

Adolescents' experiences of parental reactions to the disclosure of child sexual abuse

by

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Summary

The adolescents' experience of the parental reaction after disclosure of child sexual abuse

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Child sexual abuse is a worldwide problem throughout the history of mankind. Under the influence of Freud in the 1890's, an impression was established that claims of sexual abuse were the result of hysterical symptoms in women. His theory of the oedipus complex, depicted girls as fantasizing about sexual attention of their fathers. Children were blamed for their own sexual abuse. In the 1960's, activists for children's rights brought the plight of children to the foreground. Despite the fact that child sexual abuse is declared as a crime today, in the public opinion children are not beyond suspicion of having initiated or contributed to their own sexual abuse.

Child sexual abuse ravages childhood. The effect of sexual abuse on children and their families can not be underestimated. Child sexual abuse affects the child, the parents of the child, and the support system of the child by intense feelings of guilt, anger, blame and mistrust associated with the abuse. Role confusion and transgression of interpersonal boundaries before, during, and after the sexual abuse might occur in families affected by child sexual abuse. It is indicated that the victim, parents and the

family system need to undergo a healings process after the ordeal of child sexual abuse.

Even though professionals agree that sexual abuse of children has an initial and a long-term negative impact on a person's life, the cause of this harm is not always agreed on. It appears if harm to the child is caused by the incident of the sexual abuse itself, as well as through the reaction of important others to the abused child.

In this study, the researcher explored through a qualitative, applied study, the experiences of adolescents' of the parental reaction after child sexual abuse. During the literature review, the researcher found that children might hesitate to disclose their sexual abuse to adults as a result of fear. Some children fear that adults will not believe them, blame them for being abused or they fear to cause harm to the family system by the disclosure. Empirical evidence in this study added the observation that children also might not disclose their abuse to parents because they could fear possible parental anger violently expressed towards the offender after disclosure. For the respondents this might lead to the removal of the parent out of the family system, and would implicate according to them, the breaking up of the known family system.

Empirical evidence in this study confirms the opinion of literature that the way in which the parental structure responds to the sexual abuse of the adolescent, may be of major importance in predicting the adolescents' ability to come to terms with the experience. Parents not validating the incident and conjugating effect of child sexual abuse on their child, might cause re-traumatization of the child and they could have a severe negative impact on the healing process of the child. As time goes by, parents might alter their negative response to the disclosure of the abuse, but respondents in this study were not always able to accept or benefit from the changed parental reaction.

The following are key concepts used in this study:

- Adolescent
- Child

- Child sexual abuse
- Disclosure
- Experience
- Parent
- Incest
- Extra familial sexual abuse

Opsomming

Adolesente se ervarings van ouerlike reaksies na die bekendmaking van seksuele kindermishandeling.

deur

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Seksuele mishandeling van kinders word reeds wêreldwyd vir baie jare as 'n probleem deur die mensdom ervaar. Freud het reeds in die omgewing van 1890 die indruk gelaat dat vroue wat aanspraak maak daarop dat hulle seksueel mishandel word, dit eintlik net die resultaat van historiese simptome in vroue is. Freud se teorie het die Oedipus kompleks beskryf waarvolgens dogters fantaseer oor seksuele verhoudings met hulle vaders. Kinders is dus blameer vir hulle eie seksuele mishandeling. Gedurende die jare 1960 het aktiviste vir kinderregtelike aandag op die lot van sodanige kinders gevestig. Tenspyte daarvan dat die seksuele mishandeling van kinders tans as 'n misdaad verklaar is, is dit steeds die opinie van lede van die publiek dat kinders self hulle seksuele mishandeling kan inisieër of daartoe bydra.

Seksuele mishandeling van kinders vernietig die lewe van 'n kind en daarom kan die effek van die seksuele mishandeling van kinders en hulle gesinne, nie onderskat word nie. Seksuele mishandeling benadeel kinders, hulle gesinne asook hulle steunstelsels

as gevolg van die intense gevoelens van skuld, woede, blaam en wantroue wat met die mishandeling gepaardgaan. Rolverwarring en die oortreding van interpersoonlike grense kan tydens, voor- en na die voorkoms van seksuele mishandeling in gesinne voorkom. Dit is ook daarom dat dit aanbeveel word dat die slagoffer, die ouers en die totale gesin van die mishandelde kind aan 'n helingsproses na die blootstelling aan seksuele mishandeling, blootgestel word.

Alhoewel professionele persone daarmee saamstem dat seksuele mishandeling van kinders 'n negatiewe effek het op die lewens van slagoffers wat van kort en langtermyn aard kan wees, stem hulle nie altyd saam met betrekking tot die oorsaak van hierdie skade nie. Dit wil voorkom asof die skade wat 'n seksueel mishandelde kind ervaar, deur die oortreder self berokken word, maar dat die reaksie van belangrike ander persone in die lewe van die kind tydens die bekendmakingsproses, ook 'n rol kan speel.

In hierdie studie poog die navorser om deur middel van 'n kwalitatiewe, toegepaste studie, die ervarings van adolessente ten opsigte van ouerlike reaksies na die bekendmaking van die seksuele mishandeling van kinders, te beskryf. Gedurende die literatuurstudie het die navorser tot die ontdekking gekom dat kinders mag huiwer om hulle seksuele mishandeling aan volwassenes as gevolg van vrees, te openbaar. Sommige kinders vrees dat hulle ouers hulle nie sal glo nie, dat hulle beskuldig kan word vir hulle eie mishandeling en dat hulle deur die bekendmaking van die seksuele mishandeling, skade aan die gesinssisteem sal berokken. Die empiriese studie het 'n verdere bydrae gemaak tot die wetenskap deur die waarneming dat kinders soms nie hulle mishandeling aan hulle ouers bekendmaak nie, omrede hulle 'n woede-uitbarsting deur die ouer teenoor die oortreder, vrees. Volgens die respondente in hierdie studie, kan dit impliseer dat die ouers as gevolg van hierdie woede, uit die gesin verwyder word en die gesinssisteem kan opbreek.

Soos aangedui in bestaande literatuur, bevestig die empiriese gegewens die standpunt dat die reaksie van die ouer tydens die bekendmaking van die seksuele mishandeling deur die adolessent, 'n belangrike rol kan speel in die voorspelling van die adolessent

se vermoë om die ervaring van die mishandeling te verwerk. Ouers wat die effek van seksuele mishandeling onderskat, kan hertraumatisering vir die kind skep wat weer 'n negatiewe uitwerking op so kind se helingsproses mag uitoefen. Ouers mag met verloop van tyd hulle negatiewe houding ten opsigte van die bekendmaking van die mishandeling verander, maar volgens die respondente in hierdie studie, was hulle nie deurentyd in staat om die veranderde houding van hulle ouers te aanvaar nie.

Die volgende sleutelkonsepte is in hierdie studie gebruik:

- Adollesent
- Kind
- Seksuele mishandeling van kinders
- Bekendmaking
- Ervaring
- Ouer
- Bloedskande
- Seksuele mishandeling buite gesinsverband

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1. Chapter one

General orientations

1.1. Introduction

Like the rest of the world, South African society has a problem with sexual abuse of children. Child sexual abuse is a widespread phenomenon found all over the world and documented throughout the history of mankind. To create an impression of the extent of sexual abuse of children, it is necessary to look at present information as well as at the incidence of child sexual abuse, and to have a short review of sexual abuse of children in the past. A review of the history of child sexual abuse will also provide us with a background to understanding many misconceptions and assumptions made about child sexual abuse. As Bolen (2001:vii) states: "...our professional response to sexual abuse of children only makes sense when framed within the assumptions deriving from its historical conceptualization."

Briggs (1995:2) wrote in Australia: "The estimates of sexual abuse incidence and the dramatic increase in the reporting of sexual assault suggest that child abuse is widespread throughout the community..." Bolen (2001:67) estimates that in 1993 a number of 300 200 children were sexually abused in America, with an incidence rate of 4, 5 children per 1 000 children. Child maltreatment and abuse is a worldwide problem, and child abuse has many negative effects on both victims and families (Hartman, 1995:61-65). According to Blom (2004:214-215) and Lewis (1999:83), children in South Africa are exposed to trauma in their own homes, as well as in the broader community. This fact is also reflected in the submission to the Parliamentary Task Group on the Sexual Abuse of Children by Kehler and Sibanda (2002). The SAPS (in Kehler & Sibanda, 2002) reports that children constituted 42% of all rape cases in 2001 in South Africa. It appears to

the researcher that child sexual abuse is recognized as an important threat to the well-being of children in the world as well as in South Africa.

Bolen (2001:70) found that a restricted definition of child sexual abuse and low disclosure rates of sexual abuse of children, results in discrepancies in incidence rates between official surveys and unofficial sources. Unofficial sources rate the incidents of sexual abuse of children much higher than official sources. This tendency is found in South Africa as well. Salzwedel (2006:22) confirms the view of the researcher, that trustworthy figures about the incidence of sexual abuse of children in South Africa are hard to come by, but estimates that 500,000 children are sexually abused every year. This same article refers to the estimates of Child Line South Africa, that 33% of all girls and 16% of all boys in South Africa are sexually abused before the age of 18 years, while POWA estimates that one out of four girl children (25%) and one out of five boy children (20%) are sexually abused before the age of 16 years. The White Paper for Social Welfare (1997) supplies the following figures and explanation about figures of child sexual abuse:

Child abuse and neglect is a serious and growing problem. In 1994, the South African Police Services' Child Protection Unit dealt with 22911 cases of child abuse, which represents a 36% increase over the previous year.

The real extent of child abuse and neglect is unknown, as a result of under-reporting, erratic research, an uncoordinated record-keeping system, and the lack of a central register.

Whichever estimates are correct, sexual abuse of children impacts negatively on far too many children in South Africa every year.

Sexual abuse of children throughout history is a reality. Cultures from all over the world are affected by this phenomenon, for as long as people can remember. In ancient Rome, boys were castrated to make them more pleasing partners for rich Romans (Conte, 1991:4). Wikipedia (2006) provides the following interesting

history of sexual abuse of children: In the Middle ages, the age of consent to sexual intercourse for a girl was when she reached menarche, around ten to twelve years of age. Sexual intercourse between a girl and an adult before that age was considered deviant. The official age of consent to sexual intercourse concurred firstly in England in the year 1275. During the reformation in the 16th century, formal marriages were established. Young girls that were sexually abused in the 16th century were seen as adulterers and only very young children were seen as victims. In the early 1900s, the status of children was no more than that of domesticated animals, and children were still not protected and sometimes even punished after sexual abuse. Only later in the 19th century, a movement was started that moved away from punishment after sexual abuse and progressed towards the protection of children. During 1948 in the USA, the first estimation was made of the number of sexual abuse cases.

Bolen (2001:11-12) states that knowledge about sexual abuse of children is mainly atheoretical, is based on conceptions of people, and that over the last 100 years, Freud had a greater impact on the knowledge base of sexual abuse of children than any other person. The purpose of initial theories about incest was to explain the so-called incest-taboo. In his early work, Freud was convinced that claims of sexual abuse of children were the result of hysterical symptoms in his patients (Gomes-Schwartz, Horowitz & Cardarelli, 1990:15). Bolen (2001:14) describes how Freud did a study on 18 female patients labelled as “hysterical.” All of them were victims of sexual abuse as children. Freud found that fathers were most probably responsible for the sexual abuse of those women. His colleagues strongly opposed him and were of the opinion that it would be “preposterous” to think that parents could molest their own daughters. Under pressure, Freud repudiated his own observations and developed his Oedipus theory in which the girl child would fantasize about sexual attention of her father. This theory was acceptable to society as being “...intra-psychic rather than an environmental hazard for emotional health” (Bolen, 2001:14). In the opinion of

the researcher, far too many people still believe that girls are responsible for or fantasizing about their own sexual abuse.

Only after 1960, when children's rights groups were founded, did public awareness of the sexual abuse of children increase. Today, sexual abuse of children is seen as a crime. The growing concern of researchers and policymakers with sexual abuse of children is witnessed by new legislation and the growing number of treatment programs. This is confirmed by the South African Bill of Rights, article 28, and entrenched throughout the South African constitution (South African Human Rights Commission, 2002:12).

The effects of child sexual abuse cannot be underestimated. The impact on the family structure, as well as the psychological and emotional cost to the child is well known. Even though professionals agree that sexual abuse of children has an initial and a long-term negative impact on a person's life, the cause of this harm is not always agreed on. Some clinicians believe that the harm of sexual abuse of children lies in the effect of the reaction of important others rather than in the incidences themselves (Gomes-Schwartz, Horowitz & Cardarelli, 1990:14-21).

Studies done by various authors, (Briggs, 1995; Hartman, 1995; Spies, 2006; Spies, O'Neil & Collins, 1998) indicate that children need to heal after sexual abuse. After six years experience, specifically in the field of sexual abuse of children, the researcher is aware of reactions of parents, helping professions, and community structures after disclosure of sexual abuse. Such reactions are meant to help and to heal the child (or adolescent in this study) and his/her family. From a systems theory point of view, these reactions occur to restore the equilibrium in the systems affected by the abuse (Becvar & Becvar, 2000:67-69). These restoration efforts by family and community after the adolescent's disclosure of sexual abuse will contribute to the healing process in a positive or

negative way, and have an impact on the feelings and on the life of the child in question.

The Government of South Africa recognizes the important role of families in child abuse in the White Paper for Social Welfare (RSA Ministry of Welfare and Population Development, 1997), as a macro policy document in South Africa:

Appropriate social service programmes will be provided for offenders, **victims of crime and their families**, where needed, in order to promote their integration into society. A transformation of the child and youth care systems has been embarked upon, including aspects such as youth justice and residential and community-care programmes.

The way in which a family responds to the sexual abuse of the adolescent may be of major importance in predicting his or her ability to come to terms with the experience (Gomes-Schwartz *et al*, 1990:32). Calder (2000:8) states that parental reactions are very important in the healing process of the child. The parent needs to be supported to work through his/her own feelings so as not to project his or her own feelings onto the child. Calder (2000:38) concludes: "What is clear is that the attitude of the parents is vital for a hopeful outcome." In the experience of the researcher, adolescents appear to have emotional reactions, after they disclose the sexual abuse to their parents. The researcher also observes that some adolescents appear to be happy and relieved after their disclosure to their parents, and seem to make optimal use of therapeutic intervention as part of the healing process. Other adolescents are visibly upset after they disclosed the sexual abuse to their parents, they are crying, appear to be confused about their own role in the sexual abuse, and speak more about their parent's reaction after disclosure than about the sexual abuse itself.

According to Visser, social worker at the East Rand Children's Home in Brakpan (2006), adolescents often display acting-out behaviour at the children's home after they had disclosed sexual abuse to their parents. During interviews, she

discovered that the reactions of the parents after disclosure of sexual abuse are usually the cause of the acting-out behaviour, and not the trauma of the primary sexual abuse. Omar, a social worker at Teddy Bear Clinic for sexually abused children in Johannesburg (2006), found in her clinical experience that parents firstly deny the sexual abuse of the child and the importance and impact of the abuse before they are able to come to terms with the reality and the seriousness of the situation. During this emotional process of the parents, children are not comforted by the parents in the children's grief after the abuse. Kruger, social worker in private practice in Krugersdorp (2006), is of the opinion that parents are, according to their own frame of reference, so busy working through their own feelings and paying attention to those feelings after their children disclosed sexual abuse to them, that they are not even aware of their children's needs and feelings after sexual abuse. Children are forced to listen to parental experiences and beliefs, and to what their parents are convinced is the truth about the abuse. She concludes that children will only be empowered to restore control over their own lives and go through a healing process if parents respect their children enough to listen to them.

It seemed from the above that parental reactions play a vital role in the recovery process of children after the ordeal of sexual abuse. The question which consequently arose is that, if parental reactions are so important after child sexual abuse, which reactions of parents are helpful and which are harmful during the healing process of the adolescent who was sexually abused? In order to answer this question, it needed to be decided **who** had to be asked what adolescents experience. Was this study going to rely on adults' opinions of adolescent's experiences as so many studies did in the past? Kruger's opinion was very enlightening here. Kruger (2006:200) states that:

For some reason, adults believe they always have to be in control and this implies making decisions on behalf of children – justifying it with the term “in their best interest.” Practice has proven that

children are continuously exposed to being traumatized to the fact that they have to live the life decided by adults.

The United Nations Convention on the rights of the Child increased public awareness worldwide of the right of the child to being a person that has a voice and must be heard. Most professionals today will agree theoretically with this point of view. In the opinion of the researcher, however, the practical implementation of the right of the child to be heard on the child's own experience of his personal feelings and a child being consulted about his/her own best interest, still has a far way to go to full implementation.

In South Africa, the South African Constitution (Constitution of the Republic of South Africa, Act 108 of 1996) included the Bill of Rights in chapter 28 of the constitution. This constitution states clearly that all people in South Africa are worthy of human dignity and respect and chapter 28 section 9 (3) states that discrimination against anybody on the grounds of age is illegal. This spells the clear view of the South African legislator and, therefore, the South African community that a child and therefore an adolescent, should be heard, seen, and listened to in South Africa.

As stated earlier, child sexual abuse is a widespread phenomenon with devastating effects on the child and therefore on adolescents. The adolescent needs to heal after this ordeal and the reaction of the parent plays a vital role in the healing of the adolescent. In order to know how the adolescent feels about the parental reaction, we need to respect the adolescent and to ask the adolescent about his or her feelings about parental reactions after disclosure of sexual abuse. Therefore, the researcher is of the opinion that this study on how the adolescent observes, perceives and experiences the parental reaction after disclosure of sexual abuse, is vital in understanding the feelings and experiences of adolescents before professionals and parents decide on a course of action after child sexual abuse.

In the first place, this study will benefit adolescents who were sexually abused, because parents, caregivers, and professionals will know first hand how adolescents perceive the parental reaction after disclosure of sexual abuse through a person-centred approach that respects the dignity and participation of the adolescent in his or her own healing process. Secondly, this study will benefit parents, because parents need to know how adolescents feel about their response to disclosure on sexual abuse, in order to react effectively so as to assist the child to recover after the traumatic experience of sexual abuse. Lastly, this study will benefit professionals, as they have to be aware of the adolescent's experiences of parental reactions after disclosure of child sexual abuse, in order to be able to therapeutically assist the adolescent and the parent in the adolescent's healing process after sexual abuse.

1.2. Problem formulation

Spies (2006b:49) states that whatever the form of sexual abuse that children experience, the effects are damaging and traumatic. Hartman (1995:xv) reasons that the scars of sexual abuse of children are often hidden and cannot be seen on the surface. The researcher supports the statement that children are traumatized after sexual abuse. Hartman (1995:xv) is of the opinion that before we attempt to treat sexual abuse of children, one first needs to determine what kind of problems these children experience. He classifies the responses of children in immediate outcomes (such as anxiety, depression, and sleep disturbances), acting-out behaviour (for example aggression), and long-term correlates such as affective disorders.

According to Hartman (1995:xv), immediate outcomes include responses such as depression, anxiety, fearfulness and sleep and eating disorders. In order to cope with those feelings, Hartman (1995:xv,84) finds that children often use disassociation as a coping response as overwhelming trauma prevents the flight/fight responses of the child who was sexually abused. Kilbourn, Phyllis and

Mc Dermid (1998:148) describe four immediate outcomes through which sexually abused children display their trauma after the sexual abuse has taken place:

- Damaged-goods syndrome. The victim feels damaged by his or her experience. This results in a low self-esteem and poor self-image.
- Guilt, self-hatred and depression. The victim feels he or she is to blame and responsible for the sexual behaviour they were involved in, as well as for the effects the disclosure had on him or her and others.
- Anger and hostility towards the perpetrator, and sometimes towards the self, for allowing the abuse.
- Inability to trust people. Abuse is unpredictable and the victim feels unsafe and insecure after the sexual abuse.

Doyle (1995:46-51) agrees with the above-mentioned symptoms, and adds the following experiences children have as a result of sexual abuse:

- Frozen fright that disables the child to disclose about the sexual abuse and to protect the self after the abuse.
- Denial of the abuse.
- Shame.
- Guilt, as perpetrators are often very adept in making children feel guilty.
- Doubt, as victims doubt that they are worth the effort of help.

According to Hartman (1995:xv) out-reacting behaviour includes aggression, substance abuse, and suicidal behaviour. Clinical reports by Glaser and Frosh (1993:23-24), show that sexual abuse in children is also associated with the following out-reacting behaviour:

- Bedwetting.
- School refusal.
- Adolescent pregnancies.

- Suicidal attempts.
- Psychological difficulties.

Lastly, the long-term effects of sexual abuse of children, which are affective disorders, are described by Müller (1998:13) from a medical perspective:

- Preoccupation with sexual matters.
- Excessive masturbation.
- Early interest in sexual relationships.
- Lack of control of sexual impulses.
- Unwanted pregnancies.
- Sexual identification problems.
- Promiscuity.
- Homosexuality.
- Sexual abuse of other children.

In the opinion of the researcher, the responses and reactions of children as described by these four authors are a sign of the severe impact of sexual abuse on children and therefore on adolescents. This indicates the seriousness of sexual abuse of children and therefore the need for a well-developed healing programme after disclosure of the abuse. Parents are the primary caregivers of children. Calder (2000:9) states: "What is clear is that the attitude of the parents is vital for a hopeful outcome." Spies (2006b:52) concludes that the initial parental reaction to the child's disclosure of sexual abuse of children will have an effect on the child's sense of well-being.

The researcher agrees with various authors that sexually abused children need help from parents and professionals as soon as possible after disclosure. Hartman (1995:68) comments that negative responses of important others to the sexually abused child after disclosure may aggravate the trauma. Lewis (1999: 110) reasons that the child can be exposed to further stress by the child's

support structure after disclosure of sexual abuse, and provides guidelines for dealing with a sexual abused child. Karp and Butler (1996:xxii) say that unless the child feels safe and protected, he or she will most likely not engage in the process of healing. Blom (2004:214-215) is of the opinion that children must be helped to work through their feelings as soon as possible after a traumatic event. Spies (2006b:52) indicates that children's recovery is greatly enhanced when parents believe the children when they disclose sexual abuse, and that unsupportive parents enhance the trauma experienced by sexually abused children. The researcher agrees with those statements, and found in her own experience that children and adolescents who are believed and supported by parents are able to progress in their healing process faster than children who were not supported and believed by their parents. The researcher also experienced that many adolescents talk more and appear to be visibly more upset about the parental reaction after disclosure of sexual abuse than about the details of the abuse itself. From the above, it can be concluded that the reactions of parents towards the adolescent after disclosure of sexual abuse is an important aspect in the recovery of the sexually abused child.

The reaction of the parent towards the adolescent will depend on the mental and emotional state of the parent. In Grobler, Schenck and Du Toit (2003:61) the sixth proposition of Carl Rogers' Person-Centred Approach is discussed. This proposition describes emotions as accompanying and facilitating behaviour. Different parental emotions and feelings are given on the webpage of the Coordinated Community Response for Sexual Assault, USA (Dane County Commission on Sensitive Crimes, 2004). Those feelings and emotions facilitate parental behaviour after child sexual abuse and can be discussed as follows:

- Grief is experienced by parents and described according to the Kubler-Ross model on grief:
 - Denial of the abuse.

- Anger towards the abuser, others, or the self for not protecting the child.
 - Bargaining for a fast and less painful recovery, minimizing the effect of the abuse.
 - Depression or sadness as the impact of the abuse is realized on the whole family.
 - Acceptance by children of the facts, impact, recovery, and healing processes of the sexual abuse.
- Belief versus disbelief and punishment.
 - Limiting the child's contact with others.
 - Shock, emotional reactions about possible effects on the child.
 - Blaming and accusing the child of playing a role in the occurrence of the abuse.
 - Minimizing the child's feelings.
 - Overprotection of the child against any other hurt and sometimes even against discipline.

It appears that the adolescent experiences emotional disturbances and trauma after sexual abuse. Child sexual abuse also impacts on the parent's emotions after the child disclosed the sexual abuse. If the parental reaction after disclosure of child sexual abuse has an important impact on the child, it would be important to discover how the adolescent experiences those parental reactions. Kruger (2006:365) states that if professionals want to know what is in the best interest of the child, professionals need to determine what the child wants from the adult. The child has a right to be heard. Kruger found that adults need to think about the children's point of view, look for their feelings, and listen to what children are saying. In this study, the researcher wanted to explore the experiences of the sexually abused adolescent of parental reactions from the adolescent's point of view.

Mouton (1996:101) states that formulating the research problem gives a broad indication of what researchers want to achieve through the purpose of their study. The research problem in this study therefore was that the adolescent experiences pain and trauma after sexual abuse, and needs the support of the parent to deal with his or her sexual abuse. The parent experiences his or her own feelings after disclosure of their child's sexual abuse and those feelings will influence the externalized reactions of the parent towards the child. It appears that parental reactions contribute to the healing process of the adolescent or have a negative impact on the healing process of the adolescent. Therefore, it is important to determine the adolescent's experience of the parental reaction after disclosure of child sexual abuse in order to assist the adolescent in the healing process.

1.3. Purpose, goal and objectives of the study

1.3.1. Purpose or goal

The Pocket Oxford Dictionary (2002) describes "goal" as "aim or desired result." "Purpose" is described as "the reason for which something is done." Fouché (2002a:107) concludes that the purpose or goal is the end result towards which the effort and the ambition are directed. According to Vithal (1997:4) the purpose of the study is also the focus of the research. Mouton (1996:101) states that the research objective or purpose gives a broad indication of what researchers wish to achieve in their efforts.

Neuman (1997:19) organizes the purpose of a study in three groups: to explore, to describe or to explain. Neuman (1997:18) describes an explorative study as the first stage in a sequence of studies, and as the formulation of more precise questions that future research could answer. Mouton (1996:102) describes an explorative study as a: "Typical attempt to collect new data." He describes a descriptive (or factual) study as factual knowledge that includes data, facts,

narratives, and stories that provide truthful descriptions of phenomena and answers the questions “how and what things are”.

The researcher agrees with Vithal (1997:7) that an indication of the method and type of the study was already given in the statement of the purpose of a study. The word “experiences” in the title and purposive of this study indicated clearly the qualitative and applied approach and type of this study.

The purpose or goal of this study has therefore been formulated as follows:

To explore and describe sexually abused adolescents’ experiences of parental reactions after the disclosure of sexual abuse.

1.3.2. Objectives

Fouché (2002a:109) reasons that objectives in research are the basic steps one has to take in a specific time to attain the goal. Multiple objectives are acceptable in a study. It appears that after describing the purpose or goal of a study, it was important to divide the goal of the study in manageable and smaller objectives to be researched. In this research study, the following objectives were identified:

To do a literature study on the following aspects to form a knowledge base for the research:

- The process of sexual abuse of children, the effect of child sexual abuse on adolescents, and the healing process of sexually abused children.
- The effect of child sexual abuse on the parent, and the healing process of the parent after disclosure of sexual abuse of children.

To do an empirical study:

- To explore sexually abused adolescents’ experiences of parental reactions after disclosure of the abuse.

To make conclusions and recommendations:

- Based on the outcome of the study, to reach conclusions and make recommendations on the most effective parental reactions after child sexual abuse to promote the healing process of the sexually abused child.

1.4. Research question

Bailey (1994:40) states that, especially in an explorative study, the researcher has no formal hypothesis, because a relatively recent phenomenon is studied and little information is known. Bless and Higson-Smith (1995:114) state that an exploratory study is useful to generate a hypothesis. In a qualitative research study the researcher therefore does not start with a hypothesis and variables as they would in a quantitative study, but formulates a research question (Fouché, 2002a:106).

Since this study wanted to explore a relatively unknown phenomenon in South Africa, the following research question was formulated:

What are adolescents' experiences of parental reactions to the disclosure of child sexual abuse?

1.5. Research approach

After the research topic had been discussed, an appropriate approach needed to be found. The approach depended on the type of reasoning that the researcher used.

Mouton (1996:74-78) as well as Delport and De Vos (2002:52,53) describe two different types of reasoning used in research:

- Deductive reasoning, where the conclusion is contained in the premises.
- Inductive reasoning, where the conclusion goes beyond the premises of the study.

The topic for this research required an in-depth study of human experiences and emotions. A detailed description of experiences was undertaken. The terrain of those experiences is relatively unknown, and the researcher sought to understand the phenomenon from the participant's view. The design could not be exactly replicated, and evolved throughout the research process. Reasoning started with the specific perceptions and emotions as described by the subject, and helped to enrich understanding. Meaning was derived from this, and conclusions were made that went beyond the experiences of the chosen subjects.

The approach was determined by the research topic, the research topic determined the type of reasoning and according to Fouché and Delport (2002a:81), those are the elements of a qualitative approach.

Mouton (1996:103) reasons that the aim of a qualitative study is to establish facts, to gather new data, and to determine if any interesting patterns can be found in analyzing this new data. Qualitative data is frequently used in explorative studies because the data gathering techniques are less connected to a specific theory and are therefore more open to use a range of evidence in discovering new issues (Neuman, 1997:19).

This study aimed to explore the experiences of adolescents that were sexually abused, and parental reactions to the disclosure of the sexual abuse. New data was gathered, and the meaning of the phenomena was sought through the subject's perspective. Therefore, a **qualitative study** was undertaken, as this approach allowed the researcher to explore new, emotionally rich data from the child's point of view.

1.6. Type of research

Research can be applied or basic. Fouché (2002a:108) describes applied research as investigating problems in practice and finding the solution to those problems. Neuman (1997:22, 23) describes applied research as the seeking of a solution in a specific setting. It affects our daily lives. Consumers of applied research are practitioners in the service delivery field. Applied research provides information on personal experiences of people, and therefore has direct implications on people's lives. Applied research can be controversial, as information from the research can easily be used out of context, according to Neuman (1997:23).

In this study, **applied research** was used, because the researcher wanted to do a practical exploration of children's experiences on parental reactions after disclosure of sexual abuse of children and conclusions and recommendations were made depending on the results obtained from the study.

1.7. Research design, strategy and procedures

Unlike quantitative studies, qualitative studies do not have a fixed design with rigid research procedures that can be followed. In the qualitative design, the researcher's actions determine the design (Fouché, 2002b:272). According to Mouton (1996:108) the degree of control that the researcher needs to conduct the research is the determining factor in choosing a design. A qualitative, **phenomenological** design was chosen, as in the exploration of personal experiences the process of the study could not be controlled. The reason for this is that the process was dictated by personal experiences.

The respondents in this study were adolescents between 12 and 18 years of age, who were sexually abused and to whose parents' information of child sexual

abuse was disclosed. Their individual, personal experiences were described from their point of view, and therefore the phenomenological, qualitative design was used. The validity of this study was in the correct description of individual experiences from the subject's point of view, rather than in a methodologically correct prescribed design.

1.7.1. Research design

In this study, the researcher was interested in the experiences of sexually abused children between 12 and 18 year of age, to whose parents the sexual abuse was disclosed. Fouché's (2002b:273) description of the phenomenological design was used in which the researcher derived meaning from information given by respondents' verbalization of personal emotions from their own viewpoint. Observation of the respondents was included in data analysis but was not used as the main data collection method. The focus of the information collection was the verbal explanations of emotions experienced about the research topic. Verbal and non-verbal information derived from the interview with the subject was documented and analyzed. Intense individual emotional experiences were documented, until a saturation point for new emotions was reached.

1.7.2. Data collection

Data collection in a phenomenological study (which concentrates on uncovering both personal and emotional experiences) has to include a conversation in which both the researcher and the subject are involved. This interview explores the subject's feelings about the phenomenon, and by doing so, creates a personal meaning for the researched phenomenon (Greeff, 2002:292). Bless and Higson-Smith (1995:110) state that the semi-structured interview allows for the discovery of new aspects of the phenomenon and for the investigation of the detail given by respondents. The interview will be semi-structured in the first place to create structure and to focus on the specific phenomenon and on the goal of the study,

and secondly to allow tunneling into specific experiences during the interview (Greef, 2002:102,103). To reach this goal of the study, the one-to-one semi-structured interview was chosen as a way of data collection. Questions used were largely open-ended to allow the respondent as much freedom of expression as possible within the limits of the goal of the interview. The following advantages of an interview as mentioned by Bailey (1994:174) were important in this study:

- The interview had to be flexible. Although an interview schedule was used for this study, the interviewer could probe the respondent for the correct answer, could repeat or explain questions if they were not understood, could change the order of questions to allow the respondent the most possible freedom of expression and could decide during the interview whether the questions were appropriate in the specific context.
- The interviewer had control over the completeness of the answer and was able, during the interview, to evaluate whether the data collected was sufficient.
- Spontaneous answers or the relations of experiences were accommodated and contributed to the richness of the data.

In the experience of the researcher, prospective respondents are talkative and expressive about their feelings and experiences after a trust relationship has been established. The researcher experienced a need among potential respondents to make adults understand how they experience incidents. The researcher wanted to use this tendency in the proposed research to probe the respondents and to encourage spontaneous and free expression.

1.7.3. Data analysis and interpretation

According to De Vos (2002:339), data analysis is the process of bringing order, structure, and meaning to the mass of collected data. In this study, after free and spontaneous expression of the respondents had been encouraged, data was

analyzed and interpreted according to Creswell's method of an analytic spiral. This method entails data collection, recording, and analysis in an ongoing and entwined process. Fine-tuning of all three of these aspects took place during the research (De Vos, 2002:341-345). After each interview, data was sufficiently and appropriately analyzed to reach the goal of the study by fine-tuning the method of data collection and interpretation according to the five steps of Creswell's method (De Vos, 2002:343). These steps were observed and are described as follows:

- Collecting and recording of data: semi-structured interviews with subjects were conducted and recorded. Audio tape recordings were used with the permission of the subject, and were transcribed. Field notes were made to document non-verbal information obtained during interviews.
- Data was managed in file folders and in computer files.
- Reading and "memoing" of data was undertaken to obtain a sense of the whole during the data-collection, and to monitor whether sufficient data had been obtained.
- Describing, classifying and interpreting of categories, themes, and patterns of parental reactions as experienced by sexually abused children.
- Data was presented and visualized through visual images in the form of tables and written descriptions.

1.8. Pilot study

A pilot study has four aspects (Strydom & Delpont, 2002:337) namely:

- Reviewing the literature.
- Discussion with experts.
- Preliminary exploratory studies.
- An intensive study of strategic units.

The first three aspects were covered under point one: “Introduction” of this chapter.

According to Strydom and Delport (2002:337) as well as Bless and Higson-Smith (1995:43) the function of a pilot study in a qualitative study is mainly to:

- Ascertain certain trends in a proposed study.
- Determine if a study is feasible and data can be obtained.
- Test correctness of concepts.
- Focus on areas in order to refine the interview schedule.
- Improve the reliability of the study.
- Foresee problems in data collection.
- Estimate time and costs of a study.

In this study, a pilot study was done to test the interviewing schedule, pre-empting problems in the study and to improve the reliability of the study. Two adolescents were used for the pilot test of this study. The two adolescents that were involved in the pilot study, were not included as subjects in the actual sample.

1.8.1. Testing of interview schedule

As a pilot study, the interview schedule was tested and discussed with two adolescents who met the requirements as listed for the target population in this study, to determine whether data could be obtained through the interview schedule. The correctness of concepts, the suitability of questions, and the language used was tested in order for the questions to provide correct, sufficient, and rich data, as needed in a qualitative study.

Permission was obtained in writing from authorities and parents of subjects before the pilot study was undertaken.

1.8.2. Feasibility of the study

The proposed study was feasible for the researcher and respondents were available, because of the following:

- After six years of investigations in the field of sexual abuse of children, the researcher was aware that parental reactions after disclosure of sexual abuse of children influence the healing process of the child. The researcher wanted to contribute towards the professional knowledge base regarding the sexually abused child's feelings.
- The researcher works in the field of sexual abuse of children, had access to adolescents who were sexually abused and those respondents were available to the researcher.
- The financial implication of the study to the researcher was minimal after study and editing fees had been paid.
- Colleagues were informed of the purpose and the aim of the intended study, and were able and willing to help with the selection of respondents.

1.9. Description of universe, population, sampling, and sampling procedures

In most research projects, it is impossible to use all the elements in the research that have the properties in which the researcher is interested. For example, in this study it was practically impossible to interview all adolescents in South Africa who were sexually abused and to record their experiences. Therefore, researchers need to select a few of those elements representative of all the

elements for a specific research project. The various concepts used in this selection process, and the selection procedure itself, are described here.

1.9.1. Universe and population

To start with, the group of elements that all had the common thread or property in which the researcher was interested had to be described. In literature, different authors use different names for this group of people. For example, Mouton (1996:134) and Bless and Higson-Smith (1995:85) prefer to use the terms “population” and “universe” as interchangeable to describe this group of all possible subjects for a research study.

Secondly, the collection of elements that meet specific specifications in this “universe or population” had to be described. Mouton (1996:134) named this the “target population.”

Strydom and Venter (2002:198) refer to Arkava and Lane’s terminology in their work to define “universe” and “population.” The term “universe” refers to all possible elements and the term “population” to elements that more specifically meet the qualifications in which the researcher is interested.

In this study, Arkava and Lane’s opinion was used. “Universe” in this study refers to all possible subjects, and includes therefore all sexually abused children in South Africa. “Population” refers specifically to elements that had the following properties:

- The elements are adolescents between 12 and 18 years of age.
- They were sexually abused.
- They disclosed their sexual abuse to important others.
- The information of sexual abuse of children was disclosed to their parents.

