

**AN EXPLORATIVE STUDY OF PARENTAL EXPERIENCES
AFTER THE DISCLOSURE OF CHILD SEXUAL ABUSE**

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Abstract

Child sexual abuse is a well-documented social crime that influences every aspect of the survivor and their family's lives. The 'expectation' is that parents are able to cope with the child's behavior that may include scholastic challenges, antisocial behavior, sexual explorative behavior as well as adult mannerisms, while at the same time coping with their own feelings of guilt. The aim of the study was to explore parental coping with childcare post the disclosure of child sexual abuse. This study used a qualitative approach with a sample of 12 parents, who were purposively sampled. Thematic analysis was used to analyse the data. Themes which evolved from the analysis were parents's emotional responses to the disclosure of child sexual abuse, parental coping post the disclosure of child sexual abuse and available resources. These findings are discussed in the context of the needs and challenges of the parents, and offers recommendations regarding provisions that can be made for parents.

KEYWORDS

Child sexual abuse, disclosure, parent child care, parental coping, family resilience, traumagenics

Introduction

Child sexual abuse (CSA) may be described as a sexual act imposed on a child who lacks the emotional, maturational and cognitive development to voluntarily consent to intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography and the use of a child for prostitution or pornography (Putnam, 2003; Spies, 2006; Richter, Dawes & Higson-Smith, 2004). Perpetrators of CSA are often known to the child (Lalor & McElvaney, 2010). In South Africa, 22 486 children were exposed to sexual abuse between 1 April and 31 March 2005, (Van Ass, 2008). Parents, whose children have been sexually abused experience symptoms of trauma (McGuffey, 2005; Plummer & Eastin, 2010). For example, the sense of powerlessness is manifested by parents and or caregivers who report cases, most of them feeling powerless in relation to the system they are reporting to, powerless when confronted by poor services, being criticized and faced with the insensitivity of the authorities (Plummer & Eastin, 2010). Furthermore, Hershkowitz, Lanes and Lamb (2007) asserts that parents and caregivers may blame their children or act angrily which could be due to feelings of self-blame, when authorities and family members question their parenting ability (McGuffey, 2005).

The disclosure of child sexual abuse, while traumatic for the child, presents numerous

challenges for parents. Forbes, Duffy and Mok (2003) found in their pre-intervention study, high rates of psychopathological symptoms in parents of children who had disclosed sexual abuse. Additionally, these findings further suggested that symptoms could be due to the investigative process as well as disruption in the family. In addition, similar studies reported that child sexual abuse disclosure should be regarded as a process and not just a single incident (Muller & Hollely, 2009; Goodman, Ghetti, Quasi, Edelstein, Alexander, Redlich, Cordon & Jones, 2003; Spies, 2006; Collins, 2006). As a result, the role that parents play when child sexual abuse is disclosed could be seen as a critical one.

Kouyoumdjian, Perry and Hansen (2009), indicated that there is a direct link between the parental experience of CSA, and the recovery of the child after CSA has been disclosed. Following the disclosure of CSA, children's recovery is greatly enhanced when the parents believe their child/children when they disclose CSA (Spies, 2006; Doyle, 1994; Finkelhor & Browne, 1985). Furthermore, an unsupportive or an over reactive parental response resulted in greater trauma (Spies, 2006). Parent's experiences of CSA are often influenced by a variety of social aspects and pressures (Patton, 1991) over which they have no control (Van Niekerk, 2003). In many cases the parents may be more concerned with self-protection and protection of the family unit than with the psychological well-being of the child (Muller & Hollely, 2009). Thus, Muller and Hollely, (2009) asserted that

parents are not only confronted with the care and interest of the survivor of CSA, but also with the care and interest of the family unit. In addition to the protection of the child and the family unit, parents in South Africa are forced to contend with many other social concerns. Social concerns such as but not limited to, poverty, a lack of resources, inadequate service provider, gangsterism, unemployment, high violent crime levels, substance abuse and a lack of community or societal support (Dawes, Long, Alexander & Ward, 2006).

