Parenting needs of mothers who are survivors of CSA: A Play Therapeutic Approach

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Dissertation submitted in partial fulfilment of the requirements for the degree *Magister in Social Work (Play Therapy)* and Governance at the Potchefstroom Campus of the North-West University

Supervisor: Dr. S. Hoosain

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DECLARATION

I hereby declare that I am the sole author of “Parenting needs of mothers who are survivors of CSA: A play therapeutic approach” (except where specifically stated otherwise), and I have not in the past submitted this document or any part of it in order to obtain any other qualification. It is my own original work and all references used or quoted were indicated and acknowledged by means of citing in the text and also in a comprehensive reference list.

16.11.2016

ELANZE SMIT **DATE**

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TO WHOM IT MAY CONCERN

I hereby certify that I have language edited the dissertation, 'Parenting needs of mothers who are survivors of CSA: A Play Therapeutic Approach' submitted by Elanze Smit in partial fulfilment of the degree Magister in Play Therapy and Governance at the North-West University. I am satisfied that provided the changes I have made to the text are effected, the language is of a standard fit for publication.

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“BUT AS FOR YOU, BE STRONG AND DO NOT GIVE UP, FOR YOUR WORK WILL BE REWARDED”

- ***2 Chronicles 15:7***

BEDANKINGS (ACKNOWLEDGEMENTS)

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ABSTRACT AND KEY TERMS

Social workers render services to individuals, groups, families and communities. Social workers may also specialise in play therapy. Social work practitioners are sometimes so focused on the needs of children that they forget about the needs of parents, who may themselves have experienced trauma as children. This study is guided by the Gestalt field theory which states that parents have to be involved in the therapeutic processes of their children. Children can also not be treated in isolation, as they are part of a family system.

The aim of this study was to explore and describe the parenting needs of mothers who are survivors of CSA, according to a play therapeutic approach. The qualitative descriptive design was applied in this study and the purposive sampling method was used to obtain participants. Mothers who are survivors of CSA were asked to participate in this study and ten mothers volunteered to participate. Semi-structured interviews were conducted with ten participants and they were also asked to make a collage on their parenting needs. The data was transcribed and coded. The following themes arose:

Theme 1: Parenting needs of mothers who are survivors of child sexual abuse ▪ Relationship with children ▪ Nurturing and caretaking ▪ Protection ▪ Discipline
Theme 2: The need for support and guidance with parenting *Sub-theme 2.1: Support and guidance* *Sub-theme 2.2 Time for themselves*
Theme 3: Social work services

The results were presented in an article format with conclusions, recommendations and limitations of the study.

KEY TERMS:

- Parenting
- Female adult survivors
- Mothers
- Child
- Child sexual abuse (CSA)
- Gestalt field theory
- Gestalt Play Therapy

OPSOMMING EN SLEUTELTERME

Maatskaplike werkers lewer dienste aan individue, groepe, families en gemeenskappe. Hul kan ook spesialiseer in Spelterapie. Werkers is dikwels so gefokus op die behoeftes van kinders dat die behoeftes van ouers nie in ag geneem word nie, ouers wie ook as kinders trauma beleef het. Hierdie studie word uiteengesit en verduidelik volgens Gestalt teorie wat die belangrikheid van ouers se betrokkenheid in hul kinders se terapeutiese proses beklemtoon. Kinders kan nie in isolasie terapie ontvang nie omdat hulle deel vorm van ‘n familie sisteem waardeur hulle beïnvloed word.

Die doel van hierdie studie is om moeders wie as kinders seksueel misbruik is, se ouerskap behoeftes te bepaal en te verduidelik. ‘n Kwalitatiewe-beskrywende benadering is gevolg en deelnemers is volgens ‘n spesifieke kriteria geselekeer. Moeders wat as kinders seksueel misbruik is, is gevra om aan die studie deel te neem en 10 moeders het vrywilliglik ingestem. Semi-gestruktureerde onderhoude is gevoer waarna die moeders ‘n ‘collage’ moes maak ten einde hul ouerskap behoeftes uit te beeld. Die data is verwerk en die volgende temas het na vore gekom:

Tema 1: Ouerskapbehoeftes van moeders wat as kinders seksueel misbruik is ▪ Verhouding met kinders ▪ Versorging en voorsiening ▪ Beskerming ▪ Dissipline
Tema 2: Die behoefte vir ondersteuning en leiding met ouerskap *Sub-tema 2.1: Ondersteuning en leiding* *Sub-tema 2.2: Tyd vir hulself*
Tema 3: Maatskaplike werk dienste

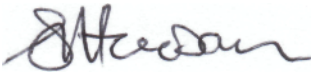
Die resultate is in ‘n artikel formaat uiteengesit waarin daar ook gevolgtrekkings, voorstelle en beperkings gestipuleer word.

SLEUTELTERME:

- Ouerskap
- Moeders
- Kind
- Seksuele misbruik
- Gestalt veld teorie
- Gestalt Spelterapie

LETTER OF PERMISSION

The candidate opted to write an article with the support of her supervisor and co-supervisor. We, the supervisor, declare that the input and effort of Elanze Smit in writing this article reflects research done by her. I hereby grant permission that she may submit this article for examination purposes in fulfillment of the requirements for the degree *Magister in Social Work (Play therapy)*



Dr. Shanaaz Hoosain 15/11/2016

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FOREWORD

This dissertation is presented in article format according to the General Academic Rules as set out in the North-West University's Potchefstroom Campus Yearbook. Therefore this document comprises three sections. Section A provides on orientation to the research. Section B contains the article that will be submitted to the journal of Child Sexual Abuse for publication. Section C includes the conclusions and recommendations. Please note that the references are in line with the author guidelines of the journal which requests APA referencing style. Section A and C have been referenced according to the Harvard Method of referencing, as stipulated by North-West University.

SECTION A

ORIENTATION TO THE RESEARCH

PART 1

AN INTRODUCTION OF THE STUDY AND DISCUSSION OF THE PROBLEM STATEMENT

1. INTRODUCTION AND PROBLEM STATEMENT

The role of the mother

Good parenting skills should be practised consistently and be emotionally connected to children (Lambert & Andipatin, 2014:44). The role of a mother is to nurture, to engage and respond, to be reliable and consistent and to model and monitor behaviour (Kellet & Apps, 2009:5). Mothers need to establish an emotional bond with their children, take care of them and protect them (Testa, Hoffman & Livingston, 2011; Zerach, Greene, Ein-Dor & Solomon, 2012). When a mother with a history of CSA (Childhood Sexual Abuse) has unresolved trauma of CSA, it may impact her parenting (Kezelman, Hossack, Stavropoulos & Burley, 2015:11). These mothers may suffer from depression or anxiety and may become unresponsive towards their children (Field, Muong & Sochanvimean, 2013; Saloojee, 2014). Mothers who are survivors of CSA were also found to perceive parenting as more challenging than others (Halpenny, Nixon & Watson, 2010:2).

Challenges faced by mothers in general

Parenting can be challenging, especially if both parents are employed. In a study done by Halpenny et al. (2010:2) on parents' perspectives, most parents expressed the view that parenting had changed compared to 20 years ago. Parental responsibility and pressure on parents were viewed as having increased, while a decrease in levels of parental control was highlighted. Today, mothers are also employed, but they still have responsibilities towards their households and children. Mothers with a history of CSA asserted that their own work responsibilities impacted the raising of their children, and they needed support in managing their personal and professional lives (Halpenny et al., 2010:2).

Mothers with a history of CSA do not always feel equipped in their role as parents, and they may become physically and emotionally exhausted (Thomas, 2011:4).

The challenges faced by mothers with a history of CSA

Mothers who are survivors of CSA need support, as they experience challenges in maintaining a balance between discipline and affection with their children (Kim, Trickett & Putnam, 2010; Lambert & Andipatin, 2014). They may also find it difficult to provide structure and routine, to be consistent, to manage children's behavior and to cope with their transition to adolescence (Thomas, 2011:5). Mothers need general guidelines and support, as they may experience challenges around bed times and mealtimes. For example, they may feel overwhelmed by household tasks, a lack of "me" time and privacy. For mothers of adolescents, challenges can be related to curfews, dating, attitudes, technology use and substance abuse.

Mothers with a history of CSA may also experience stressful events over a period of time which may have an impact on their parenting. Stressful events may include divorce, unemployment or past childhood traumas (Cronin, Becher, Christian, Maher & Dibb, 2015:7). Parents often need to deal with their own childhood traumas like CSA, which make them unresponsive towards their children's needs. For example female survivors of CSA may have particular parenting needs, because they may experience psychological stress due to their own CSA histories (Kim et al., 2010:610).

CSA occurs in every culture, in all levels of society and in every country of the world (Meel, 2008:70). In Australia 1.3 million people reported on CSA over the past decade (Hall & Hall, 2011; Child Sexual Assault: Facts and Statistics Updated, 2012) and in South Africa (SA) nearly 63 000 child sexual offence cases were recorded in 2013/2014 (Facts, 2014:3). CSA is therefore a problem affecting many children worldwide, especially females, and this study focused on the parenting needs of mothers who are survivors of CSA (Jaffe, Cranston & Shadlow, 2012:684). CSA is a common problem addressed by social workers through protection, prevention and intervention services.

Current support for mothers with a history of CSA

Social work is a professional activity that utilises values, knowledge, processes and skills to focus on issues, needs and problems that arise from the interaction between individuals, groups, families and communities. The aim of social work services is to improve the social functioning of people and to empower them in order to improve their quality of life, including those who are affected by CSA (SACSSP, 2016).

Social workers render intervention services aimed at dealing with the trauma of CSA, and they may also render specialised intervention such as play therapy. Children may be brought by their parents for play therapy as a result of the child's behaviour or because of a traumatic event that the child experienced. Play therapy is a mode of intervention that was especially designed to work with young children and its process is facilitated by a social worker who is specialised in this therapy. When children are brought by their parents for play therapy, the mother may be a survivor of CSA. Mothers and their children come from the same family system, and therefore mothers have to be involved in the therapy process (Lee, 2014:1).

Social workers work eco-systemically, where the family microsystem cannot remain unaffected by events in the environment or within the family (Tudge & Rosa, 2013). CSA trauma affects the mothers' overall functioning as well as their parenting; which may indirectly affect the well-being of their children. If mothers who are survivors of CSA suffer from depression or anxiety, they may become unresponsive towards their children's needs (Nelson & Hasmpson, 2008). Therefore the White Paper for Social Welfare on families (2013) requires that social workers engage in work which promotes strengthening and preserving families. Social workers, who are thus specialised in play therapy, should involve parents in order to render holistic intervention services aimed at strengthening families.

This research is within the broader scope of play therapy in the context of South Africa, where children may receive play therapy from social workers who specialise in it. Fourie and Van Der Merwe (2014) noted that when children make disclosures of sexual abuse, there are times when their mothers are also survivors of sexual abuse. This finding by Fourie and Van Der Merwe (2014) occurred during research on family play therapy in dealing with CSA.

Lovie Jackson Foster, PhD, MSW, an assistant professor in the School of Social Work at the University of Pittsburgh stated in Social Work Today (Coyle, 2014) “I was working in a child sex abuse clinic and a lot of parents were shocked to be there with their child. Part of the reason they were shocked was that they had been sexually abused and so they thought that this would never happen to their child because they would protect their child.” It may therefore be likely that when children are referred for play therapy, particularly for CSA, their mothers may have also been sexually abused.

Parents form part of the child’s field and environment in gestalt play therapy. Gestalt field theory was therefore suited to this study, because gestalt play therapy is based on the principles of field theory, where the role of the play therapist is to educate, communicate and involve the parents as much as possible (Oaklander, 2001). Field theory refers to viewing the person in the context of his environment. It is based on the idea that the individual/environment creates itself, with the individual part influencing the rest of the field and the rest of the field influencing the individual (Yontef, 1993:287).

The issue for Gestalt play therapists is how children go about solving their own problems within the field, and that both children and their parents cannot be understood in isolation. When children receive play therapy, their caregivers or parents play an important role in supporting the individual intervention. According to Lampert (2003), working with and supporting parents is an essential part of therapeutic intervention with the child. Social workers who therefore specialise in play therapy are obligated to include parents as collaborators when they work with children, especially when it involves supporting mothers to protect their children. Within play therapy, the child and their parents are clients. In Gestalt play therapy as well as Client Centred play therapy, parents and caregivers form part of the therapeutic team and parents need to be listened to, supported and empathised with (Lampert, 2003; Schottelkorb, Swan & Ogawa, 2015). The authors believe that parents need to be respected and are viewed as the experts on their own children. Parents thus need to be involved in the play therapeutic processes with their children.

Parents may need to be guided and supported through parent consultation which is an important component of play therapy. They may need guidance and support in terms of parenting and the challenges they face. They may also need to deal with their own childhood traumas, as it may impact their parenting (Halpenny et al., 2010; Ward & Wessels, 2013). Mothers with a history of CSA may have specific needs in terms of parenting, and the existing parenting programmes are not necessarily aimed at addressing the parenting needs of these mothers.

Parenting programmes aim to expand mothers' knowledge about child development, build parenting skills and strengthen the parent-child relationship (Bowman, Pratt, Rennekamp & Sektnan, 2010:5). In order to support mothers with a history of CSA, we need to know what their needs are in terms of parenting, as there is a gap in literature on the parenting needs of mothers who are survivors of CSA, which this study aimed to meet.

In addition there is limited recent literature on parenting needs of mothers who are survivors of CSA and hardly any in the South African context (Richards, 2009:4). Therefore the current study aimed to explore and describe these needs of mothers who are survivors of CSA. Although there are quantitative studies which provide statistics on the prevalence of CSA, there are limited qualitative studies on the parenting needs of mothers who are survivors of CSA (Jaffe et al., 2012; Cavanaugh, Harper, Classen, Palesh, Koopman & Spiegel, 2015). Qualitative studies are therefore needed to explore and describe these needs; and qualitative studies may better assist researchers in developing parenting programmes.

In SA there are several awareness and intervention programmes on CSA that are implemented by social workers. The Thula Sana programme is aimed at promoting the mother's engagement with her child, assisting her to respond in a sensitive nature. The Sinovuyo caring programme aims to improve the relationship between a mother and her child. The Stepping Stones programme focuses on sexual health and psychological well-being of the mother (Shai & Sikweyiya, 2015:37). These programmes are focused on what children need and how parents can be assisted to meet the needs of their children (Bowman et al., 2010:5).

By understanding the parenting needs of mothers who are survivors of CSA, social workers, including those providing play therapy will be able to render more effective and supportive services. Recommendations can thus be made to include social workers providing play therapy to children.

The research question was thus formulated as follows: What are the parenting needs of mothers who are survivors of CSA?

