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

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CHAPTER TWO: LITERATURE REVIEW

Child sexual abuse is regarded as one of the most common forms of child abuse. It is prevalent in South Africa and other neighbouring countries, and appears to draw attention and concern in both professional and public circles. Its disclosure seems to derail the track of the family's continuity (Van Scoyk, Gray & Jones, 1988), and further cause profound emotional upheaval for the victim, the perpetrator and the family (Sandler & Sepel, 1990).

This chapter aims to assess the literature on the effects of extra-familial child sexual abuse on the victims' parents. It is significant for the purpose of this study to understand the psychological effects and symptoms suffered by the abused victims and their impact on the parent. Though the victim's parents also present with a wide range of reactions, it is crucial that they provide their victimized children with the necessary support to help them deal with their traumatic experiences. Theorists such as Bowlby (1970), Winnicott (1965) and Anastasiow (1982) indicate that parental availability and support during difficult times could ameliorate the distress experienced by the victimized child, and their contributions and assumptions will thus also be explored. It also appears that the attributions the parents often make in trying to understand why their children have been abused may either facilitate or hamper psychological closure, and will thus also be considered.

2.1. THE PSYCHOLOGICAL EFFECTS OF RAPE ON THE CHILD VICTIM

Different authors present diverse views and opinions on the effects of child sexual abuse on the child victim. Some authors believe that not all abused children develop significant

psychopathology, and that the effects of their victimization become apparent and profound only when they reach adulthood (Udwin, 1993; Hazzard, Celano, Gould, Lawry & Webb, 1995; Sandler & Sepel, 1990; Ligezinska et al.1996; Conte & Schuerman, 1987; Freeman & Morris, 2001; Dawes & Tredoux, 1989). On the contrary, Tsai et al. (1987, cited in Sandler & Sepel, 1990) argue that the abuse of a child by an older person is markedly damaging and negative, and affects the child's adjustment and his/her ability to form interpersonal relationships. Grosz et al. (2000); Sandler and Sepel (1990) and Udwin (1993) argue that the effects suffered by the child victim is closely related to the severity of abuse, the degree of intrusion, the relationship of the victim with the offender, the length of time the abuse had occurred before its disclosure, the force or threats employed by the perpetrator to obtain the child's coercion or silence, the child's own strengths and personality, and the response from family members.

Janoff-Bulman & Frieze (1983), indicate that the distress often experienced by abused victims is largely due to the shattering of the basic assumptions they have held about themselves and their world. These assumptions include a perception that they are living in a safe and meaningful world (Van Scoyk et al. 1988), an illusion that they are invulnerable, and have a positive view of themselves (Janoff-Bulman & Friez, 1983).

Current evidence indicates that children who have experienced extra-familial abuse suffer short and long term effects. The short-term effects that are commonly evident in sexually abused children include withdrawal symptoms, hallucinations, sex-related complaints, running away, school problems, oppositional behaviour, psychosomatic problems, physical

problems and gynaecological disturbances (Emm & McKenry, 1988; Ullman, 1997; Grosz et al. 2000; Black, Dubowitz & Harrington, 1994; Lovette, 1995).

A consensus among different researchers also reveals that abused victims may experience post traumatic stress reactions similar to those experienced by adults, and that these may persist for months or years. The long-lasting symptoms commonly displayed by the child victim include sleep disturbance; concentration difficulties; memory impairment; persistent, intrusive thoughts and images of the traumatic event; anxiety; depressed mood; loss of interest in previously enjoyed activities; increased irritability; low self-esteem and self-worth; feelings of isolation; guilt; outburst of anger and aggressive behaviour (Cahill, Llewelyn & Pearson, 1991; Freeman & Morris, 2001; Adams-Tucker, 1982; Lovette, 1995; Hooper, 1992). These symptoms appear to affect the whole family system, especially the parents, who may not know how to deal with the symptoms presented by the child victim.

2.2. PSYCHOLOGICAL IMPACT OF CHILD SEXUAL ABUSE ON THE PARENTS

Historically, literature on family dysfunction condemned mothers of sexually abused victims for indirectly exposing their children to sexual risks, and for their failure to believe, support and protect the child victim (Humphreys, 1992; Sgori, 1982). These women were construed as failures in the role they played as mothers, as they were perceived to create the circumstances in which child sexual abuse was allowed (Humphreys, 1992).