Parental care post disclosure may possibly be challenged as the child, who had disclosed sexual abuse, might present physical signs and symptoms as well as behavioural symptoms post disclosure. Physical symptoms may include pregnancy (depending on the age of the child), contracting a sexually transmitted disease and contracting a urinary tract infection. Behavioural symptoms may include sexualized play, over- sexualized behaviour towards adults, running away, isolating oneself from peers, display of hostility, fear of adults or being naked among peers, becoming badly behaved and achievements at nursery/school deteriorating, killing or harming family pets, sleeping patterns being disturbed, eating habits deteriorating, telling lies, psychosomatic symptoms as well as persistent masturbation (Doyle, 1994; Powell & Snow 2007).

Kouyoumdjian, et. al (2009) identified two family factors as crucial to parental care post the disclosure of CSA. These two

factors are parental reaction to disclosure and parental support post the disclosure of CSA. Both factors suggest that children's recovery is influenced by how the parents react and respond to the child's disclosure of CSA. Parental responses could range from protectiveness to hostility and possible rejection of the child victim. The levels of distress are influenced by the family's level of functioning and coping skills. Children are more distressed if the family or parents' coping are characterized by conflict and low intra-familial cohesion (Davies, 1995).

Most parents believe their children when they disclose (Finkelhor, 1994). However, parents' willingness to believe the child is influenced by various dynamics, one being the mother's relationship to the offender. If the offender is the mother's partner, the support that the child receives may be compromised (Finkelhor, 1994). The mother is then expected to cope with the loss of a partner, income and accommodation. This places the mother and the child at-risk of being victimized. Their ability to cope is further compromised by having to deal with the needs of the child who disclosed CSA. Davies (1995) suggests that the stressors experienced by parents persist with little change even when interventions were made by helping agencies. This may be attributed to the parents feeling that the service provided by agencies is focused on the child and does not include specialized services to them as parents (Muller & Hollely, 2009). Moreover, parents' ability to cope with child care is compromised by the fact that the mother is

found to be the person to whom almost 50% of children disclose. Another aspect, which influences parental response and coping with CSA, is the parent's logistical settings (Van Niekerk, 2003). Parents in rural areas often do not report cases due to a lack of access to resources; families living in poverty are motivated to accept damages from the perpetrator as an alternative solution to the sexual assault on the child. Many caregivers or parents believe that reporting the case will traumatize the child further. Parents often believe that when the abuse occurred within the family, or due to the perpetrator being a child, nothing is done about the case (Van Niekerk, 2003).

Although, research highlights the influence of parental responsibility and experience of CSA, there is an omission to include the social aspects that persuade the parental response (Bird & Spurr, 2004). Parental experience is influenced and determined by uncontrollable social aspects (Kouyoumdjian, et al 2009). These social aspects include the adult expectations of

children exposed to CSA. Adults expect the children to present symptoms of trauma. The adult's expectations of how a child will respond to CSA is influential in the sexual abuse label that parents attach to CSA (Kouyoumdjian, et al., 2009), parental reaction when CSA is disclosed, if the child is convinced that the parent will not be able to protect them or does not have a strong bond with the child (Spies, 2006), parental support in the aftermath of CSA disclosure, socio-economic circumstances of the parents, single parenting (Van Niekerk, 2003), availability of organizational resources (Van Niekerk, 2003), an extensive and prolonged legal process (Holstrom, 1978) and the developmental stage of the child disclosing CSA (Stevens, Bruce, Proctor & O'Riordan, 2009). The decision to disclose CSA has consequences for the victim and the parents as to the subsequent care and coping of the victim post-disclosure. The purpose of this study was therefore to explore how parents cope after the disclosure of CSA.

Method

A qualitative study was conducted. The sample consisted of 12 participants of whom 10 were biological parents, one participant was a foster parent and grandmother and one participant was in the process of becoming a foster parent, the child was however in her care for a year. The participants were all female with 11 being unemployed (often after children disclosed CSA) and 1 being a pensioner. The participants' age ranged from 28 to 62 years. Only one parent had tertiary education, the remainder of the participants was part of the unskilled labour force. Only one of the participants was married, the remainder was single parents. Three of the participants' children were male, the rest were female. Only one participant's child was under five years of age, the rest were between the ages of 6 and 12 years. Merely one participant's child did not make a full disclosure of CSA. The other children

made full disclosures and their disclosure was confirmed by the district surgeon's medical report. All the participants reported the matter to the police.