1.9.2. Sampling

In this study, it was practically impossible to make a list of all South African children that met the criteria of the population in order to study them as a representation of the population. Therefore, a sample had to be taken of this population that was manageable for the researcher and representative of the population. According to Mouton (1996:135,136), the key concept in sampling is representativeness. This would mean that the population has the same properties as the sample. Therefore, the researcher needed to decide what the goal of the sampling was in the context of the study, before the sampling method was chosen.

1.9.3. Sampling method

In a qualitative study, according to Strydom and Delport (2002:334,335), the researcher specifically selects the respondents where the phenomenon occurs. This is called a non-probability sampling technique. Purposeful sampling was done, and the criteria of selection of the respondents was therefore be to serve the quest for data that is as rich in quality as possible, and typical of the phenomenon researched in this study. Respondents were selected by the researcher in conjunction with social workers, according to the following criteria:

- Adolescents who were sexually abused who disclosed at any time in the past about their sexual abuse.
- The sexual abuse was disclosed to their parents.
- Subjects will be in the age group 12 to 18 years.
- Subjects will be either English or Afrikaans speaking.
- Adolescents who have the intellectual, emotional, and physical ability to talk about their experiences.
- Subjects living in children's homes, in foster care, and with their own parents, will be selected.

According to Erickson's theory, the age group 12 to 18 years is the adolescent phase. Erickson found that human development takes place in eight subsequent phases, through which the individual masters his environment and achieves an ego identity. In the first phase, the individual develops trust, in the second autonomy, in the third initiative, in the fourth industry, and in the fifth phase, (adolescent) identity. People who have attained ego identity have, according to Erickson in Murray Thomas (2000:144-152), a clear picture and an acceptance of both their inner essence and the group culture in which they live. The benefit of choosing the adolescent age group for this specific study was that the full impact of the parental reaction could be seen on as many aspects as possible of the child's developing personality, as the child in this fifth stage of development would be able to describe his or her experiences in the previous three phases.

Subjects had to be English or Afrikaans speaking in order for the researcher to conduct the interview. To collect a sample as representative of the population as possible, subjects residing with own parents, in children's homes and in foster care were selected.

To enable the researcher to communicate effectively with the respondents, as well as to reduce trauma for the respondents, subjects were chosen in conjunction with social workers. Subjects were selected who were able to talk about their experiences.

Social workers and colleagues of the following organizations were approached by the researcher and were willing to select suitable respondents from their caseloads:

- Child Welfare Organization, Benoni.
- Child Welfare Organization, Kemptonpark.
- East Rand Children's Home, Brakpan.

- Kidz Clinic, Boksburg.

Fifteen respondents were selected and interviewed until the saturation point of new information was reached.

The possibility existed that the researcher's own clients, who were involved in a therapeutic process with the researcher, would tend to please the researcher for various reasons (and would therefore make the research invalid) during data collection. Therefore, subjects who were the researcher's own clients were not used for the data-collection purposes in this study.

1.10. Ethical issues

Most textbooks on social research methods have a chapter on ethical issues to be observed by the researcher. Neuman (1997:445) states that human rights were grossly violated in the past, because researchers wanted answers and put the importance of their research above research subjects' well-being. Subjects were physically and emotionally harmed to test human reactions to medication or information. Bailey (1994:454) writes that conflict of interest between the right of the majority to be informed and the right of the individual to privacy created the need for written ethical standards. Mouton (1996:42) argues that the domain of social research is concerned with the rights of the participant. Rules of research conduct are there to regulate behaviour of researchers in order to protect the rights of the participants.

The South African Pocket Oxford Dictionary (2002:302) describes ethics as "the moral principals that govern a person's behaviour on how an activity is conducted." The following moral principals or rules were observed in this study to guide the researcher's behaviour and to protect participants throughout this research.

1.10.1. Harm to respondents

Neuman (1997:446) finds that although physical harm to respondents is rare in social research, researchers have to make sure that no physical harm will come to respondents as a result of the research.

Harm of emotional nature can be divided in two categories. Firstly Neuman (1997:446) writes about researchers inducing certain feelings in subjects in order to study their reactions. This was not done in this study, as the purpose of the study was the experience of children of parental reactions after disclosure of child sexual abuse. Secondly, Strydom (2002:64) points out that the recollection of information and feelings from the past could begin a new cycle of personal harassment through the respondents' own thoughts. It could happen that children had disassociated themselves from their own experiences of parental reactions for various reasons, one of which could be emotional trauma. (In the introduction to this study, trauma in sexually abused children is described as one aspect observed by experts after disclosure to parents regarding sexual abuse of their children.) To counteract this important impact that this study could have on subjects, only subjects that were under the attention of a social worker during the research data collection interviews were used. Neuman (1997:449) states that the ethical researcher will evaluate each case and carefully consider the consequences of the research on the respondent. This was done in this study with the help of the attending social worker before a respondent was selected and asked to participate in the research.

1.10.2. Informed consent

Closely linked to the previous statement of “no harm to respondents,” is the topic of informed consent. Strydom (2002:65) points out that those respondents need adequate information to make decisions about their participation. Respondents and their parental structures were informed about the goal of the research, and

the impact that the research could have on the service delivery of the service professions. They were informed about the advantages and disadvantages of the research to themselves. Information about the experience and training of the researcher, dealing with sexual abuse of children was presented to subjects to assure the respondents of the credibility of the researcher (Strydom, 2002:69). Respondents were made aware that they took part in the research of their own free will, and that they could withdraw from the research at any time. This was presented to them in a consent form, and was signed by both respondents and parental structures.

Neuman (1997:450) advocates the use of a written consent statement. Written consent was obtained from the subject and his or her guardian. The ability of respondents to understand the research procedure and the ability to give written consent was important to the researcher, and therefore only adolescents were used who were able to give consent.

1.10.3. Deception of respondents

Neuman (1997:449) argues: "...do not lie, unless it is required for legitimate research reasons." Strydom (2002:67) is of opinion that "...no form of deception should ever be inflicted on respondents." In this study, the researcher agreed with Strydom. The nature of this study was to research the real and honest experiences of respondents. This implicated, in the opinion of the researcher, an emotionally honest and congruent relationship initiated by the researcher.

1.10.4. Confidentiality

Strydom (2002:68) says, "Confidentiality places a strong obligation on the social worker to guard jealously over the information that is confided to him." This implied that anonymity and privacy of the respondents and confidentiality of information had to be protected at all times.

In this study, confidentiality of subjects was protected by the researcher. Names or identifying details of the subjects were not published or linked to specific outcomes in this study. Audio tapes and field notes are kept in the office of the researcher. Information was recorded and presented in this study according to content of the information and was not linked to the specific children or to the places those children originated from or were interviewed. This ensured anonymity of respondents. The place and room the adolescent was interviewed in was private and arrangements were made for a physical place of the interview that accommodated the needs of the adolescent in terms of privacy. If necessary, referral to a therapist was done with permission and in the presence of the adolescent, unless the adolescent advised the researcher otherwise.

1.10.5. Acknowledgement of contributors to the study

In this study, financial sponsors were not used. Professionals in helping professions were asked for their professional opinions. These opinions were acknowledged.

1.10.6. Publishing of results

Neuman (1997:467) states in short, “The norm of the scientific community is to make findings public.” To publish research, results must first be recorded.

Strydom (2002:71, 72) advocates that the recording of results must:

- Be in written form.
- Be available to reading public.
- Contain no plagiarism.
- Be objective and accurate.
- Shortcomings must be admitted.

The results of the study was formulated in a research report. The findings will be submitted as a manuscript for possible publication in a journal. Data will be stored safely for fifteen years, according to the policy of the University of Pretoria.

1.10.7. Competence of the researcher

The researcher is a qualified social worker, registered with the SACSP and employed as a senior social worker responsible for assessment and therapy of sexually abused children and their families since March 2001 in the Boksburg clinic of the organization: "Women and Men Against Child Abuse". During and through her intensive work with children who were sexually abused and their families, the researcher obtained the necessary knowledge and sensitivity to facilitate a research process in the proposed study.

In 2005, the researcher completed the theory of the fourth year social work program at the University of Pretoria. Part of the modules for this year was a research project in which the researcher obtained a distinction. The researcher therefore recently obtained the necessary research knowledge, skills and experience to conduct this research.

1.10.8. Debriefing of respondents

During the first interview, respondents were informed about the nature of the interview schedule. Respondents were also informed that, if the researcher observes emotional upset during interviews, the interview could be terminated with the consent of the respondent, and the respondent would be referred for therapy. This would be done in order to contribute to the healing process of the participant. To work through negative feelings about the reactions of important others after disclosure of abuse is a necessary and a healing experience in the opinion and experience of the researcher. Although the aim of the study was not to induce the surfacing of such feelings, latent emotions in respondents about

parental reactions, brought to the surface and attended to in a therapeutic manner, would have long-term positive effects on the respondent (Strydom, 2002:64).

The researcher was very aware of the high possibility of discovering unresolved feelings in respondents. Strydom's (2002:73) perspective on this matter was used in this study: "A research project must always be a learning experience for both participant and researcher." In this study, the researcher debriefed participants after the interview schedule had been completed. After the research interview, the researcher referred respondents who were in need of counselling to the social worker who selected the respondent in cooperation with the researcher, and who was responsible for services to the respondent.

1.11. Definitions of key concepts

Mouton (1996:109) describes "conceptualization" as the "...clarification and the analysis of the key concepts in a study and also the way in which one's research is integrated in the body of existing theory and research." Concepts can have different meanings in different contexts.

For the purpose of this study the following key concepts were defined within the context of this study:

- **Adolescent**

Wikipedia (2006) states that the word adolescent comes from the Latin word "adolescere" which means "to grow up" and it is the period of psychological and social transition between childhood and adulthood. *Wikipedia* (2006) states that the WHO defines adolescence as the period of life between 10 and 19 years of age.

The South African Oxford Dictionary (2002:11) describes an adolescent as “in the process of developing from a child into an adult.”

Murray Thomas (2000:151-154) states that according to Erickson’s development theory, an adolescent goes through a period of rapid physical, social and emotional change between childhood and adulthood. This change starts at puberty and ends when the person synthesizes his or her ego identity. The age involved in this process is described as “12 to 18 or so.”

As a working definition this study, the adolescent was classified as a person between the ages of 12 and 18 year old, growing from childhood into adulthood.

- **Child**

According to Doyle (1995:13) a child can be defined as “Any person under the age of 18. “

South African pocket Oxford Dictionary (2005:147) defines a child as “Young human being below the age of full physical development.”

For the purpose of this study, a child was a person under the age of 18 years.

- **Child sexual abuse**

The SCOSAC (Standing Committee on Sexual Abuse of Children) (1984) as quoted by Glaser and Frost (1993:5) defines “child sexual abuse” as follows:

Any child below the age of consent may be deemed to have been sexually abused when a sexually mature person has ... engaged or permitted the engagement of that child in any activity of a sexual nature which is intended to lead to the sexual gratification of the sexually mature person.

Hartman (1995:56) describes “child sexual abuse” as:

The involvement of developmentally immature children and adolescents in sexual activities with an adult, or any older person,

in which the child is exploited as a sexual object for the sexual gratification of the older person's needs or desires ...

Wikipedia (2006) proposes that: "Child sexual abuse is commonly defined in contemporary western culture as any sexual activity an adult performs on or with a person under the age of consent."

Barker (2003) states that sexual abuse of children is: "...a form of child abuse in which a dependant child is compelled, by manipulation or force, to fulfil the sexual demands of an older person..."

Because children are not able to give consent to sexual acts due to their limited sexual knowledge (Doyle, 1995:16) and due to legislation, for the purpose of this study, sexual abuse of children was simply defined as: "...any sexually intended act of an older person or adult towards a child".

- **Experience**

Dictionary.com (2006) describes the meaning of the word "experience" as "...the process or fact of personally observing, encountering or undergoing something." based on the *Random House Unabridged Dictionary*.

The *South African Pocket Oxford Dictionary* (2002:310) defines "experience" as "... practical contact with and observation of facts or events or knowledge or skill gained over time or an event which leaves an impression on one."

In this study, an "experience" was a personal encounter and observation of an event (the parental reaction) in a period of time (after disclosure of child sexual abuse).

- **Parent and parenting**

The *South African pocket Oxford Dictionary* (2002:647) describes "parent" as "a father or mother."

Dictionary.com (2006) describes from the *American Heritage Stegman Medical Dictionary* a parent as “one who begets, gives birth to, or nurtures and raises a child, a father or a mother.”

The *South African pocket Oxford Dictionary* (2005:647) describes “parenting” as “be or act as a parent.” *Wikipedia* (2006) describes “parenting” as the process of raising and educating a child from birth to adulthood. This is usually done by the biological parents but if they are unavailable, close relatives or other substitutes provide this care.

For the purpose of this study a parent was the biological parent of the child or the person who acts as the parent of the child and was accepted by the child as the primary caregiver.

1.12. Proposed contents of the research report

The research report consists of 5 chapters:

Chapter one	Introduction and the research process of the study
Chapter two	The process of child sexual abuse, the effect of sexual abuse on children and the healing process of sexually abused children
Chapter three	The effect, impact and healing process of the parent after disclosure of child sexual abuse
Chapter four	Empirical findings and literature control
Chapter five	Conclusions and recommendations

2. Chapter two

The process of child sexual abuse, the effect of sexual abuse on children and the healing process of sexually abused children

2.1. Introduction

As child sexual abuse is a reality, there have been many attempts to describe the progression, effect and healing of children after they have been sexually abused. It is imperative for any professional person working in or researching the field of child sexual abuse to make a study of the work already done in this field and to become familiar with the existing knowledge based on this phenomenon.

In this chapter, the researcher will describe the concept of child sexual abuse by referring to different definitions of the phenomenon. The researcher will also refer to available literature on the process found during child sexual abuse, the effect of abuse on the child and the prevailing circumstances associated with it. One objective of this study is to reach conclusions and make recommendations based on the outcomes of this research. These will concern the most effective parental reactions to promote the healing process following their child's sexual abuse. It will therefore be necessary to conclude this chapter with a description of the therapeutic process and the child's healing following sexual abuse.

2.2. Definition

Maltz (1992:36) states that identifying sexual abuse can be a matter of degree and circumstance. The professional has to look at the full context in which the abuse occurred to determine whether it was, in fact, sexual abuse. For the

researcher, this would mean that, in defining sexual abuse, the circumstances of the abuse have to be taken in account. Hartman (1995:55) states that child sexual abuse is regarded by many professionals as the most severe and, at the same time, the most misunderstood form of abuse. According to him, the term child sexual abuse refers sometimes to incest, sometimes to rape, sometimes to indecent assault or indecent liberties and even to children's exposure to obscene language. Some authors use the term child sexual abuse to refer to any form of sexual exploitation, others to forceful sexual intercourse or violation of social taboos in family roles (Hartman, 1995:55). Fergusson and Mullen (1999:14) are of the opinion that variations in the definition of the essence of child sexual abuse lead to variations in estimates of the prevalence of child sexual abuse. Estimations and figures, of course, have serious implications for the importance and priority the phenomenon has for officials and the attention it receives. Through this research, the researcher attempts to emphasize the importance of adolescent experiences of parental reactions to the disclosure of child sexual abuse. The definition of what constitutes child sexual abuse is therefore of vital importance to this study.

Faller (1990:38) does not provide a short working definition of child sexual abuse but presents a lengthy discussion based on three, according to her, essential components of child sexual abuse, namely:

- The type of behaviour.
- The parameters of abusive versus non-abusive encounters.
- Patterns found in child sexual abuse.

In 1984, the US Congress amended the definition of child sexual abuse. They attempted to include many descriptions of the scenarios and acts generally found during child sexual abuse and stated the following:

The term sexual abuse includes:

- (i) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in any

- sexually explicit conduct (or any simulation of such conduct) for the purpose of producing any visual depiction of such conduct, or
- (ii) the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children, under circumstances which indicate the child's health or welfare is harmed or threatened thereby.

(Child Abuse Prevention and Treatment Act 42 as Amended by Public Law 98-457, 98th Congress, 9 October 1984 in Crosson-Tower, 2002:123).

The Blackwell Encyclopedia of Social Work (Davies, 2000:48) highlights nearly the same aspects of child sexual abuse:

...the involvement of minors in sexual activities that they do not fully comprehend, and to which they have not given their informed consent. Such activities might include the commercial exploitation of children for the purposes of prostitution or pornography, as well as engaging the child in developmentally or age inappropriate sexual acts.

Faller (1990:43) does not mention the above aspects of child sexual abuse, but stresses the issue of the lack of informed consent in defining it. She found that children must have full appreciation of the content of their consent before they are able to give permission. Faller agrees with Finkelhor (in Faller, 1990:43) and argues that:

- children do not understand the meaning of sex and are therefore incapable of informed consent, but also
- that children are not free to say no to abuse.

Mather and Debye (2004:5) offer the following definition: "Sexual abuse is taking advantage of a child through any act that is designed to sexually stimulate a child or to use a child to sexually stimulate someone else." Wiehe (1996:8) provides a concise definition of child sexual abuse. It is "... an adult's use of a child for

sexual gratification”. He then specifies that sexual abuse could occur on a contact or non-contact basis.

The researcher is of the opinion that most definitions of child sexual abuse are valuable but elaborate descriptions of the phenomenon, and that they emphasize aspects of child sexual abuse according to the experience of the author. In describing instead of defining, authors attenuate the concept of child sexual abuse. A working definition in this study of the term ‘child sexual abuse’ has to be as short, clear and inclusive as possible. The researcher therefore defines child sexual abuse as: “Any act of an adult involving a child that provides sexual gratification to the adult or the child”.

2.3. Children at risk of child sexual abuse

It is difficult to determine why some children are abused while others are not. Doyle (1995:33-35) interviewed sexually abused children with all sorts of personality structures: outgoing or withdrawn, talkative or quiet, aggressive or compliant. She also found that children with physical disabilities might be more at risk because of their inability to escape the abuse, or because they are more trusting and less streetwise than their peers.

Faller (1990:148-149) indicates that “high risk” as far as sexual abuse of a child is concerned implies that characteristics of the offender, the victim or the situation create the potential for child sexual maltreatment. Persons who have sexually abused in the past are more likely to commit sexual abuse than those who have not. It also seems that children who have been victimized by sexual abuse in the past might be vulnerable to future child sexual abuse. Factors associated with higher risk of sexual abuse in the child’s situation are marital dissatisfaction or dissolution and foster care.

Doyle (1995:34) found one factor common to all abused children, namely that all of them appeared to be *isolated*. She was, however, unable to determine whether this isolation was a cause or an effect of the abuse. Isolated children are not protected properly and have to fend for themselves, so they are obviously more prone to abuse. Crosson-Tower (2002:132) affirms this observation by stating that social isolation of children leaves children unsupervised and unprotected by family, friends and neighbours. Mothers influence the possible isolation of children by their own isolation, such as physical or emotional absence from the child. They might also ignore the reality of sexuality in the case of the mother's having a religious or sexually punitive background. Sexual abuse might lead to separation from family and friends. Mather and Debye (2004:62) refer to the possibility that family and friends might reject the child after disclosure of child sexual abuse.

Crosson-Tower refers to Van der May (2002:132) when she maintains that alcohol, one-parent-households, marital discord and mental or emotional problems in families also render children more vulnerable to child sexual abuse, while a daughter's attractiveness appears to have little influence on child sexual abuse in incest situations.

It appears to the researcher that it is not a child's personal characteristics that place that child at risk of sexual abuse, but rather that any distortion in culturally acceptable family life and relationships could be a contributing factor to such a situation. Because the child has not yet attained physical, emotional or social maturity, he or she is the most vulnerable part of any social structure, and is consequently open to the hurt caused by any distortions in a family, far more so than adults. Any distortion in family life, therefore, primarily affects the child, who is thus without protection from predators. However, contributing factors within community or family structures do not on their own cause child sexual abuse. For example, most men who are rejected by their wives do not find sexual relief with

their daughters, but rather seek other adult partners, masturbate or practise abstinence.

Experts in the field of child sexual abuse are left asking why some adults are sexually aroused by children and are willing to act on it, while others are not. Faller (1990:62) developed an explanatory model explaining why some adults sexually abuse children. Faller's (1990:149) statement is important here: "...[T]wo requisites for sexual abuse are sexual arousal to children and the willingness to act on the arousal." Faller (1990:62) explains that sexual arousal to children can be experienced by an adult when:

- Children are primary sexual objects to the person.
- Children are one of many different sexual objects to the person.
- Children are circumstantial objects to adults.

Willingness to act on this arousal could be created in an adult by:

- Pervasive superego deficits.
- Errors in thinking.
- Poor impulse control.
- Diminished capacity.

Contributing factors in adults who experience sexual arousal by children and who are willing to act on this arousal are, for example, fantasies, their own childhood sexual experiences, vulnerable role relationships, the availability of the child and cultural factors.

For the purpose of identifying reasons for adults' sexual behaviour towards children, different types of such behaviour are discussed in the following section.

2.4. Types of child sexual abuse

According to Crosson-Tower (2002:124), child sexual abuse is classified into categories according to the identity of the perpetrator. In line with Crosson-Tower's opinion, child sexual abuse is traditionally discussed under the headings of incest and extra familial abuse. As a result, theories explaining the phenomenon often describe it from the perspective of the offender's motivations. Bolen (2001:111) takes this line of thought a step further when she claims that classification of child sexual abuse is made according to the abuser's *modus operandi* and is the reason for the lack of knowledge about victims. Bolen (2001:111) states:

This lack of an adequate knowledge base of extra familial abuse is one of the most striking weaknesses of the literature base and is profoundly related to society's inability to adequately identify, assess and treat victims of extra familial abuse.

This is especially true of children who have been sexually abused by perpetrators outside the family structure, because very little research has been conducted on this form of child sexual abuse (Bolen, 2001:111).

Another interesting observation by Bolen (2001:110-111) is that theories on family incest generally concentrate on the dynamics of family relationships. The researcher agrees with Bolen (2001:111) in that classifying sexually abused children according to the *modus operandi* of perpetrators makes it difficult to establish a profile of the sexually abused child. This means that our understanding of this child, as well as the early prevention and treatment programs are not always successful.

Authors do not seem to agree on the most prevalent type of child sexual abuse found in communities. Bolen (2001:110) postulates that non-relatives are

involved in 71% to 89% of all child sexual abuse cases and that this is therefore the most common type of child sexual abuse. This would imply that extra-familial child sexual abuse is the most common form of the abuse. On the other hand, Wiehe (1996:61) reasons that 75% to 80% of all offenders are related to or known to the victim. This would place the emphasis on incest.

For the purpose of this study, both types of child sexual abuse are discussed. Child sexual abuse is divided into two categories according to the relationship context in which the abuse took place:

- Familial child sexual abuse or incest

Adults who are family members, such as fathers, grandfathers, uncles, brothers or stepfamily, sexually abuse a child who is a member of the same family.

- Extra familial child sexual abuse

A person outside the family structure, such as a known person (a neighbor, tutor or friend) or any unknown person, is the offender.

2.4.1. Familial child sexual abuse or incest

Incest ravages childhood. It is more than the rape of a body. Because of the victim's dependence on the abuser, incest is a rape of the victim's trust as well. The sexual aspect of incest is secondary. Incest therefore affects the fundamentals of human development (Blume, 1990:15). Sholevar (2003:697) suggests that any definition of incest should consider the following factors: the nature of the act, the degree of the relationship between the parties and the ages of the parties involved. He describes incest as '*...the intimate sexual or anal contact or genital intercourse between close relatives*'. Spies (2006a:4) stresses

the fact that the above definition does not include the patterns of incest found in a re-married family system or in a foster or adoptive family system, even though those families experience the same losses and pain following incestuous relationships. Mather and Debye (2004:6) conclude that incest is “...*sexual abuse of a child by a person who is a member of a child's family or has some type of kinship role in the child's life*”. In this study, reference to incest includes incest in families who are living together in a family-definable relationship, whether this is step, blood, foster or adoptive.

2.4.2. Theories on child sexual abuse in families

Bolen (2001:115-119) proposes four theories as a framework for understanding intra-familial child sexual abuse. Those four theories are:

2.4.2.1. Socio-biological theory

Freud (in Bolen, 2001:116) describes his theory of the Oedipus complex as people with inherent incestuous tendencies which they try to avoid by repression of those impulses. Erickson (in Bolen, 2001:66) suggests that the secure attachment between family members is the foundation of adaptive kin-behaviour and that it therefore avoids incest. Parker and Parker (in Bolen, 2001:67) claim that fathers who are actively involved in the care of their daughters from a young age are less likely to commit incest.

2.4.2.2. Family systems theory

Family systems theory as explained by Bolen (2001:117) is concerned with dynamics of families in which incest occurs and sees incest as a symptom of interaction between members of a family. Incest is assumed to have a type of function in the family. The function of incest is classified in four categories:

- The affection-exchange family

This family has a high need for expression of nurturing, so incest has an expressive function.

- The erotic-exchange family

Interactions between family members are sexualized and incest is simply an expression of family norms.

- The aggression-exchange family

They interact in a negative manner and incest is a form of punishment.

- The rage-expression family

Physical and sadistic abuse occurs and is forced upon the child.

Incestuous families might experience a diminished ability to sustain mutually satisfying intimacy and relationships in the family. Family members need an atmosphere of affection and stimulation to grow in, that respects the need for privacy, and interpersonal boundaries. The sustainability of the family unit of incestuous families becomes insecure as a result of unsatisfying relationships and the transgression of interpersonal boundaries between family members. Family members attempt to strengthen those unsatisfying bonds by incestuous relationships. The process of sustaining the incest in secrecy and danger of discovery, maintains the family in a collusive system (Spies, 2006a:5).

2.4.2.3. Attachment theory

This theory maintains that insecure attachments in the family contribute to incestuous behavior (Bolen, 2001:118). Three categories are identified:

- Dismissing/avoidance families

The authoritarian father figure prevents the mother from being empathic or available to the child, and the stage is set for incest.

- Anxious/ambivalent families

Role reversal occurs and leads to incest.

- Disorganized families

The disorganized mother flees from the needs of the child and is therefore inaccessible to the child.

2.4.2.4. Feminist theory of male dominance

In this theory, males are supreme and have immense power over women and children, especially girl-children (Bolen, 2001:118). Daughters are confronted with the extreme male power and subordinate mothers. This ensures psychological reproduction of male supremacy in future generations. It produces sexually aggressive men who are unable to nurture and nurturing women who are unaware of their own sexuality and powers. Such women normally have more children and less education, are economically dependent and are controlled by their husbands through isolation or physical force. Feminists believe that incest is therefore the result of a power imbalance in the family.

Sink (1988:110) underlines the importance of practitioners being familiar with multiple theories in the treatment of sexual abuse of adolescents. The practitioner involved in preventing, treating or researching the sexual abuse of

adolescents must be familiar with different theories, because intervention on behalf of sexually abused adolescents can never be monolithic. Sink (1988:110) therefore proposes an ecological model which allows data collection and intervention on different levels of the adolescent's life. His motivation is the wide experience base normally found in cases where adolescents are involved in sexual abuse. In addition, the ecological approach allows the practitioner to use different theories to explain the process of abuse from different perspectives.

In the researcher's opinion, each of the four theories discussed by Bolen can be found lacking when discussed in detail. On the other hand, Sink's (1988:110) recommendation that the ecological model should be used allows the practitioner to apply all four theories. It would therefore be more positive to say that each of those theories is partially true and can make valuable contributions to the general knowledge base of professionals in the field of child sexual abuse.

2.4.3. Types of incest in the family

Incest in families is also referred to as the violation of intergenerational boundaries. When incest occurs in a family, behavioural patterns can sometimes be identified. Four types of incest are known:

2.4.3.1. Father-daughter incest

Spies (2006a:5-10) postulates that in the incestuous family where father-daughter incest has occurred, three typical forms of boundary-shifting can be identified:

- Dominant father versus passive mother:

The father presents as an ideal father figure and is dominant. The mother presents as an emotional and sometimes physically absent mother who withdraws from her role as a mother. The result is that a daughter moves into the mothering role in this family so that the mother becomes even more insecure in a 'child role'. The feminist theory of child sexual abuse as discussed earlier in this study is applicable here.

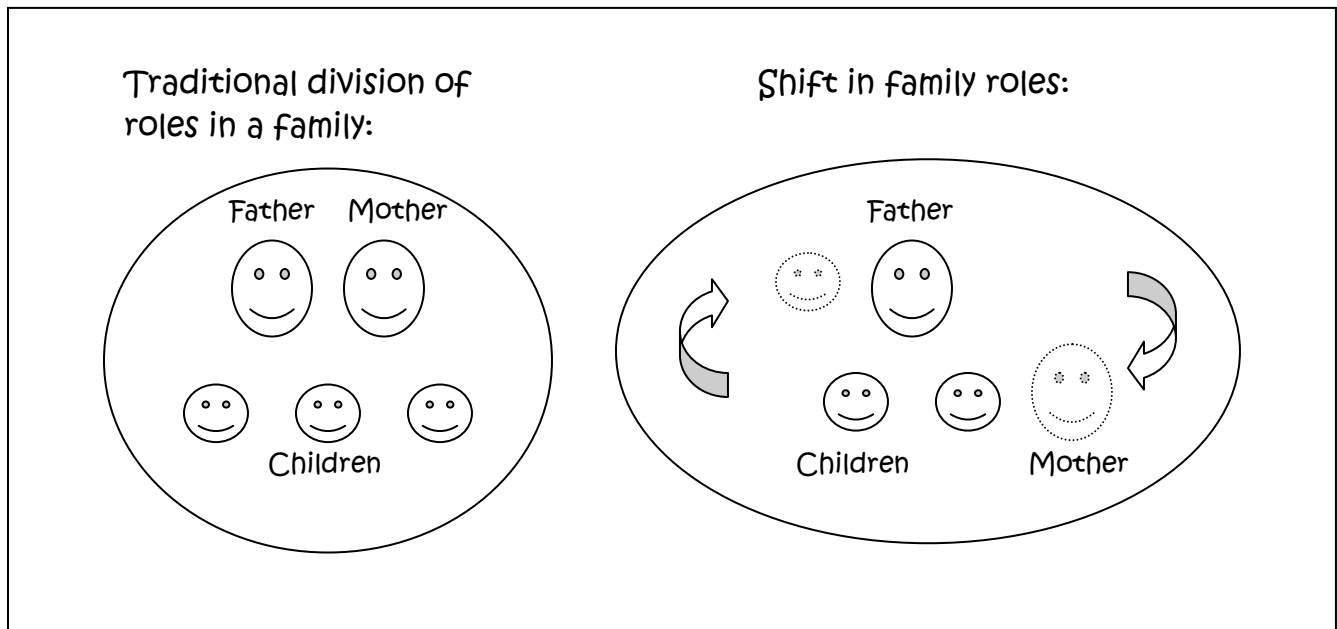


Figure 1: Dominant father – passive mother

- Dominant mother versus dependant father:

The mother presents as a competent, dominant female and the father as an inadequate male. The result is that, emotionally, the mother becomes the only leader in the family, while the father adopts a 'child role'. The mother is experienced as cold and the father becomes a friend to the children. A result could be that the father then also turns his sexual needs to his 'peer group' in the family: the children. This is especially true if the father has a history of abuse and confusion about his own sexual ability.

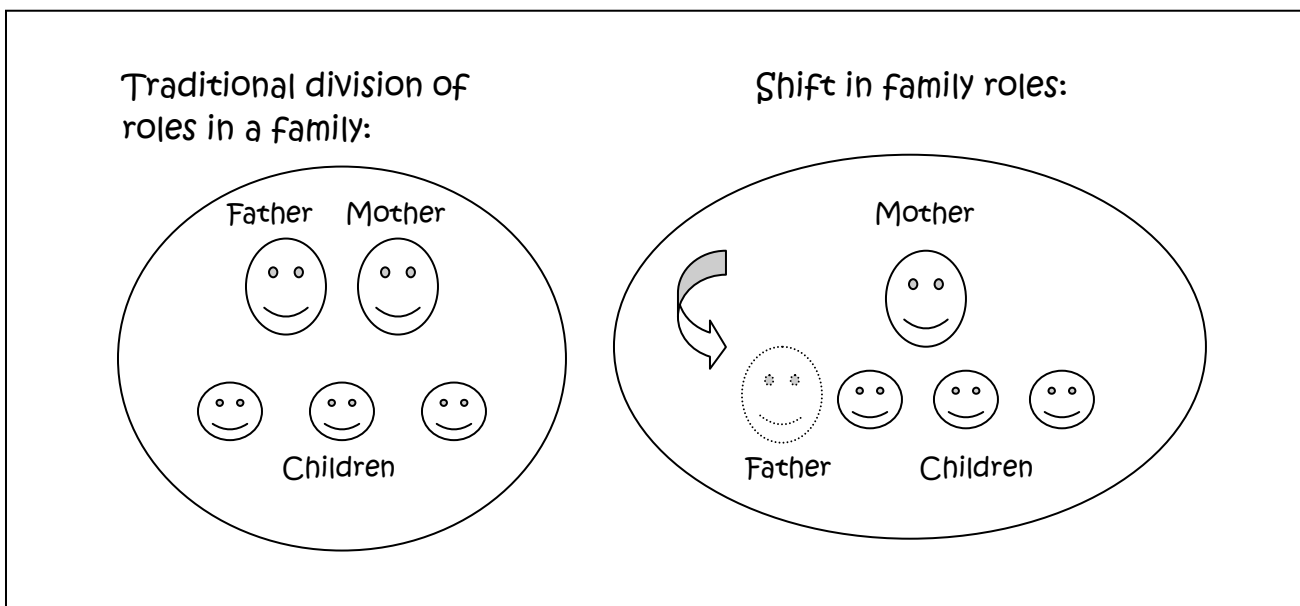


Figure 2: Dominant mother – dependant father

- Dependant father and mother:

Two incompetent, usually deprived and insecure people, form a marriage. As the children grow up one of the children adopts the nurturing, dominant role to save the family unit. The father then looks to the strongest female, the daughter, for comfort of his sexual needs.

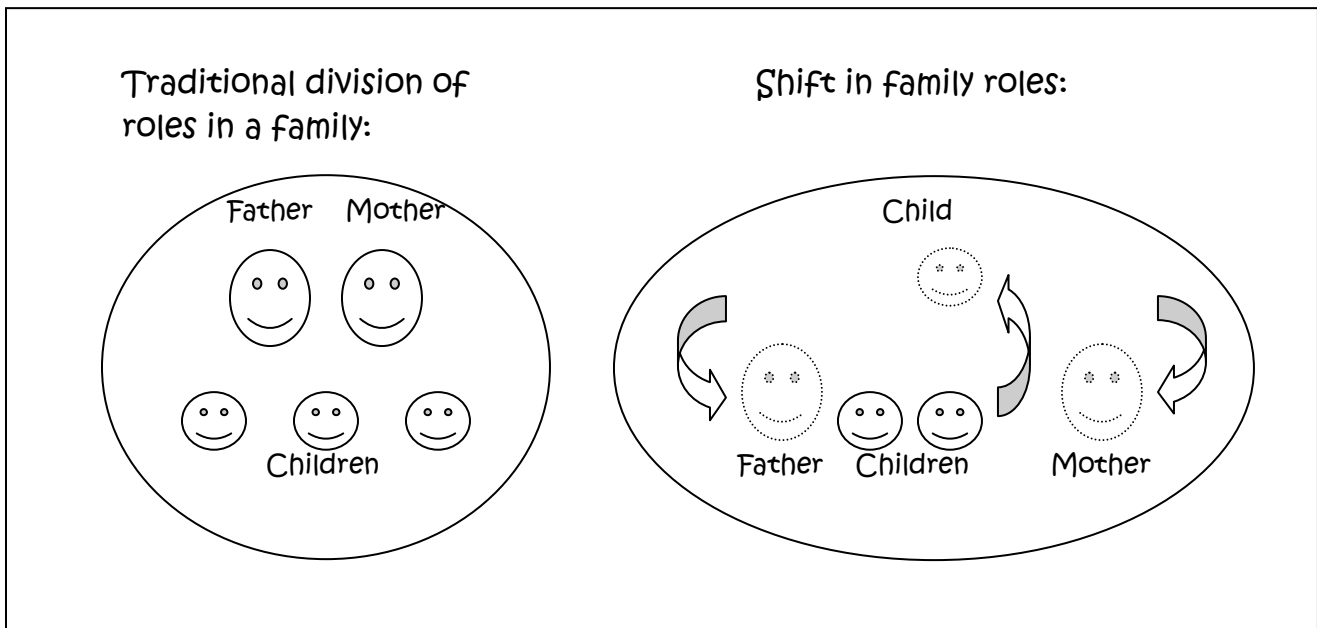


Figure 3: Dependant father – dependant mother

2.4.3.2. Sibling incest

Gil (in Gil and Johnson, 1993:38) states:

...children are sexual beings, capable of demonstrating a positive, healthy, creative and spirited interest in sexuality.

and:

...children seem to be having sexual experiences at earlier ages, and age appropriate sexual play and experimentation between peers is neither harmful nor traumatic to children.

Sibling incest involves sexual activities between children in a family. To distinguish between incest and appropriate sexual behaviour between children, appropriate and problematic sexual contact between children must be defined. Professionals distinguish between appropriate and problematic sexual behaviour among children on a broad base of criteria. Those criteria should include an evaluation of the normal physical, psychological, moral and cognitive development of the child (Gil, in Gil & Johnson, 1993:38). Johnson (in Gil & Johnson, 1993:41-51) discusses the different types of sexual behaviour found in children. He found that, if sexual behaviour in children is classified according to the level of sexual disturbance, a continuum arising out of four basic groups could be identified to distinguish between appropriate and problematic sexual behaviour in children.