2. RESEARCH AIM

The aim of this research study was to explore and describe the parenting needs of mothers who are survivors of CSA.

3. CENTRAL THEORETICAL STATEMENT

CSA is a growing concern in SA, and mothers with a CSA history may have specific needs with regard to parenting, but limited guidelines are available on how to support parents in general. Supporting parents is central to Government initiatives, however we still know relatively little about what parents' needs are (Kellet & Apps, 2009:1). The results of this study may assist future researchers in developing programmes that are focused on the parenting needs of mothers who are survivors of CSA. This study therefore explored and described the parenting needs of mothers who are survivors of CSA. These data were used to suggest guidelines for support to mothers with a history of CSA.

4. RESEARCH METHODOLOGY

4.1 Literature review

For the purpose of this study, several scientific sources such as books, scientific journals, research reports and research articles were accessed through the utilisation of specific databases (Google Scholar, Library Catalogue) in order to construct a literature study.

The Gestalt Field Theory was used to guide the discussions in this study. A wide variety of sources on parenting, CSA, needs, social work and play therapy were consulted. The findings of the study were compared and contrasted with findings in other studies in order to indicate a relation between the literature and the findings (Holloway & Wheeler, 2010:38).

4.2 Research approach and design

For the purposes of this study, a qualitative research approach was followed. The focus was to gather information about a specific phenomenon and to generate deeper meanings of particular human experiences (Rubin & Babbie, 2013:410). The researcher aimed to explore and describe the parenting needs of mothers who are survivors of CSA. A qualitative approach was relevant for this study, as the aim was to gain a deeper understanding of the needs of these mothers. A qualitative descriptive design was implemented in this study, as it entailed the presentation of the facts of the case in everyday language. Researchers seek to describe an experience or an event and select what they will describe (Sandelowski, 2000:335). Descriptions can be in the form of summaries of interviews or descriptions of data that were observed. The aim in qualitative descriptive studies is to discover who, what, where and how (Sandelowski, 2000:338). Summaries were made of the interviews with mothers who are survivors of CSA, and the researcher described their specific needs in terms of parenting.

4.3 Sampling

A discussion on population, sampling method and sampling size follows.

4.3.1 Population

The study population is referred to as the collection of elements from which the sample is actually selected (Rubin & Babbie, 2013:160). The population that was of interest to the researcher was mothers who were survivors of CSA.

4.3.2 Sampling method

Qualitative research is about understanding the meaning behind participants' experiences (Mason, 2010:3).

Researchers suggest that a minimum of fifteen participants should be included in studies with a qualitative descriptive design (Mason, 2010:3). However, ten participants were interviewed in this study. Qualitative research data is not measured by the number of participants interviewed, but by the richness of the data obtained. Collages added to the richness of the data. The aim of qualitative research is to explore deeply in order to understand and describe the phenomenon that is studied (Rubin & Babbie, 2013:410). The researcher was able to answer the research question which was to describe the parenting needs of mothers who are survivors of CSA. Data saturation was also reached as the researcher no longer obtained new information (Greeff, 2011:350).

Purposive sampling was identified as the applicable sampling method to identify participants with information about this specific phenomenon (Rubin & Babbie in Strydom & Delport, 2011:392). Literature broadly defines purposive sampling as a type of non-probability approach in which the researcher does not seek to sample research participants on a random basis but through pre-selected criteria (Rubin & Babbie in Strydom & Delport, 2011:392). The goal of purposive sampling is to select participants in a strategic way so that they are suitable for the research question (Bryman, 2012:418). The gatekeeper was asked to select the research participants according to the following pre-selected criteria:

- Female adult survivors of CSA 18 years and older;
- Participants who are mothers;
- Participants who have received counselling from a social worker or a psychologist for their CSA trauma.

The exclusion criteria were that participants could not have been younger than 18 years, and participants could not have been involved in counselling while the study was conducted. The researcher contacted churches and welfare organisations which included CMR, SAVF and Child Welfare to ask them to assist with the recruitment of participants (See annexure A). The researcher appointed a gatekeeper at each organisation who granted access to the participants and linked the researcher with all the important role players. The gatekeeper selected the participants from the organisation's caseload according to the inclusion criteria and linked the mediator with the participants.

The mediator was an independent social worker who made contact with the participants in order to explain the aim and the process of the research to them. The mediator also obtained informed consent from the participants and made the logistical arrangements for the interviews (See annexure B).

4.4 Data collection

4.4.1 Method of data collection

The researcher recorded the data in a manner that was suitable for the research setting and the participants (Schurink, Fouché & De Vos, 2011:404). Data was recorded in a private setting, where participants felt comfortable to share information. The researcher conducted semi-structured interviews which were recorded (audio and written) with the consent of participants.

The following process was followed:

- The researcher introduced herself to the participant, and the purpose of the research project was explained.
- The researcher explained how confidentiality and anonymity would be applied when data were published. Coffee, tea and snacks were provided.
- The participant was reminded that she could withdraw from the study at any time.
- Information regarding the debriefing session and counselling was provided.
- The participant had the opportunity to ask questions and to clarify uncertainties before the interview started.
- The researcher explained the concept of a collage to the participant, who was then asked to make a collage of her parenting needs. The researcher used the collage of the participant to generate a discussion on parenting needs. The discussion was guided by the interview schedule.
- Once all the interview questions were addressed, the participant had the opportunity to ask questions.
- At the end, the researcher thanked the participant for being part of the study.

Semi-structured interviews

According to Greeff (2011:348), a semi-structured interview is a flexible method of data collection which assists the researcher in developing an understanding about a specific phenomenon. Semi-structured interviews were suitable for this study, as the aim was to explore and describe the parenting needs of mothers who were survivors of CSA. The researcher made use of three types of questions; namely main questions, probing questions and follow-up questions. The researcher prepared a few main questions which guided the conversation.

For example, the researcher asked participants about their parenting needs in general. When responses lacked sufficient detail, the researcher asked a probing question (Greeff, 2011:349). This is a technique for asking a more complete answer to a question in a non-directive and unbiased manner (Rubin & Babbie, 2013:124). The researcher asked the participants to explain their answers further if their answers were not clear or if a more detailed answer was needed. For example, the researcher asked participants about material needs and aspects which they needed support with in terms of parenting. The researcher also made written notes during and after the interviews about what had been observed (Schurink et al., 2011:403). The researcher used skills such as minimal verbal responses, paraphrasing, clarification, reflection, encouragement and summarising (Greeff, 2011:359). At the end of the interview the researcher conducted member checking in order to ensure that the information that was shared by participants was the information documented by the researcher. The researcher also made use of a collage as a data collection tool.

Collage

A collage is a visual data collection method employed to gain insight into factors underlying human behaviour (Simmons & Daley, 2013:2). A collage provides visual prompts that free the participants' thinking, helping them to conceptualise their ideas (Simmons & Daley, 2013:2). Collages may help to generate information and to map ideas during data collection (Simmons & Daley, 2013:2). A collage was a suitable data collection method in this study, as the participants were able to reflect more deeply on their own parenting and their specific needs.

A collage was therefore used in this study as it enabled participants to reflect more deeply on what they created (Simmons & Daley, 2013; Annexure F). Its concept was explained to participants and they were asked to make a collage on their parenting needs. The collage was done during the interview and it was only used to generate a discussion. Participants were given the opportunity to explain their collages as it related to their parenting needs.

Facilities

The semi-structured interviews were conducted at the welfare organisation from which the participants were selected. The office of the welfare organisation is situated at a church, and the researcher made use of an office in the church building. The public did not have access to this office. The privacy and confidentiality of the participants was maintained. The office had a closed door and it was set out with a table and chairs. A 'do not disturb' sign was put on the door.

A bathroom was available for participants.

4.5 Data analysis

The purpose of data analysis is to transform data into findings (Schurink et al., 2011:397). All the interviews were audio recorded and transcribed by the researcher. Data were analysed by means of content analysis as described by Rubin and Babbie (2013:275). Content analysis is a qualitative research method for summarising any form of content. The researcher used the following steps in data analysis:

- Schurink et al. (2011:405) describe the process of data analysis as a twofold approach. Data can be analysed in two instances namely; while in the field and after a period of data collection. Data were analysed during the interviews as well as after the interviews and when they had been transcribed (Schurink et al., 2011:403). Participants were asked to reflect on their collages and notes were made. The researcher analysed the transcriptions, field notes and notes from collages. The data was compared and themes were identified.
- The audio recordings of the interviews were transcribed, and the data were organised into files and text units. The organisation of data gave the researcher a glimpse of the information that was gathered from the interviews (Schurink et al., 2011:408).

- The researcher read and reviewed the data and made memos during the reading process (Esterberg in Schurink et al, 2011:409). The heart of qualitative data analysis is category formation and the researcher appointed a co-coder to assist with this process (See annexure D). This next step demanded a great awareness of the data, a focused attention to data and an open mind. Themes were identified during this process, together with patterns and persistent ideas in the collected data (Schurink et al., 2011:411). The researcher identified two main themes; mothers are exhausted and they have a need for support in terms of parenting, and mothers have a need for more information on certain topics. The coding of data can take numerous forms which include; abbreviations, key words and colour coding. The researcher made use of key words and colour coding when themes were identified. The same themes were highlighted in the same colour. There was also a co-coder who assisted the researcher in the coding process (See Annexure D).
- Once the generation of categories and coding of data are in progress, it is essential to evaluate the importance of aspects that are not in the data, also referred to as negative evidence by Kreuger and Neuman (in Schurink et al., 2011:415). The researcher looked for events that did not occur, events which the population was unaware of, events the population wanted to hide, and overlooked events. The researcher compared the findings with the literature study in order to identify those events.
- By developing typologies, conceptual linkages are made between different phenomena which help to build theory. Information was categorised and linkages were made with the literature (Taylor & Bogdan in Schurink et al., 2011:416). The following linkages were made with the literature; mothers who are survivors of CSA were found to be overprotective, they have difficulties in establishing open relationships with their children and in educating their children about sexual behaviour.

The researcher did member checking with each participant during the interview by reflecting on the information that was shared. The researcher also did member checking at the end of the interview by summarising what was said by the participant (Lincoln & Guba in Leitz, Langer & Furman, 2006:444).

To ensure credibility, the researcher appointed a co-coder for this study who also signed a confidentiality agreement (See annexure D).

4.6 Ethical aspects

Ethical clearance for the specific research project was granted by the North West University (Ethics Number: NWU 00073-16-S1). Written consent was obtained from the organisations for including mothers who are survivors of CSA in interviews (See annexure A) as well as from the participants (See annexure B). This research project was guided by the Social Services Professions Act (No 110 of 1978 as amended in 1998) as well as the Ethical Code of the South African Council for Social Work Professions (1986) as the researcher is also a social worker. The researcher adhered to these ethical guidelines. The following ethical aspects were considered:

4.6.1 Informed consent

To obtain informed consent implies that all adequate information regarding the study; the duration, involvement, procedures, advantages, disadvantages and dangers, should be shared with participants (Strydom, 2011:117). Participants must be legally and psychologically competent to give consent (Strydom, 2011:117). The aim and process of the research was explained to participants and they were informed about their voluntary participation, about the audio and written recordings, the conflict of interest and the researcher's legal obligation with regard to reporting of offenses that would cause harm. Participants gave written informed consent (See annexure B).

4.6.2 Confidentiality and anonymity

Every participant has the right to privacy and it is his/her right to decide when, where, to whom and to what extent information will be revealed (Strydom, 2011:119). When conducting research, this principle should not be violated at any time during the study. Confidentiality further implies that others' access to private information should be limited. Only the researcher, gatekeepers and mediator were aware of the identity of the participants. The researcher made use of pseudonyms; a name that is assigned to a person for a particular purpose and which differs from the person's original name (Strydom, 2011:119).

The data from the interviews were transcribed by the researcher, and information gained from the participants was only made available to the study leader and one co-coder who assisted the researcher in the coding process. After the coding was completed, the researcher transferred the information to her computer. The computer was password protected and it was locked in an office. The names of participants have not been included in the research report and the researcher deleted the audio recordings after transcriptions were made. The co-coder handled all information with care to ensure that the privacy and confidentiality of the participants were not violated, and a confidentiality agreement was signed by the co-coder (See annexure D).

4.6.3 Voluntary participation

According to Rubin and Babbie (2005), in Strydom (2011:116), participation should be voluntary at all times. Participants were informed about the aim and process of the research study in order to make an informed and voluntary decision to participate. It was also explained to participants that they could withdraw from the study at any time. Their voluntary participation was gained as they signed an informed consent form where voluntary participation was also explained.

4.6.4 Conflict of interest

Participants were informed about the possibility of the conflict of interest, as the researcher is also a social worker working within a welfare organisation similar to the one in which data has been collected. The researcher had a legal obligation to report offenses that would cause harm to the participant or any other person. When the participant or any other person was believed to be in danger, the researcher had a responsibility as a social worker to report it to the SAPS. The mediator explained the researcher's role in incrimination as part of the research process.

4.6.5 Appropriate referral

Debriefing refers to sessions in which participants are given the opportunity, after the study, to work through experiences and have their questions answered (Strydom, 2011:122).

The researcher did not withhold any information during the study, and the opportunity was provided to participants to get their questions answered and to engage in a debriefing session. No participant presented the need for a debriefing session or counselling.

4.6.6 Right to withdraw

Participants have the right to withdraw from the study at any time (Strydom, 2011:117). They were informed that they could withdraw from the study at any time, and they were treated with dignity and respect. Participants were not asked about their CSA, and the focus was only on their parenting needs. Participation was voluntary and participants may have withdrawn from the study at any time.

4.6.7 Publication and storage of data

Participants should be informed about the findings without violating the principle of confidentiality (Strydom, 2011:126). Results were released in such a manner that they could be useful to others, keeping the ethical consideration of privacy in mind. During and after research, data was stored on the researcher's computer which was password protected. Hard copies and data were stored in lock-up cabinets at the offices of the Centre for Children, Youth and Families (CCYF) and COMPRES. Existing guidelines for data storage at the CCYF were attached. Data will be stored for five years and will then be destroyed as stipulated in the strategy for record keeping.

4.6.8 Expertise of the researcher to do research

The researcher and the study leader are both social workers. The study leader completed her PhD in social work. The study leader also has 20 years social work expertise which includes working with families where CSA has occurred and has supervised social workers and students working with CSA in South Africa and in the UK. The study leader has expertise in conducting qualitative research and semi-structured interviews as part of her master's degree research and PhD research, 'Strengthening Families and Participatory Parity' research projects. In addition the study leader has successfully provided supervision to 5 students who used semi-structured interviews. These students have all successfully graduated.

