



**IMPACT OF CHILD SEXUAL ABUSE
ON MOTHERS OF SEXUALLY
ABUSED CHILDREN :
IMPLICATIONS FOR INTERVENTION**





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IMPACT OF CHILD SEXUAL ABUSE ON MOTHERS OF SEXUALLY ABUSED CHILDREN : IMPLICATIONS FOR INTERVENTION

by

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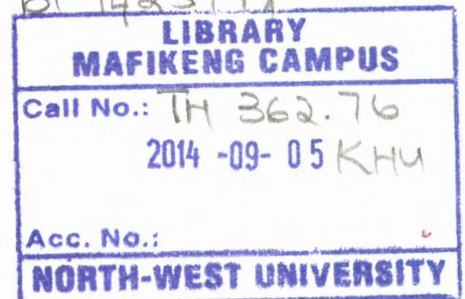


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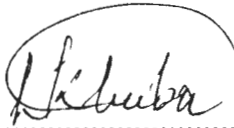
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DECLARATION:

I declare that “The impact of child sexual abuse on mothers of sexually abused children: Implications for intervention” is my own work and has never been submitted to any university and that all sources that I have used have been indicated and acknowledged.

A handwritten signature in cursive script, appearing to read 'L. Khuba', is written above a horizontal dotted line.

Date: April, 2000

L. KHUBA

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ABSTRACT

The present study examined the experiences of mothers of sexually abused children following the discovery that their children have been sexually abused. The focus was on the mother's reactions to the abuse and the impact of their children's ordeal on the mother's general functioning. Further attention was placed on the mothers perception of themselves as support resources and their view on how they can be empowered to be able to help their children.

A sample of six mothers whose sexually abused children were once clients at the Mamelodi Child and Family Welfare Society took part in the study. For the period of two months, individual semi-structured interviews were conducted to collect data on the experiences of the participants following the discovery of their children's sexual abuse.

The most important findings of the study were that mothers in this study reacted differently to their children's abuse, with feelings and actions ranging from confusion, anger and exaggerated ambivalence. However, they were concerned for their children's safety, supported their children and took protective action to stop the abuse. This included taking the child to the doctor, confronting the perpetrator and laying charges against the perpetrator. Therefore, the outcome of this study challenges the notion about mothers colluding with the abuse. The impact of the abuse was also found to be profound in these mothers and most experienced psychological disturbances like sleep dysfunction, depression and sexual dysfunctions.

Mother's common needs in terms of how they would like to be empowered centred around the need for individual counselling programs that can be made available and accessible to them. A need for support from their partners and family members was also expressed. Overall, these mothers showed the ability to be supportive towards their children, thus becoming an important source in the treatment and recovery of their children sexual abuse.

If helping professionals are going to empower mothers and equipping them with effective skills for coping, dealing with the abuse and supporting their children, group work with these mothers would seem to be an appropriate strategy for intervention. This could be used in helping mothers to make sense of and manage their experiences of their children's sexual abuse.

CHAPTER I

1.1. INTRODUCTION:

For the past few decades, literature on the problem of child sexual abuse began to accumulate. Earlier studies on child sexual abuse were done on the prevalence and incidence of child sexual abuse as well as on the victim-child (Ainscough & Toon 1993; Gillham, 1991). Until recently, researchers began to look at the social context of child sexual abuse, with particular focus on family dynamics i.e. the characteristics of family of sexually abused children and the impact of abuse on the members (Carter, 1993; Myer, 1985). In the past, mothers often became the object of blame when child sexual abuse was reported and their potential role as support resources for their children was not recognized (Morrison & Clavenna Valleroy, 1998). Furthermore, recent developments in the study of child sexual abuse have acknowledged the non-offending mothers as victims who also experience emotional turmoil following the discovery that their children have been sexually violated (Crawford, 1999; Lipton, 1997). As a result, researchers argued that non-offending mothers also need support rather than to be blamed for what happened to their children.

The present study is based on the premise that recognizes the important role of non-offending mothers involvement in the treatment, adjustment and recovery of their sexually abused children. Therefore, it becomes important to explore further the potential role non-offending mothers can play in preventive efforts and as support resources for their sexually abused children. There is also a need to reconceptualize the role of mothers during and following disclosure of abuse of their children. This positive characterization of non-offending mothers will somehow help to alleviate the stress derived from the previous ethic of blame that is still dominant in the literature.

1.2. PROBLEM STATEMENT:

Mothers have been found to be the most important factor in successful intervention with sexually abused children and their support could play an integral part in preventing re victimization (Crawford, 1999; Lipton, 1997). However, a review of literature on non-offending mothers of sexually abused children by Tamraz (1996) revealed that most literature on non-offending mothers is opinion-based rather than research-based. By opinion-based, reference is made to the fact that non-offending mothers were not the focus of data collection but nevertheless figured prominently in the interpretation of findings. As a result, these contributed much to the skewed perception of the non-offending mothers by both the professionals and the general public as playing a collusive role in cases of sexual abuse particularly in intra familial cases.

Recent studies began to question the validity of the collusive role non-offending mothers are said to play in the abuse of their children (Joyce, 1997; Myer 1985; McIntyre, 1981). Dempster (1993) observed that when the child is sexually violated, it is rarely by the mother, yet it is mothers who continue to take the blame, bear the burden of repairing the damage of the hurt in their children's lives whilst also having to deal with their own hurt. As a result of this negative characterization, non-offending mothers were never seen as potential support resources for their sexually abused children.

There is also scanty research-based information on non-offending mothers and majority of available literature is biased towards non-offending mothers. According to Lipton (1997), as a result, this has caused negative reactions by professionals and others towards non-offending mothers of sexually abused children, thus, frustrating the mother's healing process and also hindering the child's resolution of the trauma. So, there is a need to relook at the role of mothers during and after the disclosure of abuse.

Finally, a sexually abused child needs the support from his/her family, particularly the mother by virtue of her traditional role as the primary care giver to resolve negative feelings associated with the trauma. Every effort should be made to assess the non-offending mothers ability to provide support for their sexually abused children.

1.3. PURPOSE OF THE STUDY:

The purpose of this study was:

- (i) To describe the experiences of non-offending mothers following disclosure that their children have been sexually abused. Particularly, attention is paid on their reactions and perceived impact of their children's ordeal.
- (ii) To determine the extent to which these mothers feel they are supportive to their children.
- (iii) To determine the level of support available to non-offending mothers.
- (iv) To determine the non-offending mothers needs and what support services can be made available to them in the process of dealing with their trauma and in their quest to support their traumatized children.
- (v) The study further sought to determine the extent to which these mothers could be resourceful as in their level of knowledge about sexual abuse and ability to identify high risk situations.

1.4. RESEARCH QUESTIONS :

There is a need to change the early perception of mothers of sexually abused children. This can be enhanced through examining the experiences of mothers from a positive point of view. To achieve this, the study sought to address the following questions:-

- (i) What experiences do mothers have after discovering that their children have been sexually abused?

- (ii) **In what ways does the discovery of her child's sexual abuse affect the mother as she relates to:
 - her perception of self as a mother.
 - her relationship with the child,
 - and her experience and perception of sexual activities following the child's trauma.**
- (iii) **What sort of support is available to mothers of sexually abused children?**
- (iv) **What are the treatment needs for mothers of sexually abused children?**
- (v) **How able are mothers in giving support to their sexually abused children?**
- (vi) **What role do mothers of sexually abused children can play towards prevention of child sexual abuse?**

1.5. HYPOTHESES:

- (i) **Sexual abuse of children has a traumatic impact on mothers of those children.**
- (ii) **The mother-child relationship after the trauma of the child will be negatively affected.**
- (iii) **The sexual relationships of mothers of sexually abused children will be negatively affected by the trauma of the child.**
- (iv) **Mothers of sexually abused children receive little support during and subsequent to the disclosure of their children.**
- (v) **Mothers of sexually abused children show support and protect their children after disclosure of their abuse.**

1.6. DELIMITATIONS AND LIMITATIONS:

DELIMITATIONS

The sample of the study comprised of only six(6) mothers of sexually abused children. The focus was only on mothers whose cases were reported with the Mamelodi Child and Family Welfare Society. The study was also confined to mothers whose abused children were all female. The type and duration of abuse of children was not considered in the sampling of the mother. Only African, Sepedi-speaking mothers of different educational background and economic status were interviewed.

LIMITATIONS:

The following might have constituted to the limitations of the study.

