theoretical discussion and empirical research on the processes underlying the maternal survivor's experience of parenting challenges with specific reference to addressing the changing demands of parenting, is limited in its existence. A notable gap exists in prior research concerning the "absence of the mother's own voice" in relation to her maternal role, the parenting challenges experienced as a maternal survivor (Wright, Fopma-Loy & Oberle, 2012) and the maternal survivor's reaction to her own children's disclosure of CSA.

2.1.2 Disclosure of CSA

CSA is to a large extent a silent and witness-free crime due to the fact that in many cases "victims" are left with no physical signs and there is an active attempt on the part of the perpetrator to hide the abuse (Alnock, 2010). Due to the secretive nature of CSA, knowledge about its "existence" depends largely on the child revealing it. This is echoed by Lippert, Cross, Jones, and Walsh (2009) indicating that disclosure is the most significant means by which CSA is discovered.

Disclosure therefore is a process of informing others about the abuse (Muller & Hollely, 2009). Allnock, (2010) describes disclosure as a complex process that involves cumulative act of telling, which entails the child first "testing the waters" to observe the reactions of

adults to hints about the CSA before making a full disclosure (International Rescue Committee, UNICEF, 2012). It refers to the aspect of discovering the CSA (International Rescue Committee, UNICEF, 2012), and can happen in different ways, such as: accidental disclosure, which refers to situations when the CSA is discovered through observation, i.e. a medical examination or sexual play; purposeful disclosure occurs when the child intentionally tells someone about the abuse; and elicited disclosure occurs when a reluctant child is encouraged to make a disclosure, i.e. helping professionals (Allnock, 2010).

The issue of non-disclosure is a complex one, and can be described along the themes of fear, distrust and guilt (D'zatko, 2011). Research evidence suggests that children will often keep their childhood experience of sexual abuse a secret for a very long time, or "forever" (Lippert, Cross, Jones, & Walsh, 2009). London, Bruck, Ceci, and Shuman, (2007) concur with retrospective studies that when children do disclose, it often takes them a long time to do so, their disclosure is significantly delayed, or they disclose only in adulthood, (Lippert, Cross, Jones and Walsh, 2009) which could be ascribed to the influence of those close to the child, normally an adult person (Lyon, 2007). Literature evidence highlights the importance of individual factors (Allnock, 2010) and contextual factors (Hershkowitz, Lanes and Lamb, 2007) and their impact on disclosure. Research conducted by Pipe, Lamb, Orbach and Cederborg, (2007) revealed that children delay disclosure out of concern for others, than out of concern for themselves. The result is often not telling their parents, family members, friends or other trusted adults, either out of fear of the alleged perpetrator, (because of threats), or fearing the disintegration of relationships and family life (D'zatko, 2011). According to Lyon and Ahern (2010), a review of the literature on delayed disclosure of CSA and the operandi of the perpetrator, found that perpetrators "seduce" survivors of CSA over time, to obtain their cooperation. The results also show that intra-familial perpetrators have more access due to their status, either as a parent or family member, and that they have

already gained the trust of the child, whereas extra-familial perpetrators must overcome the child's reluctance to trust strangers and seek ways to infiltrate the family. In cases of intra-familial CSA, children are often tormented by feelings of self-doubt, self-blame, fear and distress over the effects of the disclosure on the family relationships (National Child Traumatic Stress Network, 2009). Literature by Lippert, Cross, Jones and Walsh, (2009) postulates that children abused by extra-familial perpetrators disclose easier and caregivers are more supportive of their disclosure, due to the fact that they might not experience feelings of loyalty and protection towards the perpetrator. This was demonstrated in a study by Hershkowitz, Lanes and Lamb, (2007) who found that in the case of intra-familial CSA, parents were less supportive and in the case of extra-familial CSA, children's disclosures received more support from caregivers. Literature by London, Buck, Ceci & Shuman, (2007) argues that validating cases of CSA is often "tricky" in the sense of the lack of medical and physical evidence and added to that, the absence of standard psychological symptoms specific to CSA. Furthermore the validation of CSA mostly rests with authorities such as police, health professionals and social services agencies. Literature suggests that the withdrawing of disclosures is high in cases where caregivers are unsupportive (Lippert, Cross, Jones & Walsh, 2009). Existing literature concurs that disclosures of CSA are influenced by various factors, and these are set out by Lippert, Cross, Jones and Walsh, (2009), as the following: child age, child gender, child-offender relationship, severity of CSA, and caregiver support. Regardless of these factors, the reality remains that not all children disclose their experience of CSA. Foynes, Freyd, & De Prince, (2009) cited by Vaviani (2013), view the intimate nature of CSA as a complicating element in disclosures, causing survivors not to trust anyone with this "private betrayal", and leaving some survivors unprepared to ever make a disclosure.

2.2 Long-term effects of CSA

The long-term effects of CSA on the adult survivor are an important consideration as literature evidence strongly indicates that in many cases, individuals who have experienced CSA experience difficulty maintaining healthy relationships in their lives (Burill, 2015). Children with an experience of CSA, endure marked interruptions in their development, the way in which they view themselves and the world, which results in emotional and behavioural changes in order to cope with the trauma. Literature evidence suggests that CSA survivors are often involuntarily plagued by emotional conditions like dissociation, anxiety, guilt, shame and rage and because of its negativity, they are either overwhelmed by it or try to avoid it. This may lead to the maternal survivor disconnecting from her immediate reality, which includes the maternal role. Bannon (2013) argues that a body of literature indeed suggests the long-term repercussions of CSA on parenting relationships. Duncan (2005) postulates that the maternal role requires mothers to experience emotion in order to relate to their children's needs, teach emotional understanding and be an example to soothe and manage emotions positively. It is argued that in many instances, CSA has the opposite effect, because of unresolved trauma. This has particular relevance to the current study as it aims to explore the maternal intergenerational transference of sexual abuse and its influence on parenting. In order to understand the parenting experience and behaviours of the maternal survivor, it is important to understand the influence of CSA on the survivor's adult functioning. Seltman and Wright (2013) argue that it is well documented that survivors of CSA display an increased risk for negative outcomes in adulthood. Literature evidence on CSA agrees on its widespread nature and far reaching implications when taking into account the impact on the immediate and long-term emotions and behaviour of individuals who have experienced this phenomenon. With regards to the South African context, Van As (2015) is of the view that it is hard to overestimate the impact of CSA considering the consequences

like anxiety, aggression, alcohol- and drug-abuse, cognitive impairment, low self-esteem and early risky sexual behaviour. Existing literature links CSA to a higher risk for psychopathology, interpersonal problems, and repeated victimization in adulthood (Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005). With reference to the effects of intra-familial CSA, Lev-Wiesel, (2006) argues that individuals who have experienced intra-familial CSA, have an intensified struggle to maintain healthy relationships, due to the family unit changing from a safe space and where one belongs, to “a place of terror”. Theorists such as Hall and Hall, (2011) identified the long-term effects of CSA on the lives of survivors as manifesting in the following ways:

- Post-traumatic stress disorder (PTSD): frequent re-experiencing of the event through intrusive thoughts, flashbacks, numbing or lack of responsiveness to or avoidance of current events, increased arousal, i.e. jumpiness, poor concentration.
- Cognitive distortions: involve perceptions of powerlessness and worthlessness and belief that they have nothing to offer; survivors have an overestimated sense of danger.
- Emotional distress: survivors experience feelings of anxiety, depression, and anger.
- Impaired sense of self: this involves an inability of the survivor to trust, fear of intimacy, and fear of being different or weird, difficulty in setting boundaries, passive behaviours, and getting involved in abusive relationships.
- Avoidance: is regarded as the crux of the most serious effects of CSA, as it helps to temporarily reduce emotional pain and through dissociation, the survivor is able to watch the abuse from “outside” of his/her body. Hall and Hall (2011) listed some of the major sexual symptoms that result from the CSA experience: lacking interest in sexual intimacy; approaching the sexual intimacy as an obligation; experiencing

negative feelings of anger, disgust or guilt with touch, feeling emotionally distant during sexual intimacy, experiencing intrusive sexual thoughts and images, experiencing difficulty maintaining an intimate relationship.

- Interpersonal problems: it is postulated that adult survivors experience relationship difficulties and that the past CSA experience influences the survivor's ability to trust, make friends, and form relationships that are not exploitative.

According to Bellhouse (2013), a number of theorists have proposed frameworks to guide our understanding of the long term effects of CSA. According to literature, theorists have observed that the diagnosis of post-traumatic stress disorder (PTSD) which is used in the outline of common reactions to trauma, does not capture the full spectrum of all the consequences experienced by CSA survivors (Bellhouse, 2013). Such theorists are Finkelhor and Browne (1985), who postulates that the experience of CSA can be defined in terms of four trauma-causing factors. According to Muller and Hollely (2009) these factors are not unique to sexual abuse and can occur in other types of trauma. For the purpose of this research study, Traumagenics of Finkelhor and Brown (1985) was applied, considering its extensive use in literature and in the field of sexual abuse. The four traumagenic factors include traumatic sexualisation, betrayal, stigmatization, and powerlessness. It is further argued that these traumagenic factors have an adverse effect on the individual's cognitive and emotional orientations. The individual's concept of self, world view and ability to show emotion are distorted as a result of the trauma. The four factors of traumagenics cited in Muller and Hollely, (2009) i.e. traumatic sexualisation, betrayal, powerlessness and stigmatization will be described in the section that follows.

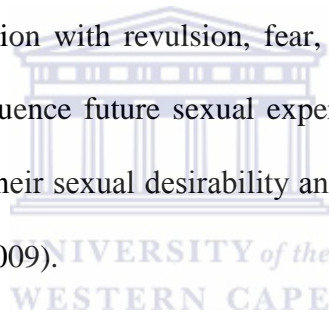
2.2.1 The Four Traumagenic Factors

2.2.1.1 Traumatic sexualisation

This factor of traumagenics refers to the aspect of shaping the child's sexuality in a developmentally inappropriate and dysfunctional way (Muller & Hollely, 2009). Traumatic socialization may occur when a young child is used for sexually inappropriate behaviour, inconsistent with his/her age and developmental level; when the perpetrator communicates misconceptions about sexual behaviour and sexual morality to the child, and when parts of the child's body are given distorted importance and meaning.

Effects of traumatic sexualisation

The child's reaction is defined by the following: the child may develop negative connotations associated with sex, i.e. association with revulsion, fear, anger, sense of powerlessness or other negative emotions can influence future sexual experiences. Victimized girls may be confronted with thoughts about their sexual desirability and whether future partners "will be able to tell" (Muller & Hollely, 2009).



2.2.1.2 Betrayal

The factor of betrayal is the process when the child discovers that someone he/she trusted and loved has caused him/her harm (Muller & Hollely, 2009). Betrayal may occur in the following instances: while the abuse is ongoing or thereafter, the child realizes that he/she has been manipulated by a trusted person; when the child realizes that someone they've shared a bond of love and affection with has treated them with total disregard. Children can also feel betrayed by a family member, whom they feel should have protected them from the CSA.

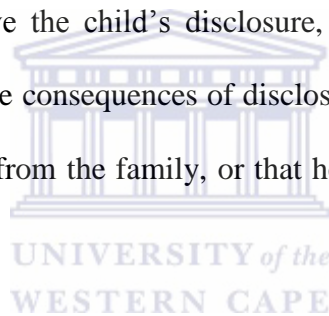
Effects of betrayal

Muller and Hollely (2009) postulate that a child who experiences deep feelings of betrayal, often show signs of grief and depression over the loss of a trusted person. The child's

reaction is defined by the following: feelings of deep disillusionment and disenchantment; extreme dependency and clinginess in younger children; maternal survivors of CSA become vulnerable to victimization and fail to recognise an abusive partner (Muller & Hollely, 2009). Adolescents display anger and aggression as a result of betrayal; young girls display behaviour marked by anger and hostility. This is as a result of mistrust and the individual can become isolated, shying away from intimate relationships.

2.2.1.3 Powerlessness

The factor of powerlessness involves the ongoing denial of the child's will (Bellhouse, 2013). The sense of powerlessness is reinforced when the child is too fearful to stop the abuse; when a trusted person does not believe the child's disclosure, there is a threat of harm by the perpetrator, the child weighing the consequences of disclosure which may lead to breakdown of family relationships, removal from the family, or that he/she will not be believed (Muller & Hollely, 2009).



Effects of powerlessness

The child's reaction is defined by the following: fear and anxiety, which may reflect as nightmares, hypervigilance, somatic complaints, i.e. stomach cramps, headaches; feelings of despair, depression and suicide, learning problems, aggression and delinquent behaviour (Muller & Hollely, 2009).

2.2.1.4 Stigmatization

The factor of stigmatization refers to the negative connotations associated with CSA which were communicated to the child during the abuse experience. These negative messages of badness, shame and guilt becomes integrated in the child's self-image. Stigmatization may also come from others' response in relation to the CSA.

Effects of stigmatization

The child's reaction is defined by the following: feelings of isolation; developing self-destructive behaviour i.e. self-harm, feelings of guilt and shame resulting from others' negative response; low self-esteem as a result of a distorted self-image; a sense of being different, based upon the belief that no one else has experienced the abuse and others will reject him/her (Muller & Hollely, 2009).

2.3 Effects of CSA on parenting

Research concerning CSA and later parenting processes is still in the early stages of development, though findings suggest that a link does exist (Wright, Fopma-Loy & Oberle, 2012). Clinical literature identified numerous psychosocial and parenting implications for maternal survivors of CSA (Tarczon, 2012). According to Seltmann and Wright (2013), parenting alone without having an experience of CSA, is an emotionally difficult experience, yet maternal survivors of CSA are faced with (added) specific challenges in their parental role due to the negative sequelae pertaining to the abuse experience. As a means of gaining further insight into the effects of CSA and parental functioning, a number of recent studies looked at the role of possible mediators and moderators of the relationship between parental outcome and CSA (Wright, Fopma-Loy & Oberle, 2012). According to Tarczon, (2012) parenting outcomes are impacted by negative social conditions like mental health issues, intimate partner violence, and alcohol and drug abuse, and while a history of CSA does not directly relate to negative parenting styles, it is understood to act as a stressor in parenting interaction. Wright and Seltmann (2013) postulate that only a few studies examined the severity of the CSA experience on parenting behaviour and found that mothers with severe CSA experiences were less responsive to their children's needs than those without a history of CSA. It was also found that maternal survivors who experienced penetration, had less

confidence in their parenting abilities, promoted children's pre-mature independence and parented in fear of their children's safety.

The parental role of the adult survivor of CSA is of relevance to this study as it will provide valuable insight into the relationship between the mother and her child, the factors which influence attachment, how the mother views her parental role at the backdrop of the sexual abuse experience, and whether the aspect of intergenerational transference of CSA does occur.

2.4 Parental practice of maternal survivor of CSA

Empirical and theoretical evidence suggests that an individual's childhood experience of CSA plays a major role in the development of parenting skills (Berlin, Appleyard, & Dodge, 2011; Bromfield, Lamont, Parker, & Horsfall, 2010; Chiang, 2009; Kim, Tricket, & Putnam, 2010). Women survivors who report on their childhood experience of sexual abuse, indicate suffering from symptomologies like dissociation, intrusive thoughts and memories, avoidance of thoughts, feelings and behaviours relating to the trauma (Bayley, Moran & Pederson, 2007; Schuetze & Das Eiden, 2005). Research evidence is in accordance with women's self-reports, as results indicate impairments in survivors' social, cognitive and behavioural functioning, and may present in the form of anxiety, helplessness and powerlessness, low self-esteem, fearfulness, guilt, depression, nightmares, cognitive distortions and dissociation (Bayley et al., 2007; Schuetze & Das Eiden, 2005). For many survivors, functioning as a parent is the area mostly affected by their childhood experience of CSA (Courtis, 2010). This might be due to the fact that, regardless of whether the abuse stops, the trauma does not (Spies, 2006) and results in long term problems that have the ability to disrupt women's lives (Duncan, 2005). Motherhood may have a different effect on the maternal survivor of CSA than those without any history, as it has the potential of conjuring unpleasant memories of

their compromised safety or to do for their children what their mothers failed to do, which is to protect their own children (Kwako, Noll, Putnam & Trickett, 2010). The prolonged trauma experienced by the maternal survivor as a result of CSA, may prohibit his or her capacity to develop an organised personality system, which interferes with processes of integration between memories, emotional states and physical experiences (Koren-Karie, Oppenheim & Getzler-Yosef, 2008); this may negatively affect the relationship between the maternal survivor and her children. The trauma of CSA by a close figure supposedly to provide security, safety and comfort, may have long lasting effects on the maternal survivor to provide security, safety and comfort to her own children (Koren-Karie, Oppenheim & Getzler-Yosef, (2008). A grounded study conducted by Wright, Fopma-Loy and Oberle (2012) on mothering as a survivor of CSA, has shown that the maternal survivor viewed the parental role and responsibilities as important, but struggled with certain aspect of parenting, like showing empathy, being affectionate, discipline, setting boundaries, and promoting independence in relation to their children. Literature by Allnock and Hynes (2011) concurs with the aforementioned argument that often the struggle for the maternal survivor of CSA is in maintaining an appropriate balance between the aspects of discipline and showing affection and demonstrating maternal warmth and involvement toward their children. It however should be noted that these experiences were not unique to maternal survivors of CSA, but are perceived as extreme due to the maternal survivor's lack of reference for normal developmental experiences and behaviours.

According to literature by Scheuetze and Das Eiden, (2005) mothers with a history of CSA exhibit higher levels of stress related to their parental role and lower levels of confidence in their ability to parent. Existing literature evidence is indicative of maternal perceptions of reduced parental competence (Wright, Fopma-Loy & Oberle, 2012) and may unfavourably have an impact on maternal parental satisfaction, maternal-child bonding, and the ability to

consistently provide an environment suitable for emotional development (Sheutze, & Das Eiden, 2005). Research evidence suggests that maternal survivors may resort to excessive punitive measures when disciplining their children (Schuetze and Das Eiden, 2005), but the opposite has also been observed, that maternal survivors may face challenges of being overly permissive in their parenting practice, or may be overly protective and excessively restrictive (Wright, Fopma-Loy & Oberle, 2012; Bannon, 2013). Fitzgerald et al., (2005) argued that an observational study that was conducted with maternal survivors of CSA has shown mothers' interaction with their children as poorer in quality than mothers without a history of CSA. Although the maternal survivors have self-reported their inferior maternal competence in the above study, they still displayed comparable mothering abilities and have shown positive interaction with their children (Burrill, 2015). In a study conducted with maternal survivors of CSA, Wright, Fopma-Loy and Oberle, (2012) found that the protection, especially from the danger of CSA, and happiness of their children was of paramount importance for maternal survivors of CSA. Survivors furthermore reported that they would "guard" their children, especially in infancy, and when children grew older, warn them of danger and monitor their children around perpetrators. Reports of distrusting all male figures, including a spouse, were also made (Wright, Fopma-Loy & Oberle, 2012). Another important aspect is the importance of partner support in the life of the maternal survivor, as the support of a partner strengthens the maternal survivor's bond with her child, is associated with appropriate limit setting, (Wright, Fopma-Loy & Oberle, 2012) and furthermore assists maternal survivors to interact more effectively and positively with their children. Seltmann and Wright (2013) postulate that maternal survivors with partner support are less likely to engage in severe physical discipline and make age-appropriate demands on their children, than those with little partner support.

2.5 Attachment Theory

Fairchild, (2009) postulates that over the past 35 years, numerous theoretical and empirical studies have been conducted on human attachment across the lifespan. Though a wide field, a specific focus area relating to adult attachment is the relationship between parenting behaviour and early childhood attachment. The use of the attachment theory is of relevance to this study as it will provide a framework to assess the attachment relationships of the maternal survivor, more specifically with regard to how her experience of CSA affects her relationship with her children, the effect it has on her romantic relationship, and how the maternal survivor's own experience of CSA affects both herself and her children upon the latter's disclosure.

Attachment theory was developed by Bowlby and explains the bond between a child and his/her primary caregiver (Karakurt & Silver, 2014). This bond between an infant and his/her parent aids the infant's development and assists with coping, forming relationships and formation of personality. Khetrupal (2009) theorizes that attachment is the inherent ability of humans to form strong bonds of affection to important others in their lives in infancy, childhood and adulthood. Another area of focus with regard to attachment involves the aspect of internal working models and cognitive processes (Fairchild, 2009). Attachment history has a powerful and direct influence on relationships later in the individual's life (Karakurt & Silver, 2014). Khetrupal (2009) believes that infants who manage to develop a healthy attachment, will later in their lives explore the environment and develop a healthy security.

According to Duncan (2005), the attachment theory proposed by Bowlby helps to explain how a healthy parent-child relationship leads to a healthy adult relationship. The maternal attachment is demonstrated in the mother-child relationship, which occurs through the mother parenting her child (Duncan, 2005). The healthy attachment of a mother and her child enables

the mother to nurture and protect her child from harm, is attuned to her child's emotional needs, is emotionally available, and able to meet the child's needs from infancy to adulthood. An attached relationship between a caregiver and an infant will enable the caregiver to be used as a secure base from which the infant can explore and learn (Fairchild, 2009). Thus, an infant that is secure will lead to a state of development where exploration and learning take place. An insecure attachment develops when caregivers demonstrate behaviour that is dismissive and unresponsive, ignoring the child's needs. Khetrapal (2009) identified four types of attachment styles that were proposed by earlier theorists, like Ainsworth, et al.

2.5.1 Secure attachment style

Infants develop secure attachment as a result of parents' emotional availability and responsiveness to the infant's needs. This is demonstrated in event of the separation from the parent, where the child will show signs of missing the parent, but will initiate contact on the return of the parent. Infants who share a secure attachment with a caregiver will explore new environments using the parent as a secure base. Higher parental sensitivity and responsiveness in relation to the child's needs, lead to more secure attachment between the parent and child. A secure attachment relationship enables the child to exercise control over emotional responses in negative circumstances. Children with a secure attachment will go on to independently manage their emotional states which is important to successful adjustment in later life.

2.5.2 Avoidant attachment style

Avoidant attached infants will fail to show signs of missing the parent upon separation and will continue to avoid the parent upon reunion and will not seek physical nearness with the parent. Parents who are unavailable to the infants' needs demonstrate such an attachment style. Parental insensitivity and unresponsiveness have the propensity to lead to insecure

attachment by the infant, leading these experiences to be internalised and the infant viewing the world as an unsafe place, which makes forming relationships difficult and dangerous (McVay, 2009). A child with this type of attachment style will avoid dependence on others when growing up.

2.5.3 Resistant or Ambivalent attachment style

This attachment style develops in incidents where parents are inconsistently available for their children and intrude their own states of mind onto their children. Children are always uncertain of whether their needs will be met by the parent. Such parents have children who will not be easily soothed on the return of the parent after the separation period. Upon growing up, these children will have expectations and perceptions of the world that are filled with ambivalence.

2.5.4 Disorganised/disoriented attachment style

In situations where the caregiver behaves in a threatening and disoriented way, infants are inclined to stay away from their caregivers, and the infant fails to demonstrate a coherent pattern to parental separation, which may result in disorganised attachment. Such attachment style can be the outcome of parents who experienced abuse in childhood.

Attachment theory postulates that children develop internal working models of the self and others which occur through their interacting with primary caregivers. If the nature of this relationship is positive, the child's view of him/herself will be one of worthy of love and support, while viewing others as trustworthy and available (Bellhouse, 2013). It is furthermore argued that insecure attachment is commonly found amongst survivors of CSA (Karakurt & Silver, 2014).

Research evidence suggests that survivors suffer severe emotional distress as a result of the CSA (Whiffen & MacIntosh 2005). The interpersonal relationships of the Attachment theory

provide a valuable framework for understanding the emotional distress and interpersonal problems emanating from CSA (Karakurt & Silver, 2014). It is argued that a holistic understanding of CSA should include an understanding of the family relationships, because not only are the latter regarded as a predictor for the increased risk of CSA, but the long term effects of CSA are predicted by family variables beyond the main effects of the sexual abuse (Karakurt & Silver, 2014). Karakurt and Silver (2014) furthermore identify the romantic/marriage relationship of the maternal survivor of CSA as one of the most important attachments likely to experience conflict and distress, precisely as a result of the CSA experience and the faulty working model on how healthy relationships should work. The maternal survivor's lingering feelings of powerlessness and betrayal serve as a deterring factor in disclosing vulnerabilities, like the experience of CSA, to a spouse.

2.6 Intergenerational Transference of the risk for CSA

The intergenerational transference is an important aspect as its relevance to the study is investigated against the backdrop of maternal CSA and its occurrence in the subsequent generation. According to Tarczon (2012) the aspect of intergenerational transmission of abuse should be understood in the context that an experience of childhood maltreatment does not determine its transmission from one generation to the next, nor does it mean that it automatically will lead to the transmission of abuse. However, literature evidence suggests that though not a predictor of CSA in the subsequent generation, a history of CSA does pose a strong potential for the intergenerational transference of CSA (DiLillo & Demashek, 2003). Literature by Sneddon, Iwaniech, Steward, (2009) is in accordance with this view, as the authors argue that the aspect of intergenerational transmission of abuse in childhood is the most powerful predictor of parents' abusive behaviours towards their own children. According to Bombay, Matheson, and Anisman (2009), experiencing endured trauma during

one's childhood or adulthood might have a profound influence on children of survivors. This generational interchange, specifically from parent to child, is often known as the intergenerational or trans-generational effect, and is dependent on psychosocial and socio-economic factors.

Research evidence suggests that a maternal history of CSA is a strong predictor for occurrence in the next generation, and the risk of daughters being abused is estimated as being four times greater when the mother suffered CSA in childhood (Tarczon, 2012). An intergenerational cycle of abuse often occurs in cases where parents think that their actions, whether they involved maltreatment, were normal or inevitable (Draucker, et al. 2011). This is often the result of parents' own history of childhood victimization. Research concurs that the experiences of mothers who experienced childhood sexual abuse and those of mothers with no experience thereof, differ. The psychopathologies which develop as a result of CSA, such as depression, complex post-traumatic stress disorder, anxiety disorders and suicidal thoughts are associated with childhood sexual abuse (Barrett, 2009), are trauma responses which shape people's lives (Tarczon, 2012). These complex traumatic experiences affect attachment, working memory and psychological life (Tarczon, 2012) which in some cases translate into dependency behaviour, for example alcohol and drug addiction (Barrett, 2009). This behaviour might place their children at risk for the intergenerational transmission of sexual abuse (Tarczon, 2012). Literature on the aspect of intergenerational transference of CSA identified several risk factors for childhood sexual abuse to occur in consecutive generations and will be mentioned hereafter.

Research evidence identifies the issue of trust as a risk factor for CSA to occur in the next generation. Duncan, (2005) postulates that maternal survivors of CSA struggle with the issue of trust, due to the complete breaking of their trust during the CSA experience. The issue of trust thus becomes a risk factor for the continued victimization or intergenerational

transmission of CSA to occur, as the maternal survivor would either trust the wrong person or distrust the right person (Duncan, 2005). This is often found in situations where the maternal survivor starts a romantic relationship with a possible abuser. Another risk factor for the intergenerational transmission of abuse to occur is when the maternal survivor continues to have contact with the original perpetrator, especially in the case of a family member. This continued exposure of the maternal survivor's children with the same perpetrator who sexually abused the mother, increases the risk of the children falling victim to the mother's perpetrator (Duncan, 2005). The intergenerational transmission may also occur when maternal survivors marry or establish relationships with abusive partners. Duncan (2005) argues that often CSA survivors share their family's belief system where abuse is normalised and therefore fail to identify a perpetrator or fail to stop the sexual victimization of their own children.

Literature by Cort, Toth, Cerulli, and Rogosch (2011) suggests that the emotional pain of maltreatment, including emotional pain sustained during sexual abuse in childhood, is often transmitted through generations. Literature by Das-Brailsford, (2007) describes trans-generational trauma, as trauma that is passed on from one generation to the next. Research evidence on the subject of trans-generational trauma suggests that CSA may reflect a pattern of vulnerability in families (Frazier, Est-Olatunji, Juste, & Goodman, 2009), which involves a conspiracy of silence, where acts of victimization, like CSA, are not discussed, resulting in feelings of loneliness, isolation and mistrust in those who are experiencing it.