The feminist critique of this literature, however, shifted the blame from these mothers (Humphreys, 1992). They pointed out that mothers have the capacity to act protectively towards their abused child and that they should not be undermined in that relationship (Humphreys, 1992). The feminists attributed the mothers' inability to provide their abused children with support and protection to their feelings of powerlessness. Being dominated by the hostile social context around them impairs their ability to attend to their children's needs (Humphreys, 1992). It appears that the victims' parents are often censured and ostracized when their children had been raped. It is therefore important to explore the reactions and feelings of mothers and how well they cope and support the child victim.

Little is known about the impact of child sexual abuse on mothers, though extensive research has been done in the field of child sexual abuse in recent years (Davies, 1995). Extant literature reveals that the disclosure of child sexual abuse affects and destabilizes the entire family (Sandler & Sepel, 1990; Davies, 1995). Parents of sexually abused victims experience the same traumatic stressors as the child victim post-disclosure, and they are both at risk for subsequent adjustment difficulties (Manion, Firestone, Ligezinska, McIntyre, & Ensom, 1998; Grosz et al. 2000; Emm & McKenry, 1988).

Manion et al. (1996) and Davies (1995) confirmed others' research findings by reporting that disclosure is a damaging process for the child victims' mothers, as they suffer from depression, emotional problems, psychological distress, poorer family functioning, grief symptomatology and dissatisfaction with their parenting role. Pellegrin and Handy (1986, cited in Davies, 1995) indicate that it would be difficult under such circumstances for non-

offending parents to be more concerned about the psychological well-being of the child victim than with protecting themselves and their family system. However, different views are offered by Newberger et al. (1993) and Wagner (1991, cited in Hiebert-Murphy, 1998), who argue that not all mothers whose children have been sexually abused experience significant levels of distress post-disclosure. These authors support their argument by indicating that the level of distress experienced by mothers is closely related to the child victim's gender, the use of force/violence in the abuse, the severity of the abuse, and the amount of treatment received by the child (Newberger et al., 1993, cited in Hiebert-Murphy, 1998).

In view of the above argument that support is often not extended to the victim's parents, research findings indicate that treatment measures for child sexual abuse are not extended to the "forgotten victims" of sexual abuse, the mothers who care for their victimized children (McCourt et al. 1998). There are few treatment resources available for these mothers because the system does not respond to their needs (Regehr, 1990). According to Regehr (1990), rape crisis centers render services to adult victims while child protection services respond to cases where risk to the child continues to exist. This lack of attention on the impact of extra-familial child sexual abuse on the parents is also reflected by the few articles on this topic in the professional literature (Regehr, 1990; Conte & Schuerman, 1987).

It is therefore important that social support be extended to the victims' parents to help them adjust and deal with their children's trauma. Davies (1995) suggests that key people such as

psychologists, social workers, etc should also offer support to families, especially mothers of abused victims, to help them ameliorate the negative consequences of abuse. Such support is viewed as an important catalyst in positive parental functioning post-disclosure of child sexual abuse (Regehr, 1990).

The support rendered to the mothers, their resilience, and their ability to offer the child victim support will have a significant impact on the child's mental functioning, and thus enhance the child's recovery (Davies, 1995; Regehr, 1990; McCourt et al.1998; Dawes & Tredoux, 1989; Udwin, 1993; Hazzard, et al. 1995; Browne & Finkelhor, 1986). However, when mothers are detached and become preoccupied with their own problems, they could aggravate the trauma experienced by the abused child (McFarlane, 1994, cited in Leibowitz, Mendelsohn & Michelson, 1999). Conte and Schuerman (1987) and Hazzard et al. (1995) document that abused victims whose parents are supportive towards them post - disclosure, exhibited less internalizing and externalizing symptoms.

2.3. THEORIES RELATING TO PARENT-CHILD INTERACTION RELEVANT TO CHILDHOOD TRAUMA

Three different developmental theories proved to be relevant for this study as they highlight the significance of the impact of abuse upon the child of the parental response.