Structured open-ended in-depth interviews were used to afford the participants the opportunity to share their individual and personal reflections of how they experienced care of a child post the disclosure of CSA. The interview schedule consisted of seven basic questions with additional probing to explore any gaps during the interview sessions. The interviews were conducted at a time and in a space that was convenient and comfortable for the participants. Prior to the interviews, participants were informed about their confidentiality and anonymity rights, their right to withdraw from the study and the purpose of the study. Participants were then asked for their written consent to participate in the study and permission to audio record the interviews

Results and Discussion

This study found common characteristics that highlighted risk factors that were evident in the research study. The common characteristics of participants

were that they were single unemployed mothers with children between the ages of 6 and 12 years and a perpetrator known to the family. These common characteristics could be considered risk factors.

Common Characteristics

Gender

The first common characteristic is that all the participants were female. This may be attributed to research done by Sauzier (1989) who indicates that an average of fifty percent of children disclose to their

mothers (Muller & Hollely, 2009). The mother is often regarded as the person who is responsible for the daily care and welfare of the children and would be the person children would most likely report to (Muller & Hollely, 2009). This would mean that the mother would also be the person who often has the task of reporting the CSA to the authorities.

Single parenting

The majority of the participants indicated that they are single parents. Single parenting may be a possible risk factor that could contribute to CSA (Finkelhor, 1994). This is supported in a previous study where CSA survivors would more likely live in a single mother or step family environment (Roberts, O'Connor, Dunn & Golding, 2004). Single parenthood may occur for a variety of reasons. A few possible scenarios are by choice, as in divorce, adoption, artificial insemination, surrogate motherhood, while others are the result of an unforeseeable occurrence,

such as a death, child abuse, child neglect, or abandonment by biological parents (Miller, Vandome, & McBrewster, 2010). In South Africa, the South African Institute of Race Relations found that just over 40% of children are being raised by a single mother, while only 3% lived with single fathers (Holborn & Eddy, 2011). In a female-headed family the parent is a single female, provider, carer, teacher and disciplinarian of the children in the household. The reality of one-parent families, especially single mothers, is that single female parents are challenged psychosocially in comparison to their married counterparts (McKinney, 2002).

Unemployment

Unemployment was mentioned by all the participants. Unemployment was either by choice or a conscious decision. Participants chose to be unemployed due to their personal difficulties to cope with CSA but also considered the decision to be unemployed as a positive response to childcare post the disclosure of CSA. The

decision to be unemployed decreases the mothers' economic participation and thus increases their social isolation (McGuffey, 2005; Cabrera, Tamis-LeMonda, Bradley, Hofferth & Lamb, 2000). Decreased economic participation was an aspect that was mentioned by the majority of participants. Unemployment forced mothers to become dependent on the receipt of a child support grant. This

dependence and the lack of financial support from the fathers placed the

participants at risk for further abuse and exploitation (Putnam, 2003).

Intrafamilial abuse

Participants indicated that the abuse was intra-familial. This shared characteristic was similar to the research that was done by Doyle (1994). All participants mentioned that their children were sexually abused by persons known to them. Intra-familial is defined as sexual crimes

committed against children within the family or immediate neighbourhood (Van Niekerk, 2003). In South Africa 80% of the accused are known to the victim. In addition to this, perpetrators are typically male, known to the child and the parents (Londt & Roman, 2014), and the assaults occurred in the home (Dawes, et al 2006).

Age of the child

Eleven of the participants' children were between the age of six and twelve years. This developmental stage is known as middle childhood. This period is regarded as important due to the level of cognitive, social, emotional and self-concept development. Louw and Louw (2007) indicated that during this stage of development new found language and communication skills are learnt. Research

has shown that children tend to disclose more during this development stage. A possible reason for this could be that children have generated for themselves an understanding of their own sexual behaviour and that the sexual behaviour of the accused is wrong.

