CHAPTER FOUR: PRESENTATION OF RESULTS AND DISCUSSION

This chapter will present the results of the interview analysis. A discussion of the circumstances and contexts of the rape incidents will be given, as well as the responses of the victims' mothers. The impact of the rape on the mothers' psychological well-being will further be explored, as well as how the rape affected the mother-child relationship post-disclosure. For ethical reasons, pseudonyms will be used to protect the identity of the child victims and the respondents will be referred to by number only.

4.1. NATURE OF THE RAPE INCIDENTS

All the victims in this study were raped during their mothers' absence. Although, most of the mothers (eight cases) were reported to be unemployed, none of them were at home or accessible when the incidents took place. This data contradicts Regehr's (1990) finding who documented that children whose mothers are employed are at a high risk of being raped. The other two working mothers revealed that their children were raped whilst they were in the care of their siblings or father. The majority of the victims (six cases) were raped by their neighbours, and the rapes took place at the victims' homes. Of the four victims who were raped by strangers, two children were raped on their way home from school. The victims were raped in different locations and most of the rapes took place in the children's environment, and occurred during daytime. The quotes below illustrate some of the rapes that the children experienced as described by the mother:

> It was on a rainy day, it rained cats and dogs. When Mpho came back from school I was standing at the door. It was still raining and she was soaking wet. She stood there and I said: "What is wrong?" She did not want to come in and she started crying. I got angry with her and I said: "Come here". I dragged her inside the house. I said: "What is wrong?" She said: "Another man…" I screamed at her and said: "What did another man do?" She just kept quiet and continued to cry. (Respondent Eight)

> Tshepo told me that he went to the playground with his friends. He always plays with them. He said: "When they arrived there the older boy ordered him to take off his pair of trousers". He took off his trousers and he said to him: "Take off your underpants and bend". Tshepo told me that he bent and the boy inserted his "thing" in his buttocks. (Respondent Seven)

The description of these incidents, provided by the mothers, highlights the trauma experienced by the children. It appears that the perpetrators preyed on the victims when they were most vulnerable. They took advantage of the victims' plight and coaxed them into participating in the rape. In one incident, the perpetrator manipulated the victim and promised to buy her a pair of school shoes, while in two other cases offenders offered the victims small change to conceal the rapes from their parents. According to information obtained from the mothers, half of the perpetrators were older men whose ages range between 32 and 41, and the other half comprised young men between the ages of 17 and 24. There were multiple perpetrators in one incident and two other children were reportedly raped before their seventh birthday.

4.2. DELAYED DISCLOSURE AND CONCEALMENT

Different dynamics around the issue of disclosure emerged in this study. Of the themes that were raised, the dominant theme revolved around the failure of the children to immediately disclose the rape to their mothers. According to the data obtained from the mothers, the children presented with behavioural problems and somatic symptoms instead, to communicate their discomfort and inner feelings:

> One day when I looked at Refiloe I suspected that something was wrong. She bent her back when walking, this part of the spinal cord. Her movement was different; she walked in a way I was not used to. And I said: "Something is not right she is my daughter, I know her". (Respondent Four)

> On his arrival home from the playground Tshepo looked so tired, sad and funny. You could see that something was wrong with him. (Respondent Seven)

This pattern of non-disclosure is similar to that documented in a study by Regehr (1990) and Lovette (1995) where their research findings indicated that the majority of sexually abused children fail to report the incident to their parents irrespective of the warm and accepting relationships the children have with their mothers. Data obtained suggests that the children's concealment of the rape might have been influenced by the uncertainty of their mothers' responses as one child sought refuge prior to disclosure:

> Tshidi asked me if she can go and pay her elder aunt a visit. I said to her: "You can go but you should make sure that you come back tomorrow". Before she left she said to me: "Do you know Sizwe?" I said: "Yes, I know him". She told me that he took off her panties. (Respondent Three)

Another child fabricated the account of her stories when faced with her mother's suspicion:

> When Neo woke up the following day she was a different person. She was sleepy, she slept for few minutes, wake up and sleep again. She was busy plaiting my mother's hair and my mother smelled something funny from her. When she asked my child about her smell she told my mother that she did not take a bath the previous day before she went to bed. (Respondent Six)

Two mothers reported that they had begun to suspect sexual abuse after noticing discharge and the signs of physical damage, such as blood:

> I was doing the washing and when I saw Thando's panties I said: "Oh no! Who did this to my child? Why did she keep quiet? Why did not she tell me?" Her panties were covered with blood stains and discharge. (Respondent Nine)

Although these children presented with somatic complaints that aroused the mothers' suspicion that something was amiss with them, none of the mothers took the initiative to confront their children about their symptoms and strange behaviours. This may suggests that the mothers were in denial about the possibility that their children were raped or lack of knowledge perhaps, or their children's rapes were a "bolt from the blue", for which they were not prepared as described by Humphrey (1992). An example that clearly illustrates this would be that of, Respondent Six, who alleged that her child's sleepiness did not worry her as she thought that her child was feeling sick. The following response also supports the above argument:

> Lerato arrived home from school wearing someone else's panties. When I asked her where she left her panties, she lied and told me that she lost hers. I suspected that something has happened. I did not confront her because I was so nervous. I did not want to listen to her telling me that she was raped. I remember how difficult it was for me to accept when my other two grandchildren were raped. Maybe I would have felt much better if somebody told me about the rape. It was just too much for me listening to her telling me what that man did to her. (Respondent One)

Another dominant theme that emerged was the use of manipulation and threats by the mothers to facilitate disclosure:

> When my mother asked Karabo what has happened she kept quiet, quiet until my mother started shouting and yelling at her, and she threatened to beat her because she did not want to co-operate. (Respondent Five)