In Group One, children are involved in natural childhood sexual exploration with siblings or friends. The sexual interaction takes place on a voluntary, spontaneous, lighthearted and 'giggly' way. If discovered by adults, this sexual behaviour ceases. Group Two is composed of sexually reactive children. Children in this group have often been either exposed to sexual behaviour in pornography or stimulated by too much sexual activity. They are not able to integrate the sexual knowledge in a meaningful way and are preoccupied with the sexuality of their own body by masturbating, exposing themselves or inserting objects into themselves. If other children are involved in their sexual play, they are not coerced or violated into doing so. Those children respond easily to therapy and, as age appropriate activities increase, the sexual behaviour usually decreases.

A Support Program for Abusive Reactive Children (SPARC) was developed by MacFarlane in 1985. It focuses on children falling into this category. Group Three

is comprised of children involved in adult sexual activities. They display pervasive and focused sexual behaviour and do not respond easily to treatment. Sexual activity lacks effect and becomes a way of communicating. Those children live in highly chaotic, sexually charged environments and are usually emotionally, physically and sexually abused. Because of this, they expect rejection and abandonment by adults. Group Four involves children who molest other children. They will fool, bribe or force other children into sexual behaviour. They seldom express empathy with their victims and justify their abuse of other children by referring to the victims' disobedience or the fact that they are irritating. Group Four children express anger and aggression, have little impulse control and display a variety of problematic behaviour in their interaction with other people.

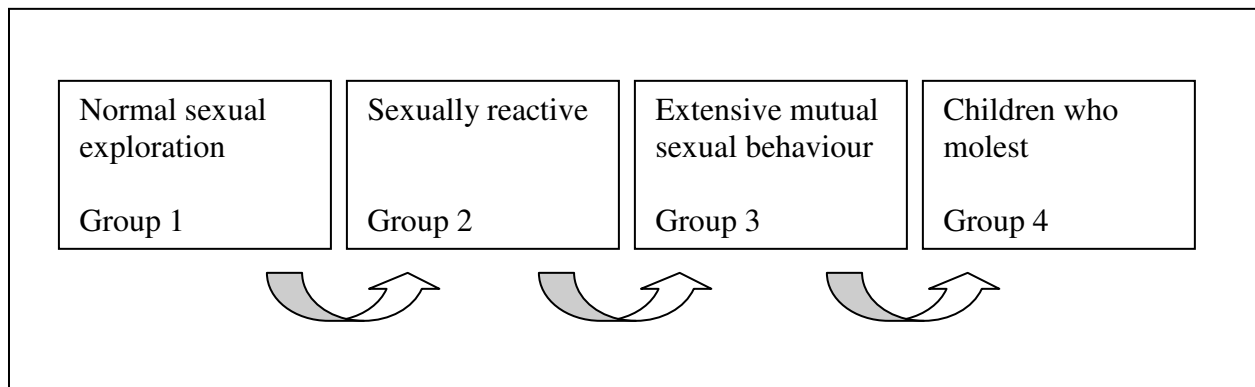


Figure 4: Sexual behaviour of children

Spies (2006a:7-8) postulates that some mutual exploration amongst same-age children is seen by society as psycho-sexual development, but adds that adult survivors often experience trauma as a result of sexual abuse by siblings. This confirms that not all sexual exploration between siblings is acceptable. Spies, (2006a:7-8) identified the following factors that determine the difference between exploration and incest:

- Age difference between siblings.
- Unbalanced emotional and physical power between siblings.
- Unequal sexual knowledge in incestuous siblings
- The type of sexual interaction.
- Violence and threats involved in the coercion into sexual acts.

Spies (2006a:8) emphasizes that minimizing sibling incest after disclosure and disbelief on the part of parents and professionals adds to the damaging effect of sibling incest. Sexually gratifying acts between siblings can be extremely harmful and must be taken seriously, especially if the victim and perpetrator of sibling incest are of different gender and if there is a considerable age difference between them.

Doyle (1994:104) highlights another aspect of sibling incest when she points out that in some families not only one but all the children are sexually abused. Should siblings not be aware of each other's abuse and are made to believe that they are the only ones experiencing this, it is possible for them to become very envious of each other. They are often made to believe that their own behaviour was the reason for the assault. Doyle (1994:105) also observed that the victim sometimes believes that his or her submission to the abuse is going to save the other siblings from the same fate. The researcher encountered two brothers who took turns in hiding from the abuser, and protected each other in this way. Sometimes siblings are forced to abuse each other. In some instances, children in the same family are abused together and the abuse takes the form of a ritual. Those children have no sense of appropriate family boundaries, so the distinction between adult and child is blurred. Children like this have no sense of appropriate sexual and physical contact in a family and consequently might abuse each other (Doyle, 1994:104).

Gil (in Gil & Johnson, 1993:59-63) argues that in some sexually abusive families the victim changes from a passive to an active role, from helpless victim to

aggressive, dominant perpetrator. Breer (in Gil & Johnson, 1993:59) proposes that sexually aggressive behaviour in children could be an attempt to reenact or recreate the abuse in order to develop mastery and control over feelings. Johnson (in Gil & Johnson, 1993:62) found that girls who were abused by family members reenacted the abuse with their siblings. Those girls identified their victim-siblings as their rivals.

The researcher's experience in intervention in child sexual abuse confirms that younger siblings can be sexually abused by an older brother or sister after the older sibling has experienced sexual abuse. The researcher agrees that an element of anger, aggression and hate can nearly always be found in the motivation of a perpetrating sibling. The researcher wants to extend the observation of other professionals that, because the perpetrator is a trusted family member and sibling of the victim, this form of abuse has devastating effects on the victim, destroying the trust relationship between the siblings. The researcher also observed that, if the sibling incest is disclosed to the parents, the latter often feel that they have to choose between the children as to whom they will support and whom they will punish. This feeling traumatizes the parents and children witness the trauma. Sholevar (2003:699) says that incest results in disturbed acting-out of sexuality by children in an attempt to experience temporary relief from the memory of the abuse. The researcher concludes that incest could have a devastating effect on the victim and the family unit and that professionals should neither diminish nor overreact when sibling incest is disclosed. The incest must be assessed according to the experience and value placed on it by the family members, as well as the circumstances in which it occurred.

2.4.3.3. Mother-child incest

In the 1970s, Mathis (in Calder, 2000:272) denied the possibility of women sexually abusing children. He declared women to be harmless and sexual abuse

by women as "unthinkable". Should the "unthinkable" happen, with a woman engaging a child in sexual play "...she would not be able to do any harm without a penis". In the 1980s, authors realized that woman who are caregivers of children were the group that physically abused children the most, and that women who sexually abuse children, present the same spectrum of abusive behaviour as males who sexually abuse children. In the context of this study, it is important to note that Calder (2000:271) refers to sex rings in which women were perpetrators and "...teenage girls were very much involved in running those groups". Calder (2000:272) also refers to the increasing concern that female child perpetrators are involved in the sexual abuse of other children.

Spies (2006a:9-10) refers to two types of incest taking place in a family where the mother is the perpetrator. She maintains that mother-son incest rarely occurs in intact families. It is possible for this type of incest to exist when mother and son bath and sleep together long after the child has become aware of his own sexuality, when mother and son become involved in physically gratifying behaviour like grooming each other, and when intercourse finally takes place.

Mother-daughter incest has, according to Spies (2006a:10), not yet been fully explored. Crosson-Tower (2002:143) reasoned that the lower reporting rate of women abusers of children can be examined from several viewpoints:

- Women might be able to hide their abuse of children behind appropriate nurturing activities like cleaning and dressing the children.
- Children are less likely to report their mothers, to whom they are attached and on whom they are dependent for daily care.
- Victims of women are mostly boys, who are the most reticent in reporting sexual abuse.

Calder (2000:275-277) describes abusive mothers as ranging from not protecting children when they know they are being sexually abused to sexually stimulating

them. He also points out that sexually abusive women either have nearly always themselves been sexually abused as children or are prone to displaying psychiatric illnesses. Spies (2006a:10) found that mothers who become involved in such abuse appear to be under-nurtured and insecure, and that role-reversal takes place between mother and daughter. Crosson-Tower (2002:136) proposes that women who abuse their sons have a need for adequate men in their lives and women who molest their daughters see them as an extension of the self. They evince a higher incidence of psychological disturbances. Mother-daughter sexual contact often presents as masturbation.

Crosson-Tower (2002:144) declares that women who abuse children can be divided into three groups: women who were abused themselves and commit self-initiated offenses, women who say they are teaching children about sexuality by abusing them, and teenage girls who experiment with their own sexuality on younger children. There are also accompanying offenses when women assist men who abuse children. The reasons why women abuse children can be summarized as follows:

- They were abused as children.
- They went along with abusing partners.
- They needed closeness or attention.
- They displaced anger, jealousy or need for power by abusing victims.
- Children were a safe target for displaced feelings.

Crosson-Tower (2003:144) states that no matter whether the abuse is by a male or a female, the effect is equally devastating for the child. The researcher is of the opinion that child sexual abuse is traumatic for children, irrespective of who the perpetrator was. If the perpetrator is an important figure in the child's life, the loss of nurturing, trust and care is added to the trauma of abuse. The researcher agrees with Calder's (2000:283) view that mother-child incest needs to be

explored further and that the public denial surrounding mothers who abuse children has to be overcome before the full impact of the abuse can be explored.

2.4.3.4. Extended family members

The effect of incest involving a grandfather, uncle or cousin depends on the meaning of the original relationship between the victim and the offender and the type of sexual contact between them. Patterns in those types of relationship are strongly reminiscent of the patterns found in the nuclear family. Denial, grooming, ineffective disclosure, minimizing and retraction can form part of the dynamics of abuse by extended family members and it depends on the meaning of the relationship between the child's nuclear family and the offender (Spies, 2006a:9).

2.4.4. Detecting incestuous behaviour

Sholevar (2003:705) divides the detection of incestuous behaviour into three categories:

2.4.4.1. Detection by means of individual manifestation

The individual behaviour of a victim and/or parent could lead to the detection of incestuous behaviour. The individual behaviour of a **victim** could alert the professional to the existence of incest. Spies (2006a:10) summarizes the warning signs in children that might indicate incestuous relationships:

- Pregnancy, venereal diseases and denial or extreme protection of the reason for this.
- Serious relationship problems with other people.
- Poor self-image, inability to trust, loneliness.
- Hatred and blaming of the mother/ father.
- Overdressing, hiding of sexuality.

- Eating disorders and self-destructive behaviour.

Sholevar (2003:705) adds the following warning signs:

- Extreme fear for no apparent reason.
- Depression.
- Runaway behaviour.
- Sexually precocious or inhibited.
- Conduct disorders.
- Sudden academic failure at school.
- psychotic or self-destructive behaviour.
- Insomnia or drowsiness.
- Acting pseudo-mature.
- Depression or guilt after age-appropriate sexual behaviour.
- Psychosomatic complaints, e.g. headaches, stomach-aches.
- Anger with the mother for mistreatment of the father.

Spies (2006a:11) indicates that the following behaviour patterns of a **parent** might indicate the possibility of parental incest:

- Overly close relationship between parent and child of opposite sex.
- Overly preferential treatment of child by parent .
- Jealousy from a parent when a child forms relationships with friends of the opposite sex.
- Parental complaints that the child is a liar.
- Emotionally absent, non-offending parent or ineffective parents.
- Isolation of the family system.

2.4.4.2. Detection through family interaction

Incestuous behaviour should be suspected when there is an overly close relationship between a parent and child of opposite sex that excludes other family members and creates jealousy in the family. Often this child will complain that he/she is not believed and the parents typify this child as a compulsive liar. It is difficult to uncover incest in a family, as families deny incest to preserve interpersonal and intrapsychic stabilities. This denial appears in four stages:

- Denial that incest exists.
- Denial that family members are aware of the incest.
- Denial of responsibility regarding the incest and blaming each other, or there is a drinking problem.
- Denial of the impact and traumatic effect of the incest.

2.4.4.3. Disclosure

If incest is discovered in a family through the disclosure by one family member, it is imperative to prepare this member for making the disclosure, because it could lead to scapegoating, retaliation or further denial in the family (Sholevar, 2003: 706).

In the researcher's opinion, the detection of incestuous behaviour and carefully - planned disclosure and intervention in a family are extremely important, because of the devastating effects of this form of sexual abuse on the life of the child and the subsistence of the family unit.

The researcher agrees with Wiehe (1996:61) when he states that, if the perpetrator is known to the victim, who implicitly trusts the perpetrator because of a loving relationship, sexual abuse of the child violates his or her trust in the

support system. This affects the victim's ability to trust in the future. Child sexual abuse in the form of incest violates both the child's right to a safe environment and the meaningful relationships the child has with significant others.

2.5. Extra familial child sexual abuse

Crosson-Tower (2002: 125) maintains that, in extra-familial child sexual abuse, the perpetrator is someone outside the family circle. Faller (1990:50) found that perpetrators outside the family might be neighbours, friends of the family or people in a professional capacity like teachers, care-givers or medical professionals, and that only a small number of sexually abused children are abused by complete strangers.

Because literature discusses the description of child sexual abuse according to classification of the perpetrator, it is necessary to discuss different types of offenders as well as the preconditions for perpetration when discussing extra familial child sexual abuse. Discussion of offenders could provide information on the conditions and circumstances in which children are abused and could therefore co-indicate the effect of the abuse on the child. The effect of child sexual abuse on the child, as well as factors influencing the degree of trauma, will be discussed in points eight (8) and nine (9) of this chapter.

2.5.1. Classification of perpetrators

Bolen (2001:98-112) classifies extra-familial child sexual abuse according to the *modus operandi* of perpetrators as follows:

- Abuse by strangers

The public seems to be concerned about this type of abuse, and many prevention programs are directed at this in particular. Offender literature

about this form of abuse is based on both historical knowledge and common sense. Perpetrators are seen as pedophiles, who move into an area with the purpose of committing child sexual abuse and they target specific children according to availability, vulnerability or physical appearance. The primary places and occasions in which children are supposedly approached are: during walking/transport to and from school and other destinations and in “safe” places like parks, pools and movie theatres where children spend time.

- Abuse by acquaintances

In this category, perpetrators get acquainted with children or their families with the intention of abusing those children. A perpetrator is likely, for example, to befriend a single mother having trouble coping with work and caring for her children and offers to look after the children for a period of time.

- Friends

This type of offender is difficult to identify, as the focus of sexual abuse is seldom on children’s friends as perpetrators, seeing that sexual behaviour between peers is viewed as sexual play.

- Sexual partners

This type of offense often involves the youngest perpetrators and the oldest victims. Because of the definition of the abuse, this form of abuse almost always involves penetration and is therefore a severe form of sexual abuse.

- Authority figures

This category involves caregivers and teachers. The highest risk factor is adolescent male caregivers.

2.5.2. Behavioural pattern of offenders

Crosson–Tower (2002:137) and Calder (2000:143) refer to child sexual abuse offenders as showing the same behavioural patterns as addicts. Offenders' delusional thought processes go through phases of denial, rationalization and believing their own lies. Calder (2000:143) describes the offense cycle as having three phases: before, during and following the offense. The offense cycle as described by Crosson-Tower (2002:137) includes four stages: **preoccupation**, during which period offenders become obsessed with sexuality; **ritualization**, when offenders go through a familiar pattern of engagement; **compulsion**, in which stage the actual act is committed; **despair**, when offenders feel powerless and hopeless about their inability to change.

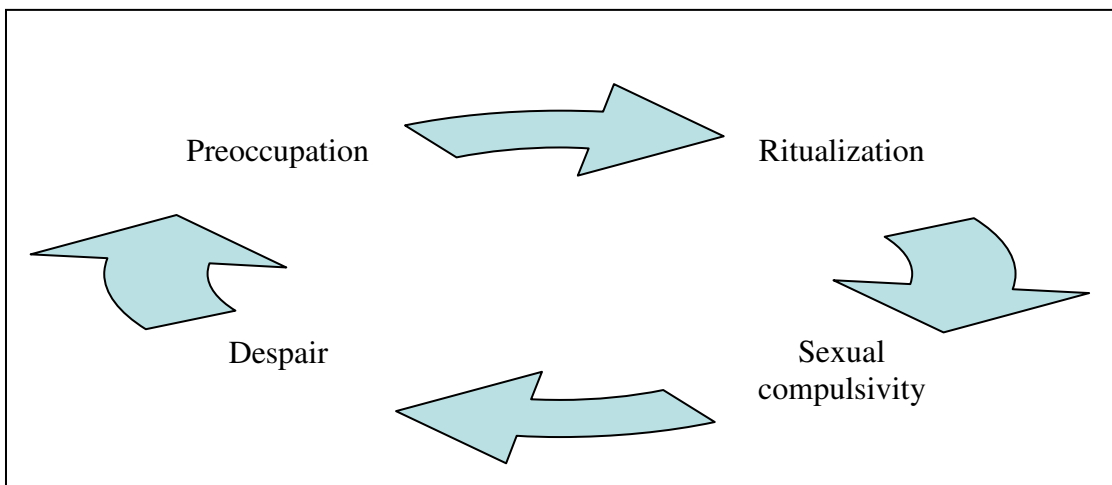


Figure 5: Cycle of offense in child sexual abuse

Calder (2000:144) adds that, as the compulsion grows and intensifies, the offending begins to change to dictating the offender's daily routine. Calder also

identifies two types of offending cycles. The offender with a continuous cycle has a belief system that legitimizes his abuse. His only taboo is being caught. The offender with an internal inhibition cycle will question his own offense, so he is still in contact with the value systems of his community.

In this study, it is important to understand that child sexual abuse could be compulsive behaviour in offenders, and those who perpetrate this behaviour will offend repeatedly. The implication is that more children are at risk from the same offender, or that a specific child is at risk of being repeatedly abused by the same offender. This increases the effect of sexual abuse on the child, as discussed under point (8).

2.5.3. Influence of background of offenders

Crosson-Tower (2002:136) relates the following important facts about child sexual abuse offenders:

- Many experienced child sexual abuse themselves.
- Some witnessed child sexual abuse as children.
- Child abusers are more likely to have been victimized by someone outside the family.
- If offenders experienced child sexual abuse themselves, their families were dysfunctional at the time of their abuse.

It appears to the researcher that victims of child sexual abuse are themselves at risk of becoming offenders of child sexual abuse.

Calder (2000:97) found that offenders cannot be typified in terms of class, wealth or status. They present as well socialized, heterosexual members of society. Calder therefore identified the following components as important in the identification of child sexual offenders:

- Social and family history of offenders of child sexual abuse will shed light on the dynamics of their offenses.
 - School performance provides information about self-discipline and self-esteem.
 - Occupational history displays records of perseverance and interpersonal relationships.
 - Religious beliefs can provide a basis for change or access to more children who can be abused.
 - Criminal history determines previous offenses. The more previous sexual offenses, the less likely a good prognosis seems to be.
 - Between five (5) and ten (10) percent of all offenders present with a form of identifiable mental illness.
 - Child sexual abuse is an interpersonal act and intimacy deficiencies or social support for offending must be explored.
 - Most sexual offenders display a pattern of anger.
 - Most sexual offenders have a history of being abused themselves.
 - Low self-esteem is a commonly presented characteristic of sex offenders.
- The sexual history of the offender provides the professional with information on past sexual education, experiences, satisfaction, attitudes, beliefs, values, preferences and possible sexual dysfunctions.
- Sexual fantasies often precede the offense and produce emotional reactions leading to overt responses on the part of the offender.
- Cognitive distortions serve to justify, deny or diminish the offense and are used to avoid negative self-evaluation and social disapproval.
- Denial can take many forms. It can be a primary denial of being guilty of child sexual abuse or a denial of responsibility, impact or intent. The

offender's denial enables the professional to predict recurrence of the behaviour more accurately.

- Offenders lack both the ability to cognitively understand and identify with the victim's perspective and the emotional capacity to experience the same feelings as the other person.

2.5.4. Pre conditions for child sexual abuse

Finkelhor's model for understanding child sexual abuse is based on four preconditions that must be in place before abuse occurs (Wiehe, 1996:67). Wiehe (1996:68-72) describes the model and includes psychological and social factors. It is explained in the following diagram:

Preconditions for sexual abuse

Precondition 1:

The potential perpetrator must have some motivation for sexually abusing a child.

Individual or psychological explanation:

Emotional congruence:

The perpetrator has to experience emotional congruency, such as arrested emotional development, the need to feel powerful, and reenactment of childhood trauma.

Sexual arousal:

The perpetrator experiences sexual arousal by children because of biological abnormalities, childhood sexual experiences or misattributions of sexual clues.

Blockage:

Sexual fulfillment through socially accepted relationships is blocked because of inadequate social skills, past sexual trauma or marital problems.

Social explanation:

Emotional congruence:

If the community expects a man to be dominant and powerful in sexual relationships, the perpetrator who is not able to fulfill this expectation through an adult relationship might turn to a sexual relationship with a child.

Sexual arousal:

Erotic and sexual portrayal of children and a male tendency to sexualize emotional needs are named as preconditions.

Blockage:

Norms of sexual relationships are repressed in a community.

<p>Precondition 2:</p> <p>The perpetrator must overcome internal inhibitions against following through on his motivation.</p>	
<p>Individual or psychological explanation:</p> <p>Internal inhibitions can be overcome with alcohol, there are mental disorders, or failure of incest inhibition in family dynamics.</p>	<p>Social explanation:</p> <p>External reasons for overcoming internal inhibitions could include ideologies for prerogatives for men, child pornography, social tolerance of acts against children or male inability to identify with children's needs.</p>
<p>Precondition 3:</p> <p>External barriers must be overcome to follow through on the perpetrator's motivation.</p>	
<p>Individual or psychological explanation:</p> <p>Social isolation of the family as well as housing and sleeping conditions preventing privacy during adult sexual activities.</p>	<p>Social explanation:</p> <p>Lack of social support, erosion of social support and lack of women's equality can be factors that help the perpetrator to overcome his external barriers.</p>
<p>Precondition 4:</p> <p>The perpetrator must overcome the child's resistance</p>	
<p>Individual or psychological explanation:</p> <p>The child's lack of sexual knowledge, emotional deprivation or coercion by perpetrators might result in overcoming a child's resistance to sexual abuse.</p>	<p>Social explanation:</p> <p>Society renders children defenseless by expecting obedience at all times. and lack of sexual education might diminish children's resistance.</p>

Figure 6: Precondition for child sexual abuse

In the researcher's opinion, this model of preconditions for child sexual abuse provides professionals with a practical framework according to which the vulnerability of children for child sexual abuse can be measured.

2.6. Progression of child sexual abuse

Literature suggests to the researcher that two processes take place in the progression of child sexual abuse, and the available information on the two processes overlaps. The first is the progression of the perpetrator's child sexual abuse and the other is the process taking place in the sexually abused child to accommodate the abuse and be able to live with it. This is also called the Child Sexual Abuse Accommodation Syndrome, or CSAAS. In this study, the progression of the abuse will be discussed first, followed by a discussion of CSAAS. Conte (1991:8) states that sexual abuse of children is not always sexual and that sometimes "less sexual acts like fondling" occur. Professionals do not always know how to interpret different sexual acts performed on children and how to evaluate the seriousness or the impact of these different sexual acts. Sexual behaviour is also progressive, and a friendship between the potential offender and the victim that becomes more intimate and leads to sexual contact might be a prelude to child sexual abuse. The researcher is of the opinion that offenders' behaviour towards children prior to sexual contact must be included in the discussion of the progression or phases of child sexual abuse. In this study, discussion of the engagement phase will therefore include the time-frame prior to child sexual abuse. To create a framework in which various sexual acts with children can be understood, as well as their meaning and impact, the researcher will describe the various phases in child sexual abuse.

According to Spies (2006b:45), child sexual abuse is a traumatic experience that does not necessarily involve violence, so children do not always experience initial sexual contact with an adult as traumatic and abusive. When an adult engages a

child in sexual activities, five (5) phases or categories can be identified in most cases. Authors put those phases in different orders and name the categories differently, but most authors identify and describe all five categories:

2.6.1. Engagement phase

Rape Victim Advocates in Chicago (2006) state on their website that this phase is usually subtle and non-violent in nature. The prospective perpetrator entices the child by giving special attention, affection, understanding, preferential treatment and gifts. Spies (2006b:46) reiterates the importance of the perpetrators' attempt to convey the message that the behaviour is acceptable. Perpetrators play on the child's need for attention, affection and love, the need for adult approval and the excitement of material gifts. Hartman (1995:57) states that the perpetrator often interprets moral standards to the child from the perspective of his own belief system, for example: "This is the way children learn about sex".

Two main approaches are found in a perpetrator's *modus operandi*: entrapment and forced sexual contact. Entrapment involves enticement into sexual behaviour, and force is not applied if the child refuses. If sexual contact is forced, the adult uses his powerful position as an adult to threaten or harm the child or the child's support systems, as a way of making the victim comply (Hartman, 1995:58).

In the researcher's experience, it seems that the perpetrator makes contact with a child or the family on a social level and then finds an entrance into the family and child's life by playing on one of their unfulfilled needs. Three scenarios in the researcher's caseload come to mind:

- A mother's need for a babysitter while she was looking for work after a divorce created the opportunity for an offender to sexually abuse the child while babysitting.
- A teenage boy from a poor family dreamt of playing on a computer, and was given the opportunity by a prospective offender every afternoon after school.
- A teenager emotionally isolated at home needed to be understood in the turmoil of her emotions. The offender provided understanding and acceptance and created a close bond with the teenager, which led to her sexual abuse.

Perpetrators use this **isolation from family members** found in sexually abused children to alienate the child from his or her protectors (Doyle, 1995:71), creating the opportunity to engage the child in sexual activities. Faller (1990:47) concludes that the engagement of an adult with the intention of sexually abusing a child involves a seduction phase, during which the child is plied with attention, gifts, friendship and attention prior to the demand for the child's sexual favors.

2.6.2. Secrecy phase

Purposeful alienation from family members also serves to ensure that a child keeps the secret of being sexually abused. The child is tested in this phase to determine whether he or she is able to keep secrets (Rape Victim Advocates, 2006). This is the phase where the perpetrator will instill fear in the child to ensure his power over the prospective victim. Secrecy is therefore the dynamic that keeps the victim in fearful silence. This is also the phase during which the child realizes that disclosure will result in losses. This also refers to the possibility of losing a provident father who is also the perpetrator, or losing the love and safety of a mother's home (Spies, 2006b:47).

In interfamilial sexual abuse especially, the secrecy phase may last for many years. Some abuse remains forever secret, while other abuse is disclosed after something interrupts the secrecy phase (Sgroi, in Hartman, 1995:58).

Children are only learning how to communicate through language, and sexual abuse is particularly likely to leave them speechless. They are silenced by their own terror, by their own sense of self-blame and self-loathing, by their lack of appropriate vocabulary and by the threats issued by their abusers (Cairns, 1999:39).

In the researcher's experience, secrecy might start as a game not to tell family members about the extra treat the child received from the perpetrator. As soon as the sexual interaction begins, most children become scared and hurt and want to distance themselves from the perpetrator. The perpetrator then changes from treats to threats in order to silence the victim. The researcher perceives the secrecy phase and the sexual interaction phase as interchangeable. Some perpetrators move fast, using a sexual act to test the child's ability to keep the secret, and start threatening almost immediately. Others take their time to make sure that they will be able to use an almost willing child for as long as possible by slowly coercing this child into a sexually progressive relationship. The researcher found that, in such relationships, children sometimes become accustomed to and protect the sexual attention, as well as the status and power the relationship provides.

2.6.3. Sexual interaction phase

Spies (2006b:47) describes the sexual contact ranging from watching or fondling to repeated sexual intercourse. The longer the sexual abuse continues, the more advanced and complex it becomes. During this phase, bribing, coercing or threatening the child sometimes increases as the sexual contact advances in order to silence the child (Crosson-Tower, 2002:127; Hartman, 1995:58).

2.6.4. Disclosure phase

Disclosure is either purposeful or accidental. Purposeful disclosure occurs when the child or the perpetrator seeks help. Revealing child sexual abuse often occurs when children enter a developmental phase in which they feel sufficiently empowered to speak up, or when they simply find out that the behaviour is inappropriate (Spies, 2006b:47).

Girls tend to disclose sexual abuse more readily than do boys. In most cultures, boys are told to be strong and not to run from danger. Disclosure if they are sexually abused could make them feel like “sissies”, and it could prevent them to flee. The sexual behaviour of boys is also tolerated more than that of girls and is therefore not so readily viewed as out of character (Crosson-Tower, 2002:131).

In the experience of the researcher in the Ekurhuleni district, children frequently disclose sexual abuse after a presentation about sex and sexual behaviour. Those presentations are part of the Department of Education’s awareness program. Children might realize for the first time during these presentations that what has happened to them or is happening at that point in time is not acceptable sexual behaviour, and disclose the abuse. This observation correlates with the opinion of Doyle (1995:16) when she states that, because of children’s limited sexual experience and knowledge, children are not able to understand what is happening to them. After an awareness program children might identify that they are sexually abused and disclose the abuse.

Crosson-Tower (2002:127) says that accidental disclosure occurs when the child demonstrates physical or emotional trauma resulting from the abuse. Those children often show physical injuries to the genitalia, fall pregnant or show age-inappropriate sexual knowledge and behaviour.

According to Spies (2006b:48), the process of disclosure is affected by factors inherent to the child as well as factors determined by the child's environment.

Those factors are:

- Being a child means not being fully developed and being vulnerable
- The child's conception of the world: Does the child experience the world as sufficiently safe and approachable to talk about people hurting him or her?
- The child's belief in and fear of the perpetrator's threats.
- Does the child want to protect the family system?
- The child's attachment to the abuser.
- Fear of rejection.
- Feelings of helplessness.
- Disempowerment.
- Obedience of the child.
- Not knowing how to share.
- Not knowing whom to tell.

2.6.5. Suppression phase

As this study is about the child's experience of parental reaction after disclosure of child sexual abuse, the suppression phase is especially important. In this phase, the child reacts to pressure from the social structure to preserve the system rather than the self. Children forget or recant allegations of sexual abuse to comply with the caregiver's wishes or to protect the self and system from shame, scandal, stigma and consequences (Spies, 2006b:49; Crosson-Tower, 2002:127).

Spies (2006b:49) adds that professionals must not pressurize children in this stage to make decisions that fit into the adult's frame of reference rather than the child's own. If children are forced to make statements or testify, their personal

power is once again taken away and they could refuse to make further disclosures. Refusal to cooperate or accept healing is a way of regaining personal power. It seems that children take important decisions about their disclosure after they have become aware that they have been sexually abused. On what information or emotions do children base those decisions? Dr Roland Summit's theory tried to explain children's emotions after being sexually abused, and will be discussed in the next section of this study.

2.7. The child sexual abuse accommodation syndrome

Rapcan (Child Sexual Abuse Accommodation Syndrome, 2006) gives on its website the five stages of Child Sexual Abuse Accommodation Syndrome or CSAAS. Garrison (1998) discusses the validity of CSAAS.

Garrison (1998) states that SCAAS was first formulated by Roland Summit in 1983, to explain the superficial, inconsistent behaviour of a child who claims to be a victim of sexual assault. The focus of SCAAS is not to prove sexual abuse of children but, as Summit (in Garrison (1998) explains: "The focus is ... on the conflict between the child's experience and the perverse indifference of the outer, adult world."

Summit (in Garrison, 1998) argues that the coping behaviour of the child contradicts the entrenched beliefs and expectations typically held by adults. He reasons further that adults acknowledge the existence of child sexual abuse, but that at the same time they believe they have to protect themselves against groundless accusations by seductive and vindictive young people. Doyle (1994:51) confirms this reasoning, and states that even today people follow the Freudian approach of believing that children tell stories about adults as part of their fantasy. Doyle (1994:51) also reasons that children cannot fantasize about something they have no knowledge of, or disclose it. Children are rarely believed and are therefore left with only one option: to attempt to reconcile their private

experiences with the realities of the outer world. This "reconciliation process", or coping behaviour, in children can be described according to the CSAAS process, as follows:

2.7.1. Secrecy

Children are not prepared for the possibility that an adult will abuse them. Thus, when faced with this reality, the child will look to an adult to conceptualize the experience. The offender needs to preserve the secrecy of the sexual abuse to be able to continue the sexual acts with the child, who is therefore told that the sexual behaviour is a secret and that some danger for the child or the child's loved ones will be connected to the secret by the perpetrator. This danger makes it important for the child to keep the secret (Rapcan, 2006).

2.7.2. Helplessness

The imbalance in physical power between the child and an adult renders the child unable to stop the abuse (Rapcan, 2006). One child expressed herself in the following words to the researcher: "...I don't think I have the power to stop him."

In most cultures children are expected to simply obey adults without question, which reinforces their disempowerment. Many children are therefore silent during abuse and choose to feign sleep, pull the covers over themselves or imagine themselves somewhere else so as to not to consciously experience the abuse. Small children simply do not call on force when abused (Garrison, 1998).

According to Doyle (1995:52), children do not talk easily about sexuality because they run the risk of being called rude, or fear that they might even be punished for taking part in a forbidden sexual activity. Other children simply do not know

what is going on and therefore have no way of verbally explaining what has happened to them.

Perpetrators may "groom" their victims by engaging them over a long time in activities that progress from less threatening and nonsexual to overtly sexual (Maltz, 1992:28). Children experience the grooming process as confusing. In making the child feel special by buying gifts and giving attention (Rapcan, 2006), the adult appears to be a caring person. When the abusive behaviour starts, the child is generally unable to distinguish between attention, games and caring, and cannot discern that the line of abusive behaviour is being crossed.

Children feel helpless because of power imbalance, cultural expectations and their own ignorance about sex and therefore feel unable to resist the abuse.

2.7.3. Entrapment and accommodation

Summit (in Garrison, 1998) states that the child is left with only one option: to accommodate the abuse. Children do this by:

- Entering an altered state of consciousness or escaping into their own minds. The self is mentally placed in another scenario by purposefully thinking about something else while the perpetrator engages the child in sexual activities.
- The child could use disassociation to accommodate the abuse. The child engages the self in sexual activity with the offender but does not experience feelings congruent with the sexual abuse.
- Development of dual personalities. To escape the experiences associated with child sexual abuse, children find it possible to develop more than one personality. In adopting another personality, the child does not have to deal with the experiences of the previous personality at that point in time.

Blass, as quoted by Rapcan (n.d.), adds the following ways in which children cope:

- Basic ways in which children cope after child sexual abuse:
 - Minimizing: for example: "...it's not so bad".
 - Rationalizing: for example: "...he couldn't help it, he was drunk".
 - Denying: the child could pretend it had not happened.
 - Forgetting: the child could repress memory of the abuse.
- Control of the self and others by the child after child sexual abuse:
 - Create chaos and you have all the attention you need.
 - Humor: cynicism can get you through the hard times.
 - Busyness: be busy so you don't have to experience feelings.
- Escape:
 - Running away is one form of escape from an abusive relationship.
 - Suicide can be another form of escape from child sexual abuse.
- Addiction to substances:
 - Sex, drugs or alcohol could numb the victim's feelings.
 - Stealing so the victim can forget momentarily.
 - Some victims take up gambling in the hope that everything will magically change after winning a fortune.
 - Working can bring achievements to make up for the victim's bad feelings.
- Safety:
 - All intimacy can be avoided in attempt to evade sexual abuse.
 - Safety through religion can be found in strict moral structures that prevent physical intimacy.

This anti-social behaviour can add to the level of disbelief should the victim disclose sexual abuse.

2.7.4. Delayed, conflicting and unconvincing disclosure.

Conflict in the child's relationships might trigger disclosure. A child's anger created by a fight can produce an untimely disclosure. Timing is everything, and delayed disclosure at the wrong time will be seen as the child's way of getting even with someone (Garrison, 1998). Summit (in Garrison, 1998) notes:

Whether the child is delinquent, hypersexual, suicidal, hysterical or perfectly well adjusted, and whether the child is angry, evasive or serene, the immediate effect and adjustment pattern of the child will be interpreted by adults to invalidate the child's complaint.

2.7.5. Retraction

After disclosure, the family is in turmoil. They are upset and angry, even blaming the child for putting the unity and structure of the family in danger to suit him or herself. The child is then faced with the reality the perpetrator tried to make her believe all the time: disclosure will destroy the family structure, they will not love you anymore and the perpetrator will go to jail because of you (Garrison, 1998). If the sexually abused child is not supported by family members after disclosure, recantation can be seen as the only option to restore the equilibrium in the family.

2.8. Indicators for child sexual abuse

Hartman (1995:60), Kilbourn and McDermid (1998:148) and Doyle (1995:82-98) cite indicators to sexual abuse. Each author names a few indicators. The researcher found what is perhaps the most convincing overview of indicators of child sexual abuse in Faller (1990:20-35), who categorizes and describes indicators found in children after child sexual abuse and includes all the indicators mentioned by the first-named authors. Faller's categorization and description will therefore be used in this study.

Faller differentiates between sexual and non-sexual symptoms, or indicators of possible child sexual abuse. Sexual indicators are more likely to be related to sexual abuse than non-sexual symptoms or indicators. Non-sexual symptoms of trauma could also be a sign of a child's non-sexual traumatic experience.