Bowlby's (1970) concept of "adaptive behaviour" highlights the significance and desire of the child to remain close to the parent. He claims that the primary attachment figures form the "secure base" from which the child can move forth into the world, knowing that he/she

has a refuge to return to. The availability of attachment figures (being emotionally accessible and responsive) in times of fear, ameliorate the effects of fear provoking situations (Bowlby, 1970). However, if parents are distressed they fail to support their children, which could perpetuate the distress experienced by the child. Further, the unavailability of attachment figures can be the most frightening experience for the child, and would thus serve only to exacerbate the existing fear provoking situation (Bowlby, 1970). It is therefore important that the psychological distress experienced by caregivers be addressed. Anastasiow (1982) also elaborates on the significance of parental availability and support by emphasizing the strong relation between the caregiver and the child.

Certain developmental theorists perceive the development of a strong attachment relation between the caregiver and the child as a vital tool that will help the child acquire autonomy and a sense of competence. Anastasiow (1982) deemed the relationship between the child and the parent important because it relieves the child of distress and furnishes him/her with the necessary basic care for survival and development. The care and the ability of the mother to meet her child's needs also strengthens the child's sense of being, and affords him/her with the protection and security the child needs.

Winnicott (1965) used the concept "good-enough" mother to refer to the caregiver who has the capacity to meet her child's needs. He asserts that the mother's care and support can strengthen the child's personal existence and thus facilitate his/her continuity of being, which is the basis of the child's ego-strength. Winnicott (1965) also highlighted the significance of "holding" the child by providing him/her with good environmental

provision that will foster the child's emotional development and mental health and reduce impingements. However, the absence of a good enough holding will disrupt the child's continuity of being.

2.4. PARENTAL RESPONSES TO ABUSE OF THEIR CHILDREN

It is not uncommon for parents of sexually abused children to present with a wide range of emotions and reactions when their children's victimization is disclosed (Sgroi, 1982). The common features which emerged in describing the parents' initial reaction include self-blame, denial, panic and shock, anger directed at the offender or displaced onto a family member, feelings of helplessness, embarrassment, and fear for the child, and a need for secrecy (Manion et al. 1996).

2.4.1. Denial: mothers' initial response

Parents of sexually abused victims describe their initial response as disbelief (Humphrey, 1992). This response is described as a spontaneous, emotional reaction which is a defense against traumatic news, and supports evidence in the literature that the person's initial response in the face of grief or death is denial. Humphrey (1992) contends that this initial response does not imply that women are not supportive towards their children, but rather that this contributes to understanding the psychological processes which influence the shifting nature of the mother's belief that her child has been sexually abused. The disclosure process is described by Humphrey (1992) as a "bolt from the blue", for which mothers are not prepared.

2.4.2. Suppression phase

Parents of sexually abused victims often react to the disclosure by trying to suppress publicity, information and intervention (Sgroi, 1982). Sometimes the suppression phase may extend to denial of the consequences suffered by the abused victims, and by a refusal to co-operate with child protective agencies. Parents often allege that there is nothing to worry about and that the child victim will forget about the victimization sooner without intervention. Sgori, (1982), interprets such scenarios as the parents' wish to forget about the rape incident, partly because they feel guilty for real or imagined culpability in the sexual abuse of their child by an outsider.

2.4.3. Feelings towards self

In her research findings, Regehr (1990) indicates that victims of extra-familial child sexual abuse are often molested while being cared for either by a daycare provider, an employee of a daycare center, or the son of a babysitter, etc. Such arrangements evoke feelings of guilt in most parents, as they think that a good mother is supposed to be at home with her child, or that a good parent would have thoroughly assessed the daycare arrangements adequately. The overwhelming guilty feelings experienced by parents are perpetuated by those who believe that "in a just world bad things do not happen to the undeserving and that parents must at some level be at fault" (Jones & Aronson, 1973, cited in Regehr, 1990, p.114). Furthermore, particular public opinions and views, conflictual marriages, parental absenteeism, and family disruptions strongly relate to extra-familial child sexual abuse, and perpetuate the parental guilt feelings (Sgroi, 1982).

These feelings inhibit most parents from disclosing to others that their children have been victimized, as they feel ashamed and fear reprisals from others equaling their own self-criticism. These parents also experience difficulties in trusting anyone, particularly with their child and as a result some become overprotective towards the child victim (McCourt et al. 1998). They restrict the child's freedom to be on his/her own or with others, believing that if the child is encompassed in a protective cloak; no harm will befall him/her (Grosz et al. 2000; Regehr, 1990). Such over-protectiveness impinges on the child's normal development and exacerbates the fear experienced by the victim, thus diminishing his/her ability to cope with day-to-day life (Grosz et al. 2000).

