PSYCHOLOGICAL TRAUMA: DISCOURSES OF CHILDHOOD SEXUAL ABUSE

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ABSTRACT

There are difficulties with the ways in which childhood sexual abuse and its consequences have been conceptualised and studied. This thesis takes a critical and reflexive approach in examining conventional, dominant ideas about psychological trauma following the sexual abuse or molestation of girls. The empirical and clinical literature in this area is reviewed, to contextualize two studies in the first part of the thesis. Case studies of three women who disclosed childhood sexual abuse as a major problem area in psychotherapy are presented within a psychodynamic framework; the therapeutic issues which emerge are ones common among women. A prevalence study of child sexual abuse experiences among a sample of university women students is then presented and compared with North American studies; the prevalence figure of 44% is discussed in relation to the methodology used, which was informed by feminist conventions of a supportive, non-intrusive group setting, providing educational input as a therapeutic intervention. Given that childhood sexual abuse is a common experience for girls, a conceptual analysis of psychological trauma is developed. In Part II of the thesis the methodology is informed by the importance of linking current ideas about ideology with language and social practices, in an investigation of themes of power/knowledge in relation to the issues raised in Part I. Verbal and written texts gathered from a group of women were subjected to discourse analyses. In the third study presented it is shown that the professional discourse concerning the traumatic effects of child sexual abuse is pervasive in discursive themes elicited from lay women. This is interpreted as an example of the production and reproduction of knowledge which perpetuates existing power structures (lay/professional; female/male; child/adult); anomalous themes are understood as agentic strategies of resistance. In the fourth study presented, discourse analysis of spoken and
written texts collected from women showed the extent to which fears and anxieties about childhood sexual abuse affects the lives of girls and women in a South African sample, and the forms these fears take. Interpreted as discourses of female control, every girl is placed and has to place herself in relation to these discourses, in which she invests in various ways. The conclusion is that the individualization of specific events of sexual abuse obscures the everyday discourses and discursive practices which govern the lives of girls and women, against which they may struggle. These constitute aspects of the interpellation of female gendered subjectivity. The conflict areas and problems which bring women to therapy are related to being female in a particular socio-historical context, rather than to experiences of childhood sexual abuse.
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PART I
CHAPTER ONE
OVERVIEW: THE ARGUMENT AND BACKGROUND

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Introduction

This dissertation has developed on the basis of twelve years of reading and thought about the connections between social structures of power and the development of individual subjects within these structures. There is no doubt that each individual plays a role in the maintenance of existing hierarchical systems, those who are members of structurally disadvantaged, or oppressed, groups playing no less a role than those who are advantaged. It is clear that psychological processes play a significant part in the situation which exists in contemporary western society, where patriarchal formations constitute the dominant force. The ways in which women participate in the production and reproduction of these formations demands investigation in very specific aspects of social life.

There are two major thrusts to this dissertation. The first concerns childhood sexual abuse and an examination of widespread ideas about damaging effects associated with this phenomenon in western society. The second concerns the ways in which women as an oppressed group are structured into apparent collusion with their oppression; an interpretation is offered as to how this may come about, in relation to one particular aspect of experience and ideas about it (sexual abuse).

At first it might not seem obvious that there could be a link between these two
areas. In the course of this dissertation links will be identified. These are to
be found in the pervasiveness of certain sets of ideas and their expression
through discourse about sexual abuse and discursive practices involved in
safeguarding children (especially girls) from sexual abuse. The lives of girls
and women are shaped by expectations of sexual abuse and it is against this
background that events of this kind must be contextualized and understood.
This perspective offers a way to understand how the socially structured power
of men may be incorporated, reproduced in the gendered subjectivities of
women, and reflected in the personal styles and agentic choices they make.

Ideas about the damaging effects of childhood sexual abuse are held by most
people in western society TODAY. Barely mentioned in the earlier literature,
since the 1970s a number of prevalence studies suggest increasing incidence of
childhood sexual abuse wherever studied in the western world. There are
numerous reports of traumatic effects. Ideas about the traumatic effects of this
experience have led to a search for these consequences, in children and in
adult women, for ways to detect affected children, and as an explanation for
current problems in the lives of adult women. Although occasionally researchers
report that traumatic effects are difficult to establish, there is little discussion
about the absence of such effects. Absence of effects seems to be regarded as
anomalous.

It is argued here that, against the background of women's oppression in
western society, specific effects of childhood sexual abuse may become diffused
(except in particular forms, e.g. extremely violent or physically harmful cases).
Since girls and women grow up in a climate in which there is considerable
anxiety about the sexual abuse of children, this has its own consequences.
Actual experiences of abuse or molestation, and their effects, as well as concern
about these phenomena, may be usefully understood as part of contemporary
socio-political power structures. Certain issues are lifted out of an overall
picture of oppression, for professional and lay attention, for a range of reasons. Without an analysis of the power processes involved, studies of child sexual abuse are likely to lead to depiction of dangers in individual situations and, as a result, in individual precautions and cures. Ideological processes, linked to socio-political structures, pervade all symbolic systems present in particular social contexts, and they are present in the ways in which childhood sexual abuse is discussed, researched and dealt with (Taussig, 1980; Therborn, 1980). There is a great deal of talk about specific forms of sexual abuse of children (Ennew, 1986), little of it critically informed concerning broader social links, or reflexive in close examination of current practice.

The issue at stake in the area of sexual abuse is the potential of unquestioned assumptions involved in contemporary research and practice, and in everyday talk about childhood sexual abuse, to increase and consolidate the oppression of women and children in various ways, while appearing to be liberating.

In the first half of the dissertation (Part I), prevailing ideas about childhood sexual abuse are presented and discussed, along with clinical material concerning adult women who have disclosed this history in therapy. The major thrust of the thesis necessarily finds its form most fully in the second half of the dissertation. In Part II the ways in which women talk about childhood sexual abuse and its effects are documented and analysed in relation to professional discourses. Women's written and verbal accounts concerning child-rearing practices in relation to the potential sexual abuse of children are then subjected to analysis of discourses, as social texts. These approaches highlight the place of ideology (dominant discourses), a perspective which has been neglected in previous research in this field.

Little discussion has attempted to place childhood sexual abuse within a particular historical and social context, or to examine the phenomenon (and
discussions of it) in a critical and reflexive way. In particular I will argue that much relevant current debate in social psychology and sociology has not been incorporated within the literature on child sexual abuse. It is my intention to open this discussion.

Such discussion will question, and potentially dislocate, deterministic notions of fixity which contribute to ideas about child sexual abuse and the effects of such experience. The regulation of patterns of social difference and power dynamics will be examined. An analysis of some of the forms which perpetuate modern notions of children, and social behaviours and ideas involved with being female (bound up with ideas concerning sexual abuse), should illuminate some of the contradictions involved in ideological processes. Furthermore, coping strategies used by women and children in this context will be sought, within the premise that although structured in ideology each human subject is above all an active one (Therborn, 1980).

These reformulations could be helpful to sexually abused children and women and to those working with them, in the long range, but it must be made clear at the outset that the aim of this study is not an immediately practical one. I am interested in exposing and examining some of the configurations of power as they are expressed in a specific context, believing that those who work in this area need to understand the ramifications of such practices.

There is a pervasive atmosphere of pessimism in this field of study. The term "a fate worse than death" springs to mind. It is felt that this is true both for the individuals subjected to these experiences and for those studying and helping them. This is an understandable negative approach, one which fits into the broader scenario of contemporary concerns in social science and clinical practice. In the area of child sexual abuse most effort has gone into the care of the casualties. However, what we have are discourses and discursive
practices which are intended to be helpful but in fact perpetuate existing power structures. A great deal of attention is paid to victims of one kind and another, little to the perpetrators (equally caught up in the problem) where perpetrators are involved, and even less to the broader contextualization of the phenomena. Finally, little attention is directed at notions of resilience and active resistance which always need to be recognised to characterize the strategies of the socially powerless.

There is growing preoccupation with the extent to which childhood sexual abuse occurs in western society. Certainly in South Africa today there is what might be termed a "moral panic" (Hall, Critcher, Jefferson, Clarke and Roberts, 1978) about children and sexual abuse. There are frequent media reports of scandalous events and arrests, interviews with runaway children, and statements in the press, on television and radio, by authoritative figures such as social workers, psychologists and policemen, about the damaging effects of this kind of experience on the children concerned. Workshops are taking place in which social workers, psychiatrists and psychologists talk with one another about abused children, with anxious parents, or with women who have been sexually abused as children. The discourses used in these varied contexts largely reflect the ideas and views expressed in mainstream psychological journals or professional mental health literature.