- The sample size which was only limited to six mothers who were receiving help from the Mamelodi Child and Family Welfare Society constitute a very small percentage of mothers whose children have been abused in and around Mamelodi only.
- Owing to the smaller sample size, validity of the results can not be generalized to all mothers of sexually abused children.
- The instrument used in this research was not a standardized one, thus its validity is not guaranteed.

1.7. DEFINITION OF CONCEPTS:

(1) IMPACT:

The Oxford dictionary defines impact as “the effect that something has on a person/something”(Liebeck & Pollard, 1995). It implies a definite change in how an individual evaluated or appraised his/her present as opposed to his/her past with respect to the incidence of child sexual abuse.

(2) CHILD SEXUAL ABUSE:

“child sexual abuse is defined as the utilization or exploitation of a child by an adult, adolescent or older child for sexual purposes” (Hillman & Solek-Tefft; P8). This definition presumes that the child participates involuntarily in actions about which he/she has little understanding and thus there is no possibility of informed consent. The extensively used definition was formulated by Oates (1990 : P19) who defined child sexual abuse as “the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, (to which they) are unable to give informed consent, and violate the social taboos of family roles”.

(3) MOTHER:

The biological definition of a mother applies to the person who gives birth to a child. However, social and psychological theorists believe that a mother weighs so much more than a person who gives birth to a child. The theorists define the concept of mother in terms of the role she plays in the child’s life. For example, in African societies the concept “mother” applies to the grannys, aunts and any other females of the extended family who carry out care taking responsibilities such as feeding, baby-sitting etc. For the purpose of this research, the concept mother is defined from the African perspective to refer to any female person who takes care of the child’s basic needs and has an emotional bonding with the child.

(4) INTERVENTION:

Once the case of child sexual abuse has been reported, two most important form of intervention are called for. These can be in the form of medical and psychological as well as legal intervention (police, child protection unit) for the purpose of confirming the incidence of abuse. Psychological intervention is a technique designed to interfere or modify ongoing maladaptive behavioural patterns. (Reber, 1995). This caters for the concerns of the victim (the child and his/her family) as far as possible. This study looked at the

concerns of the mothers who are also seen as victims relating to psychological and legal intervention. This is an attempt to see how both these types of interventions can be structured to the needs of the victims.

1.8. SIGNIFICANCE OF THE STUDY:

Too often, researchers and theorists have concentrated on the perceived weaknesses of the mother in cases of sexual abuse of children. The implication of this is that mothers have nothing positive to contribute toward the child's recovery and prevention of child sexual abuse. The prevailing negative ideas and attitudes towards mothers of sexually abused children need to be challenged and attention be paid to the potential strengths that enables mothers to support their children after discovering the abuse.

The study of the experiences of mothers of sexually abused children is significant for a number of reasons. The shortage of research-based literature on mothers of sexually abused children contributed to the skewing of professional's understanding of mothers. Following an analysis of available literature on mothers of sexually abused children, Tamraz (1996) concluded that information about non-offending mothers is mainly opinion-based and such opinions are accorded the same validity as research findings. So, studies such as this one are particularly important, firstly, in determining the nature of the trauma experienced by mothers of sexually abused children, and secondly to generate more information for a better understanding of non-offending mothers and ascertain the potential role these mothers could play in preventive efforts and as support resources for sexually abused children.

A new conceptualization of mothers of sexually abused children in terms of their role after the disclosure of sexual abuse could possibly help those professionals working with mothers of sexually abused children to be more

responsive to their needs and usefully recruit them in the treatment and prevention of child sexual abuse. Dempster (1993) assert that if practitioners are to be of any support to women and through them help their children, there is a need to listen to and learn from the women themselves and acknowledge the complexity and dynamics of their experiences.

CHAPTER II**LITERATURE REVIEW****2.1. INTRODUCTION:**

Child sexual abuse assumes a particular significance at this historical moment. Articles and reports are common in the news media; children's rights activists are more concerned and are calling for collective action against child sexual abuse. This is not only the signal for the seriousness with which the professional community views the problem of child sexual abuse but also an indication of a need for the general community to prevent and condemn this scourge in the strongest possible terms.

A review of literature on child sexual abuse indicates two distinct periods with shifts in focus among researchers over time. In the first period of research on child sexual abuse, the focus was mainly on the victim-child and perpetrator (Finkelhor & Browne, 1988; Gillham, 1991). Literature in this period, despite its focus on victim-child and perpetrator, portrayed the mother in a negative light. In most of these literature, opinions were formed of the mother as playing a "collusive" role in child sexual abuse cases. Mothers were explicated to have failed in their maternal roles and as having faulty personality characteristics (Peterson, Basta and Dykstra, 1993). Crawford (1999) agrees that indeed the negative characterization of mothers may be accurate in a limited number of cases. In fact non-offending mothers were rarely researched in their own right, but their negative characterization dominated literature in the first period of research on child sexual abuse.

The second period of development in research on child sexual abuse, in essence can be termed "pro-mother period". It is in this period that researchers began to re-examine the negative ideas created by literature in the first period (anti-mother period). Researchers began to study mothers in their own right and acknowledged that mothers themselves also become victims of sexual abuse of their children (Carter, 1993; Dempster, 1993;

Jacobs, 1990; Myer, 1985; Sirles & Franke, 1989). Dempster (1993) noted that non-offending mothers also experience emotional turmoil following the discovery that their children have been sexually violated. The latest focus of research in the second period of development has been a recognition of non-offending mothers as potential support resources in the process of treatment, adjustment and recovery of their sexually abused children.

The rest of this chapter elaborates on the developments in research on child sexual abuse. Literature is reviewed with attention on, among others, the problem of negative characterization of non-offending mothers, general impact of child sexual abuse, particularly on non-offending mothers. Both contexts of sexual abuse (intra familial and extra familial) are taken into consideration. Further attention is paid on the potential role non-offending mothers can play in prevention efforts and support of sexually abused children. Finally, suggestions are made of possible strategies to deal with the scourge of child sexual abuse.

2.2. THEORETICAL PERSPECTIVES.

2.2.1. CHILD SEXUAL ABUSE: CULTURAL AND SOCIO-POLITICAL PERSPECTIVE.

In order to make sense of particular social phenomenon, it becomes necessary to look at sexual abuse in its appropriate social context. Every psycho-social problem is embedded in a particular social context and child sexual abuse is therefore no exception.

The study of child sexual abuse especially with regard to its causes has been approached from a number of stand points, and prominent among these approaches are the family systems and the feminist approaches. The following discussion outlines an appraisal of approaches to child sexual abuse in terms of their potential usefulness and apparent limitations.

2.2.2. ETHIC OF BLAME:

Although the attitudes of professionals and the public toward child-victims have gradually changed, the attitudes toward mothers of the victims have not (Carter, 1993). It is generally known that sexual abusers are predominantly male, however mothers continue to be the objects of blame for failing to protect their children and safeguard them (Tamraz, 1996; Dempster, 1993).

The concept of the “ETHIC OF BLAME” has been coined by authors who are concerned about the prevalence of negative characterization of non-offending mothers in cases of child sexual abuse (Jacobs, 1990; Myer, 1985).

The ethic of blame has its roots in the cultural and social practices that accord mothers fairly or unfairly the sole responsibility of taking care of the children (Carter, 1993; Tamraz, 1996; Ainscough & Toon, 1993). This concept of ethic of blame is best explained by the family dysfunction framework which will be discussed in the following section (2.2.3).

2.2.3. FAMILY DYSFUNCTION APPROACH:

The family dysfunction approach casts non-offending mothers in the role of a parent who is the cornerstone of family dysfunction (Crawford, 1999; Jacobs, 1990). By implication, whenever child sexual abuse is reported, the mother is held responsible. Furthermore, because of their traditional role as the main caregiver of children, mothers find themselves faced with many expectations from the society. Some of the expectations seem unjust. For example, by holding the mother responsible for not protecting the child against sexual abuse; meaning, mothers are expected to know when such trusted individuals as the father or a neighbour are likely to abuse the child.

The family dysfunction approach focuses on cases of intra familial abuse and supports the notion that the mother is somehow responsible for the ordeal of the child (Joyce, 1993). In such cases, she is said to have failed to carry out her role as the sexual provider for her husband (Jacobs, 1990). Holding the mothers overtly and subtly responsible for the sexual abuse of their children, not only causes more distress and constitute discrimination against mothers but more likely hinders the healing of the mother and the child from the trauma.

