Tutorial Letter 102/0/2017

Sexual Trauma

MGG2602

Year module

Department of Social Work

IMPORTANT INFORMATION:

This tutorial letter contains important information about your module.

TABLE OF CONTENTS

Pages

1. INTRODUCTION

Please note that the study guide for this module has been updated due to certain information in the study guide was outdated. However, study guides are prepared for specific time frames and this module's study guide is not yet up for renewal. Rather than confusing you with the multiple corrections, I have included the entire study guide containing the relevant corrections in this tutorial letter. Therefore, you will not be receiving a separate study guide for this module. The only two important documents that you will need for this module are Tutorial Letters 101 and 102.

2. PURPOSE OF THE MODULE

The purpose of the course is to contribute to developing the knowledge of professionally competent people in the field of sexual abuse so that, on graduating, they will be able to provide counselling to sexually abused individuals, children and adults, and their families

3. NOTE ABOUT THIS TUTORIAL LETTER 102

Your exams will be based on the theoretical content that is covered in this Tutorial Letter 102. This is a year course. There are nine themes that you have to work through during this year. Therefore, you will have approximately one month to study and to work through each theme. The themes that you are required to cover during the course are: defining sexual trauma, sexuality, theoretical approaches to sexual trauma, child sexual abuse, adult survivors of sexual abuse, the healing process relating to sexual abuse, rape, male rape and the prevention of sexual abuse. Each theme consists of theory and activities for you to do on your own. The activities provide you with an opportunity to reflect on the content that has been dealt with and to prepare you for what is to follow.

Before you tackle a theme, take time to stop and think about what you are about to cover and assess how much you already know about it. Then read through the theory and tackle the activities, which will give you an opportunity to see whether you know how the theory should be applied. On completing the theme, consider what aspects of the theme should be transferred to your home and broader social context. You will be asked to record your activities and the tasks you are expected to undertake in your learning journal. The learning journal is a book or preferably a file in which you will keep a record of the development of your ideas, attitudes and understanding of sexual trauma. Some of the activities involve contacting various service providers in the field of sexual abuse. Any pamphlets or brochures that you collect during your visits should be filed in this journal. It is hoped that, on completion of this course, your learning journal will serve as a useful source of reference.

4. WHAT THIS TUTORIAL LETTER 102 IS NOT ABOUT

The study of sexual trauma is very broad. The Tutorial Letter 102 will not cover all aspects of sexual trauma or all the theoretical models used in the field of sexual trauma. You will not find information about sexual abusers, because it is too difficult to develop a curriculum for every aspect of sexual abuse in a one-year course. Finally, being competent as a helper in this field requires a great deal of practice supervision and, as this is a distance learning course, we cannot provide adequate opportunities for such supervision. Learners who are

interested in gaining practice experience in this field are urged to contact ChildLine, FAMSA and LifeLine, who provide training to voluntary counsellors.

THEME 1: DEFINITIONS

Before we start exploring this theme, take a moment to think about the following questions

Write down your answers in your learning journal.

In this theme, we will explore the similarities and differences between the effects of stress, crisis and trauma in the lives of different people. Look at the following examples and decide whether an example indicates stress, a crisis or trauma. Make a mark in the block next to the statement that you think is the most applicable, for example:

This is an example of stress. ☒
This is an example of a crisis. ☐
This is an example of trauma. ☐

Example one

Bongi is starting her new job today and she is very worried because she has been waiting for a taxi and every taxi that passes her is already full. She does not want to arrive late on her first day. She feels like crying.

This is an example of stress. ☐
This is an example of a crisis. ☐
This is an example of trauma. ☐

Example two

Ishmael is waiting for the results of his HIV/AIDS test. He does not know what he will do if he tests positive. When he thinks of the shame and what his family will say, he thinks that suicide may be his only way out.

This is an example of stress. ☐
This is an example of a crisis ☐
This is an example of trauma. ☐

Example three

Anna Sepeng was called by the police to identify the body of her son. Her son disappeared two weeks ago. Neighbours saw her son getting into a car with three men. One was dressed as a policeman. Today the police came to inform her that her son has died. She must go to the mortuary to identify her son's body.

This is an example of stress. ☐
This is an example of a crisis. ☐
This is an example of trauma. ☐

Example four

Salome's boyfriend beats her every night. Sometimes he does this when he is drunk, but he beats her whether he is drunk or not. Salome cannot face another night.

This is an example of stress. ☐

This is an example of a crisis. ☐

This is an example of trauma. ☐

FEEDBACK

Do not worry if you wanted to mark more than one block at a time or really did not know what the difference between stress, crisis and trauma is. Stress is present in a crisis as well as in trauma. A crisis is somewhat more serious and takes longer to resolve than stress. For example, if Bongi is late for work, she might receive her first warning and that might be a crisis! Or in the case of Salome, it is obvious that her situation is very stressful, that for her this is a crisis and that she experiences her situation and her lack of power to change it as traumatic.

There were no right or wrong answers to the above questions. In the following section we will discover the unique characteristics of stress, crisis and trauma.

After studying this theme, you will

- be able to define trauma
- be able to define sexual trauma
- be familiar with the criteria for post-traumatic stress disorder
- understand the purpose of counselling
- have clarity on the role of the professional helper
- be able to identify the tasks, skills and values of the professional helper when dealing with sexual trauma

1.1 INTRODUCTION

Definitions of stress, crisis and trauma are confusing. In modern times people tend to use these terms loosely and interchangeably to describe their feelings when faced with new or difficult situations. Using these terms as synonyms has blurred the distinctive features of each of these concepts. Helping professionals need to separate these terms so that they respond appropriately to people in need, because each situation requires different levels of intervention. This chapter sets out to explain the differences between these concepts. It defines sexual trauma and trauma counselling, and explains why trauma counselling is effective in assisting survivors to recover. The helper's role in the healing process is explained.

1.2 DEFINING STRESS, CRISIS AND TRAUMA

1.2.1 Stress

Stress is a term that is used to describe the strain we feel at different times in our lives or in different situations. Firstly, stress may be considered as a set of external forces impinging on the individual, such as the unemployment situation in the country, the high crime rate, and so on. Secondly, it may be viewed as a set of psychological and physiological reactions experienced by the individual, such as a racing heart, sweaty palms and negative self-talk. It may be described as our nerves, anxiety, panic, tension and pressure. We all get stressed and the symptoms are fairly recognisable and common to most people. While much adverse publicity is given to stress, it should, in fact, be considered as an opportunity for further growth. Stress is the spark that pushes us to challenge the situations we find ourselves in and to find new ways of coping. An example in this regard is that of an employee who feels stressed because of work-related issues and who then challenges the employer to address the situation and to bring about better working conditions, or a resident who challenges neighbours to confront police about delays in their response to calls. We can conclude that the extent to which the individual experiences stress depends on the event itself, together with the individual's personality and ability to cope.

1.2.2 Crisis

Most individuals experience some kind of crisis at some time in their lives. A crisis is a normal reaction that an individual has to a difficult experience that they have not had to face before. Lewis (1999:5), a child therapist associated with the Trauma Clinic of the Centre for the Study of Violence and Reconciliation, explains that when a person is in crisis, they feel confused, overwhelmed and unable to cope. A crisis may be an external event, such as a work-related transfer or losing money as a result of a poor investment. Alternatively, it may be an internal event caused by development, such as a young woman adjusting to her new role as a wife. A crisis is usually a turning point. It is an opportunity for the individual to discover and use inner strengths to adjust to a changing world, find relevant supportive resources and learn new skills that can be generalised to resolve future crises.

1.2.3 Trauma

1.2.3.1 Trauma definitions

Trauma may be defined as situations "in which the victims are rendered powerless and great danger is involved" (Matsakis 1996:16). The Recovery Organisation expands on this definition by saying that trauma is a profound deviation from normal life experience. Both definitions suggest that trauma is sudden, overwhelming and unanticipated. The individual experiences fear, helplessness, loss of control and extreme powerlessness. The trauma-inducing situation suggests a threat of injury or death to the person or others around them.

The loss of a job or a parent may change your life forever, but these are expected losses. However, should you lose several family members or friends in an accident or a natural disaster, you would be considered a trauma survivor because the simultaneous multiple losses are clearly unexpected, out of the ordinary and overwhelming.

"Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptions to life" (Herman 2001:33). Judith Herman, a psychiatrist who made the connection between the "heroic" suffering of men in war and the degrading suffering of women who are victims of rape, explains that traumatic events are extraordinary. They generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. These defy the individual's need for dignity, fair play, security, self-control and belonging. The most noticeable characteristic of traumatic events is the feeling of helplessness and terror that their victims are left to deal with.

1.2.3.2 The effects of trauma

The difference between a traumatic experience and stress is clear. Because of its intensity and magnitude, trauma overtaxes a human being's ability to cope. Traumatic events may damage the mental health of individuals who experience them. Herman (2001) describes how traumatised people feel and act as though their nervous systems have been disconnected from the present. The person is left with a persistent expectation of danger, an imprint of the traumatic event that does not want to fade and a numbing response of giving up, which becomes generalised. The consequences of trauma may therefore be very severe.

> "Just as the body can be traumatised so can the psyche. On the psychological and mental levels, trauma refers to the wounding of your emotions, your will to live, your beliefs about yourself and the world, your dignity, and your sense of security" (Matsakis 1996:17).

The impact of trauma on the individual's psyche has a major influence on the individual's normal ways of thinking and feeling, and so previous coping mechanisms that were used to handle stress in the past are no longer effective or functional. When individuals experience a traumatic event, they feel ''more like a thing, a vulnerable object, subject to the will of a power or force greater than [themselves]'' (Haley in Matsakis 1996:18). Traumatic events may have an impact on the person's personhood, individuality and humanity. The impact of trauma may be aggravated through the insensitive handling by those professionals who deal with them after their traumatic event. This will be discussed in greater detail later.

1.2.3.3 Different kinds of trauma

There are different kinds of trauma. When the trauma is caused by nature, Herman (2001) describes it as a disaster, but when it is caused by humans, she refers to is as "an atrocity". Lewis (1999) and Matsakis (1996), an American psychiatrist who works extensively with trauma, classify the different kinds of trauma as

- natural disasters (floods, fire, hurricanes, earthquakes, and so on)
- man-made catastrophes (war, terrorism, bus disasters and civil unrest)
- unintentional violence (motor vehicle accidents and culpable homicide) and intentional violence (physical assault, sexual assault, domestic violence and hijacking) (Intentional violence encompasses forms of victimisation involving a threat to life, health (psychological and physical) and limb. Sexual trauma falls within this category.)

1.2.3.4 Direct and indirect trauma

A common misconception is that trauma involves only those people who were directly affected by the traumatic incident. Lewis (1999) asserts that a traumatic event may affect witnesses and those who have direct contact with the direct victim, which is termed indirect traumatisation. This suggests that any person who witnesses a death, a rape or an assault of another person is at risk of becoming traumatised. The symptoms experienced by victims of indirect trauma can be identical to those experienced by victims of direct trauma. It is important to realise that persons, such as policemen, journalists and helping professionals, who come into contact with scenes or stories of violence and trauma need to take precautions against indirect traumatisation. They need access to supervised debriefing sessions. Loved ones of victims of trauma may be indirect victims of trauma. A man whose partner has been raped may experience a range of symptoms himself as he tries to make sense of the trauma that his partner has undergone and the ways in which it fragments their relationship. Domestic violence leads to a large number of child witnesses.

Children become captives who cannot escape from bearing witness to violence; they become prisoners of their unexpressed emotions because they cannot share their pain for fear of betraying their primary caregiver. Helping professionals should be sensitive to the needs of family members of victims of trauma, too. More often than not, they are overlooked.

An individual may also be involved in a traumatic event as both a direct and an indirect victim. An example of this is the child who witnesses the mother being raped while being held hostage during a robbery. The violent act of the perpetrator is likely to have an enormous impact on the child. Other indirect victims include second generation trauma survivors such as the children of those who have been traumatised and have experienced severe social and psychological difficulties as a result. The disruption experienced by individuals and families during the freedom struggle in South Africa certainly is an example of this. Children of the freedom fighters undoubtedly bear the scars of fragmented family life. They experienced living in exile while their loved ones were detained and subjected to torture. On the release of their loved ones, the children had to witness, and deal with, the harmful consequences of their parents' trauma.

1.2.3.5 Single versus multiple trauma

Trauma may be the result of a single event, such as an armed robbery or the loss of a limb through cancer, or it may involve multiple traumas, as in the case a person who has been hijacked more than once.

1.2.3.6 Continuous versus complex trauma

Lewis (1999) describes two kinds of trauma that are particularly relevant to this course: continuous traumatic stress and complex trauma. Continuous traumatic stress describes situations where people are exposed to ongoing trauma. Many South Africans who live in areas with high levels of violence are constantly exposed to violence and have been traumatised repeatedly. The violent crimes seem to become more brutal and residents in these areas live in constant threat of danger. An example of someone who experiences continuous traumatic stress is a person who has been hijacked at gun point on more than

one occasion. When people are repeatedly exposed to traumatic situations, they appear to develop a ‘‘numbing’’ response to any new or additional traumatic events, making it more difficult for themselves, their family or professionals to detect that they are traumatised. These people are often mistakenly regarded as being lethargic or even depressed and because they do not understand what is happening to them, they do not ask for help.

ACTIVITY

Stop and think of social realities that generate continuous traumatic stress for you. You may be living in an area with a high crime rate. HIV/AIDS issues may be the source of your continuous stress. You could be struggling with discriminatory practices that result in your sense of insecurity and panic. Unemployment and lack of training may perpetuate feelings of helplessness and powerlessness that affect your sense of wellbeing. Write five lines to plot your continuous stressor. Decide whether the issue in question is a stressor, a crisis or a trauma for you. Explain - in five lines - your answer in your learning journal.

FEEDBACK

We are surrounded by so many stresses in modern-day life and these stresses affect us directly or indirectly. Stress and crises are part of the human experience and always will be. However, when traumatic things happen to us they often alter our assumptions about life, people and ourselves. These altered assumptions may have an impact on the way we view and deal with others who are in pain. For example, if a person has been severely emotionally and sexually abused, the assumption that they develop about themselves is that they don’t deserve happiness. They have learned that their feelings don’t count. There is a strong possibility that because they have not been treated with kindness and their needs for affirmation have not been met, they will be less sensitive to the needs of others. Alternatively, because they are so aware of the harmful effects of their abuse, they may over-identify with others who have been exposed to similar experiences. As helpers we must be self-aware. If the impact of traumatic events on our lives is one of intense pain, then we have a responsibility to seek support and guidance to overcome it.

Complex trauma is a term given to situations in which victims experience prolonged, repeated traumatic events. There is usually a relationship between the victim and the offender. Typical examples of these situations are the woman who experiences marital rape or the child who is sexually abused by a parent. This form of trauma is very damaging, because the victim is under the control of the offender and cannot escape for an extended period. Such children may be held captive by physical, economic, social and psychological forces. The first trauma is unexpected, but in time, the victim awaits further incidents with enormous psychological tension. Much attention will be given to this form of trauma in this course.

In conclusion, while stress and crises are part of the human experience at one time or another, it must always be remembered that people are likely to respond differently to these

experiences. What may be considered a “stressful event” by one person, may be regarded as a “crisis” by another. What one person experiences as “stressful”, another may experience as “trauma”. Stress, crisis and trauma are all relative to how individuals react to situations, and these concepts should never be generalised from one person to another. The explanations given in this section serve to alert the reader to two things: Firstly, there is a hypothetical continuum that plots stress, crisis and trauma and that demonstrates the increase in intensity from stress to trauma. Secondly, there are generic definitions of each of these terms. In practice, these distinctions may be difficult to make and they should merely serve as a guide to the practitioner. One should recognise at all times that each person perceives his or her individual experiences in a unique way. Practitioners should never use their definition of stress, crisis and trauma, but the client’s definition.

1.3 DEFINING SEXUAL TRAUMA

ACTIVITY

Although discussing sexuality may be a recent “freedom” in a secularised Western context, different cultures and religions may be extremely uncomfortable with addressing it openly. In view of this, you may experience talking and learning about this topic as stressful. It is, however, critical for each learner to plot his or her own views of sexual trauma early in this course. In your study journal, plot your views of sexual trauma.

You may wish to ask advice from an imam, a rabbi, a traditional chief, a minister of religion or a crisis counsellor to assist you in formulating your response. It may be useful to refer to local newspapers to find articles that deal with sexual trauma. Read between the lines in order to identify and to understand current societal messages about sexual trauma in your community.

FEEDBACK

What we - or some of us - view as sexual trauma today is not exactly what was considered sexual trauma years ago or as sexual trauma by others, nor what is defined as sexual trauma by law. The notion of sexual trauma, that is, its nature and its causes, changes. There may be differences in men and women’s understanding of which acts count as sexual trauma. Definitions are influenced by age, culture, socioeconomic status, education, peer group attitudes toward gender roles and perceptions of a community’s general vulnerability to crime. One is not likely to find universal definitions of trauma. The impact of sexual trauma can only be viewed against every individual’s perception of life at a particular point in time. For example, participation in sex acts by a minor may ensure survival for the entire family. An eight-year-old boy, who is prostituted by his family to provide the family with an income, may be labelled harmful and exploitive by one sector of a society, but the boy’s family may consider it to be their only means of survival. Another example is a schoolgirl from an impoverished background who willingly performs sex acts with a ‘‘sugar daddy’’ in exchange for tuition fees, clothing and small luxuries in order to advance her position in society. She may be puzzled when others consider her to be manipulated by the older person and may

not realise the coercive nature of the sexual arrangement. At the outset, it can be seen that there are inherent difficulties in defining what can be considered sexual trauma.

The *Penguin Dictionary of Psychology* defines sexual trauma as "[a]ny trauma of a sexual nature. A disturbing or anxiety producing event relating to sex that has a lasting effect on sexual adjustment" (Reber 1985:694). This definition seems to be too simplistic in the light of the explanations given in the preceding section relating to the definitions of trauma. It should be noted that sexual trauma often involves not just a single event, but a series of events. Helpers would say that sexual trauma affects more than a person's sexual adjustment; it wounds the person's soul, affects many areas of his or her social functioning and creates havoc with his or her health. Individuals who discover that they are HIV positive after they have been raped are likely to feel turmoil in many different areas of their functioning, not just sexually.

I propose the following definition of sexual trauma: Sexual trauma is any trauma of a sexual nature. It may be described as a disturbing or anxiety-producing event that, if left untreated and/or unresolved, may have a lasting effect on the person's sense of self. It may be related to an event that, at the time, was not disturbing or anxiety producing because of the person's lack of knowledge or insight into the situation. Then, thereafter, with increased knowledge, maturity or insight, the event takes on a traumatic meaning. The trauma creates emotional turmoil in the lives of survivors and greatly affects their relationships with other people, their self-esteem and their sexuality.

This definition is quite long and you do not need to learn the whole definition. You should, however, learn the following points:

(i) It is any trauma of a sexual nature.
(ii) The trauma creates emotional turmoil for the survivor.
(iii) The trauma may impair the trauma survivor's functioning in certain areas, such as self-esteem, relationships with other people and sexuality.
(iv) These problems may only manifest much later, when the survivor develops an understanding of the wrongness of the activities he or she participated in, given that his or her participation may even have been passive.

ACTIVITY

Reflect on the following case examples:

Example one

Koovendri is an intelligent 24-year-old who has a steady boyfriend. She finds that as her relationship with her boyfriend becomes more physical, she is overwhelmed by memories of her past that relate back to her uncle's actions towards her. When she was seven or eight years old, her uncle used to drop in to visit her family. She always felt uncomfortable because when her parents weren't home, he would get her to sit on his lap. Slowly his

affectionate hugs progressed to touching her between her legs. He made her promise not to tell anyone about their "game" because her family would think that she was dirty and bad. While Koovendri enjoyed her uncle's friendship, she did not feel good about these games. She felt guilty because her body responded to his touch and thought this was evidence that she was bad. She was too afraid to tell anyone. Finally, when she was about 12 years old, she decided to hide when he visited. When he cornered her after she had evaded his visits for several months, she threatened to tell on him if he ever touched her again. She was surprised that he stopped. As a grown woman she cannot believe that she was foolish enough to have kept this secret to protect her family for so many years.

This is an example of sexual stress. ☐
This is an example of a sexual crisis. ☐
This is an example of sexual trauma. ☐

Example two

David was a middle-aged visitor to Durban. Because he enjoyed dancing, he visited a local bar that had been advertised as a "gay" bar. After he had enjoyed a few drinks and had danced with a very attractive 19-year-old man, David decided to invite him to his hotel room for coffee. While David sensed that the young man was physically attracted to him, he certainly was not interested in casual sex. He was more interested in the young man's vast knowledge of Durban architecture. After coffee had been delivered to the room, David was horrified when the young man robbed him and then raped him. He was too ashamed to tell anyone. He could not believe that he had been so foolish.

This is an example of sexual stress. ☐
This is an example of a sexual crisis. ☐
This is an example of sexual trauma. ☐

Example three

Regine was a well-developed 14-year-old. She was often in trouble at home because she just wanted to party and have fun. She was befriended by a local 26-year-old taxi driver who often transported her to and from school. The driver paid her many compliments and started to buy her gifts. She was flattered to receive attention from him and felt deeply for him, as she learned that his marriage was over. They spent more time together and before long started kissing and cuddling. Her parents were very anxious about this relationship. One day he took a different route home. He stopped the taxi and after kissing her pulled her onto the seat and forced her to have sex. She told her parents, who wanted to lay a charge of sexual abuse against him. She didn't want to because she was in love with him. Her mother could not forgive her for being so foolish.

This is an example of sexual stress. ☐
This is an example of a sexual crisis. ☐
This is an example of sexual trauma. ☐

Example four

In a desperate bid to have children, Ishwar and Vishanti have been undergoing treatment for infertility. Vishanti has found that this treatment has invaded the innermost part of her being. Being quite shy about being naked and having several infertility specialists examine her, she has even begun to stiffen when Ishwar attempts to touch her affectionately. Ishwar is unaffected by the artificial reproductive procedures and is less anxious about having a baby than Vishanti. She is very tense and her eating and sleeping patterns have been negatively affected. She begins to question whether Ishwar should have married her in the first place, because she feels that she has failed the most basic function of marriage: to provide her husband with an heir.

This is an example of sexual stress. ☐

This is an example of a sexual crisis. ☐

This is an example of sexual trauma. ☐

FEEDBACK

Once again you may have wanted to mark more than one block at a time. The critical issue in each of these situations was the extent to which each character was affected by the unanticipated outcome of specific events. In such situations, the victim experiences a sense of powerlessness and has to deal with perceived threats to the self or loved ones.

All the characters in the examples may have perceived their situation as traumatic. These situations have the potential to create emotional turmoil for the victims. The characters may, as a result of what has happened, start to experience problems such as lowered self-esteem or problems with their partners and may find that what happened to them has an impact on their sexuality. We cannot anticipate when these difficulties will manifest - it may occur quite soon after the incident or much later, as and when the person has to deal with the stress of entering a new developmental phase.

Sexual trauma may be the result of one sudden, horrifying, unexpected event, such as a rape. In other situations, such as child sexual abuse, it may engender continuous traumatic stress and the symptoms are likely to be more complex and long-lasting. Some victims of sexual trauma are likely to be victims of multiple traumas. In discussing re-victimisation, Herman (2001) points out that the adult survivor of child sexual abuse is doubly likely to risk further rape, sexual harassment or battery. In her research, Russell (1997), a well-known feminist author on sexual trauma, reports that she found incest survivors were more likely to be raped by non-relatives than women with no incest history. Incest survivors were also more likely to be raped and beaten, sexually abused by authority figures and subjected to pornography-related sexual abuse. Sexual trauma not only affects the victim, but also those people who may have witnessed it. Sadly, in times where brutal and senseless crimes are common, the press highlights incidents where family members are forced to witness the sexual assault of their partners, wives or daughters during armed robberies. Their inability to respond and protect their loved ones intensifies their sense of helplessness, horror and victimisation.

There are different types of sexual trauma, which will be discussed next.

1.3.1 Rape and child sexual abuse

The most obvious forms of sexual trauma are rape and child sexual abuse. ChildLine, a national organisation in South Africa that offers holistic services for abused children and their families, reports the following:

- One in four children in South Africa will be abused sometime in childhood.
- Just as many boys as girls under the age of ten years are sexually abused.
- A total of 80% of the offenders of sexual abuse are known to, and trusted by, the child victims.
- There has been a significant increase in young offenders (under the age of 18 years) who sexually abuse children.
- A total of 99% of sexual abuse perpetrators are men.
- Worldwide, only 5% of offenders of sexual abuse are convicted (ChildLine Brochure 2004).

Welfare organisations in South Africa have noted that school-going children are prostituted by their indigent parents to provide their families with an income, abandoned children and children living on the streets engage in survival sex, children are prostituted at shebeens and shacks of migrant workers, children are trafficked into prostitution rings controlled by several crime syndicates, schoolgirls are sexually exploited by taxi drivers, children under 18 engage in sex work on the city streets and in brothels, 10-year-old to 12-year-old children are held captive in brothels and forced into prostitution and there is an increase in the demand for sex with children due to the belief that children are free from the human immunodeficiency virus (HIV) (ANC Newsbrief, 1996). In 2002, a university researcher, Mike Earl-Taylor, estimated that nearly 60 children were raped every day in South Africa (2002). Botswana, who traditionally banished men who committed incest to live among wild animals, has found that there is a growing incidence of incest, particularly the rape of young girls by their stepfathers and maternal uncles (Speakout, 2004).

1.3.2 Female genital mutilation

Genital mutilation, in relation to a female child, is defined in the Children's Act 38 of 2005 as "the partial or complete removal of any part of the genitals, and includes circumcision of female children". This practice is prohibited by the Children's Act in section 12 (3).

Female genital mutilation, a traditional practice in some African cultures, may result in sexual trauma.

Some people may view these examples as crises rather than traumas. The classification as sexual trauma should only be made when the victims manifest very specific symptoms that are characteristic of trauma.

ACTIVITY

Reflect on the following points for a few minutes and then record your responses in your learning journal.

What are your feelings about working in the field of sexual trauma?

Are you aware of having any prejudices relating to people who have been sexually abused or people who are abusers?

If you have identified any prejudices, try to pinpoint how you developed them.

Do you have any prejudices such as sexism, homophobia or racism that could interfere with the way you perceive situations involving sexual trauma?

What steps should helpers take to ensure that their prejudices do not interfere with their work with survivors and perpetrators of sexual trauma?

FEEDBACK

Many people find that they cannot work in this field, which is quite acceptable. Some students report having difficulty dealing with an area that is considered taboo and that is seldom talked about. They find it uncomfortable to talk about sexual issues. Others report that they are upset by the pain that survivors of abuse experience. They feel that they are too sensitive to work in this field. Some struggle to deal with their feelings of anger towards the offenders in sexual trauma. The course is designed to encourage individual learners to review their attitudes relating to gender, sexuality and helping. The course is too short to enable you to qualify as a counsellor in this field. Further professional development is required for this. Should you be interested in developing your counselling skills in this field, you are urged to attend voluntary training programmes that are offered by organisations such as ChildLine or LifeLine. If at any stage you feel overwhelmed by the emotional nature of this course, you are urged to contact the lecturer or a professional helper in your area.

1.4 IMPACT OF TRAUMA

Trying to summarise the effects of trauma is complex. Trauma is a blend of different behaviours, feelings and physical responses. While the course may suggest common responses to trauma, I would like to warn that stereotyping survivors and looking for set responses is harmful, as it suggests the presence of pathology in those who experience trauma. Symptoms should always been seen as normal responses to an abnormal situation. Many variables are at work when individuals are traumatised: their age at the time of the incident, their relationship with the perpetrator, their gender, the duration of the traumatic episode, the extent to which effective interventions were available, the amount of support received after the trauma, the extent of the violence involved, their history of transcending earlier life crises, their psychological history, their perspective on the trauma, and so on.

1.5 THE BODY'S RESPONSE TO AN ABNORMAL AMOUNT OF STRESS

Many of a person's responses to trauma are appropriate to the trauma situation (Matsakis 1996). Threat arouses the sympathetic nervous system, causing the person in danger to feel an adrenalin rush and to go into a state of alert. Herman (2001) explains that threat focuses the person's mind on the immediate situation to such an extent that the person may disregard hunger, fatigue and pain. The threat evokes intense feelings of fear and anger. The person is poised for strenuous action to fight or escape the threat. When the circumstances are such that the person is unable to resist or escape, then a traumatic reaction occurs. The person's self-defence system becomes confused and disorganised, resulting in the person having prolonged changes in physical arousal, emotion, cognition and memory. The person's system goes into permanent alert, as if danger might return at any moment. These individuals startle easily and usually have a strong reaction to stimuli that may be associated with the traumatic event. The increase in arousal affects sleep and wakeful times.

Roth and Cohen in Roth and Lebowitz (1987) describe the two responses of fight and escape to acute stress as approach and avoidance. These processes may be conscious, unconscious, or both. Approach responses enable the person to be prepared for the acute stressful event. They enable the person to gather information necessary to take action and provide an opportunity for affective release. While this response allows individuals to integrate the experience into their perceptions of themselves and the world, it also engenders difficulties. It increases the experience of negative effects to a potentially dangerous level. This results in the person having heightened anxiety reactions and non-productive worry. Avoidance reduces the emotional impact of the event. It protects the individual from becoming emotionally overwhelmed and dysfunctional. But avoidance may result in the blocking out of information needed to lead to productive action. Prolonged use of the avoidance strategy tends to create emotional numbness and avoidance of certain aspects of the self and of life.

1.6 THE SHATTERING OF FUNDAMENTAL ASSUMPTIONS

Individuals have assumptions about themselves and the world they live in that they use to recognise, to plan for and to act upon all situations that they are called to deal with. To them, these assumptions are their reality. Seymour Epstein, in Janoff-Bulman (1992:5), was quoted as saying: ''A personal theory of reality does not exist in conscious awareness, but is a preconscious conceptual system that automatically structures a person's experiences and directs his or her behaviour''. This suggests that persons are not fully aware of these beliefs or assumptions, but they form some kind of backdrop that influences the way they approach situations and the way they feel about the world they find themselves in. These assumptions are usually positive and reassuring.

When persons experience trauma, it not only affects them physically and emotionally, but also upsets their beliefs about the self, human nature and the nature of the world. Because these assumptions are challenged, the person is likely to experience further psychological distress.

Matsakis (1996) explains that the anxiety, confusion, depression or disequilibrium

caused by the trauma is further exacerbated by the shattering of these assumptions. The person is left with doubts about who or what to trust and what to believe.

The three assumptions that victims are forced to reconsider are that they are personally invulnerable, that the world is orderly and meaningful and that they are good and strong people (Janoff-Bulman (1992)). These assumptions enable them to feel safe and comfortable enough to tackle life's stresses and strains.

1.6.1 Loss of invulnerability

''It can't happen to me!'' When addressing a group of students, I asked them to raise their hands if they thought that they would experience divorce or cancer or die in a motor vehicle accident. None of them raised their hands. Most people assume that they will be spared adversity. This assumption quickly changes when a person experiences trauma. The assumption changes to ''it has happened once before, who says it can't happen again?'' The person assumes a sense of doom.

1.6.2 The notion that the world is orderly and meaningful

People generally assume that by being careful, honest and good they can avoid disasters. When disaster strikes, they ask "why did this happen to me?" The assumption is that bad things do not happen to good people. For something to have affected their lives, they must have done something wrong, or the Divine Power has singled them out to teach them a lesson. This assumption invariably leads to self-blame. Previously held views of human decency and social justice, or spiritual views, are no longer adequate to explain things (Matsakis, 1996). This leaves victims in a state of turmoil and confusion. Things no longer make sense.

1.6.3 Loss of positive self-image

Being victimised brings people into touch with intense feelings that they have seldom experienced and to such an extent that they are overcome by helplessness, vulnerability and powerlessness. Being so powerless does little to nurture a person's sense of self-esteem. Furthermore, trauma has an uncanny way of getting victims to blame themselves for the incident and this further erodes their sense of positive self-worth. Sadly, society manages to stigmatise survivors, especially those who have suffered sexual abuse, and even the term "victim" is disempowering. It conjures up ideas of being ruined, spoiled or damaged as a result of what happened. It suggests that the damage needs to be mended and that victims need therapy, but will always be "different" because of what happened to them. The implication of the term is that victims are powerless; it fails to highlight the enormous courage that most survivors of trauma manage to display as they survive their ordeal and reshape their perceptions about themselves, the world and others in order to heal.

1.7 TRAUMA AND POST-TRAUMATIC STRESS DISORDER

As previously suggested, there is a continuum ranging from a brief stress reaction that the person can deal with and recover from on his or her own, to a much more intense reaction, described as trauma. In extreme cases, victims of trauma may develop a fairly recognisable group of long-term complex effects and symptoms. The effects of trauma have long been

recognised. “Traumatic neurosis” and “shell shock” are examples of two early attempts at describing specific post-traumatic symptoms. However, it was only in the 1980 3rd edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), a diagnostic classification system developed by the American Psychiatric Association, that a diagnosis termed post-traumatic stress disorder (PTSD) was included. PTSD was recognised as a psychological disorder associated with severely traumatic experiences giving rise to a cluster of recognisable symptoms. The current diagnosis of PTSD using the DSM-IV (American Psychiatric Association, 1994) is made when a person experiences an extreme trauma and develops three clusters of symptoms: re-experiencing the trauma; avoidance of trauma-related stimuli and symptoms of increased arousal. The symptoms must be present for more than one month and significantly impair the person’s functioning. These symptoms may result in long-standing psychological difficulties for victims (Lewis 1999:13).

The DSM-IV, the official handbook of psychiatric problems, suggests that “subject to enough stress, any human being has the potential for developing PTSD or PTSD symptoms” (Matsakis 1996:15). The origins of the symptoms are caused by the intensity and duration of the stressful event and the meaning attached to the event by the survivor and significant others, and are less dependent upon the person’s mental stability and psychological state before the event. PTSD can be acute or have a delayed onset. An interesting aspect of PTSD is that reactions may be delayed anywhere between one year and, in some extreme cases, 40 years.

1.8 THE DSM 5 CRITERIA FOR POST-TRAUMATIC STRESS DISORDER

The DSM 5 defines specific criteria for this diagnosis. Below is a brief summary of the criteria:

- the person has been exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence
- the traumatic event is persistently re-experienced
- persistent effortful avoidance of distressing trauma-related stimuli after the event
- negative alterations in cognitions and mood that began or worsened after the traumatic event
- trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event
- persistent symptoms for more than one month
- significant symptom-related distress or functional impairment (e.g., social, occupational)
- disturbance is not due to medication, substance use or other illnesses

PTSD is commonly experienced by survivors of horrors, for example, holocaust survivors, war veterans, refugees, victims of violent crime and survivors of sexual abuse. Matsakis (1996:13) reports on startling research undertaken in the United States that indicates that PTSD develops, on average, in 25% of those exposed to a traumatic stressor.

The research indicates that PTSD develops:

- in 2% of those exposed to accidents

- in 25 to 33% of those involved in a community disaster
- in 25% of those who have lost a loved one tragically
- in 30% of Vietnam veterans (America supported the South Vietnamese government against the North Vietnamese and the National Liberation Front because it believed that the whole country should not fall under Communist control. Approximately three to four million Vietnamese on both sides were killed and more than 58 000 American soldiers lost their lives.)
- in 65% of those who have been non-sexually assaulted
- in 84% of battered women in shelters
- in 35 to 92% of people who have been raped

These findings are all American-based and should not automatically be generalised to our South African context. A similar cluster of trauma statistics does not seem to be available in South Africa. However, these American findings alert us to the correlation between different kinds of trauma and their impact on survivors. Furthermore, they suggest that trauma resulting from violence results in more complex trauma reactions. The trauma arising from continuous victimisation such as sexual abuse and domestic violence appears to be the most severe. The survivors' inability to deal with their shattered assumptions about the world, especially their betrayal by their fellow humans, appears to intensify their suffering. Some experts believe that there needs to be an expanded diagnostic concept that is more descriptive of the complex nature of sexual abuse, as this abuse often involves prolonged and repeated trauma, resulting in personality changes and deformations of relatedness and identity, and these survivors are more vulnerable to repeated harm, both self-inflicted and at the hands of others (Kenney 1990; Janoff-Bulman 1992; Herman 2001). The PTSD criteria should therefore be regarded as "an aid to diagnosis rather than a description of the victim's psychological experience'' (Jannof-Bulman 1992:50).

ACTIVITY

Before you proceed to the next section in this chapter, take a moment to think about the following questions. Record your answers in your learning journal.

What are the advantages of using this classification system when working with survivors of sexual trauma?

What are the limitations of this classification system when dealing with survivors of sexual trauma? Should sexual trauma have its own classification system or should each survivor of sexual trauma be assessed individually?

To what extent do you believe blacks in South Africa are dealing with the effects of PTSD in the aftermath of apartheid and colonisation?

Would you define this as continuous or complex trauma? Explain your answer.

South Africa has been described as being among those countries that have high statistics of

violent crimes, such as rape, domestic violence, hijacking and murder. In the light of this, do you believe that the average South African is vulnerable to the indirect effects of trauma, seeing that the people they know and care about fall victim to these crimes so frequently?

Do you believe that people such as police officials, medical officers and counsellors who provide services to survivors of sexual trauma may suffer indirect trauma reactions? Explain your answer.

Propose preventive measures that you believe should be in place to protect these service providers.

1.9 RECOVERY FROM TRAUMA

‘‘Resilience is the ability to thrive in the face of difficult circumstances’’ (Lewis 2001:11).

Some people are able to survive trauma and to proceed without permanent emotional scarring (Janoff-Bulman 1992; Lewis 1999; Herman 2001). It is difficult to estimate precisely what proportion of people do not suffer permanent emotional scarring, because most of what we know about survivors of trauma is based on clinical samples gathered from the caseloads of practitioners in the field of trauma. Those survivors who have little or no problems are studied the least. Resilience is likely to develop from both internal and environmental factors. Internal factors are related to a person’s temperament. Positive characteristics such as a warm, easy-going personality, positive self-esteem, a sense of achievement, good problem-solving skills and sociability appear to be associated with positive coping responses. People who cope well with stress are able to tolerate arousal and distressing emotions. External factors that are conducive to coping include supportive relationships that a person has within and outside his or her immediate family, a congenial work environment, positive community responses and community resources that are available to manage the trauma.

Survivors carry the scars of their trauma for different lengths of time. Some people seem to deny their traumatic experience for long periods and make it their business to continue with life as though nothing has happened. In many of these situations, the survivors may be caught off guard when a smaller, less significant incident reminds them of the suppressed event. This reminder triggers a range of emotional reactions and memories that cause unexpected chaos in their lives. It may take months or years before they are able to restore the sense of control and balance in their lives. Some survivors may be preoccupied with their trauma for the first year and then put it behind them and move on because of the loving support they received at the time of the trauma.

Trauma recovery deals with reworking the trauma so as to enable survivors to integrate the trauma into their lives. In order to achieve healing, they have to disabuse their minds of notions that they are dysfunctional and different. Healing is said to begin when these persons start to reconnect with their strengths, identify defences that previously kept them “locked into” the trauma and find ways of dismantling these defences. These survivors adopt a more rational pattern of thinking and behaving. While they may develop an awareness of the possibility of danger, it does not affect their sense of self and the way they view their world.

Matsakis (1996:142) describes healing as “confronting what you haven’t yet confronted, integrating what you have yet to integrate, and binding up your emotional wounds”. Survivors don’t need to be “fixed”; rather, they benefit from supportive assistance to enable them to mobilise their own inner healing and creative powers.

Trauma counselling is largely a process whereby traumatised people are enabled to work through their distressing memories to the point where they feel better. While they will never be able to forget their most painful experiences, they may reach a point where they are able to have these recollections without feeling overwhelmed or seriously disturbed. Unless survivors have an opportunity to address their feelings regarding their abuse, these feelings may have an impact on their relationships with friends, lovers and their children, their self-esteem, their relationships with their bodies and their career performance.

Weiss, in Janoff-Bulman (1992:170–171), suggests that the goal in recovery is to enable the survivor to achieve “ordinary levels of effective functioning”, which would be:

- the ability to give energy to everyday life
- experiencing psychological comfort, instead of constantly experiencing pain and distress
- the ability to experience gratification - to enjoy life’s pleasures when they happen
- developing hopefulness regarding the future; being able to make plans for the future, and displaying a commitment to these plans
- the ability to adequately perform social roles as a spouse, a parent and a member of the community

This suggests that, at some point, trauma survivors will be fully engaged in living their lives again, hopeful about the future, capable of feeling pleasure, free of incapacitating thoughts and feelings and able to form and sustain nurturing relationships. While trauma survivors mostly return to these effective levels of functioning, few return to where they were psychologically before the trauma struck. The trauma leaves an imprint on the survivors’ perceptions about themselves and about life. In order to move on, they have to rework these perceptions. The trauma will never be completely cured and forgotten, but the survivors may reach a stage where it will cease to cause as much pain and disruption as it once did.

1.10 THE TRAUMA COUNSELLOR

ACTIVITY

Successful helping requires relevant knowledge in this field, a list of personal qualities, professional values and skills, and an awareness of relevant resources in the helper’s community to assist the survivor.

Discuss this statement. List the types of knowledge, skills and qualities that you consider important to helpers in this field to ensure that they offer effective and efficient services to survivors of abuse. Record your responses in your learning journal.

- knowledge
- qualities
- skills

1.10.1 Personal qualities

While an appreciation of the specific issues involved in trauma counselling is important when working in this field, it would seem that the quality of the helper's presence is the most critical healing component. The role of the counsellor is that of a facilitator rather than a teacher or a doer. The emphasis is placed on developing a special kind of relationship with the survivor, one that is built on the four conditions identified by Carl Rogers, a phenomenologist who developed the Person-Centred Approach to helping, as the core conditions for any helping relationship (Du Toit, Grobler & Schenk 2002). These conditions are the unconditional acceptance and respect for the person, a deep regard for and understanding of his or her experiences, a commitment to being fully transparent and genuine in this relationship and an appreciation of the person's personal power to find unique and relevant solutions to his or her troubles. A relationship such as this is free from advice giving, instructing, coercing and manipulating. It acknowledges the survivor's inherent capacity to heal and refrains from dictating the pace of therapy. The emphasis is placed on listening and empathising with survivors and, when indicated, suggesting ways to help them to regain control of their lives. In this kind of helping relationship, the helper is not preoccupied with skills to treat the survivor, but is more concerned about his or her "way of being" with the survivor.

Helpers in this field need certain qualities. They need to be warm, sensitive, sincere and caring people with a nurturing attitude. These qualities are essential because they reassure the survivors that they are understood, respected and, within the context of the helping relationship, safe enough to lower their defences and to review the impact that the trauma has had on every area of their lives. Helpers must be sensitive to survivors' emotions and courageous enough to deal with their pain and helplessness. A positive approach to life, good problem-solving skills and flexibility are vital to giving survivors hope for the future. Helpers must demonstrate a strong belief in the survivors' inherent potential to heal and recover. Creativity enables helpers to equip survivors to find new ways in which to approach and deal with their issues.

Working with survivors is stressful and maintaining emotional, psychological and social wellbeing is essential. Helpers need to keep their emotions in check. It is important for helpers to be fully aware of their own motivation for working in this field.

Should they be survivors of trauma, this should not preclude them from working in this field, as long as they pay attention to the following:

- They should be aware of the impact that the abuse has had on their personal life.
- They should take special care of their physical, psychological, emotional and social health.
- They should arrange regular debriefing consultations with professional colleagues regarding the counselling they are providing.
- They should be able to deal with their personal issues outside the context of work.
- They should not assume that their trauma makes them any more or less able to deal with the trauma of others.

These guidelines should be generalised to all helpers in this field as this is an emotionally challenging area of service.

ACTIVITY

Take a moment to think about the following. Write down your responses in your learning journal.

Reflect on your personal characteristics. Identify any personal strengths that you already have that will help you to be a good helper in this field.

Identify the personal weaknesses that you will have to work on, or keep in check, to ensure that your interaction with survivors will be constructive.

Reflect on your personal encounters of trauma and how trauma, or the lack of trauma, in your personal life may affect your work as a helper.

1.10.2 Knowledge needed to work in the field of sexual trauma

Most authors confirm the belief that it is not appropriate for helpers to work with sexual abuse if they are not well-trained in this field. Salter (1995) suggests that therapists working with sexual abuse should have post-graduate training in this field. A thorough knowledge base protects survivors against experiencing further pain and protects helpers against finding themselves in uncompromising situations with service users and the law. Being well-trained in this field means having the following knowledge and skills:

- A systematic body of knowledge of sexual abuse, as well as knowledge of how to create a positive helping alliance. This knowledge includes information about the nature of trauma, PTSD, secondary wounding experiences, the specific factors in particular categories of trauma and the nature of the healing process itself.
- Coping skills such as assertiveness, stress management techniques, relaxation techniques and anger management techniques, and knowledge of appropriate resources to which survivors could be referred.

- Knowledge of the role of medication in treating survivors. Helpers need to know when the use of medication is indicated in treating a survivor and how to make an appropriate referral to a medical practitioner, a psychologist or an attorney.
- Knowledge of gender sensitivity. Gender sensitivity training will alert helpers to any stereotypical reactions to survivors that may exacerbate their suffering. Helpers should also be mindful of other prejudices, such as racism, a ‘‘blame the victim’’ approach and homophobia.
- Knowledge of a professional code of ethics. A code of ethics regulates helpers’ behaviour in order to create a safe context for the survivors to work through their pain. Ethics translate into values such as confidentiality, individualisation, respect and self-determination. Walker (2004:13), a practitioner, trainer and supervisor in the field of child abuse, explains that, for survivors, there can be enormous anxiety about confidentiality that links the difficulty in trusting and the experience of the world as basically unsafe. Individualisation ensures that, while helpers may be aware that trauma has fairly identifiable effects on survivors, they also realise that no two survivors are affected in the same way. Helpers have to be mindful of making generalisations and stereotyping survivors. Respect dictates that survivors and offenders should be treated with dignity. Self-determination acknowledges that when service users are given sufficient respect, support and alternative ways to deal with their problems, they are capable of making decisions themselves. They are more likely to be committed to decisions that they have been involved in than to decisions taken on their behalf.
- An understanding of the law relating to sexual offences and child abuse.
- Therapeutic skills, which include listening, attending, probing and empathising, and advanced communication skills such as advanced empathy, immediacy, and so forth. These skills enable helpers to facilitate the survivors’ healing process.
- Involvement in a professional culture. This refers to having an interest in working with children and adults in this specific field. Helpers must demonstrate an active interest in ongoing development and training in the field of sexual trauma so as to be fully informed of empirically based intervention methods.
- Sanction from the community. Developing professional associations with other practitioners in this field, being vocal about changes that have to be made to social policies that have an impact on children and adults and that make them vulnerable to abuse and exploitation, and translating community values into action plans to protect these children and adults - these are all related to earning sanction from the community to work in the field of sexual trauma.

1.10.3 The general tasks of the helper

Counsellors help survivors to rework the trauma and to track its impact on their physical, psychological and social areas of functioning. Having identified the impact of the trauma, counsellors empower survivors to develop, or to rediscover, coping skills. These skills enable survivors to arrest the harmful impact that the trauma has on their lives. Survivors are supported while they admit the trauma, identify the harmful ways in which it has affected their lives, accept that they were not responsible for the abuse and introduce changes to enable them to adjust to their reality. Lewis (1999:180) discusses the goals of treatment when working with traumatised children. These goals are equally relevant for adults.

They are intended to:

- enable survivors to freely express thoughts and feelings in a safe, trusting context
- help survivors to understand why they feel the way they do, in order to assist them in mastering their emotions
- reduce or eliminate symptoms of post-traumatic stress
- assist survivors in becoming more confident, competent and in control of their lives
- correct any misconceptions survivors may have about trauma
- relieve survivors' feelings of self-blame
- enable survivors to re-establish trusting, healthy relationships with others
- assist survivors, either directly or indirectly, in coping with the interface between them and the process in the criminal justice system

THEME SUMMARY

This introductory chapter concentrated on defining stress, crisis and trauma and provided an overview of the impact that traumatic events have on survivors. The discussion placed sexual trauma within the broader context of stress, crisis and trauma. The chapter revealed that practitioners and researchers will never find universal definitions of trauma or sexual trauma. Definitions of this kind change with time. They can only be understood within the broad context in which they occur. They are influenced by both culture and sociopolitical trends that are pertinent at a particular point in time and in a particular place. Broadly speaking, trauma is defined as an individualised response to an overwhelming life event. The traumatic event threatens the individual's natural ability to cope. The various types of trauma, including single and multiple trauma, continuous and complex trauma and direct and indirect trauma, were explained.

The effects of trauma should not be generalised, but individualised. Trauma affects individuals in different ways. Factors that the literature mentions concerning the impact that trauma has on individuals were listed. The physiological and psychological responses to trauma were explained. Responses to trauma were described as normal responses to the abnormal situation created by trauma.

The chapter outlined the development of the PTSD diagnosis. The criteria for a PTSD diagnosis and the advantages and disadvantages of using this classification system were considered.

The last section dealt with trauma recovery. Resilience is a survivor's ability to thrive in the face of difficult circumstances. The point was made that a significant number of people survive trauma and proceed with their lives without permanent emotional scarring. The role of helpers is to facilitate a process that enables survivors to integrate the trauma into their lives. In order to be effective and efficient in this field, helpers require relevant knowledge, a range of personal qualities, professional values and skills. The general tasks of helpers were defined.

ACTIVITY

Stop, reflect on and record what you have learned in this chapter. How can the knowledge and personal insight gained be applied in your community?

Design a small advertisement (A4 size) that explains trauma counselling and how it facilitates healing. Explain how and why you portrayed your advertisement in the manner you did. Remember that advertisements should be eye-catching and convey essential information to the reader in a succinct manner.

THEME 2: SEXUALITY

ACTIVITY

In your journal, write down what you regard as healthy sex.

FEEDBACK

Useful definitions of sexual health are remarkably elusive. The word “health” tends to direct our thinking to physiological factors that suggest absence of disease. This is not a meaningful or composite definition that sets a measure of healthy sexuality. When talking about sexual health, one wants the definition to refer to the many components that are relevant, not merely physiological ones.

On completion of this theme you, the learner, will be able to

- recognise psychosocial factors that influence sexuality
- identify the roles that culture and religion play in the development of sexual values
- explain sexual scripting and gender role socialisation
- compare and contrast traditional morality and “New Morality”
- understand the patriarchal and expressive continuum of gender socialisation
- identify healthy sexual development in children
- consider the characteristics of healthy families

2.1 INTRODUCTION

A Cape Town psychologist, who works with adolescent boys, provides a lengthy, but inclusive explanation of sexual health. I have taken the liberty of adjusting the wording to make the explanation gender neutral.

A sexually healthy person is one who can experience sex within the context of an intimate relationship in which the act is a reciprocal, mutually satisfying, erotic, exuberant and interpersonal exchange. In order to achieve this, a person needs to be emotionally well-adjusted, capable of intimacy and capable of building and sustaining relationships. Healthy sexual persons are aware of the instinctual (animal), emotional, magical, spiritual, recreational, functional, physiological and moral components of the sex act and integrate these into their own sense of self. They demonstrate acceptance of themselves, their sexual orientation and their needs. They are conscious of the risks and consequences involved in having sex, mindful of their sexual responsibilities and prepared for these responsibilities.

You do not need to learn this explanation. I inserted it to make you aware that sexuality has as much to do with total personality and non-genital functioning as it does with erotic responses and reproductive functioning. It makes it clear that there are many factors that influence sexual functioning.

ACTIVITY

Stop and reflect on what these factors may be. Record your answers in your learning journal.

FEEDBACK

The factors that a group of practitioners identified in a workshop on parenting teenagers included the following (this list is in no way inclusive and you should add any factors that you identified or that we did not list):

- genetic factors
- physical health
- knowledge about genitals
- understanding of the mechanics of sex
- knowledge of sexual diseases, pregnancy and ways of avoiding pregnancy
- an awareness of instinctual urges and the ability to regulate and control these urges
- attitudes about the body and the bodies of others
- beliefs about rights and responsibilities of people
- clarification on family, religious and cultural values regarding sexuality and awareness of which of these values have been introjected from significant others to become their own sexual values
- attitudes about personal needs and the needs of others
- the ability to communicate and to be assertive
- a person's level of emotional functioning and congruence
- a person's sense of self and level of self-esteem

As can be seen, sexual expression involves more than a person's physiological response to a particular situation. Sexuality reflects human character, it is an expression of personality and is an entity that is subject to lifelong change. While the gender of a child is biologically determined from the moment of conception, the psychosocial perspective is not static and plays a considerable role in shaping lifelong sexuality. The psychosocial perspective is that part of human sexuality that reflects the cultural and ethical values and norms of the society in which a person lives.

2.2 HISTORICAL PERSPECTIVES ON SEXUALITY

Sexual values and norms have changed rapidly and will continue to change as society continues to evolve. Masters, Johnson and Kolodny (1988:11–26) provide an excellent review of historical perspectives on sexuality. Although written history goes back almost 5 000 years, only limited information describing sexual behaviour and attitudes in various societies prior to 1000 BC is available. Incest was taboo, and women were considered the property of men as they had both sexual and reproductive value. It was acceptable for men to have many sexual partners, prostitution was widespread and sex was recognised as a straightforward fact of life. These perspectives changed through the ages. The advent of Judaism influenced sexual behaviour as rules for sexual conduct were defined. These rules included the following: adultery was forbidden, homosexual acts were condemned and sex was considered neither good nor bad and certainly was not restricted to reproduction purposes. In contrast to this, ancient Greece was more accepting of male homosexuality in certain forms. An adult male, responsible for an adolescent boy's intellectual and moral development, was permitted to engage in homosexual acts with the adolescent. Yet exclusive acts of homosexuality between adults were frowned upon. Acts with prepubescent boys were illegal. A woman was considered a chattel (a possession) and a gune (a bearer of children).

As Christianity developed, it considered celibacy (sexual abstinence) as ideal. A mental health professional who wrote a book about sex to expand readers' consciousness about the matter made a few startling revelations about the Church's anti-woman and anti-sex biases (Joannides 1999:381): "St Augustine proclaimed that husbands and wives were no different from pigs and geese unless they abstained from sex", "the Church administered more punishment for oral sex than for premeditated murder" and "a virgin daughter was accorded a higher place in heaven than her mother because the mother had to have intercourse for conception to take place". Sexual lust was recognised to have come from the downfall of Adam and Eve and this lust separated man from God.

Sexual thinking was remarkably different in other parts of the world. Islamic, Hindu and ancient Oriental sexual attitudes were considerably more positive. The famous Kama Sutra, an Indian sex manual, was compiled in the 2nd century BC. Similar manuals were compiled in China and Japan. These manuals glorified sexual pleasure and variety. Sexuality and sexual pleasure were seen as an integral part of Eastern religions. Sex was viewed as an important blending of energies that helped humans with their spiritual transformation. Sacred shrines and altars had pictures of people having sex. Today, Buddhists believe that female secretions are both energising and harmonising, which is why oral sex is viewed as a spiritual fuelling rather than a manly or womanly duty of foreplay. The split between Jewish-Christian and Eastern beliefs has continued to provide completely different perspectives on human sexuality that continue to influence sexual attitudes.