Several things are strikingly apparent. Women professionals working as mental health researchers or as clinicians (including the writer), rarely disclose or talk about their own experience of sexual abuse. This suggests that threat of stigma silences this group because it threatens their powerful status - as "undamaged" individuals and as professionals. Police investigations, which rarely result in convictions, most often involve adult men who are strangers to the children. This suggests that the current system of justice and punishment does not work for the benefit of women and children, and that the common situation of
Intrafamilial sexual abuse is not represented. The public outcry occupies a great deal of media space. In South Africa this occurs in the current climate of strongly repressive State censorship of information about daily apartheid-related violence and counter-violence, in an atmosphere of considerable anxiety about the ongoing South African revolution. Events of child sexual abuse selected out in this manner, while morally significant, are highlighted as individual ills or crimes and take place against a semi-invisible background of violence: sexism and racism. The structural violence (Degenaar, n.d.) of male domination is pervasive and rarely commented in South Africa. Racist discourses and practices are remarked and modified in small tokenist ways, but continue in other major ways. A range of forms of oppression are invisible because they are rendered "natural" through everyday talk and encounters. The selection of particular events and small parts of a picture in this way makes the violence associated with structural power less visible, by focusing attention on particular cases, specific individuals, token progressive moves, and away from the fundamental and broader structural issues of gender, race or poverty. This is how ideology works.

In the mid-1980s the situation of power and dominance of Whites over Blacks is deeply entrenched in South Africa. It could be said to be overdetermined. From this perspective there is a parallel with the situation of male dominance over women. Like South African racism, women's oppression permeates the daily lives of every person, dominators and dominated, in a myriad of ways which, because of the power of ideology, are largely invisible to those concerned. There is resistance of course and this takes innumerable forms. In the South African struggle against apartheid, there are guerrilla saboteurs, passive-aggressive street behaviour, small groups of liberal extra-parliamentary activists who lobby among different sectors of the community, others who work to unite workers, to defy conscription, to support political detainees, to demand the abandonment of news censorship. What routes of resistance are there for
women and children in the context of male domination? Very little resistance is organized in a coherent way around sexism, and there is even less resistance that is readily identifiable in day to day living: the push against patriarchal structures is mostly contradictory or incoherent, and often is difficult to perceive in this environment.

The culturally sanctioned and regulated power of men needs to be challenged but, in order to achieve this, it is necessary to recognise the ways in which the power is expressed and entrenched, to look beneath the surface of things to locate signs of oppression and of resistance.

Given the tokenist special place sexual abuse has been given in contemporary South Africa, it is feasible that the families and children who present at clinics and other points of intake with this sort of issue (or with some other problem during the discussion of which the issue of sexual abuse emerges) will be seen mainly in the light of the sexual abuse. Further, when a woman presents with psychological problems (or social problems of a certain type) both the subject herself and any professionals encountered in the course of social or health consultations, will seize on these experiences as especially significant in the production of current problems, whether these be marital or sexual, or problems of poor self esteem, depression, or family conflict.

There are several ways in which these issues could be usefully studied. Following the recommendations of Wicker (1985), I will scrutinize the ideas involved in contemporary research in the area, examine researchers' assumptions, clarify the conceptual issues involved, and contextualize the problem and the discourse concerning it.

A major task of the thesis, then, is to deconstruct the workings of power/knowledge (Foucault, 1972-77 lectures, in Gordon, 1980) in the area of
child sexual abuse. The argument to be presented in the analysis of prevailing ideas about psychological trauma suggests that emotional disturbances which may be discovered exist in part as a function of social expectations and interpretative repertoires, and are embedded in historically specific discourses, social conventions and values. One might find an illuminating picture in a close examination of this field of study and talk about child sexual abuse.

The Ideological Context

Following the work of critical theorists of the Frankfurt School (Adorno, Fromm, Hochheimer, Marcuse, Reich) and their successors such as Habermas and Giddens (Held, 1980), many social psychologists have argued that it is crucial to contextualize individual experience within specific socio-political and ideological structures. These both construct the human subject and his/her behaviour and give meaning to social events. Such contextualization is glossed over in research on child sexual abuse although this phenomenon is widespread in western society and is gender-related, almost always involving male perpetrators and most commonly affecting female children. Thus dominant socio-political and ideological structures concerning gender relations, sexuality and adult-child relations are intimately involved with these behaviours and their emotional concomitants, and the way in which childhood sexual abuse has been studied and conceptualised relates to contemporary structures of power/knowledge (Foucault, 1972/1977, in Gordon, 1980).

Juliet Mitchell (1971) provided an early useful analysis of women's oppression in western capitalist patriarchal society. Mitchell's argument was that four distinct areas of women's oppression are inter-related. These are sexuality, child-rearing practices, reproduction and the relative exclusion of women from processes of waged production. Common to all societies, these four structures provide keys to understanding the over-determination of women's situation in patriarchal capitalism, where public and economic power are in the hands of
men. An understanding of the nature and articulation of these structures in any one time and place helps clarify the nature of women's oppression.

In this thesis I will examine certain aspects of formative experience related to sexuality and child-rearing practices in the lives of middle class, mainly White, South African women. My argument aims, on the one hand, to illuminate girls' and women's experience of themselves as sexually vulnerable, and needing protection, and on the other hand, as self-determining agents (Giddens, 1979).

According to Moscovici (1972), it is important to deal with certain types of psychological phenomena (personality and social behaviour) with due respect to the social formations which play a major role in their constitution. In this context ideology is not regarded as a set of consciously held ideas or beliefs. It has a material existence (a) in the social formation (for example, the prominence of men in positions of authority and women's active role in perpetuating this), and (b) in complex sets of characteristic practices (for example, the roles played by women in child care and early education and by men in professional education, warfare and public administration). We need to analyse these practices within a particular context, in order to understand the "determinate activities of concrete human subjects who are constituted in and constituting of these practices" (Adlam, Henriques, Rose, Salfield, Venn and Walkerdine, 1977). Ideas expressed by Ingleby (1974) and Murdock (1974, p. 205) are also relevant here: it is necessary to "map out the categories and concepts through which people impose meaning on their experience and make sense of their situation; and secondly, to explore the ways in which meanings are constructed, sustained and modified in the course of everyday social interaction". In other words, ideology has a material reality in language (Coward and Ellis, 1977) - the way people talk about and account for experience.
provide social constructions of the meaning and experience of sexuality and associated phenomena in that society, including sexual abuse. Rules and prescriptions for normative sexual experience delimit, produce and reproduce dominant scripts or discourses and provide meaning through language. The range of discourses or social texts include professional writings, newspaper reports, everyday conversations, discussions and comments, and social practices associated with these texts. For female sexuality in our social formation, these discourses and discursive practices are related to ideas about male dominance and female submission (or receptivity).

Sexuality is traditionally the most taboo aspect of women's condition - there are conventions which preclude talk about aspects of sexuality. Mystique readily becomes an instrument of oppression (Mitchell, 1974), and the taboos, prescriptions and stigma associated with sexuality and sexual abuse are evidence of this. The ultimate intent of this dissertation, apart from its relevance to an understanding of the sexual abuse of children and the psychology of women, will be to expose some of the close connections between "the personal and the political" spheres.

Methodology
Reflexive critical studies are needed at this time in the intellectual history of psychology, and this is particularly true in South Africa. Positivistic modes of research, while useful for certain kinds of problem solution, are not usually appropriate for constructionist or contextualist studies. On both sides of the Atlantic it is recognised that psychology is in the throes of a shifting paradigm (Kuhn, 1970; Moscovici, 1972; Harre, 1983, 1987; McGuire, 1983; Wexler, 1983; Gergen, 1985, 1987; Hales, 1986; Sampson, 1981, 1986; Jaeger and Rosnow, 1988; Hare-Mustin and Marecek, 1988). In what Bronfenbrenner, Kessel, Kessen and White (1986) have termed the postpositivist post-modern era, the task is to relocate the focus of large areas of psychological work away from individuals to
inter-individual processes and socio-historical contexts.

Critical social constructionist approaches are useful and are used increasingly by psychologists (Gergen, 1985) but, as a rule, take no particular account of ideological aspects of the sociocultural environment. In a post-structuralist or post-modernist approach, using hermeneutic interpretation linked with realist empirical data (Foster, 1986), language and other symbolic processes are taken as social practices. They may be studied as such in the context of socio-historical specificities, thus incorporating the study of ideology. The argument which is proposed here attempts to do this and involves the deconstruction of some of our most cherished beliefs, difficult as this may be (Abelson, 1986). In the study of child sexual abuse and approaches to these events, psychologists need to understand the links between subjectivity, interpersonal behaviours and the major ideological formations which maintain socio-political power (Giddens, 1979; Henriques, Hallway, Urwin, Venn and Walkerdine, 1984) such as the hegemony (Femia, 1987) of male dominance and patriarchy, and of western colonialism and its successors: sexism, racism and prejudice.