The study leader also has experience in supervising 4 students who have used collages as part of their data collection. Dr Hoosain has completed ethics training in Introduction to Research Ethics in Health research: Principles, Processes and Structures - The new NHREC and DOH guidelines 2015, and one day training on the ethics of post research obligations of public health ethics on the 16 September 2015 presented by Prof Greef. The supervisor has also completed the TRREE online training.

The researcher also has experience with qualitative research. She is a qualified social worker with social work interviewing skills and has conducted semi-structured interviews previously. The researcher also has experience in working with child sexual abuse. She is working at a CYCC where there are children who have been sexually abused. Some of these children are part of families where mothers have also been sexually abused. The researcher completed her honours degree with a research topic on labelling of children in alternative care.

4.7 Trustworthiness

Trustworthiness is described as findings that reflect the meaning as described by participants as closely as possible (Lincoln & Guba in Leitz et al., 2006:444). The researcher made use of member checking, a method that allowed participants to review findings from the data analysis in order to confirm the accuracy of the work (Leitz et al., 2006:453). The researcher made use of Lincoln and Guba's model to ensure trustworthiness. The main aspects covered were the epistemological standards (truth value, applicability, consistency and neutrality), which were confirmed by the strategies of credibility, transferability, dependability and confirmability (Leitz et al., 2006:444).

4.7.1 Credibility:

Under truth, value credibility was ensured by means of prolonged engagement with the data. The researcher familiarised herself with the data by means of transcriptions and coding. Member checking was also done to ensure that the information that was shared by participants correlated with the information documented by the researcher. The researcher did member checking with each participant during the interview by reflecting on information that was shared. The researcher also did member checking at the end of the interview by summarising what was said by the participant.

To further ensure credibility, the researcher appointed a co-coder who also signed a confidentiality agreement (See annexure D).

4.7.2 Transferability:

Transferability was ensured by meeting the standard of applicability. It is important to make sure that the data collected in the research are valid in other contexts and situations (Schurink et al., 2011:420). Data was gathered until saturation was reached. Due to the qualitative nature of the study, in-depth information was gathered from participants. Findings were supported by direct quotes of the participants, and the aim of this study was not to generalise findings to other cases but to gain knowledge on the specific phenomenon.

4.7.3 Dependability:

Dependability met the standard of consistency by leaving a dependable documentation of the research process. The researcher implemented the same process with each participant to ensure that it would yield similar results if the study was done in a comparable context. An audit trail was kept by being transparent in the systematic documentation of the research process (Schurink et al., 2011:420). The methodology regarding data collection and data analysis have been described and the study was conducted according to the research process.

4.7.4 Confirmability:

Confirmability is the process whereby the researcher ensures that the findings of the study reflect the true experiences of the participants. The semi-structured interviews were guided by an interview schedule to ensure that the same questions were asked to all the participants. The researcher also conducted a literature study and it was done after the interviews. A literature control was used to verify the findings of this study (Schurink et al., 2011:420).

5. CHOICE AND STRUCTURE OF THE RESEARCH REPORT

The report was structured as follows:

Section A

Part 1

- Introduction
- Orientation to the research and problem statement
- Methodology

Part 2

- Literature Study (Harvard referencing style according to NWU guidelines)

Section B

The research study was done according to article format and the researcher aimed to publish the article in the Journal of CSA. The Journal of CSA is interdisciplinary and interfaces among researchers, academicians, attorneys, clinicians, and social work practitioners.

Section C

- Summary
- Conclusion
- Recommendation

6. SUMMARY

In part 1 of Section A the introduction to this study was discussed. Mothers have specific roles as parents and they experience certain challenges as a result of their CSA trauma. Mothers with a history of CSA also have specific parenting needs due to their CSA trauma. Social workers render services to those affected by CSA and implement parenting programmes aimed at expanding parents' knowledge. The research methodology appropriate to this study was also discussed in this section, as well as the ethical aspects that were taken into consideration. In part 2 of this section, the relevant literature will be discussed and applied to this study.

PART 2

A LITERATURE REVIEW ON THE PARENTING NEEDS OF MOTHERS WHO ARE SURVIVORS OF CHILD SEXUAL ABUSE: A PLAY THERAPEUTIC APPROACH

1. INTRODUCTION

The purpose of a literature review is to establish the theoretical framework for the study, to indicate where it fits into the broader debates and to justify the importance of the study (Fouché & Delport, 2011:109). In Section A, a broad overview on the rationale and problem statement of this study was provided. The research question, aim and research methodology was discussed. In part 2 literature will be reviewed in which the Gestalt Field Theory and Gestalt play therapy are discussed and these theories will be used to guide the study. The literature review will also provide an overview of the key concepts including; parenting, CSA, social work and play therapy. Sources older than 5 years were used due to limited research and a lack of recent literature on the topic. The following section is a discussion of the theoretical framework of this study.

2. THEORETICAL FRAMEWORK

Mothers have different roles and responsibilities in respect of parenting; they need to establish a good relationship with their children, they need to take care of them and protect them (Testa et al., 2011; Zerach et al., 2012). Mothers are important role players in their children's lives; they need to discipline their children and monitor their children's behaviour (Testa et al., 2011; Zerach et al., 2012). Mothers with a history of CSA do experience difficulties in their roles as parents; they have difficulties with regard to communication, discipline and sex education (Thomas, 2011:5). Mothers with a history of CSA were also found to be more overprotective towards their children, yet in many cases both the mothers and their children were exposed to CSA. In a study done by Testa et al. (2011:364) it has been found that the effects of the mothers' CSA trauma may create harmful environments for their children, and thereby the children's risk for victimisation is increased. The effects of CSA may therefore negatively impact the survivor's overall functioning as well as the survivor's parenting. Female survivors of CSA may experience psychological stress, depression or anxiety as a result of their trauma (Cronin et al., 2015:7).

When mothers with a history of CSA suffer from depression or anxiety, they may be unresponsive towards their children's needs (Kim et al., 2010:610). CSA statistics are extremely high worldwide as well as in SA, and in most cases females are the reported victims (Hall & Hall, 2011; Jaffe et al., 2012). CSA is addressed through a range of services rendered by social workers, including prevention, intervention and protection services. Social workers may also render specialised and therapeutic services such as play therapy. Children may be referred to social workers who specialise in play therapy because they were also sexually abused (Fourie & van der Merwe, 2014). Gestalt play therapy is focused on facilitating a process where children are guided to solve and deal with their own problems that are currently affecting their functioning (Tudge & Rosa, 2013). Gestalt play therapy is based on the principles of field theory which emphasise the importance of involving mothers in the therapeutic processes with their children, as mothers and their children are part of the same field (Oaklander, 2001). The role of the play therapist is to empower mothers during this process, but in order to provide them with the necessary support and guidance, the therapist should be aware of their needs as parents. In play therapy the mother and her child are viewed as clients and the child cannot be treated in isolation.

Therefore this study was guided by the Gestalt Field Theory and Gestalt play therapy.

3. THEORIES GUIDING THIS STUDY

3.1 Gestalt Field Theory

The Gestalt Field Theory developed in Germany during a time when Behaviourism was the prevailing learning theory. Behaviourists believed that certain behaviour is learned and it can be modified by reinforcing or punishing the specific behaviour (Clark, 1999:1). The founders of Gestalt Field Theory believed that there were cognitive processes involved with learning and that the response of an individual is affected by the individual's perception of the stimuli (Clark, 1999; Yontef, 2002). If two individuals are exposed to identical stimuli, their reactions would be different depending on their past experiences (Clark, 1999; Yontef, 2002).

The following theoretical underpinnings of Gestalt Field Theory will be discussed:

Field Theory

Field theory can hardly be called a theory, as it is rather described as an outlook, a set of principles and a way of thinking (Parlett, 1997:69). According to the Gestalt Field Theory, an individual can only be understood when the environment and the individual's interaction with the environment is taken into account (Parlett, 1997; Yontef, 2002). When children are referred for play therapy because of CSA, the play therapist has to explore the family relationships and environment, and often it is found that both the mother and her child were exposed to CSA. In cases where children are sexually abused in their family systems, mothers with a history of CSA may revisit their own trauma because of emotional or situational triggers (Saloojee, 2014:7). When mothers' CSA trauma is triggered it may have an impact on the family system. Gestalt practitioners or those using gestalt play therapy as an intervention can never only work with the child in isolation, as children exist within systems and have relationships within those systems (Parlett, 1997; Yontef, 2002). When something happens to one member in a family, like CSA, all the other members of the family are also affected. Sometimes, both of the parents come from a background of CSA (Zala, 2012; Saloojee, 2014). In 69% of the cases, fathers were identified as the perpetrators of CSA (Kendall, 2011:42). The effects of CSA on the child are shocking and damaging, regardless of the child's age. Effects of CSA on the child victim may include sexualised behaviour, a feeling of powerlessness, self-destructive behaviour, aggressiveness, isolation and low academic performance (Saloojee, 2014:5). As a result of the child's behaviour, the whole family is affected and experience the emotional distress. Therefore, mothers have to be involved in the process of play therapy, and the child as a whole has to be considered. In the next section holism will be explained.

Holism

Gestalt Field Theory is based on the principle that the individual and the environment influence each other and cannot be separated (Yontef, 1993). Field Theory provides a holistic perspective regarding human experiences and involves all the different parts of the individual when conducting play therapy (Parlett, 1997:19).

During the play therapeutic process, the play therapist has to consider the mother and the child's perceptions, feelings, thoughts and experiences, as the different parts contribute to the wholeness of the individual. Mothers with a history of CSA may experience feelings of guilt, shame and worthlessness. They may suffer from depression or anxiety due to their CSA trauma and as a result they may be unresponsive towards their children (Sims & Garrison, 2014; Cavanaugh et al., 2015). Children who were exposed to CSA may have different perceptions, feelings, thoughts and experiences. They may have fears about the well-being of their mothers, as CSA is often a secret that should be well kept and children are often threatened by the perpetrator. Children may also react differently to their abuse. Some children become promiscuous, as their perception of love was defined by sexual interaction (Cavanaugh, 2015:514). Behaviour, perceptions and feelings are linked with past experiences and the one can never be viewed without considering the other. According to this holistic perspective, individuals' perceptions are part of the whole, and each individual's perception is unique to that person, as described under the sub-heading of phenomenology.

Phenomenology

An individual's experience of his world is open to a range of interpretations and there is no single truth. The meaning each individual constructs is unique to that person and each individual is an expert on his own experience (Lampert, 2003; Schottelkorb et al., 2015). Mothers with a history of CSA may have a negative perception about sexual intimacy as a result of their own trauma, and play therapists may need to put their own judgements aside. Phenomenology therefore emphasises the importance of bracketing. Bracketing is the process whereby the therapist sets aside his own judgements and assumptions about a specific situation (Clarkson & Mackewn, 2006:9). Play therapists may sometimes wonder how mothers who were sexually abused as children may allow their own children to be sexually abused as well. As play therapists, we are not there to judge, but rather to assist children in dealing with the problems they are currently facing. The aim is to stay focused with the client in his experience of the here-and-now.

In order for the play therapist to be involved with the child's here-and-now, the therapist needs to make contact with the child through dialogue.

Dialogue

Dialogue is a special form of contact that becomes the ground for deepened awareness. Individuals yearn for contact and true dialogue. Each individual has a desire to be met, to be accepted in uniqueness, wholeness and vulnerability (Joyce & Sills, 2010:45). The dialogical principle is based on the I-Thou principle of Martin Buber and consists of four characteristics:

- *Inclusion and confirmation:* Inclusion is described as an attempt to understand the situation of the child by experiencing it with the child, trying to feel what the child is feeling without losing a sense of self. This confirms the existence and the potential of the individual (Yontef, 2002:22). Children who were sexually abused have specific thoughts, feelings and perceptions, and the play therapist needs to become aware of what that is.
- *Presence:* Presence refers to being present with all of one's wholeness in the here-and-now. It requires a presence of authenticity, transparency and humility. A dialogue cannot take place without the therapist being present (Yontef, 2002:24). During the process of play therapy children who were sexually abused may have dissociative behaviour which may be overlooked when the play therapist is not fully present. Play therapists' require good observation and listening skills.
- *Commitment to dialogue:* When the therapist practices inclusion with a genuine presence and commits to what emerges in the contact, an environment for maximum growth and healing are created. This requires that the therapist is not committed to any predetermined outcome, but that the therapist has faith in the awareness and contact process (Yontef, 2002:25). Play therapists should not be focused on fixing children's behaviour, but they should rather be focused on the child-therapist relationship, and they should empower the child in the process of self-healing.
- *Dialogue is lived:* Through dialogical contact one comes to know the unique human aspects of one's self (Yontef, 2002:25). The aim of play therapy is not only to facilitate a process of self-healing, but to create self-awareness in children and to empower them to become self-regulatory.

In the case of CSA, a teenage girl may become aware of her promiscuous behaviour and may come to her own conclusions through the process of play therapy. Therapists make use of different play mediums and techniques, and the dialogue does not always have to be in the form of a discussion.

Gestalt play therapy is based on the principles of field theory. Gestalt play therapy will be discussed in the next section.

3.2 Gestalt Play Therapy

Mothers with a history of CSA may bring their children for play therapy due to the child's behaviour or as a result of a traumatic event like CSA that occurred in the child's life. When children who were exposed to CSA are brought by their mothers for play therapy, the trauma of the CSA may not necessarily be in the child's foreground. Gestalt therapy was originally developed by Fritz Perls who worked with adults. Perls believed that the client's current experience should be the focus of therapy, rather than the client's past and that clients should take responsibility for their own healing (Geldard, Geldard & Foo, 2013:35). The Gestalt approach was also found to be a valuable tool in therapeutic work with children. For example, Violet Oaklander initially combined Gestalt therapy with play materials in order to make it more applicable to children. The focus of Gestalt play therapy is on the here-and-now and in order to get children focused on their current experiences, therapists raise their awareness of their body, senses, emotions and thoughts (Geldard et al., 2013:36). Gestalt play therapy is therefore described as the process-oriented mode of intervention that is concerned with the total functioning of the individual (Oaklander, 2001:143). The basic concepts of Gestalt play therapy include; the I-Thou relationship, self-regulation and contact boundary disturbances which will be discussed below:

- I-Thou relationship: The I-Thou relationship is described as the unique and therapeutic relationship that is built between the client and the therapist (Oaklander, 2001:143). Therapy cannot be conducted successfully without a sincere and trusting relationship between the client and the therapist.