2.7 Maternal response to children's disclosure of CSA

Knott and Fabre (2014) argue that the current literature on maternal response lacks a precise empirically based conceptualization of the subject. It is said that the concept of maternal response is not based on theory, but loosely constructed around welfare policy. Knott and

Fabre (2014) argue that regardless of these limitations, the child protective services constructs are centred upon three areas, which are: the maternal belief in the child's disclosure, providing emotional support, and protecting the child from further CSA. Literature evidence suggests that when children disclose, they often do so to their mothers and the child's long- and short-term psychological adjustment is determined by the maternal response (Knott & Fabre, 2014). Maternal response is characterised by emotional support and a mother's believe in the child's disclosure, which will ensure the protection of the child against further CSA and action against the perpetrator. An unsupportive response involves not taking steps to protect the child, or reporting the CSA to the authorities (Malloy & Lyon, 2006). It is furthermore posited that the maternal response is less supportive in the case of the perpetrator being a family member. Literature evidence suggests that mothers with a history of childhood experience of sexual abuse may react with greater distress at their own children's disclosure of CSA (DiLillo & Demashek, 2003). Maternal survivors of CSA, whose children disclose CSA, may experience feelings of self-blame, shame, and low-esteem associated with their childhood sexual abuse experience.

Childhood sexual abuse has been linked with a wide range of problems in both childhood and adulthood (Vasconcelos, 2007) and can cause a lot of stress in parenting for mothers with childhood sexual abuse experiences (Tarczon, 2012). Many maternal survivors often suffer from complex PTSD and often experience difficulty to parent children in a sensitive and empathic way (Tarczon, 2012). Mothers thus are unable to provide adequate bonding, nurturing and care, which affect attachment (Hooper, 2007). Literature suggests that unresolved abuse experiences of mothers may lead to transmitting these abuse experiences to their children. Wright, Fopma-Loy and Oberle, (2012) found in a study on mothering as a survivor of CSA, that the results compare with past research that maternal survivors fear being a "bad" parent. Literature evidence suggests that these mothers have worked through

the trauma of the CSA and are more realistic in their expectations of themselves and their children, and demonstrate greater resilience in life (Wright, Fopma-Loy, & Oberle, 2012).

The aim of this study therefore is to hear the voices of those who mother, despite their reality of CSA and their children's disclosure of CSA, and by so doing, determine the mechanisms (if any) by which CSA is passed on.

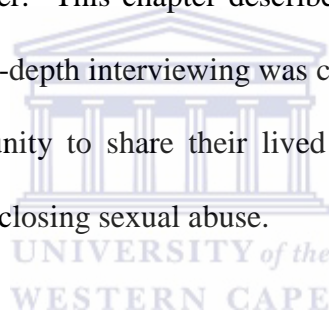
2.8 Summary

The review of literature on the experience of maternal survivors of CSA indicates that survivors face a myriad of emotional and psychological challenges as a result of CSA, both in childhood and adulthood. It highlighted the fact that those who have gone on to become mothers are faced with the already challenging task of motherhood and now has to contend with the added "baggage" of their CSA experience. The emotional and psychological sequelae of CSA as experienced by maternal survivors of CSA have an influence on the maternal survivor's parental relationship and romantic relationship. The literature on the intergenerational transference of CSA, though limited, suggests that certain vulnerability factors for the intergenerational transference of CSA do exist with maternal survivors and their children. In order for maternal survivors to recover and function in a manner that is regarded as acceptable by service rendering agencies in society, this will require time. The significant strength and tenacity displayed by maternal survivors should be acknowledged and supported in order for them to move out of a cycle of simply coping, to one that enhances their own lives and those of their children (Tarczon, 2012).

CHAPTER THREE: RESEARCH METHODOLOGY

3 INTRODUCTION

This chapter discusses the research design in terms of its methodology, research approach, as well as the sampling site and sampling strategy used for the selection of participants. A further discussion regarding the method of data collection, data collection instrument, and data analysis are included in this chapter. Lastly included in this chapter is the aspects of ethical considerations, significance of and motivation for the study, as well as a summary is provided at the end of the chapter. This chapter describes the methodology that was used throughout the research study. In-depth interviewing was conducted to afford the participants (maternal survivors) the opportunity to share their lived experiences of childhood sexual abuse as well as their children disclosing sexual abuse.



3.1 Research Design

3.1.1 Methodology

The interviewer made use of a qualitative methodological design to explore the unique and subjective experience of relating amongst a group of maternal survivors of childhood sexual abuse whose children also disclosed sexual abuse (Bannon, 2013). Methodological design is a philosophical assumption that has to do with the methods the researcher uses in conducting the research study. Within practice, and in particular the research field, the researcher uses inductive reasoning, studies the topic within its context and uses an emerging design (Creswell, 2007). Research in the field of sexual abuse is dominated by the use of quantitative studies which aim to identify and establish cause and effect relationships as well

to reduce psychological phenomena into numbers (Smith, 2008). Qualitative research on the other hand is primarily concerned with understanding the lived experiences and the social construction of meaning making.

According to Smith (2009) the aim of a qualitative study is to explore, describe and interpret personal and social experiences, and to provide rich descriptive accounts of the phenomenon that is being investigated, while quantitative research is to count occurrences and volumes; qualitative research on the other hand aims to provide rich descriptive accounts of a phenomenon that is being investigated (Smith, 2009). Qualitative research is conducted because a question or phenomenon needs to be explored (Creswell 2007). According to Creswell (2007) a phenomenon is the principal concept which the phenomenologist is exploring regarding the experiences of participants in a study. In exploring a phenomenon, qualitative research attempts to provide an in-depth understanding of people's experiences (Louw & Louw, 2007). Denzin and Lincoln, (2005) argue that with qualitative research, the aim is to study things in the natural settings, attempting to make sense of phenomena and their meanings. The gathering of information by talking to participants and seeing them behave within their context is a key characteristic of qualitative research (Creswell, 2007).

This qualitative research study was informed by the social constructivist paradigm, which advocates that individuals seek to understand the world in which they live and develop meanings of these experiences which are socially constructed. Through inductive reasoning, the participants were studied in their environment and patterns of meanings were developed, (Creswell, 2007). Because the researcher wanted to gain an in-depth view of the participants' lived experiences regarding the phenomenon, the phenomenological approach was viewed as most suitable, as the focus was on describing the commonalities of the participants' experience of the phenomenon of the maternal inter-generational transference of sexual abuse. The participants furthermore shared their experiences, feelings and perceptions

regarding the phenomenon of maternal childhood sexual abuse, their reactions and coping with their children's disclosure of childhood sexual abuse.

3.1.2 Exploratory Research

Exploratory research has been described by Creswell (2007) as the exploration needed to study a population and “hear silent voices”. Creswell further advocates the exploration of a problem rather than using predetermined information from previous literature. Qualitative exploratory research is conducted to understand the context in which participants address an issue, and enlightens the researcher on the reasons for a participant's actions, the setting or milieu in which they acted, and the deeper thoughts and behaviours that guided their actions. In order to gain insight into the phenomenon of maternal inter-generational transference of sexual abuse, the participants' experiences and perceptions were explored in depth. Open-ended questions were used to draw information from participants, which the researcher used to gain understanding of the participants with regard to the maternal inter-generational transference of CSA. Through a process of working directly from narrative data, the qualitative researcher in this study was able to preserve the specific meanings that participants attributed to their actions and experiences of maternal survivors of CSA whose children also disclosed CSA (Wright, Fopma-Loy & Oberle (2012).

3.1.3 Phenomenological Approach

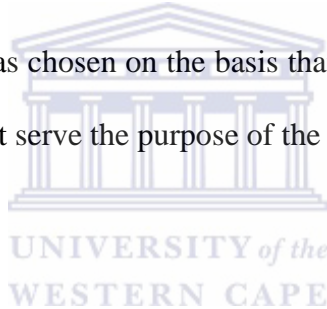
According to Smith, Flowers, and Larkin (2009), phenomenology is not only interested in our experiences as humans, but is essentially concerned about our understanding of our experiences of the world. Vaviani (2011) describes this understanding of experiences as a process of meaning-making, which is at the core of phenomenological research. According to Frankl (2004), as cited in Vaviani (2011), people do not live in isolation, but are often confronted with situations with which one must make meaning, and it is through the process

of meaning making, that people understand their world. The phenomenological researcher is thus tasked with the collection of data from individuals who have experienced a phenomenon and afterwards develop a composite description of the core experiences of everyone involved (Creswell, 2007). Creswell, (2007) maintains that phenomenology is not only concerned with a description, but moreover, interpreting the meaning of participants' lived experiences. The phenomenological approach was the most appropriate to the aims of the study, which was to explore and understand the lived experiences of mothers who experienced childhood sexual abuse (CSA) as children, and whose children also disclosed childhood sexual abuse. Phenomenology enables the researcher to gain a deeper understanding of the features of the phenomenon of mothers who experienced childhood sexual abuse and whose children also disclosed sexual abuse (Creswell, 2007). The researcher conducted a descriptive phenomenological study as the focus was both on the description of the participants' experiences and as well as the interpretation of the researcher. During the course of conducting the research study, the researcher made use of bracketing. This was done both at the onset of the study when the researcher met with the participants and acknowledged her own views around the phenomenon which was gained through work experience, and throughout the study as it requires the researcher to remain objective. Bracketing required the researcher to approach the participants with a "sense of newness" (Creswell, 2007), by acknowledging the uniqueness of each of the participants' individual, lived experience of the phenomenon.

The phenomenological approach has strong ties to philosophical disciplines such as sociology, psychology, nursing and health and education (Creswell, 2007).

3.2 Sampling

The sampling site, sampling strategy, inclusion and exclusion criteria and sample size will be discussed. “The term sample always implies the simultaneous existence of a population or universe of which the sample is a smaller section” (de Vos, 2005). A sample is furthermore considered representative of that population, and is studied in order to gain understanding about the population from which it was drawn. According to Strydom and Delport (2011) a sample size depends on what we want to know, the purpose of the enquiry, what is at stake, what will be useful, what will have credibility and what can be done with the available time and resources. The selection of the sample population was done on the basis of mothers’ history of childhood sexual abuse and whose children have made a disclosure of sexual abuse. The sample population was chosen on the basis that participants possess the elements and characteristics that would best serve the purpose of the study.



3.2.1 Sampling Site

The sample in the current study consisted of participants who were identified by social workers from Lifeline/Childline and Safeline counselling organisations. The researcher contacted the managers of Lifeline/Childline and Safeline telephonically. This was followed up with a written request stating the objectives of the study and requesting permission to conduct the study. The participants were drawn from the caseload of social workers employed by these two organisations and interviews were conducted on the premises of both organisations. The counselling organisations were chosen as they provide a free therapeutic service to children, adults, and families who encountered a traumatic event in their lives. Therapy rendered by these organisations includes specific focus on sexual abuse and other type of abuse suffered by an individual, which simplified gaining access to mothers who experienced CSA and whose children also disclosed CSA. Both organisations are non-

governmental organisations and rely on funding agencies for funding of their programmes to communities. The interviews were conducted at the premises of the counselling organisations. According to Creswell (2007) finding a quiet location which is suitable for audiotaping is an important aspect to consider when conducting interviews.

3.2.2 Sampling Strategy

The sample for this study was purposefully selected. The decision to embark on a purposive sampling strategy was based upon the specific information that was sought in terms of the phenomenon. This concurs with Creswell's argument (2007) that the sampling needs to be consistent with the information needed for the study. Purposive sampling is a type of non-probability sampling method, also known as a judgement sample, in which the researcher uses his/her own judgement in selecting participants for the study (Babie & Mouton, 2008). Purposive sampling method allows for the recruitment of participants through which the phenomenon under investigation can best be explored. This sampling method furthermore consists of elements that are made up of the most characteristic, representative or distinctive attributes of the population. The target sample consisted of maternal survivors of childhood sexual abuse, whose children also disclosed childhood sexual abuse. Creswell (2007) defines a target sample as a group of individuals who have common defining characteristics which can be identified and studied.

Phenomenology is concerned with the depth of the human perception and experience and therefore the sample sizes are small. Initially the predicted potential sample for the study was 8 participants. The study was later conducted with only 7 participants as the 8th participant withdrew for personal reasons. The following is an outline of the recruitment procedure:

- Ethical clearance was obtained on 7th October 2013. (Registration number: 13/08/18) See Certificate in Appendix.

- Telephonic contact, followed by written communication with the managers of Lifeline and Safeline was made which explained the reason, aims and significance of the study.
- The initial contact with participants was made by the social workers of Lifeline and Safeline.
- Once the permission was granted telephonically, the process of identifying a possible sample from the social workers' caseload begun, as they were known to the participants in their capacity as the therapist or counsellor.
- The social workers from the counselling organisations identified participants and sought their permission for the researcher to make contact with them and invite them to participate in the study.
- Thereafter the researcher was contacted and a convenient date, time and venue were arranged between the researcher and the participants.
- Some mothers who met the criteria were apprehensive and while agreeing to participate in the study, withdrew before the start of the study.
- Participants who agreed to partake in the study were requested to complete a consent form before participating in the research study (See appendix). Creswell (2007) stresses the importance of obtaining the participants' written permission for inclusion in the study. Participants were furthermore informed of their right to participate or to abstain from the study, as well as the fact that they can withdraw at any stage during the research process.
- Participants were assured of their confidentiality and anonymity by using pseudonyms during the interviews.

Interviews were conducted at the premises of either counselling venues. Three research interviews were conducted at the Safeline premises and the other four interviews were conducted at the Lifeline/Childline premises.

3.2.3 Sample Inclusion and Exclusion criteria

Participants had to meet certain criteria in order to be considered for inclusion in the study.

Inclusion Criteria:

- Participants had to be female; mothers, with a history of childhood sexual abuse parenting children who were victims of childhood sexual abuse;
- Participants could either be married, divorced, single, mothers;
- Participants had to be English and Afrikaans speaking;
- Participants could be of any age;
- Participants had to have no history of mental illness;
- Participants had to be clients of the counselling organisations.

Exclusion Criteria:

- Participants with a mental disability were not eligible to participate in the study.

3.2.4 Sample Size

Once the inclusion and exclusion criteria were met, the final sample size was seven participants who were included in the study.

Table 1: Participants' biographical details and data collection methods.

Participant identification	Data Collection Method	Gender of P	Race of P	Age of P	Marital status	Work	Children	Age of onset of CSA	Identity of perpetrator	Duration of CSA	Age at disclosure	Gender of S/A Child	Child's Age of onset	Perp Id
P: 1	2x One-on-one interview	F	C	34	M	U/E	4xF 1xM	3	I/F (uncle)	U/D	Current Age	F	2	I (F)
P:2	1x One-on-one interview	F	C	25	M	U/E	2xF 1xM	6	I/F (uncle)	6-15 years	15	F	4	S/g/f
P:3	1x One-on-one interview	F	C	32	M	U/E	2xF 1xM	U/D	I/F (uncle)	U/D	U/D Raped at 14	F	U/D	I/F (U)
P:4	1x One-on-one interview	F	C	52	M	U/E	3xF 1xM	4	I/C (Father)	4-13	6	F	1X5 1X4 1X16	I/C G/F
P:5	2x One-on-one interview	F	C	38	X2 D	S/E	1xF 1xM	4	E/F (family friend)	4-14	38	M	1 ½	E/F
P:6	2x One-on-one interview	F	C	40	S/P	Emp	2xF	7	I/F	7-15	18	F	12	E/F
P:7	2x One-on-one interview	F	C	62	S/P	U/E	3xF	4	I/F	4-U/D Raped at 19	N/D Raped at 19	F	1X8 1X5	I/C (F)

Key: P=Participant C-Coloured M-Married U/E-Unemployed E-Employed

S/E-Self-employed F- Female D-Divorced E/F-Extra-familial I/F-Intra-familial M-Male

N/D-Non-disclosure S/P-Single Parent I/C-Incest U-Uncle S/g/f-Step grandfather

3.2.5 Description of study participants

There were seven female participants who took part in the current study, with ages ranging from 25-62 years old. With regard to their level of education, six participants can be classified as early school leavers as they left school while in secondary school. One participant obtained a matric certificate. All of the participants and their children are currently receiving therapy at the two counselling organisations. The description of each of the participants indicate information with regard to participant's CSA history, age, marital status and number of children, the child's perpetrator, and the status of the current criminal case:

Participant one (P1): P1 is a thirty-four year old, maternal survivor of CSA. She was sexually molested at the age of three years by an uncle. She is married with five children. Her husband was the perpetrator of her daughter. Case was temporarily withdrawn due to the child's age.

Participant two (P2): P2 is a twenty-five year old, maternal survivor of CSA. She was sexually molested at the age of 6-15 years by an uncle. She is married with three children. Her stepfather was the perpetrator of her daughter. He received an eighteen year jail sentence.

Participant three (P3): P3 is a thirty-two year old maternal survivor of CSA. She was sexually molested by an uncle, who was also responsible for her daughter's CSA. She is unable to remember when the CSA started and when it stopped. She was raped at the age of 14 years by a family friend. She is married with three children. The case was reported to the police.

Participant four (P4): P4 is a 52 year old maternal survivor of CSA. She was sexually molested from the age of 4-13 years by her biological father, who was also responsible for her daughter's CSA. She is married with four children. No criminal case was reported to the police.

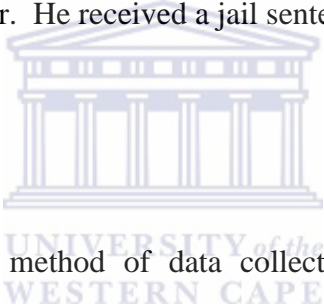
Participant five (P5): P5 is a thirty-eight year old maternal survivor of CSA. She was sexually molested at the age of 4-14 years by two male family friends. She has been divorced twice and

is currently co-habiting with her partner, and has two children. Her son was sexually molested by another child. No criminal case was reported.

Participant six (P6): P6 is a forty year old maternal survivor of CSA. She was sexually molested at the age of 7-15 years by an uncle. She is unmarried, has two daughters and functions as a single parent. Her daughter was sexually molested by a family friend. The investigation is on-going.

Participant seven (P7): P7 is a 62 year old maternal survivor of CSA. She is a divorced mother of three daughters. She was sexually molested at the age of 4 years. She is unable to indicate when the CSA stopped. She was raped at the age of 19 years by a friend. Two of her daughters were sexually molested by their father. He received a jail sentence for both incidents.

3.3 Data Collection



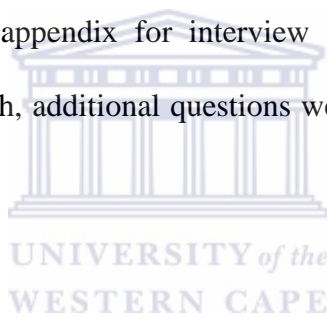
In phenomenological research, the method of data collection is done through conducting individual face-to-face, in-depth, interviews with participants (Creswell, 2007). The data collection method for this research study was primarily in-depth face-to-face interviews with seven mothers who were sexually abused as children and whose children have also disclosed sexual abuse. This qualitative research interview aims to contribute to a body of knowledge that is theoretical and conceptual and is centred on the meaning that life experiences hold for the individual (DiCicco-Bloom & Crabtree, 2006). Literature by Smith, Flowers, and Larkin (2009) concurs that collecting data through in-depth, semi-structured interviews enables the researcher to elicit stories, thoughts and feelings about a phenomenon and gives individuals the opportunity to provide a rich description of a very personal experience. These interviews are conducted because of an interest in the stories of people, with face-to-face in-depth interviews aiming to foster learning about individual experiences and perceptions on a particular set of issues

(DiCicco-Bloom & Crabtree, 2006). A further advantage of face-to-face in-depth interviews is that it proved to be a way of release for the participants as they shared their stories without hesitation and provided an over-load of information. The researcher made use of field notes and noting observation of participants' emotional and non-verbal responses during the interview process. Four of the seven participants were emotional during the interview process and the researcher had to employ interviewing skills such as empathic listening and allow participants to show emotion and relay their experience. The interview time with participants ranged between 30-125 minutes. The researcher is fluent in both the English and Afrikaans language, which granted participants the opportunity to have the interviews conducted in their language of preference (Babbie & Mouton, 2008). The researcher had a professional transcriber with experience in transcribing phenomenological transcriptions. In situations where uncertainties arose, she consulted with the researcher in clearing these uncertainties. Even though three of the transcripts were in Afrikaans, it did not detract from its meaning, as clear attempts were made not to compromise the data, in that participants' ideas were reflected. The researcher's supervisor, who was consulted on all aspects, read the transcriptions and provided feedback for the sake of clarity and follow-up. Follow-up interviews were conducted with four of the participants, in an attempt to obtain data saturation. The saturation of data refers to a period during the data collection process when no new information is forthcoming (Creswell, 2007). Tabulated overleaf is the final sample that participated in the data collection process, indicating the relevant biographical data.

3.4 Data Collection Instrument

An interview schedule was utilised in the current study and served as a guide (de Vos, 2005) (see Appendix 3). The interviews were semi-structured and in-depth, and contained broad questions for the gathering of general information in terms of the phenomenon. This type of questioning

brings forward textural and structural description of experiences and provides an understanding of participants' common experiences (Creswell, 2007). The researcher, being an experienced interviewer, applied interviewing techniques such as probing, clarifying, and summarizing to draw information from participants, producing richer data. This led to a free flow of information, without limiting the process of data collection. The interview schedule consisted of a range of broad questions to elicit participants' response on the topic, with the researcher's use of prompts, clarifying, and summarizing to facilitate the narrative. An example of the questions that were asked was: Have you experienced childhood sexual abuse? Tell me about it. Questions for prompting responses were the following: who, what, when and how. Could you describe whether you received counselling for the CSA? How did you cope? How did you cope when your child disclosed CSA? (See appendix for interview guide). Even though the above questions were specifically dealt with, additional questions were asked which solicited in-depth responses from the participants.



3.5 Data Analysis

A thematic analysis was used to analyse the data. The researcher made use of a professional transcriber to transcribe the data. The following six steps to analyse the data, as identified by Creswell (2007), were used. The first step in the data analysis process was **managing the data**. To ensure the proper management of data in this study, the raw data that was audio recorded, was transcribed and translated verbatim. All recorded data was documented on the computer and field notes were filed. The second step was **reading and memoing**. The researcher did this by reading and re-reading the text, individually analysing the text line by line, searching for significant phrases, making of margin notes to form codes. This was also done in conjunction with the reading of the field notes. This process of exploring the data simplified reflecting on the essence and hypothesis of the study (Schurink, Fouché & De Vos, 2011). The third step was

describing. This was done by the method of bracketing as well as describing the essence of the phenomenon. The researcher explained her position verbally at the start of each interview as that of a student researcher and then gave the participant a letter of consent, which they read and signed. Participants were then invited to share their perceptions and experiences of the said phenomenon. The researcher continuously discussed the research with her supervisor and colleagues to address any biases regarding the phenomenon by the researcher. The fourth step was **classifying** –the researcher constantly returned to transcriptions, field notes and interview questions and developed statements or meaning units from the information that was received and grouped the statements into salient themes. The researcher used a table and drew up a participant map to make linkages and to find commonalities among participants’ responses. The fifth step was to **interpret** – this was done by the researcher defining and naming the common themes, listing them in terms of main themes, categories and subcategories. The researcher used the verbatim responses of participants which reflected their experiences and perceptions in terms of the phenomenon. The sixth step was **Representing/Visualizing**-this was done by presenting the “essence” of the participants’ experience. Here the researcher contextualized the participants’ experience and perceptions in terms of the relationship between the phenomenon and participants’ experience of it.

3.5.1 Reflexivity

Literature by Lietz, Langer, and Furman (2006) defines reflexivity as a process of acknowledgement by the researcher that his/her actions and decisions will impact the meaning and context of the research process. It has to do with reflecting on your beliefs, identity and experiences as a researcher and how they overlap or differ from those participating in the study.

The information shared by participants reflected their innermost experiences and because of the sensitive nature of the research phenomena, the participants became emotional at times. The

researcher was conscious of the fact that the research subject was by its nature intensely personal and sensitive. The researcher was furthermore aware of her responsibility as an interviewer; ensuring participants are protected against psychological and physical harm (Louw & Louw, 2007). The researcher was continuously aware of her own feelings and conscious of the fact that she can be affected by participants' emotions. The researcher kept a research journal as a means of maintaining objectivity and to remain professional. The aim of the research journal was for the researcher to note her emotions and experiences. After each interview that the researcher conducted, she noted her observations and emotions regarding the interview. This served as a method of debriefing and contributed to the credibility of the research. Reflexive communication was also maintained with the supervisor via one-on-one consultations as well as the electronic media (e-mail). Another important aspect of reflexivity is the power differentials between the researched, as advocated by DiCicco-Bloom and Crabtree, (2006). The researcher exercised reflexivity throughout the research study by acknowledging the dual nature of the researcher-participant relationship. The researcher was informed by the experiences of the participant, while the participants benefited by the sharing of those experiences. For most of the participants, talking about their experience of childhood sexual abuse and that of their children was a means of disclosure as they were still struggling with their own unresolved emotions and feelings around the phenomenon. This aspect was reflected in the participants' positive feedback at the end of the interview sessions.

3.5.2 Trustworthiness

Trustworthiness was established by the researcher by clarifying the purpose of the study and reflecting findings as closely as possible as it was reported during the interviews (Creswell, 2007). The researcher maintained neutrality by not stereotyping or labelling of the participants, but respecting each participant's individuality (Cho & Trent, 2006). The researcher respected participants' views on their experience of the phenomenon. Cho and Trent (2006) argue that the

credibility of a research study is dependent upon certain techniques, methods and strategies employed during the conduct of such study. The researcher gave effect to this by attempting to give an accurate account of the reality as experienced by the participant. The credibility of a study lies in the truthfulness of the report or responses captured. The researcher allowed participants to share their experiences of childhood sexual abuse and their children's childhood sexual abuse. This was done by audio-taping participants' responses and transcribing verbatim. Throughout the interviewing process, the researcher summarized and clarified information in order to minimize misinformation. During the interviews, the researcher applied basic rules of interviewing and ensured that participants were treated with dignity and respect.

3.5.3 Triangulation

Triangulation is an important aspect in qualitative studies as it contributes to rigor, as opposite views can increase awareness of data (Lietz, Langer & Furman, 2006). Cho and Trent (2006) furthermore view triangulation as a process of confirming facts through multiple data sources. To ensure triangulation, the researcher made use of observations, field notes and in-depth interviewing.

3.5.4 Peer debriefing

Peer debriefing is a process whereby the researcher engages in dialogue with colleagues outside of the research project who are experienced on the research topic, population and methods used (Lietz, Langer, & Furman, 2006). The researcher constantly discussed her interactions with participants and her observations during the data gathering process and findings, with colleagues working in the field of enquiry. Consultations were held with the supervisor, in his capacity as mentor.