Manion et al. (1996) found that mothers whose sense of self worth and locus of control is dependent on their child-rearing role, present with feelings of loss, helplessness and failure to prevent the abuse, or change what has happened (Grosz et al. 2000). Such parents are left feeling ill-equipped to manage the emotional and behavioural sequelae experienced by the abused child. Further, the societal tendency and attitude to blame the parent as well as the offender for the sexual abuse and the victim's symptoms, also compromises the parents' self-esteem (Manion et al. 1996).

Parents of sexually abused victims also suffer a series of losses, which sometimes extend over time through the life course (Hooper, 1992). They lose the trust they had in the person who abused their child, and also lose trust in themselves for their failure and inability to exercise power and control over their own lives and that of their abused child (Hooper, 1992). Hooper (1992) and Grosz et al. (2000) point out that some mothers feel rejected and

ostracized from normal support systems, especially when their friends and relatives criticize them and judge their adequacy as parents.

The inability of the child to disclose to the mothers exacerbates the hurtful loss of trust, which shatters the sense of themselves as protective mothers (Hooper, 1992). Grosz et al. (2000) indicate that most parents of sexually abused victims also become overwhelmed and suffer from depression. They reportedly feel that the crisis will not end, and that their family will not recover from such a trauma. (Grosz et al. 2000; Hooper, 1992).

2.4.4. Feelings towards the child victim

It is also common for parents to experience a range of feelings towards the child victim. Regehr (1990) posits that such feelings include anger towards the child for withholding information about the abuse, for failing to combat it, and for disrupting their (parents') lives. Consequently, the child expects that his/her parent should have known about the abuse and stopped it (McCourt et al. 1998). Some parents report difficulties communicating with their children as effectively as they used to. They are also "frozen" out of fear of saying things that might harm their child further (Van Scoyk et al. 1988). When a young child is abused, parents struggle to control feelings that they know are inappropriate (Regehr, 1990).

Also significant is the concern and fear expressed by parents that their children's sexual development may be irrevocably damaged (Van Scoyk et al. 1988; Regehr, 1990; Hooper, 1992; Grosz et al. 2000; Katan, 1973). These authors report that parents become concerned

that their child would not be able to have a normal male/female adult relationship, and wonder if the child victim would either become a homosexual or a sexual abuse perpetrator. Van Scoyk et al. (1988); Regehr (1990); Hooper (1992); Grosz et al. (2000) and Katan (1973) further point out that parents whose children have been sexually abused often share a pervasive belief that their child is somehow "ruined for life". Mary Mabaso, a community leader in South Africa, articulated this view clearly in an interview with Diana Russell (1991, cited in Lewis, 1997) that:

> "We are afraid we will never have the mothers of tomorrow. We are afraid that when these children get married they might not even bear children. And marriage without children is a divorce at the end of the day. The whole life of the poor child is damaged and there is no future for her. If people know a girl was raped, no-one will marry her. And others can now come and rape her because she has been raped before. She will never be safe. It is not a healthy thing to be sexually abused because at the end of the day you might become abnormal. You might become a cripple because some of your organs have been worn out before their time" (p.14).

2.4.5. Feelings towards the offender

Parents typically respond with anger and rage towards the offender, which disrupts the parents' life schedule and relationships (Grosz et al. 2000). They also display a need for revenge or retribution post-disclosure of extra-familial child abuse (Regehr, 1990). Their desire to seek revenge is described by Regehr (1990) as innate and primitive because people assume that it is the responsibility of the adults to protect the young ones from being abused, and to avenge any abuse that does occur.

Though empirical literature initially identified the father as the first person who would seek revenge, it is currently believed that mothers of sexually abused victims also present with murderous urges (Regehr, 1990). In her research findings, Regehr (1990) argues that it is common for parents to experience conflicting feelings towards the perpetrator, especially if they had a prior relationship with him/her. She mentions that parents often feel guilty about pressing charges against the offender, and become concerned about the impact of their decision on the offender's career and family. To clear their conscience and help themselves deal with their contradictory feelings, these parents question and wonder if their children are telling the truth (Regehr, 1990). The pressure that others exert on the family of the sexually abused victim to consider the welfare of the perpetrator exacerbates the parental guilt feelings and impacts negatively on the victim and his/her family (Regehr, 1990; Van Scoyk et al. 1988).