The current study identified the most voiced themes that were shared by the participants.

THEMES

The following themes and sub-themes were identified (see Table 1):

[INSERT TABLE 1 HERE]

Theme 1: Emotional Experiences

The participants of the research study mentioned an array of emotions. The emotions that were, however, more pertinent were anger, fear, empathy, guilt and trust. Often, emotions are caused by certain situations and experiences which are associated with physiological and

Anger

The anger expressed by the participants was not only directed at the perpetrators, but often the perpetrators' family, the community and the resources that are involved with the case.

Respondent seven: *I was upset and angry, very angry.*

Respondent eight: *It seems that they (community) are angry,*

Respondent one: *I am angry, he (the perpetrator) is still walking around.*

The anger that was directed at the perpetrator's family was often because

Fear

Fear was expressed for the perpetrator, their children and their own feelings towards the perpetrator.

Respondent five: *I am scared of my husband.*

Respondent: *I am scared of him.*

behavioural reactions, but they may also guide behaviour in social situations and may be influenced by experience (Louw & Louw, 2010). The quality of support available to the parents and the coping strategies applied influence the parents' ability in dealing with the disclosure of CSA (Forbes, et. al, 2003).

they did not acknowledge the crime that was committed and the attitudes held by the perpetrator's family. The perpetrator's family often blamed the victim or simply showed no compassion. The anger directed at the community was due to their apparent support of the perpetrator, and that they blamed the victim for the abuse. The community also isolated the family by encouraging people not to visit them, ignoring them and making constant remarks, when they saw the victims. Anger was further directed to the police for the withdrawal of cases, a lack of information or feedback about the progress of the investigation and omitting to arrest the perpetrator.

The participants also mentioned that they worried about their children's future and the impact the sexual abuse may have on their children. One participant stated that she is concerned about her daughter and how she would deal with a heterosexual relationship. The participants, who had withdrawn cases, mentioned that they feared the perpetrators would harm other children. Fear was very closely linked to

domestic violence either as previous incidents of domestic violence, as a consequence of disclosure, and linked to gangsterism. Previous research supports this result (Paine & Hansen, 2002) and suggests that fear would be an overriding for non-disclosure (Van Niekerk, 2003).

Respondent eleven: *I was scared that they will take my children, I was removed from*

Empathy for the survivor

With regard to CSA, empathy almost becomes a prerequisite as the parents themselves feel hurt that their child was hurt.

Respondent eleven: *I felt hurt for my child.*

Respondent four: *Why must my child always get hurt?*

Respondent three: *They don't know but I feel for my child.*

Guilt about “not being there”

Respondent one: *I should not have allowed him to play so far from the house.*

Respondent two: *I had to protect him.*

There is a tendency in society to blame the parents instead of the accused. Mothers' especially are vulnerable to feelings of self-blame and guilt (Manion, McIntyre, Firestone, Ligezinska, Ensom & Wells, 1996). Often, guilt is rooted in the cultural element of perfect motherhood and pairs with the maternal figure

my parents' care, and they were terrible parents.

Previous research suggests that parents whose children disclosed CSA are often confronted with the possibility of losing custody of their children (Loffell, 2000; Plummer & Eastin, 2010).

Parents are expected to put their children first whatever the consequences may be. An example of this is, in cases of CSA, the parent may have to resolve the dilemma by having to sacrifice loyalty to an abusing partner in order to ensure greater protection of the child (Reder & Lucey, 1995). Empathy affords the parents the opportunity to place themselves in their children's place and to appreciate experiences from their children's perspective.

(Carvalho, Galvão & Cardoso, 2009). Mothers have a self- and societally-imposed opinion that they have the ability to know everything about their children and are able to perceive danger. If they are unable to live up to this expectation, they regard themselves as failures (Carvalho et.al 2009). Mother blame is propagated from three areas, firstly the immediate family, secondly the extended family and thirdly social services (McGuffey, 2005). This blame could result in secondary traumatization (Manion,

Firestone, Cloutier, Ligezinska, Ensom &

McIntyre, 1998).

