Child Sexual Abuse and Caregivers' response: An exploration into non-offending caregivers' 'acceptance' of children's sexual abuse.

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A

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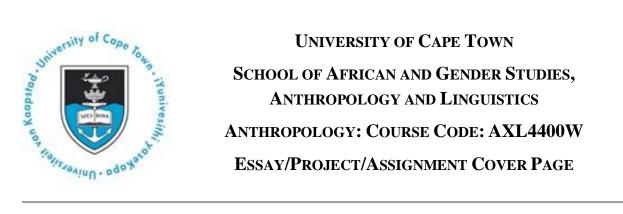
University of Cape Town

Supervisor: Dr Susan Levine

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In Partial Fulfillment

of the Honours Degree in Social

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by Chanté Crossney

9 April 2021

# UNIVERSITY OF CAPE TOWN

## SCHOOL OF AFRICAN AND GENDER STUDIES, ANTHROPOLOGY AND LINGUISTICS

### ANTHROPOLOGY: COURSE CODE: AXL4400W

### ESSAY/PROJECT/ASSIGNMENT COVER PAGE

**Student Name:** Chanté Crossney

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# Contents

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Lastly, a special thanks to all my participants who bravely shared either personal stories of abuse or spoke from professional experience with survivors of abuse.

**Chapter 1**

**Introduction to the Research**

*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).*

**A.  Thesis Outline**

I argue that in the case of non-offending caregivers' responses to the disclosure or discovery that the children in their care have been sexually abused, the notion of 'acceptance' is a complex and highly contested one. Instead of determining if NOC 'accept' CSA, the focus should be shifted to what 'acceptance' might look like. Determining this better acknowledges the various crucial factors at play in a NOC's response to their child. Sexual abuse is a severely traumatic experience for anyone who is victimized by it and the trauma often extends to NOC who needs to grapple with the reality of it happening to their child/children. Due to these various complexities, I further argue that determining acceptance would mean dangerously over-simplifying the reality of CSA. Chapter two discusses the various ethical considerations concerning this daunting topic and how I engaged with research participants during the pandemic. In Chapter three I offer a literature review and identify the major theoretical paradigms relevant to this thesis.

Chapter four examines the three key ways in which NOC's responses can be understood and determined. In this chapter, it becomes clear that belief, support and protection exists on a spectrum and a continuum. Chapter five discusses the factors which might predict NOC support, belief and protection of the child, following disclosure of sexual abuse. The final chapter draws together the findings in response to the research aim and discusses a few of its limitations.

**B.  Background**

This research project was born out of the work the organisation, Living Hope does in undertaking community development through various programmes. Their engagement with and support of young children led to their discovery that a child was being sexually abused. The

response of the child's caregiver to the disclosure of the sexual abuse led to Living Hope proposing the research topic to the University of Cape Town's (UCT) Knowledge Co-Op. The organisation began grappling with the notion of acceptance in cases of child sexual abuse. This research project, therefore, 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. Equally important is the Anthropological nature of this research since the issue at hand is an irreducibly humanistic one. The discipline's theoretical framework lends itself to problematizing the unsaid, the reified and the assumed before attempting to prove a predetermined hypothesis. This is done so that there are possibilities for further questions and discoveries, which contribute towards upholding a just and equal society.

Thus, the research objective is not to demonise or criticise NOC, or any other parties involved, who seemingly 'choose' not to intervene in child sexual abuse (CSA). However, the imperative was to investigate the various perspectives and factors at play in such cases and to relay findings in an unprejudiced manner. These perceptions and conceptualisations were explored through various ethnographic research methods.

### C. Problem Statement

Child Sexual Abuse (CSA) is a global issue that occurs within the most intimate settings such as homes, schools and places of worship. The role of NOC is to prevent and protect children against sexual abuse. Upon disclosure/discovery of the sexual abuse of children in their care, the onus is on 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. Failure by a NOC to do so inadvertently renders them complicit with the abuse and complexly enfolds them into the abuse. In such instances, the child victim bears the brunt of non-support by caregivers and possibly faces continuous sexual abuse. Important to note, is that a perceived 'acceptance' of the abuse may not be an immediate response or synonymous with the NOC being negligent, unconcerned or willful. Furthermore, as will be revealed later in the study, a review of the literature illustrates 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 render a NOC unable to support a child are exacerbated. Working

closely with Living Hope, my contribution aims to investigate the factors at play in instances where it is perceived that NOC 'accept' that the sexual abuse of their child is occurring or has occurred.

**Since this is a qualitative research study: the scope of inquiry may be broad, but the context of inquiry is specific**. I will focus my research on Cape Town, South Africa; whilst acknowledging that CSA is pervasive across varying socio-economic circumstances, among varying family dynamics and across identity markers (such as race, class, gender, culture).

### *i.    Definitions*

As per the **South African Children's ACT NO. 38 of 2005**, I as a researcher, understand and adhere to the following definitions within this study:

1. **"child"** means a person under the age of 18 years (Children's Act, No. 38 of 2005, 2005:chap1).

2. **"care", in relation to a child, includes, where appropriate**  (Children's Act, No. 38 of 2005, 2005:chap1):

    (a) within available means, providing the child with—
       (i)  a suitable place to live;
       (ii) living conditions that are conducive to the child's health, well-being and development; and
       (iii) the necessary financial support;
    (b) safeguarding and promoting the well-being of the child;
    (c) protecting the child from maltreatment, abuse, neglect, degradation, discrimination, exploitation and any other physical, emotional or moral harm or hazards;
    (d) respecting, protecting, promoting and securing the fulfilment of, and guarding against any infringement of, the child's rights set out in the Bill of Rights and the principles set out in Chapter 2 of this Act;
    (e) guiding, directing and securing the child's education and upbringing, including religious and cultural education and upbringing, in a manner appropriate to the child's age, maturity and stage of development;

(f) guiding, advising and assisting the child in decisions to be taken by the child in a manner appropriate to the child's age, maturity and stage of development;

(g) guiding the behaviour of the child in a humane manner;

(h) maintaining a sound relationship with the child;

(i) accommodating any special needs that the child may have; and

(j) generally, ensuring that the best interests of the child are the paramount concern in all matters affecting the child;

3. **"care-giver" means any person other than a parent or guardian, who factually cares for a child and includes** (Children's Act, No. 38 of 2005, 2005:chap1):

(a) a foster parent;

(b) a person who cares for a child with the implied or express consent of a parent or guardian of the child;

(c) a person who cares for a child whilst the child is in temporary safe care;

(d) the person at the head of a child and youth care centre where a child has been placed;

(e) the person at the head of a shelter; a child and youth care worker who cares for a child who is without appropriate family care in the community; and

(f) the child at the head of a child-headed household;

4. **"sexual abuse", in relation to a child, means—** (Children's Act, No. 38 of 2005, 2005:chap1):

(a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted;

(b) encouraging, inducing or forcing a child to be used for the sexual gratification of another person;

(c) using a child in or deliberately exposing a child to sexual activities or pornography; or

(d) procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child;

## D. Research Aim

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

### i. Research Objectives

Throughout this research project, a series of critical questions arose. These formed the guiding and key objectives of the study:

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

## E.  Research Methodology

Ethnography is used as a tool by researchers to observe an individual's mode of thought and action. Simply put, this involves how an individual interprets their world and their behaviour in response to the world (Jacobsen,1991). Since the construct of 'culture' is a contested and controversial term amongst anthropologists, my focus during ethnographic research was less on observing 'culture.' I chose instead to draw on a family of methods, involving direct and sustained (non-physical) contact with individuals, within the context of their lived experiences. This was followed by observing what happens, carefully listening to what was said and unsaid and continuously asking and re-asking questions. Thereafter, producing a richly written account that respects the irreducibility of human experience and that acknowledges the role of theory and my role as a researcher (O'Reilly, 2005: 3) (UK Essays, 2018). Furthermore, the unique circumstances we are all living in due to the COVID-19 pandemic means social researchers have entered unchartered terrain. Social research has, however, been conducted online for several years meaning some methods can and have successfully been adapted to avoid face-to-face interactions with research participants.