Several limitations of family systems model on child sexual abuse has been noted in those studies that based their theoretical framework on family systems. Joyce (1993) pointed out that the family system model applies mainly to intra-familial cases of child sexual abuse (specifically father-daughter incest) as a result it becomes limited as an explanation for all types of incest including extra familial sexual abuse cases.

2.2.4. THE FEMINIST PERSPECTIVE:

The feminist perspective puts more emphasis on the societal perceptions of the mother and explains why non-offending mothers become targets of rage and blame when their children are sexually violated (Joyce, 1997). The proponents of feminism argue that literature that blames non-offending mothers is predominantly sexist and extant in patriarchal societies (Mc Intyre; 1981 & Wattenberg, 1985).

In his analysis of the role of mothers in father - daughter incest, Mc Intyre (1981) argued that women-blaming sends the message to mothers that virtually everything they do, will be seen as contributing to incest either directly or indirectly. In a challenge to the impact of patriarchal society and culture in promoting incestuous assault, the feminists believe that the mother is powerless in her position and is expected not to question male domination, be it against children or women themselves.(Odonohue, Geer & Elliot, 1992 ; Joyce, 1997). According to Magwaza (1997), because of cultural practices

such as “ukugeza” and “inhlawulo”, majority of black African young females are at a higher risk of child sexual abuse. In terms of the latter practices, the parents of the sexually abused children can negotiate a fine with the abuser. In most cases, mothers are not involved in the negotiations, but still are expected to be there emotionally for the abused child. This is a clear indication of powerlessness of women in the society, particularly the Black African cultures.

Like the family system model, several limitations seem to exist in the feminist theory. Joyce (1997) discusses these limitations pointing out that the feminist perspective focus on father-daughter incest in a patriarchal society as an explanation of the mother’s personality characteristics. In this view, mothers are seen as weak, helpless and unempowered person who cannot protect their children. As such, generalizability of this theory beyond cases of father-daughter incest cannot be made.

2.3. CAUSES AND IMPACT OF CHILD SEXUAL ABUSE:

2.3.1. INTRODUCTION:

Child sexual abuse is a very complex problem with the causal roots in a host of personality functioning problems and social conditions. These ranges from the cultural practices that puts women and children in vulnerable position. Although the discussion of the causes of child sexual abuse is beyond the scope of this paper, it should be pointed out that however, above all these, it would be fair to put the sole responsibility of child sexual abuse on the pathology of the perpetrator irrespective of whether the mother was there to protect the children or not.

2.3.2. IMPACT OF CHILD SEXUAL ABUSE:

Irrespective of what factors and circumstances set in motion the abuse of the child, child sexual abuse has a devastating impact on the child and those closer to the child in terms of both short-term and long-term effects (Carter,

1993; Dempster, 1993; Gillham, 1991; Wagner, 1991; Lusk & Waterman, 1996). Studies by Finkelhor and Browne (1988) and Ainscough and Toon (1993) found that there was a certain measure of similarities on the impact of abuse on both the mother and the child. In order to illustrate how the mother tends to display similar symptoms as her abused child, a brief discussion of the object relations theory is presented.

In terms of the object relations theory, mothers are first parents with whom the child develops primary bonding (Jacobs, 1990). It is this initial bonding that offer an explanation for how both the mother and the child respond to child sexual abuse. The object relations theorists maintains that the mother is the primary source of gratification for the child and she is perceived as the omnipotent and a powerful figure on whom the child is dependent. For an abused child, it therefore becomes understandable to blame the mother and see her as an object of frustration and anger because supposedly the “adequate” mother satisfies the need of the child including protection. A further analysis of this mother-child dependency indicates that for a mother, the abuse of her child is perceived to symbolize failure on her part to provide protection of her child (Mc Intye, 1981).

Among the negative effects of child sexual abuse on both the mother and the child is the deterioration of the mother-daughter relationship (Crawford, 1999; Lipton, 1997; Myer, 1985; Smith, 1994). Ainscough and Toon (1993) and Joyce (1993) found evidence that in many ways the abuse of the child damages rather than strengthens the mother-child relationship. The latter authors found that survivors of sexual abuse often feel neglected and resentful about their mother’s “failure” to notice that they are being sexually abused and as a result they tend to see their mothers as insensitive.

2.3.3. IMPACT OF CHILD SEXUAL ABUSE ON THE MOTHER'S GENERAL FUNCTIONING:

Although the impact of abuse on the child has been found to be greater, several recent studies argue that feelings expressed by the mother seem to match those experienced by the victim-child (Carter, 1993; Dempster, 1993; Myer, 1985; Smith, 1994). Their clinical observation of these mothers was that child sexual abuse is in fact associated with long-term traumatic psychosocial disturbances such as stigmatization, powerlessness, betrayal and traumatic sexualization that accompanies every self-reports of these mothers.

Psychological disturbance has also been found to be prominent in mothers of sexually abused children. Studies found that these mothers frequently present with painful alterations in emotionality, most typically involving long-standing depressive and anxiety disorders (Carter, 1993; Dempster, 1993). Wagner(1991) Compared depression in mothers of sexually abused children with mothers of non abused children. He found greater lifetime risk of depression among mothers with sexually abused children in comparison to those with non-sexually abused children. It was then concluded, that depression in these mothers would be the possible explanation for their behaviour even if an extensive explanation to the nature of this depression is needed.

Given the emotional state of these mothers after disclosure of the child abuse, an important question arise for professionals “what are the perpetuating factors of the mother’s emotional distress?” Efforts has been made to ascertain factors perpetuating such behaviours on mothers. For example, Crawford (1999) observed that mothers with lower socio-economic status may experience more psychological distress at disclosure of the abuse than mothers with higher socio-economic status.

In her in-depth study of the impact of child sexual abuse on the mother, Carter (1993) examined a relationship between level of emotional support on the mother after disclosure of the abuse and the level of her distress. She found that mother's distress after the disclosure of child sexual abuse was significant in relation to the level of support she received either from partners, friends and family. Those mothers who lacked social and emotional support from partners, friends and family were found to have higher level of distress than those who received social and emotional support. The growing empirical research emphasizes the importance of social support and unconditional acceptance of these mothers as a powerful resource to their healing process thus empowering them to help and support their children in their recovery process (Dempster, 1993; Lipton, 1997).

2.4. MATERNAL REACTIONS TO THE DISCLOSURE OF CHILD SEXUAL ABUSE AND ITS IMPORTANCE AS THE MEDIATING FACTOR IN THE CHILD'S SYMPTOMATOLOGY:

2.4.1. INTRODUCTION:

Recent work revealed that mothers react to disclosure of child sexual abuse in a number of different ways. Regehr (1990) suggested that when a very young child is sexually abused, the trauma to parents is often more significant than the trauma to the child and it is in fact the family's reaction to the discovery that strongly affects the impact of abuse on the child.

2.4.2. MATERNAL REACTION TO CHILD SEXUAL ABUSE:

Mothers of sexually abused children are faced with the struggle of dealing with their own reactions to child's assault while attending to the needs of the victim-child. According to Joyce (1993), discovering child sexual abuse injures the mother's positive parental self-image. Furthermore, owing to societal expectations that cast the mother in the role of the protector, mothers whose children have been sexually abused tend to see themselves as failures in their roles as parents. Not only are these mothers left to pick up the pieces

of their own lives, but they are left with the responsibility of repairing the damage on the child's health and protecting the child from further abuse. Ainscough and Toon (1993) assert that discovering that a child has been sexually abused is in itself devastating to the mother. For example, mothers in intra familial abuse struggle in the face of competing loyalties - not knowing whom to side with between the perpetrator and the child (Joyce, 1997).

A descriptive study of mothers reactions to child sexual abuse by Myer (1985) found that 56% of mothers protected their daughters and rejected their mates, 9% did nothing and 35% rejected their daughters and protected their mates. The results of this study together with other studies on mother's reactions indicate that generally mothers believe their children and take appropriate actions to protect and support their children (Carter, 1993; Crawford, 1999; Dempster, 1993). A criteria for protective and supportive actions include "(i) believing the child (ii) taking the child for medical check-up (iii) laying a charge against the perpetrator, (iv) seeking counselling for the child and (v) becoming anxious about the effect on the child" (De Jong, 1988 in Crawford, 1999: P 64). It is important however to acknowledge that while most mothers are supportive to their children after the disclosure, there are a significant number who are not as supportive as they would like to be (Crawford, 1999).