As Christian traditions became more firmly entrenched in Europe and the Church assumed more power and influence over common law, the hypocrisy of its stand on sexuality became apparent. “Religious houses themselves were often the hotbeds of sexuality” (Masters et al 1988:13). It seems as though sexual repression and a strong sense of purity and innocence were expected of women. The Victorian era saw the banning of pornography. Despite the prudish stand taken, pornography was widely read and prostitution was so common that there was pressure in the 1860s to have it legalised. Poverty of the lower classes forced many young women into prostitution and diaries of middle-class women recorded their enjoyment of sex and their passionate love affairs. Science and medicine, misled by the anti-sexualism of the era, announced that masturbation caused damage to the brain and the nervous system and women lacked the capacity for sexual response.

Fortunately, many modern adherents of both the Christian and Jewish faiths are moving from their early anti-woman and anti-sex biases.

Alfred Kinsey, a zoologist, conducted two extensive studies, one on men in 1948 and one on women in 1953. He interviewed people from all segments of the American population to find out how people behaved sexually. The results of the study shook the American nation. His findings revealed that a large number of American men had homosexual experiences, many were unfaithful to their wives and more than half of American women had tried masturbation. Kinsey was severely criticised for assaulting the family, an important unit in society, negating moral law and engaging in licentiousness (immoral behaviour). The era that followed his controversial work was characterised by much sexual confusion. Females were expected to be glamorous and brainless. Anything that was considered “fun” was frowned upon, while anything that was considered “duty” was recommended.

In the early 1960s several factors such as advances in media technology, birth control measures and reproductive technologies as well as the human rights movement and feminism influenced the start of a sexual revolution. This revolution brought about significant changes to values and norms of sexuality. These changes challenged, and continue to challenge, modern societies to unveil the secrecy surrounding sexuality. Louw (1991:392–394) refers to the change as a transition from traditional morality to New Morality.

2.2.1 Traditional morality versus “New Morality”

People are generally more open and permissive regarding premarital sexual intercourse, same sex sexuality and extramarital sexual intercourse than they were in the past. Rather than sexuality being regarded as something that has to be denied and/or controlled, abstained from if unmarried and avoided if wanting to be creative and productive, the New Morality regards it as a normal drive and as a form of expression. Sexual standards are no longer considered to be the foundation of a society’s moral fibre. Human sexuality is acknowledged as a basic human function that can be expressed in harmless ways. The New Morality evident in developed nations has begun to challenge previously held sexual attitudes and norms that were upheld by Jewish-Christian beliefs for centuries.

2.2.2 Changed values of sexual behaviour

There is a greater measure of freedom and openness on the subject of sexuality. Subjects that were commonly considered taboo are masturbation, same gender sexuality, premarital sexuality, methods to increase sexual pleasure, sex aids and, in some families, even information about normal sexual development and contraception. Reference to these subjects is frequently made in all media - radio, television, movies, newspapers and magazines - nowadays. People's right to make their own choices about these matters, without being discriminated against, is being legislated in many different ways. New Morality proposes not only more openness around these issues, but also responsible actions from everyone so that they behave in sexually moral ways.

There are distinct advantages to being more open and honest about issues that were previously considered "private matters". Some of these advantages for people are being able to obtain reliable information on which to base mature sexual decisions, having realistic expectations in relationships, being reassured that innermost fears are actually normal and shared by others and having a realistic perception of what sexuality entails and the responsibilities that are associated with sexual expression. There is also a downside to this openness. If the openness is not coupled with adequate life skills education and/or moral development, then the rights of all members of society are not safe as they can be violated by others. The abundance of pornographic sites on the internet is an example of this. Unsuspecting surfers of the internet, many of whom are children, may inadvertently be exposed to pornographic sites, irrespective of their sexual values. An even more serious example is the number of unsuspecting people who are exposed to HIV because they don't know about their partners' promiscuous lifestyle. Both these examples illustrate how easily people's rights can be violated. Modern society has to readdress issues surrounding sexual norms and behaviour. Long-held cultural and religious attitudes about sexual matters, as well as the more modern attitudes have to be addressed as a matter of urgency if we want to positively shape the expression of human sexuality. Politicians, religious and traditional leaders and service providers in health and mental health fields are compelled to revisit perspectives on sexual morality more than ever before.

ACTIVITY

Complete the following question in your learning journal.

How would you define morality?

FEEDBACK

The way I see morality is: It is the ability to respect and care for your fellow human beings. It has little to do with the way you enjoy your sexuality, unless of course you break a special

trust or violate the rights of others for your own gratification while engaging in sexual behaviour. Morality is firmly entrenched in the recognition of, and appreciation and respect for, human rights.

ACTIVITY

What do you believe are the advantages of traditional sexual morality?

Do you believe that these attitudes would have a positive or a negative impact on the identification of sexual trauma as a social reality?

What negative consequences could these traditional sexual norms have had in terms of shaping an individual's sexual development?

Read the following quotations:

"Clearly there is increasing social approval of sexual activities and the adolescent now experiences the world to a greater degree as sexually active and preoccupied with sex" (Louw 1991:393).

"If you ask a group of sixteen-year-olds if they are emotionally ready to have sex, most will say yes. If you ask their parents whether their sixteen-year-olds are emotionally ready to have sex, most will say no. Chances are that your teenagers do not view sex the way you wish they would" (Joannides 1999:521).

Firstly, record your initial response to these quotations. Identify any concerns that these quotations raised for you.

Describe any measures that you recommend should be taken in families, schools and in the community in order to develop sexually responsible adults at this point in time.

What principles do you believe should be taught to young people to bring about a positive new sexual morality?

Who do you think should be responsible for teaching these principles?

At what developmental stage should children be introduced to these principles?

FEEDBACK

Your and my responses may be completely different. We may agree to disagree. It is healthy

to demonstrate mutual respect for different value systems. The point of this exercise is to make us reflect on whether we as a society are creating the right sexual attitudes in young people to ensure that the sexual rights of the next generations are adequately protected. One of the objectives of this course is to engage more people in bringing about necessary changes to protect the sexual rights of all. Only when a nation works together can changes in sexual attitudes occur. We are all responsible for shaping attitudes about sex. Some areas that need urgent attention are the trafficking of child prostitutes, child sex rings, adolescents being enticed to engage in early sexual relationships by ''sugar daddies'' with promises that their material needs will be taken care of, parents prostituting their children, people engaging in forcible sexual acts at the physical and psychological risk of other people, people taking advantage of their dates, HIV positive people spreading the virus, and so on.

SEX IN THE 21ST CENTURY

Adapted from: Jules Feiffer. 1982. Sex terror, in *Masters and Johnson on sex and human loving* (1988), edited by WH Masters, VE Johnson & RC Kolodny. Boston: Little Brown & Co.

Clearly, society needs to readdress ideas about healthy sexuality and cultivate a morally sexually active population. There appear to be two main ways of influencing human sexual behaviour, namely, sexual scripting and gender role typing or gender role socialisation.

2.2.3 Sexual scripting

Social rules are explicitly defined by law or they may be implicitly defined by implied social expectations. In South Africa we have common law crimes such as rape, indecent assault, bestiality, incest and *crimen injuria*. We also have statutory laws regulating prostitution, defilement, sex with a minor, and so forth. Sexual acts are not permitted to take place in

public places and sex is only permitted between adults. All these rules are clearly defined in South African law. That is why we say they are explicitly spelled out. There are many implicitly implied or unspoken sexual expectations regarding sexual behaviour. Examples are that sexual behaviour is a private matter and should not be spoken about, that sex should only take place in a committed relationship and that pregnancy should occur within wedlock. Like legally prescriptive sexual expectations, implicitly prescriptive sexual expectations change to suit the times. Both are defined by the people who wield the power. Laws protect society and its members against their rights being abused by others. Common law and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 clearly define inappropriate sexual acts and penalties for those who commit such acts. Laws are socially constructed, and in a democratic country many stakeholders are consulted in order to draft socially just laws. In countries where power is controlled and people have different statuses, the law may be abused to protect the interests of a relative few.

Read this example:

Women in Pakistan are often victims of brutal abuse, including rape and murder, to "pay" for the alleged crimes of family members. *The Star* of 4 March 2005 published a story of a 30-year-old woman, Mukhtar Mai, who was raped in 2002 on the orders of a tribal council as punishment for her brother's alleged affair. After she had been gang raped by six men, she was made to walk home naked in front of hundreds of people. While the men were originally given the death sentence because of media hype and government pressure, this verdict was overruled and five of the men were acquitted and the sentence of the sixth person was commuted to life imprisonment by a two-member bench of the high court in Multan.

The acquittals caused an international outcry. Mai appealed to President Musharrat to order the rearrest of the five men who had been released. As a result of the pressure caused by human rights groups and Mai's appeal, the men were rearrested along with eight others who had been found not guilty at the original trial in 2002. On 28 June 2005, the Supreme Court suspended the acquittals of the five men and ordered that they and the eight others be held in custody pending a retrial. Mai has been banned from travelling abroad in an attempt to stop her case generating bad publicity for Pakistan in overseas countries.

Broad sexual rules should conform to broader social rules. If, for example, society prescribes human dignity for all, then norms relating to sexuality should prescribe that sexual acts demonstrate respect for one's sexual partner. Clearly the Jewish-Christian influences were very prescriptive about which sexual acts were appropriate and which were not. When sex was allowed, the Church determined how it should take place, with whom and which sexual positions were acceptable and which were not. Can we honestly say this had a positive effect on healthy sexual expression? On the other hand, sexual laws may also be discriminatory. In South Africa, for example, sexual offences legislation used to entrench apartheid values and sex between black and white people was legislated as immoral and a crime. You may ask, ''what is the answer?''

Reflect on the principles inherent in the New Morality and consider the extent to which these principles could make a difference. Louw (1991:394) summarises these principles as follows:

- Faithfulness to, and consideration for others, is highly valued.
- Coitus should only be coupled with friendship and love. Love, and not marriage, becomes the prerequisite of sexual needs.
- Exploitation of a sexual partner is rejected.
- A high standard of respect for self and others. High standards of morality do not necessarily correspond to traditional and religious standards.
- Actions such as gossiping, using others for one's personal gain, winning at all costs and greed are considered greater social violations than premarital sex.

Could these norms make a difference to our society's sexual morality?

2.2.4 Gender role socialisation

While there are biological differences between males and females, as evidenced in the early discussion, it is generally accepted that gender is also socially and culturally constructed. At each stage of life (i.e. infancy, early childhood, latency, adolescence and adulthood), religion, culture and even socioeconomic status shape the lives of males and females differently. These influences have an impact on human sexuality. Rigid socialisation of men and women into gender stereotypes has been acknowledged as a possible factor that contributes to sexual victimisation. It is suggested that the two poles of the stereotyping continuum are patriarchal on the one side and expressive on the other.

ACTIVITY

In your learning journal, record gender discriminatory sexual practices that you see in your community today.

FEEDBACK

Sayings such as "women should be barefoot and pregnant in the kitchen", "boys should be allowed to sow their wild oats" and "men reach a point of no return" clearly lead to discriminatory sexual practices because the patriarchal perspective awards males more power than it does females.

Patriarchal	Expressive
Men own everything, including women.	People do not own people.
Sex is considered a biological drive. Sexual satisfaction of men is regarded as a prerequisite for their health. Women's sexual functioning is related to procreation, not sexual satisfaction.	Sex is considered a basic human function, equally appropriate to men and women. All forms of sexuality are acceptable as long as they occur between consenting adults only. Communication and intimacy are highly regarded.
Men are considered to have sexual drives, while women are expected to be passive sexual beings who need to fulfil their male partner's sexual needs.	The sexual drive of men and women is considered to be equal.
Ejaculation is considered important for men and orgasm unimportant for women.	Satisfactory sexual experiences are equally important for both sexes. There is less emphasis on orgasm or climaxing and more emphasis on mutual stimulation and pleasure.
Non-marital sexual relationships are acceptable for men, but certainly not for women.	The emphasis is on fidelity and legitimate pursuit of sexual pleasure for all persons. Extramarital sex is not condoned because of the breach of fidelity.
Men are the breadwinners and women are economically dependent on their partners. The duty of a woman is to keep her partner happy.	A more egalitarian relationship is considered appropriate. A couple work together to ensure that theirs needs, and the needs of their family, are fulfilled.

It appears that, in many modern societies, there is a move away from traditional sexual morality towards the New Morality. There also appears to be a transition from the more patriarchal to a more expressive gender role socialisation.

ACTIVITY

Consider the community in which you live and decide whether scripted sexual behaviour is based on a traditional morality, on New Morality or on a different approach (not listed here).

Evaluate sexual practices evident in your community. Where would you place these practices on the patriarchal expressive continuum?

2.2.5 Sexual development: Infancy through to preschool

With the aid of scanning techniques, one is able to observe spontaneous erections in a male foetus and these are usually accompanied by what is known as the ‘‘generalised pleasure response’’. Once born, male babies have, and apparently enjoy, penile erections. We know this because their genitals can easily be observed. It is believed that female babies experience similar responses, but we are less aware of these because their genitals are more difficult to observe.

During toddlerhood, children, when left unclothed, may explore their own bodies. On discovering the pleasure of genital touching, they will, if left undisturbed, spend time enjoying self-stimulation. Sometimes girls manipulate their genitals by hand and sometimes they rub themselves against something that enhances the stimulation of the genital region. It should not be assumed that a three-year-old who is rubbing her genitals has the same intent and fantasies as a 23-year-old. The child is simply touching her genitals because it feels good.

Children are curious about everything, including their own bodies and how they function, as well as the bodies of other children and adults. The parts of the body that are clothed usually hold the most intrigue. It is not uncommon to find young, preschool children engaged in mutual touching of each other’s bodies and enjoying the stimulation of being touched. Because of their inquisitiveness, they may quite spontaneously insert things into their various body orifices. Beads may be pushed up noses or into ears, sticks or crayons into vaginas, fingers into anuses. The child who inserts things into a genital orifice or an anus is not necessarily behaving abnormally.

One should therefore not conclude that preschool children who engage in this form of behaviour have been sexually abused, though one should be alert to that possibility.

2.2.6 Appropriate adult management

Rules of acceptable social and sexual behaviour should be taught in such a way that the children do not feel ashamed of their sexuality and genitals. Children should be gently stopped so that they do not feel inhibited in respect of asking about sexual matters, gender

differences and acceptable sexual behaviour later on. Normal sanctions should be applied in these situations, like those used to address other transgressions of important family rules. Respect for other people's bodies and their right to privacy should be simply and clearly instilled.

Questions about bodies and sexual behaviour should also be answered simply, using language that a child will understand. Long explanations of abuse and adult sexual behaviour are not appropriate for a preschooler's level of cognitive and emotional development.

Children of both sexes in this age group need caring, affection and tactile experiences in order to feel loved and affirmed in a non-sexual way.

2.2.7 The primary school child

Children of this age remain curious about sexual behaviour. Even though they might be curious, they often tend to be highly critical about nudity. While most adults volunteer information about all things under the sun, they do not seem to do the same about sex. Children are quick to sense adult discomfort or unwillingness to discuss sexual topics and many inhibit their interest and/or reserve the topic for peer discussion. Modern parents usually have no problem telling little boys that they have a penis and testicles between their legs, but make little or no reference to young girls' genitals. Sex education seems to stop there. Instead of being informative, it is misleading because of a tendency to mislabel a girl's sexual anatomy. Visible female genitals are their vulvas and not their vaginas, as they are led to believe. Is it any wonder that female sexuality is so misunderstood?

Despite efforts to conceal sexual matters from children, they seem to be exposed to them through sources beyond parents' control. Children may be exposed to adult sexual interaction either through the media, such as films, television, magazines, books and the internet, or through living in crowded situations where there is little privacy for adults to engage in sexual activity. If adults respond with panic in these situations, it creates the impression that sex is something dirty that should be kept secret. Opportunities such as these should rather be used to explain sex as an adult activity that is reserved for caring couples who are mature enough to have given consideration to the consequences of their actions.

By the time children start attending school, most have learned rules about sexual behaviour and body privacy. Children past the age of five who rub their genital areas frequently or engage other children in adult-like sexual behaviour might be dealing with emotional anxieties that may have little to do with sex, or may be indicating that they are victims of sexual exploitation or emotional abuse and neglect. These children should be carefully monitored to see that their needs are being appropriately met and that they are not being sexually victimised.

2.2.8 Appropriate adult responses

Younger children need to be reminded of the rules about body privacy and sexual touching. Should inappropriate behaviour persist, then sanctions should be put in place, using the same principles recommended for the younger child.

If a child is masturbating or exposing himself or herself in a public place, gentle limit setting such as, ‘‘I know it feels really good, but the place to do it is the privacy of a bedroom or bathroom’’. We should both acknowledge a child’s sensations and prescribe appropriate ways of dealing with the need. Encouraging children to talk to adults about a range of topics is helpful because it allows children to feel that they can trust adults to provide them with accurate information. This may make it easier for them to talk to a caring adult should they be exposed to inappropriate sexual behaviour. It is important that boys should be informed about girls’ genitals and vice versa. This way, genitals of the opposite sex won’t seem like such a mystery. Furthermore, it is only through such talks that adults are able to teach children to respect and to care about not only their own sexual rights, but also the sexual rights of others. When children ask a question about sex, they often have created an answer or a scenario regarding the question in their own mind. It is important for adults to ask what the child thinks the answer might be. This will provide clues about the extent of the information the child needs to hear.

Personal matters

It is important for adults not to overwhelm young children with biological facts about sex that they cannot understand or have no need to know until they are older. A five-year-old does not need to be told about fallopian tubes, but needs to know that babies are born through the vaginal opening rather than the mother’s bottom. Children should be taught the proper names of the things they can see and touch, and it should be acknowledged that touching or rubbing their genitals can feel quite nice. The latter isn’t anything that children don’t know, but it gives them a message that it is permissible to talk about things that are sexual. Should children ask questions that the adult does not know the answer to, the adult should admit this and make a promise to try to find the answer from another source. The same questions will tend to be asked by a child over the years and, as they are, they need to be answered in slightly different ways to accommodate the developing cognitive abilities of the child.

Contrary to what some people believe, information does not promote experimentation. It enables people to make informed decisions.

Customs, beliefs, values and rules about sexual behaviour that are important to the family group should be made explicit to children. These should be explained so that by the time people are adults, they will be able to understand their sexual values better.

The older primary school child needs to be prepared for puberty. Caring relationships characterised by high levels of respect, honesty and support are critical for this stage of development. Within these relationships the adult is able to provide the child with clear information about the developing body, sexuality and sexual responsibility. It should be noted that sex education is ineffective on its own. It is a part of a much more involved life education process that needs to incorporate communication skills, relationship skills and social responsibilities towards the self and others.

2.2.9 The teenager

Adolescents are acutely aware of the physical changes they experience and as indicated in Louw (1991), they have to integrate these changes into their existing identity to form an integrated whole. The way they view their body is intricately linked with the way they feel about themselves and the way they feel others see them. This explains why adolescents value their peers' perceptions of them.

This stage of physical, emotional and psychosocial development is characterised by the adolescent experiencing strong and urgent sexual feelings, often coupled with peer pressure to engage in sexual activity. At this stage, adolescents are aware that sex occurs for reasons other than reproduction. Masturbation increases in frequency and, in boys, erections occur without external cause. Adolescents may have some unease about the way their body is developing or has developed. They may be uncertain of how to manage their sexual feelings and desires. They are usually too shy to ask for reassurance and help with their concerns. During this phase adolescents try to work out their own personal sexual attitudes, often basing their decisions on what they have learned from peers. This explains why it is critical that they have access to reliable sex education during this stage. Peer group pressures vary from one community to another and also reflect the ethnic and economic subcultures within communities. In one peer group the code of sexual conduct may be very traditional, placing emphasis on female virginity. In another group, teenagers may view premarital sex as a status symbol.

ACTIVITY

Reflect on the community in which you live. What sexual values are transmitted to teenagers in your community?

How are these values conveyed to them?

To what extent do these values make them aware of their sexual rights, the sexual rights of others and their responsibilities to themselves and to others?

This is the age when many believe that sexually transmitted diseases, including HIV/AIDS, and pregnancy can happen to other people and not to them. Because they are in physical, emotional and psychosocial turmoil, they may be vulnerable to a variety of forms of sexual exploitation. They tend to want to be involved in adult behaviour, to assert their independence and to be free of the constraints associated with childhood. As a result, they are more prone to being coerced into situations that they cannot always manage. When they are, they are reluctant to acknowledge this and disinclined to ask significant others for guidance or assistance.

2.2.10 Appropriate adult management

Affirming and reaffirming adolescents helps them to feel positive about themselves. Being there for them to talk to, keeping the lines of communication between adults and teenager open and giving full information and guidance when needed, all serve to help the adolescent to mature into a well-adjusted adult.

ACTIVITY

What do you think parents' goals should be for their adolescent's sexual development?

FEEDBACK

Parents should help their children to grow up to feel comfortable about their own sexuality and to be responsible about their sexuality. When adolescents ask questions about sex, rather than rushing in and answering them, the parents or adults who have been consulted should ask the adolescents what their thoughts are on the matter, thereby acknowledging that their opinions are also respected.

Joannides (1999) wrote a book about human sexuality and he identified several questions that parents often fail to ask themselves before having sex, but expect their children to. Unless parents have discussed these issues with their children, before the children find

themselves having to make sexual decisions, then it is unrealistic to expect them to make the right sexual decisions. In other words, these questions serve as accurate indicators of whether parents have adequately addressed issues relating to sexual responsibility or not. The author suggests that when young people are approached to engage in sex acts, they should ask themselves the following questions:

- Why does this person want to have sex with me? Is it experimentation, fun, romance or a personal quest?
- Does sex mean something different to them from what it means to me?
- What would we do if we have intercourse and became pregnant? Who would we turn to?
- How would we tell our parents? Would we face it together? Am I ready to be a parent?
- Are there ways we could please each other without having intercourse?
- How do I say no to someone who is pestering me for a date, or no to sex without feeling like a coward?
- Will I feel good about myself the next day?

These questions clearly reflect that sexual learning should not just include the physical aspects, but should place the same, if not more emphasis on the bigger issues of attitudes and values. These attitudes stem directly from parents and the adult community. If adults fail to talk about sex to adolescents, then they are likely to get their values from their friends and the media. Adolescents should be taught the difference between good sex (being respectful to their partner and themselves, and demonstrating a responsible attitude towards pregnancy, HIV, and so on) and bad sex (where others are used for their own gratification).

Parents of adolescents often feel ambivalent about setting limits and reaffirming the family's desired sexual norms and values. Boundaries should be put in place. These boundaries may include insisting on knowing where they are and with whom, setting a curfew on going out at weekends or calling parents who are hosting a party or a sleep-over to make sure that there will be adequate adult supervision. These boundaries may be adjusted as the adolescent gets older and more mature.

ADDITIONAL READING MATERIAL

Human sexual development is a most interesting subject and you may wish to read books on the subject. This Tutorial Letter 102 will not refer to developmental perspectives on adult sexuality. You are therefore encouraged to read the following books for your personal interest:

Masters, WH, Johnson, VE & Kolodny, RC (eds). 1988. *Masters and Johnson on sex and human loving*. Boston: Little, Brown & Co.

Louw, DA. 1991. *Human development*. Pretoria: Haum Tertiary.

2.2.11 Healthy families

The point that has been stressed is that healthy sexuality involves more than healthy anatomy. It is something that we are directly responsible for, something that families and communities should make an effort to nurture and to develop. The last chapter in this Tutorial Letter 102 will explore possible ways in which modern societies can be more proactive in preventing sexual abuse. But for now we should conclude this section by reflecting on the significance of developing healthy families. The traits about to be listed are in no way complete. Every reader may wish to add any traits that they consider characteristic of healthy families to this list. According to my frame of reference, healthy families may be recognised by the following:

- Communication is open, responsive and affirming of all members of the family.
- There is respect for the individuality of family members. People are recognised as individuals and appreciated for their differences.
- Family boundaries and the role that each family member has to play are clearly defined.
- Sexuality is conveyed as something normal and pleasurable, but the engagement of children in sexual acts is strictly prohibited.
- Each family member's rights and responsibilities are made explicit.
- Family members are given clear rules and guidelines for sexual behaviour.
- All family members are given accurate, age-appropriate information about sexuality.
- They receive strong extrafamilial support from others members of their extended family and/or the community.

THEME SUMMARY

This chapter explored the psychosocial factors associated with human sexuality. Sex is a multifaceted dimension of human functioning. It has as much to do with personality and non-genital functioning as it does with erotic responses and reproductive functioning. Sexuality is subject to lifelong change. Cultural values and norms play an enormous role in shaping what are considered healthy sexual attitudes and behaviour. Some cultural practices are discriminatory and place people at risk of being abused. We need to be very critical of those values and norms that put others at risk.

The chapter tracked the Jewish-Christian influence on sexuality and contrasted it with values and norms practised by Eastern religions. The anti-sex and anti-women biases of Judaism/Christianity have had a profound impact on Western approaches to addressing sexual matters. Clearly, labelling sexuality as something bad and dirty has failed horribly in preventing sexual trauma.

Sexuality is a common human dimension and once this is acknowledged and people concentrate on the need to develop sexual responsibility rather than on absolute abstinence, it is hoped that moral sexual behaviour will be observed in our society. Is the time right for a

new morality and should we be shifting from patriarchal to more expressive approaches to gender socialisation?

Finally, the natural development of children was explored from infancy through to adolescence. Children have an inherent biological potential to experience sexual feelings. Adults have an enormous role to play in teaching children to learn to deal with sexual urges and to be responsible for their sexual choices. Society should be responsible for protecting children and their sexual rights. Sex education involves more than providing information about human sexual anatomy. It should be part of a much more comprehensive life orientation education programme. The benefits of creating happy families that fulfil the emotional needs of their children cannot be underestimated. This could be our society's most powerful tool in combating sexual trauma.

THEME 3: THEORETICAL APPROACHES

ACTIVITY

Imagine you have the power to develop a society that is successful in ridding itself of sexual abuse. Jot down the ways in which this imaginary society is different from the society of which you are currently a part. Consider phenomena such as gender roles, family structures, family life, social policies, economic policies, culture, community resources, sex education and the functions of traditions in your society. Provide an explanation as to why your imaginary society is free of all forms of sexual abuse. Which of your identified principles could be used within your family, community or place of work at this point in time? (1 page)

FEEDBACK

A society that is free from all forms of sexual abuse would suggest tremendous progress in the acknowledgement of basic human rights. The absence of sexual abuse will be a definite indicator of the absence of other forms of human abuse. At the present time, many people in South Africa do not have their basic needs fulfilled. A society that treats men, women and children with respect, that upholds the belief that every human being is worthy of dignity, that recognises the benefits of human diversity, that gains strength to transform individuals and society by using their differences in a synergistic manner, that acknowledges the rights of all to self-actualise and that has a strong commitment to fighting for equality of all people - such a society would be responsive to people in crisis. It would recognise the family as its cornerstone. It would ensure that all people enjoy a basic income. In this context one would be able to combat sexual violence and abuse.

You can see that my dream society reflects my values. These values guide me in my helping relationships. Counselling of sexual abuse survivors may be practised within the framework of a number of different approaches and models. As a helper I should choose approaches and models that best reflect my understanding of sexual abuse and my beliefs about human beings and society.

While concern about sexual abuse has grown in the last three decades, we should not conclude that this concern represents a drastic increase in the nature and the scope of the problem. If we choose to be optimistic, we will believe that this concern represents growth in a social movement urging society to identify and to address the sexual abuse crisis that was overlooked by earlier societies.

We may also see it as the beginnings of a “moral” transformation of society - a society that is willing to acknowledge its responsibility to protect the rights of all people, particularly the marginalised, a society concerned with developing a nation of emotionally intelligent people.

It is anticipated that, on completion of this theme, you will be able to:

- identify the main theoretical assumptions of psychoanalysis
- reflect on the value and limitations of the medical model
- recognise the salient propositions of the feminist perspective
- reflect on the value of the systems perspective on understanding incest
- recognise the value of child sexual abuse accommodation syndrome as a theoretical model that explains why children recant on disclosure
- identify the main theoretical concepts of the abuse accommodation model

3.1 INTRODUCTION

The subject of sexual abuse is fascinating, but extremely complex and often confusing. In this section we will explore six theoretical models that may help to shape your cognitive understanding of sexual abuse. They are psychoanalysis, the medical model, the feminist perspective, systems theory child sexual abuse accommodation syndrome and abuse-related accommodation. The perspectives selected for discussion may be experienced as extreme. Some are old and others fairly new. Their selection was purposeful. Helpers in this field should have a range of perspectives to choose from, each with its own assumptions about sexual abuse and each suggesting methods for intervening. This section deals with clinical approaches to dealing with sexual abuse, while the approach you proposed for addressing sexual abuse was more likely to have been a sociological, preventive or developmental approach. Clinical intervention on its own will not bring about the widespread changes needed in this field. A multifaceted prevention programme will be explored in more depth in the last chapter.

As you read each approach, use the theoretical constructs on which it is based to help you to explore your own assumptions about sexual trauma. Helpers in this field need to find theoretical approaches that are consistent with their personal philosophy about life and people. The perspectives presented offer an interesting record of the historical development of this specialised field of helping. The primary objective of this theme, namely, to help you clarify your perspective on sexual trauma, can only be attained if you complete the critical thinking questions that appear throughout this section.

3.2 FREUD AND PSYCHOANALYSIS

A disorder called hysteria became the focus of much scientific interest during the latter stages of the 19th century. The father of the study of hysteria was Jean-Martin Charcot, a French neurologist.

He worked at an asylum in Paris where beggars, prostitutes and the insane were kept, and he transformed this centre into a place of learning for the most “gifted and ambitious men in the new disciplines of neurology and psychiatry” (Herman 2001:10). Charcot enthralled academics, medical scientists, politicians, actors and writers as he lectured on hysteria, often relying on female patients to provide live demonstrations. Many of the patients were young women who preferred to be housed at the asylum, rather than face their lives on the outside where they had experienced violence, ill-treatment and rape. The asylum offered them more safety and protection than they had ever known. Charcot was the first person to document the characteristic symptoms of hysteria, such as motor paralyses, sensory losses, convulsions and amnesias. By 1880 he felt certain that these symptoms were psychological because they could be induced and relieved through the use of hypnosis.

Freud was one of the many physicians who went to study under Charcot. Freud, greatly impressed by a fellow practitioner, Breuer, was guided to use hypnosis and catharsis to enable patients to rid themselves of the awful symptoms of their hysteria. Freud and Breuer undertook daily meetings with hysterical patients for hours and concluded that hysteria was a condition caused by psychological trauma that could affect ‘‘even people of the cleverest intellect, strongest will, greatest character, and highest critical power’’ (Herman 2001:12). Breuer, Freud and Janet became strong competitors to unravel the mystery of hysteria and in many ways their understandings of hysteria were similar. Janet, however, did not view hysterics as the capable individuals that Freud and Breuer recognised (Kemp 1998). The three physicians believed that unbearable emotional reactions to traumatic events produced an altered sense of consciousness, which in turn induced hysterical symptoms. Janet and Freud proposed that the hysterical symptoms could be alleviated by bringing suppressed memories to the fore.

Freud, emotionally moved by the extent of the suffering of trauma victims, consciously created a safe therapeutic context in which trauma sufferers could recover their traumatic memories and verbalise the intense feelings associated with them. This method of treatment became the basis of psychoanalysis. Freud took the challenge further than his competitors. He specifically explored the sexual lives of his patients. In 1896 he made a claim that shocked everyone. His investigations revealed that the underlying source of pain precipitating patients’ hysteria invariably involved one or more occurrences of premature sexual experience. He referred to this theory as the seduction theory. In Victorian Viennese society, sex was a difficult subject to bring out into the open. Freud asserted that the majority of his female patients reported being molested by adult relatives when they were children. Their relatives were mostly respected members of the society in which Freud lived, and some of the molesters were people who moved in Freud’s social and professional circles. Herman (2001) highlights the social implications of Freud’s theory. Hysteria was so common and so, by implication, this suggested that perverted acts against children were endemic among the poor as well as the rich families of Vienna.

His work was repudiated and only when he reformulated his ideas did he receive any positive recognition. His new theory suggested that children's conflict over their own sexual fantasies toward a parent induced their trauma. He referred to a young boy's sexual interest as the Oedipus complex and a young girl's sexual fantasy about her father as the Electra complex. Freud's ideas became the dominant psychological theory of the next century and while sexuality remained the focus of psychological investigation, "the exploitive social context in which sexual relations actually occur became invisible" (Herman 2001:14).

3.2.1 Assumptions and main theoretical concepts of psychoanalysis

Freud's psychoanalytic approach stressed the importance of the helper creating a safe therapeutic environment for hysterical persons to work through their unhappy memories. He hypothesised that issues that were deeply imbedded in their unconscious would create sufficient psychological tension in these persons and lead to physical manifestations, referred to as hysteria. He proposed that the unconscious consisted of thoughts, feelings, motives, impulses and events that people kept out of the awareness of their conscious ego. The therapist's role was to help patients to make the unconscious conscious and to deal with the anxiety of the memories so that they could be free of the harshness of their past repressions. Anxiety was seen as a feeling of dread and impending doom that resulted when repressed feelings, memories, desires and experiences bubbled to the surface of awareness. He suggested that the anxiety usually manifested as a vague and general experience that the person could not explain. Freud also identified that in order to cope, patients developed defence mechanisms to protect themselves from overwhelming unpleasant thoughts and intense feelings. Patients protected themselves from experiencing anxiety by deceiving and distorting reality. These defences developed into patterns of behaviour that would continue into adulthood. He identified a number of typical defence mechanisms, including the following:

- *Repression*. An individual excludes threatening or painful thoughts and desires from his or her consciousness.

- *Denial*. This consists of coping with anxiety by ‘‘closing our eyes’’ to the existence of an anxiety-producing reality.

- *Regression*. This consists of an individual returning to a less mature developmental level.

- *Projection*. Individuals attribute their own unacceptable thoughts, feelings, behaviours and motives to others.

- *Transference.* This is a basic concept of the psychoanalytic approach. It refers to the client's unconscious shifting of their own feelings, attitudes, and fantasies (both positive and negative) that stem from reactions to significant persons from their past onto the

therapist. The analytic technique is designed to foster this transference. For example, the patient perceives the therapist as stern and rejecting and the therapist helps the patient to see the connection between the patient's perceptions of the therapeutic encounter and the patient's early relationship with his or her father. By reliving their past through the transference process, patients gain insight into the ways in which it obstructs their present functioning. The therapist's unconscious emotional responses to a patient may result in a distorted perception of the client's behaviour.

Therapists should at all times be aware of their own feelings and how they become entangled in the therapeutic relationship because this obstructs or destroys their objectivity. The psychoanalytic approach requires that therapists undergo psychoanalysis to become conscious of their own psychological issues and the ways in which these issues interfere with their therapeutic tasks.

Patients are encouraged to communicate whatever comes to mind, however painful, illogical or irrelevant it may seem. This is known as free association and is the primary tool that assists patients in uncovering repressed or unconscious material from their past. Interpretation is a therapeutic technique used in the analysis of free associations, dreams, resistances and transference feelings. The therapist points out the underlying meaning of behaviour to accelerate the process of uncovering unconscious material. This well-timed feedback helps the patient to develop insight. Analysis of dreams is considered an essential procedure for uncovering unconscious material. Freud believed that dreams expressed unconscious needs, conflicts, wishes, fears and repressed experiences. ''Insight'' suggests that the patient has developed an awareness of the causes of his or her present difficulties. It is the emotional and intellectual awareness of the connection between past experiences and present problems.

Freud succeeded in raising awareness about the influence of early experiences on human development. He normalised defence mechanisms by describing them as manifestations of individuals' fears that arose when they tackled the issues that caused their pain. He elevated issues of sexuality and childhood sexuality in the public consciousness.

Further reading for interest and self-study (you will not be examined on this material):

Kemp, A. 1998. *Abuse in the family: an introduction*. Pacific Grove: Brooks/Cole:111–113.

ACTIVITY

Several authors have commented that Freud altered his theories in response to professional, social and political pressures. How should an aspiring professional balance the desire to be successful with a commitment to science and the truth? What would you do if you felt the truth conflicted with a popular view or trend?

3.3 MEDICAL MODEL

When we talk about signs, symptoms and diagnosis, it suggests that we may be operating from a medical model or paradigm. This paradigm is preoccupied with presenting signs and symptoms of abuse and developing a full medical history of a patient's suffering. The person treating the survivor organises the information and develops a diagnosis. The clinician, who is regarded as the expert because of his or her knowledge and training, designs treatment plans to correspond to the diagnoses that have been developed. There is a recommended treatment plan for each disease. In keeping with modernism, it represents a scientific approach to dealing with problems. It simplifies complex conditions by identifying their causes and measuring their effects. By classifying illnesses and developing empirically motivated treatment approaches to these illnesses, it tries to objectify and simplify the helping process. The goal of the medical model was to develop a universal classification system of illness and pathology, to develop common terminology and to formulate reliable treatment responses that could be replicated. Such a classification system would help to objectify and to universalise physical and mental health issues. Clinicians received specialised training to learn to classify patients' symptoms.

In keeping with this paradigm, the American Psychiatric Association published its third publication of the Diagnostic and Statistical Manual in 1980. The Association developed a method and a manual that could objectively describe each mental health disorder according to recognised patterns of signs and symptoms, without reference to any particular theoretical orientation. The most recent publication of this manual is referred to as the fourth edition or the DSM 5, as discussed in chapter one. While the DSM-III pays little attention to the environmental factors of patients, the DSM 5 gives more attention to these factors. The DSM 5 does not have a specific diagnosis for sexual victimisation, but it provides categories to help practitioners to classify specific abuse-related disorders.

This approach, because of its scientific nature, has value in certain contexts, for example, when a mental health professional is asked to render an opinion about the signs and symptoms presented by a child sexual abuse victim in a forensic situation that could lead to the conviction of the offender. Secondly, practitioners all over the world are familiar with this classification system and it offers them a universal language, devoid of theoretical orientations, that they can use to speak about mental illnesses.

The medical model is criticised mostly for being too scientific and reliant on generalisations about health and mental health. In an effort to classify information, there is a risk of ignoring the professional value of individualisation, because it fails to emphasise the uniqueness of cases. Being such a linear approach, it oversimplifies complex phenomena into cause-effect equations. In an effort to identify and to classify problems, clinicians focus on the disease damage or pathology rather than the survivors' strengths and/or other variables that may have an impact on their situation. The overemphasis on pathology and illness-oriented terms, such as disorder and syndrome, conjure up ideas of

sickness and pathology. Victims of abuse may feel labelled and further disempowered as they become passive recipients of a diagnosis and a treatment plan. The medical model fails to see patients holistically and gives little recognition to the fact that child abuse victims exhibit normal responses to abnormal situations. By implication, it underplays the following important facts: survivors have the necessary competencies to develop their own coping responses and trauma prompts them to reconnect with their strengths and abilities in a desperate effort to heal themselves. A further criticism of this approach is that while the medical model describes a set of symptoms that appear together in traumatised patients, it fails to explain how or why the trauma results in those symptoms.

The most common disorders diagnosed in persons who have experienced child sexual abuse according to the DSM 5 are the following:

3.3.1 Post-traumatic stress disorder (PTSD)

PTSD has been discussed in depth in the first study theme of this Tutorial Letter 102. PTSD was originally used to classify disturbance among a large number of Vietnam War veterans who, after the war, suffered a number of common symptoms on their return to civilian life. Since then, it has come to be applied to people who develop symptoms after other traumatic experiences, such as motor vehicle accidents, torture, kidnapping and sexual abuse.

For an interesting read about the similarities between the trauma of war and sexual trauma, consult Judith Herman's publication *Trauma and recovery: from domestic abuse to political terror* (2001). You will not be examined on this material. Herman draws an incredible parallel between the suffering of men in war and the degrading suffering of women who are victims of rape, incest and domestic violence.

To recap, PTSD highlights the presence of a traumagenic event and is associated with the following symptoms: intrusive re-experiencing such as flashbacks and nightmares, avoidance of situations or people that resemble the event and hyperarousal such as alert scanning of the environment or jumpiness. The symptoms last more than a month and may be of short duration (less than three months), chronic (more than three months) or have a delayed onset (Kemp 1998).

3.3.2 Acute stress disorder

The DSM 5 makes a distinction between post-traumatic stress disorder and acute stress disorder. In the latter, symptoms surface within four weeks of the event and persist for no longer than four weeks. Kemp (1998) describes one of the most distinguishing features of this diagnosis as the presence of dissociative symptoms, where a person "separates", or "splits away", from the experience. This may be presented as numbing, detachment, absence of emotional responsiveness, reduction of awareness, a feeling that

the experience isn't real, a feeling of personal detachment and amnesia about important aspects of the trauma.

3.3.3 Dissociative disorder

"Dissociative disorders are characterised by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior" (DSM 5 2013).

The most extreme form of dissociative disorder is called dissociative identity disorder. The traumatised person, in order to cope with the overwhelming stress, develops a number of distinct, autonomous or semi-autonomous personalities. Kemp (1998) suggests that as many as 90% of people diagnosed with this disorder have experienced extreme forms of child abuse, invariably involving sexual abuse. He provides an excellent illustration by means of the case history of Rachael, a 31-year-old African American who received therapy at a mental health clinic after she had experienced a "nervous breakdown" and suicidal feelings.

The case study of Rachael

One day in therapy her therapist noticed very dramatic and remarkable shifts in her mood and personality. She acted surprised at being in the office. She denied that her name was Rachael, claiming to be Esmeralda. Therapy was difficult as Rachael struggled to get in touch with the horrible memories relating to her past. She had suppressed them over all those years.

The therapist learned that she had been physically, emotionally and sexually abused as a small girl. Her story was one of being sexually molested by a number of different people. After she had been raped on one occasion, she was pushed over an embankment and left for dead. During therapy, at least five different personalities emerged, and through long-term therapy, Rachael was helped to integrate her various personalities into a reasonable, organised whole. This enabled her to function in most situations without calling up one of the personalities that she had created to help her to do the difficult things in life. She did not think she could manage to do this on her own.

FEEDBACK

Kemp (1998) lists several other forms of dissociative disorders: dissociative amnesia, where there is complete and extreme loss of memory about the traumatic events, depersonalisation disorder, characterised by chronic feelings of being separated from one's mind or body, while still having a normal awareness of reality, dissociative fugue,

when the person suddenly travels away from home and becomes confused about their identity and memory of their past.

3.3.4 Mood disorders

Mood disorders describe a range that runs from depression to mania. Symptoms associated with depression are the most common types of mental health problems reported by survivors of all kinds of abuse.

The clinical signs and symptoms of a major depressive episode are usually referred to as vegetative symptoms (Kemp 1998) and many of these symptoms will be discussed in the theme on the effects of child sexual abuse on the adult. They include depressed mood, loss of ability to experience pleasure, reduction of interest in activities, changes in appetite, sleep disturbance, fidgetiness, lack of body movement, fatigue, loss of energy, feelings of worthlessness or guilt, inability to think and concentrate and a preoccupation with thoughts of death. These symptoms need to be severe enough to interfere with the person's normal level of functioning and unrelated to other causes such as physical illness to be regarded as depression.

Manic episodes are much livelier, being on the other end of the continuum. They are characterised by a heightened, exaggerated or irritable mood. Typical symptoms include grandiosity (an inflated self-esteem), a decreased need for sleep, talkativeness, racing thoughts, easily distracted attention, increased goal-directed activity and excessive involvement in risky or pleasurable activities.

When people experience extreme shifts in mood, from depressed to elated or agitated, then they may be classified as having a bipolar disorder.

3.3.5 Personality disorders

These form a category of disorders that relate to inflexible and maladaptive personality characteristics. Perry and Valliant (quoted by Kemp 1998:129) explain that personality disorders usually develop in childhood and adolescence in an effort to cope with or adapt to overpowering and dysfunctional life circumstances.

The attempts at coping work to some degree, but become ingrained and rigid over time. When individuals enter adulthood, they carry the same behaviour patterns, even though these patterns are no longer appropriate and interfere with their adjustment. People interacting with individuals who have a personality disorder experience their behaviour as disagreeable and there are enormous social consequences for them that often include rejection and isolation. Kemp (1998:129) reports that a high number of clinicians who work with abuse survivors report behaviours that are quite consistent with those

associated with various personality disorders. Also, clinicians working with personality disorders report a high rate of sexual abuse among their patients.

In the absence of a diagnosis of post-sexual abuse syndrome, clinicians tend to diagnose patients according to diagnostic classifications that best describe and explain their symptoms. On the one hand it may be reassuring for survivors to know what to call their troubles; on the other hand, the major criticism of adopting this approach is that by focusing on diagnosis, we adopt a narrow, linear approach of cause and effect in counselling, without contemplating the complexities of each individual's experiences.

The following book will make for an interesting read. You will not be examined on it in the examination:

Fanon, F. 1990. *The wretched of the Earth*. Middlesex: Penguin Books.

Fanon worked as a psychiatrist at the height of the Algerian War. He exposed the close links between civil war and mental disorders. The diagnoses used to classify the mental illnesses of a group of Algerians he assessed and treated, failed to acknowledge the horrific context of the war that they were fighting. The war was responsible for the development of their symptoms - and their reactions were normal responses to an abnormal situation, to wit, a violent war.

ACTIVITY

Record your responses to the following questions in your learning journal. Reflect on the DSM 5 classification system and list the advantages and disadvantages of this classification manual for counsellors in the field of sexual abuse.

To what extent do you believe the medical model has helped society to acknowledge sexual abuse as a social reality - or hampered it from doing so?

What ethical considerations apply in respect of using psychiatric diagnoses when working with survivors of abuse?

3.4 THE FEMINIST PERSPECTIVE

In the 1970s, the women's liberation movement drew public attention to many violent crimes committed against women that society had for many centuries failed to acknowledge. The victims, women, who had kept their pain and suffering hidden for years, began to speak out. They shared their stories and used these stories to break the silence. This was considered to be consciousness-raising. It took place in the groups

that the women joined to share intimacy, confidentiality and truth-telling of their exploitation by men. Members were able to "overcome the barriers of denial, secrecy, and shame that had prevented them from naming their injuries" (Herman 2001:29). The feminist understanding of sexual abuse encouraged survivors to speak out against abuse, to support one another and to take collective action. Sexual assaults against women and children were shown to be endemic in modern society. The movement defined sexual violence in ways that drew attention to broader phenomena of class and racial violence. For them, rape was seen as a method of political control, a conscious act of intimidation by men.

This movement attracted positive influence by drawing attention to the field of sexual abuse of women by men. Firstly, it campaigned for rape legislation to be reformed. Secondly, it undertook extensive research on a subject that had, until then, been largely ignored. Thirdly, attention was given to finding ways to heal survivors of rape. The movement initiated a social response to victims of sexual assault, and many crisis centres were established to support women who had experienced abuse. These centres made available practical, legal, and emotional support to victims.

As understanding deepened, their investigation of sexual exploitation began to uncover many forms of private sexual abuse within intimate relationships. Services for victims of domestic violence and sexual abuse within families grew. The psychological investigations of domestic violence and child sexual abuse undoubtedly linked them with trauma. In 1972, Ann Burgess, a psychiatric nurse, and Lynda Holmstrom, a sociologist, studied the psychological effects of rape. They observed a pattern of psychological reactions to rape that they called "rape trauma syndrome".

Their investigations revealed that women experienced rape as a life-threatening event. The experiences of rape left female survivors in their study experiencing common symptoms: insomnia, startle responses, nightmares and dissociative symptoms. These responses closely resembled the symptoms experienced by combat veterans.

The feminist movement drew attention not only to men's violence against women, but also to their efforts to oppress them. The movement highlighted that more women were raped, abused assaulted, burned, beaten and killed by their male lovers than by all categories of men combined (Funk 1997). Feminists made the connection between male domination in the home and the incidence of father-daughter incest. Incest was seen to be the manifestation of the power imbalance within patriarchal families. Within these families, the men were described as developing rigid, sexist beliefs about family roles and duties. These men expected to control their wives and children. In extreme cases, they viewed their daughters and wives as their possessions, to be used to satisfy their needs. Sexual abuse of wives and daughters was regarded as a father's expression of power and authority.

Russell (1997:158–159) explains how male supremacy, typical of patriarchal families, invests fathers with immense power over their children. The sexual division of labour, in which women nurture children and men do not, produces fathers who potentially abuse and exploit their power. She says:

> *As long as fathers dominate their families, they will have the power to make sexual use of their children. Most fathers will choose not to exercise this power; but as long as the prerogative is implicitly granted to all men, some men will use it (*Herman in Russell 1997:158).

Sexual division of labour creates conditions where men and women are polarised. Women nurture children and men do not. This unnatural division of roles produces fathers who know no other way but to use their power in an exploitative way. Children reared by subordinate women, under the psychology of male supremacy, persist from one generation to the next. The end result is sexually aggressive men with little capacity to nurture and nurturing women with undeveloped abilities to assert their rights or the rights of their children. Herman is quoted by Russell as saying: ''In any culture, the greater the degree of male supremacy and the more rigid the sexual division of labour, the more frequently one might expect the taboo on father-daughter incest to be violated. Conversely, the more egalitarian the culture, and the more child rearing is shared by men and women, the less one might expect to find overt incest between father and daughter'' (Russell 1997:59). In other words, the more democratic the family and the less rigid the sexual division of labour, the more improbable it is that the father will abuse his daughters.

Funk, a male pro-feminist who wrote a chapter on male rape in Scarce's book (1997), explains that rigid division of labour creates problems not only for women, but also for men. It socialises them into not being allowed to ask for help, making them unable to respond to those who ask for help. Men are supposed to "fix it", "do it" or "take care of the problem", but not to support, acknowledge or listen.

He explains that men have a very limited role by which to define manhood. Perhaps this explains why so many male authorities, who deal with survivors of sexual abuse, are unable to deal with the emotional intensity of these situations. Perhaps they present themselves as uncaring and insensitive because no one has nurtured them to develop the necessary skills, such as compassion and empathy, to equip them to deal with these situations. Furthermore, Funk asserts that society chooses not to believe that men may be victimised by sexual crimes, because "there is no way to see men as 'victims' and still as men" (1997:230). Imagine how this strong societal value may continue to put a lid on the phenomenon of male rape. The feminist approach played a major role in highlighting sexual abuse against women. One wonders whether the publicity that the movement has given to abusive acts against women by men may have been responsible for inhibiting men from coming forward to report sexually abusive acts committed against them. Feminists

made sexual abuse a gender issue by portraying sexual abuse as something that women encountered under domination by men. Perhaps, as a result of this notion, abused men have to struggle with a less caring response from society when they are abused. Society expects them to be strong enough to take care of their own problems and support others. Society is more likely to dismiss male survivors of sexual abuse as weak or guilty of having done something to lead the perpetrator on (Heru 2001).

These ideas will be carried forward in this Tutorial Letter 102, especially in the chapter on male rape.

The feminist movement was hugely responsible for improving legal and psychotherapeutic responses to rape. But even they struggled to address the political and cultural forces that gave sexual trauma such power over women's lives (Hengehold 2000). Much reform is needed to change the political and cultural forces that continue to create the power imbalance between men and women in many societies. Sexually abused women and children remain trapped in their homes and at the mercy of their perpetrators. Children are trapped by laws that make it illegal for them to leave their homes without their parents' permission. They are trapped by society's lack of responsiveness to their calls for help, as demonstrated by poor services delivered by social services that are overworked and understaffed. Reports abound about agencies that are often unable to intervene timeously to avoid the devastating effects of the victims' suffering. Women and children in South Africa remain largely trapped by their economic dependence on perpetrators. Russell (1997) states that they are also trapped by social policies that ignore, underplay or punish them when they have the courage to report their abuse to the appropriate authorities. They are trapped by values that consider children to be the property of their parents, and the values of family honour and privacy rather than the value of the wellbeing of those who have been harmed. Sexually abused men also remain trapped. Society emasculates them. It is easier for male survivors of sexual abuse to keep their pain hidden and remain silent than to be emasculated.

ACTIVITY

Record your responses to the following questions in your learning journal.

The feminist perspective raises controversial debate. Discuss the extent to which you agree with this perspective. Share your opinions about the issues raised with which you strongly agree and/or disagree.

Consider your community. Do you believe that there is a power imbalance between men and women in that community? If your answer was "yes", discuss the impact that this power imbalance may have on men and women respectively. Identify areas in which this imbalance

is most noticeable. If you believe that your community is an egalitarian one, comment on the ways in which the community has overcome the power imbalance. What are the advantages and disadvantages of an egalitarian system?

It is often suggested that helpers in the field of sexual abuse should receive gender sensitivity training. Why do you think this is proposed? Do you agree with it? Discuss your reasoning.

Can you identify any celebrity who has made discriminatory remarks about the opposite sex in the media? Try to base your response on things that you have heard on the radio, seen on television or read in newspapers or magazines. To what extent are these high-profile people challenged for making gender insensitive remarks? Is there any link between gender discriminatory remarks and the common myths about sexual abuse?

3.5 THE SYSTEMS PERSPECTIVE

Systems theory moves beyond the simple, linear, cause-and-effect way of understanding relationships. It offers a broader, interrelated perspective, emphasising the dynamic nature of families or family systems. The systems approach assumes that family problems result from the manner in which the family system is organised or functions. Family problems are seen as a response to dysfunctions in one or more of the significant relationships within the family. Addressing relationship issues is considered to be the best way of resolving these problems.

Supporters of this approach pay much attention to the power structures of families and depending on what branch of systems theory they support, tend to favour a hierarchical structure of families, with parents co-parenting at the top of the family structure and children falling below them. The nature of coalitions or subgroups that exist within families is studied with keen interest to enable families to unravel the ‘‘real issues’’ that they are struggling to deal with. The underlying issues strongly influence the way the different members of a family interact with one another. A central tenet of this approach is that “the whole” is greater than the “sum of the parts”. When people marry, the marriage becomes more than the just the two combined lives of the individuals. The partners have their own perceptions that, for them, constitute reality. In addition to their individual perceptions and expectations, there are other dynamic influences.

In striving to meet their individual needs, their actions have an impact on each other. Imagine a situation where a young woman decides to rebel against her very strict father by going to work in another city, even though he asks her to stay at home to help the family financially. She believes that her father is harsh and unloving. He, on the other hand, loves her dearly, but has been brought up to believe that family loyalty is more important than individual self-advancement. He is deeply hurt that she will turn her back

on her family while they need her assistance. Her mother understands her need for independence and supports her. Her father feels rejected and believes that, by their overruling him, they don't respect him. He withdraws. They react to one another in the way each perceives the other's actions. There certainly is more than one reality in this situation. That is why they use the saying "the whole is more than the sum of its parts".

System theorists are interested in studying the social realities that occur when individuals, families, groups and whole societies act and interact with one another. Families are recognised as systems that are essential for providing for the needs of their young and old. All systems are seen to be goal directed, that is, they strive to accomplish common goals. More often than not, the members first turn to their family to have their needs for love, belonging, acceptance and self-esteem met before turning elsewhere. While family members attempt to accomplish the fulfilment of the basic goals of their members, the theory proposes that they strive to maintain homeostasis, or stability. If there is too much or too little of something, the system's feedback mechanism alerts the members so that they take steps to try to return the family to its desired balance.