Trusting the perpetrator

The majority of the participants stated that they had trusted the perpetrator because on reflection there were certain behaviors which appeared in the best interest of the child (victim). They never thought that the perpetrator would hurt the child because there “was no reason for them to doubt the sincerity of the perpetrator”. The perpetrators do not only build a relationship of trust with the child, but also with the parents or family. This relationship of trust makes it more difficult for the child and the parent to recognize the abuse (Paine & Hansen, 2002). The behaviours

of the perpetrator included that the perpetrator was known to the child and the family, had access to the child, paid attention to the child, shared the same interests as the child and shared a special bond with the child. This is in-line with previous research findings about sex offenders (Londt & Roman, 2014). Since the trust has been broken post disclosure, parents may not feel very competent to parent as expressed by this respondent.

Respondent ten: *People say, I must trust my gut feeling, what gut feeling? I already put my child in danger, how can I trust my gut feeling?*

Theme 2: Behavioural changes after CSA disclosure

In this second theme, parents highlighted the behavioural changes of their children

post disclosure. These behaviours included withdrawal, poor scholastic progress, adult mannerisms and stubbornness, which were identified as a challenge for parents to manage.

Withdrawal from life

Participants noticed that their children tended to withdraw from family activities post disclosure. The children preferred to be on their own, showed no interest in friends or extra mural activities.

Respondent one: *He dreams a lot.*

Respondent four: *He prefers to be alone.*

Respondent seven: *She seldom speaks.*

Respondent nine: *She sits in a corner when we have people.*

Powell and Snow (2007) believe that when children withdraw post disclosure, it could be due to a preoccupation with thought of the abuse and therefore they may avoid contact with other people. Being withdrawn could be regarded as a sign of bereavement as children may isolate themselves in an attempt to come to terms with the traumatic event (Muller & Hollely, 2009).

Scholastic performance

The majority of the participants indicated that they informed the school, however scholastic performance was a challenge.

Respondent seven: *Her school progress weakened. I went to speak to them. When this happened I went to the teacher. The teacher said she is progressing again.*

Respondent six: *Such children school progress is slow.*

A change in the children's academic performance may be a symptomatic indicator of CSA. Poor scholastic progress may be evident at the beginning of the abuse. Research has indicated that CSA has a long term effect on the child's ability to cope at school. The educators are normally the first to notice this and then inform the parents. School work is

seldom completed or the child may have difficulty concentrating in class, which results in poor scholastic performance (Powell & Snow, 2007). Children may also be resilient and do well at school irrespective of the abuse. Children may make the school a home away from home or a refuge away from the trauma that they may encounter in their lives (Louw & Louw, 2010). The involvement of teachers improved scholastic performance. This could have been due to the positive response from the school or the referral of the child for help via the school learner support system. The participants further mentioned that they often consulted with the teachers about the child progress. Clearly, a child's successful mastery of the difficult experience can reinforce their self-image, confidence (Muller & Hollely 2009) and be resilient to cope.

Adult mannerisms

Adult mannerism refers to the child's display of behaviour and knowledge that is above their developmental level. Adult mannerisms may also be termed as pseudo-maturity (East, 2010).

Respondent six: *She is like a mother to her brothers and sisters. She responds to them, like a mother. I have to remind her that it is okay I am here to look after them. One day when I was not home. The baby needed nappies. She took a towel and a plastic bag and wrapped it around the baby. I could see that she is used to*

taking care of them.

Respondent two: *She acts like an adult person. She prefers adult persons' company. I must remind her to act like a child.*

Children who have disclosed may find it difficult to relate to peers as they may have achieved developmental stages that are incongruent with their age. This developmental advance may be due to the child's exposure to CSA. The child's ability to play with peers and spontaneity are weakened due to CSA (Muller & Hollely, 2009).

Theme 3: Parental Coping

In this theme participants identified parenting, family support, spiritual well-

Parenting approach

Participants indicated that they were more anxious regarding their children's safety post disclosure. As a result they took precautions in an attempt to try and prevent further abuse.