2.8.1. Sexual indicators

Children who demonstrate specific age-inappropriate sexual **behaviour** or **knowledge**, or who make sexual **statements**, need to be evaluated for sexual abuse. Young children on the other hand, who are too young to have received sexual education, are not supposed to have specific knowledge about the acting out of adult sexual behaviour.

2.8.1.1. Six types of sexual behaviour are found:

- Excessive masturbation

Once children find that touching their own body feels good, they might repeat the activity and become engaged in masturbation. Masturbation as such is therefore not a direct indication of sexual abuse in children. Excessive masturbation could point to this if it is compulsive, if they injure themselves when masturbating or if they masturbate when they are upset and vulnerable.

- Sexual interaction with peers

Acceptable sexual interaction for children would be occasional touching or looking at each other's genitalia. Sexual interaction with peers that displays specific knowledge about intimate adult sexual behaviour needs to be investigated as to the origin of the behaviour.

- Sexual aggression

Children who violate other children while attempting to perform sexual acts for their own satisfaction need to be assessed for child sexual abuse.

- Sexual accosting of older people

Behavioural or verbal accosting of older people by children is usually a sign of child sexual abuse.

- Seductive behaviour

Children who have been exposed to overt sexual behaviour are found to display such behaviour in interaction with other people. Younger children in particular do not know that overt sexually seductive invitations are inappropriate. Sexually seductive behaviour displayed by children is therefore an indicator of possible child sexual abuse.

- Promiscuity

Sexually abused children learn at a young age that their bodies are for the use of others and this pattern could be carried over into adolescence and adulthood. Such children do not resist possible intimate physical interaction with other people.

2.8.1.2. Sexual knowledge

An important indication of possible sexual abuse is sexual knowledge beyond that expected of a child at that age. A child of

four (4) is, for example, not supposed to know that sperm "tastes like salt" or that sexual movement looks like "a car moving over speed bumps".

2.8.1.3. Sexual statements

Younger children especially make statements about sexual activities without knowing that there is anything wrong with it. If a child spontaneously states that she "likes bathing Uncle Johnny's winkle", the child does not know that this behaviour between adult and child is frowned upon by the community and the child's knowledge about such acts, should be investigated.

2.8.2. Non-sexual indicators of possible child sexual abuse

According to Faller (1990:33), children display a wide range of non-sexual symptoms when or after they have been sexually abused. The same indicators are found in other types of child trauma, for example, after the divorce of parents or death in the family. Faller (1990:33) discusses four categories of non-sexual indicators of child sexual abuse, namely:

2.8.2.1. Functional disorders

Functional disorders include sleep problems, bowel and bladder problems and eating disorders. Children experiencing trauma could present disturbances in the routine of their functional behavioural patterns. Traumatized children could suddenly refuse to go to sleep, have nightmares, wet the bed or change their eating patterns. Adolescents are known to sometimes develop anorexia or bulimia as a result of traumatic experiences.

2.8.2.2. Emotional problems

Some observers report sudden personality changes in children after child sexual abuse. The child could present behaviour opposite to that displayed before the traumatic incident, such as a lively child becoming withdrawn or a well-composed child having aggressive outbursts.

2.8.2.3. Behavioural problems

If a child's behaviour is suddenly transformed to violence, cruelty to animals, violating curfew, lying and stealing, this transformation could indicate that the child is experiencing some form of trauma. The possibility of child sexual abuse can be an indication of trauma.

2.8.2.4. Developmental lags

Children subjected to trauma become preoccupied with their thoughts about the trauma. As a result, they display a sudden inability to concentrate on daily tasks and this would lead to underachievement at school.

When the professional is confronted with the above indicators, and suspects that a child might have experienced child sexual abuse, it is important to realize two facts:

- Some children never disclose their sexual abuse, even when interviewed by the most skilled professional.
- Not all children reveal signs of their distress shortly after the sexual abuse has occurred. Cases of children have been documented in which they were subjected to ongoing sexual abuse but did not demonstrate observable signs during or directly after the abuse.

The researcher therefore agrees with Faller (1990:35) when she suggests that a victim-centred approach be followed when working with child sexual abuse in order to assess such an occurrence according to the victim's perception. This compels the professional to treat the victim's best interests as paramount while assessing the abuse.

2.9. Effects of child sexual abuse

Sexual abuse of adults and children is associated with trauma. The question arises whether child sexual abuse can be compared with trauma in adults after sexual abuse and if children are able to develop symptoms and disorders comparable with those of adults after sexual abuse. Cairns (1999:24) states that the growing child discovers the self by experimenting and playing with many identities, such as father, mother, teacher or fairies. This process is part of maturing. The child is dependant on his or her important adults while developing and experimenting with adult concepts. If this safety collapses, the child is left vulnerable beyond the vulnerability of an already-developed adult. In the researcher's opinion, the effects of child sexual abuse can therefore be compared with the effect of sexual abuse in adults. However, the effect of sexual abuse on children also has emotional elements that surpass the effect of sexual abuse on adults. In this study, the extended effect of sexual abuse in children is discussed from this point of view.

2.9.1. Rape trauma syndrome

Foa and Rothbaum (1998: xi) state that the psychological sequellae of trauma such as rape are vast and the effect of this trauma is underscored in epidemiological studies. They describe how the person's responses to trauma include helplessness, horror and intense fear. Foa and Rothbaum (1998:27) refer to Burgess and Holstrom when they describe a two-phase reaction to rape, consisting of an 'acute' and a 'reorganization' phase. They called this the "Rape

trauma syndrome". The acute phase can last from several hours to several weeks and is characterized by disorganization. This disorganization phase includes emotional impact reactions like shock and disbelief and somatic reactions as a result of physical trauma. The reorganization phase is depicted as a long-term process of lifestyle changes and chronic emotional disturbances like nightmares, fears and flashbacks.

2.9.2. Post Traumatic Stress Syndrome (or PTSD)

While people are recovering from traumatic stress, the process of avoidance and intrusion progresses through various cycles. If the person fails to recover, the intrusive thoughts, images and sensory impressions become themselves the triggers for a traumatic stress reaction. The traumatic memory is experienced repeatedly in the present and the victim reacts to the memory as if it were the original trauma. The sufferer becomes locked in a deteriorating cycle of threatening memories and phobic responses to objectively harmless events. Normal functioning becomes impossible and a range of emotional and behavioural symptoms are inevitable because the still-forming personality of the child cannot contain the fragmenting self (Cairns, 1999:17, 25). The behavioural problems experienced are often far removed from the original trauma. The original sexual abuse is often denied or disassociated from by the victim. The pattern observed in the intrusive thoughts, feelings and behaviours over a period of time after a traumatic event and its results of distress or impaired functioning are the criteria for diagnosis of PTSD (Cairns, 1999:18).

Sholevar (2003:699) agrees that:

Post traumatic stress disorder (PTSD) is a common manifestation with primary features such as intrusive, distressing dreams and flashbacks, increased arousal, avoidant behaviours, and a type of psychological numbing. Delayed PTSD symptoms may emerge in later adult life in child abuse victims.

Hartman (1994:69) refers to the American Psychiatric Association when he describes the diagnostic criteria for PTSD as follows:

- The experience of a traumatic event.
- Persistent re-experiencing of the traumatic event by intrusive recollections, dreams and sudden feelings that the event is reoccurring through flashbacks.
- Persistent avoidance of stimuli associated with the trauma, including numbing of feelings by those stimuli.
- Persistent symptoms of increased arousal as seen in lack of concentration, sleeping disorders, irritability and outbursts of anger.
- Hyper-vigilance.
- Exaggerated startle response.
- Physiological reaction when exposed to events that symbolize an aspect of the traumatic event.

In children, those symptoms can be seen in repetitive play in which themes or aspects of the trauma are repeatedly expressed and in diminished interest in recently acquired skills like toilet training, reading or sport. Children exhibit various physical symptoms, such as stomach-aches and headaches. In the experience of the researcher, those symptoms can be seen in many children who have been victims of child sexual abuse. Some experience the symptoms as acute, others over a prolonged period of time (Hartman, 1994:70).

Foa and Rothbaum (1994:35) conclude that post-trauma reactions are numerous and the sequelae of reactions are complicated. They propose that, if the PTSD is treated successfully, other symptoms dissipate as well.

Finkelhor, as discussed by Cairns (1999:20-22), proposes that the after-effects of child sexual abuse should not be discussed as PTSD. He is of the opinion that not all children develop PTSD after being sexually abused, so PTSD lacks

validity for this population. His definition of PTSD also had to be broadened to accommodate the symptoms of sexually abused children.

Trauma theory and research is a developing field. Trauma events create persistent and measurable changes in behavioural patterns and thought structures. The young mind and body of a child react differently to trauma because of their incomplete development (Cairns, 1999:22-23). However, many children associated with the stress of child sexual abuse learn to disassociate to survive the overwhelming trauma. Children are particularly vulnerable to dissociative disorders as the still-growing child cannot contain the fragmenting self (Cairns (1999:25). Children are people too. In the opinion of the researcher, the fact that all children do not develop PTSD or that symptoms are slightly different in an immature person than in an adult, does not imply that PTSD does not occur in children.

2.9.3. Emotional outcomes

Kilbourn and McDermid (1998:148) describe four emotional outcomes through which sexually abused children display their trauma after abuse has taken place:

- Damaged goods syndrome: The victim feels damaged by his or her experience. This results in low self-esteem and a poor self-image.
- Guilt, self-hatred and depression: The victim feels to blame and responsible for the sexual behaviour they were involved in, as well as the effects the disclosure had on him/her and others. Spies (2006b:56) adds the experience of shame to guilt feelings. The child feels shame because he or she did not do anything to stop the abuse.
- Anger and hostility towards the perpetrator and sometimes towards the self for allowing the abuse.
- Inability to trust people. Abuse is unpredictable and the victim feels unsafe and insecure afterwards.

Spies (2006b:45) agrees that all sexual abuse is damaging in one way or another, confirming that the trauma does not end when the abuse stops. Spies (2006b:53) describes three important psychological and social outcomes following child sexual abuse:

- Loss and powerlessness

One of the most profound feelings found in the sexually abused child is that of a sense of the loss of childhood. The sexual abuse and sexual knowledge thus obtained can never be eradicated, and natural, free exploration of own sexuality can never be experienced by the child who has been sexually abused. The natural development of the growing child through the developmental stages described by Erickson is interrupted. The development of trust, autonomy, initiative, identity, intimacy and ego integrity is not completed and is replaced by distrust, inferiority, confusion and isolation. If one stage is affected, it has a repercussion on the others, and recovery from child sexual abuse might be a lifelong journey.

The child who has been sexually abused loses his or her personal power, the right to say no and control over his or her own body. Such children learn not to trust, especially if the abuser was an important other to the child. The ability to trust and to feel protected is taken away, which could result in anger towards the non-abusing parent and any other adult as well.

- Pseudo-maturity and developmental regression

Loss of childhood, the diminishing of childhood activities and adult demands for which the child is not ready result in the sexually abused child becoming incapable of relating to peers. A pseudo-mature attitude is adopted. The opposite could also be true. Because of adult sexual demands the child is not able to fulfill,

along with the consequent insecurity, the child regresses to a previous developmental stage in which life was easier.

- Avoidance of intimacy

Sexually abused children avoid intimacy to keep themselves safe. At the same time, this also means missing out on interaction with other people, which often leads to isolation and incomplete relationships in adulthood. De Wet (2005:198) states: “The human being is... first and foremost a group animal and therefore group membership plays a significant role in individual norms, attitudes and perceptions”. In the researcher’s opinion, isolation after child sexual abuse is therefore one of its most devastating effects. Spies (2006b:58) concludes that sex is one of the closest ways in which people bond with each other and is an ultimate form of intimacy. Child sexual abuse destroys the roots of human nature by destroying the ability to experience human intimacy and humanity.

2.9.4. Remembering the abuse

The memory of child sexual abuse is vitally important during the disclosure process, as what cannot be remembered cannot be disclosed. In this study, remembering child sexual abuse must be described. The adolescent respondents in this study have disclosed and therefore remembered their child sexual abuse. The memory of child sexual abuse would have impacted on the disclosure process and would therefore have influenced the parental reaction to the abuse.

Bass and Davis (1994:77-79) propose that remembering child sexual abuse differs greatly among women. Some remember child sexual abuse cognitively but are numb to the emotions accompanying it, while others have no memory, partial or selective. Foa and Rothbaum (1993: 29-30) describe the “numb” feeling as disassociation, a disturbance in the normally integrated functions of identity,

memory and consciousness. They found that disassociation in its more extreme forms is the result of trauma. The condition of disassociation is described by Bass and Davis (1994:80) as the incapability of the brain to store or integrate severe traumatic experiences. Memories of child sexual abuse could be fragmented. Some appear as "flashbacks" accompanied by the feelings that existed during the abuse. In the researcher's experience, those flashbacks appear at any time of day or night and interfere with the victim's concentration and normal thought processes.

Memories of child sexual abuse can be exceedingly accurate. Yet those memories are not recordings of the incidents and are likely to exhibit distortions associated with the context in which the child experienced the abuse. An example would be children remembering their abusers as huge, while all the time the perpetrator appeared so only in comparison to the child's small frame as a child. Distortion could function to protect the child from the full truth and impact of the abuse (Bass and Davis, 1994:90). For example, a child remembers her/her sister's sexual abuse instead of their own. Yates (in Faller, 1990: 135) agrees that children can remember for as long as adults. Children do have memories of events occurring as early as the age of three (3), but are often not able to encode those recollections so that adults can understand them.

2.9.5. Anger

Foa and Rothbaum (1998:29) state that elevated anger predicted the development of long-term PTSD in victims of rape. It appears that intense anger might intervene with the modification or healing process of the traumatic memory by inhibiting fear responses and allowing the victim to avoid feelings of anxiety. Victims who are more prone to experiencing anger rather than anxiety do not have the opportunity to confront their fears. If fears are not confronted, anxiety-provoking feelings, experiences and flashbacks remain unchanged.

This confirms the researcher's experience that anger is one of the first emotions victims of child sexual abuse need to work through, as unaddressed feelings of anger seem to "block" the processing of other emotions, such as guilt, self-hatred, fear and disempowerment.

The effect of sexual abuse on a child is total chaos in many aspects of the child's life, as described. Effects of this abuse are severe and are carried into adulthood if not addressed by knowledgeable professionals (Spies, 2006b:58). The researcher observed in the field that parental reaction after the disclosure of child sexual abuse, always impacted on children's healing processes, even during the interventions by professionals. The discussion of the effect of child sexual abuse in this study therefore has to be followed by a description of the factors influencing the degree of trauma experienced by the sexually abused child as well as the child's healing process.

2.10. Factors influencing the degree of trauma

The question arises as to why some sexually abused children experience symptoms and effects after abuse, while other children who have undergone similar abuse seem to present no behavioural indicators or after effects at all (Faller, 1990:35). It seems that not only the effects following child sexual abuse differ in children, but also the effectiveness of therapeutic intervention (Hartman, 1995:66). Gomes-Schwartz, Horowitz and Cardarelli (1990:33) state that the extent to which treatment is effective in reducing trauma in sexually abused children, may be influenced by a number of variables.

Ferguson and Mullen (1999:60) found that the minority of children who were asymptomatic after child sexual abuse, ranges from 21% - 49% according to different studies done. They say those findings might be the result of either shortcomings in the research, or a "sleeper effect", when children present symptoms later in their lives. Some children could even be resilient to this form of

abuse. There are three factors that could add to children appearing resilient after sexual abuse:

- Behavioural problems are known to be worse in sexually abused children whose exposure to the experience has been protracted, severe and violent, or where there has been coercive behaviour. The opposite would hold true that children are less likely to develop symptoms if the abuse is less severe, non-coercive and of limited duration.
- If families are supportive and nurturing, the child is less likely to have severe symptoms after child sexual abuse.
- The child's coping abilities and attitudes might reduce symptoms after child sexual abuse.

It appears that certain qualities in children's lives have a definite impact on the effect of child sexual abuse, and the degree of their trauma differs. In his discussion on the degree of trauma in a child during and after child sexual abuse, Hartman (1995:66) makes an important claim:

...it is not the type of abuse as such which exerts an influence on severity of trauma, but rather the child's reaction to it and the related traumagenic dynamics.

Cairns (1999:15) apparently agrees with Hartman, maintaining that:

[t]he specific trauma is not only important to people, but also what the trauma meant to them in relation to how they experience themselves, how they see the world they live in and what they expect of the future.

Although these statements must be respected and the effect of sexual abuse on each child assessed, taking into account the specific child's feelings, circumstances and vision, the researcher maintains that several known and

researched factors undeniably influence the degree of trauma experienced by the sexually abused child. A range of variables will be discussed below:

2.10.1. Identity, age and sex of the abuser

According to Crosson-Tower (2002:134), it appears that victims of family incest are more traumatized than those abused by a perpetrator outside the family structure. Finkelhor (in Hartman,1995:67), found that the older the abuser, the more severe the impact of the abuse and that sexual abuse by males is more traumatic than sexual abuse by females.

Spies's opinion (2006b:51) seems significant in this context when she argues that the **value of the relationship** or the closeness between the perpetrator and the child is the important factor in the identity of the abuser. The loss of a father figure or removal from the parental home adds to the trauma of child sexual abuse and its impact seems to be more severe on the child if those losses are experienced during the sexual abuse or disclosure (Spies, 2006b:51). Bass and Davies (1994:80) state that, in many cases of abuse, the person who was supposed to protect the child was the perpetrator. Isolation in a family or from the family unit after child sexual abuse, and especially after incest, adds to the child's trauma.

2.10.2. Duration

Spies (2006b:50) states that the longer the child is exposed to the abuse, the greater the trauma experienced. According to Crosson-Tower (2002:134), abuse over a period of time is more traumatic than a once-off incident, with the exception of a single incident involving extreme violence or sadism.

Hartman (1995:67) reasons that the frequency of abuse must also be taken into account and that duration and frequency are closely related to the age at onset, the relationship with the abuser and the nature of the sexual activity.

2.10.3. Extent of the abuse

The force and violence inflicted during sexual abuse also dictates the severity of the trauma for the child (Hartman, 1995:67). It is clear that, although any type of abuse is traumatic for children, a perpetrator who takes the child further along the progression of child sexual abuse and does more physical damage to the child creates more residual effects (Spies, 2006b:50; Hartman, 1995:67; Crosson-Tower, 2002:134).

Mayer (in Crosson-Tower, 2001:125) cites three levels of sexual activity with children and assesses the degree of harm to the child according to this:

- Sexual molestation:

This results in the sexual stimulation of the perpetrator through non-sexual contact like petting, fondling, voyeurism and exhibitionism.

- Sexual assault:

This includes the manual, oral and genital sexual contact and stimulation between the perpetrator and the child.

- Rape:

The last and most damaging form of sexual contact is rape, in which the victim's genitals are forcibly entered or the perpetrator attempts to forcibly enter the child's genitals with his penis.

It can be concluded that the extent of the sexual contact must certainly be taken into account in assessing the damage done to the sexually abused child.

2.10.4. Age of child

Beitchman (in Crosson-Tower, 2002:134) states that children go through different developmental stages and that each interrupted developmental stage has its own particular effects. Putnam (in Hartman, 1995:67) claims that the younger the age at onset, the more likely the child is to disassociate and develop psychogenic amnesia.

Spies (2006b:50) concludes that a very young child might not know cognitively what is happening, but that the connection of genital touching and discomfort or pain can alter neurological functions and has a devastating effect on the adult relationships of such a victim.

In the researcher's experience, genital touching in a young child might be a physically exciting or rewarding experience if the touching is not connected with pain and violence. Karp and Butler (1996:2) state that genital play begins in the child's first year, continues through the pre-school years and is self-soothing behaviour. Genital stimulation provides a pleasurable experience and will therefore be repeated. Kruger (2006/08/16) discusses physical closeness, patting and stimulating of genitalia as sensual behaviour enjoyed by young children. Doyle (1995:15) argues that youngsters may like the feeling of being caressed and sexually aroused, but that they do not realize the risks or future guilt or distress of such behaviour. Originally, young children are not discreet in their sexual behaviour, but they respond well and quickly when boundaries are put in place. Non-appropriate sexual behaviour includes obsessive pre-occupation with sexual matters and reenactment of adult sexual activity (Karp and Butler, 1996: 3). The researcher observed that sexually abused young children experience

problems with interpersonal and sexual boundaries and are subjected to social rejection as a result of inappropriate sexual behaviour. This rejection can be devastating for a young child who has no knowledge of the real meaning of sexual behaviour.

2.10.5. The child's emotional and mental health

Spies (2006b:52) maintains that children are more successful in overcoming the damaging effects of child sexual abuse if they generally experience themselves as successful in reaching goals, and if they have satisfying family and peer relationships. Those children experience less guilt after the sexual abuse, are able to project anger appropriately to the perpetrator and display less self-destructive behaviour after the abuse. In the researcher's opinion, this makes the child's recovery process after sexual abuse less complex for the child.

2.10.6. Level of threats

Threats during sexual abuse create additional fear and anxiety in a child. When a child has experienced mayhem and violence during his upbringing, those threats might be very real and devastating, as the child has first-hand knowledge of the effect of violence (Spies, 2006b:51).

2.10.7. Parental responses

The most painful experience is not always the abuse itself but the negative and undermining reactions of confidants (Spies, 2006b:51). Negative responses aggravate trauma, although a positive response does not necessarily ameliorate it (Hartman, 1995:68). A positive reaction by parents can lessen the impact of the abuse, with the provision of parental understanding and therapeutic help for their sexually abused children (Crosson-Tower, 2002: 134).

2.10.8. The disclosure point in the progression of the abuse

It is obvious that disclosure that leads to the discontinuation of the abuse will stop the traumatic incidents. Ending abuse at an early stage will have a positive effect on its impact. If sexual abuse is not disclosed until adulthood, this exacerbates trauma and leads inevitably to greater mental health impairment (Hartman, 1995:68).

2.10.9. Resilience to child sexual abuse

Ferguson and Mullen (1999:60) found that the minority of children who were asymptomatic after child sexual abuse ranges from 21% to 49% according to studies carried out. They state that this might be the result of shortcomings in the research, it could be a "sleeper effect", where children present symptoms later in their lives, or some children could be resilient to this form of abuse. Three factors are cited that could make children resilient:

- Behaviour problems known to be worse in abused children were exposure to protracted, severe and violent abuse, or where coercive behaviour was found.
- If families are supportive and nurturing, the child is less likely to have severe symptoms after child sexual abuse
- The child's coping abilities and attitudes might reduce the severity of symptoms after such abuse.

2.10.10. Personal meaning of the abuse to the child

It is a known fact that people have different emotional reactions and experiences to the same incident. Hartman's statement (Hartman, 1995:66) appears applicable here: "... [I]t is the psychological 'meaning' that the abuse has for the child that may be more important than the actual acts committed." This

statement is in accordance with the Person Centred Approach (Grobler, Schenck and Du Toit, 2003:49), which confirms that: “The organism reacts to the field as it is experienced and perceived.” Not only is the specific trauma important to people, but also what the trauma means to them in relation to how they experience themselves, how they see the world they live in and what they expect of the future (Cairns, 1999:15).

2.10.11. Indirect sexual abuse

Maltz (1992:40) addresses the sexual abuse of children during the observation of sexual abuse. Even if a child is never directly sexually approached by a perpetrator, the child could experience all the symptoms and effects of sexual abuse as a result of observing other children being sexually abused. Maltz (1992:40-41) states that:

Injury occurs whenever victims are exposed to other people who have a sexually abusive way of thinking and behaving. ... In some families sexual abuse becomes part of the daily atmosphere, lingering like stale cigarette smoke.

In the experience of the researcher, children growing up in the context of distrust and incongruent relationships found in families affected by child sexual abuse could display many of the symptoms sexually abused children are presenting.

The researcher agrees with Hartman (1995:66) and Cairns (1999:15) when they state that the impact of the abuse depends strongly on the **meaning** to the child of the sexual abuse as well as the **meaning** of the traumagenic factors that accompany the abuse. This is, according to the researcher, an important reason for children’s reactions differing so much after they have experienced child sexual abuse.

2.11. The healing process

Humans accommodate most of the traumas that afflict them. The danger passes, safety is re-established, the wounds heal, traumatic memories are processed, order, reason and meaning are rediscovered, and people adapt and recover. In discussing recovery from trauma, Cairns (1999:15,16) mentions two factors that could impact negatively on the recovery process. Those two factors are:

- Conditions needed for recovery are never established.
- Interruption of the recovery process by further trauma.

This study concentrates on adolescent experiences that influence recovery after child sexual abuse following the disclosure of child sexual abuse to parents. The above two factors are of vital importance. In the researcher's opinion, parents create homes for children to grow up in, so conditions for recovery must also be established by parents. The conditions that children need if they are to recover after child sexual abuse include, according to Cairns (1999:16), the following:

- A safe environment.
- Participation in a secure and safe social network.
- Inner and outer resources to manage the physiological and biological reaction to stress.
- An emotional process to come to terms with the horrifying experience.

The effect of parental reaction on the adolescent during the healing process that is supposed to follow disclosure of child sexual abuse will be qualified, along with the possible impact of parental response. A description of the healing process of the sexually abused child as proposed in available literature is imperative to this study.

"Children who are sexually abused undergo pronounced interruption in their development and their view of themselves and the world..." (Fouché and Yssel, 2006:241). Grosz, Kempe and Kelly (1999:9) add that each child moves through the recovery process at his or her own pace, depending on the circumstances of the abuse, the age and personality of the child and the family's response. Fouché and Yssel (2006:246) add the relationship with the perpetrator to this list. Any therapist assisting sexually abused children in their healing process therefore needs basic knowledge of the different developmental phases of children, understanding of both the specific issues of children who have been sexually abused and the therapeutic process, and must be well trained in play therapy methods (Fouché and Yssel, 2006:242). As children are developing language as a communication medium, the wordless terror of sexual abuse leaves them especially speechless and it is difficult for a child to experience healing through words (Cairns, 1999:39). Play therapy methods as tools of communication with children are therefore important when working with traumatized children.

People live in groups, families and communities. The experiences of traumatic stress and the recovery process could therefore never be private and isolated processes. Trauma victims make claims on important others, they attempt to manage their stress in the midst of society and their suffering amongst people cries out for a response (Cairns, 1999:15). Victims of rape are statistically less likely to recover easily from their trauma and more likely to suffer from disorders as a result of the nature of their trauma (Cairns, 1999:16).

The researcher's opinion is that it could therefore be assumed that rape is one type of trauma that people in general have difficulty with recovering from. The recovery process is further complicated if the victim is a child, and has not yet fully developed coping and interpersonal skills. The child is dependent on adults for its development. This means that the healing process after trauma must be described with special focus on the fact that developing children have special

needs and that important adults involved in the healing process have an impact on the healing process.

2.11.1. Developmental stages as described by Erickson:

Several developmental models exist. For the purpose of this study it appears to the researcher that Erickson's model is the most appropriate, as it outlines the tasks for children of different age groups that are interrupted by child sexual abuse. Marcia (in Friedman, 1998:29-38) describes the following Ericksonian stages of psycho-social development:

- Basic trust versus mistrust (synthesis: hope)

In the first year of their lives, children need to learn (mainly through contact with the mother) a healthy balance between bold and careful exploration of the environment.

- Autonomy versus shame and guilt (synthesis: willpower)

In their second year, children learn to follow their own will and come into contact with rules, learning that consequences follow behaviour.

- Initiative versus guilt (synthesis: purpose)

In the pre-school phase (three to six year of age), children learn to explore the world with a specific purpose while at the same time respecting the domain and interests of other people.

- Industry versus inferiority (synthesis: competence)

During the child's time in primary school (approximately between six and twelve year of age), children learn to achieve success and self-worth through work and the learning process.

- Identity versus role confusion (synthesis: reliability)

Through the physical, psychological and intellectual growth and changes of puberty, adolescents need to find who they are, which group they belong to and what their purpose in life is.

Fouché and Yssel (2006:244-245) propose that, according to those stages of development, children under the age of eight (8) have concrete thinking patterns and are therefore easily intimidated by offenders. They believe threats literally and often feel responsible for the consequences of abuse. Children between eight (8) and twelve (12) years of age are able to form an understanding that the sexual behaviour was wrong but they conform to demands of adults so as to avoid negative consequences. Through direct association between the self and the negative behaviour, they might believe that they are as "bad" as the behaviour was. Children between twelve (12) and fifteen (15) develop the ability to think abstractly and to understand more completely the concept of exploitation and the variety of effects the abuse has on him or herself and the perpetrator. Fouché and Yssel (2006:245) state that children in this last age group are able to fabricate allegations.

2.11.2. Treatment goals for survivors of child sexual abuse

Dolan (1991: xiii) states that resolving the effect of child sexual abuse is a demanding process for both therapist and survivor, but that it is nevertheless possible. She identifies the following treatment goals:

- Providing stabilization and relief for the client from symptoms stemming from or related to the sexual abuse trauma.
- Altering feelings associated with trauma so that the memories and flashbacks are no longer intrusive or painful in the client's daily life.
- Development of a positive, healthy future orientation with a non-symptomatic pattern of life and a lifestyle satisfying to the client.

2.11.3. Issues of children to be addressed in the therapeutic process

Fouché and Yssel (2006:245) describe the traumagenic model developed by Finkelhor and Brown. This model forms a basis for the different issues that have to be addressed after child sexual abuse and identifies four characteristics of the abuse experience:

- Betrayal.
- Stigmatization.
- Traumatic sexualisation.
- Powerlessness.

The researcher identified the following seven aspects and needs after child sexual abuse to be addressed in the therapeutic process (Fouché and Yssel, 2006:247-262; Grosz, Kempe and Kelly, 1999:17; Crosson-Tower, 2002:321):

- **Anxiety and fear:** Children need to experience emotional and physical safety in order to diminish defense mechanisms so that they are able to engage in the therapeutic process. The therapist can create a safe atmosphere by explaining age-appropriate boundaries and a warm feeling of acceptance (Fouché & Yssel, 2006:248). Grosz, Kempe and Kelly (1999:17) state that children's fears as a result of perpetrators'

threats must be addressed from the child's viewpoint and the child must be helped through a practical problem-solving discussion to deal with those threats.

- **Low self-esteem:** Children feel damaged and bad after being 'tricked' into the sexual relationship (Grosz, Kempe & Kelly, 1999:17). Their self-awareness needs to be heightened by sensing their own likes and dislikes first on the physical and later on the emotional level. Children can be made aware that they deserve to be nurtured and helped to identify activities to nurture themselves (Fouché and Yssel, 2006:250).
- **Blame and guilt:** Many children think their disclosure was the problem that created turmoil in the family and not the abuse of the perpetrator. Children feel guilty about: allowing the abuse, participation in the abuse, the disruption of the family as a result of the abuse and the result of the disclosure for the perpetrator (Grosz, Kempe and Kelly, 1999:17). Those guilt feelings can be normalized by reconstructing the circumstances of the abuse to allow children to see that it is not they, but the perpetrator who was in control and that the perpetrator is therefore responsible (Fouché and Yssel, 2006:254). Exploring the circumstances will include acknowledging that the child experienced pleasure as a result of the special attention and gifts during the grooming process (Grosz, Kempe and Kelly, 1999:17).
- **Powerlessness and helplessness:** If a sexually abused child's personal power is respected during the disclosure phase, the child will be better able to making meaningful decisions (Spies, 2006b:49). A genogram can act as a tool to identify the child's support system. (Fouché and Yssel, 2006:253).

- **Sexualized and aggressive behaviour:** Some children control peers or act out the same behaviour they experienced from their perpetrators. This behaviour must be re-directed. Children experience anger towards the perpetrators or sometimes towards caregivers for not protecting them (Grosz, Kempe and Kelly, 1999:17). Play therapy techniques are used to release this anger in a safe manner and age-appropriate sexual education is given to understand the working of the body and age-appropriate, safe usage of the body for sexual purposes.
- **Confusion:** Children often feel confused about their experience of contradictory emotions after being sexually abused, and can simultaneously feel love and hatred for the perpetrator. Children also feel confused about incomplete sexual information, role differentiation or homosexual sex (Grosz, Kempe and Kelly, 1999:17).

Foa and Rothbaum (1993:29) stress the importance of the relationship between anxiety and anger in victims of trauma such as those who have undergone sexual abuse. They observed that severe trauma associated with direct contact with the perpetrator predicts an anger response in the victim. Victims presenting an elevated and intense anger response are prone to developing PTSD more readily. The writers postulate that intense anger might interfere with the modification (or healing) of the traumatic memory by inhibiting fear responses, so that the victim avoids feelings of anxiety. The expression of anger and the avoidance of anxiety lead to a decreased confrontation of fear, and the victim's anxiety-provoking cues remain unchanged. The researcher observed that during the healing process the anger experienced by a sexually abused child is one of the first emotions that must be dealt with in the healing process. It appears that preoccupation with anger diminishes the child's capacity for experience and consequently the ability to deal with other emotions.

2.11.4. Phases of the recovery process

Karp and Butler (1996:xxiv-xxvi) discuss four phases of the recovery process in children after a traumatic experience. Those four phases are discussed below:

2.11.4.1. Relationship building

Bass and Davis (1994:66-71) say that the first step in the healing process is "the decision to heal". To open up for healing implies to open up for hope. This is a decision that might be the result of interaction with another person, and often involves an intervention process by a therapist (Bass and Davis, 1994:66). The therapist has to provide the environment in which the victim can heal and the child needs to be part of a secure and accepting social network (Cairns, 1999:16). According to the researcher, this implies that the victim will be supported to take the risk to trust the professional person during the intervention process.

In the first phase, the therapist builds a positive therapeutic relationship by providing a safe and nurturing environment for the child. Activities chosen are less threatening, allowing the exploration of feelings and boundaries, particularly because abused children typically have issues with mistrust and distrust as well as with appropriate boundaries. Some children trust too easily and others not at all (Karp and Butler, 1996:xxiv). Fouché and Yssel (2006:248) suggest that consistent boundaries have to be set for the child to ensure an emotionally safe environment in the playroom. A sense of being in control is also essential for the child in the healing interview, as many children feel disempowered during the victimization process. This can be established by offering the child a variety of choices of toys and activities in the first stage of the therapeutic process.

Fouché and Yssel (2006:12) mention the importance of the interviewer's gathering information about and from the child, as well as from parents and

caregivers, with a focus on the child's own perception of the problem. Fouché and Yssel (2006:12) suggest that the practitioner should verbalize to the child that information volunteered will be respected. In the researcher's experience, sexually abused children learn over time to trust the interviewer if the interviewer deals practically with the information the child entrusts to him or her.

In the second phase of the relationship-building, the child can be guided to explore the self through sensory experiences. Preferences in daily life situations, such as school, friends or pets could be discussed and exercises could be offered that involve the child's five senses in the practical exploration of surfaces, smells, sounds and objects in the office (Fouché and Yssel, 2006:251).

2.11.4.2. Exploration of trauma

During the second phase, attention must be given to the corrective and reparative process in the child. This includes recall and exploration of the trauma (Karp and Butler, 1996:xxiv). Fouché and Yssel (2006:252) suggest that, besides verbal exploration, the child should be supplied with a variety of dolls, action figures and paint, and that stories are made up to recall and reconstruct the trauma.

Bass and Davis (1994:72-114) describe the exploration of trauma under four (4) separate headings, starting with the emergency stage. In this stage the victim is obsessed with the sexual abuse. The realization that an overwhelming trauma has taken place in the child's life influences all other activities. Through a ventilation process in therapy, the victim eventually realizes that, although the abuse has affected many areas in his or her life, other aspects are also important. The second phase is remembering the sexual abuse. Denial prevents the victim from remembering it, while disassociation creates emotional distance or a state in which the victim can remember the trauma but does not have congruent emotions during its recall. Memories of the trauma come back as

“flashbacks” and dreams that victims attempt to block out of the mind. The researcher finds it very helpful if children are allowed to re-live those memories in the safety of the therapeutic environment through play, drawings and stories. In the third phase, the child accepts that, although there might be people who ignore or deny the abuse, it is a reality that has to be lived with. And finally the child shares his or her experiences of sexual abuse with significant others. This will ignite the wrath of the abuser or rejection by important others. Children therefore need to be supported, and their safety must be guarded during disclosure of the trauma.

Exploration of trauma consists of expressing the trauma at different levels of emotional involvement. A continuum can be created from the dispassionate relating of traumatizing facts to the emotional experience, playing and re-living of the abuse (Bass & Davis, 1994:107).

Crosson-Tower (2002:324) suggests that biblio-therapy, in this case, keeping a diary and writing stories is, for adolescents, an effective daily, private expression of feelings.

In the researcher’s opinion, a child’s exploration of sexual abuse is part of the recovery process. This exploration allows the child to come to terms with the reality of the abuse and diminishes flashbacks and dreams about it by reframing it in a safe environment.