2.4.3. MATERNAL REACTION AS A MEDIATING FACTOR IN CHILD'S RESOLUTION OF THE ABUSIVE EXPERIENCE:

The reaction of the mother to disclosure of the abuse plays an important role in the symptomatology of the child and towards the recovery of the child from the trauma (Crawford, 1999; Lipton, 1997). A vast number of literature has proved that the ability of the child to adjust to sexual assault experience is profoundly affected by the response of adults to the event (Morrison & Clavenna-Valleroy, 1988). As a result, emotional support by the mother

during and subsequent disclosure of the abuse can influence the child's post-abuse functioning in a positive way (Crawford, 1999; Lipton, 1997).

Morrison & Clavenna Valleroy (1998) evaluated the relationship between perception of maternal support, self-concept and depression in sexually abused adolescents. They found that sexually abused adolescents who perceived their mothers as supportive had higher self-concept and fewer depressive symptoms than those who perceived their mothers as less supportive. The findings of this study indicates that maternal support is a protective factor that can minimize the negative effects of abuse on the child.

Often sexually abused children receive threats from the perpetrator which instil even more fear in those children. Therefore, since the mother is the primary caregiver to the child, it is logical to suggest that sexually abused children's need for maternal support may be even more important. After examining the aftermath of child sexual abuse from women's perspectives, Dempster (1993) found that mothers experienced difficulties to come to terms with reality and helping the child when support for themselves was not available. There is therefore an implicit expression of a need to come up with support resources for those mothers as they struggle to show support and care to their sexually abused children.

2.4.4. MEDIATING FACTORS RELATED TO THE MOTHER'S REACTION :

As stated earlier mothers of sexually abused children react differently during disclosure of the abuse. Efforts has been done to ascertain factors that determines largely how mothers react to the disclosure of their children's abuse. Sirles and Franke (1989) were among those who attempted to document factors influencing the mother's reaction to the disclosure of the abuse. Specifically, their findings suggested that (i) the relationship of the offender to the child (ii) the nature of the abuse, (iii) age of the child-victim. (iv) nature of mother-child relationship, as well as (v) the mother's

(iv) nature of mother-child relationship, as well as (v) the mother's whereabouts during the abuse influence the mother's reaction. Mothers were less likely to believe and support their children if she was at home when the abuse happened, if the child was being physically as well as sexually abused and if the child was older. The mother's situation was often made worse by the interpretation of the mother's absence, for whatever reasons, to mean that she was neglectful and emotionally absent. Joyce (1997) found that mothers were likely to believe their children when the abuser was an extended family member (92,3%) and were less likely to believe when the abuser was a current live-in partner or a boyfriend. The difficulty in believing when the abuser was a current live-in partner may be explained in terms of economic reasons i.e. often the abuser is the main source of financial support to the mother and thus she may not be prepared for the implications of reporting the abuse to the police (Carter, 1993; Smith, 1994).

2.5. THE ROLE OF MOTHERS IN TREATMENT OF SEXUALLY ABUSED CHILDREN AND PREVENTION OF SEXUAL ABUSE:

In the past, mothers have been unfairly implicated in the incidence of sexual abuse and thus their role in the treatment (of their daughters) was not acknowledged. Recent developments in research suggest that the non-offending mothers have a key role to play in the treatment of the traumatized child (Crawford, 1999; Jacobs, 1990; Smith, 1994). The importance of the mother in the child's emotional development has been highlighted in the preceding discussions. According to Smith (1994), a child who has been sexually abused would need help to recover from the experience of the abuse. Ideally, this will come from a non-abusing parent in addition to professional help that the child might also need. Strengthening non-offending mothers capacity to care better for the abused child must be a priority for resources which should take greater precedence to direct work with children.

Celano, Hazzard, Webb & Mc Call (1996) argued that the mother's role in preventive action should be conceptualized as that of a client, since she also needs help to deal with her feelings, and that of a partner to the therapist in facilitating the child's recovery from the abuse. A study by Morrison and Clavenna Valleroy (1998) evaluating the relationship between perception for maternal support and depression in sexually abused children revealed that the mother's support is an important factor in the recovery process of the abused child due to the perceived needs of love and acceptance from the mother.

2.6. PREVENTIVE EFFORTS IN CHILD SEXUAL ABUSE:

Since child sexual abuse is a very complex problem, it is logical for any preventive work to adopt a multi-faceted approach. In cases where the responsibility of preventing abuse is placed on one of the major role players in the children's life (like parents and legal system), results tend to be minimal. For an example, emphasizing the teaching of personal safety skills to children in the exclusion of parental involvement may not be as effective like when it was done otherwise (Renken, 1989; Krivacska & Thomas, 1997). Wrutele and Owens (1997) believed that prevention of child sexual abuse is a shared responsibility that should include efforts towards dealing with potential offenders and individuals who work with these children, for example, teachers, child protection unit and parents. The following discussion looks at the potential role various stakeholders can play in the prevention of child sexual abuse.

2.6.1. THE ROLE OF THE CHILD:

Although children are viewed as powerless and dependent members of the society, it would be suicidal to exclude them completely from preventive work with child sexual abuse. Renken (1989) and Esser-stuart and Skibinski (1998) recommended intervention with children which focus on support and

education. Such programmes can best be implemented in a school setting. Physical defensiveness, where children are taught personal safety skills is one of the strategies of choice. Although critics to the latter strategy argue that children may not be physically capable of actually protecting themselves, findings by Wrutele and Owens (1997) and Krivacska and Thomas (1997) proved the opposite.

The latter authors found that children demonstrated greater knowledge about sexual abuse and also improved in their skills of recognizing, resisting and reporting inappropriate touch requests. By these, Wrutele and Owens (1997) argued that children could benefit from personal safety programmes. Despite the potential benefits of such child-focus prevention programmes, Esser-stuart and Skibinski (1998) argued that it is important to note that these can only be used as one of the varieties of prevention strategies. Children should under no circumstances be allowed to shoulder the full responsibility for prevention of child sexual abuse.

2.6.2. THE ROLE OF THE LEGAL SYSTEM:

Since child sexual abuse is not a problem only to the victim-child and her family, other institutions within the society have a moral obligation to intervene. These institutions include police, law enforcement agencies, the medical professionals and schools. Among these institutions, the law enforcement agencies are the ones that plays a bigger role in terms of ensuring the physical protection of the child from further abuse. The response and the attitude of the law enforcement agencies to the problem of child sexual abuse is very important. A considerable debate about the extent to which the response of the legal system accounts for the observed symptoms in the child and the mother has been documented. There is evidence that less co-operation from the legal system is associated with more negative impact

of child sexual abuse (Carter, 1993; Smith, 1994). For some mothers the fact that most of the perpetrators are left roaming around the streets creates a sense of fear and thus adding to their stress levels (Dempster, 1993).

In a study assessing parental response to extra familial child sexual abuse, Regher (1990) found that mothers displayed ambivalent feelings towards the legal system when they had to report cases of child sexual abuse. Although pushed forward by their sense of social responsibility to protect their children by reporting the perpetrator to the police, mothers are also pulled back by the perception of the courts as toxic environments for their children. It appears that in most instances fear of subjecting the child to the trauma of the trial process outweighs the need to see the perpetrator arrested. A study by Carter (1993) found that mothers perceived institutional responses as generally punitive and disrespectful toward them. Furthermore, research findings maintain that poor co-operation by these institutions gives the mother the impression that the legal system is reluctant to carry out its social responsibility of protecting the citizenry especially, the powerless children (Regher, 1990; Smith, 1994). As a result, some mothers decide not to press a criminal case against the perpetrator.

From the preceding discussion it becomes clear that poor co-operation by the legal system affects both the child and the mother in a negative way. These findings further get support from the work of Lipton (1997) who argued that “negative reaction by professionals and others toward mothers of these children may frustrate their healing process, thus also hindering the child’s resolution of the trauma “ (P116-117). It is therefore important for the legal system to recreate a new image as the custodian of the rights of the public it purports to serve. This can be achieved by showing increased sensitivity in handling of child sexual abuse cases, revisiting the perception of the child as a less credible witness and ensuring successful prosecution in cases where evidence weighs heavily against the perpetrator.