Individual family members find unique ways of adapting to troubled family systems. They tend to assume different roles in order to adapt. Some may actually become the "identified patient" and develop an illness in an attempt to keep the family together. An example of this is the case of the eldest daughter who is about to marry. The marriage between her parents has never been close. They have stayed together because they wanted to be involved and committed parents and feared that divorce would cause their children undue heartache and suffering. The children observe a cautious reserve in their relationship with each another. Close to the time of their eldest daughter leaving home, the younger daughter suddenly experiences anxiety attacks. While she is recognised as the ''identified patient'', her symptoms are seen as a response to try to keep her family from splitting up. This is what is meant by maintaining the family homeostasis or, simply put, maintaining the status quo. This all sounds very theoretical; let us move on to see how this approach is applied to the field of sexual trauma, specifically as it relates to incest.

This perspective suggests that incest fulfils a particular function in the family system. It is considered a family problem rather than one member's inappropriate behaviour. The incest is viewed as a complex series of interactions between different family members in their effort to keep their stressful family system afloat. Taylor (1984:159) explains:

> *Family members influence one another through their relationships. Interrelating, develops a set of patterns unique to each family. As an organisation, a family possesses a set of rules including hierarchy. Viewed from this perspective family actions are complex phenomena involving the history of the family, its developmental stage, the nature of the relationships, the individual tract of members and the cultural setting. The function of a systems perspective is to provide a framework for conceptualisation and intervention*.

Incest is considered to be more than the sexual contact between an adult and a child. It is a complex effort by different family members to meet the needs of different family members. System theorists propose that there are common characteristics of incestuous families. These characteristics serve as guidelines for helpers to identify each family's mode of functioning. They accept that the presence of these characteristics may also be the result of other factors. While they believe that the perpetrators' actions are connected to the dynamics within the families, they do not absolve them of their responsibilities for sexually violating their offspring. The perpetrators' acceptance of responsibility for their actions forms the cornerstone of change for the families.

3.5.1 Family history

A family is viewed as a "place of learning" for all its members. Within a family, children learn who they are, what to expect of the world and how to satisfy their needs. They are socialised to accept the nature of the intergenerational boundaries between family members and the different roles ascribed to each of them. The family teaches them what is expected of sons and daughters, husbands and wives, parents and children. They become aware of the unique boundaries within their family that have to be respected. The spouses bring with them their respective background histories, which are the accumulation of many of their personal experiences and those of their family of origin.

These experiences influence their new family life. System theorists believe that

- parents who commit incest may themselves have been raised in families where they were sexually abused
- adults who have been sexually abused as children may accept abuse as a valid family rule and may later transfer it to their own family
- parents who commit incest tend to originate from families who functioned in isolation, where the parent-child relationships were poor; their families most likely offered them little love and affection and the communication between parents and children would have been poor. In these families there would have been little discussion about sexual matters, because sexual topics would have been regarded as taboo
- sexually abusive parents are likely to have been rejected by their parents in one way or another; the parent-child relationship would not have met the expectations of either party
- significant patterns of behaviour may be transferred from one generation to another

3.5.2 The quality of marital relationships in the incestuous family

System theorists believe that one of the first indicators of an incestuous family is that there is a distance between the marital couple. Generally, the marital relationship in an incestuous family is described as poor and unsatisfying and is often referred to as "one that does not exist" or as disengaged. Although the couple are still legally bound in matrimony, few of the marital functions are fulfilled within the relationship. The marital couple usually do not share

bedrooms and beds, and have ended their sexual relationship. The intimacy that should take place between the couple does not and a violation of intergenerational boundaries occurs. The intimacy takes place within the parent-child relationship. The child is propelled into the role of partner and elevated to become a member of the spouse system. In some instances the sexual relationship may be maintained in order to hide or conceal the offender's abusive acts. System theorists expect these relationships to be tense and conflictual. As the marital conflict escalates, the daughter feels more and more responsible for finding ways to prevent the family from disintegrating.

The systems perspective proposes that it is usually the mother who is "absent" in the marital relationship, or that she functions in a frigid manner towards the father. This scenario is the result of a combination of factors:

- The father cannot understand the sexual functioning of his wife, and/or the mother cannot meet the sexual demands of the father and she withdraws from the sexual relationship altogether.
- Because of unpleasant experiences in her own childhood, the mother avoids sexual intimacy. The sexual relationship suffers and her husband finds alternative methods to keep the marital relationship intact.
- The father may confuse intimacy and sex and interprets intimacy as sex, pushing his wife further away from him.
- The mother may physically leave the marital home, placing the responsibility of running the home and caring for the younger children in the hands of the father and the eldest daughter. The father moves into a relationship with his daughter who has taken on the roles - such as spouse and caregiver - of her mother.
- The mother may be "frozen out" or side-lined as the father becomes preoccupied with his sexual relationship with his daughter.
- The mother may not have supportive relationships and so she does not know whom to turn to for help.
- The father uses incest to "punish" the mother.

Another pattern that system theorists observe in incestuous families is the one that occurs when the marital dyad is so close that the couple fail to address the needs of the other members of the family. Children whose need for love and affection are not met within their family are thus vulnerable to exploitation by others outside the family. This pattern is labelled an enmeshed relationship.

3.5.3 Role reversal and shifting boundaries

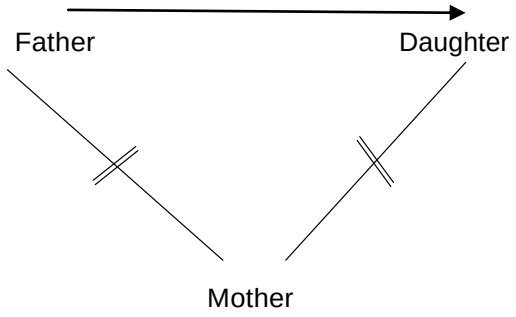
As already explained, incest is described as the violation of intergenerational boundaries. The sexually abused child irrevocably becomes part of the parent system. A chaotic shift takes place in the family's relationships and interactional patterns. The boundaries between members are no longer clearly defined, resulting in role reversals. There are two patterns of role reversals:

- a dominant father and a passive/dependent mother
- a dominant mother and a passive/dependent father

Each of these patterns will be explained.

3.5.3.1 Dominant father and passive/dependent mother

Usually this type of father is described as an introvert with few friends and a restricted social life. He strives to present himself as the ideal father, family man and regular churchgoer. He avoids unnecessary attention on his family and keeps people at a distance. The mother tends to be aloof, both emotionally and physically. Her absence makes it difficult for her to fulfil her role as mother and the daughter is coerced into taking on her tasks and fulfilling her duties within the family. The daughter gradually moves over to fulfil the role of sexual partner to the father. The relationship between mother and daughter resembles one of peers in which there is an element of competitiveness and conflict. The mother avoids facing up to the reality of what is happening in order to protect herself. With the inception of the incestuous relationship, the father moves out of the parental role, moving closer towards the daughter. This makes him move further away from his wife, out of the spouse role into a spouse role towards his daughter. Schematically this may be illustrated as follows:

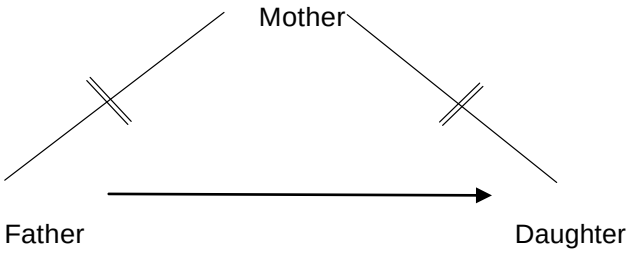


The mother moves into a "child" position, rendering her powerless to do anything about the incestuous relationship. The daughter assumes the mother's responsibilities, which include the responsibility of her role in the sexual relationship with the father. The daughter also moves from the "child" position to the "mother" position in relation to her mother.

3.5.3.2 Dominant mother and passive/dependent father

In the case of a dominant, competent female and a passive, dependent male, the female fulfils the role of mother towards her spouse. The male becomes overwhelmed by the situation and withdraws from the marital relationship to establish a "marital relationship" with his own daughter.

Schematically this may be represented as follows:



With the shift in roles the daughter becomes the "spouse" of the father who has now found an alternative relationship to fulfil his needs. In most of these cases the father has experienced an earlier history of insufficient nurturing from his own mother and is dependent upon a mother figure. He expects his partner to fulfil this role.

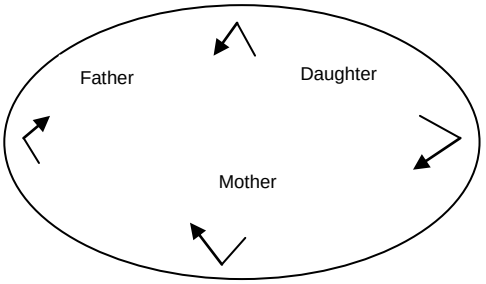
Irrespective of the way that role reversals occur, they are accompanied by boundary displacements that cause a great deal of confusion for the abused child. The greatest source of confusion centres on the fact that the child is not always sure which role to fulfil at a given time. In some instances the child may be given the status of the spouse and in others the status of a child. The child's needs become secondary to the family's needs as a whole.

3.5.4 The boundary between the incestuous family and the community

In contrast to the vague and confusing boundaries within the family, the boundary between the family and the community is more clearly defined. It is rigid and closed. The isolation associated with members of incestuous families seems to ensure that the secrecy that surrounds the problem within the family system persists. The family system fears rejection from the community as a whole and protects itself against this rejection by the members keeping to themselves. They constantly try to protect their secret of abuse. Their efforts to maintain secrecy may be viewed as their attempts to maintain the family in its existing form, or in systems terms, to protect the family's homeostasis. The incestuous family restricts the contacts of its members with external systems. As a result, members of incestuous families tend to have few friends, are less engaged in community activities and have few support systems.

The lack of outside relationships prevents their secret from being discovered. Some offenders position themselves to look like "pillars of strength" in the community. They may be viewed as outgoing and gregarious, but restrict the other family members from socialising.

The family system in which incest occurs may be schematically represented in the following way:



3.5.5 Incest as a family secret

The number of reported incest cases is viewed as only the tip of the iceberg. In many instances, the "secret" is only known to the child and the abuser. Research has found that "incest as a family secret" is a component of incestuous relationships.

Even once the abuse is disclosed, the family members exert pressure on one another to keep the abuse hidden from others. The systems perspective proposes that each member has his or her own reason for maintaining the family in its current form. The reasons may range from protecting the offender's interests, to fearing further social isolation or rejection by friends or the community. The following reasons are the most commonly cited ones:

- It is taboo to discuss sexual issues within the family.
- Little sexual guidance is given to family members and the children lack criteria to enable them to judge whether right or wrong is being committed.
- The family fears the community's reprisals - that the stigma associated with abuse will lead to dreaded ostracism.
- Disclosure may lead to many losses for the family, especially if the offender is imprisoned. These losses may include the loss of a breadwinner, accommodation, education, and so forth.
- Loyalty to family is emphasised over and above the importance of the needs of the individual members.
- Emotional blackmail and, in some instances, physical threats are used; the child is told that disclosure will lead to the disintegration of the family.
- The child may enjoy the bond between himself or herself and the abuser, and while he or she may not enjoy the abuse, he or she may fear losing the relationship that meets his or her needs for affection and closeness.
- In order to maintain the homeostasis of the family, the child attempts to do the non-perpetrating parent a favour by assuming the role of sexual partner.
- The eldest child tries to protect younger siblings, believing that, for as long as he or she is being abused, the younger siblings are safe from abuse.
- Attempts by such abused children to disclose their sexual abuse fail because they are not taken seriously and are frequently not believed.

- Abusers do everything within their power to keep their offences hidden and even threaten to harm the child victims or other members of the family.

The systems perspective succeeded in making practitioners contemplate the multiple dynamics involved in incestuous families. It alerted us to the reality that families are living systems of complex interrelationships. The systems perspective continues to make practitioners mindful of the needs of each family member and the ways in which the members interact and deal with one another's needs. It shifts the blame of social problems from one individual to the way the family relate to one another as a whole, thereby reducing the stigma that the offender has to face after disclosure.

There are several criticisms of this approach:

- The systems approach may unfairly view victims as participants in abuse rather than acknowledge that, mostly, they have been coerced into participating.
- A concern is that this perspective may lead to "mother blaming" for child sexual abuse because it holds the mother responsible for failing to fulfil the perpetrator's needs.
- It appears to minimise the perpetrator's responsibility for taking a conscious decision to break the law.
- It infers that males have such an overwhelming sex drive that they cannot but compromise the psychological safety of their children in order to satisfy this sex drive.
- It ignores the reality that incest is a sexual expression of non-sexual needs.
- It overlooks the reality that many incestuous abusers simultaneously abuse others outside the family.

Perpetrators must accept responsibility for their actions before family counselling can proceed. Family counselling is only considered when there is absolutely no risk of further abuse of the victim. Family therapy may be extremely stressful, especially for the abuser who stands to lose control over his victim, and we should ask ourselves: what happens to the victims when they get home after a stressful family session? (Kemp 1998:28). This approach underplays the reality that no mother can protect her child from danger all the time. Most mothers struggle to deal with their guilt when the abuse is uncovered. They feel bad that they were not sensitive to what was happening to their child at the time. Often there are many reasons why the non-offending parent is unable to admit or address the abuse. Lewis (1994:91) lists a number of common reasons:

- There are times when parents may not be sensitive to their children's feelings. As a result, they fail to recognise the problems that their children experience or to notice the changes in their behaviour. They may be stressed because of having to bear too many other responsibilities.
- Sex is a sensitive issue to talk about. Some parents are too embarrassed to discuss sexual matters with their children because no one ever discussed these matters with them.

- Offenders are so intent upon escaping accountability for their crimes that they do everything in their power to silence their victims. They use their power over the child to keep the abuse secret. Communication between the non-offending parent and the child may break down because of the child's need to keep the secret. The offender is clever at hiding the abuse.
- Not all victimised children manifest symptoms or changes in behaviour straight after their sexual abuse.

Humphreys in Lewis (1994:91) stresses the numerous obstacles that mothers struggle to overcome before they are able to disclose the abuse. They are the following:

- The mother realises that disclosure may lead to the disintegration of her family. This may be hugely threatening to her.
- The abuser may have a history of being physically and emotionally abusive or violent and the mother lives in absolute fear of him.
- The mother and children are economically dependent on the abuser.
- They have nowhere to go and no means of support of their own.
- The mother is vulnerable to the abuser's power and control.

ACTIVITY

Read the case study provided and answer the related questions in your learning journal.

Nompumelelo's mother is an invalid. Her mother was separated from her family of origin by her husband early in their marital history because he believed that they interfered in his family's affairs. Nompumelelo recalls many fights between her parents that resulted in her mother being assaulted. Her mother suffered a stroke four years ago, when Nompumelelo was ten. Her mother has been confined to a wheelchair since. Her mother has no means of supporting herself and her children. The mother has been moved to the back room of the house so that she will not disturb the father at night.

Nompumelelo has been told by her father that it is her duty, as the eldest child, to do the things that her mother is unable to do for the family, including having sex with him. He uses emotional and physical threats to get Nompumelelo to obey his instructions. He threatens to chase her mother away unless she obeys. She knows that her mother will not be able to survive without her children. Nompumelelo has taken on all the household chores, the supervision of her younger siblings and the nursing of her mother. Her father barely acknowledges his wife's presence in the home. This pleases Nompumelelo because she no longer has to witness their violent fights.

Nompumelelo is anxious to protect her younger sister, aged nine, against her father's sexual demands. She longs to be old enough to find employment so that she can move her mother and sibling out of their unhappy environment.

Her father is a hard-working man, who is respected by his superiors at work and the minister of their church. He does not like his wife and children to socialise and uses his wife's illness as the excuse. He attends church regularly and serves on the local ratepayers' committee. The children are not allowed to invite friends home; he says that it would interfere with their schoolwork and chores. He is dogmatic about the way tasks are undertaken and he sets high academic goals for his children.

Explain the possible reasons why the incest remains a secret between Nompumelelo and her father.

Discuss the quality of the marital relationship between the parents according to systems theory.

Identify and discuss the shifting of intergenerational boundaries within this family and refer to the type of role reversal visible in this family.

Describe and discuss the nature of the boundary between Nompumelelo's family and the community.

Highlight any aspects that you, as the counsellor, would take into consideration before setting up a family interview.

In your learning journal, record your answers to the following questions: What aspects of this theory do you believe you can accept? What aspects do you reject?

How relevant is this theory to the community in which you live?

3.6 CHILD SEXUAL ABUSE ACCOMMODATION SYNDROME

In working with survivors of sexual abuse, helpers report becoming confused by many of the behaviours that survivors engage in. One of the most frustrating behaviours they have to contend with is survivors' withdrawal of their allegations of abuse after the initial disclosure. Summit (1983), frustrated by the harm done to children through the distrust and disbelief of professionals and significant others, studied this phenomenon.

He built on the work of Burgess and Holmstrom's model (1974) for recognising, understanding and explaining the reactions of rape victims. Two of the reactions that they identified were reluctance to report victimisation and later recantations. Summit (1983) believed that the model, which he called child sexual abuse accommodation syndrome, was valid because he had based it on statistically validated assumptions about prevalence, age, relationships and role characteristics in child sexual abuse cases, clinical practice observations and feedback from other professionals.

He suggested that there were five categories in the syndrome:

- secrecy
- helplessness
- entrapment and accommodation
- delayed, conflicted and unconvincing disclosure
- retraction

As highlighted in the discussion of the systems perspective, secrecy is an inherent symptom of child sexual abuse. If there was openness, then the abuse would not occur. The imbalance of power between the adult offender and the child contributes to the abuse happening, since the child is too powerless to stop it. The adult consciously abuses the child's trust in him (or her). Because these children cannot get out of their powerless situation, they cannot control their abuse. So they learn to adapt to survive, psychologically, emotionally and, in some instances, even physically. These ingenious efforts to survive are what Summit (1983) refers to as entrapment and accommodation. They reflect the resilience of the human psyche. In the wake of family conflict or a breakdown in the victim's coping strategies, the abused child resorts to delayed, conflicted and unconvincing disclosure. When the victims become more aware of the ramifications of their disclosure, they feel guilty, regret disclosing the abuse and often choose to try to save their family from disintegrating. Under this internal pressure and ambivalence, they withdraw their accusations.

Summit developed this model to provide professionals with a framework for understanding the complicated behavioural responses of child sexual abuse victims. Expert witnesses and attorneys latched on to this term and introduced the syndrome in court to support their views in child sexual abuse cases. The Kentucky Supreme Court in the USA disallowed its use, because it was regarded as an unproven scientific method presented with an aura of infallibility to mislead judges and juries. Kemp (1998) refers to Summit's follow-up journal articles in which he acknowledges that the term syndrome is inappropriate. He accepts that, in lay terms, child sexual abuse accommodation syndrome could be taken to imply a recognised psychiatric disorder. As it is not listed in the DSM-IV, it should not be considered a disorder.

The significant aspect to remember about this model is that it explains the behaviour of children who have been sexually abused as an attempt to adapt to their disastrous situation. Secrecy, helplessness, entrapment and accommodation, inconsistent and delayed disclosure and retraction are normal responses by resilient children to an abnormal situation of abuse by adults.

ADDITIONAL READING

For further information on the child sexual abuse accommodation model, refer to the precis written by Kemp (1998:162–164).

Kemp, A. 1998. *Abuse in the family: an introduction*. Pacific Grove: Brooks/Cole: 162–164.

ACTIVITY

In view of the issues that have arisen from using child sexual abuse accommodation syndrome in court, suggest ways in which you believe experts may incorporate the valuable work of Summit into the evidence they present in court.

3.7 ABUSE-RELATED ACCOMMODATION MODEL

Building on this perspective, we will elaborate on Briere's abuse-related accommodation model that prescribes a phenomenological approach to working with survivors of trauma.

ADDITIONAL READING

For an excellent precis of Briere's abuse-related accommodation model, refer to the following book:

Kemp, A. 1998. *Abuse in the family: an introduction*. Pacific Grove: Brooks/Cole:132–135.

Briere is a clinical psychologist who has published extensively in the areas of child abuse, psychological trauma and interpersonal violence. His approach is different from the early models of sexual abuse that tended to pathologise victims.

3.7.1 Respect, positive regard and assumption of growth

A central principle of this model is that people who have been sexually abused are considered to be survivors, rather than victims. Survivors are people who have persevered despite extreme trauma and abuse-related difficulties. They are worthy of respect, positive regard and, Briere proposes, have the potential to grow and to heal from their experiences. Signs and symptoms of abuse are present in all survivors. All survivors develop unique symptoms in their efforts to cope or to manage the emotional turmoil precipitated by their abuse. Briere (1992) identifies seven areas of psychological problems that are common in survivors of child sexual abuse. They are (1) post-traumatic stress, (2) cognitive or thought distortions, (3) altered emotionality, (4) dissociation, (5) impaired self-reference, (6) disturbed relatedness to others and (7) avoidance. These symptoms need to be studied to understand what role they play in a survivor's life.

Although Briere (1992) acknowledges that abuse can have severe effects, he stresses the importance of recognising that survivors possess extensive skills and capacities that enable them to survive, to grow and, later, to meaningfully incorporate their trauma into their lives.

Abuse-focused psychotherapy sends the following message to survivors of abuse who present themselves for counselling (Briere 1992:83):

> *You have spent much of your life struggling to survive what was done to you as a child. The solutions you've found for fear, emptiness, and memories you carry represent the best you could do in the face of the abuse you experienced. Although some others, perhaps even you, see your coping behaviours as sick or "dysfunctional", your actions have been the reverse: healthy accommodations to a toxic environment. Because you are not sick, therapy is not about a cure - it is about survival at a new level, about even better survival. Your job is to marshal your courage, to go back to the frightening thoughts and images of your childhood, and to update your experience of yourself and your world. My job, the easier of the two, is to engineer an environment where you can do this important work, and to provide in our sessions the safety and respect that you deserve.*

3.7.2 The phenomenological perspective

Phenomenology places more emphasis on survivors' personal experiences and perceptions than on theoretical notions or the frames of reference of experts. This stance is empathic because it considers helpers' most powerful tool to be their ability to understand and to experience survivors' inner world - to perceive indirectly what the survivors perceive. Helpers focus on issues that are critical to the survivors and allow the survivors to decide how fast or how slowly treatment should be paced. Helpers communicate in a manner that is congruent with individual survivors' subjective understanding of themselves and others. Survivors are recognised as having the inherent ability to make sense of their trauma and to develop an individualised coping response that will lead to the abatement of their suffering and enable them to take control of their lives.

3.7.3 Functionality of "symptoms" and defences

The abuse-related accommodation model proposes that there are three main implications for understanding survivors:

- Their behaviour is active and practical rather than passive and symptomatic.
- Their attempts to use their own coping strategies provide them respite from their abuse-related memories and experiences. For them, these responses are functional and difficult to give up.
- The survivors' behaviour is their attempt to adapt to a real-life event.
- To understand the experiences of survivors, the helper must try to understand their behaviour.

What some people see as dysfunctional survivor behaviours are actually the ongoing attempts of survivors to cope and to respond to their toxic environment. Therefore, this behaviour and these responses in relation to the abuse should be recognised for what they are, namely, ingenious attempts to survive and to cope. Each behaviour actually serves a

psychological purpose, making it very difficult for the person to give it up. When the survivor begins to understand the functionality of these behaviours, this insight leads to change. Briere (1992) explains that these "symptoms" alert the helper to what the survivor's early life must have been like and what his or her current experience must be. By both the helper and the survivor understanding both the defensive and the adaptive aspects of these "symptoms", they are able to map out what the actual targets of treatment should be.

Substance abuse may be the survivor's attempt to self-medicate to escape unpleasant thoughts and memories. Self-mutilation is the survivor's attempt to mask the intense, unbearable psychological pain by inducing physical pain. Trauma-induced amnesia is a way of avoiding dealing with the awful reality of the traumatic event until the survivor has the energy to do so. These examples illustrate how behaviours, or symptoms, function to protect the psyche of the individual involved. Instead of helpers in this field operating from a diagnostic stance, they should be focusing on understanding the functions that the problem behaviours presented by survivors of abuse serve. The only way to be effective as a helper is to better understand the survivor's experiences.

3.7.4 Awareness and integration

This approach assumes that greater awareness of the past and present allows survivors to discover and to address the basis of their unhappiness and inner psychological tension. They start to rework their trauma-related experiences by beginning to understand the "whys" and the "what's" of what happened to them. They start to accept themselves again and to reject previously held self-ideas that they are inherently bad or have been damaged. They use counselling to develop a new relationship to these internal experiences so that they are no longer controlled by their symptoms.

This model proposes that abuse survivors adapt to their experiences in three stages:

- *Initial reactions to traumatisation*. Survivors experience traumatic stress reactions that shatter the originally held assumptions about the world they live in. They may experience post-traumatic stress, show alterations in normal childhood development and experience painful affect and cognitive distortions.
- *Accommodation to ongoing abuse*. Survivors instinctively find methods of coping. Their goals are to find some form of safety and/or to decrease pain during their victimisation.
- *Long-term elaboration and secondary accommodation*. Survivors integrate new ways of coping in order to survive. Sadly, these new ways of coping tend to get in the way of enjoying a more fulfilling life later on. One such example is that of individuals who do not allow others to get too close to them in a relationship for fear of getting hurt and in so doing deny themselves the fruits of a loving relationship.

Briere proposes that rather than prescribe help for survivors, practitioners should use a more client-oriented philosophy in their work with survivors. Survivors need to be respected. Their right to self-determination should be upheld at all times. The therapeutic relationship

between the helper and the survivor should be characterised by high levels of openness and honesty.

ACTIVITY

Additional reading material for personal study (you will not be examined on this material):

Briere, JN. 1992. *Child abuse trauma: theory and treatment of the lasting effects*. Newbury Park, CA: Sage Publications.

Haden, DC. 1986. *Out of harm's way: readings on child sexual abuse, its prevention and treatment*. Phoenix, AZ: Oryx Press.

THEME SUMMARY

This chapter outlined six different approaches to understanding sexual trauma. It traced the development of six different perspectives on sexual trauma. It briefly outlined psychoanalysis, the medical model, the feminist perspective, the systems perspective, child abuse accommodation syndrome and the abuse-related accommodation model. As Kemp (1998:135) suggests, "the current state of the art when it comes to understanding victims seems to have come almost full circle - back to ideas similar to the ones Freud first proposed". Generally, we believe that when people are sexually abused, their human rights have been violated. The abuse they suffer may be severe enough to trigger traumatic reactions. While Freud studied what appeared to be physiological responses to trauma such as amnesia, convulsions, motor paralyses and sensory losses, today helpers are interested in the relationship between abuse-induced trauma and survivors' psychological reaction and adaptation. Clearly, the way we view sexual abuse and survivors of sexual abuse directly affects how we deal with this social reality. It is hoped that this chapter reinforces the notion that the theoretical approaches that helpers choose should be consistent with their assumptions about the world and people. The overview of each perspective has probably made you realise that it is not advisable for helpers to adopt an either-or perspective.

Each perspective has played a meaningful role in shaping awareness and understanding of the complex nature of this social reality. Theory of sexual abuse acts as a guide to helpers. It should not just enable helpers to identify survivors of abuse - it should shape their assumptions about abuse so that they have a clear idea of how the helping relationships should proceed in order to facilitate effective changes in the lives of survivors.

Helpers should continue to develop and to use approaches that can be empirically validated.

ACTIVITY

Investigate one of these approaches in greater depth by selecting at least one of the books listed and reading it critically. Discuss the issues that surface as you read the book.
Ask yourself whether theory contributes to preserving and restoring human dignity.

Does it recognise the benefits of human diversity?

Does it endeavour to transform individuals and society by using their differences in a synergistic manner?

Does it acknowledge the rights of all people to self-actualise?

Does it reflect a strong commitment to fighting for equality of all people?

THEME 4: SEXUAL ABUSE OF CHILDREN

ACTIVITY

Read the following scenarios and answer the questions that follow in your learning journal.

Example one:

Rudolph, 12, became sexually excited by watching a rock video. He wondered what it would be like to watch his eight-year-old sister, Regine, dance naked in time to the music. On a few occasions, when his parents were out for the evening, he talked her into undressing and dancing in front of him, promising her that this would turn her into a successful music star. Her parents noticed that she started running in front of the television set all the time to get his attention. Rudolph complained to his mother that Regine was becoming a nuisance and then Regine told her mother what he had made her do.

Would you consider his actions as
abusive ☐
non-abusive? ☐

Example two:

Sarah lived with her mother and stepfather. Her parents divorced when she was six years old and she had had no contact with her father since. Her stepfather had always paid a lot of attention to her. He had taken her out without her mother or come home early to be with her in the afternoons. Initially, Sarah was pleased with the extra attention. However, his affection soon became sexual as he attempted to fondle her breasts, later progressing to full intercourse. As this behaviour continued, she became bewildered, confused and frightened. When Sarah became an adolescent the physical changes in her body added to her confusion. She found it increasingly difficult to interpret her stepfather's behaviour as parental or sexual. He said that it was her fault that he behaved the way he did and that if she told anybody, they would not believe her. He also told her that any disclosure might break up the family. The stepfather was fearful that Sarah would tell someone about the abuse and was jealously possessive of her; consequently, he tried to prevent her from socialising with friends or from having boyfriends (taken from Lewis 1999:105).

Would you consider his actions as
abusive ☐
non-abusive? ☐

Example three:

Tholani, a five-year-old, lived with her mother, Zundu, in the rented outbuildings of a house in Inanda, a township north of Durban. Their landlord was an unemployed layabout who spent most of his time sitting around and drinking. Tholani liked to play with the landlord's son, Mandla, who was the same age. One day, when Zundu arrived home from work she found Tholani lying on her bed. She wouldn't talk to Zundu. When it came to bath time Tholani was noticeably distressed. Zundu noticed that Tholani's pants were bloodstained. Tholani would not tell her mother what had happened. Zundu called her brother, who took them to the nearest hospital. The doctor examined Tholani and then quietly informed Zundu that her daughter had been sexually abused. Zundu was very angry until the doctor cautioned her to deal with the situation gently so that Tholani could tell them what had happened. It took several days before Tholani mustered up enough courage to tell Zundu that when she had gone to the main house to play with Mandla, his father had invited her into the house to show her something. Once she entered she realised that they were alone. He locked her in the bedroom and pulled off her shorts and T-shirt. He started rubbing himself on her and then he raped her. He promised that if she told anyone about what had happened, he would kill her. Zundu was lucky to have the support of a social worker to offer her and her family much-needed guidance about how to deal with the situation.

Would you consider his actions as

abusive ☐

non-abusive? ☐

Can you predict which of these sexually abusive situations is likely to cause the most severe reactions?

Does the nature of the child's relationship with the perpetrator have any impact on the way he or she experiences the trauma?

What signs should the parents of these sexually abused children have been on the lookout for to alert them to the possibility that their children were being abused?

Were there any family characteristics in Sarah and Regine's families that could have alerted us to the possibility that incest could occur?

What should helpers in this field do at the time of disclosure to assist sexually abused children and their families?

FEEDBACK

Sexual abuse of children is a multifaceted phenomenon. While this chapter sets out to help the reader to define and to recognise child sexual abuse, it will become apparent that there are so many variables that influence children's responses to sexual trauma that there are no definite answers to questions. Theory and research are invaluable tools in helping us to make sense of the social reality of sexual abuse, but helpers should never fall into the trap of making generalisations about sexual abuse or survivors of child sexual abuse. Individualising sexual abuse is critical to being successful in this field. While Tholani's experience was more violent and her life was threatened, Sarah experienced betrayal at a time when she was most vulnerable. We should not conclude that Regine's experience was not traumatic, because we have not been told how her mother dealt with her disclosure. If she was punished for her actions and Rudolph suffered no consequences, Regine's response may well be severe, if not worse than Tholani's.

On completion of this theme, you will:

- be able to define child sexual abuse
- be able to reflect on the effect of sexual abuse on the life of a child
- be familiar with the factors that have an impact on the severity of a child's response to child sexual abuse
- be able to differentiate between intrafamilial and extrafamilial sexual abuse
- be able to reflect on the most commonly identified signs of children in trouble
- understand the role of professionals who work with sexually abused children

4.1 INTRODUCTION

The maltreatment of children is a long-standing problem. Since ancient times, children have been viewed as property to be sold, given away or exploited by adults. They have been overworked, used as prostitutes or physically maltreated for a variety of reasons. Although child sexual abuse is not specific to our present society, we have begun to develop benchmarks for defining it. This is the result of the growing emphasis on the recognition and appreciation of basic human rights and, thankfully, the emerging advocacy of the rights of children. Walker, a practitioner who has worked extensively with survivors of abuse (2004:1), points out that books on child abuse could not have been written a hundred years ago, because "before it [child abuse] could be acknowledged as a social ill, changes had to occur in the sensibilities and outlook of our culture". Defining sexual abuse is complicated, because definitions are intricately linked to cultural constructions of sexual actions that are socially and legally considered acceptable. The variety of cultures makes it that much more difficult to develop a single construction of acceptable sexual behaviour. Even within each culture,

members receive confusing messages about sexual behaviour. We can therefore conclude that there will be no universal definition of child sexual abuse within our time.

It would seem that because survival is the priority of every species, in ancient times the emphasis was placed on procreation as early as possible. Some interesting facts on childhood sexuality have been collated by Wade (2000), an Australian psychologist interested in the field of sexual abuse. Girls were, and still are, in some cultures initiated into sex before they have menstruated. Ancient writings suggest that Middle Eastern tribes permitted sex with girls of three years and one day. The Ancient Greeks regarded sex with young boys as a normal part of a man's life and some boys were castrated to keep them looking youthful. Marriages of 13-year-old children were permitted in the USA as recently as the latter half of the 20th century.

4.2 DEFINING CHILD SEXUAL ABUSE

ACTIVITY

Consider your responses to the following questions. Record them in your study journal. Compile your own definition of child sexual abuse. Once you have completed this section, compare and contrast your definition with those discussed in this section.

FEEDBACK

It is very difficult to find a composite definition of child sexual abuse. There are different kinds of sexual abuse that are committed by different perpetrators in different circumstances. Definitions should always be contextualised.

There are many different kinds of sexual abuse, ranging from inappropriately talking about sexual themes to sexual intercourse. The most frequently mentioned acts of child sexual abuse are the following:

- The inappropriate exposure of an adult's sexual parts to a child for the adult's sexual excitement, which is termed exhibitionism.
- An adult's inappropriate sexual interest in watching a child undress, bathe or use the toilet in order to excite his or her own sexual feelings. This is referred to as voyeurism.
- An adult's use of sex talk with a child for his or her own sexual arousal. Intimate discussion about the child's genitals or suggestions of actions that the offender would like to engage in relating to the child's genitals may stimulate or shock the child and sexually arouse the adult in the process. This is known as verbal molestation and the

legal term for this form of sexual act is *crimen injuria*. Perpetrators may be sexually aroused by making obscene telephone calls.

- Sexual touching that involves fondling or touching parts of the child's body for the specific purpose of the adult's sexual gratification. The adult may touch the child or may order the child to touch the adult, or the child to touch himself or herself for the adult's sexual pleasure.
- The stimulation and/or penetration of the penis and scrotum or the vagina, clitoris or anus with the mouth, which is called oral sex.
- Indecent exposure by adults in front of children is also regarded as a form of molestation. Even though no physical contact takes place, there may be a negative psychological effect on the child because of the adult's sexual arousal from doing this.
- Vaginal and anal penetration using fingers, the penis or other objects is another form of sexual abuse. Anal intercourse is referred to as sodomy or buggery and the legal term for this is indecent assault.
- Exposure to sexual acts/pornography, or using children to act in pornographic cinematography or to pose for pornographic pictures are exploitive acts against children. There is a growing market for child pornography. Children are used to perform usual and unusual erotic acts for photographing and filming. In some instances, they are given alcohol or drugs to make them willing to perform. Drugging them may make them unaware of their actions.
- Child prostitution and child sex rings. Sandler and Sepel (1990) suggest that child prostitution in many instances occurs with the consent of the parents or guardians who benefit financially from the child's activities. In addition, runaway children who have escaped from their intolerable home situations turn to prostitution in order to survive. Inappropriate early sexualisation may sexualise child survivors of abuse and Sandler and Sepel (1990:215) state: "A significant number of both young male and female prostitutes have suffered forcible sexual acts from either within or outside the family".

Normally, a child sex ring consists of one or more adult perpetrators and several children who are simultaneously involved in sexual activity and aware of each other's participation. Victims are usually taken from disadvantaged homes that offer inadequate supervision. Offenders depend on bribery to coerce the victims to participate.

- Genital mutilation of girls. Though the action is not performed for the sexual gratification of the person who undertakes the ritual, it may have a severe impact on the woman's sexuality and cause her to experience a sense of powerlessness later. Some critics of this practice state that female genital mutilation strips them of their womanhood. They describe it as a painful assault on the female body that has an impact on their future sexual activity, as it often leads to permanent damage to sexual pleasure. Lewis (1994) quotes Taylor and Stewart who report that not all genital mutilation is ritually motivated. In some cases, mutilation of girls' genitals occur as part of sexual assault on those children.

  (Lewis 1999; Masters, Johnson & Kolodny 1988; Munro 2002; Sandler & Sepel 1990; Walker 2004)

4.2.1 Definitive characteristics of sexual abuse

The definitive characteristics of these examples of sexual abuse are as follows:

- The abuse of power and authority by the offender. Sexual abuse often involves violent coercion or threats, tricks and bribes. Offenders take advantage of their status or the child's trust and need for love and affection. The offender capitalises on the child's lack of knowledge and understanding of sexual matters, and as pointed out by Lewis (1999:99), "manipulates the innocence of sexual matters to get the child to cooperate". Children are taught not to question authority and may believe offenders because of their perceived power and status.
- The act is carried out purely for the gratification, immediate or delayed, of the offender's needs. Offenders use children to satisfy their needs, according to their timing, with complete disregard for the children's long-term psychological wellbeing.
- Consent from the child is non-existent. The responsibility for the protection of children should always lie with adults. Children lack the emotional, cognitive or social wherewithal to make sense of sexual experiences and should never be placed in a position where they have to decide whether or not to have sexual relations. The developmental discrepancy between the offender and the child minimises the child's ability to consent. At the time sexual abuse occurs, it may not be experienced by the child as disturbing or anxiety producing. This is because the child lacks knowledge about sexual matters and is often too immature to make sense of the experience. However, with increased knowledge and social exposure, children's abuse invariably takes on a traumatic meaning and may leave long-term emotional and psychological damage.
- The act exploits the child because it denies his or her rights and feelings. Children's right to decide about what they want is denied in an abusive relationship. Sexual abuse is a violation of children's right to normal, healthy and trusting relationships. It has the potential to cause long-term damage to children's physical and psychological health and welfare. It may result in their living in a continuous state of fear and anxiety, not only while they are being abused, but also for many years thereafter.

According to South African law, an adult may be charged with, and is guilty of, rape if penetrative sex occurs with a child of 12 years or younger. Should a child under the age of 16 but over the age of 12 be deemed to have consented to sexual intercourse, then this is regarded as statutory rape, which carries a lesser sentence. The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (from here on referred to as the Sexual Offences Act of 2007) defines statutory rape, in section 15(1), as follows: "A person ('A') who commits an act of sexual penetration with a child ('B') is, despite the consent of B to the commission of such an act, guilty of the offence of having committed an act of consensual sexual penetration with a child."

Other forms of sexual abuse that do not involve penetrative sex, but involve some form of sexual touching, are legally referred to as sexual assault. This is defined as follows by the

Sexual Offences Act of 2007: “A person (‘A’) who commits an act of sexual violation with a child (‘B’) is, despite the consent of B to the commission of such an act, guilty of the offence of having committed an act of consensual sexual violation with a child.”

When the activities do not involve sexual touching, they are referred to as *crimen injuria*. These acts carry a lesser sentence even though they are sex crimes and their effects may be just as severe as those forms of abuse that involve penetration. Child pornography and child prostitution are sex crimes that seem to be taken seriously in South Africa.

The meaning of child sexual abuse has been clarified, making it easier to review contemporary definitions of child sexual abuse. There are many definitions in the literature and individual readers are encouraged to find definitions that they consider consistent with their understanding of the subject. A definition that I find descriptive and composite is the following:

Child sexual abuse is any form of sexual activity with a child by an adult, or another child who has power over the child. It includes, but is not limited to, showing a child pornographic materials, placing the child’s hand on another person’s genitals, touching a child’s genitals, and/or penetration of any orifice of a child’s body (mouth, vagina, anus) with a penis, finger, or an object of any sort. Penetration does not have to occur for it to be sexual abuse (Munro 2002:1).

This definition places the blame squarely on the shoulders of the offender. It stresses that offenders abuse their power for their own gratification and ignore the child’s needs. Different forms of sexual abuse are acknowledged to be potentially equally upsetting for the child, even though they do not all involve penetration.

A child is defined in the Sexual Offences Act of 2007 as “a person under the age of 18 years; or with reference to sections 15 and 16, a person 12 years or older but under the age of 16 years”. The abuser can be any age, even individuals who are under 18 may be regarded as offenders, if they are at least three years older than the victim and have some degree of power or authority over their child victim. In this country sexual intercourse is unlawful between an individual of more than 16 years of age and a child under the age of consent, that is, 16 years.

Lewis (1999) suggests that, in most cases, statutory rape charges are brought by the girl’s parents. When sex occurs without consent, then it is regarded as rape.

4.2.2 Infant rape

Infant rape appears to be unique to South Africa, according to Mike Earl-Taylor (2002), a research and development officer at Rhodes University in Grahamstown. Offenders have been males ranging in age from adolescence to middle age and old age (50 years or older).

These offences were situation specific: the infants were available and unprotected. The offences were all impulsive and opportunistic. There have been single and multiple infant rape offenders. The offences, by their very nature, cause severe and life-threatening injuries to the infants. While Earl-Taylor used two publicised cases to highlight his exploratory observations, he based many of his observations on a previous investigation undertaken by Graeme Pitcher, a paediatric surgeon from Johannesburg.

Graeme Pitcher analysed 13 infant rapes that had occurred nationally and that had been reported up to and including 2002. These infant rapes appeared to be intraracial. The offenders were known to the mothers of the babies. Alcohol and/or substance abuse was involved (in two cases, the mothers were under the influence of alcohol and left their babies unattended to purchase more liquor). The perpetrators reported that they had consumed large quantities of alcohol. The mothers and offenders were all living in appalling and degrading socioeconomic circumstances. The offenders were members of ethnic group(s) where the virgin cure myth regarding the prevention of/cure for HIV/AIDS was relatively well entrenched within the cultural belief system. Earl-Taylor (2002) strongly suggests that there may be a connection between the virgin myth and the growing incidence of infant rape. Much more research needs to be undertaken for his hypothesis to be empirically validated.

4.3 DOES SEX DAMAGE A CHILD?

"Repeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality" (Herman 2001:96). The dysfunctional context of child sexual abuse forces the development of extraordinary capacities, both creative and destructive. It cultivates abnormal states of consciousness that allow for the development of an enormous array of symptoms, both somatic and psychological. Symptoms are often first acknowledged during adulthood. These symptoms will be explored in greater detail in the next chapter on adult survivors of sexual abuse. Much has been written about the damage done to sexually abused children and there are a number of fairly consistent themes in the literature. As will be stressed throughout this course, sexual abuse is a highly individualised experience and while the identification of these themes may be quite consistent in the literature, not all survivors may experience them. These themes serve to enable practitioners in this field to understand why sexual abuse is so destructive and why children develop a range of creative coping strategies to survive in these abnormal situations. Some of their strategies may be more functional than others but, at the end of the day, they are all intrinsic efforts to survive physically and/or psychologically.

4.3.1 Sex play between peers

Interest in their own bodies, and the bodies of others, is a normal part of developing children's world. Sexual experimentation, manifesting itself in different forms at different times of development, is also part of the growing child's quest for identity. Experimentation carried out within a peer group, or same-age pairing, often suggests mutual

curiosity, discovery and playfulness. Walker (2004) suggests that this mutuality, based on an equality of developmental level, power and choice, combined with an unspoken knowledge and awareness of how far the game will go, renders the activity harmless. Should one child use force, or threats of force, or threats that the younger child, or those they love will be harmed if they tell, make a noise or fight back, then the act or acts may be considered abusive. Acts of sexual abuse committed by children can be just as damaging to the child survivor as those committed by adults.

4.3.2 Common feeling related to sexual abuse

The experience of being sexually abused leads individual children to have an array of confusing and overwhelming feelings about themselves and their world.

These feelings strongly affect children's perceptions of themselves. Because of the many myths surrounding sexual abuse such as "victims ask for it", "only bad girls get sexually abused" and "children often fabricate stories of sexual abuse", children realise that they will not be believed. They may start to develop ways of dealing with their life such as maintaining secrecy or blaming themselves when things go wrong. These actions tend to reinforce their negative feelings and beliefs about themselves, thereby perpetuating a vicious circle. In order to escape from the intensity of their feelings, such traumatised children might develop one of two different coping mechanisms. Firstly, they may block out and deny the abusive experiences altogether or, secondly, they may develop a numbing defence mechanism that enables them to go through the motions of living without being aware of their feelings. These two responses have serious implications for the developing child.

Furthermore, the various ways in which the offender exerts control over the child - either through intimidation or violence - may increase the child's fear and anxiety. The fear is often felt towards both the abuser and any adult who tries to get close to the child (Lewis 1994) and these feelings filter through the child's life in many ways. Children may experience fear and anxiety in relationships because intimacy is one of the strongest associations of the abusive pattern. Depression is a common reaction and, sadly, the symptoms of depression are often overlooked and misdiagnosed.

Other feelings that will be expounded upon in this section are anger, guilt, powerlessness and lack of self-importance.

Sexual abuse engages the child in behaviours that are inappropriate for children and this engagement leaves the child feeling bad and guilty.

Children are naturally tactile and, as indicated in the preceding chapter, if not imbued with shame, are likely to experiment with their bodily sensations.

This form of self-exploration does not suggest that they are ready for sexual relationships, or that they have the capacity to understand sexual relationships.

Understanding of sexual interaction between people is only possible when a child is physically, emotionally and intellectually developed (Lewis 1999). Even though children may experience sexual feelings and know about sexual intercourse, we cannot assume that they are in a position to consent to sexual activity before they have power equal to that of the person initiating the act and a full understanding of sexual behaviour and sexual responsibility. Sex, killing and childbirth are major emotional experiences that adults try to protect children from, because they believe that they are not meant for children. Wade (2000:20) explains:

They are too powerful for a developing mind to process. In the case of child sexual abuse, children are introduced to adult sexuality before they have had time to explore their own sexuality within their developmental time frame. It can therefore be concluded that sexual abuse is a blatant invasion of children's privacy and amounts to total disrespect for them.

Sexual abuse denies children the right to decide what is right for themselves and their bodies.

Children are not in a position to make sense of adult sexual experiences, nor are they awarded power and skills by society to resist unwanted sexual experiences. This makes them extremely vulnerable to being exploited sexually. The use of physical force is rarely necessary for adults to coerce children to engage in sexual acts because children are trusting and dependent on those older than them. In most societies, children are taught never to question authority and so believe that adults are always right. Offenders know this and take advantage of it. Even when children choose not to participate, society fails to accord them power and assertiveness to resist. This sense of powerless has enormous consequences for child survivors for, in most instances, the rest of their lives.

Abuse disempowers children because they are coerced and manipulated by the perpetrators. It is for this reason that helpers should never plan things without the consent of the children they are working with. Disregarding them in decision making and planning exacerbates (intensifies) their sense of powerlessness. Because of the loss of personal control over their lives, they may constantly seek power to regain their sense of personal autonomy. They may do this by trying to disempower others, for example, by bullying others, challenging teachers or parents or refusing to accept any discipline.

Sexual offenders may be defensive about their actions and blame their victims for the abuse.

Sexually abused children may experience a range of emotions as a result of the abuse. Even though they may experience intense emotional turmoil, they are forced to maintain silence because offenders do everything in their power to promote forgetting. "Secrecy and silence are the perpetrator's first line of defence. If secrecy fails, the perpetrator attacks the credibility of his victim. If he cannot silence her absolutely, he tries to make sure that no one listens" (Herman, 2001:8).

While the author refers specifically to female sexual abuse by males, we can surmise that the same pattern of secrecy is prevalent in male sexual abuse by females. Secrecy appears to be an integral factor in all cases of sexual abuse. When children reveal their experiences, they are often not believed, or worse still, rejected by family members who refuse to accept that the offender is capable of acts of exploitation and abuse. Offenders tend to twist the evidence so as to escape accountability for their crimes. The reasoning abilities of young children are not equal to those of perpetrators, and they are more easily misled from discovering the reality of their situation. They easily internalise the blame. Their accompanying guilt grows and erodes their self-esteem, leaving them to feel that they do not deserve any good for the rest of their lives.

Sexual abuse is an exploitation of the child's basic needs for affection and acceptance.

The abuse involves an intricate weave of intimacy and betrayal. In cases of child sexual abuse the people that the children trust the most are often the ones who hurt and use them. The closer the relationship between the offender and the child, the greater the child's sense of betrayal. This leaves the child confused about intimacy and closeness. Sadly, child sexual abuse survivors experience a double sense of betrayal: betrayal by the offenders and betrayal by others who fail to protect them from the abuse as it happens. This may have major implications for them in their future relationships.

Sexual abuse introduces the child to sex according to the adult's timetable and this has an impact on his or her sexuality later.

Children become confused about their role in attracting sexual abuse. Their physiological response to the sexualised contact may have been experienced as pleasant and the intimacy reassuring. On the one hand they might experience the abuse as pleasurable, but on the other, it may leave them with feelings of guilt about being a willing participant in something that they might have sensed was bad. In some instances, children are coerced into participating in these acts with material bribes and rewards that are difficult to resist, especially when they live in poverty. The accompanying guilt eats away at their sense of self-esteem and pride.

Their right to make their own decisions regarding sexuality are totally overlooked. The abusive events may have a sexualising impact on children that is inappropriate for their normal developmental life stage. They may initiate inappropriate discussions about sex with peers, masturbate excessively or in inappropriate places, or try to sexualise other children by involving them in their sex games.

Sexual abuse weighs the child down with enormous feelings of responsibility for others.

The offender may directly suggest things like "I'll be sent away if you tell" or "your mother will have a breakdown if she finds out" or "If you don't cooperate, I will have to go and do this to your little sister". The implicit message given is that the child's needs do not count and they

should put others first and their needs last. This may become a habitual pattern in their interrelationships with others later.

Children's bodies are physically immature and penetration of the vagina and anus may result in physical injuries.

In many instances, their sexual abuse is physically painful. Children's undeveloped bodies are not capable of accommodating the penetrative acts of adults. These acts may lead to severe lacerations of the anus or vagina. The accompanying pain of forced intercourse may be imprinted in the child's mind forever.
The stigma that society attaches to sexual abuse inflicts as much trauma on the victim as the sexual abuse itself.

In a society where intrafamilial sexual abuse is taboo, the term sexual abuse may generate feelings of shame and worthlessness. The stigma attaches itself to survivors' self-esteem like Velcro, never allowing them to free themselves from guilt and blame. Misconceptions about sexual trauma often result in apportioning (assigning) blame to the wrong person, that is, the child survivor rather than the perpetrator. False accusations make survivors feel like second-hand, shop-soiled goods, not worthy of respect and acceptance from society. They are left believing that society holds them responsible for the actions of offenders. It is often said that the abuse would not have happened if their actions had not been provocative and inviting.

4.3.3 Betrayal of trust

Sexual abuse often occurs within a relationship where the perpetrator has misled his or her victim. The perpetrator uses the child's need for love, affection and acknowledgement to his or her own advantage. (Children who are vulnerable to sexual exploitation tend to be emotionally needy.) The perpetrator takes advantage of the child's needs to satisfy his or her own sexual gratification and need for power. In the process of abusing the child, the perpetrator may provide an explanation that normalises the sexualised contact, distorting the reality of the situation and further misleading the victim. As these children understand what is actually happening, their emotional world is shattered by this deep sense of betrayal. They become aware that the person they trusted the most, hurt and used them. Victims of abuse often graphically explain how their offenders exploited their trust and need for affection. Their stories relay the depth of their betrayal and their pain. They are left cynical about their other relationships, in the present and the future. This may result in survivors of child abuse developing an aversion to any form of intimacy or closeness as a means of protecting themselves against further abuse in other relationships.

4.3.4 Distorted power relationships

Sexual abuse is an abuse of power. Perpetrators use their age, the nature of their relationship with the child (their role as parent, teacher, youth leader), their status in the community, their physical size and strength, cognitive skills, or their access to resources that the child needs to bribe, to coerce or to threaten the child to fulfil their demands.

Sexual abuse involves perpetrators abusing their power as adults as well as the child's natural trust, affection and obedience. Their coercion and manipulation takes away children's right to decide what is good for them. They realise that, because of the significant power that the perpetrator has in relation to them, there is little they can do to avoid abuse.

In many instances, they recognise that because the perpetrator has so much power, they are not likely to be believed by others, or their plea for help will not be taken seriously. The power that their abuser has over them has a ripple effect on other areas of their functioning. They may feel "what I want doesn't matter" or "I have no control over my life". These feelings of powerlessness have a severe impact on other areas of their life.

Research into the long-term effects of sexual abuse of children is complicated because there are many other factors, other than sexual abuse, that may precipitate certain behavioural patterns in children. Moreover, one cannot conclude that problem behaviour occurring in adulthood is the direct result of sexual abuse during childhood. Most research is conducted on survivors who have not managed to cope on their own and have presented themselves for therapy. There is little research detailing the experiences of survivors who have coped without therapeutic intervention. It should be noted that some children who have been sexually abused do not retain any ill effects of the abuse. We, as helpers, should be equally committed to finding out what factors enable survivors to cope on their own.

ACTIVITY

Compile a poster of child sexual abuse on an A3-size paper.

Your poster should reflect your understanding of what characterises child sexual abuse and advertise local contact numbers of resources that service sexually abused children and their families.

Some children are more tenacious and recover from trauma more easily than others. Researchers who are interested in pinpointing what factors contribute to this tenacity believe that they may be internal and/or external. The internal factors relate to the survivor's personality such as a warm, friendly or easy-going personality. They may include variables such as the survivor's age, gender and emotional stability at the time of the abuse.

4.4 FACTORS THAT HAVE AN IMPACT ON THE SEVERITY OF THE CHILD'S RESPONSE TO ABUSE

Some children are more tenacious and recover from trauma more easily than others. Researchers who are interested in pinpointing what factors contribute to this tenacity believe that they may be internal and/or external. The internal factors relate to the survivor's personality such as a warm, friendly or easy-going personality. They may include variables such as the survivor's age, gender and emotional stability at the time of the abuse.

4.4.1 The age of the survivor

This refers to the particular age of the child at the time of the abuse. The younger and more dependent the child, the greater the damage is likely to be, particularly when the abuser is a parent or a primary carer (Walker 2004).

4.4.2 The gender of the child survivor

A common misconception is that girls are more vulnerable to sexual abuse than boys. However, research has shown that, from infancy to latency, males are more vulnerable than females, but girls are more vulnerable during adolescence (Lewis 1999).