Perhaps ambitious, the interpretative objectives of the dissertation have required careful negotiation between a form of empirical study, tapping real day to day situations, and theoretical formulations. It has been necessary to stand on the edges of dominant discourses (an uncomfortable and sometimes impossible position to maintain) whilst trying to deconstruct them and offer an alternative construction. For a feminist psychologist, a White psychotherapist and a woman living in contemporary South Africa, this sort of marginal positioning is not unfamiliar. Marginal positioning does not lend itself to conventional psychological research, however, and works better at some points than at others.

Thus in this dissertation there are comprehensive reviews of empirical research,
evaluated from within the theoretical and methodological perspective in which they were conducted, as well as from outside these frameworks. There is also clinical material informed by a psychodynamic model of therapeutic practice, where questions are raised which might have occurred to any thoughtful psychotherapist working in this model. However, there are also sections which discuss conceptual issues in ways which cast doubt and ambiguity onto both these approaches (empirical and psychodynamic). A prevalence study is reported for a small sample of women university students, and compared with previous prevalence studies. This uses a novel methodology informed by feminist concern for the women sampled, and raises questions about the usefulness of approaches used in other prevalence studies of childhood sexual abuse, given the discomfort associated with disclosure. Following an introduction to discourse analysis, two major studies present and discuss detailed analyses of discourses, using women's talk about childhood sexual abuse as the text. These provide further insights concerning the penetrance of ideology into everyday life and language. In the first, the "professional" view of sexual abuse and traumatic effects, which reflects the historical and cultural conditions in which mental health care workers have grown up and been trained, is reflected in the talk of women students. Thus the way an individual case is perceived (or a woman who has been sexually abused perceives herself) needs to be evaluated against sets of ideologically shaped conceptions. In the second, women's talk and writing about the rules, injunctions and fears they have experienced in childhood and adolescence in relation to the possibility of childhood sexual abuse are analysed as significant instances in the formation of gendered subjectivity: ideology takes on a material existence in the daily life of girls and women.

In seeking to provide a starting point for this kind of enterprise, the limitation must be kept in mind that the author too has grown up and been trained at a particular socio-historical moment, within similar dominant ideological structures.
The dominant discourses available for the understanding of social behaviours are powerful and difficult to evade; it is characteristic of these processes that we slip easily from one discourse into another, often unaware of the contradictions involved.

Focusing the Discussion

During the period 1979 to 1984, working in therapy with depressed and anxious women, some were trying to deal with their childhood memories and ideas about experiences of sexual abuse and relating these to current problems. Each case varied quite markedly. There were some tantalizing commonalities, in line with the empirical-clinico literature, but there were puzzling elements. The question which emerged was whether current problems were to do with experiences of childhood sexual abuse, the different forms these took and other aspects of each client's life, or were they more to do with growing up female in a particular time and place? What was paradoxical was that there were no remarkable differences between these women and many others, yet a growing body of literature reflected a general consensus which seems to be that the experience has serious consequences. It became clear that a major conceptual deficiency has been the absence of discussion of what precisely is meant by "consequences", and the ways in which the term psychological trauma have been used. Taboos surrounding the area, and the silence of most women and children, which contribute to difficulties researching the area, are seen to be part of the problem.

In clinical work, listening to the talk of women who have had early experiences of sexual abuse, I have been struck by their struggles to make sense of what they have experienced. Why and how this had happened, what motivated the males involved, why she specifically as an individual had been sought out, and how this experience had and would affect her life and relationships, are common issues. I have also been struck by the regularity with which these
experiences are given a "special place" in their efforts to deal with current problems - even though there have been various other significant psychosocial factors which could equally have been argued to be important precursors to current difficulties. How has this special place been created?

Certain experiences, which would be termed sexual abuse or molestation by researchers, because seen as sexual, unwarranted and imposed on children through the coercion of adult authority, are part of the range of "ordinary" and commonplace events which girls and women deal with throughout their lives: for example, the eager and intrusive avuncular kisses which make many observing adults (and the child herself) uneasy. Certain behaviours or ideas which would be seen as likely traumatic effects by such researchers, if elicited in the context of known sexual abuse, are part of the range of structured social behaviours and choices available to girls and women (e.g. behaviour which is labelled "seductive"). These situations and particular "readings" of behaviour (Sless, 1986) contribute variously to the production of the female subject, placed in an ongoing social structure in which she will perceive these experiences as a "natural" aspect of life. In the context of overall "female personality development" or women's gendered subjectivity, then, any specific effect related to early sexual experiences of an exploitative type would be diluted within a range of forms of similar experience. However, in some instances the experience of sexual molestation as a child may assume a significance which the other experiences do not have.

In taking a social constructionist view of the psychological trauma of childhood sexual abuse, I will argue that the common and shared expectation of effects play an important role in the consequences of this experience. This is based on the recognition that "psychological effects" are not to be found universally following such experience. More significantly for my purposes, all the women who have dealt with these experiences in the course of their lives in western
contemporary society cannot be seen to be "damaged" by the experience.

Perpetrators of child sexual abuse are generally males. Following most authors writing in this field, the concept of child sexual abuse evokes in most clinicians and mental health professionals a clear idea of a phenomenon which involves male perpetrators. Finkelhor and Russell (1983) have reviewed the available evidence and literature and present arguments which substantiate this view and which suggest that the sexual abuse which is initiated by men is more likely to be more serious and traumatic than that initiated by women.

Most sexually abused children appear to be female and it seems safe to estimate that over 80% of child sexual abuse is perpetrated against girls. Little research has been reported on the sexual abuse of boys. This will not be analysed here and the interested reader is referred to Groth, 1979; Ellerstein and Canavan, 1980; Groth and Burgess, 1980; Kaufman, DiVasto, Jackson, Voorhees and Christy, 1980; Fritz, Stoll and Wagner, 1981; Sarrell and Masters, 1982; DeJong, Emmett and Hervada, 1982; Finkelhor, 1984; Goyer and Eddleman, 1984; Briere, Evans, Runtz and Wall, 1987; Johnson and Shrier, 1987; Mezey and King, 1987; Pierce, 1987; Reinhart, 1987.

One of the issues which vexes the study of childhood sexual abuse is that of definition. There are legal definitions of child sexual abuse, and these vary from one country to another; they also may vary from one part of a country to another (e.g. in the U.S.A.). The legal definitions vary by criteria: aspects of consanguinity are introduced where incest is regarded as an especially serious form of abuse and a set of degrees of relatedness is laid down. The age of the child is generally mentioned, and the degree of threat or violence and differences in the act and in the perpetrator's intentions are set out to guide the legal process. Often only sexual intercourse or attempted intercourse is regarded as sexual abuse in law. This view eliminates a range of other
Activities which most women would see as sexual and as traumatic to the child.

Research and clinical definitions of child sexual abuse tend to be similar but, here again, there can be marked differences between researchers. One major distinction which is maintained is between incestuous and non-incestuous abuse. Whereas legal definitions concern degree of relatedness, clinically any surrogate father figure who has had an ongoing and pre-existing relationship with the child concerned would be seen as engaging in an incestuous relationship with the child. This often includes step-fathers, grandfathers, uncles and cousins (Courtois and Watts, 1982; Faria and Belohlavek, 1984).

Concerning age, most researchers make use of the legal definition of a child which prevails in their state or country. In the U.S.A. this is generally anyone under the age of 18 years. In South Africa the legal definition for a child is a person under the age of 18.

Many researchers include in their definition the requirement that the male (or adult) involved in such cases be at least 5 years older than the child. A peer relationship is defined as one involving a person with an age difference of less than 5 years and such relationships as well as mutually compelling experiences were excluded by Russell (1983), although she comments that girls may be abused or molested by male peers from an early age. Some make the distinction that, if the girl is 12 years or less, the offender must have been at least 5 years older whereas for those between 13 and 17, the offender must have been at least 10 years older, to clarify the element of coercion involved in an age difference (Jehu, Gazan and Klassen, 1984/5). Such age distinctions are likely to be less critical than the gender difference, since the main issue is the differential power relationship for males and for females and the ways in which sexual behaviours are shaped in this social context. For instance, Davis and Leitenberg (1987), who comprehensively review the literature, note that the
number of adolescent male sex offenders is substantial and that most of their victims are younger female adolescents or children. Thus detailed age distinctions will not be given any emphasis in this dissertation.

Also excluded are situations in which there is consensual bodily or sexual exploration between young peers, which may be initiated by girls and which some regard as constructive (Yates, 1987). Sexual behaviours in childhood have been minimally researched (McKenna and Kessler, 1985).

Apart from the issues introduced with situations of intrafamilial sexual abuse, there are three dimensions to the notion of sexual abuse or molestation. One concerns the power invested in males in our society, another which has been proposed concerns the power which is likely to be involved in age differences and where a male who has an age advantage coerces a female child into unwanted physical intimacies, there is a double exploitation of power dynamics. The third concerns the loaded meanings attached to sexuality and sexual experience for females; even if not understood at the time, these understandings are liable to complicate the picture later, in retrospect. These meanings are differently constructed in the socialization of males and females. For these reasons, this dissertation focuses on discourses of female child victims of sexual abuse perpetrated by males.