### i. Sample

I made use of purposive sample selection, in anticipation that the participants would clearly fulfil the research objectives. Additionally, the participants formed a homogenous sample since I selected them based on their similarities, with the intent of understanding their particular

perspective in-depth. With the advice of my supervisor, I did not consider parents or guardians as participants. This is due to the various, complex ethical quandaries thereof. We also anticipated that it might be particularly difficult to navigate such tentative relationships under the current social-distancing restrictions. Instead, I interviewed individuals who are also considered to be caregivers of children in the public health, social development, religious and educational spheres of society. This was apart from a 'key informant' who volunteered to be interviewed after hearing about the research topic.

The aim of engaging such persons was that they could provide insight into the topic, based on their experience in working with both children who have been sexually abused and their respective NOC  (parents and legal guardians). Thus, they engaged with the research both as third parties and as non-parental caregivers in cases of CSA. My sample consisted of four female research participants, between the ages of 21 and 65 years of age. All of whom reside and/or work in the greater Cape Town area. These included: a hospital social worker, a community social worker (who forms part of the Living Hope organisation) and a community activist/volunteer who does outreach work through affiliations with institutions such as churches. My fourth participant identifies as a survivor of CSA abuse. I know two of the participants personally and the other two I later became acquainted with.

<p style="text-align:center"><em>ii.     Data Collection</em></p>

**1. Semi-Structured Asynchronous Interviews**: Considering social distancing I interviewed participants using asynchronous interviews. As first described by Debenham (2001), these are one-to-one interviews mediated by technology. It allowed me as interviewer and respondent to select suitable interview times, providing sufficient time to consider questions and responses, whilst eliminating the need for transcription. I set the pattern for the formality of the interview, ensuring that the online format is used to organise and facilitate conversation rather than to constrain it (Ferguson, 2009) (Lupton, 2020:10). The epistolary nature of such interviews required an ongoing relationship between the participants and I. It produced thoughtful exchanges in which both parties were able to consider, clarify and expand their meaning over time. To give consistency to the data I worded the main questions, in the same way, each time they were presented to different participants (Lupton, 2020:11). I used WhatsApp to conduct

these types of interviews. This method proved to be suitable for my participants as most of them are essential workers with very taxing work schedules and time constraints. In the beginning, these interviews were a crucial means of building my knowledge base and understanding the work that the participants do.

**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 who were willing to do so. It assisted me in handling the gravity of the sensitive topic and the stories that later arose. It also allowed participants to share experiences or ask questions in a manner that was simple and unrestricted. I only used some of these conversations as data with the participants' consent.

**3. Online, Synchronous video interviews**: I found that online interviews can be "particularly well-suited" (Forrestal, D'Angelo & Vogel, 2015) to deal with sensitive topics (Lupton, 2020:12) such as CSA. I made use of Zoom to conduct two such interviews. It has convenient recording capabilities for easy transcription later (Lupton, 2020:13). In the beginning, we had some informal conversation to ease into the interview and I clearly explained the research objectives to demystify it. Allowing the participants to determine the pace and flow of these interviews was important to me. 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 to avoid experiencing Zoom fatigue.

**4. YouTube Videos and online media (radio, news articles)**: YouTube videos in the form of documentaries on CSA and interviews with adult survivors of it was useful for data on public and family interactions, public perception and the circulation of media on sexual violence. Burgess and Green (2009) argue that when understood as something that people use in daily life, YouTube can be regarded as "a massive, heterogeneous, but for the most part accidental and disordered, public archive" (Burgess and Green 2009:88). Amongst others, I watched an insightful YouTube video posted by Carte Blanche which also led me to other valuable resources for further investigation.

### *iii.*     *Data Analysis*

Reviewing the data was somewhat of a simple process, as most of the asynchronous interviews and the informal online conversations were in the form of text messages on WhatsApp. The voice notes were the only parts of the asynchronous interviews that needed to be transcribed. With the generous assistance of a friend, the rest of the online synchronous interviews were transcribed from recordings. Data obtained from YouTube videos were handwritten by me. Once I had all the data in written form, analysation became simple.

Not long after the interviews, I read through each interview transcription to note down any parts of it that might have slipped through. Whilst doing so, I highlighted reoccurring phrases, sentiments and arguments on the research topic. Thereafter, based on these notes I was able to identify common patterns within the responses. These patterns became the themes that would frame my findings in response to the research topic. Lastly, by comparing these findings with literature it enabled critical analysis. Critical analysis was especially achieved by noting controversies and gaps in the secondary data, i.e., literature related to the research area.

**Chapter 2**

**Ethical Considerations**

I have read and am adhering to Anthropology of Southern Africa's *Ethical Guidelines and Principles of Conduct for Anthropologists*. The following ethics section incorporates those ethical guidelines and includes adaptions to my research with the consideration of working with the sensitive matter of CSA. The American Anthropological Association Ethics Forum describes Anthropology as "that most humanistic of sciences and scientific of humanities— is an irreducibly social enterprise" (American Anthropological Association [AAA], 2012). Since anthropological research becomes part and parcel of the social sphere it is one of our prime ethical obligations to carefully consider the consequences and ethical quandaries of the choices we make — through action or inaction (AAA, 2012). Equally crucial is our responsibility to engage with participants as subjects and not as objects of research or as "a means to an end" (Anthropology South Africa [ASnA], 2004). Researching within contexts characterised by differential access to power and resources places an immense responsibility on me to carefully consider the character of my research. It requires a constant awareness of the effects this may have on participants, particularly those in situations of reduced or limited power (ASnA, 2004).

Living Hope and the Knowledge Co-Op agree to abide by the ethical guidelines provided by ASnA (2004). All parties involved, including my supervisor and I, signed a Memorandum of Agreement which states their ongoing relationship with me as a researcher and their agreement with the research topic and approach. All data they shared with me was already anonymised. Thus, even 'indirect' participants were protected. Additionally, protecting myself and participants from Living Hope from potential harm to health– caused by exposure to COVID-19 - is crucial. Thus, I did not travel to Masipumelele to meet with them, but we became acquainted and conducted the interview via Zoom. Living Hope offers monthly supervision meetings for care staff (social worker/clinical psychologist). Thus, the self-care of their social worker who agreed to be a participant was prioritised; particularly in having to retell personal or professional stories of CSA. Lastly, I received formal approval from Living Hope to engage with participants outside the organisation.

*i.   Protecting research participants and doing no harm*

Protecting the rights of all the research participants is paramount. Failing to protect the dignity and privacy of participants and any children whose stories may be shared, would cause harm. This research project understands harm to mean any physical, emotional, psychological and professional/reputational damage that may arise out of the research. I understand that investigation into this sensitive topic has the potential to harm those directly (participants) and indirectly (children that may be referenced in discussions) involved in it. Providing sufficient protection for participants involved the use of giving pseudonyms to persons, places and institutions.

These measures safeguard the trust and relationship between the participants and me. This also honours the anonymity of children who have been sexually abused, their NOC and/or perpetrators. However, I informed participants that while every effort to secure anonymity will be made, inadvertent exposure is possible. Stories may be so distinct that it is impossible to guarantee confidentiality (Gubrium et al., 2017), especially when working in a specific community or within an institution. Exposing criminal activity such as CSA might endanger participants or other persons involved (Gubrium et al., 2017). Furthermore, existing stories and research might misrepresent communities and/or reify stereotypes. Therefore, I did my utmost best to respect the research participants and uphold their rights. Persons referenced in the sharing of CSA cases may be unaware that their information or experiences are being shared by research participants. Thus, they were anonymised from the onset and remain so. Lastly, I will continually uphold my responsibilities towards research participants and Living Hope even as it extends in time and space beyond the completion of the research project (ASnA, 2004).