4.4.3 Previous history of an emotional disorder

Children who have been exposed to situations such as marital conflict or physical abuse where they experienced high levels of anxiety, or children who have suffered from depression prior to the trauma, have been found to be less resilient when sexually abused.

The external factors that have an impact on the severity of the effects of the child's sexual abuse include the factors discussed from 4.3.4 to 4.3.8.

4.4.4 The child's relationship with the abuser

Abuse by a father or a stepfather causes greater trauma than abuse committed by other abusers who are unrelated to the survivor (Finkelhor, 1979; Petty & Spies 2005). Similarly, the child who is abused by a mother is left without any safe attachments. When both parents are involved in the abuse, it is very traumatic because this amounts to double victimisation (Walker 2004). The main variables associated with the effects of being abused by a close relative appear to be the level of trust that the child has placed in the abuser, the significance of this relationship, the quality of the child's relationships with others, excluding the abuser, the level of betrayal that the child experiences in the abusive relationship, the extent of fear that the abuse induces in the child and the nature of the threats that substantiate this fear. When the sexual abuser is a close relative of the child, the consequences for the child may be greater because the child spends a longer period in the abuse situation. This increases the likelihood of the sexual abuse occurring over an extended period. The emotional bond between the offender and the child

creates tremendous ambivalence. Guilt is less intense when the abuser is a stranger because the consequences of disclosing the sexual abuse are less disastrous for the family as a whole. When the abuser is related to the child and the child discloses the abuse, the likelihood of the family disintegrating is much higher than when the abuser is a stranger.

4.4.5 The number of offenders involved

The effect of abuse is more severe if the child is abused by more than one person. It is important to note that when children are abused within their families, they are more prone to being victimised by others (Walker 2004) and their risk of further sexual abuse is increased (Russell 1997).

4.4.6 Continuous versus single

The longer and more frequent the abusive episodes are, the more intense the effects of the abuse are likely to be.

4.4.7 The methods of entrapment

The method that offenders use to get the victims into their power has an impact on the way children experience their abuse. Threats of physical harm and emotional blackmail all exacerbate the child's sense of powerlessness, fear and guilt. Sexual abuse involving violence is predicted to result in more serious outcomes for the child survivor. Emotional blackmail such as threats that the child will be held responsible for the disintegration of the family also generates a high level of stress for the child, which compounds his or her reaction to the trauma.

4.4.8 Post-disclosure support

When children who disclose abuse are not handled with sufficient sensitivity, the insensitive handling may retraumatise them. This form of trauma is more commonly referred to as secondary trauma. Secondary trauma occurs when children who disclose abuse do not feel as though they are believed by others, when they are blamed and punished for the abuse, when they are removed from their homes and placed in temporary custody (usually a place of safety where they may find themselves among juvenile offenders) and when the parental or caregivers' response is so intense that the children become afraid and feel responsible for their abuse (Lewis 1999). The risks of secondary trauma tend to increase when prosecution is sought, as the legal profession and police officials receive relatively little training in this regard. Professionals who deal with these cases should be properly trained in cross-questioning child victims in a sensitive manner. They need to be taught to be mindful of their language and attitudes when dealing with child survivors and to ensure that children's right to respect is maximised.

4.5 INTRAFAMILIAL AND EXTRAFAMILIAL SEXUAL ABUSE

Child sexual abuse can be subdivided into two main categories, namely, intrafamilial and extrafamilial sexual abuse. Intrafamilial sexual abuse is more commonly referred to as incest. This term refers to sexual relations between a child and a family member, extended family member or surrogate parent figure - in other words, a parent, a sibling or a relative such as a grandparent, an uncle, an aunt, a step-parent or a cousin. Extrafamilial sexual abuse describes sexual abuse committed by offenders who are unrelated to their victims. These offenders may be a family friend, a childminder, a neighbour, a teacher, a youth leader, a sports coach or a complete stranger.

4.6 INTRAFAMILIAL SEXUAL ABUSE

Children's primary relationships with parents or parental figures is critical to their wellbeing and psychosocial development. Bowlby (1980), a psychologist who became famous for his attachment theory, stressed the importance of a safe attachment and a secure base for the healthy development of a child. Within these relationships, children learn what kind of person they are. The perceptions that they gather about themselves greatly influence their developing attitudes towards themselves, others and the world - often they hold these perceptions for the rest of their lives. When children are abused by a person whom they should be able to trust, the damage is likely to be considerable and long-lasting (Walker 2004).

Schlezinger (1982:1) defines incest as ''intercourse between persons so closely related that marriage between them is forbidden by law or taboo''. This definition suggests that only sexual acts involving penetrative sex may be regarded as incest. In working with child abuse survivors, one realises that stimulation and penetration do not have to occur for a child to be sexually traumatised.

"Incest is any sexual act imposed on a young person or child by another person, taking advantage of his position of power and trust within the family. 'Family' can mean natural parents, step-parents, grandfathers, uncles brothers and so on" (Kamsler, cited in Durrant & White 1992:10). While 99% of perpetrators are considered to be male, one still should be cautious of adopting such a stereotypical definition of incest. Women also sexually abuse children within their families, but less is written about this and because these crimes are underreported, women who abuse children are more likely to avoid being caught out. Considerably less is known about sexual abuse committed by women carers.

"Incest, as both sexual abuse and the abuse of power, is violence that does not require force. It is abuse because it does not take into consideration the needs or wishes of the child, rather than meeting the needs of the 'caretaker' at the child's expense. Incest can be seen as the imposition of sexually inappropriate acts, or acts with sexual overtones, or any use of a minor child to meet the sexual or emotional needs of one or more persons who derive authority through ongoing emotional bonding with that child" (Blume 1990:4).

Lewis (1994) stresses that a child is most vulnerable to adults who have power and authority over him or her because they may use their position to demand to be alone with the child so as to force or persuade the child to cooperate in sexual activity.

Intrafamilial abuse occurs in a wide variety of forms. Some cases are single incidents that provoke such intense guilt in the offender and the child that the abuse is never repeated. Others involve long-term interactions where the victims may be overtly or covertly coerced for several years. Some of these cases involve physical and emotional abuse, in addition to sexual abuse. Intrafamilial abuse may involve one offender or multiple offenders such as both parents. One child may be sexually abused, or several children within the family may be abused. In some instances the sexual abuse begins with teasing and playful actions that progress to more sexualised actions such as kissing and surreptitious genital touching, ending in overt sexual activities. In other instances, the sexual abuse begins suddenly and forcefully such as in the case of the offender who is under the influence of alcohol, the adult who has had a violent argument with his or her partner, or the parent who decides to use sex to punish the child or to teach the child a lesson.

Masters et al (1988) identify the variability in intrafamilial acts. Most commonly, intrafamilial abuse occurs when the child is between eight and twelve years of age, although there have been several publicised cases involving female infants ranging in age from five to eighteen months.

4.6.1 Types of intrafamilial molestation

4.6.1.1 Father-daughter

This is the most publicised form of intrafamilial molestation. The term “father” refers to any male who fulfils the father role in a family. It includes a stepfather, a mother’s boyfriend and a foster father. Fathers are expected to be protective of their children and to respect their personal boundaries. Engaging children in sexual contact is a form of transgressing these intergenerational boundaries. The child becomes trapped between a deep need for the love, protection and affection of this person, and his or her sense that the sexual activities with this person are terribly wrong. The abuse of power leaves the child feeling as though he or she has no control over his or her life.

4.6.1.2 Mother-son

This is a rare type of intrafamilial sexual abuse. Sandler and Sepel (1990) suggest that this form is more prevalent when there has been a loss of a father figure in the family. The mother seduces the son to fulfil her needs. The boy’s sexual curiosity is satisfied by sexual contact with his mother. He becomes sexually dependent on his mother and is not fulfilled in other sexual relationships. The boy’s desire to form outside relationships

diminishes, and often the outcome is that the survivor never leaves his mother's home and devotes his life to nursing her into her very old age, only to be devastated by her death.

4.6.1.3 Homosexual intrafamilial sexual abuse

This occurs between a mother and a daughter or a father and a son. Mother-daughter sexual abuse is considered to be the rarest form of nuclear family sex (Masters et al 1988). Because this kind of abuse is most likely to occur early in childhood, the failure of a healthy mother-child relationship leads to a love-hate bond between mother and daughter. The child loses out on emotional nourishment and security. The child becomes frustrated by the invasion of her identity by her mother, projects her loathing of her mother's body onto herself and ends up loathing her own body. The father in father-son sexual abuse does not necessarily have a history of homosexual behaviour (Lewis 1999). Rather, the act is an act of dominance by the father. The abuse of the father's power may leave the boy feeling robbed of self-determination and masculinity. He may become afraid and shameful and shun the outside world by avoiding relationships. Sometimes the impact of the sexual activity can be so powerful that the child identifies his sexual orientation as homosexual, when in reality it is heterosexual. In adulthood the survivor may become violent and aggressive, and engage in numerous high-risk behaviours such as drinking excessively, drugging and several heterosexual relationships in a bid to prove his masculinity.

4.6.1.4 Grandparent-grandchild incest

Between 9 and 11% of intrafamilial sexual abuse cases are classified as grandparent-grandchild, and grandfathers are mostly responsible. Sandler and Sepel (1990) cite a study by Gordon who found that many grandfathers in the study had been sexually abused themselves and then abused their daughters and granddaughters. Wade (2000) explains that, because a significant part of sexual abuse is based on power and addiction, there is no such thing as being "too old" to be an abuser.

She asserts that grandparents who abuse their grandchildren have been paedophiliac most of their lives.

4.6.1.5 Sibling incest

For siblings close in age, incest may merely be sexual exploration that is part of normal development, even though it may be considered socially unacceptable. The victim and the sexual abuser are related by birth, remarriage (as in step-families) or foster placement. Sibling sexual abuse is different from sexual exploration, in that there is approximately a five-year difference between perpetrators and their victims, and it involves the older child manipulating the younger one. The coercion involved in engaging the younger child in developmentally and socially inappropriate behaviour is the differentiating factor that

makes it abusive. Like other forms of sexual abuse, this is a misuse of power, authority and trust.

There is growing awareness that many sex offenders start offending in their teens. Their first victims are often children who are in close proximity to them, that is, those within their own homes. Their younger siblings are their most vulnerable targets. Reports of sibling abuse are clinically common. Cooney (1991) explains that an older sibling usually has incredible power over younger siblings and can easily abuse this power. In families where there is a lack of understanding of the necessary boundaries relating to sexual behaviour and an inability to differentiate between normal sexual curiosity or experimentation and sexually inappropriate acts, the risk of these acts being overlooked, excused or minimised is great. As a result, the incidence of sibling incest remains grossly underreported. In many families where sibling incest occurs, there is a conscious decision to keep the abuse a secret.

While these families may fear the consequences of societal condemnation for breaking the "incest taboo", their need to protect the perpetrators, that is, their children, is their most pressing motivation for failing to take action. Sibling offenders of sexual abuse who are not made to acknowledge the wrongness of their actions often develop into multiple offenders.

The factors that make sibling sexual abuse more unbearable than other forms of abuse are the following:

- Because the family may become preoccupied with finding ways to protect the sexual offender from prosecution, they tend to overlook the survivor's needs for support and to be believed. This tendency of the parents is often perceived by the sexually abused sibling as the ultimate betrayal.
- Living under the same roof as the abuser, the sibling survivor is likely to be subjected to multiple acts of abuse by the perpetrator over a long period of time. Sibling survivors may feel pressured and trapped by the abuser for a long period. This may become a ''life script'' and result in their being powerless to defend themselves against being revicitmised by others throughout their life, well into adulthood (Walker 2004:39).
- The victim usually begins by trusting the abuser because they are siblings. When the trust is violated, the victim feels betrayed by the older sibling.
- Sibling abuse is very confusing for survivors. Their perpetrator is often known to be abused themselves and so, while survivors understand the actions of their offender, they still have to deal with their own intense pain, shame and fearfulness relating to these acts.

One probable cause of sibling-to-sibling incest is that the older and the younger sibling who are involved in the inappropriate sexual behaviour are emotionally vulnerable because their parents are unable to see to their needs (Pesciallo 1998; Family Services of Greater Vancouver 2003; Niolin 2003). There may be several reasons why their needs are not being met. Typical risk factors reported include economic/financial problems, marital discord, parent-sibling rivalry, drugs and alcohol abuse, illness or poor

intrafamilial communication. The Family Services of Greater Vancouver (2003) identify specific factors that may contribute to older siblings committing sexual abuse:

Neglect. The biggest factor contributing to child sexual abuse is that victims' psychosocial needs are not being taken care of because their parents are not available to offer the necessary support. Parents may be too busy with their own problems and so children find their own means to fulfil their needs. Because their needs are being overlooked, it is easier for them to be insensitive to the needs of others.

- *An older sibling is given too much responsibility for caring for younger siblings*. When teenagers are given responsibilities, they should also learn that this does not imply that they can do whatever they want.
- *Children have witnessed or experienced sexual abuse*. Their actions may be sexually reactive.
- *Children who have access to pornography*. Younger children may try to imitate adult sexual behaviour if they have access to pornographic videotapes or magazines.
- *Inadequate socialisation*. Children who are not allowed to play with their peers, and teenagers who are given too little freedom to socialise with their peers may deal with their frustrations by abusing others.

4.7 CHARACTERISTICS OF THE INCESTUOUS FAMILY

While many different paradigms are presented in the literature to explain incest and each paradigm identifies different characteristics of incestuous families, commonly accepted characteristics of incestuous families seem to be the following (Herman 2001; Lewis 1994; Lewis 1999; Russell 1997):

- These families tend to be emotionally isolated and to place very little emphasis on respecting the individual needs of their members.
- They are often closed families where the members have few supportive relationships outside the family.
- Communication between members is poor and little information is given about sexual matters.
- They tend to be characteristically patriarchal and authoritarian; the fathers demonstrate attitudes of ownership towards their daughters and wives and rigid definitions of gender role descriptions and duties.
- The fathers demonstrate a high need to dominate and to control their family members.

Because of the nature of the relationships between the family members, this form of abuse leads to serious consequences. Incest is kept a secret and is seldom reported to other family members and authorities. The survivors remain locked into their pain. In incest cases, the children cannot turn to the people they are dependent upon because these are the very same people who cause their pain. Disclosure of the abuse in the family tends to have devastating consequences. It may lead to the disintegration of the

entire family. It creates divided loyalties within the members. The child is caught between wanting to stop the abuse and needing to preserve the relationship with the offender. The child has the unenviable choice between whether to preserve the family or to preserve the self. The child lacks support and the situation is very confusing, resulting in love-hate feelings towards the perpetrator. If children are believed and given the appropriate support by their parents or carers when the abuse is discovered, they have an 80% positive chance of recovery. The longer the abuse occurs and the less support a child is given after disclosure, the more long-term and severe the effects of the abuse will be.

4.8 EXTRAFAMILIAL CHILD SEXUAL ABUSE

It is estimated that in 80% of cases, the sexual abuser is someone who is known to and trusted by the victim (Cooney 1991). A South African study of ten cases of extrafamilial rape conducted in 1995 and 1996 found that half the victims were raped on school grounds or on their way to school. Twenty per cent were raped by their next-door neighbours (Lewis 1999). One may conclude that sexual abuse usually happens in a familiar environment where the offender has complete control. Offenders spend time developing a relationship with the victims so that they may use the knowledge of the victims' needs, interests and desires to their advantage. The more the abuser, for example the priest, teacher or some kind of authority figure, is revered or feared by the child's parents, the more entrapped the child feels in the abusive relationship. The child assumes that the abuser outranks the parents (Wade 2000). These abusers use their power in the community to refute (deny) allegations.

Some child offenders may become so obsessed with their sexual yearnings that they design their lives to fulfil them, choosing employment, volunteering in community groups or finding accommodation where they have easy access to children. Working in children's homes, childcare settings, places of safety and youth interest groups may offer the opportunities that they crave. When children are placed in foster care, they may have such high needs for attention and acceptance - and may be suffering hurt from the breakdown of family life - that they are particularly vulnerable to exploitation. While obvious care is taken in the selection of staff and placement of children, potential abusers are difficult to identify.

Childline, a non-profit organisation dedicated to the protection of children, states that there has been a significant increase in the number of young people (under 18 years of age) who sexually abuse children. They report that 99% of the perpetrators of sexual abuse are men and, worldwide, only 5% of offenders of sexual abuse are convicted (Childline 2004). Mendel's study suggests that men constitute about 95% of perpetrators (Walker 2004).

In most of these situations, the offenders befriend the victims to "engender their dependence and trust with the purpose of violating them" (Wade 2000:19). Because of the high level

of violent crimes in our country, we have to acknowledge that sexual violence may also be committed by strangers.

4.9 RECOGNISING THE SIGNS OF A CHILD IN TROUBLE

Before children who have been sexually abused can be helped, they need to be identified. If these children do not make their abuse known, the following signs may be seen as possible indicators of abuse. Please remember, however, that these signs do not necessarily confirm the existence of abuse, but merely provide a point of departure for further exploration of the possibility. Lewis (1994, 1999) sets out clear indicators of children who are experiencing problems. I have taken the liberty of adding a few observable changes in behaviour witnessed in troubled children:

4.9.1 Problems at school

There is a sudden decline in the child's performance at school that cannot be ascribed to any specific cause. The child may have problems concentrating, following instructions, cooperating with others or obeying people in authority. Children, who previously did their homework, regularly start losing interest in doing well. They may drop out of previously enjoyed school sport or cultural activities without a sound reason. Some children develop a pattern of truanting from school.

4.9.2 Personality changes

A normally confident, extroverted child might become shy, withdrawn and insecure, or a passive or an introverted child might become aggressive and challenging towards adults and/or other children. They may have emotional outbursts and make statements that they feel that no one loves them anymore or that they are not good enough to be the recipient of love and attention from friends or family. They may present as being extremely irritable, fearful of new situations or having lost their sense of fun.

4.9.3 Isolation

The child starts avoiding the company of others, withdrawing from friends and family members, often in a hostile manner. Parents and other concerned carers perceive the child to be quiet, non-communicative and sad.

4.9.4 Destructive and violent behaviour

The child may break toys or books at school, or attempt to hurt other children.

4.9.5 Self-destructive behaviour

There is a range of self-destructive behaviours. Firstly, some children self-mutilate, that is, they deliberately inflict pain on themselves, or pull out their eyebrows, eyelashes and hair. Secondly, some embark upon high-risk behaviour such as stealing or running away

from home, school or other places of care. Thirdly, some develop eating problems such as refusing to eat or eating compulsively. Fourthly, some refuse to pay attention to their personal hygiene and appearance. Finally, the last category of self-destructive behaviour that they may engage in is substance abuse. The child may start to use alcohol or other substances on a regular basis to escape unpleasant emotions.

4.9.6 Regression

These children may act younger than they are by resorting to comforting behaviours typical of younger children such as thumb-sucking, bed-wetting, baby language and refusing to sleep alone.

4.9.7 Sleep difficulties

The child may start to experience the following: nightmares, trouble falling asleep, sleeping too much, having a disturbed sleep pattern characterised by waking up often and being unable to go back to sleep, or suddenly needing a night light on.

4.10 INDICATORS THAT SIGNAL THE PROBLEM MAY BE SEXUAL ABUSE

Taylor and Stewart in Lewis (1994; 1999) suggest a few extrabehavioural indicators of sexual abuse in children:

- a sudden lack of trust in or avoidance of a well-known adult
- a sudden avoidance of a familiar place or places
- a fear of being bathed or of having clothes or a nappy changed
- the exhibition of sexual behaviour inappropriate to the child's developmental phase (Notable examples include excessive masturbation, involving other children in sexual games, engaging other children in sex talk that makes them feel very uncomfortable and a preoccupation with personal genitals and those of others.)
- awkward posture (The child develops an awkward way of walking, caused by pain or discomfort.)
- the inappropriate expression of affection towards another person, for example, undressing to show a man that he is liked, touching or hugging a relative stranger or kissing another person with the tongue
- serious rebellion against the mother whom the child blames for having failed to protect him or her from abuse, especially during the adolescence phase
- reporting abuse (The child may tell people about the sexual abuse - children do not make up these experiences.)
- unwillingness to undress (The child may not want to undress in front of other people, or may choose to wear lots of layers of clothing.)
- the child may have a negative body image, and feel ugly or "bad" in some way

4.11 PHYSICAL SIGNS AND MEDICAL PROBLEMS

While the presence of the following symptoms may be related to other causes, they are mostly indicators of sexual abuse and should be followed up with immediate action:

- stains on the child's underwear
- irritation, itching, injury or infection of the genital area
- infections of the urinary tract
- sexually transmitted infections
- discharge from genitals
- bruising and/or love bites
- psychosomatic pains
- enuresis and encopresis
- genital or rectal bleeding

In the case of adolescent girls, the following situations need immediate attention:

- pregnancy and/or signs of an abortion
- painful menstrual periods
- absence of periods

The absence of these symptoms does not guarantee that a child has not been abused. At all times we should take cognisance of the fact that children's responses to abuse need to be individualised.

4.12 DEALING WITH THE SEXUALLY ABUSED CHILD

ACTIVITY

Imagine a concerned teacher approaches you for guidance about a child who shows signs of having been abused. What advice would you give the teacher about how he or she should deal with the matter?

FEEDBACK

Early intervention is crucial. However, when the concerned adult acts hastily and forcefully and sensationalises the child's story, the child experiences additional pain. Insensitive handling makes it easier for children to deny the abuse altogether and to try to deal with it on their own. It is more important for the adult in whom the child confides to take time to develop a relationship of trust with the child and to make a conscious effort not to allow his or her personal values to interfere in the helping process. Providing a safe context for children to

tell their story, in their own time and in their own way, may create appropriate opportunities for them to disclose abuse.

Talking about the trauma helps children to understand and to clarify what actually happened to them. Lewis (1999) explains that some children may tell the story with the correct facts, while others may confuse some of the details. The telling of the story to someone who is fully present and wants to understand what they experienced may be a healing experience, as it gives them the opportunity to think about the trauma over and over again to try to make sense of the event.

- Set the children's minds at rest. They are allowed to talk about what has happened. You believe them and are not shocked, angry or disgusted.
- Reassure the children that they are not the only ones to whom this has happened. Other children have also been touched by adults in the ways that adults are not supposed to, and they have been helped.
- Make it safe for the children to express their feelings. It is important not to push them to say anything before they are ready to do so. The children must sense that the helper is willing to hear the story without them feeling that they have to say anything. Remember that younger children lack vocabulary and the ability to put feelings into words. The helper has to be patient and allow children to tell their story in their own way. Some children may spontaneously use play as a means of doing so. This play helps them to express and work through their feelings and to regain a sense of control over themselves and their experience. Some tell the same story over and over again. They may even find it easier to express themselves by drawing. Older children may prefer to express themselves by writing.
- Allow these children to express their feelings about abuse without being shocked and judging them. They should be made to feel that it is normal to have strong feelings after what they have been through. The key to doing this is merely to reflect a child's feelings in simple words such as "that hurt", "you were scared" or "it made you feel bad". This simple naming of the feelings helps children to understand their experience. If they cannot label the feelings, the helper may suggest possible feelings, as long as it is done tentatively by, for example, asking questions such as "maybe you are feeling cross?" The helper must keep his or her feelings in check.
- Acknowledge that it is brave of the children to talk about their experiences and explain that this is the start of trying to make things better.
- Reassure the children of confidentiality, but also explain the limits of confidentiality, for example, that the helper will only breach confidentiality if the child or another person's life is in danger.
- Check that the children are safe and try to ensure that they are safe from further abuse.
- Remind children that they have done nothing wrong and that the offenders are

responsible. The children need to be reassured that no one is angry with them, but rather concerned that they may have been hurt.

- Depending upon the nature of the sexual abuse, it may be advisable for a child to see a doctor to assess and to treat any internal damage or infections. Medico-legal examinations should be undertaken by a district surgeon. It is best to try to arrange for a trusted adult to accompany the child for support.
- These children should be engaged in making as many decisions as possible to restore their sense of personal power. The helper should respect the children's decisions since this is one of the first things one can do to try to restore children's sense of being in control of themselves and their situation.
- Be sure to be reliable and honest by never making promises that cannot be kept or giving false reassurances such as "everything will be all right".
- Make a point of showing ongoing concern for these children after disclosure so that you are not perceived as withdrawing from them once you have learned of their secret.

4.13 REPORTING CHILD ABUSE

It is compulsory for any person who has contact with a child and who suspects that the child is being physically, sexually or emotionally abused to report this to the police, a child welfare agency or a social worker. ChildLine is very helpful to people who need to check out whether their thoughts and concerns are valid and will refer callers to the appropriate services.

Reporters may remain anonymous, but investigations are speeded up when they are prepared to identify themselves.

The Sexual Offences Act of 2007 specifies, in section 54, the obligation to report the commission of sexual offences against children or persons who are mentally disabled. It is stated as follows:

> 54 (1)(a) A person who has knowledge that a sexual offence has been committed against a child must report such knowledge immediately to a police official.
> (b) A person who fails to report such knowledge as contemplated in paragraph (a) is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding five years or to both a fine and such imprisonment.
> 2(a) A person who has knowledge, reasonable belief or suspicion that a sexual offence has been committed against a person who is mentally disabled must report such knowledge, reasonable belief or suspicion immediately to a police official.
> (b) A person who fails to report such knowledge, reasonable belief or suspicion as contemplated in paragraph (a) is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding five years or to both a fine and such imprisonment.

(c) A person who in good faith reports such reasonable belief or suspicion shall not be liable to any civil or criminal proceedings by reason of making such a report.

Suspected child sexual abuse should be reported to a child welfare society or to one of the Child Protection Units (CPUs) of the South African Police Service (SAPS). Their specially trained officers are on duty 24 hours a day. The person who calls in to report the matter will be directed to a police official who will visit the child to investigate the matter, or ask for the child to be brought in to the CPU to make a statement. The CPUs try to be child friendly. Members of their staff dress in plain clothes and their offices are decorated with murals and many have playrooms.

Firstly, the police official will take a report from the first person to whom the child spoke about the abuse. The police official will arrange to take the child to a child abuse clinic or a state hospital where the child will be examined by a medical practitioner and referred to a social worker. It is the duty of the police official to get the child to a district surgeon as soon as possible if the child is in need of urgent medical attention. The district surgeon should be experienced in dealing with the special needs of a child during this investigation. Sadly, the district surgeon is not allowed to treat the child since his or her role is to collect evidence. This means that the child has to be examined and treated by another medical practitioner and the repetition of the examination may add to the child's trauma. Lewis (1994:98) highlights special considerations that should be taken into account when dealing with child victims:

- The child should be accompanied by a trusted adult, a mother, a guardian or a teacher who should be allowed to stay with the child, if the child chooses, to reassure him or her throughout the medical investigation.
- The doctor should spend time before the investigation reassuring the child about what will happen.
- The doctor should conduct a comprehensive medical investigation to look for other signs of neglect or injury.
- Two positions are recommended for examining children: the foetal position (knees to chest) and the frog position (leaning against the trusted adult to make them feel more secure).
- It is critical that the child be examined within 72 hours after the abuse because tears of the hymen, bruises and other minor injuries heal very quickly and this is the only way to collect evidence such as semen.
- The child should be prevented from bathing until after the medical examination in order to preserve evidence.
- Underwear should be removed and placed in a clean paper bag in order to preserve evidence.
- In many cases of sexual assault, there are no visible signs of the assault and the doctor should take a swab to look for sexually transmitted organisms that may be indicative of sexual activity. Other signs of violence and trauma such as scratches on the child's back

may provide valuable evidence of abuse.

- The doctor should use a swab, rather than a speculum, to take the necessary specimen from the genital area. A speculum should be used only if there is obvious genital injury.
- The doctor should be thorough about recording any observations, because in a small child even minor abnormalities may be significant.

4.14 COURT AND COURT PREPARATION

The dynamics of reporting sexual abuse are different from those of reporting physical maltreatment or neglect. Sexual abuse is more difficult to detect. Only in severe cases of sexual abuse may there be visible signs of physical trauma. Its greatest consequences are of a psychological and emotional nature, making it more difficult to observe and measure. Sexual abuse usually occurs in secret, with only two people knowing what happened, namely, the perpetrator and the victim. The perpetrator is not likely to want to tell anyone about the abuse, and so the investigators have to turn to the victim. The child protection services, the social worker from a welfare department or ChildLine, depending on the circumstances, are left to try to discern whether sexual abuse has occurred or not. The only way of doing that is to use their interviewing and assessment skills.

The way professionals have conducted interviews with suspected child abuse victims has come under attack because some have been found to use suggestive and coercive pretrial interview techniques (Kemp 1998). A person who was very concerned about the issue of investigatory procedures in the field, Reed (quoted by Kemp 1998), undertook research in order to develop guidelines for practitioners to improve their investigatory interviewing in these cases. These general guidelines increase the accuracy of interviews and reduce the risk of accusations of suggestive or coercive interview techniques.

It is important for the investigator to validate the child's complaints. The investigator tries to use the same words the child uses.

Investigators realise that an adult's sense of time is measured differently from a child's, because children's sense of time revolves around significant events in their lives. Establishing a relationship with individual children before they are asked to disclose their abuse is of paramount importance. It may take several sessions for the investigator to understand what happened. Kemp (1998) reflects on the work of Sgroi, who stresses the importance of the person presenting evidence on behalf of the victim in such a way that they make details of the abuse explicit and that the methods that the perpetrator used to gain cooperation are clearly described.

BOX 5-1 Guidelines for Increasing Accuracy in Investigatory Interviewing

Setting

- Do the interview in a place where the child feels comfortable

Interviewer behavior and attitude

- Approach the interview with an open mind
- Be friendly and build rapport with the child before exploring for sensitive material

Clarify your expectations

- Emphasize being truthful and not pretending
- Be sure to tell the child you don't know much about the facts of the case
- Encourage the child to admit being confused rather than guessing
- Encourage the child to admit not knowing or not remembering rather than guessing
- Tell the child that when you repeat a question, it doesn't mean his or her previous answer was wrong
- Give the child permission to refuse to answer questions that are too hard
- Encourage the child to disagree with you and correct you when you make mistakes

Be thoughtful about how you ask your questions

- Keep in mind that you can mislead in any direction, depending on the nature of the suggestions
- Make your questions developmentally appropriate
- Avoid highly leading or coercive questions
- Avoid repetitive suggestions and interviews
- Begin with open-ended questions after a free narrative, then focused questions as appropriate
- Document relevant questions and responses

Attempt to corroborate

- When law enforcement is involved, every effort should be made to collect whatever material evidence there might be that might corroborate the child's testimony

Based on "Findings from Research on Children's Suggestibility and Implications for Conducting Child Interviews," by L. D. Reed, 1996, *Child Maltreatment, 1*(2), 105–120.

Once the alleged offender is arrested and charged, it is his or her constitutional right to apply for bail. The magistrate will assess whether the alleged offender has a stable home and employment, and will consider the threat that he or she poses to the victim of child sexual abuse (and the victim's family). Granting bail to perpetrators of child sexual abuse and rape raises strong feelings in the victims of child sexual abuse, their families and the professionals who work with them. It is understandable that they may feel unsafe when the alleged offender lives in the same neighbourhood. They are likely to be distressed by having to face the perpetrator in their neighbourhood in their daily routines. Some victims receive threats from perpetrators and/or their family. Most fear retaliatory action from the perpetrator. Lewis (1999:133) presents the example of a mother who was desperate about the unfairness of the situation:

> *This perpetrator is really a threat, the minute they are caught, they are given bail, some of them a bail of R2 000. That is not going to stop him; he will continue doing it. It was simple the first time he was bailed, then as soon as he is outside he is going to do it again, and then he would make a point he is not caught. And really if something is not done soon enough to stop this, I think we parents will just have to take the law into our own hands, because we are losing our babies. We are losing our babies.*

The court case may be postponed several times before it is finalised. This makes it difficult for the child who, during the court case, is made to relive the trauma after so much time has elapsed. Most cases are heard in the regional magistrate's court. In some instances, cases are heard in the Supreme Court. The magistrate is in control of the court and after the magistrate has heard evidence, he or she will give a ruling. The prosecutor represents the state to present evidence against the perpetrator. The child is the ''complainant'' and becomes a witness for the state. The child has the right to give evidence in a separate room (this is why it is called *in camera* - literally "in a vault", that is, in secret); his or her responses are then relayed to the courtroom by video camera.

An intermediary will ask the child questions in a simple way, without changing the meaning. The intermediary is usually a social worker whose role it is to protect the child from feeling intimidated by the court process. The accused has the right to be present in court. The prosecutor will read out the charge at the outset of the trial and the accused will be asked to plead guilty or not guilty. Accused persons have the right to a defence lawyer to represent them. The defence lawyer will try to prove that there was no abuse or that this is a case of mistaken identity. Evidence will be heard and the magistrate will sum up the evidence and give a verdict. The case may be dismissed on the basis of lack of evidence, or the accused can be found guilty or not guilty. Should either party believe that there has been a wrong interpretation of the law, or that the sentence is too harsh or too lenient, or that there are indications of bias or malice, the case may be reopened, which is termed an appeal.

OVERVIEW OF THE LEGAL PROCESS

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A crime is committed

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The crime is reported

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Investigation and building of the case

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Arrest of the alleged perpetrator

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The alleged perpetrator is charged and a bail hearing is held

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Trial: Plea, evidence in chief, cross-examination, re-examination

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Verdict (guilty, not guilty or is sentenced)

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The accused is set free or is sentenced

↓

Possibilities for appeal

Lewis, S. 1999. An adult's guide to childhood trauma: understanding traumatised children in South Africa. Cape Town: David Phillip: 142.

4.14.1 Preparing the child for court

Most people find criminal trials stressful. The stress is even worse for survivors of sexual trauma because the trial makes them relive their abusive experience in great detail. For this reason children should be given support.

- The court process should be explained to them in simple language. The child needs to be given an overview of the sequence of events and told at what point he or she will be called on to give evidence. The courtroom scene may be role-played or, as practised in the tots and teens testify programme, enacted using puppets.
- It is important that these children be helped to understand the roles of the different professionals. Misconceptions they have about these professionals can contribute to

the quality of their evidence. Some children are afraid of policemen, having been told that they are the friends of criminals, arrest the wrong people, drive fast and beat people. Magistrates, too, are viewed with suspicion as those who put people in jail and, in some cases, magistrates are credited with having supernatural powers that can detect if people lie.

- Older children need to understand some of the legal terms that will be used and they should be reassured that, during the trial, the person asking the questions will try to keep his or her questions short and reword any questions that defendants do not understand.
- Children need to be informed that the accused has the right to be present in court.
- A guided tour of the court before the trial helps children to orient themselves. It may be less stressful for them if they know what the court looks like and how it functions than arriving to face the unfamiliar on the day of the trial. Children should be guaranteed that they can share their evidence in a comfortable setting, be shown the exact room and have the *in camera* process explained to them.
- These children should be encouraged to verbalise any fears they have about what is going to happen in the court case. Clarifying their misconceptions about the court process, or their abuse, helps to alleviate some of their anxiety and serves to increase the validity of the evidence that they give.
- Time needs to be spent on dealing with the child's emotions regarding his or her role as a witness. The child's fears and embarrassment about what happened need to be spoken about before the hearing. The child's need to protect a parent or a caregiver should be normalised. The child needs to be reassured that there is no one in the courtroom whom he or she should try to please and that his or her role is to explain what happened.
- The child needs to be given helpful hints on giving evidence, preparing for the experience and keeping safe in the future.

4.15 AFTERCARE

The effects of trauma vary from case to case. Children's responses to court cases are also varied. Because cases may re-awaken intense feelings associated with the abuse in the victims, a follow-up procedure is indicated. Court cases often do not have the desired outcome. In these instances, a follow-up interview can take place to explain to the victims that, even though the perpetrator was released, it does not suggest that the victims were not believed or that they failed to give their evidence properly. They need to understand that giving evidence is a courageous thing to do. During the follow-up interview, the helper may assess whether the child will benefit from ongoing individual counselling or group therapy.

4.16 GROUP THERAPY

One of the most harmful aspects of abuse is that it leaves the child survivor feeling dirty, damaged and different. These are isolating feelings that often result in the children withdrawing further into themselves. Involvement with others who have experienced similar experiences of abuse may offer them relief from their sense of aloneness. The stories of others may help them to recognise the common themes of abuse. There is much evidence to support groups for survivors of abuse. Group therapy consists of discussions, games, play, art, movement and music. A small group of about nine members who are close in age and have experienced abuse is suggested. These groups are facilitated by a trained counsellor and often a co-leader. The cohesion that develops between the members offers them opportunities to see their abuse more realistically, to experience feeling accepted and to rework emotions such as anger, guilt, lack of confidence and grief. The group teaches them that they are worthy of meaningful, non-sexualised relationships. Together the members review their abuse experiences and challenge each other to recognise that they were not to blame. Parents of traumatised children may also benefit from support groups.

THEME SUMMARY

It is unwise for practitioners to make generalisations about the nature and causes of child sexual abuse, because it is such a multifaceted social reality. Crimes of sexual abuse have been committed in relation to children for centuries. Children continue to be abused by adults and other young people who wield a measure of power over them.

In an offender's pursuit to have needs of power, authority and sexual gratification met, little consideration is given to the child's needs, feelings and psychological and physical wellbeing. Many actions may be considered to constitute child sexual abuse and the common themes implicit in these actions are the abuse of power and authority by the offender and the offender fulfilling his or her need at the expense of the child's needs, feelings and rights. These are acts of coercion and manipulation that maximise children's sense of powerlessness to deal with their lives.

Child sexual abuse affects children of all races and socioeconomic groups. Individual survivors are affected by the abuse in their own unique way. The damaging effects of child sexual abuse are well documented. The dysfunctional context of child sexual abuse may lead to the development of an enormous array of symptoms. Some are somatic and others psychological. Survivors may develop a range of confusing and overwhelming feelings about themselves and their world. They are forced to engage in sexual behaviour that is inappropriate for their life stage. This premature sexualising may have an impact on their sexuality in different ways. Their involvement in this behaviour may leave them feeling bad and guilty. Child sexual abuse denies children the right to make decisions about what they want for themselves. Offenders, in an attempt to protect themselves, usually manage to convince their victims that they are responsible for the abuse, creating in them intense feelings of guilt and self-blame. These feelings stay with them well into adulthood. All

children need affection and acceptance, which makes emotionally needy children that much more vulnerable to this form of sexual exploitation. Even though survivors are not responsible for the actions of offenders, they may struggle with the debilitating effects of the social stigma of sexual abuse for the rest of their lives. Child sexual abuse is often physically damaging to the victims.

Some children are more resilient and recover from sexual trauma more easily than others. Important variables referred to in literature that seem to be related to resilience are gender, age, the survivor's history of an emotional disorder, the child's relationship to his or her offender, the number of offenders and offences involved, the extent of time that the child was in the abusive relationship and, finally, the amount of support that was made available to the child on disclosure.

The two forms of child sexual abuse, intrafamilial and extrafamilial, were explored. It is evident that the quality of family relationships has much to do with the extent to which children are placed at risk of sexual trauma. Practitioners in this field need to pay urgent attention to finding ways to strengthen families.

While child sexual abuse does not necessarily involve violence, it should always be considered a crime. Offenders need to be made responsible for their actions if they are to be stopped from inappropriately using others to meet their needs. By reporting them, they can be made, through the courts, to address their behaviour. Sentencing can involve mandatory counselling to assist them to readdress their needs and behaviour.

In discussing child sexual abuse, it becomes apparent that this is an area of intervention that requires specialised knowledge and skill. Poorly trained practitioners may do more harm than good when attempting to address the complicated issues affecting children who have been sexually abused.

While this course addresses sexual trauma, it is important not to fight child sexual abuse on its own, but rather to fight all forms of abuse, physical, emotional and sexual, against children.

ACTIVITY

Stop and reflect on what you have learned in this chapter. How can this insight be translated into action? How can you or your family make a positive impact in terms of changing some of the factors that contribute to child sexual abuse?

THEME 5: THE ADULT SURVIVOR OF SEXUAL ABUSE

"Claiming the right to feel pain" by Bekki. Reproduced in Maline, C, Farthing, L & Marce. 1996. *The memory bird*. London: Verago: 81

Survivors develop survival strategies in order to control, to release or to realise their pain. For many, the pain is kept inside in a desperate bid to keep their abuse hidden and private. These unsymbolised experiences generate further psychological tension. For this reason, healing involves understanding the impact that abuse has on each survivor's life.

ACTIVITY

Read this poem written by a survivor of sexual abuse.

In your learning journal, complete the questions that follow.

Rite of passage

These scars that I wear like ornaments, that I refuse to cover in order to spare you, they are a badge, a symbol of new dignity. If they offend you, turn away, talk to someone else, do not apologise for your revulsion. Sometimes they do that to me. But still I will not cover them.
The marks are reminders of past horrors. Still livid in my mind - though faded on my skin - as a pale blue tattoo on the wrist of an old man who still smells the ovens of Belsen.

But I AM HERE.
I AM ALIVE. Passed my tests of courage beyond the call of duty, emerged from the battle both weary and scarred

I survived my rites of passage and decorated my skin with my own battle honours.
And no, I will not cover them to spare you.
These scars are both my shame and my pride.
Despite them - or maybe because I am whole at last.

Carole Bishop (Malone, C, Farthing L & Marce, L. 1996. *The memory bird*. London: Virago Press:192–193.)

What are the typical scars that adult survivors of sexual abuse carry? (In other words, in what ways could child sexual abuse have an impact on their adult lives?)

What do you think is meant by “I refuse to cover in order to spare you” and “I will not cover them to spare you”?

The poet refers to the scars being “a badge, a symbol of new dignity”. What do you believe she means by this?

The poet refers to “past horrors. Still livid in my mind - though faded on my skin”. In what way could this explain the way in which she has integrated her childhood sexual experience into her sense of self?

Give your understanding of “I passed my tests of courage beyond the call of duty, emerged from the battle both weary and scarred”.

FEEDBACK

This poem was written by Carole Bishop at a time when, as she describes, she was beginning to heal. At the time of writing the poem, she had moved beyond surviving to a point where she acknowledged the reality of what had happened to her. Her abuse may have had an impact on her sense of self, her sexuality, her relationships with others, her capacity for intimacy, her feelings and her relationship with her own body. Many of the

effects of her sexual abuse were likely to have continued from childhood to adulthood (these effects were discussed in the preceding chapter, which deals with sexual abuse of children). The phrases "I refuse to cover in order to spare you" and " I will not cover them to spare you" reflect her recognition that people do not like to think about awful realities and often survivors of trauma do not speak about their experiences because they do not believe that others will be able to understand or cope with these realities. Yet, unless survivors speak about them, there will be no comprehension of the nature of sexual trauma. Her poem reflects her pride in her ability to survive the awfulness of her experiences.

She summons readers to recognise the ways in which they choose to ignore, or pretend that abuse does not exist, because they are so repulsed by it. Her poem is a strong challenge to people to acknowledge the scars of those affected by abuse, despite their reluctance to address the problem.

Child sexual abuse affects survivors in many ways. Often they are not even aware of how their current symptoms are related to their earlier sexual abuse experiences. The main areas affected by abuse are self-esteem, coping with the stigma of abuse, feelings, the relationship with their own body, the ability to deal with intimacy, sexuality, parenting and their roles as partners.

As has been highlighted in previous sections, previous societies have chosen to turn a blind eye to sexual abuse as far as possible. While society considers sexual abuse taboo, little effort has been made to address sexual abuse in a comprehensive manner. Survivors do not receive the concern they deserve. Society refrains from being fully prepared to hear their pain to allow them to disclose the extent of the problem. If we are truly committed to bringing about change in this area, then we must be prepared to break the silence surrounding sexual abuse.

Healing does not mean survivors will forget the negative experiences or put them out of their mind. Rather, it involves their identifying their trauma-related beliefs and behaviours and taking control of these so that their experience of sexual abuse no longer has a hold over them or no longer controls their life to the same extent as it once did. The poet's willingness to understand her sexual trauma and to challenge herself as to who she really is, is worn like a badge, proudly representing her courage to heal. This healing does not imply that all her pain will be erased, nor that, by admitting it, she no longer has to deal with that pain. Instead, she will know that the abuse happened and that she was not to blame and this admission will empower her to take control of her life once again. She chooses not to allow the abuse to dominate her any longer and, by believing this, her energy will be freed to allow her to reclaim her life once again.

After completing this theme, you will be able to:

- recognise common misconceptions about sexual abuse and its impact on adult survivors
- understand why the effects of child sexual abuse are long-lasting and have long-term effects on the lives of survivors
- reflect on the reasons why survivors of adult abuse decide to disclose their abuse during adulthood
- reflect on the effects of sexual abuse on an adult survivor's areas of functioning

5.1 INTRODUCTION

The long-term effects of child sexual abuse are so pervasive that it is difficult to pinpoint exactly how individual survivors may be affected by their earlier abuse experiences. Many authors believe that sexual abuse permeates everything: sense of self, intimate relationships, sexuality, parenting, work life and even a person's sanity (Bass & Davis 1988; Sanderson 1990; Spies 1997). Herman (2001: 110) specifically constructs the following perspective of the effect of sexual abuse on the adult survivor's life:

> Many abused children cling to the hope that growing up will bring escape and freedom. But the personality formed in an environment of coercive control is not well adapted to adult life. The survivor is left with fundamental problems in basic trust, autonomy, and initiative. She approaches the tasks of early adulthood - establishing independence and intimacy - burdened by major impairments in self-care, in cognition and memory, in identity, and in the capacity to form stable relationships.

Many survivors are too busy surviving to notice the ways they were hurt by the abuse. Because of this, many do not work through their experiences until much later, and some may never address them. Others may find these experiences so overwhelming that they have an impact on every aspect of their adult life. Clearly, not all survivors are affected in the same way. One critical determiner of outcome is the way a survivor is treated at the time he or she disclosed the abuse. If a child's disclosure is met with compassion and effective intervention, healing begins immediately. If no one notices or responds to the child's pain, or if the child is blamed, not believed, or suffers further trauma, the damage may be compounded.

Some survivors are successful in some areas of their lives, but not in others. They may be competent at work and in parenting, but have trouble dealing with intimacy. Some women are persistently unsettled by a nagging feeling that something is wrong, but they cannot put their finger on what that is. For others, the damage is so blatant that they feel their lives are wasted and they were just put on this earth to suffer.

While much has been written about the devastating effects of abuse, many authors (Bass & Davis 1988; Kamsler 1992; Herman 2001; Matsakis 1996; Durrant & Kowalski

1992; Laing & Kamsler 1992) state that these effects need not be permanent. Many women with a history of child sexual abuse grow up perceiving themselves as relatively well adjusted in adult life. “There is more than anger, there is more than sadness, more than terror. There is hope.” (Bass & Davis 1988)

This section is about hope. It expands on typical adult survivor responses to child sexual abuse without suggesting that these effects are inevitable and experienced by all survivors. The description of the process of healing is merely an abstract guide to enable practitioners to map the process of recovery in survivors. At this point in your study of sexual trauma, you will acknowledge that survivors’ difficulties often relate to their attempts to survive abnormal circumstances. You will also realise that survivors should not be blamed for their abuse. Sadly, society still has several misconceptions about sexual abuse, which compound the suffering of survivors of sexual abuse.

5.2 MYTHS ABOUT THE ADULT SURVIVOR

Before we begin this discussion I would like you to conduct your own investigation into your community’s attitudes towards survivors of sexual abuse. There are many false beliefs about sexual abuse, and helpers need to beware of what these are, because they are often responsible for preventing survivors from coming forward for help.

ACTIVITY

Ask five people to answer the following questions. These people may be from your workplace, study group, social circle, parenting circle, lift club, family circle, or any group that you belong to. They do not need to belong to the same group. Try to include men and women in your survey.

1 Which women are more likely to be sexually abused?
2 Can women protect themselves and stop the abuse from happening if they choose to?
3 Does sexual abuse “change” the victim?
4 Do you believe that people who have been sexually abused become sexual abusers?
5 Would you say that sexual abuse creates deviant characters such as prostitutes, drug addicts and criminals?

Record their responses in your learning journal. When they have answered these questions, find out whether they have undertaken any research on the matter or if they based their answers on their own attitudes.

Did any of your respondents stereotype victims of sexual abuse?

Imagine you were a survivor of abuse; which of the respondents’ responses would you have found hurtful or harmful?

How do people develop assumptions about sexual abuse?

As a campaigner against sexual abuse, how would you go about changing the misconceptions that your society has about sexual abuse?

FEEDBACK

Common misconceptions make it very difficult for survivors of sexual trauma to come forward and to present themselves for help. Common misconceptions or myths intensify the survivors' pain. Survivors internalise these mistaken beliefs to try to make sense of why the abuse happened to them. Because the myths contain so many stereotypical and prejudicial opinions, survivors end up berating themselves for something that they actually had little, or no control over.

Let's reflect on common myths and compare them with responses of the respondents in your survey.

5.2.1 Incest only happens to bad girls

It is often said that only women who consciously or unconsciously "ask for it" get abused sexually. Matsakis (1996) reports that two thirds of Americans believe that acts of sexual abuse are provoked by women and girls who dress or act provocatively. There is a popular sentiment that women engage in sexual acts voluntarily and then turn around and call it abuse later. This message certainly taints survivors as bad, sexually "loose" women. Abuse happens to men and women of every age, race, nationality and religion, no matter what their dress code or behaviour.

Lewis (1999) points out that these myths project men as powerless over their sex drive and this minimises their responsibility for their actions. It frames survivors as the guilty parties.

5.2.2 Women and children get sexual enjoyment from abuse

This myth suggests that had the victims of abuse not enjoyed the abuse, they would have removed themselves from the abusive situation. This response overlooks the fact that sexual abuse is not an act of sexual pleasure, but a sexual expression of violence that is more often than not physically and emotionally painful for victims. It overlooks the fact that offenders abuse the power they have over the victims. It also overlooks the sense of entrapment that is experienced by many women and children within our society. Even when sexual abuse is gentle and is apparently caring, and the survivor's body may have responded, the survivor may be left feeling guilty and used. Sexual abuse is a powerful way of making women and

children feel bad. Survivors report feeling depressed, hurt, humiliated and, in many instances, physically sick. Many survivors relate their pain during the abusive episodes, for example:

> He forced himself into me. I tried to get him out of me, but I couldn't. It was very painful. I was bleeding a lot. I felt that this could not be happening to me. It felt as though I was not there. It felt as though I was above my body looking down, seeing everything. Afterwards he took the tape off my mouth, then put his clothes back on and left. He was happy because he got what he wanted. I felt dirty. I felt different. I felt totally changed … (Extract from Nida's story) (Russell 1997:18)

5.2.3 Damage to a child after sexual abuse is irreparable

This traditional perspective views survivors as damaged and having some kind of intrapersonal pathology (Kamsler 1992). Many believe that the abusive event is so damaging that it robs survivors of their functional lives. The silence, secrecy and shame surrounding sexual abuse prevent many survivors who lead meaningful lives from challenging the negativity that surrounds child sexual abuse. While the effects of sexual abuse may be traumatic, they do not have to be permanent. An adult survivor explained that the abuse can be turned around to become a meaningful opportunity for growth: "Deciding to heal, making your own growth and recovery a priority, sets in motion a healing force that will bring to your life a richness and depth you never dreamed possible" (Bass & Davis 1988:60).

While the abuse cannot be undone, the wounds it causes may heal. Survivors can learn to accept that the abuse existed as part of their history.

At the time it happened, by virtue of their being immature, they had little control over what happened. Their inability to change their past does not suggest that they cannot exert personal control over their futures.

Many consumers of social and psychiatric services have a history of sexual abuse, but there are many survivors who never present themselves for assistance at all. Many of those who choose not to go for counselling perceive themselves as well adjusted. There is a dearth of research on those survivors who survive without mental health intervention.

5.2.4 Survivors of child sexual abuse become deviant adults involved in crime, drugs and prostitution

Abuse may create anger, bitterness and feelings of worthlessness, but people direct and channel these feelings differently. As indicated in the discussion of the previous myth, research studies usually focus on consumers of mental health services, rather than on non-consumers. Conclusions based on research studies reliant on a sample of people who need counselling should not be generalised to all survivors of sexual abuse.

5.2.5 Survivors of abuse will abuse their own children

This myth is actually the misinterpretation of studies that found that, of those parents who sexually abused their children, a large percentage had themselves been abused as children. Researching “the cycle of abuse” carries methodological difficulties. Many adults who were abused as children have never been identified and are therefore not visible as a distinct and recognisable group for research purposes. Many adult survivors who are parents have never come to the attention of child protection or other relevant agencies. Research into high-risk parents and their children focuses on a very narrow group (Walker 2004). The insight, understanding and thoughtfulness of an adult survivor are often sufficient to turn them away from repeating the mistakes that occurred in their childhood. Once adult survivors recognise the dysfunctional patterns in their families of origin, most work towards overcoming such patterns in their families.

5.2.6 All the adult survivor’s problems arise from the abuse

Many difficulties in a person’s life may be revisited or partially triggered by problems of a different nature. Helpers in this field need to acknowledge that survivors have the inherent capacity to resolve issues relating to their abuse. A survivor may work through the effects of her or his sexual abuse as a result of having had access to previous effective help. Other difficulties survivors experience may exist in their own right and may be unrelated to the abuse. It is far more helpful for the helper to acknowledge that issues brought to counselling could be unrelated. Even when a survivor presents with difficulties relating to earlier traumas, it may not be necessary to go through the initial trauma in too much detail. In counselling survivors of abuse, much harm can be done by constantly watching for signs that they have not resolved the initial trauma.

5.2.7 There must be signs of a struggle to prove the offender sexually abused the child

Because of the overwhelming shock and disbelief of the sexual experience, the child is likely to respond by submitting quietly, with little or no protest, especially because children are often manipulated by the offender to remain totally silent about their abuse. Lewis (1999) explains that children are immobilised by their abuse. Children are taught to obey and to respect adults and mostly believe that they have no power and authority to resist. They are dependent on adults for many things, from love and affection, to food and shelter. Adults have the power to make children suffer serious consequences if they do not obey them. It is no wonder that victims make no effort to fight to protect themselves during the abuse.

5.3 REASONS FOR AN ADULT DISCLOSURE

By its very nature, child sexual abuse is an activity that is committed in secret. The secrecy makes it impossible for us to have a reliable or accurate picture of the magnitude of this social reality. In an effort to gain an understanding of the extent of the child sexual abuse problem, professionals attempt to measure the extent of the problem by using the analogy of

the iceberg. From a distance we may not even see the tip of the iceberg, but the further we go below the water level, the better we see its true extent. The part of the iceberg that is visible above the water can be regarded as the known, reported cases, reflected in official statistics. Yet many additional cases are known to professionals, but not included in the official statistics. These represent the section of the iceberg appearing just under the water. The vast majority of cases remain hidden, and are only known by the victims and the perpetrators.

Kemp (1998:114).