- Self-regulation: Children are part of a family system and thus react to trauma, crises, dysfunction and losses (Oaklander, 2001:143). During play therapy, a process is facilitated where children can act out their feelings and learn how to regulate their own emotions. Children who were exposed to CSA may not have similar feelings and behaviour; thus each child has to be viewed in the context of his environment.
- Contact boundary disturbances: These are described as actions which interrupt children's self-regulation processes. Children may block, repress, inhibit or restrict their body, senses and emotions which may cause these interruptions (Oaklander, 2001:144). During play therapy children become in touch with their senses and emotions in order to deal with the painful experiences. Sometimes, children may be too resistant, and the play therapist may need to terminate the therapeutic process. The trauma of CSA may be too painful to deal with and they may block or repress their emotions. Play therapists may need to deal with the trauma of CSA on a later stage, when it becomes problematic for the child.

In the next section the above mentioned theories will be applied to this specific study.

3.3 Application of the theories to the study

The theories discussed above needed to be applied to this specific study as the focus of this study was on the parenting needs of mothers who are survivors of CSA. When play therapists work with children in play therapy, they need to consider the theoretical underpinnings of Gestalt Field Theory and Gestalt play therapy. These principles are not only applied when working with children, but also when consulting with parents, as children and their parents form part of the same family system. Sometimes children are brought for play therapy because of CSA, and very often their mothers were also sexually abused as children. Mothers may want their children to deal with their CSA trauma, yet it may not necessarily be in the child's foreground, and children may need to deal with other issues first. The aim of Gestalt play therapy is to focus on the child's current experiences in his different environments.

Although the focus of therapy has been to support the mother in order to support the child, a study by Saloojee (2014) suggests that mothers need to be supported in their own right. In Gestalt play therapy, both the parents and the child are considered as clients, and play therapists cannot render services to children in isolation; therefore the principles of Field Theory are considered. When mothers with a history of CSA seek play therapy, they may feel overwhelmed and inadequate to support their children. Mothers with a history of CSA may bring their children for play therapy because their children may also have been sexually abused. In cases where mothers have been sexually abused, their unresolved trauma regarding the abuse may indirectly impact their children's lives (Testa et al., 2011:363). Mothers with a history of CSA may suffer from depression or anxiety and as a result they may respond towards their children in a certain way or not at all. For example, mothers with a history of CSA were found to be overprotective, and as a result children may not be allowed to sleep over at friends (Testa et al., 2011:363). Therefore, play therapists cannot render intervention services in isolation. Parents have to be included in this process as they are part of the child's system, and they play an important role in the successful outcomes of the therapy (Wilson & Ryan, 2001; Lampert, 2003; Schottelkorb et al., 2015).

Mothers with a history of CSA may experience certain challenges and may have specific parenting needs. Mothers and their children form part of the same field and environment and therefore they may be influenced by each other. When these mothers bring their children for play therapy because of CSA, they may have a need for guidance and support, which can be addressed throughout this process. Play therapists consult with mothers during parent consultation, which is an important component of play therapy (Lee, 2014). During parent consultation, mothers' needs in terms of parenting may be addressed. Gestalt Field Theory and Gestalt play therapy provides a basis for understanding why the parenting needs of mothers who are survivors of CSA have to be determined. Parenting and CSA will be discussed in the following section.

4. PARENTING AND CSA

Parenting is the process of promoting and supporting the physical, emotional, social, financial, and intellectual development of a child from infancy to adulthood (Hoskins, 2014:506). A parent is described as someone who has parental rights and responsibilities in respect of a child which include taking care of the child physically and emotionally (Children's Act 38 of 2005). A parent in relation to a child, includes the adoptive parent of a child, but excludes the biological father of a child who has been conceived through the rape of or incest with the child's mother. The Children's Act further excludes a person who is biologically related to the child by reason only of being a gamete donor for purposes of artificial fertilisation and a parent whose parental responsibilities and rights in respect of the child, have been terminated (Children's Act 38 of 2005).

This study focuses on the parenting needs of mothers who are survivors of CSA. CSA is prevalent in SA and many children, especially females, are exposed to sexual abuse at a young age (Jaffe et al., 2012:684). The trauma of CSA may impact a mother's parenting capacities and it may indirectly influence her child's well-being and development (Field et al., 2013:483). 'CSA' is defined according to the Children's Act as: (a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; (b) encouraging, inducing or forcing a child to be used for the sexual gratification of another person; (c) using a child in or deliberately exposing a child to sexual activities or pornography; or (d) procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child (Children's Act No. 38 of 2005).

Mothers with a history of CSA may bring their children for play therapy because of the child's behaviour or because of a traumatic event that occurred in the child's life. CSA has long term effects on the adult survivor and it may impact the mother's overall functioning as well as her parenting. In the next section the effects of CSA on a mother's parenting will be discussed.

4.1 Effects of CSA on parenting

Trauma caused by CSA has detrimental effects on the overall functioning of the victim, including parenting (Robboy & Anderson, 2011:2). Information about the traumatic event is stored in the procedural memory and may be suppressed, thus requiring a pre-conscious trigger. When evoked pre-consciously, the individual will recall unresolved events which change the individual's dispositional representation, causing behaviour to become maladaptive (Sampson, 2013:15). The trauma of a mother who is a survivor of CSA may be triggered at any time, and the mother may thus respond in a way that can be harmful to her children. Mothers and their children form part of the same family system and are influenced by each other and by their environment.

Studies consistently demonstrate that female adult survivors of CSA manifest high rates of mental illness, depression, anxiety, suicidality and substance abuse as a result of their CSA trauma (Riser, 2009; Testa et al., 2011; Jaffe et al., 2012; Tarczon, 2012; Cavanaugh et al., 2015). Mothers are usually the primary caregivers and when they have unresolved trauma of CSA, the effects thereof may have an impact on their role as a parent (Kim et al., 2010; Giladi & Bell, 2013). Mothers play an important parenting role in the lives of their children, as their roles involve caretaking, nurturing and protection. Caretaking incorporates not only the practical tasks such as providing the necessary and appropriate nutrition, but also warmth, stimulation and discipline (Ward & Wessels, 2013:62). The effects of CSA on mothers are devastating and long lasting if they do not deal with the unresolved trauma (O'Leary, Coohey & Easton, 2010:276). Mothers with a history of CSA may either become unresponsive towards their children's needs or they may become overprotective (Nelson & Hampson, 2008; Field et al., 2013). In most cases the perpetrator is a trusting relative and known to the victim; therefore children of mothers who are survivors of CSA may not be allowed to sleep over at family or friends (Kim et al., 2010; Yancey & Hansen, 2010; Tapia, 2014).

When mothers with a history of CSA are unable to take care of their children's material, social or emotional needs, it may impact the parent-child relationship (Nelson, Kushlev & Lyubomirsky, 2010; Usher, 2012). A disruption in the parent-child relationship can cause roles to become reversed (Zvara, Mills-Koonce, Carmody & Cox, 2015:88).

For example a mother with unresolved CSA trauma may be reluctant to intimacy with her partner and as a result foster father-daughter incest (Robboy & Anderson, 2011:82). Mothers with a history of CSA may also experience challenges with sex education and may portray a lenient attitude towards sexual behaviour; as a result children may also be victimised (Testa et al., 2012:363). The trauma of CSA affects the mother's parenting role as well as the relationship with her children. Mothers with a history of CSA may have specific parenting needs as a result of their own childhood experiences.

4.2 Parenting needs

Mothers have a need for advice, guidance and support in terms of parenting (Schottelkorb et al., 2015). Mothers have different roles and responsibilities, and they experience different challenges which may impact the quality of their parenting and the needs they have. Mothers with a history of CSA were found to be more authoritative, thus more likely to engage in physical punishments with their children (Hoskins, 2014). Parents play an important role in the lives of their children, and the quality of their parenting is the key to their children's well-being and development.

5. SUMMARY

In Section A part 2 a literature study was conducted. The focus of this specific study was on the parenting needs of mothers who are survivors of CSA. An overview of the literature was provided, and the following concepts were discussed in the context of a play therapeutic approach; parenting, parenting needs, CSA and the effects of CSA on parenting. This specific study was guided by the Gestalt Field Theory and Gestalt Play Therapy Theory. In Section B the research findings will be presented in an article format which was written according to the guidelines of the scientific journal of *Child Sexual Abuse.*

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SECTION B

PARENTING NEEDS OF MOTHERS WHO ARE SURVIVORS OF CSA: A PLAY THERAPEUTIC APPROACH

ABSTRACT

The parenting needs of mothers who are survivors of child sexual abuse (CSA) remain relatively unexamined in the research literature. Existing parenting programmes are usually aimed at assisting mothers in addressing the needs of their children, and it is not necessarily focused on addressing mothers' specific needs. Previous studies have suggested that mothers with a history of child sexual abuse have specific parenting challenges as a result of their child sexual abuse trauma. Given the long term effects of child sexual abuse on mothers' overall functioning, including their parenting, those with a history of child sexual abuse also have specific parenting needs. The aim of this qualitative study was therefore to explore and describe the parenting needs of mothers who are survivors of CSA. Findings suggested that mothers with a history of CSA have specific parental needs for support and guidance.

PARENTING NEEDS OF MOTHERS WHO ARE SURVIVORS OF CSA

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KEY WORDS: Parenting, female adult survivors, mothers, children, child sexual abuse, Gestalt Field Theory, Gestalt Play Therapy, Play Therapy Approach.

More than a third of South African females were sexually abused as children, and child sexual abuse (CSA) has long term effects on adult survivors (UNICEF, 2012 & Kendall, 2012). CSA survivors experience a complex range of symptoms which impact their overall functioning as well as their parenting (Kendall, 2012, p. 42). In a study by Cavanaugh, Harper, Classen, Palesh, Koopman and Spiegel (2015, p. 506) female adult survivors indicated that they experience difficulties with parenting and they have a need for support, guidance and assistance in this regard (Kellet & Apps, 2009; Zvara, Mills-Koonce, Carmody & Cox, 2015). Research indicates that mothers with a history of CSA are more likely to develop symptoms such as depression, anxiety disorders, sexual difficulties, relationship problems and experience feelings of guilt, shame and self-blame (Hall & Hall, 2011; Barber, 2012; Kendall, 2012). These symptoms may cause mothers to become unresponsive towards their children's needs (Kim, Trickett, & Putman, 2010, p. 610). CSA therefore does not only have serious consequences for the victim, but also for every person involved in their life including their children (Tapia, 2014 & Zoldbord, 2014).

Parenting can be a challenging experience even without a history of CSA, but the types of challenges that mothers with a history of CSA are confronted with as parents may be uniquely associated with its negative psychological consequences (Allbaugh, Wright & Seltmann, 2014; Cavanaugh et al., 2015). Mothers with this history were found to have little confidence in their ability to parent, had difficulties in dealing with their children's sexuality and had concerns about their children's safety (Allbaugh et al., 2014, p. 886). Research has indicated that these survivors of CSA may be overprotective towards their children who may not be allowed to sleep over (Saloojee, 2014, p. 28). Ronkin and McKillop (2008) state that over-protection of their children is an issue that adult survivors struggle with. Additionally, they struggle with protecting their own children from abuse by the same perpetrator, if this was a family member (Ronkin & McKillop, 2008; Coyle, 2014). During play therapy children act out negative life experiences like CSA (Homeyer & Morrison, 2008, p. 213). Due to parenting concerns and effects of CSA, mothers who are survivors may therefore become involved in a range of social work services such as child protection, counselling or play therapy to address their own parenting difficulties or their concerns for their children (Earle, 2008; Kim et al., 2010; Lee, 2014).

In a study by Fourie and Van Der Merwe (2014) it was revealed that parents had referred their children for play therapy because of their behaviour or because of a traumatic event they may have experienced, and during the process, the mother disclosed that she too had been sexually abused. Play therapy is a mode of intervention that was designed especially to work with young children (Oaklander, 2001 & Lee, 2014). Children do not have the ability to think abstractly, and therefore play mediums are utilised to facilitate a process where they can solve their own problems (Oaklander, 2001 & Lee, 2014).

Parents need to be involved in the process of play therapy, especially mothers with a history of CSA, as they may be supported by the play therapist or social worker with the challenges they experience in terms of parenting. Mothers also play an important role in the successful outcomes of play therapy because they need to bring their children for therapy and should therefore be involved in the therapeutic process (Lee, 2014, p.18). As early as 1999, research had suggested that parental support may be a more important factor in a child's recovery as any factor associated with the circumstances of the abuse (Tremblay et al., 1999). In the play therapy research reviewed, relatively little attention is given to parents.

Parent consultation is an important part of play therapy which serves as a means for communication between the parent and the therapist (Schottelkorb, Swan, Ogawa, 2015, p. 222). However, research on parenting and play therapy has not included the voices of mothers with a history of CSA. Play therapists may be able to provide specific guidance and support to mothers with a history of CSA during parent consultation which is directed at their specific needs. This form of consultation is not only beneficial to the child but it is also beneficial to parents in the sense that they can be guided through the process of play therapy and they can be equipped with skills (Cates, Paone, Packman & Margolis, 2011; Schottelkorb et al., 2015).

Although the process of play therapy is focused on children, mothers with a history of CSA may be supported and guided throughout the play therapy process when they bring their child for play therapy. Gestalt play therapy is based on the principles of field theory. This emphasizes holism, as children and their parents form part of the same family system.

Each individual is regarded as a whole, with his own thoughts, feelings and perceptions; therefore children cannot be treated in isolation (Parlett, 1997, p. 16). In the next section the theory guiding this study will be discussed.

GESTALT PLAY THERAPY

This study is guided by Gestalt Play Therapy. This approach was chosen, as play therapy is a mode of intervention especially designed to work with young children. However, children are often referred by their parents for play therapy because of a traumatic event that has occurred in the child's life, and their wellbeing and outcome in the therapy is often determined by their parents (Lee, 2014 & Schottelkorb et al., 2015). The aim of Gestalt Play Therapy is not to change or fix clients, but to facilitate a process of self-healing (Oaklander, 2001 & Lee, 2014). It is therefore focused on addressing the problems children face in their current environments. Mothers and children come from the same family environment, and members from the same field may influence each other (Zala, 2012, p. 222).

A mother's parenting may be influenced by her family of origin and therefore attention must be drawn to the dynamics, the parenting styles and the cultural contexts in the family system. The way in which mothers with a history of CSA parent their children might have been shaped by the patterns in their families of origin; such as incest (Zala, 2012 & Saloojee, 2014). Their well-being may thus be influenced by their mothers' parenting because they are part of the same field. Gestalt Field Theory thus provides a viewpoint to understand how a child's world is organised and how the field can be affected by its different parts. The field consists of its members, the environment, the social world, organisations and cultures; therefore the concept of holism is emphasized as all the different parts of the field have to be considered during play therapy (Parlett, 1997, p. 16).