## ii.  *Informed consent*

The purpose of the research study was made clear to all research participants. For the research to be ethically viable all participants had to consent to partake. This was undertaken repeatedly throughout the research process and all participants were assured and reminded of their right to withdraw consent (with no consequences) at any time. Given that anthropological research often relies on informal modes of communication - and due to the current social distancing - the signing of consent forms was not feasible. I, therefore, asked for verbal consent and provided all participants with an executive summary of the research topic before interviews were conducted.

This contained the research question, methods and intentions, explained what will be used as potential data and contains an ethics statement. Once participants read this document and gave verbal consent, I reiterated the research goals and did so throughout the research process. During interviews and informal conversations, I reminded them of their right to renegotiate their participation or contributions. Since I did not interview parents as NOC, any potential ethical issues regarding non-parental caregivers speaking 'on behalf of' of parents or child survivors was circumvented through their anonymity.

### iii. *Vulnerable individuals/groups*

Researching CSA meant encountering vulnerable groups was guaranteed. The child victims whose stories were shared are particularly vulnerable, but so are the NOC who are implicated. It is, therefore, my responsibility to ensure that no participants are made more vulnerable by my research or its findings. The increased vulnerability may involve further victimisation of children by perpetrators or NOC could be put in danger. Hence, the purpose of my research was not to demonize, criticise or expose perpetrators and/or NOC. Due to the complex nature of CSA, understandings of what constitutes it may vary and various factors may shape such perceptions. Therefore, it was crucial to acknowledge that my pursuit of knowledge does not trump social and cultural values or beliefs.

Furthermore, I had to prevent undue intrusion. It was my responsibility to pay careful attention to whether participants felt 'over-researched' and whether their participation would contribute positively towards improved social justice and support for CSA victims and NOC. Thus, I was wary of reifying stereotypes concerning these parties through my findings. It was my responsibility to not enter the research process with preconceived notions or agendas of what the research topic may entail or reveal. I maintained sensitivity and objectivity toward the findings that arose. Boundaries between researching versus intervention/practice versus advocacy, being blurred could lead to conflicting approaches to the research (Gubrium et al., 2017) or result in conflicts of interests. Thus, it was my obligation to reiterate my sole role as a researcher and not deviate from any research aims set out at the beginning.

### iv. *Information dissemination, intellectual property and returns from research*

The findings of my research should be easily and properly understood and available to participants including Living Hope. I will produce either a presentation or an executive summary so that the findings can be condensed. When framing these, I must continuously consider conflicts of interpretations that may arise, especially in the public domain. During the process of dissemination, I must negotiate the needs of the participants on an ongoing basis. Due to the nature of the topic, stories will reveal very personal issues that can make participants vulnerable to stigma and discrimination. Hence, storytellers might want to adjust or change their minds after the research process (Gubrium et al., 2017). I will need to respect such requests. It is my role to deem and protect all stories as the intellectual property of participants.

I am responsible for ensuring that there is sufficient feedback on the research to affirm any benefits thereof. Where there are possible benefits for specific communities, that flow from the research, this will be fed back into such parties. A fair return should be made for their help and services and should not be understood as direct payment (ASnA, 2004). Furthermore, as an anthropologist, I am committed to the continuation and good reputation of the discipline. I will, therefore, continually act with the highest standards of scholarly integrity, accountability and respect. This commitment dovetails my obligation to not infringe on participants' intellectual property and any other sources I may engage with. All such contributions were duly acknowledged in writing. Additionally, in instances where participants wanted to be credited by name for their contributions (Gubrium et al., 2017) I did so, whilst reminding them that any results thereof cannot be held against me as researcher or UCT.

My responsibility to any participants and any other parties involved does not trump my responsibility to the institution (UCT) and discipline (Anthropology) I am affiliated with. I should not in any way jeopardise the research field for future research to take place. I am committed to maintaining a just and equal society. The research aims, methodology and findings endeavours to promote these principles and not produce or reify misleading information but contribute to education and teaching on the topic of CSA. I must always adhere to conducting publicly available and informative research. I did not conduct clandestine or disingenuous research.

My final ethical responsibility is to the public and wider society. Maintaining honesty in our representations of what Anthropology's research methods and approach can achieve, is imperative. I understand and honestly represent its limitations. In a field of complex rights, responsibilities, and involvements, inevitably, misunderstandings, conflicts, and the need to make difficult choices will arise (AAA, 2012). As an anthropologist, I must be willing to make carefully considered ethical choices and be prepared to explicitly state the assumptions, facts and considerations on which those choices are based (AAA, 2012).

### *v. Self-care and preventing personal harm*

The nature of Anthropological and ethnographic research lends itself to deep human connections and the undertaking of grappling with complex human problems. Yet, these aspects of ethnography also expose the researcher to particularly strenuous emotional, psychological and physical circumstances throughout the research process. Thus, the discipline and its academics turn to ethics that not only encourages, but also demands self-care. I am, therefore, responsible for protecting my wellbeing, especially due to the sensitive and difficult nature of the research topic. I acknowledged that if I struggle in any capacity it will impact the integrity and reliability of my research, which may ultimately cause harm to other parties involved. I mentally prepared myself to deal with that appropriately. It was my responsibility to remain objective concerning data whilst honouring the fact that I am a human being with unique views and values. My supervisor and course convenor were an important point of call when I needed guidance, support or the objective perspective of a third party.

**Chapter 3**

**Reactions of Non-offending Caregivers to the Sexual Abuse of Their Child: A Review of the Literature**

The published literature regarding reactions of nonoffending parents to the sexual abuse of their child is reviewed. Child sexual abuse is a deep-seated, painful reality and research suggests that it is particularly prevalent in South Africa. Society at large operates at the epicentre of violence, injustice and trauma which stem from CSA. Whilst scholars, public servants, educators, caregivers, government, and NGOs alike tirelessly operate within the annulus to end the cycle. This review begins to grapple with the contentious relationship between caregivers and the children they care for, who are victimized by sexual abuse. Is 'acceptance' of sexual abuse on the part of caregivers synonymous with denial? Is the link between NOC 'acceptance' of abuse and non-support mutually exclusive? These are some of the key questions which frame the discussion and findings below.

Additionally, research suggests that mothers generally completely or partially believe their children post-disclosure of the sexual abuse. However, only a few studies have focused on the response of non-offending fathers. It is the case, though, that both non-offending mothers *and* fathers often experience distress post-disclosure/post-discovery of the sexual abuse. Overall, responses by NOC are shown to be inconsistent and ambivalent. Research examining factors that predict parental belief, support, and protection have failed to yield consistent results.

Search Strategy

The existing literature was found using several databases. I began searching for literature on the overarching topic of child sexual abuse. Thereafter, a search for literature that dealt specifically with NOC 'acceptance' of CSA was initially unsuccessful. Instead, these databases provided an extensive range of texts relevant to *parts* of the topic. Furthermore, due to limited access to full texts on certain databases, UCT Library's Search Primo engine became the key reference point. Reference lists from the chosen literature were then used to identify additional sources and these are where most of the key texts are sourced from. Limits included articles relevant to the topic of 'acceptance' of CSA and studies done in the context of South Africa or the greater Cape Town area. Key terms used were: *child sexual abuse*, *caregivers' 'acceptance' of child sexual abuse,*

*child sexual abuse on the Cape Flats* and *the role of caregivers in child sexual abuse*. Articles were excluded if they were repetitions to those found in another database.