2.4.6. Feelings towards the system

Media, community agencies and police officers often encourage parents of sexually abused children to report sexual offenses with a view to try and combat them. However, these parents feel uncertain post-disclosure, not knowing if they should report the case or not. Those who are urged by their desire for retribution and for justice to be served indicate that the legal delays and courtroom tactics compound their children's suffering, leaving them feeling powerless within the system (Regehr, 1990; Van Scoyk et al. 1988). Parents feel that they cannot exert control over the situation and often experience difficulties in accessing the information regarding the status of the investigation (Regehr, 1990). These

tactics and delays evoke feelings of helplessness and revictimization when parents are given little hope of a positive court outcome (Regehr, 1990; Van Scoyk et al.1988).

Some parents report that the responses they get from police officers make them feel guilty that they ever called as police officers interrogate and blame them for their children's abuse (Brownmiller, 1975). The pressure and humiliation that is often imposed on the victim and his/her family by the community and the offender's relatives force other parents to withdraw the charges pressed against the perpetrator (Brownmiller, 1975). However, despite their responses and the difficulties they go through post-disclosure, some parents experience a strong need to understand "why" their child has been raped.

2.5. ATTRIBUTIONS OF THE MOTHER AND CHILD VICTIM FOLLOWING DISCLOSURE

2.5.1. Definition of attribution

Attribution theory is defined as the theory of how people account for the events they experience in their lives (Joseph, Yule & Williams, 1993). Attribution theory assumes that there are two different sets of circumstances under which people make causal inferences (Shaver, 1985). These circumstances are events in which repeated observations are made, and those in which a single observation of events will be made (Shaver, 1985). It appears that in most situations, especially when a child has been raped, people are likely to make causal inferences from a single observation of that traumatic event.

2.5.2. Causal attribution

People experience a strong need to explain the traumas that occur in their world, particularly when such events are unusual, unwanted or unexpected (Joseph et al. 1993; Kelly, 1973). Finding an explanation for one's victimization is reported to be essential as it enhances a person's psychological adjustment and increases his/her self-esteem (Morrow, 1991; Joseph et al. 1993).

The attributions made by the child victim are reported to be multidimensional in nature and include a variety of agents, such as offenders, victims, non-offending parents, situational factors, as well as different forms of culpability (Shaver, 1985, cited in Collings & Bodill, 2003). According to Janoff-Bulman & Wortman (1977); Frazier (1990), sexually abused victims often blame themselves for their victimization, and they either use behavioural self-blame, in which they attribute their victimization to their behaviour (believing that they have been victimized because of what they did), or characterological self-blame, in which they attribute their victimization to their own character (believing that they have been victimized because they are bad people) (Janoff-Bulman & Wortman 1977; Frazier 1990). Younger children are also found to blame themselves for their victimization (Hazzard et al. 1995). Their self-blame is reported to be due to their egocentric and cognitive difficulty in understanding the perpetrator's manipulation of them (Hazzard et al. 1995).

Authors such as Janonoff-Bulman and Wortman (1977) are of the opinion that behavioural self-blame is adaptive in enhancing recovery from traumatic experiences, whereas Frazier (1990) and Ullman (1997) refute such views by reiterating that no form of self-blame can

be adaptive in rape trauma. They argue that self-blame is maladaptive, especially for sexually abused victims who try to exert control over their lives and recover (Frazier, 1990; Joseph et al. 1993). They further associate all types of self-blame with poor adjustment for victims of rape, while stable and global "self-blaming" attributions regarding the cause of rape are associated with depression and feelings of hopelessness, which are often compounded by lack of social support.

There is also a close association between the victim's increased self-blame with a self-deprecatory attributional style, which is a belief that the child victim holds that he/she is predisposed to negative life events (Hazzard et al. 1995; Janoff-Bulman & Wortman, 1977). Such people, according to Kelly (1973), tend to comply with the perpetrator because of their internal attitudes and dispositions, and because of their feelings of helplessness and the external pressure/ force imposed on them.

