

**THE STRUGGLES AND TRIUMPHS OF NON-OFFENDING
MOTHERS IN DEALING WITH THE SEXUAL ABUSE OF
THEIR CHILDREN: AN EXPLORATORY STUDY**

REHANA MAHOMED

**SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTERS OF SOCIAL
SCIENCE IN THE SCHOOL OF SOCIAL WORK AND
COMMUNITY DEVELOPMENT AT THE UNIVERSITY OF
KWA-ZULU NATAL DURBAN**

DECEMBER 2005

ACKNOWLEDGEMENTS

My sincere thanks and appreciation are extended to the following people who have made this study possible:

The participants in this study who have shared their experiences and shown me what true strength and courage is

The staff at the Childline Family Centre for their support, resources and the opportunity to work with such a dedicated group of people

Barbara Simpson of the School of Social Work and Community Development, University of Kwa-Zulu Natal, Durban, for her enthusiasm, encouragement, expert supervision and guidance

My parents, family and friends – for their belief in me and the support they have given me throughout my life

My husband, for his patience and encouragement

DECLARATION OF ORIGINALITY

I hereby declare that this in its entirety, unless specifically indicated to the contrary in the text, is my original work.

REHANA MAHOMED

UNIVERSITY OF KWAZULU NATAL, DURBAN

DECEMBER 2005

DEDICATION

Dedicated to my husband Adam and my family

ABSTRACT

Child abuse continues to be a major challenge in South Africa. Much of the research has focused on helping children who have been abused and more recently focus has been placed on the perpetrator. Understanding the needs of the mother of the abused child has largely been neglected. This study explored how mothers of abused children are also affected by the child's trauma and how her survival contributes to the healing of the family. Using a qualitative research approach, data was gathered from case files, groupwork notes and in-depth interviews with eight women whose children had been abused. A feminist approach guided the study. This research described the experiences of women and provided insight into their struggles and triumphs as they assisted their children in the healing process.

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CHAPTER ONE

INTRODUCTION

This formerly confident and competent mother disintegrated as she related the story of her young son's sexual abuse. "In my wildest dreams, I never suspected my brother...our kids' favourite uncle...always willing to baby-sit for us," she said, tears beginning to flow. "I worried that I was an overprotective mother, always made sure my kids were picked up at school, were cautious around strangers, had to call home if they were going to be late. I always checked out their friend's homes and families." She shuddered and broke down, sobbing. "What more could I have done?" (U.S. Catholic, 2003(68)3)

The above quotation is a glimpse into the significance of this study as it begins to explore the non-offending mother, her ongoing trauma and her pain and anguish when she discovers the horror of her child's sexual abuse.

This chapter begins by describing the problem and providing the rationale for the study. It highlights the researcher's interest in the study and the context in which the study took place. It also provides the research objectives, underlying assumptions and looks at the value of the study. The theoretical framework and the research paradigm guiding the study are described. A definition of concepts used is given.

DESCRIPTION OF THE PROBLEM AND RATIONALE FOR ITS SELECTION

This study is an explorative and qualitative account of the experiences of mothers who have attended a support group at the Childline Family and Therapy Centre in KwaZulu-Natal hereafter referred to as Childline (KZN). The mothers had brought their children to Childline because they had been sexually abused and the researcher was directly involved in providing therapeutic services to these children. This involvement gave the researcher an understanding of how child abuse impacts on the family. The researcher had frequent contact with mothers who brought their children to Childline for therapy. Through this contact the researcher found that mothers of abused children need as much support and services as their children do. Thus, in 2001 a support group was formed to help these mothers cope with their own trauma. The group continues to operate and still forms an integral part of the therapeutic process.

The research took place at Childline (KZN). Childline (KZN) is a non-profit, non-governmental organisation that strives to provide a holistic service to children and families affected by emotional, physical and sexual abuse. The organisation employs eight Zulu speaking social workers and four English-speaking social workers. All social workers are engaged in providing individual and group therapy to children and adult survivors of sexual abuse. In response to poor conviction rates, limited rehabilitative services in prison and the escalating sexual crimes against women and children, Childline KZN initiated and continues to provide rehabilitative therapeutic services for sexual offenders. The organisation also has support groups for adult survivors of childhood sexual abuse. Childline also has a 24-hour telephone crisis line which is seen as a valuable resource for children and families affected by abuse and for professionals working with children.

The figures of reported crimes against children are alarming. In discussing child abuse statistics, we are faced with a dilemma. Are the increases (or decreases) due to factors associated with reporting, or are they an accurate reflection of the reality? Despite this problem, statistics do provide an indication of the extent of the problem.

Statistics at Childline on referrals received indicate that from 1993 to 2002 there has been a significant increase in the number of children referred to Childline for therapeutic services as a result of physical, sexual and emotional abuse. In 1993, 215 children were referred to the organization and by 2002 the referrals increased to 1 998 children. Recent statistics (2003) at Childline indicate that sexually abused children make up 76% of the social workers caseload. There also seems to have been an increase in the sexual abuse of preschool children. In 1994 the organisation had 23 referrals of preschool children who had been sexually abused but by July 2000, Childline had received 126 referrals of preschool children who had been sexually abused.

According to Dhabicharan (2002) South Africa has the highest rate of reported rape cases worldwide. In Dhabicharan's (2002) study she revealed that the South African police and specialised individuals dealt with 37 353 reported crimes against children in 1998. There was an increase of 58% since 1994 with child rape being the most prevalent crime against children constituting 42% (21 204) of the total crimes in 1998. There seems to have been an enormous increase in children being sexually abused over the last decade.

Other studies have also indicated an increase in child abuse figures. Between April 2002 and March 2004, Gauteng police recorded 1033 cases of child abuse, more than double the 499 reported in the preceding 12 months and three times the 368 for the period before that (Malefane and Jagannathan, 2004:2). According to Elizabeth Mokoena a victim support co-coordinator, there were 120 reported rapes in Alexandra in 2004. In 2001 there were 50 cases investigated of parents sexually abusing their children in the North Rand area. In 2001, the South African Police Service (SAPS) reported 21 000 cases of child rape, committed mostly by relatives (Independent Online, 2002). Studies carried out in central Gauteng revealed that by the time children are 18 years old, 20% of girls and 13% of boys would have experienced some type of sexual abuse (Independent Online, 2002)

TABLE 1: CRIME FIGURES FOR SEXUAL OFFENCES AGAINST CHILDREN IN SOUTH AFRICA FOR 2003/2004

AGE	TOTAL NO. OF RAPES REPORTED	PERCENTAGE OF ALL RAPES REPORTED
0-12 years	7488	14,2 %
13-18 years	14132	26,8 %
TOTAL	21620	41 %

South Africa is, therefore faced with a crisis, as more children become victims of sexual abuse and official figures released by The National Commissioner of Police, Selby Bokaba in 2004 give an indication of the severity of the problem. In 2003/2004 the crime figures indicated a total of 7488 children between the ages 0 to 12 years had been raped. The crime figures have also shown a total of 14 132 children aged 13 to 18 years being raped in 2003/2004. In total 21 620 children have been raped in 2003/2004. Fourteen point two percent of all rapes reported were of children aged between 0-12 years and 26,8 % of children between 13 and 18 years. In comparison to 1994/1995 figures, child abuse seemed to have gone up by 11,9% (6504 cases) and rapes by 17,8% (52 733) (Merten, 2004). In comparison to figures quoted in 1998 (37 353 reported crimes against children) earlier, child sexual abuse seems to have decreased in 2003/2004.

This illustrates the difficulty in interpreting statistics as many children have difficulty reporting the abuse. The figures given by Mr. Bokaba were debated as many children living in poverty who are more vulnerable to abuse do not have access to police stations and are unable to report the abuse. In response to these figures, Van Niekerk (2004) commented that children do not have access to telephones and as most abuse is occurring within the family it is almost impossible for them to report it. Legget (2004) also criticised the decrease in the crime statistics and commented that crimes such as rape go

underreported because it is “never clear whether it is the real incidence of the crime or simply the rate of reporting that is changing” (Legget, 2004:6).

Another factor that influences the accuracy of statistics is the large number of cases being withdrawn. Nico Snyman, a station commander superintendent from Soweto, gave an example of 81, 2% reported rapes between people who know each other, 80% of which were later withdrawn. The reasons given included intimidation, family intervention, reward, victims reconciling with perpetrator, witnesses not found, reluctance to cooperate with the police, victims relocating or giving contradictory or inconclusive statements (Moya, 2004).

Whatever the statistics it is clear that child abuse is a problem in South Africa. Social workers and other helping professions are therefore faced with the responsibility of seeking ways to help heal the nation and prevent further abuse. They need to offer the best service possible in helping children and families cope with such horror. It is difficult to work in isolation when dealing with sexual abuse and mothers and caregivers can be seen as valuable resources in the therapeutic process. Children come for sessions of therapy but then return to their mothers who have a profound impact on their growth and development. Mothers of abused children thus also need to be counseled and understood and time needs to be taken to guide them. For this reason, this research set out to understand the experiences facing a mother when her child has been sexually abused.

RESEARCH OBJECTIVES

The purpose of the research was to explore the struggles and triumphs of the non-offending mother in dealing with the sexual abuse of her child. Specifically, the research objectives were to explore and gain insight into:

- The experiences of a mother when her child has been sexually abused
- The strengths that mothers of abused children have shown

- The dilemmas that these mothers have faced
- Feelings that impact on the mothers functioning within the family
- The impact of the abuse on the mother in relation to other family members, for example, a spouse and other children, and
- The coping techniques used by these mothers

A further purpose of the study was to make recommendations for helping professionals who are managing children who have been abused.

UNDERLYING ASSUMPTIONS

A number of assumptions underpinned this research study. These were:

- Mothers experience anger and frustration at themselves, their child, and towards the perpetrator.
- Mothers lack adequate support from partners (specifically husbands), family and from various systems e.g. justice, health, education.
- Mothers struggle with feelings of helplessness, shame, self-blame and guilt.
- Intimate relationships are affected and mothers find that the sexual abuse of their children inhibits their ability to be intimate with their partners.
- Mothers may overindulge their children or become overprotective in an effort to compensate for the abuse.

VALUE OF THE STUDY

The 'rich' and detailed data collected in this qualitative study adds to an existing body of knowledge on non-offending mothers. The literature review clearly shows various gaps. Most literature and research focused on the non-offending mother in an incestuous family situation/context. Mothers were often labeled and not much information was given on

her experiences or feelings (James and Nasjleti, 1983 and Hancock and Mains, 1987). This research explored the non-offending mother's experience of both interfamilial and extra-familial sexual abuse of their children. The literature review has also shown that limited information exists on non-offending mothers in a South African context. This research aimed to fill gaps in the literature. It also explored issues from a South African perspective by highlighting their experiences and their exposure to the South African Justice System, the Department of Welfare, the Education Department and the Medical Sector.

A further value of the study was its aim to create awareness among service providers working with sexually abused children by highlighting the value and therapeutic significance of working with and supporting the non-offending mother. Besides awareness amongst service providers, the research will create awareness in society at large so that more support and understanding can be offered to the non-offending mother. The researcher also believes that this research could be a starting point to create and design new intervention programmes targeting mothers of abused children. The results can be utilized in initiating further training and providing a valuable contribution to holistic intervention strategies. Hopefully this research will also inspire and encourage further research in the field.

THE THEORETICAL FRAMEWORK: A FEMINIST PERSPECTIVE

The theoretical framework guiding this study is a feminist perspective. In this section, I discuss the rationale for using this perspective. I begin by explaining how traditional social science research has not accurately reflected the concerns of women and move on to explain why the feminist perspective was best suited to this study.

This study aimed to interpret and represent what mothers of sexually abused children experience. The feminist approach is based on representing groups that have been alienated from cultural, political and economic power. Historically, women have been

subjected to unjust experiences. These experiences have shaped their lives, their families and their employment. By understanding their experiences, the researcher gained insight into their lives and shaped the research process so that the research was beneficial to participants.

Challenging Traditional Research

Traditional social science has often focused on men's experiences by asking questions that are problematic within their social experiences. Harding (1987) questions the ability to achieve autonomy, as traditional social science seems only to answer questions that men want answered. What may seem problematic to men is not necessarily problematic to women as their experiences differ according to class, race and culture.

Feminist researchers argue that traditional epistemologies exclude women as agents of knowledge (Harding, 1987). This exclusion has produced a distorted understanding of social life as it has focused mainly on men's experiences while women's voices have been silenced and devalued. Traditional research has also given an androcentric view of the world as it has excluded females as subjects or interpreter's of research (<http://www.edb.utexas.edu/faculty/sccheurich/proj5/themes.htm>).

Traditional theories tend to be irrelevant in explaining women's behaviour as it has often stemmed from male dominated studies that do not give female experiences or explain female behaviour. As Harding (1987:3) so aptly put it,

“Traditional theories have been applied in ways that make it difficult to understand women's participation in social life or to understand men's activities as gendered”

Traditional research has neglected issues pertaining to a woman's private sphere. Brayton (1997:7) commented that issues like marital rape, the experience of being a

mother, violence and incest have often been ignored by traditional researchers or have not been defined with any importance. Instead past traditional research on women only resulted from what men wanted answered and their desire “to pacify, control, exploit, or manipulate women” (Harding, 1987:8). Traditional social science methods have, therefore, made little impact on normal standards of masculine sexual behaviour. Brayton (1997) agrees with Harding (1987) in that women’s lives, experiences and concerns have been absent from social science research as we have lived in a world that values male knowledge and this perspective on men has thus been defined as the objective truth.

Women need explanations that traditional social science does not explore. Harding (1987) argues that identifying a scientific explanation from men’s experiences gives us a partial and perverse understanding of social life. Feminist research has attempted to remedy this and Gadol in Harding (1987) illustrates how feminists have challenged traditional research in three ways.

The first period of feminist research focused on history and feminists examined women’s status by identifying their place (roles and positions and power) in society and compared it to that of men. They examined movements that liberated or repressed women. Gadol, in Harding (1987:17), highlights that traditional history implies that the history of men is the same for women and that significant turning points have had the same impact on both sexes. However, this ignores the fact that women were excluded from economic, political and cultural advances throughout history and thus their historical experiences have been different from men.

The second period focused on categories of social analysis in which sex as a social category was examined. As discussed earlier, women have a different historical experience as compared to men. The Redstockings Manifesto of 1969 (Harding 1987:18) details women’s experiences by identifying them as an oppressed class and explored class reactions and class denomination. The Marxist feminists continued to

examine women as a social class but focused more on them occupying a secondary status to men in relation to work.

The final challenge to traditional history was in examining the theories of social change. Traditional researchers have developed theories explaining men and women's social changes that have been based on generalizations about men and women. Since both sexes were identified as a single society, the theories did not reflect women's experiences adequately and failed to acknowledge that men and women inhabit different social worlds.

Rationale for using a feminist perspective

The rationale for using a feminist perspective was related to the concerns and motives that it brings to the research process. Firstly, it actively seeks to remove power imbalances between researcher and subjects (Brayton, 1997). This was critical to this study, as most women were already feeling helpless and disempowered. Focusing on viewing the mothers as participants rather than 'subjects' shifted all hierarchical structures as they became actively involved in the research process. They were viewed as the experts in telling their story and were given opportunities to constantly comment and correct the interpretation of their experiences. This closed the gap in power imbalances as participants were valued and respected. From a feminist viewpoint, participants were given an ownership of their knowledge in which they were no longer oppressed but free to express and correct any viewpoint on their life experiences.

Brayton (1997) states that another motive of feminist research is that it is politically motivated in trying to change social inequality. This research was based on this premise as it aimed to not only share the mother's experiences but to use these experiences to improve the lives of women in society. The research focused on exposing the struggles and triumphs of the participants with an intention to teach, empower and help women in society. The research also provided a platform for the participants to re-evaluate their

own lives as they participated in the study. In hearing their own stories, participants could analyse their own lives and rethink the choices they have made.

Another concern of feminist research is that it begins with the standpoints and experiences of women (Brayton, 1997). Looking specifically at women's experiences creates an inquiry that looks at their own explanations of social phenomena and focuses on what they want and need. **Studying women is not a new concept but studying women from the perspective of their own experiences helps them to understand themselves.** The research becomes 'grounded' in the perspectives of women, as they become the starting point of the research. Brayton (1997:7) refers to this as "attending to how women construct and articulate their experiences in their own words".

The overall motive for using a feminist approach was in exposing the oppression of women and in trying to understand this oppression. Harding (1987:8) identifies the purpose of answering questions relating to an oppressed group as helping to query how to change their conditions, look at how their world is shaped by forces beyond it and neutralize forces that are against emancipation, growth and development.

Cherry, in Kirsch (1999:12), states that feminist inquiry yields a better quality of research as it allows for the researcher to get to know participants in the context of their daily lives rather than observing them from a distance. The researcher is thus able to collect data that reflects participants' perspectives, knowledge, and experience. Researchers are able to involve participants in formulating research questions and can ask for feedback. This ensures that the questions posed are relevant to participants. Researchers gain trust and credibility with participants by designing research that is of benefit to them.

Feminist researchers identify their research as better in ethical terms rather than on epistemological grounds as the research "is meaningful, empowering, and beneficial to participant's lives" (Kirsch, 1999:11). Information collected from feminist research is often 'rich' and detailed and will assist the researcher in accumulating qualitative data

that captures a detailed description and insight into the lives of the mothers who are the focus of this study.

Daniels, in Harding (1987:35), points out that research must not only focus on analysing and understanding the conditions of women's lives and women's oppression. It must also focus on improving the quality of women's lives.

Characteristics of Feminist Research

It seems difficult to pinpoint a single methodology to describe feminist research. Harding (1987) distinguishes feminist research by examining the manner in which data is collected. The feminist researcher listens to how women think about their lives and that of men.

“They observe behaviour of women and men that traditional social scientists have not thought significant. They seek examples of newly recognised patterns in historical data”

(Harding, 1987:2).

The researcher will be guided by the ethic that research *on* women should also be *for* women. Langellier and Deanna, cited in Kirsch (1999:3), emphasise that research for women is not only about gaining new knowledge but is also done with the purpose of empowering women. Feminist research is not just about collecting data but a process of describing and challenging women's oppression (Gorelick in Kirsch, 1999:3).

Sewpaul (1995) highlights the following values of doing feminist research:

- The participation of women in the research process allows women to make a contribution to social issues.
- It is therapeutically valuable as women engage in reflective dialogue. They may re-evaluate themselves and become inspired to change aspects of their lives.
- Women become aware of their own individual suffering.

Feminist research moves away from traditional methods where participants were seen as just 'subjects'. Kirsch (1999:8) objects to the use of 'subjects' as it implies that participants are passive and can only be observed and studied. It is important to view participants as having active roles in the research. Feminist researchers make a commitment to eliminating inequalities between researchers and participants by directly involving them in the research process. Feminist research also has a deliberate focus on gender and on research that will "not only be on women, but also for and by women"(Kirsch, 1999:8). The aim of the feminist researcher is thus not just to study women's lives but to help change it.

Cathleen Armstead, in Kirsch (1999:106), looks at 3 basic goals for feminist research. First, to democratize relations between researchers and the researched. Secondly to build knowledge for women leading to an understanding of gendered experiences which reduces self-blame and feelings of inadequacy among women. Finally, to help galvanize women towards political action in their own interests.

Kirsch (1999:5) points out that in feminist research, the research questions are generally based on validating women's experiences. The researcher collaborates with the participants to create a mutually beneficial, interactive and cooperative relationship. An analysis is then made of the social, historical and cultural factors that shape the research and the participants goals, values and experiences. Furthermore, factors like identity, experience, training and the theoretical framework impact on the researcher's choice of data analysis and findings. The researcher also takes on the responsibility of representing others. Finally, the researcher acknowledges any limitations in their research and offers alternate interpretations of participants.

Feminist research produces unalienated knowledge as the researcher/theorist becomes "grounded in an actual person in a concrete setting; understanding and theorising are located and treated as material activities and not as unanalysable metaphysical 'transcendent' ones different in kind from those of 'mere people'; and the 'act of knowing' is examined as the crucial determiner of 'what is known'."(Stanley, 1990:12)

Similarly Fornow and Cook, in Kirsch (1999:3), identified four important characteristics of feminist research. First, the researcher uses reflexivity to analyse and reflect on the responses from participants and this can influence the researcher's procedures and goals. The use of reflexivity is vital in doing qualitative feminist research. According to Olesen (1994), cited in Sewpaul (1995), reflexivity is an understanding of the subjective experiences of the researcher and of the research process. The use of the self as an instrument can be valuable in providing a holistic approach with a comprehensive understanding of issues relating to the research process (Sewpaul, 1995). Second, the researcher uses an action orientation whereby the lives of women are given focus by using political action and influencing public policy. Third, the researcher gives attention to the affective component and emotional dimensions and is then less likely to miss other important aspects when interpreting the participants. Fourth, the researcher pays attention to the environment and everyday events of ordinary women in an effort to acknowledge their daily lived experience.

The feminist approach underpinning this study is thus crucial as it allows for participant's voices to be heard and the collaborative relationship that equipped the researcher to accurately represent and write about the experiences of the mothers of abused children who are the focus of this study.

The process of Feminist Research

According to Stanley (1990:12) "feminists should use any and every means available for investigating the condition of women in sexist society". An interesting process used in feminist research involves getting participants involved in formulating research questions, analysing data and challenging the research findings. All participants were given an opportunity to participate actively in the research process. This allowed for the relationship between researcher and participants to be collaborative making the process more interactive. Participants were encouraged to give feedback, data was then shared and participants were given the opportunity to help interpret data that has been collected.

Learning becomes reciprocal when both researcher and participant can give critical feedback to each other. It is common for researchers to form friendships with participants during this reciprocal relationship. The researcher may have accumulated data during the informal acquaintance phase and may risk disappointment when the mother feels as though there is an invasion of privacy and exploitation. She may be hesitant to share freely.

Feminist researchers may often share their gender, race, class and culture. Brayton (1997) believes that the social location (e.g. age, race, orientation, class) of the researcher shapes the research process as it influences the power relation between the participants and the researcher. I found that my social location did influence the research process. My initial understanding of the participants was based on providing an empathic understanding from my academic experience. Because of my age and marital status, I could not relate on a personal level to the participants. This resulted in me being an unmarried female with little responsibility especially within the home environment. In the years to follow, I found my perspective changing, especially when I married into a traditional Muslim household. I now found myself identifying with the role of 'wife' and the responsibility that came with that role. This gave me a deeper insight into the responsibility that women face within the home and the importance of receiving support when managing the household. It was at this stage that I truly felt like an 'insider' within the research process.

In working with the participants over a period of time, they had become accustomed to who I was and that I showed a genuine concern for them. In listening, sharing about myself and being honest and open about the research process at the onset of the group, members responded with trust and acceptance. I was accepted as a member of the group rather than being viewed as a researcher or facilitator. Although they were aware of the many roles that I played, the power relationship was diminished with their trust in me. This trust was built over time as they saw my commitment and dedication to the group.

In sharing a close relationship with them, I also found that they learnt about my culture and found many similarities in the way women were viewed. This was taken as an opportunity for us to bond and share. I was never viewed as an 'outsider' purely because we shared the basic bond which came from the location of being female. In examining the location of the researcher, Brayton (1997) comments that the researcher can share a common location on the basis of gender and can communicate on the basis of this similarity.

In using the feminist perspective I was given an opportunity to use myself as a valuable source in obtaining information. The feminist researcher is encouraged to place herself within the research process (Garett, 2005). The hierarchical structure in traditional research is further broken down as the status between the researcher and the researched become one. The feminist perspective allowed me to use my Indian cultural background and my Islamic heritage as a means to understanding the experiences of the non-offending mothers. In taking from my own experiences as an Indian Muslim and comparing to the non-offending mothers, I achieved a greater understanding of the inequalities and the oppression that a gender constructed society creates for women. The participants related to me on this level and as they bonded with me in the group sessions, they learnt that I could relate to what they experienced.

McRobbie (1982) in Garett (2005) mentions a 'shared femininity' where differences may still exist with age, class or race. In this research the shared femininity was evident in their openness within the group setting. Perceptions of power are minimised when the interviewer and interviewee can be seen as sharing the same minority group. It did not matter whether I was married or had children; I was accepted into the group for being female and received a positive response based on the participants perceiving my understanding of them from my experiences of just being a woman in our society. The power struggle is minimised as the relationship between the researcher and the participant becomes non-hierarchical.

Feminist Standpoint Theory

This research is based on the feminist standpoint theory as it focuses on knowledge that is culturally, socially and historically located. Standpoint theory identifies people who occupy marginalized positions and acknowledges them as having a 'double perspective' which allows them to understand both the dominant culture and their marginalized one. According to Kirsch (1999), those that occupy a marginal position can offer a more insightful interpretation of culture than those that do not possess this 'double perspective'.

Smith, cited in Harding (1987), characterizes the feminist standpoint as stemming from the viewpoint of women, using a 'pre-textual' feminist research process and having a located ideology. Another defining characteristic is that feminist standpoint epistemology argues for feminist research to be grounded and located in the analysis of women's material realities.

Standpoint theory says that participants can only share experiences in which they have partaken which suggest that only 'insiders' can share their valuable experiences. This creates a limitation in the research because it suggests that we can only study ourselves if we belong to the group under study. Standpoint Theory "acknowledges that participants' identities, backgrounds, and locations - as well as our own - can serve as powerful sources of knowledge" (Kirsch, 1999:17). Harding, in Kirsch (1999:16), says that although researchers may be in dominant positions, they can use this power to "engage in political activism and collaborative work with those who enjoy fewer privileges."

The feminist perspective aims to intervene in practices that are oppressive. According to Garrett (2005) the focus of using the feminist perspective was to place woman's experiences at the center of analysis and political action. This research uses the feminist perspective as an attempt to understand the standpoint of the non-offending mother when her child has been sexually abused. The feminist perspective is seen as most suitable to

this study as there is a commitment to women in uncovering oppression and inequality in everyday experiences.

THE RESEARCH PARADIGM

The research paradigm flows logically from the theoretical framework. From a feminist perspective, the qualitative research paradigm was appropriate for this study for various reasons. Qualitative research has been defined as an attempt to “see through the eyes of participants” (Struwig and Stead, 2001:12) and “seeing people from the inside” (Oka and Shaw, 2000:2). This view illustrates the deep understanding and interpretations achieved through qualitative research. The qualitative researcher sets out to gain a holistic picture by illuminating, describing and understanding participant’s experiences. Since the researcher remains flexible, it allows for information to be collected through a number of methods. The researcher does not have to rely on statistical procedures and can use innovative methods e.g. interviewing, observing and case studies.

Information collected can be rich and detailed as the researcher has face-to-face contact with participants and the focus of the research shifts from quantity to quality. There is little emphasis on representation and emphasis is thus placed on a deeper understanding of the participant’s experiences and their interpretation of that experience. The qualitative researcher acknowledges, “reality is what people perceive it to be” (Key, 1997:1). The participant’s interpretation of their experiences is thus their ‘reality’. Understanding, describing and hypothesis generating are key concepts to the qualitative researcher.

When compared to quantitative research, qualitative research is best suited to this study for the following reasons:

- The design is flexible and it allows for detailed and comprehensive findings
- The researcher is a primary instrument used for data collection and this can be an advantage in developing an intimate insight into participant’s life stories.

- The sample does not have to be large, as there is little emphasis on representation. The focus shifts to understanding, interpreting and describing.
- Since findings are comprehensive, they provide a holistic understanding of participant's experiences.

The most significant reason for using the qualitative paradigm in this study is its value in representing participants within the feminist theoretical framework chosen. Qualitative research removes power imbalances as participants are given opportunities to be involved at various stages of the research e.g. data analysis. A collaborative and interactive relationship is thus developed between the researcher and the participants.

