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The effects of extra-familial child sexual abuse on the victim's primary care givers

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CHAPTER FIVE: SUMMARY AND CONCLUSIONS

This chapter will present a summary of the results presented in chapter four, provide an analysis of the limitations of the study and make recommendations for improving clinical services and suggestions for future research.

5.1. DISCUSSION OF RESEARCH FINDINGS

The results of the current study confirm the previous studies' findings that victims of extra-familial rape tend to be raped during their mothers' absence (Regehr, 1990). The findings of this study suggest that of the participants interviewed children of unemployed and employed mothers were placed in the same risk category of being raped as most of the victims were raped by their known and trusted neighbours, in the children's own homes. Moreover, data obtained from the mothers confirms the above finding that the perpetrators of the rape were familiar to the children and had easy access to the victims. As a result, the rapes were perpetuated in an environment that the children are familiar with. The current study confirms the findings of Johnson (2004); Bolton et al. (1989), who indicated that the perpetrators of extra-familial rape manipulate and target innocent and trusting children who are alone or lonely, and whose family struggle with poverty, and in which there is often an incompetent or absent paternal figure.

The process of **disclosure** reveals interesting aspects. The first is that the child victims failed to disclose the abuse to their mothers. The difficulty disclosing was evident in this study, as the children presented with behavioural and somatic complaints to communicate

their distress. Some mothers indicated that the behavioural and somatic complaints and physical signs, such as blood on the child's underwear, made them suspicious that their children might have been raped. However, the children concealed the rape incidents and some fabricated an account of their stories to dispel their mothers' suspicions. Even though the mothers had their suspicions about the rape incidents, they failed to confront the children. This might be due to the mothers' denial and avoidance of painful feelings that emerge when exploring the rape incident with their children.

The mothers threatened their children with physical punishment to coerce them to disclose the rape. This process induces secondary traumatization in the children. The threats imposed by the mothers appear to be one of the contributing factors that might have inhibited the children from disclosing the rape (Mutimbe, 1999).

It was intriguing to observe that, not only did the children conceal the rape from their mothers, but they were ordered by their mothers during the process of disclosing to conceal the rape from others. This difficulty in addressing the issue of rape openly can be closely related to the repressive attitudes toward discussing sexual issues openly in Black African cultures, particularly within families or with children. It seems that a fear of being ostracised and marginalized were also pertinent factors that induced concealment in both the children and their mothers.

In terms of the **symptoms**, it appears that the psychological consequences of rape affected both the child victims and their mothers. The mothers' report indicated that their children

presented with features of Post Traumatic Stress Disorder, while the mothers presented with symptoms consistent with Major Depressive Episode, this is contrary to Wyatt and Mickey (1988); Hiebert-Murphy (1998) and Manion et al. (1996) studies, claiming that not all sexually abused victims and their parents develop significant levels of emotional and psychological distress post-disclosure. However, the symptom presentation of respondents in this study is consistent with empirical literature that indicates that sexual abuse of children has an adverse effect on both the victims and their mothers.

The children and their mothers reportedly felt dejected and presented with feelings of helplessness. They lost interest in their daily activities and avoided places associated with the trauma. Also apparent were frequent recollection of the trauma through nightmares. Moreover, mothers experiencing these responses appear to have difficulty providing the child victims with the necessary support they need.

The mothers further indicated that the child victims presented with anger outbursts, which appears to be an attempt by the victims to displace their anger toward the perpetrator for victimizing them, and toward their mothers for failing to protect them. Oppositional and aggressive behaviours were also observed by mothers. Such behaviours were possibly employed by the child victims to distance themselves from the incident and thus strive to achieve a sense of safety (Driver & Droisen, 1989). The children's symptoms took a toll on the mothers as they indicted that they were confused and did not know how to deal with the symptoms.

The data obtained shows that the **mothers responded** in different ways upon discovering their children's rapes. Their initial response was shock and denial, in most instances, followed by cycles of blame and feelings of anger. These feelings were directed toward different people, and it appears that the disclosure compounded the stress of mothers who had serious personal, family and socio-economic problems. There were, however, exceptional cases in which one mother pointed out that her child's rape did not impact negatively on her psychological well-being. Although this mother's contention confirms extant literature that reveals that not all mothers whose children have been raped experience significant levels of distress post-disclosure, it is possible that she was suppressing her negative feelings. This was evident in her inability to explore her feelings and her avoidance of talking about her child's rape. She instead, opted to discuss her significant role in her community, indicating some defensiveness.