2.7. EMPOWERING MOTHERS OF SEXUALLY ABUSED CHILDREN:

A growing body of evidence support the notion that the emotional functioning of the mother following the abuse of the child impacts upon the emotional well-being of the child. For example, a study by Lipton (1997) on the effect of primary care taker's distress on the sexually abused child suggested that the higher the caretaker's distress, the higher the level of symptomatology of the child. This study concluded that supportive mothers can play an integral part in preventing re victimization of the child. The degree of protectiveness and support demonstrated by the mother following disclosure of the abuse is an important factor in the victim's recovery process (Crawford, 1999; Carter, 1993; Joyce, 1997). Holin & Howells (1991) argued that strengthening the parent's capacity to care better for the child should be a common focus among child sexual abuse preventive programmes.

Results of the preceding studies point to the need for therapists or counsellors to facilitate support and involvement of mothers in the treatment of their sexually abused daughters. After analysing the relationship between maternal support and the child's symptomatology following the abuse, Morrison and Clavenna-Valleroy (1998) concluded that professionals need to spend more energy on educating mothers how to show support to their daughters.

It is important to empower mothers in their ability to identify high-risk situations for their children, feel confident and able to intervene timeously and appropriately. In addition, Smith (1994) identified several areas that professionals should focus on in their work with mothers of sexually abused children.

(I) KNOWLEDGE REGARDING SEXUAL ABUSE

Based on the premise that knowledge is power, it is important for mothers to have a general level of understanding about sexual abuse. An understanding of what is and what is not sexual abuse will be helpful to mothers by sensitizing them of the seriousness of child sexual abuse.

(II) COMMUNICATION SKILLS

It is common for mothers of sexually abused children to avoid discussing the experience with the child or other members of the family. This is the result of their fear that talking about the experience of the abuse will further traumatize the child. However, Smith (1994) believes that keeping mum about the abuse may be misrepresented by the child as lack of concern by the mother. This may also serve to perpetuate the secrecy already established by the offender. An increased level of parental supervision and monitoring of children is also important in the primary prevention of child sexual abuse.

2.8. CONCLUSION:

From the review of the literature, the following conclusions can be made. Child sexual abuse is a multifaceted problem that not only affects the victim-child but also the significant others in the life of the child. It is also blamed on a multiplicity of factors, hence its prevention requires a multifaceted approach. In addition to working with the children as in teaching them basic personal safety skills, and the role of the legal system in ensuring the removal of perpetrators from the society, mothers have also been found to be valuable support resources and agencies for prevention of re victimization of child sexual abuse.

CHAPTER III : METHODOLOGY

3.1. INTRODUCTION:

This study sought to describe the nature of the mother's experiences to the disclosure of sexual abuse of their children and explored their capacity as supportive resources for the victimized children. What follows is a discussion of methods used to address the questions stated above.

3.2. RESEARCH DESIGN:

This study was conducted using a qualitative research design. Creswell (1994) and Baker (1997) defines a qualitative research design as an approach that assesses people's subjective perceptions, feelings and thoughts about objective reality. One of the basic assumptions of this approach is that it involves the study of people in a natural setting and thus helps in getting a depth understanding of how people experience their worlds. People's words and actions are examined in descriptive ways to represent the situation as they experience it.

3.3. SAMPLING PROCEDURE AND PARTICIPANTS:

A sample of six mothers of sexually abused children took part in this study. These mothers were recruited from Mamelodi Child and Family Welfare Society where their children were receiving help. The Mamelodi Child and Family Welfare Society provided the researcher with a list of 22 mothers whose children were sexually abused and receiving attention at the society's offices. Letters of invitation to participate in the study were sent to potential participants. Of the twenty two mothers who were invited to the meeting, only sixteen mothers managed to attend. The researcher introduced herself, and the purpose of the study and the research procedures were explained to the mothers. Consent to participate in the study was given to the mothers. Of the sixteen mothers, only six mothers agreed to participate in the study, four

were indecisive about consenting and six did not agree to participate. The total number of participants became six. Individual appointments for interview were set up with all those mothers (six) who agreed to participate in the study. Therefore, a convenient sampling procedure was used to include participants in the study. Newman (1994) describe convenient sampling as a non-probability sampling method which involves choosing the nearest and the most convenient person to act as a respondent. This sampling method is also called accidental sampling.

PARTICIPANTS:

A total number of six mothers of sexually abused children participated in the study. All participants were black African women and spoke Sepedi. The mother's ages ranged from 29 to 49 years. They came from differing socio-economic educational backgrounds. A total of 83% (N=5) of the participants were unemployed and only 17% (N=1) was employed. One mother had to quit her job in order to look after the child despite her financial difficulties. In terms of their level of education, participants in the lower category obtained standard five (17%, n=1), standard eight (33%, n=2) whereas the highest level obtained was a senior certificate (50%, n=3).

Two of the participants were married, one was divorced, one was widowed and two were single parents.

These mothers had a total number of eight children who were reported to have been sexually abused and two had been abused at some time. All the children were reported to have experienced sexual penetration abuse. One child experienced various types of abuse (digital and sexual penetration) by multiple perpetrators and one had a prolonged period of abuse. All perpetrators were males and all cases of abuse were extra-familial abuse.

3.4. RESEARCH INSTRUMENT:

An interview schedule was developed by the researcher to collect relevant data. The instrument covered several areas that the study sought to address. It consisted of four parts.

(A) DEMOGRAPHIC INFORMATION:

This part of the interview schedule included the demographic information of the participants. Such information included the age, marital and occupational status and level of education of the mothers. Demographic information of the victim-children which encompassed their age, sex, type and severity of the abuse was also included.

(B) PERCEPTIONS OF, REACTIONS TO AND IMPACT OF THE ABUSE:

This part of the interview schedule examined the reactions of mothers to the disclosure of the abuse as it relates to how the abuse affected the mother's general functioning, kind of action taken by the mother to stop the abuse and to protect the child.

(C) SUPPORT AND RESOURCES:

This part assessed the capacity of mothers to provide support to the child. It also probed for their level of understanding of child sexual abuse with regard to risk factors and their ability to identify these factors.

(D) FUTURE PREVENTIVE MEASURES AND SUPPORT SERVICES:

This final part of the interview schedule attempted to capture the needs of mothers of sexually abused children in terms of how they can be empowered to provide enough support to their abused children.

3.5. DATA COLLECTION PROCEDURE:

An individual in-depth interview was conducted with all participants. Some (two) of the interviews were conducted at the Welfare offices and others

(four) at the respondent's homes. The length of the interview was approximately 2 hours each.

The interview was semi-structured and done in Sepedi. The mothers were encouraged to talk in their own words and their responses were recorded verbatim. The format of the interview schedule allowed the respondents to question and where they did not understand they were clarified. These mothers had lots of stories to tell and most of them found it as a great opportunity for them to talk and be listened thereby helping other mothers who are in the same position as they are. The interviewer was empathetic and sensitive when interacting with these mothers and as such a therapeutic atmosphere was created and rapport established.

3.6. DATA ANALYSIS:

Content analysis which is described by Baker (1997), as a technique for the objective, systematic and quantitative description of the manifest content of communication, was used to analyse data. This technique is used to make inferences by systematically and objectively identifying specific characteristics of messages (Berg, 1995). Data is analysed systematically and objective decisions about the content is carried out explicitly (Miles & Huberman, 1994).

The researcher read and studied individual interview records and reduced them into meaningful narratives using dominant themes. Secondly, all interview records were compared systematically for underlying ideas and themes. Thirdly, the interview records were compared using the demographic information of the participants. And the final step involved grouping similar ideas and themes together to create a composite and comprehensive picture of the experiences of mothers of sexually abused children.



CHAPTER IV**RESULTS****4.1. PRESENTATION OF RESULTS:****4.1.1. SECTION A: DEMOGRAPHIC INFORMATION:**

The sample of this study comprised of six mothers whose children were reported to have been sexually abused. All participants were of African, Sepedi speaking origin. The ages of participants ranged from 29 to 49 years. In terms of their employment status 83% (n=5) were unemployed at the time of the interview and 17% (n=1) was employed. One mother left her job as a result of the abuse to be with her children. With regard to their level of education, 50% (n=3) of the participants had a senior certificate, 17% (n=1) had standard eight and 33% (n=2) had standard five. Two of the participants were married, one widowed, one divorced and two were single parents.