2.11.4.3. Repairing the sense of self

Ongoing feelings that have arisen during and after the trauma, such as guilt, shame and self-contempt must be addressed. The child needs to be empowered and self-esteem repaired (Karp and Butler, 1996:xxv). Crosson-Tower (2002:321) identifies 10 important issues that children need to address during therapy to repair the sense of self:

- **Feelings of being "damaged goods"**: Adolescents in particular often react with the perception that they are damaged by the sexual abuse and try to counteract this with promiscuity or self-destructive behaviour. This intensifies the impression on the part of significant others that the adolescent is prematurely sexually mature. The child's fear of damage can be addressed through education and the realization that self-worth is more than an intact hymen, and stretches beyond an encounter with an overpowering abuser.
- **Feelings of guilt**: Children must be helped to understand that they can never be held responsible for the actions of adults in the past. Bass and Davis (1994:115) recognize that feelings of guilt can have individual meanings. It is important for the child to understand that there was nothing he or she could have done to cause or change the abuse. For the child to realize that he or she was not to blame is also to realize that adults do not always have the best interest of the child at heart.
- **Fear**: Setting up a mechanism to protect the child in future and providing the child with new trust relationships helps to alleviate much of the fear.
- **Depression** usually diminishes as the child has an opportunity to ventilate and explore feelings about the abuse.
- **Low self-esteem** can be enhanced by positive feedback in therapy, which allows the child to explore its own strengths.
- Bass and Davis (1994:134) confirm that **anger** is a natural response to abuse, and identify the release of anger as the backbone of healing. If anger is denied and suppressed, it could lead to depression. Foa and Rothbaum (1998:29) state that elevated anger predicts the development of long-term PTSD in victims of rape. It appears that intense anger might

intervene with the modification or healing process of the traumatic memory by inhibiting fear responses and by allowing the victim to avoid feelings of anxiety. Victims who are more prone to experience anger than anxiety do not have the opportunity of confronting their fears. If this is not done, anxiety-provoking feelings, experiences and flashbacks continue. Anger, therefore, must be recognized in therapy and must be both directed at the source of the anger and guided by teaching the child safe ways to deal with anger. This could take the form of pounding a punch-bag, drawing and destroying a picture of the abuser, speaking out or playing sports. Anger can also be used as a motivating force in the healing process and becomes a valuable resource moving towards positive change. The researcher's experience has shown that children who are able to transform their anger after child sexual abuse into energy to combat the memories of the abuser' that threaten to destroy the rest of their lives, are more successful in overcoming the after-effects of child sexual abuse.

- Difficulty in **trusting** adult relationships can be addressed through the child's relationship with the therapist, who could provide the child with a prototype for a new and genuine relationship.
- Blurred **boundaries** and role confusion can be addressed by helping the child find its own role in the family so that responsibilities previously forced on the child can be relinquished.
- **Pseudo-maturity** masks failure to complete developmental tasks. The child can be guided to explore deficiencies in development and to move along the road to maturity.

- **Control and mastery over the self** through the child's insight into his/her rights and their past sexual violation allows the child to take part in important decisions after the discovery of sexual abuse by important others.

Children distort their perceptions of the sexual abuse in order to survive and accommodate the abuse they could not prevent or stop. According to Bass and Davis (1994:128) victims need to recognize distorted perceptions and replace them with congruent feelings and experiences. Bass and Davis (1994:124-132) also discuss the loss of childhood experienced by sexually abused children, which must also be addressed. The realization that the abuser has violated the innocence of childhood must be recognized to repair the sense of self. Grieving takes place and it is important to allow the child to mourn the losses brought about by child sexual abuse.

Crosson-Tower (2002:324) advocates group therapy for sexually abused adolescents. This allows them to voice anger in a safe environment. Group therapy also enhances social development by means of interaction between group members. Such therapy by a male and a female therapist allows the adolescent to experience a pseudo-family relationship with healthy boundaries and role differentiation between the therapists and the therapists and the group.

2.11.4.4. Future orientation

In the last phase the child is not only helped to review accomplishments in the recovery process but is also guided towards future orientation through goal setting. The researcher has observed that children sometimes experience a feeling of "emptiness" after the recovery process. It seems that the child spends a great deal of energy and time on coping with the abuse and recovering from it. This time and energy should be directed at the future, and rewarding, constructive activities must be implemented to promote a healthy and balanced

life-style. Goal setting can take the form of practical planning for the child to take part in enjoyable activities.

Bass and Davis (1994:194-197) emphasize the importance of internalizing positive messages, and creating appropriate boundaries and supportive relationships. Children could be helped to internalize positive messages with a game in which negative statements are changed into positive recognitions. Appropriate boundaries can be played out with dolls and teddy bears or exercised in group sessions, while supportive relationships can be stimulated by participation in sport or cultural activities with other children.

2.12. Conclusion

Child sexual abuse is defined in this study as any act that involves a child and provides sexual gratification to the adult or the child. Different authors agree that child sexual abuse causes extensive damage to the developing child's opinion of him/herself and the child's experience of support systems.

It appears if one factor is common to all abused children namely that they appear to be isolated and not protected sufficiently by their families and on their support systems. This creates the possibility that the child becomes vulnerable to adults preying on children for sexual fulfillment. According to the literature study, it appears if authors did not find one specific characteristic in the personalities of children that caused the sexual abuse, but the circumstances of the child might contribute to the child being vulnerable for child sexual abuse. Children who experience distortions in their family lives such as divorce, step parents, substance abuse or absent parents appear to be more at risk to sexual abuse.

Child sexual abuse is classified according to the perpetrator's relationship with the child. Two types of child sexual abuse are found, namely incest or extra familial sexual abuse. Incest is specifically associated with distortions in family

relationships such as role reversal, role abdication or role transgression between parents and children. Extra familial child sexual abuse is classified according to the characteristics of offenders. Behavioural patterns and preconditions in the life of the offender are indicated in the literature study as important collaborating factors to the occurrence of child sexual abuse.

Literature indicates that child sexual abuse might be a process where the child is carefully identified and groomed by the offender until the resistance of the child is broken down and the child submits to the abuse. Children experience guilt, fear and disempowerment, which prevents the disclosure of abuse. The turmoil after disclosure in the child's support system might lead to secondary victimization of the child, and could result in the child's retraction of the claim to sexual abuse.

The effect of child sexual abuse on children is devastating. Child sexual abuse destroys childhood and affects the emotional and psychological well-being, behaviour and development of a child. A healing process to assist the child to recover from the trauma of child sexual abuse is essential. This healing process can be promoted by creating a safe environment for the child, in which the child is able to make use of and participate in a healing program. This healing program has to focus on the child's emotions, has to take the developmental stage of the child in account and is directed on reparation of the experienced self and the relationship between the child and significant others.

Children live in families. The trauma of the sexual abused child is bound to affect the family of the child and specifically the parental structure. This study attempts to explore the experience of the adolescent of parental reactions' after disclosure of the abuse. Therefore, the impact of child sexual abuse on parents according to existing literature has to be described. The next chapter deals with the impact and affect of the sexual abused child's trauma on the parental structure.

3. Chapter three

The effect, impact on and healing process of the parent after disclosure of child sexual abuse

3.1. Introduction

Davies (1995) points out that there is considerable variation in parental reactions to their sexually abused children following disclosure. Those reactions range from excessive protectiveness to hostility towards the victim, with consequent rejection.

Treatment and healing of the child cannot begin until child sexual abuse has been disclosed, which could have serious negative consequences for the family system, including the break-up of the family system. The pressure on the child to recant after disclosure is therefore significant. The effects of disclosure on the people and family involved and the pressure to recant implies interaction between the parental or guardian system and the child. Roesler (2000) states that the reaction of the person to whom disclosure is made has an important impact on the psychological sequelae of the child after childhood sexual abuse. Dey and Print (in Bannister, 1997:135) are of the opinion that carrying out only therapeutic work with a child who has been abused is rarely sufficient to effect significant change and that the influences, attitudes and behaviours of caregivers on the child's behaviour are always likely to have great significance. It is therefore essential to involve the caregivers in therapy or at least to keep them informed during the process.

The impact of child sexual abuse on parents is described by various authors. Doyle (1995:80) reasons that the abuser causes damage and distress, not only to the victim but also to the rest of the victim's family, who can be thought of as co-victims. Parents experience profound emotional distress at the discovery that their child has been sexually molested (Rickerby, Valen, Gleasoo and Roesler, 2003). Bass and Davis (1994:335) maintain that parents and siblings are all affected by the child sexual abuse of a family member and that they experience the same family dynamics as the victim, namely betrayal, secrecy, pain and fear. Davis (1995) adds that the post-disclosure process could be damaging for the parent as well as for the child.

Given what we know about the effects of child sexual abuse on the child and the family structure, as well as about the significance of the child's support network, it makes sense to pay attention to the nature of the response to children by the parental system after disclosure of child sexual abuse. The parental response after disclosure is preceded by the parental experiences regarding child sexual abuse and the impact of the abuse on the parents. The experience, impact on and response by parents will be described in this study.

The intensity of the experience and reaction or behaviour of parents after the disclosure of child sexual abuse can be explained in terms of Rogers' Person Centred theory. Grobler, Schenck and du Toit, (2003:13) state the importance of interaction, saying that: "...one of the experiences that affect the self is our interaction ... particularly with other people who we see as important to us." It is necessary to state the obvious: people can define their role as parents and therefore themselves as parents only in relationship to their children. This means that **interaction** with children defines someone as a parent. Knowing oneself to be a successful parent is important to the self-concept and therefore to the experience of the self. Rogers stated that the individual has the basic tendency to maintain the self. Proposition 4 of his theory declares that: "[t]he organism has one basic tendency and striving - to actualize, maintain..." (Grobler *et al.*,

2003:17). So if a person perceives his or her parental role as important to the self-image, this implies that the self will need to do something or to behave in a way that will "maintain and actualize" this part of the self that is threatened by the knowledge of child sexual abuse. The Rogerian proposition 5 declares: "Behaviour is basically the goal directed attempt of the organism to satisfy its needs as experienced in the field as perceived." (Grobler *et al.*, 2003:58). Parental 'distress' or emotions indicate that emotional and powerful behaviour can be expected to satisfy their needs to maintain the self as parents, as well as to maintain their existing relationship with their children and the family structure. Rogers' proposition 6 as described by Grobler *et al.* (2003:61) states:

Emotion accompanies and in general facilitates such goal-directed behavior, the kind of emotion being related to the seeking versus the consummatory aspects of the behaviour, and the intensity of the emotion being related to the perceived significance of the behaviour for the maintenance and enhancement of the organism.

Disclosure of child sexual abuse has a devastating impact on multiple aspects of parental self-concept, existence and well-being. It is therefore important for this chapter to study the effect and consequences of the disclosure of child sexual abuse on the parents, their different responses and attitudes after disclosure and their healing process.

In discussing parental reactions to child sexual abuse, Calder (2000:155) says there must be a differentiation between parents whose children have been sexually abused by people outside the family system and those whose children have been sexually abused by a member of that system. Following the example of literature, this study makes a distinction between extra-familial child sexual abuse and incest when discussing the effect on the child of child sexual abuse.

Literature on the effect of incest on the non-abusive parent refers mostly to the father as the offender, and to the mother as the non-abusive parent. Literature

exclusively on the effect of incest on the father as the non-abusive parent, and the mother as offender could not be found. This study follows the example of Calder (2000:155) when he assumes that the mother is in most cases the non-abusive parent. The discussion of the mother as non-abusive parent could apply to the father as non-abusive parent as well.

In this study, the effect of disclosure of the incest on the non-abusive parent will be looked at first. Secondly, the effect of disclosure of child sexual abuse on the parental structure after being abused by a person outside the family structure will be discussed.

3.2. Effect of disclosure of incest on the non-abusing parent

Calder (2000:155) makes the assumption that, in most cases, the victim's mother is the non-abusive parent rather than the perpetrator. The mother is therefore a key figure in the aftermath of the disclosure of the child's sexual abuse. Her role, reaction and functioning before, during and after child sexual abuse will have considerable influence on the child. Her behaviour and attitudes will also influence decisions made by professionals about therapeutic intervention, safety and the future of the child in question. Doyle (1994:109) states that, if the mother is the offender, the discussion on the effect of child sexual abuse on the mother would as easily refer to the non-abusing father. In this study, although the discussion of the non-offending parent focuses on the mother, the impact issues could be related also to the non-offending father.

To understand the mother's reaction after allegations of child sexual abuse, especially if the perpetrator is her partner, it is necessary to examine aspects of the mother's life and background that have an impact on her reaction, as well as considering the many implications of the abuse for the mother.

3.2.1. Impact of the disclosure of child sexual abuse on the mother

Bolen (2001:200) summarizes the impact of child sexual abuse on the non-offending mother as one of loss. Mothers whose partners have sexually abused their children experience endless, multiple, ongoing and unremitting losses. Those losses can be categorized in five groups:

3.2.1.1. Losses to her family

Doyle (1994:108) states that the mother might feel confused about her partner as she paradoxically recognizes his positive, lovable qualities as well as her sense of betrayal and anger at having been "conned" by him. She could ask herself what sort of a mother she is to have made such a poor choice of partner. Sometimes she is so effectively groomed by her partner that she is unable to accept that he could possibly be guilty of such an offense.

Bolen (2001:200-201) adds the loss of trust in the offender, as he has abused the non-offending mother's offspring. She also mentions the loss of the family unit when the offender or the child is removed from the home as a result of the sexual abuse. He describes this as possibly being the most difficult challenge.

Calder (2000:179) discusses the effect of "disenfranchised" grief on the mother. The mother needs to separate from her husband and/or children as her own attempt to keep her children safe from the offending husband or as a result of authorities removing the offender or the children. If this separation occurs through death or divorce, the loss can be openly acknowledged and mourned. But, following the revelations of child sexual abuse, the mother could face the reaction from the community that she is "better off" without her partner. Her loss is not recognized and as such cannot be dealt with. This creates the feeling on the mother's part that sexual abuse in the family invalidates the relationship that had existed between her and her husband. Any expression of grief could be

frowned upon by both community and professionals. The needs of the mother (or siblings) are not recognized, as the mother was not directly affected by the sexual abuse. Further, society expects the mother to support the child affected by sexual abuse.

3.2.1.2. Psychological losses

Bolen (2001:200) indicates that a mother might experience loss of trust in the sexual abused child, loss of the sense of being needed and loss of the self as a protective parent. If the sexually abused child, or all her children, should be removed because of the sexual abuse, the mother experiences loss of control over both herself and her children. She also experiences the loss of her identity as a wife and mother, with the subsequent loss of femininity.

Calder (2000:187) maintains that mothers run a greater risk of committing suicide after their daughters disclose child sexual abuse by their partners. They face deteriorating mental health, including depression, anxiety attacks and psychosomatic disorders. Bolen (2001:201) includes post-traumatic symptoms like anger, sleep disturbances, recurrent crying and intrusive thoughts and dreams.

3.2.1.3. Legal losses

Calder (2000:186) discusses the fact that the mother might face the prospect of her partner being interviewed by the police and legal system and that she has to assimilate the reality of the possible imprisonment of her husband. Her children could be removed from the home and she has to deal with investigations by professionals and the children's court. The family court could become involved if a protection order is needed to protect mother and children from the offender. The high court could become involved in a divorce and custody dispute over the children. If the mother needs financial support for her children she must address

the maintenance court. She has to understand the functioning of the different systems as well as finding her way between all those legal systems she has to deal with. This will cost her a tremendous amount of time and costly telephone calls, and she might have to be repeatedly absent from work. There would be loss of emotional energy, transport expenses and expensive legal representation.

3.2.1.4. Financial losses

One major effect of child sexual abuse could be financial loss. Patton (1991:137-139) reasons that financial stress could be a precursor to sexual abuse in the family, indicating that this could be a risk factor in incest. The removal of the offender from the family home implies that the family income now has to support two homes or that the family has to live on one instead of two incomes. At the same time, the offender and the family are confronted with a financial drain of lost working time. Sometimes the mother could even face redundancy at work as a result of her physical and emotional absence. Transport and telephone costs, fees for therapy and the expense of legal representation are a further burden.

The financial drain could lead to extra jobs or overtime for the mother in her attempt to cope with the financial strain. This could result in the child being left alone for long hours at a time, when the mother's comfort is desperately needed. Another result of the mother's coping with financial implications might be relocation to a cheaper home and/or living arrangements with friends or with family, who might not necessarily understand the family's plight.

Patton (1991:139-140) concludes that incest and child sexual abuse could drive the family into a state of poverty lasting for years. Grief has to be legitimated through a therapeutic process dealing with the loss of the lifestyle that the family had previously worked hard to maintain.

3.2.1.5. Social losses

The loss of the family home and the resulting relocation might mean that the child has to attend another school and lose the support of known neighbours, friends and teachers. The non-abusive parent must deal with the practical arrangement of these changes, as well as with the emotions they bring about in the child and siblings. Calder (2000:185-186) mentions that the mother also fears the negative consequences of disclosure on her reputation in society after abuse, as the community could isolate and stigmatize her as the wife of a child molester. She has to deal with the fact that she could suddenly be a single mother and face all the accompanying challenges. One solution is to associate in future with other single parents rather than with those who are part of an intact marital relationship.

3.2.2. Factors influencing the non-abusive parents response

Gomes-Schwartz, Horowitz and Cardelli (1990:110) describe the familiar view found in literature regarding the poor response by mothers of incest victims when confronted with allegations that their children are being sexually abused. Many of them apparently disbelieve the child and even if a mother appears to do so, her efforts at preventing further abuse seem feeble. Gomes-Schwartz, Horowitz and Cardelli (1990:110-111) supply a several reasons for the mother's inadequate response:

- The mother fears public humiliation if the abuse is disclosed.
- The mother is anxious that her home might be disrupted.
- Mothers might feel torn between assisting the child and protecting the spouse, especially if the mother experiences genuine support from him and loves him.
- Acknowledging the incest might lead to divorce and loss of financial support for the mother and child.

- Mothers sometimes fear a violent response from the perpetrator.
- Some mothers might not want to deal with their husbands' sexual advances and therefore do not acknowledge the sexual abuse of their child.

Doyle (1994:108-109) and Calder (2000:181-180) describe the possible reactions by the non-abusing parent towards sexual abuse of their child. Calder (2000:180) is of the opinion that the mother's and child's response to child sexual abuse have common threads. Initially the mother experiences shock. She could feel numb, confused and anxious and this could immobilize her reactions after the disclosure of child sexual abuse. Denial might follow, which would include denial that the abuse occurred, the impact of the abuse or the accountability of the abuser. The mothers' usual reaction is anger directed at themselves, the abuser or the child, and is often directed also at finding the reason for the abuse. Denial and anger are responses that protect the self from the impact of child sexual abuse. A mother experiences guilt, especially if she had entertained suspicions of possible abuse, so it appears to be an expression of anger and blame towards the self. Overwhelming feelings of depression and powerlessness create the feeling for non-abusive parents that they are not directing their own lives any more but are subject to events outside their control.

Calder (2001:184) warns that the reaction by mothers after disclosure of child sexual abuse must be acknowledged in the light of their extreme stress following disclosure and should not be confused with their behaviour while the sexual abuse was occurring. For the researcher, this would mean that, although the mother sometimes protects the offender after disclosure, she could have done everything in her power to protect the child while the abuse was occurring. The emphasis is on the phrase "in her power". The role, as well as the strengths and weaknesses of the mother, have to be taken into account when her reaction towards the sexually abused child is being evaluated.

3.2.2.1. Knowledge about developmental tasks of children

In the researcher's experience, the non-abusive parent often expresses a need for information about age-appropriate sexual knowledge, language and behaviour in children. These parents need to be able to identify between the sexual behaviour generally expected from children and sexual awareness, knowledge or behaviour that could possibly indicate sexual abuse. Child development occurs simultaneously in different areas of a child's life. It is therefore important for physical, emotional, intellectual, social and sexual development to be synchronized during development. Knowing about a baseline developmental table could be helpful for the mother in evaluating her child's reactions to the sexual abuse (Calder, 2000:238).

3.2.2.2. Knowledge about child sexual abuse

After the abuse of their children, mothers are often left with little idea of how to help them. Calder (2000:218) states that after disclosure of the abuse, mothers ask for knowledge about sexual development of their children, the effect of the abuse, and the time-frame of the healing process. Mothers have to be made aware of different factors influencing the effect of the abuse on the child. They also need to be realize, that children presenting less symptoms after child sexual abuse, do not necessarily suffer less than children with severe out reacting behavior after sexual abuse.

3.2.2.3. Ability to identify indicators

Parents should be educated about the symptoms of child sexual abuse and be motivated to record in writing the symptoms they observe in the child, as well as the time and regularity of the symptoms. Sexually abused children are difficult to distinguish from others, because there is no set behavioural pattern that follows child sexual abuse (Calder, 2000:236).

3.2.2.4. Own history

The history of the mother of the sexually abused child is important if her reaction to disclosure is to be understood. Calder (2000:243) found that:

It is not typical for sexual abuse to occur independently of other aspects of family dysfunction. However, it must be remembered that sexual abuse occurs in seemingly normal families, including the seemingly upright, religious and respectable ones. Perpetrators are infrequently entirely bad parents.

The history of the mother in her present relationship and family of origin can have an influence on the occurrence of sexual abuse of her children as well as her reaction to the disclosure. Spies (2006c:74-75) mentions that survivors of child sexual abuse grew up in dysfunctional families where the abuse occurred. They do not have the benefit of healthy role models and are therefore inclined to repeat the same kind of parenting they experienced as children. Adult survivors of child sexual abuse often experience marital problems and have difficulty setting healthy, clear and consistent boundaries for their children. Levels of differentiation in such families are therefore low, and boundaries are diffused. This creates a higher risk of role confusion in the families of adult survivors of child sexual abuse. This is discussed as a prevailing factor in families where child sexual abuse occurs.

Calder (2000:243-252) confirms this point of view and notes in his literature review that child sexual abuse occurs more in families where:

- The mother herself is abused.
- Alcohol and drug abuse occurs.
- In single-parent households, as they are visited by men wanting to establish a relationship with the mother or the mother has to make use of babysitters.

- Family dynamics contribute to interpersonal stressors caused by chaotic family structures and boundaries, which results in poor problem-solving skills and role confusion in children.
- Pathological affective responsivity is found.

The educational, occupational, financial and health and medical history of a child's mother who was sexually abused gives her the ability to deal with the abuse of her child, or else hampers it.

There are two major reasons why the mother's family of origin affects her reaction to the abuse. One is to gain an idea of how she grew up and was able to develop personal skills. The other is to gauge the present support her family is able to provide in her present crisis (Calder, 2000:246).

3.2.2.5. Victim or survivor of child sexual abuse

Intergenerational transmission of parental adequacy is studied to provide knowledge about the impact of child sexual abuse on the mothering style of adult survivors of child sexual abuse, who are observed to be at high risk of aberrant parenting behaviours (Zuravin & Fontanella, 1999:623). If the mother herself was a victim or survivor of child sexual abuse, this would impact on her mothering abilities and therefore on her reaction should she discover that her child was being sexually abused.

To determine the impact of sexual abuse on the children of a mother who was herself a victim, it is important to observe the effect the mother's abuse has on her intimate relationships and especially on the new family she forms in adulthood. According to Lotter (in Spies, 2006:87), intimacy in a close or marital relationship involves emotional closeness and sexuality. Adult survivors of child sexual abuse often find intimacy problematic, because, as children, they realized that their caregivers did not protect them and that people cannot be trusted.

“When they learn ... that trust means hurt and disappointment, intimacy will be difficult for them and may lead to conflict and discomfort in a marriage” (Lotter, in Spies, 2006:89).

Lotter (in Spies, 2006:89-90) explains the effect of distrust and lack of intimacy on the marital relationship and sexual behaviour of a survivor of child sexual abuse. For adult survivors, intimacy means fear of losing personal power and boundaries. People who are unable to show intimacy often overcompensate on the sexual level in an effort to achieve intimacy. But because they can neither trust nor achieve emotional closeness, they often choose marital partners who themselves are unable to relate in emotionally close relationships. The result is the illusion of closeness through sexuality, and disappointment afterwards, which could lead to separation in the marriage. In those marital relationships, boundaries are normally not clearly defined. The adult survivor might either not put any boundaries in place in order to become the ‘good’ person who will not be hurt again, or her boundaries might be so rigid that intimacy cannot be experienced. Children who grow up in those families do not experience appropriate boundary-setting, because the parental incapacity for intimacy and boundary-setting is projected onto the children. Lotter (in Spies, 2006:91-92) identifies six components that impact on adult survivors’ relationships with their partners:

- Unresolved anger that is projected onto the self and is also in the close relationship with a life partner.
- Adult survivors who test their marital partners constantly to see if they can be trusted.
- Low self-worth, so that sexual satisfaction is not experienced and adult survivors get the feeling that they are there only to satisfy their partners’ sexual needs.
- Rigid personal boundaries, or lack of them.

- Adult survivors who might need to feel in control of the marriage or who experience their spouse's needs as greater or more important than their own, and who feel too unworthy to satisfy their own emotional needs.
- Where sexuality before marriage was a form of replacement for emotional closeness that could be controlled. After marriage, the power to say 'no' to sexual intercourse vanishes as a result of the marital contract and sexual intercourse loses value, becoming a duty to be feared for the learned pain is associated with it.

Zuravin and Fontanella (1999:624) found evidence in previous studies that survivors of child sexual abuse experience difficulties in parenting their own children. The balance between discipline and affection between parent and child is less satisfactory, they tend to use the child as a close friend or companion, they received less satisfaction from parenting, they have unreasonable expectations of their children, they tend to focus more on the self than on their children and they are more prone to settle conflicts between parent and child with physical violence.

Spies (2006c:74) identifies several aspects of effective parenting that could be hampered as a result of the mother's own abuse:

- The marital relationship of a sexually abused mother is in many instances dysfunctional. This creates a dysfunctional family system in which children identify with the unhealthy system and probably project the dysfunctional behaviour onto their own future family.
- Children need nurture and warmth while growing up. Sexually abused mothers need to learn to nurture themselves before they are able to nurture their children.
- Children need to explore the world around them, which can be hampered by a mother who tries to overprotect her child from harm.

- Children need clear boundaries. Sexually abused mothers might find it difficult to both set clear and consistent limits for their children and create a differentiation level in the family that protects a child against age-inappropriate discussions and experiences.
- Sexually abused mothers are not always able to distinguish between age-appropriate and age-inappropriate tasks for children in the family. The next case study highlights this point:

Case study

A six year old girl was repeatedly sexually abused by an adult man during play with her friend next door. Instead of preventing the girl from going to the neighbours' house, the mother sent a four year-old sister with the girl to prevent further occurrence of the sexual abuse.

To promote healthy growth in children, parents need to reflect a positive self-image, boundaries and communication skills to their children. Survivors of child sexual abuse are affected by guilt, mistrust, low self-image, a feeling of disempowerment and need to obtain those qualities before they are able to act as models for their children.

3.2.2.6. Personality problems

Caretaking deficiencies in mothers' own youth create personality problems, so they may develop poor relationships with their spouses and children. Often mothers extricate themselves from their role as a wife and a mother and "offer" their daughters to their spouses as a substitute (Gomes-Schwartz *et al.*, 1990:111).

The diminished capacity of mothers to nurture a child could increase the chances of that child being victimized in some way. However, there is no reason to believe that the primary reason for a child being sexually abused is having an incompetent mother (Gomes-Schwartz *et al.*, 1990:129).

Mothers of sexually abused children are described by Gomes-Schwartz *et al.* (1990:119-127) as having passive, dependent, chronically-depressed personalities and poor self-esteem. In the researcher's opinion, these authors do not supply a control group of mothers in their research, so their outcomes can therefore not be compared with the personality traits of the parents of non-sexually abused children. This creates the question as to whether those personality traits differ from those of parents in general.

3.2.2.7. Rejecting relationship with her own mother

If hostile rejection characterizes the mother's relationship with her own mother, it leaves her with many ungratified emotional needs and a poor self-concept (Gomes-Schwartz *et al.*, 1990:111). The mother's poor self-image might lead to insecurities regarding her role as a parent. This could affect her parenting role, as the mother might seek fulfillment of her own emotional needs through her relationship with her children.

3.2.2.8. Relationship with perpetrator

The relationship between the mother of the sexually abused child and her partner who is accused of being the perpetrator has an important effect on her reaction towards her child after the disclosure of sexual abuse. Calder (2000:200) states that:

The future relationship the mother chooses to have with the perpetrator is the litmus test of whether she will be able to offer her children any protection from further abuse.

The researcher does not think this statement always holds true. Some mothers do protect their children against further abuse while at the same time realizing that their partners are indeed guilty. These mothers want to restore the family unit by means of a therapeutic process. The willingness, personal abilities and insights of the mother are the key factors in protecting her children against further abuse.

The quality of the relationship with the abusing partner, her relationship with her child and the mother's ability to exist independently of her partner will determine her decisions after disclosure of child sexual abuse. Calder (2000:199-203) discusses the following aspects:

- The mother faces a failing relationship with her partner and a separation. This is often not the first of her relationships to fail.
- The mother's financial and physical dependence on her partner.
- The level of loyalty and love between the mother and her partner.
- Acquired dependency of the mother on her support systems and partner as a result of a low self-esteem.
- If the mother was abused herself, especially if it was repeatedly by the same man, she might believe the child more readily.
- Entrapment in a cycle of learned helplessness.
- Tactics the perpetrator deploys to avoid the consequences of his behaviour. He might plead guilty and promise to better his ways to prevent information being passed on to authorities and therapists. He could reason that no real harm was done, he is in general a good father or that the girl was responsible for the abuse.

3.2.2.9. Previous experiences with sexual abnormalities

It is the researcher's experience that mothers often refuse to believe their daughters because they are unfamiliar with the dynamics of sexual offenses. Mothers see their partner giving special attention to the complaining daughter, they witness the sometimes aggressive behaviour of the daughter towards the offender and they believe that the disclosure is another ploy by the child to separate her from her partner.

Mothers of sexually abused children need to be familiarized with the phases of the process of sexual abuse, which are, the engagement phase, grooming, secrecy, gradual increase in sexual interaction, disclosure and the suppression phase. Mothers also have to learn about the preconditions for sexual abuse by perpetrators. A list of these preconditions was developed by Finkelhor, namely motivation and blockage of normal outlets for sexual behaviour, overcoming internal barriers, conscience and external barriers. These are followed by the search for an available child and then overcoming the victim's resistance. Knowing all this helps mothers to understand the perpetrators' *modus operandi* during the sexual abuse process (Calder, 2000:205-207).

3.2.2.10. Relationship between mother and child

Calder (2000:214) states that: "The principal professional goal is the restoration of the mother-child relationship and not meeting the mother's needs". Crosson-Tower (2002:325) seems to differ from Calder's point of view and states that: "The mother has needs of her own, and until those needs are met, she cannot be fully available to her child". The researcher is of the opinion that it is impossible for the mother to deny and suppress her own acute personal shock and despair created by the disclosure, and to attend to the child while she herself is in turmoil. In a pilot study of the effectiveness of early intervention service for non-abusive parents of victims of child sexual abuse carried out by Forbes, Duffy, Kok and

Lemvig (2003), they conclude that parental intervention appears to have benefits for both parents and children. The researcher is of the opinion that the more aware the therapist is of the mother's needs and the necessity for attending to them, the more there can be effective intervention on behalf of the child's needs. It also means a better long-term prognosis for the child's healing and survival after child sexual abuse.

The mother must be aware of the abused child's anger. This might have originated in misplaced anger towards the perpetrator and making the mother the "scapegoat". Alternatively, the child might believe the mother knew about the abuse and did not protect him or her. The last would hold true if the child had attempted to tell the mother, but had failed (Calder, 2000:214).

The mother's communication skills are important during the disclosure and restoration of the mother-child relationship. She might have believed that her partner had a more effective 'way' with the children as a result of the grooming process (Calder, 2000:215). It can be concluded that the communication and relationship between mother and child before the disclosure of child sexual abuse plays a vital role in the mother's reaction towards the child after the fact.

During assessment of the suitability of the parent as a caregiver, the professional dealing with the aftermath of the sexual abuse must be aware of factors in the non-abusive parent's life that could influence her reaction to disclosure

3.2.3. Perceived responsibility of the mother regarding child sexual abuse

Many theories on the causes and effects of sexual abuse have, historically speaking, focused on the culpability or collusion on the part of the victim's mother in permitting the abuse to occur (Gomes-Schwartz *et al.*, 1990:109). Those authors quote Kempe (Gomes-Schwartz *et al.*, 1990:111), saying "...we simply

have not seen an innocent mother in cases of longstanding incest”. Calder (2000:155) seems to move away from blaming the mother to understanding her dilemma after allegations of child sexual abuse against her partner have been made.

Bass and Davis (1994:480) show that, after the existence of child sexual abuse was acknowledged in 1860, blame for the abuse was initially placed on the child. Children might have seduced their offenders with presumed innocence because of children’s “...unusually charming...” personalities. In 1966, authors like Blair and Rita Justice blamed the mother for not fulfilling her role as a wife and allowing the sexual abuse of the child in order to avoid her partner’s sexual attentions. Currently, the blame for the abuse (Bass & Davis, 1994:483) is placed squarely where it belongs, on the shoulders of the offender.

It appears to the researcher that society wants somewhere to affix blame, accusation and punishment for child sexual abuse. Consequently, a debate apparently exists on who is to blame for the plight of the sexually abused child. Taking part in this debate, the researcher will discuss the mother’s awareness as a prerequisite for an opinion on her culpability and the effect of her stance in terms of the risk of further sexual abuse of the child.

3.2.3.1. Awareness of the mother of the sexual abuse of her child

Bass and Davis (1994:334-335) admonish mothers of sexually abused children that “...a mother is responsible for failing to notice that her child is being abused or not protecting her, she is not responsible for the abuse itself”. In the same work, the writers (Bass & Davis, 1994:136) claim that it is possible that some mothers genuinely did not know the abuse was going on and that some mothers’ best efforts to stop the abuse are insufficient. In the researcher’s opinion, children certainly have the right to be protected. The question remains as to

whether mothers should be held responsible for not providing protection against a danger of which they are ignorant.

Doyle (1994:107) proposes that parental awareness of the sexual abuse of their children could be placed on a continuum, which would begin at one end, signifying no knowledge, and progressing to the other end, which would indicate knowledge of the co-perpetrator or perpetrator himself. Somewhere between these two points, a parent could have been aware that something was amiss with the child, but did not realize that the problem was sexual abuse. This statement by Doyle can be discussed in the light of Bolen's (2001:187) opinion, which is that mothers have taken virtually the full weight of responsibility for their sexually abused children's physical and emotional well-being. If the mother is responsible for the total well-being of the child, it appears that community expects the mother, as a logical result of her responsibility, to take the blame if anything goes wrong.

Calder (2000:174) discusses Hall and Lloyd's continuum describing the mothers' different levels of awareness of sexual abuse of the child. This continuum can be summarized as follows:

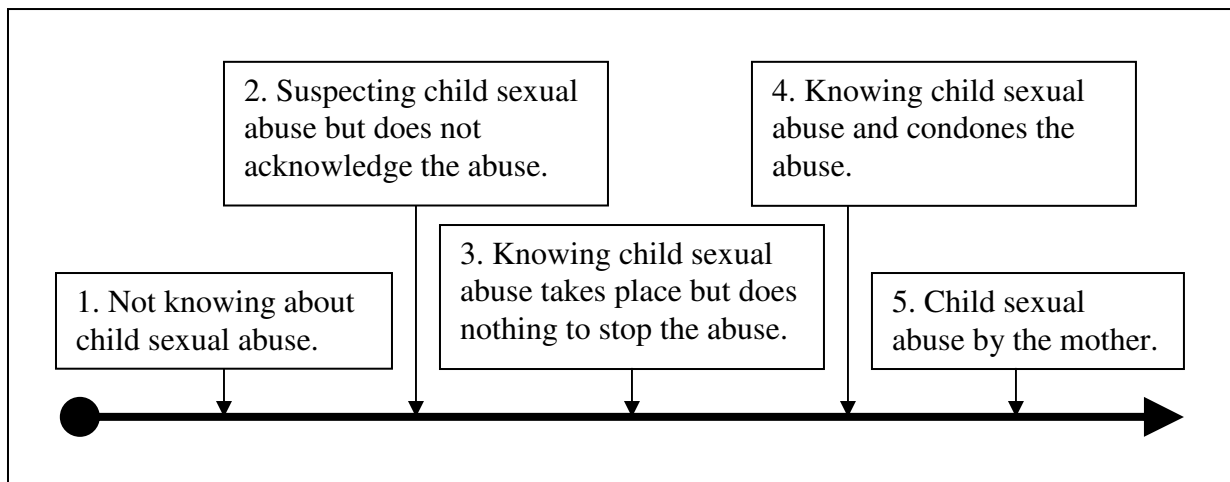


Figure 7: Continuum: Mothers' awareness

In the first phase, the mother does not know about the sexual abuse. She might not be at home during the abuse or could be occupied elsewhere. In the second phase, the mother might suspect that sexual abuse has taken place, but is unable to recognize it because of her own dysfunction, disempowerment or lack of perception. In the third phase, the mother knows the abuse has taken place, but does nothing to prevent it. The fourth phase involves mothers who know sexual abuse of the child has taken place and actually condone it. Perhaps they even set up the abuse by leaving the child alone with the abuser or by making her available for child prostitution. In the fifth and last phase, the mother may abdicate her mother role completely and sexually abuse the child herself.

The researcher agrees with Calder (2000:173) when he says the question of whether the mother knew about the abuse or not is over-simplistic, as there are multiple combinations of awareness. Sometimes the child believes that the mother must have known that the abuse was taking place, which the mother denies. The child's belief that her mother knew or not did not know does not imply that she did know about the abuse, nor or does it state the level of her mother's awareness.