> When I asked Thando when she started experiencing that pain she told me that she woke up with that pain. I said to her: "I am not going to punish you. I am not going to do anything to you. I just want you to tell me the honest truth". I said: "My child please tell me the truth and do not lie to me because if you do I am not going to buy you the clothes I have promised to buy you". (Respondent Nine)

The mothers' coercive strategies to persuade the children to disclose the rape seemed fruitless as the children denied that something was wrong with them. Although three mothers indicated that their children disclosed the incident voluntarily, the children concealed the rape for periods raging from a few months to a year. Of those who disclosed voluntarily, one child disclosed after watching another victim on the national television telling her mother that she was raped:

> I was in the kitchen preparing dinner; it was on a Monday in the evening. I think it was after a month because she told me in January this year. She was raped last year in December. Mpho called me and said: "Mummy I want to talk to you". Though I told her that I am busy she insisted that I come. I went into her bedroom and she was watching television. She asked me if we can go into another room. She closed the door and started crying. I asked her what happened at school, she said: "Nothing has happened, but Sipho had raped her". I said: "Sipho? When did he rape you?" She said: "Last year". I said to her: "Were you not supposed to be at school? Where was I?" She told me that I was at work and I left her under the care of my husband. (Respondent Two)

Another theme that emerged was that of the secrecy that surrounded rape. This was evident in the children concealing their rape from their mothers, and their mothers instructing them to keep the rape a secret:

> I told Buhle that she should not tell anyone including her friends about what has happened to her. I told her to be free so that her friends do not suspect that something was wrong. I said to her: "Play with them and do all the things you used to do with them but do not tell them anything". (Respondent Ten)

It appears that these children could not entrust their secret to their mothers who seemed reluctant to talk about and discuss the rape with the victims and other people:

> We do not talk about the rape in my house. No! We do not talk about it. They are teasing her. Which is why I told my other grandchildren that I do not want to hear them talking about what has happened to Naledi. (Respondent Eight)

It appears that these mothers envisaged that people were going to be unsympathetic towards them and their children, hence the secrecy surrounding the rape. The following quote illustrate the difficulties experienced by mothers in divulging their children's rape to others:

> I discussed my child's rape with my mother only. I find it difficult to share it with somebody else. Sometimes you will tell someone who will not put herself in your shoes. When I am around other people and they start talking about child sexual abuse I will just listen and watch them going on and on. I will just keep quiet and say nothing. (Respondent Five)

One mother raised a concern that she was adamant not to share her problem with others as they might use her child's rape to get back at her:

> I did not want people to ask me lots of questions about my child's rape. Other people can use your problem to hurt you like say for example just look at her, her child was raped. That is why I decided to keep my child's rape a secret. (Respondent Four)

A sub-theme of the secrecy of concealing the rape was the mothers' fear of being stigmatized and humiliated. This finding is consistent with Humphrey's (1992) contention that parents of sexually abused victims are often censured when their children had been raped. The following quote illustrates the mother's fear of being ostracized:

> I did not tell anyone about Lerato's rape because when my other two grandchildren were raped people were talking behind my back that I do not pray which is why my children are not protected. (Respodent One)

The mothers' difficulties in dealing with and discussing the incident with the victims and other people were also evident in their inability to utter the word "rape":

> Tshepo's friends took him to a nearby veld and they did "silly" things on him. (Respondent Seven)

> When Naledi said to me another man, I thought about that "thing". I could not think about anything else. (Respondent Eight)

4.3. MOTHERS' AND VICTIMS' SYMPTOMATOLOGY

It emerged from the interviews that nine mothers and all the child victims presented with features of PTSD as detailed in the DSM-IV (American Psychiatric Association, 1994). According to the mothers' description, the children were dejected, they also experienced frequent recollection of the trauma, and presented with nightmares and somatic complaints. They were reportedly fearful and helpless, and avoided stimuli that were associated with the rape. Their interest and participation in significant activities diminished, and they isolated themselves from others. All the mothers also observed that their children presented with anger outbursts. They further indicated that the victims' academic progress deteriorated as they received complaints from their teachers that they were inattentive and lacked concentration. All the children displayed some difficulties in following instructions both at home and at school. The following quotes provide typical symptoms described by the mothers:

> Lerato is always in the house. She does not play with other children anymore and always wants to be next to me. She is now this kind of a child who wants to boss other children around. If she gets irritable she will play on her own. Now lately she also sleeps a lot. One day she said to me: "Mummy buy another house somewhere because when he is released from jail, because he is not going to be locked forever I am going to see him and I do not want to see him". (Respondent One)

> My child isolates herself. She lost some weight because she did not want to eat. Sometimes she woke up screaming and tells me that a certain man is trying to strangle her. She is bully and does not take a no for an answer. Her school teacher told me that her school work was poor and she is a bright child. I felt so bad and blamed her for her poor school work. Sometimes I thought that maybe she was trying to get back at me. (Respondent Six)

Oppositional behaviour and aggression were also noticed in all the children:

> She is not getting well with her brothers and sisters. She is always fighting with them. When it is her turn to clean the house and wash the dishes, she refuses to do that. It is difficult for me to tell her not to do something because she will do exactly the opposite of that thing. She steals money and she is like a disturbed person. Now lately I am teaching her how to wash her clothes. Instead of washing them thoroughly, she will just hang them on the line without being washed and she will insist that the clothes are clean. (Respondent Four)

These symptom presentation confirm some literature that indicated that children who have been extra-familiarly raped suffer short and long term effects, which affects the child's adjustment and his/her ability to form interpersonal relationships. In Table Two are the diagnostic criteria for PTSD used in the DSM-IV classification:

TABLE TWO

AN OVERVIEW OF THE VICTIMS' PTSD SYMPTOMS-DSM-IV CLASSIFICATION
1. Persistent re-experiencing of the traumatic event Nightmares Fear of the offender 2. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness: Victims avoided conversations about the rape Fear of men Places that arouse the recollection of the trauma were avoided Diminished interest in their play Social withdrawal 3. Persistent symptoms of increased arousal Difficulty falling asleep Anger outbursts Aggression and oppositional behaviour Difficulty concentrating and sustaining attention 4. Other Depressed mood

4.3.1. Maternal Symptomatology

Another theme that emerged was that of the victims' mothers presenting with features of PTSD and Major Depressive Episode as detailed in the DSM-IV (American Psychiatric Association, 1994). Nine mothers reportedly became despondent and presented with feelings of hopelessness. They ruminated about the incident, lost interest in their daily routines and became socially withdrawn:

> I have cut ties with all my friends. I am no longer close to any of my friends. Actually I do not have any relationship with any of my friends. Most of the time I am alone and I do not want people to crowd my space. I want to be on my own so that I can think clearly. (Respondent Nine)

These mothers indicated that they became short-tempered and irritable and lost weight due to a decline in their appetite. They also avoided the places that were associated with the trauma and became very aggressive:

> I do not feel like going there anymore. Even when I walk passed by my mother's place I hate it. I cannot help myself I hate to walk pass by that place. (Respondent Five)

Also apparent were feelings of helplessness and somatic complaints. One of these mothers revealed that she became hypertensive and that she was hospitalized as she suffered from a cardiac problem.

One mother reported starting to abuse alcohol:

> I started drinking alcohol non-stop. I was trying to heal the wound and pain inside me. Drinking alcohol helped me fall asleep because I could not sleep when I was sober. (Respondent Eight)

The preceding quotes illustrate the dilemmas that the victims' mothers were faced with post disclosure, and confirm literature findings that stipulate that parents of sexually abused victims experience the same traumatic stressors as their children and that both are at risk for subsequent adjustment difficulties (Manion et al. 1998; Grosz, et al. 2000; Emm & McKenry, 1988). The mothers' psychological distress might have contributed to their inability to provide their children with the necessary support they needed. It also appears that the mothers struggled to comprehend what their children were going through because they seemed to have been preoccupied with their own feelings and bodily symptoms.

4.4. MATERNAL RESPONSES TO ABUSE OF THEIR CHILDREN

With regards to the mothers' responses, the dominant themes that emerged were those of shock and anger when they made the discovery of their children's rape:

> When Neo told us that he laid her down on her back we did not believe her. It was not easy for me to accept…I did not accept that it has happened. We continued asking her the same question what did he do? We were trying to find out if she was telling the truth. (Respondent Six)

> When I think about what has happened to my child I feel like killing myself. I always think about the rape and I do not think that I will ever recover from it or be okay. (Respondent Ten)

> I never thought that something like this can happen to any of my children. That is why I did not take my sister seriously when she told me that she overheard people saying my child was raped. She is an alcoholic and I do not believe what she tells me. I told her to leave me alone because I did not want to be bothered with gossip. (Respondent Four)

The mothers' anger towards the victims was in line with the findings of Regehr (1990) and it ran throughout the interviews and evoked vicious attacks from the mothers:

> I was very, very angry. It was like…I did not know? When I got into the bedroom she was fast asleep. I shook her roughly and said: "Tell me where you were when that caught you and raped you. Did not I teach you that a child is not supposed to walk around at night? Did not you know that you were not supposed to be out on the streets until late?" I beat her up severely. I did not waste any time. I beat her up and left her lying there. I was having an umbrella with me. I hit her with it until it broke into pieces. (Respondent Five)

The mothers' anger was directed towards different people, and diverse circumstances seem to have perpetuated it. For one mother her children's demands seemed to overwhelm her:

> Sometimes I feel that my children are a burden to me. I wish I can just go away, just stay at that place and relax where no one will cry for me or expect something from me. (Respondent Six)

The perceived lack of an adequate response from the South African Police Services to apprehend and convict the majority of the perpetrators further exacerbated the mothers'

anger, feelings of hopelessness and vulnerability. These feelings were further exacerbated by socio-economic and personal problems that the mothers were experiencing:

> I am married but it feels like I am a single parent because I do not get any support from my husband. Well I cannot say I did not notice any changes because I have a difficult life. Even before my child was raped I had marital problem. Emotionally I was not okay. The only thing that I know is that I was sickly and now I am getting worse, worse. I am now dependent on tablets and medication and I do not think I can survive without them. (Respondent Two)

> I cannot find peace within myself. I was just trying to forget about my daughter, Tshepo's mother, who passed away last year. And now look at what happened to Tshepo (breaks down). I do not know what I should do because his brother is also mentally retarded. If I can just forget about everything I will feel much better. (Respondent Seven)

The one exception seemed to be the experience of the mother who indicated that she experienced neither emotional nor psychological problems post-disclosure:

> What happened to my child is a minor thing. I take care of abandoned children everyday, I know how to handle them, love them and talk to them. That is why I think my child's rape was a minor thing. This is not the first time that she was raped. My work is more demanding and difficult than what has happened to her. (Respondent Four)

Although it appears that this mother was externalizing her feelings, and her dismissive response when she talked about her child's rape could have been an attempt on her part to avoid exploring her thoughts and feelings about the incident, her response coincided with

Newberger et al. (1993, cited in Hiert-Murphy, 1998) who alleged that not all mothers whose children have been sexually abused experience significant levels of distress post-disclosure.