It is also possible that other victims attribute blame for their victimization to someone else or to external factors, to maintain their positive self-view (Frazier, 1990; Janoff-Bulman & Wortman, 1977). These attributions are significant for this study as they help us understand how the victims' parents explain their children's victimization, and how they respond to this event in order to try and help the child victim deal with his/her trauma. Parents' support and their validation that their child has been abused can minimize the victim's self-blame and reduce the harmful effects of the abuse (Ullman, 1997; Wyatt & Mickey, 1988).

2.5.3. Maternal and paternal attributions of responsibility

Mothers are often depicted as loving and nurturing, and held responsible for the "emotional atmosphere" and overall wellbeing of their entire family unit. Even when a child has been raped, mothers are responsible for caring for and protecting the child from further abuse (Back & Lips, 1998). However, their strong need to understand and know exactly what happened, to talk about their children's victimization, to access information about it, and to know that it has happened to others, is often underestimated (Byerly, 1992, cited in McCourt et al. 1998).

Empirical literature indicates that when a child has been extra-familiarly raped, mothers tend to be held more responsible than fathers, even though different authors documented that both parents are objectively assigned the same responsibility for the abuse of their child (Back & Lips, 1998). The London Rape Crisis Center (1984) argues that societal attitudes and expectations are that a woman should be held responsible for everything that happens to her children because people believe that women should be the main protectors of those children. Groghan and Mill (1995, cited in Back & Lips,1998) support this claim by reiterating that even in incestuous abuse, non-offending mothers are censured for predisposing their children to abuse and for colluding with their abusive husbands. However, non-offending mothers tend to hold older victims of sexual abuse more responsible for their victimization, especially if their response during the abuse was seen as passive (Collings & Bodill, 2003; Collings & Payne, 1991). Such victims are perceived as collaborators in their own abuse, a view which is further compounded by the expectation of "child self-protection", suggesting that the child is capable of protecting him/herself

(Collings & Payne, 1991). Back and Lips (1998) identify the following factors that contribute to victim and parent blame in the child abuse situation.

2.5.4. Factors contributing to victim and parent blame in the child abuse situation

The age of the abused victim, gender of the child, and the gender of the observer are identified as important factors in attributing responsibility when a child had been extra-familiarly abused (Back & Lips, 1998).

2.5.4.1. Age of the child

Younger victims are often assigned less responsibility than older victims for their victimization (Back & Lips, 1998). These authors attribute this to the fact that younger victims are perceived as incapable of consenting to sexual activities and that they lack sufficient sexual maturity as compared to older victims, who are often seen as "quasi-adults" who have the potential to understand sexual meanings and consent to sexual activities. Older victims are further perceived as physically able to defend themselves (Back & Lips, 1998).

2.5.4.2. Gender of the child

Female victims are condemned as provocative instigators of their own abuse and are thus assigned greater amount of responsibility for their victimization. Howard (1984, cited in Back & Lips, 1998) has attributed such false beliefs to the existing stereotypes in defining the "normal victim" with whom others sympathize, but is also held partially responsible for her abuse for being passive or submissive. This plays an important role in the blaming

process of the female victim. On the contrary, Back and Lips (1998) report in their research findings that both male and female victim is assigned a similar amount of responsibility post disclosure. Back and Lips (1998) attribute this to the societal awareness and understanding of the child sexual abuse epidemic, and the acceptance of the belief that the abused victim is not responsible for his/her victimization despite his/her age.

2.5.4.3. Gender of the observer

Initially, research on attribution indicated that there existed strong gender differences when attributions of sexual abuse were made (Back & Lips, 1998). It was documented that males tended to attribute more responsibility to the female victims. Shaver (1970, cited in Back & Lips, 1998) postulated in his defensive theory that males' attribution of responsibility to the victim, and their identification with the offender, serves as a self-protective mechanism, which defends them from the belief that they could be held responsible if similar misfortune should happen to them.