Some adult survivors never disclose their abuse. Some, in their attempt to tell a counsellor or a friend, may not be heard. In practice, it has been interesting to note just how many survivors only identify their abuse in middle to later adulthood. Tower (1993:394) identifies a variety of factors that impel survivors to disclose their abuse. They are the following:

5.3.1 Problems in their close interpersonal relationships

Survivors consciously or unconsciously fear that a partner may perceive them as being tainted by the abuse and reject them. The developing intimacy in their relationship becomes a challenge for them as they struggle with becoming comfortable with closeness and intimacy. The fear of sexual relationships forces them to avoid the sexual development within their relationship by running away and this generates a crisis that leads to disclosure.

EXAMPLE

Precious, a university student, approached a counsellor for assistance because she was deeply involved with a fellow student, Mbuso, but could not cope with his sexual advances. The couple had been dating for six months. When Mbuso initiated sex with affection and tenderness, Precious started experiencing anxiety attacks. In time, Precious revealed to the counsellor that she had been sexually abused by her brother for several years. She had been close to this brother until his sexual advances began. Thereafter she felt betrayed and used. She understood that she was reacting to Mbuso in the same way she had reacted to her brother.

5.3.2 Pressures of dealing with developmental and life crises

Stress during adulthood may precipitate disclosure from the late teens until well into adulthood. As the survivor faces stressful situations, often precipitated by entry into a new developmental phase such as forming the first deeply intimate relationship, making a career move, enjoying financial success, entering marriage or experiencing the birth and growth of a child, he or she suddenly feels thrown by feelings of unworthiness or self-doubt, which precipitates disclosure. These survivors find themselves overwhelmed by memories of the abuse. As children grow up, parents see themselves in their offspring and consequently fear for their safety and want to protect them. In order to deal with these fears, adult survivors often talk about their abuse.

EXAMPLE

Jane, the mother of April, started having severe headaches and muscle pains when April was eight years old. Concerned about her mother, April often came straight home from school to be with her. Jane's mother insisted that Jane seek medical advice for her headaches. The physician could find no organic reason and referred Jane for counselling. Jane refused. Several months later, April's teacher expressed her concern about April's daydreaming and lack of concentration at school. It became apparent that April was worried that Jane would die and so Jane decided to go for help. Intensive therapy disclosed that at the age of eight, Jane had been repeatedly abused by a neighbour. She began to understand her fears about April's walking to school or going out into the neighbourhood as an intense need to protect her daughter from what had happened to her.

5.3.3 Disclosure precipitated by loss

The loss of a loved one during adulthood may precipitate the mourning for losses associated with abuse as a young child such as the deprivation of a loving, protecting or non-abusive family. Grieving may also be precipitated by the death of the offender, the non-protecting parent, the survivor's children leaving home, loss of employment, or even loss of physical health.

5.3.4 Persistent depression precipitated by low self-esteem

Overwhelming feelings of never being good enough distort survivors' ability to recognise their achievements. A constant feeling of never succeeding wears the survivor down, resulting in a deep depression. The depression may lead to the survivor being reluctant to attempt new ventures and challenges.

EXAMPLE

Derrick, an excellent electronic technician in Port Elizabeth, is surprised because his employer has informed him that he is about to be promoted. "I just never thought much of myself," said Bruce. "I don't know why, but I just figured I wasn't worth much." Derrick had been raised by alcoholic parents and had been sodomised by his drunken father as a boy. He had learned early how to survive, and as a result made a success of his life. His inability to appreciate his success leads him to examine the pain of his childhood and to discover what the connection is.

5.4 THE EFFECTS OF SEXUAL ABUSE ON THE ADULT SURVIVOR

The development of a person's personality is greatly determined by the quality and the nature of his or her relationships with significant others. People with whom we form attachments, and or look to for approval, exert a powerful influence on our lives. These significant others convey strong messages or injunctions to us about the way we should behave. Many of these injunctions become internalised in our sense of self. They impact on our self-esteem, even when the injunctions are illogical, unrealistic or incorrect. To illustrate this concept, think about the implications of identifying one member of the family as the black sheep. This metaphor has negative connotations. It suggests that the person is different and his or her actions do not fit in with the family. Does being labelled cause the black sheep's behaviour to become even more different? Does the black sheep's behaviour confirm the family belief that he or she is different, or does he or she prove them wrong? Mostly, his or her actions will confirm their belief about him or her. The injunctions regulate not only these persons' thoughts about themselves, but also their feelings and their actions in situations. It is thought that it is this process that results in the extensive harm that is experienced by survivors.

Roth and Lebowitz (1987) assert that sexual abuse confronts the survivor with affects and meanings that become very difficult to manage, which has an impact on many areas of the survivor's functioning and has long-term effects.

5.4.1 Loss of a sense of self and personal boundaries

At the core of sexual trauma is the experience of being out of control of one's personal life and of having physical and psychological boundaries violated (Roth & Lebowitz 1987). The offender abuses his or her power and control over the survivor subtly by saying things like, ''All fathers do this. What are you so upset about?'', or directly in the form of intimidation

or violence. This destroys the survivor's sense of self.

> "The survivor may begin habitually to apply the perpetrator's prescriptions to herself in numerous situations, e.g. putting her own needs aside and developing a 'being for others' lifestyle in her relationships, being passive, being obedient" (Kamsler 1992). They may have difficulty learning to say no in order to protect and to assert themselves. This explains why so many survivors are unable to remove themselves from bad or abusive relationships. The experience of acute powerlessness is a highly regressive experience that carries the threat of non-being. In a study conducted by Roth and Lebowitz (1988:100), all participants described their intense helplessness because of the offender having absolute power over them. "To be helpless is to be suddenly reduced to an infantilised state, bereft of the customary exercise of expression, influence, and choice, which characterizes our experience of self" (Roth & Lebowitz 1987:100). This feeling extends beyond the actual moment of the sexual abuse and characterises their other encounters with men.

EXAMPLE

"I felt like such a victim in all my sexual experiences after that. That I had no control. I had no choice because I had been spoiled by my uncle. I was dirty and it didn't matter what happened to me."

5.4.2 Poor self-esteem

Many children are given dreadful messages about themselves by abusers. "You're ugly and you'll never get a husband", "you're useless and only good for sex" and "you're stupid and you'll never succeed" are common messages conveyed to children in situations of sexual abuse, making it very difficult for them to believe in themselves. The adult survivor may feel bad, dirty and ashamed. These adults might believe that they are different from others and that there is something wrong with them, deep down inside, and once people discover this, they will desert them. These thoughts influence the way they view, feel about and treat themselves. Survivors often report having a hard time nurturing and taking care of themselves. They don't allow themselves to feel good. They easily give up and many report struggling to motivate themselves to succeed. Others push themselves very hard in an attempt to feel better about themselves but, even when encountering success, they do not believe that which they have achieved is good enough or deserved.

The most common one-liners (Bass & Davis 1984:191)

5.4.2.1. I hate myself

''I felt that I had an oil slick oozing goo inside me. I knew I was filled with something evil, and that evil rubbed off on everyone I came into contact with. So I didn't let anybody really get near me.''

5.4.2.2 I don't deserve it

''Struggle is my middle name. The basic pleasures: other companionship, relaxation, fun, have always seemed out of reach to me. Underneath all my flirting and bravado, I don't believe anyone will ever love me. I know I am meant to be alone."

5.4.2.3 I can't do it

"When I was a little kid I was expected to be the adult. I had to cook, keep up the house to some standard of maintenance. I was left in charge as early as nine, ten years old. And how good can a kid be at keeping a household together? I was always blowing it. They were always criticising me. Now I don't even try. What's the point? I can't do anything right."

5.4.2.4 It has to be perfect

"In my family they were generous with failures, but they were very stingy with acknowledging success. So when someone says, 'You did a really good job!' I say, 'Yeah, but look up there, there's a flaw.' It's hard for me to see the good. I still see the wrinkle in the left-hand corner."

5.4.2.5 Whatever I do, it'll never be enough

"I know I am smart. I know I have lots of skills. If I say I'll do a job, I have no doubt I'll get it done and probably in half the time it would take someone else. My problem is that I don't feel I deserve anything for it. Why should I get money or recognition or stability? Everything I do, great as it is, is only making up for what happened when I was a kid. My achievements only bring me up to zero."

5.4.2.6 It's not worth trying

"I've always had a real lack of ambition. I have a terrific business mind and I always use it for someone else's advantage instead of my own. Why? I've never looked for anything more than to just get by. I never wanted more than survival. I never wanted to be more than normal. And there's so much more to life than that."

5.4.2.7 What I want doesn't count

"I was brought up as the receptacle. There were four people living in my house and every one of them abused me. All I learned was to accept abuse. I was never in my body long enough to know: Did I want to write? Did I want to draw? Did I want to play? I never learnt to know what I wanted to do. So later, whatever came along job-wise, I took."

5.4.3 Stigma

Society has very fixed ideas about what is and isn't acceptable. When people, or their situations, are different from the norm, they suffer unpleasant consequences. Sexual trauma is definitely outside the normal range of experiences and survivors may be judged for their normal reactions to sexual trauma, as well as for the long-term symptoms they suffer. Survivors have to deal with being ridiculed or teased, having the symptoms they experience labelled as mental dysfunctions or moral deficiencies, or others making suggestions that their symptoms are manipulations to secure attention, financial rewards or sympathy (Matsakis 1996). Their suffering is not understood at all.

Dealing with the stigma of sexual abuse is an overwhelming stumbling block for survivors. Rigid, judgmental attitudes are widespread and even people closest to them tend to condemn them (Herman 2001). Society tends to have preconceived ideas about what constitutes abuse and how victims ought to respond, and this influences survivors, who begin to doubt themselves and their actual experiences. They start to feel guilty as they take on these commonly held beliefs. Sadly, society continues to construe sexual abuse as consensual sexual relationships for which the survivors are responsible, rather than sexual violations that are punishable by law.

EXAMPLE

"It was just so awful that my mother didn't believe that I had gotten raped. She was sure that I had asked for it. My parents so totally brainwashed me that I wasn't sexually abused that I actually began to doubt it, or think that perhaps I had really wanted it. People said that a woman can't get sexually abused if she doesn't want to" (Herman 2001:67).

5.4.4 Feelings

As children, adult survivors could not afford to feel the full extent of their pain and rage. The agony would have been devastating. Their innocent love and trust were betrayed and, in order to survive, they learned that they should never rely on their feelings. Feelings that may have been expressed might have been underplayed, disregarded or mocked. In some instances they were told they had nothing to worry about, only to be molested again. Being unable to deal with the intensity of their anger and pain, these survivors may have fallen into the mode of suppressing feelings. That way they could continue to function as if nothing was wrong.

EXAMPLE

"The sexual abuse had a very big effect on the way I express my feelings. I can talk quite calmly about what happened to me, but inside I feel like a volcano about to burst. I try to suppress a lot of my emotions because I know if I let go, I've had it. So I'm petrified of letting

go. I wonder what I'll become if I do." (Extract from Elsa Foster's story) (Russell 1997:56)

Sexual trauma counselling stresses the importance of helping survivors to identify the complex kaleidoscope of their emotional reaction to their trauma. They should be helped to recognise each emotion, to give it a name and to find out just how their emotions influence their responses to social situations and relationships. Some feelings are more prevalent: anger, guilt, fear and sadness. Each of these will be discussed in greater depth in the section in this chapter that tracks the healing process.

Although adult survivors have a history of pain in their lives, they also have a multitude of opportunities for experiencing wonderful feelings. They deserve to enjoy all the pleasurable emotions such as pride, joy, excitement, serenity, and so on. This is only possible when they are emotionally free as a result of working through their past experiences.

5.4.5 Dissociation

In order to self-protect, the psyche can numb itself against onslaughts of unbearable emotional pain. The body secretes a natural anaesthetic that permits it to take care of the wounds and do whatever is necessary to protect the self from further injury. During the event, victims may put aside their feelings in order to survive. Feeling the intensity of their emotions could be totally overwhelming. The deadening, or shutting off, of emotions is called psychological or emotional numbing. Horowitz in Roth and Lebowitz (1987:101) suggests that when emotional threat reaches a sufficient level, "controls are activated which shut down the process of apprehending and integrating the trauma. If the controls are powerful enough, the working through process may be stalled indefinitely".

This psychological numbing may be referred to as dissociation and serves as a critical defence mechanism. It allows the survivor to go through the motions of functioning in other areas of life.

"Dissociation refers to the various ways people disconnect from traumatic experiences emotionally, mentally or both" (Matsakis 1996:35). Dissociation is not an act of choice. It happens involuntarily. Van der Kolk in Matsakis (1996) describes four kinds of dissociation:

- In the first kind, the senses and the emotions disconnect. The survivor sees something, but doesn't react as might be expected or doesn't react at all. For example, children of battered women may dissociate while their mother is being beaten. The beating occurs within their view, but they watch television or eat dinner as if nothing out of the ordinary is going on. In one documented case, a seven-year-old stared at his mother blankly and asked her to bring him tomato sauce for his hamburger even though the father was viciously attacking her.

- The second kind of dissociation is called depersonalisation. Here the survivor feels inanimate, like a robot or a thing. Despite being badly hurt, these individuals don't feel much physical pain because of feeling more like an object than a human being. Even if others around them are in pain, such survivors don't react because, to them, the situation is not real. It is not uncommon for survivors to try to hurt themselves physically in order to feel "real" or "alive".

EXAMPLE

"Certain feelings just went under. I stopped having them at a really young age. I stopped having physical sensations. You could beat me and I really didn't hurt. By the time I was thirteen, I no longer felt angry. And once I stopped feeling anger, I never felt love either. What I lived with most was boredom, which is really not a feeling but a lack of feeling. All the highs and lows were taken out."

- The third kind of dissociation ranges from a floating, distant feeling of detachment from events and the emotions that accompany them, to a total or partial amnesia surrounding those events. The survivor may have no feeling at the time of being sexually abused. Or he or she may see, hear, smell or understand what is happening, but only in part. The survivor's emotions and senses seem to block out the full realisation of the experience. It appears as if this kind of dissociation leads to a blocking of memories. The survivor is left feeling confused and vague about the course of events. Survivors often report that they remember nothing or very little about the abuse they experienced.

EXAMPLE

"I would do it by unfocusing my eyes. I called it unreality. First I lose depth perceptions; everything looked flat, and everything felt cold. I felt like a tiny infant. Then my body would float into space like a balloon." (Herman 2001:102)

- The fourth kind of dissociative state is the most complex. The survivor's memory becomes compartmentalised in distinct states. These different memories are stored in different personalities within the person, creating multiple personality disorder.

EXAMPLE

"I can talk about what happened to me as if I'm talking about somebody else that I know, I can make myself into two people: the person who is being abused and the person who is watching it. When I say, 'He did this or that to me', I'm saying it to the second person. Although I know the second person is me, dividing myself in two makes it possible to cope with it and talk about it, otherwise I get too emotional." (Extract from Elsa Foster's story) (Russell 1997:55)

Rather than see dissociation as four separate states, Walker (2004) proposes that it ranges from one end of a continuum where it can be a pathological mechanism (at the extreme end of this is multiple personality), through to a healthily and normally adaptive defence. The more common dissociative responses are as follows: the feeling of “going on automatic pilot”, feeling numb, responding without feeling, experiencing a sense of non-reality and feeling as if one is in a dream. Time and senses may be distorted or disrupted. These responses are short-lived and decline as the survivor integrates them into the self and the trauma subsides. During ongoing trauma, the picture is different because this is when the split in the self becomes apparent. Examples of this are out-of-body experiences, like looking down on the self, unconsciously entering or becoming an object, being absorbed into/by the surrounding environment or feeling no pain. Refer to the DSM-IV manual for criteria concerning multiple personality disorder.

There is some debate about multiple personality and dissociative conditions. Some authors and practitioners believe that multiple personality disorders are created by therapists who actively make suggestions as to what survivors should be experiencing and/or introduce them to reading material to put ideas into their heads so that their compliant clients conform to their ideas of what their diagnoses should be.

5.4.6 Intimacy

The building blocks of intimacy, namely, giving and receiving, trusting and being trustworthy are learned in childhood. When children are given consistent loving attention, they develop skills for establishing and maintaining nurturing relationships.

Unfortunately, having been abused as a child, the adult survivor’s natural trust has been skewed by adults who misused his or hre innocence. Adult survivors are left with confusing messages about the relationship between sex and love, trust and betrayal. Many survivors describe intimacy as suffocating and invasive. They feel claustrophobic when someone tries to get close to them. As children they became accustomed to handling things on their own and taking care of themselves. It feels unfamiliar and scary for survivors to be in close, committed relationships.

A survivor explained it as follows:

> I had nobody who cared about me, nobody who touched me, or who I touched emotionally. I didn’t know how to be emotional. I’d go into total anxiety if there was a hint of connection with anybody. It’s hard to explain how severe that is. It’s really a critical problem. People die from it. I think that ‘shy’ has got to be the biggest euphemism for pain.

Because physical closeness is experienced as a threat and confusing, the adult survivor may struggle to establish intimacy with lovers. A certain level of intimacy such as the closeness of

friendship may be all right, but as the survivor gets more involved and the relationship starts to feel like “family”, he or she panics. The past becomes confused with the present. Intimacy becomes associated with the sexual abuse during childhood. This is illustrated in the following extract:

> I was very frightened of being abused again. And it didn’t take much for me to think someone was being abusive either. Until you get clear, you judge men from the standpoint of what you’ve learned in life, right? My experience was that 95 per cent of men are abusers. So all I had to figure out was, ‘How do they do their abuse? Is it physical, mental, or emotional?’

Bass and Davis (1988) stress the importance of survivors developing reality checks by saying to themselves:

> “My father never listened to what was important to me, but my children and husband do.”
>
> “My mother always said things were going to change and nothing ever did. My mother-in-law is different. She is honest with me.”
>
> “My friend John has straight brown hair and wears sloppy clothes. My father’s hair was black and curly and he always dressed immaculately.”

By consciously challenging themselves to make these distinctions, survivors come to recognise that the people who are in their present lives are different from those who abused their trust in the past.

The thought of intimacy can be so threatening for survivors that it can lead to what Hansen (1991:37) calls “escape behaviour” in their attempt to “run away from intimacy”. Hansen explains that escape behaviour manifests itself in the following behaviours:

- Survivors move from one place to the next, unable to settle down, developing an urge to move as soon as they get comfortable. Whenever their dwelling begins to feel like home, then it begins to feel unsafe. This “paradox seems like a double-bind” (Hansen 1991:38).
- Survivors tend to develop long-distance relationships as a way of avoiding or reducing the intensity of relationships.
- Survivors work long hours or travel often in their jobs. These are attempts to regulate the formation of close relationships. The less time spent at home, the more difficult it becomes to establish intimacy in relationships.

5.4.7 Sexuality

The offender who sexually abuses a child actually robs the child of his or her natural sexual capacity. Such children are introduced to sex according to the adult’s timetable and needs. They are not given an opportunity to explore naturally or to experience their sexual drive according to their own will and needs. Their sex drive becomes linked with feelings of

shame, disgust, pain and humiliation. Their sexual pleasure is tainted. Sex becomes associated with feelings of powerlessness, a force that gets out of control, something that is dangerous because of the emotional pain it inflicts on people.

In order to survive the trauma of being sexually abused, young children may "leave" their bodies, as explained in the section on dissociation. This becomes a defence mechanism that is carried through into adulthood. During any sexual relationships they resort to the same coping mechanism. Survivors numb and disconnect the self from their sexual feelings and experiences.

EXAMPLE

"To me, making love is a duet in solos. It's nice that someone's there with me, but I'm not there with them. I'm here as an observer. I'm there all by myself, and I don't like it, and it's scary. I have a flight reaction: 'I have to get out of here.' And the more someone likes me, the more they're turned on to me, the more scared I get and the faster I'm out of my body. I start looking up and making patterns out of the cracks on the ceiling."

And

"I would make love with my husband and be totally detached. I'd look over his shoulder and watch the football game: 'Oh, it looks like they made another ten yards.' I'd find as many ways as I could to space out during the 'Act'. I'd look out of the window and think, 'God, aren't you done yet?' I don't remember much about it. I just wasn't there. And the thing I find really incredible is that I so rarely got caught, that I could be in this relationship and I'd be the only one who knew I wasn't there. Don't they know I'm gone? 'Can't you even see that I'm not here anymore?'"

In instances where the abuse has been coupled with affection, survivors may begin to sexualise their need for closeness. As children their need for nurturing was met through the sexualised contact with the offender. They never had an opportunity to meet these needs in other ways. They may develop the same pattern of sexual abuse coupled with affection in their adult life. Intimacy and sex become confused and they sexualise their demonstration of attraction early in their relationships. In some instances, sex may be regarded as a means of securing things that the survivor wants, for example, material things, popularity or advancement in the work place. Sex is regarded as a commodity that can be used to get them the things that they want.

Some survivors are afraid of sex. Every time the survivor feels aroused, they become anxious about being hurt or hurting others. Some may avoid sexual activity altogether so as to avoid losing control of themselves and their personal boundaries.

EXAMPLE

“Here’s some kind of connection between passion and anger for me. As soon as I start feeling passionate, somehow anger gets involved, and I get afraid of being aggressive in a hurtful way. So often when I start feeling passionate, I shut right down because I’m afraid of hurting my partner.”

It is fairly common for survivors to have faulty or problematic patterns of arousal that interfere with their normal sexual adjustment. Arousal seems to be marred by memory intrusions and it becomes easier to avoid sexual encounters, rather than deal with the intrusive memories. These reactions are the natural consequences of being abused, but survivors are able to work through them when not forced to be sexual. Reclaiming sexuality is a long process that can only be paced by the survivor.

5.4.8 Self-harming behaviours

Initially, children learn about themselves and the world through their bodies. Hunger, fear, love, acceptance, rejection, support, nurturing, terror and anger, everything that one knows as emotion, begins with sensation and movement on a bodily level. As children, survivors’ bodies were the means by which they learned that the world was not a safe place and a place where their needs were not met.

Experiencing the world as unsafe, they quickly learn to do things to adapt. Problems such as splitting apart, numbing, addictions and self-mutilation are all attempts to survive.

“Whilst it should never be assumed that a client presenting with eating, alcohol or drug problems has been abused, both research and experience of those working with clients with these difficulties suggest that there is a strong relationship” (Walker 2004:41). All of these could be regarded as self-harming behaviours.

5.4.8.1 Eating disorders

Eating disorders have a specific meaning for survivors. Difficulties with food may reflect a disgust with femininity and sexuality; lack of eating and overeating may represent desperate bids to disguise these aspects of the self. The strong parallel between sexual abuse and eating disorders is that they both create immeasurable shame and guilt in their victims. Furthermore, it has been suggested that abuse survivors tend to feel safer with a body that is not obviously and attractively sexual (Matsakis 1996; Walker 2004). Matsakis (1996) identifies three categories of eating disorders:

- *Food restricting (anorectic)*. This disorder occurs when the person is obsessed with not eating and has strong feelings of revulsion toward food. Sufferers tend to become obsessed with their body image and weight. Asserting control over eating is an attempt to assert control over themselves. A young girl who was abused by several men in her

family described with great pride that she was able to say no to food because this was at least something she had control over. Walker (2004) explains that anorexics tend to use this eating disorder as an indirect and passively angry statement of the damage that has been done to them to punish their abuser. Language used by survivors when describing their eating behaviour is often reminiscent of their abusive experiences. Bass and Davis (1984:228) say the following about anorexia nervosa:

> Many girls who have been sexually abused begin to suffer from anorexia when they go through puberty. They falsely believe that if they don't grow breasts, develop full hips, become curvy, they won't be attractive, and then no one will force them into being sexual. It's understandable that many of these girls are frightened to become women. They think, if this is what happens to children, how much worse will it be as a woman?

- *Non-food restricting (bulimic)*. At times the person limits food intake, but at other times he or she binges and then uses purging, laxatives or excessive exercise to maintain a substandard weight. They swing between being obsessed with eating and being obsessed with not eating. A young bulimic woman abused by her father described how she forced food into herself without any feeling that she could control what was being forced into her. She described the relief and feeling of power she had when she was able to vomit the food out. Throwing up becomes a subconscious act of eliminating the awfulness of reminders of the penis, fingers or other objects that were shoved into the abused child's body during his or her sexual abuse.

> *I didn't know that I suffered from bulimia until a therapist told me this recently. It started with the sexual abuse making me feel so dirty. Vomiting was such a nice feeling and made me feel cleaner. Then later on, I kept vomiting to get my mom's attention. I used to be extremely thin until standard eight (10th grade). I kept my weight down until my husband started abusing me. In the last two years I've put on 30 kilos. I lose weight, then pick it up again.* (Extract from Marie Malan's story) (Russell 1997:75).

- *Compulsive overeating - binging, eating even when the person does not feel hungry*. The person finds it difficult to stop eating. Upon realising that there is a problem, he or she binges secretly or starts to lie about it. Compulsive eating is an insidious addiction because overeating is not considered illegal or immoral, and being overweight in some societies is not even considered to be outside the norm. Compulsive eating is an escape. Although survivors may hate themselves after binging, they get relief at that compulsive moment. The eating becomes a way of nurturing the self at a time of hurting. The food becomes a substitute for other needs. Some eat to make themselves feel bigger, to get the feeling of being safer and having more power in the world.

It is estimated that between 40 and 60% of women in recovery from bulimia, anorexia and compulsive overeating report victimisation experiences (Mataskis 1996). Eating disorders are dangerous, life-threatening patterns. If survivors are caught up in any of these disorders, they need immediate, skilled help so that they can sustain their bodies while they heal their emotions and spirits.

5.4.8.2 Substance abuse

There is much evidence that there is a close connection between substance abuse and abuse in childhood. Walker (2004) quotes research conducted by Herman (1981) and Jehu, Gazan and Klassen (1983) that found that 35% of female and 41% of male survivors of abuse respectively abuse substances. The studies mentioned by Matsakis (1996) suggest that this figure is even higher, approximately 50 to 60% of women and 20% of men in chemical dependency recovery programmes report having been victims of childhood physical abuse.

While mood-altering substances such as alcohol or drugs may at first serve as forms of self-medication for symptoms of trauma, they eventually create their own set of financial, interpersonal and social problems. “Not only do drugs and alcohol serve to numb and block the pain temporarily and induce a feeling of goodwill or oblivion; they can effectively block out the attempts of others to help.” (Walker 2004:42). Walker (2004) goes on to assert that substance abuse prevents the survivor from being in touch with his or her pain or from getting too close, is the survivor’s expression of both anger towards the abuser and the helplessness of the abused child and reflects the lack of restraint and boundaries experienced by the survivor during his or her abuse.

5.4.8.3 Self-mutilating behaviour

Sometimes survivors’ self-castigation, anger and shame become so intense that they are harder to tolerate than physical pain. Abused children discover at some point that these feelings may be terminated by a major jolt to the body. “The most dramatic method of achieving this is through the deliberate infliction of injury” (Herman 2001:109). The physical pain seems to alleviate the unbearable feelings. Self-mutilating behaviour is the deliberate harm that a person inflicts on his or her body and that results in tissue damage, without the person’s willingness to die (Baral, Kora, Yuksel & Sezgin 1998). Common forms of self-mutilating behaviour are cutting or burning the skin, banging the head and/or limbs, picking at wounds, chewing or crushing fingers, hair pulling, dropping acid on the body and self-biting. The connection between childhood sexual abuse and self-mutilation is well documented (Herman 2001; Matsakis 1996; Wade 2000; Walker 2004). Injuries are often carried out secretly, in private, according to rituals, and the wounds are usually well concealed (Walker 2004). In some instances they are carried out in visible places as a means of asking for attention, comfort and nurturing. Experts make it clear that self-mutilation is not a means of “manipulating” others, nor should it be mistaken for a suicidal

gesture (Herman 2001; Walker 2004).
Survivors who self-mutilate describe states of depersonalisation and anaesthesia that are accompanied by feelings of unbearable agitation and compulsion to attack the body. The initial injuries do not appear to inflict pain. They continue to cause tissue damage to themselves until they reach a state of calm and relief. Wade (2000) explains that the wounding actions release ‘‘feel good chemicals’’ that are morphine-like substances to which the survivor becomes addicted.

Many survivors report that their compulsion to hurt themselves started during childhood, before puberty, and was practised in secret for many years. Others who are addicted to self-injury only began in adolescence or adulthood. Self-mutilation is more common in women than men (Walker 2004).

EXAMPLE

“I have a terribly self-destructive pattern. Sometimes I try to do as many bad things to myself as possible. I’ve crashed my car on purpose about five times. I take my hands off the steering wheel and the car drives into something. All I think about at these times is that I’m going to get hurt. I feel I deserve to be hurt. Sometimes I mutilate myself. A couple of months ago I kept scratching and cutting myself all over. I made little nicks in my flesh and watched myself bleed. And I try to make myself fail at things to hurt myself. I love studying and working but I have sabotaged my career and everything else.” (Extract from Lara Newman’s story.) (Russell 1997:107)

5.4.8.4 Mixing in the wrong crowd

A factor that should be given consideration is that abuse survivors have a deep sense of being different, alienated and marginalised and as a result may be attracted to groups and activities that involve others who do not fit into the mainstream of the world. Within this social milieu the survivor feels equal because members of the group match the survivor’s sense of difference and inadequacy. The old saying, birds of a feather flock together, may illustrate this concept. It explains why the survivor experiencing shame finds solace in relationships with those whose lives are characterised by social problems.

The survivor and the group share anger towards the larger society for not giving them the opportunities they deserve. Sadly, this may lead to the survivor participating in a lifestyle that puts him or her at greater risk.

5.4.9 Children and parenting

Parenting in the best circumstances is a complex and demanding job. When individuals have been sexually abused by an adult whom they loved while growing up, it becomes even more challenging because they have not benefited from the positive influence of

healthy role models. Adult survivors, by virtue of their earlier experiences in their relationship with the offending adult, have usually lost the right to being loved unconditionally, receiving support to deal with complicated, often ambivalent emotions and having their need for affection met. Their parenting becomes more challenging because they have not experienced desirable parental nurturing first hand. Such survivors' relationships with their children may be complex because of their inadequate preparation for parenthood. Child abuse is not genetic, although it can be multigenerational. It is not true that most abused children grow up to be child abusers themselves. This myth alone creates a great deal of anxiety for abuse survivors. "For the many abuse survivors who have children and do not abuse them, this in itself can be their pride and joy, a measure of their ability to do things differently, and to make things change" (Walker 2004:43).

For some abuse survivors, difficulties relating to parenting begin before their children are conceived and continue thereafter. Pregnancy may trigger powerful feelings of ambivalence. The parent longs for the child, but is petrified of the child being born into this "dangerous" world.

In other instances adult survivors have unrealistic expectations of parenting and place themselves under enormous pressure to try to be the perfect parent. Survivors need to learn to accept that even though they have vowed to love and to protect their children at all costs (unlike their experience of being abused as a child), they are human and it is acceptable not to be able to handle certain situations. They have to learn that there is a difference between what they think and feel and what they actually do. Learning to recognise these ambivalent feelings and to responsibly contain them is critical to their developing into successful parents.

Scans, examinations during pregnancy, as well as the birth may precipitate the return of painful memories, especially in cases of penetrative sexual abuse. The confusion between intimacy and sexuality may be brought to the fore in natural events such as breastfeeding a baby and may well induce panic attacks.

Other variations of this fear are parents who are afraid to cuddle or touch their children or allow small children to climb into their bed in case these acts are seen as abusive.

People who have been sexually abused are often overprotective parents. Bass and Davis (1988:280) explain that overprotection is an exaggeration of survivors' healthy desire to keep their child safe. The survivor becomes hypervigilant about monitoring the child's activities and interactions with others. The adult survivor may become overanxious, warn too strongly of the dangers of the world and be too restrictive when his or her child reaches adolescence. In some instances, the adult survivor may even exclude the other parent from being actively involved in the child's life. In these situations it is difficult for parents who have been abused to trust their partners with their child, especially where

the partner knows nothing of the abuse. An overly restrictive stance in parenting is harmful to children because they require a certain amount of mobility and freedom appropriate to their age in order to develop the autonomy and independence necessary for healthy adjustment to life. The reverse may also be true. Because of being overly cautious of repeating the mistakes of a controlling parent, the adult survivor may allow the child too much freedom. This results in the child not feeling safe because of the lack of boundaries, demanding immediate gratification and failing to deal with frustrations that are part of life.

Parents who have survived exposure to inappropriate sexual activities during childhood may feel shy and shameful when discussing sexuality and this may result in their failing to give their children appropriate sex education. Being afraid of the reoccurrence of sexual abuse, adult survivors tend to overreact to the normal sexualised play typical of their child's sexual developmental phase, making them feel highly stressed.

A child reaching an age or stage that is significant to the adult survivor - for example, the age at which he or she was abused - can trigger powerful feelings and difficulties (Retief 1999; Walker 2004).

EXAMPLE

"Rita, who had found mothering a pleasurable and fulfilling experience, found that this changed dramatically when her daughter became 13. She became anxious and found it very difficult to allow her daughter any freedom: she could not trust that her daughter could be safe in the wider world. Her daughter resented this and their relationship deteriorated. Rita re-experienced her own experiences as a 13-year-old of sexual abuse by a neighbour. Although this was in her conscious memory, at another level it had not been dealt with; factual memories had become dissociated from deeply painful feelings, which were re-awakened by her daughter reaching the same age."

Working through these difficulties with their own children provides opportunities for resolution of their own abuse. The dynamic interaction between parent and child provides the adult survivor with a chance to reconnect with the "child within". Counselling that addresses these intergenerational issues provides a valuable opportunity to prevent anxieties and difficulties from being passed on to the next generation. Making mistakes and trying out new approaches is a natural part of parenting.

5.4.9.1 The impact of abuse on a partner

The life partners of survivors may also experience stress and be in need of support. They, like the survivor, may be robbed of their sexual right, namely, to have a partner with a healthy attitude to sex. They may be affected by the survivor's reactions to the abuse. In some ways they may feel betrayed. They know this is irrational and may punish themselves for feeling this way. They are trapped between wanting to love and support the survivor and

their irrational feelings of anger, betrayal and unfairness. Relationship problems originating from survivors' trauma need to be discussed openly in order for them to heal. The silence and shame surrounding abuse often prevent survivors from taking the risk of bringing their partners into their private world of suffering. Disclosure becomes more difficult when so many life partners in our society believe in the sexual trauma myths. Survivors risk being blamed and this attitude further erodes relationships, as well as survivors' self-esteem. In a desperate effort to protect themselves from further harm, survivors do not see that "minor hurts in the present trigger huge emotions from the past, and that only the victim can address these" (Wade 2000: 126).

Retief (1999:191) reviews the typical reactions of the life partner, as discussed by Graber:

- The partner may not be able to understand what is wrong. He or she may recognise the survivor's intolerance of intimacy, but may not be able to understand it unless the survivor tells him or her about the abuse.
- If partners are sensitive in sexual matters they are likely to recognise the survivor's unusual or unpredictable reactions during lovemaking, but may not be able to make any sense of them. The occurrence of the survivor numbing, dissociating, or experiencing flashbacks can be very unnerving.
- Once the partner has been told about the abuse, he or she may react with disbelief. Offenders are very clever at hiding their actions and present as nice, respected people. Should the life partner express surprise, then the survivor perceives the life partner as taking the offender's side and doubting his or her credibility. To survivors, this is a major form of rejection and betrayal, one they have been expecting to happen all along.
- The life partner may not understand the complexities of healing, and once he or she has learned of the abuse, may expect immediate recovery.
- The partner may struggle with the unfairness of being the target of the survivor's pain. The partner doesn't bargain on the problems in the relationship getting worse when the survivor starts working on the problem. The partner's reaction may make the survivor feel that the partner blames him or her or even wishes to leave the relationship.
- In some cases the life partner is so protective of the survivor and sensitive to his or her pain that it is almost as if the partner feels the pain on the survivor's behalf. Because of this, the partner tries to take charge, and robs the survivor of experiencing recovery at his or her own pace and in his or her own way. The partner prescribes the healing steps that he or she believes should be taken, only to further disempower the survivor in doing so.
- Life partners who are not involved in therapy are unlikely to understand the emotional impact of the process of healing. They do not understand that things often get worse before they improve. They struggle to cope with the emotional roller coaster ride that the survivors are on. The happy, funny, creative persons are nice to be with, but when, without warning, they become sad, desperate and needy, they are not nice to be with.
- Survivors' sexual reactions may utterly confuse their life partners. Sometimes they want nothing to do with sex, while at other times they demand it constantly, particularly if their

self-image is determined by their sexuality. Sometimes everything goes well and then all of a sudden something upsets their equilibrium. The intrusive flashbacks may be very daunting to live with.

- Survivors' partners, being unable to understand that the survivors' responses are deeply rooted in their past, personalise the responses and struggle to work out what they have done wrong.
- Unless life partners are extremely compassionate and patient people who are fully committed to the relationship, they may not be able to tolerate the survivors' strange sexual behaviour, self-sabotage and inexplicable behaviour and will try to remove themselves from the relationship. They feel that they don't have to put up with all that.

> Abused children rarely feel lovable and, however often love is expressed to them as adults, they cannot hold it. It slips away like soup through a patient with dysentery. Simply giving them more and more food is not the solution - first you have to cure the dysentery. If your partner assesses the relationship himself and answers his own questions, he will learn to hold love through practice, not by having it immediately replaced by more of the same. This is tough love in action (Wade 2000: 126).

THEME SUMMARY

This chapter focused on unravelling the complex layers of the lives of survivors of sexual abuse. The various myths associated with perpetuating the silence surrounding sexual abuse were identified. It is evident that the secrecy connected with this social reality will only be broken when we challenge the many misconceptions that surround it. We should make it our duty to confront misconceptions about abuse when they come to the fore in any conversation. Possible reasons why many survivors choose to disclose their sexual abuse long after it happened were explored. As survivors are forced to address new developmental tasks, they become more vulnerable to the psychological tension generated by their unconscious experiences of their abuse. The numerous effects of child sexual abuse on the lives of adult survivors were reviewed. Sexual abuse confronts survivors with a range of feelings and meanings that may become very difficult for them to manage. The effects of sexual abuse are carried with survivors well into adulthood. Sexual abuse causes many survivors to lose their sense of self and personal boundaries, to develop a poor self-esteem, to struggle to manage the stigma it carries, to wrestle with emotional turmoil, to dissociate, to avoid intimacy and to lose their right to their natural sexuality, and contorts their sense of responsibility towards their own body. These effects spill over to many of their relationships such as their roles as parents, partners and employees.

The content covered in this section is not meant to provide prospective helpers in this field with material for diagnostic purposes. While it is evident that recognition of the trauma, together with an understanding of the impact it has had on the lives of survivors, is central to their recovery, this section was included to enable learner helpers in this field to understand the numerous ways in which abuse affects the many layers of survivors' lives.

Such an understanding may empower helpers to assist survivors in recognising the origins of their psychological difficulties so that they may create new meanings in their experiences, as well as new unstigmatised identities. It is evident that the process of healing is dependent upon the survivors' understanding of these feelings and memories so that they may learn to manage them. Awareness of all these issues does not come at once in one therapeutic experience. Rather, it is a life-long process.

It is hoped that after working through this section you will remember to recognise that each survivor is different. Helpers should respect survivors of sexual abuse by reflecting upon their ingenious attempts to survive, rather than measuring the many ways in which they have been damaged.

ACTIVITY

Stop, reflect on and record what you have learned in this chapter in your learning journal. How can the knowledge and personal insight gained benefit your community?

> Many abused children cling to the hope that growing up will bring escape and freedom. But the personality formed in an environment of coercive control is not well adapted to adult life. The survivor is left with fundamental problems in basic trust, autonomy, and initiative. (Herman, 2001:110)

Discuss this quotation. Highlight the effects that sexual abuse can have on the functioning of an adult survivor of sexual abuse.

THEME 6: THE HEALING PROCESS OF THE ADULT SURVIVOR

ACTIVITY

> "When trauma is incorporated into our reservoir of experience, it becomes a resource; a wise friend instead of an enemy. Throughout the ages religious figures have used the overcoming of pain as a means to develop mind power and universal understanding. Few of us would volunteer for that, but we may as well use the pain we have, especially as we didn't choose it!" (Wade 2000:52)

Reflect on the meaning of this quotation.

In your learning journal, record your understanding of what is meant by "incorporating trauma into our reservoir of experience".

We cannot say whether sexual trauma will lead to the development of "mind power and universal understanding", but survivors who have dealt with the pain caused by their sexual trauma report that their awful experiences often resulted in their becoming stronger and more realistic about life. Jot down your ideas of why a trauma, if dealt with properly, can generate personal growth in survivors.

Healing is an elusive concept. In your learning journal, jot down how you would know when a survivor of sexual trauma has "healed" or "recovered" from his or her ordeal.

Reference is often made to healing being a process. Record your understanding of the meaning of "process". You may refer to a dictionary.

What is the helper's role when the survivor of sexual abuse is in the process of healing?

FEEDBACK

Enough emphasis has been placed on the importance of avoiding labelling or pathologising survivors of abuse in the preceding chapters. When working with survivors of abuse, I am most comfortable adopting a phenomenological and strengths-based approach in keeping with Briere's abuse-related accommodation model (1992). It focuses on identifying survivors as people who have inherent strengths and abilities to survive and to overcome the harmful effects of their ordeal. People who are traumatised develop a range of coping responses. We should not judge coping responses as good or bad, but rather as more or less harmful. Coping efforts may be observed in many aspects of the survivor's life from the way in which they conduct their interpersonal relationships, the assumptions they have about the world and the people who live in it, the emotional patterns they adopt and the defences they

develop. Most of the unhelpful coping responses fall away with time. Some survivors find that they get "stuck" when their coping mechanisms do not go away. Coping responses that exist indefinitely fail to equip survivors well for the rest of their lives, and this is often what prompts them to come for therapy.

6.1 INTRODUCTION

This chapter explains why healing is regarded as a "process", and reviews theoretical concepts most commonly associated with the stages of recovery. It takes the reader through each of the stages of the process and discusses the characteristics most commonly associated with them. For the purpose of understanding healing, I introduce you, the learner, to one model. This is one of many models, but the only one that needs to be studied for exam purposes. It is imperative that helpers understand the concept of a healing process in order that they may adjust their interventions to suit the stages of healing that the survivors they are working with are in.

Healing means "confronting what you haven't yet confronted, integrating what you have yet to integrate, and binding up your emotional wounds" (Matsakis 1996:142). Survivors don't need "fixing"; instead, they need support to enable them to mobilise their own inner healing and creative powers.

On completion of this theme you, the learner, will:

- reflect on why healing is regarded as a process
- understand the common concepts of a healing process
- reflect on the role of the helper as a facilitator of this process
- be familiar with the six-stage model of the process of healing (Petty & Spies 2005)
- reflect on the stages and characteristics of the six-stage model
- identify central themes of intervention required in each stage of the healing process

6.2 THE NATURE OF THE HEALING PROCESS

In order for healing to really begin, the survivor must demonstrate a willingness to sort out his or her thoughts, feelings and memories from their past. This is a daunting process - one that Simon (1998:97) likens to spring-cleaning:

> No one likes doing it. The amount of mess that gets behind the fridge can be enormous over the year. Pulling the fridge out can produce a nasty surprise. Clearing out all the mess can be unpleasant, but it's got to be done. It's something most people prefer to put off for as long as possible but when we do finally start it, it turns out to be easier than we thought. To begin with, it can be tempting to give up and hide it all again. But we get used to it.

It's a bit like sorting out the washing basket. To start with you look at every bit you pull out. Then you start to understand what's in there and you change the way you sort it out. You start to deal with the things according to their category, so all the whites go in one pile, the woollies in another and the new coloured articles that will stain or dye other articles in another. The white pile might include sheets, shirts, underwear, hankies and curtains - it doesn't matter because they are all white. In this way experiences become easier to deal with once you have got used to the first few of each kind. For instance, the first experience of being disbelieved when you tried to tell someone about the abuse feels awful but later memories of the same sort of experience hurt less. This is to do with the order in which you try to deal with the memories, not the order in which they happened.

6.3 THE HELPING RELATIONSHIP IN THE HEALING PROCESS

The central features of psychological trauma are helplessness, loss of personal control and detachment from others. Recovery, therefore, is based upon the empowerment of survivors by way of helping them to reconnect with their strengths and providing a genuine relationship where they feel respected, understood and have their personal power returned to them by being encouraged to make their own decisions. Abram Kardiner's explanation of the role of the helper is quoted by Herman (2001:134) as "that of an assistant to the patient, whose job is to 'help the patient complete the job that he is trying to do spontaneously' and to reinstate 'the elements of renewed control'".

Herman (2001) describes the relationship between the helper and the survivor as unique in several respects. Firstly, its sole purpose is to promote the healing of the survivor. In order to achieve this, the helper becomes the survivor's ally, placing all the resources of his or her knowledge, skills and experience at the survivor's disposal. Secondly, the helping relationship is unique because of the understanding between helper and survivor regarding the use of power. In many instances, when survivors of sexual abuse present themselves for counselling, they commit themselves to an unequal relationship because the counsellor is assumed to have superior status and power because of her or his expertise. Within this kind of context, the survivor of child sexual abuse is vulnerable to re-experiencing the childhood experience of dependence that, in many cases, led to the abuse in the first place. Because of this, helpers in this field should resist all attempts to dominate, to control and to manipulate survivors, so as to foster their independence. The helper is more of a collaborative partner who avoids the temptation to direct, to advise or to educate the survivor, especially when not receiving an invitation to do so. Within this equal relationship, the helper facilitates insight and empathic understanding. "Both partners act on the basis of their implicit confidence in the value of efficacy of persuasion rather than coercion, ideas rather than force, mutuality rather than authoritarian control" (Herman 2001:136). This stance allows survivors an opportunity to review their coping strategies and to examine the assumptions they have of themselves, their world and the meaning of life. This leads them to begin to challenge themselves to change their unhelpful coping mechanisms.

6.4 POPULAR NOTIONS ABOUT THE HEALING PROCESS

The word "process" implies a series of steps or stages that are progressive in nature. Several authors have simplified healing from sexual trauma into models or frameworks for understanding the progressive nature of recovery. Different authors describe the healing process as comprising different steps (Dinsmore 1991; Hansen 1991; Herman 2001; Matsakis 1996; Retief 1999). Despite the different explanations of this process, their models share the following beliefs:

6.4.1 Healing can only begin with the survivor at the steering wheel

Other people may offer advice, support, assistance and care, but none of these will "cure" the survivor. Survivors' recovery is dependent upon their ability to regain power and control over their lives. They need to be recognised for doing it themselves. In keeping with this, survivors should at all times be offered choices and be consulted about their wishes.

6.4.2 Healing takes time and hard work

Healing is not an overnight process. It may be a lifelong process. How long it takes depends largely upon how deeply the survivors were harmed by the abuse and the extent and the quality of the support that are available to them as they tackle these issues. Each survivor's healing process unfolds in its own course of time. It is not possible for survivors to accelerate their recovery by working harder in counselling. Instead, it is better for them to try to make sense of their trauma slowly, healing one step at a time, making sure that they understand each of their experiences and their reactions to those experiences.

6.4.3 Stages of the healing process are abstract

Experts have tried to find effective and efficient ways to facilitate healing in survivors. They have studied typical reactions and stages of coping and have tried to simplify the turbulence and complexities of this process so that they have common terms of reference by which to understand and to follow survivors' responses during healing. Herman (2001:155) explains that "like any abstract concept, these stages of recovery are a convenient fiction, not to be taken too literally".

6.4.4 Healing is a non-linear process

The healing process consists of different components that do not necessarily follow a particular order or sequence. "Healing does not necessarily happen in a straight-line continuum, and that what they are doing and experiencing is their process and needs to be honoured" (Dinsmore 1991:33). Healing often involves setbacks and, therefore, it is more apt to describe it as a spiral than a line. While survivors may move through a specific component at a certain stage of their lives, they might come back to it again at a later stage.

Often their second experience differs from their first. Mostly, they gain more insight into their life situation and the dynamics of their traumatic event when they experience it the second time around.

6.4.5 Healing does not imply recovering the survivor's state of being before the abuse; it implies something better

The objective is not for survivors to be the way they were before the abuse, but stronger and wiser. By ridding the self of feelings and behaviour caused by the abuse and claiming the talents and wellbeing that are theirs by right, survivors actually can turn their disadvantages into advantages.

6.4.6 Healing requires safety

Healing requires a certain measure of internal and external safety. Internal safety refers to survivors' sense of being in control of their emotions and behaviour so that they are able to handle and to regulate their pain. External safety refers to their having a safe haven from which to seek comfort and that is free from ongoing emotional and physical abuse. Survivors cannot be expected to address overwhelming memories from the past when they are struggling to survive in any situation where they are still being wounded. These survivors need to feel safe with their thoughts, feelings and behaviours before they can contemplate the trauma. In some cases, medication may be needed.

6.4.7 Healing happens in fits and starts

The transition from one stage to another is gradual, occurring in fits and starts. "Little by little, the traumatised person regains some rudimentary sense of safety, or at least predictability in her life" (Herman 2001:174). Individual survivors may choose to drop out of counselling when they have dealt with as much as they are willing to. They may manage for months or years until the trauma rears its ugly head again, triggered by an anniversary, a change in life circumstance or an upsetting dream. The trigger brings the survivor back to integrating the traumatic experience. Usually, this allows him or her to proceed to the next stage of healing. The helper should respect the autonomy of the survivor to allow counselling to run in phases, with breaks in between.

6.4.8 The healing process is described differently, according to each theorist's perspective

Herman (2001) and Matsakis (1996) describe the healing process as consisting of three stages, Petty and Spies (2005) describe it as having six stages and Retief (1999) describes it as having seven. These authors use different terms for each stage, although the progressive nature and the characteristics of healing are evident in each of these models.

Herman (2001) and Matsakis (1996) propose healing processes relevant to survivors of different types of trauma.

Herman's model suggests that recovery happens in three stages. The helping tasks are different in each stage. In the first stage, the primary concern is re-establishing the survivor's safety. The second stage involves facilitating the survivor's remembrance and mourning and the final stage involves reconnecting the survivor with ordinary life. "In the course of successful recovery, it should be possible to recognise a gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, and from stigmatised isolation to restored social connection" (Herman 2001:155). At each stage of recovery survivors should be helped to address biological, psychological and social consequences of their trauma.

6.4.9 Matsakis's three stages of healing

Matsakis (1996) proposes that healing can be divided into three stages:

6.4.9.1 Remembering the trauma and reconstructing it mentally

This is the cognitive part of recovery. Regardless of the type of trauma that survivors have suffered, it is important that they eventually be helped to recall as much of their story as possible. This enables them to understand the connection between their current symptoms and their past experiences. The idea is to help the survivor to move from viewing the trauma from a judgmental position, to viewing it more objectively. Thorough processing of experiences in this phase should lead to four gains: a clearer assessment of the choices that were available to individual survivors during the traumatic event, a greater understanding of how the trauma influenced their thoughts, feelings and actions, reduced self-blame and a sharper understanding of whom they feel anger or rage towards.

EXAMPLE

Phindile recognises that her uncle abused her because she was so vulnerable. She identifies that she tolerated his sexualising touches because she needed to feel accepted. This was the only form of affection she received from anyone in her family. She understands how her uncle threatened her with the consequences of their "game" being discovered. As an eight-year-old girl, who never felt understood by her overworked, single-parent mother, she feared having to deal with her mother's anger and judgements. She had found it difficult enough dealing with her mother's anger when she forgot to do her chores.

She clearly recognises how she began to withdraw and felt unworthy of the positive attention she received at school from teachers and friends. She never allowed anyone close to her, in case they found out that she was not worthy of their admiration. She had no choice but to tolerate her uncle's sexual advances. There was no one to whom she could have turned. She feels angry towards her mother for not being there for her.

6.4.9.2 Experiencing feelings associated with the trauma

This is considered to be the emotional stage of recovery. For healing to occur, survivors have to rework their experiences on an emotional level. Not all feelings generated by the trauma were expressed at the time of the trauma. Those that were suppressed need to be identified and experienced, at least in part, at a gut level. In this stage the survivor requires the “courage to feel”.

EXAMPLE

Phindile realises that she was an emotionally neglected child. She mourns for the childhood that she was never allowed to have. She becomes depressed and weepy and finds it difficult to motivate herself to go to work every day. She feels as though her anger towards her mother is a time bomb about to explode. She has to take time off work. She finds that she is overwhelmed by many memories that come flooding back. Several of these things she had forgotten about for many years.

6.4.9.3 The empowerment of the survivor

This stage is described as the mastery stage because this is where survivors find meaning in the trauma and develop a survivor, rather than a victim, mentality. During this stage, survivors regain their strength. They learn that they cannot change the fact that they were abused, but they are able to recognise their PTSD symptoms more quickly, to comfort themselves in non-destructive ways when experiencing them, to manage these symptoms without harming themselves or others, to develop a growing self-respect that comes from taking care of themselves physically and emotionally, to develop meaningful relationships and to derive some meaning from their trauma.

EXAMPLE

Phindile starts to see the connection between her past childhood experiences and her present coping mechanisms. Accepting that, as a child, she was powerless to deal with her uncle’s sexual behaviour, she begins to see herself differently - as a person who demonstrated much courage. She is proud of herself as someone who has tried to make the most of the opportunities that she has been given. She chooses a few close friends to share her unhappy past with and starts dating in the hope that she will find a loving partner.

Matsakis’s model stresses that healing does not run in a straight path; it involves occasional regressions. These regressions are acceptable because, from time to time, during the healing process, survivors take on more emotional material than they can handle. They have to retreat to absorb the emotional shock and make sense of this highly emotive material before they can move forwards again.

You are encouraged to refer to these two models for a deeper understanding of their similarities and differences. You will not be examined on them, though.

Suggested additional reading material:

Herman, JL. 2001. *Trauma and recovery: from domestic abuse to political terror*. 3rd edition. New York: Basic Books:155–212.

Matsakis, A. 1996. *I can't get over it: a handbook for trauma survivors*. 2nd edition. Oakland: New Harbinger:151–243.

ACTIVITY

In your learning journal, explain why the term "empowerment" is so apt in describing the trauma recovery process.

6.5 THE SIX-STAGE MODEL OF HEALING (Petty & Spies 2005)

For the purposes of this Tutorial Letter 102, I have adapted the model proposed in Petty and Spies (2005). This six-stage model offers tremendous explanatory value to the inexperienced helper in this field. Material from Retief's process of integration model (1999) has been included to offer descriptive information to enable helpers to understand and to track the process of healing. The stage of healing that the survivor is in, largely determines the nature of intervention that is required. Each component of the healing process will be discussed to emphasise the therapeutic interventions required.

6.5.1 Stage 1: Denial

Because trauma-related thoughts are intensely painful and distressing, survivors of sexual abuse often engage in conscious and unconscious ways to block the awful experiences from entering into their day-to-day-lives. In an effort to move on and to regain control of their lives, they act as if the abuse did not happen, or that it has not affected them in any negative way. They may avoid people, places and things associated with their sexual abuse. They may even block out the memories of the abuse altogether. Even though they may resort to avoidance behaviours, they cannot avoid their emotional pain, and so they tend to experience stress-related symptoms that they cannot fully comprehend.

Most adult survivors do not have sufficient evidence to convince themselves that they were abused. Sometimes they think "I must have made it up" or "no one could have done that to a child". The offenders' clever ploys to keep the abuse secret at all costs, as well as the painful impact of not being believed when trying to tell others what happened, compound survivors' avoidance of dealing with the abuse.