When practitioners involve mothers in the process, they may need to be referred for individual counselling to deal with their CSA trauma, especially if the trauma is on their foreground (Lee, 2014, p. 14). Mothers with a history of CSA can also be supported through parenting programmes directed at their specific needs, if their past experiences are influencing their optimal functioning and parenting. Parents have specific needs in terms of parenting, especially mothers with a history of CSA. Practitioners therefore need to assist them in the best way possible, as the wellbeing of children is influenced by the wellbeing of their parents. This qualitative study attempted to respond to the need for qualitative research on the complexities of parenting needs of mothers who are survivors of CSA. Its aim was to explore and describe the parenting needs of mothers who are survivors of CSA, and the research question the study sought to answer was:

- What are the parenting needs of mothers who are survivors of CSA?

METHOD

Sample

A qualitative descriptive design was applied to this study, as the aim was to explore and describe the parenting needs of mothers who are survivors of CSA. Participants were identified according to the non-probability technique of purposive sampling (Rubin & Babbie in Strydom & Delport, 2011, p. 392). The participants were mothers who are survivors of CSA. Permission was obtained from social work organisations as they assisted with the recruitment of participants. The following inclusion criteria were met; (1) Participants were mothers who were survivors of CSA; (2) participants were older than 18 years and (3) participants had received counselling for their CSA trauma. Participants were informed about the aim of the research, the researcher's role in incrimination and the conflict of interest. Ten participants volunteered and gave written informed consent to be interviewed and for the audio recording thereof.

Procedures

Ethical approval to conduct the research study was obtained from the Ethics Committee of the North-West University (NWU 00073-16-S1). Written permission was obtained from social work organisations that assisted with the recruitment of participants. The informed consent form explained the steps to be followed to ensure confidentiality and privacy (Strydom, 2011, p. 116). Participants were also informed that they could withdraw from the study at any time (Strydom, 2011, p. 116).

Data collection

Semi-structured interviews were conducted with ten mothers who were survivors of CSA and they were asked to make a collage on their parenting needs. The interviews (Greeff, 2011, p. 348) were between 60 and 90 minutes each. Semi-structured interviews were suitable for this study, as the aim was to determine the parenting needs of mothers who were survivors of CSA. The first interview served as a pilot study (Strydom & Delport, 2011, p. 394). Participants selected had to be female adult survivors of CSA, they had to be older than 18 years and they had to be mothers. The interviews were conducted in a private setting with the necessary facilities, where confidentiality and privacy could be maintained. The semi-structured interviews were guided by the questions outlined in the interview schedule (Greeff, 2011, p. 349).

Data analysis

Data were analysed by means of content analysis as described by Rubin and Babbie (2013, p. 275). The researcher made written notes during and after the interviews about what had been observed (Schurink et al., 2011, p. 403), and the audio recorded interviews were transcribed and the data were organised into files and text units.

The participants were asked to reflect on their collages, and notes were made. These were correlated with the field notes and transcriptions before the themes were identified. Themes, patterns and persistent ideas in the collected data were then identified (Schurink et al., 2011, p. 411), and the data was coded by using abbreviations, key words and colour coding. Each theme was highlighted with a different colour, and abbreviations like CSA (child sexual abuse) and SW (social work) were used. Findings were also compared with the literature reviewed (Taylor & Bogdan in Schurink et al., 2011, p. 416).

Trustworthiness

Member checking was used to ensure trustworthiness which allowed participants to review findings from the data analysis in order to confirm the accuracy of the work (Leitz, Langer and Furman, 2006, p. 453). *Credibility* was ensured by means of prolonged engagement with the data, and the researcher familiarised herself with the data by means of transcriptions and coding. *Transferability* was ensured by meeting the standard of applicability and data were gathered until saturation was reached. *Dependability was* ensured by a detailed description of data collection and the research process. Finally, a literature control was conducted in order to ensure *confirmability* (Schurink et al., 2011, p. 420).

RESULTS

Mothers with a history of CSA were found to have specific needs regarding their parenting. The following themes were identified: (1) parenting needs of mothers who are survivors of CSA (2) the need for support and guidance with parenting and (3) social work services. This section is an elaboration on the themes supported by narratives from the transcribed interviews.

THEME 1: PARENTING NEEDS OF MOTHERS WHO ARE SURVIVORS OF CSA

Relationship with children

Mothers with a history of CSA expressed the need to have good, trusting parent-child relationships. These relationships develop during the early months of life around a child's needs for protection and from the comfort they receive when they feel distressed (Purnell, 2010, p. 1). Participants believe that the parent-child relationship forms the basis of good parenting. They indicated that they did not have good relationships with their own mothers; and they strove to have good relationships with their children. Participants further emphasized the importance of openness and communication in the parent-child relationship; they wanted their children to feel comfortable to share anything with them as they were never able to do so. One of the participants mentioned that:

> "I want my children to be able to discuss anything with me, even though it makes me feel uncomfortable."

In previous eras, parents did not talk to their children about sexuality and sexual behaviour, as sex was a taboo topic (Collin-Vezina, Daigneault & Hebert, 2013). As a result participants wanted their own children to discuss any issues with them, because as children the participants may not have felt comfortable in disclosing their abuse (Bein, 2011, p. 17). One of them mentioned:

> "I can't remember that I ever discussed my abuse with my mother".

It was also stated that she wanted her children to tell her if they ever felt uncomfortable with someone. She said:

> "…and if your child tells you that she is uncomfortable with someone, you don't even query it."

Mothers with a history of CSA may feel uncomfortable because of their own abuse, and if their children also disclose CSA, it may trigger their own trauma. In a study done by Cavanaugh et al. (2015, p. 517) it was found that the participant and her child were sexually abused by the same perpetrator. Participants reported that they felt worried about their children being sexually abused and they sometimes experienced discomfort with their partner's contact with their children (Cavanaugh et al., 2015, p. 512). Participants want to have an open relationship with their children, yet they fear what their children want to openly discuss. Mothers with a history of CSA may need assistance and guidance in this regard as they may have difficulties in open communication with their children (Kendall, 2012, p. 49). This was confirmed by some of the participants as one stated:

> "Mothers should have open relationships with their children and don't sweep it under the carpet, like I did."

Mothers with a history of CSA often experience feelings of guilt and self-blame, as they feel they were responsible for the protection of their children, yet their children were also sexually abused (Hall & Hall, 2011; Barber, 2012 & Kendall, 2012). According to the Sexual Offences Act, any person who suspects CSA is compelled to report it to the police; however mothers who are survivors of CSA may be reluctant to do so. The same participant mentioned:

> "My mother reported the sexual abuse of my children, as I was threatened by my husband, I did not have a place to stay and I did not have a job."

Even though the participants were overprotective of their children, it was still found that mothers and their children were sexually abused.

Cycles of sexual abuse do exist in families, and it may be transmitted through the effects of CSA on the mother (dissociation, depression and anxiety) or it may be transmitted through poor parenting (Testa, Hoffman & Livingstone, 2011). When children do disclose CSA to their mothers who were also survivors of CSA the mothers may be reluctant to report the sexual abuse of their children because they are dependent on their husbands, as some mothers may not be employed (Bowman & Brundige, 2014).

Nurturing and caretaking

Mothers have the responsibility to take care of their children's material and emotional needs, and participants expressed the desire to be able to fulfil this role (Testa et al., 2011; Zerach, Greene, Ein-Dor & Solomon, 2012). Most of the participants were working mothers; some of them were also single or divorced. They emphasized how difficult it is to provide for their children's material needs especially when they are dependent on a single income. The mothers were focused on meeting their children's most basic needs, like food, clothing and education although they would like to give them more. One of the participants mentioned that:

> "…financially, it was very difficult for me as my children wanted more."

Even though children's material needs had to be met, participants still believed that providing for their emotional requirements was much more important because:

> "…children need to know, above all, that they are loved by their parents."

Parental affection is associated with characteristics like warmth, acceptance and involvement in children's lives, but working mothers find this difficult as they have to balance their personal and professional lives (Huver, Otten, De Vries & Engels, 2010, p. 395).

A participant stated:

> "I get home after work, I am tired, everybody wants my attention, I need to check for homework, and then I just put food in my child's mouth and put him to bed."

Although participants found it difficult to take care of their children emotionally, others believed that it could be possible to take better care of themselves and their children (Cavanaugh et al., 2015, p. 518). Mothers with a history of CSA thus want to be there for their children and they expressed the need for more quality time with them. During Gestalt Play Therapy the focus remains on the "here-and-now" and mothers can be supported and guided in terms of the parenting needs they have now.

Protection

Participants also felt the need to protect their children and believe children have the right to be protected against harm (Children's Act 38 of 2005; Ward & Wessels, 2013). According to a study done by Saloojee (2014, p. 28), mothers with a history of CSA were found to be overprotective towards their children. This was confirmed by most of the participants:

> "I am overprotective of my children because I do not want them to go through the same traumatic experiences I did."

> "I was so overprotective of my children that I never allowed them to sleep over and as a result my children were deprived from social interactions with their peers."

Children are often sexually abused by a relative or by someone known to the victim, and as a result participants did not feel comfortable with allowing their children to sleep over (Nelson & Hampson, 2008; Kendall, 2012 & Zala, 2012).

Although participants do not regret their overprotective behaviour, some participants were aware of the negative ways it has impacted their children's social development. One participant stated that her child had become withdrawn, another stated:

"… because I was overprotective of my children, they lack social skills."

Participants showed a great sense of self-awareness and they were able to recognise and acknowledge their flaws. When mothers with a history of CSA become aware of their own ways of parenting and how it affects their children, they may be assisted more effectively during the process of play therapy with their children. A previous study has indicated that denial is a form of dissociation which is often an effect of CSA, yet it was indicated otherwise in this study (Blum, 2013, p. 427). Even though participants did not want to allow their children to sleep out, they were well aware of how it impacted their children:

"My children felt that I did not trust them and it created a lot of conflict."

Adolescents have a need to socialise with their own peer group and if this is not allowed; they may become isolated, excluded, depressed and even bullied. Being overprotective therefore caused conflict in participants' relationships with their children especially during adolescence. Although the participants had expressed the need to protect their children and were even overprotective, some of their children were sexually abused as a participant disclosed:

"My children were also molested by their father… and I feel guilty."

CSA may be transmitted across generations, and it is mediated through the effects of CSA on adults, such as depression, anxiety, dissociation, substance abuse and poor parenting (Testa et al., 2011; Tarczon, 2012 & Coyle, 2014).

CSA trauma may be transmitted through poor parenting behaviour, as parents have difficulties in monitoring their children's behaviour, establishing good relationships with them and communicating with them about sex (Testa et al., 2011; Kendall, 2012; Field, Muong & Sochanvimean, 2013). Children may thus become involved in risky sexual behaviour and they may also be victimised.

In the next section, discipline will be discussed.

Discipline

Participants have also expressed the need to be guided in terms of discipline. Most of the participants expressed a desire for the fathers to be the disciplinarians of their children:

> "…the father should teach the children about respect and the father should discipline the children should they talk badly to their mother."

Although most of the participants believe that discipline is a parenting role assigned to fathers, others believe that mothers also have a role to play, especially if they are single or divorced. Participants expressed the need to also be recognised as the disciplinarian and they have a need to be respected by their children. Mothers do play a role in modelling and monitoring their children's behaviour, and participants emphasized the importance of setting an example for their children (Kellet & Apps, 2009, p.5). They also believed that there are different ways in which children can be disciplined; many of them had parents who used physical punishment to discipline them. As a result, they did not want to engage in physical punishment with their own children:

> "I got a lot of hidings from my parents and I made a conscious decision to never do that to my children."

> "Parents can rather take away privileges of their children as a way of disciplining them."

Mothers with a history of CSA were once children in another field and environment, and their thoughts, feelings and perceptions regarding correction may have been influenced by the way they were disciplined.

THEME 2: THE NEED FOR SUPPORT AND GUIDANCE WITH PARENTING

Mothers with a history of CSA may not only need support and guidance in terms of their parenting roles and the difficulties they experience with that, but they may also have the following needs in terms of parenting:

Sub-theme 2.1: Support and guidance

Mothers with a history of CSA need support and guidance in terms of parenting (Kim et al., 2010; Lambert & Andipatin, 2014). This was confirmed by participants and most of them indicated that they have good support systems:

> "…mothers need support from their families, friends and from their communities in order to guide them in terms of parenting."

> "I believe in the importance of a good support system, I have a support group at my church..."

> "My husband supports me a lot, it is important to have support from your partner."

Participants are supported by their families, friends and communities and they find these support systems valuable because they have the need to discuss their challenges with others. Some of the participants are single or divorced parents and they do not have the necessary support systems.

Supporting parents is critical to national development, as more than 50% of children in South Africa grow up in households where parenting takes place without the support of the other parent (Gould & Ward, 2015, p. 1). These results were confirmed by this study, as stated by some of the participants:

> "The father of my children thinks that I am a bad mother and he blames me for the removal of our children."

> "I wanted more support from my children's father."

When mothers do not receive the necessary support and guidance, they may become overwhelmed and easily exhausted, especially those who are single or divorced parents, as they have the sole responsibility to take care of their children (Thomas, 2011, p. 4). Mothers with a history of CSA sometimes become permissive in their parenting, because they feel overwhelmed and have difficulties in dealing with discipline. Permissive parents do not set rules and they have fewer expectations of their children (Hoskins, 2014, p. 509). Children from permissive families show increased rates of substance abuse and misconduct. When they become involved in self-destructive behaviour, they may also be at risk of victimisation. Mothers with a history of CSA are afraid that their children might also be sexually abused and therefore they need parenting support and guidance (Thomas, 2011, p. 30). Through support systems, mothers are able to find solutions to their problems, and they may learn how to deal with difficult parenting situations (Saloojee, 2014, p. 39).

Participants expressed the following need for guidance:

Recognising concerning behaviour in children:

Although mothers with a history of CSA are overprotective towards their children, participants still fear that they will miss signs of abuse, drugs, depression, suicidal thoughts and bullying as they explained:

> "…my child became depressed and I did not even notice a thing. I would have liked to pick something up earlier so that I could get her the help she needed."

> "My child was bullied at school and I was never aware of that."

Often, mothers who are survivors of CSA may develop dissociative identity disorder as a result of their CSA trauma (Blum, 2013, p. 427). Dissociation may serve a protective function, where the individual loses contact with his reality and dissociation may occur in the form of denial or isolation when trauma is triggered (Blum, 2013, p. 427). Mothers may thus become unresponsive towards their children's needs and may miss signs of concerning behaviour, especially during the phase of adolescence, as was evident in their responses above.

Developmental phases:

Participants also expressed the need for more information or guidance on children's developmental phases and how each of these should be approached. Participants have indicated that they especially experience challenges when their children reach adolescence. For example, during adolescence children become more social which may create a sense of fear in mothers who are survivors of CSA. Communication and sex education are regarded as protective factors for future victimisation, but mothers with a history of CSA experience difficulties in educating their children about sexuality (Testa et al., 2011, p. 364).

