



The Lived Experiences of Mothers whose Children were Sexually Abused by Their Intimate Male Partners

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Abstract

Child sexual abuse is a global phenomenon that affects many families and appears to be increasing dramatically in South Africa. The literature on child sexual abuse focuses mainly on the victims and perpetrators while largely ignoring the experiences of non-offending mothers. The objective of this study was to explore the lived experiences of mothers whose children were sexually abused by their intimate male partners. Existential phenomenology was employed in the study, and Braun and Clarke's (2006) six-phase thematic analysis was used to analyse the data. The results indicate that the participants experienced emotions similar to those following loss including disbelief, anger, guilt, depression, trust and blame.

Introduction

Child sexual abuse (CSA) is common in South African society (Bolen, 2001; Machel, 2004; Richter & Dawes, 2008). However, despite its high incidence CSA tends to remain clandestine and relatively few cases are reported to the authorities (Furniss, 1992; Gillman, 1991; Hooper, 1992; Pienaar, 2000). Research on CSA has tended to focus on the victim and perpetrator or on the treatment modalities applied to these individuals, while largely ignoring the lived experiences of non-offending mothers (Alaggia, 2003; Colman & Widom, 2004; London, Buck, Wright, & Ceci, 2008; Sanderson, 2006; Stallar & Nelson-Gardell, 2005; Ullman, 2007).

Mothers often undergo a crisis following the disclosure of abuse, but their needs appear to be secondary to the treatment of the child and perpetrator. However, these mothers may be unable to provide support to their children due to their own emotional anguish (Alaggia, 1999; Deblinger & Heflin, 1996; Lovett, 2004). Mothers' responses and provision of support to the child are important in the

child's recovery process after disclosure (Lovett, 2004; Plummer, 2006). Despite this, very little research, both internationally and in South Africa, has focused on the experiences of non-abusive mothers whose children were sexually abused by their intimate male partners (Bolen, 2001; Stitt & Gibbs, 2007). The aim of this study was consequently to explore the lived experiences of such mothers in order to contribute further to the discourse on sexual abuse in the South African context.

Child sexual abuse in South Africa

South Africa has a long history of oppression and violence. Although South African Police Service statistics suggest that crime levels are decreasing, the incidence of child sexual and physical abuse is still very high (Richter & Dawes, 2008; South African Police Service, 2007). South Africa has a comprehensive child protection policy and a statutory framework that protects the rights of the child (Davel, 2000; Richter & Dawes, 2008), yet CSA still occurs and remains a family secret in many communities (Furniss, 1992; Gillman, 1991; Pienaar, 2000).

Lachman (2004, p. 814) argues that the under-reporting of abuse may be because of the acceptance of “violence against children as the norm, particularly when living in a violent society”. South African society is still largely patriarchal and women and children are still frequently seen as second class citizens, and therefore CSA can be seen as a symptom of a society where violence against children is still condoned and in practice (Lachman, 2004; Richter & Dawes, 2008). CSA continues to occur despite the Rights of the Child enshrined in the Bill of Rights of the Constitution of South Africa (1996) and the Children’s Act (2005). The *lebenswelt* of South Africans is therefore permeated with inequalities and dichotomies between political ideals as abstract constructs and the lived reality of the world of women and children. Children in South Africa may also feel the need to protect the perpetrator, especially if the perpetrator is the breadwinner in the family. In addition, adults may often not believe a child’s disclosure of sexual abuse (Lachman, 2004), and victims of CSA may fear secondary victimisation by the legal system following disclosure (Pienaar, 2000).

Child sexual abuse and society

In many societies, the mother is viewed as the parent from whom a child receives support and reassurance (Beckett, 2007; Daly, 2005). Mothers are also expected to be nurturers and caregivers (Grace & Vella, 1994; Granot, 2005). Historically, non-offending mothers were held accountable for the safety of their children (Carter, 1999) and were often blamed for any abuse that occurred (Carter, 1999; Granot, 2005; Hook, Watts, & Cockroft, 2004; Hooper, 1992). People frequently believe that a mother knows about the abuse but fails to report it to the authorities. The non-offending mother thus tends to be regularly blamed for failing in her role as wife and mother (Bannister, 2003; Beckett, 2007; Breckenridge, 2006; Carter, 1999; Daly, 2005). These mothers may experience difficulty in obtaining support following the disclosure of abuse (Carter, 1999; Granot, 2005; Hook et al., 2004; Hooper, 1992; Stitt & Gibbs, 2007).

The disclosure of CSA is often traumatic for non-offending mothers (Carter, 1999), particularly as a result of the many problems they are likely to encounter after the disclosure (Doyle, 1994). They may feel unfairly judged by society for failing to protect their children and may also have to contend with negative responses from extended family members (Bannister, 2003; Doyle, 1994; Lachman, 2004; Lovett, 2004; Willingham, 2007). The responsibility for the abuse may even be shifted from the offending male partner to the non-offending mother, thus demonstrating society’s tendency to place all the blame on the non-offending mother

(Grace & Vella, 1994). The mother may not be able to end the relationship with her intimate male partner because of her financial and psychological dependence on him. The decision to stay with an offending male partner is viewed negatively by society (Bannister, 2003; Lachman, 2004; Lovett, 2004).

Child sexual abuse and loss

CSA has been compared to bereavement (Myer, 1984 cited in Hooper, 1992; McCourt, Peel, & O’Carroll, 1998). According to Hooper (1992, p. 32), “[w]omen’s experience when a child is sexually abused is best conceptualised as a series of losses extending over time through the life course”. A grieving process often occurs after loss or bereavement (Currer, 2007; Harvey, 2000). Grief itself can be seen as an emotional reaction to loss and a process of psychological adjustment to loss (Despelder & Stickland, 1992 cited in Harvey, 2000; Marris, 1986). Although time may reduce the intensity of the grief, the grief never completely disappears from the conscious mind of the grieving parent (Tedeschi & Calhoun, 2004).