Denial enables survivors to gradually face the realities of their situation. It provides a respite, or short relief, during the moments when they cannot align themselves with the memories of being a small, wounded child for another minute. Denial is a natural response when memories become too painful for them to bear. Indefinite denial, on the other hand, is harmful because, without acknowledging the abuse, survivors will never get to grips with the effects that the abuse has had on their lives. It prevents them from taking remedial action to correct their negative and harmful assumptions that regulate their decisions about surviving in their world. We cannot demand that survivors let go of all their defences. This would be a blatant violation of respect, especially regarding their autonomy.

Typical forms of denial behaviours are as follows:

- *"Running away" behaviour*. The survivor may not be able to deal with the intensity of his or her feelings and may develop a pattern of changing jobs frequently, being in and out of relationships or changing therapists.
- *Dysfunctional eating patterns*. Survivors may overeat as a way of avoiding their sad feelings about molestation (Sanderson 1990:58).
- *"I'm fine now" reactions*. In some cases, survivors know that they have been sexually abused but don't believe that it is necessary to deal with it. They are unable to identify the pervasive impact the abuse has had on their lives (Hansen 1991:31).

There are different levels on which the believing takes place:

- believing that the abuse definitely happened
- believing that the abuse affects their adult life negatively
- believing that, despite the abuse, they remain acceptable and worthy persons who are entitled to respect

Hansen (1991:8) states that these adult survivors lose the victim status and their powerlessness from the moment that they accept and believe that the abuse took place.

6.5.2 Stage 2: The emergency stage

Having acknowledged that the abuse actually occurred, the survivor is thrown onto an emotional roller coaster. Suppressed emotions come flooding back with such intensity that the survivor struggles to manage to control all the memories. This is not surprising because the feelings that trauma generates are probably the most powerful feelings known to human beings. Survivors fear that they will not be able to manage to unpack these experiences, and yet they realise that they are unable to push them back to where they came from, back into their subconscious. Matsakis (1996) explains that the inability to regulate the emotional expression of the sexual trauma is understandable for two reasons. Firstly, trauma and secondary trauma experiences, by their nature, are physically and emotionally powerful events. Secondly, the feeling of being overwhelmed by emotions recreates the emotional climate of the original sexual trauma. The commencement of the re-experiencing of feelings

associated with sexual abuse marks the emergency phase. This stage is like an earthquake. At a later stage, the survivor is likely to experience other emotions coming to the fore, but these may not be as immobilising and intense. The latter emotions may be considered more like earth tremors.

The emerging feelings may temporarily interrupt the survivor's routine at first. Dinsmore (1991:35) explains that this is because the survivor is constantly being confronted by the reality that the abuse happened. Some survivors go through the phase obsessing about it, talking about it compulsively to anyone who will listen. Their life becomes full of practical crises that totally overwhelm them. They may find that they have flashbacks, cry all day long, or are unable to go to work or deal with their day-to-day responsibilities.

There are certain dangerous indicators to look out for. Should any of the following symptoms appear, the survivor should be referred to a professional who will be able to prescribe medication to help the immobilising symptoms to abate, or ease, so that the survivor may experience a measure of control over his or her emotional process again. The dangerous symptoms include fainting spells, hallucinations, feelings of being out of touch with reality, the urge to hurt him- or herself, suicidal or homicidal thoughts, being unable to function for more than a day and physical immobilisation for more than two to three hours.

The emergency phase is painful and cannot be ignored. There are several things that survivors may do to minimise their suffering. These include reminding themselves that this is a normal, temporary phase that marks the process of healing, enlisting support and assistance from others, because this minimises pain, spoiling themselves and building treats into their daily routines, since these cultivate self-nurturing habits, constantly rewarding themselves for demonstrating the courage to move forward, finding skilled professional support and keeping a journal.

6.5.3 Stage 3: Consciousness

It is important for the survivor to recall as much of her or his story as possible. Much of the story is often lost to psychological amnesia. Having experienced intense flashbacks and the emotional intensity of the previous stage, the survivor needs to understand the causative factors. This can only be done by hunting for clues about what actually happened. Piecing together the clues helps the survivor to develop a cognitive understanding of the context in which the sexual abuse occurred. This is a powerful step because it usually brings about concrete validation of the memories. During this stage, the survivor is invariably challenged to be courageous enough to break the silence and to start speaking to significant others from the past, who may help them to make sense of what really happened. In a nutshell, this stage is about discovering the content of the abuse and disclosing it to others.

This detective work should only begin once the survivor has a network of support and a programme of self-care in place. Herman (2001) cautions that survivors, anxious to move on, may overlook the requirements of safety and rush into pouring out their story, only to find

that their pain intensifies. This may occur to the extent that they have to stop the healing process altogether. Secondly, the shock of disclosure may place incredible strain on, or even disrupt, the family system that avoided dealing with the abuse situation when it happened. The timely sharing of the story with a trusted and supportive other usually provides tremendous relief and produces a change in the survivor's abnormal processing of the event. A survivor explained it as follows: "Discovery is like a light at the end of the tunnel. Now I have a reason for all that anger" (Hansen 1991:19). The survivor should only discover and share the information about the abuse at his or her own pace and in a way in which he or she can deal with it. Even though the survivor may discover valuable information, the increased knowledge usually brings about additional pain.

There are several memory aids that may assist in triggering the recall of the traumatic incidents. Photographs make excellent prompts. By looking at photographs taken before, after or even at the time of the abuse, survivors connect with memories of what they were like then, how they felt, what they were interested in and what changed after they were abused. Photographs alert the survivor to the seasons, the environment in which the abusive events occurred. The colours, textures and smells, the clothing and other physical objects captured in the photograph might serve as triggers to remembering. With adequate preparation and support, survivors may choose to revisit the scene of the trauma or to speak to others who knew them and were involved in their lives at the time. Survivors should be cautious and realistic in their expectations. Often opening up this area may cause anger, grief and disappointment. Some significant others may have difficulty believing that it happened, and this could worsen the survivor's pain. Talking to other survivors and reading survivor literature may be valuable prompts that stimulate the memory. Writing the story down, recording it on tape or telling it to someone they trust are options they may wish to consider. Many survivors express themselves physically or artistically through dance, painting, pottery, sculpture or in some other art form. All of these may be therapeutic.

At certain times this memory process may get stuck. Survivors cannot remember anymore, or they may find that it is too painful to go on. It is important for them to stop and to return to that memory later. After processing all of these feelings, survivors begin to focus on the trauma objectively, instead of being judgmental about it, and themselves. They develop a clear picture of the pressure they were under and the choices that were available to them under those conditions.

6.5.4 Stage 4: Exploration of emotive content

This is the stage when survivors, attentive to their own emotional responses to their sexual abuse, start to see the connections between their current symptoms and their past. This is a scary stage because usually people fear two things: losing control of themselves and experiencing further suffering (Matsakis 1996:170). Survivors, as in Simon's metaphor of sorting the laundry before placing it in the washing machine (1998), start trying to make sense of their feelings. They group them and then tackle each

group, one at a time. The five common emotions that survivors have to address are anger, grief, guilt, fear and asexuality.

Survivors may not deal with all their emotions. Some may never surface and some may not disappear, even though they appear to have been dealt with. The survivor's goal is to tolerate the intensity and duration of feelings, without those feelings interfering with and derailing them from their daily functioning.

6.5.4.1 Anger

Acknowledging sexual abuse generates a great amount of anger. Matsakis (1996:178) suggests that anger and grief are closely connected. The losses suffered through sexual abuse incite anger. Anger is the human's natural response to injustice, especially in instances when a person feels that her or his rights have been violated.

Anger is actually a functional emotion because it energises people, making them feel powerful. This energy enables them to take action to deal with their unresolved issues. It motivates them to work through feelings of shame and tear down the shroud of secrets that keep them locked into their pain. Conversely, when survivors don't feel anger, they experience grief and loss, leaving them feeling weak and helpless.

Anger may be manifested in different ways. Some survivors direct their anger at their offenders. Some focus their anger at their mothers for not protecting them. Some struggle because they have much ambivalence and/or guilt about their anger. Some fear that their anger could be emotionally overwhelming and even endanger them. Many survivors direct their anger inwards, at themselves. Anger may be felt in relation to people who were not helpful in the aftermath of their trauma, people such as family, friends, counsellors and even the professionals investigating the abuse.

At first, survivors may not be fully in touch with their anger. They may only be aware of it spilling out as they overreact to relatively unimportant matters in their daily lives. The lack of ownership of angry feelings is not uncommon in survivors of sexual abuse. As children, at the time of their abuse, they were mostly too powerless to experience or to express their outrage about what was happening. The perpetrator who abused them, most likely convinced them that the abuse was their fault, resulting in much self-blaming and anger. The anger and self-blame are turned inwards, towards themselves. This may result in their hurting, criticising or devaluing themselves. Hansen (1991) proposes several factors that prevent survivors from verbalising their anger: fear of the offender, a belief that anger is an unacceptable or dangerous emotion and the fear that the same pattern of abuse will occur in their own families.

Focusing anger precisely onto the offender, and away from the self, clears the way for self-acceptance, self-nurturing and positive action. Wade (2000:108) explains that venting rage is

a cathartic and exhilarating experience. The role of the helper is to enable survivors to find ways to channel and to release their anger.

6.5.4.2 Grief and mourning

Grieving is probably the hardest part of the healing process. Because it is so emotionally intense, most people try to avoid it. There is inherent danger in the avoidance of grief - it can lead to psychological problems such as outbursts of rage, restlessness, depression, addiction, compulsion, anxiety and panic disorders. An inability to grieve aggravates medical conditions such as diabetes, heart disease, hypertension, cancer, asthma, a variety of allergies, rashes, and aches and pains (Matsakis 1996:202). Much has been written about the need to mourn losses. Failure to complete the natural process of grieving normally has unpleasant consequences for survivors and their significant others.

There are three levels of grieving (Matsakis 1996). They are related to distortion of the basic assumptions discussed in chapter one.

- Grieving the loss of a specific thing taken by the trauma, such as virginity, belief in the integrity of people or the loss of one's home.
- Grieving for the loss of power and control. Survivors have a deep sense of defeat when they realise that there is nothing that they can do to turn back the clock. No action on their part can replace what they have lost at that point in time. Nothing can undo the act or acts of abuse.
- Grieving their mortality. The trauma triggers an awareness of the inevitable, that is, that they will die one day and that they will not be granted any control over this event. This is the ultimate expression of powerlessness.

There are many social rituals that help mourners to grieve in circumstances such as death. These rituals offer mourners support and an acknowledgement of their pain. Herman (2001) remarks that there are no such rituals that recognise the mourning that follows traumatic events. In the absence of this kind of support, the potential for dysfunctional grief and severe, lasting depression is extremely high. These survivors need to be helped to take stock of the losses they have suffered as a result of their sexual abuse. When given the task of making a list of these losses, they may be quite shocked at just how much they have forfeited. Some of their losses include the loss of innocence, the loss of peace of mind, the loss of safe relationships, abandonment by the non-abusive parent, and so on. The intensity of people's mourning depends on the depth, length and meaning of their losses, their cultural background, their personality and the amount of energy that they have at their disposal to deal with the demands that are placed on them.

By identifying these losses and grieving them, survivors are able to use the knowledge of what they have lost to empower them and to enrich their lives. Hansen (1991:71) explains that survivors who allow themselves to mourn make space for new feelings and

relationships. They become stronger and move on to a life without the pain of their abuse. Grieving does not go on forever.

ACTIVITY

An important component of the healing process involves facilitating mourning. Many cultures have specific rituals to facilitate mourning and these rituals serve to offer mourners comfort, support and hope. Be creative and design a ritual for survivors of sexual abuse. Describe the ritual in detail. Explain the symbolism of each act that is part of your ritual for the healing of sexual abuse survivors.

Keep a copy of this exercise in your learning journal.

FEEDBACK

Rituals seem to be powerful cultural tools that help people to move from one status to another. Family therapists use rituals as a therapeutic tool to help family members move from a problematic situation to a new status by consciously celebrating the resolution of their difficulties, their awareness of their newly identified resources and strengths and the movement towards healing and wholeness. Rituals have value in helping individuals to escape the effects of an identity as a problematic person, facilitating a process of forgiveness and reconciliation and marking their accomplishments. It is no wonder that rituals are used as a healing tool. Rituals may include celebratory dinners, cleansing rituals, writing letters to the abuser or any act that has significance for the survivor.

6.5.4.3 Guilt and self-blame

Guilt and self-blame are part of the legacy of sexual abuse. Long after the trauma has stopped, many survivors continue to subject themselves to emotional pain and self-punishment because they have not challenged their self-blame. Survivors begin to believe that they were in some way responsible for the sexual abuse that was perpetrated against them. This self-blame seems to be so pervasive that it has an impact on many aspects of their lives. They need to recognise the extent to which they allow this guilt and self-blame to rob them of leading a fulfilling life. They need to recognise that, perhaps, they were just in the wrong place at the wrong time or that they were the victim of someone more powerful than themselves.

Together the survivor and the helper may review the survivor's response during the abusive event. This reflection helps survivors to understand that their response was comprehendible and part of the fight, flight or freeze reaction. They learn to evaluate their actions against the backdrop of their emotional shock and the specific pressures that were operating in their traumatic situation at the time. Survivors should be alerted to their patterns of all-or-nothing thinking. They can achieve this by asking: "Is the self-blame based on a general pattern of unacceptable behaviour or just one or two mistakes?" Slowly, survivors may come to realise that they have generalised their survivor guilt to other areas of their lives. They recognise that their self-blame should be balanced against an appreciation of their positive behaviours and attitudes during the event and subsequent areas of their lives.

6.5.4.4 Fear

Fear may be explicit or implicit. The nature of fear includes fear for their life, both during the event and as a consequence of breaking the silence, as well as a fear of the abuse being repeated. There may be a deeply embedded, non-specific fear of the world as a dangerous place (Walker 2004:11). Fear may even be generated in response to any successes they enjoy. The presence of fear can be monitored in the survivor's avoidant, phobic and self-protective behaviour. This fear has a constricting effect on the survivor's lifestyle (Roth & Lebowitz 1987:92). Fear may come to the fore in relationship issues such as a fear of people getting too close, a fear of members of the opposite sex or a fear of experiencing intrusive memories. "It is all still very strong: twenty years it's been sat there - in my head I would dearly love to see that man pay" (Roth & Lebowitz 1987:197).

Wade (2000:89) highlights the darkest fears of "prematurely sexualised" people. They are as follows:

- Will I become a child abuser?
- Will I always loathe sex?
- Will I be able to stop sabotaging myself?
- Will I always feel compelled to have sex with whoever wants me?
- Am I homosexual?
- I enjoyed the sex when I was young. Does this mean it was my fault?
- When I was little I used to try to have sex with other children. Does this mean I am an abuser?

6.5.4.5 Asexuality

The impact of sexual trauma on survivors' sexuality was discussed in detail in section 5.9 sexuality. Instead of survivors recognising sexuality as being an integral part of their humanness and healthy functioning, they tend to develop distorted perceptions of themselves as pathological sexual beings. The questions that haunt survivors clearly demonstrate the ways in which their perceptions about themselves and their sexuality become affected.

During this stage of the healing process survivors struggle to make sense of their feelings of shame, disgust and pain, and explore how these feelings are associated with sexuality. Through a process of much introspection survivors examine and challenge their misconceptions about relationships, intimacy and sexuality. This introspection allows them to separate from their imprinted experiences of trauma and to start assessing or evaluating each relationship according to its strengths and weaknesses. When survivors recognise that they have a right to choose to be in relationships that enable them to fulfil their needs, they start opening themselves up to loving again. Sexual healing takes time. It starts with survivors celebrating their uniqueness and making a conscious effort to nurture themselves through acts such as caring for their physical appearance. This validation of the self gives way to a slow discovery of the kinds of touching that make them feel good.

As they begin to heal they recognise that they have the right to choose or to refuse to have sex, to choose their sexual partners and to expect that their partners will be patient and supportive while they explore their inherent capacity for sexual pleasure. Many couples may need to present themselves for couple counselling at this stage. The partners of survivors need to be helped to understand that mostly they are not responsible for their partner's feelings, but that their patience and understanding can go a long way to improve the situation.

6.5.5 Stage 5: Bottoming out and acceptance

This is the stage of taking stock. Survivors evaluate the extent to which sexual abuse has had an impact on their lives. Feelings start to stabilise because they understand how their sexual abuse has distorted their ways of thinking and feeling. It is evident that these patterns need to change. They develop a sense that although they are powerless in terms of changing the past, they can control and direct their future. There is a sense that all is not lost and that they have untapped inner resources that may be harnessed to develop an action plan for recovery.

These survivors, recognising the effects of their victimisation, are poised for regaining control and direction over their future. They begin this phase by incorporating the lessons they have learned into their lives (Herman 2001:197). They prepare to take concrete steps to increase their sense of power and control, to protect themselves against future danger and to deepen associations with those they have come to trust.

6.5.6 Stage 6: Integration

Retief (1999:108) describes this stage as the stage where survivors have learned all they can about their experience of abuse and it no longer has the same intense impact on their life as it once had.

Indicators of recovery identified by Walker (2004:21) include the following:

- The survivors start to develop a more positive self-image.
- They set goals to maximise their happiness in areas such as education, relationships or careers.
- Because of the increase in their self-acceptance, they have fewer difficulties with entering and maintaining positive relationships.
- They find it easier to tolerate their own mistakes and the mistakes made by others.
- Being more self-aware, they are able to recognise abuse-distorted thoughts, feelings and behaviours and to act upon them before they create havoc in their lives.
- They are more realistic. They recognise that present-day difficulties need not become disasters.

Recovery does not imply a complete reduction of symptoms because symptoms are constantly triggered by anniversary dates, life's losses and disappointments, entering new relationships and traumas affecting their significant others. Instead, recovery implies that survivors appreciate their emotional and spiritual growth, take greater control of their lives, forgive and reward themselves and successfully work through emotional and psychological scars as they appear. During the phase of integration, they recognise their own resilience, and focus on what is healthy in their lives. They make the changes they can and make peace with those things that are beyond their control. "That is deep empowerment - the lasting gift of the healing process" (Matsakis 1996:243).

ACTIVITIES FOR REFLECTION AND LEARNING

In your learning journal, record your responses to the following questions:

Reflect on the arduous tasks of healing that each survivor has to proceed through and deal with.

- Which stage/stages do you feel you understand well?
- Which stage/stages don't you understand well?
- What actions are you going to take to deepen your understanding of the healing process?
- Reflecting on your personal strengths, in what ways can you harness your strengths to facilitate this healing process when working with survivors?
- Reflecting on your personal weaknesses, in what ways do you suspect you may struggle to help survivors through this healing process?
- List steps you can take to enhance your effectiveness in dealing with survivors during the healing process.

Write a five-point list of "dos" and " don'ts" for helpers working with survivors of sexual abuse

THEME SUMMARY

In this theme, the reader was introduced to the idea of healing being a process. The human psyche has distinctive mechanisms to allow painful sexual trauma to enter a person's consciousness at a pace that enables him or her to deal with it. While each survivor's reactions to trauma are unique, there is a fairly discernible pattern of healing that can be recognised in most recovering survivors of sexual trauma. This pattern has come to be known as the healing process. Different writers may describe the process differently, but there are commonly recognised stages and steps. This theme described Petty and Spies's six-stage healing model (2005). The recognisable stages of this model are denial, emergency stage, consciousness, exploration of feelings, bottoming out and acceptance and, finally, integration.

Helpers should always recognise that survivors should be given the ultimate control of determining the pace of their recovery. The healing process is an intensely emotional experience that takes time and much dedication on the part of sexual trauma survivors. The stages that they move through are really abstract and may be difficult for the novice helper to recognise.

This theme emphasises that healing does not occur in a straight line. Rather, survivors move backwards and forwards between the healing stages. Survivors need to be helped to see that their abuse may never be erased from their lives, but will eventually give way to their discovering their strengths and abilities and integrating the experience into their consciousness, without it defining who they are.

THEME 7: RAPE

Before you begin to study this chapter, complete the following activities in your learning journal.

ACTIVITY

Speak to friends about why they believe South Africa has such a high incidence of rape. Listen to their responses and see whether their opinions contain any myths about rape, gender and sexuality. Try to speak to at least five different people. Do not consult the same people you consulted in the exercise on sexuality. Write down the common themes that emerged from these interviews in your learning journal.

Read your local newspapers for a fortnight. Cut out or copy any reports of rape. Place these reports in your learning journal. See whether reports on rape enable you to make any inferences about your community's general stance on the issue of rape. It is necessary for you to use deductive reasoning (that is, to read between the lines). Pay attention to who the victims were and where they were raped. Who raped them? How much attention was given to these cases in comparison to some of the other articles in the papers? What kinds of rape were reported? What information appeared to be withheld? Were the reporters neutral in their reporting?

Record your hypotheses about your community's attitudes towards rape in your learning journal.

FEEDBACK

Rape is an emotion-laden subject surrounded by myths and misunderstandings. Although it is defined as a sexual act, it is primarily an expression of violence, anger or power (Masters, Johnson & Kolodny 1988:403). Its victims may be male or female, very young or very old, rich, poor, mentally retarded, disabled or able-bodied. There remains a bias in many cultures against viewing sexual assault of men and boys as prevalent and abusive. Research findings, however, indicate that ten per cent of males are sexually assaulted and suffer profoundly from the experience (Whealin 2001). Most countries have criminalised rape and yet, in many instances, their laws do not sufficiently recognise and uphold the rights of rape victims, as illustrated in the following examples: A married woman who is raped is regarded as an accomplice in some societies; after laying a charge of rape, the victim is often tried publicly by the press before and during the court hearing; and a woman who was raped by her date is pressurised not to lay a charge because no one will believe her. Despite the legal system, rape is not always regarded as being bad (Masters et al 1988:404). In times of war,

soldiers who rape enemy women are never held accountable for their actions, little action follows when a prisoner is raped by an inmate who enjoys more power and status in the system and men are seldom charged with raping prostitutes. Rape appears to be a social reality that is defined according to the social positions held by the victims and the offenders.

It is hoped that on completion of this theme you, the learner, will be able to:

- define rape as a form of sexual abuse, an act of violence and an abuse of power
- identify different forms of rape
- recognise the harmful impact of commonly held misconceptions about rape
- reflect on the differences between acute and chronic interventions
- be familiar with the specific procedures that need to be taken by survivors who wish to prosecute
- identify the steps that need to be taken to safeguard the physical health of a rape survivor

7.1 INTRODUCTION

The feminist movement has done much to increase public awareness about this social reality in the last three decades, but despite this, rape continues to be one of the most underreported and unpunished crimes. It is estimated that between 10 and 50% of women in the world have experienced some form of sexual assault (Matsakis 1996:270). Interpol regards South Africa as having "an undisputed 'first place' as far as reported cases of rape are concerned" (Smith 2000). UNICEF estimates that approximately one in six women in the world is raped, a woman is raped every two minutes in the United States of America and in Australia 30% of women are raped by their husbands. In the United Kingdom, one in four women has experienced rape or attempted rape, "[y]et of 46 000 women who contacted Rape Crisis organisations in one year, only 3 000 reported their assault to the police" (Wade 2000:3). This illustrates that despite the high incidence of rape, people still are not prepared to talk about it.

7.2 DEFINITIONS OF RAPE

The legal definition of rape in South Africa is provided in section 3 of the Sexual Offences Act of 2007, which reads as follows: "Any person ('A') who unlawfully and intentionally commits an act of sexual penetration with a complainant ('B'), without the consent of B, is guilty of the offence of rape."

Sexual assault is defined in section 5 of the Sexual Offences Act of 2007 as follows: "(1) A person ('A') who unlawfully and intentionally sexually violates a complainant ('B'), without the consent of B, is guilty of the offence of sexual assault. (2) A person ('A') who unlawfully and intentionally inspires the belief in a complainant ('B') that B will be sexually violated, is guilty of the offence of sexual assault."

7.2.1 Statutory rape

This term is used to refer to consensual intercourse that takes place between an adult and a child who is younger than sixteen years.

As mentioned in theme 4, statutory rape is defined by the Sexual Offences Act of 2007, in section, 15(1) as follows: “A person (‘A’) who commits an act of sexual penetration with a child (‘B’) is, despite the consent of B to the commission of such an act, guilty of the offence of having committed an act of consensual sexual penetration with a child.”

7.2.2 The definition of rape

The Sexual Offences Act of 2007 redefined rape as well as identified and defined various forms of sexual offences. The new definition of rape is gender neutral and is defined as follows: “Any person (‘A’) who unlawfully and intentionally commits an act of sexual penetration with a complainant (‘B’), without the consent of B, is guilty of the offence of rape.”

Compelled rape is defined as follows: “Any person (‘A’) who unlawfully and intentionally compels a third person (‘C’), without the consent of C, to commit an act of sexual penetration with a complainant (‘B’), without the consent of B, is guilty of an offence of compelled rape.”

Three forms of sexual assault have been defined in the Sexual Offences Act of 2007; they are sexual assault, compelled sexual assault and compelled self-sexual assault.

Sexual assault: “A person (‘A’) who commits an act of sexual violation with a child (‘B’) is, despite the consent of B to the commission of such an act, guilty of the offence of having committed an act of consensual sexual violation with a child.”

Compelled sexual assault: “Any person (‘A’) who unlawfully and intentionally compels a third person (‘C’), without the consent of C, to commit an act of sexual violation with a complainant (‘B’), without the consent of B, is guilty of an offence of compelled sexual assault.”

Compelled self-sexual assault: “A person (‘A’) who unlawfully and intentionally compels a complainant (‘B’), without the consent of B, to –

(a) engage in –
    (i) masturbation;
    (ii) any form of arousal or stimulation of a sexual nature of the female breasts; or
    (iii) sexually suggestive or lewd acts, with B himself or herself;
(b) engaging in any act which has or may have the effect of sexually arousing or sexually degrading B; or
(c) cause B to penetrate in any manner whatsoever his or her own genital organs or anus, is guilty of the offence of compelled self-sexual assault.”

As can be noted, these definitions use specific words such as “sexual violation” and “sexual penetration”. In order to fully understand the definitions, these terms need to be understood. The Sexual Offences Act of 2007 provides definitions for these terms.

“‘Sexual penetration’ includes any act which causes penetration to any extent whatsoever by—

(a) the genital organs of one person into or beyond the genital organs, anus, or mouth of another person;
(b) any other part of the body of one person or, any object, including any part of the body of an animal, into or beyond the genital organs or anus of another person; or
(c) the genital organs of an animal, into or beyond the mouth of another person.”

“‘Sexual violation’ includes any act which causes—

(a) direct or indirect contact between the—
    (i) genital organs or anus of one person or, in the case of a female, her breasts, and any part of the body of another person or an animal, or any object, including any object resembling or representing the genital organs or anus of a person or an animal;
    (ii) mouth of one person and—
        (aa) the genital organs or anus of another person or, in the case of a female, her breasts;
        (bb) the mouth of another person;
        (cc) any other part of the body of another person, other than the genital organs or anus of that person or, in the case of a female, her breasts, which could—
            (aaa) be used in an act of sexual penetration;
            (bbb) cause sexual arousal or stimulation; or
            (ccc) be sexually aroused or stimulated thereby; or
        (dd) any object resembling the genital organs or anus of a person, and in the case of a female, her breasts, or an animal; or
    (iii) mouth of the complainant and the genital organs or anus of an animal;
(b) the masturbation of one person by another person; or
(c) the insertion of any object resembling or representing the genital organs of a person or animal, into or beyond the mouth of another person, but does not include an act of sexual penetration.”

It can be seen by the above definitions that the scope of the definitions for rape and sexual assault has been drastically widened to encompass a much broader range of sexual acts. The definitions are now also gender neutral, whereas previously only a woman could be raped in the eyes of the law.

7.3 DIFFERENT FORMS OF RAPE

Wade (2000) highlights the following contexts where offenders use threat, blackmail, drugs or force to coerce their victims:

7.3.1 Friend rape

The most common form of rape is committed by someone known and trusted by the victim. The rapist interprets friendship and affection as sexual invitation. Refusal is seen as sex play or "playing hard to get". When the victims try to assert themselves to refuse the unwelcome sexual requests, the rapist becomes angry and forceful. As in other forms of sexual trauma, offenders tend to be shrewd in order to escape accountability for their crime. They make sure that no one listens to the victim's version of what happened. Offenders may develop such an array of arguments that their victims become so confused that they begin to accept the rapist's version of what happened. The victim excuses the rapist's actions by saying things such as "he just went a bit over the top". Rape survivors are left struggling with feelings of powerlessness, as well as nagging thoughts of self-doubt and self-blame. Needless to say, few of these cases are ever reported and rapists who are successful at not being caught out on their first offence, find it easier to perpetrate the same acts against other victims in similar circumstances.

7.3.2 Date rape

The location such as the back of a car, a home, a deserted place or a hotel room is usually carefully chosen. The victim's voluntary presence at the scene of the crime is often misconstrued as consent to sex. The victim is not physically marked - there are no signs of a struggle - and is silenced by the threats of the rapist such as "it's your word against mine." Because the two people know each other, it is very difficult to prove that the victim did not consent. In the absence of physical injury, the victim cannot prove that sex did not take place by mutual consent. The fear of being disbelieved, ridiculed and gossiped about further silences the victim.

In both instances of date rape and friend rape, the consequences may be traumatic. Allison and Wrightsmen (1993) explain that, because these victims tend to remain silent about their abuse, they are more likely to be trapped into their feelings of guilt and self-blame than survivors who have been raped by a stranger. Furthermore, their assumptions about the world they live in and their naive perceptions of others are particularly destroyed. It is difficult to disclose this abuse to anyone, because they fear being labelled as naive and stupid.

7.3.3 Drug rape

This rapist finds a means of drugging the victim to render her or him incapable of independent action and choice. The drug may be slipped into the victim's drink. The victim may be aware of what is happening at some level, but is too sedated and powerless to prevent it. The rapist leaves the victim to sleep off the effects of the drug.

The drug disappears from the body, leaving no trace. Afterwards the victims have dream-like memories of the rape, but because the recall is so poor, they doubt that it really happened and end up questioning their sanity. The drugs used usually impair memory,

reduce sexual inhibition and have no taste or smell. One drug, gamma-hydroxy-butyrate, tends to be favoured by offenders who prefer anal sex as it has a muscle relaxant property. These substances are banned in some countries, and now drug companies that manufacture them for their medicinal purposes are changing the formula so that, should the drug be dissolved in a liquid, the liquid will change colour.

It should be remembered that even when victims are voluntarily under the influence of alcohol or other substances, or unconscious, sex with them would be regarded as unlawful and therefore would be defined as rape.

7.3.4 Medical abuse

Doctors, dentists, physiotherapists, and so on have a unique quasilegitimate access to intimate touching. A few practitioners target young, naive and vulnerable patients and pass off sexual activity as part of required treatment. The abuse is disguised in such a way that victims become unsure of their own perceptions of the problem and fail to report the experience to anyone.

7.3.5 Gang rape: peer group, school mates, military colleagues

Violence directed against young women by armed youth gangs is a well-known phenomenon in South Africa. It is referred to as “Jack rolling”. There is a dreadful township saying that reflects the lack of regard for young women in this society: “Jack roll is not a crime, it’s just a game”.

Smith (2000) says that 75% of rapes in South African townships, particularly in areas such as Gauteng and the Cape Peninsula, are gang rapes. Schools appear to be common centres where gang rapists attack young women. Schools in townships have a serious lack of security (Human Rights Watch 1995). Wade (2000) identifies typical gang rapists as between 10 and 17 years of age. The trauma of their victims is aggravated by the fact that they have to continue to face them at school and on the streets. They are threatened to remain silent in order to spare their lives.

Since rape is a phenomenon that exploits power, it is not surprising that some peer groups conspire to humiliate individuals by raping them. The sexual act does not necessarily involve extreme violence. The individual targeted is used for sexual amusement. The person targeted is discriminated against for being different in colour, belonging to a marginalised ethnic group, or having a different social status. The victim is usually bullied or ridiculed over a long period of time, finally culminating in the group gang rape. The most dominant member of the peer group has the “privilege” of going first. Gang rape is a powerfully shaming and isolating experience. Because the victims are unable to face further humiliation and intimidation, they avoid reporting the rape. Rather than come face to face with the offenders, victims try to remove themselves from the school, the residence or the place of employment, or from the place where the gang rape took place.

7.3.6 Opportunistic rape

Opportunistic rape happens in isolated or deserted places such as bus shelters, public lavatories, railway coaches or roadsides. Studies show that environments such as townships that have poor lighting and a lack of public transport may increase the likelihood of rape. Women who live in such areas and who rely on public transport, walk long distances and have jobs that require them to leave and return home in darkness in crime-ridden areas are the most likely victims of opportunistic rape. The rapist is mostly unknown to the victim. Wade (2000:11) describes this form of rape as "an almost exclusively male crime, committed simply because the opportunity was there" (2000:11).

7.3.7 Premeditated rape

These crimes are usually perpetrated by an extremely small group of people with obsessive mental disorders. The victim is perceived as prey and stalked over a period of time. The offender takes pride in outwitting, humiliating and terrorising the victim. The period of stalking and terrorising may last minutes, months or years. The fear of death becomes the major component of the victims' trauma because, throughout the ordeal, murder presents as the most likely outcome of their fate.

7.3.8 Political rape

Reports of rape of prisoners of war and terror are not uncommon. They are raped as a part of the breaking-them-in process. Maximum pain, humiliation and disorientation are induced, together with sleep deprivation and isolation. The rapists attempt to revile (abuse) the victims as a means of shattering the foundation of their identity. Herman (2001:94) suggests that in the most severe cases, "the victim retains the dehumanized identity of a captive who has been reduced to the level of elemental survival: the robot, animal, or vegetable."

7.3.9 The rape of elderly people

The physical injuries that elderly victims of rape endure are extremely severe because, as part of the aging process, their bodies lose their resilience. They struggle to deal with the shock of the assault as their nervous system is less equipped to cope with intense stress. Sadly, their sense of safety, one of the basic assumptions that regulated their life and allowed them to get along independently, is shattered with such force that they lose their precious independence and spend their remaining years in terror.

7.3.10 The rape of sex workers

Many young people sell sex as a result of their extreme emotional deprivation and abuse and/or extreme poverty. In poor countries prostitution is the difference between life and death for not only the sex workers, but also their families. Some sex workers have no choice in leading this lifestyle because they are kidnapped and sent to other countries where they are forced to have sex with whoever pays for them. Victims in these

situations are often too brutalised, drug dependent and intimidated to find ways to break out. Many of these situations constitute multiple rapes over an extended period.

Trading sex for money is inherently defiling and psychologically damaging, but society chooses to ignore the high rates of violence to which prostitutes are subjected by their pimps, their customers, rapists, serial killers and even the police. Russell (1997) discusses a study conducted by Farley and Hotaling. They studied 130 sex workers on the streets of San Francisco. Their findings revealed that many of their subjects reported being subjected to extreme levels of sexual and non-sexual violence:

- Over two thirds reported being raped after they entered sex work. A total of 48% had been raped more than five times during the period they had worked as sex workers and 46% had been raped by more than one customer.
- Close to half (49%) reported having pornography made of them while they worked as sex workers and 32% reported that "they had been upset by customers' attempts" to make them do what had been seen in pornographic videos or magazines.
- A total of 88% of the sex workers interviewed reported that they wanted to leave prostitution immediately. This would only be possible if they had job training, a safe place to stay and personal counselling or support.

Russell (1997) asserts that prostitution is an institution that exploits women, many of whom have already been severely sexually victimised. The sex worker usually suffers guilt and self-loathing, and Wade (2000:15) asks: ''Who should feel shame, the sex worker, the client or the politicians?'' The criminalisation of prostitution, as it exists at present, clearly punishes sex workers who become victims of sexual trauma, rather than the people who victimise them.

> Since the majority of prostitutes - possibly all of them - are all forced or driven into this role by poverty, entrapment by pimps, socialised into it by a history of incestuous abuse and/or other kinds of physical or emotional violence or abuse, arrest and incarceration are cruel and inappropriate ways to treat them (Russell 1997:116).

7.4 COMMON RAPE MYTHS

Considering the incidence of rape is as high as it is, one would expect that people, politicians and policies would reflect a commitment to place the blame for rape on the relevant sources so that corrective steps will be taken to address this harmful practice. And yet society continues to promote many mistaken beliefs about rape. Most of these beliefs ''blame the victim'' and in that way society shields itself from having to assume responsibility for initiating change and addressing inequalities and the misuse of power. It is far easier for society to perpetuate these myths than to take responsibility for curbing oppressive practices that lead to the violent sexual abuse of others.

Lewis (1994:13) suggests that "[r]ape myths give a man silent permission to rape a woman because they help him to excuse his behaviour and escape responsibility for his violent action." While I have used this quotation, I should remind you that rape is not only an act committed by men against women. We just seem to know more about female rape and the statistics suggest that more males than females have been reported as having committed rape.

Rape myths teach survivors to blame themselves for their own victimisation. They transform rape by acquaintances, friends and intimates into no rape at all. They make especially clear the disbelief and blame survivors will encounter should they be so foolish as to be raped by someone they know. Research conducted on rape frequently dispels these commonly held beliefs. Rape myths keep survivors quiet and keep them controlled.

Myth 1: Only bad girls get raped.

This attitude betrays the double standards regarding sexuality.

Sexual feelings and expression are acceptable for men, but unacceptable for "good" women. A study quoted by Matsakis (1996) revealed that two thirds of Americans believed that women provoke rape by their appearance or behaviour and that women participate in intercourse voluntarily and then cry rape later. The other double standard that it portrays is that First World women are expected to look attractive but, if they do and something such as their being raped occurs, then they are damned and scorned. The list of ways in which women should behave is endless, and society merely shifts the blame for rape from a man to a woman. This makes a woman feel guilty for her rapist's crime.

The reality is that rape is a horrifying experience that nobody wants to experience. It involves violence and humiliation and, mostly, is life threatening. Statistics reveal that people of all ages, races and classes are raped, irrespective of the way they dress or their appearance.

Myth 2: All women enjoy a little rape now and then.

Rape has nothing to do with sexual pleasure. It is a violent and humiliating act that evokes physical and emotional trauma. Rapists use sex as a means of overpowering their victims. They deliberately taunt their victims until they feel helpless and humiliated. Mostly, the victim has to beg to be spared death. This reality is far removed from films and books that contain stories of a brutal man having sex with a woman against her will, where the woman is shown to enjoy it. Even if a woman enjoys the fantasy of sexual victimisation, the enactment of this fantasy is never pleasurable. When individuals fantasise about being raped, they are in control of the fantasy.

The reality is that in real-life rape, the victim has no control. Victims are at the mercy of the rapist and may be subjected to physical injury and emotional torture and may even die.

Myth 3: Men rape for sexual relief.

Even though rape involves sexual behaviour and sex organs, it is mostly not sexually motivated. Rape is a pseudosexual act. In the majority of cases it is committed to fulfil nonsexual needs such as power, domination and the need to prove masculinity. Fortune in Matsakis (1996:273) proposes that acts of rape fall into three categories: power rape, anger rape and sadistic rape. A disempowered person, frustrated by a series of disillusioning life situations such as poverty and unemployment, may rape to assert his or her power over another person. A person who has unresolved feelings of anger, perhaps because of some negative experience with another person, may resort to sexual assault to ventilate that anger. Studies have shown that men who have been abused by female relatives are more likely to commit crimes against women than men who have been spared this (Condy, Templer, Brown & Veaco in Matsakis 1996:273). In sadistic rape, the rapist's intention is simply to humiliate and to hurt. It includes mental and physical abuse that involves sexual and non-sexual torture.

Rape is a very complicated issue as illustrated in the next examples of rapists discussing their experiences while raping their victims.

EXAMPLES

"I was kind of excited, not sexually, I just thought I am stronger than her and she has to do what I want."

"I feel strong ... I was the best, I had put her down ... It made me feel even better ... to know that I am because a woman is bowing down to you."

"It was nice, she was a very young cherry [fifteen years old] ... I scheme it's because they are inexperienced, and it is more exciting because they don't know what is happening."

(Vogelman in Lewis 1994:14)

The reality is that rape is more of a power-related response than a sexually-related one.

Myth 4: Rape is a sign of male virility.

"In our country, rape is a part of a virility mystique in which maleness is equated with sexual aggression" (Russell, quoted in Matsakis 1996:274). We should ask ourselves whether this has anything to do with South Africa having the highest rape statistics in the world. In some societies, men who rape are not considered masculine. In Italy, Greece, and many Spanish-speaking countries, men who resort to physical force to win women are mocked. In these countries men take pride in using their sex appeal, charm or wit to win women's favours. Rape is never glamorised or interpreted as some form of initiation rite into manhood as it is in some segments of the South African population.

The reality is that there are many more positive ways in which males can express their sexuality. Rape is a crime and people's actions should never hurt others.

Myth 5: Men rape because they cannot control their sexual lust.

People believe that rape happens when a man is very attracted to a woman and is unable to control this natural sexual desire. Lewis (1994) gives three clear research findings disproving this belief:

- This belief projects men as not being accountable for their actions during rape. Research clearly indicates that rape is often planned in advance, happens in a woman's home and involves a man known to the victim. The rapist demonstrates an ability to control and to manage his sexual desires in many day-to-day situations. So why should we believe that he is so powerless over his sex drive that he cannot control a provocative woman's sensuality? It appears that this belief is a social construction to vindicate men from taking responsibility for their actions
- All types of women are raped, including those whom society does not see as sexy, such as babies and old women. Rapists appear to target women who are helpless and vulnerable and therefore we can conclude that rape is an act of aggression and power rather than an act of lust.
- Rapists are likely to be in relationships where they have regular sex with wives or girlfriends. Their acts of sexual violence are usually not motivated by their sexual frustrations. Rapists rape their victims despite having little or no sexual feelings for them.

The reality is that rape is a violent crime that is unrelated to the rapist's ability to control his or her sexual urges.

Myth 6: Date rape isn't really rape.

The violation of a person's body by someone that the person knows, be it a partner, an acquaintance or a marital partner, is just as offensive, if not more so, as the violation caused by a stranger's sexual assault. Matsakis (1996) suggests that, while some research shows no difference in the reactions of women who have been raped by strangers as opposed to women raped by friends or dates, other research suggests important differences. Women raped by friends or dates have been found to be fearful for longer periods, to suffer more self-doubt, to question their ability to take care of themselves more, to doubt their ability to judge people and to have greater difficulty being believed.

The reality is that any sex that is not consensual sex has tremendous potential to be harmful.

Myth 7: Rapists are usually strangers.

This is one of the most common misconceptions about rape. Lewis (1994) quotes the Medical Association of South Africa to illustrate the findings of studies that reveal that up to 50% of rapists are known to their victims. Rapists are often from the same school, workplace, block of flats or family. The rapist is often the person the victim least suspects because they are acquainted.

The reality is that just as many rapes are committed by acquaintances as by strangers. It is more complicated dealing with the aftermath of rape by an acquaintance than rape by a stranger.

Myth 8: Only attractive women get raped.

Women who hardly fit the cultural stereotype of attractiveness, including overweight women, elderly women and babies, are often the victims of rape. Tieger (in Matsakis 1996:275) found that when rape happens to unattractive women, the "unattractive" rape victims were more often blamed for their rape than others. Their rape was seen to be in response to their trying to get attention or to be recognised as sexually desirable.

The reality is that whether people flirt or feel sexual, they should always retain the right to say no to any form of sexual activity they do not desire. Rape has little to do with the appearance of the victim and more to do with the rapist's state of mind.

Myth 9: A woman was not really raped if she does not fight back.

It is rape any time a person has sex with another person without his or her consent. A rapist does not need to use physical force or a weapon. Nor does the victim need to fight back against his or her attacker. The factor that characterises sexual activity as rape is the absence of the victim's consent. This is what the victim has to prove: he or she did not consent to have sex. Lewis (1994) asserts that intimidation is always used in rape. The intimidation need not be physical violence. It may also be in the form of blackmail.

Women are prevented from physically fending off their attackers for several reasons: the rapists are usually stronger, bigger and armed, rapists catch their victims by surprise, women often are not trained to fight back, nor are they likely to have any training in self-defence and victims may be overwhelmed by a physiological response to the trauma, that of numbing.

There is no conclusive evidence regarding whether it is better to fight back or to submit, probably because each rape is different. Yet, one of the most terrifying aspects of rape for survivors who failed to fight back lies in their confronting their own passivity. Their passivity in many ways is a culturally enforced norm. Women are taught to be submissive, and displays of physical strength, assertiveness and independence are discouraged from an early age.

The reality is that many survivors have survived because they chose not to fight back. Aggression and even assertiveness continue to be discouraged as acceptable responses from women.

Myth 10: Men don't get raped.

Men are raped more often than is commonly thought. The extent of their sexual abuse is very difficult to monitor. Because they feel deep humiliation and shame at having been victimised, it appears as though they are less likely to report it. Their shame stems from their fear of being scorned for being too unmanly to defend themselves and being labelled as homosexual. Society's intolerance of "unmanly" men forces male victims of rape to keep their abuse a closely guarded secret. This protects them from having to deal with cruel rejection and humiliation over and above the pain of their assault. They don't come forward to report their rape to the police, to take legal action or to speak openly about their experiences. The same coercive circumstances that are present in female rape are apparent in male rape. Most male victims are raped by other men. They are forced to submit to anal intercourse, oral sex, mutual masturbation, masturbation of the offender, among a range of other sexual acts. Their intense fear, in response to their assault, may cause men to have an erection. This makes it possible for them to be raped by another person. A percentage of sexual abuse is perpetrated by adult females on younger boys.

The reality is that rape can be committed against anyone.

Myth 11: If I have a pre-existing relationship such as a marriage, then I have a right to sex.

Partners are raped more often than we care to admit. Some societies promote a sense of entitlement in marriage, that is, they see the satisfaction of the male partner's sexual needs as the woman's responsibility. This spirit of entitlement evokes aggressive sexual acts by male partners. The trauma of a victim who is raped by her partner is exacerbated by her ongoing relationship with that offender. In situations such as these, victims have to live with the memories of abuse while remaining in the relationship with the abuser, because they have no recourse (means) to manage on their own. Their economic dependence upon their partner for food and shelter keeps them a prisoner in their relationship. The sense of ownership, dominance and abuse of power that is characteristic of these relationships creates immense mental anguish for victims. No partner should feel compelled to submit to sexual acts within their relationship under any circumstances. Nor should anyone believe they have the right to violent or intimidatory sex. The effects of continuous abuse are usually worse than the effects of a "once off" rape. Partner rape is estimated to be a far more common form of violence than we care to acknowledge.

The reality is that if sex is not consensual, then no matter what the circumstances, it should be regarded as rape. Healthy sexuality contains an implicit respect for a partner's needs.

7.5 THE EFFECTS OF RAPE

As violent crimes escalate in number, their nature seems to change, too. Nowhere is this more evident than in acts of rape. Rape has become more brutal, more impersonal and more senseless than ever before. Rape victims are left to feel more like objects.

The nature of rape leaves survivors feeling exploited and humiliated. Rape increases their sense of depersonalisation, mistrust and alienation in society as a whole and even in themselves.

Matsakis (1996) reflects that while the wounds of rape tend to be psychological wounds rather than physical wounds, they exert great power over a person's life. She goes on to say: "Sadly, psychic wounds are not well respected in a society that better understands broken bones than broken spirits" (249). Our society continues to fail to recognise and to address the needs of rape victims and provides relatively few services for survivors despite the very high incidence of rape. Lewis (2000:32) says: "One must realise that being raped changes the way a survivor sees her life. She may not simply 'get over' the experience, as it can never be forgotten. Integrating the experience into her life may take months or years." We, as a society, must assume the responsibility to develop services to support those who require assistance. Survivors of rape need support while they undertake the challenge to rebuild their assumptions about life and the world they live in, their self-esteem and the relationships affected by rape.

Every rape is different and victims respond to rape in a personalised, unique way. Their response is shaped by many factors.

ACTIVITY

Reflect on the variables that have an impact on the outcome of child sexual abuse. Which of these are relevant to surviving rape? Record your responses in your learning journal.

FEEDBACK

Survivors' responses to rape are shaped by the following factors:

- demographic factors such as the victim's age, gender, religion, class, culture and ethnic group
- individual victims' personal history: their previous psychiatric history, their life experiences and the manner in which they have transcended (overcome) normal developmental crises during their lifespan

- the rape itself: the nature of violence or coercion (force) used, the circumstances of the rape and the sources of help available to the victim at the time
- factors relating to individual rapists: who they are, their relationship with the victim and their behaviour towards the victim during, and after, the rape
- the availability of post-rape support: the response of the police and medical staff immediately after the event, the support of family and friends, trauma counselling and rape support groups

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The consequences of rape may be worse if the survivor is "physically or mentally handicapped, if she was raped by more than one person, or on more than one occasion or if she was raped by someone she trusted, for example, a family member" (Lewis 1994: 21).

Survivors of rape have two distinct groups of reactions to their trauma: those responses that present immediately after the rape and the more subtle responses that they experience a few months later, when they are struggling to assimilate all the implications of their ordeal. Angell (1994) describes these two response reactions as "acute symptoms" and "chronic symptoms". The acute symptoms include the individual's immediate reactions and responses for a limited period after the rape (six months). The chronic symptoms include all the long-term unresolved issues stemming from the trauma six months, or more, after the rape.

7.5.1 Acute symptoms

While survivors tend to be glad to be alive, they struggle to deal with their vulnerability. Such survivors are confronted by their loss of power and control. This makes them feel unsafe in their bodies and their emotions. They feel unsafe in relation to other people. They are unsure of themselves and their ability to manage their emotions. They may have physical injuries and may develop other illnesses. Most survivors find themselves in a state of shock.

Typical responses that one may expect in this stage may be divided into feelings, cognitions, physiological reactions, social consequences and arousal responses.

Emotions : intense fearfulness, anxiety, bouts of crying, blunted emotions (person's demeanour is flat, expressionless)

Cognition : poor concentration, faulty memory or recall

Physical : sleep problems such as nightmares, struggling to fall asleep, waking up throughout the night, nausea, headaches, constant fatigue, irritated throats, disrupted menstrual cycle, prolonged bleeding, vaginal infections, gastrointestinal upsets, skin rashes

Social : paranoia (intense suspicion of others), disruption of personal relationships, inability to handle certain situations with others at work/school or in social situations, restricting activities to feel safer, changing jobs, neighbourhoods or telephone numbers in an attempt to stay safe

Arousal : physiological arousal symptoms such as shortness of breath, palpitations, dry mouth, startle responses such as jumpiness to sudden noises, hyperalertness

7.5.2 Chronic symptoms

Many rape survivors experience some symptoms of PTSD after a rape, because rape is an extreme violation and a life-threatening attack (Lewis 1994). Burgess and Holmstrom, who were active feminist researchers, identified Rape Trauma Syndrome in the 1970s, just as attention was being drawn to the devastation experienced by raped women. The symptoms they identified mostly resemble the more modern classification of symptoms of PTSD listed in the DSM 5. While some of the more common reactions will be discussed, it must always be remembered that each person's response is unique.

Some survivors of rape may experience many symptoms, while others may experience few. Generally, the chronic symptoms are more subtle and develop into other syndromes that mask the initial and underlying rape experiences. "Studies show that the symptoms suffered by a rape survivor three months after the rape usually continue over the next three to four years, although they do seem to improve over time" (Lewis 1994:29).

7.5.3 Feelings

By trying to manage their lives as usual, survivors almost deny that the rape happened. They experience a numbness, loss of feelings and describe themselves as feeling ''flat''. Feelings of shame may also be commonly experienced, even though the survivor was not responsible. Anger may be present because of the unfairness of the event, the senselessness of it and the perceived lack of understanding from others. These feelings spur the survivor on to want to take revenge. They may report getting easily upset about small things that previously never made them angry. They may describe feelings of fearfulness: a fear of a recurrence of the event, of other members of the family being hurt, of being alone, of losing control of emotions and of having to deal with constant reminders of rape. Lewis (1994) states that many rape survivors develop phobias about men, strangers and leaving their homes. They may present as irritable, restless and agitated much of the time. Rape alerts survivors to their vulnerability. It is an incapacitating experience leaving survivors feeling helpless and defenceless in many aspects of their daily lives. There is a tremendous sense of loss that they experience because rape generates the loss of many things in their lives: loss of dignity, loss of control over their life, loss of peace of mind, loss of hope for the future, loss of physical wellness and loss of faith in other people. Survivors may begin to lose interest in many things that they previously enjoyed. Their feelings of sadness heighten and are coupled with feelings of worthlessness, hopelessness and frustration. These depressing thoughts may interfere with their eating and sleeping patterns.

7.5.4 Cognition

Survivors may lose their memory of all, or part of the rape. Many find that they reconsider previously held assumptions of the world, people and themselves. They have thoughts

like “what is a person like me doing in a world like this, filled with bad people?” Survivors sometimes report having difficulty concentrating because the memories of rape, and the effects of rape, keep interfering with their thoughts. They are easily distracted.

7.5.5 Physical

A rape survivor may have to cope with pregnancy, sexually transmitted diseases such as vaginal inflammatory disease that causes itching or soreness of the vagina and a discharge, pelvic inflammatory disease causing pain and fever, genital sores resulting in swollen glands in the groin, the human immunodeficiency virus (HIV) especially if he or she or the rapist had a sexually transmitted infection (STI) at the time of the rape or if there was bleeding as a result to injury to the genital tract, hepatitis B or infections of the urethral opening.

Survivors develop recurring gastrointestinal difficulties, gynaecological problems, headaches, eating disorders and/or chronic fatigue.

7.5.6 Social

Survivors may neglect themselves and other people after being raped. It may become too much of an effort to pay attention to personal hygiene and the hygiene of those they have to take care of. Conversely, they may become preoccupied with cleanliness as a result of feeling defiled by their rapist. They may no longer choose to socialise, or they may develop a sudden need to go out and socialise all the time. Interpersonal problems are common as they may tend to be more irritable and argue with others more than they did before the rape. Rape may have an impact on their capacity for intimacy, leaving them feeling emotionally separate from people with whom they previously enjoyed close relationships. Two relationship patterns may be evident: becoming overly dependent upon others and becoming overly independent of others. In an effort to regain some control over their lives, they may make sudden changes in their lives such as changing jobs, moving house or moving to another town. Such survivors may find that they lose interest in sex altogether and this is aggravated when their partner blames them for no longer offering them sexual pleasure. Often their sexual experiences are interrupted by flashbacks of rape and feelings of fear and depression (Matsakis 1996).

7.5.7 Arousal responses

Survivors may try to avoid anything that reminds them of the rape. For example, a person who was raped outside a club won’t want to go near clubs again. Survivors are often more easily startled by things such as the sudden banging of a door or someone unexpectedly walking up behind them. They may be alert and watchful, assessing all situations in their daily routine for possible danger. The occurrence of flashbacks is fairly common and these flashbacks frighten and upset survivors.

7.6 INTERVENTION

ACTIVITY

Before you study this section, read the scenario below and record your ideas in your learning journal.

Imagine you are a voluntary crisis counsellor and a person calls you for help as she (or he) was raped about two hours ago. Discuss the most important issues that you would discuss during that call.

FEEDBACK

One would respond as one would in any crisis. The main objective is to offer such survivors support, to allow them to talk about their experiences and to provide them with the essential information that they need to know at that point. When the person has just experienced the trauma, we say she (or he) is in the acute phase. Read the next section to see how appropriate your suggestions would have been. Add any ideas that I may have overlooked.