Respondent one: *When I bath him I check his anus for signs of abuse.*

Respondent three: *I take him everywhere with me. I use to let him play where ever he wanted. He often played far from the house and I never used to worry.*

Respondent four: *I watch him all the time. I don't even trust the other children with him.*

Respondent ten: *I am now paranoid over my child's safety. They can no longer play*

Family support

Family support was mentioned by the majority of participants as a coping mechanism post disclosure of CSA.

Respondent one: *I moved to my aunt with my children. She was always there for me.*

Respondent seven: *My sister-in-law goes to church with us. She supports us; she often speaks to us. She encourages us.*

being and hope as resilient attributes to their coping ability.

away from home. I now watch movies with them.

Respondent eleven: *They are not allowed to play in the street anymore.*

Participants stated that there was a change in their parenting approach in terms of how they previously handled their children's care. They considered themselves to monitor the movements of their children more than before the disclosure of CSA. This was also shown in previous research by Willingham (2007). In a sense, this monitoring behaviour by the parents post disclosure could be due the traumatic experiences of having a child disclose in conjunction with the need to protect the child (Bernard-Bonnin, Hébert, Daignault & Allard- Dansereau, 2008).

Respondent nine: *My family understands what we are going through. They always asked if we need anything.*

Respondent eleven: *I was forced to go stay with my mother; she helps me with my children.*

Family support was one of the most crucial coping factors and previous studies acknowledge that the route to a child's

recovery is via the parents and family support (Manion, et.al 1998). In essence child sexual abuse is often clouded with non-disclosure if the perpetrator is a family member (Priebe & Svedin, 2008) as there is the possibility that the family will react in disbelief and non-support (Ullman, 2007). However, according to Alaggia and Kirshenbaum (2005) support from family, in various forms, is very important for the recovery of the victim and helping the parents to cope in a very challenging situation. Family support, in the current study, was identified as a contributor to being able to cope. The family aided the participants' ability to cope post the

disclosure of CSA. Family support was evident in the form of emotional support for the parent and the child, financial and providing accommodation when it was needed. The commitment shown by the extended family was identified as one of the six qualities of the Family Strengths Model (Stinnett & De Frain, 1985). The support the participants received gave them the resilience to face the challenges post disclosure of CSA (Silberberg, 2001). Furthermore, Louw and Louw (2010) asserted that a supportive environment for a single parent, who has a child survivor of CSA, would encourage that parent's resilience to cope post disclosure.

Spiritual well-being

Spirituality was an aspect that became a coping mechanism for some of the participants. This was reflected in the following comments:

Respondent six: *I had prayer meetings at home.*

Respondent eleven: *The bible is my everything.*

Respondent seven: *We go to church.*

Participants mentioned that their belief in God was keeping them focused and provided them with the strength to keep going irrespective of the adversity that they faced. Religion and a person's

beliefs form part of the person's value system. Sharing similar values provides the family with coping abilities to face challenges; moreover it bonds the family together. A study conducted by Gall, Basque, Damasceno-Scott and Vardy (2007) suggest that when there was a relationship with God, adult survivors of childhood sexual abuse experienced less negative moods and a greater sense of personal growth and a resolution of the abuse. The spiritual values of respect, kindness, acceptance, understanding and tolerance form part of spirituality and religion. Ultimately, spiritual well-being could encourage a sense of hope and self-acceptance (Ahrens, Abeling, Ahmad & Hinman, 2010; Gall, et al, 2007).

Theme 4: Resources and support outside of the family

Participants were asked to identify and describe the resources and support they received from factors outside of the family when a disclosure of child sexual abuse is made. The resources the participants identified were communities, the police services, the criminal justice system and counselling service providers. The participants indicated that their involvement with these resources had direct implications on their daily functioning and their ability to cope with CSA. The ability to access these resources is often dependent on the availability of funds. The participants summarized their contact with these resources as follows: *I want them to tell me what is happening with the case. When something like this happens to your child you don't know what to do. They must understand that you don't know it is the first time this happens to your child.*

Communities

The community was identified as a significant resource for the participants and their children. The participants mentioned the influence the community attitude and opinions have on them post the disclosure of CSA. The participants felt the community held them responsible for what happened to their children; that the community tends to support the perpetrator if it was a well-respected member of the community. The