3.5.5 Ethical considerations

De Vos, (2002) defines ethics as “a set of moral principles that are suggested by an individual or group, are subsequently widely accepted, and offer rules and behavioural expectations about the most correct conduct towards subjects and respondents, employers, sponsors, other researchers, assistants and students”. Ethical guidelines serve as the basis on which researchers should assess their conduct (De Vos, 2002). In conducting the study, the researcher was guided by the following ethical considerations: **Informed consent**: it is described as a mechanism for ensuring individual understanding of what participation in a research study entails, and making a conscious and deliberate decision to participate or not (Family Health International, 2013). In conducting the research study, the researcher informed participants of the goal, procedures, advantages and disadvantages of the study. Participants were informed of their rights, i.e. to withdraw from the study at any stage, not to answer questions they do not want to answer. A written agreement to ensure confidentiality was drawn up and signed by both parties. This document contained the contact details of the researcher’s supervisor for reference purposes. Participants’ consent was also sought for use of the audio-recorder. All participants agreed to its use. **Anonymity**: was ensured through allocating pseudonyms to participants so as to conceal the identity (Creswell, 2007). All personal details of participants were only known to the researcher and the participants’ information was only used for the purpose of this study. **Confidentiality**- the researcher informed participants of the confidentiality aspect which was ensured by removing the participants’ details from the information obtained. The researcher ensured that research data was stored in a locked cabinet and access to the computer was restricted only for use by the researcher. **No Harm or deception** was caused to any participant during the course of the research study. This research enquiry, involving mothers who experienced childhood sexual abuse and whose children had also disclosed sexual abuse, was an emotional experience for most of the participants. Though they showed a lot of emotions, the

researcher demonstrated empathy and a non-judgemental attitude towards participants. This encouraged them to share their perceptions and experience of the phenomenon. Even though a social worker, the researcher put on a research hat while conducting this study. The researcher shared her knowledge of available resources by providing participants with information regarding supporting agencies, ie. Police, individual; and family therapy organisations. The researcher did not feel threatened by the emotional responses of participants at all, as she was able to contain forthcoming responses by reflecting a gentle, empathetic and respectful attitude towards participants. Participants were informed throughout the study of the availability of trained counsellors due to emotions that were evoked as a result of the nature of the study. Ethic clearance was obtained from the UWC and permission was obtained from the participating organizations to conduct the study on their premises

3.6 Significance of the Study

The study explored the maternal intergenerational transference of sexual abuse and the parental practice and coping of mothers who were sexually abused as children; and their reaction to their children's disclosure of childhood sexual abuse. The study enabled the participants to share their own experience of childhood sexual abuse and how they have experienced their children's disclosure of CSA; the effect of CSA on the relationship with their children and romantic partners; and how CSA has influenced their parental practice. The participants' experience shed light on the phenomenon of maternal intergenerational transference of childhood sexual abuse and will enhance the understanding of those working in this field. Considering the severe trauma which maternal survivors of childhood sexual abuse are faced with, and the impact it has on the individual, family and society, this study will furthermore enable service rendering organisations to assess their current programs and plan future programmes, aimed at empowering the maternal survivor of childhood sexual abuse and her family, and addressing

their need for social support. This study also afforded the participants an opportunity to ventilate and confront issues which pose personal and parenting challenges.

3.7 Motivation for the Study

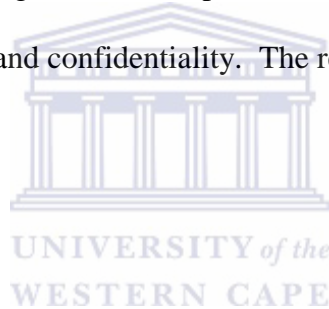
As a social worker, the researcher always had awareness around the societal issue of CSA and the context in which it supposedly occurs. Working in the field of forensic social work has led to a further increase in the researcher's awareness around CSA in terms of its prevalence, the vulnerability and continued victimization of children, as well as the dynamics of sexual abuse. That, together with a disclosure from mothers about their own childhood sexual abuse, has led the researcher to question the parenting role of the maternal survivor and how her own experience of CSA influenced the parenting of her children, which has consequently motivated the researcher to conduct a study in which the said phenomenon is explored.

During the course of conducting this research study, the researcher had to set aside her own biases regarding the mother's 'inability' to safeguard her children and confront practise knowledge and preconceived ideas about the reasons for sexual victimization occurring in the next generation. The current study has granted the researcher the unique opportunity to investigate a phenomenon which the researcher is confronted with daily and to explore the perceptions, emotions and experiences of maternal survivors through in-depth interviewing. Through the process of reflexivity, the researcher was able to reflect on her own biases and beliefs around the phenomenon of the maternal intergenerational transference of sexual abuse. Lietz, Langer, and Furman (2006), argue that this occurs by means of individual thought and through dialog with others that acknowledges the researcher's own experience. Reflexivity in the current study was maintained by means of a researcher's journal which contained individual

thoughts about the research process, frequent reflexive communication with the supervisor, as well as sharing of information with a fellow colleague working in this field.

3.8 Summary

This research study made use of a qualitative research design. It is a phenomenological study with the aim of exploring the maternal intergenerational transference of sexual abuse. The focus of the study was on the maternal survivor of sexual abuse whose children also disclosed CSA. In this chapter, information regarding the data collection process, research sample, research instrument and analysis of the study is contained. This chapter also further contains information regarding ethical considerations during the research process, such as, informed consent, privacy, anonymity, no harm to participants, and confidentiality. The results of the study are presented in the following chapter.



CHAPTER FOUR: RESULTS

4 INTRODUCTION

The current study is a phenomenological study which aimed to explore the lived experiences of mothers who had experienced childhood sexual abuse; both prior to and following their own children's disclosure of sexual abuse. The research study explored the state of mothers' functioning before and after their children's disclosure of sexual abuse, the relationships between mothers and their children prior to and after disclosure; how mothers' own childhood experience of sexual abuse has affected their emotions, feelings, thought processes and life experiences; how CSA has affected and shaped mothers' parenting practices; how their children's disclosure of CSA has affected the mothers' responses, and what coping mechanisms and courses of action were taken by mothers in dealing with this life altering phenomenon. The research study set out to answer questions about common early child sexual abuse experience amongst this population of mothers, common emotional and relational characteristics, the role and effect of CSA in shaping mothers' parenting practices, mothers' coping strategies adopted following their children's disclosure, and management options that were considered to be effective.

The findings from the study are discussed in the themes, categories and subcategories relating to the participant's experience of maternal childhood sexual abuse, her own children's disclosure of sexual abuse and its effect on parenting. Four main themes emerged from the categories.

The following themes were identified in the study:

Theme One: Experience of loss by maternal survivors of CSA

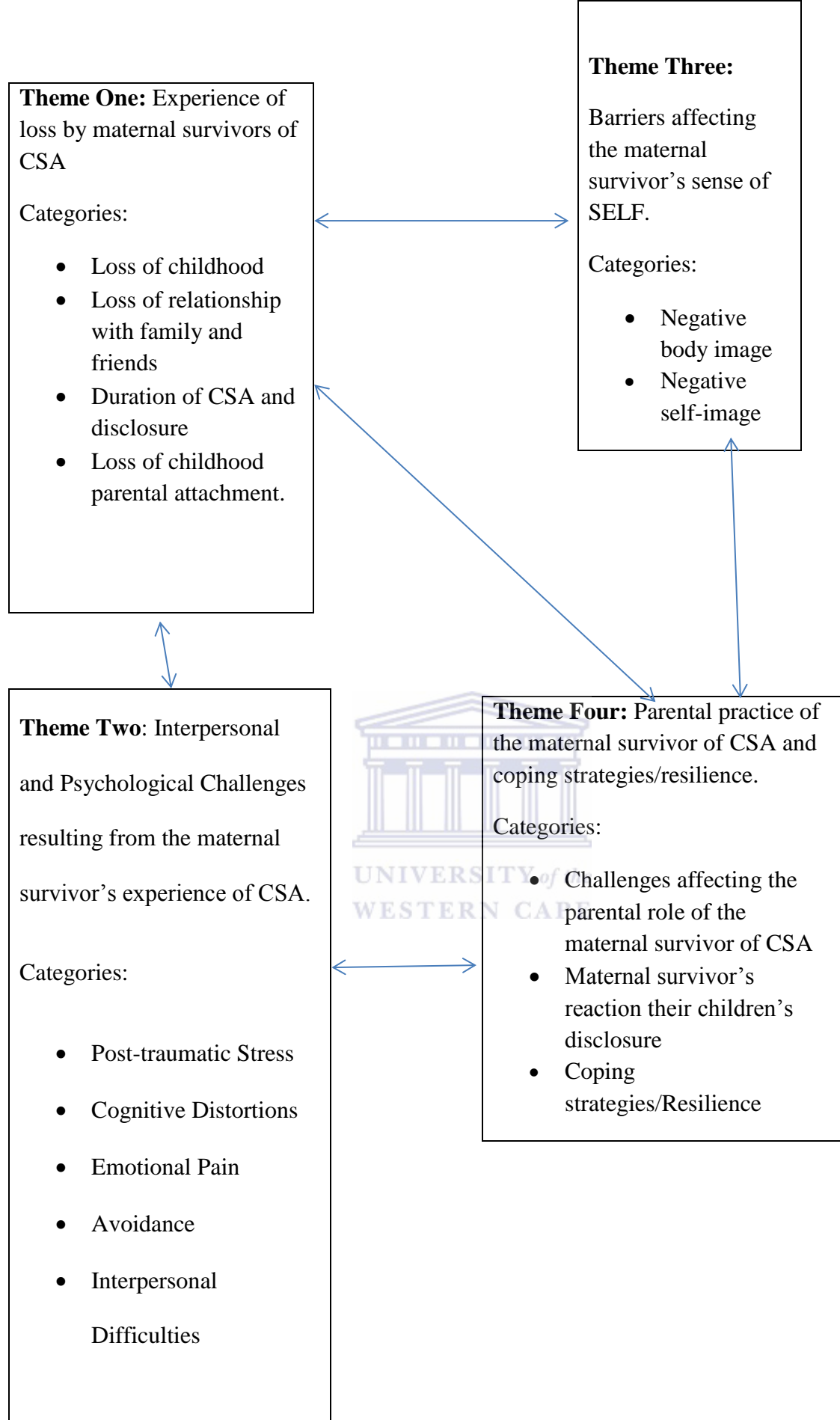
Theme Two: Interpersonal and Psychological Challenges resulting from the maternal survivors' experience of CSA.

Theme Three: Barriers affecting the maternal sexual abuse survivors' sense of SELF

Theme Four: Parental practice of the maternal survivors and coping strategies/resilience adopted.

4.1 Diagrammatic representation of themes and categories

The diagrammatic representation reveals the interactions between the themes. Experience of loss (theme one) are shown as resulting in the interpersonal and psychological challenges the maternal survivor experiences (theme two). The interpersonal and psychological challenges in turn influence the maternal survivor's sense of self (theme three). The maternal survivor's parental practice and coping strategies (theme four) are shown to be influenced by the experience of loss (theme one), the interpersonal and psychological challenges resulting from CSA (theme two), and the maternal survivor's sense of self (theme three). (Please see the diagram on page 55)



4.1.1 Theme One: Experience of loss by maternal survivors of CSA.

The themes and related categories are presented in subsequent tables in 4.2.1/2/3/4.

Theme one:	Categories
Experience of loss by maternal survivors of CSA	<ul style="list-style-type: none">• Loss of Childhood• Loss of Relationship with family and friends.• Duration of CSA and disclosure• Loss of parental attachment

The above theme represents the participant's feelings, perceptions and experiences of the maternal survivor's experience of loss as a result of childhood sexual abuse. The participants construed their experience and perception of CSA in terms of an overall sense of loss.

The following categories are used to discuss the foregoing theme: loss of childhood, loss of relationship with family and friends, and loss of parental attachment. One participant, who experienced CSA and was raped as a teenager, captured the description by saying:

I had a goal in life..the man that comes for me, I want to marry that man, then he came in my life and changed my life completely. Things like that. (P:3 maternal survivor of CSA).

The above quote reveals that the participant experienced a sense of loss as she perceived the course of her life to be changed as a result of CSA. The experience of loss will be discussed

in terms of the following categories: loss of childhood, loss of relationship with family and friends and loss of childhood attachment.

4.1.1.1 Loss of Childhood

The above category conveys the participants' descriptions of the maternal survivors' feeling of loss of their childhood. The loss of childhood experienced by the maternal survivor presents itself in the form of childhood memories of CSA. One participant captured this description by stating:

....My mind-set would have been like a normal child's. I wish that I had a normal childhood. You know, a playful childhood. Not having to feel like a grown-up.
(P2:maternal survivor of CSA).

The above quote reveals the participant's yearning for a normal playful childhood and the perception that she missed out on things that characterise being a child. The participant further explained that looking out for herself and her younger brother placed an added responsibility on her which further led to feelings of being like a grown-up. She said:

The fact that I always had to see to my brother. That I always had to see to myself. That she was always working. I understand that she had to work for me and my brother, she is a single parent, but I always had to look out for myself because when she was off, she was drinking or partying somewhere, and I had to see to my brother and myself. As a child, I could never feel there were opportunities to go play or go camping with schools and things like that. (P:2 maternal survivor of CSA)

Another participant shares the perception of being able to only remember the bad that has happened in her life. She feels that her recollection of the bad incidents is always at the forefront. She captured this by saying:

I always remember only the bad things. And at the age of four years, I say it is a very young age, and I think a lot of children cannot even remember when they were four.
(P5:maternal survivor of CSA)

The category relates to the feelings of loss of childhood which the maternal survivor experienced as a result of the CSA. This category is further described by the subcategory relating to the age of onset of the CSA.

- **Age of onset of CSA**

The above subcategory carries the depiction of the maternal survivor's age at the onset of the sexual abuse. This term **onset of abuse** thus refers to the age of the maternal survivor when the sexual abuse commenced. Participants in this study indicated the onset of the CSA as between the ages of 3-7 years. Participants described the CSA onset as an experience which happened when they were still too young to fully comprehend the experience. One participant explained that she was three years old and has memory of a wearing a white knitted cape, sitting on her uncle's lap. She said:

I was sitting on his lap. I was leaning my head against his chest and he was doing all the time like this, he was going up and down, and he asks me is it nice, and I said yes. I didn't know that time what it meant. I also didn't know that time what is was. (P:1maternal survivor of CSA).

Another participant was unable to remember her age at the onset of CSA, but mentioned the following with regard to her recollection of her experiencing CSA:

To be honest, I cannot remember how old I was, but I was very young, still a child.
(P3: maternal survivor of CSA)

The above quotation reveals the participant's perception and feeling towards the intrusive act of CSA and the long lasting effect it has on participants.

Another participant disclosed that in her family, all seven children were sexually molested by their father. She explained the first one of them to be subjected to CSA was her sister: She said:

The first one was my eldest sister. I am the fifth, so I have two sisters and then two brothers and then myself and the two sisters after me. It started with the eldest one and went right down the line. (P: 4 maternal survivor of CSA)

She explained further that all seven siblings knew that their father was doing it to all of them and said: *we would just see him taking one of us into the bathroom. (P: 4 maternal survivor of CSA)*

Another participant is of the opinion that the fact that she was young when her parents divorced, has placed her in a situation of being taken advantage of. She indicated that she was sexually abused by more than one perpetrator. She stated the following:

Today I see it that I was taken advantage of as I was young when my parents divorced and they saw it as an opportunity to do it thinking I would not realise. They do not know the side effect it has on my life today and I can never forgive them for what they have done to me. (P:1 maternal survivor of CSA).

The above subcategory indicates that age of onset of CSA is crucial as it deeply affects the maternal survivor of CSA and regardless the age of the maternal survivor at onset of CSA, participants had a clear recollection of the incident and are confronted with its lasting trauma.

4.1.1.2 Loss of relationship with family and friends

This category describes the participants' experience and perceptions of the loss of the maternal survivors' relationships when disclosing the CSA. Participants described the loss of relationship as something which is closely tied to the identity of the perpetrator. One Participant captured this by stating:

My mom, she was a single mother practically all my life, till now. My father I don't know, don't know who he is, don't know what is his name. Never met him. I am my mommy's only child at the moment...Basically we were a close family where my mommy and her sisters are concerned. We were very close, the grandchildren, the grandfather. There is no grandmother. Until the story came out where I told my auntie that my uncle is abusing me and then the family split. So ever since that time it was just me and my mom and ja. (P:2 maternal survivor of CSA)

The above quote reveals that as a result of CSA, the loss of family relationships occurred. The quote furthermore indicates that the participant and her mother had a strong emotional bond with the maternal family, but due to the allegation of CSA, the relationship was completely broken and she was ostracised.

Another participant described being fearful of disclosing the CSA for the impact it might have had: She said:

I never told anyone...between Freddie and..., I can say it today, but that time I couldn't understand it or say it. Between Freddie and Jennifer, my father's sister, he hit her a lot ...So to have told her that time...I don't know the impact it would have.

(P:1 maternal survivor of CSA).

Feelings of social isolation were also revealed by most participants. A participant indicated this by stating:

When I was at school, I wanted nothing to do with anyone....I was very introverted and I never spoke to friends or anyone, but I was never myself. (P:3 maternal survivor of CSA)

This category is further discussed under the subcategory of identity of the perpetrator.

• **Identity of the perpetrator.**

This subcategory is representative of the participants' description of the experience of the CSA and the identity of the perpetrator. The participants indicated perpetrator-access by means of association. All participants in the study indicated that the identity of the perpetrator was known to them, either due to the fact that it was a family member or a family friend. One participant indicated that visits by an uncle will put her in danger of experiencing CSA. She said:

...then the uncle would visit at my grandmother's house. Because my grandmother raised me. And as evening approaches...I sleep with my grandmother, but then uncle would also want to sleep by my grandmother. Then he sleeps at the foot (end)..we must then now sleep..then uncle would crawl down, insert his penis inside of me.....(P:7 maternal survivor of CSA).

Another participant, who was sexually abused by her father, gave description to this category as follows:

I think my mother helped him. She knew it was happening. I think she enabled him by leaving us in the house with him and going off to sit with her sister around the corner for a while....for a few hours and then she would come back (P: 4 maternal survivor of CSA).

One participant expressed feelings of disappointment that the sexual abuse happened at home, a place which was supposed to be a safe space for her. She said:

I was a child and that...I don't know hey, what was funny to me, was they would send me from here say to Elsie's, just as an example...then they send me...I was young...then I must go to the shop...6 years old then I must go the shop. I had to cross a train track, but nothing happened to me. It happened inside of my house. It happened in an environment where I was supposed to be safe. And I say...when people talk then I think to myself...you talk about children who walked there, but the things happened to me in my house, not outside..I mean neighbour's homes, and so forth,...I walked stretches, nobody hurt me... (P:5 maternal survivor of CSA)

One participant shared information which indicates the ambivalence that participants experience with regard to the CSA, knowing the identity of the perpetrator, and keeping quiet. She shared her experience of being raped by a family friend, as well as being threatened to keep quiet about her ordeal.

He held a knife to my throat and said that he would kill me or if I said anything he would have me killed and he just did with me as he pleased...it was terrible. It was like.. I tried to get away, but I couldn't.I could not cry...if I cried, I had to cry to the inside. I could not do anything, because it was someone that I saw every day and he was a friend of my nephews, I always saw him up and down. He told me if ever it comes out, he will have me shot, or do it himself. (P: 3maternal survivor of CSA).

This response furthermore indicates that participants are “silenced” by perpetrators with threats which often lead to non-disclosure. Another participant had the following to say with regard to the above:

He said I must not tell anyone, as my grandmother is going to give me a hiding and my mother won't believe me. (P: 6 maternal survivor of CSA).

4.1.1.3 Duration of CSA and disclosure

Under this subcategory, participants indicate the duration or timeframe of the CSA, and whether it was an incident that happened only once, or if the CSA was ongoing. The duration of the CSA and the ultimate disclosure appear to be connected, as non-disclosure allows for the CSA to continue, though not in all cases, as the study shows. The CSA of two participants in the study continued, despite them disclosing the abuse. One participant, who endured CSA from age 7-15 years, stated that the perpetrator used the pretence of sending her brother to the shop and would then sexually abuse her. The CSA ended after she made a conscious decision to stop going whenever he called them. She disclosed the CSA when she was eighteen years old. She said:

When I was fifteen, he was still doing it and if he calls me again the next day, then I don't go...and then he again sends my brother-them to the shop, then I run with them, then I didn't go to him (P: 6 maternal survivor of sexual abuse).

The non-disclosure of the CSA was maintained because participants feared the reaction of caregivers as well as being labelled. As one participant said:

Those days you could not talk to the grown-ups...you could not talk to them because they are going to say that you are a "hoer" (whore). I kept quiet as I was scared...

(P: 7maternal survivor of CSA).

One participant remembers attempting to tell her family about the abuse, but she was told that she was being old-fashioned. She said:

Not only my mother, everyone that was there told me that I was old fashioned, so they told me to go play outside. (P:5 maternal survivor of sexual abuse)

This participant blames the ‘dismissive’ attitude of family members for the ongoing sexual abuse and her subsequent silence. She said:

I feel that if they had listened to me in the first instance, then I would not have kept everything inside, you understand. Then I would perhaps be more outspoken.....I never after thirty-eight years...When I was thirty-eight years old, then I came out with everything. (P: 5 maternal survivor of sexual abuse)

4.1.1.4 Loss of parental attachment

This category conveys the participants’ descriptions of the feelings, experiences and perceptions of the maternal survivor regarding the emotional bond they shared with an attachment figure. Most participants were not raised by their biological mothers, but had an attachment figure present in their lives during childhood. One participant describes the emotional bond she had with her grandparents and describes her grandmother as her only “anchor”. She said:

My grandmother was my only anchor; she was always the one that was there for me....They were lovely, they were very lovely...my grandfather was the father figure for me and he took me to church, he carried me and all that..(P: 5 maternal survivor of CSA).

Another participant disclosed that she experienced CSA at the hand of her father and she felt unloved as a child. She captured this by saying:

I used to feel as a child that my parents never really loved me. I used to dream that they weren’t my parents. I was adopted and so on. ..(P: 4 maternal survivor of CSA).

The above participant shared how she had blamed her own mother for the incest. She revealed that her father had sexually molested all his seven children, five girls and two boys. She said:

During the day he would take us into the bathroom, there were times at night when my family were sleeping over and we had to give up our beds then we would have to sleep with my parents and in the same bed with my mother, he would try it with us. I was lying at their feet one night and he was using his foot against me and there was one night, I was sleeping, they had a single bed in their room. ...I was sleeping on this one night, and he was also sleeping there. She is sleeping in the same room with us. Why did I have to sleep in bed with him?.. But I got up there and I went to lay by her when he started his nonsense. But she knew, why put me in the bed with him? (P:4 maternal survivor of CSA).

The above quote indicates the negative emotional bond the participant had with her mother as she blamed her mother for having knowledge about CSA and effectively creating space for the abuse to take place.

In summary, the theme experience of loss by the maternal survivor of CSA was discussed. The participants revealed that they experienced loss of their childhood, loss of relationship with family or friends as result of the identity of the perpetrator and the childhood attachment they shared, other than their biological parents.

4.1.2 Theme Two: Interpersonal and Psychological challenges resulting from the maternal survivors' experience of CSA.

Theme two and its related categories

Theme Two	Categories
Interpersonal and Psychological Challenges resulting from the maternal survivors' experience of CSA.	<ul style="list-style-type: none"> • Post-Traumatic Stress • Cognitive Distortions • Emotional Pain • Avoidance • Interpersonal difficulties

The above theme represents the influence of CSA on the participants both on a personal and psychological level. The participants described the impact of CSA as something that is always with them, despite wanting to “block out”. They furthermore described that in the aftermath of CSA, they have to struggle with conditions like post-traumatic stress, negative thoughts, emotional pain, and avoidance behaviour, impaired sense of self, interpersonal difficulties and feelings of hatred and revenge. One participant said the following:

It went on for a while and I tried to block it out, understand. I never could. That's why I say I can never remember the good, I can only remember the bad things and so on (P:5 maternal survivor of CSA).

Another participant described the CSA experience as something that is always with her. She said:

Sometimes, then you think about it....h..h..you..you want to forget about it, but it it sometimes comes up (P:6 maternal survivor of CSA).

4.1.2.1 Post-traumatic Stress (PTS)

This category conveys the participants' descriptions of post-traumatic stress as a result of CSA. Participants indicated their experiencing of flashbacks and intrusive thoughts. One participant indicated that she started having flashbacks after she learnt of the CSA of her four year old daughter. She tries to control the flashbacks by keeping busy. She said:

It stopped for years until we heard of Ranecia. I caught this man and it started again when Ranecia was four years old. Whenever I am alone, it just comes back...and that is why I always keep myself busy. I don't like sitting still. (P: 2 maternal survivor of CSA)

She furthermore explained what the flashbacks are all about and how they affect her on an intimate level. She said:

It is mostly about...it is like I still feel him around me, like a...I can't even explain. I can just feel him and the things that he said to me as a child. It still plays in my mind. Uhm...when Phillip touches me it's like I sometimes feel him touching me even though I know it's not him. That's how it feels. (P: 2 maternal survivor of CSA)

According to one participant, she never informed her husband about the CSA and rape, and suffers from flashbacks and intrusive thoughts. Throughout her married life, she has been abandoning her husband and children for periods of time and would return again. She said:

...after that I told myself it might be because of the fact that I wasn't honest with him. I never told him and so I told him now. I then made a promise to myself and to him and said that I just want to try and forget about it because I cannot be still and alone, then it comes back....the memories comes back and I think about it and then I wish my mother was still alive so that she could tell me what really happened with my uncle and me...as they were saying. (P: 3 maternal survivor of CSA)

The above participant furthermore relayed her experience of falling ill when thinking about the CSA and rape. She said:

I never talk about it. One time shortly after we got married, while I was laying, I fell ill just thinking about what has happened and so I told the people that he was in the house.like that when I'm alone.

One participant revealed the trauma she felt when meeting the perpetrator again after many years. She said:

I saw him again at the age of thirty-eight..the last time I saw him I was fourteen years old. All that I saw was such yellow snake eyes...and then I felt that the Pandora box was triggered, everything that I locked in that box, came out. I could not do so anymore...I could not close it anymore. I tried to close it ...Everything just came back. And do you know hey it was very difficult for me. Because my children are big now...they don't actually know that part of my life.

She went on explaining how her mind and body reacted:

I stood there and he greeted me and I felt how I stiffened. As I said before, those yellow creepy eyes. He did not have such eyes, but it felt like it at that moment. And as I said, everything came out...I cried for days on end.....when he stood at my door and knocked, it felt as if my safe haven, my sanctuary was being attacked and it felt as if I was not safe....they say your mind ..it can change hell into heaven or it can change heaven into hell. (P:5 maternal survivor of CSA)

One participant revealed that thoughts about the childhood sexual abuse “haunt” her, even though she wants to forget, the thoughts always comes up. She said:

It is something that is always with you...Sometimes then you think about it...you want to forget, but it always comes up. (P: 6 survivor of CSA)

Another participant revealed how she “copes” with flashbacks. She said:

Sometimes, it happens, then I get up and move out or I see to it that I am amongst other people. (P: 3 maternal survivor of CSA)

The above category indicates that the participants still suffer trauma of CSA, regardless whether it happened in their childhood, and furthermore it describes how participants deal with the thoughts of the CSA.

4.1.2.2 Cognitive Distortions

This category conveys the negative assumptions that the participants make about themselves, their environment and others. The negative thoughts have an adverse effect on participants and affect their functioning. As one participant said:

Things started to go wrong in my life and I started to blame myself for it, I blamed myself for what happened to me (P:3 maternal survivor of CSA).

The above quote indicated that the participant was blaming herself for what went wrong in her life. Another participant disclosed that the cognitive distortions caused her to harbour thoughts of ending her life. She said:

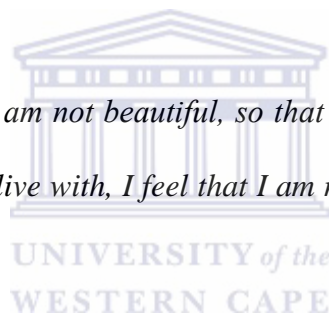
...I don't know if I will ever be able to tell anyone everything of how I felt and what went through my mind...I am talking about suicide...things like that. All of that went through my mind already. (P: 2 maternal survivor of CSA).

The participant furthermore shared her inability to trust anyone with her feelings and indicated that she did not ever feel comfortable talking about the CSA as she feared people's perceptions. She said:

Whatever you're gonna think of me. That always went through my mind. What are you gonna think of me, even though it sound stupid. But I always felt what is the next person gonna think of me if I must tell you what happened to me at that time. How are you gonna look at me?. (P: 2 maternal survivor of CSA).