Bolen (2001:198) reiterates that some mothers discover the abuse of their children because of a single incident, but that others suspect it for a long time. It seems ludicrous that mothers could suspect for a long time without finding out for certain whether incest has taken place or not. But from the mother's point of view, she has no medical evidence, she is faced with changing and insufficient information, the offender denies the abuse and often the child does not confirm her suspicions either. For the mother, finding out is a process of putting the pieces of the jigsaw puzzle together and this evolves only over time. It is influenced by factors and incidents occurring in the mother's daily life and depends also on her own ability to make the necessary observations and links, as well as the speed with which she is able to do so.

3.2.3.2. Blaming the mother

Print and Dey (in Banister, 1997:73-77) maintain that there is still a tendency to regard mothers as responsible in some way for producing and maintaining family circumstances that cause or allow abuse to occur. They refer to the systems theory, which suggests that abuse can be described as conflict-regulating or conflict-avoiding behaviour. Every member of the family is involved in maintaining the family relationships and is therefore co-responsible for perpetuation of the abuse. This means that mothers in particular contribute to the abuse, because their dysfunction produces and maintains the family circumstances. Mothers are blamed for problems in the marital and sexual relationship with their husbands because of possible background problems and inabilities. They are also blamed for their lack of mothering skills, again as a result of their own upbringing. As individuals, they are blamed for their disturbed or insufficient personality skills.

Experience in this field has shown the researcher that it is generally very easy to blame mothers for the sexual abuse of their children. Even practitioners may make the mistake of blaming them. By doing so, they prevent the mother from contributing to the child's healing process as well as that of the whole family. The result could be that mothers are not sufficiently understood, supported or empowered in bringing about change in the family. The abuser's responsibility is diluted. Professionals who support this view could be adding to the stigmatization and disempowerment of the mother, which confirms her presumed lack of protection of her children, and her incapability to look after them. Therapy offered could become inadequate as a result of the attitude of support and help systems that blame the mother (Print & Dey, in Bannister, 1997:78).

3.2.3.3. Definition of risk according to professionals

Professionals becoming aware of child sexual abuse are compelled to protect the child against any further incidence. They also have to assess the risk of the

child's being subjected to secondary or further sexual abuse if the family structure is maintained and the child is left in the family system. Calder (2000:167) stresses the fact that the mother's initial response to the disclosure of child sexual abuse has a serious impact on the decisions by professionals with authority to remove the child from the parental home. Mothers are in a state of shock after child sexual abuse has been disclosed and are unable to make cognitive or emotional sense of the welter of information surrounding the abuse. Professionals are faced with assessing the response they are expecting from the mother and deciding on the best course of action.

Print and Dey (in Bannister, 1997:80) discuss the fact that mothers have to make far-reaching decisions in the immediate aftermath of child sexual abuse and are often forced to choose between their partners, family, other children, their homes and the abused child. They might also be experiencing ambivalent feelings towards both the abuser and the child. Bolen (2001:199) maintains that, at a certain stage, the mother has to decide that she has enough information to believe that sexual abuse has occurred and that if she were to confront the system with this belief she would be inflicting permanent damage on her family.

Print and Dey in Bannister (1997:80-81) suggest that professionals should focus on strengths, skills and deficits when assessing the risk to the child in the family home and that they evaluate the following four areas during risk assessment:

- The mother's reaction to disclosure

This must be assessed. Those who display appropriate anger towards the abuser tend to protect their children against further abuse. Mothers who display inconsistent responses after the abuse, do not realize its impact or hide their feelings are not able to protect their child in the short-term and should be helped to meet the child's needs in the future.

- The mother's relationship with the abused child

A mother who has an open and supportive relationship with the child is likely to support the child with some understanding.

- The mother's dependence on the abuser

Women who are emotionally, physically and financially dependent on the abuser are less likely to be able to protect their children against further abuse.

- Other factors

If a mother has a mental dysfunction, is dependant on alcohol or drugs, or is isolated from supportive family and friends, the severity of those factors might contribute to the mother's inability to protect her child.

It is the researcher's opinion that professionals need to decide whether the mother is able to cope without further professional intervention, whether she will be able to protect and care for the child with the help of professionals, whether protection of the child can be ensured by external sources while still in the parental home or whether there should be protection from the parental system by legal action.

The researcher concludes that the non-abusive parent faces serious challenges after the disclosure of child sexual abuse as a result of losses in the most important areas in his or her life, and that those losses are influenced by personal history, knowledge, abilities, relationships and the present circumstances.

3.3. Effect of extra familial child sexual abuse on parents

Parents display a wide variety of reactions after disclosure of child sexual abuse. Davies (1995:399) says that parental reactions vary from excessive protectiveness to hostile rejection of the victim. In many cases it seems that the

parent is more concerned with protection of the self and the family than with the psychological wellbeing of the child. While this is more likely to be the case in incest families, it also occurs in extra-familial abuse. If the perpetrator is a close friend, neighbour or business associate, this could cause divided loyalties in the family and increase parental stress.

Alaggia, Michalski and Vine (1999:57) state that parents confronted with the realities of extra-familial child sexual abuse are those who are pitched into a state of crisis that requires and seemingly motivates them to take action in the best interest of their children. Roesler (2000) states on the contrary that parents do not always believe the child and those parents are sometimes more focused on protecting the family unit than on supporting the child in question. Rickerby *et al.* (2003) explain that some non-offending parents can be described as experiencing inconsistent or rejecting responses and that the parental reaction can vary with time: a parent who believes the child could become ambivalent, considering the potential consequences of the sexual abuse. It also seems that the degree of parental belief is not always reflected in their actions. This indicates that there is a process taking place in parental feelings after disclosure of child sexual abuse, during which their opinion could change.

Child sexual abuse has an impact on parents. Davies (1995:400) states that the extent to which the trauma of a sexually abused child impacts on the parent remains open to debate. Professionals have become increasingly aware of how damaging the post-disclosure process is for the whole family, especially the investigation period. It is clear to the researcher that, besides dealing with the trauma of the sexually abused child, parents have to deal with their own emotions and emotional processes concerning the abuse, as well as with the confusing and traumatizing expectations of law-enforcement officers and judicial and welfare organizations.

3.3.1. Emotions experienced by parents of sexually abused children

Crosson-Tower (2002:335,336) describes five conflicting feelings experienced by parents of sexually abused children, saying that these feelings could create difficulty in parental support of the children in question. These feelings can be described as follows:

3.3.1.1. Guilt

Manion, McIntyre, Firestone, Ligesinska, Ensom and Wells (1996:1095) describe guilt as an initial feeling after child sexual abuse. Parents feel that they did not protect the child sufficiently. The next case study explains this feeling:

Case study

A 13 year old girl was sexually abused by her friend's brother on her friend's birthday party. Her father asked himself compulsively why he had allowed his 13 year old daughter to sleep over after the party. The father experienced intense remorse for not staying with his daughter during the birthday party and for allowing her to sleep over.

In the researcher's experience, guilt is one of the important first emotions that surface for most parents when they attempt to deal with their own child that has been sexually abused. Parents who are unable to deal with this feeling tend to overprotect the sexually abused child, which may lead to family conflict and manipulative behaviour of the child. Those who are unaware of the effect of unresolved guilt on the family do not reinforce the child's boundaries as they did before the sexual abuse. They may verbalize their conviction that the child has

had enough heartache dealing with sexual abuse and should not be subjected to the further pain of discipline. Arguments with siblings, rude behaviour and breaking house rules are suddenly dealt with by the parent and smoothed over instead of corrected. In doing this, parents confuse the concepts of post traumatic stress created by sexual abuse and children's accountability for their actions. The researcher found that this confusion leads to secondary behavioural problems in children. Crosson-Tower (2002:335) reasons that not only should parents be helped to realize that adequate supervision of children is necessary, but also that children should be encouraged to take some responsibility for their own safety. Children learn to become independent through a healthy developmental process.

3.3.1.2. Blame

Crosson-Tower (2002:335) points out that some parents blame each other for their child's sexual abuse. Such arguments between spouses about the degree of responsibility for the child's abuse could lead to conflict in their relationship.

Parents often blame their children for the abuse. According to Manion, McIntyre, Firestone, Ligesinska, Ensom and Wells (1996:1096), parents may direct the anger they feel for the perpetrator at the child. The researcher can experienced that some parents may ask their children why he did not fight or run away. In doing so, they are indirectly blaming children for their own abuse. The following example illustrates the misplaced blame by a mother after her child had disobeyed her and was gang raped during her disobedient behaviour:

Case study

The researcher had to tell a mother that her child was gang raped a year previously. The mother remembered the day the incident had occurred because it had been the same day the child visited her cousin at the other side of town without permission. The mother reacted by saying that this must be her daughter's punishment for disobeying her parents.

3.3.1.3. Inability

Crosson-Tower (2002:336) maintains that parents with a past of own abuse, find it particularly difficult to recognize and cope with their own children's trauma following sexual abuse. The next case study illustrates it as follows:

Case study

A 15 year old girl was accompanied by her mother for the first interview with a therapist after being sexually abused. The perpetrator was the same person who had abused the mother 20 years ago. The mother told the therapist how her daughter felt as she had experienced exactly the same trauma. When the daughter expressed a feeling that the mother had not experienced, the mother told her that the feeling was not real as she herself had not felt that way!

3.3.1.4. Resentment

Parents sometimes resent the disruption to the family after the abuse has been disclosed (Crosson-Tower, 2002:336). Police investigations, repeated court attendances and therapeutic interventions cause anxiety and upset by disturbing the family routine, habits, emotions and relationships. The following example illustrates this point:

Case study

In response to a lengthy investigation, one father commented: 'Maybe our son should have never told us about being molested; he probably would have forgotten it after a while' (Crosson-Tower, 2002: 336).

3.3.1.5. Anger

Davies (1995:404) found that all parents who's children were sexually abused, reported feelings of anger towards the perpetrator and sometimes to his/her family. This anger could become a serious preoccupation and may prevent parents from effective functioning in the family system. There could also be accompanying feelings of guilt if the parents feel they have not sought revenge for the sake of the child. Unresolved parental anger relating to the abuse and the abuser, diminish the ability to cope with the sexual abuse of the child.

It is natural for parents to be angry with the perpetrator. In the researcher's experience, fathers in particular would often like to strike out physically at them. They need to recognize that this is the result of a sense of powerlessness, so they should be assisted in exploring their anger in a positive way. The following

case study illustrates this parental anger and indicates the catastrophic results the unrestrained parental anger might have:

Case study

After two (2) girls disclosed to their father that their stepfather had raped them, the father was so angry that he shot the stepfather. The stepfather died and the father was taken into custody.

It is the view of the researcher, that parents have to deal with their own feelings of guilt, blame, inability, resentment and anger before they are able to assist the abused child during the healing process.

3.3.2. Post Traumatic Stress Disorder (PTSD)

Children affected by child sexual abuse may experience symptoms of Post Traumatic Stress Disorder. In the rest of this study the researcher will refer to this phenomenon as PTSD. In an internet article: *Parents and Loved ones of Sexual Abuse and Rape Survivors* (2006), it is stated that the entire family is profoundly affected when any family member experiences psychological trauma or PTSD. Although the symptoms of PTSD are not directly contagious for family members, they might share and experience the shock, fear, anger and pain simply because they care for and are connected to the survivor. This point of view is confirmed by Calder (2000:183) when he states that the emotional stress and shock experienced by mothers after disclosure of child sexual abuse, resembles the symptoms found in post-traumatic stress.

According to the internet article: *Parents and Loved ones of Sexual Abuse and Rape Survivors* (2006), PTSD affects the family members in several ways:

- Family members and siblings feel hurt and angry because the survivor is distant, detached, irritable and easily angered.
- Even a long time after the abuse took place, family members feel if they are living in constant fear of an outburst, as if the trauma is never going to come to an end. They start avoiding other people, feel that they have no one to talk to and become isolated.
- Family members find it difficult to have cooperative discussions with the survivor, who is distracted, tense and anxious, as well as suspicious of family members.
- The survivor no longer fulfils his or her role in the family, so other family members have to step in and carry out extra household duties.
- The sexually-abused child's sleep disturbances disrupt the parents' and other family members' sleep patterns. Sometimes family members relive the survivor's trauma in their own nightmares.
- The survivor's trauma memories or "flashbacks" during family activities cause the victim to suddenly become distant and angry. This leaves family members worried, helpless and stranded.
- Trauma survivors with PTSD symptoms often struggle with intense rage and anger. This makes survivors lash out at family members, who are frightened by this behaviour.
- The sexually abused child who suffers PTSD might be prone to attempt suicide. This leaves family members feeling discouraged and depressed.

3.3.3. Grieving

Bannister (1997:85) describes how the effects on a mother of the sexual abuse of her child can be compared with those typically associated with bereavement. The losses experienced by both victim and family members result in a grieving process, so the family needs to restructure itself around those losses. Bannister describes the feelings indicating a bereavement process: shock and numbness, denial, anger, guilt, resentment, isolation, sorrow, self-pity and finally acceptance.

As stated earlier in this study, parents do not always react optimally to the disclosure of sexual abuse of their children. Gomes-Schwartz, Horowitz and Cardarelli (1990:129) indicates that mothers' capacity for dealing with the realities of their children's sexual abuse might be diminished by the grieving process as described by Kubler-Ross. In their study, Roux and Ferreira (1999:137-147) also compare parents' grieving process following sexual abuse with the phases of grief according to Kubler-Ross:

- Denial.
- Shock.
- Anger and aggression.
- Depression.
- Acceptance and restructuring.

They confirm that the process of grief is a result of losses experienced by the parents of sexually abused children. The researcher can confirm that professionals need to be knowledgeable about the parental grieving process in order to support them after the disclosure of child sexual abuse.

3.3.4. Non-offending father

Doyle (1994:107) states that the feelings of non-abusing fathers are "somewhat overlooked" in the literature on child sexual abuse. Bolen (2001:197) confirms

this important observation, saying that literature presents lengthy discussions about the role of the non-offending mother after child sexual abuse took place and her possible contribution to the sexual abuse of the child, but that the role of the non-offending father is almost completely ignored. Bolen (2001:197) found that when children were accompanied by both parents to treatment centers after the disclosure of child sexual abuse, those children had a significantly higher score in positive outcomes and were less at less risk of developing overall and post traumatic symptoms. Bolen makes the assumption that the narrow focus on non-offending mothers might be detrimental to the welfare of the child.

Foa and Rothbaum (1998:6) mention several emotions and effects a father may experience after child sexual abuse has been disclosed. They postulate that the father's experience of pain and healing was inextricably bound up with the healing process of the child. The father's feelings after the child's disclosure of sexual abuse could include disassociation, emotional and social isolation, anger, helplessness and intense emotional pain for the affected child.

3.3.5. Marital relationship

Davies (1995:403) suggests that all parents seem to experience problems at least in the period immediately following child sexual abuse, but some of them are able to make adjustments and function well after this. Most parents found significant relationship problems in the family after the sexual abuse of their child, which were aggravated by factors like psychiatric or marital dysfunctions predating the child sexual abuse. Those parents experienced added stress and were less likely to cope with this. Parents of sexually abused adolescents experienced ongoing relationship problems with those children after the abuse, as the experience seems to alter the adolescent's sexual maturity. The parents thus perceive the adolescent to have lost his or her innocence because of the abuse. There has been a change from an innocent child to a knowing adult. Agencies involved in providing service after child sexual abuse have attended to

the child and, to some extent, to the mother, especially if she had been abused by the same offender. However, they rarely attended to the marital or family relationship problems.

3.3.6. Social exclusion

Children integrate new information about the world in play. In victims of child sexual abuse, this often takes the form of re-enactment of the trauma. The intrusive, repeated recollection of the trauma (a symptom of PTSD) might not reach the level of formal language but manifests as a repetitive playing out of the experience. Such re-enactment might be symbolic or literal, solitary or with the involvement of others in the game. This re-enactment is always likely to be socially unacceptable, seeing that such play contains sexually explicit information. A child that clings when touched, kisses open-mouthed and masturbates in public is bound to embarrass the caregiver and will put strain on that person's relationships with important others. It appears that the re-enactment play of a sexually abused child reminds the adult family members of what offenders do when they sexually abuse children. It places the adults in a relationship with a child who constantly crosses adult boundaries of appropriate sexual behaviour. The adult is also faced with social rejection because of the child's public sexual behaviour. Social isolation of the family of a sexualized child is a reality (Cairns, 1999:51).

Davies (1995:404) states that parents who had a familiar, trusting and significant relationship with the offender prior to the sexual abuse, experience a loss of both trust and a supportive relationship during disclosure of child sexual abuse at a time when they would have sought support from such a relationship.

Manion *et al.* (1996:1105) are of the opinion that compounding those issues, is a tendency for society to blame the parents rather than the perpetrator for the

sexual abuse and the child's symptoms, which further compromises the parents' self-esteem.

3.4. Treatment issues

Davies (1995:406) is of the opinion that most parents need help during the early post-disclosure stage, particularly in managing the child victim. On the negative side, it appears that disclosure does not always follow immediately after child sexual abuse. By the time the parents discover the sexual abuse of the child, a significant length of time has normally elapsed, which has resulted in ongoing abuse or the child's continuing behavioural problems. Roesler (2000) states that children have correctly interpreted the world around them when they think others are more likely to believe the adult than the child. Disclosure can have serious negative impacts on the child and the family, including the break-up of the family system. Sink (1988:96) confirms this point of view and indicates that children are concerned that they will be disbelieved or that they will do harm to the family by disclosing sexual abuse. He found that 76% of children therefore delay the disclosure of abuse. Roesler (2000) found that the average wait between the cessation of abuse and disclosure was 14 years. Scholevar (2003:699) says that one of the reasons for the delay or lack of disclosure after child sexual abuse is that the long-term effects of child sexual abuse includes disturbances in relating to and trusting other people. Abused individuals simply seem to endure the abuse rather than expressing indignation when it occurs. Sink (1988:97) mentions that this tendency to keep the secret, leads to significant psychological stress and developmental disruption. Scholevar (2003:699), referring to Rasmussen, when he makes the statement that children have three options after being sexually abused:

- They can express and work through their feelings.
- They could develop self-destructive behaviour.
- They could identify with the aggressor and abuse other children.

Davies (1995) states that the parents' decision to involve the police following the child's disclosure, often means severing contact with family or friends. This amounts to a significant loss of support-structures for parents. Like their child, they lose the ability to trust other people. The researcher's opinion is that the professional has an important role to play in the process of restoring this trust by acting as a temporary support structure until the family is able to replace and restore its lost support systems.

Parents of sexually abused children have to cope and live with their children's sexualized behaviour. Crosson-Tower (2002:335) states that only after children start to exhibit symptoms associated with the sexual abuse, those children receive treatment. (In Chapter 2 of this research, inappropriate sexual behaviour of children is described as one of the symptoms and effects of child sexual abuse.) Calder (2000:38), referring to Griggs and Bold, describes parents' concern about sexual behaviour in children, differentiating between their functional and non-functional attitudes to it. Some parents are inclined to accept full responsibility for their child's sexual behaviour, while others parents refuse to take any responsibility for the rectification of the child's sexualized behaviour. According to Calder (2000:38), it appears that parents who do this also tend to reject the need for intervention in the family. Those who take full responsibility often become emotionally over-involved in their child's behaviour, tend to feel hopeless and defeated and become trapped in denial, which they project onto the child. Parents who reject the need to take responsibility are described as the "good" or more functional parents whose attitudes are more helpful to the expectation of a positive outcome after child sexual abuse.

In spite of this extensive task, parents of children abused outside the home are rarely given any form of treatment. Crosson-Tower (2002:335) argues that children who have been sexually abused outside the family are usually reported to law enforcement structures rather than to welfare organizations. The goal then

becomes prosecution of the perpetrator and not the treatment of the child and family. When the child starts to display reactive behaviour, parents realize that the child needs treatment. Crosson-Tower (2002:337) concludes: "Treatment is rarely available to parents of children abused outside the home. Expected to support their children, these parents are often hampered by conflicts of their own." Parents' feelings need to be addressed first, before they are able to "see" and become aware of the trauma and needs of the sexually abused child, and assist them in their healing process.

Davies (1995:407) observed that parents whose children were abused outside the home do not automatically receive post-disclosure therapeutic services. Most families are attended to by the police during the official investigation but are left to fend for themselves after this process. Sometimes, if the child presents behaviour problems after the disclosure of the abuse, the parents are referred to providers of therapeutic services. The main objective of most service providers is to protect the child from further abuse and to provide services to the child. Presenting problems were mostly successfully addressed by organizations in the case of younger children. As far as adolescents are concerned, the problem is more complex as parents perceived the adolescent as instantly more mature and sexually aware, and do not always know how to deal with this.

Treatment aims to support parents in understanding the process of sexual abuse, what it really consists of and that victims' reactions are a natural response to the abuse (Patton 1991:4). Manion *et al.* (1996) suggest that clinicians expand their treatment focus beyond the child victims to the traumatized families. This would minimize the potential vulnerability to adjustment difficulties experienced by all close family members after the disclosure of child sexual abuse. Family therapy is suggested for all families coping with post traumatic stress symptoms after child sexual abuse in order to alleviate current distress and to provide the family with more adaptive coping skills for future stressors. This is the only known approach that allows consideration for the effect of child sexual abuse on non-

affected siblings, and prevents the family from reorganizing itself around the presenting problems. The goal of such family therapy is to enhance family cohesion, to return control to the family, to build child and parental competencies and identify and enhance family strength.

3.4.1. Needs of parents

Advocating for their children and seeking service providers after disclosure of child sexual abuse has become a full time job for many parents who are confronted with the trauma of child sexual abuse. Allagia, Michalski and Vine (1999:64) are of the opinion that: "The child's disclosure is just the beginning of their worries as opposed to the end." The impact of social services as well as legal and medical systems often places additional stressors on the already overburdened family and is referred to as "secondary abuse". Cairns (1999:50) refers to secondary abuse when the family of the sexually abused child becomes the carrier of the trauma for the child. Family members of the sexually abused child seem to experience the intense but unformed somatic energy of the victim's feelings in their own person. This leads to disruption of the child's life after disclosure as well as the life of the family member who experiences the influence of the secondary trauma. The primary victim might believe that he/she caused the disruption of the family members' lives and is responsible for the source of the disruption: the sexual abuse.

One of the most significant factors in the sexually abused child's adjustment is the level of emotional support given by his/her parents. Parents therefore need specific information on how to support and provide assistance to their child, how to discuss the incident and future safety precautions and how to respond to the child's questions and feelings as well as those of the siblings. The United States of America's Department of Health and Human Services (1993) provides the following information about specific needs parents may have after the disclosure of child sexual abuse:

- Information about the range and changeability of the feelings anticipated after disclosure of child sexual abuse.
- Information on how to support and provide assistance to their child.
- How to discuss the incident with the child.
- Future safety precautions.
- How to respond to the child's questions and feelings.
- How to talk to siblings about what happened.
- How to respect the child's privacy in telling selected family members about the abuse.
- How to respect the child's wishes when the abuse is disclosed to investigators.
- Help in selecting appropriate future caregivers.

According to the researcher's experience, the parents need to know a number of things after the disclosure of child sexual abuse. Aspects that would enable parents to respond more effectively include the following:

- Normal developmental phases of a child.
- The child's normal sexual development and knowledge versus inappropriate sexual knowledge.
- How to discuss sexual matters with the child and how to restore sexual boundaries.
- Knowledge about investigative, legal and welfare procedures.
- The rights of the parent and the child when dealing with legal procedures and welfare organizations.

3.4.2. Important aspects of the healing process in case of incest

Bannister (1997:84) states that healing starts with the disclosure of abuse and a comprehensive assessment. This includes not only an assessment of the needs of the family members, but also a plan for their future.

Crosson-Tower (2002: 315) discusses several assumptions that have to be made (or not) before the therapist commences therapy with the incestuous family:

- Imbalances existed in the relationships of the incestuous family before the incest occurred. The incest is a by-product of the ways in which family members relate to each other.
- Sexual abuse is often a result of relational imbalances in more than one generation in the family.
- The relationships in the family had the function of stabilizing and maintaining the family unit and therefore created a form of security that held importance and meaning for the family members involved.
- There should be no assumptions as to whether the family will stay together or separate. This is a family decision to be made during therapeutic intervention and would be based on the individual and family strengths discovered during the intervention. Patton (1991:142) describes how some couples withdraw from therapy when they realize that professionals expect them to separate by paying no attention to the rehabilitation of the marital unit but concentrate instead on the safety and rehabilitation of the mother and child.
- Therapy does not end when the child is safe from further abuse. Incest is surrounded by secrecy, distrust and conflict in a family and can be addressed in therapy only when the family members are able to trust the therapist.

Bannister (1997:86) suggests that therapeutic work with non-offending mothers of abused children affected by incest, includes important topics that have to be addressed in the therapeutic context with the child as well, namely denial, guilt

and anger. Denial is regarded as a well-known mechanism used by mothers for self-preservation. As long as the parent denies the child's sexual abuse, she does not have to deal with the physical, social and emotional problems associated with it. The guilt and feelings of responsibility engendered in the mothers by the offender could be mitigated by a discussion of facts and research findings regarding the abuse, bringing understanding of the child through relevant knowledge. Some mothers might be tempted to contain their anger as they have always been conditioned to do. Anger could become directed at the self, the child or the support system and it is essential for it to be released, as it could block other emotions. Crosson-Tower (2002:326) adds that the key word in treatment of the non-abusing mother is support for her attempts to make decisions, cope with losses and deal with her own feelings and those of her family.

Calder (2000:167-177) highlights three more important issues that should be addressed by the non-abusive mother after incest. Firstly, non-abusive mothers need help in making sense of all the information surrounding sexual abuse before they can engage in decision-making or supporting the child. He advises the therapist to assist the mother with circular questions to create insight into the confusing aspects of the abuse. Secondly, the mother needs to cognitively realize that the perpetrator has used his position of power to distort the child's behaviour as provocative in the family and to create a positive impression that will enable him to abuse the child. Lastly, mothers need help in defining the risk of further family sexual abuse of their children. In finding common ground between mother and therapist in putting the child's safety and well-being first, a possible risk for the mother could be discerned. Even if they are unable to agree on a possible risk, the process of exploring this can enable women to gain some insight and information into why protective action was necessary.

Crosson-Tower (2002:335) discusses denial, guilt and anger as focus points in therapeutic intervention for families affected by extra-familial child sexual abuse. In these circumstances, parents might be unable to recognize and cope with the

trauma of the child as a result of trauma in their own past. They need support in recognizing their own past and feelings so that they are free to attend to their child's issues. Guilt and blame become possible when parents blame themselves, each other or the child for the abuse. They blame themselves for not being there when the abuse occurred, the partner for not being there or the child for putting him or herself in a position for the abuse to occur. The reaction to those feelings might be overprotection of the child. During therapy, parents need to recognize that adequate supervision of the child is important but that the child needs increasing amounts of independence to grow into a healthy, responsible adult. Parents, especially fathers, regularly express their anger with the abuser and present with the need to physically hurt him. They need the opportunity to recognize their anger and to channel it in an appropriate way. Anger is energy and can therefore be directed in a more beneficial way. Family interaction through sport and games could provide family members with an outlet for their anger, an opportunity to improve their communication and the advantage of developing self-worth and self-esteem.

According to the researcher's experience, programs focusing on healing after child sexual abuse, may include first individual counseling and then some form of family counseling. Patton (1991:141) suggests that in those linear healing programs the family member progresses from individual through parent-child, marriage and family therapy. Although this sounds logical, family relationships are not in static mode while individual family members attempt to sort out their issues. Crosson-Tower (2002:317) discusses treatment for the family after child sexual abuse as a combination of the behavioural and systems approach that includes the individual primary victim, as well as the secondary victim, the offender, and marital and family counseling.

Part of the child's recovery depends on the parents' ability to lay to rest the fears about being damaged and help the child face the future.

Crosson-Tower (2002:337) states that all those parental feelings must be dealt with before they can be truly supportive of the child.

It is important for all therapeutic work to be seen as having a beginning and an end. If therapeutic work continues after this point has been reached, the client might become disempowered and consider him or herself unable to manage alone. This is especially true when the parent was over dependant on the other parent or the child for support. A dependency pattern is then merely carried over to the professional (Bannister, 1997:85).

The researcher wants to conclude with the fact that victims and parents experience similar feelings of denial, guilt, blame and anger, especially if victims and parents alike experience considerable losses, distrust and isolation. This means that parents need help in facing up to their own feelings, issues and conflicts while at the same time attending to their child's needs. The therapeutic process can become a journey that parents and children enter into together, with similar effects, feelings and the healing processes of learning from and supporting each other. Support for the victim, family members and their relationships must simultaneously be given after disclosure of child sexual abuse, to allow for the synchronized personal growth of all parties and their relationships. Child sexual abuse is often seen as a result of a process through which the family system attempts to cope with imbalances in a family. This implies that imbalances and unsatisfying relationships existed in the family before the abuse occurred. In families who cope successfully with child sexual abuse, the issues that existed before the abuse occurred, are highlighted, addressed and worked through in therapy after abuse was disclosed. As a result of this healing process, family relationships generally could become more satisfying to the family members.

3.4.3. Phases in recovery

Crosson-Tower (2002:318) discusses three phases that mark the progress during the healing process. They are found in all incestuous families no matter the treatment model used.

- Disclosure-panic phase

The first phase is the most crucial period as the family is in an acute crisis. The child needs protection, the non-offending parent needs support and the offender needs help in confronting himself. During this process the marital and family units have to restructure themselves. Anger, blame and denial on the part of all the family members as individuals must be dealt with.

- Assessment-awareness phase

Family members accept the reality of incest; examine their own roles and experience losses and pain. Family members experience conflicting feelings and may cling to the therapist for security and help. Sometimes families resort to 'quick-fix'.

- Restructuring solutions, such as spiritual revival.

Boundaries and roles between family members are identified and new, effective communication patterns have to be developed. Parenting skills are acquired, and empowered personal behaviour appears. All family members need to empathize with each other's experiences by sharing feelings during family therapy sessions.

Those phases of recovery are similar to the phases or recovery tasks as described by Worden in Le Roux and Ferreira (1999:142). Parents must first

accept the reality of loss and, in doing so, deal with their denial. Secondly, parents have to accept and experience the pain and emotional agony of the loss so as to accept the reality of the child's sexual abuse. Lastly, parents must integrate and assimilate the child sexual abuse into their lives in order to adapt and restructure their lives and be able to proceed with them by developing a sense of future orientation.

3.5. Conclusion

Parents are responsible for the well-being of their children. After child sexual abuse took place, parents are confronted with the trauma of the child, and their own feelings about it, interactions with officials such as police and social service providers, as well as reactions of family members and significant others. The reaction of the parent may be affected by a past experience of sexual abuse by the parent him or herself. The reaction can be influenced by the type of abuse, or by the relationship between the family and the offender. Therefore, in this chapter, the effect of child sexual abuse on the parent is discussed according to both types of child sexual abuse, namely incest and extra familial child sexual abuse.

During incest, one of the family members is the offender. If this offender is a sibling, grandparent or extended family member, parents might experience conflict in their relationship with the offender or in their relationship with the child that disclosed the abuse. This might lead to parental rejection of the accused or the child. Which ever person is rejected, this might have severe implications for the family structure and the support of the family by significant others. If the offender is one of the parents, the non-offending parent has to make life threatening choices. The non-offending parent might chose to support the child, which could result in removal of the offender, and the non-offending parent will have to cope with all the challenges of a single parent. If the non-offending parent supports the offender as a result of his or her own needs and believes, the

child is left without the support system he/she so desperately needs for healing and surviving the abuse.

In the case of a child abused by a non-family member, parents also have to deal with their own feelings regarding the abuse. Often parents feel guilty and blame themselves for their child's exposure to sexual abuse. Child sexual abuse does not only affect individuals in a family but also relationships in the family system, the family system as a whole, and the survival of the family as a system. It is therefore advised that family members need to be supported by professionals in a therapeutic context, to deal with the effects of child sexual abuse.

4. Chapter four

The empirical process

4.1. Introduction

This study is an exploration of adolescents' experiences of parental reactions to the disclosure of child sexual abuse. In this chapter, the researcher will present, analyze and discuss the empirical research findings. In order to obtain, analyze and present the necessary empirical information, the researcher went through a systematic process that started with the formation of the methodology for the proposed study. With reference to this term, Royse (1995:27-28) states that a research design, or the methodology proposed, is like a blueprint outlining the approach the researcher plans to follow in collecting data for the proposed study. In chapter one (1), the researcher undertook the delineation of the proposed study, which served as a blueprint.

Before the empirical study could be undertaken, the researcher needed a firm understanding of its two main components, namely the sexually abused child and the parent of the sexually abused child. In chapters two (2) and three (3), the researcher undertook a literature study to form a knowledge base on sexually abused children building on existing and available literature. In chapter two (2), the researcher describes the process of child sexual abuse, the effect of sexual abuse on children and the healing process of sexually abused children. This formed a sound knowledge foundation for the empirical research in this study.

In chapter three (3), the second part of the literature study focused on the effect, impact and healing process of the parent after the disclosure of child sexual abuse.

In this chapter, the researcher attempts to provide a logical account of the process followed as described in the outline in chapter one (1). The results obtained during the empirical section of this study will be provided and discussed.

4.2. Goal and objectives of the research

The research problem in this study was based on the observation by professionals that children experience pain and trauma after they have disclosed sexual abuse and need parental support in dealing effectively with the aftermath of child sexual abuse. Parents, on the other hand, experience their own feelings after the disclosure of their child's sexual abuse and those feelings may influence the outward expression of reactions to the child. It appeared that parental reactions could either contribute to the adolescent's healing process or impact negatively on it. The purpose or goal of this study was to gain more insight into sexually abused adolescents' experiences of parental reactions after the disclosure of sexual abuse.

According to Bless and Higson-Smith (1995:114), an exploratory research is conducted when in-depth insight into a phenomenon is necessary. Fouché (2002a:109) states that the researcher can use an exploratory investigation to become acquainted with a situation. Grinell (in Fouché, 2002a:124) adds that an exploratory study has the purpose of forming generalizations. In this study, more insight was gained into how the sexually abused child experiences the parental reaction that follows disclosure. Conclusions were drawn and described by the researcher while exploring and documenting these experiences.

The goal of this study was divided into manageable pieces or objectives, namely:

- A literature study formed the knowledge base for this research and entailed the following:

- Chapter two (2) described the process of child sexual abuse, the effect of child sexual abuse on adolescents, and their healing process.
- Chapter three (3) discussed the effect of child sexual abuse on the parents as well as their healing process after disclosure.
- An empirical study was undertaken and sexually abused adolescents' experiences of parental reactions after disclosure of the abuse were explored and documented in this chapter.
- Conclusions and recommendations based on the outcome of the study will be presented in chapters five (5) and six (6). Parental reactions promoting an effective healing process after the disclosure of child sexual abuse will be the focus.

4.3. Methodology

The researcher followed the research approach, the type of research and the research design discussed in chapter one (1).

The qualitative design of this study, dictated by the search for unique individual emotional experiences, created the researcher's need to obtain data that would be rich and varied in quality. Data collection was therefore undertaken according to the methods described in the semi-structured interview explained in chapter one (1). According to Greef's premise (2002:102-103), this created the necessary focus and structure during the collection of verbal information and simultaneously allowed the interviewer the flexibility to focus and "tunnel" in to specific aspects of participants' experiences.

According to the principles of the semi-structured interview, themes were identified as the basis for the interviews or discussion of experiences with the participants. This data collection method, with its advantages, as described by Bailey (1994:174), was used during interviews.

Mainly open-ended questions were posed. If the question was not understood or was answered incorrectly, the question was repeated or expressed differently to arrive at the correct and complete verbalization of the participants' experience after disclosure of child sexual abuse to the parents.

4.4. Pilot study

The required pilot study for this research was undertaken and the semi-structured interview schedule tested to ensure that the best results would be obtained. Two (2) adolescents were used in compliance with the delineation provided in chapter one (1). The results of those interviews are not included in the main section of the empirical study but were used to test the interview schedule and to pre-empt possible problems in the study, as a way of enhancing its reliability. Two specific issues were addressed during the pilot study, namely:

- Respondents experienced difficulty in discussing their experiences of parental reactions after the disclosure of their abuse if they did not first have the opportunity to share the context in which the abuse took place. The respondents appeared to be confused when they were introduced to the first theme of the interview schedule: "Factors that motivated the adolescent's disclosure of sexual abuse to his or her parents."

The respondents were therefore asked to describe briefly to the researcher the details of their sexual abuse. This brief sharing of the details of the respondents' abuse enabled them to discuss their experiences of the parental reaction after the disclosure. After it had been decided to attend to those needs, the interview schedule was restructured in such a way that the respondents were first asked to give a short description of their abuse.

- Sharing their experiences during sexual abuse appeared to be a natural introduction to the question asking whom they told first about the abuse. Respondents used in the pilot study had not initially told their parents about their abuse. The researcher therefore included a question asking whom

they had told first, as well as their reason for not choosing their parents for the initial disclosure. The research study was thereby enriched with the description of the disclosure process taking place to significant others before disclosure was made to parents, as well as a description of the circumstances in which it had taken place.

4.5. Sampling

The universe for this study was described in chapter one (1.9.1.) as being all sexually abused children in South Africa. As in most research studies, it was impossible to involve all the sexually abused children in South Africa. A population from the universe was therefore selected. From this population, the researcher selected those who had the specific qualities sought for obtaining data that was as informative as possible. This purposeful sampling led to the choice of respondents with the necessary attributes as described in chapter one (1.9.3).

