



## **Executive Summary**

# **Child Sexual Abuse and Caregivers’ ‘acceptance’**

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2021

The research for this report was conducted towards the Honours Degree in Social Anthropology based on a request for such research by Living Hope.

This summary report focusses on the findings of the study preceded by a brief introduction.

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**The UCT Knowledge Co-op facilitated this collaborative project.**

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*Expressions such as “bite your lips together,” “private matters,” or “not in public” emphasize a kind of social understanding of what needs to remain unknown (Taussig, 1999). The keepers of social secrets must have a very good reason for maintaining secrecy; the threat immanent in things to be kept secret extends beyond the individual interest of the survivors, constituting a threat to the entire social order (Tener, 2017:3).*

**Research Aim:** Child Sexual Abuse and Caregivers’ response: An exploration into non-offending caregivers’ ‘acceptance’ of a child’s sexual abuse.

### ***Research Objectives:***

1. Determine what it means to ‘accept’ Child Sexual Abuse (CSA) and whether it is that definitive.
2. Explore the different perceptions and understandings of CSA amongst non-offending caregivers versus non-parent caregivers (such as health professionals and public servants).
3. What leads to a perceived state of ‘acceptance’ of CSA and what are the underlying factors?

### ***Introduction***

Child Sexual Abuse (CSA) is a global issue that occurs within the most intimate settings such as homes, schools and even places of worship. The role of non-offending caregivers (NOC) is to prevent and protect children against sexual abuse. Upon the disclosure or discovery of the sexual abuse of children in their care, it is the responsibility of the NOC to intervene and end the abuse. Interventions may take a variety of forms, such as reporting the perpetrator to the police, removing a child from a dangerous environment or seeking the support of a healthcare professional (such as social workers). The review of the literature shows that continued abuse exposes the child *and* the NOC to various health risks; on a physical, mental, spiritual and psychological level.

Overall, the well-being of the child is negatively impacted whilst the factors that may cause a NOC’s inability to support a child are worsened. My contribution aimed to investigate the factors

involved in instances where it is thought that NOC ‘accept’ that the sexual abuse of their child is occurring or has occurred. From the beginning, I anticipated that the term ‘acceptance’ may not be an immediate response or not be the same as an NOC being *negligent, unconcerned* or *criminally involved*.

This research project was born out of the work of the organisation, Living Hope in their community development programmes. Their support of young children led to their discovery that a child was being sexually abused and seeming ‘acceptance’ of its caregiver to the disclosure of the abuse.

This research project aims to provide insight into why it is that non-offending caregivers (NOC) might ‘accept’ that the sexual abuse of the children in their care occurred or that it will continue. I chose to approach the research question with an open mind, so that there would be space for the possibilities of further questions and discoveries. The research objective was not to criticise NOC, or any other parties involved, who seemingly ‘choose’ not to intervene in child sexual abuse (CSA); rather it was to investigate the various perspectives and factors at play in such cases.

## *Methods*

1. **Semi-Structured Asynchronous Interviews:** Considering social distancing I interviewed participants using WhatsApp. This method proved to be suitable for my participants as most of them are essential workers with very taxing work schedules and time constraints.

2. **Informal Conversations:** These conversations with participants were limited and mainly occurred in the beginning stages via WhatsApp. This allowed me to get to know two of the participants and to maintain a more informal and supportive relationship with participants. I only used some of these conversations as data with the participants’ consent.

3. **Online, Synchronous video interviews:** I made use of Zoom to conduct two interviews. For ethical purposes, at the beginning and end of the interview, I ensured that verbal consent for video recording was obtained. Questions were open-ended and I tried to keep sessions short.

**4. YouTube Videos and online media (radio, news articles):** YouTube videos in the form of documentaries on CSA and interviews with adult survivors of CSA were useful for data on public and family interactions, public perception and the circulation of media on sexual violence.

With the advice of my supervisor, I did not consider parents or guardians as participants, but interviewed individuals who are also considered to be caregivers of children. My sample consisted of four female research participants, including a hospital social worker, a community social worker from Living Hope and a community activist/volunteer who does outreach work through institutions such as churches. My fourth participant identifies as a survivor of CSA abuse.

## *Findings and Results*

### **1. Chapter 1**

I argue that it is more useful to ask *whether* NOC ‘accept’ CSA. I further argue that the term ‘acceptance’ does not capture and represent the full range and extent of responses to CSA by NOC.

Firstly, most of my participants stated that the use of the term ‘*acceptance*’ is *too simple* a concept and conclusion. The social worker whom I interviewed works closely with caregivers and due to her experience with CSA cases, she strongly suggested that the notion of ‘acceptance’ should be challenged because she believed it would sketch a more accurate (and perhaps more forgiving) image of NOC in such complex scenarios.