A participant mentioned:

> "…sex was a disgusting thing for me and I did not want to talk about it, not even with my children… so I got them a book on what boys and girls should know."

When children are not educated about sexuality, they may become involved in risky sexual behaviour, and they may also be victimised. Cycles of sexual abuse will thus continue across generations (Hulette, Kaehler & Freyd, 2011; Testa et al., 2011). Mothers play an important role in the lives of their children, and their parenting may influence their children's well-being, as mothers and their children come from the same family environment. The family as a whole therefore has to be considered when conducting play therapy with children who were also sexually abused (Parlett, 1997 & Yontef, 1993).

Breaking intergenerational cycles of abuse:

Most of the participants explained how they raised their children as they were raised by their parents, but they mentioned that families need to break the intergenerational cycles of abuse. As stated by one of the participants:

> "…if you grew up with physical abuse, you may also physically abuse your children because that is your frame of reference, that is how you were raised and that is what is acceptable in your eyes."

> "…my parents never talked to me about sex, so I also did not talk to my children about it."

Participants have the need to become aware of their own intergenerational cycles, whether it is cycles of physical abuse or sexual abuse. CSA may be transmitted across generations through the effects of CSA; which include depression, anxiety, substance abuse and dissociation (Hulette et al., 2011; Robboy & Anderson, 2011; Testa et al., 2011).

The effects of CSA make mothers unresponsive towards their children's needs, their children may be victimised and as a result they may be referred for play therapy. CSA may also be mediated through poor communication and a lack of sex education; therefore mothers who are survivors of CSA need support and guidance in terms of their parenting (Kim et al., 2010; Testa et al., 2011; Lambert & Andipatin, 2014).

Sub-theme 2.2 Time for themselves

Participants expressed the need for rest and relaxation in order to manage stress, as mothers with a history of CSA become physically and emotionally exhausted (Halpenny, Nixon & Watson, 2010, p. 2). One of the participants stated that:

> "I need time for myself to unwind, as I am constantly thinking about my children, our next meal and what I need to do this weekend."

Participants emphasized the importance of finding something they enjoy, as it is helpful in managing their stress. Some of the participants mentioned their love for sport:

> "…my sport helped me to relax and it is something I enjoy doing."

Not all the participants mentioned this, but when mothers do find something enjoyable, they may be able to unwind. It has been found that mothers who are survivors of CSA spend little time with their children; therefore participants expressed the need for more quality time with their children (Karakurt, & Silver, 2014, p. 87). Most of the participants are also working mothers, and as a result quality time with their children is limited. They explained how families do not get together anymore, because of busy schedules, technology and social media. Participants have indicated that a good parent-child relationship is developed when parents spend quality time with their children.

Social workers may thus need to focus more on prevention services in order to assist mothers with a history of CSA in managing their time and stress more effectively.

THEME 3: SOCIAL WORK SERVICES

Some of the participants did not have good experiences with social workers, and as a result they feel that social workers are not to be trusted. They explained how their needs were not viewed as important; how they were viewed as annoying and how they were judged rather than accepted. Participants felt that as parents they did not receive the necessary support and guidance from social workers. One of them explained how her children were removed from her and when they were reunified after the father's conviction:

> "…the social worker never returned to see how we are doing or whether we are coping, I was a mother of five."

The participant explained that she needed guidance and support from the social worker; in applying for a social grant, in rebuilding her relationship with her children and in disciplining them. Participants thus feel that social workers do not view their clients as important because they are overwhelmed by their high caseloads (Bowman & Brundige, 2014, p. 286). Mothers with a history of CSA have a need for effective and appropriate social work services, as they have specific parenting needs. They also expressed the need for counselling as a participant described that she should have gone for counselling

> "…I should have gone for counselling, I would have healed and I would have been able to focus on my children again."

Counselling may be able to assist mothers with a history of CSA to resolve their trauma and to live a productive life (Burley, 2015).

When mothers with a history of CSA have unresolved trauma, it impacts their parenting and it makes them unresponsive towards their children's needs. Mothers therefore expressed the need for counselling, support and guidance.

DISCUSSION

The aim of this study was to explore and describe the parenting needs of mothers who are survivors of CSA. Participants expressed the need for a good and trusting parent-child relationship. Although they also expressed the need for open and honest communication in this relationship, they did not want to talk to their children about sexuality and sexual behaviour because of their own experiences and the way they were parented (Testa et al., 2011; Kendall, 2012; Karakurt & Silver, 2014). Mothers with a history of CSA may not want to talk to their children about sex, as it may create discomfort and trigger their own trauma (Testa et al., 2011).

Participants were also not taught about sexuality and therefore they also did not teach their children about it, as it was their frame of reference. The mothers in the study expressed the need to be able to take care of their children physically and emotionally, yet those who are CSA survivors may experience difficulties in meeting these needs (Testa et al., 2011; Zerach et al., 2012). Most of the participants are working mothers; some are also single or divorced parents and are not supported financially by their children's fathers. This poses challenges in addressing children's material needs, as mothers are dependent on a single income. Participants were also found to be overprotective. The results of this study were therefore similar to those done by Field et al. (2013), Saloojee (2014) and Cavanaugh et al. (2015) which stated that adult CSA survivors were overprotective towards their children as a result of their CSA trauma. Participants expressed the need for safeguarding their children, yet some of their children were also sexually abused.

Cycles of CSA existed in families of the participants and the findings were consistent with previous research by Kellerman (2011), Testa et al. (2011) and Tarczon (2012) who found that CSA is transmitted across generations. The effects of CSA impact the overall functioning of the victim and it may influence a mother's parenting capacities, therefore they expressed the need for support in breaking the cycles of CSA.

Mothers with a history of CSA were found to have challenges in balancing affection and discipline with their children, according to studies done by Kim et al. (2010), Lambert and Andipatin (2014). However, in this study, participants only expressed the challenges they have in disciplining their children. Although most of the participants believe that discipline is a parenting role assigned to fathers, participants who are single or divorced mothers expressed the need for support and guidance in this regard. Participants do not only need support and guidance in terms of disciplining their children, but also in recognising signs of worrying behaviour in their children.

Children are under a lot of pressure today as they are constantly competing for attention, and recognition. Participants fear that they may miss signs of depression, bullying or substance abuse in their children. Children are often referred for play therapy because of depression, bullying and CSA. Parents play an important role in the successful outcomes of play therapy; thus play therapy cannot be rendered to children in isolation (Oaklander, 2001). Children and their parents are part of the same field and environment and the one part is influenced by the other (Yontef, 1993). Therefore the well-being of children is influenced by the well-being of their parents, as mothers' own CSA trauma impacts their parenting. When social workers render play therapeutic services, the child and the family as a whole should be considered because the different parts in the family system are influenced by each other (Yontef, 1993 & Parlett, 1997). Holism does not only refer to the family system, but also to each individual.

An individual's perceptions, thoughts and feelings are also shaped by past experiences. Mothers and children may have different perceptions regarding sleep overs, and this may create conflict in the parent-child relationship, thus affecting the whole family system. Although CSA affects mothers' parenting negatively, there were also positive outcomes in this study. Participants want to establish good parent-child relationships with their children, and they have a need for open communication with their children. This was viewed as a protective factor with regard to intergenerational transmission of CSA (Testa et al., 2011; Stroebel, O'Keefe, Beard, Kuo, Swindell & Kommor, 2012). Previous studies on CSA found that the trauma of CSA impacts a mother's parenting, although they themselves did not realise it (Testa et al., 2011; Gould & Ward, 2015). However, participants in this study also portrayed a sense of self-awareness and they were able to identify their specific parenting needs. When mothers who are survivors of CSA can become aware of their needs and challenges; it may be dealt with more effectively (Sims & Garrison, 2014, p. 22).

Participants are also open for support and guidance in terms of parenting, and as a result they may not be reluctant to bring their children for play therapy.

IMPLICATIONS

This research adds to the small number of qualitative studies aimed at understanding the parenting needs of mothers who are survivors of CSA. Interviews were guided by an interview schedule, and a few questions were asked which allowed participants to reveal their own personal parenting needs. Many of the themes identified were consistent with literature on the parenting of mothers who are survivors of CSA (these mothers were found to be overprotective and they have difficulties in communicating with their children about sexuality and sexual behaviour).

Children are often brought by their mothers for play therapy and therefore this study focused on the parenting needs of mothers who are survivors of CSA according to a play therapeutic approach. Mothers may bring their children for play therapy because of CSA but they may also be CSA survivors. Play therapists thus need to involve mothers in this process not only to provide them with the necessary support and guidance, but also to refer them for individual counselling should they express the need. Social workers who are specialised in play therapy may also develop and implement parenting programmes that are specifically aimed at addressing the parenting needs expressed by these participants.

FUTURE RESEARCH

This study aimed to explore and describe the parenting needs of mothers who are survivors of CSA. Additional studies are needed to compare these needs of mothers who are survivors of CSA with mothers who have not experienced CSA. Future researchers may also need to explore and describe the challenges female survivors experience in terms of parenting, as many survivors do not realise how the trauma of their CSA may interfere with their parenting. Given the literature suggesting that mothers play a crucial role in sex education with their children, there is a need for further investigation into survivors' communication about sexual behaviour with their children and whether they may benefit from parenting programmes addressing this challenge. Future research may also need to develop intervention programmes aimed at breaking the cycle of CSA.

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SECTION C

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

In this section, a summarised overview of the study will be provided, and conclusions and recommendations will be given. In Section A the researcher provided an orientation to the study. The aim was discussed, as well as the theoretical framework and applicable research methodology. A literature review was conducted with specific focus on the following concepts; Gestalt Field Theory, Gestalt Play Therapy, parenting and Child Sexual Abuse (CSA). In Section B the findings of the study were discussed in an article format. The researcher will determine whether the research question has been answered. Finally, conclusions and recommendations will be made to future researchers, based on the findings of this study.

2. SUMMARY OF THE RESEARCH PROBLEM AND ACHIEVEMENT OF THE AIM

In research done by Halpenny, Nixon and Watson (2010:2) on parents' perspectives, most expressed the view that there is more pressure on parents today than there was in the past. Parents experience financial, social, emotional and cultural challenges with regard to parenting and may feel unequipped and overwhelmed (Thomas, 2011:4). Mothers also find it difficult to balance their personal and professional lives and as a result might feel guilty (Halpenny et al., 2010:2). The current study specifically focused on mothers who are survivors of CSA; as they may experience these and other challenges. It was found that mothers with a history of CSA experience difficulties in terms of parenting because of their own CSA trauma (Kim, Trickett & Putnam, 2010; Lambert & Andipatin, 2014). They were found to be overprotective and have difficulties with open communication, discipline and sex education (Testa, Hoffman & Livingston, 2011). Therefore the focus of this research was on the parenting needs of mothers who are survivors of CSA in order to provide them with the necessary support and guidance.

Mothers and their children form part of the same family system and the one is influenced by the other; therefore parents have to be involved in the process of play therapy (Yontef, 1993). When children are referred for play therapy because of CSA, it may be found that their mothers were also sexually abused as children (Testa et al., 2011; Coyle, 2014; Fourie & van der Merwe, 2014). This was confirmed by the current research study even though participants were overprotective towards their children. CSA may be transmitted across generations, and it may be mediated through poor parenting skills or the traumatic effects of CSA. Mothers' CSA trauma impacts their parenting and as a result children's well-being may be compromised. They may be referred for play therapy because of their behaviour or a traumatic event like CSA. During the play therapy process Fourie and Van Merwe (2014) found that childrens' mothers are also victims of CSA. Mothers with a history of CSA may have specific needs in terms of parenting (Kim et al., 2010).Therefore, the aim of this study was, through a qualitative descriptive design, to explore and describe the parenting needs of mothers who are survivors of CSA.

The following research question was formulated: What are the parenting needs of mothers who are survivors of CSA?

After the completion of the study it seems that the research question has been answered. The findings reflect the specific parenting needs of mothers who are survivors of CSA. The responses from the participants are reflected in the following themes identified during data analyses; the need for support with parenting, parenting needs of mothers who are survivors of CSA and social work services.

In the next section an overview of the research methodology will be provided.

3. SUMMARY OF THE RESEARCH METHODOLOGY

The aim of this qualitative descriptive study was achieved by undertaking a literature review (Section A: Part 2) which enabled the researcher to gain a broad overview on existing literature and upon which a theoretical framework was built. Existing literature was used to provide a detailed discussion on parenting and how it is influenced by CSA trauma.

The study was guided by Gestalt Field Theory and Gestalt Play Therapy which argue that children and their parents are part of the same family system and therefore parents need to be involved in the process of play therapy (Yontef, 1993 & Oaklander, 2001). The findings from the literature study were compared with the results of the data analysis. Qualitative data were collected from participants who were identified through non-probability sampling.

The data were obtained by conducting semi-structured interviews with ten participants who fitted the inclusion criteria, and participants were also asked to make a collage of their parenting needs. The semi-structured interviews were audio recorded with the informed consent of participants. The interviews were guided by a schedule and participants were asked to reflect on their collages. The researcher made notes during the interviews and data were obtained until data saturation was reached. After the data were collected, the interviews were transcribed and the themes were identified. A co-coder was appointed to assist with the coding of the data. The co-coder signed a confidentiality agreement and the ethical guidelines were followed throughout the process. The researcher also made use of member checking during the semi-structured interviews to ensure that the information that was shared by participants was the same as that documented by the researcher. These data were then analysed into three categories namely; the need for support with important parenting roles, parenting needs of mothers who are survivors of CSA and social work services.

4. CONCLUSIONS

The aim of the study was to explore and describe the parenting needs of mothers who are survivors of CSA. The data obtained from participants indicated that they do have specific needs in terms of parenting, which can be categorised into three themes namely; the parenting needs of mothers who are survivors of CSA, the need for support and guidance with parenting and social work services. The findings of the study have indicated that mothers with a history of CSA have a need for support and guidance in terms of their parenting. Participants expressed the need to have open and honest relationships with their children, as they did not have good relationships with their mothers.

A good parent-child relationship is based on nurturing and caretaking, but participants were found to have difficulties in taking care of their children's material and emotional needs. In most of the cases, mothers are working and feel that they have a responsibility to address their children's material needs. Those who are survivors of CSA may also be single mothers or divorced mothers; they are dependent on their own income and have to provide for their children's material needs. The participants explained how they have difficulties in keeping up with the high demands and standards set by their children's peers. As we are in the 21st century, children 'need' a designer dress or suit at their matric farewell, they 'need' Nike sportswear, they 'need' a brand new car when they reach the age of eighteen and all these 'needs' place a huge amount of stress on mothers. Therefore, mothers feel that they will never be able to provide in all the material needs of their children and that they will always need more money. Regardless of the difficulties they experienced, they still expressed the need to be able to provide for their children's needs and wanted to have more quality time with their children. The participants expressed a great sense of self-awareness and were able to identify their own needs in terms of parenting.