Emotions following loss include shock, disbelief, isolation, sadness, guilt, depression, self-blame, anger and frustration (Cameron, Snowdon, & Orr, 1992; Corr, Nabe, & Corr, 2006). Other typical emotions include restlessness, intrusive thoughts and anxiety (Archer, 1999; Sanders, 1999). After the disclosure of abuse, the non-offending mother may experience emotions similar to those emotions experienced following loss (Doyle, 1994; Hooper, 1992). These emotions might include disbelief, anger, guilt, powerlessness, isolation, depression, a sense of loss, grief and a sense of being a failure as a mother for not protecting her child adequately (Bolen, 2001; Currer, 2007; Doyle, 1994; Hooper, 1992; McCourt et al., 1998; Willingham, 2007). Losses experienced by non-offending mothers in CSA include the loss of trust, loss of belief in a just world, loss of control, loss of family unity, loss of identity as a good mother and loss of the home as a place of safety. Loss is thus a central theme in CSA (Hooper, 1992).

Method

This study made use of a qualitative research design to explore the lived experiences of the non-offending mothers (Willig, 2008). Phenomenology was used to investigate the participants’ perceptions of their world and the meanings they attach to their world (Langdridge, 2007). Phenomenological research is an inductive and descriptive method used to investigate and describe phenomena as they appear in their full depth and breadth (Omery, 1983; Van Manen, 1990). The value of phenomenological research is its

capacity to interrogate human existence as it is pre-reflectively present. However, the researchers remain conscious (and reflective) of the different ways in which their own subjective positions impact on the results of the research (Langdridge, 2007).

Participants

Criterion-based sampling was used to select the participants for this study, i.e., that the women had experienced the phenomena under investigation and that they were able to adequately articulate their experience to the researchers (Creswell, 1998). The participants were sourced from the Child Abuse Treatment and Training Centre (CATTS) in Johannesburg. Suitable participants were contacted by the CATTS manager and referred to the researchers who subsequently contacted the identified participants. A total of three participants agreed to participate in the study.

Participant 1 was a 38-year old English-speaking female who had three daughters and who had been divorced twice. Both her husbands had abused her daughters. Participant 2 was in her early forties and Afrikaans speaking.¹ She had two children and was in the process of divorce at the time of the interview. Participant 3 was the mother of three children and remained married to her husband following the discovery of the abuse.

Procedure

The participants were contacted and suitable venues for individual interviews were determined. The researchers used an existential phenomenological interview style with the focus on open-ended comments and discussion. The interviews, which concentrated on the *lebenswelt* of the participants (Omery, 1983), were unstructured in order to obtain a comprehensive account of the participants' experiences. Open-ended questions were used to focus on specific themes that arose during the interview procedure.

Ethical considerations

Permission was obtained from the CATTS management to source participants from the centre. The participants provided written informed consent, and confidentiality was strictly observed. Following the research the researchers gave the participants the opportunity to ask questions or raise concerns.

¹ The interview with Participant 2 was conducted in Afrikaans. Excerpts in the discussion of the findings are translated into English with the original Afrikaans statements appearing as footnotes.

Permission to conduct this research was also obtained from the Higher Degree Ethics Committee of the University of Johannesburg.

Data analysis

The phenomenological research method is inductive and aims to investigate a phenomenon as it appears (Miller & Crabtree, 1999a; Omery, 1983). In order to obtain a comprehensive idea of the participants' experiences, the researchers 'bracketed' existing theories, knowledge and experiences concerning the phenomenon under investigation (Langdridge, 2007; Morse & Richards, 2002). This enabled the researchers to encounter the phenomenon in an open environment and thus learn from the participants' experiences (McClelland, 1995). Bracketing is an essential process in phenomenological research (Langdridge, 2007; Miller & Crabtree, 1999b; Van Manen, 1990).

The interviews were recorded and transcribed by the researchers, and observations and general impressions regarding the participants were included in the transcriptions. According to Braun and Clarke (2006), thematic analysis is flexible and can provide a rich and detailed account of participants' experience. Braun and Clarke's (2006) six phases of thematic analysis were used to analyse the data.

Phase 1

In Phase 1, the researchers familiarised themselves with the data. During this phase, they transcribed and read and re-read the data while simultaneously noting initial ideas (Braun & Clarke, 2006). Van Manen's (1990) highlighting approach was adopted to highlight specific participant statements that appeared pertinent.

Phase 2

Phase 2 involved the generation of initial codes. Braun and Clarke (2006) describe this phase as the systematic coding of interesting features of the data and the collation of the data according to the codes. The researchers organised the highlighted statements from Phase 1 into different sections based on the codes.

Phase 3

Phase 3 involved the collation of the codes into potential themes and the gathering of data relevant to each theme. The various colour-coded statements were used to identify potential themes after which the researchers read the transcripts again to glean further information pertinent to the themes (Braun & Clarke, 2006).

Phase 4

Phase 4 involved the checking of themes against the coded statements and the data as a whole, and the subsequent use of the collated data to identify different themes. Lists of all the themes were then placed in a table under each participant's name (Braun & Clarke, 2006).

Phase 5

Phase 5 involved the defining and naming of the themes. Continuous analysis was conducted during this phase in order to refine each theme and to generate clear definitions for each theme. The researchers re-read the transcripts to confirm that all the themes had been identified (Braun & Clarke, 2006).

Phase 6

Phase 6 involved the production of the research report. Once all the themes had been obtained the researchers organised the final themes that were common to all the participants and provided extracts for each theme to illustrate the participants' accounts. The themes and extracts were then compared with relevant literature (Braun & Clarke, 2006).