## Definitions of child abuse

Various laws define CSA to protect children and prosecute individuals who contravene these laws. However, there are often disparities between how CSA is defined from the top, by those in power, and how it is understood from below, by citizens. Weber and Bowers-DuToit (2018:2) state that the lack of awareness from the latter group results in their view of CSA education as uncomfortable. Consequently, adults find it challenging to educate children concerning such violence. Thus, it is no surprise that within communities and homes physical and sexual abuse are the most common forms of violence (Weber & Bowers-DuToit, 2018:2). Research shows that a shocking 40% of adults have experienced intimate partner violence and did not think it was a violation (Weber & Bowers -DuToit, 2018:4).

Furthermore, the WHO defines CSA as: "The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society" (Ward et al., n.d.). "This includes engaging in sexual activities with peers/adults, exposure to another's genitalia or forced to view pornography, grooming a child for abuse or filming or photographing any of these abuses to produce child sexual abuse materials (child pornography)" (Ward et al., n.d.). Whilst the WHO provides a succinct definition, it does not clarify what age constitutes an individual classed as a 'child'. The South African Children's Act, No.38 2005 defines a 'child' as a person under the age of 18 years. Or concerning the offences of statutory rape or statutory sexual assault, a person 12 years or older, but under the age of 16 years. Its definition of rape includes all forms of sexual penetration and is gender-neutral, meaning 'any person' can commit an act of rape or be raped. Children under the age of 12 are viewed by the Act as incapable of consenting to sex (Ward et al., n.d.). The Act makes clear the age brackets at which sexual violence constitutes CSA.

However, the age at which a child *discloses* abuse may influence whether caregivers deny the abuse or believe that it occurred. For example, an adolescent child disclosing abuse that occurred

several years before disclosure as opposed to a prepubescent child experiencing child abuse at the point of disclosure – could be perceived as two vastly different scenarios. Fong et al (2017:5) suggest that caregivers of adolescents are less likely to believe that sexual abuse had occurred and provided protection. They suspected varying perceptions of CSA between caregivers of adolescents versus caregivers of younger children. Another complex layer to this, are cases where NOC's are aware that their adolescent children have engaged in consensual sexual activity, before becoming victims of statutory sexual assault (Fong et al., 35). This might drastically affect a NOC's willingness to support or believe their child. This could be the reason why younger children often report higher levels of positive parenting post-disclosure (Jobe-Shields et al., 2016:118).

## The Role Education on CSA plays in NOC Reactions

Laws, policies and the definitions on which they are built is not enough. If it does not inform and educate the public (both caregivers and more importantly children) and if it is not enforced, these laws are ineffective. The regular public distribution of education on CSA will not only demystify what it means for young children, who were perhaps previously unable to perceive that they have been abused or those who are presently being sexually violated. However, it will also aid in removing the shame, stigma and silence surrounding CSA which could play a major role in whether or not  NOC believe, support and protect their children against it. This is where South Africa fails children (Ward et al., n.d.). Whilst the above research provides a clear understanding of what constitutes CSA, it does not address the extent to which different *understandings* of it by NOC predetermine whether there is an *acceptance* of the abuse *or non-support* for the child. More importantly, my research found that because existing studies on the response of NOC to CSA offer inconsistent results, it becomes difficult to determine the quality and distribution of education on CSA amongst the public. It is clear that public servants such as health professionals understand what it entails, as prescribed by law. Yet, from the interviews I conducted with them it appears a large majority of the public are often unaware of what exactly constitutes CSA - such as the age of consent and the types of sexual violence, which has seen critical amendments made to its definition in recent years.

Furthermore, several of my participants and conversations I have had with the public, reveal that religion and 'culture' play a key role in the understandings of CSA that are circulated – even generationally. Important to note is that I use the word 'culture' loosely here. Based on my own experiences as well, I have observed that in families and communities of colour, the subject of CSA remains largely taboo and unaddressed. This has a lot to do with the misplaced shame surrounding the topic of sex and genitalia specifically. As a result, a long-standing silence places the onus on the public (such as schools and other social structures) to inform children on the topic of sex, consent and abuse. This could be detrimental to the wellbeing of a child, particularly in this digital age where pornography is easily accessible and where many children fall prey to adults or even peers who can easily distort ideas of what is sexually lawful/appropriate. We see this in **grooming** by paedophiles and other perpetrators of CSA which involves an awareness of one's body and sexuality, which could be viewed as a distorted form of sex education. Therefore, when sex education is received solely or mostly outside of the care of parents/guardians it could have a knock-on effect on what occurs between a NOC and child victim post-disclosure.

For example, my study has found that if the perpetrator is someone who was trusted to protect a child from or expected to educate a child on what is sexually inappropriate – it may affect whether a NOC believes their child's allegations. In these cases, NOC may find it difficult to believe that such persons could violate the very children they are responsible for protecting. An example of such perpetrators is religious leaders and educators. Overall, what is made clear is that when NOC is still measuring or judging CSA based on 'outdated' or inaccurate perceptions of what it constitutes, it could mean many child victims have and will continue to suffer non-support or disbelief by their NOC. Education on the topic truly is crucial.

Impact of CSA on NOC post-disclosure

Furthermore, the impact which the disclosure of CSA has on caregivers certainly will affect how they respond to it. Research has well-established that when caregivers are distressed or depressed, as is often documented among caregivers of child victims, parenting can be negatively impacted (Jobe- Shields et al., 2016:111). Often caregivers experience significant emotional and psychological distress, such as anger and guilt - after learning that their child may have been

sexually abused. (Fong et al., 2017:2). Many NOC does feel remorse and their past trauma may impact their response. Research outlines key sources of caregiver distress. "Caregivers reported emotional and psychological distress concerning four themes: (a) concerns about their child, (b) negative beliefs about their parenting abilities, (c) family members' actions and behaviours, and (d) memories of their past maltreatment experiences" (Fong et al., 2017:10). These stressors often continue to cause distress up to 1-2 years after a sexual abuse discovery (Kelley, 1990; Newberger et al., 1993). (Fong et al., 2017:18). In such an instance, it can be detrimental to the recovery of the child.

In addition, knowledge of a child's CSA can elicit several initial emotional and behavioural reactions by NOC, including shock and disbelief or denial. The extent of expressed support and protection toward the child may vary (Bolen & Lamb, 2004; Palmer, Brown, Rae-Grant, & Loughlin, 1999) (Jobe-Shields et al., 2016:112). Hence, as the relationship between child and caregiver takes on a new shape, it brings about new challenges and responsibilities to parenting. Jobe-Shields et al. (2016:122) advocate for a focus on consistency in parenting during intervention or conjoint therapies involving a parenting component alongside the child. There is also a need for unbiased research approaches to child and caregiver reports of parenting behaviours. Bias creeps in when one does not consider that caregivers may have limited insight into their emotional states and/or parenting behaviours. They may feel obligated to display their mental health or parenting in an overly positive light (Jobe-Shields et al., 2016:122), especially amongst health professionals and authorities.

Thus, there is perhaps a danger in talking to only one category of NOC, such as parents. Power is also at play between parents and a well-educated and skilled non-parental caregiver trained to support victims. There is not much information on other caregivers, such as social and community workers and nurses who are on the frontlines of CSA victim support and recovery. My research highlights the need for a further study involving such caregivers.