Most sexually abusive situations do not involve physically injurious activities, nor do they usually involve sexual intercourse, particularly when girls under age 12 or 13 are concerned (Gelinas, 1983). Sexual abuse which includes physical injury (e.g. forced genital intercourse) introduces a range of problems of its own. Many of these would be similar to those encountered by a child who is seriously injured, through physical battering, an accident or illness. Such extreme forms of child sexual abuse occur in relatively few instances and are regarded as outside the boundaries of this dissertation.
The term "sexual" refers to any activity of an intimate kind including fondling, masturbation, fellatio, cunnilingus, anal and vaginal intercourse, and also refers to the imposed experiences of being subjected to an exhibitionist or a voyeur ("peeping toms"). Gelinas (1983) gives an example of a case where a father showed his daughter pornographic pictures, took similar photographs of her and masturbated in her view; this sort of situation is regarded as incestuous sexual abuse from a clinical and research point of view, even though there was no physical contact. What is highlighted in this case is the subjective experience of the girl or woman.

Russell (1983) used the following definition: "Extrafamilial child sexual abuse was defined as one or more unwanted sexual experiences with persons unrelated by blood or marriage, ranging from petting (touching of breasts or genitals or attempts at such touching) to rape, before the victim turned 14 years, and completed or attempted forcible rape experiences from the ages of 14 to 17 years (inclusive)" (1983, p. 135). Russell argues that the situation of intrafamilial sexual abuse would be more complex and conceivably more upsetting, and so expanded the definition to "any kind of exploitive sexual contact that occurred between relatives, no matter how distant the relationship, before the victim turned 18 years old" (p. 135-6). There are substantive issues involved in the derivation of these research definitions which, at face, appear unnecessarily contorted.

Definitions of child sexual abuse have differed markedly between feminists writing in the area and other researchers. Feminists include sexual harassment (street comments and grabbing), exhibitionists (flashing) and molestation with rape and attempted rape, whether strangers or family members are concerned. Most "expert" definitions tend to be more narrowly conceived, however, for methodological reasons which will be discussed. Feminists argue for broader
Definitions based on the subjective experiences of intrusion and exploitation, and for the recognition of high incidence within homes. However, Kelly (1988) comments on how the use of the term has changed over the past ten years in England: through particular circumstances (the "Cleveland crisis" in the UK in 1985/6, where a number of political figures participated in a heated debate in the media over incidence and specific cases in a particular area of the country), public discourse shifted from an assumption that child sexual abuse generally involves strangers, to an assumption that it is another term for incest. Kelly emphasises the importance of viewing sexual violence on a continuum, as I have argued elsewhere (Levett, 1981).

Definitions

This study relates to the sexual abuse or molestation of female children, legally defined in South Africa in terms of the Child Protection Act of 1986 as persons under age 18, by male adolescents or adults, in western industrialised society.

The terms sexual abuse and molestation refer to unwanted, forced or coerced, intimacies of a sexual nature e.g. unwanted fondling and squeezing of various parts of the body regarded as erotic, including the breasts, buttocks and genitalia, being forced or coerced to touch the perpetrators penis and genitals or asked to do so, oral-genital contact, erotic kissing, being exposed to an exhibitionist or voyeur, and being shown pornographic pictures. In other words, any manner of experience perceived by a female child (at the time or later) as being sexual and distressing to her, involving an adult or a young male who is older than her. This follows the definition of sexual abuse used by Baker and Duncan (1985).

Although it is acknowledged that issues of relatedness and physical injury add complications to the experience of sexual abuse, and demand separate discussion, this dissertation will deal with the general phenomenon of (physically) non-
injurious sexual abuse or molestation and will subsume intrafamilial experience within this arena.

It is recognized that, given the range of phenomena covered here, some would argue that certain of these should not be seen as sexual abuse or molestation. The counter to this reservation is that, from the ideological standpoint which recognizes the problems of power and oppression involved in gender relations expressed through sexuality, and taking account of the ideological loading of sexual practices in contemporary western society, it is essential to make use of a broad conceptualization of sexual abuse. In this context it should be noted that everyday talk about the sexual abuse of children is commonly non-specific. Everyday talk forms an important area of focus in Part II of this study.

The terms "professional" and "lay" will be introduced at various points in the dissertation and require clarification. While the commonality of ideas, language and everyday social practices among middle class subjects makes such a distinction somewhat artificial at times, it is also a useful one. The term professional refers to those who have undergone specific studies and have been accredited to do research or clinical practice, hence there is a particular stamp of authority which is attributed to professional discourse, verbal or written. The explanations, interpretations and comments which are issued in professional discourse generally are regarded as "proven" factual knowledge by the general public (lay subjects). This gives psychologists and social scientists, and mental health workers, a standing of power in relation to those who are not so accredited (lay subjects).

Conclusion

In conclusion to this general introduction and overview, and in preparation for the argument to follow in Part I, the next two Chapters provide a detailed coverage of current professional approaches to and ideas about the traumatic
effects of childhood sexual abuse. The more specific background to the dissertation is provided in Chapter Two, where the empirical-clinical literature on the effects of such experiences will be reviewed. Thereafter, in Chapter Three, literature concerning the issues which arise in therapeutic work with adult women who disclose histories of these experiences will be reviewed, and clinical material concerning three women seen in therapy will be presented and discussed in relation to psychodynamic psychotherapy. In the following section details of a prevalence study conducted in a sample of South African women university students are set out. These discussions will develop and clarify the nature of the problem which is posed: given the expectation of traumatic effects following child sexual abuse, and the high prevalence rates of childhood sexual abuse in western society, how is it that women who have been sexually abused are not generally distinguishable from other women? In the final Chapter of Part I, a conceptual analysis (or deconstruction) will be presented; this addresses the ways in which psychological trauma is understood in contemporary empirical-clinical and psychoanalytic practice.

Part I sets the scene for Part II of the dissertation, where lay talk about childhood sexual abuse and its effects is analysed, using Foucaultian post-structuralist analysis of discourse, and relating the findings to ideological structures involved in the construction of female gendered subjectivity.
CHAPTER TWO

EFFECTS OF CHILDHOOD SEXUAL ABUSE AND MOLESTATION

Introduction: Effects of Sexual Abuse in Childhood
The Search for Exacerbating and Ameliorating Factors
Concerning Latent or Concealed Effects
Long-Term Effects of Child Sexual Abuse
(1) Studies of Adult Women
(2) Absence of Long-term Effects
Attempts to Synthesize Empirical Findings
Discussion

Introduction: Effects of Sexual Abuse in Childhood

This section sets out a review of the literature on the traumatic effects of sexual abuse in female children, as described by clinical workers and researchers in this field. It will be seen that differences in effects are approached in most studies by attempts to delineate the range of variables present in each individual case and that, where effects seem minimal, the discussion turns to notions of "latent" or concealed effects. The growing literature on long-term consequences of this experience (studies of adult women who are known to have a history of childhood sexual abuse) is then reviewed and evaluated, followed by a brief summary of the rare commentary concerning the absence of traumatic effects. Finally a review is provided of the attempts which have been made to synthesize the diverse range of empirico-clinical findings in the area. This chapter serves as a background to those which follow, particularly Chapter Three, in which details are presented of therapeutic issues which arise for women who disclose childhood experiences of sexual abuse.

The discourse on the effects of childhood sexual abuse has not changed markedly since the 1930s. Despite the relative proliferation of literature on the subject (more particularly on incest), the fifty years of work in the area offers little more understanding or explanation.
Over the decades, a long and growing list of symptoms have been presented as effects of such experience. There have been attempts to isolate major risk factors in relation to effects described, with marginal success. As will be seen, mention of no effects has been scarce and tentative. Until recently, there has been little evidence of conceptual discussion or careful systematization of research. There is only marginal use of psychological ideas and research from non-clinical fields.

In 1932 Melanie Klein stressed that "an experience of seduction or rape by a grown-up person may have serious effects upon the child's psychic development". Bender and Blau (1937) cited Klein but continued to say that "The psychic effect of adult seduction on the child has been in the greater part merely presumed as harmful; most of the information is based on retrospective histories from psychopathic patients" (p. 500). They also note that some children show immediate harmful effects and relate these differences to the age of the child:

"the infantile state is prolonged or reverted to in the younger child, and the so-called latent stage with its normal intellectual and social interests is sacrificed. There appears to be mental retardation in some cases, and school accomplishments are thwarted. Anxiety states with bewilderment concerning social relations occur especially in children who are seduced by parents. ... In the pre-puberty stage there seems to be a tendency for premature and discrepant development in adolescent features. This displays itself sometimes in an increased interest in sex matters and an independence from authority without the associated personality, intellectual and physical development of the adolescent. The preoccupation with ill-expressed fantasies and a tendency to withdraw from the activities of normal childhood may give the child the appearance of being either very dull and defective or schizoid." (p. 516).
Bender and Blau discuss treatment, mostly concerning relief of acute reactions through open discussion and diversion in play and intellectual pursuits, and mention that these children recovered. They also comment:

"Nearly all of the children had conspicuously charming and attractive personalities. It cannot be stated whether their attractiveness was the cause or the effect of the experience, but it is certain that the sexual experience did not detract from their charm. Their emotional reactions were remarkably devoid of guilt, fear or anxiety regarding the sexual experience. There was evidence that the child derived some emotional satisfaction from the experience" (p. 517).