4.4.1. Maternal feelings towards the child victims

The mothers' anger was also evident in their response towards the victims post-disclosure. Their anger confirms Regehr's (1990) finding who indicated that parents often display anger feelings towards their children for concealing the rape and for failing to combat it. Although the mothers were eager to know everything about the rape, the account of the incident as detailed by the victims did not seem to convince them that the incident indeed took place. They interrogated the victims to ascertain if they were telling the truth:

> When Neo told us that he laid her down on her back we did not believe her. We continued asking her the same question, what did he do to you? We were trying to find out if she was telling the truth. (Respondent Six)

Only one mother reported that she trusted and believed her child when she disclosed the incident:

> Mpho cannot lie about something like this. She cannot fabricate this whole story and tell me that she was raped. I believed her there was no doubt about it. (Respondent Two)

An astonishing finding was the response of one mother who subjected her child to further rape because of her inability to believe in her child:

> I could not understand why she kept such a disgusting thing from me. When she told me that he was raping her after school I sent her to that man's house to ask for a cup of sugar. Actually I wanted to catch him red-handed if he was going to rape her. (Respondent Nine)

However, all the mothers shared the same perspectives about the victims, like authors such as Van Scoyk et al. (1980); Regehr (1990); Hooper (1992); Katan (1973) and Grosz et al. (2000) who reported that the parents often feel that the incident had altered their children's lives. Also apparent were the mothers' concern about the implication of the rape for the children's future. It appears that the mothers' cultural belief that a girl should preserve her virginity until she gets married was shattered:

> My child's life is ruined. She is destroyed and her life is no longer going to be the same. She is no longer a virgin. When she is going to find herself in the company of her friends what is she going to say to them when they all brag about their virginity. She won't be in a position of telling them if she is still a virgin or not. So, her life is destroyed in a sense that when she will be around her friends or whoever she will be sited with; when issues about rape are discussed, she is going to be haunted, feeling that she does not belong anywhere because of what happened to her. (Respondent Five)

> The doctor who examined Neo confirmed that she was damaged. He told me that my child was no longer a virgin. According to the doctor there is this thing…this thing that all children are born with, and Neo did not have it. (Respondent Six)

A feeling that the victims might grow up destructive and vengeful was also apparent:

> Her entire life will be affected because in most cases people who have been raped turn into monsters. Even if it is a girl, it is not only boys who become monsters. She could be very aggressive especially towards men; maybe she will grow with a feeling that a man did this to me maybe I should be revengeful by doing this. That is why you hear that there are women stranglers. (Respondent Five)

A theme that also emerged, that confirms literature findings was the mothers' concern about the victims' ability to establish intimate relationships:

> I wish to live long enough and see my child do the right thing, like living a normal life. I hope that the rape does not affect her because I cannot wait to see her falling in love and have her own children. (Respondent Five)

It was interesting to discover that the mother of the boy victim also shared the same feeling as the other mothers that her child was "ruined". However, her feelings and concern about the victim might have been aggravated by the responses of others and the number of perpetrators who sodomized the victim:

> On our arrival at the clinic the nurse ordered Tshepo to lie on the stretcher. She examined him and she said: "No! This is too much for us. This case should be referred to Baragwanath hospital". The nurse confirmed that my child was damaged. I was scared to go anywhere near him and check on him, see how bad he was damaged. Maybe I was confused and did not know what to do. I was worried that my child was not going to have a healthy and normal life. I said to myself: "This child, how is he going to grow up? How is he going to do things when he grows up?" I thought he was damaged, maybe his veins or something I do not know were damaged. I was concerned that he was crippled and no one was going to look

> after him when I die. I thank God because he is able to play like other children. (Respondent Seven)

Another theme was that of Human Immunodeficiency Virus (HIV) infection. The escalating statistics of people who are infected with HIV daily seem to have raised an immense concern in the mothers, as they wondered if their children were infected with the virus. However, their concern did not motivate them to have their children tested, as only one child was tested for HIV. It appears that the stigma associated with HIV made it difficult for this mother to get her child's blood test results, and prevented other mothers from giving consent for their children to be tested:

> I just wonder if that man is HIV positive… (weeps). What will I do? I do not think that my poor child is going to live any longer. I should have phoned the clinic to find out about her blood result. It is so difficult for me to phone. I am so nervous I cannot do it. (Respondent Ten)

It was also interesting to discover that there are still parents who feel uncomfortable discussing sex related issues with their children. One wonders if such reluctance could predispose the children to rape, because often their parents do not furnish them with the necessary explanations of why they should not engage in certain activities:

> I was angry towards her because I warned her that she was not supposed to play with boys. She did not agree into all these because she continued playing with them and look at what they have done to her. (Respondent One)

> I was very angry towards her because I always told her that she was not suppose to play anywhere near the park especially when there were boys around. (Respondent Six)

Data, however, indicates that even though the mothers' could not support their children emotionally post-disclosure due to the level of their own distress and feelings towards the victims, their feelings did not hinder them from seeking help for their children. Their major concern about their children's HIV status prompted all of them to rush the victims to hospitals for the antiretroviral treatment:

> We took her to the hospital so that the doctors can clean her and give her medication. After an examination, the doctor confirmed that Neo was damaged. (Respondent Six)

Two mothers also reportedly confronted the perpetrators and their parents with an intention of resolving the incident amicably:

> I went to the parent of the older boy because I wanted to talk to her. I was worried that what the children did to Tshepo was dangerous (Respondent Seven)

All the mothers further complied with the social worker as they brought their children personally for counselling. Further, eight mothers also took the initiative of reporting the rapes to the police.