Discussion of findings

Several themes emerged in the interviews. These themes were labelled shock, trust, disbelief, pre-conscious/unconscious awareness of sexual abuse, anger, guilt, depression and blame. The themes are discussed below.

Shock

The participants mentioned an initial period of shock following the disclosure of the abuse. It was apparent that the participants had never considered that their partners were abusing their children. Participant 1 described the shock as being frozen; she could not think, feel or verbalise anything.

You know what; it was like ... I froze ... I was in shock.

For Participant 2 the shock was palpable as her husband had once told her while they were watching television that he could not understand how a father could abuse a child.

I was so shocked ... I could not believe that my husband did it, because I remember how he always said in front of the television that he cannot think that a man can do that to a

*little girl.*²

Participant 3 had a sense that something was wrong in the family, but at no stage did she suspect sexual abuse. The discovery of the abuse came as a shock to her, despite having a feeling that something was wrong.

It came as ... it does come as a shock, because although you felt something, you don't expect something so bad, you know.

Doyle (1994) maintains that the first emotion a parent experiences after she or he discovers that abuse has occurred is often shock and a sense of numbness. Willingham (2007) also reports that shock is often an initial experience on learning of abuse. One participant in Willingham's (2007) study related that "I never imagined not in my own house, not with my immediate family" (p. 49). The participants in this study's reactions to the abuse were in keeping with previous findings as they all experienced a process of shock after the discovery of the abuse.

According to Sirles and Franke (1989 cited in Lovett, 2004) families have a basic trust that sexual abuse will not occur. Participant 1 trusted her second husband as she had confided in him about her first husband's actions. This appears to have added to her shock following the disclosure of the abuse. Trust in their intimate partners may therefore have added to the participants' experience of shock following the disclosure of abuse.

Trust

Intra-familial CSA is often marked by a betrayal of trust between child and adult and between adult and adult. Non-offending mothers may wonder whether they will ever be able to trust another person with their children again. They may be especially wary of trusting their children with other men (Doyle, 1994; McCourt et al., 1998). Willingham (2007) found distrust/isolation to be a prominent theme in her research. The participants in her study indicated that their distrust of others inhibited the formation of new relationships. In addition, they also experienced difficulties in trusting other people with their children. This distrust also manifested as a sense of isolation and social withdrawal (Willingham, 2007).

All three of the participants in this study mentioned that they experienced difficulty in trusting their

² *Ek was so geskok ... ek kon nie glo dat my man dit gaan doen het nie, want ek onthou hoe hy altyd voor die televisie gesê het hy kan nie dink dat 'n man dit aan 'n dogtertjie sal doen nie.*

partners after the abuse. The loss of trust had a negative impact on their relationships and marriages. Participant 1 experienced a lot of confusion and difficulty concerning the issue of trust. She made several attempts to trust others again, but she found it difficult to trust men and to start new relationships with them.

It still affected me in a way where I just cannot get myself to trust men, you know. And I'll, always uhm ... have, be suspicious of that.

Participant 2 found it difficult to trust her husband when their daughter disclosed her father's actions. She mentioned that she was continually on guard and never left her daughter's side. Despite her husband swearing an oath on the bible that he had not abused their daughter, she did not trust him.

From there on I often ... my ... my trust in him disappeared.³

I always looked after her. When I did the washing, I always had her hang the washing because I never wanted to leave her on her own.⁴

Although Participant 3 remained married to her husband, she lost all her trust in him. She mentioned that she feels she has to continually check on her husband and daughter as she fears that the abuse might recur. She also said that she no longer trusted her husband in the marriage and that she was afraid that he might be with other women.

I was more watchful and I ... I was sort of spying on them, you know. Getting up, checking up what's going on. If he's not in bed ... I just every now and then go and check up why is he not in bed. Where is he, you know.

Is he going to be with someone else, you know. There might be other women or when I'm not there he might ... something might happen ... I will be fine as long as I feel er ... secure or whatever.

Disbelief

The participants reported that they went through a

³ *Van daar af het ek baie ... my ... my vertroue in hom het weggegaan.*

⁴ *Ek het haar altyd opgepas. As ek wasgoed was het ek haar altyd laat wasgoed ophang want ek wou haar nooit alleen los nie.*

process of disbelief after the abuse was disclosed. Participant 1 experienced the abuse of her children twice - from both of her ex-husbands. She could not believe that her second husband had also abused her daughter after knowing that her first husband had done so.

So now here he's telling me and I'm telling you my body went cold. I couldn't believe this man was actually telling me he had ... you know that he really did it to ... I was actually expecting him to say no, he never.

But you know what ... inside of me, I ... even though I couldn't believe it at first, but I thought this child would not make up something like that, you know.

Participant 2 also described her experience of disbelief, especially as her husband had previously mentioned that he could not understand how a parent could abuse a child. She found it difficult to believe that her husband could have expressed this sentiment when he was already sexually abusing his daughter.

I knew my child is small. She will not fabricate such things ... it must be the truth but I could not think ... it was very confusing.⁵

Several researchers have found that non-offending mothers may experience disbelief as an initial reaction to learning that their children have been abused (McCourt et al., 1998; Tedeschi & Calhoun, 2004). Non-offending mothers may also not accept the children's disclosure of the abuse, especially if the abuse was committed by their intimate partners (Goretsky & Smith, 1992). Willingham (2007) found that her participants indicated that they knew that their children were not lying about the abuse, but at the same time they could not believe that people could actually abuse their children. The participants in this study had similar ambivalent reactions to the abuse. This disbelief may be related to trust within the family and difficulty believing that it was their intimate partner who abused their child.