Several points need to be made concerning this statement. The first concerns the comment on the charm of these children. This sentence is frequently quoted, in a scathing way - but without the second sentence, which problematizes the issue. It is not that the authors were "blaming" the children in a simplistic way, but were expressing puzzlement at a phenomenon they were hard put to understand. This point has been addressed by others recently (e.g. Yates, 1987) and will be discussed further below. Another issue is that it seems remarkable that experienced child clinicians such as Lauretta Bender could overlook guilt, fear and anxiety in these children. Possibly these emotional responses were less common at the time. Perhaps they are read into such situations more commonly today, because of widespread ideas that sexually abused children are likely to feel guilty, fearful and anxious. This point will be addressed further in Chapter 5.

Apart from the early psychoanalytically informed discussions by Freud, and writers including Karl Abraham, Ernest Jones, Marie Bonaparte, Melanie Klein and others, most writings in the area are empirico-clinical. The most accessible and frequently cited early papers were those by Sloane and Karpinski (1942),
Kaufman, Peck and Tagiuri (1954), Weiss, Rogers, Darwin and Dutton (1955), Landis (1956), and Heims and Kaufman (1963). All these authors noted that sexually molested children are likely to experience a set of negative emotional consequences: anxiety, depression, guilt, withdrawal and/or loss of self-esteem; phobias and nightmares are also mentioned.

According to Gelinas (1983) it is widely held that sexual abuse is rarely experienced by children under age 4. Most commonly it is initiated between ages 4 and 12 with peak "risk periods" at ages 4 and 9. Most children only begin to realize that the behaviours demanded are not socially sanctioned at age 10 or 11. Most molestation is restricted to fondling or oral-genital contact, up to ages 10 to 12. Incestuous contacts seem to continue for a year or longer in around 40% and for under 12 months in about 43% cases, often occurring only once or twice. Ongoing incestuous sexual contact is generally terminated by the victim when she is 14 or 15 years old - by threat of disclosure, actual disclosure or as a result of repetitive running away from the home.

The distinction between incest and other forms of sexual abuse is the exploitation of a particular familial relationship. Gelinas argues that main consequences of incest are likely to include the development of relational schemas shaped by expectations of betrayal. She fails to add that this is equally likely where there are parental extramarital relationships leading to conflict, in cases of divorce, and in some instances in consequence of birth of a sibling.

Katan (1973), among others, makes the important point that there would be differences between those who have and who have not suffered violent forms of sexual abuse, whether within the family or outside it.

Over the years a substantial number of psychologists, psychiatrists, and social
workers have reported that children display a range of behavioural and emotional responses following experiences of sexual abuse. The literature has been reviewed by various authors (Steele and Alexander (1981), Finkelhor (1984), and particularly well by Browne and Finkelhor (1986)), and will be dealt with here fairly briefly.

The most common reactions described are ones of fear, shame, hostility and loss of self-esteem, and many note that this can lead to disruptive and rebellious behaviour (DeFrancis, 1965). Other responses writers mention for sexually abused children include a range of dissociative phenomena, seductive approaches to adults and peers, a preoccupation with sexuality, physical and psychosomatic ailments, aggressive behaviour, difficulties with concentration, withdrawal and a fall-off in school work. In pubertal children and adolescents, higher levels of anxiety and depression may be found, and self-mutilation, truanting, promiscuity, involvement with drugs and alcohol, obesity, anorexia, a rebellious attitude to authority figures, mistrust and hostility, have all been added to the list.

Nowhere is it disputed that the secretiveness which generally accompanies experiences of molestation is widespread (Gagnon, 1965; Rosenfeld, 1979; Summit, 1984). The understanding is that children and adolescents are coerced into secrecy, or choose not to discuss their experience with anyone for fear of negative repercussions (Burgess and Holmstrom, 1975).

In the early literature on child sexual abuse it was commented by some that many sexually abused children were confused and that the response of guilt and anxiety was liable to appear in response to parental agitation (Bender and Blau, 1937; Gagnon, 1965). These points have been partly obscured in much of the literature of the 1970s and 1980s, where the common assumption is that the child will feel guilt, shame and low self-esteem (Meiselman, 1978; Adams-Tucker, 1982).
Maisch (1972) claimed that research showed that the harmful effects of incest were more serious in the context of official discovery of the offense and following punitive measures. The repercussions of disclosure - familial disruption, medico-legal procedures, fostering - are also noted by DeFrancis (1965), Friedrich and Reams (1987), and Pine (1987).

The effects of the event(s) on the girl's parents and family, both at the time and subsequently, are important because part of the consequences for the child or youth will relate directly to the nature and quality of understanding and support which she receives. For example, Steele and Alexander (1981) point out that in cases where this sort of event occurs in an empathic, caring and relatively stable family environment, there are less likely to be pathogenic consequences. They say

"...less severe sexual abuse occurring in the bosom of a disturbed family is much more traumatic than the sexual abuse of a child perpetrated with greater aggression by a stranger, completely outside the family" (p. 224).

Few have commented on the weight of the social stigma of sexual abuse for children since this view was expressed by Kaufman et al., (1954), although several comment on the effects of parental and authority figure responses to disclosure (Rosenfeld, Nadelson, Krieger and Backman, 1977; Rosenfeld, 1979; Summit, 1984). In 1980b Finkelhor commented that childhood molestation experiences may be stigmatizing for the child; once labelling herself as "marked" there may be a self-fulfilling prophecy of "role appropriate behaviours". Finkelhor and Browne (1985) see stigmatization as a major aspect of the child's problems.

Findings by Elwell and Ephros (1987) seem to support this idea: sexually abused children are more likely to have a negative definition of their situation when a great number of people (family and neighbours) know and talk about it,
especially when insensitive comments are made, and when there is insensitive and/or recurring intrusion by police and helping professionals. They conclude that "parents should be warned against imposing their own negative interpretations of sexual abuse on the child" (p. 116) and be aware of the implications of open discussion.

Some argue that personality formation may be affected and, more specifically, that characteristic patterns of relating ensue (Summit, 1984). These structural formations may lead the person into the sort of difficulties which induce them to seek therapeutic assistance, or may bring them into contact with social agencies or the helping professions at a later stage of life.

Yates (1987) draws attention to a different aspect of the after effects for some children (also discussed by Friedrich and Reams, 1987). This is the likelihood that those who have been repeatedly sexually molested over a period of time become eroticized. While all children show and should show some interest in sexual matters, and become necessarily and healthily eroticized during the course of everyday experiences (such as being washed, held, and in games such as "doctor" with peers and siblings), Yates reports heightened eroticization in sexually abused children "whether or not there has been coercion and whether or not the child initially perceived the experience as frightening or painful" (p. 257). She regards this heightened sexuality as emotional damage and sees it as affecting personality development, particularly for the child who is emotionally deprived. The child learns to manage anxiety through sexual modes, and all close relationships and physical contacts are sexualized; thus the child does not easily learn a range of alternative strategies and appropriate reactions to affectionate or friendly gestures.

Most of those who work with children who have been sexually molested hold that it is a serious matter with dire consequences (Adams-Tucker, 1982, 1984). This is
particularly true for incestuous experience. Although some studies have mentioned that such experience (if unaccompanied by violence) may not always be disturbing for children (Yorukoglu and Kemph, 1966; Burton, 1968; Schultz, 1980) and some even argue that some experience could be positive for some children (Farson, 1974; the Rene Guyon Society - Delora and Warren, 1977), most studies involve clinical populations and report clinical sequelae during childhood and adolescence. It must be noted that a major deficiency in the work reviewed here is that these reports concern clinical studies which involve children who have been referred for assistance to clinical units or agencies, often through legal channels. A large proportion of children seen at clinics, social welfare units or via children's courts, come from psychologically or socially disorganized family environments, or there is some other set of factors which has been involved in the referral. Thus the behaviour and emotional state of such children is likely to have as much to do with these circumstances as with the experience of sexual abuse (Rosenfeld et al., 1977).