One participant cited a reason for the breakdown of her marriage to her first husband as not being beautiful. This indicated a negative self-image and a distorted view of herself. She said:

I did not have hair and I am not beautiful, so that was one of the reasons...I always say to Ben, the guy that I live with, I feel that I am not woman enough..(P:5 Maternal survivor of CSA)



This category indicates that as result of CSA, the participants experienced negative thoughts and self-blame.

4.1.2.3 Emotional Distress

This category conveys the emotional pain that participants have been experiencing as result of CSA. The participants described feelings of anxiety anger and depression in the aftermath of CSA and how it affected their relationships with those closest to them. This category is further divided into subcategories relating to anxiety and aggression and anger, and is discussed below:

- **Anxiety.**

This subcategory described feelings of anxiety experienced by survivors of CSA. Participants indicated their early “forced” sexual contact, filled them with feelings of not being good enough or with a feeling of being less than a woman. These feelings of inadequacy caused participants to withdraw. One participant said:

Usually I was a bit....because I knew I was not a virgin due to what has happened to me. It was very difficult for me. I was mostly by myself...I was always scared about what people will say about me. I was very withdrawn and that. (P: 5 maternal survivor of CSA)

Most participants described feelings of anxiousness and how it affects their personal and intimate relationship. Because of anxiety, participants still deal with the effects of CSA. As one participant said:

When I am with my husband, then it takes me back to what has happened...then I move away from him...I start looking...for what he offers me is not enough. Or what has happened plays back...the things which I had to endure. (P:3 maternal survivor of CSA)

The above quote is indicative of the participant’s emotional struggle to connect with her partner on an intimate level. She ascribes this to her experience of CSA. Participants revealed not disclosing the CSA to husbands/partners out of fear that they will not understand. As one participant disclosed:

There are times that he would want to touch me and I would just, you know, back off. He don’t understand. That is why he has been asking me to go for help, speak, just speak about it, but it is hard, because I think he is not going to understand what I am

going through. He is not going to.... I don't know how is he going to look at me if he finds out what I have been through, how is he going to feel, or would he still wanna be with me in the same bed you know. I do not know is our relationship gonna be the same if I must tell him what happened. (P: 2 maternal survivor of CSA)

The above quote is indicative of the immense trauma and anxiety that the participant is faced with and she is also fearful of being rejected should her husband find out about the CSA.

- **Aggression and Anger**

Participants expressed feelings of anger about the CSA and against the perpetrator which they carried from their childhood into adulthood. Most participants presented with behavioural problems in the adolescent phase. In the words of one participant:

After that I started becoming aggressive at school. I started fighting and I passed to standard 3, and standard 4, and standard 5, when that teacher referred me to Tygerberg to a psychologist. I cannot remember how long I attended Tygerberg, and I afterwards went to go live with my grandmother. And it was when I went to live with my grandmother, I was in standard 5 or 6, then I landed up in jail. (P: 1 maternal survivor of CSA)

The above quote indicates the level of aggression the participant was experiencing and the devastating consequences these feelings had on her. The participant still struggles with feelings of anger in adulthood and was for most of her adult life a drug- and alcohol-user. She disclosed as follows:

There was a period when I started drinking again and I almost killed my husband. Because usually when I drink, then everything which I kept in comes to the fore. Then I am at my worst. (P: 1 maternal survivor of CSA).

One participant also struggled with accepting the CSA which resulted in extreme behavioural problems in the adolescent phase. The perpetrator was her uncle and she rebelled against her mother's authority, thus blaming her mother for the abuse. She disclosed:

I was 15 I think, just after the story came out. I think my mom could not handle the fact that I used to tell her things that made her very angry. It pissed her off the things that I use to say to her and she seeks for help and I did not want any help. ...I had an attitude and that time I started smoking so she could not handle me at the time because I gave her attitude. So she went to the adolescent thingy there and they came see me at home and asked if I can just check out how it was there. I said ok fine. It helped me but that time I never really spoke to social workers there. (P: 2 maternal survivor of CSA).

Another participant described her rebellion and association with a negative subculture as an adolescent. She said:

I stayed out of school and met more boyfriends. When I'm out with the one then I met another who is also a gangster. I frequented yards and just did as I please. (P:3 maternal survivor of CSA).

4.1.2.4 Avoidance

The above category is representative of participants' experiences and behaviours they engage in in order to "cope" with the CSA. Avoidance behaviour that participants in the study engaged in includes dissociation, substance abuse and addiction and early sexual activity. These behaviour types enabled coping in childhood and some participants carried it over into adulthood. One participant describes the avoidant behaviour she resorted to in childhood as her way of "coping" with CSA. She said:

I had such a miserable time at school. I did not wash. I just had no personal hygiene whatsoever. I just did not bother. So subconsciously that was my way of...subconsciously I was calling out, I was asking for help and I was just not getting it. My sisters, they had other ways again of dealing. (P: 4.maternal survivor of CSA)

The above participant relayed further how she and her siblings (who were all sexually abused by their father) coped with their reality. She said:

I read. I dived into books. And then there were other ways also you know. The sister after me she's just divorced her third husband. Then there had been other engagements and things also but she, while we were going through this I would escape into books while she would sit on the toilet imagine herself far away from here living a much better life and so on. (P:4 maternal survivor of CSA).

This category is further described with subcategories relating to the avoidant behaviour participants adopted as a coping mechanism and further describes the consequences with either positive or negative results.

- **Dissociation**

This subcategory is representative of the participants' description of their experience to dissociate from reality as a means of coping. Most participants used the practice of dissociation to withdraw from the stress of everyday life. Some participants dissociated by staying busy and focussing on tasks. One participant revealed that she was able to cope as a result of dissociation. She said:

I preferred turning to my books. I did my homework, I did my chores. I use to love my chores. Still do. Cleaning, knitting, things like that you know. I turned to things like that and ja that was basically it that because my mommy was also an alcoholic at

the time so it was hard. Ja, it was very hard at the time and seeing to my brother helped me. I knew it was wrong. It could happen to him as well. That is why I tried many times to coming out with it. I feel my mommy knew, about it, but she did not do anything about it. She kept it quiet for the sake of her family. (P: 2 maternal survivor of CSA).

The above quote is indicative of the mechanism of dissociation which is employed by the participant in order to cope with the betrayal by her mother, not recognising the CSA and the perpetrator, because he is a family member and in a position of trust.

Another participant described her way of coping as immersing herself in her schoolwork as she felt betrayed by her family and was torn between her loyalty towards her family and carrying the emotional burden of the CSA. She said:

I always felt betrayed by my family, because I spoke with them, but because I loved them, I just went on, and so on. Always in my schoolwork, as I said before, I cannot remember the good times; I only remember the bad times I endured. But what helped me was my teachers at school.but my Sunday school teachers, there were 2, and my schoolteachers, without them knowing, they gave me that-that I can draw, that I can write neat, that I can stand out in class. I engaged myself in my schoolwork (P: 4 maternal survivor of CSA)

- **Substance abuse and addiction**

This subcategory conveys the participants' description of behaviour patterns they resort to as a means of coping. One participant relayed how her drug use enabled her to cope with the demands and responsibility of looking after an ailing grandmother and being a mother and wife. She now blames herself for her child's sexual abuse. She said:

I use to be a drug addict. I smoked dagga. I smoked 2 slowboats per day.....Dagga did it for me, then my mind worked. I just feel that I failed my child. (P: 1 maternal survivor of CSA)

Another participant indicated that she leads a life of infidelity, despite being married. She indicated that she frequently leaves her husband and children when she is in need of what she calls “space”. The last time she left her family she returned after a period of one year. She said the following:

I was with the other boyfriend. I actually went to my cousin because I needed space, that is what I tell myself and there I met this boyfriend.....I went to my cousin, but I always slept at his place and so.....to me it was not like a relationship...it was like he thought that it was something more, but for me it was just flirting and he started hitting me for mostly being with my cousin. I was never with him and he wanted what any man was looking for and then I decided to go back to my cousin and from there I went back home. (P: 3 maternal survivor of CSA).

- **Early sexual activity**

This subcategory conveys the participants’ descriptions of them engaging in consensual sexual activity at a very young age. Most participants relayed that they had multiple partners and that the relationship did not last. All of them conceived their eldest children outside of wedlock, while three of the participants got married as a result of their pregnancy. One participant got married to the father of her child later. One participant had two children born from two different relationships. She married the father of her third child. She regretted the choices she made and said the following with regard to her engaging in sexual activity at an early age:

Even though it is disappointing, I never thought that I would fall pregnant at such an early age. I think I was probably just looking for love because I did not actually love the guy and I realised that after Renecia. (P: 2 maternal survivor of CSA)

She went on to say:

In a sense I would not have seek for love elsewhere and I would not have a lot, not that I regret having my children, but I would not have being so stupid falling so early pregnant. (P: 2 maternal survivor of CSA)

The participant further described her relationship at the age of 15 with a guy twice her age as an act of attention-seeking. She said:

He was renting his own place and I was a child. And I was really just looking for attention. Even the neighbours used to ask me what are you doing with this older guy, but I just went on with the relationship. And I knew I did not love him. I never loved him. I was just with him for the attention. I think I basically wanted someone to love me. For him telling me he loves me and cares, made me feel good at the time. (P: 2 maternal survivor of CSA)

Another participant described her falling pregnant out of wedlock as a means of escape. She said:

I never buried what was happening to me at home. It was with me all the time. So to me there was no big thing you know. I fell pregnant when I was 18. I got married before I turned 19. I was pregnant. I left school at 16. I was working and I sometimes feel as if, if I think back, I did not really at that time, I did not really love my husband the way other women would love. I feel about him that way now, but at the time he was a means of escape. I never said it to anyone, but that was just, I had

to get out of the house. Not consciously, but I think I just clung to him. Just clung to him and he was a way out. (P: 4 maternal survivor of CSA)

Another participant also explained her experience as follows:

I think it's because he gave me attention. He was 4 years younger than me and I felt this is a way out of the house. . (P: 5 maternal survivor of CSA) .

One participant revealed that the CSA had a profound effect on her and when she fell pregnant with her eldest child, she rejected the pregnancy. She led a reckless lifestyle before and after she felt pregnant and didn't really care. The child was later removed by social workers. She said:

When that happened to me, I did not know whether I'm going to marry or have children. Even in my twenties, but when I fell pregnant with my eldest child, I did not want her because the father dropped me. I led a reckless lifestyle, she wasn't even born yet. Even after her birth. I was I don't care. (P: 1 maternal survivor of CSA).

4.1.2.5 Interpersonal difficulties

This category conveys the description by participants on how CSA has affected them and how the experience has shaped their responses in respect of their everyday life experiences as adults. This category is further described with subcategories relating to participants' feelings and experiences of trust, sexual intimacy, fear and loneliness. One participant described her experience as follows:

Sometimes when I feel so lonely, now I get frustrated because I think about what has happened and then I say to myself, I say it a lot, it is because of what has happened to me that I am like this today, that is what I say to myself. Sometimes I pray about it. (P:3 maternal survivor of CSA)

- **Sexual intimacy**

This subcategory carries the participants' descriptions of their experience with regard to the intimate relationship with their husbands or partners. Participants revealed an inability to connect with their partners on a deep emotional level. Participants often assumed responsibility for the breakdown of a relationship and blamed themselves for feelings of disconnectedness. As one participant revealed:

As I said, I blocked those things out and I tried, but when I was married hey, I always felt as if I cannot handle my husband. I could not, do you understand?. When he did it, I just laid there...just get done. It was wrong on my part to have treated him like that. (P:5 maternal survivor of CSA)

Another participant revealed that her husband sexually molested two of their daughters. She blamed herself for “neglecting” what she felt was her responsibility. She said:

That intimacy...it was never there....Perhaps...perhaps I was...perhaps that was the reason why it happened with the children because as a wife I could not be “all all the way” for my husband. Because if the man touched me...it was not his fault. But should he get intimate, then I’m done. It was almost as if I wanted to get rid of him...get out of my way. Like that. Or it is always a headache...no man can’t you see my head is sore...or my tummy is sore. I am tired. Things like that. (P:7 maternal survivor of CSA)

One participant fears reproach from her husband and has never confided in him. She struggles with issues of intimacy and tends to withdraw emotionally from her husband. She does not think telling him about the CSA will help their relationship. She said:

I don’t think it will. I think it will worsen. I would not say my marriage is, my marriage is fine. It is just those moments where I go into that trans when I just want

to be alone. And there are times when he would want sex from me and I would just not allow him to touch me.You know the kissing in the neck and things like that. Then I find myself coming out of the sleep and it feels like I am looking into my uncle's face and he don't understand that because he doesn't know it, but it scares me sometimes. And that is the time when I push him away. So he doesn't really know when to get intimate with me. And I don't blame him for that. Its just that it is hard.

(P: 2 maternal survivor of CSA).

The above quote indicates the unresolved trauma emanating from the CSA and the negative effect it has on the participant's most personal relationship.

- **Loneliness**

This subcategory describes the participants' feelings of loneliness which they have experienced as a result of the CSA, both in their childhood and in adulthood. One participant revealed that because of the CSA, she was scared of making friends or inviting them over out of fear that her fate will befall them. She said:

When it started happening, it did not feel right although I did not know that it was not right. Uhm, as I got older, I realised that it was not happening to my friends that I knew I could not bring my friends home. Now when we were talking, it actually came out that he did it to my sister, the one after me, she had brought friends over, he did it to one of them too. But anyway, I knew I could not bring friends home, so I was actually very lonely. I would, I was lonely growing up.Even as part of a family of 7 children, I was very lonely because I couldn't make friends. It was very difficult. I uhm, I knew I wouldn't be able, I would see school children inviting each other to their homes and so on and spending time with each other. I could not. Number one, there wasn't money and you never knew when something was gonna happen, so I rather just stayed away from everybody. And I carried that, because even now, I can

be at a function, a family function, and I'd still be alone. (P: 4 maternal survivor of CSA)

The above quote indicates the manner in which the CSA is accommodated by the participant as she alienates herself from others, out of fear that their association with her might put their safety at risk.

Another participant relayed her inability to socialise even at school because of being raped. She said:

When I was at school, I was just in a corner; I did not want to have anything to do with anyone....I was like, I said all those things...why did he not rather kill me. Things like that. I was very withdrawn; I did not want to speak to anyone about it. Basically it was only my family who knew. I never spoke to friends about things like that. But I was never myself. (P: 3 maternal survivor of CSA)

The above quote is indicative of the degree of trauma the participant experienced as a result of the rape.

One participant described her experience of “cutting herself from the outside world” as follows:

I was so afraid of the outside world or afraid of having friends for them finding out what was happening. How will they look at me you know?. So I was always just in the house. (P:2 maternal survivor of CSA)

The above description is indicative of the participant’s fear that the CSA will become known and she will be exposed as a result.

- **Trust**

This subcategory carries the description of participants' experiences and perceptions regarding the issue of trust in their relationships. Participants struggled immensely with the concept of trust as they harboured a range of emotions as a consequence of CSA. This issue of trust encompasses the intimate partner; wife/husband relationship, and how trust/mistrust is being handled within the boundaries of such relationship. One participant decided to disclose to her second husband that she was sexually molested as a child, as she felt it was important for the preservation of her marriage. She said:

I never told my first husband, and with my second marriage, I felt that I am going to tell my husband.But he threw everything back at me, so for me, it was always like I can't. (P:5 survivor of CSA)

This quote indicates the conflict that the participant experienced, as she once again felt rejected by someone close to her once she shared her childhood sexual abuse experience.

Another participant who was sexually molested by her father felt that the CSA made her very distrustful of her husband where her children were concerned. She said:

The dogs would bark outside and he would get up and look through the windows and so and he would go into the children's bedrooms and check that they were closed and so on, but I would lie awake. I would wake as soon as he got up and I would watch where he went and how long he stayed in their rooms and so on. I was vigilant where he was concerned. Not knowing that I knew him. He is not that type of person. You know, he would never even have thought of something like that, but my experience made me vigilant of the wrong one, but I never said anything to him.....(P:4 maternal survivor of CSA).

She went on explaining that due to the conduct of her biological father, she struggled with trusting her husband even though she was aware of the type of person he was. She said:

During the day I was fine, I would leave them with him, I would not bother you know, it would not worry me because I knew he was not that type of person, but at night, getting up in the middle of the night like my farther... (P:4 maternal survivor of CSA)

- **Hatred and Revenge**

The above subcategory conveys the participants' descriptions of the feelings of hatred and of revenge for having to experience CSA. Most participants expressed feelings of hatred against their mothers for not supporting them. The following is a statement by a participant who disclosed to her mother, who did not react. She said:

I had so much hatred. Honestly. Sometimes I feel, I still feel like I could just choke that out of her. Why, Why, why. Things could have been so much better for me. (P: 2 maternal survivor of CSA)

Another participant disclosed the hatred she feels towards the perpetrators.

Today I feel if only I can hurt them for what they have done to me. I hate them for what they have done to me.If I should see him, I would say to him what you have done to me, I will never forgive you. Never. I am hurt for what they have done to me. I hate them.... (P:1 maternal survivor of CSA).

Another participant expressed her happiness at learning about the death of the perpetrator. The perpetrator died shortly after she disclosed and he was confronted telephonically. She said:

My sister phoned him and asked him whether he knew me, it was probably a week or two thereafter, he got a stroke and he died....I was happy, and so I did not go to his funeral. That day of his funeral, I went to a fellow youth member's wedding. I still walked pass his house. (P:6 maternal survivor of CSA).

The above quote indicates a degree of satisfaction felt by the participant at the passing of the perpetrator and her taking revenge by not attending his funeral.

A participant whose father sexually abused both her and her daughter expressed hatred for both her father for perpetrating the CSA, but also towards her mother, as she was of the opinion that the latter had accommodated both the perpetrator and the CSA. She disclosed that she told her sister the following, when she learnt of her daughter's CSA:

..if I had those two people in front of me right now, I would kill them with my bare hands. I would kill them, really. I could just see what was my daughter going through there. The way she was suffering. The way she must have suffered when she was that age and I never knew anything about it. They hid it. My mother threatened her. Not only him, my mother as well threatened if she said anything, they would hurt her. The child was 5 years old.(P:4 maternal survivor of CSA)

In summary the theme reveals the interpersonal and psychological challenges emanating from the participants' CSA experience; in the form of post-traumatic stress, cognitive distortions, emotional pain, avoidance, interpersonal difficulties and hatred and revenge.

4.1.3 Theme Three: Barriers affecting the maternal survivor's sense of SELF.

Theme 3 and its related categories

Theme three	Categories
Barriers affecting the maternal survivor's sense of SELF	<ul style="list-style-type: none">• Negative Body Image• Negative Self-Image

The above theme represents the barriers described by participants which affect their sense of self. One participant described her sense of self being affected by the experience of CSA. She cited this as the reason for her sensitivity around certain body parts. She stated:

He was an old man, disabled also..and that. And we were sitting there and he had in all of our panties...we were wearing shorts, and I thinks it's because of all the things that I had to endure, that I am very sensitive about this area . It is difficult...I am talking about my female parts. My thighs and so on. I rarely walk with a shorts (P: 5 maternal survivor of CSA).

The above theme is explained further with categories such as negative body image and negative self-image.

4.1.3.1 Negative Body Image

Under this category, participants described their perceptions regarding certain body parts, as a result of CSA. The participants furthermore disclosed feelings of negativity towards their body. This was explained by one participant:

And my auntie's brother-in law, he was one of the perpetrators. We all slept in the same bed and the next morning, I stood up, took off the panty and threw it over the neighbours fence, because I felt like I had something...one day, I was standing outside under the outside water-tap, scrubbing my knees. I felt so dirty. (P:5 maternal survivor of CSA)

The above participant shared information with regard to feelings of self-consciousness about her body as well as exposing herself.

4.1.3.2 Negative Self-Image

This category carries the participants' descriptions of feelings, experiences and perceptions regarding the aspect of negative self-image. One participant disclosed as follows:

I don't hey, If I tell you now, I actually don't know. I feel as Haydene, as old as I am, I can't get a man. With my looks, I can't get a man. (P:5 maternal survivor of CSA)

The above quote is indicative of the negative perception the participant has of herself. Another participant described feelings of shame for her behaviour as a twelve-year old towards a boy of 5 years old. She explained that she feels guilty for what she has done to him and feels that she is being punished by her child's experience of CSA. These feelings of guilt contribute to the participant harbouring negative feelings about herself. She stated the following:

The child always had a way...I guess he was five, he did not attend school yet. He was five or four. He had this way...he would just take off his close in front of you, and then he would rub against you. This has...a lust, I can now say it was lust, a lust, or I don't know, uh, or I don't know, I don't know how to explain what it was. What I do know is that I am so sorry; I am so guilty for what I have done to that child. I have

never seen that child again. Now the other day I got his mother and I asked about him, and he's mother said he is a drug addict. Then I felt so guilty, I felt so guilty because it is maybe because of what I have done to him. We would go into the toilet and then me and him would say ma have sexual intercourse. (P: 1 maternal survivor of CSA).

The above participant feels that she is being punished. The following statement sums it up:

Because I did him an injustice. I did an injustice and I feel that I am being punished. What is happening now to my child is what I have done to him and I did not meant to do it. (P: 1 maternal survivor of CSA)

Another participant also relates the same question in terms of the CSA experience of her daughter and blames herself for what she went through. She said the following:

I always provoked the guys...things like that and I started to blame myself for what happened to me. That is why I asked Vanessa is it maybe not because of what has happened to me that my child now.....I always wondered (P: 3 maternal survivor of CSA).

In summary, the theme indicated that the barriers which affect the participant's sense of self are a negative body image and a negative self-image.

4.1.4 Theme Four: Parental Practice of the maternal survivor of CSA and coping strategies/Resilience.

Theme four and its related categories

<p>Theme Four</p> <p>Parental Practice of the maternal survivor of CSA and Coping strategies/Resilience</p>	<p>Categories</p> <ul style="list-style-type: none"> • Challenges affecting the parental role of the maternal survivor of CSA • Maternal survivors’ reaction to their children’s disclosure. • Coping strategies/Resilience
--	---

The above theme represents the parental practice adopted by participants as survivors of CSA and the challenges they encounter in raising their children. Participants identified ways of coping with challenges. Participants furthermore described their parental practice as being impacted by their childhood experiences, thus referring to the experiences which they encountered as children. Most participants were of the opinion that their relationships with their children are marked by open communication and the feeling that they want to be a better parent than what their parents were to them. One participant captured this by saying:

That time it was different. It was different from now because I did not have that kind of relationship with my mother. I could not, like now, my children talk to me. They tell me, sometimes they skel if they don't feel well about something, but at least we communicate. That time there was nothing of that. I had to do my schoolwork on my own. (P:5 maternal survivor of CSA)

Another participant indicated that her relationship with her children is much better compared to her mother's relationship with her during her childhood. She indicated that the responsibility of running a household and being a mother to seven children prevented her mother from having a positive relationship with her. She described her relationship with her children by saying:

It is better, much better. I never really had a relationship with my mother while I was growing up where I could just talk to my mother. Look, as I said we were seven. There were a lot of us. She did not have time to sit and listen to everybody you know. There was no time for that. She had to see to the house, she had to see to the food or whatever. That was her main concern that she would do and there was not much of anything else. There was not time really for anything else. (P:4 maternal survivor of CSA)

The foregoing theme is discussed at the hand of the following categories: barriers affecting the parental role of the maternal survivor of CSA, mother-survivors of CSA's reaction to their children's disclosure, and the coping or resilience adopted by participants.

4.1.4.1 Challenges affecting the parental role of the maternal survivor of CSA

This category conveys participants' descriptions of their experiences of their parental role and the challenges they face as a mother with a history of CSA. All participants expressed the desire to be a good mother to their children and to be better at it than what their mothers were. One participant captured this description by stating:

I'm trying not to be like my mother(P:4 maternal survivor of CSA)

Another participant similarly expressed the wish to be a better mother and attempt to protect her children by being strict and imposing household rules. She said:

I would not say that I am better than any other parent, I am only also struggling to succeed. You know. Trying to be a better parent than my mom was. So I think I'm just ok. Just sometimes I am strict. I am very strict with rules. I don't allow tv after 6 o' clock. We don't watch soapies in my lounge or wherever. You can watch cartoons till half past seven..you must be in bed, 8 o' clock you must sleep. I don't allow a child in grown-ups conversation. I also don't allow them to play outside. They can play in the yard. Front yard, back yard. Not in the road. No sleepovers even though she is 9 years old now because she ask me that a lot. You know how the children are of today. You know that they wanna explore. (P:2 maternal survivor of CSA).

The above participant furthermore states that her husband sometimes cautions her by telling her that she is too harsh. She said:

Sometimes Phillip also tells me ok Ivy, I think that is a bit too harsh. Allow them, it is Friday night, let them watch tv. Or let them watch whatever on the tv. Just check the parental guidance one. Things like that. I just don't want them exposed to the wrong things you know, that is why I am like that. (P:2 maternal survivor of CSA).

The above quote indicates that participants' parental practice is informed by their childhood experiences. The category is explained further with subcategories relating to mother-blaming, parental discipline.

- **Mother Blaming**

This subcategory conveys the feelings that participants harbour against their own mothers for either not being a present figure in their childhood lives or failing to act when they disclosed their experiences of CSA. One participant disclosed feelings of ambivalence towards her own mother:

That why I say she hurt me and she helped me. Because of her, I make better decisions for the sake of my children. I did not do it for myself maybe, but I can do it for them because you learn from your mistakes. You mos not gonna knock your head how many times. You gonna learn from it, so that is why I will keep on using my mom as an example because ja, I just don't want to end up like that. That's all. Really... I don't want my child discussing me one day and say.. "Oh God, my mom, she was weak. She could not do this, she could not do that". I don't want that. I want my children to be able to even say, my mom is my role model, things like that. And she must not be afraid to speak out. That's what I want from them. (P:2 survivor of CSA)

Another participant described the hatred she felt for both her mother and father as being deep, but that she was able to overcome it. She said:

But as I said, it's made me stronger, it's made me more compassionate towards people who go through things. It makes me able to speak to people who have gone through the same thing. It gives me the ability to help a bit.So that is how I take it. I was meant to go through it. (P:4 survivor of CSA)

One participant blamed the divorce of her parents as the reason for her vulnerability and falling prey to the wiles of the perpetrator. She said:

because sometimes I blame my parents because if they stayed together it would never have happened or if I just had someone who loved me... (P:2 survivor of CSA)

A participant blamed her mother for neglecting to adequately supervise her son, which led to him being sexually assaulted, as well as her own negative childhood experiences. She said:

I blamed her for it. For my child, because she wasn't there and this resulted in this feeling inside of me that she was also not there for me, and look what happened to my child, and so on. (P:5 survivor of CSA)

- **Parental role and discipline.**

This subcategory is representative of participants' description of their experience of their mother role and the disciplining of their children. One participant captured her experience of parenting and the disciplining of her children by saying:

It is very interesting to me to be a parent, it is excited to be a parent but sometimes I am very, is like, I don't now know that feeling that is which comes up or whatever, but sometimes it's just "you don't want to listen, so do what you like". I will say to them..sometimes than I am hurt, then I will say "you 're hurting me", or I will beat them, shout or do wrong things to them and then afterwards I feel "shame what..."(P: survivor of CSA)

Participants felt that to be a parent is a difficult task due to a lack of guidance. They further revealed that they often practise discipline when frustrated. One participant captured this description by saying:

But to be a parent...I have no guidance. It was difficult. There were times that I would beat Jodene out of frustration..then she just messed on her top or sweater, then I would beat her. One day Jodene had a blue eye when she was still very small. I caused Jodene a lot of harm. (P:1 survivor of CSA)

Another participant shared the opinion that she used to beat her children unnecessarily. She captured this by saying:

I don't know why, but I used to beat them terribly.....when they did wrong. Sometimes then it's not even necessary, for an example..the child dirties her dress, then I beat her, because who is going to do the washing...without reason. (P:7 survivor of CSA) .

The abovementioned participant is of the opinion that if she had “treatment”, she would have had the knowledge to handle her children. She said:

Maybe if I ..maybe if I had received treatment..then maybe I would have...then I would have known how to handle my children. Whatever...but I always tried my best for them. (P:7 survivor of CSA) .