### Access to support and services

Engagement with the research participants consistently points out that in communities where there is a significant lack of reliable and trusted resources available to report abuse, victims often

continue to be victimized. Consequently, NOC may feel trapped or helpless and when perceived by others these emotions and behaviours could falsely present themselves as disbelief or non-support. In the South African context, there is often a distrust in government and law enforcement to handle the magnitude of CSA cases. Moreover, CSA coupled with domestic violence against the very NOC in homes, produces multi-levelled abuse cases, particularly on the Cape Flats. In such cases, the NOC is complexly enfolded in the sexual abuse as a victim, whilst simultaneously needing to protect their child from the perpetrator. Adding more levels of complexity, the financial dependence of a NOC on offending caregivers may result in fear of losing assets, financial support and the provision of basic needs. This paralysing fear could prevent the CSA from being reported and prevent the removal of the child from the environment and care of the perpetrator.

Consequently, the abuse continues if the child is unable to access support from caregivers outside the home. Ward et al. (n.d) state that schools can act as a referral pathway, by attending to children who have sudden changes in their schoolwork and referring them on to professionals. Fong et al. (2017:18) recommend that professionals who work with families affected by sexual abuse assess the emotional and psychological needs of NOC. Fong et al.'s (2017)'s study found that NOC deemed mental health services necessary or beneficial to them coping with the impact of sexual abuse (Fong et al., 2017:16). Bolen & Gergely (2015:260) captures NOC support on three/four dimensions: "emotional support, belief, action against the perpetrator, and the use of professional services "(Bolen & Gergely, 2015:260.) Simple management techniques (e.g. deep breathing, mindfulness) may allow NOC to increase consistency in their parenting (Jobe-Shields et al., 2016:122)

Evidently, CSA needs to be taken seriously by *all* parties who are classified as caregivers. "A Child Abuse Tracking (CAT) study found that if physical abuse is not taken seriously, due to a lack of therapeutic services, poor record-keeping which prohibits evidence-based planning, poor case management and lack of coordination between professionals, increased trauma and continued abuse are the outcomes (Children's Institute Annual Report 2016:14–15)" (Weber & Bowers-DuToit, 2018:2). Fong et al. (2017:19) advocate for further exploration of the barriers among caregivers of sexually abused children. There is a clear link between the well-being of both child

victim as well as NOC and whether it produces a positive outcome. Bolen and Gergely's study hoped to "advance the field by providing an urgency for the development of valid and reliable, theoretically grounded, measures of NOC support" (Bolen & Gergely, 2015:277). Currently, there is no consensus on the theoretical conceptualization of NOC support, its definition, and operationalization (Bolen & Gergely, 2015:277).

This theoretical conceptualization of NOC support is crucial because it provides a framework for determining whether there is adequate support available to NOC. If there is not, this might reveal why some NOC cannot fully support their children. In such cases, support really can exist on a spectrum. For example, I found that a NOC could support a child by removing them from the dangerous environment but due to a lack of healthcare resources may not be able to support their child emotionally and psychologically after the abuse. Another important factor that I noted during interviews is that little research exists on how child survivors of CSA perceive their NOC's support, belief and protection. Their understandings of non-support or disbelief by NOC could be vastly different from the understandings health professionals or public servants have of these same responses to the abuse. My research reveals that the notion of acceptance (whether used interchangeably with non-support or not) is highly subjective. This poses various methodological conundrums. It has the potential to address the danger of telling a single story which Anthropology stresses.

Supportive structures such as the government and law enforcement's failure to bring perpetrators to justice and its exposure in the media may lead to continued vigilantism and outrage by communities. More importantly, it might perpetrate domestic violence and CSA as a lack of intervention may pose a message to perpetrators that consequences to their crimes simply remain a threat.

### Societal factors

Societal factors, such as socioeconomics, culture, race and gender may shape understandings of CSA, what defines inappropriate adult behaviour towards children and the predisposed risks children face. Weber and Bowers-DuToit (2018:3) names: education and income, community, increasing crime rates, poor social services and high unemployment rates, high inequality and

social exclusion as key determining risks for children. Thus, abuse is viewed within an ecosystem which includes the perpetrator and victim /survivor but  also the various socio-economic and political factors in the community and broader society that set up a high-risk system (Weber & Bowers- DuToit, 2018:3). In various parts of South Africa, a lack of access to adequate water is closely linked to poor sanitation and hygiene which may put girls specifically at risk of rape.

When a caregiver faces many of these problems it consumes a great deal of energy and may negatively affect their ability to adequately support their children (Getz, n.d.). The social worker who I interviewed stressed this point. Non-parental caregivers such as social workers tend to be privy to personal factors of the NOC and child that affect responses, that many other support structures may not be aware of. They are, therefore, able to frame a NOC's response with a holistic view of all factors that make each CSA case unique. Thus, my participant understands that factors such as substance abuse by parents and a lack of basic needs could render the NOC unable to support their child post-disclosure. An outsider not understanding the particular complexities of the dynamic between a NOC and a child victim might therefore make a wrongful judgement against a caregiver as being unsupportive and even collusive.

Concerning this, Weber & Bowers-DuToit (2018:3) provides an example of the intersection between a lack of amenities and sexual violence in the story of a 19-year-old Khayelitsha girl, Sinoxolo, who was raped and killed while using a public toilet in her township. Female children are more susceptible to being victimized due to the belief that men can at any time wield power over women. As previously mentioned, gender dynamics play a key role in CSA cases. Ward et al.(n.d.) points towards this and states that where children reported sexual abuse by an adult they knew, only 31.0% of girls reported it to police. Yet, no boys did. Young men are particularly unwilling to report, across all categories of abuse (Ward et al., n.d.). My study further examines the impact these complex societal factors affect a NOC's response to CSA.

## Conclusion and future directions

The scope of this literature review does not allow for further discussion on other key factors that might influence a NOC's response to the sexual abuse of their child. These crucial topics include but are not limited to: the role family support plays in NOC's response and the impact of NOC's personal history of sexual abuse as a child. Additionally, the quality of the relationship between

child and caregiver before disclosure of abuse may have an overall impact. Lastly, a determination of what is necessary for the recovery of the fragile relationship between NOC and the child after the abuse. Dissemination is also a crucial driving force behind my research. Many journals which contain most of the important data on CSA are often dense and written with quantitative jargon, statistics, acronyms, and theories – difficult for the public to comprehend. Consequently, the barrier to public education concerning CSA remains in place. This impacts NGOs, grassroots and other public servants working in communities who are trying to make an impact from the ground-up, not from the top-down.

Furthermore, resources produced within South Africa addressing the issues of belief, support and protection from NOC in cases of CSA are few and far between. Context is a crucial part of research and I believe my focus on Cape Town, South Africa has generated significant findings that add to existing theory. Lastly, not many unpack the complex notion of 'acceptance.' Researchers speak on the ramifications thereof but not what it might look like in real-life situations between a caregiver and child survivor of sexual abuse. The Anthropological perspective is also very important as anthropologists also operate as social agents of change through theory, practice and/or activism and even policymaking. I believe the ethnographic research I conducted extends prior research by providing a richer understanding of the experiences and understandings of NOC. However, the ultimate goal throughout my research process was not to prove a preconceived idea, but to interrogate and problematize the notion of 'acceptance'. In fact, throughout the research report, I make use of the word 'acceptance' very tentatively as to not inadvertently propose any idea or a misleading argument. A beloved and excellent scholar of anthropology, Dr Francis Nyamnjoh (2018) reminds us that there are no final answers. Instead, there is often only permanent questions and exciting new angles of questioning.