Social workers discussed several potential respondents with the researcher, who decided to interview those offering qualities that differed as much as possible. The data thus obtained would be rich in content. Two (2) male and six (6) female respondents were chosen, five (5) with Western and three (3) with African backgrounds. Three (3) children live with their biological parents, two (2) in children's homes and three (3) in foster care. All of them were fluent in Afrikaans or English. Fifteen (15) respondents were selected. After interviews with six (6) respondents it was clear to the researcher that the adolescents were describing similar reactions and experiences. After two (2) more interviews, the researcher decided that a saturation point had been reached. Eight (8) respondents therefore took part in the interviews for this study.

4.6. Empirical data collection

De Vos (2002:341) describes the relationship between data collection and data analysis as an inseparable relationship. In this study, data was collected during semi-structured interviews. During and after each interview, the researcher classified and interpreted the data.

4.7. Collection method, analyzing and managing of data

In qualitative research, the semi-structured interview is one of the most important methods of data collection (Greef, 2002:292). The researcher followed the data collection methods discussed in chapter one (1). Addendum A contains the interview schedule used by the interviewer. The researcher involved each respondent in a discussion about the themes of the research. The interview schedule guided the interviewer through a series of themes that would be discussed without dictating the flow of the interview.

Participation in the research study was discussed with the respondents in an interview attended by the researcher, the respondents' parents or foster parents, or the social worker from the children's home, and the respondent. Informed consent was signed by the adolescent and the parent or significant other. Addendum B contains the letters of informed consent used.

The interviews commenced with the researcher reminding the respondents about the topic of the study. Secondly, respondents were asked to give a short description of their personal experiences of the sexual abuse. This was carried out according to the findings of the pilot study, which indicated that respondents needed to remember the content of their own abuse before being able to discuss the disclosure process with the researcher. The researcher summarized or re-framed respondents' answers during the interview to confirm the accuracy and understanding of their feedback. All interviews were audio-taped for the purposes

of accuracy. Permission by respondents and guardians to record the interview was requested prior to the interview taking place.

All the respondents displayed appropriate emotions during the research interview. Two (2) respondents became tearful during the interview and were offered therapeutic intervention afterwards, which they accepted. Therapy sessions were arranged for those respondents.

The researcher managed data according to the method of management proposed by de Vos (2002:343). Transcripts were written and read through several times, while notes on ideas and patterns perceived by the researcher were noted on the transcripts evolving from the information and organized according to the themes of the interview schedule.

The working definition of the concept “parent” as given in chapter one (1.11.) was applied. This definition reads: “For the purpose of this study a parent will be the biological parent of the child or the person who acts as the parent of the child and is accepted by the child as the primary caregiver”. Two (2) respondents were living with their grandparents at the time of the abuse. One (1) of the respondents was in foster care at the time the sexual abuse took place. All respondents accepted their caregivers at the time of the abuse as primary caregivers.

4.8. Introduction of respondents

The eight (8) respondents used in this study are briefly discussed according to their background, experience of child sexual abuse and a short description of their disclosure process.

4.8.1. Respondent one

The first respondent is a 14 year-old Afrikaans-speaking girl living with her biological mother. She attends a school for children with learning disabilities and reads and writes Afrikaans fluently. She had experienced a satisfactory and supportive relationship with her mother prior to the incident of sexual abuse. Approximately seven months before being interviewed by the researcher, she was indecently assaulted by an adult male known to the family. Six months after this assault had taken place, the respondent disclosed the indecent assault to a teacher. The teacher contacted the child's mother and allowed the respondent to disclose the alleged sexual abuse to her mother in the teacher's presence.

4.8.2. Respondent two

The respondent is a thirteen year-old Afrikaans- speaking boy. He was living with his grandparents whom he accepts as his primary caregivers and with whom, according to him, he has experienced a satisfying relationship for as long as he can remember. A year ago, he was sexually assaulted by an adult male who is a family member and who had previously been convicted and sentenced as a result of sexual offences. The respondent told the school principal about the sexual abuse in an attempt to protect himself and his sister from further abuse. The social worker involved, informed his grandparents of the sexual abuse. After the disclosure, the respondent was placed in a children's home.

4.8.3. Respondent three

The respondent is a fourteen year-old Afrikaans-speaking girl. She was living with her paternal grandparents and accepts them as her primary caregivers. She shared that her rape had taken place approximately a year ago. The perpetrator was a family member who is an adult male. She disclosed to a friend at school. This friend motivated the respondent to discuss it with a teacher at the school.

The teacher shared it with a social worker who disclosed the abuse to the child's primary caregivers. She was placed in a children's home after the disclosure.

4.8.4. Respondent four

The respondent was a fifteen year-old Afrikaans-speaking girl living at present with foster parents. At the time the indecent assault by her stepfather took place, she was living with her biological mother. She disclosed that she had not had a close relationship with her mother before the incident took place. She told her best friend about the sexual abuse, who advised her not to disclose it to anyone else. However, after the respondent had disclosed the assault to her sister, the sister took the respondent to a police station to report the incident. She later disclosed the sexual abuse to her mother in the presence of police officials.

4.8.5. Respondent five

The respondent was an eighteen year-old Sotho-speaking girl whose biological mother has been in custody for a long time. The girl was in foster care at the time of the abuse. She was always very unhappy in her foster home. She was raped by her foster father six years ago. The respondent's foster mother observed the respondent's tearful, nervous behaviour after the rape, and according to the respondent, had asked her to disclose the reason for her behaviour. The respondent claims that she did not want to talk about it, but her foster mother forced her to disclose the details of the rape by threatening her with physical violence. After disclosure, her foster mother forced her to leave the family home. She was shunned by the rest of her family and left to look after herself.

4.8.6. Respondent six

The respondent is an eighteen year-old Zulu-speaking girl who lived with her mother and sisters in an informal settlement. The respondent experienced her

relationship with her biological mother as very unsatisfactory. She had been raped four years ago by a male person who was known to the family. She disclosed the abuse to a family friend. The family friend decided to discuss the incident with the respondent's sister and mother, who in turn made a joke of the incident.

4.8.7. Respondent seven

The respondent is a fourteen year-old Xhosa-speaking girl, living in a conservative family system with both her biological parents and extended family members. She experienced the relationship with her parents as distant. Two years previously, an adult male living with her family raped her. After the rape incident took place, she was found running around in the street in a state of distress. She was taken home by some unknown women who informed her father of the rape and who phoned the police. As the girl's mother was visiting extended family some distance away from the home, the father only informed her of the rape of their daughter telephonically that specific evening.

4.8.8. Respondent eight

The respondent is a fifteen year-old Afrikaans-speaking boy, who lived with both his parents. He experienced his relationship with them as satisfactory. A year ago, he had been repeatedly sexually abused by an adult male who was known to the boy. He disclosed his abuse to female friends and later to a teacher in his school. The teacher encouraged him to disclose his abuse to his parents.

4.9. Describing, classifying and interpreting data according to themes

After the respondents had been interviewed, data was classified and interpreted according to the themes of the interview schedule. Respondents were allowed to

respond to the questions in the language in which they felt the most comfortable, namely Afrikaans or English. Respondents' answers in Afrikaans, for the purpose of this study, were translated into English.

The six themes of the semi-structured interview can be discussed, classified and interpreted as follows:

4.9.1. THEME ONE:

Factors motivating the adolescent's disclosure of sexual abuse to his or her parents.

Although this study focuses on the adolescents' experiences of parental reaction after their disclosure of child sexual abuse, the researcher discovered through the contextualization of the parental reaction that none of the respondents had disclosed to their parents spontaneously or voluntarily. All of them had told someone they had experienced at this stage as a safe person. Consequent to this discovery, the following sub-themes emerged from theme one:

- Fears experienced by respondents preventing them from disclosing to their parents first.
- Factors associated with respondents' disclosure to important other people.
- Factors motivating disclosure to the parents.

4.9.1.1. Fears experienced by respondents prevented them from disclosing to their parents as first witnesses

All the respondents presented the reason for not disclosing to their parents or primary caregivers as being scared. The reasons presented for their fear can be categorized as follows:

- **Fear of accusations:** One (1) respondent shared that he did not tell his parents about his abuse because he felt guilty about the fact that he had gone back to the place where the abuse happened the first time. He returned to the house where he was abused to see his friend again. He felt very guilty about doing so, thinking that his parents would accuse him of doing this knowing that the perpetrator would still be there. He shared:

Respondent eight:

(Ek was nooit reg om my ouers te sê nie omdat ek teruggegaan het na die eerste keer. Dit was sleg vir my. Ek het skuldig gevoel.)

Translated: I was never ready to tell my parents because I went back after the first time. This was bad for me. I felt guilty.

- **Fear of threats made by the perpetrator:** Two (2) of the respondents verbalized that the offender had threatened to do their parents physical harm if they told them about the sexual abuse. One of the respondents said the following:

Respondent four:

(Ek het weggekruip maar hy het na my gekom en gedreig. Ek was bang dat hy erger dinge gaan doen.)

Translated: I tried to hide away but he came and threatened me. I was scared he would do even worst things to me.

Respondent one (1) verbalized that she was afraid to tell her mother about the abuse because the perpetrator had threatened to hurt her mother or to burn her house down.

This observation of fear as a result of threats made by the perpetrator is in line with literature. Spies (2006b:47) reasons that the perpetrator may induce fear in the child to maintain the victim's silence, and guarantee his power over the victim in order to prevent disclosure. Spies (2006b:47) also indicates that children do not tell because disclosure may result in losses. This refers to the possibility of losing the father (provider) who is also the perpetrator. The love and safety of the mother's home could also be lost if the child were removed. Fear of losing the present safety and structure of the parental home can also be seen in the following discussion.

- **Fear of parental anger directed at the perpetrator:** The empirical data in this study indicates that children's disclosure might anticipate an angry parental reaction towards the offender. Four (4) respondents who identified their relationship with parents or primary caregivers as satisfactory indicated that parental anger with the offender could create a safety risk for the parents. They were afraid that the parents would confront and physically assault the offender, which would in their opinion, result in possible imprisonment for the parent. Respondents indicated that they could not take the risk of harming the family

structure. Sink (1988:96) confirms this observation and indicates that children are concerned that they will do harm to the family system by disclosing sexual abuse. Respondent eight states the following:

Respondent eight:

(Ek wou nie gehad het dinge moet verander na die abuse nie. Ek was bang my Pa sou die ou gaan doodmaak. Ek wou nie hê my Pa moet tronk toe gaan nie. Die ou kan maar tronk toe gaan. ... Maar nie my Pa nie.)

Translated: I didn't want things to change after the abuse. I was scared my father would kill the guy. He can go to jail. ... But not my father.

Two effects of child sexual abuse found in children may contribute to the respondents' anxiety about the anticipated violent parental reactions after the disclosure of child sexual abuse:

- The first effect is role confusion. Role confusion is discussed in chapter two (4.1.2.) of this study, as a predisposition in incestuous families. Spies (2006a:5-10) and Mather and Debye (2004:98) describe role confusion as a violation of boundaries in families during incest. It appears, according to the empirical data, that extra-familial child sexual abuse could also be associated with intergenerational boundary shifts and role confusion. Protection of families is considered to be a parental function. When children attempt to protect the parents from harm it could be viewed as a reversed situation. This implies that a boundary shift has taken place between the adults and the child in a family affected by extra-familial child sexual abuse.

- The second effect might be feelings of guilt. Authors, for example Bass and Davis (1994:115), Spies (2006b:56) and Bannister (1997:10), state that guilt seems to be a key issue when dealing with the aftermath of child sexual abuse. The child feels responsible for his or her own sexual abuse and this stigmatization is confirmed by society, which often blames the child for instigating the abuse. The empirical information in this study that respondents attempt to protect caregivers from harm by not disclosing child sexual abuse is consistent with literature. This indicates that the child might feel guilty if harm were done to significant others as a result of his/her sexual abuse or disclosure of it.
- **Fear of not being believed:** Three (3) of the eight (8) respondents, who described the relationship between them and their parents as unsatisfactory or adversarial, were afraid of disclosing their abuse to their parents because they thought they would not be believed. Roesler (2000) states that children are aware of the fact that people are more likely to believe the adult than the child. Respondent six (6) was very clear about this:

Respondent six:

My mom and I didn't understand each other, so I didn't tell her. She asked me what was wrong, but I didn't tell her. ... I felt that she (the mother) was not going to listen. So I didn't tell her. ... Then I thought maybe it is not the end of the world. If I tell, there will be more changes. ... So, I decided to let the situation stay as it was.

- **Fear of rejection:** Respondent three (3) felt guilty because she thought she would upset her grandmother if she informed her about the abuse

and, in her opinion, she would be the reason for the accused, her uncle, going to jail again. She was unable to approach her grandmother to talk about her abuse. She was also afraid that her grandmother would reject her and be angry with her “for ever” after the disclosure. She realized later that this was not the case. During the research interview, the respondent was aware that her fear was unfounded, but she still experienced intense emotional pain, which was uppermost in her mind. At school her friends asked her what was wrong. They motivated the respondent to disclose to a teacher in order to receive some form of support. The headmaster decided to inform the social worker. The respondent had accusatory feelings towards the headmaster for informing the social worker about the abuse. The social worker in turn told her grandmother about it, but the girl was not aware of the content of what the social worker had shared with her grandmother. The respondent repeated twice that she was very sad when her grandmother was heartbroken after her disclosure and that she had never seen her as upset as on that day. She related:

Respondent three:

(Ek het nie geweet wat om te doen nie. Ek het gedink sy gaan miskien vir ewig kwaad bly as hy in die tronk sit. Dis sleg. Dit het my slegter laat voel.)

Translated: I didn't know what to do. I thought she would be angry for ever if he was sent to jail. It was bad. It made me feel worst.

Ainscough and Toon (1993:51) state that children often refrain from sharing about their abuse as they fear other people's responses to it. Fear seemed to be the overall emotion preventing all the respondents from disclosing the abuse to their parents. In the researcher's opinion, this implies that children feel unsafe

because of the imbalance of power between them and important others. This observation correlates with literature. Rapcan (2006) states that the power imbalance results in the child's inability to stop and disclose the abuse. According to empirical data in this study, the imbalances can be observed between the child and the support system too.

According to Spies (2006b:48), the process of disclosure is affected by factors inherent to the child as well as those determined by the child's environment, namely:

- **A child is not fully developed:** This makes the child feel vulnerable. In this study, respondents realized that disclosure could impact negatively on their own safety or that of their family. They were unable to protect the family or the self from harm after the disclosure as a result of their youth. The result was that they decided not to disclose to the parental system.
- **Children's conception of the world;** The question has to be asked whether children experience the world as sufficiently safe and approachable to talk about people hurting them. Respondents in this study who experienced their parental and support systems as unsupportive or hostile did not disclose their abuse willingly.
- **The child's belief and fear of the perpetrator's threats:** Empirical data in this study indicates that, if respondents were threatened by the offender, they believed his threats and decided not to disclose.
- **The child attempts to protect the family from harm:** Spies (2006b:48) discusses the fact that children might not disclose because they want to protect the family system from breaking up as a result of the perpetrator (for example the father) being removed from the parental home after disclosure. During this study, the researcher observed a new aspect of children's

attempted protection of the family system. Respondents who believed their parents would attempt to protect them and take their anger out on the offender would not disclose in order to protect those parents from the results of their own anger.

- **Fear of rejection:** In this study, respondents who did not experience their families as supportive did not willingly disclose their abuse to their parents. They seemed to fear misunderstanding, by their parents.
- **Not knowing whom to tell:** Respondents in this study who were unable to share their traumatic experiences with the parental or adult system turned to friends or strangers for support. One respondent told how his disclosure to a friend resulted in most of his peers becoming aware of his abuse.

4.9.1.2. Factors associated with disclosure to important other people

The next logical discussion was about the person to whom the respondents disclosed the abuse and what motivated them to choose those particular people to disclose to.

Five (5) respondents disclosed their sexual abuse to a friend. One (1) disclosed to a teacher and one (1) to an aunt. Two respondents formulated their motivation for disclosure to a friend in this way:

Respondent eight:

(Ek het goed gevoel. Ek hou van gesels oor dinge en sy het dieselfde ervaring gehad. Ek het nie meer alleen gevoel nie.)

Translated: I felt good. I like talking about stuff. We have had the same experience. I didn't feel lonely any more.

Respondent three:

(Ek wou nie praat nie maar ek was baie hartseer by die skool. Toe vra my vriendin hoekom ek hartseer is en sy sê moet met die hoof gaan praat of iemand wat ek vertrou. Toe vertel ek vir my onderwyser.)

Translated:

I didn't want to talk but I was very heartsore at school. My friend asked me why and said I must talk to the headmaster or someone I could trust. I told my teacher.

One (1) respondent disclosed to strangers as a result of their sympathetic reaction towards her after they had found her raped and crying in a public street. All respondents disclosed to someone they trusted. They believed this person would help them stop the abuse, understand their pain or provide some support.

The following respondent illustrates that he disclosed in order to receive some support:

Respondent two:

(Ek het die hoof vertel omdat ek gedink het hy (oortreder) gaan meer en meer met ons aangaan. Ek was kwaad hy het dit met my en my sussie gedoen en ek was bang hy gaan ons doodmaak want hy kom uit die tronk uit. Ek sê vir my sussie hy kan ons nie keer by die skool nie. En ek was bang hy doen iets aan my Ma. Ek wou hê hulle moet hom wegvat en al sy goed uit die huis uitgooi.)

I told the headmaster because I thought that he (the offender) would just continue the abuse. I was angry because he had done it with me and my sister and I was scared he would kill us. He had been in jail before that. I told my sister that he couldn't stop us at school. I was scared he would do something to my mom. I wanted the police to take him away and to throw all his stuff out of the house.

Empirical evidence confirms that, although respondents did not disclose to their parents, they disclosed to someone they thought of as safe and trustworthy. This is in line with the observation by Fouché and Yssel (2006:248) that a child needs to feel safe in order to reveal his or her secrets.

4.9.1.3. Factors that motivated disclosure to the parents

Factors that motivated respondents to discuss their sexual abuse with their parents differed and ranged from positive motivation to forced disclosure.

Respondent one (1) had a positive relationship with her parents before she was sexually abused and was motivated in a supportive way by her teacher to disclose her sexual abuse to her mother. After this, she felt the need to discuss her abuse with her mother and was able to disclose “everything” in a positive, healing manner. She experienced relief after the disclosure.

Respondent eight (8) was told in an authoritative manner that he had to disclose his sexual abuse to his parents. He said he “did not like” the teacher who told him to do this. He had experienced a positive relationship with his parents before his abuse, and was able to tell his parents in a positive way. However, he found that he could not tell them everything.

Respondent six (6) did not have a supportive relationship with her mother before her sexual abuse. She refused to discuss it with her as a result of previous misunderstandings, and attempted to find relief for her feelings by behaving in a defiant manner.

Respondent five (5) said that her foster mother had found her crying and then forced her to reveal the reason for her sadness. She was afraid and therefore

unable to disclose her feelings about the abuse. She experienced severe trauma as a result of the forced disclosure.

Bass and Davis (1994:103) state:

Breaking the silence is a powerful healing tool. ... Under ideal circumstances, you would have been believed, Protected, and assured that the abuse wasn't your fault. ... Unfortunately, this was probably not the response you got.

Empirical evidence confirms this opinion and indicates that healing through disclosure is a powerful tool, but that the motivation for disclosure sets the scene for the respondent either to heal through the disclosure process or to be traumatized once again.

4.9.2. THEME TWO:

The content of the disclosure process by the adolescent to his or her parents after the sexual abuse.

Theme one (1) indicated that the respondents' motivation to disclose to their parents influenced their experience of the disclosure process. Empirical information confirmed that both the content and the disclosure were closely related to the respondents' motivation to share the sexual abuse with their parents. The content of adolescents' disclosure to their parents can therefore be organized under the following sub-themes:

- Content of disclosure after the parent had not believed the respondent
- Content of disclosure after respondent one (1) was motivated to disclose the sexual abuse to her parent
- Content of the disclosure after respondents were forced to disclose the sexual abuse to their parents
- Respondents not allowed to disclose the sexual abuse to their parents.

4.9.2.1. Content of disclosure after the parent did not believe the respondent

One (1) respondent, who received a negative response from the parent to whom she disclosed, related the following:

Respondent one:

(Ek het die volgende dag met my sussie vir my Ma gaan vertel. Ons het haar gebel toe kom sy polisie stasie toe. Toe vertel ons haar. My Ma sê toe dit kan nie waar wees nie. ... Ek het gehuil en ek was kwaad en het geskree en alles. ... Ek het haar weggestoot en wou nie meer met haar praat nie.)

Translated: I told my Mom the following day with my sister. We phoned her and she came to the police station. We told her. My Mom said it could not be true. ... I cried and was angry and I shouted and everything. I pushed her away and didn't want to talk to her any more.

4.9.2.2. Content of disclosure after respondent one (1) was motivated to disclose the sexual abuse to her parent

Only one (1) respondent, who described the relationship with her mother as satisfactory before the sexual abuse, was asked to be part of the process to disclose the abuse to the mother. She was thus able to play an active role in it. She expresses herself as follows:

Respondent one:

(Een aand sê Tannie B ek moet praat. Toe doen ek dit. Die Tannie voel soos 'n ouma. Ek en sy het saam met Mamma gepraat. ... Ek het vir Mamma gesê wat aangaan. Ek het alles vertel. Van die blou movies en die vibrators en alles.)

Translated: One evening Aunt B said I could talk to her. I did. This aunt feels like a grandmother. We spoke together to my Mommy. . . I told Mommy everything that had happened. Everything. about the blue movies, the vibrators and everything.

4.9.2.3. Content of the disclosure after respondents were forced to disclose the sexual abuse to their parents

Respondents five (5) and eight (8) were forced to disclose the abuse to their parents. Respondent eight experienced this as follows:

Respondent eight:

(Die derde persoon wat ek vertel het, het gesê ek moet my ouers vertel anders gaan sy. Ek's dankbaar sy het. Sy het my die middag gegee om met my ouers te praat. Ek het "uitgepas". 'n Tweede juffrou het toe gehoor. Sy het my ouers geskakel. ... Ek het tussen my ouers gesit. Die juffrou het gesê ek moet die storie vertel. Ek het, maar nie in detail nie.)

Translated: The third person I told said I must tell my parents, otherwise she would. I am thankful she did (pressure me). She gave me the afternoon to talk to my parents. I passed out. A second teacher heard about it. She phoned my parents. ... I sat between my parents. The teacher told me to share my story with them. I did. But not in detail.

Respondent five (5) was forced by her foster parent to disclose the details of her sexual abuse. The respondent provided only the facts about her sexual abuse as

a way of protecting herself against possible physical abuse by her foster parent. This same respondent was not able to tell her biological mother, who was at that stage in prison. She was later informed about it by prison officials.

4.9.2.4. Respondents not allowed to disclose the sexual abuse to their parents

Two (2) respondents wanted to disclose to their parental system but professionals prevented them from doing so. One (1) formulated it as follows:

Respondent two:

(Toe vertel ek die hoof. Hy het die welsyn vertel. Toe vertel sy my ma. ... Ek kon nie agterna met my ma praat nie. Toe vat hulle ons hiernatoe (kinderhuis). My Ma was by die skool. Ek het haar stem gehoor. Maar hulle het gesê ons kan nie met haar praat nie- sy huil nou. Toe vat hulle ons weg. ... Toe huil ek en my sussie omdat ons nie by my ma kan kom nie. Ek was hartseer omdat ek nie by haar kan kom nie en oor wat gebeur het en omdat ek haar self wou vertel wat gebeur het. Ek kon haar nie by die huis vertel nie. Ek was bang hy maak haar dood. Toe vat die tannie (maatskaplike werker) ons in haar kar hiernatoe.)

Translated: I told the headmaster. He told the welfare. She told my mother. ... I could not talk to my mother afterwards. They brought us here (children's home). My Mom was at the school. I heard her voice. They said we couldn't talk to her because she was crying. They took us away. My sister and I cried because we could not get to our mother. I cried because I could not see her, about what had happened and because I wanted to tell her myself what had happened. I could not tell her at home. I was scared he would kill her. And then the lady (social worker) brought us in her car to this home.)

The respondents appeared traumatized, and were upset about not having been allowed to be part of the disclosure process. The respondents had been partly able to hear the social worker sharing the story of their sexual abuse to their parents in the adjoining room. The professionals involved did not allow them to take part in the disclosure. The respondent said that the reason the professionals had given him for this was the mother's tearful, emotional reaction.

This respondent remembered at a later stage in the interview, that he had been taken home later that afternoon and had actually spent the evening at his mother's house before being taken to a home. He had, in fact, spoken to his parents about the abuse that evening. The researcher observed that the prevention of disclosure had had a greater emotional impact on the respondent than the time he was allowed to spend at home before he was taken to a place of safety. This correlates with literature. Hall and Lloyd (1993:108) are of the opinion that the reaction of the person the victim approaches for help will determine whether or not the victim is able to accept support in the future.

4.9.3. THEME THREE:

Initial parental reactions to the disclosure of sexual abuse as remembered and experienced by the respondents.

And:

4.9.4. THEME FOUR:

The respondents' experiences of parental reactions during the disclosure process.

The information collected during this study indicates that the parental reactions observed by the adolescent, and the adolescents' experience of this reaction, are closely related and it is therefore preferable to discuss them under one heading.

This study indicates that the parents' initial response might confirm the victims' expectations of their reaction. The respondents who had a supportive relationship with their parents indicated that their parents believed and supported them. The respondents' verbalizing a defiant or unsupportive relationship with their parents related the parents' disbelief and their anger with the victim for disclosing their sexual abuse. This observation confirms Summit's theory of "Child Sexual Abuse Accommodation Syndrome" as discussed by Garrison (1998). Garrison states that a child knows what type of statements will cause trauma and pain in the family system. To avoid such repercussions, the child

keeps the abuse secret. As the trauma of sexual abuse worsens over time, children could become defiant and delinquent, or, alternatively, could become the opposite: a superficially well-adjusted, too well-behaved child. Conflict in the child's relationships might trigger disclosure. Anger during a fight, for example, could precipitate an untimely disclosure. Timing is everything, and delayed disclosure at the wrong moment will be seen as the adolescent getting even with someone. Summit (in Garrison, 1998) notes:

Whether the child is delinquent, hypersexual, suicidal, hysterical or perfectly well adjusted, and whether the child is angry, evasive or serene, the immediate effect and adjustment pattern of the child will be interpreted by adults to invalidate the child's complaint.

Disclosure would confirm adults' opinion that the child's is defiant so they cannot believe his/her disclosure of abuse at that moment.

One (1) respondent shared with the researcher the story of her violent abuse by a known person without any visible emotion. However, when she verbalized her parents' reaction after the disclosure, her tears ran freely:

Respondent eight:

My father did not believe me. That this guy could do something like this. He said he trusted this guy a lot. ... He thought maybe we were joking or something. I felt how can my father say he does not believe it. ... I thought maybe my father is confused or something. I never hide anything you know. ... I was sad, crying. I was angry about all this stuff I didn't want to speak to my father anymore. I was so angry I couldn't speak to my father or the person who had helped me anymore.

Another respondent explained the following:

Respondent six:

My mom was like: does anybody care? It was a joke. I felt then: OK, fine, so nobody cares and there is nothing wrong with me and life goes on. ...It made me heartsore and angry. I did stupid things like smoking and drinking and not caring about myself anymore. I did those things to feel good and to make me OK.

The respondent who was removed from the custody of her parents explained what had happened to her after she had disclosed the sexual abuse to her foster parents:

Respondent five:

My foster mother asked what had happened to me. I was scared to tell her everything. I said I was raped. Then she screamed: "Are you crazy? By whom?" ... She did not believe me and chased me out of the house and she swore at me. It felt like everybody thought I was mad. Like nobody cared. Like something special was taken away from me... I felt worthless. Nobody would care. Nobody would believe me. I visited my mother in jail. She said she was very sorry when she heard I was raped and that she could not be there for me. ... It was touching me. It felt good. I liked my mother's reaction. I thought she would also not believe me. But she did. She cared.

The fourth respondent related the following:

Respondent four:

(My Ma sê toe dit kan nie waar wees nie. ... Dit het gevoel of sy my nie vertrou het nie. Ek het haar weggestoot en wou nie meer met haar praat nie. ... Ek het gehuil. ... Ek was kwaad. ... Die aand het ek gelê en huil.... Ek was bang. Ek het alleen in my bed gelê.)

Translated: My mother said it couldn't be true. It felt like she did not trust me. I pushed her away; I did not want to talk to her any more. I cried. I was angry. That evening I was crying in my bed. I was scared. I lay alone in my bed.

Ainscough and Toon (1993:51) found that emotional problems caused by sexual abuse can be exacerbated by negative responses to disclosure. Such responses confirm the victim's sense of betrayal, shame, disgust and powerlessness. This opinion was confirmed in this study.

Blume (1999:14) describes validation as a basic human need. It is the affirmation of the child's very existence. When a child's needs are responded to, the child learns that he or she is of some worth. Bass and Davis (1994:100) describe the need of the survivor of child sexual abuse before healing can start as a need for validation. Validation confirms for the victim that the abuse was a reality, taking away the nebulous feeling of disassociation and enabling the victim to go through a healing process.

Bass and Davis (1994:105) describe the parental response that simply ignores the impact and importance of sexual abuse on the child and the family. Parents might react as though the abuse was unmentionable and too horrible to be discussed. The devastating effect of an emotionally absent parent is confirmed in

this study when respondent five describes her mother's emotional withdrawal as follows:

Respondent eight:

It was if someone had died. My mother did not speak at all. ... It was so bad... I felt so bad.

The empirical results in this study connect the emotional well-being of the child directly to parental reactions when being informed of the sexual abuse. If the feelings and needs of the child are validated, it is possible for the child to experience a feeling of well-being after the chaotic experience of child sexual abuse. If these feelings and needs are negated, the children experience that in their deepest quest they were not important enough for significant others to have met their needs. If the latter does happen, children may feel worthless to themselves and to important others.

Summit, quoted by Garrison (1998) summarizes this observation:

Disbelief and rejection by potential adult caretakers increase the helplessness, isolation and self-blame that makes up the most damaging aspects of child sexual victimization. Victims looking back are more embittered toward those who rejected their pleas than toward the one who initiated the sexual experiences.

4.9.5. THEME FIVE:

The respondents' views on possible changes in parents' and guardians' reactions over a period of time during and after the disclosure process.

The next theme addressed the possible changes over time in parental reaction to the respondents' disclosure of the sexual abuse. It appeared that some respondents did experience changes in parental reactions over a period of time. In this study, the changes observed went from negative to positive reactions. None of the respondents experienced parental attitudes changing for the worse. The researcher observed that, although the parental reaction changed in a positive way and the respondent was aware of this, it did not always mean that the respondent accepted the change and benefited from it.

The following example demonstrates this clearly:

Respondent three:

(Toe ek eerste vertel het, het dit my bietjie beter laat voel, nie baie nie. Die eerste keer weet jy nie hoe om dit vir jou ouers te sê nie. Toe kom ek so sukkel deur. ... Ek het later met hulle gaan praat. Dit het my beter laat voel. Dis soos jy iets in jou mond sit en kou. As jy dit nie sluk nie gaan dit in jou mond sit. Jy moet plan maak om dit af te sluk. So voel dit as ek iets het om te sê en dit kom nie uit nie. Toe het ek dit laat uitkom en nou voel ek baie ligter.)

Translated: When I told the first time, it made me feel better but not too much. You don't know how to tell your parents the first time. I spoke to them again later. It made me feel better. It's like putting something in your mouth and chewing. If you don't swallow, it will stick in your mouth. You have to make a plan and swallow. That is the way I feel when I have something to say and it does not want to come out of my mouth. Then I let it out and now I feel so much lighter.

As explained above, every time the respondent took the risk of sharing more of the abusive process, she experienced further distance between herself and the pain of the abuse. Bass and Davis (1994:107) explain this process as follows:

There are many levels of telling, ... Each time you tell is a different experience. You may tell with detachment, with sadness, with anger, or occasionally even with humor. (Someone) ... said each time she talked about her abuse, it put more distance between her and the pain. The more she talked about it, the less she identified herself as a victim.

Another respondent experienced the changed parental attitude after a few days as follows:

Respondent four:

Ons het weer gepraat. Sy het gesê jammer dat sy my nie geglo het nie. Sy moes gedink het want ek is haar dogter. Ek vergewe haar solank sy my net glo as dit weer gebeur. ... Dat sy my geglo het, het baie beteken. Ek was toe rustiger. Ek het eers nie vertrou dat sy by my sou staan. Maar toe het sy en sy het my belowe ons gaan daardeur werk. Ek het goed gevoel. Toe hoef ek nie alleen daardeur te werk nie. ... Toe sy sê sy glo my en staan by my het dit die beste gevoel.

Translated: We spoke again. She apologized for the fact that she did not believe me. She had to think, because I am her daughter. I will forgive her as long as she believes me if it happens again. ... When she believed me, it meant a lot to me. It made me feel calmer. At first I did not trust her that she would stand by me. But she did and she also promised me that we would work through it together. I felt good. I didn't have to go through it on my own. ... It felt the best when she believed me and supported me.

The last example indicates that not all adolescents are able to trust the changes in parental attitude:

Respondent six:

Sometimes my mom would want to talk to me afterwards. But I felt after all this time, why now? I was so heart sore. I wanted nothing to do with her. ...

Repeated sharing of the traumatic experiences might be seen as cruel, creating unnecessary pain for the victim. The discussion of child sexual abuse by the victim in a therapeutic context which creates enough warmth and support for the victim is regarded by Dolan (1991:25) as a necessity. Bass and Davis (1994:106) confirm this opinion by mentioning that sharing is transformative. "When you let someone know what you have been through and that person hears you with respect and genuine caring, you begin a process of change essential to healing." Failing to allow the client to adequately share the details of the abuse might confirm the secrecy and the client's stigmatization following the abuse, leaving him or her feeling discounted and inadequately supported (Dolan, 1991:29). Empirical results in this study indicate that some respondents felt they had benefited from the repeated, supportive discussion of their ordeal. The following respondent confirmed this point of view:

Respondent eight:

(Die begrip maak my emosioneel sterker elke keer as ek met my ouers praat.)

Translated: Every time I spoke to my parents their understanding made me feel stronger.

4.9.6. THEME SIX:

Respondents' views on the impact that the reactions of significant others, guardians and parents during the disclosure of the abuse may have had on their healing process.

The empirical study indicates a wide variety of experiences when the respondents discussed the impact of parental reactions on their healing process. The general view shared by the respondents indicated that parents “mean everything to them” and “a negative reaction from parents would be worse than anything else”.

Respondents who experienced the relationship with their parents as close, understanding and supportive experienced support and understanding and felt they were believed after they had been abused. On the other hand, respondents who were ambivalent regarding their relationship with their parents before the incident of the abuse indicated that their parents did not believe or support them at first, but that their attitude later changed for the better. After a while they did experience parental support. One respondent indicated that she had benefited from the changed parental reaction. One experienced ambivalent feelings regarding the more positive delayed parental reaction, and one respondent was unable to trust the change in her mother’s reaction.

Respondent four indicated that her mother’s changed reaction to her abuse had a positive effect on her healings process:

Respondent four:

(Dat sy my (later) geglo het, het baie beteken. ... Ons praat nie meer daaroor nie. Praat en dink maak seer. Dis nou verby. Ek het vergeet vanaf my Ma gesê het ek hoef nie meer alleen te voel nie. Myself besig gehou met goeters. Ons het nooit weer daaroor gepraat nie. Ek wil ook nie meer nie.)

Translated: That she believed me meant a lot to me. ... We don't talk about it any more. Talking and thinking hurts. It's over now. I was able to forget after my Mom said I didn't have to feel lonely anymore. I keep myself busy with other things. We have never spoken about it again. I don't want to, either.

Respondent five (5) explained how her foster mother didn't believe she had been raped. The foster mother never changed her attitude and never believed the respondent, who experienced no healing from her ordeal for several years until she was placed with other and more supportive foster parents. She described the long-term effect of her family's rejection and the support of her new foster family as follows:

Respondent five:

She never believed me. ... I didn't believe in myself any more. What helped me was this (other foster parents) house. They believed me. When I came here it was like meeting a friend. I got what I deserved. After all those years, I got it.

Respondent six (6) shared that she still experiences the after-effects of her mother's rejection after her disclosure of sexual abuse four years ago:

Respondent six:

It went on and on. It still has effects on my life. Whenever I try to do something it drags me down. I don't know why. ... I spoke to my aunt who is a counselor. ... I was helped. But not to that extent.

Respondent seven (7) indicated that her father's verbal disbelief and her mother's covert rejection had the following long-term impact on her healing process:

Respondent seven:

I wanted her (the mother) to talk to me about what happened, and to give me advice. To feel the pain I was feeling. I needed her so much. She wasn't there. I wanted her to understand. She was listening but I was feeling like I was alone. Today when I think about it, tears come to my eyes. I feel confused. I can't be alone in the house, then I think about it. (Respondent is crying.) They didn't help me that much. It is like this thing, I cannot get it off my mind. I don't know why.

Summit, quoted by Garrison (1998), stated that the most damaging effects of child sexual abuse are the disbelief and rejection by adult caretakers. Bass and Davis (1994:103, 148-154) explain that disclosure is part of the healing process, but that survivors of child sexual abuse rarely receive a satisfying or compassionate response. Survivors must be aware of the fact that they may receive a negative response from family and friends following the disclosure. This study confirms that if victims are forced to disclose the abuse the effect of disclosure can cause great damage. It is essential for the healing process that the adolescent is positively motivated to disclose the abuse.