In a study done by Testa et al. (2011) it was found that mothers with a history of CSA are overprotective towards their children as a result of their trauma. Responses by the participants confirmed that mothers who are survivors of CSA may be overprotective, as they never allowed their children to sleep out. Some of them also mentioned that their children were deprived of social interaction with their peers which created conflict in the parent-child relationship, as the children felt that they were not trusted. Even though participants were found to be overprotective, some of their children were also sexually abused. Unfortunately, cycles of sexual abuse do exist in families which can be mediated through the effects of CSA or poor parenting. When mothers with a history of CSA suffer from depression or anxiety, they may be unresponsive towards their children's needs and as a result their children may be victimised. Children may also engage in risky sexual behaviour when their mothers do not communicate with them about sexuality and sexual behaviour (Testa et al., 2011). It has been found that participants do have difficulties in educating their children about sexuality.

Some of them mentioned that they gave their children a book on sexuality, but their children were not allowed to ask questions, yet participants have a need for open communication in their parent-child relationships. The participants themselves were also not educated by their parents about sex, as it was a taboo topic in previous eras (Collin-Vezina, Daigneault & Hebert, 2013). Mothers do not only play an important role in educating their children about sexuality, but they also play an important role in disciplining their children. The participants believed that the father should rather be the disciplinarian, but participants who are single or divorced believe that mothers have a role to play (Kim et al., 2010; Lambert & Andipatin, 2014).

The participants in this study did however find it difficult to be consistent, to provide structure and routine and to model and monitor their children's behavior. Mothers with a history of CSA thus have specific needs in terms of parenting which can be addressed by social workers and play therapists. These needs can further be divided into four sub-groups:

Support and guidance: The mothers indicated that they have a need for support from their partner/husband, family members, friends, and from their communities. Parents who are survivors of CSA are also sometimes single or divorced mothers and do not always get the necessary support from the father of their children. Mothers thus need support from these parties in order to comfortably discuss challenges they experience in terms of parenting. They would like to hear from other mothers whether they are experiencing the same challenges. Those with a history of CSA do sometimes feel that their challenges are unique, while it may not be, yet it makes them feel guilty and incapable. Participants want to be good parents and they are open for support and guidance. Mothers need guidance on the following aspects;

- recognising signs in their children,
- dealing with life's pressures,
- balancing their personal and professional lives,
- developmental phases of their children,
- dealing with sexuality and sexual behaviour in their children and;
- interrupting family cycles.

Time for themselves: Participants explained why they need more time; more time with their children and more time for themselves. Because mothers have countless responsibilities, they always feel guilty and overwhelmed. When they get home after work; they have to ensure that their children's homework is done, they have to prepare food, they have to get the children to bath and put them to bed. Mothers feel that there is not enough quality time spent with their children. They also need 'me-time' and privacy to unwind and gather their thoughts.

Participants also expressed the need for professional social work services as they felt that they were not viewed as important by social workers. Participants also expressed the need for counselling, as they would have liked to deal with their traumatic experiences earlier and that they may have been too proud to go for counselling; especially in cases of divorce. They feel that the trauma of such experiences took their focus away from their children and had they know this earlier, they would have gone for counselling.
In the next section, recommendations will be provided.

5. RECOMMENDATIONS

In the light of the findings of this study, the following recommendations will be made to social workers, play therapists and future researchers.

5.1 Recommendations for social workers:

The following recommendations can be made to social workers:

- Mothers should be assisted in maintaining a balance between protection and social isolation.
- Parenting programmes should be developed that are aimed at addressing the specific needs of parents.
- The need for 'me-time' can be addressed by developing and implementing educational holiday programmes for children. While children enjoy their holidays, mothers have time to unwind.
- Parents should be assisted in time management, which will address mothers' need for more quality time with their children.

- Prevention services should be rendered to social workers in order to prevent burnout and unprofessional behaviour.
- Statutory social workers are overburdened with court cases and it may not be possible for them to address the parenting needs of mothers who are survivors of CSA. More specialised services are therefore needed, and social workers have to be allocated to different fields of specialisation.
- Social workers need to revisit their social work values and ethical guidelines on a regular basis.

5.2 Recommendations for play therapists

The following recommendations can be made to play therapists:

- Parents have to be involved in the process of play therapy through parent consultation, without breaching confidentiality.
- If necessary, play therapists should refer mothers for counselling.

5.3 Recommendations for future researchers

The following recommendations can be made to future researchers:

- It is recommended that similar research is undertaken with fathers who are survivors of CSA, as both parents play an important role in children's lives.
- A similar study should be conducted with mothers in general, to determine whether they have different needs in terms of parenting.
- This research was conducted with white females only. It is recommended that a similar study is conducted with mothers from other race groups.
- It is recommended that a study is undertaken with mothers who are survivors of CSA, on their perceptions of social workers and social work services, in order to improve those services should it be necessary.

In the next section the limitations of the study will be discussed.

6. POTENTIAL LIMITATIONS OF THE STUDY

Some of the sources are outdated due to limited research and a lack of recent literature on the topic. Participants made use of euphemisms for certain words that they were not comfortable to mention, and sometimes sentences were left unfinished. This left some of the information open for interpretation. The researcher planned to do fifteen semi-structured interviews; only thirteen participants gave their informed consent, but three participants have withdrawn from the study. All ten participants gave their informed consent to conduct the interviews, but two participants did not want to be recorded. The researcher only made use of field notes in those instances. Not all the participants wanted to do the collage, so in some instances the researcher only made use of the interview schedule.

7. REFLECTION

The researcher is a social worker who regularly encounters mothers with a history of CSA, as the researcher is employed at a Child and Youth Care Centre (CYCC). Children are often placed in the CYCC because of CSA and it is very often found that their mothers are also survivors of CSA. Mothers may have suspected the abuse of their children and may not have acted upon it. The researcher therefore had to guide against bias, and personal feelings regarding the dynamics of CSA had to be bracketed. Some of the participants, because they had negative encounters with social workers in the past, became aggressive and the researcher had to remind them of her role. In some instances it was difficult for the researcher to generate a deeper meaning, as the participants were from different social classes and some may not have understood the questions very well. Not all the participants wanted to do a collage and this was also a barrier.

8. IMPLICATIONS OF THE FINDINGS

Parents play an important role in the lives of their children and parenting may affect the well-being and development of children; it is therefore necessary to address the parenting needs of mothers who are survivors of CSA.

The information gathered from this study can be utilised to develop and implement parenting programmes especially designed to address the specific needs of mothers who are survivors of CSA. When mothers are supported and guided in their parenting, their children's well-being may be improved.

9. CLOSING COMMENTS

Social workers and play therapists' have to render more specialised services in terms of parenting and CSA, as South Africa (SA) is one of the countries with the highest rates of CSA. The transmission of CSA in families may be mediated through poor parenting and it is therefore important to address parents' challenges and needs. The aim of intervention services should be directed at reducing CSA interrupting possible cycles of CSA in families in SA.

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SECTION D

ANNEXURES

ANNEXURE A: PERMISSION LETTER

ANNEXURE B: INFORMED CONSENT

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ANNEXURE A: PERMISSION LETTER

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

30 September 2016

Dear Sir/Madame,

Participation of mothers who are survivors of child sexual abuse (CSA) in a research project.

We hereby want to ask your permission to do research in your community with whom you have a standing relationship. We refer to our discussions where you have given verbal permission for us to conduct the research.

The project is about exploring and describing the parenting needs of mothers who are survivors of CSA in the context of play therapy, in order to develop programmes aimed at supporting them. The focus will be on their needs as parents and not on their history of CSA.

As discussed, we are planning to conduct semi-structured interviews with a minimum of fifteen participants according to pre-selected criteria. The mediator will obtain informed consent from each participant before conducting the semi-structured interviews. The researcher would like to conduct the semi-structured interviews at one of your organisation's offices if it would be a possibility. The interviews will be scheduled between 60 and 90 minutes.

We are planning to do the interviews during September 2016. The participation is voluntary and we do not want clients to feel that they need to participate. Participants will not receive any payment.

What will be expected of you:

1) The gatekeeper will need to make contact with the potential participants and recruit them according to the pre-selected criteria. During a scheduled meeting with individual participants, the mediator will tell them about the project and what it is about;
2) Potential participants will be given consent forms and they will have at least one week to think about possible participation.
   The mediator will collect the signed informed consent forms from the participants within one week and the mediator will schedule the semi-structured interviews;
3) The semi-structured interviews will be conducted at one of your offices, should you be able to assist in this regard. The semi-structured interviews will be scheduled between 60 and 90 minutes.
4) You will not directly be involved with the potential participants, but only in the planning and facilitating of the interviews as discussed.

What will be expected of the participants:

1) Participants will be expected to attend one semi-structured interview that will be scheduled between 60 and 90 minutes. During the interview participants will be asked to make a collage and a discussion will be held around it.

We would appreciate it if you would give permission and if you will make contact with potential participants to tell them about the project. If you agree to the above will you please be so kind as to sign below. Individual consent will also be obtained from the participants after you have explained the process to them. Please contact me if you need more information on 079 849 6098.

Thank you,

Elanzè Smit

Researcher

North-West University

Potchefstroom campus

Manager of the welfare organisation	Date

ANNEXURE B: INFORMED CONSENT

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Health Research Ethics Committee
Faculty of Health Sciences
NORTH-WEST University
(Potchefstroom Campus)
2016 -09- 30
HREC Stamp

INFORMED CONSENT DOCUMENTATION FOR FEMALE ADULT SURVIVORS OF CSA

TITLE OF THE RESEARCH STUDY: Parenting needs of mothers who are survivors of child sexual abuse: A play therapeutic approach

ETHICS REFERENCE NUMBERS:

PRINCIPAL INVESTIGATOR:
Elanzè Smit

POST GRADUATE STUDENT:
Elanzè Smit

ADDRESS:
125 Dennis Street

La Werna number 60

Sinoville

0182

CONTACT NUMBER:
079 849 6098

*You are invited to take part in a **research study** that forms part of my Master's degree. Please read the information carefully or get someone to read it to you. Please ask the researcher or any other person to explain it to you if you have any questions. You can also ask the person who gave you the form. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved.*
*Also, your participation is **entirely voluntary** and you are free to say no to participate. So this means that you will not be forced to take part in the study.*

If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw or stop taking part of from the study at any point, even if you do agree to take part now.

This study has been approved by the ***Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU 00073-16-S1)*** *and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. This means that we need to be ethical and respect the way that we treat you and work according to rules that protect you. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.*

What is this research study all about?

- *This study will be done in Pretoria in a private office and it will involve one interview that will take about one to one and half hours with mothers who are survivors of CSA. 15 participants will be included in this study.*
- *We want you to help us gain information on the parenting needs of mothers who are survivors of CSA.*

Why have you been invited to participate?

- *You have been invited to be part of this research because you are a mother who is a survivor of CSA.*
- *You also fit the research because you are older than 18 years and you have received counselling from a social worker or psychologist to address your CSA trauma.*
- *You will not be able to take part in this research if you are a male, if you are younger than 18 years and if you have not received counselling.*

What will be expected of you?

- *You will be expected to attend one interview that will last about one hour to one and a half hour. During the interview you will be asked to make a collage and a discussion will be held around it. The interview will take place at an office of the welfare organisation. The interviews will be audio recorded.*
- *You will also be informed by the mediator (an independent person) about the possibility of the conflict of interest as the researcher is also a social worker working within a welfare organisation similar to which data will be gathered. The researcher has a legal responsibility to report offenses that will cause harm to you or any other person. When you or any other person is in danger, the researcher as a responsibility as a social worker to report it to the SAPS. The mediators will explain the researcher's role in incrimination as part of the research process.*

Will you gain anything from taking part in this research?

- *There will be no direct benefits in this study.*
- *You will have the opportunity to share your parenting needs. This will help the future researchers to develop support programmes. You would make a worthy contribution towards this study as limited research was done on the parenting needs of mothers who are survivors of CSA.*

The bigger benefit will be to the social work community in gaining a better understanding of the parenting needs of mothers who are survivors of CSA. This research may contribute to knowledge that may assist social workers in providing support programmes to mothers who are survivors of CSA.

Are there risks involved in you taking part in this research and what will be done to prevent them?

- *You may become emotional while you discuss your parenting needs. The researcher will try to limit the possibility of this risk by explaining the research process to you in advance. You participate out of free will and you may stop your participation at any time.*
- *There will be no physical risks in this study.*
- *There will be no pressure on you when you are dependent on the welfare organisation for social support.*
- *You may recall negative lived experiences of your own childhood and how you were raised as a child. The researcher will ask you to indicate when you experience discomfort.*
- *You can also feel that your parenting is being criticised. You will be respected throughout the research process and the focus will be on your needs. The researcher will observe both your verbal and non-verbal behaviour to be aware of any signs of discomfort. The researcher will ensure that open ended questions are asked, as it will reduce your possible feelings of being criticised.*
- *You may develop feelings of guilt and shame when you become aware of parenting aspects which may impact your children negatively. The researcher will acknowledge your feelings without judgment and explain the possibility of debriefing sessions.*
- *You will be given the opportunity to participate in debriefing sessions after the interviews. The debriefing sessions will be done by a social worker at no extra cost for you. The debriefing sessions will be arranged by the gatekeeper.*
- *The researcher also has a legal responsibility to report offenses that will cause harm to you or any other person. When you or any other person is in danger, the researcher has a responsibility as a social worker to report it to the SAPS. The mediators of the different welfare organisations have to explain the researcher's role in incrimination as part of the research process.*

How will we protect your confidentiality and who will see your findings?

- *Anonymity of your findings will be protected by making use of pseudonyms. A pseudonym is a name that will be given to you which differs from your original name so that your real name will not be used in the information or written anywhere. Your privacy will be respected so that no other people, other than the researcher, her supervisor and a person helping them will see the information. Your information will be kept confidential by keeping the data safe. Only the researchers, the study leader and co-coder will be able to look at your information or what you said. All the information of the research project will be kept safe by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders.) The information will be stored for five years.*

What will happen with the findings or samples?

- *The findings of this study will only be used for this study.*

How will you know about the results of this research?

- *We will give you the results of this research in a written format after the study has been conducted.*
- *You will be informed of any new relevant findings by email.*

Will you be paid to take part in this study and are there any costs for you?

This study is funded by the researcher.
You will not be paid to take part in the study.
Travel expenses will be paid per kilometre for those participants who have to travel to the site. Refreshments will be served before the semi-structured interview is conducted.
There will thus be no costs involved for you, if you do take part in this study.