The total number of the victim children, all girls were eight (two mothers had two of their children in the sample). The children's age ranged from six to fourteen years. With regard to the type of sexual offence committed against the children, all were reported to have been sexually penetrated. In one case digital penetration was reported. Thirty eight percent (n=3) of the children experienced multiple victimization by different perpetrators and had been abused for a period of time.

The perpetrators were all men whose age ranged from 20 to 45 years. Two were reported to be neighbours, one a biological brother of the victims and the rest were strangers.

Table 1 presents the demographic characteristics of mothers of sexually abused children

SUBJECT	AGE	MARITAL STATUS	EMPLOYMENT	EDUCATION	NUMBER OF CHILDREN ABUSED	ANY COUNSELLING
A	49	Widowed	Unemployed	std 8	1	No
B	43	Married	Admin Clerk	Std 10	2	No
C	29	Single	Unemployed	Std 10	1	No
D	34	Married	Unemployed	Std 5	1	No
E	37	Single	Unemployed	Std 10	1	No
F	41	Divorced	Unemployed	Std 5	2	No

Table 2 represents the demographic characteristics of the children who were sexually abused.

SUBJECT	AGE AT ABUSE	AGE AT INTERVIEW	TYPE OF ABUSE	ANY COUNSELLING	NUMBER OF TIMES ABUSED
A	8 yrs	13yrs	Sexual penetration	Yes	Prolonged abuse x4yrs
B1	14yrs	15yrs	Sexual penetration	No	abused once
B2	15yrs	19yrs	Sexual penetration	No	abused once
C	9yrs	9yrs	Sexual penetration	No	abused once
D	8yrs	8yrs	Digital and sexual penetration	No	abused twice
E	6yrs	7yrs	Sexual penetration	No	abused twice
F1	9yrs	11yrs	Sexual penetration	No	abused once
F2	12yrs	14yrs	Sexual penetration	No	abused once

4.1.2. SECTION B: PERCEPTIONS OF, REACTIONS TO AND IMPACT OF THE ABUSE:

The questions in this section of the interview schedule were meant to elicit responses relating to how mothers in the study discovered the ordeal of their children, their initial reactions and the form of protective action these mothers took after discovering that their children were sexually abused.

The participants in this study became aware of their children's sexual victimization through different ways. Two of these mothers were alerted by how their children bathed, when they no longer wanted to bath their genitalia parts (complaining of feeling pain when they bathed their sexual area). One mother discovered through the victim's diary which contained dates and episodes of her ordeal and other mothers were informed by relatives.

Mothers's initial reaction to the discovery of their children's ordeal differed from mother to mother. However, it was evident that for all mothers, the overriding reaction was that of anger, devastation and confusion.

“I was so shattered, I cried and cried and I slept (was depressed) for three days. I did not have the energy to do anything,
I couldn't believe that he could do such a thing to his own sisters. I mean, he is my son and they are his sisters, all of them are my own children” (abuser was older sibling).

“Her sister told me that she knew about the abuse happening, but I was so shattered when I went through all those letters. I am still devastated and will feel like this till I die” (abuser was the neighbour).

The majority of mothers took protective action after the discovery of their children's abuse. Protective action involved taking their children to the doctor for medical examination, opening a case against the perpetrator and some went to an extent of confronting the perpetrator which took some form of harassing him.

“I was so angry and confronted him. If I had power, I would have killed him or do major damage to him. “(Abuser was a neighbour).

4.1.2.1. PERCEIVED EFFECTS OF THE ABUSE:

Mothers were further asked to tell how they think the ordeal of their children affected how they relate to their children, as well as their general functioning as mothers/wives. In addition, participants ideas of how their children were affected by the ordeal was assessed.

Half of mothers expressed concern about the negative impact the abuse has had on how they related to their daughters. Seventy eight percent (n=5) of mothers reported to have developed even closer relationships with their daughters. The latter group of mothers attributed the resultant closer relationships with their daughters to their exaggerated concern for the safety of their children and their fears that their daughter’s might be subjected to further sexual abuse. For those mothers whose daughter’s sexual victimization was devastating beyond their level of coping, ended up acting in ways that strained their relationship with their daughters. One mother who hit her daughter after discovering about the ordeal reported that she feels as if her child can no longer trust her.

“I tried to talk to her about it and I also apologized for what I did but still I just feel that there is something missing in our relationship. This is not how a mother and a child should relate”. (Abuser was a stranger).

Generally, the impact of the ordeal on the mother-daughter relationship was adverse.

“My child is now afraid of me, and I’m even afraid of reprimanding her if she does something wrong”.

Thirty three percent (n=2) of mothers reported that their daughters had since became hypersensitive to criticism and thus they experience difficulties in managing them. This brought the issue of talking to the child about the ordeal. A significant number of mothers expressed difficulties in talking to the child about the abuse. They attributed such difficulties to fear of further traumatizing the child. One mother complained:

“I just cry every time I try to talk to her about it and when I look at her, I just feel pity for her. I cannot put her through the same trauma again, she has had enough”. (the abuser was a stranger).

Not all mothers, however left the situation as it was. Some mothers reacted to it by being overprotective, sensitive to the child’s needs and also by asking other family members like elder sisters to talk to the child as an attempt to show support to the child.

4.1.2.2. MOTHER’S GENERAL LEVEL OF FUNCTIONING:

Mothers in this study reported interesting findings about how they thought their children’s ordeal affected their level of functioning.

Some form of psychological trauma ranging from mild to moderate depression (lasting at least a week), sleep and eating disturbances was evident in these mothers. A sense of failure as a mother and betrayal was also prominent among those mothers whose children were abused by a neighbour and a biological son. The latter feelings were evident in statements such as.

“I trusted him, he is my own son and look what he did to pay me in return”. (abuser was biological son).

The ordeal of their daughters led most of the mothers to develop undue fears and became preoccupied with the whereabouts of their children even in situation where there was relatively no danger to the daughter. For example, most mothers became more anxious when the child was few minutes late from school. Their preoccupations and worries centred around the safety and long-term effects of abuse on the children's sexual life. One mother went to an extent of asking her son to accompany her daughter to school everyday.

“Now I'm always worried whenever she is out of my sight because if they were able to do that to her what could prevent them from killing her”. (abuser was a stranger).

“My worry is what will happen to my child in future, what if my child can no longer be able to bear children or afraid to have a boyfriend.” (Abuser was a stranger).

Guilt and self-blame underlined statements of many of the mothers for not being able to prevent child sexual abuse, and not noticing the abuse happening. The mother who only became aware of the abuse after two years was so much overwhelmed by guilt that she decided to quit her job despite the negative consequences of her decision - she was the sole breadwinner.

“I associated myself to a mother who is always drunk and not looking after her children properly. So I decided to stay at home so that I can look after her”.

Half of the mothers in the sample indicated that their sexual life was disturbed following the discovery of their children's abuse. They perceived and experienced sexual intercourse with their partners negatively after their children were sexually abused. Fifty percent (n=3) of the mothers stopped sexual interaction with their partners because “it reminded me of the pain my daughter went through” This was common to all these mothers.

4.1.3. SECTION C: SUPPORT AND RESOURCES

This part of the interview examined the kind and level of support which mothers received following the discovery of their children's ordeal. In cases where necessary support was not received reasons thereof were also examined.

All the mothers and their children never received any professional help in terms of counselling. The majority cited the reason that they were never made aware of the availability of such services. Those who knew about the services (33%) cited financial problems as the reason for not using the services. Generally, mothers in the study acknowledged that their children needed psychological intervention.

In terms of support for themselves mothers (67%) indicated that support received from their nuclear and extended family members helped them a great deal in dealing with their immediate trauma following the discovery of their children's ordeal. Few mothers (33%) perceived their sexual partners to be less supportive. The latter mothers reported that their sexual partners blamed them for their children's ordeal.

“My husband did not talk to me for two days. He blamed me for sending my daughter to her granny because even the first one was abused at her granny's place”. (abuser was a stranger).

Those mothers who received support from friends and family members felt that the support was limited and would have been great if their sexual partners were also supportive.

4.3.1. THE LEGAL SYSTEM:

The following discussion presents the general feelings of mothers about the handling of cases involving their children by the law enforcement agencies.

All mothers indicated that they laid charges of child molestation against the perpetrator with the police. However, there has been only one successful prosecution in this study. The majority of mothers expressed great discontentment towards law enforcement agents because their cases did not go through. The main reason for lack of successful prosecution was the fact that dockets were reported missing. The other complaint levelled against law enforcement agents was the alleged insensitivity when interviewing the child.