The majority of the participants indicated that they needed intervention from the time the child makes the disclosure. Furthermore the participants indicated that they needed help with understanding their children's behaviour post the disclosure process. They also related that they would prefer to get regular feedback from the South African Police Service. They felt that they wanted to know when the perpetrator appears in court, will the perpetrator receive bail and why are cases withdrawn? The participants further communicated that they needed to be consulted about the decisions that were made by the authorities. Finkelhor, Cross and Cantor (2005) propose that professionals, within the justice system, need to be sensitized to their role not only as an agent but also providing support and guidance to victims and families through the possible complex factors associated with process of being a young victim in the judicial system.

participants further indicated that they could sense that the people ignored them and their children. The community would pass remarks when they or their children walked down the street. The reproach expressed by the community often resulted in the participants isolating themselves. This reproach could be due to the fact CSA is a form of violence that influences the individual, family and community (Breckenridge & Davidson, 2002).

The police services

The participants indicated that the police services did not provide them the necessary support and guidance when there was a case of child sexual abuse disclosure. All the participants stated that the process to provide help to children who disclosed being sexually abused was too long. This lack of support by the SAPS is summarised by the participants as follows:

They (the police) do not tell you what is happening with the case. You have to phone them. We need them to explain to us what will happen. They don't help you to get to the hospital for the follow up visits and you don't have money to get to the hospital. You see the person walking around and you don't know what is happening to the case. How must your child feel when this person is still around? The people laugh at you and the person who hurt your child. They just say they don't have enough evidence. They don't tell you what to expect or how to handle the case or your child. You don't know what to expect. If someone can just tell

The criminal justice system

The criminal justice system is widely acknowledged to lead to further victimization of children who were sexually abused and their families. The problems identified were addressed by the South African Law Commission; however the participants' response indicates that law reform may be an idealized concept, and

you what to expect...

These statements by the participants are affirmed by Plummer and Eastin (2010) who propose that there is a sense of insensitivity towards parents who may also be traumatised through the disclosure of child sexual abuse. Often parents are expected to adhere to mandates given by authorities that are contra to their notions of being a good parent. Mothers are given instructions by the authorities not to take their children to a doctor, not to question the children and not to tell anyone about the CSA. However, no further information is provided to parents (often mothers) regarding how to handle a situation that is completely new to them, yet they are expected to do the opposite of what a concerned mother would deem normal or needed. In other instances of trauma a mother is expected to take her child to a doctor or the nearest medical facility and to talk about the trauma that the child had to endure. The difference in the trauma and the legal implications of questioning the child are not explained to the parents or caregiver. This increases their level of stress and trauma (ISO-SAC 2011:2).

its success is dependent on the various role players and their implementation of the reform process, in order for it to be successful.

The opinions of the participants do not indicate the success of the law reform. The participants' response to their contact with the criminal justice system was accounted for as the uncertainty

experienced by the parents and caregivers. Authorities often inform them that abuse probably occurred, but there is nothing that they can do, as there is not enough evidence to convict the perpetrator. This situation leaves the parents with unsolved feelings and fears. The parents or mothers are often expected to make choices about their children's future, but they are hampered by the lack of guidance they receive from the authorities. An example of this is;

Who stated, I don't know if I can trust my boyfriend. The grandmother said that my child told her that my boyfriend touched her. The doctor's finding is inconclusive and social worker could also not find anything (Respondent ten).

Another aspect that the participants mentioned was that mothers are often

Counselling services

The participants who had contact with counselling services stated the following:

Respondent four: *It would have been nice if someone could have told me what to do and how to handle my child.*

Respondent six: *If the social worker told me then I would not have exposed the children to this trauma again* (The child was allegedly raped by her foster father, who was a church leader. The present foster mother was not aware of the trauma that the child was previously exposed to. When the foster mother held a pray meeting at her home, the child became

suspected of influencing their children. These allegations do not need to be proven. It is based on the opinion of the investigating officer or the social worker who is dealing with the case. The consequences of such suspicion lead to the removal of the child from the mother's care. *Respondent five, my child was placed with my mother; they said I will influence the child.* The participants' experience relates to research findings. The removal of children from parental care post the disclosure of CSA is a reality faced by many parents. The possibility was also expressed by another participant. *Respondent eleven stated that she feared that her children will be removed because she was removed from her parents' care* (Loffell, 2000).

hysterical when the church leader wanted to pray for her).