**Chapter 4**

**Defining 'acceptance': *What* and *Whether* but not a resolute W*hy*.**

Whilst considering the research question, my supervisor reminded me to view it through an Anthropological Lens. This was crucial, as I was able to circumvent the pitfalls of starting the research process with preconceived ideas and assumptions about the answers I would find in the 'field'. This process brought forth a very prominent and crucial point: Asking the question *why* NOC accept CSA, is an oversimplified inquiry. I contend that it is more useful and ethnographically sound to instead ask *whether* NOC 'accept' CSA. I further argue that the notion of 'acceptance' fails to capture and represent the full range and extent of responses by NOC. I discuss instead, a *range* of prominent themes based on the responses of NOC most prevalent in the existing research as well as my own.

In a review of the literature on the topic, Elliot and Carnes (2001) note that in the past decade clinicians and researchers alike have begun examining a variety of questions regarding how non-offending parents respond to the sexual victimization of their children. Yet, in most of the literature which considers the notion of 'acceptance' of CSA, the results remain inconclusive and ambiguous. For example, they found that while most mothers *are* supportive/protective post-disclosure, a substantial number are not. Even those mothers who are generally supportive and protective often exhibit inconsistent and ambivalent responses. The researchers of the study admit that most "studies examining factors that predict parental belief, support, and protection have failed to yield consistent results" (Elliot & Carnes, 2001:314). Furthermore, I suggest that these inconsistencies could be attributed to a gap in research. One such gap is the fact that there are limited studies that have examined nonoffending fathers' reactions following disclosure (Elliot & Carnes, 2001:314). Across the board, non-offending mothers are the participants most examined.

Additionally, a different study that examines the 'Secret of Intrafamilial Child Sexual Abuse' (Tener, 2017), provides a clue into the range of possible responses by NOC – through the lens of the survivors. Tener's article critically analyses how female survivors of intrafamilial CSA perceive the family members who partook in keeping it a 'secret' and their tactics for doing so (Tener, 2017:1). Here I found that if survivors anticipate that NOC will be *unwilling to listen*, be

*disinterested* or *condemning* towards them, they may delay or avoid disclosure altogether (Draucker & Martsolf, 2008; Jensen et al., 2005; Tener, 2017:2). This is significant since, Tener (2017) does not mention survivors' fearing 'acceptance' that the abuse occurred from NOC, but instead chooses to mention a range of *other* prominent responses as anticipated by the victims. This further supports my argument that the notion of 'acceptance' does not capture or represent the full extent of NOC's responses. This was the case amongst the responses by my participants as well. 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. She advocated for this, not only because she believed it would expand the research, but most importantly believing it would sketch a more accurate (and perhaps more forgiving) image of NOC in such complex scenarios.

### i.    *'It's not that simple': The term 'acceptance' negates the complexities of responses to CSA*

Three out of the four of my participants stated that the use of the term 'acceptance' is too simple a concept and conclusion. Two 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. Tener (2017:12) refers to this as 'presenting a normative public identity,' making the sexual abuse seem absurd. Secondly, shame typically stems from what others will say about the NOC and/or perpetrator and shameful feelings around failure as a caregiver to protect their child from this violation. Important to note is that most of my participants described the *mother* in the scenario as the caregiver experiencing feelings of shame and fear. Whilst the perpetrator referred to in interviews was always a male or implied as such. These themes are crucial as the true story from which Living Hope's inquiry stems, are layered with these very complexities.

Furthermore, from my research, 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, whose financial contribution is the only thing keeping a family from ending up homeless and hungry. Thus, when the breadwinner is also the perpetrator, a dependent caregiver may very well be torn between providing support to the child by removing them from the dangerous environment or ensuring their basic needs are met. Consequently, inaction in the form of not reporting the perpetrator or failing to remove the child may often manifest itself or appear to be 'acceptance.' Yet, 'acceptance' in this case negates the socio-economic dynamics of a particular family. Evidently, a response that is perceived as supportive or protective to one person may not appear this way to another. Furthermore, even a caregiver who believes the child may have difficulty providing support or protection for a variety of reasons (Elliot & Carnes, 2001:315).

Additionally, my participants illustrated that during a developing awareness or revelation of the sexual abuse, caregivers may simultaneously and/or sequentially experience a wide range of reactions. They also pointed out that as is true of human nature, these emotions/reactions may take on a different form or presentation at different points after disclosure. This shifting of reactions is compounded by daily life and varying responsibilities towards the victimised child, but also to a caregiver's other children. One of my participants explained that although many NOC wish they could pause in the moment of awareness, the burden of daily life forcefully continues past the trauma. This renders NOC unable to appropriately process the revelation and, in many cases, unable to support and protect their child the way they wish to. Elliot & Carnes (2001:315) state that this is especially the case when there are conflicting accounts of the alleged abuse. For example, although a mother may believe her child's allegation, she may simultaneously grapple with the thought that her husband could sexually abuse their child.

Tener (2017:3) contends that nonoffending mothers are seemingly more likely to be supportive of their children when they do not share a house with the perpetrator or when he is not a father figure (Cyr, Wright, Toupin, Oxman-Martinez, McDuff, & Theriault, 2002; Lyon, Ahern, Malloy, & Quas, 2010; Malloy & Lyon, 2006). Yet, since most sexual abuse is perpetrated by someone known to the child (Berliner & Elliott, 1996) and NOC, it may be difficult to comprehend that someone they know and perhaps trust, could cause such a violation. This considered, it is unsurprising that there is "considerable variability in the extent to which parents

believe, support, and protect their children" (Elliot & Carnes, 2001:314). Studies done that make a distinction between extra (outside the family) and intra (within the family) familial sexual abuse, indicate that victims of extrafamilial abuse received consistently more support from family members than victims of intrafamilial abuse. Interestingly, they also find that although the victim's relationship with the abuser does not influence the level of support from the sister or mother, both fathers and brothers are perceived as less supportive when the victim was biologically related to the abuser (Elliot & Carnes, 2001:317).

Due to belief, support and protection being complexly intertwined and because each exists on a spectrum or within varying levels, 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 synonymous with 'acceptance'.

### ii. *A three-fold lens: Belief, Support and Protection*

As briefly alluded to in the previous section, responses to CSA can be grouped under and evaluated through these three, key and overarching themes. The community activist and the hospital social worker whom I interviewed, highlighted many of the methodological difficulties associated with evaluating NOC - which Elliot and Carnes also discuss in much detail. It is critical to understand that belief, support and protection are overlapping constructs that are difficult to separate. For example, at the point of hearing about the alleged sexual abuse, an enraged caregiver may threaten to harm the perpetrator. From the child's perspective, while this reaction indicates a belief in their allegation, the child may perceive this heightened emotionality as non-supportive if it fails to meet their current psychological needs (Elliot & Carnes, 2001:315). Secondly, these are not static constructs. As mentioned in the previous section, nonoffending 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 (e.g., Salt, Myer, Coleman, & Sauzier, 1990; Elliot & Carnes, 2001:315).

A fourth methodological difficulty stems from a gap in the research, namely that most studies focusing on positive results in terms of belief, support and protection by NOC, involve *voluntary* participants (e.g., Deblinger, Hathaway, Lippmann, & Steer, 1993; Pellegrin & Wagner, 1990; Elliot & Carnes, 2001:315). As Elliot and Carnes (2001:316) state, there is a great possibility that caregivers who participate in research are qualitatively different from those who refuse to. This poses a dilemma.

### Belief

Moreover, 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 (e.g., Myer, 1985; Elliot & Carnes, 2001:314). Tener (2017:4) notes similar narrations in stating that sexual abuse disclosure is often described by non-offending family members in terms of loss and grief (e.g., Leichtentritt & Arad, 2006). Reasons for disbelief and denial are numerous, but my research finds that three instances are common. Firstly, perpetrators generally deny the abuse and without having a physical examination or rape kit administered, there is rarely physical or medical evidence (Jenny, 1996). 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. Additionally, 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 (Elliot & Carnes, 2001:314).