The lack of adequate response by the South African Police Services to apprehend the perpetrators seems to have exacerbated the anger, feelings of hopelessness and helplessness experienced by the mothers. The mothers also felt betrayed by the police officers as none of the perpetrators were convicted for their crimes. As a result these mothers expressed a strong wish to take the law into their own hands.

Organizations such as the South African Law Commission seem to acknowledge the frustrations and feelings of despair experienced by mothers. In their paper, they lambasted the South African Criminal Law for failing to provide children with the necessary protection against sexual abuse (South African Press Association, 1997). This organization

perceived the reluctance of police to participate in issues related to sexual abuse as a major problem, while the bureaucratic delays in convicting the perpetrators is viewed as a unacceptable.

It is noteworthy to indicate that the participants of this study responded with conflicting **feelings toward the child victims**. Anger was their predominant feeling, and is consistent with Regehr's (1990) findings that mothers often display anger feelings towards the child victims for concealing the rape. They were also angry with the children for being raped, as though they were to blame. The mothers' desperation and frustrations that the children should have discussed the rapes with them seems to have stirred their anger. However, the children's detailed description of the incident did not convince the mothers that the rapes indeed took place. This is because some mothers interrogated the children, while others exposed their children to further rape to ascertain if they were telling the truth.

Also prominent were the mothers' concern about the implications of the rape for the children's future. Primarily, the mothers feared that the children would not be able to establish sound relationships in future and bear children as a result of possible physical damage and problems in sexual development. Their perception of the child victims as "damaged" and "tainted" seems to constitute the illogical elements which are based in ideological and cultural beliefs (Lewis, 1996). The above findings appear to be relevant to this group of African mothers because of the extremely high value placed on reproduction in the African context (Ngubane, 1977).

A fear that the children will identify with the aggressor that is being abusive and destructive was also expressed by mothers. Travers (1999) indicated that maternal fear often arises out of the much publicized fact that the perpetrators were also abused in childhood. While this appears to be true, there is little if not minimum information publicized about the percentage of abused victims who do not become abusers themselves.

The **mothers' responses towards the perpetrators** were consistent with the findings in the literature review that indicated that mothers expressed anger toward the perpetrators (Grosz et al. 2000). The only exceptions were the views and feelings of two mothers who did not hold the aggressors responsible for their actions. Of the two mothers, one of them questioned the offenders' ages and their states of mind during the incident. She seems to have aligned herself with the societal beliefs that stipulate that rape is not rape when perpetuated by minors, and that its implications for the victims are not profound. The remaining one could not express her thoughts and feelings about the perpetrators, possibly because her anger towards the victim was more prominent.

The majority of the mothers felt that the perpetrators shattered the confidence and trust they had in them. The perpetrators' use of violence to coerce the children in participating in the incident also seems to have contributed to the mothers' anger and feelings of disappointment. Most mothers expressed a strong need to take the law into their hands to avenge their children's victimization. Their desperate need for retribution confirms the findings that indicated that mothers of sexually abused children also present with

murderous urges post-disclosure (Regehr, 1990). Such feelings are often perpetuated by the lack of trust and confidence people have in the police officers.

It also emerged that the mothers expressed **negative feelings** toward other people. This displacement of their anger could be due to the mothers' perception that those people should have protected their children from victimization. Their disappointment and anger was also directed towards God for failing to protect their children from the rape, and to male figures whom the mothers perceived as the people who should have provided the victims with protection and security. The insufficient support from others seems to have exacerbated the mothers' disappointment and feelings of resentment.

The **construal of the rape** by mothers emerged as one of the themes that needed exploration in this study. It emerged that the mothers expressed a strong need to derive meaning and closure that surrounded their children's rapes, and understand why their children were raped. Their attribution of responsibility was diverse and directed at different parties. Their immediate response was to attribute responsibility to the perpetrators, but this was mediated by a range of explanatory socio-economic and personality factors (Lewis, 1997). A bizarre belief of some African men, that having sex with a child or virgin will cure them from HIV infection was cited as one of the factors that perpetuated the victims' rapes.