4.1.4.2 Maternal survivors' reaction to their children's disclosure

This category conveys the participants' descriptions of their feelings and reactions towards the disclosures of their own children. Most participants described feelings of devastation, disbelief and sadness when they were informed that their children have also experienced CSA. One participant said:

I was very sad when my brother told me on Monday. I was devastated...I could not believe he did..he did it to her..because I trusted him (P:6 maternal survivor of CSA).

Another participant who caught the perpetrator sexually abusing her three year old daughter, described this experience as follows:

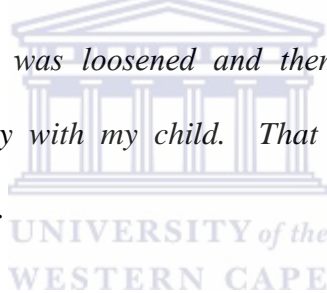
It broke me, really. I always said if it happens to my child I am gonna kill that guy. I am gonna kill that person. My G., not knowing it is already happening under my nose. The doctor said it started when she was 3 years old (P:2 maternal survivor of CSA).

This category is explained further with subcategories relating to participants reliving their own experience of CSA when their children disclose CSA, participants standing up for their children, and participants' feelings of love and affection for their children.

- **Reliving of CSA**

This subcategory depicts the experience of participants reliving their own childhood sexual abuse (CSA) at their children's disclosure. One participant describes an incident in which she was panic stricken as she searched for her 1½ year old son and found him being tampered with sexually. She disclosed that because of her childhood experience of CSA, it was always on her mind. She said:

He's forehead was full of sand and there was a smear of blood on his head and that. He's kimbi was as if it was loosened and then it started in my head..not my child....someone was busy with my child. That was always on my mind. (P:5 maternal survivor of CSA).



The above quote is an indication of the emotions that the participant was experiencing and living with the fear that her children will fall victim to CSA. She furthermore explained that when she was confronted with that reality, she did not wish it for her son because of the fact that he was male. She captured this by saying:

That moment I said, not my child, because how could that now...and Lord how can you allow that to happen and I felt that my mother was not a good parent because look what happened to me and now she allows.... She is nonchalant.....it was very sad for me because to think here is my child...he is a boy, how is he going through life. But I did not know the extent of the abuse or the molestation, but I just felt that it could rather be my girl child, she is a female....a boy...and I think my child...must not..because my brother is already like that.

Another participant described the CSA of her daughter and attending counselling as opening up old wounds. She said:

Since last year that we have been at Childline, things started to open for me to the extent that I can say it happened because I can remember it. Piece by piece things came to me, but I did not really cling to it because I did not know what it tells me. And my age, I can now see that it's the same period, the same which happened to my child. (P:1 maternal survivor of CSA).

One participant described feelings of anger towards her uncle as he sexually abused her as a child and later her daughter. She said:

Whaao, I was a mess. I wanted to get my uncle with stones and if I saw him, then I felt....I then now heard the story about me and now it is my child and now why is uncle doing this. It is not only me. When I saw him, something came up inside of me, like...do with him as you please, because one day I secretly took a knife and I was near him and I told myself that I am going to stab him now (P:3 maternal survivor of CSA).

Participants described their children's disclosures of CSA as a painful experience for them as they want to be strong for the sake of their children. One participant explained coping with the knowledge that her daughter has now, like herself, fallen victim to CSA:

I think it was just having faith and telling myself I have to be strong for the sake of my children. I just kept on telling myself I am not gonna go down that road that my mother went, you know. That same road and me hurting my children more. She is hurt, I am not gonna do it worse to her, you know. Because that is hurting a child more. You know what your child has been through now you hurting your child more

by your doings. It is very hurtful. So I could not see myself doing that. (P:2 maternal survivor of CSA).

The above quote is indicative of the participant using her negative childhood experiences as guide to rewrite the wrongs that have been done to her.

- **Standing up for their Children**

This subcategory conveys the participants' descriptions of the relationship they have with their children. Participants wanted the kind of relationship with their own children, which they did not have with their mothers. They wanted to protect their children so that the same does not happen to them. In the words of a participant:

I tried to put it in the corner and not taking it out again, you understand and so it is very difficult for me because I feel that I failed myself as a child, do you understand?...I know I must not feel this way, but it is just, I just think. But on the other hand I say thank you to the Lord for what he has put me through. It might have not been nice, but at least I can be there for my children today. I can fight and I can stand up for my children. (P:5 maternal survivor of CSA).

The participant furthermore described a positive relationship between herself and her children whereas she did not have one growing up as a child; She said:

My daughter is actually the one which I can be proud of....because I always spoke to her and we have a very open relationship....whereas my mother never spoke to me about things like that. I did not know things like that. I did not, like I said, I did not have a relationship with my mother. I only had my grandmother. (P:5 maternal survivor of CSA).

Another participant explained that her relationship with her daughter, who was sexually abused at the age of three, was very important to her. She felt that reporting the CSA of her daughter also served as a form of vindication for the childhood sexual abuse she has suffered.

She said:

To be honest, it was a big relief because I feel now I can fight this battle that I could not win. I can do it for my child. And I can better something for her future. And I am not gonna stand my child down no matter what. I know what it feels like when your mother shunts you because she know what happened to you, when she pushes you away. Because it is almost as if she is afraid. That's why we never had the sexual talk when I was a teenager. I feel I could do better for her which I can and I still feel that same way. Renecia she is my rock. No matter what. We help one another. We're very open. (P:2 maternal survivor of CSA).

Another participant, whose two daughters were sexually abused by their father, felt that reporting the CSA to the authorities brought satisfaction. She said:

It has..it has brought satisfaction. Because now you got punishment. Because when I fought with you..when I fought, you did..you did it again. (P:7 maternal survivor of CSA).

- **Motherly love and protecting their own**

This subcategory carries the participants' description of the experience, perception and feeling regarding the emotion of love and protection they feel towards their children. Most participants expressed feelings of deep affection for their children and the desire to protect them against harm. Participants furthermore felt that they wanted more for their children (on an emotional level) than what they had in their childhood. One participant described being

extremely protective of her daughter to the extent of physically harming those who harm her child. She captured this by saying:

When she tells me there is something wrong with her, I snap, because no one is gonna hurt my child, or say something bad about my child and I think she's got that fear, just now mommy snap and run to school and she is gonna attack that person. (P:2maternal survivor of CSA).

One participant described physically attacking her husband when she learnt that he had sexually abused their two daughters. She stated:

...When I asked him, then he denied it, and he swore at me, so I ran, I grabbed him and ran with him against the wall, we were the same height, and I took his head and he knocked it against that iron thing, and he got a fissure to his head. And with Bernie, that was with Naomie, and with Bernie, I also had him against the wall...and then he slid down...I can still see him sliding down. Then he was unconscious for three days in Tygerberg. I felt like killing him...so. (P:7 maternal survivor of CSA).

The above quote is indicative of the participant's love for her children and that resorting to physical violence was her way of "voicing" her anger and frustration at the hurt her children endured. The aforementioned participant indicated that despite the challenges of single parenthood (because of the incarceration of her husband) and being a working mother, she always maintained the view that her children were her first priority and decisions made were always in their best interest. She captured this by saying:

I love my children very much. You know...if I had to work overtime till 9 o'clock in the evening, I always looked for someone to take my place. Because I didn't make my children wait until 9 o'clock for me to get home. If it gets to 5 o'clock, then I know,

then I go home...then I had someone in my place to work. I did it like that...they always came first in my life. (P:7 maternal survivor of CSA).

Another participant likewise described the love she has for her children and having them always by her side when she goes out. She said:

I love my children very much. Everywhere I go, I take them with me. (P:6 maternal survivor of CSA).

One participant indicated that although she could not prevent her children becoming victims of CSA, she is still very protective and supportive of them. She said:

So that is why I always put myself out there for them. Try to protect them against things, ok, I obviously did not protect them against everything. But the things I knew of or so, if they came to tell me about problems or so, I would help them and I think I've actually done a good job to ensure they don't or they never as lonely as me because the friends they have and they know my door is always open to their friends. (P;4 maternal survivor of CSA)

The above subcategory is indicative of the love the participants have for their children, and that, as a result of their childhood experiences of CSA, they will go to great lengths to protect their children.

4.1.4.3 Coping strategies/Resilience

This category conveys the participants' description of the feelings, perception and experience of the maternal survivor of CSA regarding coping strategies post their children's disclosure of CSA. Most participants revealed that their coping strategies came internally rather than externally. One participant captured this by saying:

When he was locked up...then I could see as a woman, he was jailed for 18 months, during that time I was alone...then I could see as a woman, but I can raise my children on my own, I don't need you. (P:7 maternal survivor of CSA).

The above participant indicated that after her husband was jailed for sexually abusing their daughters, she came to the realisation that she had the ability to cope on her own. She further revealed that she has functioned as a single parent ever since and was solely responsible for raising and providing for her children. She stated proudly:

And then I worked for them. (P:7 maternal survivor of CSA).

This statement is an indication of the sense of pride the participant derived from the fact that she was able to provide for her family all by herself. The category is further explained with subcategories such as spiritual wellness, parental practice, and doing well despite adversity.

- **Spiritual Wellness**

Participants indicated that they tapped into their spirit-being in order to gain strength and make meaning of their reality, which is being a mother-survivor of CSA whose child/children have disclosed CSA. One participant, whose father sexually abused her as a child and again her daughter, captured the above statement by saying:

I was totally different when I found out that he done the same thing to my daughter. When I saw how she was suffering. When I realised how she must have been suffering then, and being threatened and so on. The fact that my mother helped him and she knew my mother was helping him you know, that was just too much for me, but being saved helped me again. You know it hurts still. It still hurt thinking about it, I try not to, because I don't want to break up all those old feelings. I don't want to start hating again and so..on, so I try not to think about them. Uhm..but being saved really made me get over that also. I was able to forgive them. Now I

can talk to my children about them again. I never used to. Now I can, now in the week I was talking about them again, but if I hadn't been saved, it would have been totally different. Totally different because I would still been walking with that hatred and it would've festered. It would have gotten worse, you know.What would I have instilled in them if I had been walking with that hatred....So, uh, as I said, God is good. He is so good. (P:4 maternal survivor of CSA)

The participant indicated that she has made a conscious decision to forgive her father for perpetrating the CSA against her and her daughter and her mother for assisting him to execute the CSA. She indicated furthermore that she finds her strength in having a relationship with God. The participant revealed that she has made meaning from her own childhood experience as well as that of her daughter, and in doing so, she has found the strength to move forward....She stated:

...I just thank God that I've been able to forgive them, because if I hadn't, I don't know, my life would probably have been ruined like hell going through that hatred. But as I said, it made me stronger; it's made me more compassionate towards people who go through things. It makes me able to speak to people who have gone through the same thing. It gives me the ability to help a bit....so that is how I take it. I was meant to go through it. (P:4 maternal survivor of CSA).

Another participant explained that she found solace in her church which enabled her to cope. She is of the opinion that the fact that she could speak to her church priest and an elder sister, helped her. She stated:

It was the church...and the fact that I could talk...I could talk to the priest. I could speak to an elder sister. I had one...she was actually like my mother. I would go to her because I could not speak to my mom about things. I spoke to her and she

listened and she would respond in a Godly way. That helped me. (P:7 maternal survivor of CSA)

One participant, who used dagga to cope in the past, indicated that she tapped into an inward spiritual resource to calm herself. She said:

After I have given my heart to the Lord, He erased everything. Everything was cleaned.....my mind-set was not like it is now. I was never calm; I was always on a high.

The above subcategory shows that the spiritual source the participants are tapping into is instilling hope in their abilities as mothers and enabling them to move on.

- **Parental practice**

This subcategory conveyed the participants' perceptions and experiences of the parental practice and the manner in which they were parenting their children. Most participants indicated that after their children's disclosure of CSA, they were more protective of them.

One participant indicated that she wants to know the whereabouts of her children at all times.

She stated:

My mother says that I am a very paranoid person. Paranoid because I want to know where my children are. I must know where they are, I must know with who they are. I will not allow my child to go and play at the neighbours. I am a very paranoid person. I will rather go and fetch my child at school. (P:5 maternal survivor of CSA)

Another participant indicated that she was fearful for her children's safety when they went out at night.

One participant indicated that she has an open relationship with her children and believes in talking to them as a means of disciplining them. She captured this by saying:

If I beat them you know, only once in a blue moon. I used to scold at them all the time and I think afterwards just learned how to switch off my voice, but I had to find ways of disciplining them. I would speak to them like my son; I used to tell him, his puberty was bad when he went through it. I used to tell him, I am not raising him for me....The girls the same....make them aware of things and so on and I would like to think it worked.(P:4 maternal survivor of CSA)

- **Doing well despite adversity**

This subcategory encapsulates the participants' description of their experience and perceptions of how they can still thrive despite the adversity they suffered. One participant gave description to this category when she said:

And like Caroline told me...Haydene, pat yourself on the shoulder. I never did, but that day I did it, because I thought to myself, yoh Haydene, your children is healthy, you don't have problems with your children, a minor problem with your child is that you must just get out of the environment we're in, but everything I have is thanks to God and I am actually lucky cos I can do something with my hands, whereas others feel they cannot do it. I have things in my house that others don't have. My children are happy. (P: 5 maternal survivor of CSA)

This quote by the participant furthermore describes the value of counselling in assisting the participant to thrive over adversity. Here the participant shared what she was told by the counsellor, which was to look at the positives in her life.

Another participant responded by saying that the fact that she did not “bury” her childhood experience of CSA, helped her to cope in her everyday life. She stated this by saying:

I did not think of it every day, but it was there. The knowledge you know, in the back of my mind it was there. Uhm, ok, that happened to me. I've moved on. It's something that happened to me as a child, it's part of my childhood, it's in my past so I just go on, understand, and make the best of what I have now and then not just the best of what I have or for myself but for the others around me. Make sure that my husband is happy; Make sure that my children are happy. Even if I do myself short you know, I make sure that the others around me are happy. To get what they deserve. That is how I live my life. You know, to make them happy. Uhm if I had buried it would not be this way, because it would have hit me at some stage and if you bury it and it hits you later then it's bad. Once it comes back then you almost can't deal with it. Whereas you know it's just, it's happened, it's over. I must just get on with my life and finish it. I'm fortunate in that. I'm fortunate that I did not bury it. (P: 4 survivor of CSA).

This quote as shared by the participant is an indication that she has found value in her life and has found confronting her experience of CSA has helped her in her role as mother and wife.

One participant concurs that her experience of CSA was not in vain and being involved in this research study makes her feel good. She stated the following:

What has happened to me was not in vain, at least I can use it now in what you want to do, and it makes me feel good. (P: 5 survivor of CSA).

She furthermore disclosed that she has the aspiration of writing about her experience. She said:

You know, that time when I was younger hey, not younger, but when I started working, I told myself, because I always had these notes, I have a lot of notes of that time that I started to write. I was thinking whether I should not write a book or so. I have just thought about it as it is still laying there. (P:5 survivor of CSA)

This subcategory indicates that despite the negative and traumatic experience that participants suffered, firstly due to their own experience of CSA and secondly their children's experience of CSA, they feel that their experiences were not in vain and they still maintain a positive spirit, despite the CSA.

In conclusion, this theme of parental practice and coping reveals the challenges participants are faced with as mothers who survived CSA and whose children also experienced CSA. The theme also reveals that these participants have adopted strategies to cope successfully.

4.2 Summary

By drawing on the participants' experience, perceptions, and feelings regarding the aspect of maternal inter-generational transference of sexual abuse, the objectives of the study were achieved. Theme one described the experience of loss that maternal survivors experienced as a result of their experience of CSA. Theme two described the interpersonal and psychological challenges experienced by maternal survivors of CSA. Theme three presented the barriers which affect the maternal survivor's sense of self. Theme four presented the parental practice and coping strategies which maternal survivors of CSA adopt in order to thrive, despite their childhood experience of CSA and their children's experience of CSA.

CHAPTER FIVE: DISCUSSION

5 INTRODUCTION

This chapter provides a discussion on the experiences and the influence of CSA on the maternal survivor of CSA and her children who disclosed CSA. The findings are examined in relation to the aims and hypothesis of the thesis and integrating the theoretical framework as discussed in chapter two.

5.1 Background to the themes

A child survivor of sexual abuse is described by the World Health Organisation (WHO) (2012) as “a person under the age of 18 years who has experienced sexual abuse”. Childhood Sexual Abuse (CSA) refers to sexual activity with a child where consent is not given or cannot be given due to the age of the child, which shows an unequal power relationship that exists (Hoch-Espada, Ryan & Deblinger, 2006). It refers to the sexual act, activity or contact with a child through threats or force, regardless of the age of the child, and all sexual contact between an adult and a child regardless of whether the child understands the sexual nature of the act (Drauker et al., 2011). These sexual acts, activities or contacts may include direct genital touching, oral-genital contact, mutual genital penetration. Non-contact sexual abuse may include acts such as voyeurism, pornography, exposure of one’s genitals (Hoch-Espada, Ryan & Deblinger, 2006). A definition provided by The World Health Organisation (WHO) concurs with prior definitions by authors in the field. The WHO defines Child Sexual Abuse as “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give consent to, or for which the child is not developmentally prepared and cannot

give consent, or that violates the laws or social taboos of society”. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person” (WHO, 2012). The results of this study indicated a significant agreement among participants regarding what the maternal survivor experienced as “loss” as a result of childhood sexual abuse. The losses as experienced by the maternal survivor of CSA in this study were loss of childhood; loss of relationship with family and friends; and loss of parental attachment.

5.1.1 Theme: Experience of loss by maternal survivor

The term loss signifies the damage, cost, or harm caused to an individual as a result of something that has happened. In cases of CSA, losses become synonymous with the CSA experience (Spies, 2006). The study indicated that the participants’ experience of feelings of loss, is as a result of the CSA which they have experienced earlier in their lives. This concurs with literature by Muller and Hollely (2009), which states that the most pervasive consequence of experiencing the trauma of CSA is the overwhelming sense of loss felt by the child. In the study, participants expressed the view that their lives were changed as a result of CSA. Muller and Hollely (2009) equate this loss to the loss of childhood itself, and maintain that this experience is most profound. Through the experience of CSA, the normal process of developing secure and trusting attachment with adults and peers is harmed and in turn leads to a life defined by fear and distrust (Muller & Hollely, 2009). This will be discussed under the effects of CSA on the maternal survivor.

5.1.1.1 Loss of Childhood

As a result of the sexual abuse occurring in their childhood, participants experienced a general feeling of loss. This may be as a result of what is described by Muller and Hollely (2009) as the child having inappropriately achieved a developmental level far beyond her age as a result of the CSA experience and may therefore find it difficult to relate to other children her age (Muller & Hollely, 2009). This pseudo-maturity, also referred to as “the loss of childhood”, influences the child’s personality and results in the child presenting as a serious or mature child, unlike other children of the same age (Muller & Hollely, 2009). This leads to a reduction in the child’s ability to be spontaneous or playful (Muller & Hollely, 2009; Spies, 2006). In the study that was conducted, one participant expressed her yearning for a “normal playful” childhood. She disclosed that she felt like a grown-up while still growing up, as she also had added responsibilities as a child, like looking after herself and her younger brother as her single mother was working. This statement concurs with literature cited above. Another participant expressed sadness at her ability to only remember the bad things which happened in her childhood. This concurs with an argument put forward by Muller and Hollely (2009) that the trauma of child abuse often gives rise to survivors going through a stage of bereavement as a result of the loss of their childhood. The phases of bereavement are set out by Elizabeth Kubler-Ross (1981) as cited in Muller and Hollely (2009) as follows:

Phase One-Denial, isolation and searching: The child experiences denial and disbelief that the CSA has happened;

Phase Two-Anger: It is a common response to a traumatic event and in the case of the CSA, the child expresses her/his anger to the offender and in many cases this show of anger is misplaced and manifests in the child’s behaviour and close relationships;

Phase Three- depression: This is an apathetic phase and can have dire consequences on the child's future wellbeing;

Phase Four- acceptance: The child accepts the abuse and the loss of childhood and carries on with a "normal, but changed life". Participants in this study described their feelings, emotions and perceptions which concur with literature by Kubler-Ross (1981), cited in Muller and Hollely, (2009) as they moved through the phases of bereavement for the loss that they have experienced.

Another important aspect with regard to the loss of childhood as perceived by the maternal survivor of CSA in this study could be ascribed to the age of the maternal survivor at the onset of the CSA. In this study, the maternal survivor with the youngest age of onset was three years old. Three participants indicated the age of onset as four years old; one participant indicated age of onset as 6 years old and another at seven years old. One participant did not disclose the age of onset, but remembered that she was still very young. The age of the child at the onset of the CSA is regarded by Spies (2006) as a variable that influences the degree of trauma as experienced by the child. Literature evidence concurs that regardless the age when the CSA has occurred, some form of memory, feeling or emotion may remain. Though the child might be very young at the onset of the CSA, the effect of trauma on the young child is most damaging because of the cognitive functions and central nervous systems not developed fully (Spies, 2006). In the case of very young children, though their nervous and cognitive systems have not developed fully, the brain is able to code and store all incoming sensory (physical) information, which forms part of the child's memories (Spies, 2006). Literature by Muller and Hollely (2009), explains that the young child may not fully comprehend what was happening when the CSA occurred, but may have an emotionally and physically painful experience as a result of the CSA, which might lead to future negative association between, for example, genital touch and fear. Another participant shared this sentiment and felt that

she was disappointed in her childhood-self as she blamed herself for the CSA. This according to Muller and Hollely, (2009) is a common response as child survivors of CSA experience intense feelings of guilt and shame due to self-blame and feelings, amongst others, that they allowed the sexual abuse to happen. One participant explained that although she cannot remember her age at the onset of the CSA, she can well remember that she was “*still very young, still a child*”. The relationship of age of onset to ultimate disclosing the CSA may be explained by the memory of the abuse at time of disclosure as well as the child’s ability to make meaning of the experience. The child’s ability to disclose may be hampered by the limits of their memory and developmental constraints on their capacity to understand the experience (Lippert, Cross, Jones & Walsh, 2009).

5.1.1.2 Loss of relationship with family and friends

The role of the family is an important one in the lives of its members. Attachment theory postulates that the family unit, together with the primary caregiver-child relationship is an essential foundation for personality development (Fairchild, 2009). According to Bowlby’s attachment theory, infants develop internal working models to affect regulation and the development of a “secure base” from which the environment is explored, and to provide a safe space when being threatened (Fairchild, 2009). With the occurrence of CSA, family relations are tested and threatened as caregivers are confronted with a child’s disclosure.

Participants in this study reported that as a result of the CSA, they suffered the loss of relationships with people close to them, due to the perpetrator often being a family member or close friend. This category has strong links with the identity of the perpetrator due to the fact that, when a child experiences CSA at the hand of a close person, its impact is more severe; this may be an uncle, teacher, parent, etc. who occupies a significant position in the child’s life (Spies, 2006). According to Muller and Hollely (2009) research statistics show a higher

probability for children to be abused by someone known to them, either a relative, family friend or caretaker. It is often characterised by familiarity and closeness. Due to the fact that the person is known to the child, ongoing access to the child makes it easier to be alone with child and persuade the child to take part in the sexual activity (Muller & Hollely, 2009). This is confirmed by Berliner (2011) who argues that because the perpetrator has continuous access to the child, multiple incidents of sexual abuse are common. Kreston, (2007) refers to this type of child abuse perpetrator as the “intimate-offender”. Finkelhor, Hamby, Ormrod, and Turner (2005) argue that more than 90% of the time, the identity of the perpetrator is known to the victim. Crosson-Tower (2005) indicates that the most severe cases of CSA are where the perpetrator is a family member, parent or other known person. The authors concur with literature in the field of CSA which states that when the perpetrator is a relative or acquaintance, children feel responsible for the CSA and delay disclosure. A comparative study on the effects of familial and non-familial abuse, found that women who experienced intra-familial abuse reported higher levels of depression and anxiety when thinking about the abuse (Hall & Hall, 2011).

In the current research study, all the perpetrators occupied a position of trust in the lives of the participants and were identified as a father, uncles, and family friends. The study furthermore confirms the literature which states that participants experience a higher degree of trauma due to the fact that the perpetrator was known to them. In addition thereto, participants not only had their trust broken by a known perpetrator, but also suffered broken relationships with the one perpetrating the abuse, as well as with family and/or friends. Muller and Hollely (2009) argue that children often feel betrayed by family members, and when the response by family and friends is one blaming and disbelieving the child, children experience a greater sense of betrayal than those whose disclosure is supported. In this study, participants’ descriptions concur with the aforementioned as they described feelings of

disappointment with the reactions of family upon disclosure. Those participants who disclosed the CSA to adults in their family, felt disregarded as no action was taken against the perpetrator and, in three of the cases in the study, the abuse continued after a disclosure was made. Herskowitz, Lanes, and Lamb (2007) found in a study they have conducted that most caregivers (75%) were supportive of children's disclosures where the perpetrator was a stranger, as opposed to the 11% caregiver support where the perpetrator was known. Participants felt betrayed by the fact that their safety was compromised at home, a place which should have been a safe and secure environment where children should have been protected from harm.

5.1.1.3 Duration of CSA and disclosure

Literature evidence reveals that the victim-perpetrator relationship matters, as closer relationship often leads to lower disclosure rates (Herskowitz, et al., 2007). Allnock, (2010), posits that the reason for this can be attributed to the fact that children who experience abuse within the family have greater fears about betraying a parent, or members of the family, fear of being punished and other negative consequences resulting from the disclosure, as well as feeling responsible for the sexual abuse (Mitru Carliante, 2007). Research provides consistent evidence that amongst CSA studies, failure to disclose is common, delaying disclosure is frequent, and some never disclose (Lyon & Ahern, 2010). Research has also found that older children are more likely to disclose CSA than younger children (Allnock, 2010; Pipe, Lamb, Orbach & Cederborg, 2007). According to the findings of retrospective studies by London et al., (2007) when children do disclose, it often takes them a long time to do so, with significant delays that are common (Newlin, Steele, Chamberlin, Anderson, Kenniston, Russel,...Vaughan-Eden, 2015). Pipe, Lamb, Orbach and Cederborg, (2007) have found while working with children who have experienced CSA, that children may have

different reasons for non-disclosure, or delaying, minimizing, or denying the CSA. This argument is based upon the fact that often children are not mature enough to comprehend the CSA experience, or just the mere fact that the experience thereof is an unpleasant one, which makes it difficult for children to talk about it or tell someone. Children are often times silenced into secrecy by the perpetrator and fear that they might not be believed. Literature by Malloy, Brubacher, and Lamb, (2011); as well as McElvaney, (2013) concurs that a range of factors may have an influence on a child's disclosure, such as age, relationship to offender, lack of parental support, gender, fear of consequences of disclosure and fear of not being believed. Children with a secure attachment relationship will turn to their caregivers for safety and security (Wilkins, Shemmings & Shemmings, 2015), and this partially protects against the negative outcomes of CSA (Karakurt & Silver, 2014).

Participants in this study indicated that the CSA happened over a period of time, and was not one single incident of abuse. A review of the literature on the modus operandi of perpetrators, and gaining an understanding of the reasons for delayed disclosure or failure to do so, found that sex offenders seduce their victims over time, rather than committing isolated incidents (Lyon & Ahern, 2010). This is often referred to as the grooming process, and often confuses the child's boundaries of consent (Spies, 2006). Through the process of grooming, the child is befriended by a potential abuser in an attempt to gain the child's confidence and trust, in order for the child to submit or comply with the CSA (Kreston, 2007). Perpetrator actions include showering the child with praise and recognition, buying sweets and making the child feel special. Literature evidence concurs that due to the fact that CSA occurs in secret, the child bears the decision to disclose by themselves, alone, influenced by the perpetrator to remain secretive about it. Participants in this study did not make an immediate disclosure, but endured the CSA for a substantial period before a disclosure was made. Those participants who eventually disclosed the CSA perceived the

responses of primary caregivers as unsupportive and dismissive. Research evidence by Collings and Wiles (2005), found that 26% of participants experienced non-supportive responses marked by ignoring the child and punishing or pressuring the child to deny the CSA. These unsupportive and dismissive responses by caregivers may result in the development of insecure/avoidant attachment (Wilkins, Shemmings & Shemmings, 2015). It is further argued that within adult attachment, this is referred to as a dismissive state of mind, which is as a result of fear of being hurt.