4.4.2. Maternal feelings towards the justice system

The majority of the mothers in this study (8 cases) had reported the rape incidents to the South African Police Services (SAPS), even in cases where the offenders were unknown (strangers). Although it appears that some mothers pressed the charges for justice to be served, some chose to press charges to restore their image and integrity as Respondent Two alleged that she reported the rape to the police to sustain the trust and confidence her child had in her. Despite their efforts of laying criminal charges, a theme of doubting the police's capacity to bring the perpetrators to book was evident, the following illustrates the above point:

> I will call myself lucky if the police can arrest him. These rapists know that they can do as they please at their own times and no one will prevent them from doing anything. (Respondent Three)

These mothers indicated that the police betrayed them because of the low number of perpetrators who were apprehended. Out of the three offenders who were arrested, only one of them was kept in custody and awaits trial. It appears that the emphasis in the South African constitution that every citizen has rights exacerbated the mothers' disappointment and feelings of despair toward the justice system because the offender was liable to apply for a state attorney, despite the crime he committed. One mother whose plea for help proved unsuccessful from the police officers in the past seems to have anticipated such a response and a lack of commitment from the police:

> This is a clear indication that the police do not care about us. They do not give a damn about us and fail to do their job. Someone can think that the police protect us and that is not the truth. They are just bluffing. When my other grandchild was raped that man was released on bail, and do you know what happened next, he was back on the street as if nothing happened. That means if I have a lot of money I can do anything, rape, kill and I will run away with the crime I have committed because I will bribe the police who will either lose the docket or release me on bail. (Respondent Three)

It seems that the decision to press charges evoked mixed feelings in the mothers. Regehr (1990) document similar findings and proposes that the parents feel guilty about pressing charges against the offender as they become concerned about the impact of their decision on the offender's career and family. Although the parents seemed eager to see justice done, they wondered and questioned their capacity to handle the feelings and emotions that would be evoked during the court process. The experiences of Respondent Seven supports the preceding argument because despite the fact that the offender was apprehended and is in custody awaiting trial this mother expressed her feelings thus:

> Going to court is going to be the most difficult thing for me. It will bring back all the pain I am trying to forget. It will remind me of what happened to my child.

The other mother, out of desperation expressed a strong wish to take the law into her own hands:

> If all mothers can unite we can fight this by castrating these entire rapists because it is useless to press charges against them. The police release them the following day. (Respondent Three)

Only two mothers did not press the charges against the offenders. One of them indicated that the offender was unknown, and the other one's reluctance was motivated by the lack of trust in the police. During the interview she said:

> Going to the police was going to be a waste of time. How many children are raped everyday and the police do not do anything to help us. I do not believe in them and I do not think that they can help me either. Look at all these rapists, they are walking scot-free. (Respondent One)

It also appears that these two mothers chose not to report the rapes to avoid intimidation and revenge from the perpetrators. This was also evident in Brownmiller's (1975) study who documented that the perpetrator's relatives often force the parents to withdraw the charges pressed against the offenders:

> What if his family or that person comes back and kills my child because none of us know him, how will I deal with that? We will never feel safe until we know who did it. (Respondent Six)

4.4.3. Maternal feelings towards the perpetrators

Not all participants in this study directed their anger overtly towards the perpetrators. The mothers' feelings contradicted Grosz et al's (2000) contention in which they reported that parents typically respond with anger and rage towards the perpetrators. One of the two

mothers who did not show some resentment towards the perpetrators and whose child was sodomized by minors alleged that she questioned the perpetrators' state of mind:

> I cannot hold any grudges against those boys because they did not know what they were doing. They are just small children like my grandson and they cannot be locked up in jail. If you can just ask them what they were doing they will never answer you because they do not understand what they were doing. (Respondent Seven)

The remaining mother could not express her feelings and thoughts as she blamed the victim for colluding with the rapist. Six mothers felt betrayed by the perpetrators because they were acquainted with and trusted them:

> We all loved him. Mpho was worse because she respected him as if…it was like he was her biological brother. The next thing he beats her and rapes her. (Respondent Two)

The perpetrators' use of violence in two cases to coerce the victims seems to have exacerbated the respondents' anger and disappointment. As indicated in the literature review, the prominent and overwhelming anger towards the perpetrators prompted a need for retribution and murderous urges in the mothers. Their need to take the law into their own hands seems to have been aggravated by the loss of trust in the police officers:

> If I can just know who did this to my child I do not know what I will do. I just feel that I will kill that person and eat him up thereafter. I cannot afford to be on

> medication for the rest of my life just because somebody is messing up with my children's lives. It hurts. (Respondent Three)

> I know that if I can just lay my hands on him I am going to kill him. I will take an axe and castrate him. (Respondent Four)

The fact that the majority of the perpetrators were not apprehended, or even prevented from intimidating the victims as they continued to have access to the children's homes, exacerbated the mothers frustration and feelings of helplessness.

4.4.4. Negative feelings towards others

The participants in this study held other people responsible for their children's rapes. Although their anger was never expressed overtly, it was predominantly directed at those in whose care they left their children. It seems that their perceived feelings of helplessness and inadequacy as mothers stirred up their anger for failing to protect their children, hence their expectations that others should have done something to prevent the rape from happening:

> Lerato would not have been raped if her parents did not divorce. Her mother abandoned them and her father should have done something. They are irresponsible and negligent. They did not do anything to protect my child when she was raped before she celebrated her 7th birthday. (Respondent One)

One mother who is working and constantly leaves her children under the care of her unemployed husband expected him to take care of and protect their daughter. This participant also experienced ambivalent feeling towards her neighbours. Although she

indicated in retrospect that her neigbours supported her post-disclosure, she felt that they betrayed her as they never warned her that she was harbouring a possible rapist in her house, as the perpetrator was a regular visitor:

> My neighbours watched me doing everything for that boy. They never told me that he came from a destructive family background. They just told me now after Mpho's rape that his brother also raped a child and that their uncle is a jailbird. If they have warned me I do not think that I would have trusted him and let him anywhere near my house and children. (Respondent Two)

This mother seems to have felt that her neighbours did not instil the spirit of "ubuntu" and that they have failed to preserve the societal view that says "your child is my child". One mother accused her neighbour of bewitching her child as the victim was precociously sexually active:

> There is no doubt I think she knew about this rape. She has done something to my child and I find it difficult to trust her. She cannot tell me that she did not know that her tenant was raping my child. She allowed him to rape my child. (Respondent Four)

This mother's anger and disappointment was also directed at God. She felt that God withheld His protection from them and that He allowed the perpetrator to cause harm to her child. The feelings of anger and lack of trust were also displaced on to all male figures:

> I was pissed off with every man including my uncle. I asked myself if it was him…like my family…that idea rang into my mind; I suspected my family because

> rape is common especially in families. It was like…I blamed everyone, my uncle, my younger brother because he was not at home when my child was raped. I thought that he might have raped my child. I do not trust my boyfriend either. My trust in men is shattered. I felt like…I really do not know. At times I think that my boyfriend can also do the same thing to my child because he is not her biological father. I cannot trust him that much. I still think that he can also do it. (Respondent Five)

The medical professionals also did not escape the anger and despair that the mothers felt towards other people:

> When we arrived at the hospital… my pain got worse because…try to understand me. Instead of helping us the nurses said to me: "What are you doing here?" I said to them: "Somebody raped my child". They shouted at me and said: "You should go to the police station before you come here". I tried to explain to them that my child needed help but I was told to wait for the doctor. I was nervous because the doctors were delaying. I was scared that the disease was spreading and I thought that maybe they were going to give her something to drink, like the tablets whilst we were waiting for the doctor. I am still angry towards those nurses. If we are given a bad treatment at the hospitals then who is supposed to help us. (Respondent Eight)

The lack of support from others seemed to have exacerbated the mothers' disappointment and resentment:

> I enrolled Naledi in another school. Though her class teacher and her principal knew that my child was raped they never set their feet at my place to ask how Naledi is doing and what has happened to her. That is why I took her out of that school. I cried most of the time and I said to myself: "Her class teacher did not

> come?" I went there personally to report that Naledi will not come to school because she is still shocked. She never went to school for two weeks but still her class teacher; class teacher did not come and ask about her condition. I was deeply disappointed and I think she does not care. (Respondent Eight)

> It is useless talking about him. He does not act like a father. He does not do anything; he does not seem to care. He fails to ask me how I am feeling, what he can do to help us; he does not ask me anything. He is supposed to support me and my child but he does nothing. (Respondent Ten)

4.5. ATTRIBUTIONS OF THE MOTHERS POST-DISCLOSURE

All the participants in this study displayed some eagerness to make some meaning of their children's rapes. Finding an explanation about their children's rape is reported to be essential as it enhances the mothers' psychological adjustment and increases their self-esteem (Morrow, 1991; Joseph et al. 1993). The mothers predominantly asked themselves the "why" question, with an attempt to comprehend their children's victimization. Understanding why the perpetrator specifically chose their children appeared to be highly significant to all the mothers. They attributed causal responsibility towards different parties. They blamed the perpetrators for raping their children and alleged that the perpetrators probably wanted to hurt them because they chose their children, although they could not back up their hypotheses.

The mothers also felt that the perpetrators were probably HIV positive and were thus attempting to cure themselves by raping virgins. Seven mothers blamed themselves and believed that they committed sins; hence they were punished via their children. These

mothers seem to have echoed the sentiments expressed by Aronson (1973, cited in Regehr, 1990, p.114) who reported that "in a just world, bad things do not happen to the undeserving and that the mothers must at some level be at fault". This blame was also apparent in cases where the perpetrators were unknown. These mothers felt that they somehow offended the perpetrators, and that their actions might have aggravated the perpetrators' anger:

> Maybe this person knows me and I have done something in the past I do not know? Or I really do not know if this is a test or what? Or maybe I failed to pray and care for my children. (Respondent Four)

These mothers berated themselves for failing to notice that something was wrong with their children, despite the conspicuous signs and somatic complaints the victims presented with. One mother rebuked herself for failing to notice the bruises her child suffered at the perpetrator's hands. These scenarios appear to indicate the difficulties that the victims' mothers display in dealing with and acknowledging that rape is rife. Furthermore, these mothers seemed to hold the misconception and myth that only children whose parents are working are vulnerable to rape. The anger, which was also directed towards themselves, seemed to have been exacerbated by the idea that the rapes took place under their noses and that they were oblivious that something was amiss. The mothers felt inadequate and questioned their maternal roles and skills despite the overwhelming and multiple tasks they have to carry out daily. The societal expectations, and the African belief that it is the mothers' task to protect and meet her children's needs, seem to have perpetuated their self-blame:

> I though that maybe I am not a mother enough. I never told my child that there are things such as rape, understand, I am blaming myself, I put blame on myself". (Respondent Five)

This self blame also evoked uncomfortable feelings of negligence, which one mother feared would influence her child's perception of her:

> I think that Karabo will think that I am neglecting her if I go somewhere. I do no go anywhere even at the shops unless of course if I come with her. (Respondent Five)

A feeling that they should have done something to the offender, probably to compensate for their supposedly negligence and ignorance, was also apparent. The mothers also blamed themselves for being too harsh on the victims. The blame was so overwhelming for one mother who accepted responsibility for subjecting her child to rape:

> I blame myself for staying in that place. If I did not move out and stayed with my grandmother maybe my child would not have been raped. Maybe my child would have been safe at my grandmother's place. (Respondent Six)

The societal norm that stresses that people should be governed by "ubuntu" seems to have shattered the trust of the participants whose children were raped by their neighbour. These mothers felt betrayed, humiliated and blamed themselves for trusting their neighbours:

> I am the laughing-stock in my neighbourhood. People are blaming me for my child's rape. I am scared of going out because I wonder what people will think of

> me. They will think that I am not a good mother because my children experience all this sorts of problems. (Respondent Nine)

> I helped him in many ways because I wanted to change his life. I paid for his school fees and the next thing he destroys my child. I should not have trusted him and treated him like my child. (Respondent Two)

Some of the mothers suffered direct rebuke from other people. One mothers reported that her husband blamed her for her child's rape, as he forbade them from going anywhere without his approval. Due to that, he alienated the mother and withheld all the necessary support she needed to help her deal with her child's rape. These results are in agreement with the findings of Humphrey (1992) and also with that of Sgori (1982), who reported that literature on family dysfunction condemned mothers of sexually abused victims for exposing their children to sexual risks. This mother was very distressed during data collection and was referred to the Trauma Clinic for further counselling. It appears that her inability to come to terms with her child's rape was exacerbated by the rebuke she suffered from her husband.