Pre-conscious/unconscious awareness of sexual abuse

The themes of shock, trust and disbelief appear to be related to fact that the women were unaware of the abuse and that the abuse had already been occurring

⁵ *Ek het geweet my kind is klein. Sy sal nie sulke dinge uitdink nie ... dit moet die waarheid wees maar ek kon nie dink ... dis baie verwarrend gewees.*

for an extended period prior to the actual disclosure. There has been much debate in the literature regarding whether or not mothers are aware of the occurrence of abuse (Hooper, 1992). Discovering the abuse may occur instantaneously or over an extended period of time. The abuse may also continue for several years before any suspicion arises (Hooper, 1992).

According to Doyle (1994) the non-offending parent can be placed on a continuum from knowing nothing about the abuse to being an active perpetrator. In between these two extremes are parents who may have a sense that there is something wrong, but are not actually aware of abuse. Alternatively, non-offending parents may have a sense that abuse is occurring in the family but convince themselves that this sense is incorrect (Doyle, 1994).

Participant 1 was not aware that her first husband had been abusing their daughter. Although there were indications of sexual abuse, neither she nor her mother was cognisant of the abuse.

we all picked it up that her bum used to be red and I always use to think that maybe she is not wiping herself right and the father would always say the same, she is not wiping herself right.

she was sleeping when we got to my mother's place ... she woke her up to bath her ... put her in the bath and she couldn't sit, she started screaming and when she looked she said my bum is sore and my mother looked ... it was swollen. So then, she applied calamine lotion and stuff and ... the next day the child just ... wanted to go to preschool but she could hardly walk properly and she said to my mom that my mom must take her to the doctor as my bum is sore inside.

Hooper (1992) found that some mothers may not attribute the child's physiological problems to abuse. For example, some women in her study attributed vaginal soreness to urinary problems or to not wiping properly. Mothers may often also not understand the child's hints or fail to place hints in the context of abuse. According to Hooper (1992, p. 60) this indicates the "unthinkableness of incestuous abuse."

As previously discussed, Participant 1 trusted her second husband and was not aware that he was also abusing her daughter. She even denied that her second husband had abused her daughter when presented with evidence. According to Plummer (2006) some mothers may deny that abuse is occurring, even when presented with evidence.

I felt that the man was good to me because he took care of me and he did everything for me. Little did I know that he is fiddling on my daughter.

So they showed ... they came with a report from the doctor, and he said her vaginal area was red, but she could have also fiddled on herself with objects, but she said it was X. Then I thought to myself, no man, what is it with this child, because the father started fiddling on her, so obviously maybe the child is fondling herself ... My family again all started and I said to my mother ... you know what, I've got to be honest with you people now, I don't think X is involved.

During the interview Participant 1 mentioned that in retrospect it was clear that the abuse was occurring. According to Plummer (2006) non-offending mothers often have to piece together all the information and clues, which prolongs the discovery of the abuse. This appears to be the case for Participant 1.

You know what, there was no reason to suspect any one of them. Uhm ... if you look back now, you put the pieces of the puzzle together that make the big picture.

Participant 2 was also not aware of the abuse in the family. As with Participant 1, there were indications that abuse may have been occurring.

You know what, my daughter sometimes had, like moods. But I did not think it was a result of what her father did to her. But, she was like a normal happy child, like any child, but the day that I told the psychologist she gets moods, she told me that it can be the consequence of what happened.⁶

Her husband had an abuse charge laid against him in their second year of marriage. However, he told her that the case against him was dropped. It appears that she did not consider this event significant until after the disclosure of their child's abuse. She also said that she suspected that there was abuse occurring.

And I put all the cards on the table with the principle and told him this is what I

⁶ *Weet jy wat, my dogter het partykeer half soos 'moods' gehad. Maar ek het nie gedink dat dit is as gevolg van wat haar pa aan haar doen nie. Maar sy was vir my soos 'n normale gelukkige kind, soos enige kind, maar toe ek die dag vir die sielkundige sê sy kry 'moods', toe sê sy dit kan wees as gevolg van dit wat gebeur het.*

*suspected for the past two years.*⁷

Participant 3 sensed there was a problem in the family. She referred to this sense throughout the interview. Her intimate partner abused their child on two separate occasions. She was cognisant of the first abuse before the abuse recurred.

I could see a few things around the house were wrong. You know, that something is wrong. Something is happening, you know? And I became er ... extra cautious and I was always checking up what's going on, you know. Cause I just felt something is not right. And er ... I just, you know, I just got a feeling that something is happening.

I can't say you know something but you will feel something is wrong and it ... its one thing if someone says they don't know anything and they never saw anything. It can be a very small thing. They don't ... it can be a very small thing. They might not see any acts, you know, by very small things, you know, that are overstepping certain boundaries, you will know it.

According to Plummer (2006) some mothers may not believe that abuse is occurring and therefore they may seek additional information before they take action. She indicates that some mothers also have a sense that "something isn't quite right" prior to discovering the abuse (Plummer, 2006, p. 1228). This appears to reflect the experiences of Participant 2. Although there was evidence that the abuse was recurring she did not confront her husband until her daughter disclosed the abuse.

Er ... the second time I also feel that something is not right at home. I was trying to tell my husband to keep a ... er ... a bit of a distance, you know to be more cautious, you know. Because they were too much on top of each other...

Hooper (1992) found that in sexual abuse there is often difficulty in drawing the line with regard to acceptable relationships between fathers and daughters. Some women may also feel ambivalence about confirming their suspicions of the abuse (Hooper, 1992). From the interviews it appears that all of the participants had evidence (or a sense) of abuse occurring although they were not aware of the abuse until the actual disclosure. Even when a non-offending mother suspects abuse, she may need to

⁷ *En ek het oop kaarte met die hoof gaan speel en vir hom gese dit is wat ek al vir twee jaar vermoed.*

have her suspicions confirmed before she will believe that abuse is actually occurring. She may also convince herself that no abuse is taking place, or she may have recurring doubts that abuse did indeed occur (Doyle, 2004; Hooper, 1992). This seems to be true for Participant 3, as she was constantly checking up on her husband and daughter. It may thus be possible that she was actually consciously aware of the abuse but did not want to confront her husband.