Contrarily, Elliot and Carnes (2001:316) discuss early accounts in the literature (e.g., Herman, 1981; Summit, 1983) that suggest a substantial portion of nonoffending mothers *disbelieved* their children's allegations of incestual abuse (specifically) and responded with rejection or blame. In such instances, mothers were often described as 'collusive' and either directly or indirectly involved in the abuse (e.g., Crawford, 1999; Joyce, 1997). However, according to Tamraz (1996) "much of this literature was based on theory and opinion rather than on research" (Elliot & Carnes, 2001:316). Tener (2017:4) also notes disbelief as a negative response and that it is most often observed towards children victimised by relatives compared to acquaintances or strangers, especially for those disclosing in childhood (Ullman, 2007).

Similar to the normative public identity which perpetrators often exhibit, Tener's study found that some mothers might tend to present the same normative public persona while constructing a negative one for their daughters. They do so by labelling the child victim as 'unstable and unreliable'. Joining the perpetrator, a family façade is constructed in which intrafamilial sexual abuse is simply inconceivable and no more than a "fairy-tale", should an attempt be made to disclose it (Tener, 2017:10). After disclosure, some mothers do collapse emotionally and some choose to continue living with the perpetrator. This requires some sort of post-disclosure "naturalisation" of the abuse (Tener, 2017:10). Arguably, if the mother's psychological state is not understood, this 'naturalisation' of the abuse may present itself as 'acceptance,' whilst not taking on a collusive form.

## Support and Protection

Additionally, both social workers whom I interviewed advocate for the idea that **support and protection** are often an extension of one another and work in tandem when offered to the child. My participants also associate protection with efforts made by NOC to prevent further or future abuse. As a result of the close link between the two - whether deliberately or inadvertently – "negative responses could encourage continued abuse or prevent treatment for the survivors and their families" (Tener, 2017:2). However, once again, reactions to the disclosure may range from "supportive and empowering to negative and encumbering" (Crisma et al., 2004; Ford, Ray, & Ellis, 1999), with limited attempts at protecting the child against future abuse (Anderson, 2006; Tener, 2017:2). Given this variability of responses, caregivers' reactions should be evaluated at several points across time (Elliot & Carnes, 2001:315). Thus, after disclosure, 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 methodological quandaries associated with 'measuring' or determining these three constructs, it still offers a sounder judgement than labelling responses as 'acceptance'. As research shows, while there are cases of collusive 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.

**Chapter 5**

**The Factors that Predict the NOC's response are as Important as the Response.**

In the previous chapter, I did an in-depth analysis of how belief, support and protection may present themselves after CSA is revealed. I also briefly touched on the predominant factors that influence these inter-connected responses, namely financial dependence, fear and shame. This foundation sets the stage for a narrow focus on the factors that *predict* NOC belief, support, and protection. My research participants were strong proponents for the *circumstances* that may predict reactions, to be viewed as equally (if not more) critical as the responses to CSA. As social servants of South Africa (which is characterised by a unique socio-economic, political and public health context), their empathy and deep insight for NOC and child survivors alike came through powerfully.

Modern Anthropology has always warned about the danger of telling a single story or reproducing a popular narrative. My participants are wary of research on non-offending caregivers doing the same.

**Maternal Relationship with the Perpetrator as a Predictor of Parental Support/Protection**

Elliot and Carnes (2001:318) reference a report that found mothers to be less protective of the children when the perpetrator was the 'natural' father or romantic partner than when he was an extrafamilial relative or complete outsider (Salt et al., 1990). Despite these apparent trends, there is a lack of clear findings concerning the impact of whether the perpetrator "was a biological father, a stepfather, the mother's current marital partner, the mother's live-in partner, the mother's boyfriend, another non-father-figure relative, or an extrafamilial offender" (Elliot & Carnes, 2001:318). Other research that analyses this is largely ambivalent. For example, Everson et al. (1989) reported 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 (Elliot & Carnes, 2001:318).

Contrarily, Faller (1988) found the opposite to be the case. Salt et al.'s (1990) study also 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. Elliot and Carnes (2001:318) state that it is important to note that several studies failed to find a significant relationship between levels of support/protection and the mother's relationship with the perpetrator (e.g., Deblinger et al., 1993; De Jong, 1988; deYoung, 1994). This further compounds the inconsistencies on this issue. They attribute ambivalent results to different definitions regarding the mother's relationship with the offender used across research studies. Case in point, some studies include sexual abuse by a stepfather as incestuous, whilst others deem it as non-incestuous due to the non-biological relationship (Elliot & Carnes, 2001:318). Further research on the distinction between intact and non-intact families is crucial, since "mothers' reactions may differ depending on the extent to which they have an emotional commitment to, and/or economic dependence on, the offender" (Elliot & Carnes, 2001:318). Although this was not a frequent point in my interviews, it did present itself as noteworthy when evaluating responses to CSA.

## Maternal History of Abuse as a Predictor of Parental Support/Protection

Both the social workers whom I interviewed, noted the possible 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. Leifer et al. (1993) found that mothers' history of sexual abuse was *not* a significant predictor of maternal support. Nevertheless, the results did suggest that "maternal substance abuse and social isolation were important mediating variables between maternal history of sexual abuse and the mother's response to her daughter" (Elliot & Carnes, 2001:319). Unfortunately, a non-offending father's history of sexual abuse as a predictor of belief, support and protection remains vastly under-researched or fails to be analysed as extensively as a non-offending mother's.

## Victim's Age as a Predictor of Parental Support/Protection

My review of the literature sheds light on how a victim's age may affect NOC responses. This includes the age at which they experience sexual abuse and the age at which they disclose it. As is evident and understandable, fear and shame might strongly impact whether and at what point a survivor discloses the sexual abuse. However, empirical studies examining the extent to which parental support varies due to a victim's age, are also riddled with inconsistent results. "Despite this, data from several studies suggest that mothers are more likely to believe and support

younger children" (Elliot & Carnes, 2001:319). Sirles and Franke (1989) reported that the majority of mothers expressed belief regardless of the child's age, but were more likely to do so if the child was a preschooler (95%) than if he or she was latency age (82.4%) or a teenager (63.2%), (Elliot & Carnes, 2001:319). Heriot's (1996) report that "adolescents were at greatest risk for non-protection from their mothers", is supported by Salt et al.'s (1990) findings that "mothers expressed greater concern and protective behaviour toward younger children and were more likely to be angry and punitive with older children" (Elliot & Carnes, 2001:319).

**Victim's Gender as a Predictor of Parental Support/Protection**

Throughout this research project, the construct of gender has proved to play a significant role in the response of NOC. Yet, studies examining the relationship between NOC support and the child's gender have also yielded ambiguous results. Some studies found no significant link between maternal support and the child's gender (e.g., De Jong, 1988; Everson et al., 1989; Heriot, 1996). While other studies *have* "found mothers to be more protective" (e.g., Salt et al., 1990), "less punitive" (e.g., Salt et al., 1990), "and more likely to believe and help (Lyon & Kouloumpos Lenares, 1987) sons than daughters" (Elliot & Carnes, 2001:319). Yet, there is no indication of why this is the case. Pintello and Zuravin (2001) found that male sexual abuse victims were more than twice as likely to be met with belief and protection by their mothers than were female children (Elliot & Carnes, 2001:319). However, once again the response of father's and their relation to the gender of the child who was abused is not found in these studies. Stroud's (1999) retrospective study found that although the child's gender did not predict perceived support from mothers or brothers, male children perceived significantly less support from fathers and sisters (Elliot & Carnes, 2001:319).