4.10. Conclusion

The empirical study provided the researcher with rich and meaningful information regarding adolescent's experiences of parental reaction after the disclosure of child sexual abuse. Respondents spoke with passion and emotion about their experiences and, by doing so, made valuable contributions to the quality of this study.

It apparently came to light that none of the respondents had disclosed the sexual abuse voluntarily or spontaneously to their parental structure even if they described their relationship with their parents as supportive. Respondents indicated that the main reason for not disclosing to their parents was fear.

It is evident from this study, that the quality of the parental reaction during the disclosure of child sexual abuse will have a certain impact on the healing process of the victim. When a child does not experience any form of validation from parents or significant others, it may lead to re-traumatization of the child and a delay in his or her healing process.

5. Chapter five

Conclusions and recommendations

5.1. Introduction

Sexual abuse of children is a worldwide problem that ravages childhood. Child sexual abuse affects childhood as long as people exist and occurs wherever people live together. However, mankind did not investigate the phenomenon of child sexual abuse until Freud was interested in the connection between the symptoms of hysteria of his female patients and their accusations of child sexual abuse against their fathers in the late 1800's. When Freud attempted to link the symptoms of "hysteria" found in his female patients and incest, he was repudiated by his colleagues. Freud's colleagues found it preposterous to think that upstanding citizens and exemplary fathers could be guilty of such a deplorable crime as child sexual abuse. Therefore, child sexual abuse was found to be originating in the child's mind and was seen as a symptom of the child's imagination. If child sexual abuse occurred it must have been initiated by the child itself. The child was seen as responsible for its own abuse and could therefore not expect the sympathy and protection of the adult population.

After Freud's repudiation, the matter of child sexual abuse was laid to rest until the 1960's when feminists and child activists started proclaiming the rights of woman and children. Only then the world began to realize the wide spread and devastating effects of child sexual abuse on children, its aftereffects in adulthood and far reaching impact on families.

The effects of Freud's teachings are still seen in the attitudes of misinformed members throughout communities. Sexual abused children are still blamed as having contributed to, or having orchestrated, their own abuse. With the

worldwide developing awareness of children's rights, a perception began to develop that adults are responsible if children are abused. And so the search for the adult guilty of failing his or her duty as a protector of children began. Instead of placing the blame on the shoulders of the offender in child sexual abuse, the parents were blamed. The mother of the child might be identified as incapable to protect the child and might even have offered the child to satisfy her sexually prying husband. Indiscriminately blaming of the mother after child sexual abuse, had a devastating effect on the availability of the mother as resource to the child in desperate need for support during the healing process.

Professionals are not excluded of the far-reaching and damaging effects of this widespread Freudian view on child sexual abuse, or the search for the parent who might be responsible for the sexual abuse of the child. Blaming of parents after child sexual abuse created a stigma for families affected by the abuse. The social and emotional cost of disclosure became too high for families affected by it. The result is that parents and children attempt to reject, ignore or suppress awareness and symptoms of child sexual abuse, and children are left again to fend for themselves.

Literature stated that some survivors indicated during the healing process, that the sexual act which took place, was often less painful than the reaction of their parents after disclosure of the abuse (Spies, 2006a:17). The experience of the researcher confirmed that children seemed sometimes to be more affected by the rejection of the parent after disclosing child sexual abuse, than by the abuse itself. This observation was discussed and confirmed by professionals. The research question for this study was therefore formulated as: "What are adolescents' experiences of parental reactions to the disclosure of child sexual abuse?"

To form a knowledge base for this study, the researcher attempted to describe the phenomenon of child sexual abuse in a comprehensive literature study, found

in chapter two (2). A literature study regarding the experiences of parents after disclosure of child sexual abuse, followed in chapter three (3). A qualitative, applied study was undertaken which allowed the researcher to explore experiences and to gather new data as well as enabled the researcher to confirm or to add to existing knowledge as found through the literature study.

This chapter deals with the conclusions and recommendations based on the empirical information and outcomes of the study as described in chapter four (4). To provide a context for conclusions and recommendations, the achievement of the goal and objectives for this study will be discussed.

5.2. Goal and objectives of the study

The outcome and conclusions have to be based on the goal and objectives of the study. The purpose or goal of this study was to explore and describe sexually abused adolescents' experiences of parental reactions after the disclosure of sexual abuse.

This goal was divided into manageable pieces or objectives. A literature study was done on the following aspects:

- The process of sexual abuse of children, the effect of child sexual abuse on adolescents, and the healing process of sexually abused children.
- The effect of child sexual abuse on the parent, and the healing process of the parent after disclosure of the abuse.

Both objectives were achieved and utilized to form a sound, scientific knowledge base for the research. Knowledge obtained by the researcher through the literature study provided the necessary understanding of the process of child sexual abuse, the effect of sexual abuse on the child as well as on the parent, and the healing process of both parents and children. The effect and healing

processes of parents and children were found interactive in the literature study, chapters two (2) and three (3). Knowledge obtained through the literature study was used to formulate a semi-structured interview schedule.

The goal for the empirical study was to explore sexually abused adolescents' experiences of parental reactions after disclosure of the abuse through a qualitative, applied and phenomenological study. This goal was achieved and eight (8) adolescents were interviewed using the semi-structured interview schedule. The empirical data was analyzed and presented in chapter four (4), integrated with available literature.

In this chapter, based on the outcome of the study, conclusions and recommendations will be drawn from the empirical data as presented in chapter four (4).

5.3. Conclusions

The following conclusions can be formulated:

- It was found that none of the respondents had shared their abuse with their parents first, with the exception of one girl who was forced by parental physical violence to reveal the truth to the parent. The other seven respondents had shared the information of their abuse to a significant other(s) first. This disclosure to a significant other resulted in one of the following outcomes:
 - One (1) respondent was motivated to disclose sexual abuse to her parent.
 - Two (2) respondents were forced to disclose sexual abuse to their parents.
 - Two (2) respondents were not allowed to disclose to parents.

- Three (3) respondents indicated that others disclosed the abuse to their parents without their consent.
- It was evident that none of the respondents had the opportunity to disclose their abuse on a voluntary basis, in a private and confidential setting to the parent.
- Literature is clear regarding disempowerment and distrust as an effect of child sexual abuse. It can be concluded that disempowerment and therefore distrust continued unabatedly after the disclosure of the abuse for seven (7) respondents. Hall and Lloyd (1993:64) explain it as follows:

The child is powerless in that her wishes and needs are constantly undermined and disregarded. She is forced into experiences that leave her fearful and from which she is not able to protect herself.

- Based on the outcomes of the empirical results of this study, it is concluded that the needs, best interest and rights of the child regarding participation in disclosure of child sexual abuse to parents, as well as support after the disclosure to the parents, are not observed or met. This affects the healings process of the child negatively.

5.4.1. THEME ONE: Factors motivating the adolescent's disclosure of sexual abuse to his or her parents.

The following factors motivated (or prevented) respondents to disclose their sexual abuse to the parental structure.

5.4.1.1. Disclosure of the abuse to significant others

- Seven respondents shared information of their sexual abuse to significant others first.
- Significant others were people the respondent trusted or expected some form of help or understanding from.
- Respondents indicated that they expected to gain validation, support, understanding or protection, by disclosing the abuse to significant others. Calder (2000:160) is of the opinion that children disclose for reasons such as the need to validate the abuse and to receive a form of help. Bass and Davis (1994:144,149) state that there are many motifs why victims of child sexual abuse want to disclose, namely validation of the abuse, revenge, financial reparation or to warn others at risk. They are of the opinion that the reason for disclosing the abuse must be ultimately for the self. Respondents' motives for disclosure therefore correlated with literature.

5.4.1.2. Fear prevented the respondents to disclose to parents

- According to the empirical results of this study, all respondents experienced some fear before disclosure to their parental structures. They

indicated that this fear prevented them from disclosing the abuse to their parents.

- Those fears can be identified as follows:
 - One (1) respondent feared accusations to be (partly) responsible that the abuse took place.
 - Two (2) respondents were threatened not to disclose by the perpetrator and feared injury if they would disclose the abuse.
 - Three (3) respondents feared that their parents would not believe them after disclosure of the abuse.
 - Three (3) respondents feared that the parental structure would reject them after the disclosure of the abuse.
 - Four (4) respondents feared the effect of parental anger directed at the perpetrator.

- Four (4) respondents indicated that they trusted their parents and had a supportive relationship with them, before the disclosure of the abuse. This supportive relationship could not overcome their fear to disclose sexual abuse to their parents. Kilbourn and Mc Dermid (1998:148) discuss the victim's inability to trust people as abuse is unpredictable, and the victim might feel unsafe and insecure after the sexual abuse took place. The experiences of insecurity may continue during the disclosure of child sexual abuse.

- Fear of effects of disclosure of the abuse prevented respondents to disclose the abuse to parents. Spies (2006b:48) states that children do not disclose because they believe the perpetrators threats, they want to protect the family system, they fear rejection and they feel responsible for the abuse.

- This study indicates that the four (4) respondents who had a supportive relationship with their parents, anticipated the parental anger towards the perpetrator. Respondents feared that parents could injure the perpetrator out of anger, and therefore respondents feared being responsible for imprisonment of the parent. These respondents were so overwhelmed by this fear, that even a supportive parental relationship would not allow them to disclose the abuse to one or both parents.
- Fear for the effect of parental anger directed at the perpetrator, was not cited in existing literature. Fear that the household or family structure may be disrupted after disclosure, is described in literature as well as the fear that the child may be removed from the parental home, as a result of the disclosure. Losses as a result of child sexual abuse are discussed by Spies (2006:47-51) as significant and painful after the abuse. The respondents suffered loss of validation, self-determination and dignity during disclosure, and were not able to control the content of the disclosure of their own abuse.
- Four (4) respondents indicated an ambivalent or negative relationship with their parental structure before disclosure. They did not disclose the abuse to the parental structure as a result of fear of not being believed and being rejected.
- This implies that the quality and terms of the relationship respondents had with their parents before the sexual abuse, was continued during the disclosure of the abuse. Respondents, who expected rejection after the disclosure of child sexual abuse, were rejected, and their feelings were violated by the parental system. However, with positive motivation to disclose, the respondent who had a supportive relationship with the parental structure previously was comforted by her parent. She discovered

that the understanding and support of her parent could carry her through the ordeal of child sexual abuse.

5.4.1.3. Factors that motivated respondents to disclose to the parents

- Only one (1) respondent was motivated by a significant other to disclose her abuse to her parent. She willingly took part in the disclosure of her abuse to her parent.
- Five (5) respondents were not given the opportunity to take part in disclosure to parents as significant others disclosed the abuse to the parents without consent from the respondents. Two (2) of those five (5) respondents indicated that they were prevented by professionals to disclose the abuse to their parents. One (1) of those respondents indicated that she disclosed to strangers, after which they disclosed the abuse to her parent.
- One (1) respondent was forced by significant others to disclose the abuse to his parents.
- One (1) respondent was forced to disclose the abuse to the parent, by the parent threatening her with corporal punishment.
- The motivation for disclosure to the parents, was of vital importance to the respondents. It was clear that the respondent, who was forced through physical violence to disclose the abuse to the parent, was seriously re-traumatized. Although she claimed that she told her parent the truth about her abuse, and she did not experience support after the disclosure. It can therefore be concluded that it is possible to force a child to share the experiences of sexual abuse, but it must be taken in mind that it can only

lead to further traumatization which may have a devastating effect on such a child's healing process.

- The involvement or partaking of the child in the disclosure process to the parents regarding the abuse, appeared to be important to the respondent's healing process. It can be concluded that respondents able to disclose in a motivated, positive way to supportive parents experienced this disclosure as beneficial and the beginning of their healing process. **Voluntary** disclosure is therefore in the best interest of the child. In this regard, the study of Kruger (2006:365) about the rights of the child needs to be referred to. She states that to determine what is in the best interest of the child, feedback from the child itself should be obtained to truly act in the best interest of the child. For Kruger, this implicates that adults should: "STOP and THINK about children's point of view, LOOK for their feelings, and LISTEN to what they are saying." In the opinion of the researcher, it is the right of the child to partake in the decision how, what and when the parent is told about child sexual abuse. If this right is violated, the needs of the child are ignored, and the child is dis-empowered, violated and abused once again. As Blume (1999:14) states so appropriately, the effect of ignorance regarding the needs and rights of the child is that the victim feels that he/she has no value at all. He or she might as well not exist.

5.4.2. THEME

TWO: The content of the disclosure process by the

The content of disclosure to parents was related to the motivation of the respondent to disclose to the parent. For the respondents, the content of the disclosure entailed the facts of the abuse but also included emotions which the respondent

experienced during the abuse.

- Three (3) respondents, who described the relationship between them and the parents as unsatisfactory, experienced a negative response from the parents, after the significant other disclosed the abuse to the parents. None of those respondents were prepared to disclose the content of the sexual abuse to the parents, after a parental rejection. All of them experienced anger, emotional pain, and re-traumatization after the parental rejection and refused to disclose the content of the abuse to the parents. This correlates with the opinion of Spies (2006b:52) who states that children whose attempts at disclosure are not believed, may keep their secret into adulthood.
- One (1) respondent was motivated by the significant other she disclosed to, to share her abuse with her parent. She stated that she was able to share the full content of her abuse with her mother, including her emotional experiences during the abuse.
- Two (2) respondents were forced to disclose to their parents. One (1) respondent experienced that he was able to partly share the facts regarding his abuse during disclosure. He was not able to discuss his emotions as experienced during his abuse with his parents. The other respondent indicated that she disclosed the facts of her abuse truthfully after being threatened by the parent. She was severely traumatized after

her disclosure and not able to disclose her emotions as experienced during her abuse.

- Two (2) respondents indicated that they were prevented by professionals to disclose their abuse to the parental structure. They were therefore not able to disclose to the parents. However, they discussed the abuse on a later time with their parents, and indicated that they shared with the parents the facts regarding their abuse. They were able to partly share their emotions as experienced during the abuse at a later stage with their parents.
- Doyle (1994:142) indicates that parents who believe and support their children after the disclosure of sexual abuse stimulated further discussion about the abuse. This opinion was confirmed in this study.
- It can be concluded that parental believe and support stimulates the sharing of a detailed content during disclosure. Forced disclosure led to disclosure of the facts of the abuse, but not to the sharing of emotions the respondent experienced during the abuse. Calder (2000:164) says that children are affected adversely when confidantes do not support them. In this study, not only the child but also the content of the disclosure was adversely affected by a negative parental reaction.

5.4.3. THEME THREE: Initial parental reactions to the disclosure of the sexual abuse as remembered and experienced by the respondents.

And

THEME FOUR: The respondents' experiences of parental reactions during the disclosure process.

The information gathered in this research indicates that the parental reactions as observed by the adolescent and the adolescents' experience of this parental reaction are closely related, and are therefore discussed under one heading.

- Four (4) respondents indicated that a positive, supportive relationship existed before the incident of abuse took place. Those respondents experienced that their parents believed their disclosure of the abuse, and that their parents supported them after disclosure. These respondents indicated that their relationships with their parents were even strengthened further, after the disclosure of abuse. Bass and Davis (1994:147) confirm that sharing of the details of the abuse, could bring family members closer together.
- Four (4) respondents, who experienced an already negative relationship with their parents before the incident of sexual abuse, experienced the parental reaction as hurtful and that it intensified their trauma. This confirmed the researcher's observation as discussed in chapter one (1) that some adolescents revealed more hurt created by parental rejection after disclosure than hurt created through the abuse.

- Respondents who were exposed to some form of disregard or rejection of their needs after the disclosure of the abuse experienced emotional pain which exceeded the pain of the sexual abuse. This confirms the statement of Summit as quoted by Garrison (1998): “Victims looking back are more embittered towards those who rejected their pleas than towards the one who initiated the sexual experiences.”
- Two (2) respondents were deprived of the need to disclose the abuse to the parental structure themselves, and as a result of this, could not experience the healing effect of the support of the parental structure after disclosure of the sexual abuse. Hall and Lloyd (1993:123) discuss that a number of factors which lie within the helper or in therapeutic situation influence disclosure, namely:
 - The ability of the helper to express understanding for and empathy with the victim.
 - The extent of the knowledge of the helper regarding child sexual abuse and its effects.
- Professionals who work with sexually abused children must have sufficient understanding of the basic needs and right of children, as well as knowledge regarding the needs of children after sexual abuse. This could prevent further emotional scars and motivate the regaining of personal power of the victim.
- This study links very closely with the recent study of Kruger (2006) and confirms that needs, best interest and the rights of the child have to be respected, especially in a life threatening traumatic experience such as child sexual abuse and the disclosure thereof.

- Based on the outcomes and conclusions of the empirical results of this study, it is concluded that the needs, best interest and rights of the child regarding participation in disclosure of child sexual abuse to parents, and support of the child after the disclosure to the parents, are not observed or met. This affects the healings process of the child negatively.

5.4.4. THEME FIVE: The respondents' views on possible changes in parents' and guardians' reactions over a period of time during and after the disclosure process.

- Three (3) respondents experienced that parental views and perceptions of the sexual abuse changed from unbelief and victimization to an attempt to support the respondent.
- This change could not cancel the effect of the initial negative parental reaction the parents showed, when the respondents shared the abuse. Only one (1) respondent was able to benefit during the healings process from the changed attitudes and perceptions of the parents. In the case of two (2) respondents, they withdrew themselves from their parents because of the original negative parental response. The parents offered support later, but the respondents seemed not to be able to forget the initial parental reaction.
- The initial parental reaction is vital to children that disclose sexual abuse. Although the parental reaction changed in some instances for the best of the child, it does not implicate that the child can benefit emotionally from the changed attitude of the parent, as their trust in adults was scarred again.

5.4.5. THEME SIX: Respondents' views on the impact that the reactions of significant others, guardians and parents during the disclosure of the abuse may have had on their healing process.

- This study indicates that the parental reaction after disclosure of child sexual abuse is imperative to the healings process of the child after disclosure of child sexual abuse.
- Respondents verbalized difficulty to experience fulfillment through healing after the ordeal of child sexual abuse. Those respondents attempted to forget about their abuse and tried to “carry on” with their lives. Some of them found comfort with significant others, but displayed and remembered the pain of rejection during the interview.
- Some of those respondents tried to just forget about their hurtful experience in an attempt to go on with life. Others verbalized to have found healing through another relationship with a significant other, for example a foster parent or through reunification with the biological parent.
- Four (4) respondents, who experienced a supportive reaction from the parents after disclosure of child sexual abuse, expressed that their healings process began once they realized their parents understood and supported them in their plight. The opinion of Calder (2000:160), who indicates that the healings process of the child after sexual abuse, begins with the reactions of those to whom the child first disclosed to, is confirmed through the outcome of this study.

- When children experience parental emotions after the disclosure of the abuse, they compare their own losses with the sadness and despair of the parents.
- Cairns (1999:50) refers to families of the sexually abused child, as becoming the carrier of the trauma of the child or secondary victims. She says: "...they experience in their own persons the absent feelings relating to the intense but unformed somatic energy changes in the primary victim, the child."
- The referred pain experienced by the parents after child sexual abuse and described by Cairns (1999), can be experienced by children as a sign that parents know and understand their pain. Children may feel that they are not alone, as their feelings are accepted and shared by the parents, and that their voices are heard and validated. Being validated will assist the child in the healing process to becoming and feeling like a respected human being again.
- It can be concluded that the impact of the parental reaction on the healings process of the abused child after the disclosure of the abuse, is influenced by the following aspects:
 - The relationship between the parent and the child before the abuse.
 - The motivation of the adolescent's disclosure of the abuse.
 - The content of the disclosure.

5.4. Recommendations

Recommendations for this study will be discussed under the categories: children, parents, communities and the training of professionals.

5.4.1. Recommendations regarding children

Based on the outcomes and conclusions of the empirical results of this study, it is concluded that the needs, the best interest and the rights of the child regarding participation in disclosure of child sexual abuse to parents, and the support of the child after the disclosure to the parents, are not observed or met. This affects the healing process of the child negatively. To improve the healing process of the child after child sexual abuse, the following recommendations are made:

- Current and existing programs, provided by the Departments of Education and Social Development for children regarding prevention of child sexual abuse, needs to be changed in such a way that children are informed of their rights before, during and after the disclosure of the abuse. The new Children's Act (Act 38 of 2005) states that "In all matters ... the best interest of the child should be paramount..." and "Every child ... has the right to participate in any matter concerning the child in an appropriate way, and views expressed by the child must be given due consideration." Children must be made aware of those rights.
- Services to assist children in effective disclosure of the abuse need to be available to children, and should be incorporated in existing services rendered to sexually abused children. The voice of children must be explored and given attention to.

5.4.2. Recommendations regarding parental support after child sexual abuse

To improve more supportive and effective parental reactions after the disclosure of child sexual abuse, it can be considered to provide prevention services to parents, as to promote more healthy family systems, by informing them about the following aspects:

- Emotional needs of children.
- Developmental tasks of children, including sexual development.
- The importance of boundaries in families.
- Different roles with different responsibilities and privileges in families.
- Personal safety and intergenerational boundaries in family systems.
- The right of the child to make decisions within the boundaries of the family system.
- The right of the child to be involved in decisions, regarding important matters that may influence their lives.

Personnel in community centers like nurses, doctors, social workers and child care workers need to be well trained to deliver an effective service to children, parents and families affected by child sexual abuse. This training needs to focus on:

- To assist children and parents to recognize their feelings and needs after child sexual abuse.

- To support parents and children as they deal with their feelings after the disclosure of child sexual abuse.
- To improve the knowledge of parents regarding the dynamics and effect of child sexual abuse on children, and the family system as a whole.
- To improve the knowledge of parents regarding the specific needs of children after sexual abuse.
- To assist the sexually abused child, and his or her parents as well as the rest of the family system during the healing process.

5.4.3. Recommendations regarding communities affected with child sexual abuse

The following recommendations can be made:

- Posters and notes in community centers and social service offices, stating facts and information regarding the phenomenon of child sexual abuse in families to the public, need to be considered.
- Information on services delivered to children and families affected by sexual abuse need to be displayed in community centers. This information needs to include information about offices where people can report child sexual abuse, and needs to identify which officials are able to assist those children and families.
- Family conferences can be held to inform parents about the needs and care of their children as to prevent sexual abuse, and to promote healthier families.

- Holiday programs for children in community centers and libraries need to include programs where children are motivated to voice their needs, feelings and opinions.
- Members of junior town councils as well as youth leaders, need to be motivated to advocate the rights of children to be heard, and to be part of the decision making in matters concerning the well-being of children.

5.4.4. Recommendations regarding further training of professionals concerning child sexual abuse

To contribute to the effective prevention and intervention services of professionals in the helping profession after child sexual abuse, the following recommendations can be made:

- Students on undergraduate level need to be sensitized to the dynamics, effects and healing process after child sexual abuse. This has to be part of the curriculum of those students.
- It is recommended that professionals will be made aware of the different aspects and needs of sexually abused children and their families through training, workshops, seminars and conferences. Those seminars and workshops need to include officials who are working daily with the effects of child sexual abuse such as:
 - Social service providers
 - Child care workers
 - Police
 - Teachers
 - Medical practitioners

- Legal practitioners
- Professionals in the helping professions need to have clarity regarding their roles in supporting the child during the disclosure process. The child needs to be informed about the different ways a disclosure can be dealt with. As far as possible, the child needs to be part of the decision making during this process. The professional is clearly the helper and must rather not force the child to disclose the abuse. The professional's task is to guide and support the child and the family structure, not to prosecute or judge the offender. The professional's main role is to understand the world of the child and to communicate that understanding as to support a meaningful disclosure for the child.

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Addendum A:

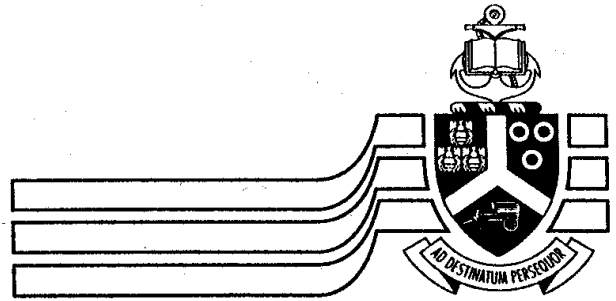
Semi structured interview schedule.

Title:

Adolescents' experiences of parental reactions to the disclosure of child sexual abuse.

The researcher covered the following themes in interviews with the respondents:

- Sharing of the respondent's experiences regarding child sexual abuse.
- Factors motivating the adolescent's disclosure of sexual abuse to his or her parents.
- The content of the disclosure process by the adolescent to his or her parents after the sexual abuse.
- Initial parental reactions to the disclosure of the sexual abuse as remembered and experienced by the respondent.
- The respondent's experiences of parental reactions during the disclosure process.
- The respondent's views on possible changes in parents' and guardians' reactions over a period of time during and after the disclosure process.
- Respondent's views on the impact that the reactions of significant others, guardians and parents during the disclosure of the abuse may have had on his or her healings process.



University of Pretoria

Addendum B

Department of Social Work and Criminology
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INFORMED CONSENT (Guardian)

Researcher:

Alda Smit

MSD Student, Department of Social Work and Criminology
University of Pretoria

Social Worker
18 St. Joseph ave
Lilianton
Boksburg
1459

Tel: 083 651 3339

Name of participant (adolescent) _____

Name of guardian/parent: _____

Date: _____

1. Title of the study:

Adolescents' experience of parental reactions to the disclosure of child sexual abuse.

2. Purpose of the study:

The purpose of this study is to explore and describe sexually abused adolescents' experiences of their parents' reactions after the disclosure of child sexual abuse.

3. Procedures:

The above named adolescent, of whom I am the legal guardian/parent, will be asked to participate in a face-to-face interview to respond to questions and themes relating to his or her experiences of parental reactions after disclosure of child sexual abuse. The interview will take place at the adolescent's convenience and the duration will be approximately 1 to 2 hours.

4. Risks and discomfort:

I understand that there are no known risks or discomfort associated with this project. If I should find that named adolescent is upset about the content of the interview in any way, I will phone the interviewer immediately and debriefing or therapy for the adolescent will be arranged by the welfare organization I am presently a client of.

As guardian/parent, I would like to see that if the named adolescent experiences stress or fatigue during the interview, he or she will be given as many breaks during the interview as necessary.

5. Benefits:

I understand that there are no direct benefits to me or the named adolescent for participation in this study. However, participation in this study might contribute to better understanding and service delivery to children who were sexually abused.

6. Participant's rights:

The named adolescent may withdraw from this study at any time.

7. Financial compensation:

I understand that neither I nor the named adolescent will gain financially from this study.

8. Confidentiality:

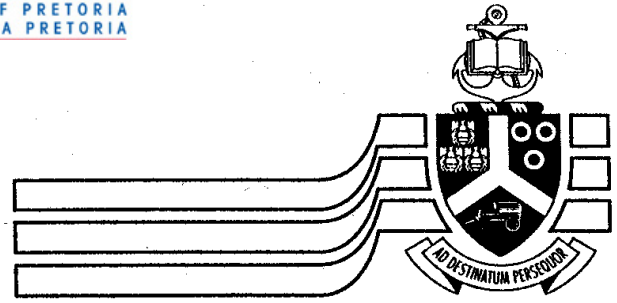
In order to assure that the exact facts are recorded, the interview will be audio taped and/or notes will be taken during the interview. All information will be dealt with confidentially. The results of this study may be published in professional journals or presented at professional conferences, but the identity of the adolescent will not be revealed unless permission is given in writing. I am aware that the data of the study will be stored at the office of the researcher for the next 15 years.

9. Questions:

If I have any questions or concerns, I can phone Alda Smit at 083 651 3339 during office hours.

Signature of guardian/parent: _____

Signature of researcher: _____



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Addendum C

INFORMED CONSENT (Adolescent)

Researcher:

Alda Smit

MSD Student, Department of Social Work and Criminology
University of Pretoria

Social Worker
18 St. Joseph ave
Lilianton
Boksburg
1459

Tel: 083 651 3339

Name of participant (adolescent) _____

Date: _____

1. Title of the study:

Adolescents' experience of parental reactions to the disclosure of child sexual abuse.

2. Purpose of the study:

The purpose of this study is to find out what adolescents experience or feel after they told their parents about being sexually abused.

3. Procedures:

I will be asked in a face-to-face interview what my parents' reactions were after I told them that I was sexually abused. I will also be asked about my feelings regarding my parents' reaction during disclosure and how it influenced my healing process. The interview will take

place at a time and place that will be comfortable to me and that will make me feel safe. The discussion will last approximately 1 to 2 hours.

4. Risks and discomfort:

I understand that I will not be hurt during this interview.

If I become stressed or tired during the interview, I can ask for as many breaks as needed during this interview.

If I am upset about the contents of the interview, I can phone the researcher, Alda Smit, or tell my guardian about it and they will arrange debriefing or therapy for me.

5. Benefits:

I understand that I will not receive any money, goods or favours because I am prepared to take part in the interview. However, my answers in this study might help parents and professionals to understand other sexually abused children better so that they can assist those children in their healing process.

6. Participant's rights:

I take part in this interview out of my free will and I may withdraw out of the study at any time.

7. Confidentiality:

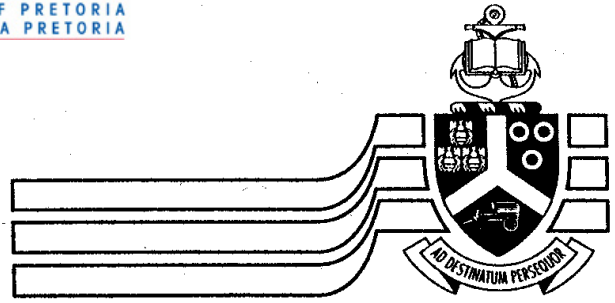
I do understand that it is important that the exact facts are recorded and therefore I give permission that the interview will be audio taped and that notes will be taken during the interview. Everything I say will be confidential; nobody will be told what we discussed in our interview except if I agree that the researcher may do so. The results of the combined answers of all 15 adolescents who will be interviewed in this study may be published in writing in professional journals or may be presented at professional conferences, but my identity or name will not be revealed unless I give permission in writing. I am aware that the data of the study will be stored at the office of the researcher for the next 15 years.

8. Questions:

If I have any questions or concerns, I can phone Alda Smit at 083 651 3339 during office hours, 08h00 to 16h00.

Signature of adolescent: _____

Signature of researcher: _____



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Addendum D

INGELIGTE TOESTEMMING (Voog)

Navorsers:

Alda Smit

MSD Student, Departement Van Maatskaplike Werk en Kriminologie
Universiteit van Pretoria

Maatskaplike Werker

St. Josephlaan 18
Lilianton
Boksburg
1459
Tel: 083 651 3339

Naam van respondent (adolesent) _____

Naam van ouer / voog: _____

Datum: _____

1. Titel van die studie:

Adolesente se ervaringe van ouerlike reaksies na die bekendmaking van seksuele kindermishandeling.

2. Doel van die studie:

Die doel van die studie is om die ervaringe van seksueel mishandelde adolesente ten opsigte van hulle ouers se reaksies na die bekendmaking van seksuele kindermishandeling te verken en te omskryf.

3. Prosedure:

Bogenoemde adolesent, van wie ek die wettige voog is, sal gevra word om deel te neem aan 'n individuele onderhoud waartydens vrae en temas tov ouerlike reaksies na die bekendmaking van die seksuele kindermishandeling van die adolesent bespreek sal word.

Die onderhoud sal plaasvind op 'n tyd en plek wat geleë is vir die adolessent en sal ongeveer 1 tot 2 uur duur.

4. Ongemak en risikos:

Ek verstaan dat daar geen bekende risikos bestaan wat met hierdie projek geassosieer kan word nie. Indien ek sou vind dat genoemde adolessent ontsteld is met betrekking tot die inhoud van die navorsingsgesprek, sal ek die onderhoudvoerder skakel om die nodige ontleding of terapie sessie by die welsynsorganisasie te reël waar ek tans 'n kliënt is. As voog van genoemde adolessent wil ek versoek dat indien die betrokke adolessent uitputting of spanning tydens die onderhoud ervaar, hy of sy soveel geleenthede gedurende die onderhoud sal kry as wat genoemde adolessent benodig om te ontspan.

5. Voordele:

Ek verstaan dat die studie geen direkte voordele vir myself of die adolessent inhou nie. Desnieteenstaande, ek aanvaar dat deelname aan hierdie studie 'n bydrae kan lewer tot die beter begrip en dienslewering aan kinders wat seksueel mishandel word.

6. Deelnemer regte:

Genoemde adolessent mag ter enige tyd sy/haar deelname aan hierdie studie staak.

7. Finansiële gewin:

Ek verstaan dat nie ek of genoemde adolessent, op enige finansiële voordeel na deelname aan hierdie studie kan aanspraak maak nie.

8. Vertroulikheid:

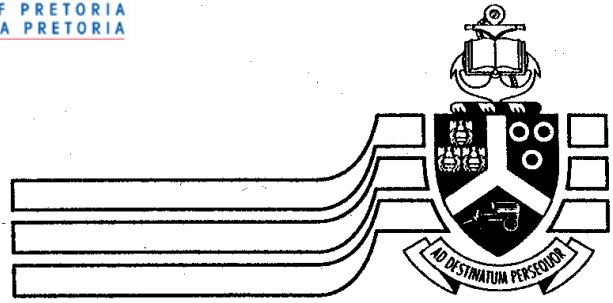
'n Bandopname sal van die navorsingsonderhoud gemaak word ten einde te verseker dat die inligting korrek aangeteken word. Alle inligting sal vertroulik hanteer word. Die resultaat van die verwerkte resultate van die studie mag in professionele joernale gepubliseer word of op konferensies aangebied word. Die identiteit van die adolessent sal nie gedurende hierdie geleenthede openbaar gemaak word nie tensy sodanige toestemming skriftelik deur my gegee is nie. Ek is bewus van die feit dat die inligting wat ingewin is in die kantoor van die navorser vir 'n periode van 15 jaar bewaar sal word.

9. Vrae:

Indien ek verdere vrae het kan ek Alda Smit gedurende kantoorure skakel by: 083 651 3339.

Hantekening van die voog: _____

Hantekening van die onderhoudvoerder: _____



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Addendum E

INGELIGTE TOESTEMMING (adolesent)

Navorsers:

Alda Smit

MSD Student, Departement Van Maatskaplike Werk en Kriminologie
Universiteit van Pretoria

Maatskaplike Werker

St. Josephlaan 18
Lilianton
Boksburg
1459
Tel: 083 651 3339

Naam van respondēt (adolesent): _____

Datum: _____

1. Titel van die studie:

Adolesente se ervaringe van ouerlike reaksies na die bekendmaking van seksuele kindermishandeling.

2. Doel van die studie:

Die doel van die studie is om die ervaringe van seksueel mishandelde adolesente ten opsigte van hulle ouers se reaksies na die bekendmaking van seksuele kindermishandeling te verken en te omskryf.

3. Prosedure:

Ek sal gedurende 'n individuele onderhoud gevra word wat my ouers se reaksie was toe ek aan hulle bekendgemaak het dat ek seksueel gemolesteer was. Ek sal ook gevra word wat my gevoelens was met betrekking tot my ouers se reaksies en hoe dit my helingsproses

beïnvloed het. Die onderhoud sal plaasvind op 'n tyd en plek wat vir my gemaklik is en waar ek veilig voel. Die onderhoud sal ongeveer 1 tot 2 uur duur.

4. Ongemak en risikos:

Ek verstaan dat ek nie seer sal kry gedurende die onderhoud nie. As ek moeg of gespanne raak gedurende die onderhoud, kan ek vir soveel tussenposes vra as wat ek nodig het. As ek ontsteld raak gedurende die onderhoud kan ek Alda Smit, die navorser, skakel of my ouer / voog vra om 'n ontleding of terapie sessie vir my te reël.

5. Voordele:

Ek verstaan dat ek geen geld, goedere of voorregte sal ontvang as ek deelneem aan die studie nie. Ek verstaan ook dat my deelname aan hierdie studie ouers, voogde en professionele persone kan help om kinders wat seksueel gemolesteer is beter te verstaan en tydens hulle helingsproses te ondersteun.

6. Deelnemer regte:

Ek neem aan hierdie studie deel uit my eie keuse en ek verstaan dat ek enige tyd my deelname aan hierdie studie mag onttrek.

7. Vertroulikheid:

Ek gee my toestemming dat 'n bandopname sal van die gesprek gemaak word sodat die navorser die korrekte inhoud van die gesprek neer kan skryf. Alles wat ek vertel gedurende die gesprek sal vertroulik bly. Dit beteken dat die navorser slegs die inhoud met ander mag deel as ek my toestemming gee. Die inligting wat van al die adolessente gedurende onderhoude gekry word kan in professionele tydskrifte of tydens konferensies in 'n verwerkte vorm bekendgemaak word. My naam sal nie in hierdie tydskrifte of tydens hierdie konferensies genoem word nie. Ek verstaan ook dat hierdie inligting vir 15 jaar in die kantoor van die navorser bewaar sal word.

8. Vrae:

Indien ek nog vrae het kan ek Alda Smit tydens kantoorure skakel by: 083 651 3339.

Hantekening van die deelnemer: _____

Hantekening van die onderhoudvoerder: _____