Anger

During the interviews the participants highlighted the anger they felt on learning about the abuse. Their anger was directed mainly at their intimate male partners. A non-offending mother is likely to experience anger toward her partner and men in general after she accepts that abuse has taken place (Deblinger & Heflin, 1996; Doyle, 1994; McCourt et al., 1998). She may also have ambivalent feelings towards her partner, recognising his positive qualities while simultaneously experiencing anger and betrayal (Doyle, 1994).

Participant 1 experienced anger toward both her ex-husbands for committing the abuse. The fact that her ex-husbands turned to her daughters for something that she was supposed to provide them also made her angry and upset. She also experienced anger toward her mother after she married her second husband as her mother had questioned her second marriage.

So, that upset me. Just the fact that I knew there was nothing lacking sexually, you know, so why would he then have turned to the children?

Then my mother came and it was like history repeating itself. It was a disaster and I know I was angry, so I thought ... you know what uhm ... as long as the man's good to me and my kids; he showed that he accepted them wholeheartedly and whatever else.

Participant 2 also experienced anger toward her husband. However, she did not display this anger in front of her daughter out of fear that her daughter would notice the anger and blame herself for her mother's anger.

*I asked the Lord to give me strength, because when I left here, it felt as if I had anger. I went to my room and it felt as if I can yell. Although I did not want to do it while she was present.*⁸

⁸ *Ek het gevra dat die Here vir my die krag gee want toe ek hier wegloop, het dit vir my gevoel asof ek woede het. Ek*

Participant 3 also felt anger toward her husband and described the abuse as a betrayal.

It is like a betrayal – a different kind of betrayal. Almost like when it is a mistress, you know. It's in the worst way, you know that ... obviously you feel terrible, upset and angry in a way, you know.

According to Deblinger and Heflin (1996) parents may experience anger toward their children for failing to disclose the abuse earlier and anger at themselves for failing to prevent the abuse. The participants in Willingham's (2007) study experienced strong anger responses, some of them taking out their anger on others and some demonstrating anger toward their children. Excessive anger toward the perpetrator may impact negatively on both the mother and the child (Deblinger & Heflin, 1996). Anger is also often internalised and may result in a sense of guilt and shame (Doyle, 1994). The participants in this study did not appear to be angry at their children, but rather focused their anger on their partners.

Guilt

Guilt is a common theme for non-offending mothers who discover abuse. Many mothers feel that they are responsible for the abuse. Non-offending mothers may also feel guilty because they were not aware of the abuse (Deblinger & Heflin, 1996; McCourt et al., 1998). Participant 1 mentioned that she experienced guilt as she could not be a full-time mother for her children and because she could not replace the time that she had lost with her children. This appears to be related to her possible depression.

My children did not have a mother for five years, and I feel guilty about it. My family ... it still hurts ... they would pull them away from me.

Participant 2 reported that she did not experience guilt. Although this period in her life was a difficult time for her she felt that she had no control over the situation.

No, I do not believe I have done anything to feel guilty about. I was like a wife to him in our marriage ...⁹

het kamer toe geloop en dit het vir my gevoel of ek kan skree. Alhoewel ek dit nie hier by haar wou doen nie.

⁹ *Nee, ek glo nie ek het enigiets om oor skuldigheid te voel wat ek gedoen het nie. Ek het vir hom soos 'n vrou gewees in ons huwelik ...*

However, she did mention the guilt she felt for being responsible for her husband spending a weekend in jail after the disclosure of the abuse. At that time she had ambivalent feelings in her relationship toward him.

And when he was finally in prison, then it was ... I feel guilty¹⁰

Participant 3 said she experienced guilt about her vigilant and suspicious attitude to her husband and daughter. As discussed in the previous themes, it appears that she had an awareness of the abuse, but that she needed to have confirmation of the abuse before accepting her suspicions. However, it was noteworthy that she started to feel guilty due to her constant checking up on her husband and her daughter.

Anger er ... this thing can er ... every little thing can trigger your suspicions, you know and you even feel guilty after a while.

Depression

Depression is a common theme for non-offending mothers. In CSA, parents often struggle with a sense of sadness due to the abuse. They may also experience debilitating grief, thereby increasing their depression (Deblinger & Heflin, 1996; McCourt et al., 1998). The participants in the study described experiences related to depression. Participant 1 contemplated suicide after the abuse, and she was particularly devastated that her daughters were abused by both her husbands. She also mentioned that she experienced a lot of pressure from her family. The culmination of the shock, disbelief, anger and blame she felt after the abuse and the lack of support from others may have contributed to depression. It was evident that she was in need of support following the disclosure of the abuse. However, she did not receive any support.

And then I'd go ... that was basically a break away, and then when I get to my mother's place, she would give me hell about standing by a man and not by my child and whatever else ... I was actually suicidal ... I basically said goodbye to my children and I thought ... you know what, I'm going to take this car and I'm going to ride it through a brick wall over a bridge somewhere because I can't handle things.

¹⁰ *En toe hy nou eers in die tronk is, toe is dit nou ...ek voel skuldig.*

She added that she slept most of the time after the abuse because she could not deal with the abuse effectively. This is a further indication of her low affect.

My escape, basically was not the alcohol, was not drugs, everybody just deals with it differently. I slept ... believe you me ... when I got home, because my children were at my mother's place. I basically slept my life away.