Two alternative, predominant themes that came forth amongst all my participants was the prevalence of *fear and shame* by NOC in cases of CSA. Firstly, this involves *fear of the perpetrator*, particularly if they are a prominent figure in society, when they are a parent, a provider or if they are also abusive (in similar or different ways) to other members of the family. Perpetrators who are prominent figures may be religious leaders and even parents who play a big role in their community. Furthermore it is clear that the fear of losing financial stability once a perpetrator is confronted or reported is prevalent particularly in low-income families. This is often due to the dependence on a sole breadwinner.

Furthermore, I found that responses to CSA can be grouped under **three**, key and overarching themes. These are *belief, support and protection* and each is closely linked and exists on a spectrum. Due to this, it is difficult to determine a criterion by which to measure or even place 'acceptance' among these overarching responses. Thus, if even one of these key factors may be seemingly lacking or completely absent, it does not signify 'acceptance.' Disbelief is also not the same as 'acceptance'.

After disclosure of CSA, the point at which a response is perceived as 'acceptance' plays an important role. Zoning in on belief, support and protection creates pathways to better understand the varying and complex responses to CSA. Although there are many challenges associated with 'measuring' or determining these three themes, I believe it still offers a sounder judgement than labelling responses as 'acceptance'. Research shows that, while there are cases of criminal behaviour by NOC, these are in the minority. When considered, direct or indirect cooperation with the perpetrator to inflict sexual abuse would essentially no longer render a caregiver as non-offending. Here the argument would be that it is then more accurate to state that the caregiver is 'allowing' the abuse, as opposed to 'accepting' the abuse.

- Non-offending caregiver's emotions, thoughts and reactions may shift across time and situations. Evidence also suggests that initial responses are not necessarily a predictor of NOC's ability to believe, support, and protect their child in future.
- From the cases shared with me by my participants, the concept of belief is a slippery one. Many NOC experience a sense of disbelief and denial, similar to that of a parent who learns that their child has tragically died. Sexual abuse disclosure is often described by non-offending family members in terms of loss and grief.
- Three reasons for disbelief and denial are most common: Firstly, perpetrators generally deny the abuse and without having a physical examination or rape kit administered, there is rarely physical or medical evidence. Secondly, there is often no eyewitness testimony or witnesses may be unwilling to come forward. Therefore, a non-offending parent's belief that the abuse occurred often depends on

the word of the child versus the word of the perpetrator. Lastly, it is unfortunate, but false accusations exist and due to this a degree of uncertainty is understandable where there has been no formal investigation or substantiation.

## 2. Chapter 2

- **Maternal Relationship with the Perpetrator as a Predictor of Parental Support/Protection:** Research shows that mothers who were currently married to the perpetrator were moderately supportive of their children (irrespective of whether the offender was the child's biological father or a stepfather) and least supportive when the perpetrator was a current boyfriend. Another study found that mothers were more 'angry and punitive' toward the children when the abuser was a stepfather or boyfriend than when he was the biological father.
- **Maternal History of Abuse as a Predictor of Parental Support/Protection:** Both the social workers whom I interviewed, noted the role maternal history of sexual abuse may play in a non-offending mother's response to their child also being abused. However, the extent to which it does impact belief, support and protection were not clear. A published study found that mothers' history of sexual abuse was not a significant predictor of maternal support. Unfortunately, non-offending fathers' history of sexual abuse as a predictor of belief, support and protection remains under-researched.
- **Victim's Age as a Predictor of Parental Support/Protection:** Various studies show that mothers are more likely to be protective toward younger children reporting abuse, while their response to older children, especially adolescents would more likely be angry and even punitive.
- **Victim's Gender as a Predictor of Parental Support/Protection:** Studies examining the relationship between NOC support and the child's gender have don't all come to the same conclusions. Some found no significant link between maternal

support and the child's gender; others have "found mothers to be more protective", "less punitive", "and more likely to believe and help sons than daughters". Yet, there is no indication of why this is the case.

- **Ambivalence/inconsistency** occurs when the NOC experiences a conflict between the desire to support the child and the need to remain loyal to the perpetrator. It causes distress and may lead to inconsistent and confusing behaviour. The circumstances, emotions and factors involved in developing awareness of CSA, are always difficult, painful, complex and often ambiguous. Acknowledging that it is easy to wrongfully demonise NOC in these cases (particularly non-offending mothers), does not deny the immense responsibility of NOCs towards believing, supporting and protecting their children.

### *Conclusion: need for further research*

There is a need for research on the responses of non-offending males (such as fathers, brother, uncles and guardians) to the disclosure of CSA. Their absence in the research to date risks giving the false impression that mothers are the only caregivers connected with and responsible for believing, supporting and protecting child victims. Studies involving male children who are survivors of sexual abuse and their experiences of disclosure are also lacking.

Furthermore, the perspective of survivors on their experiences of non-offending caregivers to their abuse may very well be different to existing research involving only the NOC's experiences. Studies on how *they* perceive the responses of their NOC will certainly offer more insight and perhaps yield more consistent results. Additionally, further inquiry into NOC who refuse to be interviewed will also be valuable.

**Lastly, I offer a provocative thought: Perhaps acceptance if meaning 'coming to terms with', is necessary to completely move forward toward healing in a constructive way for both the survivor and the NOC.**