At this point it should be clear that sequelae following experiences of sexual abuse in childhood and early adolescence can vary widely. Occasionally they are clearly evident; for instance in marked instances of acting out behaviour such as truancy, explicit sexual behaviours, or in a sudden fall-off in school performance or social withdrawal. These are not necessarily nor simply the consequence of sexual abuse, however. They can be evoked by any number of difficult situations for the child and there are likely to be a range of other factors, apart from sexual abuse, which contribute to the child's reactions. It is difficult to separate out the effects of the sexual experience from the effects of other kinds of emotionally laden experience, even soon after the abusive experience has occurred. Furthermore, some may respond to such experiences by becoming "perfect children" in the sense that they may also have learned that the well-behaved child is the one which receives most affirmation and least negative attention from authority figures.
Potentially there are many inherent, environmental and accidental risk factors to which any child may be exposed, any of which could be traumatic. The fact that a child appears to be functioning adequately at any particular point in time, in spite of vulnerability factors, could mean that there has been no adverse effect. It is widely held that it cannot be assumed that there will be no later problems: some particular event or constellation of events may be required to trigger the vulnerability response at a point later in life (Yorukoglu and Kemph, 1966; Peters, 1976; Rosenfeld et al., 1977). The question of latent effects is commonly posed. However, McCord (1983) comments that some are relatively invulnerable to adverse effects of parental abuse and neglect.

Since the child plays an active role in the interpretation and organization of its experience, some observable event in its history cannot be invoked to label a particular child as "vulnerable" in a simplistic cause-effect manner. The child's vulnerability

"depends on his entire developmental history, which cannot be described only from the outside as a series of observable events but even more importantly as a subjectively experienced chain of circumstance where the significance of events is determined by the impression that they make on the individual ..." (Chiland, 1978, p. 472).

What we are dealing with, then, is the question of the effects of events (in themselves significant or non-significant to the outside observer) and their "fit" with a particular person's vulnerabilities, either because of previous experience, or personality structure or because of timing. Apparently minor events may have effects because of specific significance to the girl involved, or because of negative attitudes or comments of significant others. Equally, it needs to be taken into account that apparently major events (to the outside observer) may not result in any overt clinical symptomatology - a point which is rarely
introduced by clinicians or researchers. These issues will be taken up again.

A long list of problems has been produced on the basis of methodologically weak reports. An overall picture emerges of a derailment of "natural" processes of development into a range of routes of disturbance and deviance, variously defined. This view will be raised again in Chapters 5 and 6. It seems apparent that the objectives of some writers have been to demonstrate the range of effects which may occur within the non-explanatory epistemological framework of psychiatric nosology. The focus of interest in most studies is to demonstrate that there are effects in some general sense; the absence of effects would be self-eliminating data in this framework.

Recent studies have not brought much order to professional approaches to the area. There is a dearth of careful conceptualization and systematic research in the literature on childhood effects. Many studies have associated a range of parental pathology (variously defined) and traumatic experiences such as separations and loss, family conflict or disruption, child abuse or neglect, and sexual abuse, with the clinical history of psychiatric or therapy patients. A predictive study which assuredly links any one of these variables with later psychopathology, or with a particular developmental profile, has yet to be done. This seems improbable since there are so many factors which go together to produce a child who is resilient or vulnerable (Rutter, 1985).

The Search for Exacerbating and Ameliorating Factors
A range of predisposing and concurrent factors has been identified by various authors as involved in the protection of the individual from the traumatic effects of this experience, or in the exacerbation of these effects. A comment from Steele and Alexander (1981) is a fitting opening to a complex issue.

"The impact of such events upon the child will be markedly different according to the child's age, stage of psychosexual development, the
nature of the abusive act, the frequency of repetition, the amount of
aggression involved, and the relationship of the abused to the abuser."  
(p. 223).

They add that the quality of the child's existing, concurrent and subsequent
relationships with significant figures, and the nature of the responses to the
disclosure of the abuse, are also important in shaping the effects of the
experience for the child. Similar kinds of comment have been made by other
authors. For example, LaBarbera (1983) adds socio-economic variables and
cultural factors to the list of potentially significant variables. Disturbances in
the parent child relationships may be more pathogenic than sexual abuse per se
(LaBarbera, Martin and Dozier, 1980). Jehu and Gazan (1983) also note that it is
often not possible to judge whether current problems have resulted directly
from the exploitative sexual experience or from other circumstances in the
individual’s life.

In relation to adult women studied for psychological effects following sexual
assault, Ruch, Chandler and Harter (1980) found that prior "good mental health"
was an important protective factor. More interestingly, those with little
previous experience of major life change events (i.e. stressful experiences), and
hence less opportunity to develop strategies to cope, were at greater risk for
traumatic effects following sexual assault. Whether this finding would hold for
childhood experience is not known but it seems logical to assume that it could;
this view is supported by Elwell and Ephross' (1987) study, discussed below.

A brief review of factors deemed important to the picture of effects follows,
more to highlight the controversy in this area than to clarify it, because these
studies have not in fact brought about better understanding.

Concerning clinical studies: Peters (1976) noted that experience of sexual abuse
at a younger age seemed to result in less severe effects. Meiselman (1978) held that, because of the complexity of familial processes in incest, it would not be possible to discern between familial effects and effects of incest per se. Tsai, Feldman-Summers and Edgar (1979) identified risk factors in adults victimised as children as (1) being older at time of the last abusive experience, (2) being abused for longer and more frequently, and (3) more often having experienced attempted intercourse.

However, Courtois (1979) claimed that experience of sexual abuse at a younger age is associated with more severe effects. Owens (1982) held that early onset and long duration of abuse, involving a biological parent and sexual intercourse, resulted in most severe psychological damage. Conte and Schuerman (1987) report that victims are more affected by more intrusive sexual behaviour (for example, sexual intercourse as opposed to fondling), where there is a negative relationship with siblings, and where there are more family problems of living (unemployment, substance abuse, lack of social support). Generally, studies have not taken familial circumstances into account, although it is generally apparent that many of the patients discussed in these studies come from multi-problem families.

In non-clinical retrospective studies of adult samples, coercion with threats or violence are said to have an ameliorating effect (Fritz, Stoll and Wagner, 1981), because the child cannot readily assume responsibility. Sedney and Brooks (1984) found that incestuous childhood experience was more highly associated with long-term effects than extrafamilial childhood sexual abuse, in terms of symptomatology. Briere and Runtz (1985) found significant symptomatology in a non-clinical sample of university students with histories of child sexual abuse, compared with a non-abused control group, but found no relation to victim age at first molestation, to presence of intercourse, or to number of abuse incidents. The exacerbating factors they report were age of oldest perpetrator, number of
perpetrators, the use of physical force, parental incest and the duration of abuse.

Donaldson and Gardner (1985) note the lack of clarity concerning the degree to which clinical effects are the result of incest "versus the absence of social support, which indeed may be an important remedial, mediating factor" (p. 375). Reasons for a reasonably non-problematic long-term recovery in an adult sample following childhood experience of sexual abuse, included support from friends and family and sympathetic and understanding sexual partners in adulthood (Tsai et al., 1979).

In a recent review of the literature, Browne and Finkelhor (1986) note that studies have largely failed to show a relationship between "severity" of abuse or duration of abuse and later symptoms. They mention specific kinds of abuse likely to be most damaging: experiences involving fathers or father figures, genital contact and force. Summarising the findings detailed in publications and in papers presented at various conferences in the U.S.A., this review is a valuable resource in itself. They examine the reported initial effects of sexual abuse on children, i.e. within two years of termination of the abuse, and conclude:

"...because many of the studies lacked standardized outcome measures and adequate comparison groups, it is not clear that these findings reflect the experience of all child victims of sexual abuse or are even representative of those children currently being seen in clinical settings. At this point, the empirical literature on the initial effects of child sexual abuse would have to be considered sketchy" (p. 69).

In what seems to be a careful contribution to this literature, Seidner and Calhoun (1984, cited by Conte and Schuerman, 1987) reported varied risk factors within a clinical sample, depending on the psychological measure used for the
effects of sexual abuse. Using a socialization factor from an adult personality test for social maturity and social adjustment, these factors were associated with more negative effects: frequent abuse, use of force, abuse involving a male offender, greater age difference between victim and perpetrator, and where the victim made stable attributional statements about responsibility.

Recently, Conte and Schuerman (1987) studied exacerbating factors and incorporated as variables all the features which previous researchers had listed as important: e.g. age of the victim, frequency of molestation, type of coercion and sexual behaviour involved, relationship of victim to offender, quality of the relationship, aspects concerning disclosure, the victim's coping style in relation to the abuse, family characteristics and problems. Their conclusions were cautious. Although this was a clinical sample, the children varied in their reactions and they report that 21% showed none of the symptoms commonly thought to be present following sexual abuse (e.g. regressive behaviour, somatic complaints, fearfulness). The only reliable indicator of sexual abuse in these children was sexual knowledge or behaviour which they regarded as out of line with the child's developmental age - a cognitive consequence rather than one of emotional trauma.