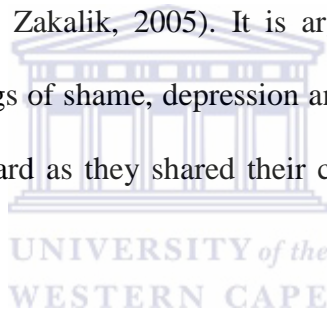
5.1.1.4 Loss of parental attachment

Most of the participants in this study revealed that they were not raised by their biological parents, but by grandmothers and/or both grandparents, with the exception of one participant that was raised by both parents and one participant that was raised by a single mother. Literature on attachment postulates that children develop attachments in the families where they originate from. The lack of a supportive family structure would cause any victimization, including CSA, to result in psychological damage (Karakurt & Silver, 2014). Although most participants shared an attachment with one or both grandparents and expressed a lot of love and affection towards them, they harboured intense negative feelings against their biological parents or mothers for not being “available”. This indicates insecure attachment relationship with their biological parent, and concurs with literature by Louw and Louw, (2007) that psychosocial factors, such as social adversity, poverty and lack of social support, have the propensity to result in an unsatisfactory attachment between parents and their children. The grandparents were described by one participant in particular as an “anchor”, as she had no attachment with her biological mother, who was a teenager at the time of her birth, forcing the grandparents to take care of her. Karakurt and Silver, (2014) postulate that an attachment history has a powerful and direct influence on relationships later in life. The attachment

theory introduced by Bowlby theorises that human beings have a strong propensity to establish emotional bonds with others (Muller & Hollely, 2015). The child will turn to a source of security or secure base, often the caregiver, whenever protection is needed (Mikulincer & Shaver, 2007). Karakurt and Silver (2014) maintain that children who have been abused or neglected, often have insecure attachment, which often results in dysfunctional attitudes; such children may develop problems with self-esteem and are predisposed to depression. The study indicates that participants relied on the care and protection of their grandparents when the CSA was being perpetrated, without making a disclosure. One participant who experienced incestuous CSA harboured feelings of intense anger towards both her parents, and she experienced feelings of not being loved by both her parents, as her father was the perpetrator of the CSA and she regarded her mother as his accomplice. The participant shared an insecure attachment relationship with both her parents, as she voiced her childhood experience of utter betrayal at the hands of her parents. Muller and Hollely (2009) argue that the anger which the child is experiencing is a complex response to the CSA. Incest is a betrayal of relational ties and family roles (Karakurt & Silver, 2014). The child's capacity to trust and interact with others comfortably is damaged. Muller and Hollely (2009) postulate that the family boundaries are distorted with the occurrence of incest in a family. Spies (2006) describes the incestuous family unit as "dysfunctional" with weakened generational boundaries, children being intimidated, leaving them feeling helpless, siblings being detached and losing all identity, disturbances in the marital and sexual relationship of parents, and denial of feelings, creating constant doubt and searching of reality. A feeling of detachment, loneliness and denial was reported by the participant who survived childhood incest, which concurs with literature in this regard.

5.1.2 Theme: Interpersonal and Psychological challenges resulting from the mother's experience of CSA.

According to Karakurt and Silver (2014), there is undisputable evidence indicating that CSA is linked with a considerable rise in psychopathology, especially post-traumatic stress disorder (PTSD), depression and substance abuse. Literature by Draper, Pfaff, Snowdon, Lautenschlager, Wilson, and Osvalso, (2008) concurs with this view and suggests that the experience of CSA compromises the psychological and physical health of the survivor and the effects thereof appear to last a lifetime. According to literature on attachment, interpersonal and psychological distress can be positively related to attachment or a lack thereof (Wei, Shaffer, Young & Zakalik, 2005). It is argued that as a result of insecure attachment, adults develop feelings of shame, depression and loneliness. Participants' reports concur with literature in this regard as they shared their challenges both on a personal and psychological level.



5.1.2.1 Post-Traumatic Stress (PTS)

According to Karakurt & Silver (2014), PTSD is closely tied with attachment. The authors further argue that an insecure attachment relationship develops as a result of an inattentive parent who does not serve as a secure base and does not teach the child necessary coping strategies. The International Rescue Committee, UNICEF (2012) describes PTSD as a neuropsychiatric disorder caused by a traumatic event, and characterized by the following symptoms: a re-experience of the traumatic incident; avoidance behaviour, physiological hyper-reactivity which affects personal functioning. Berliner (2011) postulates that children with a history of CSA have higher rates of PTS or PTSD than their non-abused counterparts. According to Allnock and Hynes (2011), traumatic events have the capacity to alter a person's psychology, biological and social balance to the extent that the memory of such

event taints all other experiences. Participants reported the experience of recurring thoughts about the CSA, having flashbacks, and being fearful of their partners/husbands finding out about the CSA. Allnock and Hynes (2011) postulate that PTSD has for long been associated with trauma caused by war, and maintain that being exposed to a traumatic event during or after puberty also increases the risk of the disorder, with 30-50 % of all sexually abused children meeting the criteria for a PTSD diagnosis. PTSD is the feelings of detachment or estrangement from others. One participant described experiencing flashbacks again after learning about her daughter's CSA. Participants described keeping busy as a means of coping with the flashbacks. During flashbacks, the individual becomes overwhelmed with the same emotion felt when the trauma occurred. One participant described the trauma which she experienced when meeting the perpetrator face to face after many years. She indicated feeling threatened by his re-appearance. Literature in his regard states that flashbacks occur when people are upset, stressed or frightened, when triggered by any association of the traumatic event, and their minds becomes swamped with images, emotions and physical sensations associated with the traumatic event. In the study, two participants indicated that they were victims of rape, one as a teenager and the other one as a young adult. One of the participants described feelings of fear of being alone and experiencing flashbacks, which is an indication of severe symptoms of PTSD and trauma.

5.1.2.2 Cognitive Distortions

Cognitive distortions refer to messages about the self and situations that are distorted. Literature evidence points to cognitive distortions as the chronic self-perceptions regarding helplessness, and hopelessness, impaired trust, self-blame and low self-esteem which may arise from a psychological response to abuse-specific events. In this study, the participants presented with cognitive distortions pertaining to the CSA, which they have internalised. One

participant attempted suicide as a result of feelings connected to cognitive distortions. Muller and Hollely (2009) posited that this self-destructive behaviour is an expression of anger, guilt, and shame internalised by the CSA survivor. The study furthermore indicates that participants tended to blame the CSA and themselves when things went wrong in their lives. This perception is as a result of stigmatization, blaming oneself for being bad, shame and guilt, that are communicated to the child during the CSA experience by the perpetrator, blaming the child for the activity or swearing the child to secrecy (Berliner, 2011). Muller and Hollely (2009) concur that the high levels of guilt that the CSA survivor carries, are due to the perception of the survivor that the inability to stop the abuse in actual fact allowed it to happen; that he/she is a bad person and deserving of some form of punishment, keeping quiet about the CSA, thereby suggesting that the abuse is something to be ashamed of and not to be revealed to others. According to Karakurt & Silver (2014), a child is prone to self-blame as a result of an insecure attachment, resulting in negative expectations of others, lack of self-efficacy, which minimizes coping behaviour. Literature evidence points to a relationship between adverse childhood experience and the development of negative cognitive styles in childhood, which may be carried into adulthood.

5.1.2.3 Emotional Distress

Emotional distress is the effects resulting from the CSA and may include anxiety, fear, depression, dissociation, anger and aggression (Muller & Hollely, 2009). Participants described harbouring an array of emotions and feelings as a result of CSA.

- **Anxiety**

Karakurt and Silver (2014) postulate that anxiety is an effect of powerlessness, which is often expressed through feelings of fearfulness, somatic complaints and disturbed sleeping patterns. Survivors of CSA live in a continuous state of fear and anxiety during the sexual

abuse and long thereafter, and these feelings are often extended to anyone close to the survivor (Muller & Hollely (2009). In this study, participants expressed feelings of anxiety and fear over an array of issues, including feelings of inadequacy, fearing people's attitudes if the CSA became known, being intimate with their partners/husbands and disclosing to their partners their CSA status. One participant in this study relayed feelings of anxiousness while growing up about the fact that she was no longer a virgin, doubting her womanhood/chastity. Most participants experienced feelings of anxiety being intimate with their partners. This concurs with literature evidence which states that CSA is likely to cause an association between sexual stimuli and invasion or pain, as survivors of CSA report fear of anxiety related difficulties during sexual intimacy. Most participants in this study struggled with the knowledge that they have not disclosed the CSA to their intimate partners, because of a fear of rejection. Literature evidence indicates the main fears a survivor of CSA may experience are: the fear of opening up; fear of losing control; fear of criticism; fear of rejection and abandonment; and fear of disappointment (Spies, 2006). This ties in with literature by Wei, Shafer, Young and Zakalik (2005) that adult attachment can be described in terms of two dimensions, attachment avoidance and attachment anxiety. The authors argue that adults with attachment avoidant behaviour have a negative internal working model of others, and behaviour is characterised by fear of intimacy, closeness and dependence on others. Adult attachment anxiety behaviour has a negative internal working model of the self, and behaviour involves a fear of rejection and abandonment.

- **Aggression and Anger**

Anger is a natural response to abuse (Spies, 2006). Children are unable to express their anger towards the perpetrator and the anger is often misplaced and displayed in behaviours and relationships (Muller & Hollely, 2009). Some participants in this study revealed that they presented with behaviour problems during adolescence. Adolescent victims tend to

display aggressive behaviour in response to anger resulting from feelings of betrayal. This is a primitive way of trying to protect the self against future betrayals and has the potential of developing into antisocial behaviour (Muller & Hollely, 2009). Some participants started smoking cigarettes and presented with deviant and rebellious behaviour. Participants indicated that they struggled with anger issues through adulthood, which often presented themselves in their relationship with their partners. According to Spies, (2006) CSA survivors stay angry with their inner child as they blame themselves for their inability to protect themselves and for allowing themselves to be vulnerable. Spies argue that child survivors blame themselves and often direct the anger towards themselves and those close to them. One participant expressed feelings of disappointment in her childhood self for allowing the CSA to “happen”. She said “...it is very difficult for me because I feel that I have failed myself as a child “

5.1.2.4 Avoidance

According to Foa (2009) avoidance is a common response to avoid pain. This is done by avoiding situations associated with the trauma or pushing away thoughts about the trauma, resulting in numbness. Researchers have suggested that avoidance is an adaptive coping mechanism as it prevents the child from succumbing to the overwhelming emotional consequences of the CSA trauma (Whiffen & MacIntosh, 2005). Participants in this study described their avoidant behaviour in the form of dissociation, early sexual activity and substance abuse, though only two participants engaged in substance abuse. Whiffen and MacIntosh, (2005) postulate that adolescent survivors of CSA appear to adopt a range of negative coping strategies, i.e. avoidance, abusing of substances and self-destructive behaviours.

Spies (2006) maintains that sexually abused children often isolate themselves from others as socializing with others causes them so much discomfort. Feelings of being different and “tainted” by the CSA continue into adulthood and lead to continued self-imposed isolation.

- **Dissociation**

According to Duncan (2005), the survivor of CSA can experience an emotional state like dissociation during the CSA or after the CSA has ended. Dissociation is described as a psychological defence used to manage interpersonal trauma caused by a trusted person (Sinason, 2010). Similarly, Hall and Hall (2011) describe dissociation as a behaviour pattern adopted by the survivor as a means of protection from experiencing the sexual abuse, and may include numbness to feelings, nightmares, and flashbacks. It furthermore involves a state of freezing, resulting in poor responsiveness and inconsistent parenting (Mizuki, Fujwara & Okunyama, 2015). Sinason (2010) is of the view that disorganised attachment is often associated with dissociative behaviour. It is argued that during the CSA experience, the survivor holds the abuse and the abuse experience in one part of the mind in order to maintain an attachment with the abuser (in the case of intra-familial abuse and incest), as well as maintaining her integrity. The survivor is able to do this as a result of dissociation.

Tomas-Tolentino (2010), on the other hand attributes the disorganised attachment behaviour of CSA survivors to their inability as children to approach their parents for comfort. This inability to approach the parent might be as a result of feelings of rejection or abandonment, causing an insecure attachment relationship between parent and child. As a result, in adulthood, this behaviour is demonstrated in the maternal survivor’s inability to self-soothe, which in turn develops into dissociative behaviour. King, (2009) posits that survivors of CSA may still adopt this coping mechanism in adulthood when feeling unsafe or threatened. In adulthood, dissociation can be threatening as it has the propensity to undermine the maternal survivor’s relationship with her children and her ability to be present and engaged

with them (Karakurt & Silver, 2014). In the current study participants reported adopting dissociative behaviour as a means of dealing with the emotional burden of the CSA and feelings of betrayal by family to whom they have disclosed. Participants described keeping busy as a means of coping with the thoughts about the CSA, while other participants described dissociating from their partners during intimacy. Some of the participants cited activities such as doing house chores, knitting, and immersing themselves in their schoolwork (during childhood) as a means of dissociating.

- **Substance abuse**

According to Allnock and Hynes (2011), it has been documented that an association exists between CSA and drug use in both adolescence and adulthood. The use of substances is a way of coping with the emotional impact of CSA experiences (Allnock & Hynes, 2011). The study indicated that two of the seven participants had in their lifetime used a substance to cope with the demands of their everyday existence. At the time of the study, both had stopped their use of substances.

- **Early sexual activity**

Participants in this study showed a propensity to engage in frequent sexual encounters with one or more partners before entering into a marital relationship. Allnock and Hynes (2011) noted that the experience of CSA often leads to survivors initiating early consensual sexual intercourse, having a high number of sexual partners, engaging in unprotected sexual intercourse among males, and females are at a greater risk of unintended pregnancies and contracting STD's. One participant in particular described engaging in consensual sexual activity from an early age and falling pregnant at the age of fifteen. She fell pregnant again thereafter by someone else, with the relationship ending shortly afterwards. She married

someone else and has a third child. Some participants indicated falling pregnant as a means of escape and saw their partners as a “way out”.

5.1.2.5 Interpersonal Difficulties

According to literature by Whiffen and MacIntosh, (2005), women with a history of CSA are more likely to struggle with interpersonal difficulties than those without any history. This can be ascribed to the negative impact CSA has on interpersonal relations, due to the fact that it occurs within the context of an interpersonal relationship, one where safety and trust has developed. This furthermore results in disorganised or avoidant attachment behaviour because of the fact that the act of maltreatment instilled fear for an adult who is supposed to provide love and care (Wilkins, Shemmings & Shemmings, 2015). CSA survivors struggle with relational challenges like trust, fear of intimacy, fear of being different, difficulty in setting personal boundaries and passive behaviours (Hall & Hall, 2011). It is argued that the experience of CSA may compromise the development of a positive sense of self which will have an impact on the survivors’ social relationships (Whiffen & MacIntosh, (2005).

Whiffen and MacIntosh, (2005) argue that within the context of romantic relationships, survivors of CSA are less satisfied with their current romantic relationships or marriages, are less likely to marry and more likely to divorce, experience sexual problems and feel less secure in their romantic relationships. Participants in this study reported difficulty in the area of their relationship with their spouse/partner. Furthermore, they reported a range of interpersonal difficulties and in particular, the following could be identified: difficulty with sexual intimacy, feelings of loneliness, difficulty with trust, and feelings of hatred and revenge. According to attachment theory, children who experience CSA may develop negative working models of the self as shameful and others as untrustworthy and unresponsive to their emotional needs. According to Bowlby, working models of attachment

develop in childhood and a breakdown in that relationship will result in feelings of fear of rejection or abandonment. This may result in insecure attachment with a trusted figure, and this is carried over into adult relationships. Literature evidence proposed that insecure attachment may mediate the link between CSA and emotional distress (Whiffen & MacIntosh, 2005).

- **Sexual intimacy**

Literature evidence asserts that sexual intimacy is one of the areas deeply affected in the life of a CSA survivor. Bigras, et al., (2013) cited studies in the field of CSA which indicate that sexual difficulties like sexual concerns, dysfunctional sexual behaviour, and dissatisfaction or discomfort with sex, are common outcomes resulting from a traumatic sexual experience. Survivors of CSA are often afraid of sex, fearing they will be suffocated or overwhelmed by such intimacy, or lose control over their boundaries (Spies, 2006). They often struggle with intimacy and closeness as their trust in close relationships was destroyed during CSA (Spies, 2006). Wilkins, Shemmings and Shemmings (2015) posit that the adult attachment relationship is similar to the infant attachment relationship, as core features include feelings of safety when a partner is near; engaging in close, physical bodily contact; and sharing equally in each other's joy and pain. It is further argued that the main difference between adult-adult attachment and infant-adult attachment is that in the case of the latter, the attachment is to the caregiver and the caregiver reciprocating care to the infant. The secure adult-adult attachment relationship is characterised by an interchange of love, care and support. In the current study, most participants reported an aversion to physical touch, as well as an inability to connect on a deep emotional level with their romantic partners. Hall and Hall (2011) concur that the sexual difficulties experienced by the maternal survivor are as a result of the CSA experience. This may result in avoiding, fearing or lacking of interest in sexual intimacy, viewing sexual intimacy as an act of obligation, experiencing feelings of

anger, guilt or disgust when being touched, experiencing difficulty in getting aroused or feeling sensation, feelings of emotional absence during sexual intercourse, experiencing intrusive thoughts about the CSA, and engaging in compulsive or inappropriate sexual behaviours. Participants in the current study described feelings of disconnectedness from the sexual experience and regarded the romantic advances of their partner/husband as unwelcome and bringing back memories of CSA. Spies (2006) refers to this situation as 'splitting' - which results in the maternal survivor being physically present, but emotionally absent. Wright and Seltman (2013) agree with other literature in the field that survivors of CSA experience more relationship problems than their non-abused counterparts, including decreased satisfaction, poor communication with their partners, difficulty in maintaining intimate relationships, sexual maladjustment and interpersonal distrust. In the current study, one participant who is also a rape survivor, reported acts of frequently abandoning her husband and children and engaging in various adulterous relationships. The participant related this to feelings of not being sexually fulfilled in her sexual relationship with her husband. According to Karakurt and Silver, (2014) the romantic or marriage relationship is one of the most important attachments which is likely to experience conflict as a result of the maternal survivor's CSA experience.

In the current study one participant blamed herself for her husband sexually molesting their two daughters. During her marriage, she struggled with issues of intimacy and reportedly struggled in accepting her husband's sexual advances. Upon her husband's incestuous action with her children, she blamed herself for "neglecting" what she felt was her responsibility.

- **Loneliness**

Participants in the current study reported feelings of extreme loneliness during childhood, while the CSA was perpetrated, as well as in adulthood. Literature evidence suggests that children with a history of CSA lack social skills, are more aggressive and more socially

withdrawn than their non-abused counterparts. According to Cicchetti, Rogosch, Gunnar and Toth (2010), survivors of CSA are at an increased risk of internalising problems and withdrawing emotionally and socially. They have fewer friends during childhood, less interpersonal trust, greater isolation and discomfort, and are less close to their parents than those not sexually abused during childhood. Participants reported being socially isolated during their childhood and not having a positive attachment with a mother-figure. This could be ascribed to the fact that those who disclosed did so to the mother figure, and no protective action was taken to shield them from further abuse. Some reported being socially isolated because they feared that others will find out about the CSA, or they were too scared to form intimate friendships fearing that the same fate (CSA) will befall them. Muller and Hollely (2009) theorize that because of betrayal, “victims” are overwhelmed by feelings of mistrust and becomes isolated, shunning intimate relationships. Literature on attachment postulates that when caregivers are sensitive to children’s emotional and physical needs, children may feel a sense of security, which is used as a springboard for them to explore their environment with self-assurance, build a sense of autonomy and self-competence, and feel a sense of closeness with others (Wei, Shaffer, Young and Zakalik, 2005). It is furthermore argued that individuals who possess attachment security are satisfied in their psychological needs of autonomy, competence and relatedness, which will lead to a decrease in feelings of shame, depression and loneliness. The need for relatedness has to do with a tendency to be close to others and the desire to be connected with others (Wei, Shaffer, Young & Zakalik, 2005).

- **Trust**

Participants in this study struggled immensely with the concept of trust as they harboured a range of emotions as a consequence of the CSA. Due to the betrayal the CSA survivor has undergone at the hand of the perpetrator, coupled with the feelings of helplessness, the

survivor is severely limited in her ability to trust. Karakurt and Silver (2014) view the marriage relationship/intimate relationship as one of the most important attachments of the maternal survivor, and one that is likely to experience conflict and distress due to the maternal survivor's history of CSA, together with a faulty working model on how healthy relationships should function. Lasting feelings of powerlessness and betrayal experienced by the maternal survivor of CSA can interfere with her ability to reveal vulnerabilities to a partner/spouse (Karakurt & Silver, 2014). The inability to trust may ruin future relationships, especially intimate relationships (Muller & Hollely, 2009). Supported literature provided by Bonanno et al. (2007) argues that for CSA survivors, disclosing their past abuse experience often results in shame and embarrassment, self-blame and the uncertainty about others' response to their disclosure. In the current study, the participants' responses indicate their inability to disclose the CSA to their husbands/intimate partners, out of fear of being rejected. One participant even blamed the breakdown of her first marriage to her inability to disclose her childhood experience of sexual abuse. She blamed herself for not opening up. Another participant who is an incest survivor struggled with trusting her husband, due to memories of her own CSA. Literature evidence speculates that adults experiencing CSA may view themselves as unworthy of relationships with people they consider good or healthy.

- **Hatred and revenge**

According to Orth, Montada and Maercker, (2006) individuals with PTSD experience strong feelings of revenge. These feelings of revenge are centred on the survivor's perception that he/ she were severely harmed by the perpetrator Orth, Montada and Maercker, (2009). Literature evidence postulates that the abuse of power by the perpetrator and the helplessness experienced by the "victim" are hallmark characteristics of interpersonal violence, and therefore it can be expected that a "victim" will be highly motivated to seek revenge. Hatred

signifies having a great dislike in/for something or someone, and revenge on the other hand signifies to retaliate or to take vengeance for something. Literature evidence indicates the deep connection between shame, grief and the desire for vengeance. Participants in this study experienced feelings of hatred on two levels; on the one hand the hatred was directed against their mothers for not being supportive upon their disclosure of the CSA, and on the other hand they expressed feelings of hatred against the perpetrator for subjecting them to CSA. The study indicated that the maternal survivors are still struggling with deep-seated emotions regarding the CSA and expressed feelings of hurt and emotional pain. This study revealed that in the case where the perpetrator has committed CSA across generations (mother and then the daughter), the feeling of hatred and taking revenge experienced by the maternal survivor against the perpetrator is much stronger than in the case of the maternal survivor herself being victimized.



5.1.3 Theme: Barriers affecting the maternal survivor's sense of self.

Theme three, relating to the barriers which affect the maternal survivor's sense of self, was interpreted by participants as having a negative body image and a negative self-image. According to Whiffen & MacIntosh (2005), a study which focussed on the link between bodily shame, CSA and depression, found that women with a history of abuse (sexually or physically) felt bodily shame and made attempts to hide those parts that they felt ashamed of.

5.1.3.1 Negative body image

Whiffen and MacIntosh (2005) cited earlier studies on the mediating role of bodily shame and its link to CSA and depression, and argue that a positive self-image relies highly on feelings of attractiveness. The results of the study indicated that the survivors of sexual and physical abuse reported feelings connected to shamefulness about a specific body part and reported

using ways to disguise or hide these body parts. In the current study, some participants indicated feeling sensitive about certain body areas, as well as feeling dirty as a result of the CSA experience. Hall & Hall, (2011) theorize that issues with one's body have been cited as a long-term effect of CSA, as survivors struggle with body image problems related to feeling dirty or ugly, or dissatisfaction with their appearance and their body.

5.1.3.2 Negative self-image

According to Spies (2006) regardless of how they are regarded by others, CSA survivors have a negative self-image, because of what happened in their childhood. A feeling of powerlessness and inferiority is experienced by the CSA survivor due to the inability to protect themselves or to alter the situation. Participants in this study struggled with issues pertaining to a negative self-image, harbouring feelings of not being beautiful enough or not deserving of good things. One participant's negative view of herself was further entrenched by the re-victimization of a younger child by herself. According to Muller and Hollely (2006), in the case of the victim becoming the offender, the victim/offender is re-enacting their own CSA and this may be in response to a need to regain power that was lost during their own CSA experience. In this case, the participant was struggling with feelings of deeply entrenched guilt about her actions towards this boy (victim of abuse) and was plagued by thoughts of punishment and retribution. Some participants also view their children's CSA as "punishment" for what they have done wrong. Muller and Hollely, (2009) argue that negative connotations such as badness, shame and guilt become fused into the individual's self-image, resulting in a negative self-image. These negative feelings of guilt, shame and the concept of the self being bad and responsible for the abuse are regarded by Karakurt and Silver (2014) as stigmatization, or abuse-specific shame and self-blame. It is postulated that childhood experiences with caregivers are internalised through working models, resulting in

feelings of worthy of love and support, and whether others are seen as being trustworthy and available. Internal working models assist the child to interpret and predict experiences in adult relationships (Karakurt & Silver, 2014).

5.1.4 Theme: Parental Practice of the Maternal Survivor and coping strategies

The fourth theme is representative of the parental practice adopted by maternal survivors of CSA and the challenges which they encounter in raising their children. Participants indicated that their parental practices are impacted by their childhood experience of CSA. This is supported by literature evidence which indicates that the parental role is the one realm of the maternal survivor's functioning which is greatly affected by the experience of CSA (Wright, Fopma-Loy & Oberle, 2012). The parent-child relationship is an important relationship in the life of any individual and one that is accepted across cultures (Duncan, 2005). The author furthermore postulates that the attachment theory provides a basis for understanding the relationship between a healthy parent-child attachment and its effects on adult relationships.

In the current study, the relationship indicators between the participants and their children were varied, as participants' parental practice varied. The maternal survivors in this study indicated that during childhood their relationship with their mothers lacked openness, which impacted on the parent-child relationship. Participants indicated that they encouraged open communication with their own children and expressed a deep love and affection for them.

5.1.4.1 Challenges affecting the parental role of the maternal survivor

The focus of this discussion is on the parenting challenges the maternal survivor faces as well as navigating the work of mothering against the backdrop of CSA. In a study that was conducted with maternal survivors of CSA, Wright, Fopma-Loy & Oberle, (2012) found the

participants viewed certain tasks and responsibilities around mothering very important, but also challenging and problematic. According to literature by Allnock and Hynes, (2011), maternal survivors' struggles with parenting aspects are around maintaining an appropriate balance between discipline and affection and showing maternal warmth and affection to their children. It is furthermore argued that maternal survivors of CSA are more likely to resort to physically control their children, or be permissive in their parenting, with some becoming emotionally dependent on their children, thus resorting to role reversal behaviour (Allnock & Hynes, 2011). In this study it was identified that some participants enforced the rule of strict parenting in order to protect the children from harm. One participant in particular admitted to being very strict in her parental approach, to the extent that her husband has to intervene. Participants expressed the wish not to be like their mothers, to be a better parent than what their parents were, and in particular, their mothers. Research evidence indicates that attachment patterns shaped in childhood are moderately manifested in adult relationships, with partners and children (Cort, Toth, Cerulli & Rogosch, 2011). It is postulated by Sinason (2010) that the experience of CSA precedes the formation of close relationships in adulthood and plays a causal role in adult insecurity. The participants in this study expressed their goals for parenting their children, which included keeping their children safe from CSA. Literature evidence in the field of sexual abuse indicates that maternal survivors of CSA experience higher levels of stress in parenting their children, adversely affecting feelings of parental confidence and competence in parenting, negatively impacting parent-child attachment; parents relying more on punitive discipline may contribute to an increased risk of intergenerational transmission of abuse (Wright, Fopma-Loy & Oberle, 2012). In relation to literature evidence, participants in this study indicated aspiring towards open communication with their children, wanting to be physically and emotionally available for their children, which was a trend throughout the study. Participants expressed confidence in their maternal

role and were motivated by what they perceived as the shortcomings in their childhood years. Cort, Toth, Cerulli and Rogosch, (2011) argue that research should therefore be on general experiences of maltreatment, and not on the singular sexual or physical abuse. Literature suggests that it is rather the emotional pain of maltreatment that is transmitted across generations (Cort, Toth, Cerulli & Rogosch, 2011).