Some mothers attributed their children's' rapes as a punishment for the mothers' sins. These mothers never stopped berating themselves for failing to notice that something was

wrong with their children. They questioned their maternal roles and skills and some felt naïve for trusting the perpetrators. It appears that the mothers' sense of self-worth and adequacy as mothers was tied to their capacity to protect their children. Their feelings were further compounded by the societal tendency to blame the parents for the sexual abuse of their children, which further compromised their self-esteem (Manion et al. 1996). Some mothers suffered direct rebuke from people they expected should have helped them deal with their children's rape.

The children were also held responsible for their victimization. The respondents **blamed the children** for failing to disclose the rape immediately to them. They were blamed for their submissiveness and passive responses during the incident, which were misconstrued as the children's collusion in their abuse. Some mothers believed that their children enjoyed what happened to them because of their concealment of the incidents.

It appears that the mothers' attribution of blame towards the victims contradicted the findings of Back and Lips (1998), who indicated that mothers often hold older victims of rape responsible because they are perceived as quasi-adults who comprehend sexual meanings and engage in sexual activities consentingly. However, the participants in this study did not seem to have considered the age and fragility of the victims, and the fact that they were incapable of consenting to sexual activities, and lacked sexual maturity.

It was also interesting to discover that the mother of the boy victim also held him responsible for his rape, and believed he should have prevented the incident from

happening. It seems that this mother could not resist the culturally defined stereotypes that expect boys and men to be strong and protect themselves in every situation (Travers, 1999).

The rapes seem to have impacted significantly on the **relationships mothers had with their children**. Most mothers reported that they became overprotective towards their children post-disclosure. Such behaviour appears to be an attempt on the mothers' part to make reparations for their anger towards the victims, and compensate for the protection they never provided the victims. It appears that the children's victimization made it difficult for mothers to trust other people, and they would not let their children out of their sights. These mothers feel that the rapes could have been prevented if safer measures were put in place. They attempted to increase security by monitoring all their moves, and forbade them from playing with other children. But one wonders about the feelings of insecurity that are evoked in the children by the mothers' over protectiveness.

The children's rape had adverse effect on **maternal coping skills post-disclosure**. The majority of the mothers felt that their community ostracized and held them responsible for their children's rapes. Such blame and withdrawal of support seems to have left the mothers feeling isolated and helpless, with minimal resources available to help their children deal with the trauma. Their strong need for support was evident in the solace they got from the social worker who counselled their children.

However, the implications of the rapes for the mothers seemed not to have prevented them from seeking **help and support for their children**. The medical professionals were the first people that the mothers contacted with regard to their children's rape. The fear that the child victims could have been infected with HIV prompted the mothers to seek professional help. Their initiative to accompany the children to the hospitals and clinics for therapy sessions also seems to have left the children feeling supported and cared for.

The summary of these results suggests that mothers become secondary victims of extra-familial rape due to the distress they suffer post-disclosure, which is compounded by their children's difficulty in dealing with their trauma. It is therefore important that therapeutic intervention be extended to this population so that they can support and help their children deal with their traumatization. The following section will discuss recommendations arising from this research for assisting mothers in coping with their children's rapes.

5.2. RECOMMENDATIONS

The responses provided mothers to the trauma of their children have been identified as important mediators of their children's experiences. Their availability and a development of a strong attachment relation between them and their children was viewed as significant in helping the child victims deal with their distress (Bowlby, 1970; Anastasiow, 1982). The "holding" environment provided by a caring and supportive mother also plays an important role in reinstating the mental health and emotional development of the child after a traumatic experience (Winnicott, 1965). It is therefore important to extend intervention to the mothers so that they can best alleviate the distress experienced by their children.