DEFINITION OF CONCEPTS

Abuse

“in relation to a child, means any form of harm or ill-treatment deliberately inflicted on a child, and includes-

- (a) assaulting a child or inflicting any form of deliberate injury on a child;
- (b) sexually abusing a child or allowing a child to be sexually abused;
- (c) bullying by another child
- (d) committing an exploitative labour practice in relation to a child; or
- (e) exposing or subjecting a child to behaviour that may psychologically or emotionally harm the child” (Children’s Bill , 2003:8)

Sexual Abuse

Sexually molesting or assaulting a child or allowing a child to be sexually molested, encouraging or forcing a child to be used for the sexual gratification of another person, using a child or deliberately exposing a child to sexual activities or pornography,

allowing a child to be procured for commercial sexual exploitation. (Children's Bill, 2003:12)

Incest

Any form of sexual activity between a child and a parent or stepparent or extended family member or surrogate parent. (Sgroi, 1982:10)

Intrafamilial Abuse

Abuse that is perpetrated by older siblings, cousins, aunts, uncles, or members of the extended family (Sgroi, 1982:245)

Extrafamilial Abuse

The perpetrator is either a stranger or someone that is known to the child and his/her family e.g. babysitters, friends of the family, neighbours, school personnel (MacFarlane, Waterman, Conerly, Damon, Durfee, & Long. 1986:299)

Child

A person is regarded as a child if he/she is younger than 18 years (Sec 1 of the Child Care Act, 1083 (Act no 74 of 1983, as amended), and Sec 28(3) of the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996).

Care-giver

“Any person other than the biological or adoptive parent who factually cares for a child, whether or not that person has parental responsibilities or rights in respect of the child, and includes-

(a) a foster parent;

- (b) a kinship caregiver;
- (c) a family member who cares for a child in terms of an informal kinship care arrangement;
- (d) a person who cares for a child whilst in a temporary safe care
- (e) a primary caregiver who is not the biological or adoptive parent of the child;
- (f) the child at the head of a child-headed household to the extent that the child has assumed the role of the primary caregiver.” (Children’s Bill , 2003:9)

Family

“A group of persons united by the ties of marriage, blood or adoption characterised by a common residence constituting a household interacting and communicating with one another in their respective social roles and maintaining a common culture” (Regional Conference on the Family in Africa, 2004:2)

OVERVIEW OF CHAPTERS

Chapter one introduced the study and presented the researchers interest and rationale for the study, the potential value of the study, the underlying assumptions and objectives of the study. The theoretical framework guiding the study was debated to illustrate that the feminist theoretical perspective was best suited to the study. The chapter provided an outline of the research paradigm guiding the study. A definition of concepts was also given.

Chapter two presents the research methodology relevant to the study. It starts with a description of the research design, sampling, data collection and data analysis. The chapter then moves to highlight the reliability, validity, limitations and ethical concerns.

Chapter three provides an overview of the literature relevant to the study. It has four parts. Part one introduces child abuse by giving a historical perspective of child sexual abuse in South Africa and reviews the Child Protection system. Part two reviews literature pertaining to the effect and treatment of sexually abused children. Part three gives a more detailed account of the literature pertaining to the parent's reaction to their child's abuse. This section outlines the involvement of parents in the traumatized child's life, and how this experience impacts on their functioning. The effect of the abuse on siblings is also reviewed. Part four begins with historical perspective on motherhood. An account of mother's image in the media is given. The section then describes mothers when incest occurs and moves on to look at how abuse affects the marital relationship. The section concludes with the treatment options available to the mother and a discussion on the use of group therapy and support groups is given.

Chapter four is an introduction of the data analysis. It begins by introducing the participants and looks at demographic details of each participant. The relationship of the abuser to the mother is discussed and the means in which they discovered the abuse is explained.

Chapter five continues the data analysis and looks at the experiences of the non-offending mother. It also gives an analysis of the mother's experiences of service providers.

Chapter six provides an analysis of the strengths shown by participants and the various challenges they face.

Chapter seven continues the analysis on the impact of the abuse on the participant's relationships and describes the support that they have received. The reaction to the perpetrator is discussed and the impact of the abuse on their ability to be intimate. The participants then give recommendations to other mothers who may be in a similar position.

Chapter eight is a summary of the participants when they met at a reunion years later. This summary shows how much they have overcome.

Chapter nine is the final chapter with a summary of the findings and recommendations made for practice, service providers, policy and further research

CHAPTER TWO

RESEARCH DESIGN AND METHODOLOGY

This chapter is a detailed account of the research processes used to guide this study. It outlines the research design, the sample used, the data collection process and how the data was analysed. A discussion is also given on the validity and reliability of the study and limitations of the study. It concludes with the ethical concerns guiding the study.

RESEARCH DESIGN

The research design is a detailed plan for the study and identifies how the sample will be selected, the data collection methods to be used and how the data will be analysed. Hysamen and Thyer in De Vos (1998:77) both define research design as a blueprint for how the research study is to be conducted.

There is no fixed step-by-step plan for qualitative research and researchers often develop their research design as they do the research. De Vos (1998:77) points out that quantitative researchers differ as they merely “consult their lists of possible designs and select one”. Quantitative research design determines the researcher's choice and actions whereas qualitative allows for the researcher's actions to determine the design. The qualitative researcher is thus given the opportunity to choose their research design that is best suited for the research. A wide range of inquiries is available for qualitative research and researchers use them as a guide. These strategies “differ depending on the purpose of the study, the nature of the research question and the skills and resources available to the researcher” (Morse in Schurink and De Vos, 1998:253)

The researcher used aspects from phenomenology, ethnomethodology and the biographical method to guide the research. De Vos (1998:268) define phenomenology as “a general description of the phenomenon as seen through the eyes of people who have experienced it first hand”. In using phenomenology the researcher could interpret how

people viewed the world. Babbie and Mouton (1998) described a phenomenologist as emphasizing how human beings are engaged in a process of making sense of their worlds by interpreting and defining their actions. This assumption was critical to understanding how people construct and change their interpretations of their own lives. In adopting a phenomenological position the researcher was able to understand the manner in which the mothers interpreted their world.

Ethnomethodology follows a similar approach to phenomenology in that it focuses on everyday life. The aims however of ethnomethodology differ in that it seeks to “uncover the hidden assumptions and rules that actors use to create and sustain order in their lives” (Babbie and Mouton, 1998:642). From ethnomethodology, the researcher was able to study the participant’s reality of every day life by suspending her own belief in reality. The researcher found this process challenging and emerged in the participant’s lives by setting aside personal beliefs and the information given on mothers in the literature.

In using a biographical method, emphasis is placed on history. Babbie and Mouton (1998:284) define a biographical account as an “emphasis upon the changing meanings of an individual’s life course as she or he moves through personal crises”. In adopting this method, information was collected around a central theme using a combination of literature, existing notes and case files. The researcher was able to document the participant’s experiences directly from participants and compare them to documentation. Case studies, group notes and transcripts from the interview were valuable resources to accumulate enough understanding of the non-offending mothers.

SAMPLING

The qualitative researcher uses a less structured approach to sampling and places little emphasis on size. According to Patton in Marlow (1998:147) the researchers observational and analytical ability is vital when doing qualitative research. This study focused on collecting information that was detailed and gave a complete insight into the

non-offending mother's experiences, feelings and thoughts. The researcher used a sample of eight participants. Although the sample was small, the researcher could obtain detailed information that was central to the research questions. According to Patton in Marlow (1998:147-148) "the sample size depends on the amount of information generated; the size of the sample is no larger than that needed to gather the information of interest".

The research put no emphasis on representation and generalizability but aimed to collect rich, detailed descriptions of the mother's experiences. Sampling was purposive as the researcher handpicked the sample according to the nature of the research problem and the phenomenon under study (Marlow, 1998:136). Participants were selected on the basis of their availability, convenience and their interest in the study. Ten participants were initially chosen.

The researcher used the following criteria when choosing the participants:

- All participants were English speaking
- The participants children had been sexually abused and were receiving therapeutic services at the Childline Therapy Centre
- The participants attended the support group for non-offending mothers at the Childline (KZN) Therapy Centre

The initial ten participants were divided into two groups. These groups were divided according to the year in which the participants attended the non-offending mother's support group. Group one attended in the year 2001 and 2002. Group two attended in the year 2002 and 2003.

Only three participants from Group One were used in the sample. The researcher found it difficult to contact the mothers from group one as contact was limited after the group ended in the year 2002. Many mothers could not be reached via the telephone and no forwarding addresses were left. The researcher had attempted to interview another participant from group one but was unsuccessful. The participant became extremely

distressed and the researcher felt ethically obliged to terminate the interview. She was redirected for further therapy.

The rest of the sample was made up of five participants from group two. The researcher did not randomly select participants. The mother's were intentionally chosen according to their ability to provide relevant information. Since the research focused on gaining 'rich information', the researcher chose participants who had frequently attended the support group. The information collected thus gave a holistic portrayal of the non-offending mother as it detailed her experiences in and outside of the group. The researcher also concentrated on participants that were available and interested in participating in the study. Efforts were made to include mothers of all economic and cultural groups. This was difficult to achieve as the support group was held in English. The mother's that attended the group were thus only English speaking women.

DATA COLLECTION

As discussed above, research design provides a guideline for the choice of data collection. Data collection design provides a guideline for the choice of data collection. De Vos (1998) define data collection methods as the way in which the data is actually obtained. The primary source for data collection in this study was the mother's who attended the support group at the Childline Family and Therapy Centre (KZN). Information was collected using three methods. This allowed for data to be compared and used to influence further questions for a complete and detailed account of the mother's experiences. The researcher was able to use the various ways of collecting data as a method of checking the 'trustworthiness' of the information.

When doing qualitative research, the researcher is often the primary instrument of data collection (Merriam, 1988 in Key, 1997). The researcher started the data collection process by developing case studies on each participant. Each case study was a detailed investigation into the participant's life experience. Key (1997:4) says that case studies are useful as "the focus of attention is the individual case and not the whole population of

cases...focus may not be on generalization but on understanding the particulars of that case and its complexity". Each case study gave a comprehensive and detailed account of the mother's experiences.

The Process of Data Collection and the Instruments used

The researcher started collecting data by reading each case file. These case files were stored at the Childline Therapy Centre (KZN) and the researcher had access to them since she worked directly with each family. These case files included notes from the therapist working with the family and referral reports from various organisations. The information included data on the family history, details of the abuse, the families' reaction to the child's abuse, support and coping skills available in the family and difficulties experienced by the child and the family. It also gave information on the perpetrator and detailed the child's progress in therapy.

Data was then accumulated from group notes. All the mother's had attended a support group held at the Childline Therapy Centre (KZN). The researcher was the facilitator of this group and kept detailed notes of each session. This information detailed issues relating specifically to the mother. It looked at the mother's acceptance of the abuse, dealing with her feelings towards the perpetrator, coping with her child's behaviour problems and coping with the effect of the abuse on her life. The researcher found this information extremely useful and was able to develop an interview schedule that looked at gaps in the data.

The final phase of collecting data was the use of a semi-structured interview. The researcher developed a rapport with the participants from frequent interaction within the support group. This helped the interview process as the participants were eager to participate, they felt relaxed and the researcher could remain sensitive to each participant. The group notes also gave an introductory insight into the life experiences of these mothers when their child had been sexually abused. This information guided the questions developed for the interview schedule and filled gaps that related to the research

objectives. The semi-structured interview is also known as a guided interview with a set of questions prepared by the researcher prior to the interview (Oka and Shaw, 2000:6).

According to Struwig and Stead, (2001:98) the semi-structured interview gives the researcher an opportunity to “obtain multiple responses to set questions and allows detailed responses”. Participants gave qualitative responses that were comprehensive and detailed. The interview was useful to the study as it allowed for:

- More specific information to be collected
- A high response rate
- All responses could be clarified by the researcher
- The researcher could ask detailed questions on questions that produced ‘rich’ and ‘in-depth’ data
- The interview could add to the information collected from the case files and groupwork notes.

The interview schedule was a list of general open-ended questions. The researcher thus had freedom to follow instincts and to improvise according to each participant. The interviews took place according to the mother’s convenience and availability. Each mother was telephoned twice. The first call was made to inform the mother of the study and invite her to participate. The second call was made to the mothers who agreed to participate and a date and venue was arranged for the interview. All interviews took place after hours as the researcher was employed full-time. The choice of venue was carefully selected to ensure privacy. Three participants were interviewed in the researcher’s office at the Childline Therapy Centre. Four participants were interviewed at the researcher’s home. One participant was interviewed in her own home.

The researcher started the interview by obtaining verbal informed consent from the participants. The reason for the study and the value of the study was then explained. The theoretical framework guiding the study was briefly explained and all mothers were given the opportunity to get involved in the research process. Most mothers were interested in reading the study when it was completed to ensure that it was an accurate reflection of

their experiences. Confidentiality and anonymity was discussed and agreed upon. The researcher also requested permission to tape record the interview. The participants were informed that the findings of the research will be shared and that there might be a possibility of publishing the results. All mothers were given an opportunity to stop the interview at any stage. They were given permission to decline the answering of questions that made them feel uncomfortable. Each interview took between forty-five minutes and one hour.

The researcher followed the following the principles of interviewing:

- All participants were treated with respect
- Acceptance and an empathic understanding was illustrated with caution about becoming emotionally over-involved
- No hidden agendas were kept
- The interview was terminated in a sensitive manner

The researcher provided debriefing during and after each interview. Although it had been a few years since the abuse, all mothers showed emotional strain when discussing the trauma. Four participants had started crying during the interview. The researcher provided breaks during the interview. This gave the participants an opportunity to debrief when feelings around the trauma re-emerged. The researcher recommended further therapy for participants who were struggling to cope.

The researcher then transcribed the interview. All information collected from the interview, the case file and group notes were correlated and then transformed into a complete case study on each participant.

DATA ANALYSIS

Qualitative research seeks 'rich', 'real' and 'deep' data that attempts to understand the meanings that people give to their lives. A mass of data was collected from case files, groupwork notes and interviews. The researcher started the process of analysis by constructing case studies from interviews, recordings and impressions. The guidelines proposed by Patton (1990) were used in the construction of each case study:

STEP 1: All information was collected and assembled

STEP 2: The data was organized, classified and edited

STEP 3: A case study narrative was written.

An inductive approach was used to analyse the data. Qualitative researchers often "use an inductive form of reasoning by beginning to observe subjects in their natural settings and moving towards developing more abstract generalisations and theories" (De Vos, 1998:93). An inductive approach allowed the researcher to generate theories from the data. Analysis did not merely focus on describing and interpreting the data but also on developing theory. Lacey and Luff (2001) refer to this process as analytical induction. Theories were developed using grounded theory analysis. This ensured that theories were " 'grounded' in rigorous empirical research, rather than produced in the abstract" (Lacey and Luff, 2001:6).

The researcher used the comparative method as a base for generating theories. Categories from one stage of data analysis were compared to categories emerging from another stage. "The researcher looks for relationships between these concepts and categories, by constantly comparing them, to form the basis of emerging theory" (Lacey and Luff, 2001:7). Constant comparison continued until 'theoretical saturation' was reached. According to Lacey and Luff (2001:7) theoretical saturation is reached when "no significant new categories or concepts are emerging".

Indigenous and researcher-constructed categories proposed by Marlow (1998) were also used during the analysis. Indigenous categories constructed by the 'emic' approach

identified categories by those being observed and adopted the participant's point of view. Marlow (1998) explains that the 'emic' approach is similar to developing empathy as the researcher sees the world from the participant's perspective. Indigenous categories identified themes or recurrent patterns in the data. Marlow (1998) commented that indigenous categories prevented the researcher from inappropriately interpreting the data as the study focused on presenting the participants' perspective. Researcher constructed categories were derived during content analysis when the researcher identified patterns in the data.

Provisional theories were developed throughout the analysis until it was proven through all the data and validated by most participants in the study.

The researcher found it helpful to keep a checklist of all the steps taken to analyse the data. A checklist was developed from a guide proposed by Lacey and Luff (2001:3-4) on analysing data. The researcher completed each step and ticked it accordingly.

TABLE 2: CHECKLIST FOR ANALYSIS

STAGES	PROCESS OF ANALYSIS	DONE
1	The researcher familiarised herself with the data through review, reading and listening	√
2	All tape recorded material was transcribed	√
3	The data was organised and indexed for easy retrieval and identification	√
4	All sensitive data was anonymised	√
5	The data was coded	√
6	The researcher identified themes	√
7	The data was re-coded	√
8	Provisional categories were developed	√
9	The researcher explored the relation between categories	√

10	Themes and categories were refined	√
11	Theory was developed and literature was incorporated	√
12	All theory was tested against the data	√
13	The report was written and quotes from the original data was included	√

The above table summarises the researcher's process of data analysis. All interviews transcribed were verbatim. Lacey and Luff (2001) states that this reduces the researcher bias as he or she may tend to only include those sections that seem relevant or interesting. Each interview was given a number or code. All interviewees were given pseudonyms and referred to by a code number. A secure file was kept linking pseudonyms to the original details of the participants. This file was kept completely confidential and only the researcher had access to it.

All names and identifiable material was removed from the transcripts. Several copies of transcripts were made. The researcher read and listened to all transcripts to become familiar with the information. Memos were kept of emerging themes. Since grounded theory analysis was used, the researcher started with 'open coding'. This was a basic preliminary coding process for ideas that were easily identifiable e.g. anger in parents. Highlighter pens in various colours helped to identify various codes. Through the process of coding the researcher started to identify broader categories. Once the process of coding began, the researcher was able to identify emerging themes. In keeping with the grounded theory approach, the researcher ensured that all themes emerged from the data accumulated.

Data that emerged from group notes was subjected to a preliminary analysis and the researcher used the interview to test emerging theories from the case files and group work notes. The researcher used this information to develop the interview schedule. The interview done helped the researcher test emerging theories and develop new one's. Emerging theory was thus tested in subsequent data collection (Lacey and Luff, 2001).

VALIDITY AND RELIABILITY

Reliability and validity are terms that do not easily apply to the qualitative research paradigm. Credibility for the quantitative researcher can be easily achieved with the examination of the research instrument. Qualitative research is much more challenging. The researcher is often the 'instrument' and credibility of the research depends on the ability and effort of the researcher. Reliability in quantitative research makes reference to the replicability of the study. Oka and Shaw (2000) point out that in qualitative research, this becomes difficult because the research design is flexible and findings are produced by changing interactions between researcher and participants. The confirmation of results can only be done by linking assertions, findings and interpretations to the data (Schwandt, 1997 in Oka and Shaw, 2000:14).

The qualitative researcher moves away from establishing the conventional methods of obtaining reliability (checking the consistency of a measure) and validity (accuracy in the means of the measurement and if it is actually measuring what it was intended to measure). Golafshani (2003) proposes that the terms reliability and validity be combined to illustrate credibility, transferability and the trustworthiness of the study. These concepts are reviewed so that the researcher can adequately reflect the multiple ways of establishing truth in the study.

Lacey and Luff (2001) emphasise that reliability can be established if the study is reproducible and consistent. Golafshani (2003) proposes that reliability of qualitative research can only be achieved through the establishment of trustworthiness. The researcher uses both these views to establish the reliability of the results. Lacey and Luff (2001) provided basic guidelines to assist in the process of establishing reliability. The researcher started the process by ensuring that the procedure of data analysis was carefully described and justified. The next step was to make a data audit trail that clearly documented the generation of themes and theories.

The researcher also used corroboration in order to assess the findings and check the credibility of the findings. All interviews, group notes and case files were corroborated with each other. According to Key (1997:2) “corroboration is not to confirm whether people’s findings are accurate or true reflections of a situation but rather to ensure that the research findings accurately reflect people’s perceptions”. Triangulation was the main method of corroboration used. According to Denzin (1978) in Key (1997:3) methodological triangulation involves the convergence of data from multiple data collection sources. The researcher collected data from interviews, group notes and case files.

The researcher was also guided by suggestions made from Wilcott (1990) in Key (1997:4-5) when establishing reliability:

- The researcher was a good listener and allowed participants to give the most input. The researcher’s main task was just to interpret this input.
- All data was recorded accurately and was maintained in the form of detailed notes and electronic recordings
- All data was included in the final report and the researcher did not leave out information from the final report if it could not be interpreted.
- The researcher got feedback from professional colleagues and the participants were given an opportunity to critique the research to ensure that all information was recorded accurately.
- The researcher tried to write accurately while ensuring that grammar and spelling were correct and that there were no inconsistencies in the data.

The researcher shifted the focus of reliability and validity to understanding the ‘truth value’ of the research as this explored and focused on the applicability, consistency and neutrality of the study (Lincoln and Guba cited in De Vos, 1998). The overall aim of the research was not to focus on its generalisability but to capture each participant’s experience and ensure its trustworthiness. In establishing the trustworthiness of the interpretation, the researcher examined if the findings can represent the ‘truth’. Lacey and Luff (2001) proposes the acceptance of ‘multiple truths’ in qualitative research. The researcher accepted the use of ‘multiple truths’ and established validity based on giving a

fair and accurate account of the data collected. According to Oka and Shaw (2000:14) trustworthiness has four elements. Credibility, Transferability, Dependability and Confirmability. These elements are analogous with the term's Internal validity, External validity, Reliability and Objectivity.

The following table adapted from Key (1997:5) illustrates techniques that the researcher used to ensure the trustworthiness of this study.

TABLE 3: STRATEGIES TO ESTABLISH TRUSTWORTHINESS

STRATEGY	CRITERIA	USED
CREDIBILITY	Prolonged and varied field experience	√
	Time sampling	
	Reflexivity (field journal)	
	Triangulation	√
	Member checking	
	Peer examination	√
	Interview technique	√
	Establishing authority of researcher	√
	Structural coherence	
	Referential adequacy	
TRANSFERABILITY	Nominated Sample	√
	Comparison of sample to demographic data	
	Time sample	
	Dense description	√
DEPENDABILITY	Dependability audit	√
	Dense description of research methods	√
	Stepwise replication	
	Triangulation	√
	Peer examination	√
	Code-recode procedure	
CONFIRMABILITY	Confirmability audit	
	Triangulation	√
	Reflexivity	

Credibility

Credibility can be viewed as the researcher's ability to reconstruct the reality and views of the participants. The researcher started this process with 'prolonged engagement' (building trust with participants). Each participant had attended the support group and often accompanied their children to therapy. This was an ideal opportunity for the researcher to spend time with the participants and to follow up on how they were coping. The researcher's prolonged field experience in working with abused children and their caregivers, assisted in providing an account of the participants experiences as the researcher was able to compare to both literature and experiences of other mothers.

The next aspect of ensuring credibility in the study was the use of 'peer debriefing' (presenting the research to peers). As each chapter was completed, the researcher shared the information with various peers. These peers also worked with abused children and caregivers. They could thus provide valuable feedback and ensure that the information was an accurate reflection of the participant's experiences. Another technique that was helpful in ensuring credibility was the use of the interview. In-depth information was collected from the interviews, which was then transcribed. The interview provided direct quotes reflecting the views of participants.

Triangulation was also used. Lacey and Luff (2001:23) define triangulation as "gathering and analysing data from more than one source to gain a fuller perspective on the situation you are investigating". Information was gathered from case files, group work notes and the interview. This was then compared and used to illustrate the participant's experiences. Triangulation was useful as it allowed for the discovery of different views even if they contradicted each other. Oka and Shaw (2000:6) state that if the data collected using different methods show the same pattern, that pattern is more credible.

The final technique used to ensure credibility was establishing authority with the participants. The long-standing relationship between the researcher and participants was beneficial, as the researcher was able to establish authority over a period of time. During

group sessions and individual therapy, the participants became accustomed to the researcher's role and had accepted it.

Transferability

In establishing transferability, the researcher could apply information collected from one text to another context. The researcher had used a nominated sample that was relevant to the research questions. The process of selecting this sample was carefully documented. In ensuring that the research could be transferred to other settings the researcher also gave an explanation of the theoretical framework guiding the research. The guidelines used for data collection and analysis was also described. The researcher used dense descriptions. Oka and Shaw (2000) refer to this process as providing 'thick descriptions' of the data. Each process of the research was carefully documented and a 'thick description' was given to ensure that the research could be transferred.

Dependability

Dependability was established by ensuring that there was an accurate audit trail. The researcher also gave a dense description of the research methods. Triangulation and peer examination was also used to establish the dependability of the study.

Confirmability

The researcher was able to establish if the results of the study could be confirmed by using triangulation. In comparing the different sources used to gather information, the researcher was able to confirm the results presented.

Trustworthiness was also established by involving participants in the verification of data that was collected. This was in accordance to the feminist approach as the participant's

were given an opportunity to provide feedback and assess if the study was an accurate description of their experiences. The feedback given was used to check the accuracy of the recording of data and redress power imbalances since the researcher was the only one who interpreted the data. This was a means of validating the research.

LIMITATIONS – SAMPLE, DATA COLLECTION AND DATA ANALYSIS

The researcher attempted to assess the limitations in the study by evaluating the sampling process, the methods used for data collection and the process used for analysis. Every effort was made to minimise these limitations.

In using an interpretive approach, the data collected needed to be ‘rich’ and detailed. The sample used only eight mothers and detailed descriptions of their experiences were collected. The small sample limited the researcher’s ability to generalise the findings to the larger population. The sample was also limited to mothers that communicated in English. A large part of the data had already been collected from group sessions (prior to the research study) and the researcher found it difficult to address language barriers once the research process had started. The sample was also restricted to mothers who attended the support group at Childline.

The researcher depended on the mothers as the primary source of data collection. Participants may have been biased in revealing their experiences. Triangulation of case records and group notes was used to get a holistic valid account of the mother’s experiences. Another impact on the data collected, was the researcher’s involvement in the group. The researcher was seen as a facilitator of the group and a relationship of trust was established. It was important to acknowledge that the researcher’s involvement could have affected the participant’s responses in the study. The researcher maintained an emotional distance while still allowing for an empathic understanding of participants.

Due to limited funding, all analysing and coding of data was done by the researcher. The validity of the codes could be seen as unreliable. There was a possibility that the

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researcher could have lifted concepts out of context. In minimising limitations found during data analysis, the researcher requested the assistance of mothers during the interpretation of data. Once the researcher completed data analysis, the mother's were invited to comment on the results and provide recommendations. A collaborative relationship was developed that inspired a more 'reliable' account of the experiences.

ETHICAL CONCERNS

The researcher considered various ethical issues when doing the study. Since the feminist framework guided the research, it was important to maintain ethical relations with participants that were in keeping with the feminist principles. NewKirk in Kirsch (1999) suggested basic principles that the researcher used to address ethical concerns. The researcher was open to critical feedback from participants in an effort to ensure reciprocal learning. All participants were given an opportunity to assist in the interpretation of the data and the researcher was prepared to accept these interpretations. The researcher maintained an awareness of all problematic or unethical behaviour and took steps to address them.

A proactive stance was taken to ensure that the study fulfilled all ethical requirements. The researcher started the process by obtaining informed consent from all participants. The mother's were contacted telephonically to request their participation. They were also asked if information from case files and group work notes could be used during the study. The participants gave a verbal agreement of their participation. This was confirmed when they were interviewed and the researcher requested consent again before the interview could begin. All participation was voluntary and the researcher explained that they could withdraw from the study at any stage.

The participants were also warned of potential risks. One of the fears that they expressed was keeping their identifying details confidential. The necessary steps were taken to ensure that the confidentiality of the participants was protected. All identifying

information was changed without distorting the results. The researcher also made efforts to prevent the participants well being and reputations from being affected by the study. Often participants discussed very painful issues and the researcher had to address their emotional safety. Patton (1990) commented that the therapeutic nature of the qualitative interview could cause ethical dilemmas. The participants may view the researcher as the therapist during the interview process. This dilemma was addressed by explaining the researcher's role prior to the interview. The researcher provided debriefing to the mother's that became distressed during the interview. They were also given the opportunity to withdraw at any stage.

The final ethical concern was the obligation and responsibility of sharing the research findings and the recommendations. The researcher has committed to publishing the findings and distributing the information to various helping professions. The researcher will take advantage of all opportunities to present the findings at both local and international conferences.