In summary, it emerged from the above discussion that some parents become traumatized as a result of the child's rape. They display negative feelings towards themselves, the child victims, the perpetrator and the justice system. The mothers' understanding of why their children were raped compound these feelings which are also influenced by the child's age and gender. However, mothers' support and understanding of what the child is going through can ameliorate the distress experienced by the child victim. Theorists such as Anastasiow, Bowlby and Winnicott also assert that healthy attachment between the child and the caregiver (Anastasoiw, 1982), the availability of the caregiver (Bowlby, 1970), and

the “holding environment” (Winnicott, 1965) could help the child come to terms with his/her distress. An ability to deal with the child’s victimization appears to be helpful as it enhances and strengthens the psychological well-being of both the victim and his/her mother. It is therefore important that parents of sexually abused victims deal with their own distress in order to enhance the healing process of the victimized child.

CHAPTER THREE: METHODOLOGY

3.1. RESEARCH DESIGN

This qualitative study employed a thematic content analysis methodology to analyze transcribed interview data. Padgett (1998) asserts that these qualitative methods become the only approach plausible when people want to explore issues in which little is known, when the topic under investigation is sensitive and emotionally-laden, and when they aspire to capture the "lived experiences" from the respondents' perspective and create meaning from it. This design further encourages participants to share their feelings in a conversational format ((Fossey, Harvey, McDermott & Davidson, 2002). Their personal accounts are highly valued, and emergent issues within the accounts are explored. Insight is thus gained regarding the meanings participants attach to their experiences (Banister, Burman, Parker, Taylor & Tindall, 1994).

3.2. RESEARCH PARTICIPANTS

The participants for this study comprised of ten volunteer primary caregivers whose children were victims of extra-familial rape during the six months that preceded the study. For the purpose of this study, extra-familial rape will be defined as: sexual intercourse between a child (between the ages of five and ten) and a postpubertal male, who was not part of the child's immediate or extended family, and who was at least five years older than the child victim. Extra-familial child rape is not confined to the abuse of girl children only, however, it appears that the majority of victims of this type of violence are female (Vogelman, 1990; Vogelman & Eagle, 1991).

The study was confined to African women, as the majority of extra-familial rape cases presented at Zamokuhle and Nthabiseng clinics appear to match this demographic profile. All the respondents in this study reside in Soweto and their average age was 45. One mother is a pensioner, while seven are unemployed and appear to share similar economic and marital status. The families of these primary caregivers also tended to experience multiple problems as their households are single parent families, headed by the mother. In terms of the fathers, six did not live with the abused child, and had no contact with them. In two cases, the fathers were deceased. One of the two mothers who were married reported that her husband is unemployed and abuses her physically, while the other mother mentioned that her husband is emotionally and financially withholding. Most of these caregivers appeared to be disadvantaged as they were staying in shacks and small houses, which they shared with their children.

The child victims were all below 10 years of age. Their average age was 8 years, with the youngest victim being 5 years. The victims were raped between November 2003 and April 2004, and two victims were repeatedly raped. Nine of the victims were girls and the other victim who was a boy was raped by two perpetrators. Six of the child victims were raped by perpetrators with whom they were acquainted, while strangers raped four victims. The offenders' average age range was 30 years. (Table One provides a complete overview of this demographic data).

3.3. SAMPLING AND RECRUITMENT OF RESPONDENTS

A flyer was posted at the clinics inviting mothers to volunteer in the study. All mothers who expressed some willingness to participate in the study forwarded their contact details to the nursing sisters in charge so that arrangements could be made for data collection.

3.4. ETHICAL ISSUES

The researcher sought permission to collect data from the "gatekeeper" of Zamokuhle and Nthabiseng clinics. This role is described by Padgett (1998, p. 36) as "a person in authority whose approval is necessary to carry out the study". To ensure informed consent, subjects were given a brief description of, and purpose and the procedure of the study, as well as the expected duration of the interviews. All participants were informed at the outset of the study that participation was completely voluntary and that they had a right to withdraw at any time without penalty. Permission to tape the interviews with a tape recorder was requested. All respondents agreed to that and signed a recording consent form (Appendix B). Subjects were also informed that data pertaining to them, including recordings would be destroyed. Identification numbers were used to protect the confidentiality of the participants. The respondents who agreed to participate in this study were asked to sign a participation consent form (Appendix A). The subjects were also informed that arrangements would be made at the Trauma clinic in Braamfontein should participants who become distressed by the interviews wish to obtain counseling.