This study indicated that mothers of sexually abused victims felt that the impact of the discovery that their child has been raped was profound. Their reactions included feelings of responsibility, hostile feelings towards the child and perpetrator, as well as negative reactions to involvement in the law enforcement and court process. They were left with minimum space to be able to explore their feelings about the incident. Thus it is recommended that:

(1) Individual therapy can allow mothers to explore their guilt feelings regarding their failure to prevent the incident and allow them to absolve themselves of unjustified guilt. An exploration of such feelings will enhance maternal awareness of potential dangers, especially those mothers who never afforded their children with the necessary protection, and thus empower them to make alternative and adequate child care arrangements.

(2) It emerged in this study that some mothers blamed their children for being promiscuous. It appears that being confronted with the reality of a sexually experienced child evoked many issues that the mothers were unable to deal with. An exploration of maternal feelings through parental education should be encouraged to prevent them from imposing their sexual misconceptions onto the child victim (Regehr, 1990).

(3) The mothers also held their children responsible for their victimization despite their age. Psycho-education will help mothers understand that young children do not have the mental structure needed for logical or abstract thought, and that they may not comprehend

the impact of sexual activity with an adult because they may not understand what it is they are giving consent to. It emerged in this study that mothers experienced difficulties comprehending the drastic behavioural changes that their children presented. They should be educated about issues related to sexual assault and about the reactions that the child victims present with and how to address them. All the mothers reportedly became overprotective towards their children post-disclosure. Although the mothers were compensating for the support they never provided their children with, they should be helped to understand that being overprotective can disrupt the victims' lives and further diminish their ability to control their environment, thus predisposing the children to further abuse. Mothers should further be encouraged to affirm their children's power, rather than their status as victims (Regehr, 1990). By so doing they will be encouraging the child victim to strive for mastery and control.

(4) The interviews appeared to have been a catharsis as the mothers gave a positive response that it helped them express their feelings and frustrations regarding their children's rapes. These mothers need a space where they can talk about what has happened to their children, over and above the therapeutic interventions that may be insufficient. Participation in a support group can better equip them to deal with the distress that resulted from a disclosure of their children's rapes. Bringing mothers into contact with other mothers with the same experience will further break down the isolation the mothers' experienced, and eradicate the feeling that they are tainted. Such a group will also afford them with a space where they can tell their stories.

(5) Many mothers reportedly wanted to forget about the rape incidents and hoped the child victims would also forget about them. Some mothers prohibited their children from talking about and discussing the rape with anyone. Such scenarios seem to have created an atmosphere where a child felt that it was not acceptable to talk about their sexual abuse experiences. These experiences reinforce the child's feeling that something dirty and horrible has happened to her and that she is somehow responsible. Family therapy can help open the discussion about the child's victimization and ensure that the child is able to speak to his/her parents about any future abuse (Regehr, 1990).

(6) The loss of confidence in the South African Police Services prompted the mothers to take the law into their own hands. These informal retributions and revenge seem to replace the formal policing and judicial system with the inevitable consequences of excessive brutality. It is therefore imperative that police force and judicial systems be developed that will inspire the confidence of people, rather than alienate them (Regehr, 1990). The necessary information on the court process will also be beneficial to mothers who may not understand the protocols of the law.

5.3. LIMITATIONS OF THE STUDY AND SUGGESTIONS FOR FUTURE RESEARCH

The sample for this study was relatively small and comprised only ten mothers. It is important that caution be exercised when generalizing these findings to the whole extra-familial rape population.

The mothers who participated in this study were those who were referred at Zamokuhle and Nthabiseng Clinics in Soweto. It is possible that the responses of the mothers who are not referred for treatment, or who do not disclose the rape may be different.

The majority of the participants presented with socio-economic, personal and marital problems. These problems limit the generalizability of the conclusion that extra-familial rapes impact negatively in the same ways on all mothers. These multiple problems might have aggravated the respondents' distress. Future studies should control for these variables.

The study was also confined to mothers whose children were below ten years. Since rape is rife in South Africa and children as young as a month old are brutally raped, it will be interesting to explore the responses of the mothers whose children fall in different age groups.

It appears that this study was confined to mothers who struggled to deal with and cope with their child's rape. Future research should look at sources of support that help other mothers deal with their children's victimization.

The majority of the victims in this study were young girls, and only their mothers' responses were explored. Studies should also explore the effect of the rape on fathers, and assess if both mothers and fathers present with the same or different psychological responses.