CONCLUSION

This chapter has provided an overview of the research design used. In designing the research, aspects from phenomenology, ethnomethodology and the biographical method were used. Sampling focused on obtaining detailed information with little emphasis on generalizability. Eight participants were thus chosen based on their availability and interest in the study. The criteria was discussed. Data was collected by developing case studies on each participant. These participants were the primary source of data collection and the researcher was the primary instrument. Data was collected from case files, group notes and in-depth interviews. An inductive approach was used to analyse the data. The trustworthiness of the study was established by examining the data's credibility, transferability, dependability and confirmability. The limitations of the study was discussed in relevance to the sample taken, data collection methods and data analysis. The following chapter presents the review of the literature.

CHAPTER THREE

LITERATURE REVIEW

INTRODUCTION

The literature review has four parts. Part one begins with a review of the historical evolution of child sexual abuse in South Africa. It reviews the current legislation that protects children from abuse and neglect. It also examines the existing Child Protection system and a brief critique is given on its strengths and weaknesses. Part two looks at the effect of sexual abuse on the child and treatment options were discussed. Part three examines the reactions of parents and siblings to sexual abuse. It also highlights the involvement of parents in the life of the traumatized child. Parent's reactions and experiences with the traumatized child are further reviewed. Part four focuses specifically on mothers as it begins with a history of motherhood, the influence of society on mothering and examines how the media views mothers. The adult survivor mother was discussed with the experiences of the mother within an incest situation. Finally the significance of supporting mothers was discussed with treatment options available to the mother and her reactions to seeking help.

PART ONE

AN OVERVIEW OF CHILD SEXUAL ABUSE IN SOUTH AFRICA

HISTORY OF CHILD ABUSE

The history of child abuse goes back to the Dutch and British colonists who invaded the land. With the war over land, children were used as slaves to serve the needs of the colonists (Initial Country Report on the Convention on the Rights of the Child, 1997). Children were born into slavery as men and women were forced off the land. South Africa's violent colonial past left children as victims to human rights violations.

In 1948, laws were passed to legalise the use of apartheid. This left our children "carrying the burden of oppression from generation to generation" (Initial Country Report on the Convention on the Rights of the Child, 1997:6). As people defied apartheid, more children witnessed violence by being separated from their families or watching communities at war with the oppressing government. Children and youth were raped, tortured, abducted or imprisoned for their actions and beliefs (Initial Country Report on the Convention on the Rights of the Child, 1997). South Africa has a long history of abuse of children. It is clear that the country has been scarred by many years of apartheid. History has revealed terrible images in which children have been abused as a result of apartheid. June 16, 1976 is a day that will always be remembered as many South African's are haunted by the image of children being massacred.

In 1990, many political leaders were released from prison with the unbanning of various political parties. South Africa had its first democratic elections in 1994. By 1996, the final South African constitution was adopted. As a commitment to restoring and healing the children in South Africa, the United Nations Convention on the Rights of the Child was ratified in 1995. This commitment made provisions for the child's basic right to survival, the right to development, the right to protection and the right to participation.

STATUTORY PROVISIONS FOR THE PROTECTION OF CHILDREN

Legislation

In the protection and care of children, South Africa is also governed by the following legislation that protects children from abuse and neglect:

- South African Constitution Act, 1996 (Act No. 108 of 1996)
- Child Care Act, 1983 (Act No. 74 of 1983)
- Domestic Violence Act 116 of 1998
- Common Law
- Domestic Violence Act, 1998 (Act No. 116 of 1998)
- The Criminal Procedure Act, 1977 (Act No.51 of 1977) as amended
- Sexual Offences Act, 1957 (Act No. 23 of 1957)
- The Films and Publications Act, 1996 (Act No. 65 of 1996)

South Africa continues to create and improve on current legislation to meet the needs of children. The Children's Bill, Child Justice Bill and the Sexual Offences Bill are currently in the process of being finalised.

There is no clear definition for child sexual abuse in our South African Law although it is criminalised in the Child Care Act (1983). The Act (1983) also makes provisions for children to be removed from abusive parents. A children's court inquiry is opened and the Commissioner appoints a social worker to investigate the child's circumstances before the finalisation of the inquiry. After the inquiry the child can be removed to a children's home, place of safety or foster care. The Prevention of Family Violence Act (1995) makes provisions for children and families to get an interdict against someone that has offended or threatens to offend. This Act is different from the Child Care Act (1983) as it allows for the perpetrator to be removed instead of the child. The Film and Publications Act (1996) prevents the involvement and exposure of children to pornographic material.

According to the Initial Country Report on the Convention on the Rights of the Child (1997), The Sexual Offences Act (1957) looks at specific aspects and forms of sexual abuse. It identifies the age of consent for children and there is a huge discrepancy for boys who may consent at 19 years while girls are only allowed at 16 years.

THE CHILD PROTECTION SYSTEM IN SOUTH AFRICA

Strengths and weaknesses

The Department of Social Development, Justice and Constitutional Development, Safety and Security, Health, Correctional Services, Education and Labour all have key responsibilities in the protection of children. South Africa does not have a specific national policy framework that ensures an effective response to children (Department of Social Development, 2004:20). Children are often at risk of secondary abuse. Many of these systems are under resourced, have poor service conditions, lack of support or debriefing and staff is often given unrealistic workloads. There seems to also be a poor working agreement between the Non Governmental Sector and the Government.

The justice system is a vital role-player in the protection of children. Many families and victims become frustrated with the shortcomings of the justice system. Children can easily become victims of secondary abuse as the State's case rests on the testimony of the child and medical evidence. The Initial Country Report on the Convention on the Rights of the Child (1997:106) have identified difficulties in the current justice system: children experience secondary abuse as they have to testify in courts that are designed for adults; not all personnel are trained to work with children; there are delays and matters are remanded when courts are congested; problems arise with the law of evidence; the child may not have independent representation; ineffective policies for bail and sentencing; lack of witness protection for victims and their families and lack of backup resources to enable the court to make orders in the best interests of children and their families.

Shirley Mabusela, the chairman of the South African Human Rights Commission (SAHRC) had openly criticized the criminal justice system and revealed that they are hostile to sexually abused children and clearly ineffective in policing child abuse cases. In an inquiry done by the SAHRC she further revealed that the criminal justice system could further compound the trauma of the child.

(http://www.iol.co.za/general/news/newsprint.php?art_id.)

Legislation however does make provisions for children to give testimony through an intermediary or through one-way television monitors. Anatomically correct dolls are also allowed. This privilege is not readily available in all areas of South Africa. The Initial Country Report on the Convention on the Rights of the Child (1997:107) acknowledges that criminal procedures are not effective at present and that convictions are infrequent. In an inquiry held by the South African Human Rights Commission (SAHRC), it was noted that the South African Criminal Justice System is unable to cope with the escalating child abuse cases. The chairman of the SAHRC commented that although measures have been put in place to improve the justice system, it is still hostile to sexually abused children and can compound their trauma. In a study done by Van Niekerk in Arkley (2004) on sexually abused children, she found that although many children go for medical examinations, often rape kits are unavailable. The study was done after Childline staff revealed that more than half of the child abuse victims were under the age of seven years. She commented that existing policies and protocols available couldn't be easily applied to children under the age of five (Van Niekerk in Arkely, 2004). These children do not receive a comprehensive service and therefore conviction of the offender is slim. Another criticism of our Child Protection system came from Charlene Smith, who was heavily criticised by the president when she openly criticised certain service providers in the field of preventing child abuse. This criticism followed the release of the crime statistics for 2003/2004.

Children are not always protected by our 'system' and professionals working with abused children are left feeling helpless. It is common for social workers dealing with sexual

abuse cases on a daily basis to become so traumatised that they often leave the profession (South African Human Rights Commission in Nkosi, 2001). The reason for this is the negativity of the justice system and the lack of cooperation amongst various role players (Nkosi, 2001).

This section gave a general overview of child abuse in South Africa and has highlighted relevant legislation. It also examined the current child protection system in South Africa and looked at all the systems involved in protecting children. The following section highlights the effect of sexual abuse on children and the treatment options available.

PART TWO

THE SEXUALLY ABUSED CHILD

THE EFFECT OF SEXUAL ABUSE ON THE CHILD

The effects of sexual abuse on children and the treatment of sexually abused children are now discussed.

According to Lusk and Waterman (1986) children are affected by sexual abuse in a number of ways. They may experience affective, physical, cognitive, and behavioural effects.

Literature has clearly indicated the enormous emotional strain of sexual abuse on children. The sexually abused child experiences guilt as a common reaction to the abuse. According to Lusk and Waterman (1986:102) children who experience guilt often blame themselves for the abuse. These feelings may arise from having enjoyed parts of the abuse or they may feel guilty when the family breaks down especially if the perpetrator is a family member. It is common for the guilt to intensify as children get older (Rosenfeld, 1979 cited in Lusk and Waterman, 1986:102).

Children also experience high levels of anxiety from the abuse. Anxiety may occur on various levels. According to various authors cited by Lusk and Waterman (1986) anxiety in children can manifest with either the opposite sex, through somatic or behavioral symptoms, in phobias or nightmares, and finally children may experience anxiety in separation. Coupled with anxiety is fear. Fear arises during the abuse and the child may begin to fear adults or fear what's going to happen in the future. Fear can also manifest, as the child gets older. Another common reaction is depression in children.

Physical effects can include bruises, bleeding, pain and itching in genitals or problems with walking and sitting. Children may also experience psychosomatic problems. Lusk and Waterman (1986:104) have identified problems such as “stomachaches, headaches, hypochondriasis, encopresis, enuresis, excessive blinking, and even hysterical seizures”. Other physical effects are changes in appetite, sleeping difficulties e.g. nightmares.

Behavioural symptoms that are common include being hostile, antisocial behaviour, delinquency, stealing, tantrums, substance abuse, withdrawal, and regressive behaviour. Children may also engage in self-destructive behaviour. Summit (1983) in Lusk and Waterman (1986:106) explain this behaviour as the child’s self-hate that is translated into self-punishment. Self-mutilation and suicidal tendencies may also occur as the child struggles with anger turned inward and depression. Children may become sexualized as a result of the abuse or they may experience confusion over their sexuality.

According to Sgroi (1982) many sexually abused children present with poor self-image, pseudomaturity, poor social skills resulting in poor peer relationships, inappropriate seductiveness, hostility, depression and reluctance or the inability to trust others. James (1989) clearly outlines the effects of abuse on the child by using traumagenic states as a guide for assessment. There are nine traumagenic states that a child may present with.

- Self blame: the children begin to blame themselves for everything that happens to them. They may experience self-blame if they feel that they wanted it to happen especially if they received a reward for it or if it was physiologically pleasurable. Blame may also surface if the child did not actively resist or if the child attempts to protect the perpetrator. Others may blame some children for the abuse.
- Powerlessness: Children may experience powerlessness in two ways. They may maintain their role as a victim to get protection from others or they may become bullies to protect themselves from threatening situations. Powerlessness develops when a child has experienced repeated fear, helplessness, when personal boundaries are invaded or when support and assistance is unavailable to the child.
- Loss and Betrayal: The child experiences a violation of trust when an adult or an older child has exploited them. The child expects to be protected and was not.

There may also be a physical or emotional loss e.g. if dad was the abuser and he was removed from home and sent to prison or if the child was removed from the family and sent to a children's home.

- Fragmentation of Bodily Experience: The child may relive the event and the feelings related to the trauma when a specific stimuli e.g. odor or a certain touch to the body reminds them of the trauma.
- Stigmatization: The child may experience shame and feels alienated from others
- Eroticization: The child becomes eroticized when he/she is rewarded for inappropriate sexual behaviour, given false information about sexual behaviour and if the child learns that sex can be used to gain power.
- Destructiveness: The child survives by perceiving destructive behaviour as the only way of coping. He/she uses the destructive behaviour to seek revenge on those perceived to be responsible for the abuse or alternatively seeks to hurt themselves as they believe they deserve to be punished for the abuse.
- Dissociative/Multiple Personality Disorder: This may develop when the child is overwhelmed by terror, there is insufficient protection and the child lacks internal and external resources to cope. The child begins to self-divide when he/she is blocked from processing feelings related to the trauma by secrecy or by not being allowed to express anger, fear and neediness.
- Attachment Disorder: This is described as the child's tendency to repeatedly "seek the proximity of a specific person for tension reduction" (James, 1989:34)

TREATMENT OF THE SEXUALLY ABUSED CHILD

A number of treatment modalities can be used to assist the sexually abused child. A combination of behaviour therapy, marital therapy and family therapy can be used (Dixen and Jenkins, 1981 in Lusk and Waterman, 1986). A treatment programme for father – daughter incest in California uses individual counselling for the child, mother and father, mother-daughter counseling, marital counselling and group counselling which includes self-help groups for mothers and children (Giaretto, 1976 in Lusk and Waterman, 1986).

Sgroi in Lusk and Waterman (1986) uses a multi-modality, multi therapist treatment approach. Each person in the family has a separate therapist, dyadic therapy follows with the mother and her daughter and this is combined with group therapy.

The therapist needs to make an assessment of the family and child prior to developing a treatment plan. It is important to accumulate detailed information on the family and the recent trauma. James (1989:6) suggests that the therapist gain knowledge about the following to assist in formulating a treatment plan:

- The child's past and present functioning
- The specific traumatic event leading to the conditions for which treatment is sought
- The experience and meaning of events to the child
- The child's strengths and problem areas
- Resources available to the child

Therapists may also use a family systems approach but there has been huge debate on the immediate involvement of all family members. Some therapists (Giarretto, 1976, Porter, 1982 in Lusk and Waterman, 1986) believe that family therapy should be done after an initial period of individual therapy. Furniss (1983) in Lusk and Waterman (1986) uses a family systems approach in the treatment of father-daughter incest. Initial work is confined to individuals and dyads. The perpetrator has to accept responsibility, apologise to the child, and reassure the child that it will not happen again and the non-offending parent is expected to take responsibility for not protecting the child. This method presumes that the mother is guilty of not protecting her child. James (1989:9) recommends that the person providing the primary parenting care for the child should be involved in the treatment process if the therapy is to be effective. The caregiver's involvement is not a violation of the child's confidentiality but a planned clinical intervention. Long (1986) agrees with James on the importance of the therapist working with the child's mother. The therapist should approach the child's mother with an effort to include her in the therapeutic process. "The mother needs to see the therapist as

aligned with her and not as someone who is trying to usurp her position” (Long, 1986:231).

There are five important reasons given by James (1989:9) for the involvement of caregivers in the therapeutic process with the child. Firstly, if the child attends a few hours of therapy per week parental involvement can enhance the clinical work done and help the family to move forward. It also reduces the feelings of despair for both parent and child and minimizes the child identifying with the victim role. Secondly, involving parents lessens secrecy and feelings of shame. When the child sees that the parents are able to deal with the situation, they feel that they will also be able to cope.

Thirdly, the child is able to accept him/herself when feelings about the trauma are expressed and accepted by others. Fourthly, parental concerns can be addressed and they can receive ongoing information and support. This prevents parents from terminating treatment prematurely as parents become part of the treatment team. Finally, it can help to improve the child’s attachment to the parent, and thus becomes vital for the parent to be actively involved. The fundamental reason for working with parents is to get their support and help to heal the child. Parents that are not involved in this therapeutic process may terminate the therapy prematurely and the child is unable to work through the trauma. James (1989) lists the following reasons for parents terminating therapy prematurely. They may want to believe that the child is not damaged. They feel guilty for not having protected the child and want the problem resolved quickly. Furthermore, they may believe that treatment is harmful as it may rehash painful events. A further belief may be that treatment is harmful as the child’s behaviour worsens or that treatment is ineffective, as they perceive the child as just playing. Parents cannot afford time or money for treatment. They may be jealous of the child’s treatment. Furthermore, the children’s treatment may trigger their own past or present trauma. The child’s positive relationship with the therapist may be experienced by the parent as a significant loss and thus contributes to feelings of inadequacy.

At the Childline Family and Therapy Centre, the caregiver is often interviewed first and the therapist explains the therapeutic process and looks at various ways in which parents can get involved. Many of the above issues are discussed in that initial interview to prepare parents for the process.

The treatment of the sexually abused child usually occurs in three phases (Sgroi, 1982). The first phase is Crisis Intervention. The therapist needs to assist the family to cope with investigative interviews, medical examinations, court appearances and handling the publicity following the disclosure. It is suggested that the therapist deal with reporting, validation, assessment, and initial management planning during this phase. Therapy at this phase is confined to individual support and is geared towards meeting the immediate needs of the victim, the mother and the siblings.

Following the crisis intervention phase is Short Term Therapy. A child that is not subjected to severe physical and emotional trauma may only require short-term therapy, which lasts up to six months. Sgroi (1982:141) says that if a child receives adequate support from the family and community, the child is then able to resolve his/her issues during short-term therapy. Short-term therapy is also dependent on the relationship of the perpetrator to the child and if that person does not reside with the child then short-term therapy may be recommended.

Long-term therapy is recommended for children that have severe physical and emotional trauma. The therapy lasts for two years or more. Children that require long-term therapy need to work through all ten-treatment issues proposed below by Sgroi (1982). Long Term therapy is recommended for children that receive little family support.

The following treatment issues need to be explored when working with the sexually abused child (Sgroi, 1982):

- The damaged goods syndrome: The children may have experienced physical injury, a fear of physical damage or is affected by the societal response given and may perceive themselves as being 'damaged' as a result.

- **Guilt:** Children may begin to experience guilt if they perceive themselves to be responsible for the abuse. They may also feel as though they have betrayed the perpetrator and if the perpetrator responds with hostility, the child's guilt is intensified. The child also experiences guilt for having disrupted the family and this is intensified when the family blames the child for this disruption rather than the perpetrator.
- **Fear:** The child experiences fear of physical damage or of the future. Sgroi (1982:117) states that fears may manifest as sleep disturbances or nightmares
- **Depression:** Almost all sexually abused children may experience depression after the disclosure of their abuse. Depression may be overt, the child appears sad, subdued or withdrawn. The depression can also be masked and is released through complaints of fatigue or physical illness. A depressed child may self-mutilate or become suicidal
- **Low self-esteem and poor social skills:** Sgroi (1982:119) has found that the "fear of physical damage, societal response to the sexually experienced child, experiencing guilt and blame for participating in sexual behaviour, for disclosure and the disruption following disclosure – all these feelings tend to undermine the child-sexual-abuse victim's self-esteem". The victim of incest may have had limited outside relationships and has thus learnt limited social skills. The poor ability to make friends further decreases their self-esteem and self-concept. Children may feel helpless, unworthy and unassertive.
- **Repressed anger and hostility:** Child sexual abuse victims may inwardly experience anger and hostility. They may be angry with perpetrators and with parents or family members for not protecting them. Victims tend to repress anger, which manifests as depression, withdrawal, as physical symptomatology, aggressive fantasies or behaviour and sometimes-psychotic symptomatology.
- **Impaired ability to trust:** The child that has been abused by someone that he/she trusted impacts on their ability to form trusting relationships thereafter.
- **Blurred role boundaries and role confusion:** When children are exposed to a premature and inappropriate sexual experience, they become confused about the roles they should be playing. In intrafamilial abuse, they may take on the role of mother or wife.

- Pseudomaturity, coupled with failure to accomplish developmental tasks – children become preoccupied with the inappropriate sexual relationship and this interferes with their ability to accomplish age-appropriate developmental tasks.
- Self-mastery and control – the child’s body, privacy and rights of self-mastery and control has been violated when the abuse takes place. The above nine treatment issues impact significantly on the child’s loss of self-mastery and control.

The section gave an overview of the various ways in which sexual abuse affects children. It also highlighted treatment options that have been used to assist the sexually abused child.

PART THREE

REACTING TO CHILD SEXUAL ABUSE

The following section will review literature that is more specific to the non-offending parents involvement in the child's abuse. It will give an account of the effect the child's abuse has on the parent, the importance of the parents involvement in the healing process of the child, the challenges and specific feelings that parents deal with and finally an overview is given of the siblings reaction to the child's abuse.

THE INVOLVEMENT OF PARENTS AND ITS IMPACT ON THE TRAUMATISED CHILD

The parent is the child's safest harbor and with "perceptive guidance from a professional, the parent is often the one who can give the comfort, security, affection, and healing that the child needs." (Hancock and Mains, 1987:139).

Children who have been sexually abused experience a variety of behavioural problems as a result of having to deal with the situational stress of the abuse. The child's temperament, a supportive family environment, extra familial support sources impact on the child's psychological response to sexual abuse. Leaman and Giaretto in MacFarlane et.al (1986) identify that parental concern and responsibility in treatment can affect the positive outcome of the abused child. Studies on adult survivors reveal that familial support and a supportive environment is essential for the positive psychological adjustment of the child after the abuse and years later. A nurturing environment is essential but the parental psychopathology may interfere with the caregiver's ability to provide such an environment. Studies reveal that depressed mothers may present with parenting behaviour that is helpless, disorganized and inconsistent. Meltz (2002) stresses that parents of abused children need to constantly give positive messages to their child, show support, protection, care and ensure that all routines continue. The depressed

mother may not cope with parenting the abused child or providing a secure and nurturing environment as she is overpowered by her own emotional state.

Faust, Runyon, & Kenny, (2002) compared behaviour problems in abused children of depressed versus non-depressed mothers. This study revealed that children of depressed mothers display a higher rate of “aggression, disruptive behaviour, attention problems and anxiety disorders” (Faust et. al. 2002:108). Mothers of abused children are at risk of depression and other psychological problems. Studies have shown that depressed mothers may overestimate their child’s behaviour problems as a result of their tolerance levels. Abused children who have depressed mothers may engage in negative behaviour when the depressed mother may be less attentive to their child’s needs. These children may feel isolated and turn to negative behaviour patterns. This study has revealed the impact of the caregiver’s emotional status in determining the positive psychological adjustment of the child. The authors recommended that mothers of abused children receive psychological services as it ultimately contributes to the positive psychological adjustment of the abused child. According to MacFarlane et. al. (1986) parental involvement should be mandatory when working with the abused pre-school child. MacFarlane et. al. (1986) highlights the importance of therapists teaming with mothers when working with the abused preschool child. They need to maintain contact with mothers to obtain feedback on the children. This process allows an opportunity for the therapist to build a healthy and supportive relationship between mother and child.

PARENTS EXPERIENCES WITH A TRAUMATISED CHILD

It is common for parents of traumatized children to feel abandoned and isolated (Hill, 2001) as they do not feel that family and friends can fully understand their experience. Feelings of abandonment and isolation emerge when family and friends suggest that they move on with their lives or when they are offered support that is coupled with embarrassment. Isolation may also be a result of the parent’s inability to express their pain and can also be followed with frustration.

Parents often have to cope and deal with the reaction of family and friends. Johnson (1993) says that when family and friends respond with shock and denial parents are faced with their own initial reaction. Family and friends that question if the abuse occurred, often hurt parents deeply and their sense of feeling alone and isolated is heightened. Johnson (1993) warns that parents often have to deal with a lot of criticism from friends and family.

The parents that are struggling with their child's trauma may find that their feelings spill over into various aspects of their own lives namely: they may neglect their jobs or their own needs for help and support. In an interview done by Monahon (1993:73) with a single mother of a traumatized child she said, "Be sure parents hear that taking care of themselves is half the battle of parenting the traumatized child." Parents may have difficulties eating, sleeping, experience a change in alertness and may become oversensitive and 'touchy' with family and friends (Monahon, 1993). As parents try to make sense of the trauma they automatically find a way to blame themselves. This blame allows them to feel that the trauma could have been avoided. Monahon (1993) describes parents using guilt as a power over the feelings of helplessness. Shame frequently accompanies feelings of guilt. Guilt is often associated with a particular act that could have been avoided but shame is related to parents feeling that they have not met their personal ideals and thus finds it difficult to forgive as it cannot be undone. Parents begin to question, Why my child? How could this have happened to us? How did we deserve this? How could someone do this to my child? These parents become disillusioned and experience pain when they realise that their power to control events in the world is limited. The above questions are normally asked when feelings of self-blame set in.

Monahon (1993) highlights the concept 'supporter distress' and explains that parents begin to experience feelings that are similar to the child's feelings. This occurrence impacts significantly on parents that have also experienced early childhood trauma. Parents need to review and retell the child's trauma in their minds. According to Monahon (1993) this helps parents cope and come to terms with the child's trauma. It is

vital that parents have someone to listen, as it is part of their healing. Parents that attend support groups can receive incredible relief and support.

PARENTS REACTION TO THE TRAUMA OF THEIR CHILDREN

In dealing with traumatized children, parents are often forced to accommodate and react to their child (Monahan, 1993). This reaction has a significant impact on the child's ability to recover from the abuse. Parents who minimize or exaggerate the child's trauma impact on the healing and recovery of the child. In an article by Meltz (2002) she looks at parents instinctively reacting with rage, guilt and an impulse to say 'are you sure?' Parent's initial reaction to their child's trauma impacts significantly on children as they may even recant the disclosure and go into denial of feelings. Linda Sanford in Meltz (2002:2) highlights that long-term damage to a child "is not so much what happens during trauma as what doesn't happen afterward". Since the perpetrator may have threatened children it is vital that parents respond in a direct and simple manner that ensures the child feels believed and protected.

De Jong (1988), in studying mothers of sexually abused children have defined supportive mothers as believing the child and putting blame on the perpetrator. Non-supportive mothers are mothers who felt that the child was lying and explain the disclosure as a misunderstanding. Parents may be non-supportive as a result of their cognitive functioning, their inappropriate expectations for a child's developmental level, the cycle of abuse, and substance abuse or domestic violence in the home. They may also blame the child for the abuse. Mothers that are struggling with feelings of denial, guilt, anxiety, fear or depression may be impaired in their ability to cope with their child's abuse. The study done by Faust et. al. (2002) shows how children of depressed mothers may experience more behaviour difficulties than children of non-depressed mothers. The mother may also be stressed by the impact of the medical, social or legal interventions.

Parents experience many challenges in the face of their child's sexual abuse. They may find it difficult to remain just a parent and resist taking on the role of investigator or social worker. Another challenge is convincing the child that although something wrong happened, there's nothing wrong with them. It is normal for parents to react by overindulging and overprotecting a child after the abuse. Parents also have to deal with children experiencing behavioural problems, the children may exhibit sleep disturbances, nightmares, fear of people or places and inappropriate sexualized behaviour.

In the study done by De Jong (1988) mothers were non-supportive as a result of internal and external factors. Internal factors included "denial, guilt, frustration, anger, fear of repercussions, feelings of inadequacy, ignorance, previous behaviour or emotional problems of the child, or general distrust of or reluctance to involve the police, child protective services, or other agencies in personal matters" (De Jong, 1988:18). External factors included economic pressures or when family and friends pressurise the mother to protect the abuser. MacFarlane et. al. (1986) describes that when mothers find out about their child's abuse they experience a crisis. They may experience pain, anger, and family disruption or re-experience their own trauma especially if they were abused as children. The mother has to deal with the child's abuse, their own early childhood trauma and the blame that family and friends may place on them. They need support and nurturance as well.

Hagans and Hagans (1988) relate the parent's experience when the child has been abused to being similar to grief of a loved one. Various literature (Hagans and Hagans, 1988, <http://freespace.virgin.net/jeffnmag.highlands/stages.htm>) have identified parents experiencing stages of grief while they come to terms with the child's trauma. These are summarised in the table below.