I strongly agree with Elliot and Carnes' (2001:319) suggestion that future studies are necessary to clarify the relationship between the gender of the child and support received from mothers and other family members. Interestingly, the gender of the perpetrator also plays a role in how allegations of sexual abuse are received. Of the women interviewed in Tener's study, sixteen of them described the public identity of their male perpetrators as "normative, possessing a range of respectable attributes" (Tener, 2017:7). In contradiction to this, the female survivors felt they "possessed much lower status" (Tener, 2017:7). Consequently, and understandably so, they

tended to believe that disclosure would trigger societal support for the perpetrator but not for them. As society would not believe that such 'successful and honourable' men could ever violate their daughters (Tener, 2017:7).

### i. *"Emotionally, they're sitting on the fence": Inconsistency and Vacillation in Responses*

Weingardt (2000) "stated that human beings often experience coexistent positive and negative affect toward the same person, object, or behaviour. This experience of being 'of two minds', of bipolarity, of vacillation, of the dialectical push and pull of internal conflict is commonly referred to as ambivalence" (Weingardt, 2000:298). It is important to consider whether post-disclosure ambivalence in NOC might be normative in some situations. "*Behavioral* ambivalence appears to be conceptualized as a negative response by NOC, as evidenced by the number of children removed from ambivalent guardians" (Everson et al., 1989). Yet, an ambivalent response to the disclosure can be "considered *normative* when (a) stressors and costs associated with the disclosure are higher and resources are lower, (b) the guardian has a more ambivalent/preoccupied style of attachment, and (c) the guardian experiences the disclosure of the child's abuse as traumatic" (Bolen & Lamb, 2004**:**195).

Firstly, it is suggested that higher costs and stressors coupled with fewer resources after disclosure increase the likelihood that the NOC will respond with ambivalence (Bolen & Lamb, 2004:195). This was a point stressed by one of my participants who works closely with families who are disadvantaged in many ways – such as a lack of access to necessary resources to better respond to the victim. They identified 'resources' to include but not be limited to, an alternative safe residence, financial support if the perpetrator was the breadwinner, adequate access to a doctor and/or psychologist and sufficient support from or access to law enforcement. Bolen & Lamb (2004:196) state that as the stressors increase (which my participant identified as pressure from others to act, threats by the perpetrator or a drastic change in the victim's behaviour) and as losses mount, NOC may use less effective coping mechanisms (Hobfoll et al., 1996). This may then be assessed by clinicians as ambivalent. As is often the case in low-income households, for NOCs with the *most* stressors and the *least* resources, there is an increased risk of experiencing the spiralling losses that lead to more depleted coping mechanisms and ambivalence in response.

Lastly, it seems reasonable that these same at-risk NOC "can least afford to lose the support provided by the perpetrator and thus may react with the greatest ambivalence" (Bolen & Lamb, 2004:196).

Secondly, as I described in Chapter 4, many NOC experience grief and loss post-disclosure. It is suggested that these NOC who experience the disclosure in this traumatic way, may be at greater risk for experiencing ambivalence (Bolen & Lamb, 2004:197). It is not explained why, but a few of my participants have illustrated it as their inability to come to grips with the reality of the CSA and that similarly to other forms of grief, there are stages to it. Sometimes the NOC may be so overwhelmed by the trauma that they may even completely dissociate. Unfortunately, such negative or inconsistent family reactions have a greater impact on survivors' well-being than positive ones (Campbell, Dworkin, & Cabral, 2009; Tener, 2017:2).

Yet, Bolen and Lamb (2004:186) point out that others only perceive optimal support to be sufficient, therefore, "conceptualizing any vacillation in support as a negative response to disclosure" (Leifer, Shapiro, & Kassem, 1993). In response to this notion, they articulate an alternate conceptualization for vacillating responses of NOC. Based on the "interdisciplinary literature on ambivalence, it is proposed that this vacillation, or ambivalence, is not simply the midpoint of a linear scale capturing negative to optimal levels of guardian support. Instead, it is composed of two different valences—those toward both the child and perpetrator—thus necessitating a more complex conceptualization" (Bolen & Lamb, 2004:186). While that is a mouthful, I have already argued that ambivalent behaviour towards a perpetrator does not necessarily indicate an ambivalence in their belief, support and protection of the child. Ambivalence occurs when the "valences toward both the child and perpetrator are stronger, representing the guardian's conflict between wanting to support the child while also experiencing some allegiance toward the perpetrator" (Bolen & Lamb, 2004:186). Due to this, NOC might experience distress and express inconsistent behaviours. Thus, ambivalence may be a potentially normative response to disclosures of sexual abuse under certain circumstances (Bolen & Lamb, 2004:186).

With so much of the existing research yielding many inconsistent and confusing results, the most important key which grounds my research throughout, are the experiences and expertise of my participants. As is so evident, 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 tentative circumstances (particularly non-offending mothers), is not a negation of the immense responsibility that NOC has towards believing, supporting and protecting their children.

**Chapter 6**

**Conclusion**

At the beginning of the research process, I set out to determine what it means to 'accept' CSA and whether it is in fact that definitive. I found an overwhelming amount of evidence on the varying responses of NOC to the disclosure of CSA. Yet, the more I tried to make sense of what the notion of 'acceptance' looks like and means in these cases, my findings pointed out that such an inquiry is inadequate, too narrow and poses the danger of sketching a particular preconceived narrative about NOC. With the help of my supervisor and my insightful research participants, my argument started to take on a broader conceptualization of the range and types of responses by NOC after disclosure. Within this framework, I argued that it is more useful and ethnographically sound to instead ask *whether* NOC 'accept' CSA. Thereafter, I further argued that the notion of 'acceptance' fails to capture and represent the complexities of responses. The interconnected themes of belief, support and protection became the guiding identifiers through which to view and dissect my findings.

I have become increasingly aware of the fact that sexual abuse is a severely traumatic experience for anyone who is victimized by it. The trauma thereof often extends to NOC who needs to grapple with the reality of it happening to their child/children. With empathy and insight, this understanding is etched into every statement and argument presented in this research study.

**Implications and Future Directions**

There is an immense need for research on the responses of non-offending familial males (such as fathers, brother, uncles and guardians) to the disclosure of CSA. Their stark absence in the research risks telling the false and dangerous story that mothers are the only caregivers implicated in and responsible for believing, supporting and protecting child victims. Studies involving male children who are survivors of sexual abuse and their experiences of disclosure is also lacking. Most often, the experiences of young females are explored. While the epidemic of Gender-Based Violence in South Africa warrants such research, non-female child victims are being failed if their experiences are under-researched. Simply because they are perhaps in the minority as targets for CSA, it does not make them any less susceptible to sexual violation in a world that is ever-increasing in violence. Furthermore, the perspective of survivors on their

experiences of non-offending caregivers to their abuse may very well be qualitatively different to existing research involving only the NOC's experiences. Studies were done 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. I offer a provocative thought: Perhaps acceptance if meaning 'coming to terms with', *is* necessary to completely move forward in a healing, constructive way for both the survivor and the NOC.

Moreover, as I mentioned in Chapter 4, although research shows that while there are cases of collusive 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. Based on my training as a Social Anthropologist, I would argue that the discipline heralds ethnographically sound research and epistemology over semantics. Yet, it does not waver in tinkering with the irrefutable power that language exacts onto our social worlds.

Finally, the words of Anthropologists João Biehl and Peter Locke aptly bring this paper to a close, in saying: "*We try to write about what is missing, but in so doing we create new possibilities. The life stories we compose do not simply begin and end*" (Biehl & Locke, 2017:32). *It is in this spirit of open inquiry and wonder, of not being governed too much, of creating relations and always probing their very natures and stakes, of becoming a mobilizing force in this world, that Unfinished ends with blank pages—after all, readers and the distinct publics they make up are also part of the writing and of how the story continues (Biehl & Locke, 2017:33).*

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