Respondent three stated that *they do not understand how she feels and nobody tries to help her. Her grandson was raped by her teenage foster child. She is still expected to be involved in the case until the transfer is completed. The participant feels that by doing this she is not being true to her grandson. And nobody is assisting her to deal with the situation.*

Respondent seven: *If someone could just have spoken to us from the beginning. We do not know what to do or expect.*

The majority of the participants stated their

first exposure to any form of assistance was when they received a letter stating that they should see a social worker at Childline. Before that, they were dependent on sporadic contact from the investigating officers. The information from the investigating officer was unclear and limited. The participants felt that they should have had this contact with a social worker earlier and from the start. They

IMPLICATIONS FOR PRACTICE AND CONCLUSIONS

This study provides an exploration of the experiences of parents after their children disclose sexual abuse. Based on the findings of this study, a case could be made for the implementation of a supportive system for parents when children disclose sexual abuse. In other words, although the victim definitely requires counselling and child protection services and programmes, it would seem that these services and programmes should be extended to parents as well in order to effectively address disclosure of child sexual abuse. Clearly, the role of the parents is crucial throughout the process post-disclosure. Parents should be included in every aspect of the investigation. A multi-disciplinary approach will ensure that parents receive the necessary assistance. Programmes presented to parents start when the case is reported. The programmes should include child and human rights, impulse management, education on responsible sexual behaviour and training on responsible parenting. Furthermore, child

related that it would have minimized the stress and agony that they experienced. Although the participants identified a need for counselling or intervention from a social worker, research suggests that the services rendered by social work services may be deficient to assist parents when a child discloses sexual abuse (Loffell, 2000).

abuse programmes should guard against promoting programmes encouraging children to say “no”, as this may indicate that children have the power to protect themselves. The imbalance of power between the child and the perpetrator, as well as the universal norm of children encourages respecting their adults. Role players within the child protection system must be appropriately selected for their roles. Furthermore, they should receive specialised training and regularly be debriefed. Should they fail in their duties and responsibilities to protect children through corruption, disinterest and carelessness? They should be held accountable and disciplined. This may improve public confidence in service providers (Van Niekerk, 2003). The respondent indicated that there is a lack of consultation since they do not understand why cases are withdrawn. They felt that they need more information and that they wanted to be consulted before a decision is made. This notion is supported by Richter, et al (2004), who proposes that a multi-disciplinary approach be applied when dealing with cases of CSA. The multi-disciplinary approach suggests that

the South African Police service, the National Prosecuting Authority, Social welfare services, medico-legal services and civil society need to be co-ordinated in a manner that will ensure swift management of the investigation and prosecution of CSA cases. Furthermore, policy documents, guidelines and protocols are available but it is not consistently implemented and service providers are not held accountable when these are not implemented (Richter et al 2004). Although policies are in place

research have indicated that due to a lack of finances and personal to render the much needed services, people are exposed to secondary trauma by the very system that should assist them. A national child protection strategy is required. This will hold role players responsible and accountable to perform duties that are co-operative, responsible and co-ordinated. Furthermore, it will prevent duplication and ineffective service delivery (Gershater-Molko, Lutzker & Wesch, 2003; Van Niekerk, 2003; Richter, et al, 2004).

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Table 1: Themes and sub-themes of interviews

Themes	Sub-themes
Emotional Experiences	<i>Anger, fear, empathy for the victim, guilt about the experience, trusting the perpetrator.</i>
Behavioural changes of the child after CSA disclosure	<i>Withdrawal from life, scholastic performance and adult mannerisms</i>
Parental coping	<i>Parenting approach, family support and spiritual well-being</i>
Resources and support outside of the family	<i>Communities, The Police Service, The Criminal Justice System and Counselling Services</i>