Is there anything else that you should know or do?

- *You can contact Elanzè Smit at 079 849 6098 if you have any further questions or have any problems.*
- *You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.*
- *You will receive a copy of this information and consent form for your own purposes.*

Declaration by participant

By signing below, I ..... agree to take part in the research study titled: *Parenting needs of mothers who are survivors of child sexual abuse: A play therapeutic approach*

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) ..... 20....

....

Signature of participant **Signature of witness**

Declaration by person obtaining consent

I *(name)* ..... declare that:

- I clearly and in detail explained the information in this document to

  .....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) ..... on (*date*) ..... 20....

....

Signature of person obtaining consent **Signature of witness**

Declaration by researcher

I *(name)* ..... declare that:

- I had it explained by ..... who I trained for this purpose.
- I did not use an interpreter
- I was available should she wanted to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that she adequately understands all aspects of the research, as described above.
- I am satisfied that she had time to discuss it with others if she wished to do so.

Signed at (*place*) ..... on (*date*) ..... 20....

....

Signature of researcher **Signature of witness**

ANNEXURE C: INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

BIOGRAPHICAL INFORMATION	
Name and surname:	
Age:	
Marital status:	
Number of children:	
Gender of children:	
Ages of children:	
Contact number:	

1. Make a collage on your own needs as a parent. (After the participant has made the collage, the researcher will ask the participant to tell the researcher about the collage)
1.1 In your own words, please explain the most important roles of a parent. 1.2 Can you describe your financial needs as a parent or challenges regarding money you experience? 1.3 What needs as a parent would you like support with? 1.4 How would you like to be supported as a parent? 1.5 What kind of support do you need from social workers?

ANNEXURE D: CONFIDENTIALITY AGREEMENT

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned

Prof / Dr / Mr / Ms Anesta Potgieter

Identity Number: 9205080030089

Address: Bella Donna 54, Rendfontein.

hereby undertake in favor of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borcherd Street, Potchefstroom, 2520

(hereinafter the "NWU")

1 Interpretation and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 "Commencement Date" means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

2 Preamble

2.1 In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

2.2 The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

3 Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

4 Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

5 Non-disclosure and undertakings

I undertake:

5.1 to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

5.2 to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

5.3 not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

5.4 not to use any research data for publication purposes;

5.5 not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

5.6 not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

5.7 that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

6 Exception

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

7 Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this 11 November 2016

Witnesses:

1 .....

2 .....

(*Signatures of witnesses*)

.....

(*Signature*)

ANNEXURE E: IDENTIFIED THEMES

IDENTIFIED THEMES

TEMAS

1. OUERSKAPSROLLE

- Verhouding bou met kind, betrokke wees (IIIII)
- Ondersteun (IIII)
- Kommunikasie kanaal skep (IIIIII)
- Vertroue bou (II)
- Bied sekuriteit en beskerm (IIIIII)
- Versorging (IIIIII)
- Leiding gee/opvoeding – Boundaries, respek, geestelik, social skills, selfbeeld, eerlikheid, verantwoordelikeheid, raad (IIIIIII)
- Konsekwent (I)
- Dissipline (III)
- Liefde (IIII)
- Voorbeeld (II)

2. BEHOEFTES VAN OUERS

- Ondersteuningsnetwerk - afpak, gesels, klankbord oor krisisse (IIIIIIII)
- Professionele hulp/counselling (eie trauma beinvloed kinders en ouerskap) (IIIIII)
- Ouerskapsprogramme en ouerleiding (IIIII)
- Finansies/Fisiese behoeftes (IIIIII)
- Leesstof of inligting oor kwessies (IIII)
- Stokperdjie/Sport (II)
- Meer tyd met kinders (IIIII)
- Meer tyd – me time (IIIIIII)
- Behoeftes van ryk en arm gemeenskappe verskil (II)

3. PROFESSIONELE HULP

Professionele hulp of leiding is nodig in die volgende aspekte:

- Om aksies van kinders te verstaan/tekens raaksien (IIIII)
- Ouers soms oorbeskermend (IIIIIIII)
- Hoe om balans te hou tussen persoonlike en professionele lewe (IIIIII)
- Ouers het soms te hoë verwagtinge van kinders, kinders maak ook foute, verstaan vermoë en gedrag (I)
- Inligting of leiding oor kwessies soos; siektes, kind prematuur gebore, dood met geboorte, fisiese gebreke, bespotting/boelie, depressie, selfmoord, rook, aanvaarding, hoe om kind te verstaan, media en kinders, konflikhantering, dissipline, gedragsprobleme, skoolwerk, leerprobleme, gesonde kos, groepsdruk, dwelms (IIIIIII)

- Hoe om druk/kompetisie van kinders en ouers te hanteer (druk van samelewing, moet ‘n kar hê, eise met matriekafskeid – hoe om kinders te lei) (IIIII)
- Persoonlikheidstipes (III)
- Ontwikkelingsfases baba tot 6 jaar (III)
- Weet van beskikbare hulpbronne en wat elk behels (bv arbeidsterapie) (II)
- Praat oor seksualiteit met kinders (IIIII)
- Tienerfase (IIIII)
- Beplan tyd met familie en kinders (III)
- Om nie foute van eie ouers te herhaal nie (IIIII)

4. AANBEVELINGS

- Skoolverlaterskampe vir kinders of oorbrugingskampe wat hulle kan voorberei op volwasse lewe (ouers help hoe om kinders te help)
- Hettie Britz ouerleiding oor persoonlikhede (kweek kinders met gesonde karakter)
- Kommunikasie tussen skole en ouers
- Stelsel fail ouers/ kinders
- Ondersteuningsgroepe
- Voorligting/voorbereiding tot ouerskap
- Geintegreerde dienste van verskeie professionele persone (arbeidsterapie, sielkundiges, maatskaplike werkers en pastore)
- Maatskaplike werkers baie betrokke na aanmelding en dan verdwyn hulle – moet lang termyn betrokke wees.
- Maatskaplike werkers te min en te besig, hanteer slegs simptome en nie oorsake nie. Oorwerk, skeep soms af.
- Persepsie van maatskaplike werkers is negatief (verwyder kinders)

ANNEXURE F: EXAMPLE OF COLLAGE

EXAMPLE OF COLLAGE

ANNEXURE G: EXAMPLE OF TRANSCRIPTION

EXAMPLE OF TRANSCRIPTION

DEELNEMER 2 – TRANSKRIPSIE

Ek gaan net vir jou ‘n paar vrae vra oor ouerskap en jou rol as ‘n ouer. Wat dink jy is die belangrikste rol wat jy speel as ‘n mamma? Die belangrikste ding wat jy moet doen vir jou kinders? Om hulle by te staan, as hulle siek is of as iemand baklei met hulle sal ek vir hulle opstaan. Ek sal alles vir hulle doen. **Wat het jy nodig as ‘n mamma**? Soos? **Emosionele behoeftes wat jy dink jou kan help met jou ouerskap?** Baie dinge. **Soos wat?** Om my te wys dat ek nie ‘n slegte ma is soos wat die mense dink ek is nie. **Voel jy partykeer soos ‘n slegte ma?** Ja. **Wat laat jou so voel?** Omdat my kinders nie by my is nie. Jy moet onthou dat omstandighede partykeer maak dat jou kinders van jou weg gevat word, maar ek dink nie dit is noodwendig jou skuld nie. **Voel jy partykeer skuldig?** Nee.Ek wil net gou vir jou ‘n foto van my kleintjie wys. Hy is te pragtig. **So hy is nog klein?** Ja, hy is nou 3 jaar. Al drie my kinders is my lewe. Sonder hulle sal ek nêrens kom nie. Austin is 15 en Jessica word in Desember 13. **Wat dink jy het jy nodig wat jou take as ‘n ouer vir jou gaan makliker maak?** Vertrou en eerlikheid. **Dink jy dit gaan jou help om jou kinders te leer of op te voed of in watter opsig?** Dit is hoe my ma my groot gemaak het. Want dan bou jy saam jou familie so op. **Is daar enige fisiese goed wat jy nodig het om jou rol as ouer te vervul?** Soos wat? Goed wat jy nodig het om ‘n ma te wees. Fisiese goed wat jy nodig het, soos finansies. **Wat jy nodig het om jou kinders groot te maak?** Om net by hulle te wees. Ons het kos nodig, want op die oomblik is dit net my man wat sorg. Ons het, maar die bietjie geld wat hy kry is nie genoeg nie. Ek kan dink dit is moeilik. Dit is baie moeilik, maar ons kom darem deur. Dit is net die krag wat duur is. Ja. Ons gebruik prepaid. Julle gebruik ook dan seker meer as die kinders kom kuier? Nee, nie eintlik nie. Alles is oor die algemeen baie duurder. **As jy kyk na ouerskap, waarmee het jy hulp nodig? Wat kan ander mense vir jou doen om jou te help om ‘n mamma te wees?** Om my net te kan sê hoe om deur die lewe te gaan, om sterk te bly en om ophou glo dat ek ‘n slegte ma is en net sê jy is ‘n goeie ma. **Is dit net ander mense wat jou soos ‘n slegte ma laat voel of is daar iets wat gebeur het wat jou soos ‘n slegte ma laat voel?** My man dink ek is ‘n slegte ma. Toe hulle die kleintjie gevat het, toe blameer hy my. Toe sê hy ja dis as gevolg van jou agterlosigheid.

Toe sê ek vir hom wat, ek het niks verkeerd gedoen nie. **Voel jy dat hy jou nie ondersteun nie?** Daar is baie kere wat ek dinge saam met hom wil doen maar dan wil hy nie. Soos wat? In die aande gaan rond stap, of gaan games speel. Maar hy wil nie, hy sê hy is moeg**. Is daar enige iemand met wie jy praat as jy 'n krisis het met wie jy kan gesels of afpak?** Ja, daar is een vroutjie wat by ons bly. Ek gaan gewoonlik na haar toe dan praat ek met haar dan gee sy vir my raad. **Voel dit of sy jou help?** Ja. **Dink jy ondersteuning is belangrik in ouerskap?** Ja. **Wat is die moeilikste ding om 'n ma te wees?** Ek dink huiswerk doen. **Was daar ooit iets met jou kinders waarmee jy gesukkel het, wat jou kinders gedoen het wat jy dalk nie verstaan het nie?** Dit is net die skoolwerk, Wiskunde. Want vandag se Wiskunde is nie my Wiskunde toe ek op skool was nie. Ja, dit het baie verander. **Is daar iets, as jy dink aan jou kinders se gedrag wat jy graag meer wou weet?** Soos met Austin se gehoor – is daar inligting wat jy wou gehad het of opleiding wat jy gehad het wat jou dalk sou kon help? Om hom beter te hanteer of beter te verstaan? Die dokter het gesê ons moet hom na 'n dowe skool toe stuur maar toe sê ek dit gaan nie werk nie. Ons sal met hom kommunikeer. En die dag wat Austin in die hospital gelê het en gesê het hy kan nie hoor nie het ek vir hom gewys, kyk na my lippe en van daar af het hy lippe gelees. So het ek en hy gepraat. **Het iemand jou gehelp en vir jou verduidelik waarom hy nie kan hoor nie en julle gehelp om te kyk hoe julle hom beter kan verstaan?** Sy peet ma hulle het ons opgesit by 'good morning angels' en hulle het hom gesponsor. **Het julle op julle eie geleer om sy gehoor te hanteer en om met hom te kommunikeer of het iemand julle gehelp?** Ons het dit maar op ons eie gedoen. **Dink jy dit sou makliker gewees het as iemand met julle gepraat het en julle gehelp het met dit wat julle kon doen?** Ons het nooit so ver gekom om iemand te vra nie. **Dink jy dit sou dinge makliker gemaak het vir julle?** Ja, dit sou seker. **Is daar enige iets anders wat dit vir julle moeilik gemaak het?** Nee. **Hoe sal jy ondersteun wil word deur maatskaplike werkers?** As jy kyk na jou situasie en dat jy 'n ma is? Hulle moet vriendeliker met 'n mens wees en eerlik wees en dan kan ek as 'n moeder hulle dalk net vertrou. **En as jy dink aan opleiding en spesiale programme, waaroor sal jy meer inligting wil hê?** Oor hoe om 'n ma en 'n vrou te wees. **Waarmee sukkel jy, oor hoe om 'n ma te wees?** Op die oomblik sukkel ek nie om 'n ma te wees nie maar om 'n vrou te wees is bietjie moeilik. Ja dit is moeilik en mens het nie altyd die antwoorde nie.

As jy een ding kan noem as jy terugkyk in vorige situasies wat moeilik was – waarmee het jy hulp nodig? Toe my ouers is oorlede en hulle het my baie gehelp, maar nou is ek maar een alleen. **So jy sal graag ondersteuning wou hê?** Ja. **En die vakansie toe die kinders by jou gekuier het, het alles goed gegaan?** Ek het hulle parkie toe gevat. Ek en Austin het gekyk wie swing die hoogste. **Maar jou kinders het nie moeilike gedrag of vreemde goed waarmee jy sukkel nie? Is daar enige iets in terme van fases van die kinders wat vir jou die moeilikste was?** Ja toe hulle babatjies was want dis doeke omruil en baie meer harde werk. Ja hulle is meer afhanklik van jou. **Is daar inligting wat jy wou hê oor babatjies of hulp wat jy nodig gehad het?** Nee. **As jy vandag kan besluit oor een ding wat maatskaplike werkers moet doen, hoe hulle ouers moet help of watter programme hulle moet maak?** Die ouers moet leer om eerlik met hulle kinders te wees en ouers moet hulle kinders bystaan deur dik en dun. Jou ma en my male, wat met my gebeur het moet hulle heeltemal stop. **Hoe dink jy kan 'n mens dit doen?** Ek weet nie. **Dink jy dit is vir ouers belangrik om met hulle kinders te kommunikeer oor daardie goed (seksualiteit)?** Ja want hulle word groter en hulle wil weet wat dit is. **Was dit vir jou moeilik om met jou kinders daaroor te praat?** Ek het nog nie. Maar kinders ontwikkel ook maar en word groot. **Het jy al gesprekke met hulle gehad daaroor?** Austin het my gevra oor daai tyd van die maand. Toe het ek vir hom verduidelik dit is al die vuil bloed wat binne in 'n vrou is. Elke maand vloei sy en dan moet sy doekies dra. **Was dit moeilik om daaroor te praat?** Ja, maar hy is 15 hy is 'n tiener en moet dit weet, maar Jessica weet nog nie. Sy is darem 'n dogter maar ek het gesê as sy sien daar is bloed dan moet sy vir my of die huisma sê. **Is daar enige iets waaraan jy nog kan dink wat jou kan help?** Nee.