TABLE 4: STAGES OF GRIEF

Stage 1	Shock and Denial	If parents are in shock or deny the abuse they may try to question if the child is telling the truth. The shock they experience can provide energy to attend to the business aspects of the tragedy e.g. reporting to the police, going to the district surgeon. It may also cushion the mother from further trauma resulting from the loss. Parents find it difficult to accept that they have mistakenly trusted someone. Acceptance might mean that they couldn't rely on their own judgment.
Stage 2	Anger	Once parents accept what has happened, the anger sets in as they begin to feel betrayed. Anger may be viewed as a defense mechanism. It can be directed at the child, social workers, police, the justice system and the abuser.
Stage 3	Guilt and Depression	Hagans and Hagans (1988:71) define depression as "anger we feel towards others, but instead direct at ourselves". They may also begin to blame themselves for the abuse. The guilt and anger may result in parents withdrawing and isolating themselves from family and friends, they may excessively engage in negative behaviour e.g. smoking or drinking, have sleep difficulties, may experience physical symptoms e.g. headaches, become tearful, become absent-minded, start doubting themselves. Parents begin to ask questions like "Why did this happen?" "Why didn't I suspect?" "Why did I trust him/her?" "Why was I so easily deceived?" As they begin to answer these, they start to self-blame. The child's disclosure may impact on all members of the family. The father may find it difficult to express his feelings of sadness whereas mothers are able to express their feelings easily. The father may be

		<p>expected by society to be strong for his family and if he breaks down, he may be letting his family down.</p> <p>If the family is in chaos, the mother may take responsibility for this. She may engage in self-destructive behaviours e.g. smoking heavily, abusing alcohol, and neglecting her children, her home and herself. As the parent becomes depressed, the child becomes unhappy and finds it difficult to manage the trauma.</p>
Stage 4	Shame and Anxiety	Parents may begin to avoid family and friends. They may experience rejection from the community or family. This affects the families' social life, as they become isolated.
Stage 5	Bargaining	At this stage parents try to become preoccupied in daily activities. They do this to try and avoid thinking of the abuse and may start to resist the therapeutic process.
Stage 6	Acceptance	This is only reached when the family has gone through the above stages and dealt with the abuse in a healthy manner.

It is common for mothers to experience numbness, anger and denial when the child discloses. Walters (2002:2) states that although mothers may initially deny the child's abuse, when they are presented with the details of the disclosure they are convinced and offer appropriate support. Mothers often feel betrayed, experience hatred and can be consumed by guilt. They may also feel jealousy over the relationship between the child and the offender. It is likely that the non-traditional parent/child relationship exists and the mother may perceive the child as 'competition' for the offender's attention. It is unlikely that this parent will be able to provide appropriate support for her child during the court process under these circumstances (Walters, 2002:2). Walters (2002) believes that if the caregiver is assisted and her needs are met, then in supporting the caregiver, the child is also being supported. Non-offending caregivers need:

- Someone to talk to
- Specific information about what happened
- Someone to discuss their own sexual abuse
- Support group information
- Assistance to make life decisions
- Options regarding custody
- An understanding of all issues that relate to domestic violence and child abuse

Parents that react inappropriately can intensify their child's anxiety from the abuse. If a parent reacts calmly and supportively, it can decrease the long-term effects of the abuse on the child (Monahan, 1993).

THE EFFECT OF ABUSE ON SIBLINGS

Family members are affected greatly when a child has been abused. They may experience shame as the police and social workers interview them. Sgroi (1982:132) believes that the male sibling finds the disclosure much more painful. He may react in one of two ways. He may share in his sister's pain and feel as though he has let his sister down by not protecting her, even if he was unaware of the abuse. He may blame his sister for causing the abuse. The non-abused sibling may also be angry at the abused child for disclosing. They blame the victim for dad being taken away. They may also be jealous of the time and attention devoted to the abused sibling (Walters, 2002:3)

This section has outlined the importance and value of working with parents when their child has been abused. It looked at the impact of the abuse on the caregiver and the factors that contribute or hinder their ability to show support to the child. A final discussion looked at the impact the abuse has on siblings.

PART FOUR

FOCUS ON MOTHERS

The following section looks specifically at the non-offending mother in society. It highlights the expectations placed by society on mothers, the public image of mothers, the mother's that are adult survivors and the mother that is dealing with incest. It also reviews the effect of the abuse on the marital relationship. The treatment options for non-offending mothers are also discussed.

THE HISTORY OF MOTHERHOOD AND SOCIETIES EXPECTATIONS OF MOTHERS

Historically women in the past have been subjected to unjust experiences. Centuries passed in which women have been oppressed by their roles in society especially within the family. Literature documents the plight of women from before the 1900's to the present day. One of the common features that have created oppression is their place and responsibility within the family. Although the family has provided men and women "with many pleasurable and rewarding experiences; it can also be the source of frustration, even pain – indeed it has been argued by some feminists that the family is a central, if not the greatest, source of women's oppression." (Hyndley, 1989:5). History has shown that women have always been burdened with the bulk of childcare and domestic work. We find that if we go back to the Victorian era and follow through to the industrial ages, women were only recognised by whom they married and the number of children they raised. Even when women started working, they continued the complete responsibility for the home and childcare. Although women have attained rights over the centuries they are still faced with inequality as they are still held primarily responsible for domestic work and childcare (Hyndley, 1989).

Mothers are known for sacrificing personal objectives and devoting themselves to the well being of family members. They tend to give unconditional love and are often seen as being selfless. According to Polatnick (1993), childrearing has disadvantaged mothers in many ways. Society does not see childrearing as 'real work' and thus little or no recognition is given to the mother. Women become excluded from social power and status while being preoccupied with childrearing, which receives no prestige. As they maintain the primary responsibility of childcare, they become more victims to criticism and are easily blamed when something goes wrong in the child's life.

In contrast, fathers benefit from having mothers primarily responsible for childrearing. They continue with life goals and occupations with little or no sacrifices outside the home. They also maintain power within the home and at work. Women often either leave work to raise children and those that remain are sometimes forced to sacrifice positions of power to accommodate for childrearing. The unequal distribution of power and responsibility for childrearing between mothers and fathers creates great stress for mothers in the face of her child's abuse, as she may become primarily responsible for addressing the trauma.

Society continues to view mothers as nurturing, selfless, having an ability to care with their entire existence focusing around instinctively understanding the needs of their children. This patriarchal construction of motherhood continues to leave the responsibility of childcare to women. Women are thus easily blamed when anything goes wrong with their children. In a study by Hill (2001) women were challenged in group therapy on their preconceived idea of what it means to be 'a good mother'. Although the group rejected patriarchal images of motherhood, they still experienced an overwhelming feeling of guilt. This has resulted from entrenched value systems and expectations that society has placed on women.

MEDIA REPORTING: THE PUBLIC IMAGE OF NON-OFFENDING MOTHER'S

The media is filled with stories of children being raped. Mothers are sometimes viewed as being accomplices or as being unsupportive. A recent report of the experiences of a young teenager from the Alexandra's Setjwetla informal settlement clearly exposes the inappropriate behaviour of her mother. She had been gang raped on her way home from the shop. When she disclosed to her mother, she was not believed. As the authorities got involved, the mother defended herself by claiming that she was going to call a family meeting to address the matter (Malefane and Jagannathan, 2004).

In another story, a mother was facing life imprisonment after being convicted as an accomplice to her child's rape by her husband. This mother had a low intellect, had been abused as a child and had been subjected to sexual abuse by her husband as well. He blackmailed her into keeping silent and while she was in prison he threatened that if she spoke he would kill her daughter. When the decision was made in court, the magistrate questioned the mother's actions and commented that her actions were worse as she was expected to protect the child (Venter, 2003). The media and the justice system convicted her without realising that she was also a victim.

Another article in the Star (Mkhwanazi, 2002) revealed the rape and indecent assault on three children by their father. The girls were aged 10 and 15 and the boy was 14 years. Again the mother was aware of the abuse and was arrested as an accomplice. The investigating officer commented that if this mother was aware of the children's abuse and kept quiet it was probably because she was either being physically or emotionally abused by her husband. This fear kept her from doing anything (Mkhwanazi, 2002). This report acknowledged the mother as a victim although society at large, including the justice system has held her responsible for the abuse.

The media has also reported on parents who struggle with various systems that are responsible for protecting children. These parents begin to feel helpless, as officials do

not always do their jobs. In an article by the Cape Argus (Joseph, 2003), three seven-year-old girls and one eight year old were sexually abused by a neighbour. It is alleged that the investigating officer was under the influence of alcohol while he attempted to interview the children. One of the mothers became so disillusioned with the response she got that she refused to prosecute. In this case the mothers waited for over an hour with their children at the Child Protection Unit's office and were only told an hour later that the investigating officer was off sick. The child did not receive other services as no referral was made to any social workers (Joseph, 2003).

In another report, the media exposed a school for ignoring serious allegations of sexual abuse. A mother had reported to the school governing body after her child disclosed that she had been touched on her private parts by other boys in the school and they had been poking her back with sticks. The child experienced pain in her private parts and refused to go to school because she was so afraid. The school governing body responded by saying that the mother was overreacting (Mthembu, 2002). Although the media has held non-offending mothers in a negative light, it has also exposed the flaws in the Child Protection Systems.

The media has commonly criticised the non-offending mother without understanding her dilemmas. It has also highlighted the views that the South African society has on the non-offending mother. Since many people lack understanding of what she is experiencing, they respond negatively and often lack any empathy for the mother.

MOTHERS AS ADULT SURVIVORS OF SEXUAL ABUSE

Hancock and Mains (1987:135) say that "many mothers find themselves paralyzed-by their own crippling childhood's". Parents who are adult survivor's experience a sense of failure and are further burdened with the reality that although they were 'extra' careful in protecting their children they were unable to prevent the abuse. MacFarlane et. al. (1986) holds the view that the abused mother would be less likely to help her child. This can be

attributed to her preoccupation in dealing with feelings relating to her own abuse. The mother who did not resolve her own abuse appropriately may handle her child's abuse in the same manner. Literature relating to adult survivors of childhood sexual abuse strongly recommends that mothers get help in dealing with their own sexual trauma so that they can effectively help their children.

The mother who is an adult survivor also needs therapy before she attempts to handle her child's abuse. As an adult survivor she needs to work through her own issues as she may be re-experiencing her own trauma (Long, 1986). A study done by Newberger, Gremy, Wateraux and Newberger (1992:1) showed that the mothers that had been sexually abused as children seemed to experience the most psychological distress a year after their child's abuse. This emphasises the importance of doing therapy with mothers, especially those that are adult survivors. Newberger et. al. (1992) suggested two years of therapy for the mother who is an adult survivor.

REACTION OF MOTHERS IN INCEST SITUATIONS

There seems to be a large amount of literature on incestuous families and the roles that mothers play. Literature looks at the role of mothers in relation to their daughters and their husbands. Mothers have been viewed with criticism and are sometimes blamed for the abuse. The literature does label mothers and indirectly blame and place responsibility on them.

The mother of an incest victim shares similar experiences to mothers of victims of extra familial abuse. They experience initial shock, repulsion, rage, guilt and a sense of failure. In addition to this, they experience feelings of jealousy, betrayal by her husband and her daughter, grief and loss over the marital relationship. She may also become torn in her loyalties. (Hancock and Mains, 1987). James and Nasjleti (1983) have identified mothers of incest victims by using various categories. The first category is the passive child women mother who has an attitude of helplessness and apathy to any form of conflict. The second category is the intelligent, competent, distant mother who relates on an

intellectual logical level and may tend to rationalize the incest. The third category is the rejecting, vindictive mother who is hostile, threatening, vindictive, aggressive and may be superficial. The fourth category is the psychotic or severely retarded mother and she is severely limited by illness, which impacts, on her ability to protect the child. She may condone or participate in the abuse. The passive or intelligent, competent but emotionally distant mother has the greatest potential for therapeutic intervention.

Hancock and Mains (1987) also use three similar categories to understand mothers in incestuous situations. The first category is the passive/collusive mother who remains passive about the incest situation and may have been abused. The second refers to the unaware/unbelieving mothers who refuse to believe the child and often cause the greatest impact on the child's inability to recover. The third category is the shocked/grieved mother who believes the child and often acts on behalf of the child.

Sgroi (1982) shares a similar position on mothers of incest victims and believes that she is unable to protect her child on various levels. She is either physically absent which gives more opportunity for the incest to occur or she is psychologically absent whereby she ignores overt seductive behaviour between father and daughter. The mother of the incest victim is also viewed as deliberately setting up situations in which the incest can occur. It is assumed that mothers of incest victims are aware of their child's abuse on a conscious or unconscious level. When children have disclosed to these mothers, they may respond in the following ways. The mother may respond with hostility and disbelief and convince the child never to mention it again. They may give no response or discourage the child from talking about it. The mother may initially believe the child and promise to protect the child but neglects to do so. They may try to protect the child by not leaving the child alone with the perpetrator. They are a few mothers who may respond by reporting to an outside authority and make the decision to separate from the perpetrator.

According to Hancock and Mains (1987), researchers stress that the mothers support and belief in a child's disclosure of incest is the most important element in the child's recovery. Most literature on incestuous families thus encourages intervention with mothers (James and Nasjleti, 1983). Working with mothers of incest victims can also be viewed as a protective measure. As the therapist begins to encourage better communication between mother and child, the child will begin to trust the mother and feel supported to disclose any further abuse.

When we view the family in which incest takes place we can observe that the father can be described as a dominant husband or a dependent husband. The mother involved with a dominant husband tends to have low self-esteem and limited social skills. She is dependent on her husband and her fear of the outside world may create a sense of isolation. The mother involved with a dependent husband will be assertive and have more social skills. She may seek gratification from things outside the home and may be preoccupied with this e.g. occupation. Sgroi (1982) states that mothers with dependent husbands are more likely to survive on their own without the husbands support. Father-daughter incest impacts directly on the marriage. Besides the power struggles, there may also be sexual dysfunction between husband and wife. In some situations, the marital sexual relationship is absent. In others, it may be present but is infrequent. Some fathers may continue sexual relations with the mother and the daughter. It is not uncommon within incestuous families to have rivalry and competition between the mother and the child.

Mothers of incest victims present with poor self-esteem, poor social skills, isolation, a past history of failure and depression which is often combined with an expectation of failing. Therapeutic intervention with mothers of incest victims is vital. Various treatment modalities can be used e.g. individual therapy, mother's group therapy, couples therapy and family therapy. Sgroi (1982) suggests that therapeutic intervention for mothers of incest victims must include individual therapy, which can then be combined with other treatment modalities. The following treatment issues are recommended by Sgroi (1982):

- Mothers need to work through the inability to trust
- Impaired self-image
- Denial
- Unreasonable expectations that the mother may have of the husband and her children
- The difficulty to establish and enforce limits
- Anger
- Impaired Communication
- Assertiveness
- Impaired Socialization

The mother whose child has been abused by a husband or boyfriend share similar feelings. They may feel shocked, confused, numb, guilty, betrayed, frightened and hurt. They may be disbelieving or start to worry about what people will think. It is common for them to experience anger and this can be directed towards the perpetrator for what he did, at themselves for not knowing and for not being able to stop it or at the children for not telling them. The mother may also perceive herself to be a failure as a wife/partner and mother (Adapted from Domestic Violence and Incest Resource Center, 2001:1). The mother of an incest victim may want to know all the details of the abuse or may find it extremely difficult to listen to the child talk about the abuse (Domestic Violence and Incest Resource Center, 2001:1).

When the perpetrator is a husband or boyfriend, it is common for mothers to ask the following questions:

- “Why didn’t I notice? Why didn’t I know about it?” The mother may have noticed that things were not right at home but could not name exactly what they felt. Sexual abuse is often the last thing that the mother expects in her family.
- “Why did he do it?” They may think that the partner sexually abused the child because he was not receiving sexual satisfaction from her, she is a failure as a wife and mother, and he could not control himself. Most men that are sexually abusing

their children are having normal sexual relationships with their wives or girlfriends (Domestic Violence and Incest Resource Center, 2001:2).

- “But wasn’t I responsible for it happening too?” They may feel responsible if they were sick, working long hours, unhappy or preoccupied at home, frightened of him, no longer interested in him sexually (Domestic Violence and Incest Resource Center, 2001:2)
- “Was it my child’s fault?” The mother may question if it was the child’s fault by questioning why the child wanted to spend time with the abuser, because she did not disclose what was happening, or when the child could not stop the abuse from happening (Domestic Violence and Incest Resource Center, 2001:2)

Society has placed an enormous expectation on non-offending mothers as they are expected to bear the responsibility for what happens in the home. In a study done by Massat & Lundy (1998) in the Jordan Institute for Families (2000:2), they found that society believed that mothers were as responsible for the abuse as the offenders were although 78% of the mothers in the study had also been physically abused by the offender. Mothers may often be ignored or judged for the abuse. The non-offending parent may not react immediately as she may be in a state of shock. The Jordan Institute for Families (2000:3) says that once mothers have informed others of the abuse, the relationship they have with the rest of the world changes. The study done by Massat and Lundy (1998) show that from the total number of mothers who reported incest in the study 54% were faced with problems with family members, 55% had experienced a decline in their income and 50% had to find a new place to live.

Recent literature (Jordan Institute for Families, 2000) has acknowledged that mothers whose children are victims of incest lack emotional resources and support systems to deal with the abuse. Regardless of interfamilial or extra-familial abuse, the literature has shown that mothers need support and care regardless of whom has abused the child.

THE EFFECTS OF CHILD ABUSE ON THE MARITAL RELATIONSHIP

Dealing with the crisis of having a sexually abused child can impact considerably on marriage as many families are pulled apart as the crisis intensifies every aspect of marriage that is both good and bad (Johnson, 1993:63). According to Monahan (1993), the marital relationship is affected by the child's trauma especially if spouses have different ways of coping. Some spouses may react with either minimal emotion or strong emotions. One partner may feel sadness and the other anger and often one partner is able to move on while the other continues to struggle. This can result in partners feeling misunderstood and isolated (Monahan, 1993).

The manner in which people are socialized also impacts greatly on marital relations. The father may cope silently while the mother may be accustomed to expressing feelings. Monahan (1993:87) states "mothers can feel emotionally abandoned by husbands who are uncomfortable with displays of emotion". Parents may become estranged or experience conflict with each other as a result of their child's trauma. The individualistic way in which they cope with the trauma may also cause feelings of isolation.

THE NEED TO SUPPORT MOTHERS

Studies have revealed that a child's ability to recover from the abuse is influenced by the support that they receive from the non-offending parent (Jordan Institute for Families, 2000). As a child feels supported they also become confident to disclose in court. Walters (2002:1) says, "engaging a caregiver from the start will help insure that they are able to support the child through the investigation and court process". Failure to support or believe a child may compound their feelings of betrayal and isolation (Jordan Institute for Families, 2000:3). Supporting the sexual abuse victim can affect the mother profoundly. She needs support as much as the child. According to <http://www.findarticles.com/> mothers are seen as victims that often go untended. They are either blamed for not stopping the abuse or for not believing what happened to their

child. According to Newberger et. al.(1992) mothers need to repair their own feelings of guilt, anxiety, and depression. In a study done by Newberger et.al. (1992), 49 sexually abused children and their mothers were interviewed. She found that mothers who received counselling recovered faster than those that did not. Mothers of abused children often feel “a sense of injustice, of being victimized, and a sense of helplessness” (Newberger et.al, 1992:1). If the offender is the father, the mother may “feel sexually inadequate, jealous, rejected, especially if their husband is a Prince Charming who agrees to take care of the kids while mom works” (Newberger et.al, 1992:1).

In a study done by Phillips (1992:1) there was evidence of Posttraumatic Stress disorder (PTSD) in mothers of victimized children. The following PTSD symptoms were found:

- recurrent and intrusive recollections of the event, even if the mother was not present
- psychological distress to events symbolic of aspects of the trauma
- may focus on certain aspects of the trauma to avoid others
- an inability to recall important aspects of the trauma
- restriction of affect
- difficulty in falling or staying asleep

The mother’s also presented with a loss of interest in ‘significant’ activities, a hyper-ability to concentrate on post-traumatic goals, pervasive sadness/loss, rage, guilt, isolation and loneliness, fear of repetition of the trauma and loss or confusion over the direction and meaning of life (Phillips, 1992:1). In addition to dealing with the above symptoms, they also need to address the following concerns:

- will my child be ok
- what will happen to the abuser
- will I ever be able to trust him again
- should I stay in the relationship
- who do I believe if he says it was all the child’s fault or it didn’t happen
- what if it happened to me as a child too

(Adapted from the Domestic Violence and Incest Resource Center, 2001:3)

TREATMENT OF THE NON-OFFENDING MOTHER

Long (1986:231) acknowledges that “after disclosure of the molestation, the mother herself is in crisis”. It is important that she receive support and nurturance. The mother needs a therapist who can offer support and guidance to help her work through feelings of pain and anger. She also needs help in coping with the disruption in her family especially if she is forced to live independently. Mothers may become overwhelmed with feelings of guilt, blame and denial that they may project onto their children. Other family members may also blame them for the abuse. They may “initially overreact by physically lashing out at their children for not telling them sooner or for not providing details of the abuse” (MacFarlane et.al , 1986:300). It is also important to remember that children may blame their mothers for not protecting them even if the mother was unaware of the abuse.

MacFarlane et.al. (1986:310) noted that when preschoolers are molested, the parents experience anguish that is often more visible and deeply felt than that of their children. It is strongly suggested that they receive help and support as much as the child does, so that they can provide support to the child. According to MacFarlane et.al. (1986:310), the non-offending mother needs to explore and discuss what she experiences. These include:

- Rage, the urge for retaliation
- Guilt or self-blame
- Fear for your child which may result in over protectiveness
- Embarrassment, secrecy as they may feel personally responsible for the abuse. This may also occur if the mother has been molested as a child, dealing with her child’s abuse becomes difficult as it triggers unresolved feelings of her own.
- Exacerbation of recent marital problems. Parents may blame each other for the child’s abuse or one partner may have difficulty having sexual relations after the child’s trauma. If a partner denies the abuse, the other may feel unsupported.

Lusk and Waterman (1986:244) believe that “mothers and children share common issues and conflicts”. They propose a model, which looks at the parallel treatment of mothers and children. The model was developed in response to two aspects. Firstly, the model

considered the mothers dealing with their own abuse as children. The mother may handle her child's abuse in the way she was handled. Lusk and Waterman (1986:245) believe that "mothers are likely to be unable to help the children unless they are assisted through their own feelings and thoughts about their own sexual trauma". Secondly, in developing the model particular consideration was given to the acceptance that mothers can be educated on how to stimulate children instead of suppressing children's expression of feelings in an attempt to maintain the family homeostasis and denial of the trauma.

The goals of the model presented by Lusk and Waterman (1986:247/8) in working with mothers were firstly to assist mothers with denial. It aimed at sensitizing mothers to what constitutes sexual abuse and helps them to be more alert to possible abusive situations. Another goal is to help mothers protect their children from further abuse. A further goal is to give the mothers an opportunity to work through their own feelings regarding their own sexual trauma and help them to assist their own children. The model is also aimed at helping mothers to become more nurturing, less guilt inducing, and more positive with their children. The final goal is to help mothers work through their feelings towards the perpetrator.

When working with the non-offending mother, the therapist acts as a role model and attempts to educate her. The focus of therapy is to help the mother rebuild her relationship with her child (Long, 1986:232). If the mother becomes an ally to the therapeutic process, the therapist can focus on issues of bonding with the child, or improving communication, trust and preventing future molestation (Long, 1986:232). Another area that the therapist can assist the mother with is the handling of a sexualized child. Mothers struggle when their children become sexualised as a result of the abuse. The therapist can help the mother to examine her own views on sexuality and masturbation (Long, 1986). If mothers "receive nurturance in therapy, they in turn have something to give to their daughters" (Long, 1986:234).

THE USE OF GROUP THERAPY WITH MOTHERS

Group treatment has been an effective intervention in working with non-offending mothers. Hill (2001) studied a support group consisting of women who prided themselves as being identified as 'mothers'. The sexual abuse of their children undermined these women's identity and joining the group was a way of reaffirming it.

Landis and Wyre's (1984) research done on a group treatment programme with mothers of incest victims proved to be valuable. It addressed issues relating to when mothers experience fear of intimate relationships with men, distrust and anger towards men, poor communication with their abused daughters and dealing with their daughters acting out behaviour. The group programme consisted of women aged 25-45 years, who were single, recently married or still married to the spouse of the abusive system. All women that attended the group acknowledged the incest and the silent role they occupied. A counterpart group for fathers continued while the women attended the group programme.

The women's support group was divided into two phases. Phase one allowed for the women to share and identify common experiences. Phase two looked at a plan for resolving issues that continued to affect women. The group programme consisted of eight sessions. It allowed for these mothers to receive support, learn how to protect their children, and learn alternative behaviour and effective/healthy ways of handling relationships in their lives. The group was successful in providing education and building confidence in mothers to protect their families. Hill (2001) completed a study on group treatment with mothers of sexually abused children and made a strong recommendation that social workers use group therapy as a method of intervention. Group intervention helps mothers that struggle to speak to social workers as a result of feeling judged. Mothers may also feel like various officials are investigating them and intervention may be perceived as being questioned on their ability to protect the child. The group context is a safe and non-judgmental platform for mothers to express their feelings. This support group was facilitated by a male social worker and eleven women participated.

The results of the research done by Hill (2001) indicated that women initially react with incredulity, once the shock lifted the women experience guilt and a sense of failure as a mother. Women described anger towards men and the justice system. Some of the women struggle with depression and having to hold the family system together. The most distinctive feature of Hills (2001) study was that women felt an overwhelming sense of guilt and failure as mothers. The guilt resulted from traditional patriarchal social constructions, which expects mothers to hold nurturing and protective roles and the power of intuition.

MacFarlane et.al. (1986) also suggests the use of group treatment for working with mothers as it promotes an opportunity to deal with:

- Mothers who deny the abuse
- Help educate and sensitize mothers on how to protect their children
- Teach mothers to be more nurturing and to deal with their guilt
- Help mothers deal with their feelings towards the perpetrator

Faller (1988) proposes three broad goals and various reasons for group intervention when working with mothers. Firstly, groups provide mothers with lots of support. As mothers participate they are reinforced that they are not alone. Mothers begin to feel empowered and start learning alternative ways of coping. Secondly, mothers can share past trauma in the group context where they can get support from each other and share similar experiences. Thirdly, the group also helps mothers deal with their reactions. Mothers learn how to accept the abuse and can deal with feelings of blame, anger and disbelief by sharing with other mothers dealing with similar issues.

THE USE OF SUPPORT GROUPS FOR MOTHERS

Mothers of sexually abused children feel the need to attend support groups but are hindered by their fear of being judged, fear of speaking out loud or hearing details of sexual abuse. In the study done by Hill (2001) women felt compelled to attend the group when other support ran out. Studies done on mothers of incest victims indicate that they

join support groups when they realised that the abusive system continues to affect their ability to function effectively. Studies reveal that group therapy has helped women as they all describe an initial relief at finding others with the same experiences. Women feel that the group is a non-judgmental and safe place. This safe and supportive feeling also stems from having a common bond between them. Women feel that the group will indirectly help their children by giving them strength. Groups allow women to share the difficulty in how they needed to react to their children and handle challenging behaviour. Women in group therapy find an opportunity to understand their trauma and give back into the group by supporting others. The experience of helping others in the group can be empowering for the mother.

FACTORS HINDERING HELP SEEKING BEHAVIOUR

In the research done by Hill (2001) women who had family and close friends to turn to during the crisis could not see them as providing long-term support. Women were hindered by their sense of guilt to turn to friends as they were still seen as good mothers who have not failed their children. A majority of the women in the study done by Hill (2001) found professionals to be unhelpful when given individual therapy. They reported a lack of understanding and a failure to offer any meaningful help. The women also felt that intervention focused on themselves as mothers and they were already consumed with guilt. Mothers also feared that their children would be removed.

There are many barriers that prevent women from using social work help. They may feel that the social worker cannot fully understand because they had not experienced it themselves. They may be fearful of social workers making judgments about them and when this was not done, they were still consumed by guilt. Women also feared the removal of their children and could not talk about their feelings of guilt for fear that they will be misunderstood as an admission of actual guilt.