Only one subject who renders her services to the entire community, and who did not hold herself responsibility for her child's rape despite the minimum time she spends with her children, defended herself thus:

> I did not fail my child and I do not blame myself. I chose to work as a caregiver because I want to help the community. Every day when I arrive at my workplace I try to spend at least two hours with my patients. I wash them, cook for them and

> sometimes I feed those who are terminally ill. When I arrive home I feel so tired and sometimes the patients' problems affect me. (Respondent Four)

However, the male doctor who examined this respondent's child lashed out at her for failing to implement the measures needed to protect her child. It appears that the medical doctor applied, and held the view, that it is the woman' sole responsibility to take care of and protect her children:

> The doctor blamed me. He said: "I am not a caring mother". The society did not…but the doctor blamed me. He yelled at me and said: "The person who is looking after other people, how did it happen? How was it possible? You out of all people should have noticed that something was wrong with your child". When the doctor shouted at me I was crying. He thinks that I am a stupid and irresponsible mother who does not know what she is doing. In a way I failed to notice that there was something wrong with my child. I was busy trying to take care of other people but failed to protect my children. According to the doctor I failed to be a "mother" to my children. (Respondent Four)

4.5.1. Attribution of blame to the child victims

It is interesting to note that the theme of the mother's blaming the victim, irrespective of their age, featured prominently. They questioned the context under which the incidents took place and expected their children to account for their rapes.

Their attribution of blame towards the victims was also compounded by the victims' concealment of the rape. There was also an indication of behavioural self-blame located

with the victims in whom the mothers felt that the victims could have avoided the rape had they behaved differently:

> I had this feeling that she deserved to be raped because I forbade her from staying out until late. She got what she wanted or maybe she wanted to taste how it feels like to be raped because she does not listen to me when I try to talk some sense into her. (Respondent Five)

> I yelled and shouted at her because she knew that she was not supposed to play anywhere near the park by herself. I always told her to play in the yard. I never supported her during that time. I never spoke to her despite her attempts to initiate a conversation with me. I just kept quiet. I remember she came to me saying: "Mummy, mummy". I just ignored her because I had this anger inside me and I knew that I was going to hit her should she continued and nag me. When her class teacher told me that she was doing badly at school I got more angry and I thought that maybe she was trying to hurt and disappoint me. (Respondent Six)

One mother blamed the victim for colluding with the perpetrator because of her son's passive response:

> I do not understand why he allowed those boys to do silly things on him. He should have refused to take off his pants. Or maybe he should have screamed and people who walk pass by that playground would have heard and rescued him. (Respondent Seven)

Although empirical literature documented that mothers hold older victims of sexual abuse more responsible for their rape, the participants in this study blamed their children for responding passively, hence they were perceived as collaborators of their own abuse. Two

mothers, whose children were raped before they turned seven, insisted that the victims colluded with the perpetrators. Their accusations that the victims were willing participants in those incidents despite their age, fragility and vulnerability, seemed to reflect the myth that rape is not rape when it happens for the second time. This assumption was supported by one of these mothers who blamed her child for being promiscuous:

> Maybe Refiloe gets something from what she is doing. Why does she allow the devil to use her? That means money controls her. It shows that she can go with anyone as long you have got money. (Respondent Four)

Another disturbing finding was the accusation that one mother levelled against her child for concealing the rape. This mother shared the common myth that rape victims often do not show any remorse because they ask to be raped, and conceal the rape because they liked it:

> I said to Thando: "You should have told me. He raped you for four consecutive days and you did not say anything to anyone. Or did you enjoy it?" (Respondent Nine)

A feeling from another mother suggested that her child was deliberately subjecting her to a difficult situation, as she could not understand why the perpetrator chose to rape her in their neighbourhood:

> There are so many children in my neighbourhood and some children are younger than my child. They walk around at night on their own and sometimes they play on the street until late without any supervision. But why did he choose my child? Why

> is my child doing this to me? Or does she want me to die from a heart attack. (Respondent Six)

4.6. MOTHERS' RELATION WITH THE CHILD VICTIMS POST-DISCLOSURE

The rape incidents seem to have altered the relationship the respondents had with their children. The theme of the children's mothers being overprotective post disclosure was strongly evident. Grosz et al. (2000) documented similar findings and proposed that parents often encompass their victimized children in a protective cloak so that no harm can befall them. Although the majority of the mothers (eight cases) described their relationships with the children prior to the rape as good, the incident seems to have strengthened and enhanced the mother-child relationship:

> Our love towards her is too much. We love her more than we loved her before. We do everything for her. Though we cared for and protected her before, I think we care for her too much. She is our glass and that is how we treat her since after that rape. We do whatever it takes to protect her. (Respondent Eight)

This is surprising given that the respondents blamed the victims post-disclosure. It appears that these mothers acted over-protectively toward the children to compensate for their lack of support. They were also probably making reparations for their allegations that the victims colluded with the perpetrators and for displaying anger feelings towards the child victims. These mothers expressed their difficulties in leaving their children under the care of anyone else, and experienced a strong need to be with their children. They reportedly check if the victims are safe by monitoring their every move and thus protect them from being vulnerable to further rapes. It appears that the mothers hold themselves responsible

for their child's rape and think that the rape could have been prevented had they provided their children with the necessary protection.