All participants were debriefed by the researcher at the close of the interview. Although the mothers reported that the interview was an emotional catharsis for them, they all displayed

some emotional distress. One mother who was extremely distressed and experienced some difficulties in coming to terms with her child's rape was referred to the Trauma clinic where arrangements were made for further counseling.

3.5. RESEARCH SITE

Data was collected at Zamokuhle and Nthabiseng Medico-legal clinics situated in Zola and Chris Hani Baragwanath hospitals respectively. Both clinics render psychosocial services to child abuse victims, especially those who want to press charges within the first 72 hours of the assault. Multi-disciplinary teams comprising medical doctors, nurses, equipped with basic counseling skills, and social workers, run the clinics.

3.6. DATA COLLECTION

3.6.1 Procedure

An individual interview was conducted with the primary caregivers six months after their children's abuse. A detailed description of this interview is presented in Appendix C. The semi-structured interview was initially administered as a pilot study to two mothers whose characteristics were similar to those subjects who were going to be used in the main study. The pilot study was used to establish if respondents would comprehend instructions, ascertain how much time it would take to interview each subject and to check if the interview schedule was valid, that is, whether it would yield the anticipated results (Breakwell, Hammond & Fife-Schaw, 1995; Berg, 1998).

3.6.2. Research Tool

The type of interview chosen for this study was a semi-structured interview. The advantage of using this method is that issues raised by participants, including those that the researcher may not have anticipated, could be followed up (Banister et al. 1994). These authors regard the semi-structured interview as a research tool that is more open and flexible, and can thus empower groups that come from disadvantaged backgrounds by validating and publicizing their views. Flick (2002) states that this type of interview elicits existing knowledge, which can be expressed in the form of answers and so become available for interpretation by the researcher. The semi- structured interview affords the subjects the space to explore some of their deeper and conflictual feelings, post-disclosure. It also provided the interviewer with an opportunity to obtain new insight about the subjects' experiences of themselves in their worlds (Anderson & Jack, 1991). The format of this interview consisted of closed and open-ended questions.

The closed questions included the demographic data of the mothers and the circumstances of the rapes. The open-ended questions explored the psychological responses of mothers to the abuse of their children and their perception of the nature of their relationships with their children post-disclosure. Open-ended questions were used in this study because they allowed interviewees to respond to the interview questions in terms of their own subjective experiences (Patton, 1982). These questions are "flexible and have possibilities of depth; which allows the interviewer to clear up misunderstandings through probing, ascertain a respondent's lack of knowledge, detect ambiguity, encourage co-operation and achieve rapport, and make better estimates of respondents' true intentions, beliefs and attitudes"

(Kerlinger, 1986, p. 443). Open-ended questions were also used because the issue under investigation was complex and relevant dimensions were unknown (Stacey, 1969). The questions which emerged from the relevant literature are presented in Appendix C.

3.7. DATA ANALYSIS

Thematic content analysis was considered to be the most applicable method of analysis for this study. Banister et al. (1994, p.57) defined thematic analysis as a "coherent way of organizing or reading interview material in relation to specific research questions". Content analysis was used to generate valid knowledge, and understanding of, mothers' psychological responses to the abuse of their children, and how the abuse has impacted on their relationship with their children post disclosure by presenting and illuminating the nature and quality of their experiences. This method of analysis enables the researcher to build pictures of respondents' experiences that are complex and holistic by analyzing their words and reporting the detailed views expressed by respondents (Creswell, 1998; Denzin & Lincoln, 1994). The units of analysis used were themes, i.e. sentences or proposition about something, in this case aspects of experiences (Kerlinger, 1986; Breakwell et al. 1995). The thematic analysis followed the procedure detailed by Colaizzi (1978). The procedural were as follows:

Step 1. The interviews with the primary caregivers were transcribed. These transcripts, referred to as protocols, were read repeatedly to gain an overall impression of the respondents' experiences.

Step 2. Phrases or sentences that directly pertained to the investigated phenomena were extracted from each protocol. Colaizzi (1978) terms this extracting "significance statements".

Step 3. The relevant statements were then organized into clusters of themes, allowing for the emergence of themes both common to all subjects' protocols, as well as idiosyncratic to individual protocols.

Step 4. Discrepancies and contradictions which emerged among or between the various thematic clusters were noted and interpreted.

The following chapter will present the data analysis and discussion of results.