Willingham (2007) found that her participants also experienced symptoms of depression including sadness and crying, and disturbances in eating and sleeping. Other symptoms reported in Willingham's study include irritability, withdrawal, concentration difficulties and loss of interest in former activities. One of the mothers in the study indicated that she withdrew and seldom went outside (Willingham, 2007). The experience of Participant 1 appears to be similar in that she withdrew from others and coped by 'sleeping her life away.'

Participant 2 reported symptoms of depression. She experienced negative emotions when she thought about the abuse of her daughter. However, she did not mention suicide.

There are times that I am sad and I cry ... you feel down and so on, but ... I think I surprise sometimes, I surprise myself by remaining standing.¹¹

Participant 3 did not report any symptoms of depression. However, during the interview, she spoke slowly and softly, had a stooped posture and appeared despondent – symptoms that may be indicative of depression (Sadock & Sadock, 2003). While reading the transcript of her interview it was obvious that she had low affect and that this had a detrimental effect on her life.

Blame

When CSA occurs the mother is frequently viewed as a failure, and she may be unfairly blamed for allowing the victimisation of her child (Breckenridge, 2006; Carter, 1999; Corbella & Collings, 2007). Placing blame on the mother may also unintentionally shift attention away from the perpetrator (Stitt & Gibbs, 2007). In addition, non-offending mothers often blame themselves for the abuse and believe that they could have prevented it from occurring. Mothers may think that they could have prevented the abuse

¹¹ *Daar's tye wat ek hartseer is en ek huil...jy voel down en so aan, maar ... ek dink ek verbaas partykeer, ek verbaas myself deur regop te bly.*

by taking better care of their children or heeding their intuition that something was wrong in the family (Carter, 1999; McCourt et al., 1998).

Participant 1 was aware of the fact that society often blames the mother for the occurrence of abuse. People asked why both of her husbands had abused her daughters, and what was wrong with her as a person. Family members also made comments about the abuse that caused her to experience self-blame. It is possible that the second incidence of abuse led to particular blaming from society and family members.

Then the divorce went through and whatever, but you know ... if I think back now I say to myself ... somehow I am to be blamed for it ... uhm, even that same year after we separated.

And I said to them, you know what, I don't know how everybody else sees me but I feel as though I failed miserably, right. Uhm ... I blamed myself, time and time again for not being able to pick it up and it was happening right under my nose. You know I felt that I failed my children. Not anybody, but my children. I failed them, I mean I'm supposed to be protecting them, you see. I failed them and for me to have ...looked at those children and to be faced with ... obviously that's your ... I just thought I.

It appears that Participant 1 experienced more blame for the abuse than the other participants as her children were abused by two different men. The amount of blame directed toward her is an area of concern, as she also had to deal with the fact that her second husband also abused her daughter.

Participant 2 mentioned that she felt embarrassed that people in her community might learn about the abuse. This was especially true in her references to her place of work and the church she attended. It appears that she did not want people to start questioning her as a mother. She also believed that she should have taken better care of her daughter and blamed herself for not doing so.

I think one goes through it. It is all your fault. Why did I not take better care of her? Why is he looking for something like that from her? Why then rather not somebody from the street?¹²

¹² *Ek dink mens gaan deur dit. Dis alles jou skuld. Hoekom het ek haar nie beter opgepas nie? Hoekom soek hy so iets by haar? Hoekom dan nie eerder by iemand in die straat nie?*

*I mean it ... I think I am the humiliation. What if parents talk to each other and say he did it; here I am ... my skin is torn from my face.*¹³

Participant 3 mentioned that other people could not understand why she remained married to her husband. However, she said that she believed in giving her husband another chance because the crime was not that bad. This is an area of concern as although she reported that her husband was making efforts to change his behaviour, his attitude toward her appeared to be generally negative. There was a sense in the interviews that her husband was actually blaming her for his behaviour.

I tried to get my husband to come see the people at CATTs, but he was not interested. He feels that I am still doing the same thing so why must he change. I must change first.

Personal reflection on the themes and their meaning to the authors

The first and second authors in this study are mothers with daughters. One of the authors is also in her second marriage. Strong emotions were evoked during the study and the authors were confronted with the fact that CSA can occur in families without the mother's awareness. The roles of women in families (wife, sexual partner, mother, nurturer and protector) were brought to the surface for the authors. It was apparent that a certain level of tension permeates women's roles and that these roles do create difficulties for women. For the third author, the rupture in trust within the marriage evoked critical reflection and questioning of the meaning of mutual trust between partners.

The fact that mothers can remain unaware of CSA while it is occurring in their own homes, to their own daughters, perpetrated by their intimate male partners, evoked strong feelings of sadness for the authors. This was particularly true for the second author who, was confronted with a similar experience in her extended family while she was a child. The vulnerability of children and the responsibility of mother-figures to protect them penetrated the consciousness of the authors, especially as they were also once children who relied on their mothers (or mother-figures) for protection

Reflecting on the phenomenological research method, the dichotomy of being the researcher and the

¹³ *Ek bedoel dit ... ek dink ek is die vernedering. Sê nou ouers praat met mekaar en sê hy het dit gedoen, hier sit ek ... my vel word van my gesig afgetrek.*

instrument of data collection, while simultaneously being a person with emotions, opinions and personal experiences was acutely felt. This was especially true because overcoming one's preconceived ideas and feelings is essential to conducting phenomenological research (Langdrige, 2007). Accordingly, the authors found bracketing to be difficult and they became aware that they formed an integral part of the entire research process. This was not an easy task, especially as an attempt to remain true to the participants' lived experiences and to describe the participants' experiences is a primary responsibility of phenomenological researchers (Langdrige, 2007).