In considering the effects of childhood sexual abuse in children and adolescents, conceptions of "emotional damage", trauma and vulnerability have to be considered. It is well known that judgements of emotional damage are liable to diagnostic bias, even in cases where the clinician is an expert, or in deciding on the relative presence of emotional disorders in childhood (Kavanagh, 1982). I will take up this discussion again in Chapter 5.

Little research has been conducted on cognitive aspects of the experience. How it was understood at the time would have some bearing on the meaning of the experience as it is interpreted and integrated by the child, although this
understanding could be modified in later years. In this context it would be useful to consider the event in relation to the developmental stage(s) at which sexual abuse occurred, not simply in terms of psychosexual development (Anna Freud, 1981) but in regard to the development of available cognitive schemas. There is no study which has attempted this, to my knowledge.

Elwell and Ephross (1987) describe their study of the relationship between the child's perception of the sexual experience and what they term the cultural definition of the abuse and trauma, in one of the few studies available addressing sociocultural issues. In a narrowly focused study, they examined the reactions of 20 children aged under 13 during the first weeks after an institutional report of child sexual abuse. Their assumption was that the event is a potential crisis which can result in emotional trauma when the situation is defined by the child or significant others as a threatening or negative experience. Although their sample was small, they found that the children defined sexual abuse negatively when it involved force or injury and vaginal penetration; this was particularly true of rectal intercourse. Sexual abuse by strangers, fathers and, less so, acquaintances, was more likely to be defined in a negative way by children than abuse perpetrated by other relatives, by parent substitutes or babysitters. Concerning what they term the cultural definition of the situation, where a greater number of relatives and friends were involved and knew the details of the situation, the more likely was the child to define the situation as negative. Careless handling (as seen by parents), and involvement of many professionals was also associated with a negative definition of abuse by the child. Anticipation of a court appearance was also problematic for these children. The children who lived in families where there was a history of other forms of familial violence (40%) showed no relationship between this variable and the child's reaction to sexual abuse.
An interesting further point is that many of the children in this study came from families where sexual abuse (35%) or rape (40%) had occurred previously, mostly involving the child's mother. Elwell and Ephross comment that these children tended to show a low trauma response gauged in terms of symptoms.

In a detailed paper, powerful because it is both detailed and thoughtful and attempts to synthesize findings in the field, Gelinas (1983) criticizes efforts to isolate specific variables (such as the kind of act, the child's relationship to the perpetrator, the frequency and duration of activities) in studies of incest. She argues that it is the combination of individual and familial processes which produce specific effects, and that attempts to understand or explain negative effects on the basis of any one variable will miss this crucial multiplicative process. Gelinas' suggested model will be addressed further below and in Chapter 5.

Concerning Latent or Concealed Effects

Before there is any consideration of latent effects, it would be essential to be sure that sexually abusive experience had occurred. It is not uncommon for professional mental health workers to speculate about such experience on the basis of some current problem or crisis (Briere and Runtz, 1986).

The subtle and pervasive nature of sexualized behaviours, learned through early experiences of sexual molestation, has been seen as a concealed effect. Bender and Grugett's (1952) comment cited at the beginning of this Chapter could be seen in this way. If, as Summit (1984) holds, "sexual abuse defines and stigmatizes the victim as sexual" (p. 5), above all else, it is not surprising that young victims may be perceived as seductive (Sloane and Karpinski, 1942) and as behaving in a sexual manner towards authority figures.

According to Miller (1985), what adults in our society perceive as sexual
behaviour (or seductive or erotic, for that matter) when it is seen in children is in fact likely to be the child's reaction to some activity, or approval, expressed by an adult in its early environment. What an adult perceives as seductive or erotic behaviour will have very different connotations within the child's view of the world. For the child, the behaviour may be a way of attracting approving interest.

Furthermore, given the body of research that is available on the "halo" effect it is remarkable that this phenomenon has not been studied in relation to perceived behaviour of the child known or suspected to have been sexually abused. At the same time, if it is true as some hold, that it is often emotionally deprived children who are sexually abused and who behave in attention seeking ways with adults (Yates, 1987), then it is conceivable that in some cases at least such children learn to relate to others in ways that have pleased their abusers.

Gelinas (1983) talks about the "disguised presentation" characteristic of adult incest survivors who seek therapy. She describes the "persistent negative effects ... that have elaborated and increasingly intruded upon the lives of the victims" (p. 315). Gelinas takes a firm and clear line on the "time bomb effect" - a latency which often occurs between experiences of abuse and situations which trigger a set of symptoms related to the experience. Gelinas holds that many such women present with chronic depression or anxiety states, and she suggests that the most reliable indicator of a history of incest is a self-description as "confused" or "easily confused", especially if there are also dissociative features and problems of impulse control.

Many authors have mentioned physical complaints and symptoms commonly presented by adult women who were sexually victimized as children. For example, migraine headaches, backache, gastro-intestinal tract and genito-urinary tract problems, and lethargy have been mentioned (Courtois and Watts,
Obesity also may be seen as a defensive strategy, used for emotional insulation and self-protection from male interest (Meiselman, 1978). Briere and Runtz (1985) describe a higher incidence of somatization symptoms in a non-clinical sample of abused college students compared with a non-abused control group, and Donaldson and Gardner (1985) report 23% of a clinical sample who presented with quasi-medical complaints.

Whether these various manifestations are directly linked to the childhood experience of sexual abuse is not generally addressed as a question by the authors who mention them. There is a prevalent assumption that there must be effects consequent on this sort of experience and these observations are added to the list of possible effects without detailed justification.

**Long-Term Effects of Child Sexual Abuse**

According to McCord (1983), who reported on a forty year follow up of abused children, some are resilient in the face of parental abuse and neglect. The only factors which appeared to be significantly related to adult problems in her sample were parental alcoholism when associated with crime and aggression, and unconfident mothering associated with aggressive behaviour in the child. She was reporting on general abuse and neglect and on males specifically, and it is not known whether similar factors would be involved for girls (or, for that matter, in a different population or sample followed up). However, there is a growing literature which addresses links between childhood problems or adversities and adult mental "health" (Zeitlin, 1986). Much less is available which addresses the complicated but more interesting details of resilience (Rutter, 1985). As we will see in the following review of studies of adult women, most attention focuses on the expected ill-effects of child sexual abuse.

(1) **Studies of Adult Women**

While studies of effects of sexual abuse in children are few if one compares this
literature with that on schizophrenia (Swift, 1986), until recently there were even fewer studies concerning the lasting effects of childhood molestation in adult women. Only three were published before 1960 and under ten between 1960 and 1980. Most of this literature has appeared since 1981. Browne and Finkelhor (1986) cite 14 empirical studies on adult women between 1981 and 1985. As will be seen, many of these predominantly concern clinical samples (women in therapy or seeking therapy or counselling, some obtained through follow up of child court referrals, clinic presentations or in similar manner). In the review which follows I will make it clear when the discussion involves a non-clinical sample, mostly college students and volunteers solicited through advertisements. It should be kept in mind that clinical, referral and volunteer populations each pose particular problems in terms of interpretation of the findings.

Bender and Blau (1937) cited a report by Rasmussen (1934) concerning follow up of 54 adult women who had experienced sexual abuse as children aged under 14 (selected from court records). They say that "deleterious influence on the adult personality is minimal in so far as can be judged by social adjustments and freedom of mental illness" (p. 516). Eight of these women (15%) were psychiatrically disturbed as adults, but it was noted that other factors - "independent constitutional predisposition to mental unbalance" - were more significant than the sexual abuse.

Bender and Grugett (1952) followed up 10 women who had been seen as children eleven to sixteen years previously. At ages 5 to 13 they had been "sexually involved with adults" varying from "sexual fondling to intercourse". All had been referred by children's courts. Many had low intellectual functioning for their ages, and all appeared to come from multi-problem backgrounds. No detailed psychosocial background is provided. Three of the 10 had been diagnosed psychotic as adults (2 having particularly low IQs and a history of
marked emotional deprivation). There were no significant problems in the other 7 adults followed up.

Landis (1956) studied 726 women college students and obtained a subjective evaluation of emotional damage in consequence of childhood experiences of sexual abuse, broadly defined. Of the abused group, 3% felt permanently damaged, 30% felt temporarily damaged and 66% felt they had experienced no damage. Of the cases where the perpetrator was not known, 23% indicated temporary or permanent emotional damage, and where the perpetrator was known this figure was 40%. Where exposure to an exhibitionist was involved, 20% indicated temporary or permanent damage, the figure was 47% for subjects exposed to coitus and 80% to those subjected to attempted rape. Among the abused women, 70% felt their attitudes and ideas about sex were not affected, 26% felt there were temporary undesirable effects and 2.2% felt they had derived permanent undesirable ideas about sex from their experiences.