Angell's (1994) distinction between acute and chronic symptoms of sexual trauma implies that intervention needs to take place according to the type of symptoms each survivor displays.

7.6.1 Acute intervention

The objectives of intervention during the acute phase are completely different from objectives during the chronic phase. During the acute phase, the purpose is to address the practical matters that have been caused by rape, for example, health, safety and violation of privacy, at a time when the survivor's functioning is often significantly heightened by the high levels of adrenaline released in response to the trauma. The suddenness of the trauma and the unnaturalness of the raised levels of adrenaline usually have an effect on survivors after a while. Their observation of reality may be severely affected. They fail to make sense of the connection between their symptoms and their experiences. To minimise the long-term impact on the survivor's functioning, the recommendation is that survivors of rape must be offered high levels of support at this stage. They should be given the opportunity to relate their experiences repeatedly since this enables them to make sense of what happened and understand why flashes of the incident intrude upon their daily lives, why they avoid things that remind them of their traumatic incident and why they are always on guard for the possibility of danger lurking around every corner.

7.6.1.1 The role of the helper

Just listening can make a difference to someone who has been sexually assaulted. Survivors need support and reassurance. Helpers should acknowledge the seriousness of the offence. Helpers should communicate to survivors that they are glad that they (the survivors) are alive and reassure the survivors that they did everything possible, given their circumstances, at the time. They should reflect that the rape was not the survivors' fault and that their story is believed. Helpers should, instead of using use their own frame of reference, demonstrate a deep willingness to understand survivors' experiences. By allowing survivors to express their feelings, helpers enable survivors to make sense of their emotional trauma and confusion. This facilitates healing and restores their sense of control over their lives.

The primary objective during this stage of intervention is to secure the safety of the survivor. This may be done by referring the victim to the police and medical facilities for treatment of injuries and the possibility of pregnancy, STIs, HIV and hepatitis B as soon as possible. Survivors may feel better if they know that they can choose someone to be with them to offer them support during this process.

The helper gives priority to protecting the confidentiality of the survivor. Survivors decide whom they wish to disclose their abuse to. Their trust in humankind is likely to be extremely low at that point. Respecting their right to confidentiality is one way of facilitating a trust-building process in relationships.

Rape survivors should be encouraged to make all decisions as to what actions they wish to take following the episode, so as to empower them again. This is a critical step towards restoring their sense of control over their lives.

Early on in the helping process, the helper helps the survivor to see that, although life has been disrupted by the experience, with time and self-belief, recovery will take place. Survivors are helped to express immediate feelings such as fear, anger and shock so that these may be worked through. This enables survivors to start planning the action needed to restore order to their initial confusion. They are given support and education to prepare them for legal and forensic procedures that have to be followed should they decide to take legal action.

Helpers assist survivors in practical ways to get them back on their feet. Survivors are prepared for possible after-shock symptoms and their reactions are normalised.

This stage of intervention is recognised as crisis intervention. Many of the helper's interventions in this stage tend to be supportive and task-oriented.

ACTIVITY

Read the following case history and decide how you, a crisis counsellor based at the hospital, would intervene. Record your intervention plan in your learning journal.

Lindiwe's story

In June 1994, I had come to Durban to study at the technikon. It was the first time I had left my family, who are from a small village close to Bergville. I shared a flat with three other students who were all from my home town. We could not afford to stay in a nice area and I did not enjoy living in the centre of the noisy, dirty city. On a particularly hot, balmy night, I left the window open when I went to bed.

I awakened at about two am, but it took a while for me to notice that there was something wrong. The curtain was blowing, as the wind had come up. I got up to close the window and noticed that the flat was in a mess. Our belongings were scattered all over the floor. At that moment, I was grabbed from behind. I felt a sharp object being pushed between my shoulder blades. My attacker said, "Don't scream. Don't make a sound. Do exactly as I say and then you won't get hurt." It was so strange. Everything seemed to be happening in slow motion.

I responded to my attacker as if I was under his spell. I still can't get over the fact that I never screamed or struggled. I can't tell whether this was because I was half asleep or in deep shock. He made me lie on my bed. It was then that I noticed that he had placed our few valuable items close to the front door.

He did not have to tell me what my fate was. I knew that the only valuable thing that he had not yet dirtied with his hands was me. He pushed me back and tore my nightdress off. It was as if he realised that I might scream at this point. He used my torn nightdress to gag me. He started saying things like, "Spoiled woman. You don't know your place. Aren't you lucky to have sex with me?" He was angry and rough. I did not have the strength to stop him and so I tried to imagine it was not happening. He forced himself into me. I felt sore. Only when it was over did I realise that I was bleeding. He took the gag off, dressed and walked out of the door, taking more than our possessions. He left with my soul. The pain lasted for about an hour. I felt bruised and sore. It then occurred to me that I must have been hit and roughed up during the attack, because my whole body hurt. I felt so alone. I don't know how long I sat on my bed, trying to decide what to do. I felt a deep sadness as I realised that I had no one to turn to for help. What does a girl of 19 know about rape? How is she to know how to handle it? The next day when my flatmates returned, I had to tell them what had happened. We decided not to tell my family. Where we come from, girls who are raped are not believed. My parents would scream and shout at me for not taking care. I didn't need that at that point in my life.

Khetiwe, the flatmate studying social work, said that I should go to the hospital.

7.6.1.2 Addressing medical issues after rape

Lewis (1994:40–44) provides clear guidelines for medical intervention that should be offered to survivors of rape. She suggests that any rape survivor should see a doctor as soon as possible, even if she (or he) has not sustained serious injuries, because most sexually active adults do not show signs of damage at first. They should do this, even if they have no intention of reporting the incident to the police. Should a survivor plan to lay a charge of rape, she (or he) is expected to see a district surgeon first before consulting a doctor for treatment for any rape injuries.

It may be necessary for survivors to have a tetanus injection if they suffered cuts and grazes during the rape. Many infections may occur as a result of tears and grazes, especially in the rectum, vagina and mouth. These infections may cause bleeding. Throat irritations and soreness are common after forced oral sex. Female survivors tend to find that the rape brings on early menstruation and thereafter they find that their periods may be heavier and more painful.

Should a female survivor not have been using a safe form of contraception at the time of the rape, they should be treated to prevent pregnancy by being given the post-coital pill. This form of treatment involves taking two oestrogen pills every 12 hours within the first 72 hours or three days of having been raped. Because nausea is such a common aftereffect, treatment to prevent vomiting is recommended at the same time. This treatment is unsuitable for pregnant women. Another method of preventing pregnancy is to have an intrauterine device fitted within the first five days following the rape, although this carries some risk of heightening the risk of contracting pelvic inflammatory disease in instances where the rapist had an STI.

Because STIs are so common in South Africa, rape survivors are at risk of contracting them during their abuse. The effects of STIs can be minimised by prescribing medicine in the form of tablets and injections.

The greatest fear that rape survivors are likely to have to confront after their rape is the possibility of contracting HIV from the rapist. Vaginal and rectal tearing is common during rape and some victims are made to swallow ejaculate. Both these heighten their chances of contracting the virus.

Rape need not result in survivors becoming HIV positive. It is important for them to receive immediate medical attention, to get sufficient rest, to deal with their heightened stress and to find out as much information about antiretroviral options provided by the healthcare system that they belong to as possible. A baseline HIV test is taken soon after a rape to establish

what the survivor's HIV status was before the rape. The survivor has to wait for a three-month window period to pass before he or she will find out whether he or she has contracted HIV or not. This is achieved by repeating the same blood test and comparing the results of both tests. Should the HIV test be positive, the survivor's response may be very severe. For many who have experienced this outcome, it is as if the rapist has murdered, rather than just violated them. Rather than withhold treatment until the survivor's HIV status has been established, South Africa has decided to make antiretrovirals available to all rape survivors at state hospitals. During this window period, survivors have to regard themselves as potential risks to their partners. "This is especially destructive to couples who wish to make love as part of their declaration to their dedication and support. The need to use a condom can make it seem as if the rapist has literally separated the couple" (Wade 2000:119).

Along with providing rape victims with post-exposure prophylaxis, the Sexual Offences Act of 2007, in section 28, has also made provision for the compulsory HIV testing of alleged sex offenders. Unfortunately, this is impossible if the offence is not reported or if the alleged offender is not found.

Hepatitis is a disease that is more infectious than HIV and can be fatal. Immunoglobulin provides quick, short-lived immunity against hepatitis B and is administered in five injections - after one, two and six weeks, and then again after three and six months. This treatment is not offered by state hospitals and rape survivors have to pay for it themselves.

7.6.1.3 Helping survivors who plan to take legal action

After being raped, the survivor has to decide whether he or she plans to report the rape to the police, press charges and proceed with prosecution. Often survivors are discouraged from reporting rape. They are told that the crime is too difficult to prove and that they stand the risk of being intimidated by the rigorous judicial process that deals harshly with rape survivors. Stories of secondary victimisation are common, and many survivors choose to avoid further possibility of humiliation and stress by allowing their case to go unreported.

Wade (2000) cites two main reasons for pressing charges:

- Survivors choose to take legal action out of a sense of duty to themselves and other potential survivors.
- The legal action affords them a legitimate opportunity to deal with their anger towards their rapist. This leads them to regain a sense of power and control over their lives.

Successful prosecution is dependent upon many factors that are beyond the control of survivors. These factors may include the following: the meticulous preservation of evidence by the forensic team, the speed with which the police respond to their call for help, the ability of the police to secure the scene of the crime in order to find reliable samples for evidence, the extent to which the investigating and forensic teams follow rigorously prescribed forensic

procedures, the personal attitudes of investigating and forensic teams and even the attitudes of legal representatives and the presiding judge.

7.6.1.4 At the police station

Arrangements should be made for a responsible and trusted adult to accompany a survivor, especially one who is under the age of 18 years, to a police station. It may be a parent, a guardian, a school principal, an educator, a social worker, a nurse or a friend. If the survivor is under the age of 18, then the police official on duty should advise the Child Protection Unit immediately on the child's arrival at the police station.

In order to secure evidence from the survivor and at the scene of the crime, the following procedures should be followed. However, it should be noted that this may not always occur. There have been cases where police officials intimidated victims or even revictimised them, specifically when offenders were known within the community. This may be worse for male victims reporting sexual offences.

- The police official introduces him- or herself to the survivor.
- Police personnel offer the survivor a quiet office, separate from the charge office, to protect the survivor's privacy.
- The police official explains the procedures that need to be followed, being specific about the people who will need to interview the survivor. Survivors should be given the option of speaking to a police officer of the same gender as themselves to reduce their feelings of embarrassment. Survivors are cautioned not to make a statement at that stage because they are considered to be in a heightened emotional state that may lead to their contradicting themselves. This could compromise their case at a later stage if it goes to trial.
- The police official obtains a brief version of what happened and focuses specifically on the description of the offender and the exact whereabouts of the scene where the survivor was raped.
- The police official informs the survivor of the importance of preserving evidence on her or his body. Survivors are given detailed explanations of why they should avoid swallowing liquids after being forced to have oral sex, to refrain from washing their genitals, anus and hands, to retain all sanitary material that they used during urinating and cleaning themselves and to preserve underwear they wore when they were raped.
- The police official arranges for a detective to investigate the case.
- A team of investigators are despatched to the scene of the crime to collect evidence such as hair samples and torn clothing, and to note any signs of struggle.
- The police official arranges for the survivor to see a medical examiner as soon as possible.

ACTIVITY

Make an appointment to visit your local police station to find out about the procedures they have to follow when investigating rapes. What are some of the practical problems they have to contend with when conducting rape investigations? Record the findings of your investigation in your learning journal.

7.6.1.5 The medical examination

Convictions can only be attained if the correct samples are collected in a rigorous manner. All samples must be correctly marked and stored. Victims are not allowed to bath or shower until the samples have been collected from their bodies. This is often a deeply unpleasant and humiliating experience. Most survivors wish to wash away all traces of the perpetrator's presence on their bodies and their personal surroundings as soon as they can. The medical examination should take place as soon as possible according to the following procedure:

- Swabs are taken from the vagina, mouth and anus.
- Glass smears are prepared from samples from each of these areas.
- Pubic hairs are combed and those that fall free are placed in a soft paper envelope.
- Samples of hair with roots are removed from the survivor's head.
- Nail scrapings are taken from the survivor's fingernails.
- Blood samples are taken from the survivor. Survivors are asked to identify all persons they have had sex with in the 72-hour period prior to being raped. Blood samples are taken from these identified people in order to make DNA comparisons. DNA testing is conducted in the laboratory.
- The medical examiner informs the survivor of the importance of undergoing pregnancy and HIV tests.
- Under no circumstances may the samples collected from the survivor be handled by the person who has dealt with or is dealing with the suspect's specimens. Survivor and suspect samples should never be allowed to be stored on the same surface, as this may result in their contamination.
- The survivor's underwear is collected and placed in a fresh paper bag.

7.6.1.6 The identity parade

Survivors should be allowed to identify suspects from behind a one-way mirror. The reality is that most police stations do not have this facility and, under these circumstances, police officials should reassure survivors that they do not have to touch suspects during the parade. Having to identify suspects from an identity parade when offenders can see survivors identifying them can be very stressful and intimidating and may even retraumatise survivors. Survivors should be thoroughly prepared for an identity parade and the entire process should be explained to them beforehand. Survivors should also have someone with

them to offer them support during this process.

7.6.1.7 Medical treatment

Medical treatment is not offered at the same time as the medical examination. After the medical examination, the examiner asks the survivor to choose her or his own treatment facility. A large number of rape survivors do not have a choice because of their limited financial means. In these instances, the police department has to bear the responsibility of taking them to the nearest state hospital. Prophylactic (preventive) treatment for STIs, HIV and pregnancy should be administered as early as possible, as discussed in the preceding section. It is advisable for the doctor to refer the survivor for counselling to an organisation such as Rape Crisis or LifeLine, or a trained counsellor in private practice.

7.6.1.8 Preparation for court

Rape is a capital offence. It is a crime against the state, meaning that the rape survivor becomes the witness in the state's case against the suspect. The state has to prove that the suspect is guilty. The state's lawyer is the public prosecutor who helps the survivor to prepare evidence for court. Our South African prosecutors are heavily overworked and their cases are often remanded, causing delays in the prosecution process. This is frustrating for survivors who are desperate to put the trial behind them. While survivors are allowed to consult a lawyer of their choice for advice, their lawyer is not allowed to represent them in court. The survivor is referred to as the plaintiff and the suspect is called the defendant. The survivor is expected to tell the story of what happened in as much detail as possible under cross-examination by the defendant's legal counsel.

Even when all the necessary evidence is gathered from reliable sources and collated, a conviction cannot be guaranteed. Court proceedings are highly unpredictable. Courts are overworked and there are many delays in the form of postponements. Survivors have to brace themselves for the possibility of not being believed and/or of having their evidence questioned. In an effort to prove that the suspect is innocent, the defence attorney places the survivor's testimony under immense scrutiny and this may be highly humiliating for the survivor. For many survivors, prosecuting affords them the satisfaction of showing their accused that, while they were unable to defend themselves during the rape, they are able to stand up for their rights by fighting back in court.

Survivors' experiences during court cases may be traumatic. The defence may try to convince the court that the survivor consented to having sexual intercourse with the accused. In order to undermine the survivor, the defence may attempt to discredit him or her by demonstrating that he or she is not reliable witnesses. The defence may try to prove some of the rape myths discussed earlier, suggesting that the survivor asked for sex. The defence may refer to the survivor's sense of dress, sexual history, and so on. The defence may try to argue that the police arrested the wrong person or that the survivor mistakenly identified the wrong person. Sound advice and support are invaluable to the survivor at this

stage. Areas that supportive helpers should address are as follows:

- Helpers must help survivors to familiarise themselves with the court procedures and preparations for the court hearing.
- Helpers must prepare survivors for the long waiting periods in court, often in close proximity to the suspects.
- Helpers must help survivors to understand the legal terms and laws, as well as the common defences that may be used.
- Helpers must help survivors to clarify their expectations in terms of the outcome they expect, as well as their actual motivation for taking legal action, just in case the outcome is different from what is hoped for. The positives of proceeding with the legal process may include that survivors regain a sense of control over their lives by bringing the rapists to justice, that survivors get an opportunity to deal with their rape instead of denying that it happened and that other people can be protected by holding rapists responsible for their actions.

ACTIVITY

Do you think that rape carries a heavy enough penalty in your country? How effective is the nature of the penalty in deterring or minimising the incidence of rape? Should you believe that the penalty is not an effective enough preventive measure for combating rape in your country, suggest alternatives. Summarise your views in your leaning journal.

7.6.1.9 Post-court issues

Court proceedings are highly unpredictable; survivors may be disheartened when their rapists are not found guilty or given a sentence that does not reflect the seriousness of the crimes. This may lead survivors feeling victimised all over again. Survivors should be reminded that even though the accused may be acquitted, it does not suggest that they were not believed. It just means that the court found that there was not enough evidence to convict the accused of rape. At the start of court proceedings, survivors should be reminded of the following:

- Survivors are not to be blamed for things that happened before, during and after the rape, no matter what the outcome of their case.
- It will take time to rework their feelings and thoughts about being raped. They will, in time, be able to blend the experience into their world and live healthy and happy lives again.
- Their safety is important. Help them to take practical steps to increase their protection against further attacks. Information about rape, its causes and outcomes may empower them to proceed with their daily routine by making the necessary adjustments.

- Survivors' families and friends are also likely to be affected by their having been raped. These significant others may also feel victimised and struggle to deal with their emotional reactions such as their fears about the survivor's safety or their sadness about the loss of intimacy in their relationship with the survivor.

7.6.2 Chronic intervention

Issues relating to treatment provided for rape survivors during chronic symptomatic presentation are quite complex. The therapeutic relationship is of paramount importance. Individual survivors must feel respected by helpers, sense that helpers can follow and understand their experiences and experience helpers as genuine and willing to relinquish control to them to pace their own healing process. Helpers' role is to assist survivors in linking their past trauma with their current symptoms, to help them re-engage with their strengths and coping skills, to motivate them to challenge any misconceptions they have about themselves and their rape and to teach them new coping skills such as assertiveness, relaxation techniques and stress management techniques. Helpers support survivors during re-enactment or flashback experiences until survivors can manage these experiences on their own. Survivors' healing may follow the same patterns of the process of integration, as discussed in the previous chapter.

7.6.2.1 The process of integration

The emotional process of healing that rape survivors experience may be likened to the six-step model of the process of healing (Petty & Spies 2005) outlined for adult survivors of child sexual abuse in the previous chapter. Recovery does not occur in a linear fashion; it is a lifelong process. Individual survivors experience the stages of their healing in their own unique way. Their experiences vary in intensity, in the order in which they occur and in the duration of each stage they experience. There is a strong sense that, within six months to a year after a rape, survivors who receive qualified help regain much of their emotional equilibrium and are more confident about restoring their lives to their previous levels of functioning than those who don't receive such help (Matsakis 1996; Wade 2000).

ACTIVITY

Try to find a voluntary organisation in your community that offers support to victims of rape. In the light of their experiences of working with rape survivors, what changes do they believe need to be made to ensure that survivors receive an effective and efficient response to their requests for help? You may try contacting local hospitals, LifeLine, ChildLine, FAMSA or mental health organisations.

To what extent do you agree with their recommendations? Can you make any suggestions on issues that they have overlooked?

Attach any pamphlets or brochures that they offer to this activity in your learning journal.

THEME SUMMARY

This theme described rape as a form of sexual abuse that remains steeped in many societal misconceptions. Common myths associated with rape were identified and discussed. These myths teach survivors to blame themselves for their victimisation. They keep survivors quiet and controlled. There are many contexts where sexual offenders use threats, blackmail, violence or drugs to force or coerce their victims to perform sex acts with them. Friend rape, date rape, medical abuse, gang rape, opportunistic rape, premeditated rape, political rape, the rape of elderly people and the rape of sex workers were discussed. (Infant rape was discussed in theme four.)

Like other forms of sexual trauma, the effects of rape are compounded by a survivor's demographic factors and personal history, the nature of the sexual trauma, factors relating to the offender and the quality of the support made available to the survivor after the rape. While the wounds of rape are mostly psychological wounds rather than physical ones, these wounds have tremendous power over the different areas of a survivor's life. There are several fairly recognisable effects of rape on survivors, but these effects should never be generalised. Survivors' responses should always be seen as normal reactions to an abnormal situation. Survivors of rape should not be blamed for the offenders' actions. They need to remind themselves that it will take time for them to rework their feelings and thoughts about having been raped. However, with time and support, most survivors recover.

Helpers need to understand acute and chronic symptoms of rape and to develop interventions in a collaborative fashion with survivors who approach them for help. The stage of recovery that they are in determines the nature of intervention required. Because rape is a criminal act, helpers need to be familiar with the process of reporting rape and the necessary protocol of collecting and preserving evidence to empower survivors of rape to ensure that their offenders are successfully prosecuted.

THEME 8: MALE RAPE

Let's begin by thinking about a social reality that few people seem to talk about: male rape.

ACTIVITY

Read the following case study and answer the questions that follow in your learning journal.

Thembe Mlazi, a 27-year-old male day labourer, was offered work by two men who stopped at the intersection where Thembe and other day labourers stood every day in the hope of getting hired. The men drove him to a remote location where they all smoked dagga. Once he was impaired, he was raped at knife point. He expected to be killed, but they left him alive. Thembe found his way back home. He felt too ashamed to tell his family and friends about what had happened. He was sure that they would think less of him. He could not report the matter to the police, as he was convinced that he would be judged because he should never have marketed his services as a labourer alongside the road anyway.

Thembe found that he could not leave home in the mornings without feeling some fear. He constantly had feelings of being at risk. His friends and family started noticing that he was withdrawing. He was angry and drank more. He would not talk to them about what was happening to him. They were very concerned.

Why do you believe Thembe kept his experiences to himself? Whom do you think he should have turned to for help?

What do you think the outcome will be of his remaining silent about his rape?

Do you believe Thembe's reaction is typical of or different from men who have been raped in your community?

Do you believe the rape will affect Thembe in the same way it affects female victims of rape?

How would you know if male rape is a social reality in your community?

FEEDBACK

As in most situations, ignorance makes us less responsive to the needs of others. When things are not brought to our attention, we fail to give them adequate consideration. When most people hear about rape, they think of males raping females. People are generally

surprised to hear of men who have been raped and tend to stereotype male survivors of rape as homosexuals who are being punished for their sexual preferences. Perhaps we should begin this section by asking some questions. The ease with which you answer them and the accuracy of your responses will be good indicators of whether you are ready to help survivors of male rape.

ACTIVITY

Do you believe that the rape of a heterosexual man by another man will make him homosexual?

Who do you think are raped more frequently: heterosexual or homosexual men?

Who are the more common perpetrators of male rape: homosexuals or heterosexuals?

Is the definition of rape the same for rape between men and women as for rape between men?

FEEDBACK

I am not going to give you the answers to these questions. It is hoped that this chapter will help you to clarify any misconceptions you have about male rape. Like any area of social study, you may find that your answers may be different to mine. This is because we may view issues of sexuality and rape differently, that is, from our unique perspectives. As helpers in this area, we should avoid allowing our personal values and beliefs to interfere with our ability to assist people who have been sexually abused. On completing this theme, look at your responses again and decide whether you need to research this area in greater depth.

On completion of this theme you, the learner, should be able to:

- compare the impact of rape on males and females
- reflect upon the common themes that need to be dealt with when working with male survivors of sexual abuse
- identify myths about male rape that make it difficult for male survivors of rape to present themselves for help
- consider steps that should be taken to ensure that help that is offered to survivors of sexual abuse is gender-specific or at least gender-neutral

8.1 INTRODUCTION

It seems as though practitioners know relatively little about male sexual abuse in comparison with female sexual abuse. Even the research that is conducted on male sexual abuse tends to focus on younger boys who have been sexually abused as children. This allows for the growth of the misconception that healthy men are invincible and can therefore protect themselves against sexual violence. The dearth of literature may keep us trapped in ignorance, which may render us less effective at responding to the needs of male survivors of sexual trauma.

Few male survivors of sexual abuse present themselves for help and few crisis centres are properly geared to offer gender-appropriate interventions to male victims of rape.

It is difficult to assess just how common Thembe's experience is. While male rape is not a new phenomenon, it has not attracted the same attention as the rape of women. Scarce (1997), an academic who incorporated the voices of men who had been raped into a book about male rape, suggests that the rape of men in our communities is perhaps the most underreported and unaddressed violent crime. It seems as though the general invisibility of the problem of male rape may be linked to society's homophobic misconceptions. "Through an inability to distinguish sex from rape, our society often treats same-sex rape with the same disgust and hatred as homosexuality. This homophobia plays a key role in the shame and negligence that have surrounded male rape" (Scarce 1997:10). When a man is raped, he does not only have to contend with the traumatic consequences related to the sexual trauma; he also has to deal with the contempt of the uninformed who assume that his sexual abuse is linked to his sexual orientation. The scarcity of data on victims of male rape and the combination of cultural, social, legal and psychological issues cause male rape to continue to be a neglected issue in our society. This "silence" does little to alert males to the possibility that they can be sexually assaulted. Men are less prepared than women for having their assumptions about themselves, their fellow man and their world shattered after they have been sexually violated.

Male survivors of rape are more secretive about their abuse because they fear being stigmatised. They are often left with a deep sense of shame and humiliation for allowing themselves to be victimised. They are more likely than female survivors of abuse to be labelled inadequate, passive and homosexual. They tend to replay their abuse over and over in their minds, as they question themselves about what they should have done to prevent the abuse and why they failed to do so. For them, their rape was the result of their inability to fulfil the social expectation of men being self-reliant and strong.

In the debate on sexual abuse, men are portrayed as the perpetrators. Rarely is it appreciated that they may themselves be the victims of sexual abuse. The actual number of males who are sexually assaulted every year is unknown. Statistics of male rape would indicate that there is no epidemic of men raping men, because few men who

are raped report their assault to authorities. Scarce (1997) points out that the non-reporting of male rape sets a vicious cycle in motion: men who are raped feel isolated and alone as if they are the only ones to have suffered male sexual abuse. Police and authorities receive few reports of male rape, so they believe it is not a problem in their community. "The lack of visibility reinforces the male rape survivor's sense of isolation, and the cycle of silence is perpetuated" (Scarce 1997:10).

The principal reasons for our inability to recognise the vulnerability of men are discussed below.

There are three main reasons why male rape is not recognised as a social reality, according to Mezey and King (2000):

(1) The male sexual stereotype emphasises men's superior strength, physical size and role as initiators of sexual activity. It is more difficult to imagine a man being victimised than a woman.
(2) There is a failure to appreciate the nature of sexual assault as primarily an aggressive act, rather than one which is motivated by sexual need.
(3) For far too long, rape has been too narrowly defined as non-consensual vaginal penetration by a penis.

Ironically, it was the feminist movement that drew attention to male rape in the 1970s by portraying rape as an abuse of power. This emphasis began to shed light on all forms of rape, including the rape of men. Susan Brownmiller, a feminist scholar, published her landmark book, *Against our will: men, women and rape*, in 1975. The book includes a chapter on the same-sex rape of men in prisons. Rape of inmates is seen as an acting out of power roles within an all-male, authoritarian environment. In the prison context, the dominant males are seen to enforce their dominance on weaker, younger inmates. The dominant males expect those with less status within the prison to fulfil the role that, in the outside world, is normally assigned to women. In 1979, Groth, a male psychologist, wrote a book *Men who rape: the psychology of the offender* and devoted 22 pages to men who had raped, or had been raped by, other men. The majority of the rape survivors he interviewed had not been violated in prison settings, but while hitchhiking along highways, in woods, on beaches, on the street, in their homes, in parking garages or at work. His book helped to develop a contemporary awareness of sexual violence against men in non-institutional community settings. Several studies grounded in the fields of psychology, criminology and epidemiology have been published in the last three decades. While many of these studies have yielded contradictory conclusions, they shed light on a number of recurrent themes and trends in the field of male sexual trauma, which will be discussed in this chapter.

8.2 MALE RAPE: MYTHS AND FACTS

Because of the secrecy that surrounds the phenomenon of male rape, many people entertain misconceptions about male rape that they never check out. These misconceptions result in societal myths that perpetuate the circle of silence that surrounds the sexual victimisation of men. They inadvertently have a negative influence on societal responses, too. Scarce (1997) lists the common myths as follows:

Myth 1: Men cannot be raped.

The truth is that any person can be sexually assaulted. The laws of different countries may define the rape of men as sodomy, buggery or indecent assault, but the reality is that male rape victims experience their sexual violations as devastating acts of violence committed against their will. Even if some countries may not legally recognise these acts as rape, they are coercive in nature and represent an abuse of power.

Myth 2: The rape of men happens only in prison.

The reality is that sexual assault of men may occur at any time, in any place and to any person of any social standing. To believe that male rape is something that happens in institutional settings perpetuates society's denial that male rape happens in every community.

Myth 3: Only homosexual men rape other men.

The majority of men who rape other men identify themselves as heterosexual. Rape is an act of violence and an abuse of power, not an act of sexual passion or lust. The intention of rapists is to dominate and to humiliate their victims and not to have their sexual needs fulfilled. Men who rape tend to do so within their social, cultural and economic group, or rape those people that they have power over in society. It is therefore not surprising that the incidence of homosexual men raping heterosexual men is very low. The reality is that the fears typically associated with homosexual or heterosexual rape are greatly exaggerated.

Myth 4: Males who are raped are boys or weak adults.

We seem to be willing to address sexual violence against children because we easily believe that children can't defend themselves against adults. It is more difficult for us to believe that men may be sexually violated by others. Men have traditionally been expected to defend their boundaries and limits while maintaining control, especially sexual control of their bodies. When men are raped by other men, it seems that society tends to silence them and to erase their experiences rather than acknowledge the vulnerability of masculinity and manhood in today's world. The reality is that any male, regardless of his age, social class, race, physical strength or sexual identity, can be raped.

Myth 5: *If a man experiences an erection or ejaculates while being raped, it suggests that he actually is enjoying it*.

The reality is that in states of intense pain, anxiety, panic or fear, a male may experience spontaneous erection and ejaculation. These responses are unrelated to sexual arousal and pleasure. Rather, they are involuntary physiological responses to fear experienced by healthy males. Because so many cultures provide inadequate knowledge and education about sexuality, many people misidentify ejaculation as orgasm. In addition to these involuntary responses to rape, a male rape survivor may sometimes purposely elect to ejaculate in the hope that it will end the rape act so that the rapist will believe that the "sexual experience" is over and release him.

Myth 6: *Very few men, if any, are raped.*

The reality is that male rape is an unreported crime of violence. Many incidents go unreported because victims fear being scorned and are deeply ashamed of their failure to protect themselves against sexual abuse. Studies of male rape in England and the United States suggest that between five and ten per cent of reported rapes involve male victims (Scarce 1997). The number and percentage of rapes involving male victims is presumably much higher than this. Sadly, little is known about male rape in South Africa, although mention has been made of the problem of male rape in prisons and the sexual violation of male detainees during the apartheid era.

ACTIVITY

Can you add to this list of myths? Can you identify any other myths about male sexual trauma that are prevalent in your community? Record these myths in your learning journal.

8.3 FORMS OF MALE RAPE

Generally, people assume that male rape victims are sodomised (sodomy is anal sex). In reality, there are many forms of sexual abuse on males. In some instances, perpetrators take the victim's penis into their mouth and this is called fellatio (oral sex) or they force the victim to perform fellatio on them. Perpetrators may masturbate their victims, or force their victims into their anus. Several studies mentioned by Scarce (1997) report attackers forcing male victims to penetrate other male victims. Male on male sexual abuse may involve the use of objects such as a broom or a bottleneck in the victim's anus. Rogers (1997), who undertook research on the prevalence of PTSD on male survivors of sexual trauma, reported that the most likely characteristic of forced sexual assault was that the person had to perform a sex act on another person, with oral sex being the most common. English and American literature suggests that male rape victims are more likely than

female victims to be gang raped (Scarce 1997; Mitchell, Hirschman & Hall 1999). This is an interesting area for exploration in our South African context because gang rape of women seems to be more frequently quoted, and little mention is made of gang rape on men outside prison walls.

8.4 WHO ARE THE PERPETRATORS OF MALE SEXUAL ASSAULT?

In the literature, two differing accounts of male sexual assault are proposed: one is the view that male rape is perpetrated by offenders who are characteristically homosexual and the other is that male rape is an example of heterosexual violence.

8.4.1 Homosexual male offenders

Some research suggests that male sexual assault tends to occur between homosexual men. In these instances, there is usually some kind of interpersonal relationship between the perpetrator and the victim before the rape occurs (Hodge & Canter, 1998). Statistically speaking, a higher percentage of homosexual offenders tend to target victims under the age of 25 years. They appear to have known their victims for some time before they sexually assault them. The rape of young male victims is more likely to be committed by authority figures who have access to them, for example, authority figures in religious and cultural groups, at school, in sport settings, in youth movements or in foster care or children's homes, or their own family members. With children, the modus operandi of the offender is gentle seduction and sexualising touching for a period of time before committing rape. Perpetrators who target victims in this category tend to commit assaults on several victims, that is, they are multiple offenders. They choose times and places for the abuse when they know that help is not readily available to their victims. There is a higher level of psychological manipulation than physical control in these encounters.

Hodge and Canter (1998) suggest that apart from acts of sexual abuse carried out on younger boys, a fairly significant proportion of incidents of male homosexual rape are parallel to date rape. They explain that these incidents occur between homosexual men who have met socially or have been involved with one another for some time. The assaults tend to take place indoors, in the homes of offenders or victims. As in the case of date rape, homosexual victims seldom come forward for help, fearing prejudice and ridicule.

8.4.2 Heterosexual male offenders

Heterosexual male offenders appear to attack strangers of all ages. They more typically operate in gangs. The modus operandi of heterosexual male offenders who commit male rape involves the intimidation and humiliation of their victims. Their attacks usually take place out of doors and involve a degree of violence. Initially the violence serves the purpose of subduing the victim. Thereafter it seems to enhance the pleasure of the rapist by "feeding the primitive need to dominate other males" (Wade 2000:121).

Their victims are usually so embarrassed that they avoid reporting their assault. They fear

being mocked about their sexuality. Hodge and Canter (1998:224) explain that "victims symbolise what the rapist wants to control, punish and or destroy, something he or she wants to conquer and defeat."

In reviewing the literature on male rape, Hodge and Canter (1998) refer to the work of Groth and Burgess, who carried out one of the few studies on offender and victim characteristics. Seventy-five per cent of the offenders in their study had sexually assaulted strangers. Perpetrators of these stranger rapes gained control over their victims through three methods: entrapment, intimidation and physical force. Entrapment suggests gaining control of one's victim by deception and the use of cunning means. Intimidation suggests the use of threats or violence to coerce their victims. Physical force is fairly explanatory, suggesting that the perpetrator relies on physical strength to force his victim to yield to his demands. In these instances, rapists may even use a weapon to strengthen their power.

In a second study conducted by Groth and Burgess (quoted in the same article by Hodge & Canter 1998) they analysed 22 cases of male sexual assault. The offenders were convicted sex offenders who had to undergo evaluation at a clinic for sexually dangerous individuals. Seventy-five per cent of the offenders in this study had sexually assaulted strangers. The researchers' interviews with offenders led them to identify five motivational components behind stranger attacks: conquest and control, revenge and retaliation motivated by anger, sadism and degradation, conflict and counteraction involving issues of unresolved sexuality and status and affiliation, which is usually present in gang-related sexual assaults where peer pressure is intense. "Conquest" and "control" suggest that perpetrators need to assert their power by defeating their victims and sexual assault is used as a means to control them. Revenge and retaliation explain the motivation of perpetrators who commit rape because they have something that they want to avenge and their victims represent or remind them of what that is. When revenge is a motivating factor in rape, the rape is usually characterised by high levels of anger. A rape involving sadism and degradation is motivated by the perpetrator's need to inflict suffering and humiliation on his (or her) victim. The terms "conflict" and "counteraction" refer to rape that occurs because of an intrapersonal conflict that is experienced by the rapists. In these instances, rape is the rapists' way of trying to escape from an inner personal dilemma that is bothering them, or rape is committed to give them an opportunity to prove something to themselves and others. The final motivating factor is status and affiliation, which refers to rape that is usually committed by members of gangs as a form of initiation or as an act of solidarity. Although this study is very illuminating, the findings cannot be generalised, because the sample relied on a very specific group of offenders assessed as dangerous criminals. Such a sample may display different characteristics from those of sexual offenders who are identified through different means and in different contexts.

There are many problems involved in generalising findings from research into

heterosexual and homosexual sexual assaults. The main problem seems to be that studies use very small samples that are very specific rather than randomly chosen. These smaller studies result in contradictory findings. Hodge and Canter's (1998) study used a bigger sample and more empirically stringent research methods. Their findings revealed that male sexual assault by heterosexuals may be slightly more common than sexual assault by homosexual offenders. Fifty-five per cent of the offences were carried out by heterosexual offenders and 45% by homosexual offenders. Sixty-six per cent of gang sexual assaults were carried out by heterosexual offenders, having a motivational component of sadism and degradation. The sexual assault of homosexual victims tended to be more violent than that of heterosexual victims.

8.4.3 Female perpetrators of sexual abuse

It should not be concluded that females are innocent of committing acts of sexual abuse on males. Mounting research evidence about sexual abuse perpetration on male children at the hands of female teenagers and adults has begun to challenge the assumption that only males are responsible for sexual assaults. Because sexual molestation by females tends to be less physical and more coercive than sexual molestation committed by males, it is much more difficult to monitor its prevalence. The incidence of female on male sexual abuse could be as high as 10 to 35% in cases of child sexual abuse.

Female perpetrators, it would seem, commit fewer and less intrusive acts of sexual abuse compared to males. They tend to use foreign objects as part of their sexual acts and more verbal coercion than physical force. Sexual assaults committed by women include engaging in mutual masturbation, oral, anal and genital sex acts, showing children pornography and playing sex games. Female perpetrators reported have tended to be teachers, babysitters or day-care workers. There is some evidence that female perpetrators are more likely to be involved with co-abusers, who are typically male.

8.5 PROBLEMS ASSOCIATED WITH SEXUAL TRAUMA IN MALES

Several problems arise when one tries to assess the impact of abuse on males. Firstly, it is difficult to separate immediate and short-term reactions from reactions that are likely to be enduring. Another problem is the difficulty of separating the impact of sexual abuse on children and youths from the impact of other forms of child abuse that they have experienced. Finally, generalised statements about impact that applies to all victims are impossible because male survivors of sexual abuse are not a homogenous group. They are individuals whose family environments and developmental and cultural contexts differ widely. Scarce (1997) and other researchers (Mezey & King 1989; Mitchell et al 1999; Rogers 1997; Whealin 2001; Winder 1996) have identified several reactions that overlap and intersect; these reactions include anger, self-blame, questioning of sexual orientation and PTSD. The same factors that were cited as contributing to the enduring, harmful outcome of sexual abuse on women, were found to apply to men as well. These factors are the duration and frequency of abuse, the nature of the sexual abuse, the

degree of force used, the survivor's relationship to/with the perpetrator, the amount of post-trauma support available to the survivor at the time of victimisation, the survivor's personal history and the survivor's ability to deal with other crises in his life.

8.5.1 Stigma and shame

Males, it would seem, have a much harder time disclosing their abuse for fear of being labelled "gay" or weaklings or of being accused of "asking for it". Mitchell et al (1999) state that society tends to attribute more responsibility to male victims of sexual abuse than to females. In view of this, when males are abused they feel a sense of guilt for their assault. They feel embarrassed that they were in some way responsible for their victimisation. In a study conducted by Mezey and King (1989), less than half of the sexually victimised men had reported it to any other person. They all experienced feelings of stigma and humiliation for varying lengths of time after the assault.

8.5.2 Guilt

Many rape survivors report feeling as if some action on their part provoked the rape, or that they did not effectively resist in order to avoid their ordeal. This self-blame is not totally internally situated. Early in their self-development, men learn that they are expected to be strong and self-reliant and to be self-protectors. When they fail at these, they begin to doubt themselves. Scarce (1997:20) quotes a survivor of male sexual abuse whom he interviewed when writing about male rape: "It really upset me that I let him do that to me. I can't believe I didn't find a way to make it stop at some point while it was happening. I should have been able to, I really should have." Male survivor guilt is often exacerbated by friends, family and service providers who project this judgement of male responsibility onto survivors.

8.5.3 Post-traumatic stress disorder

ACTIVITY

Having learned about PTSD in an earlier chapter, you should test yourself to see if you can identify the kinds of problems that post-traumatic stress (PTS) reactions can produce in male rape survivors. Read the case study presented by Scarce (1997:21) of a survivor who was raped by multiple assailants and identify the typical symptoms of PTSD that the survivor is experiencing.

"I don't think I ever leave my house without feeling some fear. Even if I don't consciously think about it, there's a sense within me that I'm at risk, especially when it's dark. I'm very hyper vigilant. Nothing goes on around me that I'm not aware of. I have a hard time even paying attention. I get distracted very easily because I'm always watching. At night when I go out I am very careful about where I go. Everywhere I go I have plotted out in my mind very

quickly an escape route. That if I feel threatened, I know I've already calculated it's only this many steps to here where I know it would be safe, or there are people here and if I holler loud enough they'll hear me. I had a security system put in my house and the minute I come home I turn it on. I still wake up in the middle of the night, terrified. I wake up with that taste in my mouth. I can taste it again, that smell again. Sometimes I wake up and - the pain, anally - it feels like a knife going through me to where I almost jump straight up. When that happens, the nights are still pretty hard. I usually don't go back to sleep."

Although there may be similarities between the symptoms of male rape survivors with PTSD and the symptoms of other individuals with PTSD, their symptoms vary depending on the circumstances surrounding the assault and the aftermath. Increased reporting of PTSD responses is needed for clinicians to ascertain whether there are specific outcomes that are more common for male rape survivors. Huckle (1995) explored the long-term emotional effects in 22 male rape survivors referred to the South Wales Forensic Psychiatric Service. Common patterns of PTSD were found. Other researchers in this field such as Rogers (1997), Whealin (2001) and Winder (1996) report that men and boys who are sexually assaulted are more likely to suffer from PTSD and other anxiety disorders than men and boys who have not been exposed to sexual abuse. Embarrassment, shock, rape-related phobias, increased anger, irritability, flashbacks, intrusive thoughts, fear of being alone, sleep difficulties, avoidance of triggers, depression, anxiety, guilt, somatisation (converting psychological stress and conflict into physical symptoms), emotional numbing, lowered self-esteem and an anxious need to please others are the reactions most frequently documented. These effects can last a lifetime, especially in the absence of therapeutic intervention and a strong social support system (family or loved ones).

8.5.4 Anger

A man who has been raped may feel a great deal of anger toward the rapist, towards those who were closest to him after the assault, towards society that failed to recognise and to validate his trauma and towards himself for failing to avoid the sexual assault in the first place. Male survivors of rape report that they experience heightened feelings of hostility after the rape.

It has also been reported that male survivors of rape are more outwardly aggressive and display more anger than depression after the rape. This should not be taken to mean that male survivors do not experience depression. Instead, it seems that because of gender socialisation, it becomes more difficult for men to recognise and to express feelings such as hurt, embarrassment and inadequacy for fear that these feelings suggest weakness and vulnerability. Winder (1996:127) reminds us that "[a]nger seems to be the most available emotion to men" and for this reason, male survivors may use their anger to disguise the many other emotions associated with their abuse. Anger is usually a healthy reaction to sexual violence if and when the survivor can manage it and channel it in a constructive way.

8.5.5 Depression

Varying levels of depression, from mild to severe, are highly common among survivors of sexual violence. “Issues of addiction, increased risk of HIV infection, consideration of suicide, unintentional injury may become some of the very key areas of concern in treatment of rape-related depression” (Scarce 1997:25). In a patriarchal society, men who have been traumatised are expected to be stoic and to “get over it”. They are given considerably less permission than women to express feelings of depression, and so their depression may manifest in different ways. Men are socialised to mask their feelings as bravado or aggression, or they tend to “act out” in order to overcompensate for incapacitating feelings of powerlessness.

An associated way of dealing with feelings of depression is to “self-medicate” by using alcohol or other substances to numb the pain or the aftermath of sexual trauma. Whealin (2001) states that there is a higher incidence of alcohol and drug use among men who have been sexually assaulted than among men who have not been sexually assaulted. The probability of alcohol-associated problems is estimated to be as high as 80% in men who have experienced sexual assault, as compared to 11% in men who haven’t experienced sexual assault.

The broad assumption that male survivors of sexual abuse act out in response to their abuse may be observed in the high incidence of male survivors of sexual abuse who engage in high-risk behaviour after their trauma. A significant number of adolescent male survivors develop social problem behaviours such as sex offending, assault, conduct disorders and delinquency after their assault. They seem more prone to engage in health-damaging behaviour such as smoking, drug abuse and promiscuous sexual encounters without the use of condoms, running away or school problems leading to their suspension.

Engaging in hypermasculine behaviour is a typical way in which adult male survivors try to mask feelings of vulnerability and fear. They try to ‘‘prove’’ their masculinity by resorting to “macho” behaviours such as having multiple female sexual partners and being dominating and argumentative.

Sometimes survivors’ self-loathing, anger or shame becomes so intense that only physical pain can provide relief from those feelings. When they inflict damage to their soft tissue, their bodies release “feel good” chemicals. These morphine-like substances that are released into their bodies provide temporary relief. With time, they become psychologically dependent upon pain and so these self-mutilating behaviours are used as a regular coping response. Several studies reflect on the prevalence of suicidal thoughts among male survivors of sexual trauma.

8.5.6 Sexual identity conflicts

Sexual abuse of males tends to call into question the survivor's whole sexual and personal identity as "a man". Research conducted by Dimock (1988) revealed that sexual identity issues, particularly in incidents of same-sex abuse, could fall into two categories: confusion relating to sexual preference and confusion relating to male roles.

With reference to the first category, it seems that men who have been raped confuse the act of violence with an act of sex. Afterwards they may conclude that they have had a homosexual encounter. If they have considered themselves as heterosexual, this may lead them to question their sexual identity because of their physiological response of having an erection or ejaculating during the frightening ordeal. The physiological response seems to reinforce the mistaken belief that they must have been responsible in some way because they "obviously" enjoyed it. Lack of knowledge about the functioning of the male body allows such misconceptions about sexuality to abound. Homosexual survivors of abuse, on the other hand, may feel that they were targeted for sexual violence because of their sexual orientation and may attempt to deny or to hide their sexuality to safeguard themselves from future assault.

In the second category, male survivors may be shattered because of their inability to take control of the situation and to assert their strength and manhood during the abusive act. This shatters their assumption about who they are and the power they have in the world they live in. Because of the stereotyping of gender roles, most men are not remotely prepared for the reality that they, too, are potentially vulnerable victims. This realisation can be devastating.

8.5.7 Sexual victimisation

Attempts to understand the sexualised behaviour of juvenile sexual offenders indicate that early sexual abuse may have a disinhibiting effect on children's sexual behaviour. Two authors interested in male sexual abuse, Urquiza and Capra (1990), refer to a significant correlation between early childhood sexual victimisation of males and patterns of playing with their genitals too often and thinking and talking about sex more frequently than their non-abused peers. They cite a study that found that more than half of juvenile sexual offenders had actually been victims of sexual abuse, and explain that many of their offences were the result of these boys re-enacting their previous sexual experiences with others who were less powerful than themselves. It seems probable that young children do not have the emotional, cognitive or social orientation with which to make sense of adult sexual experiences. This may leave sexually abused males with a sense of confusion and disorientation about their experiences of abuse.

Rogers and Terry are quoted by Mezey and King (2000) for identifying behavioural responses that are more or less unique to young male victims:

(1) They experience confusion and anxiety over their sexual identity. The experience of a homosexual act contradicts the child's normal understanding of sexual relations. In seeking an explanation for why he was selected, self-blame and guilt become common responses. The boy may blame himself for having attracted the abuser. If he did not physically resist, then he begins to challenge his view of himself as masculine.

(2) They engage in inappropriate measures to reassert their masculinity. Pre-abuse passivity or unassertiveness is followed by post-abuse aggression. This may be manifested in fighting, destructiveness, marked disobedience and a generally hostile or a confrontational attitude.

(3) They often demonstrate recapitulation (imitation of the acts) of the victimising experiences. There is a tendency among victims to recapitulate their own victimisation, only this time, with themselves in the role of the perpetrator and someone else as the victim. The modes they use to induce compliance, the specific sexual acts, even the age difference appear to be patterned on the original incident.

When one takes cognisance of this, it becomes apparent why boys who have been sexually abused need to have strategies to prevent them from becoming perpetrators included in their therapy programmes. Early experiences of pervasive violence to which children are exposed are responded to with aggressive fantasies. Such fantasies are sexualised through exposure to abuse and then acted out during adolescence under the pressure of puberty and hormonal factors. This provides an explanation of why premature sexual encounters may lead a vulnerable male from being the victim to being the victimiser. Patterns of denial, minimising, power and control issues, irrational thinking, irresponsible decision making, retaliation fantasies and deviant sexual arousal contribute to their normalisation of the idea of sexually abusing others. This is a whole area of study on its own.

8.5.8 Physical consequences and somatic complaints

Anal penetration may result in abrasions and lacerations, which then lead to difficulty and pain during bowel movements. It is suggested that painful defecation may upset normal bowel patterns and contribute to constipation or encopresis.

Because of the societal forces that encourage males to be strong, their efforts to hide or mask their experiences may contribute to somatic complaints. Sleep disturbances, nightmares, enuresis and encopresis, phobias and increased anxiety are reported by some survivors.

ACTIVITY

You have now familiarised yourself with some of the more commonly acknowledged problems associated with sexual traumatisation of men and boys. For further interest and the development of your own knowledge in this field, you may wish to read the following:

Scarce, M (ed). 1997. *Male on male rape: the hidden toll of stigma and shame*. Cambridge, MA: Perseus Publishing.

Dimock, PT. 1988. Adult males sexually abused as children: characteristics and implications in treatment. *Journal of Interpersonal Violence* 3:203–221.

In your learning journal, record the main themes that need to be given consideration when counselling male survivors of sexual trauma.

FEEDBACK

According to my frame of reference, I would suggest that male survivors be treated in much the same way as you would treat female survivors of sexual abuse. There are several themes that I have at the back of my mind while I am counselling a male survivor of sexual trauma. As I choose to work from a phenomenological perspective, I tend to allow survivors to raise the issues that they consider to be relevant and appropriate and I make a sincere effort to individualise their abuse. The abuse accommodation model postulates that the quality of the helping relationship can be severely marred by providing survivors with untimely information, directing and controlling the process of recovery and developing a tendency to generalise survivor experiences.

8.6 TREATMENT OF THE MALE SURVIVOR

Many techniques and approaches that are used to treat female survivors of sexual abuse are also used in the treatment of male survivors. As highlighted in theme three, the skills and techniques that are used by helpers are largely determined by the theoretical approach that they adopt, that is, the approach that, for them, best explains sexual abuse. Even though most approaches largely determine what techniques should be used in the helping process, there are several gender-specific issues that should be considered when working with male survivors. Unless helpers develop gender-specific services for male survivors of sexual abuse, male survivors may feel marginalised and threatened when identifying themselves for assistance.

The main differences outlined in dealing with male and female survivors of sexual abuse seem to be embedded in the ways in which men and women are socialised, as well as in some basic physiological gender differences. Patriarchal cultures raise boys who are required to denounce feelings of sensitivity and vulnerability. As a result, when exposed to trauma as adults or boys, many of their assumptions about themselves, their sexuality and the world in which they live are shattered. These shattered assumptions are often at the root of many sexual identity issues that need to be clarified and resolved after sexual trauma.

Secondly, because of societal expectations for men to be strong and in control of themselves

and their feelings, a traumatised boy or an adult male is more likely to feel compelled to deny or to avoid addressing his pain. These real issues remain unexpressed and hidden. They are masked by anger and aggression. Reactions of this kind need to be acknowledged as the survivor attempts to restore control of his emotional field. The helper should find creative, non-threatening means to facilitate the appropriate expression of these feelings. Thirdly, the underreporting of male sexual abuse makes it more difficult for male survivors to present themselves for counselling. They consider themselves to be different and in some way responsible for what happened. Right at the outset they need to be reassured that they are not alone and that, by presenting themselves for counselling, they are helping to initiate societal change by making it “safer” for other male survivors to do the same. Fourthly, much publicity has been given to differences between men and women. These reports widely acknowledge that women are more verbal than men. Helpers should be mindful of this difference, as male survivors may be more reticent and less inclined to verbally express their feelings relating to abuse. Helpers should be very patient in these situations and consider using action-oriented interventions, rather than depending totally on talking about the problem. Winder (1996) explored the kinds of counselling techniques used for treating adult male survivors of childhood sexual abuse that have been used in different published studies. In brief, the main foci of treatment for male survivors should cover helping the male survivor to do the following:

8.6.1 Giving expression to feelings associated with the abuse

Finding ways for male survivors to express and to symbolise their inner experiences is likely to minimise the psychological tension that arises when they try to deny or thwart their feelings. Normalising feelings such as hurt, embarrassment, inadequacy and vulnerability may also help to relieve their sense of being “different” after the abuse. Letter writing, journal writing and autobiographical writing are ways in which survivors can express feelings associated with the abuse.

8.6.2 Recognising and altering abuse-distorted thoughts, beliefs and perceptions

Survivors may be helped to challenge these faulty beliefs and negative self-statements. Thoughts such as that they were responsible for their abuse or that their experiences will guarantee that they will have lasting sexual problems or become sexual offenders themselves need to be challenged so that they have peace of mind. Survivors need to learn to place the blame for their abuse appropriately on the perpetrator instead of weighing themselves down with self-blame and guilt for something they had little control over. It may be helpful for survivors to try to view the events, behaviours and feelings from different angles.

8.6.3 Regaining control over thoughts, feelings and actions

This is most likely to be achieved if survivors can be helped to reconnect with their personal strengths and coping mechanisms. Survivors need to rediscover their strengths and unused

resources to manage invasive thoughts that undermine their self-esteem and functioning. Related to this objective is the meaningful assistance from a helper who can facilitate the critical shift in perception from being a “victim” to being a “survivor”. Seeing themselves as survivors enables these people to acknowledge that, at the most vulnerable moment in their lives, they had the wherewithal to engage in actions that led to their physical and/or psychological survival. This realisation develops and encourages an attitude of hopefulness that leads to survivors accepting responsibility for creating an optimistic future for themselves.

8.6.4 Learning new skills such as stress management, relaxation, thought stopping, assertiveness

According to my theoretical frame of reference, I find it meaningful to allow male survivors to indicate which new skills they wish to learn. Most survivors are quick to identify which skills they want to work on in order to improve the management of their emotional and interactional worlds. Allowing their participation in this process demonstrates respect. It acknowledges that they are the “world’s greatest authority” on them. We should never forget that survivors have an inherent ability to make self-sustaining choices about their lives and their recovery.