Clinical implications

The interviews indicated several themes that may present themselves in a clinical setting. The most worrying aspect for the researchers is the limited support that the mothers appeared to receive following the disclosure of the abuse, especially as research has demonstrated that maternal support is crucial for the child's well-being following disclosure (Lovett, 2004). The results also indicate that it may be important to ensure that mothers are made aware of their children's safety after the disclosure of the abuse and made cognisant of indicators that the abuse is recurring. Hooper (1992) argues that evidence of abuse that is obvious to professionals is not necessarily interpreted as abuse by mothers. Therefore, mothers should be taught to understand their children's behaviours and possible indicators that abuse is occurring or recurring (Hooper, 1992). Plummer (2006, p. 1234) similarly notes that there is "a need to help mothers listen, notice, and respond appropriately to suspicions of abuse."

Limitations and recommendations

This study has several limitations. The amount of time that had elapsed since the abuse might have had an impact on the participants' experiences. The participants were also sourced from CATTs (and were therefore receiving support), which may have impacted on the meaning that they attributed to the abuse. Thus, the experiences of non-abusive mothers who did not seek professional assistance for the abuse may have been different. It may also have been possible that the researchers' own subjective world-views influenced the results.

Future studies should incorporate a larger number of participants and include a more diverse cultural representation. It would be particularly relevant to explore the reasons why non-offending mothers were unaware of the abuse. In addition, studies should focus on the meaning non-offending mothers established in the period immediately following the discovery of the abuse. The findings indicate that

non-offending mother's require social support following the disclosure of the abuse. Future research should explore this theme in greater detail as interventions in this area are clearly required. Quantitative studies should also be considered. It may be useful to make use of psychometric instruments to determine mothers' emotional well-being and mental functioning following the disclosure and to track their well-being over an extended period of time.

Conclusion

South Africa has high rates of sexual offences against women and children (Dempster, 2002). Despite the concerns raised by government, professionals, parents and teachers, children in this country still suffer at the hands of those who are supposed to protect and care for them. The results of this study describe the phenomenological experiences of three non-offending women whose children were abused by their intimate male partners. The themes that were drawn from the

interviews were shock, trust, disbelief, awareness of sexual abuse, anger, guilt, depression and blame. The meanings that the participants attributed to their experience indicate the deep-seated emotions that occur in the wake of their discovery of the abuse. Furthermore, the unique challenges that these women face were brought to light. Particularly worrying to the authors was the lack of social support received from others and society's generally negative view of these women. Focusing on the victims and perpetrators of sexual abuse has ignored the plight of non-offending mothers who have to live with the reality of their child's sexual abuse. From the participants' accounts several implications for clinical practice were suggested. It is hoped that this article will promote further research into the experiences of mothers whose children were sexually abused by their intimate male partners, and that these women will no longer be ignored when their child's sexual abuse is discovered.

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References

- Alaggia, R. (1999). *Contextualizing maternal response to Intrafamilial child sexual abuse: An exploratory study*. Unpublished doctoral thesis. University of Toronto, Toronto, Canada.
- Alaggia, R. (2003). Many ways of telling: Expanding conceptualisations of child sexual abuse disclosure. *Child Abuse & Neglect*, 28, 1213-1227.
- Archer, J. (1999). *The nature of grief. The evolution and psychology of reaction to loss*. London: Routledge.
- Bannister, A. (2003). *Creative therapies with traumatised children*. London: Longman Group.
- Beckett, C. (2007). *Child protection. An introduction*. London: Sage.
- Bolen, R. M. (2001). *Child sexual abuse. Its scope and our failure*. New York: Kluwer Academic/Plenum Publishers.
- Breckenridge, J. (2006). 'Speaking of mothers ...' How does the literature portray mothers who have a history of child sexual abuse? *Journal of Child Sexual Abuse*, 5(2), 57-86.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Cameron, S. J., Snowdon, A., & Orr, R. R. (1992). Emotions experienced by mothers of children with developmental disabilities. *Child Health Care*, 21(2), 96-102.
- Carter, B. J. (1999). *Who's to blame? Child sexual abuse and non-offending mothers*. Toronto: University of Toronto.
- Cavanaugh, J. C., & Blanchard-Fields, F. (2006). *Adult development and aging* (5th ed.). Belmont, CA: Thomson Higher Education.
- Children's Act No. 38 (2005). *Government Gazette*. (No. 28944).
- Colman, R. A., & Widom, C. S. (2004). Childhood abuse and neglect and adult intimate relationships: A prospective study. *Child Abuse & Neglect*, 28, 1133-1151.
- Constitution of South Africa. (1996). *Government Gazette*. (No. 108).
- Corbella, N., & Collings, S.J. (2007). The news about child sexual abuse: A systematic analysis of reports in the South African language press. *Social Behaviour and Personality*, 35(3), 387-398.
- Corr, C. A., Nabe, C. M., & Corr, D. M. (2006). *Death & dying, life & living*. Belmont, CA: Thomson/Wadsworth.
- Creswell, J. E. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: SAGE.
- Currer, C. (2007). *Loss and social work. Transforming social work practice*. London: Learning Matters.
- Daly, P. (2005). Mothers living with suicidal adolescents. A phenomenological study of their experience. *Journal of Psychosocial Nursing & Mental Health Services*, 43(3), 22-28.
- Davel, C. J. (2000). *Introduction to child law in South Africa*. Lansdowne: Juta.
- Deblinger, E., & Heflin, A. H. (1996). *Treating sexually abused children and their non-offending parents. A cognitive behavioural approach*. California: SAGE.
- Dempster, C. (2002). *Silent war on South African women*. Retrieved from <http://news.bbc.co.uk/2/low/africa/1909229.stm>