Although research shows that women do not always react positively to individual intervention by social workers, group intervention was the opposite. In the study done by Hill (2001), the group was facilitated by a social worker, which the mothers believed was vital in making the group experience a positive one. The social worker helped as mothers looked to them for support or debriefing after the session, the social worker had groupwork skills to manage the emotional content and maintained a level of detachment that prevented emotions from overheating and helped mothers wind down before they left. The women agreed that a social worker should run the group alone.

CONCLUSION

The history of apartheid in South Africa contributed to the alarming violations of children being abused and neglected. It is clear that South Africa has now taken steps to correct these injustices with the impressive legislation protecting children. In looking specifically at the Child Protection System, the implementation of policies have not been completely successful in South Africa and although great efforts have been made, there are gaps in providing an effective service to children and families. Having to face the Child Protection System is a small aspect of the child's trauma as he or she also learns to deal with the pain and hurt caused by the abuse.

Sexual abuse has physical, cognitive and behavioural effects on the child. A number of treatment options were discussed that require both short term and long term therapy. Although the literature debates the immediate involvement of family members, it does however recognize the value it plays in the therapeutic process of the child. Various treatment issues relevant to working with an abused child were discussed.

The importance of parent's involvement was discussed and it was clear that positive involvement by parents could be a critical aspect to the positive adjustment of the child. However this is not easy for the parents as he/she deals with their own feelings. They may often feel abandoned or isolated, as they have to cope with the reactions from family

and friends. Dealing with the trauma impacts on their daily functioning as they work through feelings of blame, guilt and shame. The reactions of the non-offending parent could be compared to the stages of grief when one has lost a loved one. The manner in which the parent learns to cope impacts on their ability to show support to the child. If the child feels supported and accepted, they will feel safe to talk about his/her feelings. A review was given on factors that contribute and hinder the parent's ability to show support. The discussion concluded with a review on how the abuse affects the siblings as well.

The final review of literature focused specifically on the non-offending mother. It began by examining the concept of motherhood. The literature documented how history has shaped the concept of motherhood over the centuries. Regardless of the advances in feminism, society has still maintained a patriarchal construction of motherhood. Women are still viewed as being primarily responsible for childrearing. An expectation held by society fume feelings of guilt and self-blame in the mother when something goes wrong with her child. Little has changed in our present society. By reviewing the image portrayed by the media, it was clear that she is easily misunderstood and often criticized by the public.

The mother as an adult survivor was discussed and it was clear that these mothers need to work through their own childhood abuse as issues may surface with the child's disclosure. The literature indicated that mothers who are adult survivors become consumed with their own feelings, which hinders their ability to show support to their children. The mother within an incest situation was also examined. The literature seemed to have a very narrow viewpoint on these mothers. They were often labeled negatively and blamed for the abuse of their children.

The literature review moved on to discuss the effect on the abuse on the marital relationship. The stress of the trauma put a huge strain on the marriage as the spouses develop different ways of coping with the abuse. The mother may find it easier to express her feelings and may feel abandoned if her husband does not reciprocate.

Support for the mother becomes crucial as she learns to cope with her abused child, her family and her marriage. The literature highlighted the importance of providing support to her. Treatment issues pertaining to the non-offending mother was reviewed with particular focus on group therapy. Various studies in the literature have shown the value of support groups with mothers. The non-offending mother prefers a support group as she can identify with other mothers without feeling judged. It is not easy for non-offending mothers to seek help as they may be consumed with guilt, they may fear being judged or may perceive the therapist as being unable to understand their experience.

The following chapter introduces the participants in the study and begins the data analysis.

“A mother is the truest friend we have, when trials heavy and sudden, fall upon us; adversity takes the place of prosperity; when friends who rejoice with us in our sunshine, desert us when trouble thicken around us, still will she cling to us, and endeavor by her kind percepts and counsels to dissipate the clouds of darkness, and cause peace to return to our hearts”

Washington Irving

CHAPTER FOUR

WHO ARE WE? A DESCRIPTION OF RESEARCH PARTICIPANTS

The next four chapters present an analysis of the research data. This chapter introduces the eight participants in the study. It begins by giving a profile of each participant and looks at specific details of each participant. A detailed description is given of the mother's relationship to the abuser, details of the child's abuse, and how the non-offending mother discovered her child's abuse.

INTRODUCING THE PARTICIPANTS – 8 PROFILES

MOTHER 1: SAMANTHA

Samantha is 33 years old. She is married and has three children. Her nephew sexually abused Rosanne, her eight-year-old daughter. She was then referred to the Childline Therapy Centre in August 2002. Rosanne received individual and group therapy at the Centre. Samantha was invited into the mother's support group.

Samantha struggled to support her daughter. She received little support from her husband's family with whom she resided at the time. Her mother-in law rejected her daughter and sided with the perpetrator. Her husband was torn between his loyalties towards his family and his wife. Although he tried to support Samantha, there was continuous marital conflict. It was difficult for them to resolve this conflict as they still resided in her husband's family home. At the end of 2003, the family moved to another home and distanced themselves from the father's family. There was a marked improvement in the marriage and in Rosanne's behaviour.

Rosanne had attended therapy for over a year. The child was unable to discuss the abuse with her mother. Samantha described feeling devastated and angry when she found her nephew naked in Rosanne's bed. At the time, her husband reacted violently and beat the perpetrator.

During the course of intervention, Rosanne disclosed that she had been sexually abused over a period of time. She presented with bed-wetting, nightmares, and clinginess – especially to her mother, self-blame, guilt, loss of power and control, poor self-esteem. Rosanne had also started to steal money and began lying about it. Samantha was the disciplinarian at home and was left to run the family as her husband often worked away from home. This left her feeling frustrated and lonely. The matter was reported to the police but nothing has happened to date.

Period of Therapy: 2 years

Sources of Information: Case File, Group Notes, Samantha

MOTHER 2: BIANCA

Bianca is 37 years old. She is married and has two children. Her uncle sexually abused Savanna, her seventeen-year-old daughter. She was referred to the Childline Therapy Centre in October 2002. Bianca had come to the Centre after her daughter had tried to commit suicide. Savanna received individual and group therapy at the Centre. Bianca attended the mother's support group in 2002 and 2003.

Bianca could not cope with what had happened to Savanna. She blamed herself for her daughter's abuse. Her husband showed her a lot of support by transporting her to the support group and listening to her but he never verbalised how he felt about the abuse. She felt alone and alienated herself from her family and friends. Bianca felt ashamed and refused to disclose what happened to the family. She feared rejection and a scandal in the family. At this time, Savanna wanted to disclose to the family. She became angry

because the perpetrator was still attending family functions and pretending as though he had never hurt her.

After a few months, Bianca revealed what had happened to her family members. Most members showed their support. Her brother sided with the perpetrator and the family then kept a distance from him.

Savanna had attended therapy for 2 years. She could not talk to Bianca about the abuse as she blamed her mother for what happened. She felt that Bianca should have known what was happening to her and should have protected her. A large part of therapy focused on helping Savanna to understand that Bianca was not responsible for what happened to her. Savanna rejected her mother during the healing process and only included her in the end, through letters. Bianca struggled with this and started to feel helpless because her child refused to talk or turn to her.

Savanna revealed that she had been raped continuously since she was six years old. The perpetrator threatened her so she would not disclose to her parents. Her feelings were overwhelming and she became suicidal. She became withdrawn, extremely moody, had a poor appetite and experienced depression. During the intervention, Savanna struggled with feelings of anger towards the perpetrator-for what he did, herself – for not disclosing and her mother-for not protecting her. She also blamed herself for the abuse and experienced a lot of fear.

Bianca continued to attend regular support group meetings. She gave Savanna more space to heal and focused on her own feelings. She turned to her sisters and the other mothers for support.

The matter was not reported to the police.

Period of Therapy: 2 years

Sources of Information: Case File, Group Notes, Bianca, Savanna

MOTHER 3: MANDY

Mandy is 32 years old. She is divorced and has two children. Her husband sexually abused both her daughters. Mandy was referred to The Childline Therapy Centre in March 2002 by the Department of Welfare. Both children received individual therapy. The older daughter, Robyn also attended group therapy. Mandy attended the support group for a short while in 2002 and returned in 2003.

Mandy had learnt about the abuse from the school that Robyn attended. The welfare authorities then removed Robyn from her care to a place of safety. Mandy remained with her husband during this time because she found it difficult to accept that her husband would hurt Robyn. Her younger daughter, Racquel, eventually disclosed that her father had also sexually abused her. Mandy revealed that she only accepted the abuse when she heard the girl's disclosure on tape and went with them for their medical examinations.

Although Mandy believed her children, she still loved her husband and could not break ties with him. She felt obligated to support him and kept telephonic contact with him. Her husband was convicted for rape and sentenced to 10 years in prison. The welfare authorities had explained to Mandy that she could receive the children back into her care only if she no longer had contact with her husband. She then chose to keep her children with her and thus cut all ties with her husband. Mandy became involved in her church and started to attend the support group regularly.

Robyn and Racquel attended therapy for two years. They were very protective of their father and had been groomed to think that it was normal behaviour. Since Mandy talked of reconciling with her husband, her children became hesitant to talk about the abuse. Once she had accepted her husband's behaviour and the children felt confident that he was not returning, they responded positively to therapy. Robyn was a very closed child who did not share her feelings easily. She became very withdrawn. Racquel could not understand why she was not with her dad and constantly expressed how much she missed

him. Both girls had frequent nightmares and had become sexualized. They had started to masturbate and engaged in sexualized play at school.

Mandy had been unable to have another intimate relationship with a man. She had no contact with her husband and had no longer read the letters that he had sent her. She had become independent and has dedicated her life to supporting and protecting her children.

Period of Therapy: 3 years

Sources of Information: Case File, Group Notes, Mandy, Referral letters

MOTHER 4: TRACY

Tracy is 52 years old. She is divorced and has two children. Their paternal grandfather had sexually abused both her children. The children received therapy at the Childline Therapy centre since May 2001. Both children attended group and individual therapy at the Centre. Tracy attended the mother's support group in 2002.

Tracy was in the process of divorcing her husband when her children disclosed that their grandfather had abused them. Her husband did not show much support for the children and accused Tracy of using it against him during the custody battle. Tracy then limited all contact with her husband's family as no one believed the girls or showed them any support.

The girls attended therapy for over a year. Jamie the older daughter appeared very fearful in therapy. She had difficulty dealing with the divorce and the abuse. Jamie presented with a lot of anger and poor self-esteem. Jolene was much more relaxed in therapy but struggled with the ongoing conflict between her parents. Tracy found it difficult to cope, as the divorce had already been extremely stressful for her. Although her family was supportive, they did not live nearby and she found herself feeling very overwhelmed, frustrated and lonely.

The matter was not reported to the police.

Period of Therapy: 2 years

Sources of Information: Case File, Group Notes, Social worker at Childline, Tracy

MOTHER 5: KIM

Kim is 37 years old. She is married and has three children. Her oldest son Jason had sexually abused her younger son Reece. Reece then sexually abused his sister, Carly. Kim found out about the abuse when her husband walked in on Reece and Carly having sexual intercourse. Her husband turned to alcohol as a means of dealing with the incident. He gave Kim no support and left all responsibilities to her.

Kim found it difficult to deal with her anger towards the boys. Since the children remained in the same home, Kim could not sleep at night. She had to constantly guard against her children molesting each other. She became frustrated, exhausted and angry with her husband for not supporting her. Eventually the boys were removed from her care but she still had to ensure that they receive therapy. The oldest boy denied the abuse but the youngest admitted what he had done to his sister. He was charged and diverted to a therapeutic programme at Childline.

Carly attended therapy for over a year. During the intervention, she struggled with confusing feelings of love and hate for her brother. She blamed herself for getting her brother into trouble. Carly presented with very poor self-esteem, poor social skills and no assertive skills. Kim struggled to support Carly. She initially expressed anger at Carly for not disclosing and then started to overindulge her as a means of compensating for what had happened.

Although Kim attended the mother's support group frequently, she still needed more support and went to a psychologist. Kim found it difficult to cope as she blamed herself for the abuse.

Period of Therapy: 2 years

Sources of Information: Case File, Group Notes, Kim

MOTHER 6: CAROL

Carol is 41 years old. She is divorced and has three children. Her husband had sexually abused his 14-year-old daughter and his 21-year-old stepdaughter. Her oldest daughter, Jessica had run away from home. She had severe behavioural problems and when the police picked her up; she disclosed that her stepfather had sexually abused her. When Carol heard Jessica's disclosure, she did not believe her. She had been married to her husband for sixteen years and could not believe that he was capable of abuse.

Carol remained with her husband while her daughter moved out of the home. She sent Jessica to live with her biological father and arranged for her to attend therapy. Jessica continued to give a consistent disclosure of her stepfather sexually abusing her. Carol then separated from her husband and took her younger daughter, Ella for an assessment. Ella had disclosed to her therapist that she had also been abused and that she witnessed her father abusing Jessica.

Carol's life fell apart because she lost all her friends as they sided with her husband. She was also financially dependent on her husband and had to adjust to being the sole breadwinner. Her family refused to accept that her husband was capable of abusing her children and showed little support. They blamed the girls and accused them of lying.

Carol continued to bring Ella for therapy and Jessica remained with her father. Carol's son, David maintained contact with his dad. His relationship with Ella deteriorated as he blamed her for breaking up the family. Carol struggled with her feelings; she still loved

her husband and started to blame the children. She viewed her children as having affairs with her husband and felt a need to go back to him to reclaim her position as 'mother' and 'lover'.

The matter was reported to the police and Carol started to minimise her contact with her husband. After the court case and listening to her children's testimony for the first time, Carol realised that the love she felt for him turned into anger and hatred.

Jessica continued with therapy for over two years. She had become self-destructive and sexualized. Jessica became very promiscuous and had started abusing drugs. Her sister, Ella still loved her father and had been groomed by him over a long period. She started to masturbate excessively and became very sexualised. She also struggled with nightmares and became clingy to her mother. David also attended therapy to help him understand what was going on in the home.

Carol's only support came from attending the mother's group. She attended regularly. She has broken all ties with her husband and has built an independent and successful life without him. She has never had an intimate relationship since her husband and struggles even when she sees an older man looking at her daughters.

Period of Therapy: 2 years

Sources of Information: Case File, Group Notes, Social worker at Childline, Referral reports, Carol

MOTHER 7: FRIEDA

Frieda is 32 years old. She is married and has two children. Her brother in law had sexually abused her oldest daughter, Joanne. She was then referred to the Childline Therapy Centre in June 2002. Joanne received individual and group therapy at the

Centre. Frieda was invited into the mother's support group as she struggled to deal with her feelings.

She received little support from her husband because he was an alcoholic. When he heard about the abuse, he started drinking heavily and kept a distance from the family. Frieda felt rejected by her husband and her immediate family. They urged her to drop the case against her brother-in law and accused her husband of abusing Joanne. Frieda had always kept to herself because she was always ashamed of her husband's drinking. She had little support and felt very disempowered as the whole family turned against her.

Joanne had attended therapy for over a year. Frieda struggled with her daughter, as she became suicidal and very withdrawn. Joanne blamed herself for the breakup of the family and for her parent's marital conflict. The matter was reported to the police and the case was eventually withdrawn. Frieda was extremely disappointed in the justice system and felt that the perpetrator should have been punished.

Period of Therapy: 2 years

Sources of Information: Case File, Group Notes, Frieda

MOTHER 8: JODY

Jody is 35 years old. She is divorced and has two children. Jody received a telephone call from her ex-husband's girl friend that alleged that her husband was sexually abusing Cathy, her ten-year-old daughter. She was devastated and came to the Childline Therapy Centre in October 2002 for assistance. Jody had been seeing a psychologist because she had found out from a friend that her husband had been drugging her and abusing her.

Learning of her daughter's abuse was extremely difficult for her. Her husband had been violent towards her and she was afraid that he might hurt her children. She got an interdict against him and applied for supervised visitation to her children. Her husband denied all allegations.

Jody had received a lot of support from her family. She was very depressed because she had to deal with her own abuse as well as her children. Cathy started to have behaviour problems and struggled to sleep. She was very hesitant to disclose and had threatened her sister not to say anything. Jody found disciplining the children very difficult, as Cathy would often become aggressive.

The matter was reported to the police but the case was dropped because the children were too afraid to testify. Her husband agreed to supervised access. Jody continues to keep herself busy but struggles to trust men. She attended the support group regularly but continues to see her psychologist to deal with her own abuse.

Period of Therapy: 2 years

Sources of Information: Case File, Group Notes, Jody, Referral letter

DEMOGRAPHIC DETAILS OF EACH PARTICIPANT

The following table shows the age of each mother, her marital status and the number of children she has. It also identifies with an asterisk which child has been abused.

TABLE 5: PROFILES OF THE EIGHT PARTICIPANTS

NAMES	AGE	MARITAL STATUS	CHILDREN
Samantha	33	Married	James (15 years) Rosanne (10 years)* Kimberly (3 years)
Bianca	37	Married	Savanna (17 years)* Jerome (12 years)
Mandy	32	Divorced	Robyn (11 years)* Racquel (9 years)*
Tracy	52	Divorced	Jamie (13 years)* Jolene (11 years)*
Kim	37	Married	Jason (17 years) Reece (14 years)* Carly (9 years)*
Carol	41	Divorced	Jessica (21 years)* David (18 years) Ella (14 years)*
Frieda	32	Married	Joanne (13 years)* Patricia (6 years)
Jody	35	Divorced	Cathy (10 years)* Laura (7 years)

The participants were between the ages of thirty-two and fifty two years old. This study had an equal number of participants that were divorced and married. Two participants got divorced when they discovered that their husbands had abused their children. One participant had applied for a divorce when she discovered that her husband had been drugging her and sexually abusing her. The final participant was in the process of divorcing her husband when she discovered her children's abuse.

In this study, the number of female children being abused is larger than the number of male children. While this reflects that more girls are in therapy, this is not reflective of

the prevalence of boys being abused. The under-reporting of male children being abused is common. An explanation for this was given in an article by <http://olbers.kent.edu/godfrey/Public/Sar/boy.html>. Boys were unable to report their abuse for the following reasons. They may grow up with the ethic of self-reliance and this inhibits their ability to talk openly about painful experiences. Another factor is dealing with the stigma of homosexuality and the fear of being labeled. The third inhibiting factor is the fear of losing their independence as parents may become protective after a disclosure.

The following table identifies the age of the children at the time of the abuse. It details the type of abuse, the period of abuse and the relationship of the abuser to the child.

TABLE 6: DETAILS OF THE CHILD'S ABUSE

MOTHERS NAME	NAME OF ABUSED CHILDREN	AGE OF THE CHILD WHEN THE ABUSE TOOK PLACE	TYPE OF ABUSE	RELATIONSHIP OF THE ABUSER TO THE CHILD
Samantha	Rosanne	8 years	Sexual - ongoing	Cousin
Bianca	Savanna	7 - 13 years	Sexual – ongoing	Uncle
Mandy	Robyn Racquel	3 - 8 years 3 - 5 years	Sexual - ongoing Sexual – ongoing	Biological father Biological father
Tracy	Jamie Jolene	9 years 8 years	Sexual - ongoing Sexual – ongoing	Paternal grandfather Paternal grandfather
Kim	Reece Carly	Unsure 8 years	Sexual - ongoing Sexual – ongoing	Brother – Jason Brother – Reece
Carol	Jessica Ella	2 – 15 years 7 – 10 years	Sexual - ongoing Sexual – ongoing	Step father Biological father
Frieda	Joanne	11 years	Sexual - once off	Uncle
Jody	Cathy	8 years	Sexual – ongoing	Biological father

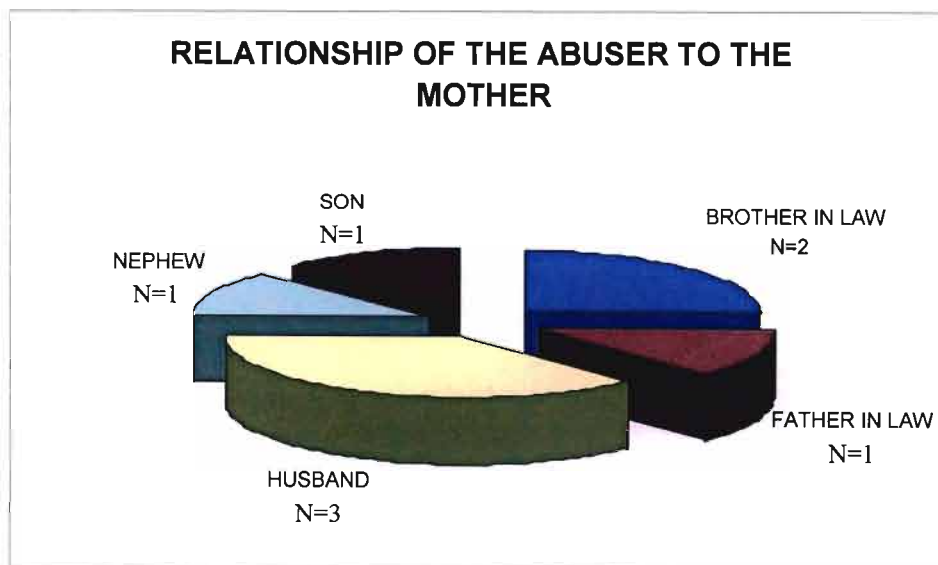
All the children had been abused between the ages of two and fifteen years. Seven participants found that their children had been abused on an ongoing basis. Only one child experienced a once off incident of abuse. This was Frieda's daughter, Joanne. The relationship of the perpetrator to the child varied. With all the survivors, the family knew the perpetrators. Statistics given by People Opposing Women Abuse revealed that almost 85-90% of the perpetrators are known to the child

(<http://www.powa.co.za/Display.asp?ID=2>). In this study, three participants discovered that the biological father was the abuser. The other perpetrators included stepfather, paternal grandfather, brothers and cousins.

RELATIONSHIP OF THE ABUSER TO THE MOTHER

As discussed above, perpetrators were all close family members. The following table examines the relationship of the abuser to the mother. Three participants had been married to the perpetrator. Two participants said that the perpetrator was their brother in laws. The rest of the offenders were either the mother's father in law, nephew or biological sons.

FIGURE 1: RELATIONSHIP OF THE ABUSER
***N: NUMBER**



THE MEANS IN WHICH THE MOTHERS DISCOVERED THE ABUSE

The participants discovered their children's abuse through various means. The table below illustrates the means of discovery.

FIGURE 2: MEANS OF DISCOVERING THE ABUSE

***N:NUMBER**



Four mothers (Jody, Frieda, Carol, Mandy) in the study heard about the abuse from other people and only two mothers (Tracy, Bianca) got direct disclosures from their children. Kim learnt of the abuse when her husband witnessed the abuse as he walked into his daughter's bedroom. Samantha was in a similar position, when she walked into her daughter's room and caught the perpetrator in her daughter's bed.

From the above, it is clear that only two mothers got direct disclosures from their children. This led me to question what the mothers experienced when they learnt that their child could not speak to them. Many of the participants viewed the child's inability to disclose as a betrayal or with anger towards the child and anger at themselves for not being 'available' to their children. A more detailed view of how mother's dealt with the disclosure follows in the next chapter.

This chapter gave a detailed profile of each participant in the study. It identified the relationship of the abuser to the child and to the mother. The details of the abuse were given and the participant's means of discovering the abuse was explored.

“Motherhood brings as much joy as ever, but it still brings boredom, exhaustion and sorrow too. Nothing else ever will make you as happy or as sad, as proud or as tired, for nothing is quite as hard as helping a person develop his own individuality especially while you struggle to keep your own.”

Marguerite Kelly and Elia Parsons

CHAPTER FIVE

THE EXPERIENCES OF THE NON-OFFENDING MOTHER

The last section introduced all the participants in the study and a detailed profile was given. This chapter provides an analysis of the participant's experiences and specifically looks at their reactions and feelings when they discovered their child's abuse. It also gives an analysis of their experience with various service providers when seeking help for their children.

THE INITIAL REACTION OF THE MOTHER TO THE CHILD'S ABUSE

The reaction of the mother to her child's abuse has been described as an overwhelming crisis with long term effects on her life (Hooper, 1992 in Hill, 2001 and MacFarlane et.al., 1986). In the literature, a number of ways are used to capture the experiences of these mothers. One manner in which non-offending mothers reactions have been understood in the literature (Hagans and Hagans, 1988) was by comparing their experiences to being similar to the stages of grief when one has lost a loved one. This literature suggests that the mother's experiences are distinctive and clearly defined within the stages of grief. It also assumes that mothers pass through these stages sequentially when dealing with the trauma of their abused child. In comparing the stages of grief documented in the literature to the experiences the mother's shared in the study, I found that often feelings overlapped and did not easily fit into stages. Mothers may have expressed feelings found in a particular stage of grief but this was coupled with other feelings as well. The following discussion compares the mother's feelings to the stages of grief.

Shock

According to the literature, shock and denial is the initial stage of grief. The parent that has discovered their child's abuse may also react with shock and denial. All the mothers

had expressed some degree of shock. In particular, four mothers (Samantha, Bianca, Mandy and Kim) had expressed shock as their initial reaction. This however was accompanied by other feelings that are later discussed. In the quote below, Mandy had just come out of the district surgeon's office and was told that her husband had sexually abused both her children. She could not believe what she had heard and never expected it in her family.

I was sitting there in the room and I was crying for more than an hour and I didn't want to see him and although at that stage they couldn't pin point that it was him but I didn't want to see any man, I was just...it was shock

(Mandy)

While literature says that denial is part of this initial stage, it would appear from the results of this research that 'disbelief' would be a better way of describing the reaction. Bianca shared the same dilemma and expressed shock as well as disbelief when her daughter had disclosed to her. For the purpose of this study 'disbelief' was defined as the mother believing that the abuse was possible yet finding it very difficult to believe it had actually taken place. 'Denial' was defined as the mother's inability to accept that the abuse could have taken place and her refusal to accept that it had occurred.

None of these mothers denied that the abuse had taken place. However they did experience disbelief. According to Hagans and Hagans (1988) the parent experiences shock as a result of what the child says and denial is often linked to the thought of how such a 'nice' person could have abused your child. Bianca's disbelief and shock stemmed from her image of having a conservative Christian family. She attended church regularly and had set good family values. In the quote below Bianca expressed shock because she never suspected or expected abuse to occur within her conservative and religious based family.

I was shocked, I was shocked, I couldn't accept that something like that could happen in my family, I was shocked

(Bianca)

The first stage of shock and denial often involves the parent struggling with mistakenly trusting someone or denying the abuse by questioning if the child is telling the truth. All the mothers in the study had trusted the people that abused their children. This contributed to the shock and disbelief that the mothers experienced.

None of the participants questioned the legitimacy of their child's disclosure. They did however express disbelief at times as a result of their trust and attachment to the perpetrator.

Disbelief

Researchers reveal that the mother's belief in the child who is a victim of incest is vital for the child's recovery (Hancock and Mains, 1987). The mother that believes her child has validated that the child is not lying and has thus shown her support for the child. This validation and support helps to keep the child feeling secure and safe thus influencing the child's ability to heal.

As defined above, disbelief is the acceptance that the abuse could have happened; yet there is a refusal to believe that it took place. Although they did believe that the children were truthful, in the study, Mandy, Tracy and Carol found it difficult to believe that it had happened nevertheless to them. The common link to all these mothers was that the perpetrator was someone that they trusted and thought very highly of. In the case of Mandy and Carol, they both idolized their husbands who were the perpetrators. Tracy had trusted her father in-law as she shared a good relationship with him as compared to other family members.

I didn't believe them. I really didn't because he was the one in-law that I really liked.