- **Mother blaming**

This discussion centres upon the feelings of maternal survivors towards their own mothers. Participants in this study harboured an array of negative feelings towards their own mothers. From the participants' responses, there is indication that this may be as a result of non-offending mother's lack of protective action upon their disclosure, or for not being a present figure in their lives. Allnock (2010) maintains that children are most likely to tell their mothers or their peers about their experience of CSA, compared to other family or non-family members. The mother's response could affect the child's long-term psychological adjustment (Knott & Fabre, 2014). The construct of maternal response refers to that which the non-offending mother will do, or not do, in response to a disclosure of CSA. It is based on the belief in the child's disclosure, providing emotional support to the "victim" and protecting the child from future victimization (Knott & Fabre, 2014). This is supported by literature by Kouyoumdjian, Perry and Hansen (2009), which states that empirical evidence indicates that parental reaction to disclosure and parental support in the aftermath of disclosure contribute to the recovery of survivors of CSA. This study indicates that while only three participants made a disclosure of CSA in their childhood, two participants disclosed to their mothers, while the third participant made a disclosure to immediate family, as she was a victim of incest.

The study furthermore indicates that of those who disclosed during childhood, two of the participants' children were in the care of the maternal grandmother (participants' mother)

when they were sexually molested. This resulted in the resurgence of the negative emotions and experience associated with the mother's CSA. This study strongly indicates the overall positive response of the maternal survivor upon their children's disclosure. One participant indicated that she wants to be a positive role model for her daughter who also experienced CSA, attempting to correct the wrongs.

- **Parental role and discipline**

This discussion centres upon the mothering role of the maternal survivor and the way in which she is exercising discipline. Craig and Sprang, (2007) argue that recent literature evidence suggests that maternal history of CSA is linked to increased use of physical discipline and child abuse potential. Breckenridge (2006) however posits that to assume a deficiency in maternal survivors of CSA, based on their history of CSA, ignores the potential ways in which many maternal survivors successfully parent their children. Afolabi, Onyinye and Ifeyinwa (2014) posit that while many parents get angry and punish their children when they do not deserve it, problems with anger management may be reflected in frequent episodes of unjustified disciplining, especially where the parent is under stress. In this study, participants indicated using harsh methods of disciplining their children. Participants agreed in retrospect that they have probably overreacted and caused their children *a lot of harm*, which are the words used by one participant. Participants responded by saying that parenting was difficult and that they lacked the 'know how' to parent their children. One participant responded by saying *to be a parent was difficult* and that she would *beat out of frustration*, while another indicated that if she had had counselling, *it would have helped to handle her children*. Participants' responses furthermore indicated that the frustration they experienced as mothers had to do with their social role, (i.e. child messing on a dress and the mother gets frustrated because she is responsible for its cleaning). Both participants indicated their status as single parents at the time. Afolabi, Onyinye and Ifeyinwa (2014)

indicated that single parenthood may play a role in a mother's abusive behaviour, citing contributing factors such as size of family, absence of a partner to supplement the income, sharing parenting responsibilities and behaviour difficulties of children.

5.1.4.2 Maternal survivor's reaction to her children's disclosure

Literature evidence suggests that when sexual abuse occurs in successive generations, mothers with a history of CSA may react with greater distress at their children's disclosure of CSA. In the current study, participants described feelings that ranged between extreme sadness, devastation, and brokenness upon learning about their children's CSA. Maternal survivors who did not resolve their childhood experience of sexual abuse, may be vulnerable to its impact when they are confronted by motherhood, as they have not learned more flexible ways of protection for themselves or for their children (Kwako, Noll, Putnam & Trickett, 2010). The participants indicated that their trust in the perpetrator was completely broken due to the fact that his identity was known to the mother. This study indicates that two of the perpetrators committed CSA across generations (mother and child). Wright, Fopma-Loy and Oberle, (2012) argue that research evidence suggests that maternal survivors of CSA are more likely to have children whose children are sexually abused by the mother's abuser. This is highly likely in cases of intra-familial sexual abuse where ties with the mother's perpetrator have not ended and there is continuous exposure to this perpetrator/abuser (Duncan, 2005). The study furthermore indicates that all participants in this study did not hesitate to believe their children's disclosures.

- **Reliving of CSA**

The disclosure of sexual abuse of a child is a traumatic experience for the child as well as the non-offending parent (Knott & Fabre, 2014). The authors argue that the non-offending parent may even experience feelings of guilt for not protecting the child or harbour feelings of

ambivalence toward the child and/or the perpetrator. In the current study, participants indicated feelings of extreme sadness, distress and anxiety upon their children's disclosure. For the maternal survivors of CSA in this study, learning about their children's disclosure was like "*going that same road*", as expressed by a participant in this study. Participants in this study reported reliving their own childhood experience of Sexual Abuse upon their children's disclosure. One participant whose child was in the care of the maternal grandmother (participant's mother) when he was abused, blamed her mother for the latter's inability to look after her when she was a child, as well as her child.

Duncan (2005) identified two risk factors that perpetuate the abuse of mothers and children. The first risk factor is the continuing contact or "relationship" the maternal survivor has with the perpetrator who has sexually abused them. It is argued that this continued exposure to the mother's abuser places her child at risk of CSA at the hand of the same person, given that most perpetrators are family members or known, and that family perpetrators abuse a number of children across generations (Duncan, 2005). This study indicates that in the case of two participants, the same perpetrator was also responsible for the CSA of their children, and in both instances it was a family member. This invoked feelings of extreme rage towards the perpetrators and participants wanted to cause them harm. Another risk factor identified by Duncan (2005) is the maternal survivor's relationship with a person who has abusive traits. Duncan, (2005) argues that often a maternal survivor has this belief system (induced by the perpetrator or the family), that 'abuse is acceptable', which will continue to influence how they relate in future relationships with men. CSA survivors often face the risk of re-victimization in adulthood as a result of powerlessness. Karakurt and Silver (2014) postulate that this is as a result of an insecure attachment relationship with a caregiver who is inattentive and neglectful, and who did not teach the child coping strategies, resulting in a child who grows up not having a working model of how to be secure and sufficient and

predisposing the individual to further victimization. In this study, two of the participants' husbands had committed incest with their children. Bellhouse (2013) argues that maternal survivors of CSA hope for the wellbeing and safety of their children.

- **Standing up for their children**

This discussion is centred upon maternal survivors' response to their children's disclosure, and the actions they took to protect their children. Motherhood may have a different effect on the maternal survivor of CSA than those without a maternal history of CSA, as it calls to mind the compromises in their own safety as children. The meaning of motherhood for the maternal survivor of CSA may also include doing what their own mothers failed to do, which is protecting their children from abuse (Kwako, Noll, Putnam, & Trickett, 2010). Participants indicated that amidst their CSA experience and the negativity of their childhood, they still choose to find something positive from the experience. This according to Louw and Louw (2007) will enhance attachment between the mother and child, due to the fact that when a mother's life becomes positive, the mother will be able to establish a more positive relationship with her child. This is an indication that the maternal survivor of CSA is constructing some sort of meaning from the experience. The participants' support of their victimized children helped them to come to terms with their own experience of CSA. As one participant responded: *I feel now that I can fight this battle that I could not win*. The participant took a strong stance on supporting her child and mentioned that she '*was not going to let my child down, no matter what*'. All participants indicated supporting their children upon their disclosure of CSA, with one maternal survivor explaining the physical assault of her husband upon learning about her daughter's CSA. Literature evidence suggests that maternal survivors of CSA can give their children much needed support following their abuse. A supportive response comprises meaningful emotional support that includes believing the child's disclosure that leads to action against the perpetrator to protect

the victimized child (Knott & Fabre, 2014). According to Karakurt and Silver (2014), social support is important for the recovery of the CSA survivor and protects against the negative effects of CSA as well as re-victimization. Further thereto, this positive response will enhance the attachment relationship of the maternal survivor and her child, as attachment plays a role in recovery.

- **Motherly love and protecting their own**

This discussing is centred upon the feelings of love and affection the maternal survivor has for her children and their desire to keep them safe, a theme that ‘runs like a thread’ throughout the study. The desire to protect her children from any harm, but most of all of CSA, echoes past research findings on the topic of the maternal survivor of CSA. Bellhouse (2013) cited a study conducted by Pitre, Kushner, and Hegadoren (2011), amongst survivors of child maltreatment, expressing their hope that their children will grow up without any abuse. Participants in this study shared their vision of supporting their children emotionally, being present when things go wrong and not wanting them exposed to the things that the mother was exposed to. The following is an extract from a participant, expressing the length that she will go to in protecting her child. Its further implies that the child is aware of the depth of the mother’s protective behaviour.

When she tells me there is something wrong with her, I snap, because no-one is gonna hurt my child, or say something bad about my child and I think she’s got that fear, just now mommy snap and run to my school and she is gonna attack that person.

Another participant indicated making special arrangements at work in order to be with her children and not work late. Most participants indicated having an open relationship with their children and supporting them. According to Koren-Karie, Oppenheim & Getzler-Yosef (2008) the extent to which the survivor of CSA has resolved the trauma has an important

moderating effect on later functioning. This refers resolution to the integration of the trauma into the individual's mind and narrative in orientation to the present (Koren-Karie, Oppenheim & Getzler-Yosef, 2008). Marvin, Cooper, Hoffman and Powell, (2006) argue that children who feel secure rely on their parents' supportive presence, to comfort, organise and regulate their feelings when needed.

5.1.4.3 Coping strategies/Resilience

This category encapsulates a discussion regarding the coping strategies adopted by maternal survivors of CSA post their children's disclosure of CSA. The ability to go on with life after hardship and adversity is described as resilience. Participants in the current study spoke about the hope and fears they have for their children. Participants furthermore revealed that their ability to cope came internally rather than externally. Spiritual Wellness and Doing well despite adversity will be incorporated under this discussion. Literature on resilience argues that secure attachment is a resiliency factor.

- **Spiritual Wellness**

According to Gall, Basque, Damasceno-Scott and Vardy, (2007), spirituality can be a resource for survivors of CSA to draw upon in adulthood. Researches in the field of religious coping concur that belief in a benevolent God can act as a stable support under the most extreme circumstances (Gall, Basque, Damasceno-Scott & Vardy, 2007). This discussion is centred on the role of the spiritual entity in the life of the maternal survivor of CSA. In this study, participants recognised the role religion played in their lives and indicated that amidst the difficulty of "accepting" that the CSA has happened, they are able to let go of the past and focus their attention on the present. In the case of a participant who is an incest survivor, she struggled to work through her daughter's CSA, as her father sexually molested both herself and her daughter. She recognised that there was a period that she hated both her

parents and that it was even difficult to talk about them. She is however drawing on religion and spirituality to be able to forgive the perpetrator. The response from this participant indicates that she is aware of the fact that it would have been easy to hate if she was not spiritually attuned, but because she is, things are different for her now. She also wishes to teach her children something positive from this experience, which appears to be an important aspect for her. Participants recognised that being part of a spiritual community provided them with an opportunity to seek counsel, to lean on, and to be guided by the spiritual community. One participant in particular noted that things started changing positively in her life once she accepted God and feels that she is much calmer now than in the past. Morales (2007) identifies the aspect of spirituality and religious beliefs as contributory to an individual's capacity for resilience. It is argued that participating in the practices of a religious community and seeking God's support to rid oneself of negative emotion, is linked to a reduction in the depressive mood of adults who suffered CSA. Gall, Basque, Damasceno-Scott and Vardy, (2007) posit that a relationship with God may result in development of better interpersonal relationships as well as coping in adult life. This study further indicates that participants see their CSA experience as something that has made them stronger and compassionate towards other people. One participant summed it up as follows: *It makes me able to speak to people who have gone through the same thing. It gives me the ability to help a bit...so that is how I take it. I was meant to go through it.* The perspective that is held by the participant is in line with literature by Gall, Basque, Damasceno-Scott and Vardy, (2007) which states that spirituality appears to act as a support, to help in the process of meaning making and to provide a source of inner strength and belief in oneself, for these maternal survivors.

- **Doing well despite adversity**

This discussion centres upon the participants' ability to thrive, despite the CSA experience. In this study, participants discussed their ability to have survived the ordeal of their own CSA, and the meaning the whole experience has for them. This study indicated that there are wilful attempts on the part of the participants to come to terms with their childhood experience of CSA and to assess their lives positively. In a study that was conducted amongst mother-survivors of CSA, Wright, Fopma-Loy and Oberle (2012) found that some maternal survivors were largely unaware of how the abuse experience was negatively affecting their parental practice, and only in retrospect they gained more awareness and understanding. All participants in the study expressed support for their children's disclosure and demonstrated a yearning for the development of a secure attachment relationship with their own children.



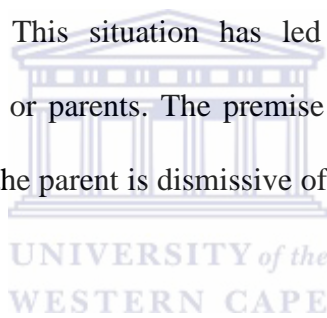
5.2 Summary

This chapter provided discussion on the themes, categories and subcategories relating to the maternal survivor's experience of CSA and her experience of her children's disclosure of CSA, within the framework of the attachment theory. Below is a discussion on the main findings presented in the report.

5.3 Relation of attachment theory to findings

The aim of the current study focused on exploring the maternal intergenerational transference of sexual abuse and its influence on parenting. The study was guided by questions relating to how the maternal survivor of CSA experienced her children's disclosure of CSA, how she describes her relationship with her children, and how she experiences her parental role.

The attachment theory was used as a framework which provided a theoretical background for the research findings. As discussed in the literature review, attachment theory stresses the importance of the care-giver-child relationship within the family unit (Fairchild, 2009). It is postulated that healthy attachment behaviour results in affectional bonds, starting in infancy and continuing throughout the life cycle. With regard to the findings of the study, participants indicated that their experience of CSA has left them with emotional scars that will last for a lifetime. The maternal survivor's experience of childhood sexual abuse had a huge psychological impact on her both emotionally and socially. In childhood, participants have found that disclosing the CSA to their caregivers has further added to their distress, as their disclosure was either dismissed, not responded to, or no appropriate/protective action was taken to address the situation. This situation has led to insecure/resistant attachment relationship with their caregivers or parents. The premise on which this attachment type is based is that the child learns that the parent is dismissive of his/her needs and tends to lean on the self, fearing rejection.



Though the study indicates the insecure attachment relationships of the maternal survivor and her own caregivers, maternal survivors nonetheless expressed the wish to have a positive, secure relationship with their own children. The findings of the study indicate that the maternal survivor experienced her parental role as important. The maternal survivors in this study feared that their children will fall victim to CSA and when it did occur, their children's disclosure was met with extreme sadness and a feeling that their worst fears were realised. Findings indicated maternal support for their children's disclosures, which contribute to a secure attachment between the maternal survivor and her children. Maternal response was greatly influenced by the negative responses of their own childhood disclosures which prompted them to take protective action against the perpetrators. The study findings

furthermore indicate that positive communication exists between the maternal survivor and her children.

The romantic relationship of the maternal survivor needs to be reported on, due to its importance in the context of the family unit. The maternal survivors demonstrated avoidant attachment with their romantic partners. The premise on which this attachment style is based is that the individual is emotionally distant and cannot connect on a deep emotional level with her partner. The findings suggest that the emotional and interpersonal challenges with which the maternal survivor is struggling as a result of CSA, affect her romantic relationship.

The study however shows that the partner plays a mediating role in the disciplining behaviour of their children.

Maternal survivors in the current study demonstrated resilient behaviour and positive coping capacity which was as a result of an internal spiritual source. The study indicates that maternal survivors of childhood sexual abuse have the capacity to rise above their childhood adversity and be positive role models. This is an extremely important factor, as it affects the attachment behaviour of the maternal survivor and it will contribute to a secure attachment relationship between parent and child.

With regard to the intergenerational transference of CSA, the findings of this study suggest that six of the participants experienced CSA at the hand of a close family member, and one experienced CSA at the hand of a close family friend, thus indicating that the identity of the perpetrator was known. In two of the participants' cases, their children were sexually abused by the same perpetrator who sexually abused the maternal survivor. Literature evidence suggests that continued contact with the mother's "abuser" exposes her children and puts them at risk for CSA to occur in the next generation. With regard to the aspect of the "known" perpetrator, the study findings concur with literature evidence which states that in

most cases, the identity of the perpetrator is known to the survivor of CSA. Literature suggests that it is the trauma resulting from the CSA that is passed on, rather than the sexual abuse itself. Findings in this study indicate that the participants were “carrying” the trauma of CSA into their adult lives and their experience of various trauma-related conditions, as mentioned, is example thereof.



CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

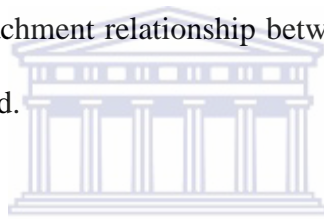
6 INTRODUCTION

In this chapter, the conclusion and recommendation from this study that focussed on the maternal intergenerational transference of childhood sexual abuse are discussed. The recommendations will be related to the welfare sector, education sector, justice/police sector, health sector, religious sector and future research.

6.1 Conclusion

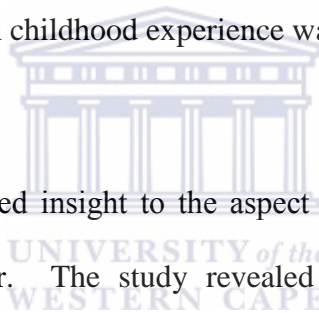
The study highlighted the experiences and perceptions regarding the maternal intergenerational transference of sexual abuse, from the perspective of the maternal survivor of CSA. This study revealed that maternal survivors of childhood sexual abuse experienced an overall sense of loss as a result of the abuse experience. The experience of loss as observed by the maternal survivors of CSA was perceived as “loss of childhood”, “loss of relationship with family and friends”, and “loss of parental attachment”. The experience of loss of childhood was influenced by the age of onset of the abuse, which entailed the age of the maternal survivor when the abuse started. The participants felt that whereas childhood was a period of freedom and innocence in the life of any child, theirs was effectively ‘stolen’ from them as a result of the CSA experience and the effects thereof. The loss of relationship with family and friends was influenced by the identity of the perpetrator and the duration of the CSA and subsequent disclosure. All the participants in the study experienced CSA at the hand of a family member or someone that was known to the child and her parents. The

identity of the perpetrator was a vital aspect because family or friendship ties were broken as a result of the child's disclosure. Participants also took longer before disclosing the CSA as a result of the identity of the perpetrator, as they anticipated the reaction of family members or friends and effectively feared the consequences of a disclosure. The loss of parental attachment was centred on the emotional bond the maternal survivor shared with an attachment figure, since most of the participants were not raised by their biological parents, but by their grandparents. In addition, the focus was also on the negative relationship that existed between the maternal survivors and their parents as a result of mother-blaming. The aspect of mother-blaming was centred on the mother's negative attitude upon the disclosure, which effectively led to an ongoing CSA experience, as no action was taken to protect the child. In addition hereto, the attachment relationship between the maternal survivor of CSA and her own children was explored.



The study revealed that participants invariably suffer from a myriad of interpersonal and psychological challenges, as a result of the CSA experience. The challenges were observed as “post-traumatic stress”, “cognitive distortions”, “emotional pain”, “avoidance behaviours”, “interpersonal difficulties”, “hatred and revenge”, “negative body-image” and “negative self-image”. The finding of the current study provided insight regarding the extent to which the lives of participants were affected by the experience of CSA, and the interplay between the maternal CSA, mothering as a survivor of CSA, her romantic relationship with a life partner and her reaction to her own children's disclosure of CSA. The findings of the study revealed that the parental role of the maternal survivor was regarded as an important one and that survivors strived to be a “better” parent than what their mothers were to them. The study furthermore revealed the mediating role between the maternal CSA experience and the emotional challenges that participants were faced with as parents. Participants observed the

disciplining of their children as the aspect mostly affected by the abuse experience. Participants observed that they sometimes resorted to extreme punitive measures, when disciplining their children, and in retrospect, they observed it as “undeserving”. Some participants were also observed as being too controlling, and protective of their children. The current study revealed that maternal survivors of CSA react with great distress at their children’s disclosures of CSA and experienced ‘reliving’ their own experience of CSA. Participants were totally perplexed by their children’s disclosures and experienced feelings of extreme betrayal towards the perpetrators. The study furthermore revealed that maternal survivors of CSA were parenting in fear, as CSA was the realization of their “worst fears” for their children. Despite this, maternal survivors lent much needed support to their children upon their disclosure, as their own childhood experience was lacking in this regard.



The findings of the study provided insight to the aspect of the maternal survivor’s coping strategies and resilient-behaviour. The study revealed that participants made sense or meaning of their childhood experience, which has instilled a sense of hope and freedom in their lives. Participants observed having better relationships with their children than what they had when growing up. The study revealed that participants were inspired by their children and “stood up” for them. Participants were “blinded” by a sense of protection towards their children, to the extent of engaging in a physical altercation.

The study revealed that the participants’ coping and resilient behaviour was influenced by their spiritual wellness and their belief in a benevolent God. This was an important aspect as it encouraged meaning making of the CSA experience, making peace, and moving forward. Participants viewed their experience of CSA as something they HAD to go through, thus making meaning of the abuse experience. The study furthermore revealed that participants,

despite their adversity, managed to continue on their path and had accepted their own CSA, and that of their children.

6.2 Recommendations

The phenomenon of the intergenerational transference of maternal sexual abuse explored in this thesis points out certain vulnerability aspects pertaining to the maternal survivor of CSA and her children falling victim to CSA. The study revealed that the single most influential factor which spread across all the participants in the study was the factor of emotional challenges. Emotional challenges presented in various forms, but their effects were observed as equally detrimental. CSA remains a social problem, regardless whether it takes place in the secret confines of one's home. Thus in order to address the needs of the child and adult survivor of CSA, a co-operative response is needed between government departments and civil society agencies. The following recommendations are deemed necessary for the practices of the welfare sector, education sector, justice/police sector, health sector and religious bodies.

6.2.1 Recommendations for welfare sector

- It is proposed that social workers in the field of child and family care be specifically trained in the field of sexual abuse, in order to recognise and address the occurrence of CSA within families, as the phenomenon of CSA is mostly concealed within family dynamics and often co-exists with other family-related problems like marital and child-parent conflict, behaviour problems, and childhood aggression. This would be effective with clients who access the child- and family-welfare services agencies, i.e. department of Social Development and Child Welfare. Social workers should thoroughly investigate reported cases and consult all relevant parties (family members, neighbours, and school

teachers) to get a complete history of the family, and pick up on vulnerabilities within these families.

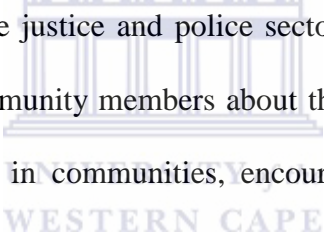
- The welfare sector should liaise with all stakeholders who provide services to children, i.e. education, health, justice, and civil society in providing a coherent multi-disciplinary service to both child- and maternal-survivors of CSA, with the aim of encouraging disclosure amongst children and young people, providing prevention skills amongst children, and enhancing effective action plans to address and alleviate the occurrence of CSA.
- Providing a family intervention strategy: this could be attained by the introduction of individual and family therapeutic services to alleviate feelings of self-blame, anxiety, fears, and emotional and psychological harm caused by CSA.
- Counselling services should focus on empowering the survivor in order to reduce the effects associated with CSA.
- The welfare sector should provide parenting and other life-skills courses to maternal survivors of CSA to enhance coping with their parental role and to provide assistance when faced with challenging parental tasks.

6.2.2 Recommendations for education sector

- It is proposed that the education sector should introduce school based prevention programmes, such as programmes on the occurrence of CSA, how to identify grooming behaviour and modus operandi of perpetrators.
- The education sector should promote disclosure and debunking the myths surrounding reporting of CSA and accessing the legal system. This could be done in co-operation with other service delivery agencies, i.e. Department of Justice or legal aid clinics.

- The education sector should disseminate information which reduces the stigma of abuse and discourage self-blame through the medium of sport and the arts.
- The development of the skills of children in the school system to help them identify potential risks with regard to CSA.
- To introduce the above mentioned CSA-specific programmes as part of the curriculum of pre-primary, primary and secondary school level.
- The provision of life skills and parenting programmes which aims to create awareness around CSA. This could be done in co-operation with service delivery agencies, amongst others, Lifeline/Childline and Parent Centre.

6.2.3 Recommendations for justice/police sector

- 
- It is recommended that the justice and police sectors embark on campaigns through the media by alerting community members about the crime statistics related to CSA, to indicate its prevalence in communities, encourage disclosure, and promote the rights of children.
 - To continue offering of CSA-specific training to investigating police officers and social workers in the field of forensic social work to enhance their skills in obtaining disclosures and taking completed statements of children; this will assist in the arrest and prosecution of perpetrators.
 - To encourage community participation by improving communication and rapport with the public to promote reporting of incidents of CSA through community support organizations and community media organizations.
 - To embark on strategies to apprehend perpetrators (post disclosure) as this will instill survivors' belief in the police and justice system.

- To create awareness about perpetrator behaviour through community bulletins and information sessions at places of mass gathering, i.e. places of worship.

6.2.4 Recommendations for health sector

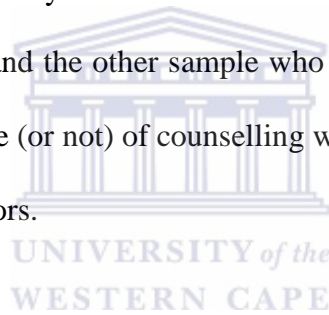
- Literature suggests that maternal survivors of CSA access the healthcare sector in seeking medical attention for the physical manifestation of the CSA related trauma in their bodies, for example abdominal pains, gynaecological problems, and headaches, which can result in a burden on the healthcare sector.
- The offering of counselling services by healthcare facilities is of vital importance, to address the myriad of emotional and psychological challenges maternal survivors are struggling with, i.e. feelings of self-blame, stigmatization, powerlessness, betrayal, and depression. Addressing these would assist the CSA survivor in effecting emotional healing and so ease the burden on the system. It would be suggested that more counselling social workers and psychologists be employed in government health facilities.

6.2.5 Recommendations for faith based sector

- The results of the research indicate that the religious sector plays a vital role in developing coping and resilient behaviour of the maternal survivor of CSA.
- It is therefore recommended that the religious sector continue to provide much needed assistance and support to survivors of sexual abuse and to assist those who decide to access the legal system and to encourage these individuals to access therapeutic services.
- The religious sector should liaise with organisations and government departments so that they know the services that are available for survivors of sexual and other abuses.

6.3 Recommendations for future research

- It is recommended that similar studies be conducted elsewhere in order to gain information on the phenomenon of maternal intergenerational transference of CSA.
- Future research should be conducted with a larger sample size, and include participants from other race groups in order to broaden the knowledge base regarding the phenomenon, as well as establishing the homogeneity of their experiences.
- It is recommended that future research studies include the second generation CSA survivors (the children of maternal survivors), so as to compare findings from both samples.
- A comparative research study should be conducted with one sample that received counselling for the CSA and the other sample who did not receive counselling. This will shed light on the value (or not) of counselling which can be useful in other sectors working with CSA survivors.