8.6.5 Establishing a network of support

This may be quite challenging as there are few gender-specific support groups and few crisis counselling centres that offer specific services for survivors of male rape. Finding appropriate books or stories of male survivor accounts of rape may minimise survivors’ sense of aloneness. It may be helpful to assist them in identifying significant others in their circle in whom they can confide. A supportive relationship is an invaluable aid to recovery.

8.6.6 Formulating an understanding of past and present relationships and interactions with significant others

Rape often brings to the fore unresolved feelings associated with survivors’ current or past relationships and interactions. These unresolved issues may impede their adjustment and recovery from abuse. This does not suggest that helpers should delve into survivors’ personal life. It merely suggests that helpers should try to understand survivors’ reactions to their abuse against the backdrop of these other issues.

It seems as though the treatment of male survivors has just begun to receive the attention it deserves. Much still remains to be done. There is a tremendous need for additional research in this area.

8.7 THE HELPER

The role of the helper is largely determined by the theoretical approach that he or she adopts. The quality of the therapeutic relationship is recognised as the most critical variable in helping (Briere, 1992). Male survivors, like female survivors, benefit from a professional relationship where helpers demonstrate high levels of respect and support and never undermine the survivors' sense of autonomy. The quality of the therapeutic relationship should never be underestimated. However, because of some of the issues mentioned in this section, certain authors such as Rogers (1997) advise that, in order to offer gender-specific interventions for male survivors of rape, helpers should extend their repertoire of relationship skills to include specialised knowledge about different forms of male rape, socialised stereotypes about masculinity and homophobia, and a basic understanding of male sexuality and biological functioning.

8.8 DEVELOPING A GENDER-SPECIFIC RESPONSE TO SURVIVORS OF MALE RAPE

In some countries there has been a marked growth in the services available to male rape survivors. Organisations such as Men Stopping Rape, Mothers Against Prison Rape, National Gay and Lesbian Task Force, Survivors UK and Survivors Network of those Abused by Priests have been founded in Canada, England and the United States of America to publicise male rape resources and to educate everyone about this social reality.

ACTIVITY

Try to identify any organisation that renders gender-specific information and services relating to male rape in your community.

Contact them to find out what development is required to ensure that adequate, efficient services are developed for male survivors. If you cannot identify a service organisation, you may wish to make your own recommendations for changes that you believe need to take place.

One cannot expect that the development of services for survivors will eradicate the problem. A more integrated approach is needed. Scarce (1997:248–255) is a firm advocate of an integrated approach to deal with male sexual abuse and makes the following recommendations:

8.8.1 Education

First, a general awareness that men can be raped, and are raped, is necessary. Such awareness is only likely to develop when we start talking more openly about sex and

sexuality. This is a challenge to most communities because they still choose to keep these issues private. In some respects the HIV/AIDS pandemic has made people talk about sex-related matters, but this “openness” is only in its infancy and even more openness is required.

Education is likely to be the best tool to correct misinformation about male rape. Males require information about sexuality and healthy sexual development so that they can make sexually responsible decisions and safeguard their health. When people have access to reliable information about sex and sexual violence, the stigma and shame of male rape will be reduced. Information will help to develop a public understanding of rape as an act of violence that is not to be equated with gay male sexual behaviour.

8.8.2 Provision of services

The more services that are developed for survivors and their circle of support, the more comfortable male survivors will feel about stepping forward to ask for assistance. These services should include counselling, law enforcement, medical care, temporary housing and legal aid. Scarce (1997) makes an interesting observation. At the moment, services for male survivors are mostly available to those who can afford them. Fewer services seem to reach male survivors in the lower income bracket.

Services need to demonstrate a willingness to address male rape openly and to guarantee that those who come forward for help are offered safe and confidential assistance. Services should openly advertise that they serve all people who have been sexually violated and use gender-inclusive language in their pamphlets and billboards to demonstrate this. Most male rape survivors have preconceived notions that rape crisis centres, hotlines and trauma counselling hospital units only work with women who have been assaulted because their resources (pamphlets, brochures, volunteers, support groups, workshops, and so on) are women-specific. This makes it difficult for male survivors to envisage themselves as recipients of such services.

8.8.3 Research and publications

There seems to be a lack of quantitative information (statistics about incidence) about male rape at local and national levels. Absence of statistics may be misrepresented as absence of male rape when, actually, it is a social reality deserving public concern.

Another limitation in this field of study is that there are relatively few writings on the topic of male rape, especially writings where male survivors tell their stories in their own words. Much of what has been written about male survivors is written by so-called experts in the field. Writing about a particular group of people may reinforce their sense of being objects rather than subjects who are capable of controlling their lives and experiences. More research in this field needs to be developed since the studies that have been conducted have rendered conflicting results, mainly because of their intrinsic methodological limitations.

8.8.4 Prevention

Prevention can be broken down into several categories: macro-prevention, meso-prevention and micro-prevention.

Macro-prevention would be aimed at bringing about drastic social and cultural changes that would prevent people from ever attempting to commit acts of sexual abuse on others. The only way this would be possible is if people were socialised from a very early age not to stereotype others, not to dominate and to oppress others, to be cooperative rather than competitive and to devalue physical aggression as a preferred method of dealing with anger or resolving conflict. Sadly, most cultures condemn males who do not embrace the more aggressive values. Patriarchal attitudes would need to be dismantled.

Macro-changes also suggest that people's basic needs should be taken care of in an equitable manner. Unless this happens, issues such as poverty, unemployment, labour exploitation, inadequate housing and transport will continue to render many people vulnerable.

Meso-prevention involves ensuring that all males have life-skills training such as assertiveness training or self-defence classes that prepare them to defend themselves in the event of an attempted rape. Most men tend to avoid these kinds of causes because joining them is regarded as an admission of weakness.

Micro-prevention addresses the aftereffects of rape by ensuring that survivors of rape have access to adequate resources such as medical attention to prevent HIV/AIDS, counselling to lessen the degree of PTSD or well-trained law enforcement officials who respond to survivors sensitively when sexual trauma is experienced.

8.8.5 Legal reform

The law now recognises male rape as a criminal offence. All sexual offences are now gender neutral and enforceable by law. However, it should be noted that there is still a stigma surrounding male rape and the reporting of such a crime. This stigma may lead to victimisation, which in turn may have an impact on whether men report such crimes. From a legal standpoint, men have as much a right to justice and access to supportive resources as women. However, realistically, due to the mentioned stigma, the implementation of this legal right is far from ideal. Men should feel that they have just as much recourse to justice to deal with their attackers as women survivors of rape.

Police officials should receive sensitivity training regarding all forms of sexual violence. Information on same-sex sexual violence, including male rape, should be incorporated into their training. This will improve their sensitivity as they work with survivors. Their investigative techniques will ensure the proper collection and preservation of evidence from male bodies and they will be informed on how to provide equitable services to gay and lesbian communities.

ACTIVITY

Do you believe that consensual sodomy should be criminalised or decriminalised?

THEME SUMMARY

For as long as we remain unsuccessful in our efforts to reach male survivors of rape, male rape will remain an invisible crime. The stigma and the shame associated with male rape will fester, thereby compromising the services that reach male survivors. Just as a certain level of openness and honesty is required to address the HIV/AIDS pandemic, so, too, do helpers, politicians, religious and tribal leaders and the general population have to be prepared to talk openly about the occurrence of sexual violence. We have to be bold if we want to see attitudinal changes in this area of sexual trauma. The current status of our efforts to address male rape is comparable to that of the rape of women 25 years ago. We can only be encouraged by the tremendous strides taken to address female rape and put our energy into making rape a gender-neutral and age-neutral issue.

This section covered some of the exploratory studies undertaken in the area of male rape. The limited research available confirms that this is a social reality that needs much more investigation. Typical myths about male rape that have been propagated across generations were discussed. These myths continue to perpetuate the silence that surrounds the sexual victimisation of men. The perpetrators of male rape may be men or women, homosexuals or heterosexuals, strangers to the victims or acquaintances. They may be young or old and may violate victims in their own homes or out of doors.

While many of the effects of male rape are similar to the effects of female rape, gender role socialisation results in some effects being worse for male survivors than for females. Men who have been raped seem to have intense concerns about their masculinity and sexual orientation. Finding it difficult to verbalise and to process the emotive content associated with rape, they tend to express high levels of anger and high-risk behaviour. Counselling male survivors of rape involves helping them to develop meaningful assumptions about themselves, the world they live in and their purpose in life. The time has arrived for helpers in this field to develop a gender-specific response to male rape.

THEME 9: FIGHTING SEXUAL ABUSE - A MULTIFACETED APPROACH

ACTIVITY

Read the report published in a local South African newspaper on the next page.

The newspaper article is part of the activity.

Our country has a limited budget and a great number of sexually traumatised victims. Should the budget be spent on those who have been traumatised, or should we spend the money to try new and different ways of solving this social reality? Explain the rationale (reasoning) behind your perspective. Offer practical suggestions on projects that need to be developed to manage sexual trauma.

FEEDBACK

"One of the greatest obstacles to preventing and treating sexual abuse is that people do not want to see it, talk about it or believe that it happens to ordinary people, every day" (Lewis 1994: 99). Lewis, who has been active in the Centre for the Study of Violence and Reconciliation, goes on to say that a priority in preventing sexual abuse is to increase public awareness. Unless people know that there is a problem, they will not talk about it, and if they don't talk about it, nothing will be done.

9.1 INTRODUCTION

A holistic model of dealing with sexual abuse acknowledges that intervention needs to take place at three completely different levels in order that significant changes can occur regarding the extent of the problem. These three levels are as follows:

- macro-level
- meso-level
- micro-level

Other authors may refer to these levels of intervention as primary, secondary and tertiary levels of intervention (Lewis 1994, Daro 1996, Schene 1996).

WEDNESDAY FEBRUARY 2 2005

Blind eye to abuse

Reports of horrific cases simply ignored

SHEENA ADAMS

HORRIFIC reported cases of child abuse are being ignored by welfare authorities because of alleged "systemic" failures in the referral system used by provincial social development departments.

Children as young as four have been left waiting for more than two years after phoning the NGO helpline, Childline, and complaining of rape, incest and assault amongst other things.

NGOs are now lobbying urgently for the Children's Bill, currently before Parliament, to include specific measures to deal with the referral problem.

A number of case studies – many of them in KwaZulu-Natal – have been highlighted by Childline in a bid to get MPs to process the Bill more quickly.

Childline's national co-ordinator, Joan van Niekerk, said social development was failing children countrywide, but KZN was leading the pack in not addressing urgent cases of child abuse.

"KwaZulu Natal's inability to address gross cases of abuse against children is the worst in the country.

"Children have to deal with so many social problems that include orphanhood because of HIV/Aids, HIV positive parents who get sicker and are unable to give them quality care, high unemployment and grant exploitation.

"Another reason why the situation looks to be the worst in the province is because the local Childline is on the ball when it comes to picking up the non-service delivery," she said.

Van Niekerk said that service in the province had improved considerably after a meeting between Childline and the KZN Portfolio Committee on Social Development last year, but the overall situation was still not good.

In a report compiled recently by Van Niekerk, she said that most reported cases were urgent and that children could not be expected to repeatedly call for help as guardians were known to "gatekeep" children's access to social services.

"The situation remains one of great concern to Childline in that a significant number of children who require urgent contact and assistance appear to have been neglected by those who are tasked with service provision," the report says.

In one particularly galling case a young boy phoned Childline to report that he and his five siblings were being physically and sexually abused by their father, a well-known pastor in the area. Despite a formal referral to the KwaZulu-Natal Department of Welfare and Population Development and many reminders from Childline, the children have not been helped 16 months down the line.

Van Niekerk said Childline had received a fax from the department saying that the address of the family was not in their "area of operation".

Protest

Letters of protest were then sent to the district, regional and provincial offices of the department but Childline had yet to receive a reply, she added.

Van Niekerk's report also referred to complaints received by two youngsters, one 10 and the other 12, who said their stepmother was assaulting them.

"Their stepmother had put a plastic bag over the 10-year-old child's head, kicked her and forced her to perform oral sex on her. The stepmother is also HIV-positive," the report noted.

No response had been received to date from the Esikhawini department of welfare, she added.

Van Niekerk puts forward several recommendations in the document, prioritised by an urgent need for comprehensive planning and policy implementation of all social services for children.

This could be accomplished by incorporating a National Policy Framework for children in the Children's Bill, she said. Such a framework existed in earlier drafts of the legislation but had been dropped from the version currently being processed by parliamentarians.

"A National Policy Framework on its own will do much to bring all the other aspects of legislation into line," Van Niekerk told the *Daily News* yesterday.

Van Niekerk has also suggested that MPs reinsert other excised sections of the Bill, including chapters on children's rights, social security and a specialised children's protector.

"In the same way that there are consequences for the abused child who is denied assistance – either because of no or poor services – so there should be consequences for service delivery professionals who fail to do the work for which they are paid.

"There needs to be a mechanism for this and Childline appeals to Parliament to reconsider the excision of the chapter on the children's protector from the Children's Bill," she said.

Source: Adams, S. 2005. Blind eye to abuse: reports of horrific cases simply ignored. *Natal Mercury*, 2 February.

Broadly speaking, macro-level interventions refer to broad social and cultural approaches. “Macro” means large and suggests that these interventions target the broad population with the objective of stopping the incidence of a given disease or condition before it even begins. Meso-level interventions are interventions that are aimed at a middle level. They are targeted at high-risk groups in order to avoid the spread of a disease or a condition. Interventions, usually by external sources, are targeted at groups, such as families or communities where there is a risk of abuse taking place. These interventions attempt to pre-empt sexual abuse and may include efforts such as parent education and support services or safety education for children. Micro-level interventions refer to interventions aimed at a small part. Micro-interventions suggest dealing with survivors and offenders with the intent of minimising the negative consequences of a social concern and/or avoiding a recurrence. Success in combating sexual abuse can only be attained through developing well-orchestrated, well-coordinated, and well-integrated services at all these levels.

ACTIVITY

Refer back to the activity that you completed at the start of theme three (theoretical approaches). Consider the reasons why your utopian society was freed of sexual abuse. Categorise the strategies that were successful in bringing about freedom from sexual victimisation by means of macro-, meso-, or micro-interventions.

Read the following examples of intervention and decide at which level intervention has taken place. Make a mark against the term that you believe best describes the level of intervention.

Example one

Bontle (46) lived in a poorly lit section of Soweto. Commuters returning home from work at night had to walk through a clearing that was quite overgrown. This site had become a hunting ground for opportunistic rapists. Several women had been victimised on their way home from work. Bontle called a meeting with residents in her street to see what action could be taken to secure the safety of female residents. The women developed an action plan that consisted of several steps. Firstly, they met with their municipal councillor and requested that the bush be cleared and the grass burned. They signed a petition demanding that the open space be lit up at night. The women formed groups so that they never walked alone through the dangerous area.

This is an example of:

macro-level intervention ☐

meso-level intervention ☐

micro-level intervention ☐

Example two

The matron of the hospital in Scottsburg is distressed by the high number of girls between the ages of eight and sixteen who are brought to the hospital to be treated for sexual abuse. The local welfare organisations are overworked and there is often a delay in investigating cases and offering treatment to survivors of sexual abuse. The matron, together with two senior social workers from local welfare agencies, plan a new assessment, counselling and group therapy programme for the sexually abused children who are referred to the hospital. This coordinated treatment effort reduces the delay in the children receiving therapy.

This is an example of:

macro-level intervention ☐

meso-level intervention ☐

micro-level intervention ☐

Example three

Welfare agencies servicing the Point in Durban are alerted by the police that a crime syndicate suspected of sex trafficking is operating in the area. As there has been one incident of a missing teenage girl in the area, the welfare agencies decide to take the warning seriously. They present a series of workshops to pupils, parents and teachers at the local school on how children can avoid being tricked by strangers and how adults can create a safer environment for the children of the area.

This is an example of:

macro-level intervention ☐

meso-level intervention ☐

micro-level intervention ☐

FEEDBACK

Once again, it is not all that easy to decide how to classify these examples. You may have been tempted to mark more than one block. In example one, Bontle, aware of the incidents of rape, realised that someone had to intervene in the situation to stop further incidents of rape from taking place. In this instance we could say that she began intervention at a meso-level. In example two, the matron of the hospital and the social workers were fully aware of the harmful effects of sexual abuse and wanted to reduce these effects on victimised children. In this instance it appears that their intervention was at a micro-level. The last example was more difficult to classify. Because there had been one incident of a missing child, it could appear to be a meso-intervention. The fact that the welfare agencies targeted a wide group of people, namely, children, parents and teachers,

in their campaign suggests that their intervention may have been at a macro-level. In this section we will examine prevention programmes in greater depth.

It is hoped that this course has raised your awareness of the complex interaction of societal, familial and individual factors associated with sexual trauma. It is evident that sexual violence has many causes, including social, economic, political and psychological causes. You may be wondering why the discussion of the prevention of sexual abuse was left for the final chapter rather being covered at the start of the Tutorial Letter 102.

It was left for the last chapter in the hope that, by focusing your attention on the manifestations of sexual trauma, you will start thinking of ways in which this social reality should be managed. I hope that this course has enlisted you as an active agent of change of sexual trauma by now. Every learner in this field has to be proactive about finding solutions to sexual abuse that may be happening in his or her family, circle of friends, community, country and planet. As a developing helper in this field, you are likely to see things from new and different perspectives. It is important that we, young and old, survivors, abusers and helpers, experienced and inexperienced, work together to pool ideas on what is needed to create a society that can free itself from sexual abuse.

On completion of this theme you, the learner, will:

- reflect on the difference between protective strategies and preventive strategies
- be able to differentiate between macro-type, micro-type and meso-type interventions
- reflect on different strategies to minimise the harmful effects of sexual abuse on our society

9.2 PREVENTIVE VERSUS PROTECTIVE STRATEGIES

The meaning of “prevent” is to go before and block the way, to keep safe or to stop something from happening. “Preventive” suggests a range of activities that are undertaken in order to guard against things that might cause harm, disease or decay. Throughout the study of sexual abuse one becomes aware of the pervasive effects that it has on individuals, their families and society. There is no doubt that it causes damage. Would you go as far as saying it causes disease and decay? Well, when you look at the impact that sexual abuse has on the psychosocial functioning of individuals and the number of survivors and perpetrators who need remediation, then we might say its effects are potentially crippling. So if one plans to use preventive strategies to keep the world safe from sexual abuse, one has to examine practices that are potentially harmful to members of society and introduce changes that dismantle those practices.

In this instance we can see that society needs to examine the extent to which it enables its members to have their basic needs fulfilled and to self-actualise. In a society filled with people who are happy and confident about themselves, who are able to identify, to express and to channel emotions properly, who feel safe and protected, who enjoy freedom, but at the same time recognise their sense of responsibility to their fellow human beings, who have social support and who experience no oppression, it would probably not be necessary to address sexual abuse. For a transition to happen, society has to dismantle harmful practices and implement controls to safeguard people so that there will be no sexual abuse. Prevention implies critical thinking and strategic planning. While this example suggests that prevention is broad-range, large-scale intervention, prevention of sexual abuse may also be addressed at a family level. If families want to prevent their children from being sexually abused, they will be intent upon developing children who feel happy and contented, who are able to identify, to express and to channel emotions properly, who feel safe and protected, who enjoy freedom to grow, but at the same time recognise their sense of responsibility to themselves and others, who have support, who have their basic needs met and who are given opportunities to fulfil their potential.

To “protect” means to guard from injury, to keep safe, to preserve oneself, another or something. Protection means taking action or steps to reduce the likelihood of the self or others experiencing unpleasant events. A well-functioning society has certain measures in place to protect its members from harm. These measures include a responsive police service, an efficient health service, effective trauma centres, an expedient court system and remedial correctional services. Individuals can take certain steps to protect themselves against harm, too. Women can take self-defence classes, carry condoms in their bag and learn to be more vigilant. Parents have the ultimate responsibility to protect their children against sexual abuse. While they may teach their children to protect themselves against being sexually abused in some situations, they remain the primary carers and protectors of their children.

ACTIVITY

In view of the preceding discussion, do you believe that children can prevent being sexually abused? Record your response to this question in your learning journal. Be sure to provide a rationale for your answer

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FEEDBACK

The difference in the meaning of “prevention” and “protection” is significant in this field of study. It is the responsibility of a society to develop measures to prevent sexual abuse. As representatives of society, adults need to be educated about their role in developing

families that can prevent sexual abuse. Children cannot prevent sexual abuse. They can be taught certain measures to protect themselves in certain situations. Parents and families are the primary protectors of children.

9.3 MACRO-LEVEL INTERVENTION

Lewis (1994) speaks about the primary prevention of child sexual abuse rather than macro-prevention interventions. She says that there are two main ways in which primary intervention may take place: (1) children can be prepared to avoid abuse and (2) adults can create a safe environment for children. These ways of primary intervention apply to all forms of sexual abuse. Adults have to be aware of the need to protect themselves and have to work together to create a safer environment that reduces the risk of sexual abuse. The first point addresses protective strategies. People need to know that sexual abuse can happen to anyone and that we all need to protect ourselves against being abused. The second intervention involves prevention. Administrators of a country have to ensure that safe conditions prevail for all citizens. Parents and carers of children need to ensure that they are nurtured in such a way that they will not be vulnerable to sexual abuse. Throughout this course we have referred to a number of factors contributing to sexual abuse that can only be addressed at the macro-level. These factors include widespread poverty, unemployment, inadequate access to healthcare services and education and limited access to childcare and family support services. They also include cultural values about the authority and the status of males, females, children, adults and the elderly, cultural beliefs about sexuality, the appropriateness of pornography and violence (which is often portrayed in the media).

9.3.1 Sexual abuse awareness and education programmes

The first point in addressing a social reality is to create widespread interest and awareness of its existence. Public awareness of sexual abuse can be developed by the introduction of a range of education programmes designed to alert children and adults to the reality that sexual abuse happens to all people from all types of backgrounds.

9.3.1.1 Problems with early programmes aimed at preventing child sexual abuse

A multitude of child protection programmes emerged in the 1980s. These programmes used a variety of mediums such as film, theatre, puppetry, books, comics, role-play and discussion groups, which were usually classroom based, to teach children how to protect themselves against sexual assault and what to do if they experienced actual or potential abuse. The main objectives of these preventive endeavours were to teach children things such as the differences between “good”, “bad” and “questionable” touching, the concept of body ownership and children’s right to control who touches their bodies and where they may be touched. These programmes encouraged children to tell someone if they had been “touched”

by another person, even if they had been told by the person not to reveal the incident. They alerted children to a range of resources they could consult if they were abused.

Sadly, many of these programmes failed to achieve their desired outcomes. In the rush to develop a preventive response to child sexual abuse, many preliminary steps in the construction of these programmes were overlooked or ignored. Van Niekerk (1997), the national coordinator of ChildLine in South Africa, examines the difficulties that children have when attempting to transform preventive, self-protection skills into action in abuse situations. Unless those who are committed to developing self-protection skills in young children take cognisance of the shortcomings of these early prevention programmes, their efforts, too, will fail.

The shortcomings of the programmes seemed to be related to their failure to take cognisance of the following factors:

- First and foremost, the programmes failed to acknowledge that children cannot prevent being abused. As children, it is their human right to be protected from sexual abuse by society. By virtue of their age, their cognitive abilities and physical strength, and the power and status awarded to them by society, they are powerless to stop sexual abuse happening to them. Only parents, caregivers and society can perform actions that will prevent children from being sexually abused.

- The programmes did not take into consideration the disempowering influence of abused children's inner feelings. Feelings such as guilt or shame, their intense sense of loyalty to their family and the daunting reality of having to face the harmful consequences of disclosure kept children from speaking out about what was happening to them.

- The messages that these programmes conveyed regarding sexuality were confusing. Some programmes labelled certain types of touching as "good" and other touching as "bad". The message created unnecessary anxiety in some instances and had an impact on children's future sexual functioning. Children whose bodies responded to their perpetrator's sexualising touching may have been made to feel very guilty because of their having enjoyed the "bad" touching. Programmes need to acknowledge the natural sexuality of children so that they will not feel bad or guilty about their natural responses to sexual acts.

- The programmes did not anticipate that disclosure would not always bring relief to children. The responses to their disclosure from family members, together with their experiences of the child protection system, the welfare system, medical procedures and legal processes, were often extremely traumatic - as traumatic as the abuse itself. Many children who disclosed their abuse became victims of secondary wounding or trauma because of the insensitive handling they were subjected to. For

many, their disclosure resulted in their families disintegrating, leaving them feeling guilty and responsible.

- The programmes failed to consider the dynamics of sexually abusive relationships. While abusive relationships are stressful to children, they often fulfil some of the needs of children that their family or caregivers have failed to fulfil. Many children who are abused come from homes that are impoverished in some way. One or both parents may be emotionally impoverished, that is, unable to meet their children's need for affection and acceptance, and/or they may be economically impoverished, that is, unable to meet their children's need for food, education, recreation, and so forth. The relationship, the rewards they received within the relationship or the physical sensation of touching (which is often the only form of affection that they receive) reinforces their participation in the abusive acts and minimises their ability to say no. Children should not be put in the position of having to say no to adults who abuse them. The programmes often failed to stress that perpetrators of sexual abuse prey on children in need who can be manipulated easily because of their age, their inexperience, their lack of knowledge about sexual matters and their need for access to resources to satisfy their rights. Children should not be blamed for what happens to them.

- The programmes failed to take into consideration that teaching children to say no defied traditional norms of respect and obedience that were taught to children. Adults wield so much power over children that it is difficult for children to oppose their requests. Van Niekerk (1997) pinpoints three main reasons why the relationship between an adult offender and a child victim is so inequitable: the offender has more physical strength, the offender has greater cognitive abilities to persuade the child victim and the offender has greater control over resources that the child needs or wants. In an abusive situation, the child sees an adult, not an offender. Having less power than the adult, the child doubts whether he or she has the right to challenge the adult.

- Programmes failed to protect children against the physical harm that could result by defying offenders. Many survivors of sexual abuse experience other forms of abuse as well as sexual abuse. Children from violent families are petrified of disclosing their abuse because of their fear of reprisal (retaliation) by the offender.

- The programmes did not anticipate that the outcome of disclosure would not always serve the best interests of children. Often, in an effort to protect children, child welfare representatives remove abused children from the context where the abuse happened and place them in protective care. In many of these instances they are placed in places of safety among juvenile offenders. In contrast, offenders are often released on bail and remain in their home where they can enjoy the familiarity of their

own community. Instead of perpetrators experiencing the consequences of their actions, abused children are left feeling like criminals.

- Developers of these programmes failed to anticipate that the programmes would lead to parents and caregivers becoming complacent about protecting their children's sexual rights. Some parents and caregivers are happy to rely on schools, youth clubs and holiday programmes to give their children sex education and to teach them about protective sexual measures. They feel relieved because they believe that the experts have offered their children guidance on the sensitive topic they don't feel equipped to speak about, namely, sexuality. As was highlighted in theme two, sex education is a lifelong process and the primary sex educators should be parents and caregivers.

Daro (1996), an avid campaigner for child abuse prevention, reviewed several protective programmes in the field of child sexual abuse. The sizeable samples that were used to compare performance across different service models allowed her to identify what she considered to be the most critical elements of preventive services. She found that, on balance, children had greater difficulty in accepting the idea that abuse can occur at the hands of someone they know and not only at the hands of strangers. Among the younger participants, the more complex concepts such as secrets and dealing with ambivalence often remained misunderstood, despite these concepts having been covered in the programmes. Finally, while there was ample evidence that, although children learned from the programmes, they did not retain information on everything that was covered. These findings suggest that more comprehensive programmes should be developed and offered over an extended period within the broader learning curricula.

Daro (1996) concludes her report by saying that, in general, there are positive findings from the evaluations of these programmes, suggesting that some form of child-focused education is an important component of campaigning against child sexual abuse. She makes specific recommendations on what programmes should include to maximise positive outcomes. These suggestions are as follows:

- Programmes should provide children with opportunities for behavioural rehearsal where they can practise strategies that are necessary for dealing with abusive and unpleasant interactions and offer them feedback on their performance during these rehearsals. (In the light of the discussion about the difference between prevention and protection, according to my frame of reference, these programmes should be called protective programmes rather than preventive strategies).

- Programmes need to have a more balanced developmental perspective. Training materials should be carefully designed to suit the cognitive characteristics and learning abilities of the children they are aimed at. Generally, the content should be simple enough for children to understand and practical enough for them to use.

- Presentations need to be lively, interesting, stimulating and varied to maintain the attention of the children. They should reinforce the information learned. The inclusion of inappropriate stimulus material that provides children with information that they do not need or want at their developmental stage is inadvisable.

- In addition to being taught sexual preventive skills, children need to be taught other, generic concepts, including life skills such as assertive behaviour, decision-making skills and communication skills. These life skills are necessary for everyday situations, not just to fend off sexual abuse. Well-developed life skills make children feel more confident and in control of their lives. Because perpetrators are more likely to target vulnerable children, that is, children who lack confidence and who have low self-esteem, equipping children with life skills increases their capacity to avoid or to resist abuse.

- Longer programmes need to be developed and integrated into regular school curricula and practices. The content of longer programmes would include areas such as sex education, health education, children's and human rights and responsibilities, cultural diversity, as well as the life skills identified above. By making pupils aware of the range of life skills and resources available to them, we will increase their ability to promote their own protection. More comprehensive programme will enhance their understanding of other people and their responsibility towards them. Programmes are much more successful when they involve a progressive learning model rather than a one-off one- or two-day training programme, which are is often regarded as separate from the school curriculum.

- Programmes should be interactive and learning should be participatory. Adult presenters need to learn to listen to children. They should begin to hear what the significant experiences of children are. The United Nations Convention on the Rights of the Child endorses that children have the right to say what they think and feel about issues that affect them. Their opinions should be carefully listened to.

- Programmes should clearly communicate the need for adults to accept responsibility for the problem of sexual abuse. Adults need to educate one another about the problem by talking to others and developing action agendas as evidence of their commitment to changing the situation.

- More formal and extensive parent and teacher training programmes need to be developed. Teachers and caregivers have to be trained in the management of disclosure. They need to be informed about referral resources and be thoroughly familiar with mandatory reporting laws.

- Affordable and accessible childcare facilities need to be developed. Lack of reliable and affordable supervision places many children at risk. Many working parents would be relieved to have access to subsidised child-minding or after-school care facilities.

Linda Dabicharan, the director of ChildLine in Durban, says that children will always be vulnerable to sexual abuse. Intervention at a macro-level should not place emphasis on how children should be taught to protect themselves, but on how we can create a much greater awareness of this social reality and society's failure to meet their need for protection. She explains that protective programmes need to teach adults how to supervise and manage their children and how to meet their psychological, emotional and social needs. This idea will be developed once you complete the next activity.

ACTIVITY

In your learning journal, prepare the outline of a prevention programme that you plan to present to a hypothetical group. You may choose from one of two groups:

a group of parents at a preprimary school in your neighbourhood

OR

a group of teenagers between the ages of 13 and 16 who attend a local youth group in your area

Your plan must deal with the following questions:

- What is sexual abuse?
- What common myths would you like to challenge your audience to correct? How can the participants protect their children against being sexually abused? What should they do if they discover that their children have been sexually abused?

OR

- How can the participants protect themselves against being sexually abused? What should they do if they discover that a friend of theirs has been sexually abused?
- What resources are available in their neighbourhood that provide counselling services for people who have been abused?

9.3.2 Identifying and addressing factors contributing to sexual abuse at a macro-level (Lewis 1994:103–104; Lewis 1999:119–124)

Sadly, the creation of awareness campaigns and protective education for children and parents will not, on its own, prevent sexual abuse from happening.

Children will always be vulnerable for as long as broader social issues such as sustained economic uncertainty, limited access to quality housing, inadequate security, inferior education and medical care, and social acceptance of violence and prejudice threaten individual citizens' ability to protect themselves and/or their loved ones against being sexually abused. Advocating (fighting for) changes in economic and social conditions that create environments harmful to citizens, especially the marginalised (those living on the edge of society) such as women, children and the elderly, should receive the greatest attention if we want to succeed in eradicating this social problem. According to Lewis (1994, 1999), attention should be given to the following issues that are experienced as broader realities in South Africa. Although these factors may contribute to sexual offences being perpetrated in South Africa, they are by no means the only factors.

9.3.2.1 Patriarchal society

Throughout this Tutorial Letter 102 there have been ample references to the significant correlation between the extent of sexual violence against women and children, and the amount of power and/or status they enjoy in a particular society. The less power people have, the greater their vulnerability to sexual exploitation. Many sexist and patriarchal beliefs still exist in various parts of South African society today. Women and children largely remain devalued and vulnerable and a great many men need to be empowered to acknowledge the rights of women.

The pressure that society places on men to be omnipotent (powerful and in control) needs to be challenged. Men have a right to realise that they are human and are capable of experiencing and owning a whole range of emotions, not just anger. Permission to own sensitive emotions allows for their expression of feelings, and this heightens the empathic capacity necessary for meaningful relationships. The notion that the acknowledgment of women's rights will result in men's position in society being usurped needs to be countered. When men and women combine gender-specific talents and abilities, they are capable of creating a more harmonious environment in which to live and raise children. Men are less likely to commit violence against women when they see them as equal human beings and not as possessions. Failure to recognise the invasion of personal boundaries, the use and abuse of power, and stereotypical attitudes and the inability to regulate these attitudes in interpersonal relationships marginalise people. These actions overlook people's basic right to dignity and respect. Education that challenges sexism and violence against women and children is needed, not just in schools, but in all sectors of society: business, trade unions, professional associations, interest groups, and so on. The merits of programmes on gender-based violence in all sectors of society should not be underestimated.

It should again be noted that sexual offences occur in all societies, not only in patriarchal societies.

9.3.2.2 Women's economic dependence on men

Women's position in the South African economy is weaker than that of men. Because many women earn less than men do, they are often economically dependent on men. Some men believe that they "own" their wives or partners, as well as their children, and so have the right to use violence against them as a form of discipline or as a means of expressing their frustration. Unless women can be economically independent of abusive partners, they remain trapped in these exploitive situations. Worse still, their remaining in these situations perpetuates the cycle of abuse from one generation to the next. Social security, respite care and shelters should be accessible for women who need to break away from unhealthy relationships that put them and/or their children at risk.

9.3.2.3 Racism

People who have been subjected to racism are left with feelings of powerlessness. They may try to overcome their feelings of powerlessness by dominating those who are weaker than they are. The most vulnerable people in society, namely, women, children and the elderly, tend to be the victims of displaced aggression. Racism leads people to see others as less important or even as non-human and such stereotypes make it easier for people to perpetrate violence against members of other races. Education that challenges racism and that helps people to recognise and to appreciate the rich cultural diversity of our nation should make a positive contribution towards reducing racially motivated acts of sexual violence. Children need to learn from an early age to be tolerant of differences. They need to learn that all people are worthy of respect and have human rights that should always be upheld.

9.3.2.4 Homophobia

Although South Africa has placed sexual orientation under the protection of constitutional law, as with male rape, there is a wide gulf between theory and practice.

A phenomenon that is not unique to South Africa, but that has become more prevalent in our country over recent years is "corrective rape". Perpetrators of corrective rape target mostly lesbian women and view the rapes as "curative" of an incorrect sexual orientation. Corrective rape cannot be viewed as an isolated phenomenon; it is, by its nature, steeped in culture, gender inequality and social norms (Brown 2012).

Corrective rapes often involve extremely brutal acts of sexual violence and have a wide range of psychological and physical consequences, including PTSD and HIV/AIDS (Gontek 2007).

As with racism, homophobia and resultant corrective rapes have to be addressed on all levels.

9.3.2.5 Unemployment

Work is an important part of any person's life. In a patriarchal society, men are expected to be independent and to be the breadwinners of their family. Lack of opportunities to acquire skills for employment reduces their chances of securing meaningful employment. Unemployment threatens a person's sense of self and is often interpreted as personal failure. South Africa's unemployment rate is extremely high, especially among the youth. Young men struggle with their inability to be independent of their families. They are forced to live with family because they are economically dependent upon them. Discontentment over work conditions, racism and not being able to find suitable employment generates feelings of anger and powerlessness. These feelings are often vented on non-threatening targets such as a partner, an unsuspecting stranger, a child or an elderly person. National employment-creating drives, skills development programmes, small business development programmes and the fostering of an entrepreneurial culture need to be addressed if South Africa is serious about ensuring that all people have access to meaningful work opportunities.

9.3.2.6 Relative deprivation and poverty

South Africa is characterised by structural deprivation, unemployment and underdevelopment in certain sectors. Although poverty, hunger and unemployment do not automatically lead to violence, in combination with other factors, they contribute significantly to increased levels of crime. Poor living conditions make people feel powerless, and people may turn to violence to restore their sense of power or self-esteem. Great differences in wealth, development and access to resources operate as incentives for criminal activity to those who are deprived. Ironically, it is often the poor who are the primary targets of violent crime because they are more accessible and unprotected. The rich have access to more resources that can protect them from the harm that can be caused by criminals. The government needs to transform the police service and the legal system to regain control of crime. This will encourage the public's confidence and trust and perhaps even restore a community sense of morality.

9.3.2.7 Alcohol and drug abuse

Some people use substances in an attempt to escape the stress they feel because of problems such as financial or relationship difficulties. While alcohol and drugs may make a person feel better, they also make it easier for the person to express and to act out feelings such as anger. South Africa is struggling to deal with a threateningly high incidence of substance dependence among its youth. Unless substance abuse is taken seriously, it will generate a myriad of secondary problems. Preventive programmes must help the youth to find meaningful ways to manage their life stresses and alert them to the dangers of substance abuse.

9.3.2.8 The culture of violence

A culture of violence means that many people in a society think that violence is the most effective way of solving problems and use violence to achieve their goals. The large number and easy accessibility of firearms contributes to the culture of violence in South Africa. This is clear in the high incidence of violent robbery, rape, murder, assault and taxi violence. Political violence seems to have given way to senseless criminal violence, where the acts seem to become more and more abhorrent. Crimes appear to becoming more violent as perpetrators seek excitement and alleviation from their feelings of powerlessness. Programmes need to be developed to correct the emerging culture of violence.

9.3.2.9 Problems regarding the criminal justice system

The shortcomings of the criminal justice system, represented by the police and the courts, aggravate the problem of sexual abuse. This may be through insensitive, judgmental behaviour that prevents victims, particularly women and children, from reporting sexual abuse. There is a sense of futility because of the police's inability to arrest offenders and the criminal justice system's inability to convict them. At present, many victims are likely to feel unsupported and hopeless as a result of the ineffectiveness of the criminal justice system. The failure of courts to protect the public from dangerous criminals by granting them bail on presumption of their innocence has been the subject of controversy. Offenders are released, only to offend again. Poor police treatment contributes to the fact that rape is one of the most underreported crimes. Lewis (1994) quotes Vogelman who explains that underreporting increases the incidence of rape because it allows rapists to be more confident that they will escape conviction.
Sex crimes committed against all people need to be taken seriously. Members of the criminal justice system need to understand the dynamics of sexual abuse before they can effectively work in this field. They need special training in how to deal with survivors of sexual abuse, and opportunities to explore how their attitudes about sexual abuse affect their work with survivors and offenders.

9.3.2.10 Social change, as in the transition to democracy in South Africa

Social change often leads to stress and feelings of insecurity and helplessness. Increased levels of crime and disappointment in the new government's ability to fulfil its promises may lead to a sense of hopelessness. At this point in time, government institutions who are responsible for promoting justice and providing healthcare and welfare services cannot cope adequately with the volume of traumatised survivors requesting services. Victims suspect that the government cannot control the situation through the criminal justice system and this worsens their levels of insecurity and fear. This negativity "boosts criminals psychologically by contributing to their sense of impunity" (Lewis 1999:124).

Greater employment opportunities, better living conditions, a decrease in racism and a

democratic political system have been proposed as means of reducing levels of aggression within families (Eagle & Vogelman as quoted by Lewis (1994)). The creation of these improved conditions is central to addressing broad societal issues concerning sexual abuse.

South Africa needs to develop and implement policies that address social, political and economic conditions to ensure that the basic human rights of her people are met.

Legal reform may be a powerful initiative that can be used to combat the harmful effects of sexual offences. The Sexual Offences Bill, once passed, will bring welcome changes, as outlined earlier. It is hoped that when enacted, the Sexual Offences Act will tighten the control on the abuse of children through others who use them for child pornography and child prostitution. It should offer victims of sexual abuse greater protection than the unamended Act has done. The amendments proposed protect victims of sexual abuse, to some extent, against further victimisation during court cases because the onus will be on the offender to prove that the sex act was consensual; the onus will not be on the victim to prove that the sex act was non-consensual. The amended legislation addresses the shortcomings of the old Act by offering a more inclusive definition of rape, conveying recognition that all acts of sexual abuse are potentially harmful, not just acts involving penetration of the female sex organs. It also introduces a new section that enforces that any offender who has been found guilty of sexual offences has to report his or her offence when seeking employment in any setting that services children. Clearly, this legal reform is a positive measure to address the shortcomings of the old legislation. Sadly, we still need to develop a more efficient task force that deals with cases relating to missing and exploited children.

9.4 MESO-LEVEL INTERVENTIONS

Social and family relations are factors that increase or decrease the risk of sexual abuse. Unhappy families that experience regular conflict tend to fail to meet their members' needs for acceptance and affection. They are often the breeding grounds for vulnerable members of society. These vulnerable members are usually targeted for sexual victimisation. Healthy family relationships characterised by family members who feel free to share their concerns with one another reduce the risk that the members will turn to others for unhealthy attention. It appears as though the most important protective factor for at-risk children is for them to have a positive relationship with at least one supportive adult.

Working with parents, individually or in groups, may provide them with the support, therapy and education necessary to strengthen their families. Important ideas that need to be endorsed are as follows (Schene 1996; Van Niekerk 1997):

- Building a happy marriage between parents teaches children about healthy, loving and caring relationships and increases their sense of emotional security.
- Parents or caregivers are in the most powerful position to offer children in their care positive messages about themselves. They are the primary providers of affection and acceptance for their children.

- Communicating with children regularly sends them the message that there is nothing too bad to talk about in the home. Parents and caregivers need to know how to listen to what children have to say, especially when the issues that are worrying them are difficult to talk about.
- Parents and caregivers need to be educated about what constitutes child sexual abuse and what the typical indicators of abuse are in children, including PTSD. If a child tells an adult about abuse, the adult should know that children seldom lie about this subject. They need to learn that they are ultimately responsible for the protection of children. In view of this, they should never make their children feel responsible for being abused, as the responsibility for sexual abuse always lies with the perpetrator. It is the perpetrator who makes the conscious decision to abuse. The offender's decision to abuse may have been based on illogical thoughts or feelings, but it remains a conscious decision. Adults need to be responsible when they suspect that a child may have been abused and should take the necessary measures to protect them.
- Parents and caregivers should be aware of the options that are available for reporting sexual abuse and for obtaining help. Options may include crisis counselling services (e.g. Childline, LifeLine, the Child Protection Unit, social workers and the governmental welfare service). Getting help for family issues should not be stigmatised, thereby ensuring that it becomes easier for affected adults to turn to relevant sources for help, especially if they recognise themselves as potential abusers.
- Parents and caregivers should scrutinise their attitudes and values regarding relationships and sexuality. They should accept that the most powerful teaching method is to model desirable behaviour. In fulfilling their roles as primary carers they should be mindful of the messages that they pass on about sexual responsibility and gender issues, and the responsibility for demonstrating acceptance and affection in relationships.
- Parents and caregivers need to share age-appropriate information about sex and healthy sexuality with their children, shaping their behaviour according to the sexual values appropriate for their family. Being honest about sex is important. They should teach children about privacy regarding body parts. They should offer clear rules and guidelines for sexual behaviour. Children need to be helped to understand that sex should be reserved for responsible adults within the context of a meaningful relationship.

Schene (1996) outlines the consensus that emerged among many organisations in the United States of America to develop a family service system that was different from the clinical one that they had used for many years. The new approach proposes that communities should engage in shaping their resources to achieve jointly negotiated goals for children and families instead of having individual agencies run individual programmes with individual funding sources. This represents a major paradigm shift towards participatory, cooperative and coordinated service delivery, not unlike the changes in welfare services

proposed by the White Paper for Social Work (1997). The White Paper (1997) is a South African document that was drafted by professional social workers, largely from the state, to change the focus of welfare. It proposed sweeping changes to the South African welfare policy. It is responsible for reshaping social work, making it more developmental, empowering and community based as compared to the previously emphasised remedial model that was geared mainly towards working with individuals and their families. The points agreed to alert us to possible meso-interventions that can help to strengthen families. These are their proposals:

- Early intervention and prevention services should be in place to help children and families before problems intensify. Using voluntary visitation services to pay post-natal visits to young families is one example of an early prevention service.
- A comprehensive system that provides for the basic needs for housing, health, food, clothing, and so on of families and their children is required. Creating this system would depend on the macro-sphere acknowledging the need for such a system and providing the infrastructure required for this to occur.
- Intervention in abuse cases must move beyond investigation and placement, and include assessment and services. Addressing the first part, investigation and placement, ignores the important function of reducing the harmful effects of sexual abuse by helping survivors to develop and to implement treatment goals to recover from their traumatic experience.
- Community systems of care will be developed where schools, courts, mental health institutions, law enforcement institutions, social services and substance abuse treatment institutions will work together.
- Widespread efforts will be made to destigmatise and/or to normalise parents' need for help. This may be achieved by offering preventive services such as voluntary home visitation of new parents and by establishing decentralised family resource centres and community-based natural points of access to help.
- It is essential that all support and services provided are located at neighbourhood and community level.

Service systems must be more culturally competent.

9.4.1 General safety rules for children

Parents and caregivers may reduce the risk of child abuse by instilling the following rules in their homes:

- Children should never be left unattended or unaccompanied by a trusted adult at public places such as supermarkets, public swimming pools and cinemas.
- Children should be taught to go into a shop or a crowded place to ask for help if they are lost. They should know their address and telephone number from an early age, and be taught how to call from a public telephone as soon as possible.

- Children should be encouraged to leave any situation in which they feel uncomfortable and to inform an adult about it. They should decide, beforehand, to whom they should go if their caretaker is not available. They should be reassured that it is permissible to offend people's feelings when they feel scared or mistrustful.
- Children should be discouraged from visiting public toilets alone. If the parent or caregiver and the child are not of the same sex, the adult should stand outside the door and tell the child to scream if anything happens.
- Children should always report where they are going, with whom they will be and when they expect to be home. They must provide contact numbers of adults who will be taking care of them.
- Children should always be encouraged to travel in a group when they use public transport, walk home from school or visit the shops. Being in a group is much safer than being alone.
- Parents and caregivers should always know who their children's friends are as well as who the friends' parents are. Children should not be permitted to sleep over at homes of families who are not well known to the parents or carers.
- Children should never open the door to strangers when they are alone at home. If someone phones, they should say that their parents are busy and will call back later.
- Children should not be allowed to play in dark, deserted places. They should be discouraged from playing outside their property alone.
- Children should know that there are good and bad secrets. Sexual molestation is a bad secret that should never be kept. Children need to learn that whenever someone says "don't tell your parent", it is a good way of knowing that whatever the other person is asking them to do is wrong, unless it is a pleasant thing to surprise them. Children should be taught that when they are threatened or forced to do things or when they fear for their safety and are asked to promise not to tell anyone, that this a promise that can be broken. They need to know that it is wrong to expect people to keep secrets when they, or someone else, is being harmed.
- Children need to know that they have a right to privacy and there are certain parts of their bodies that only they may touch.

ACTIVITY

In your learning journal, record your responses to the following questions:

"As a society we are becoming very angry with people who sexually abuse children." (Kemp 1998:180)

Should society try to treat sex offenders or punish them? Why or why not?

FEEDBACK

The issue of providing treatment to offenders is a sensitive one. People tend to be so angry about the fact that sexual abuse and sexual offenders even exist that the whole idea of providing offenders with treatment receives much criticism. While many people advocate that offenders should be punished with lengthy prison sentences, the reality is that they will eventually be released and return to civilian life. Unless they have been helped to correct their attitudes towards others and taught to deal with their impulse to use others for their own gratification, they may resume committing sex crimes. On release, it is more difficult for them to find employment and this may lead to them feeling even more vulnerable and powerless - a central motivation for rape.

ACTIVITY

The available literature suggests that children and adolescents commit a substantial amount of the sexual abuse of children.

How should we distinguish between youthful offenders and adult offenders? Should we treat them differently?

Should we remove them from our community?
Will these actions make them better or worse? Please explain your answer. What kind of treatment should we give them, if any?

FEEDBACK

A major challenge facing mental health and legal practitioners is that the age of offenders is getting younger and younger. As in the case of adult offenders, juvenile offenders have many social difficulties. They struggle with low self-esteem, social isolation and poor social skills. Some exhibit severe behavioural problems. Many come from troubled families who fail to satisfy their need for care, nurturing and protection. Many have been sexually victimised themselves. Failure to intervene increases the risk of young perpetrators developing into habitual sexual offenders. In view of this, it makes sense that they be directed to some form of intervention where they can address their problems and be helped to find socially acceptable means of having their needs satisfied.

9.5 MICRO-LEVEL INTERVENTIONS

9.5.1 Micro-level intervention with offenders and survivors of sexual abuse

9.5.1.1 Interventions for offenders

Developing a micro-intervention programme for sexual offenders is very difficult because, as pointed out by Kemp (1998), there has been no success in finding consistent profiles that accurately characterise them and so the development of treatment programmes is more challenging. Traditional approaches used in work with offenders have included social casework, group work and psychotherapy to address these difficulties. For incestuous families, interventions may include training in parent-child interactions, child management techniques, better stress management and reduced aggression. Punishment in the form of incarceration does little to enable offenders to modify their sexually inappropriate behaviour because it fails to make them conscious of the reasons why they engaged in abusive behaviour in the first place or how they can correct their behaviour. Treatment programmes for offenders should be individualised. Murphy and Smith (quoted in Kemp 1998) identify several common themes that are regarded as significant in offender treatment. The main elements are

- confronting offenders with the reality that their actions were abusive by breaking down any of their defence mechanisms such as denial, rationalising and minimising that prevent them from accepting full responsibility for their actions
- identifying any risk factors that could threaten the safety of their victims or society at large to minimise the chances that they will reoffend
- decreasing any cognitive distortions that they entertain so that they no longer try to justify or rationalise their abusive actions
- increasing their empathy for victims so that they begin to see the impact that their actions may have had on the victims' lives
- assisting offenders in developing skills that enhance their social competency
- decreasing offenders' deviant arousal responses by carefully planning and manipulating the environment
- providing offenders with opportunities to review and to rework their own experiences of abuse (if applicable)

It is generally accepted that, in order to be rehabilitated, offenders need to realise that their actions were abusive and harmful. Cases handled by following the legal process may have advantages in some respects, because the legal process has the power to make offenders acknowledge that they committed a crime that is punishable. In instances where they demonstrate remorse and a willingness to be rehabilitated, they may be directed to formal offender programmes. Jail sentences may be suspended on condition that they do not reoffend and cooperate with the treatment programme that is developed for them. Community service and house arrest are two alternatives to incarceration (which often has disastrous consequences for a family who cannot afford to lose their breadwinner). When

community service is used, close supervision is necessary. The helper and the probation officer need to make sure that the offender is not placed in a tempting situation and that potential victims are protected. Despite the general public's belief that there should be strong laws aimed at sex offenders, it is clear that we need treatment programmes. Clearly, unless offenders are held accountable for their abusive actions, they are at risk of becoming multiple offenders.

9.5.1.2 Interventions for survivors

Micro-level intervention aims to minimise the effects of abuse on survivors and their families.

Kemp (1998) states that controlled research into the helpfulness of psychotherapy for maltreated children seems to show that it is moderately to highly effective in helping them. The gains that abused children make during therapy appear to be long-lasting. Counselling of adult survivors of sexual abuse and rape is also generally considered effective. This course has undertaken to provide the prospective helper in this field with an insight into what intervention entails. It does not equip one to be a specialist in this field. There are many aspects related to helping survivors of sexual trauma that cannot be addressed in a course of such a short duration.

Services for sexual abuse victims are specialised. They may be provided by psychologists, psychiatrists, social workers, nurses and theologians. Professional services may be offered by practitioners who are in private practice or who are affiliated to hospitals, universities, governmental welfare organisations, non-profit-making organisations and religious organisations. It is essential that survivors and their families who utilise these services know that the practitioners are properly trained to render a professional counselling service in this field.

Individual counselling provides survivors with an opportunity to re-examine the abuse and to rework any faulty assumptions about themselves, the world they live in and the meaning they attribute to life that the trauma may have caused. It is a short-term process involving between eight and twenty sessions. Counselling of parents, partners or caregivers of survivors is also necessary. A caring, supportive person has an important influence on the outcome that trauma has on the survivor. A supportive significant other may help to increase the survivor's sense of security and self-worth. Significant others may have many feelings associated with the abuse of their loved one that need to be addressed.

The benefits of group therapy are encouraging. While most groups are facilitated by specialised counsellors, one must remember that the history of the development of services for survivors of rape lay deeply entrenched in the development of the self-help movement. Groups of women who had the experience of having been raped in common came together to support one another and to rework the effects that their trauma had on their lives. Many survivors of sexual trauma do not present themselves for counselling. Some prefer to work through the trauma on their own. Others prefer to use self-help programmes presented in book form.

You can read the following books for your further development (not for examination purposes):

Bass, E & Davis, L. 1988. *The courage to heal: a guide for women survivors of child sexual abuse*. New York: Harper Collins.

Matsakis, A. 1996. *I can't get over it: a handbook for trauma survivors*. 2nd edition. Oakland: New Harbinger.

THEME SUMMARY

This theme focused on semantic differences between prevention and protection. Prevention of sexual abuse should be a societal responsibility. Each and every adult citizen in South Africa should regard it as his or her duty to reflect on the attitudes, practices and customs that may be responsible for the high incidence of sexual abuse. Individuals need to be challenged to adjust their attitudes to the social realities around them, instead of turning a blind eye. Protection suggests that measures need to be taken to reduce the likelihood of sexual abuse happening to groups and individuals who have been identified as at risk. We may equip children with strategies to protect themselves against some forms of abuse, mainly stranger abuse, but we cannot expect them to protect themselves against being harmed within their homes. Only parents, caregivers and society can offer them that kind of protection. Prevention of sexual abuse has to be integrated at different levels: macro-, meso- and micro-levels. A number of suggestions that the literature provides in respect of developing a multifaceted approach to combating sexual abuse were outlined.

Macro-level interventions involve the development of broad social and cultural approaches to stopping an issue before it becomes a problem. Meso-level interventions are interventions that are targeted at high-risk groups to avoid the spread of the social problem or condition. Micro-level interventions are those interventions that deal with the negative consequences that a social concern has for those people who are already affected by it. Interventions appropriate to each level were listed. The interventions suggested are by no means exclusive or exhaustive. Each and every learner has enormous potential to make further suggestions. Success in combating sexual abuse will only be attained if all people, at all levels of society, engage in creative strategising. This is a developing field of service and we can expect it to undergo enormous improvements in the future.

YOUR FINAL ACTIVITY

Review the different levels of preventive interventions. Consider your personal strengths and capabilities, your occupational direction and your standing in your community, and decide at what levels you are able to fight sexual abuse.

What levels do you think you will be most comfortable working in? What levels do you think you should avoid working in?

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