Some mothers (two cases), indicated that they forbade their children from playing with their friends in order to afford them with a safe and rape-free environment. Even letting the victim walk to school by himself seems to have been difficult for Respondent Seven, who indicated that she accompanies the child to school every day and fetches him from school. Although the mother could be putting in place measures to protect the victim, one wonders if that does not exacerbate feelings of insecurity in the child victim.

In two cases, the respondents indicated that the incident impacted negatively on their relationship with their children. They were reportedly treating the children badly, and attributed their negative attitude towards the children to the anger they were still harbouring:

> After discovering that she was raped I became very impatient with her. Sometimes I wish that she was not my child. I wish she was somebody else's child, a child who was a stranger to me. I did not want to be identified with her. Sometimes I feel disgusted when I look at her, adding to the fact that I forbade her from going to the park. I am very angry towards her. (Respondent Six)

> I cannot help myself but I find myself swearing and shouting at her especially when she does something wrong. I remind her that she is responsible for what has happened to her. I treated her differently because of the anger I felt towards her. When her sisters call her names, when they tease her I do not intervene. There is nothing that I can do. I encourage her to play on her own otherwise there is nothing

> that I can do because I cannot separate her from her sisters and brothers. (Respondent Four)

4.7. MATERNAL ABILITY TO COPE POST-DISCLOSURE

It is not uncommon, especially in African communities, to alienate and ostracize parents of sexually abused victims. Often parents of sexually abused victims seem to suffer another torture when their relatives and communities make a discovery about what has happened in their households, because they hold them responsible for their children's rape. As a result, the parents receive minimum support from their loved ones to help them deal with their children's trauma. This was also evident in this study, as only three mothers received help and support from their relatives and colleagues. Although two of these mothers alleged that their jobs are a source of their strengths, and construed their children's rapes as a trivial thing, they displayed some difficulties expressing their thoughts and feelings about their children's rapes. Most of their feelings were persistently externalized, as they predominantly discussed their work:

> I counsel people who are infected with HIV and AIDS. Other people complain about abuse while some people bring problems that are worse than mine. (Respondent Two)

One of these women also mentioned that she was in counselling. When asked what prompted her to seek help she said:

> I went for counselling because of the work I do. I come across difficult cases because lots of people especially those who have full blown AIDS die during my

> presence. So I think all these problems made me strong. Watching people die is much more difficult…I told myself that I have to accept because what has happened to my child is a minor thing and I will forget about it when time goes on. (Respondent Four)

The majority of the participants (eight cases) sought solace from the social worker who counsels their children. The numbers of mothers who turn to the social worker for support demonstrate the maternal need for help in dealing with their children's rape:

> She comforts me when I am with her. Having someone who tells you that this thing has happened to other people is comforting. It is like she is holding my hand and tells me that everything is going to be alright. (Respondent Three)

Some mothers sought solace and protection from God, while others believed that their acknowledgement and acceptance that their children were raped alleviated their distress:

> I have accepted that maybe it was meant to happen. It would have happened even at my grandmother's place because children are abused all over the world. Child sexual abuse does not happen only where I stay; even if I can go and stay in America...it happens everywhere. (Respondent Six)

> When Tshepo arrives home from school I pray with him. We pray and a prayer is the only thing that helps me deal with my problems. I believe that God takes my pain away. (Respondent Seven)

> I attend church regularly. Before this problem I did not belong to any church and my younger sister suggested that I come with her to her church. I feel much better when I have been to church. (Respondent Eight)

Seeking revenge through legal retribution seems to have helped one mother deal with her child's rape:

> Pressing charges against that man has helped me deal with my child's rape. I think that he is experiencing the same pain and difficulties I have experienced. I do not think that he is enjoying himself wherever he is. I just hope that he is going through hell. (Respondent Nine)

4.7.1. Maternal ability to support the child victims post-disclosure

The participants of this study seem to have supported their children by seeking help from the professional about their children's victimization. The drastic step of reporting the incident to the police also seems to have empowered both the parents and the victims, with the belief that they did something to prevent the rape from recurring again. The initiative that the parents took to accompany their children to the clinics and hospitals appears to have left the victims feeling supported. Although these parents reported that they did little to help their children cope with their trauma, they complied with the social worker and accompanied the victims to therapy.

All parents gave a positive feedback about their child's therapy. They reported that it helped them reach out to the victims and discuss the incident with them. One mother who

was constantly absent reported that she now spends as much time as she can with her children:

> I told my colleagues that I will not be able to attend all the meetings because I want to spend time with my children. I want to support Refiloe and act like a "true mother". I am always busy and I do a lot of things. I am a ward committee member; I work with counsellors and sometimes I attend meetings in the after afternoons and sometimes in the evenings. I also belong to the women's league of the ANC and I must also attend their meetings. (Respondent Four)

Also important was the report that Respondent Two provided that she treats the victim like a "child" and that she does not expect her to act like an adult. It seems that the negative feelings that the mothers displayed post-disclosure towards the children did not alter the perception they had about those children. Furthermore, informing their children that they were going to pull through appears to be one of the major things that the children needed to hear and that their mothers understood what they are going through.

The findings of this study were presented and discussed in this chapter. Areas that were focused on included the context and circumstances of the incidents, the dynamics that emerged around the issue of disclosure, the symptom presentation as described by the mothers, and maternal responses post-disclosure. The chapter also focused on the construal of the rape incident by the mothers and its implication on the children's future, and how the rape impacted on the mother-child relationship. A summary of these results will be presented in chapter five, which will also discuss the recommendations, limitations of this study, and suggestions for future research.