REFERENCES

- Afolabi, A.B., Onyinye, E.C., Ifeyinwa, I.C. (2014). Attitude towards childhood abuse: Identified predictors in some health care centre in Lagos State. ISSN (paper). 2224-5766. ISSN. Online2225-0484 (Online) Vol.4, No.5, 2014. Retrieved 4 August 2015
- Allnock, D. (2010). Children and young people disclosing sexual abuse: An introduction to the research. *Child protection research department. NSPCC Fresh Start*. www.hspcc.org.uk/inform. Retrieved 18 August 2014
- Allnock, D., & Hynes, P. (2011). Therapeutic services for sexually abused children and young people. *Scoping the evidence base*.
- Babbie, E., and Mouton, J. (2008). The practice of social research methods. Oxford University Press: South Africa.
- Bannon, A. (2013). Early trauma and the developing mind. (Unpublished doctoral thesis, City University London). URL:<http://openaccess.city.ac.uk3021/> Retrieved 22 October 2015.
- Barret, B. (2009). The impact of child sexual abuse and other forms of childhood adversity on adulthood parenting. *Journal of child sexual abuse*, 18:489-512.
- Bayley, H. N., Moran, G., & Pederson, D. R. (2007). Childhood maltreatment, complex trauma symptoms, and in at-risk sample of adolescent mothers. *Attachment & Human Development*, 9; 139-161.
- Bellhouse, L. E. (2013). Exploring attachment and the transition to motherhood for survivors of childhood sexual abuse. Online: <http://ir.lib.uwo.ca/etd>. Retrieved 3 February 2015.
- Berlin, L. J., Appleyard, K., & Dodge, K. A. (2011). Intergenerational continuity in child maltreatment: *Mediating mechanisms and implications for prevention*. *Child Development*, 82(1) 162-176.
- Berliner, L. (2011). Child sexual abuse: Definitions, prevalence, and consequences. In John E.B. Myers (Ed.), *The APSAC handbook on Child Maltreatment 215-232*, at 224 (3d ed. 2011) (Sage).
- Bigras, N., Godbout, N., Runtz, M., & Bolduc, R. (2013). Sexual victimization and sexual functioning: The role of adult attachment. *18th International conference & summit on violence, abuse and trauma*. San Diego, CA. www.uvic.ca/runtz/web/?Page-id=109. Retrieved 3 February 2015
- Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among first nation's people in Canada. National Aboriginal Health Organisation. (NAHO). Online: www.naho.ca/documents/journal/joh05.../05-03-01_integenerationl.pdf. Retrieved 14 April 2014.
- Bonanno, G.A., & Colak, D.M., Keltner, D. & Shiota, M.N., Papa, A., Noll, J.G., & Putnum, F.W., Trickett, P.K. (2007). Context matters: *The benefits and costs of expressing positive emotion among survivors of childhood sexual abuse*. *Emotion* 2007, Vol. 7, No.4, 824-837. DOI:10.1037/1528-3542.7.4.824. Retrieved 8 April 2014

Breckenridge, J. (2006). "Speaking of mothershow does the literature portray mothers who have a history of child sexual abuse. *Journal of child sexual abuse*, 15(2), 57-74

Breire, J., & Jordan, C.E. (2009). Childhood maltreatment, intervening variables, and adult psychological difficulties in women. *Trauma, Violence, and Abuse*, 10, 375-388.

Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). Issues for the safety and well-being of children in families with multiple and complex problems: The co-occurrence of domestic violence; parental substance misuse and mental health problems. (NCPC. Issues No. 33) Melbourne: National Child Protection Clearinghouse.

Burill, E.L.P. (2015). "It's not written in stone". *A narrative analysis of the mothering experience of women who experienced childhood sexual abuse by a family member*. <http://scholars.wlu.ca/etd> Theses and Dissertations. Retrieved 13 July 2015.

Children's Act 38. (2005) Cape Town: Government Gazette.

Chiang, K. (2009). Effects of childhood sexual abuse on parenting and child behaviours on a sample of homeless women. *Dissertation Abstracts International*, 69 (12-B), 7804.

Cho, J., & Trent, A. (2006). Validity in qualitative research. <http://www.sagepublications.com>. Retrieved on 4 August 2013

Cicchetti, D., Rogosch, F.A., Gunnar, M.R., & Toth, S.L. (2010). The Differential impacts of early physical and sexual abuse and internalising problems on daytime cortisol rhythm in school-aged children, 81 *Child Development* 252-269.

Collings, S.J., & Wiles, W.A. (2005). Non-supportive disclosures in child rape: The effect of children's disclosure strategies. *Paper presented at the 10th ISPCAN European Regional Conference on Child Abuse and Neglect*, Berlin, Germany.

Cort, N.A., Toth, S.L., Cerulli, C.C., Rogosch, F. (2011). Maternal intergenerational transmission of childhood multitype treatment. ISSN.1092-6771. DOI: 10:1080/10926771. 2011.537740. Retrieved 4 November 2015.

Courtis, C.A. (2010). *Healing the incest wound: Adult survivors in therapy* (2nd ed). New York: Norton

Craig, C.D. & Sprang, G. (2007). Trauma exposure and child abuse potential: Investigating the cycle of violence. *American Journal of Orthopsychiatry*, 77, 296-305.

Cresswell, J.W. (2007). *Qualitative inquiry & research design choosing amongst five approaches*. Sage Publication.

Crosson-Tower, C. 2005. *Understanding Child Sexual abuse and Neglect*, 6th ed. Boston: Pearson.

Das-Brailsford, P. (2007). *A practical approach to trauma: Empowering interventions*. Los Angeles: Sage.

Dawes, A., Long, W., Alexander, L., & Ward, C.L. (2006). *A situation analysis of children affected by maltreatment and violence in the Western Cape*. Cape Town. Human Sciences Research Council.

Denzin, N.K. & Lincoln, Y.S. (2005). *The Sage handbook of qualitative research* (3rd ed.) Thousand Oaks, CA: Sage.

Department of Social Development, Department of women and Children and Persons with Disabilities, and UNICEF. (2012). *Violence against Children in South Africa*. Pretoria. Handmade Communications

De Vos, A. S. (2002). *Research at grass roots: For the social and Human Professions*. Van Schaik.

De Vos, A. S. (2005). *Qualitative data analysis*. In De Vos, A.S., Strydom, H., Fouche, C. B., & Delpont, C. S. L. (2002). *Research at grass roots for the social sciences and Human Sciences professions*. Pretoria: Van Schaik.

DiCicco-Bloom, B. & Crabtree, B.F. (2006). The qualitative research interview. *Medical education* 2006; 40 314-321. DOI:10.1111/J.135-2929.2006.02418.x Retrieved 13 August 2013.

DiLillo, D. E. & Demashek, A. (2003). Parenting characteristics of women reporting a history of childhood sexual abuse. *Child Maltreatment*, 8(4), 319-333

Draper, B., Pfaff, J., Snowdon, J., Lautenschlager, N. T., Wilson, A. & Osvalso, P. (2008). Long-term effects of childhood abuse on the quality of life and health of older people: Results from the depression and early prevention of suicide in general practice project. *Journal of the American Geriatrics Society*, 56, 262-271.

Draucker, C.B., Martsolf, D. S., Roller, C., Knapik, G. P., Ross, R., & Stidham, A. (2011). Healing from childhood sexual abuse: A theoretical model. *Journal of child sexual abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 20(4), 435-466.

Duncan, K.A. (2005). The impact of childhood sexual abuse on parenting: A female perspective. In G.R. Walz. & R.K. Yep (Editors). *Vista: American Counselling Association* pp 267-270. Alexandria, VA: American Counselling Association.

D'zatko, K.W. (2011). *Examining child sexual abuse and future parenting: An application for latent class modelling*. Utah State University. [http:// digitalcommons.usu.edu/etd/](http://digitalcommons.usu.edu/etd/) 930. Retrieved 3 July 2014.

Fairchild, S.R. (2009). Introduction to a special edition: Attachment theory and its application to practice. *Child Adolescent Social Work J.* (2009) 26:287-289. Springer Science+Business Media, LLC2009. DOI10.1007/s 10560-009-0178-9. Retrieved 4 November 2015.

Family Health International. (2013). *Qualitative research methods: A data collectors field guide*. www.scribd.com/doc/147861236/Family-Health-international-Qualitative-Research-Methods#scribd.

Finkelhor, D., & Browne, A. (1985). The traumatic impact of CSA: A conceptualization. *American Journal of Orthopsychiatry* 55(4).

Finkelhor, D., Hamby, S., Ormrod, R.E., & Turner, H. (2005). The victimization of children and youth: *A comprehensive, National Survey*. *Child Maltreatment*, 10(1), 5-25.

Fitzgerald, M.M., Shipman, K.L., Jackson, J.L., McMahon, R.J., & Hanley, H.M. (2005). Perceptions of parenting versus parent-child interactions among incest survivors. *Child Abuse & Neglect*, 29, 661-681. www.isa.asn.au/109/survivors and parenting. DOI: 10.1016/j.chiabu.2004.10.012. Retrieved 8 November 2015.

Foa, E. (2009). *Effective treatments for PTSD* (2nd ed.). New York: The Guilford press.

Frazier, K. N., West-Olatunji, C.A., St. Juste, S., & Goodman, R. D. (2009). Transgenerational trauma and child sexual abuse: Reconceptualising cases involving young survivors of child sexual abuse. *Journal of Mental Health Counselling*. Volume 31/Number 1/January 2009/Pages 22-33.

Gall, T.L., Basque, V., Damasceno-Scott, M., & Vardy, G. (2007). Spirituality and the current adjustment of adult survivors of childhood sexual abuse. *Journal for the scientific study of Religion*, 2007.46(1):101-117.

Grigutyté, N. (2009). How does mother's sexual abuse trauma beget trauma in daughters? *The constellation of mother complex*. Online: <http://www.interdisciplinary.net/ptb/hhv/vcce/vch7/Grigutyte.pdf>. Retrieved 29 October 2013.

Hall, M. & Hall, J. (2011). The long-term effects of childhood sexual abuse: Counselling Implications. <http://counsellingoutfitters.com/vistas/vistas/Article-19.pdf>. Retrieved 8 April 2014

Harvard Kennedy School Shorenstein Centre on Media, Politics, and Public Policy. (2011). Journalists resource.org/studies/government/criminal-justice/global-prevalence-and-sexual-abuse. Retrieved 17 November 2015.

Hershkowitz, I., Lanes, O. & Lamb, M. (2007). Exploring the disclosure of childhood sexual abuse with alleged victims and their parents. *Child abuse and Neglect* (31):111-123.

Hoch-Espada, A., Ryan, E., & Deblinger, E. (2006). Child sexual abuse. <http://link.springer.com/chapter/10.1007/978-0-387-28370-8>. Retrieved 8 November 2015.

Hooper, L. M. (2007). The application of attachment theory and family systems theory to the phenomena of parentification. *The family journal: counselling and therapy for couples and families* Vol.15, No3 217-223. Doi:101180701301. Sage publication. Retrieved on 7 April 2013.

Hunter, S. V. (2010). Evolving narratives about childhood sexual abuse: challenging the dominance of the victim and survivor paradigm. *The Australian and New Zealand Journal of Family Therapy*. Volume 31, Number 2, 2010, pp. 176-190.

International Rescue Committee, UNICEF. (2012). Caring for child survivors of sexual abuse. *Guidelines for health and psychosocial service providers in humanitarian settings*. www.unicef.org/pacificislands/IRC_CCSGuide_Full_Guide_lowres.pdf. Retrieved 13 July 2015.

Karakurt, G. & Silver, K.E. (2014). Therapy for childhood sexual abuse survivors using attachment and family systems theory orientations, *The American Journal of Family Therapy*, 42:1, 79-91, DOI: 10:1080/01926187.2013. 772872. Retrieved 24 January 2014.

Khetrapal, N. (2009). The early attachment experiences are the roots of psychopathy. https://interpersonaabpri.files.wordpress.com/2010/12/paper-1_khetrapal.pdf. Retrieved 3 April 2015.

Kim, K., Tricket, P., & Putnam, F. (2010). Childhood experiences of sexual abuse and later parenting practices among on-offending mothers of sexually abused and comparison girls. *Child Abuse & Neglect*, 34, 610-622.

King, B. M. (2009). *Human sexuality today*. (6th ed). Upper Saddle River, NJ: Pearson.

Knott, T., & Fabre, A. (2014). Maternal response to the disclosure of child sexual abuse: Systematic review and critical analysis of the literature. www.1pt-forensics.com/journal/volume_20/j20-1.htm. Retrieved 24 September 2015

Koren-Karie, N., Oppenheim, D., & Getzler-Yosef, R. (2008). Shaping children's internal working models through mother-child dialogues: the importance of resolving past trauma. *Attachment and Human Development* Vol. 10, No.4, 465-483. DOI: 10.1080/14616730802461482 <http://www.informaworld.com>. Retrieved 6 March 2013.

Kouyoumdjian, H. Perry, A.R., Hansen, D.J. (2009). Non-offending Parent Expectation of Sexually abused Children: Predictive Factors and Influence on Children's Recovery. <http://digitalcommons.unl.edu/psychfacpub/546>. Retrieved 8 April 2014

Kwako, L.E., Noll, J.G., Putnum, F.W., & Tricket, P.K. (2010). Childhood sexual abuse and attachment: An intergenerational perspective. *Clinical Child Psychology, Psychiatry*, 2010. July; 15(3):407-422. DOI: 10.1177/1359104510367590. 14 March 2014.

Kreston, S. (2007). An inconvenient truth: on the absence of definitive corroborative medical evidence in child sexual abuse cases. *South African Professional Society on the abuse of children: ISSN1562-1383*.

Lev-Wiesel, R. (2006). Intergenerational transmission of sexual abuse? Motherhood in the shadow of incest. *Jobuse*, 15 (2), 75-101. DOI: 10.1300/J070v15n02-06. Retrieved 7 September 2015)

Lippert, T., Cross, T.P. Jones, L. Walsh, W. (2009). Telling interviewers about childhood sexual abuse: Predictors of child disclosure at forensic interviews. <http://kms.sagepub.com.at> University of New Hampshire. 8 October 2014

Lietz, C.A., Langer, C. L., and Furman, R. (2006). Qualitative social work. Establishing trustworthiness in qualitative research in social work: Implications from a study regarding spirituality. (<http://www.sagepublications.com>). Retrieved on 16 July 2013.

London, K., Bruck, M., Ceci, S., & Shuman, D. (2007). Disclosure of child sexual abuse: A review of the contemporary empirical literature. In Pipe, M. Lamb, M., Orbach, Y., & Cederborg, A. (eds). (pp11-39). *Child Sexual Abuse: Disclosure, Delay and Denial*. London: Lawrence Erlbaum Associates, Publishers.

Louw, D. & Louw, A. (2007). *Child and adolescent development*. Bloemfontein : ABC Printers.

- Lyon, T.D. (2007). False Denials: Overcoming Methodological biases in abuse disclosure research. In M. E. Pipe, M.E., Lamb, Y Orbach, and A.C. Cederborg (Eds.). *Disclosing abuse; Delays, denials, retractions and incomplete accounts* (pp.41-62) Mahwah, New Jersey: Erlbaum.
- Lyon, T.D., & Ahern, E.C. (2010). Disclosure of child sexual abuse. In J. Myers. (ed) *The APSAC handbook on Child Maltreatment* (3rd ed. pp. 233-252). Newbury Park, CA: Sage.
- Malloy, L.C., Brubacher, S.P., & Lamb, M.E. (2011). Expected consequences of disclosure revealed in investigative interviews with suspected victims of CSA. *Applied Developmental Science* 15(1):8-19.
- Malloy, L.C., & Lyon, T.D. (2006). Caregiver support and childhood sexual abuse: why does it matter? *Journal of childhood sexual abuse*, 15(4), 97-103.
- Marvin, R., Cooper, G., Hoffman, K. & Powell, B. (2006). The cycle of security project: Attachment-based intervention with caregiver pre-school child dyads. *Attachments & Human Development*, 4. (107-124).
- Matthews, S., Loots, L., Sikweyiya, Y., & Jewkes, R. (2005). Sexual abuse. www.mrc.ac.za/crime/chapter7.pdf. Retrieved 11 February 2015.
- McElvaney, R. (2013). Disclosure and Childhood Sexual Abuse: Delays, Non-disclosure and partial disclosure, what the research tells us and implications for practice. *Child Abuse Reviews*: DOI:10.1002/car.2280. Retrieved 5 November 2015,
- McVay, K.D. (2009). Using attachment theory to understand intergenerational transmission of IPV and implications for use in treatment and policy reform. Retrieved 14 March 2014.
- Mickulincer, M. & Shaver, P.P. (2007). Attachment in adulthood: Structure dynamics and change. New York, NY: Guilford.
- Mizuki, R., Fujiwara, T., Okuyama, M. (2015). Impact of maternal childhood abuse history on child's attachment problems. *Paediatric Health*. 2015;3:3. <http://dx.doi.org/10/7243/2052-935x-3-3>. Retrieved 25 November 2015.
- Mitru-Ciarlente, B.S. (2007). Disclosing sexual victimization. *The prevention researcher*. Volume 14(2). April 2007. Wwww.TPRonline.org. Retrieved 8 October 2014.
- Morales, E. (2007). Approaches based on resilience. Commissioned by Oak foundation dossier de synthese documentaire redigé par Enza Morale Ingenieur CNRS-Psychologue. Retrieved 01 June 2007.
- Muller, K. & Hollely, K. (2009). Introducing the child witness. Port Elizabeth. Printrite.
- Muller, K. & Hollely, K. (2015). Sexual offenders who target children. Institute of child witness and research. Training Manuel. Port-Elizabeth.
- National Child Traumatic Stress Network. (2009). Coping with the Shock of Intra-familial Sexual Abuse-Information for parents and caregivers. [www.stopitnow.org/sites/default/files/assets/pdfs/caring for kids' pdf](http://www.stopitnow.org/sites/default/files/assets/pdfs/caring%20for%20kids.pdf).

Newlin, C., Steele, L.C., Chamberlin, A., Anderson, J., Kenniston, J., Russel, A., Stewart, H., Vaughan-Eden, V. (2015). *Child Forensic Interviewing: Best Practices*. U.S. Department of Justice. Office of Juvenile Justice and Delinquency Prevention.

Orth, U., Montada, L., Maercker, A. (2006). Feelings of revenge, retaliation and post-traumatic stress reactions in crime victims. *Journal of Interpersonal Violence*. Vol.21. N2. Sage Publication. DOI 10.1177/0886260505282286. <http://jiv>. Retrieved 5 November 2015.

Pazdera, A. L. McWey, Mullis & Carbonell et al. (2013) Child abuse and the superfluous association with negative parenting outcomes: the role of symptoms as predictors. *Journal of marital and family therapy*. Vol. 39, No1, 98-111.

Pipe, M., Lamb, M.E., Orbach, Y., Cederborg, A. (2007). *Child sexual abuse: Disclosure, delays and denial*. London: Lawrence Erlbaum Associates, Publishers.

Pitre, N.Y., Kushner, K.E. & Hegadoren, K.M. (2011). The search for safety, Control and voice for mothers living with the legacy of childhood violence experiences. *A critical feminist narrative enquiry*. *Advances in Nursing Science*, 34. (3) 260-275.

Price-Robertson, R., Bromfield, L. & Vassallo, S. (2010). The prevalence of child abuse and neglect (NCPC resource sheet). Melbourne: National Child Protection Clearinghouse.

Riggs, S.A., Paulson, A., Tunnel, E., Sahl, G., Atkison, H., Ross, C. (2007). Attachment, personality, and psychopathology among adult inpatients: Self-reported romantic attachment style versus adult attachment interview states of mind. *Development and Psychopathology*, 19, 263-291.

Schuetze, P.E., Das Eiden, R. (2005). The relationship between sexual abuse during childhood and parenting outcomes: Modelling direct and indirect pathways. *Child Abuse & Neglect*, 29, 645-659.

Schurink, W., Fouche, C. B., & De Vos, A. S. (2011). Qualitative data analysis and interpretation. In A. S. De Vos, H. Strydom, C. B. Fouche, & C. S. L. Delpont (Eds.). *Research at grass roots: For the social sciences and human service professions* (4th ed., 425). Pretoria: Van Schaik.

Seltman, L.A., & Wright, M.O. (2013). Perceived parenting competencies following childhood sexual abuse: A moderated mediation Analysis. *J. Fam Viol.* (2013) 28:611-621. DOI 10.1007/s 10896-013-9522-0. Retrieved 22 October 2015.

Sinason, V. (2010). *Attachment, trauma and multiplicity: working with dissociative identity disorder*. Routledge: New York.

Singh, M.M., Parsekar, S.S., & Nair, S.N. (2014). An epidemiological overview of child sexual abuse. DOI: 10.4103/2249-4863.148139. Retrieved 17 November 2015.

South African Police Crime Statistics, 2013/2014. Pretoria

Smith, J.A. (2008). Introduction. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed.) (pp.1-7). London: Sage.

Smith, J.A. (2009). Introduction. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed.) (pp.1-4). London: Sage.

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretive phenomenological analysis: Theory, method & research*. London. Sage.

Sneddon, H., Iwaniech, D., & Steward, M. C. (2009). Prevalence of childhood abuse in mothers taking part in a study of parenting their own children. *Child abuse Review*. Vol. 19:39-55. DOI: 10.1002/car.1078. Retrieved 8 April 2014

Spies, G. M. (2006). *Sexual Abuse: Dynamics Assessment and healing*. Pretoria: Van Schaik.

Strydom, H. & Delpont, C. S. L. (2011). Writing the research report. (In De Vos, A. S., Strydom, H., Fouche, C.B., & Delpont, C. S. L., eds. *Research at grassroots for the social science and human services professions*. 4th ed. Pretoria: Van Schaik. p (227-294).

Tarcson, C. (2012). Mothers with a history of sexual abuse. Key issues for child protection practice and policy. Australian centre for the study of sexual assault. www.aifs.gov.au/accca. ISBN978-1-921414-85-5.

Tomas-Talentino, G.H (2010). The relationship among adult attachment styles, shame, dissociation, and abuse characteristics in women survivors of intra-familial child sexual abuse perpetrated by a parental figure. http://ecommons.luc.edu/luc_diss/262. Retrieved 3 February 2015.

Tricket, P.K., Noll, J.E., & Putnam, F.W. (2011). The impact of sexual abuse on female development: *Lessons from a multigenerational, longitudinal research study*. *Development and Psychopathology*, 23, 453-476. Retrieved 17 March 2014.

Van As, S. (2015). *The risky lives of South African Children. Why so many die or are traumatised*. Presentation, SAPSAC Conference, Pretoria.

Vaviani, A., M. (2011). Counsellor meaning making: working with childhood sexual abuse survivors. <http://ir.uiowa.edu/etd/3006>. Retrieved 20 August 2014.

Vasconcelos, F. (2007). The effects of childhood sexual abuse on parenting. <http://commons.emich.edu/honours>. Retrieved 6 March 2014

Walsh, K., Fortier, M.A., & De Lillo, D. (2010). Adult coping with childhood sexual abuse: A *theoretical and empirical review*. *Aggression and violent behaviour*, 15, 1-13.

Wei, M., Shaffer, P. A., Young, S. K., Zakalik, R., A. (2005). Adult attachment, shame, depression, and loneliness: The mediation role of basic psychological needs satisfaction. *Journal of counselling psychology*, 2005. Vol. 52, No. 4, 591-601. DOI: 10. 1037/0022-0167.52.4.591 Retrieved 20 November 2015.

Whiffen, V.E., & McIntosh, H.B. (2005). Mediators of the link between childhood sexual abuse and emotional distress: A Critical Review. Sage Publication. doi: 101177/1524838004272543. Retrieved 8 April 2014.

Wilkins, D., Shemmings, D., & Shemmings, Y. (2015). *A-Z of Attachment*. Mcmillan education. Palgrave

World Health Organisation (2006). Preventing child maltreatment: A guide to taking and generating evidence (pdf). Geneva: World Health Organisation (WHO).

World Health Organisation (WHO). (2012). Promoting research to prevent child maltreatment. Summary report/workshop on international epidemiological studies. September 2012. www.who.int/violence_injury.../violence/...ispcan_report_junr 2013. Pdf. Retrieved 18 November 2015.

Wright, M. O., Fopma-Loy, J. & Oberle, S. (2012). Multidimensional assessment of resilience in mothers who are child sexual abuse survivors. *Child Abuse and Neglect*, 29, 1173-1193.

Wright, M., & Seltmann, L. (2013). Perceived parenting competencies following childhood sexual abuse: a moderated mediation analysis. *Journal of family violence*. DOI:10.1007/s10896-01395522-0. Retrieved 26 September 2015.



APPENDIX 1

LETTER REQUESTING PERMISSION FROM LIFELINE/SAFELINE COUNSELLING ORGANISATIONS TO CONDUCT THE RESEARCH STUDY AT THE ORGANISATION



Cecille Adams

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Attention: Ronel

Dear Ronel

Re: An Exploratory, Phenomenological study of the maternal inter-generational transference of sexual abuse.



Our telephonic conversation refers:

I am a principal social worker in the South African Police Service, doing forensic social work. At present I am stationed at the Kuilsriver Family Violence Child Protection and Sexual Offences Unit (FCS).

I am studying currently towards obtaining a master degree in Child and Family Studies at the UWC. As a requirement, a research study needs to be conducted and I am planning to do research in the area of maternal inter-generational transference of sexual abuse.

The research will be conducted via individual interviews with 8-10 mothers who meet the criteria as set out in the research. It will be appreciated if the social worker can inform me of a client and the necessary arrangements will be made for the interviews.

I will also request your permission to conduct the interviews on your premises. I will however, attempt to do so with the necessary respect for your office space and staff members.

Attached please find a copy of the Ethical Clearance Certificate and the Information Sheet in respect of the proposed research study.

Yours Faithfully

Cecille Adams

© 0849837667

APPENDIX 2

INFORMED CONSENT AND CONSENT FORM





UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 9339, Fax: 27 21-959 9359

E-mail: msoeker@uwc.ac.za

Consent Form

Title of Research: An Explorative **Phenomenological** study of the maternal intergenerational transference of sexual abuse.

The study has been described to me by means of the Information Sheet, in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's Name: Participant's Signature:



Witness:

Date:

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator.

Study Coordinator's Name: Dr. Shaheed Soeker

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959- 9339

Cell: 082 7175432

Fax: (021)959- 9359

Email: msoeker@uwc.ac.za

APPENDIX 3

INTERVIEW SCHEDULE



Interview schedule:

Topic: A Phenomenological study of the maternal intergenerational transference of sexual abuse and its influence on parenting.

1. Have you experienced CSA? Please tell me about it.

Prompts...when, who, what

2. Could you describe whether you received counselling for the abuse? How did you cope?

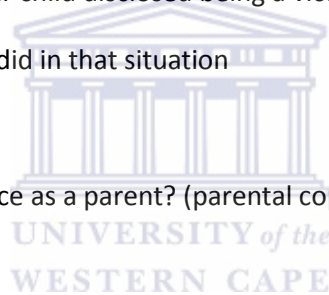
Prompts...what, when...

3. How did you react when your child disclosed being a victim of CSA?

Prompts...please describe what you did in that situation

4. Tell me about your experience as a parent? (parental coping, discipline, attachment ,

Prompts...how, what, when



APPENDIX 4

ETHICAL CLEARANCE CERTIFICATE





UNIVERSITY of the
WESTERN CAPE

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

07 October 2013

To Whom It May Concern

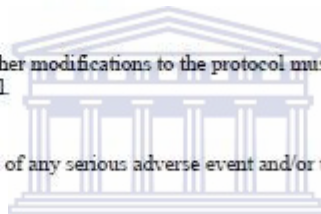
I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by Mrs CA Adams (Social Work)

Research Project: An exploratory, phenomenological study of the maternal inter-generational transference of sexual abuse.

Registration no: 13/8/18

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.



UNIVERSITY of the
WESTERN CAPE

A handwritten signature in black ink, appearing to read 'Patricia Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*