The interviews were audio recorded during data collection. It is possible that the respondents' awareness of this may have prevented them from expressing themselves openly. Further, although the participants were articulate, English was used as the medium of communication and some mothers might have experienced some difficulties expressing their thoughts and feelings in a second language.

5.4. CONCLUSION

The escalating statistics of sexual violence against children in South Africa shatter the myth that regarded childhood as a time of innocence, comfort and security. These traumatic experiences compromise the children's coping resources, which are likely to be aggravated by the failure of their parents to "contain" and support them.

The rape incidents also affect mothers, who also experience psychological distress. They blame themselves for their children's victimization, feeling that they did little to prevent the incident from happening, and thus question their parental roles and skills. These feelings overwhelm the mothers, and highlight the need for treatment models that will address their psychological distress.

The results of this study suggest that treatment interventions should be put in place, despite the insufficient available resources, that will help these mothers explore their feelings of helplessness and hopelessness, guilt, blame and the negative feelings they display towards their children and other people. This, in turn, will help them understand their children's trauma and how best they can support them. Psycho-education could also raise an

awareness of, and reduce the incidence of, child sexual abuse, and its subsequent effects on the children and their mothers.

REFERENCES

Adams-Tucker, C. (1982). Proximate effects of sexual abuse in childhood: A report on children. *American Journal of Psychiatry*, 139, 1252-1256.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (4 th ed.)*.Washington, D.C.: Author.

Anastasiow, N. J. (1982). *Attachment research and mental health*. In Emde, R. N., & Harmon, R. J. (1982). The development of attachment and affiliative system. New York: Plenum Press.

Anderson, K., & Jack, D.C. (1991). In Gluck, S.B., & Patrai, D. (1991). *Womens works*: *The feminist practice of oral history*. London: Routhedge. P11-26.

Back, S., & Lips, H. M. (1998). Child sexual abuse: Victim age, victim gender, and observer gender as factors contributing to attributions of responsibility. *Child Abuse & Neglect*, 22(2), 12, 1239-1252.

Bagley, C., & King, K. (1990). *Child sexual abuse: The search for healing*. London: Routledge

Banister, P., Burman, E., Parker, I., Taylor, M., & Tindall, C. (1994). *Qualitative methods in psychology_A research guide*. Buckingham: Open University Press.

Berg, B.L. (1998). *Qualitative research methods for the social sciences (3 rd ed.)*. London: Ally and Bacon.

Black, M., Dubowitz, H., & Harrington, D. (1994). Sexual abuse: Developmental differences in children's behaviour and self-perception. *Child Abuse & Neglect*, 18, 85-95.

Bolton, F.G., Morris L.A., & MacEachron, A. E. (1989). *Males at risk: The other side of child sexual abuse*. London: Sage Publications.

Bolwby, J. (1970). *Attachment and loss*. Harmonsworth: Penguin.

Breakwell, G.M., Hammond, S., & Fife-Schaw, C. (1995). *Research methods in psychology*. London: Sage Publications.

Brown, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.

Brownmiller, S. (1975). *Against our will: Men, women and rape*. New York: Simon and Schuster.

Cahill, C., Llewelyn, S. P., & Pearson, C. (1991). Treatment of sexual abuse which occurred in childhood: A review. *British Journal of Clinical Psychology*, 30, 1-12.

Colaizzi, P.F. (1978). *Psychological research as the phenomenologist views it*. New York: Oxford University Press. In Valle, R.S., & King, M. (1978). Existential-Phenomenological alternatives for psychology. New York: Oxford University Press (p. 48-71).

Collings, S. J., & Bodill, B. M. M. P. (2003). Methodological issues in research on child sexual abuse attribution. *South African Journal of Psychology*, 33(3), 170-175.

Collings, S. J., & Payne, M. F. (1991). Attribution of causal and moral responsibility to victims of father –daughter incest: An exploratory examination of five factors. *Child Abuse & Neglect*, 15, 513-521.

Conte, J. R., & Schuerman, J. R. (1987). Factors associated with an increased impact of child sexual abuse. *Child Abuse & Neglect*, 11, 201-211.