“These people traumatised my child they were so rude they argued with her and asked her questions not considering her age and now she does not want to go to the court anymore”. (abuser was a stranger).

Although these mothers wanted punishment to be given to the perpetrator, most felt that imprisonment alone was not enough. These mothers were more concerned about their daughter’s future such that they felt physical punishment such as castration should be meted out to the perpetrator. They expressed anger and hatred towards the perpetrator.

“I just wish a car can just run over him”. “Because the law does not do anything, we as the community should do something about him”.

Although the majority of respondents perceived physical punishment and imprisonment of the perpetrator to be appropriate some mothers had different views. For example, one mother whose son abused her two daughters reported that “Jail alone will no help him, he needs other help. Professionals like Psychologists can help him”.

4.4. SECTION D : FUTURE PREVENTIVE MEASURES AND SUPPORT RESOURCES:

In keeping with the latest perception of non-offending mothers as potential role player in the prevention of child sexual abuse, the final part of the interview schedule examined the non-offending mothers ideas about the role they see themselves playing in the prevention of child sexual abuse. Furthermore, in acknowledgement of the pain as a result of their children's ordeal and their need for support, mothers were asked to indicate what issues if put in place, could help them deal effectively with their pain whilst empowering them to give enough support to their traumatised children too. Answers to the preceding questions elicited the following responses.

Most mothers felt that it is difficult to accurately predict the risk of children becoming sexually abused. However, they believed that seductive dressing and leaving children unattended may put the child more at risk. Eighty three percent (n=5) of mothers acknowledged that children are not completely safe from abuse and thus it is difficult to prevent child sexual abuse.

“There is no safety in this world anymore. Even if you can erect security gates “sera se na le maano” the perpetrator can always out manoeuver you”.

Despite generally agreeing that the prevention of child sexual abuse is almost an unattainable goal, most mothers acknowledged that they have a positive role to play. These mothers believed that prevention of child sexual abuse rest on the ability of mothers to educate their children (especially boys) about moral behaviour from an early age, to warn children of dangerous situations and educate them not to accept any offer from a stranger. They further acknowledged that mothers who are unemployed can do a lot by looking after those children whose mothers are employed while they are at work, what is commonly known as the “ubuntu” spirit.

On how they would like to be empowered and be more effective as support resources for their victimized children, mothers indicated the following:-

- (i) Fifty percent (n=3) of mothers emphasized support from their sexual partners as one of the resource to empower them in helping their children.**

- (ii) Counselling for both the mother and the child was also seen as a major factor to help them resolve the traumatic experience of the abuse. Those mothers who could not afford to take their children for private counselling suggested if the government could establish counselling centres in the community that would be within their reach (accessible).**

- (iii) Co-operation from the legal system was a major concern for these mothers. A significant number of the mothers needed the legal system to be sensitive to their needs and successful prosecution to be done to the perpetrator.**

CHAPTER V

DISCUSSION OF RESULTS:

The findings of this study indicates that majority of mothers respond to the revelation of sexual abuse of their children in a relatively appropriate manner. The mother's reactions in this study are consistent with findings of other studies (Dempster, 1993; Joyce, 1993 Carter, 1993) that found that generally mothers respond by anger towards the perpetrator, confusion, feelings of devastation and believed the child. Eighty percent of mothers believed their children and took protective action which included taking the child for medical check-up and laying a charge with the law enforcement. These results disconfirms the early literature on mothers which saw them as contributors of child sexual abuse and non-supportive to their children (Wattenberg, 1985).

The difference in these mothers marital and socio - economic status could explain the difference in their level of distress and coping mechanism. Divorced and widowed mothers who are less educated experienced more distress than married and single parents. It seemed that the higher level of distress in these mothers was due to perceived lack of family support especially from the husband, and financial difficulties also appeared to aggravate their stress. However, these mothers were able to show support and were concerned about their children's welfare than those that are married and highly educated, during disclosure of child sexual abuse. While one would have expected the opposite to happen, Lipton (1997) in his study of parents (Biological & foster parents) of sexually abused children found similar results. He concluded that the reason for those educated mothers to offer less support and be less concerned about their children was a function of greater humiliation in the eyes of the community at large.

The above results on support of children by low economic mothers differ from other findings such as that by Leifer, Shapiro and Kassem (1993) and Crawford (1999) which suggest that mothers from lower socio-class are less supportive and showless

concern of their children. There are several possible explanations of these results in the present study. Firstly, those mothers who are widowed and divorced have been through many difficulties, one of loss of husband and one of hurt after a child was abused sexually. So, it is assumed that they are aware and know that no one except themselves can be there for the child, and no one can help them to deal with the pain and the hurt the daughter is feeling. At the same time they may be responding in a way they have been treated by other family members when they lost their husbands. It suggests that these mothers can do a lot in helping their children.

The results of this study also showed that major areas of these mother's lives were affected. Of most importance was the psychological impact. These mothers reported mild to moderate levels of depression. Those mothers who were either divorced and widowed showed higher levels of depression whereas those that were either single and married showed mild to moderate levels of depression. Even though the former group of mothers had higher levels of depression, they were able to give support to their child despite not getting social support themselves. These results support previous findings by other researchers (Wagner, 1990; Dempster, 1993). The depression in these mothers is an important factor to show how heavily these mothers were affected by their children's sexual abuse. It is possible that higher levels of depression reported by these mothers reflected two things:

- According to Melanie Klein's object relations theory depression is an indication of feelings of sorrow over the loss of the good loved object and the longing to regain the object (Wetzel, 1984; Kaplan and Sadocks, 1998). If disclosure of sexual abuse of a child produces depressive symptoms in mothers, it might relieve an initial feeling of loss of their husbands and most importantly the loss of their daughters through sexual abuse. As a result these mothers should also be identified as victims and provided with necessary support.

- It might also reflect the perception that since they do not have sexual partners, they are going to deal with the abuse of their daughters on their own. Perhaps they unconsciously play a sick role-need to be cared and supported-since they supported their daughters.

From this study it has been found that non-offending mothers major concern following child sexual abuse is (i) fear or re-victimization/ safety of their children and (ii) long-term effects on the sexual life of their children. These mothers preoccupation with negative long-term effect of the abuse of their children may in turn have negative long-term effects on their general well-being. It is likely that these mothers may not give their children necessary support until such time they have dealt with their own emotional turmoil. Thus, therapeutic intervention with non-offending mothers should strive to empower them to be support agents for their children.

When looking at how these mothers perceived themselves, it has been found that hopelessness, guilt and powerlessness accompanied their self-reports. These mothers perceived themselves as bad mothers for having failed to stop the abuse from happening. Similarly, these mothers self-perception could be due to several factors.

(a) The fact that their daughters dockets were alleged to have gone missing which left all the perpetrators out of jail posed a threat to these mothers. Such poor cooperation from law enforcement agents has had an influence on these mothers symptomatology. Lack of successful prosecution seemed to have caused them to be more frustrated and feel powerless. These results support previous findings by other researchers (Carter, 1993; Dempster, 1993; Regher, 1990) Perhaps the law enforcement support (by way of showing sensitivity in handling the child and successfully prosecuting the perpetrators) was an important factor in the recovery process of the mothers.

Successful prosecution of the offender might lessen non-offending mothers' preoccupations with the safety of their daughters. Since most mothers in this study perceived the law enforcement agents as unsupportive, successful prosecution would at least have shown them that these agencies are sensitive to their needs. Even if these mothers believed that prosecution of the perpetrator was not enough (they wanted greater physical harm to be done) it seemed that it would have lessened their distress.

(b) The fact that all mothers in this study never received any psychological help (counselling) adds a great deal to their symptomatology and negative perception of self. Since they also perceived that support from their sexual partners would be grateful, those mothers who never received support from their sexual partners and who were blamed for their children's ordeal, may have perhaps experienced ongoing feelings of abandonment by their husbands (sexual partners) thus resulting in feelings of helplessness and guilt.

Among other indicators of the potential positive role mothers can play in preventive efforts with child sexual abuse was their relatively fair ability to recognize behavioural changes in their abused children as well as being able to identify risk factors in child sexual abuse.