(Tracy)

Mandy in the quote below had discovered that her husband sexually abused her daughter. Her first reaction was disbelief because she had been married to him for seventeen years

and could not believe he was capable of such a thing. It was too difficult for her to accept the abuse at that stage so she denied that the abuse had taken place. Mandy was able to accept the abuse at a later stage. Literature indicates that the most harmful reaction to children is verbal disbelief by a parent as this may teach the child that their internal sense of right and wrong cannot be trusted

(<http://danenet.wicip.org/dcccrsa/saissues/parent/4.html>)

*Initially you don't believe them and then after awhile you
realise that children don't lie*

(Mandy)

Anger

The study revealed that anger was not commonly expressed as an initial reaction of mothers. One possible explanation for this could be the historical experiences of women and men in the past. It is these differences that have paved an impression of how men and women vent feelings, in particular anger. Men were viewed as the stronger sex. Historically they were seen as the hunters who provided for their family or the protectors who waged war. They were associated with power, strength and aggression. This impacted on women, who were viewed as the weaker sex, not expected to reveal aggression but subordination to the more dominant sex. Generations have taught women the concept of being 'ladylike' and aggression or anger has never been associated with this concept. Although this may have been in the past, our present modern day women are still emotionally stunted. When the mother learns of her child's abuse, she does not run to the perpetrator with the intention of killing him. She maintains restraint in expressing her feelings and actions as she thinks of the needs of her family first. This is the result of years of being socialized into the role of 'motherhood' in which women are viewed as being selfless and putting the needs of her family first.

Only Kim and Carol had expressed anger as an initial reaction but this was coupled with feelings of shock or disbelief. The quotes of Kim and Carol illustrate that emotions

expressed in the stages of grief were not separate and discrete but overlapped as discussed earlier.

I was shocked, I didn't know what to actually think because I couldn't believe it and I was angry at my daughter because she didn't say anything

(Kim)

When Jessica first told me I was actually angry with her, I felt that there is no ways my husband could do such a thing...I was angry that first of all he could have done something like that to her, angry she could be telling me this and at the same time not wanting to believe it.

(Carol)

Kim and Carol seemed to have directed their anger towards their daughters for not disclosing the abuse. Carol expressed anger towards her daughter for accusing her husband of abusing her. The expression of anger in mothers at this stage can be compared to the second stage of grief (Hagans and Hagans, 1988). The literature points out that the onset of anger often sets in when the parents have accepted what has happened. During the initial stage, Kim and Carol had expressed anger but had not accepted that their children had been abused. They expressed anger although they found it difficult to accept that the abuse took place. Giarretto (1982) describes the onset of anger at this stage for mothers as being related to the uncertainty of their futures and being put in a position of keeping the family from falling apart. It is interesting to see that it was easier for the mothers to vent anger towards their children rather than the perpetrators. It seems easier to blame their daughters as they have less power than to blame their husbands who have more power over them. It is clear that women have been socialized into how they vent anger. Coming from being an oppressed class in relation to men, it becomes difficult to stand up to them.

Panic and Fear

Another initial reaction in mothers was the expression of panic and fear. Bianca and Jody experienced both panic and fear as an initial reaction. These reactions often overlapped with other stages of the grief process e.g. fear was combined with anger. The participants explained reacting with panic when they did not know what to do after the child disclosed. The fears were related to people finding out about the abuse, not being able to cope with the abuse and the fear that the perpetrator may harm the family. The following case of Jody illustrates the panic that she felt when she heard of her child's abuse for the first time.

I was terrified. I could not cope.

(Jody)

Jody was divorced from her husband who was extremely violent. He had in the past threatened her with a firearm. When she discovered that he abused her children, she feared that he might physically harm her and her children for reporting the abuse. Her initial instinct was to take the children and run away from her husband. She could not do so because he had legal access to her children. She reported the incident to the police and applied for full custody of the children with no visitation rights to the father. Jody became very fearful and decided to empower herself so that if she was ever confronted with him, she would cope. She attended the support group regularly and she started attending self-defense classes, which really helped her feel much more empowered.

The initial reaction of the mother to her child's disclosure can impact profoundly on the child. If parents react negatively, the child may recant the disclosure and deny their feelings (Meltz, 2002). However in this study this was not the case. The initial reaction of the mothers can be summarised as shock, disbelief, fear, panic and anger. None of the feelings were in isolation. An example of this was the combination of shock and fear or denial and anger. When the participants had worked through their initial reaction to the disclosures, they were able to show the child support. If a service provider did not

understand this initial reaction, it could easily be interpreted as the mother being unsupportive. Dealing with these initial reactions is an important part of therapy.

INTERNALIZING THE ABUSE FOR THE MOTHER: LEARNING TO ACCEPT THE ABUSE

Acceptance is the stage when parents start to accept the facts and the impact of the sexual abuse. Literature reveals that it is at this stage that parents no longer fear recovery and healing (<http://danenet.wicip.org/dccrsa/saissues/parent/4.html>).

The process of coming to terms with the abuse was for the mothers in this study a long arduous process. Frieda described it in the following quote.

It feels like the machine at the pound that crushes you slowly and then finally you are crushed, you can't move anywhere, you can't do anything, you feel lifeless

(Frieda)

The most prevalent feeling when mother's internalized and accepted that their children had been abused was anger. All participants expressed anger and it was appropriately directed towards the perpetrator. Carol had initially expressed anger towards her two children and described them as the 'other women' in her husband's life. She felt a sense of betrayal by both her daughters and her husband. This anger was short-lived as she digested that she could not blame her children for the abuse. According to (<http://danenet.wicip.org/dccrsa/saissues/parent/4.html>) parents with extreme emotional reactions such as anger and revenge can increase the child's fear and worry.

The following table is a summary of various feelings that the mother's in the study expressed when they accepted that the abuse took place.

TABLE 7: FEELINGS EXPRESSED BY THE NON - OFFENDING MOTHER

PARTICIPANTS	FEELINGS EXPRESSED
SAMANTHA	Anger, Hurt, Numbness, Shock
BIANCA	Anger, Alone, Disappointed
MANDY	Anger, Shock, Hatred, Bitterness, Heartsore, Cried continuously
TRACY	Anger, Disgust, Worried
KIM	Anger, Guilt, Remorse, Suicidal
CAROL	Anger, Betrayed
FRIEDA	Anger, Suicidal, Hatred, Lifeless
JODY	Anger, Sick, Scared, Worried

In the above table we see that Samantha and Mandy were still experiencing shock although they had come to accept the abuse. It is interesting to note that none of the mothers admitted being in depression during the research interview. It may be that when the research interview took place, the mothers were feeling stronger as it had taken place over a year after they had attended the support group. They could have ‘forgotten’ just how serious the depression had been. However, when the group notes and group files were reviewed, all the mothers had indicated symptoms of depression and Kim and Frieda had become suicidal. Group discussions had focused on the mothers often sharing ways in which to handle their depression. They spoke about the use of medication, what to do when they cried uncontrollably and activities to engage in when they felt themselves becoming depressed e.g. shopping, meeting friends, yoga, exercise.

According to Hill (2001:385) the mother that has accepted the abuse, may experience various losses. This could be a possible explanation for the depression and the suicidal feelings. She may find that she has lost control over her life and her child’s, she may have lost trust in the man who abused her child or she may have lost a sense of being a good mother. Samantha and Frieda had both lost their sense of being a good mother.

I felt alone, I felt like I wasn't doing enough

(Samantha)

I felt like I was drowning

(Frieda)

In comparing the feelings expressed by the mother's when they accepted the abuse to the literature on the final stages of grief the following similarities were found. The mother's initially felt shock; disbelief and later feelings included anger, guilt, depression, shame, anxiety, bargaining in an effort to change the situation and finally the acceptance of the abuse.

BLAME: THE MOTHER THAT EXPERIENCES SELF-BLAME AND GUILT

*I blame myself. I felt like a failure, how come I didn't pick it up,
how come I wasn't more observant and more careful*

(Tracy)

The study has shown that all the mothers experienced a sense of self-blame. According to the literature (Monahan, 1993) parents make sense of the abuse by finding a way to blame themselves. The blame helps them feel that the trauma could have been avoided. All mothers in the study struggled with feelings of self-blame. In the following cases we find that participants blamed themselves for most of the trauma that related to the abuse e.g. breakdown in marriage, moving to a new city and the abuse itself. It was common for them to feel like failures and blame themselves for not paying attention to signs that indicated the abuse. This intensified their feelings of self-blame and guilt. Self-blame and guilt was common among all mothers regardless of who abused the children.

*I was the cause of what happened to her, if I had been more
careful and approached situations in a much better way then
I don't think this would have happened*

(Frieda)

I felt like a failure, like it was me to blame. I felt like there was something I should have done to prevent the abuse

(Samantha)

I blame myself because the strange thing is that I was in the house, that specific year...I was not working. I was at home the whole time. I blame myself because I could have looked out you know for these things

(Mandy)

I blame myself. I felt like a failure, how come I didn't pick it up, how come I wasn't more observant and more careful

(Tracy)

I blamed myself for not knowing it was happening. I blame myself for all the earlier signs, all the things that used to niggle me

(Carol)

Although these mothers had received a combination of individual and group therapy, the research interview revealed that self-blame was still evident many years later. In the interview they expressed that rationally they could understand that the abuse was not their fault, but their feelings of self-blame were still evident.

The research revealed that mothers placed a lot of emphasis on blaming themselves for the children's abuse. One explanation for this may be seen as avoidance in dealing with other overwhelming feelings. Another explanation could be societies patriarchal construction of motherhood. Women were held primarily responsible for domestic work and childrearing (Hyndley, 1989 and Chodrow, 1974 in Hill, 2001). This has left women

feeling burdened and disadvantaged as they are often blamed when anything goes wrong. According to Polatnick (1993) society has never recognised the important 'work' women perform in childrearing. Instead society continues to leave the primary responsibility of caring for children to women and when something goes wrong, they are easily blamed. This patriarchal construction of motherhood continues to fume the blame and guilt that mother's are already struggling with.

The participants that expressed self-blame also fantasised about how they could have stopped the abuse. The following case of Samantha shows how she internalised the blame and fantasised about how she could have prevented the abuse.

If I had followed my motherly instincts, I could have stopped it earlier but I didn't and I felt that I was to blame for having the perpetrator living with us.

(Samantha)

Guilt often accompanied self-blame. According to Bentovim, Hildebrand, Tranter and Vizard (1988) guilt may be experienced as a result of suspecting that something was wrong but not confronting it or feeling a sense of failure for not protecting the child. Kim, experienced guilt when she questioned why she could not protect her child.

I felt guilty because I didn't know and I just felt that I should have known something. I should have been aware of something.

(Kim)

Monahan (1993) found parents using guilt as a power over helplessness. Mothers might experience guilt and a sense of failure once their initial shock lifted (Hill, 2001) and this could explain the onset of guilt at this stage.

Not all mothers in the study verbalised feelings of guilt. However, the researcher found it to be an underlying theme when examining their expression of self-blame. All mothers

in the study had felt a sense of self-blame and guilt. Carol blamed herself for the abuse and felt guilty for not stopping the abuse.

*I am angry at myself for being a busy mum, for giving
my marriage more attention than what I gave my girls
that was what I was guilty about*

(Carol)

Carol was a good wife and mother, yet she blames herself for the abuse. It is the socialization of women that has caused such injustice that a woman who has been betrayed by her husband and finds her children abused takes on responsibility for the trauma and blames herself. This blame contributes to her feelings of guilt as she begins to question her own ability as a mother and wife and perceives herself as a failure as she has not fulfilled what society has expected of her as a wife and mother. A study done by Hill (2001) on mothers of sexually abused children found guilt to be a prevailing factor as mother's struggle with traditional patriarchal expectations that they have grown up with. They are automatically expected to hold nurturing and protective roles in which they are expected to intuitively know when something is wrong with their children. This seemed to be very evident in this study as well.

Carol was also an adult survivor of childhood sexual abuse and her feelings of guilt and self-blame were compounded by her lifelong effort to prevent the same fate for her children.

*I felt I should have known I felt with me being abused as
a child I should have known the signs and I didn't*

(Carol)

Guilt is seen as the principle emotion for mothers of sexually abused children (Giarretto, 1982). Guilt may manifest in two ways: the mother may go into rage against the perpetrator or she may withdraw. She may take on total responsibility for the survival of their families by parenting both their husbands and their children and at the same time take full responsibility and assume full blame for the present state of the family (Giarretto, 1982).

As discussed earlier, parents may use guilt as a power over feelings of helplessness. It is thus common for shame to accompany the guilt. The participants did not verbalise feelings of shame but this was evident when they criticised themselves for not meeting their personal standards. Monahan (1993) also stated that guilt is often associated with a particular act that could have been avoided but shame is related to parents feeling that they have not met their personal ideals and thus finds it difficult to forgive themselves as the abuse cannot be undone.

From the above discussion we find that mother's present with a host of feelings when their child has been sexually abused. Many feelings appear to be similar to symptoms and feelings that their children present with. Monahan (1993:67) refers to this as 'supporter distress' and comments that parents can also be hidden victims of the child's trauma. In viewing the initial feelings and the feelings expressed when mothers accepted the abuse; we see that they have felt self-blame, guilt, anger, betrayal, depression. These feelings are similar to how Sgroi (1982) describes the feelings of a sexually abused child. The child also experiences self-blame, powerlessness, a feeling of loss and betrayal, anger, depression and an inability to trust.

If therapists working with sexually abused children take time to understand the feelings of the non-offending mother, they could equip themselves in managing children more effectively. A study done by Faust et.al. (2002) found that abused children are less likely to receive optimal support from their mothers when they are depressed or experiencing other psychological problems. They are unable to cope with parenting the abused child as they become overpowered by their own emotional state. By supporting the mother

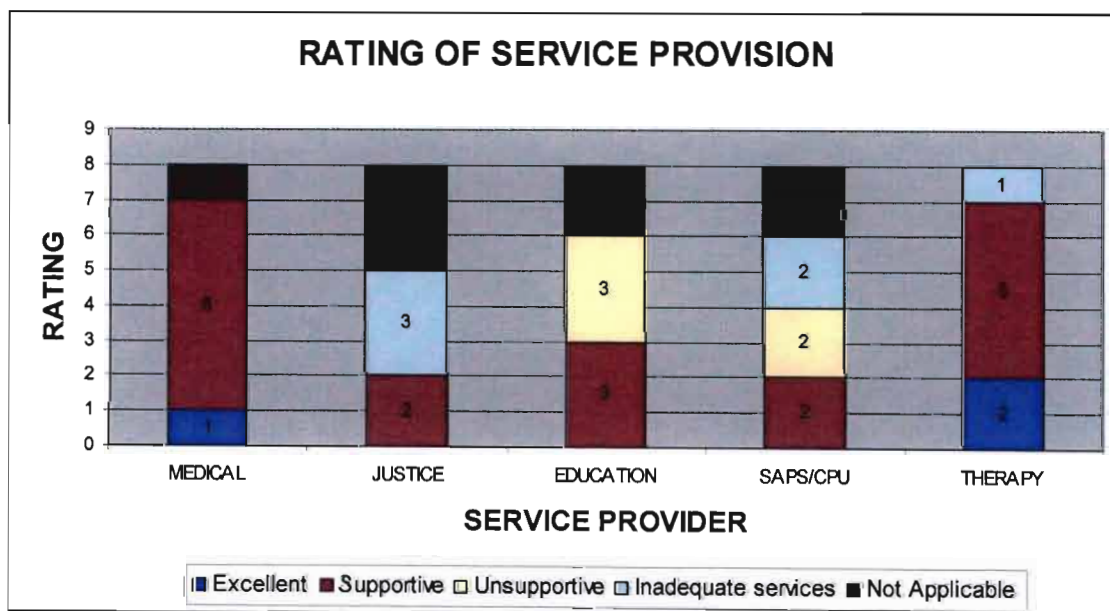
through her feelings, you would be helping her support her child effectively, which would impact positively on the healing process.

SEEKING HELP: SERVICE PROVIDERS THAT IMPACT ON THE MOTHER'S EXPERIENCE

The literature review gave an introduction into the various legislation that protects children and their families from abuse. In viewing the positive and negative experiences mothers have of various service providers, it is clear that the legislation has not always been properly implemented.

In analyzing the responses to questions about their perceptions of service provision, it was apparent that these could be described as supportive or unsupportive. The following table summarises it and a discussion will follow.

FIGURE 3: RATING OF SERVICE PROVISION



In a study done by De Jong (1988) on maternal responses to abused children, it was found that mothers become stressed by the impact on the medical, social and legal interventions. This leads to them becoming so consumed by the impact of the abuse on their own lives that they neglect to focus on the impact on the children. Studies done by Hill (2001) on mothers of children that had been sexually abused revealed that these

mothers found professionals to be unhelpful and lacked understanding. The following discussion gives us insight into the experiences that the mothers had with various service providers.

The Medical Examination of the Child

The participants (Samantha, Bianca, Mandy, Kim, Carol, Frieda, and Jody) who had taken their children for medical examinations had positive experiences. Tracy was the only participant who had not taken her daughters for medical examinations. All the other participants except for Bianca had taken their children to the local provincial hospital and the district surgeon then examined them. It seems that in KZN there is a shortage of female district surgeons. Male doctors thus often examine the children. The medical examination becomes difficult for both the mother and the child, as their perception of males has changed since the perpetrator was a male that they trusted. Carol was the only mother who had a district surgeon that was female. She has since retired in KZN. Bianca had taken her daughter to her family general practitioner. In commenting on health services, Samantha described her experience as excellent while the other six mothers (Bianca, Mandy, Kim, Carol, Frieda, and Jody) described the health services as supportive. They associated supportive with being gentle and understanding, explaining the procedure carefully, taking time to listen, being straightforward, being calm and professional.

Carol explained how the medical examination could be an eye opener for mothers that initially deny the abuse.

*When the doctor had put Ella on the bed and examined her,
it was the first time that the reality had actually hit me of
what my husband has done to my little girl*

(Carol)

In view of reports in the press that identifies an unsupportive health system, it is good to know that the mothers in this study viewed the health system positively. It is important to note that all these mothers had easy access to provincial hospitals as they lived in urban areas. The experiences of mothers in rural areas may differ.

The Police and Child Protection Unit begin to investigate

Six of the eight mothers had reported the abuse to the police and their experiences were examined. These participants were Samantha, Mandy, Kim, Carol, Frieda and Jody. The following account looks at the mother's experiences with both the general South African Police Service (SAPS) and the Child Protection Unit (CPU). The CPU and the general SAPS had an equal distribution of being viewed as supportive and unsupportive. The following comments reflect the mother's views on the CPU and the general SAPS. Positive comments included:

They were patient and sensitive towards the children even though they did not disclose

(Jody)

In reference to the Child Protection Unit

They were gentle and supportive and the inspector use to phone to check if I am coping

(Mandy)

In reference to the Child Protection Unit

The mothers viewed the police as supportive if they illustrated that they knew the procedures involved in handling sexual offences, when they were gentle and sensitive to the needs of the children, when they returned telephone calls and when they updated the family on the progress of the case.

Mothers who found the police inadequate and unsupportive made negative comments:

*He refused to take down my statement at first, he said no ways,
if she was raped then he could have done something but she
hasn't been raped so there was nothing he could do and
finally he phoned somebody from C.P.U and they told him
that he has to take a statement from me*

(Frieda)

In reference to the General SAPS

Frieda felt disempowered when she first approached the police for help. She was already feeling vulnerable because her husband was an alcoholic and she had just learnt that a close family member abused her daughter. The police officer refused to open a charge because the child was not raped but fondled. He did not perceive the act as a sexual offence and showed little sensitivity to Frieda and her family. Her feelings turned to anger, frustration and shock when she realised that as a police officer he had little knowledge of sexual crimes and the procedures involved.

Kim shared similar views to Frieda and also found the general SAPS to be inadequate when they lacked basic knowledge in handling sexual offences. In reporting a sexual offence, the public is generally instructed to report directly to the nearest police station first and once a case number has been allocated, the CPU is called to continue the investigation. The reception given by the general SAPS at the onset of reporting the abuse impacts on whether parents will continue to trust in the police and take a stand against perpetrators.

*They didn't know how to handle the situation and lacked
experience with rape and sexual assault*

(Kim)

In reference to the General SAPS

Another frustrating experience for Samantha was the poor feedback given about the progress of her case. She found that the CPU officer was very difficult to locate telephonically never returned messages and never updated her on court proceedings.

Although they took the statement well, they were delayed in arresting the perpetrator. They never gave me feedback on the case

(Samantha)

In reference to the Child Protection Unit

Carol felt that the police should have been much more sensitive to her girls when they questioned them about the abuse. She found that her girls were already traumatized by the abuse and having to disclose to the police compounded their anxiety. The police used a very straightforward manner in questioning them, and showed no sympathy to how difficult it was for them to tell their story. Carol felt helpless as she watched her girl's squirm with embarrassment when they answered questions about how their father had raped them repeatedly. She knew that the police were just doing their jobs but secretly wished that they would remember how much the girls had been through already and showed some sensitivity.

I feel the Child Protection Unit could traumatize the child more in that they want the legal answers

(Carol)

In reference to the Child Protection Unit

Although a few mothers have found the police service to be supportive, there are serious concerns about the reasons why some mothers found them to be unsupportive. It seems that the Child Protection Unit has been exposed previously in the media for not providing an adequate service to both the mother and the child and for not ensuring that the child is referred for therapy (Joseph, 2003). Mothers that go for help and are treated with

disrespect feel very disempowered because they often see the reporting of the abuse as a means of helping their child when they previously could not.

Bianca and Tracy did not report the abuse to the police. Bianca feared being criticized and ostracized by her family and her community. Tracy was in the middle of her divorce and was advised that if she reported the abuse, it would appear as though she was using it to get custody of her children. When Tracy discussed this in her interview, she revealed that she did not regret her decision and was at peace with it.

Guilty or not guilty: The experience of the justice system

In five cases, the mothers had been to court with their children. These participants were Samantha, Mandy, Kim, Carol and Frieda. Three participants (Kim, Carol, Frieda) found the court and justice system inadequate. Carol had appeared in court when her husband was charged for sexually abusing both her children. She found the court experience extremely traumatic. When she arrived at court her children were faced with her husband in the same waiting area. This impacted on the children's ability to testify because they were afraid. Children that have to testify can be victims of secondary abuse as they often testify in courts designed for adults or are exposed to personnel that are not trained to work with children (Initial Country Report on the Convention on the Rights of the Child, 1997). Carol also felt that the prosecutor was inexperienced and did not manage the case effectively.

I felt like they were being raped by the system a second time

(Carol)

In response to her experience, she wrote a formal complaint to the senior prosecutor. She did not get a response to her letter but found that when she got to court for the next appearance, staff appeared more sensitive and cooperative.

Kim and Frieda also shared a negative view of the justice system. Kim expressed anger towards the justice system and felt that they had not taken her case seriously. They had remanded the matter constantly and only finalised sentencing after a year. There had been no consideration for Kim having to take time off from work each time the matter had been remanded. Frieda shared similar frustrations with the court system. She went to court thinking that the perpetrator was going to jail. When the child had gone for an interview, the prosecutor had told her that she had a good case. She was given false hope and the matter was withdrawn. No personnel at the courts had prepared the families or the children for the problems that would arise when going to court. Some of these problems include the law of evidence; the child is not allowed to have independent representation, lack of witness protection, lack of backup resources to make decisions in the best interests of children (Initial Country Report on the Convention on the Rights of the Child, 1997).

Samantha and Mandy had completely different experiences and had found the justice system to be supportive. Their children did not have to testify and the matter was settled between the perpetrator and the magistrate. The prosecutor was supportive to the mothers and took time to explain the court process to them. They were patient and caring towards the children.

The justice system has been seen in both a positive and negative light. The mothers that regarded it as supportive did not have to watch their children testify in court. The other mothers witnessed the pain and anguish in their children with having to go to court, face the perpetrator and later testify. The most devastating aspect of going to court for Kim, Frieda and Carol was that none of the perpetrators were convicted.

At the Childline Therapy Centre, parents and their children are prepared for the court process. They are given a description of what court looks like, who they will meet, what role they would play in court and what might happen after court. The therapist working with the family is often faced with the aftermath of court as they have to help both the child and the parent heal and cope when facing the fact that the perpetrator has not been

convicted. All the participants who appeared in court received court preparation at Childline. Despite the in-depth court preparation done with the child and family it is difficult to foresee and prepare them for court. The court preparation programme is not flawed because regardless of how well it is done, court can be unpredictable and may still impact negatively on the family.

Despite efforts to improve justice in this area e.g. the establishment of child friendly courts, the Child Justice Bill, the Sexual Offences Bill, this research indicates that there is still a long way to go.

The Response of the School

Only six participants (Samantha, Mandy, Tracy, Kim, Carol, Frieda) had notified the school. Three participants (Samantha, Mandy and Frieda) had found the principal and teachers supportive and the other three participants (Tracy, Kim and Carol) found them to be unsupportive. It seems that the principal and teachers that were unsupportive did not understand the mother's feelings and acted insensitively towards them.

Samantha had notified the school when she needed to take Rosanne out early so she could attend therapy sessions. The teacher and the principal were very accommodating. They did not question Samantha or Rosanne and showed a lot of support for them.

Yes the school was aware of the abuse, they were very supportive, whenever she needed to go to therapy they gave her the days off, nobody questioned her; nobody victimized her

(Samantha)

Kim found the school to be unsupportive. The children at school had come to know what had happened to Reece and Carly. They started to treat Carly very badly. She was often teased in class or made to sit aside from everyone else. Kim had to address this with the principal. He was extremely unsupportive and instructed Kim to remove her

children because it was in conflict with the image of the school. The principal presented as an oppressive male who was using his power and status to intimidate Kim. Would the principal have reacted in the same manner if Kim were a male? The oppressive nature of the principal is a product of how society has socialized men into thinking that they occupy a higher status and women a marginalized one as they are still seen as primarily responsible for childrearing and maintaining the household. It was of concern to note that this man was more concerned with “image” than with the well being of a child.

The school did find out and they were very unsupportive. They actually wanted me to have the children removed immediately... the principal felt it was a bad reflection for the children at the school

(Kim)

Going for therapy

All the participants had taken their children to Childline for therapy. Carol had taken her eldest daughter to a psychologist in Johannesburg. The overall rating for the therapy was supportive. Only Tracy felt that the therapy was unsupportive. She felt excluded from the therapy process because she was given little feedback from the therapist working with the child. MacFarlane et. al.(1986) have commented that mothers may feel threatened by the therapist, as they fear that the therapist may try to replace their role in the child’s life. It is thus important for the therapist to maintain contact with the mother and provide relevant feedback. The following comments reflect the mother’s experiences of taking their children for therapy.

The therapy was fantastic, it helped Rosanne to be more outgoing, to be more self-conscious, more self-confident..she now knows that she does not have to be afraid of anybody or anything. She is just a child that can now go out there and grow because she has healed

(Samantha)

She got down to things, she gave us information that was needed, she told us how to go about things, what needed to be done and she became our support mechanism

(Kim)

As a waiting mother in the waiting room, I didn't know what took place. The communication was lacking

(Tracy)

The therapist is bound by confidentiality and is faced with the dilemma of sharing the details of the therapeutic session. It is common for mothers to feel 'left-out'. Tracy describes a similar feeling. She is further burdened with the anxiety of coping with her child not disclosing to her and then her child being able to talk openly to a 'stranger' (the therapist). Mothers may experience anger, hostility or envy towards the therapist for sharing this relationship with her child. The social worker may also experience conflict, as they understand the need for mothers to be informed but are bound by rules of confidentiality regarding the child.

This chapter gave a comprehensive insight into the various emotions and reactions that the non-offending mother may present with. It began by viewing the initial reaction of the mother and then progressed to look at feelings that surfaced when she accepted that her child had been abused. The second part of this chapter examined the various service providers and a critique was given by mothers indicating what they viewed as supportive or unsupportive.

CHAPTER SIX

STRENGTH, COURAGE AND DISSAPOINTMENT: MOTHERS WHO STRUGGLE AND TRIUMPH

This chapter examines the challenges that mother's face in parenting an abused child and in dealing with symptoms that the child may present with. The mother who is an adult survivor is also examined.