Creswell, J.W. (1998). Qualitative inquiry and research design. *Choosing among five traditions*. London: Sage Publications.

Davies, M.C. (1995). Parental distress and ability to cope following disclosure of extra-familial sexual abuse. *Child Abuse & Neglect*, 19(4), 399-408.

Dawes, A., & Tredoux, C. (1989). Emotional status of children exposed to political violence in the Crossroads squatter area during 1986/1987. *Psychology in Society*, 12, 33-47.

Denzin, N.K., & Lincoln, Y.S. (1994). *Handbook of qualitative research*. London: Sage Publications.

Driver, E., & Droisen, A. (1989). Child sexual abuse: Feminist perspectives. London: Macmillan.

Emm, D., & McKenry, P. C. (1988). Coping with victimization: The impact of rape on female survivors, male significant others, and parents. *Contemporary Family Therapy*, 10(4), 272-279.

Finkelhor, D. (1979). *Sexually abused children*. London: Collier Macmillan Publishers.

Flick, U. (2002). *An introduction to qualitative research (2 nd ed.)*. London: Sage Publication.

Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian & New Zealand Journal of Psychiatry*, 36(6), 717-732.

Frazier, P. A. (1990). Victim attributions and post-rape trauma. *Journal of Personality and Social Psychology*, 59(2), 298-304.

Freeman, K. A., & Morris, T. L. (2001). A review of conceptual models explaining the effects of child sexual abuse. *Aggression and Violent Behaviour*, 6, 357-373.

Grosz, C. A., Kempe, R. S., & Kelly, M. (2000). Extra- familial sexual abuse: Treatment for child victims and their families. *Child Abuse & Neglect*, 24(1), 9-23.

Hazzard, A., Celano, M., Gould, J., Lawry, S., & Webb, C. (1995). Predicting symptomatology and self-blame among child sexual abuse victims. *Child Abuse & Neglect*, 19(6), 707-714.

Hiebert-Murphy, D. (1998). Emotional distress among mothers whose children have been sexually abused: The role of a history of child sexual abuse, social support, and coping. *Child Abuse & Neglect*, 22(5), 423-435.

Hooper, C. (1992). *Mothers surviving child sexual abuse*. London: Tavistock.

Humphreys, C. (1992). Disclosure of child sexual assault: Implications for mothers. *Australian Social Work,* 45(3), 27-35.

Janoff- Bulman, R., & Frieze, I. H. (1983). A theoretical perspective for understanding reactions to victimization. *Journal of Social Issues*, 39(2), 1-17.

Janoff-Bulman, R., & Wortman, C. B. (1977). Attributions of blame and coping in the "real world": Severe accident victims react to their lot. *Journal of Personality and Social Psychology*, 35(5), 351-363.

Johnson, C.F. (2004). Child sexual abuse. *Child Abuse & Neglect*, 364 (9432), 462-471.

Joseph, S., Yule, W., & Williams, R. (1993). Post-traumatic stress. Attributional aspects. *Journal of Traumatic Stress*, 6(4), 501-512.

Katan, A. (1973). Children who were raped. *Psychoanalytic Study of the Child*, 28, 208-224.

Kelly, H. H. (1973). The process of causal attribution. *American Psychologist*, 28, 107-128.

Kerlinger, F.N. (1986). *Foundations of behavioural research (3rd ed.)*. London: Harcourt Brace Jovanovich College Publishers.

Leibowitz, S., Mendelsohn, M., & Michelson, C. (1999). Child rape: Extending the therapeutic intervention to include the mother-child dyad. *South African Journal of Psychology, 29(3*), 103-108.

Lewis, S. (1996). *Attributional aspects of the construal of an extra-familial rape incident by mothers and child: A preliminary exploration*. Unpublished Masters Dissertation, University of the Witwatersrand, Johannesburg.

Lewis, S. (1997). *Theoretical and therapeutic aspects of extrafamilial child rape in the South African context: A preliminary exploration*. South Africa: Johannesburg.

Ligezinska, M., Firestone, P., Manion, I.G., McIntyre, J., Ensom, R., & Wells, G. (1996). Children's emotional and behavioural reactions following disclosure of extra-familial sexual abuse: Initial effects. *Child Abuse & Neglect, 20(2)*, 111-125.