On the issue of how non-offending mothers thought they were supportive towards their children, 33% of participants seemed ambivalent about the level of support they were giving to their children. For example, these mothers found it difficult to openly discuss the abuse with their children, instead they think that the victim-child needs to be helped to forget about her ordeal. According to Lipton (1997), victims of child sexual abuse can be, according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV) (American Psychiatric Association, 1994) classified as having post-traumatic stress disorder because they were involved in the discovery of the traumatic experience of their children. If this is true, these mothers need to be provided with skills to control anxiety and cope with the abuse. This comes into effect through communicating to the child about the abuse.

Mothers are seen as the most important resource for helping the child to cope with the abuse. Crawford (1999) and Celano et.al (1996) emphasized the importance of integrating the mother in the intervention of the child. This shows the positive role mothers can play in helping the child to resolve the trauma of the abuse.

However, behaviour of these mothers in the present study can also be understood from a cultural point of view. It is a common practice in the traditional African cultures not to discuss matters of sexual nature with young children.

In analysing questions regarding assessment of their needs to help them deal with the abuse more effectively, mothers had relatively common needs. The common theme was their need for support from their sexual partners and professionals (counselling). These mothers specifically wanted their sexual partners to listen, support and be sensitive to their needs.

A need for counselling was also raised by these mothers. Although they acknowledged financial problems, majority of them wanted counselling offices to be made accessible and available in the townships so that help could be within their reach.

CHAPTER VI: IMPLICATIONS OF THE STUDY:

The findings of this study have number of implications with regard to intervention for mothers of sexually abused children. Child sexual abuse is a traumatic experience for both the child and the mother. When child sexual abuse is disclosed, a mother need to deal with abuse the of her child. It is important for the professionals and the community to view mothers also as victims who can also benefit from psychotherapy to help them deal with their own trauma while trying to support their traumatized children. Mothers in this study indicated that discovering of their children's ordeal was emotionally devastating and has caused them more stress. For some mothers, the stress was so great that they could no longer function to their fullest capacities.

In addition, mothers in this study despite their emotional turmoil have shown to be potential support resource for their sexually abused children and thus need to be perceived that way. A study by Lipton (1997) and Crawford (1999) acknowledged that maternal support play an important role in ameliorating negative effects of child sexual abuse. In contrast to earlier studies that portrayed non-offending mothers as responsible for their children's ordeal, it is evident in this study that mothers can play/should play an integral role in treatment of their sexually abused children.

Findings in this study have also highlighted the importance of a holistic approach to prevention of child sexual abuse. It was found that there is a widespread displeasure about the attitude and effectiveness of the legal system in prosecuting the perpetrator. The major complain being cases that are dismissed because of missing files. All these surely make people / the general public to loose respect and trust of the legal system and ultimately may lead to what is generally know as Mob-justice. It is therefore imperative for authorities in the legal system to seriously address the problem of files that are reported to have gone missing.

RECOMMENDATIONS:

Several limitation of the study have been acknowledged and the following are recommended:-

- **A larger sample is recommended to get a bigger picture on how mothers of sexually abused children are affected by their children's ordeal.**
- **An in-depth study is recommended to understand fully the experiences of mothers of sexually abused children. The focus could be on (i) whether these mothers can deal with their trauma on their own without professional and/or social support (ii) the possibility of organizing all mothers towards a common goal of fighting child sexual abuse.**
- **Future studies focussing on helping mothers of sexually abused children and their children is recommended. Since mothers have been found to be positive resources in helping their children through the recovery process, their role as a facilitator working as an integral part in therapy is particularly useful. Group work with an aim of empowering and equipping mothers with effective skills for coping with sexual abuse while supporting the child can be useful.**

CONCLUSION:

Generally mothers of sexually abused children are negatively affected by the abuse of their children. The non-offending mothers experience confusing emotions, ambivalence and long-term effects having to deal with the abuse. The impact differs depending on the mother's circumstances eg. lack of spouse's support and financial difficulties.

Despite the negative impact, findings of this study have shown that non-offending mothers have shown support to their traumatized children. This is in contrast to the negative picture of mothers of sexually abused children that has been dominant in previous literature and it adds to the small body of literature that indicates that mothers are protective and supportive to their children during discovery of child sexual abuse (Lipton, 1997; Crawford, 1999).

These non-offending mothers are also victims and need all the support to be able to offer necessary support to their children. As a result, in clinical practice, therapists need to facilitate support to non-offending mothers thereby involving them in the treatment of their sexually abused children. The important factor is that maternal's support is a very important source in the victim's recovery process (Morrison and Clavenna-Valleroy, 1998).

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Dear Participant,

I am Lufuno Khuba, a student at the University of North-West. I am undertaking a research project as part of the requirements of the programme for my study and I would like you to participate.

My research study examines the experiences of mothers of sexually abused children. I will be interviewing several other mothers who are in the same position/situation as you.

It is hoped that the results of this study will enhance the professionals understanding of the pressing concerns of mothers of sexually abused children and thus enable them to respond appropriately.

You're assured that the information you give shall be used for no other purpose than for this study. There are no right or wrong answers, but remember, it is important that you answer all questions as honest as possible and to the best of your ability.

I will be taking notes as we talk, therefore the interview may take longer than anticipated and I am asking you to be patient.

Before we start I would like to know if everything is clear to you.

Thanks for your participation.

SECTION A : DEMOGRAPHIC INFORMATION

INSTRUCTION:

Before everything else, I would like to know more about yourself, your victim-child and the person who abused her.

- Mother:**
- ☉ How old are you?
 - ☉ What is your marital status?
 - ☉ What is your economic status?
 - ☉ Your level of education?
 - ☉ Do you take alcohol? (Probe further - how often etc).
 - ☉ Any other drugs that you use?
 - ☉ Where were you by the time of abuse?

Victim-child: Sex . Boy or Girl?

- ☉ How old is your child now?
- ☉ How old was s/he by time of abuse?
- ☉ How many times was your child sexually abused?
(If more than once, was it by same perpetrator?)
- ☉ What sort of sexual violation did your child experience?
- ☉ Since the last episode of abuse, how would you rate your child's general function?
- ☉ Did your child receive counselling? (Prove for how effective or ineffective she rates it).

Alleged Perpetrator:

- Sex : Male or Female Age:**
- ☉ How is the perpetrator related to your child?
 - ☉ What happened to the perpetrator insofar as his sexual involvement with your child is concerned?

SECTION B : PERCEPTIONS OF, REACTIONS TO AND IMPACT OF THE ABUSE

- ☺ How did you discover that your child was sexually abused?
- ☺ How did you react to the disclosure then?
- ☺ What is your feelings toward the experience of your child, now?
- ☺ Before disclosure, did you suspect that your child could have been sexually abused?
- ☺ What action did you take?
- ☺ When you look back, do you think there is something you think you could have done as a mother to prevent what happened to your child?
 - ☺☺ And your victim-child, is there something you think she could have done to prevent from abuse happening?
- ☺ Since your child's experience of sexual abuse, is there a way in which your relationship with him/her has changed?
 - ☺☺ How so?
- ☺ Do you often find yourself preoccupied with what happened to your child?
 - ☺☺ What is about the abuse that worries you often?
- ☺ What impact do you think the abuse of your child has had on
 - (i) your child
 - (ii) yourself
- ☺ How do you feel towards the person who sexually abused your child?

SECTION C : SUPPORT AND RESOURCES

☉ Have you received any professional help?

☉☉(Probe further - if no, what were reasons?, if yes, was it helpful, did she go for professional because she understood its importance or was it because someone suggested it to her?)

☉ How supportive do you feel you are towards your daughter and how do you show your support (Probe for more information).

☉ What other form of support did you receive from the significant others?

☉How have you been dealing with those negative feelings resulting from what your child experienced.

☉☉ (Is it easy/difficult for her to talk to the child about the abuse?)

☉Do you think in future you can be able to tell or recognize if your child was sexually abused?

☉☉ If yes, probe for possible symptoms usually displayed by sexually abused children.

☉What factors do you think put the child at risk of being sexually abused?

☉Did you open the case against perpetrator? If not, reasons?

☉What is your general feeling about how the case was handled so far?

SECTION D : FUTURE PREVENTIVE MEASURES & SUPPORT SERVICES

☉ Mothers are generally known to contribute positively in the development of young children, what role do you think mothers can play in the prevention of child sexual abuse?

☉ What contribution do you see other institutions in the society making toward the fight against child sexual abuse?

☉ I would like you to make three wishes which if granted could empower you to be more supportive to your child and deal effectively with the aftermath of your child's sexual victimization.

ONCE MORE THANK YOU FOR YOUR CO-OPERATION!!