THE CHALLENGE OF DEALING WITH THE CHILD'S SYMPTOMATIC BEHAVIOUR

The participants were faced with many challenges while supporting the child through the trauma. The most obvious difficulty to all mothers was managing the children's symptomatic behaviour. Various authors (Sgroi, 1982, James, 1989 and Lusk and Waterman, 1986) have agreed that abused children may present with nightmares, fear, depression, sleeping difficulties, withdrawal, delinquent behaviour and sexualized behaviour. The literature review gives a more detailed account of the effects of abuse on the child. These symptoms are often managed through therapy and support from caregivers. An enormous strain is placed on the supportive caregiver. In the study, participants commented on the various symptoms found in their children and shared how they struggled to overcome them. Each child reacted individually to the trauma and the participants could not anticipate the effect it would have on them. All participants expressed difficulty in coping.

I never knew what to do to make it right, I cried a lot and so did my daughter

(Samantha)

The above case is an example of Samantha struggling with her daughter, Rosanne. Samantha worried about Rosanne because she had started stealing, lying, bed-wetting and was constantly seeking attention. Rosanne found it difficult to open up to her mother about the abuse and only disclosed to the therapist. Samantha was disappointed about this and often expressed feeling like a failure. Kim shared similar feelings to Rosanne and often doubted her parenting skills and her ability to be a mother. She expressed feeling helpless when her children refused to discuss the abuse with her.

From a mum's perspective, you want to be there for your kids, you want to cuddle and love them, you know you want to talk to them

(Kim)

It was common for participants to mention that their children did not open up to them easily. The mother's struggled with their own perceptions of motherhood as a result and often felt disappointed with themselves. Bianca found her daughter Savanna withdrawing from her after she disclosed that she had been abused. She did not know how to talk to Savanna about the abuse. The anxiety increased for her when Savanna stopped confiding in her. She perceived this as rejection and a punishment for not stopping the abuse. Bianca had then declared herself an unfit mother. Tracy shared similar feelings when her daughters, Jamie and Jolene who refused to discuss the abuse with her. She watched the girls become withdrawn and have sleepless nights because of nightmares and felt helpless when she could not get them to open up to her.

Although some children found it difficult to open up to their mothers, the participants also struggled with sharing how they felt with their children. Kim was angry with her daughter and her sons but was too afraid to show how she felt. She said that she needed to be strong at all times. This often meant that she neglected her own feelings by bottling them up. Carol also felt anger and frustration with her children but resisted discussing it with them in an effort to protect them. She focused on surviving and protected the children by not showing them how she was hurting.

The single mothers experienced similar challenges but were sometimes left feeling more responsible for the safety of their children as they received minimal support. Tracy was divorced and her husband had weekend access to the children. He lived in Johannesburg and when he visited Durban, he often took the children to his parent's home. His father was the alleged perpetrator. When the children returned from their visit, their fear increased and the nightmares became frequent. Tracy often felt as though she was 'picking up the pieces' and had to start making the children feel safe again.

Mandy and Carol had lost their homes, their marriages and their friends when the abuse was revealed. They became both the mother and the father to the child.

You are used to two parents and now you have to play mum and dad.

You have to discipline them and you have to love them

(Mandy)

Mandy had to deal with her unresolved feelings towards her husband and cope with her children as well. She became extremely depressed and cried frequently. It was stressful for her because she moved to a new city and had to start her life over again. Mandy often cried herself to sleep and hid her feelings from her children so she would not alarm them. Her daughters started to present with behaviour problems. They became rebellious, started stealing and lying. She had also received complaints from the school that they had engaged in sexual play.

Carol shared a similar fate to Mandy. She had been married to an affluent man for sixteen years. Her family lived in another town and she was completely dependent on her husband. Carol had to maintain a lifestyle that her children were accustomed to. She found herself being manipulated by her children and giving in to them because she felt sorry for them. Carol had to regain her respect as the mother in the home. She also struggled with her daughter, Ella frequently masturbating. Ella often described how she

missed the feeling that her dad gave her. Carol struggled with Ella's openness and found it difficult to manage her sexualised behaviour.

Frieda was faced with handling her daughter's suicidal feelings. Joanne was depressed and attempted and threatened to commit suicide on several occasions. She refused to engage in previous activities and became very withdrawn. Another common challenge for most mothers was disciplining their children. Jody struggled with disciplining her daughters Cathy and Laura. They refused to do chores or listen to their mother and often became disrespectful to their grandparents. The girls were also fearful and struggled to fall asleep. They became clingy to their mother and needed reassurance constantly. In group sessions, all the participants expressed a difficulty in disciplining their children. Mothers that were consumed with guilt and self-blame felt that they could make up to their children by overindulging them. This left children thinking that they could do and ask for whatever they wanted.

The participants in the study were often faced with providing support and care for the abused child. Each child reacted individually to the trauma and the mothers tried to help the children lead 'normal' lives again. The participants could not anticipate the effects of the abuse on the children and were faced with the challenge of adapting and showing support to the children. The above cases identify various problems that the participants addressed when supporting their children. Literature has documented that the effects of abuse can be long term and children may re-experience the trauma at various developmental stages. This has huge implications for the mother if she has little support. Although the participants were faced with many challenges they all displayed strength and courage in persevering in finding ways to help their children.

MANAGING THE DISCIPLINE

The participants found that the abuse of their children had impacted profoundly on their parenting. All the mothers had disclosed that their children presented with difficult behaviour. During the group sessions, they all expressed a need for new and innovative

ways of managing the child's behaviour. It was also common for mothers to become overindulgent with their children. This was most evident with mothers who felt guilty about the abuse and gave in to their children as an effort to take away their pain. There were many sessions in the support group dedicated to appropriate disciplining and the development of rules and boundaries. Literature

(<http://danenet.wicip.org/dcccrsa/saissues/parent/4.html>) p3 indicates that when parents begin to treat their children differently as a result of the abuse, the child may start to believe that they are different and damaged as a result of the abuse.

All the participants had become overprotective with their children. According to MacFarlane et.al. (1986) mothers often became overprotective when they experienced fear. The following cases of Bianca, Mandy and Carol are examples of how fear has driven the mothers to over protectiveness. All participants felt that if they were overprotective they could prevent another incident of abuse.

*I just didn't want her to be out of my sight, I felt it happened once
and it could happen again*

(Bianca)

*They are the only two things that's important in my life and I want to
protect them against anything especially against men and boys
and the wickedness of the world*

(Mandy)

*I felt I didn't know her father was doing it to her and I felt if somebody
else was going to do it I am not going to pick up the signs*

(Carol)

Participants struggled with parenting, as they became overindulgent and overprotective. Mothers that engaged in overindulging the child often struggled with feelings of guilt. Over protectiveness resulted from the mother's fear of the children being abused again.

According to (<http://danenet.wicip.org/dcccrsa/saissues/parent/4.html>)

when parents feel guilt it is common for them to become overprotective. This impacts on the child's ability to heal as the child receives the message that they will not recover from the abuse.

THE STRENGTHS SHOWN THROUGH ADVERSITY: NOT ALL DOOM AND GLOOM

Clients that focus on 'problems' may carry shame, blame and guilt (Miley, O'Melia and DuBois, 1995). The participants were able to move away from their 'problems' as they started to see them as challenges which could be met and overcome. All participants moved from focusing on their past to looking into the future. This meant a shift from looking at what went wrong to finding the strength to survive. Each participant had a distinct capacity to mobilize resources and create change. This change involved each participant evaluating what they have, what they have learnt and what resources they have to meet future challenges. As the participants drew on their resources, they became empowered to change. The biggest strength that the mothers showed was their dedication to their children. While it was extremely difficult for mothers to come to terms with the abuse, they drew on resources and strengths. For Mandy, her relationship with her God and her parents helped. Change and healing had begun with her ability to start talking about the abuse to her parents and with constant prayer.

*A lot of prayer, a lot of tears, spending time with the Lord,
spending time with my parents, telling them exactly how
I feel*

(Mandy)

Frieda allowed herself to become playful again.

*I put myself as a little child, play on the road, play ball
games do things she wants to do just to make sure she
is not suicidal or she is okay*

(Frieda)

In comparing to the stages of grief mentioned earlier, healing is similar to the acceptance stage. Hagans and Hagans (1988) state that parents find acceptance when they have been through the stages of grief and found that they have let go of preconceived ideas about the offender and about themselves as parents.

AN ADDITIONAL CHALLENGE: THE MOTHER WHO IS AN ADULT SURVIVOR OF CHILDHOOD ABUSE

Another feature that impacted on the mother's experience was her own childhood abuse. Two participants had disclosed that they had been sexually abused as children. This childhood trauma may impact on the mother's ability to cope with her child's abuse. She may re-experience her own trauma through her child and become consumed by her own feelings (Hancock and Mains, 1987). The literature also says that the adult survivor mother may also experience a sense of failure and the burden of having been extra careful in protecting her child yet being unable to prevent the abuse.

Carol found that her own abuse helped her understand the feelings that her children struggled with. She found it difficult to accept Ella's sexualised behaviour and could not understand that it may have been pleasurable for her. Carol also revealed that when she thought about her own abuse, she was able to accept that her children were not lying because she did not lie.

I don't recall penetration but I do recall how ugly and dirty I felt. I can understand the guilt they feel with what their dad had done to them. How they feel that they were to blame. With Ella he had groomed her to such an extent that she enjoyed it, the hardest part was that I never enjoyed it with my Uncle

(Carol)

Kim found that her own abuse had driven her to ensure that her children got help and therapy for their abuse. She had disclosed to her mother and was told to stop making things up. Her mother had never acknowledged her abuse and had never taken her for therapy.

*Because I know that I wasn't believed and I had spoken out,
I think it encouraged me to keep going, to ensure that it
wasn't swept under the carpet...I didn't get all the therapy
and everything I needed to have but by golly I was going to
make sure my kids got what they needed*

(Kim)

When the participants were asked about past childhood abuse, two participants had revealed that they were sexually abused as adults. Jody shared her experience of being drugged by her husband and abused. She has no recollection of what happened but was shown a video of what he had done to her. Jody had been abused for a long period before she could find out about her abuse. Although she has no recollection, she is able to relate to her children's fear of their father.

*I know that my husband abused me but I cannot remember.
I can relate to the fear they have inside them*

(Jody)

In the case of Frieda, her boss had attempted to rape her. She was afraid and had not disclosed to anyone. Frieda tried to forget about the abuse but her memories resurfaced when her daughter had been abused.

*I was almost raped by my boss. Even though I tried to block it out,
this reminded me of what happened*

(Frieda)

All the mothers that disclosed that they were abused revealed that they felt guilty. They firmly believe that since it happened to them, they should have seen the signs in their children. In an article by (<http://danenet.wicip.org/dcccrsa/saissues/parent/4.html>) it is common for the adult survivor parent to experience a greater sense of guilt as they feel that they should have known. They may also question what happened to the child more or wonder if the child will recover. On the other hand they may be able to help the child as they deal with their own issues and the child's issues. From the above comments we see that some mothers worked through their own pain at the same time as the child and some used their own experiences to understand and show support to their children. These mothers may be more capable of showing empathy and would be able to share survival and coping skills

In this discussion we see that the mother's ability to cope with her child's abuse is not only affected by her childhood trauma but her adult experiences as well. The participants own trauma did not always impact negatively on how they managed children. Many mothers were able to use their experiences to help their children.

Regardless of the challenges that the mother's have faced, they have shown incredible strength in dealing with the abused child. They faced challenges in parenting, coping with various behaviour problems and have used their experience of being an adult survivor to assist in understanding and providing support to their children.

“ A mother is a person who seeing there are only four pieces of pie for five people, promptly announces she never did care for pie”

Tennera Jordan

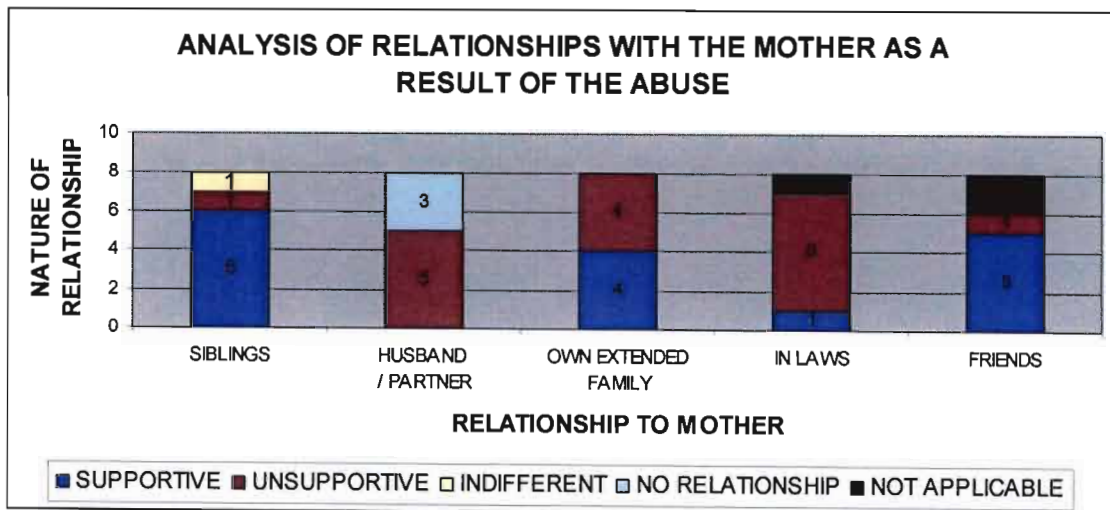
CHAPTER SEVEN

THE IMPACT OF THE ABUSE ON THE MOTHER'S RELATIONSHIPS

This chapter outlines the impact of the abuse on the mother's relationships with her husband or partner, the perpetrator, her immediate and extended family and her friends. An examination is done on the amount of support that the mother receives. The mother's ability to be intimate is explored and the chapter concludes with recommendations from each participant.

The following table is a summary of the mother's relationship with her other children, her husband/partner, her own extended family, her in laws and her friends. These relationships will be discussed in detail. It will explore the reaction that the mother received when she informed others, how the mother reacted to the various people in her life and the support or lack thereof that she received.

FIGURE 4: ANALYSIS OF THE MOTHERS RELATIONSHIPS



The other siblings

According to Monahan (1993) siblings may react in two ways to another sibling's trauma. They may either feel abandoned, ignored or they may become alarmed by their parents anxiety. In this study, the siblings responded differently. Seven participants had informed the siblings about the abuse. Six participants found that siblings were very supportive. It was common for them to bond with the abused child and become more protective. Although the literature (Walters, 2002) states that siblings may become jealous of the time and attention devoted to the abused child, this study did not indicate this.

The male sibling may find the disclosure much more painful. He may react by blaming himself for not protecting his sister or he may be angry with her for implicating the father (Sgroi, 1982). Carol's son David found it difficult to offer support to his sister Ella. He did not believe that his sister was telling the truth and blamed her for the break up of the family.

Carol also struggled with her reaction towards David. When she looked at her son, she compared him to his father. David had also resembled his father. She struggled to see David as a separate person. Carol could not be physically close to David as this was a constant reminder of what her husband had done.

I did battle with him from a physical aspect; I battled with him using my toilet, using my bathroom. I didn't want him near me...Now I separate his father and him, I don't compare them at all

(Carol)

Overall the siblings seemed to have shown support to most participants and their children.

The reaction of the husband/partner

The participants perceived their spouses as their immediate family, hence when asked about responses from the immediate family, most participants commented on how their husbands reacted to the abuse. There was only one participant who did not comment on her husband but shared the response of her children and revealed that they had become withdrawn.

According to the literature, it is common for marital tensions to arise when managing a child's trauma, as the spouses tend to react differently. According to Monahon (1993) one parent may become extremely sad while the other expresses anger. In the case of Samantha and Frieda, the non-offending fathers had responded with violence. This is in contrast to how the mothers responded. Most of the mothers responded much later with anger but none had revealed a threat of violence.

The mothers in the study seemed to be comfortable expressing their emotions and often felt abandoned by their husband when they showed minimal emotion. Five participants had declared that their husbands offered no support. Kim was one of these mothers. Her husband ignored the situation and resorted to alcohol as a means of coping. He cut himself off from any emotional ties with the family. This was difficult for Kim because she was employed full time and often had to arrange therapy for the children. Frieda shared a similar experience to Kim. Her husband could not deal with his anger. He often resorted to alcohol and in a drunken state would become abusive towards her daughter. He would either blame her for the abuse or ignore her. Kim and Frieda not only struggled with their own feelings but they were further burdened by their alcoholic husbands. According to Monahon (1993:87) fathers process the emotional impact of the child's trauma more slowly which may result in delayed responses such as distress and depression. This could offer an explanation for Kim and Frieda's husbands resorting to alcohol. It is common for men to cope silently with emotions and as this becomes overwhelming they may have turned to alcohol as a means of coping.

My husband hit him, he was more angry than I was. He still is until today and does not want to have, doesn't want to see him, he still feels that he will kill him

(Samantha)

My husband withdrew into himself. He just shut himself off completely, he turned his back, walked away and he didn't want to get involved

(Kim)

Robert drank himself sick almost all the time, he didn't want to talk about it but when we saw the guy he just wanted to smash him or run him over but he didn't

(Frieda)

In the other three cases, (Mandy, Carol, Jody) the husbands were the alleged perpetrators. When the mothers confronted them, they reacted with complete denial. In all these cases, the fathers made no effort to apologise, they showed no remorse and often minimized the abuse and this contributed to the relationship not being able to be saved.

The response from the immediate and extended family

The analysis of the mother's relationship with extended family was divided into her relationship with her own extended family and her relationship with her in laws. Four participants found their own families to be supportive. The other four participants did not get support from their own families.

Only one mum had revealed that she got support from her in laws. Six participants shared their experiences in which they received no support from their in laws. This was most evident when the allegation was made against the paternal grandfather, biological father or a member of the father's family.

Bianca also had difficulty with her sister.

People didn't know me, they couldn't judge me, maybe in my sisters mind she thought that I could have prevented it but she wouldn't say it to me

(Bianca)

Five participants had received no support from their husbands. Three participants had no relationships with their husbands.

Friends: A helping hand or a foe

Disclosing to friends was very difficult for all the participants. According to Monahon (1993) parents may feel abandoned and isolated when family and friends are unable to understand their distress. Two participants did not disclose to any of their friends. Bianca felt embarrassed because all her friends were in her church group. She felt that the entire community would find out and that they would not offer her family any support. She feared being stigmatized and ostracized from her community. Bianca discussed the abuse with her husband and selected members of her family.

I could not disclose to my friends. They were part of my church group.

(Bianca)

When parents initially react with shock and denial, they attempt to keep the trauma away from friends and family (Hagans and Hagans, 1988). Mandy lived in Cape Town and had moved to Durban after she realised that her children had been abused. She came from an extremely conservative community and felt ashamed about what her husband had done. Since he had been imprisoned for ten years, she felt that she would not share with

friends what had happened. She protected her husband from further embarrassment and protected the image that he had portrayed.

I have never told my friends because I was ashamed of what happened because they knew my husband as this bubbly, full of energy, joyful person so I wanted them to remember him the way they remember him.

(Mandy)

According to Johnson (1993), friends that react with disbelief cause the mother to feel more alone and isolated. Five participants had been believed by their friends and were given support. Carol often felt alone when she confided in her friends at work. Although they appeared to show her support, she often felt judged by them.

My colleagues at work believed that I should have known, I could see the doubt in their mind like she is involved, she knew, there is no way she could not have known

(Carol)

The participants all expressed the need to have support from friends. Two participants could not divulge to their friends because they felt embarrassed, ashamed and feared what the community might say. According to Johnson (1993) parents often have to deal with a lot of criticism from friends and family. This hinders their ability to disclose how they feel and thus they become more isolated. Mandy also protected the image of her husband by not telling their friends. Carol felt more judged than supported by her friends.

Women may be hindered by their sense of guilt to turn to friends and family during the crisis as they were still seen as good mothers who have not failed their children (Hill, 2001).

SUPPORT: THE ESSENTIAL INGREDIENT

In the above discussion on relationships we find that many mothers commented on the support or the lack of it that they received from their partners, family and friends. Only Mandy felt supported when she discovered that her husband had abused her children. The other seven mothers felt that they could have used more support during that period. The following quotes illustrate that the mothers only really began to feel supported when they began the support group.

Once the mum's support group came in, I felt that I didn't feel alone.

(Tracy)

I felt wanted, I felt cared for, I felt loved because there was no judgemental characters

(Samantha)

Just coming out with all the trauma because everything is about the children, what the children are feeling and without the mum's group nobody has really thought what is the mum going through and it was vital

(Carol)

When the mothers were asked whom they felt most supported by, there seemed to have been a consensus and agreement that they felt most supported by attending the mother's support group held at Childline. It is common for mothers to feel more comfortable in a group setting as they do not feel judged for not protecting the children. Hill (2001) recommended group therapy for mothers when children of sexual abuse undermine the

mother's identity and the support group can provide an avenue for reaffirming it. The group seemed to have provided a safe space for the expression of feelings. Various authors (Landis and Wyre (1984), MacFarlane et. al.(1986), Faller (1988), Newberger et. al. (1992) recommend the use of groups for non-offending mothers. Faller (1988) identified groups as a source of mutual support, an opportunity for sharing past trauma and an avenue to deal with their reactions to the child's abuse. Mothers need to also repair their own feelings of guilt, anxiety and depression. Landis and Wyre (1984) find that group therapy is suitable for dealing with these issues as the group provides an opportunity for mothers to receive support, learn how to protect their children, and learn alternative behaviour and effective/healthy ways of handling relationships in their lives.

All the participants found the group helpful as it provided an opportunity for them to talk to women with similar experiences. The group provided a safe place for them to discuss their feelings and explore their challenges. Hill (2001) comments that groups for mothers are safe and supportive as they have a common bond between them. In this study the common bond was the overwhelming feeling of guilt, self-blame and struggling to cope with their children.

In keeping with the feminist perspective, as I was both the researcher and the facilitator, I was able to maintain a close relationship with the mothers. I was able to create change and empower while I debriefed the mothers, provided knowledge about abuse and managing the abused child.

From a feminist viewpoint, a women's identity may be undermined when her child has been sexually abused and joining a group is a way of reaffirming her identity again (Hill, 2001).

REACTION TO THE PERPETRATOR

The mothers displayed mixed feelings with regards to the perpetrators. As discussed earlier the perpetrators were known to all the families. In the cases of Mandy, Carol and Jody the perpetrators were their husbands. They expressed initial confusion on how they felt about the perpetrator. Mandy found that she still loved her husband but had to remember her loyalty to her children. She needed to let go of her husband in order to rebuild and bond with her children. Carol was in a similar position and felt guilty for initially having contact with her husband after the children's disclosure. Both mothers could not understand how their husbands could have abused their children when they were having healthy sexual relations with their husbands. In attempting to answer this question, the anger intensified towards their husbands. Since they are also both Christians, they have struggled from a religious point with forgiving their husbands for the abuse.

I still loved him and I still wanted him

(Mandy)

Jody expressed intense anger and fear towards her husband. Her fear was also as a result of her discovery that he had been sexually abusing her by drugging her. She had felt profoundly betrayed by this.

I am afraid of what he is going to do to us now that we know

(Jody)

Samantha, Bianca, Tracy, Frieda had cut all ties with the perpetrators. Frieda expressed feeling betrayed by the perpetrator and felt that he took advantage of her because of her alcoholic husband not being able to protect them. Kim struggled with her feelings, as the

perpetrators were her son's. She found herself getting angry with her younger son, Reece as he often used his own abuse as an excuse for why he abused his sister.

IMPACT OF THE ABUSE ON THE MOTHER'S ABILITY TO BE INTIMATE AND ENGAGE IN SEXUAL RELATIONSHIPS

The effect of the abuse on the mother's ability to be intimate and to engage in sexual relationships was influenced by the relationship of the perpetrator. In the cases of Mandy, Carol and Jody the perpetrator was the husband. This brought out feelings of insecurity. Mandy and Carol started questioning their ability to perform sexually. In trying to gain acceptance and understanding of their children's abuse, they started to blame themselves for not satisfying their husbands who they perceived had led to their husbands turning to their daughters. Mandy and Carol had continued to live with their husbands until they had accepted that the abuse took place.

Jody's experience was different; she perceived her marriage to be fine with a loving husband. She then found that he had been drugging her and then performing sexual acts on her while she was still asleep.

All eight participants agreed that their children's abuse had affected their ability to be intimate. Six participants describe flashbacks of their children's abuse during intercourse with their husband. This impacted on how they reacted to their husbands.

Every time we even tried it was like I had flashbacks of the abuse that Rosanne went through and I just couldn't, it was very difficult to be close, difficult to be intimate, I felt sick

(Samantha)

Mandy found herself rejecting her husband completely. He was not allowed any intimacy. After her divorce, she has never had another relationship. She describes losing her trust in all men.

Tracy has had two relationships since her divorce. She has a negative image of all men. Neither of these relationships had worked for Tracy. She had been unable to trust the men, bond with them or have sexual intercourse with them.

Kim found that the image of her children abusing each other affected her image of lovemaking. She no longer viewed it as special, intimate and her romantic idea of intimacy had been shattered. She found herself rejecting her husband because of this.

Carol continued to have a sexual relationship with her husband after she learnt of her daughter's abuse. She found that it was a reminder of how her daughters felt when dad was doing the same thing to them. Since her divorce, she has never been able to have another sexual relationship.

Jody has been affected by her fear. She has never been sexually intimate again and describes feeling scared.

MOTHER'S RECOMMENDATIONS TO FELLOW MOTHERS

The mothers were asked what advice they would give to other mothers. The following comments are examples of their suggestions.

Seek therapy with your child...make sure that you as parents stand by him/her and be as supportive as you can be.

(Samantha)

Samantha had never missed a single therapeutic session for her daughter. She showed her daughter a lot of support and although she struggled with her own emotions, her daughter was always given first priority.

Don't be afraid to talk about what happened, talk to anyone, a professional, the child. Don't be afraid of anyone judging you.

(Bianca)

Bianca came from a conservative background and she was unable to speak openly to her friends and family about the abuse. She feared that her daughter and the family would be viewed differently if she had disclosed. Bianca felt that she would not get the support she needed.

Go to a support group, listen to the therapist. Realise that it did happen and that you are not the one to blame and your kids are not the one to blame. Try forgiving as a means of letting go.

(Mandy)

Mandy found it difficult to believe her children or that her husband was capable of hurting her children. When she did absorb that her children were abused, she blamed herself for not picking it up. Mandy needed to start her life over again and the best way for her was to forgive her husband in order to move on. This was a long and difficult process and she says that she was only able to do so with the guidance and support of her church. She no longer has any contact with him and has started her new life in a new city.

Go for professional help. It is imperative because you cannot deal with it yourself. Go to a support group.

(Tracy)

Tracy attended the support group but admitted that she should have gone for individual therapy as well. She found herself trying to cope with the abuse and her divorce at the same time.

Don't give up even when the world is caving in. Take time to look after yourself and try and get professional help.

(Kim)

Kim never had time for herself. Her husband was self-absorbed and never participated in any activities pertaining to the household or the children. Kim against all odds made time for herself and cherishes this as a time to replenish her energy. She started yoga and used to spoil herself with massages occasionally.

Attend a support group. Talk to people about what happened.. Get advice and guidance from an organisation that specializes in working with sexual abuse. If you are emotionally involved with the perpetrator, put your emotions aside and try to understand what it is like for your child. Accept what has happened to your child. Look after yourself and learn to love yourself again. Accept that you cannot protect your children all the time. Learn to be selfish by taking time out for yourself

(Carol)

Carol could never forgive herself for blaming her children. When she realised what she had done, she channeled her energies towards making things better for her children. She neglected herself as she focused on building a new family. It was much later that she realised that it was not her fault and that she could forgive herself.

Be a friend to your child. Spend more time with them and encourage them and talk to them as much as you can even if it does not sink in you talk and you talk

(Frieda)

Frieda blamed herself because she felt that her children could not relate to her and thus could not disclose to her. She spent her energy rebuilding a relationship with her daughter and started to create opportunities for communication patterns to reopen.