LoBaido, A. C. (2001). *Child-rape epidemic in South Africa: Fuelled by widespread belief that sex with virgin cures AIDS*. http//www.worldnetdaily.com/news/article. (13 November 2004).

Lovett, B. B. (1995). Child sexual abuse: The female victim's relationship with her non-offending mother. *Child Abuse & Neglect, 19(6),* 729-738.

Mail & Guardian (2004), 13 March.

Manion, I. G., McIntyre, J., Firestone, P., Ligezinska, M., Ensom, R., & Wells, G. (1996). Secondary traumatization in parents following the disclosure of extra-familial child sexual abuse: Initial effects. *Child Abuse & Neglect,* 20(11), 1095-1109.

Manion, I., Firestone, P., Ligezinska, M., McIntyre, J., & Ensom, R., (1998). Child extra-familial sexual abuse: Predicting parent and child functioning. *Child Abuse & Neglect*, 22(12), 1285-1304.

McCourt, J., Peel, J.C. F., & O'Carroll, P. (1998). The effects of child sexual abuse on the protecting parent(s): Identifying a counseling response for secondary victims. *Counselling Psychology Quarterly*, 11(3), 283-299.

Morrow, K. B. (1991). Attributions of female adolescent incest victims regarding their molestations. *Child Abuse & Neglect*, 15, 477-483.

Mutimbe, W. (1999). *Child abuse rampant in Southern Africa*. http//www.sardc.net. (13 November 2004).

Ngubane, H. (1977). *Body and mind in Zulu medicine*. London: Academic Press.

Padgett, D.K. (1998). *Qualitative methods in social work research. Challenges and rewards*. London: Sage Publications.

Patton. M.Q. (1982). *Practical evaluation*. London: Sage Publications.

Regehr, C. (1990). Parental response to extra-familial child sexual assault. *Child Abuse & Neglect*, 14, 113-120.

Sandler, H. S., & Sepel, N. L. (1990). *Violence against children: Sexual abuse*. In McKendrick, B., & Hoffman, W. (1990). People and violence in South Africa. Cape Town: Oxford University Press.

Sgori, S. M. (1982). *Handbook of clinical intervention in child sexual abuse*. Massachussetts: Lexington Books.

Shaver, K.G. (1985). *The attribution of blame: Causality, responsibility and blameworthiness*. New York: Springer-Verlog.

South Africa Press Association. (1997). *South African criminal law fails to protect children against sexual abuse*. South Africa: Pretoria.

Stacey, M. (1969). *Methods of social research*. London: Pergamon Press.

The London rape crisis centre. (1984). *Sexual violence: The reality for women*. London: The Women's Press Ltd.

Travers, O. (1999). *Behind the silhouettes: Exploring the myths of child sexual abuse*. Belfast: The Black staff Press.

Udwin, O. (1993). Annotation: Children's reactions to traumatic events. *Journal of Child Psychology and Psychiatry*, 34(2), 115-127.

Ullman, S. E. (1997). Attributions, world assumptions, and recovery from sexual assault. *Journal of Child Sexual Abuse*, 6(1), 1-22.

Van der Kolk, M. (1991). Childhood origins of self-destructive behaviour. *American Journal of Psychiatry*, 148, 1665-1671.

Van Scoyk, S., Gray, J., & Jones, D. P. H. (1988). A theoretical framework for evaluation and treatment of the victims of child sexual assault by a nonfamily member. *Family Process*, 27, 105-113.

Vogelman, L. (1990). *The sexual face of violen*ce. Johannesburg: Ravan Press.

Vogelman. L., & Eagle, G. (1991). Overcoming endemic violence against women in South Africa. *Social Justice*, 18(1-2), 209-229.

Winnicot, D.W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. London: The Hogarth Press.

Wyatt, C.E., Mickey, M.R. (1988). *The support by parents and others as it mediates the effects of child sexual abuse: An exploratory study*. In Wyatt, G. E., & Powell, G. J. (1988). Lasting effects of child sexual abuse. London: Sage Publications.