- Doyle, C. (1994). *Child sexual abuse. A guide for health professionals*. London: Chapman & Hall.
- Furniss, T. (1992). *The multi-professional handbook of child sexual abuse. Integrated management, therapy and legal intervention*. London: Routledge.
- Gillman, B. (1991). *The facts about child sexual abuse*. London: Routledge.
- Goretsky, S. R., & Smith, B. E. (1992). The controversial role of the non-offending parent in child sexual abuse cases. *Legal Rights Journal*, 18, 18-22.
- Grace, E. K. P., & Vella, S. M. (1994). Vesting mothers with power they do not have: The non-offending parent in civil sexual assault cases: *J. (L.A) v. J.(H.) and J.(J.)*. *Canadian Journal of Women and the Law*, 7, 184-196.
- Granot, T. (2005). *Without you. Children and young people growing up with loss and its effects*. London: Jessica Kingsley.
- Harvey, J. H. (2000). *Give sorrow words. Perspectives on loss and trauma*. Philadelphia: Brunner/Mazel.
- Hook, D., Watts, J., & Cockcroft, K. (2004). *Developmental psychology*. Lansdowne: University of Cape Town.
- Hooper, C. A. (1992). *Mothers surviving child sexual abuse*. London: Routledge.
- Lachman, P. (2004). Understanding the current position of research in Africa as the foundation for child protection programs. *Child Abuse & Neglect*, 28, 813-815.
- Langdrige, D. (2007). *Phenomenological psychology. Theory, research and method*. Essex: Pearson Education Limited/ Prentice Hall.
- London, K., Buck, M. Wright, D. B., & Ceci, S. J. (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviews. *Memory*, 16(1), 29-47.
- Lovett, B. B. (2004). Child sexual abuse disclosure: Maternal response and other variables impacting on the victim. *Child and Adolescent Social Work Journal*, 21(4), 355-371.
- Machel, G. (2004). Foreword. In L. Richter, A. Dawes & C. Higson-Smith. *Sexual abuse of young children in Southern Africa* (pp. ix-x). Cape Town: HSRC.
- Madu, S. N. (2001). Childhood forcible sexual assault and victim-perpetrator relationship among a sample of secondary school students in the Northern Province (South Africa). *Crime Research in South Africa*, 2(2). Retrieved from <http://www.crisa.org.za/downloads/rape.pdf>
- Marris, P. (1986). *Loss and change*. London: Routledge & Keegan Paul.
- McClelland, J. (1995). Sending children to kindergarten. A phenomenological study of mother's experiences. *Family Relations*, 44(2), 177-183.
- McCourt, J., Peel, J. C. F., & O'Carroll, P. (1998). The effects of child sexual abuse on the protecting parent(s): Identifying a counselling response. *Counselling Psychology Quarterly*, 11(3), 283-299.
- Miller, W. L., & Crabtree, B. F. (1999a). Clinical research. A multimethod typology and qualitative roadmap. In B. F. Crabtree & W. L. Miller (Eds.). *Doing qualitative research* (pp. 3-30) (2nd ed.). Thousand Oaks, CA: SAGE.
- Miller, W. L., & Crabtree, B. F. (1999b). Depth interviewing. In B. F. Crabtree & W. L. Miller (Eds.). *Doing qualitative research* (pp. 89-107) (2nd ed.). Thousand Oaks, CA: SAGE.
- Morse, J. M., & Richards, L. (2002). *Read me first for a user's guide to qualitative methods*. California: SAGE.
- Omery, A. (1983). Phenomenology: A method for nursing research. *Advances in Nursing Science*, 5(2), 49-63.

- Pienaar, A. (2000). South African Police Service: Child Protection Unit. *CARSA*, 1(1), 19-24.
- Plummer, C. A. (2006). The discovery process: What mothers see and do in gaining awareness of the sexual abuse of their children. *Child Abuse & Neglect*, 30, 1227-1237.
- Richter, L. M., & Dawes, A. R. L. (2008). Child abuse in South Africa: Rights and wrongs. *Child Abuse Review*, 17(2), 79-93.
- Sadock, B. J. & Sadock, V. A. (2003). *Kaplan and Sadock's Synopsis of psychiatry* (9th ed). Philadelphia: Lippincott, Williams & Wilkins.
- Sanders, C. M. (1999). *Grief. The mourning after*. New York: John Wiley.
- Sanderson, C. (2006). *Counselling adult survivors of child sexual abuse*. London: Jessica Kingsley.
- Scheutze, P., & Eiden, R. D. (2005). The relationship between sexual abuse during childhood and parenting outcomes: Modelling direct and indirect pathways. *Child Abuse & Neglect*, 29, 645-659.
- South African Police Service. (2007). *Annual report of the South African Police Service for 2006/2007*. Retrieved from http://www.saps.gov.za/saps_profile/strategic_framework/annual_report/ar_archive.htm
- Stallar, K. M., & Nelson-Gardell, D. (2005). "A burden in your heart": Lessons of disclosure from female preadolescent survivors of sexual abuse. *Child Abuse & Neglect*, 29, 1415-1432.
- Stitt, S., & Gibbs, D. (2007). Non-offending mothers of sexually abused children: The hidden victims. *Institute of Technology Blanchardstown Journal*, 15, 13-37.
- Tardiff, M., Auclair, N., Jacob, M., & Carpentier, J. (2005). Sexual abuse perpetrated by adult and juvenile females: An ultimate attempt to resolve a conflict associated with maternal identity. *Child Abuse & Neglect*, 29, 153-167.
- Tedeschi, R. G., & Calhoun, L. G. (2004). *Helping bereaved parents. A clinician's guide*. New York: Brunner-Routledge.
- Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse*, 16(1), 19-36.
- Van Manen, M (1990). *Researching lived experiences: Human science for an action sensitive pedagogy*. New York: State University of New York Press.
- Willig, C. (2008). *Introducing qualitative research in psychology* (2nd ed.). Berkshire: Open University Press.
- Willingham, E. U. (2007). *Maternal responses to child sexual abuse*. Unpublished doctoral dissertation, Georgia State University, Atlanta, United States of America.