*People, Family, friends may not believe you – but we must stand up
for our children. Get support by attending a group and never loose
hope*

(Jody)

Jody empowered herself by never giving up on protecting her children. She taught them strength and courage when she stood up to their father. Although she was constantly threatened, Jody remained determined to protect and support her children.

In summarising the recommendations given by the mothers, they all agreed on the following. It was important to seek therapy for the child and the mother. Secondly, the mother needs to accept that the abuse took place and that they were not responsible for this. Instead of being consumed by guilt, the mother should channel her energy towards rebuilding a relationship with her child, supporting her child and looking after herself. Finally, the mothers agreed that no matter how tough things get, it was important not to lose hope.

CHAPTER EIGHT

HOPE, JOY AND LAUGHTER: THE REUNION

It was 4 years later that all the mothers from the support groups met in a reunion. Each mother gave feedback on what was happening in their lives and how far they had come.

SAMANTHA

Samantha's relationship with her husband had improved a great deal as he started to take more responsibility for care of the children. She found that her sexual relationship with him had improved and she no longer had flashbacks. Her daughter Rosanne was very involved in the church. She was now a teenager, who was interested in clothes and fashion. Rosanne was no longer stealing or presenting with any other symptoms. Samantha maintained a distance from her family that was unsupportive towards Rosanne. She described herself as a much more confident and independent person. She described sending Rosanne to the shops and for a sleepover at her aunts home. She found this to be her biggest achievement as she has worked through being an obsessive overprotective mother.

BIANCA

Bianca kept busy by babysitting. Her daughter, Savanna had completed her matric successfully. She was now studying and is planning on going overseas. Bianca says that her daughter and her have bonded a great deal and finds Savanna coming to her frequently with the latest news. She stills gives Savannah space and feels more confident that if she were in trouble again, she would come to her for help. Bianca also revealed that her relationship with her husband has improved. She has come to accept that he has dealt with the trauma in his own way and she respects him for that. Her sexual relationship has been healthy again as she has tried to move on from the memories.

MANDY

Mandy had moved to a new city. She has her own flat and a secure job. She seems to have rebuilt a relationship with her children. They have also settled well and have shown no past symptoms resurfacing. Mandy is still very involved in the church and this has helped her work through her issues with men. She has met someone in the church and is working towards building a trusting relationship with him. Mandy still struggles with trusting anyone with her children but she has allowed her male companion to play with the children. Her ex-husband is still in prison and he made contact via a letter in which he blamed her for the children's abuse. Mandy stood up to him and informed his family that she never wants any contact from him again.

TRACY

Tracy built up her own business, which she runs successfully. Her daughters are now teenagers and she describes them as confident young ladies. The girls still have contact with their father but he has never discussed the abuse with her to date. She has also healed from the divorce and although she struggled with trusting men, she has started dating again.

KIM

Kim's husband has stopped drinking and has been sober for a few years now. She has started a new job, which allows for her to still spend time with her children. Reece is currently living with her but she no longer has any contact with Jason. She describes Carly as a typical teenager who bangs her door when she has a temper tantrum. She finds this consoling because her daughter has learned how to express her feelings and has learned to stand up for herself. There has been a huge improvement in her marriage. Her

husband has become involved in her children's lives, he even disciplines them. He has taken a lot of responsibility away from her so she can also focus on herself.

CAROL

Carol has two children at university already. She has also rebuilt her relationship with all her children and they share a very close bond. Carol has written a book on her experiences and has already submitted it to an editor to be published. She hopes that other mothers could learn from her experiences. Carol has also told her story to other support groups. She has inspired many mothers to find strength and courage to deal with the abuse. Carol has also broken her shell and she has started to make friends and go out more often.

FRIEDA

Frieda also shared news that her husband had stopped drinking. He had realised that the family was going to fall apart if he continued to drink. She has a new job and has moved to a home that she has always dreamed of. Her daughter is really close to her and they spend a lot of time together. She has come to terms with her family not supporting her daughter and has become more involved in her local church.

JODY

Although Jody was tempted to skip the country, she is still around. Her daughters have grown up to be confident young girls. They never disclosed the details of what happened to them but a couple years later her eldest daughter thanked her for keeping them safe. Jody's husband has disappeared and no longer visits the children or contacts them telephonically. Jody keeps herself busy with dance classes and still remains close to her parents who give her a lot of support.

CHAPTER NINE

UNDERSTANDING THE EXPERIENCES OF THE NON-OFFENDING MOTHER: THE WAY FORWARD

The inspiration for this study began in my work at the Childline Family Centre (KZN) with children who had been sexually abused. I had witnessed many mothers, bringing their children for therapy, yet struggling with their own silent pain. They often had little or no avenues for sharing and working through their struggles. In response, I initiated a support group to help these mothers cope. While facilitating this group I was exposed to a world of pain, struggles and triumphs as these mothers came to terms with their own feelings. It is with this in mind that I embarked on a journey to explore and illustrate the secret pain and anguish that mothers are tormented by when their child has been sexually violated.

My experience also alerted me to the tremendous strengths shown by the women. They often had to deal with their own emotions while juggling the lives and emotions of their family members as well. All participants displayed great courage in the support that they gave their children and in the selfless manner in which they managed the trauma. Each mother showed enormous strength as they learnt to deal with the child's symptomatic behaviour, disciplining the child, coming to terms with their own feelings, facing the court case, dealing with family and friends, rebuilding their lives and rebuilding the relationship with their children.

This study thus gives a qualitative account of the mother's experiences. The overall purpose of this study was to gain insight into the life of a mother who is faced with her child's trauma and becomes responsible for paving the way for healing. It aimed to explore how mothers feel, the dilemmas they faced, the relationships that impact on their lives and the techniques they used to cope. The theoretical framework guiding the study

was a feminist approach. The feminist perspective was beneficial to this study as it is based on the premise of exposing oppression and inequality in women's everyday lives. The mothers were given an opportunity to tell their own stories and in using a feminist approach they felt empowered as they participated actively in the research process. During the analysis and accumulating of data, many mothers participated by reviewing their feelings, discussing if they were adequately represented and shared aspects that they felt needed to be included.

A qualitative methodology was followed and elements from phenomenology, ethnomethodology and the biographical method were used as a guide for the study. Phenomenology was utilized to interpret exactly how the participants viewed the world. Aspects from ethnomethodology created an understanding of participant's reality without imposing personal beliefs. A comprehensive account of the participant's experiences was achieved in using the biographical method as it allowed for information to be collected around a central theme using a combination of literature, existing notes and case files.

In keeping with the qualitative approach, eight participants were chosen on the basis of their ability to provide in-depth data. They were all English-speaking mothers who showed an interest in participating in the study. All participants had brought their children to Childline for therapy after discovering that the children had been sexually abused. They had also attended a support group at the Childline Therapy Centre. Data was collected by means of in-depth interviews, case notes and group notes. In-depth interviews were held with each participant because of their ability to provide a detailed account of the participant's experiences. The case notes and group notes were valuable in providing information on family history, details of the child's abuse, the reaction of the family, support and coping skills available to the mother, progress in therapy and difficulties that the family was experiencing. The information accumulated from the case notes and group notes guided the interview schedule used during the in-depth interview. Case studies were developed to give a holistic and comprehensive account of each participant's experience.

This chapter reviews the findings from this study and puts suggestions for the way forward.

SUMMARY OF FINDINGS IN RESPECT OF MOTHERS REACTIONS AND FEELINGS

This study included both interfamilial and extrafamilial abuse. Regardless of who abused the child, and their relationship to the mother, it was clear that the mother faced a great deal of trauma when her child was abused. The mothers of incest victims shared similar feelings to mothers of children abused outside the family. A few distinctions will be mentioned in the summary.

All the participants displayed intense feelings at the onset of hearing about their children's abuse. They showed a combination of shock, denial, disbelief, anger, panic and fear. These feelings were not sequential as depicted in the literature (Hagans and Hagans, 1988) and overlapped often. Anger, as an initial reaction was not prevalent amongst all the mothers. There were two participants who had expressed anger as an initial reaction and this was directed towards their daughters rather than the perpetrator. The first participant expressed anger towards her daughter for not disclosing and the second participant's anger was related to her denial. She found it difficult to accept what her husband had done and became angry with her daughter for making the accusation.

Disbelief and denial was defined in the analysis. Both these reactions were related to the mother's relationship to the perpetrator. The study has revealed that none of the participants questioned the legitimacy of their child's disclosure. All the participants had reacted with disbelief to the fact that they had trusted the perpetrator and found it difficult to accept that he was capable of abusing their child.

Disbelief seemed to be more evident amongst the mother's in cases of incest. This was directly related to their attachment to the abuser and their inability to cope with the situation if they had accepted the abuse. Disbelief was expressed by showing little or no support to the child, being angry with the child or pretending that nothing had happened.

Literature on non-offending mothers have indicated that mothers are convinced that their children are telling the truth when they are confronted with details of the abuse (Walters, 2002). This was evident with the mothers in cases of incest. As they accompanied their children to the district surgeon and was given more details by their children of what happened to them, the participants began to accept and show more support.

In the cases of incest, it was clear that these mothers struggled with their own issues and neglected the child at this initial period. The mothers needed a period of adjustment in which to work through their feelings. It is imperative that practitioners become aware of this 'initial adjustment period' as they could mistakenly assume that the mother is unsupportive. The 'initial adjustment period' is short-lived as the mothers are faced with reality; prioritize their children and work through their own feelings. Once this takes place, they are capable of showing support, which is vital to the child's recovery.

Other reactions included panic and fear, which was often a result of not knowing what to do, how to react and how to go about supporting the child. Another fear was the safety of the family after the disclosure. This included safety from the perpetrator and safety from the stigma attached by society.

When the mothers internalized the abuse and learnt to accept that the abuse did take place, the most prevailing feeling expressed was anger. All participants had expressed anger and this was now directed towards the perpetrator. In the discussion to follow on service providers, it is clear that many participants were frustrated with various systems and did vent anger, however the bulk of this anger was often directed towards the perpetrator.

The study illustrated that participants often underwent lifestyle changes e.g. moving to a new city, becoming financially independent, making new friends, cutting family ties, repairing relationships with children. These lifestyle changes have in some participants contributed to the onset of depression and in severe cases attempted suicide. Group notes

indicated that all participants experienced depression at some point while only two mothers had become suicidal.

Mothers were faced with the betrayal of the alleged perpetrator, the inability to stop the child's abuse and self-doubt as they began to question their ability as mothers. When the participants had accepted that the abuse did take place they presented with feelings that resembled the feelings that would be present in an abused child. These feelings included a combination of anger, guilt, depression, self-blame, shame and anxiety.

Another significant feeling that was evident amongst all the participants was self-blame. It was easier for participants to blame themselves than to deal with the perpetrators. Participants felt personally responsible for what happened to their children and four years later when they were interviewed, blame was still evident. It was common for participants to go back in time and replay every moment in which they might have noticed something and yet they did not do anything. According to the literature the non-offending mother starts to question herself and finds a way to blame herself by using excuses (Domestic Violence and Incest Resource Centre, 2001). The participants in this study used excuses such as being too busy at work, being preoccupied with other family members or not being available to the child to justify their self-blame. At the end of individual and group therapy, participants declared that although they could rationally understand why it was not their fault, blame was still evident.

Guilt and shame seemed to accompany feelings of self-blame in participants. These feelings were not easily verbalised. The participants who were adult survivors of childhood sexual abuse presented with more intense feelings of guilt when they held themselves responsible for knowing the signs of abuse and yet being unable to stop the victimization of their children.

SUMMARY OF FINDINGS IN RESPECT OF MOTHERS REACTIONS TO SERVICE PROVISION

In examining the participant's responses to service provision, it was refreshing to see the medical service had provided a positive experience for the participants. All the participants who had taken their children for medical examinations felt supported. Only one participant expressed a concern over most district surgeons in KwaZulu Natal being males. Although the medical sector was viewed positively, it is important to note that all participants had access to urban hospitals. This limits our view of how mothers in rural areas perceive the provision of medical care to their children after abuse.

When requesting information on the experiences with the police, both the SAPS and the CPU were examined. The SAPS and CPU were seen as both supportive and unsupportive. Supportive services to the participants were when the police illustrated knowledge on procedures relevant to sexual violence, provided regular feedback to clients and were viewed as being sensitive to the needs of the children.

There were serious concerns around those participants who found the police unsupportive. These participants expressed feeling angry, helpless and disillusioned. It was clear that unsupportive police did not understand the participant's anxiety or their frustrations. The impact that the police made on the participants could have easily influenced their decision to prosecute. Experiences of other mothers have revealed that they refused to prosecute after the reception they received from the police (Joseph, 2003). Investigators have often viewed the mother as a secondary offender assuming that she knew what was happening but did not do anything to assist her child (Walters, 2002). It is unclear if this perception still exists, but if it does it profoundly impacts on the mother's experience with the police.

The views on the justice system depended on participants who went to trial and those who were able to resolve the case without the child testifying. Participants who did not have to watch their children testify viewed the justice system positively. These

participants were fortunate in having the matter settled outside of court. They commented that the prosecutors displayed a caring and patient attitude with the children and took time to explain the process to the mother. Participants, who were faced with having their children testify, revealed feelings of anger and frustration. They were faced with their children being exposed to secondary abuse in court, having an inexperienced prosecutor, the constant remanding of cases, which impacted on them having to take off from work and finally being given false hope by prosecutors that they had a successful case.

It was clear that those participants who had been through the trial process found the justice system to be unsupportive. This was evident amongst the participants who viewed the justice system negatively. They shared various concerns during the study on the negative impact the justice system was making on the child. One mother revealed that she felt that her child was being 'raped by the system'. Participants became anxious and helpless as they watched their children in court. They were faced with a double-barreled dilemma of dropping charges to 'protect' their children from the court system or pressing charges to protect their children from the perpetrator.

The education system was viewed in a positive and negative light. Participants found the education system to be supportive when the school showed understanding towards the child's absenteeism, provided support to the mother and when they accepted and showed understanding towards the child. The education system was viewed as being unsupportive when they acted insensitively towards the mother's feelings questioned the child frequently and when staff started to exclude the child in activities.

The final service provider that the participants commented on was therapy. Overall this was viewed positively. Only one participant commented that therapy was unsupportive because she felt excluded from the process. She would have liked more feedback from the therapist.

SUMMARY OF CHALLENGES FACED

The mothers experienced various challenges. Firstly, all participants struggled with handling the child's symptomatic behaviour. This included dealing with sexualized behaviour, attention seeking behaviour, suicide, fear, stealing, lying and nightmares. Another significant symptom that their children presented with was the withdrawal from their mothers and being unable to talk to their mothers. It was difficult for participants to cope with this, as they often perceived it as rejection. Participants expressed feeling anxious and helpless which had led to them question their parenting abilities. It was also difficult for participants to open up to their children as they felt that they constantly needed to portray a strong image in order to protect their children from further trauma. In cases of incest, participant's faced a greater challenge when dealing with their child's behaviour as they often had to deal with their own feelings of betrayal at the same time.

The second challenge was in managing the discipline of the child. All participants revealed that their children presented with behaviour problems. Participants that were overwhelmed with feelings of guilt tended to be more overindulgent with their children in an effort to compensate for the abuse. Participants that were extremely fearful became overprotective with their children as a precaution to preventing further victimization. Both these responses created greater difficulty in managing the child's discipline.

An additional challenge was found in mothers who were adult survivors of childhood sexual abuse. Literature suggests that adult survivors become consumed with their own feelings and are not easily available to their children (Hancock and Mains, 1987). This study revealed that participants who were adult survivors were able to use their experiences positively in supporting their children. Participants described a greater understanding and empathy for their child as well as determination to ensure that their children received therapy. Studies done on adult survivors have indicated that they may still display psychological distress a year after the abuse of their child (Newberger et.al, 1992). This study has illustrated no real difference in the adult survivor mother's reactions a few years down the line as compared to the mother who has not been abused.

There were two participants who revealed that they had been sexually abused as adults. Again these mothers used the experience positively as they showed greater understanding in their child's fears. These participants were also able to share coping skills with their children.

Regardless of the challenges, participants displayed enormous strength in coping with the trauma. They always persevered no matter how tough things were and remained dedicated to their children. It was also clear in this study that participants often put the needs of their child and family first before considering their own. This selflessness was a great strength as they illustrated their commitment to the healing of the children. It was also their downfall in that they often neglected their own feelings. The participants found their own healing came from prayer, rebuilding relationships with their children and finding time to grieve their own pain.

FAMILY RELATIONSHIPS AND SUPPORT SYSTEMS

Finally an analysis was completed on the impact of the abuse on the participant's relationships and the amount of support received. Participants found that the other siblings were often supportive towards the abused child. Only one participant revealed that her son was unsupportive and blamed his sister for the breakup in the family. The perpetrator was his father and he found it difficult to accept this. This participant had also struggled to be near her son as he was a constant reminder of his father.

In viewing the reaction of the husband or partner, it was clear that this depended on whether the husband or partner was the offender. A later discussion highlights how the participants reacted to the offender, which included the husband as well. All participants agreed that the onset of the disclosure also created marital tension. Five participants found their husbands to be unsupportive. This was often due to the difference in which the husband responded to the child's abuse. Many husbands reacted with anger and little or no discussion on how they felt, became withdrawn from the family or engaged in self-

destructing behaviour as a means to cope. Participants were left feeling alone, were burdened with the entire family functioning and often felt exhausted both physically and emotionally.

In reviewing the family, the reactions of both immediate and extended family was examined. There was an equal distribution of the immediate family being supportive and unsupportive. Only one participant had found extended family to be supportive. Participants found that from the paternal side of the family, the in-laws were not supportive especially if the perpetrator was related to them. In the study done by Hill (2001) women seemed to receive a good initial response from family and friends. This support was not sustained. Although this study has not examined the sustainability of support from family and friends, it was clear that most participants did not receive a good initial response from family and friends. Many participants feared revealing what had happened to their children.

All participants experienced difficulty in disclosing to friends as a result of their fear. These fears included being judged as a mother, being ostracized by their community/church and not being understood or supported. Only one participant did not disclose to her friends in order to protect the image of the perpetrator, which was her husband.

Looking at support structures, only one participant felt that she received adequate support to deal with her child's trauma. All participants found the support group to be most effective. They viewed the group setting as a safe space for them to express their feelings without the fear of being judged. Participants shared a common bond within the group, which was found in their struggles to cope with their children, their overwhelming sense of guilt and self-blame.

In the cases of incest, the participants expressed an initial confusion about how they felt towards the perpetrator. They could not just switch the love they had for their husband's to hatred when they discovered the abuse. Once they were faced with more details of the

abuse and they had accepted the abuse, they expressed a great deal of anger towards the perpetrator. For the other participants, when they had discovered their child's abuse, they reacted by cutting all contact with the offender. They experienced feelings of anger and betrayal towards the perpetrators. Only one participant expressed being fearful of the perpetrator and this was related to her being abused by the perpetrator as well.

The abuse impacted on all participants' ability to engage in sexual relationships. In the cases of incest, the participants questioned their ability to perform sexually. They perceived the abuse as a result of being unable to satisfy their husbands sexually. These participants took much longer to regain trust in men and engage in sexual relationships again. The other participants experienced difficulty with their partners. They described having flashbacks of their child's' abuse when they engaged in any sexual activity. One participant could not engage in any sexual activity because her concept of sex was turned from something wonderful and special into something disgusting.

In meeting with the participants a few years later, it was clear that healing did take place for both the mother and the child. The participants had worked through most of their challenges and were in a position to assist and advise other mothers. All participants gave positive feedback on their families as well as themselves.

CONCLUSIONS

The following conclusions were made from the study:

- Although the mothers may present with negative reactions initially, they are able to work through these feelings and show support to their children.
- Self-blame is something that mothers struggle with even after they have received therapy
- The reactions and feelings of the non-offending mothers are similar to the abused child

- Mothers generally lacked adequate support from their partners (specifically husbands), and could use more support from family and various systems e.g. justice, police, education.
- The mother's found that the support group offered the most support in dealing with the child's abuse
- Sexual relationships are affected and the mothers find that the sexual abuse of their children inhibits their ability to engage sexually with their partners.
- If mothers are adult survivors, they are able to use their experience positively to support the child
- The non-offending mothers tended to become overindulgent with their children when consumed with guilt and overprotective when they are consumed with fear

RECOMMENDATIONS

The aim of this research was to empower the non-offending mother and to make recommendations to ensure that she receives the best possible service and support. The following recommendations are made with the hope that it will influence future practice in the field of abuse. The following recommendations are made from the data received and my practical participation in accumulating the data. These recommendations are just a guide and give a broad overview of the aspects that are important for the non-offending mother to cope and survive through her child's trauma.

Recommendations for Practice:

- 1. Therapists working with abused children need to offer mothers some form of intervention. The study revealed that the mothers benefited from a support group. This should be encouraged for both mothers and fathers.**

The participants felt most comfortable within a group setting because it was the one place in which they did not feel judged. Therapists should be encouraged to adopt a feminist mindset when working with non-offending mothers as it will assist in guiding them to understand the mothers outside the field of academics. In my journey, through this study,

I have initially learnt that it is simple to show empathy from an academic perspective but soon realized that this was not sufficient. It was through a feminist viewpoint that I gained complete insight into how these mothers really felt. This 'personal' empathy was a learning experience for me and most importantly helped build a foundation of trust amongst the mothers.

2. The non-offending mother should be given an opportunity to work through her feelings and reactions with a therapist.

It is vital that adequate and relevant information is gathered when assessing the mother.

The following information is recommend to assist in an assessment of the mother:

- Has the mother been abused?
- How does she cope with the crisis? , What are her strengths and weaknesses?
- How supportive is her family and friends? , Identify support networks?
- Is the offender related to the mother? If yes, how is she feeling?
- Does she have a close relationship with her child?
- Is the child safe presently?

In running a support group the following aspects could be covered with the non-offending mother:

- Her initial reaction to the abuse should be discussed. If she is unable to show support at the initial stage, she should still be encouraged to attend the support group. If her fears are understood at this stage and she does not feel rejected by the therapist, she will be open to therapy. This would provide an opportunity for her to work through her initial feelings and show support to her child.
- Mothers need time to work through feelings of shock, denial, anger, fear, self-blame or guilt. The therapist needs to encourage mothers to work through their feelings without feeling guilty for doing this. Often the mother hides her own feelings in an effort to protect the child. Mothers need to be reassured that in working through their own feelings they will be helping their children.

- If mothers present with severe depression or suicidal tendencies, they should be referred for medical assistance.
- Mothers need to be educated on what to expect in their children after the abuse and should be empowered with skills to handle symptomatic behaviour, discipline and protective behaviour.
- The court system, medical examination, police investigation and therapy process must be explained in detail to the mother.
- The importance of self-care should be stressed and mothers must be encouraged to take time out from their children
- Mothers must be given an opportunity to work through their own feelings towards the perpetrator. If the perpetrator is someone that they have been romantically involved with, the therapist must give her time because she may still love him. This can be a very confusing time for her because she may be angry but still wishes to hold on to her relationship with him. As a therapist, you need to work through your own beliefs and ensure that they are not imposed on the mother at this stage. Respect her and explain what the advantages and disadvantages of going back to her partner would be. Always remind her of how it will affect the relationship she has with her child and ask her if she would still be able to assure the child's safety.
- If she is an adult survivor, provide her with extra support and offer her an opportunity outside the group to work through her own abuse.
- Help her identify support systems within her family, amongst friends or in her community.

3. Therapists should work with mothers and include them in the healing process of the child.

Mothers may feel less guilt and more empowered with the thought that they can assist in healing the child. It will also provide an opportunity for the mother to rebuild her relationship with the child. All mothers should get regular feedback from therapists without the breach of confidentiality with the child.

Recommendations for Service Providers:

1. Training initiatives need to be undertaken with both SAPS and CPU to ensure that they become sensitised to the needs of traumatised children and their families.
2. Police should be held accountable to the family in terms of providing feedback on the following: the arrest of the perpetrator, the bail hearing and its outcomes, the sentencing of the perpetrator. If cases are withdrawn, they need to provide specific reasons to the family.
3. Police need to ensure that referrals are made for therapeutic intervention and they should explain both the medical and court process to the child and the caregiver.
4. The Criminal Justice System needs to give clear explanations to caregivers on the procedure of the court case, prepare the child and the mother who may be a first report witness for testimony.
5. Prosecutors need to take measures to ensure that both the child and mother feel 'safe' when they go to court. They also need to be honest with parents but at the same time show empathy for the pain that they endure during the court process.

Recommendations for Policy:

- Education and awareness needs to take place with society at large to challenge the concept of motherhood. There needs to be more awareness around the concept of being a good mother and expectations need to be challenged on having the mother being totally responsible for childcare and family functioning.

Recommendations for Education:

1. Introductory courses at University level on managing child abuse should include intervention strategies to be used with the non-offending mother.
2. Guidelines need to be given on how to work with the non-offending mother so that she can be viewed as a valuable resource in helping the child heal.

3. A component of teaching family therapy should include working alone with the non-offending mother and using a feminist approach to gain trust and understanding with her.

Recommendations for Research:

1. There are limited studies that have examined intervention for non-offending mothers (Elliot and Carnes, 2001). It is thus recommended that further research review the existing intervention for non-offending mothers.
2. Research on non-offending fathers.

Regardless of the statistics in South Africa, it is clear that our nation is faced with a problem of child sexual abuse. Helping professionals are faced with finding the most effective intervention in working and preventing such horror. The non-offending mother needs to be recognised as a valuable resource in both the prevention of abuse and the healing of the abused child. We need to acknowledge these mother's and view them as allies. They can be the spirit of the family functioning and in helping them cope; we are assisting the entire family with recovering from the trauma.

My daughter is now on her way to healing but has a very long way to go. We talk all the time but most importantly I trust her and she trusts me. We are mother and daughter again. She hurts so much sometimes when she realizes all things my parents and the rest of my family have done to her, but life goes on and every day we deal with it, instead of making out it doesn't exist....we, as mother, don't know all the answers but we only do things we do out of love for our children. If some times we do things wrong we can only hope one day our children will understand and forgive us.

By Demi: Mothers of Survivors (2002-2004)

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APPENDIX

APPENDIX A: INTERVIEW SCHEDULE

GENERAL INFORMATION:

1. Name of mother:
2. Age of mother:
3. Race:
4. Marital Status:
5. Children:
6. Name of child abused and age:
7. Relationship of the abuser:
8. How did you find out about the abuse?
9. What has happened to your child?

FEELINGS/EXPERIENCES:

10. How did you initially react when your child disclosed?
11. Who did your child disclose to? If it was not you, how did you feel about that?
12. Describe your feelings when you realized that your child had been sexually abused?
13. How did your family (immediate) respond?
14. Did things change in your family after the disclosure, if yes how?
15. Tell me about your experience with various service providers:
 - Medical
 - Justice
 - Police
 - Therapists/ Childline
 - Education
16. What were some of the difficulties you experienced as a mother?
17. How did you overcome these difficulties?
18. Did you blame yourself for what happened to your daughter/son?
19. Did anyone blame you for your child's abuse?

RELATIONSHIPS:

20. How did the experience affect your relationship with others?

- Other siblings
- Husband/partner
- Perpetrator
- Family (Extended)
- Friends

21. Did your child's abuse affect your ability to have intimate relationships, if yes how?

SUPPORT/COPING SKILLS:

22. Did you have enough support to cope with your child?

23. Who gave you the most support

24. How did you feel about attending the support group at Childline?

25. Did you find any symptoms and behaviour problems difficult to manage in your child?

PAST ABUSE/EXPERIENCES:

26. Were you ever abused as a child? If yes, how? Did your own abuse affect your ability to handle your child's abuse? If yes, how?

PARENTING:

27. Did you become overprotective of your child after the abuse, if yes why?

28. What advice would you give other mothers who are in similar positions?