O'Neal, Schaefer, Bergmann and Robins (1960) presented a 30 year follow up of 180 children seen at a child guidance clinic in the USA, examining the relationship between adult adjustment and broad categories of childhood disturbance. Among them were 66 children, mostly from low socio-economic families, who presented at ages 6 to 17 with "overt sexual problems". "Sexual problems" were defined as activities in conflict with social norms. Of the 27 girls in the group, 40% had been raped and 11% were incest victims. As children, a quarter had displayed sleep disturbances, nail-biting, odd or paranoid ideas, irritability and inattention, and 77.8% had displayed ten or more symptoms; in all cases there had been school problems.

In 7.1% of these 27 women there was neurotic behaviour. In 44.4% "antisocial behavior" was reported. The antisocial behaviour was directed against authority figures and covered things such as poor work history, incorrigibility, failure to
be at home, bad associates, impulsive behaviour and recklessness, running away, theft, and pathological lying.

The labelling of "antisocial behaviours" as symptoms is not a straightforward matter, like respiratory congestion or even like anxiety. Given the social background of these women, it could be said that their rebelliousness related to survival strategies. Furthermore there is no accessible basis for comparison of this group's behaviour with a matched non-abused and/or non-referred sample. Commenting that adult psychiatric disorder was high in their general child clinic referral population compared with a non-referred control group, O'Neal et al. noted that adult psychiatric disorder was not higher for the sexual problems group. Their main finding was marital maladjustment. Although all their clinic patients followed up to adulthood had a poor marital history, the "sexual problems" sample were more likely to be married, had married younger, had a high divorce rate, had married more than once (50%), had been more likely to have had premarital sex and more extramarital affairs. The only unmarried woman came from this group and both women who had been arrested for prostitution. Even though the clinic referral population has a particularly high percentage of inadequate or broken homes, the marital adjustment difficulties were higher for the "sex problems" group than for the control group of clinic referral cases.

Gagnon (1965) re-analysed the data for the last 25% of adult women (N=1200) who provided retrospective reports of sexual experiences recorded in the enormous non-clinical database collected by Kinsey, Pomeroy, Martin and Gebhard (1948): 400 offenses occurring before age 13 reported by 333 subjects (28%). The sample mainly comprised college educated women, mostly white. For 21% the interview was the first disclosure of the experience and 84% described the experience as a negative one. Most had reacted with some initial fright at the time, or mixed responses of fright and curiosity.
Of the 333 subjects only 18 (5%) had "adult lives that had been severely damaged for whatever reason". Damage for Gagnon was reflected in criminal experience, prostitution or mental hospital experience. Of these subjects, 3 directly attributed their current problems to the early sexual experience. Some questions concerning current sexual functioning did not throw up any consistent pattern of responses in the abused sub-sample.

Gagnon's main findings were as follows. Contrary to previous writers' comments, the collaborating victim was in the minority. He also noted that there were no negative long-term consequences for the adult who has experienced childhood sexual abuse, except for the 5 subjects who had been involved in coerced sexual contact of long duration. This group was such a small subset in the sample analysed that, although they seemed to be most affected by their experience, the finding was likely to be biased.

Malmquist, Kiresuk and Spano (1966) reported on 20 women with three or more illegitimate children, with the aim of establishing the existence of particular personality or social characteristics. Only four had ever married and they had been divorced. A quarter of these subjects had had incestuous experience and had been subjected to shaming and beatings when attempting to disclose these situations. Most of these women preferred auto-eroticism and most tended to dissociate in varying degrees. All came from low socio-economic status backgrounds and "their experience with men and fathers as they were maturing was predominantly that of violence and inconsistency" (p. 480). The authors do not report on non-incestuous sexual abuse in this group nor do they make any comparison with subjects matched to these in a range of ways.

In the U.K., Lukianowicz (1972) followed up 26 children who had been reported as having had incestuous experience to adulthood and outlines four sets of
sequelae. Most (11) had become promiscuous with "disorganized antisocial behaviour", 5 were "frigid" and showed "symptoms of hysterical personality with attention seeking behaviour" and 4 were described as neurotic (depression and suicide attempts); 6 showed no apparent ill effects. Issues concerning "effects" discerned in women's sexual behaviour will be discussed below.

Peters (1976) presented details of 7 clinical cases where the effects "surfaced when the demands of adult sexuality overwhelmed the subject" (p. 401) but this comment is difficult to relate to the adult women, since there is insufficient information. In two cases (sisters) one became psychotic at 17, when she became involved for the first time in a serious relationship with a man, and the other had a postpartum psychosis after the birth of her first child. Four showed great hostility toward men, one idealized her father and was hostile toward her mother, and one had no particular problems. One of these women had been a prostitute, had married several times, and was now single at 48. One had become a feminist activist. One case concerns an 81 year old woman who was affected by a semi-forgotten event from her childhood, in a currently stressful situation. Peters does not provide sufficient background information concerning his patients to allow a careful re-evaluation of the characteristics he perceives as long-term effects of childhood sexual abuse.

James and Meyerding (1977) cite several earlier researchers. For instance Weiner (1962) commented that "girls who begin incest in adolescence frequently become promiscuous following termination of the incest", whereas Jaffe, Dynneson and Ten Bensel (1975) cautiously wrote "Little is known of the physical and emotional effects of incest", and Ferracuti (1972) commented "it is hardly proved that participation in incest ... results in psychological disturbances", but added that incest victims frequently become sexually promiscuous.
A period of promiscuity has been commented on as a common feature following incest (Kaufman, Peck and Tagiuri, 1954; McCary cited by Gelinas, 1983; Gordy, 1983) but this claim is based on no comparison non-abused group to provide an idea of the range of expectable sexual behaviours, or the ways they are seen by girls and women from similar populations. Furthermore, the notion of promiscuity (a term used mainly to describe the behaviour or women) is a moral and evaluative one.

In a particularly interesting study, Fromuth (cited by Finkelhor and Browne, 1985) studied a college student sample of sexually abused women and found no differences between this group and the non-abused comparison group in regard to increased sexual behaviours among victims (i.e. promiscuity). She observed that "having experienced childhood sexual abuse only predicted whether subjects would describe themselves as promiscuous, not their actual number of partners" (Finkelhor and Browne, 1985, p. 71). It is this type of psychological research, which takes cognisance of developments in current social psychology, which is missing from most empirical and clinical studies of child sexual abuse.

In the first documented contextualization of experience of sexual abuse with prostitution, and widespread attitudes towards women, James and Meyerding (1977) studied the early sexual history of 136 "deviant" women, as they term prostitutes and found that 52% reported early attempted sexual play or intercourse involving a male more than 10 years older. In a further group of 20 adolescent prostitutes, 65% had had a "forced or bad sexual experience", mostly at age 15 or less.

James and Meyerding comment:

"Sexual self-objectification is experienced by women in this society to some degree, because of the simultaneous cultural adoration and vilification of the female body and its sexuality (the madonna-whore
spectrum). It seems possible, however, that to be used sexually at an early age in a way that produces guilt, shame, and loss of self-esteem on the part of the victim would be likely to lessen one's resistance to viewing oneself as a saleable commodity." (p. 40-41).

This early experience was seen to have played a role in the choice of lifestyle of prostitution by these women, and in other cases of prostitutes with a history of child sexual abuse (Nakashima and Zakus, 1977; Silbert and Pines, 1981; Faria and Belohlavek, 1984). However, there are many reasons for women entering this sector of the economic arena, as discussed by Mary McIntosh (1978). In fact, women (and particularly working-class women) are constrained in their occupational options, are vulnerable to the vagaries of the labour market, and are mostly paid little for long and arduous working hours. Some may choose a life of prostitution because of their earning capacity and relative independence in this arena, in spite of its hazards.

Judith Walkowitz (1980) has provided a brilliant deconstruction of the ways in which a specific kind of sexuality is constructed for young working class women, based on a myth or stereotype of pre-sexual innocence interrupted by a "premature" sexual event which initiates the girl into special knowledge and further exploitation. This discussion will be taken up again in Chapter 6.

Sexual abuse experience has been cited as a factor in drug abuse (Benward and Densen-Gerber, 1975; Wooley, 1981a; Faria and Belohlavek, 1984). However, Gordy (1983) noted that many sex abuse victims come from substance-abusing familial environments. Previous sexual abuse has also been noted in adolescent run-aways (Weber, 1977; Reich and Gutierres, 1979). There has been no systematic comparative research substantiating these associations.

Nakashima and Zakus (1977) reported a follow up study of 27 girls between 1
and 12 years after reported involvement in incestuous relationships. In 4 they noted "poor adjustment", which is how they described depression and suicide attempts. In 13 cases there were other psychiatric problems, in 4 there were no problems apparent in school history or in marriage.

Many clinical studies have reported depression in women with a history of childhood sexual abuse (Sedney and Brooks, 1984; Briere and Runtz, 1985, 1986; Peters, 1984). Tsai and Wagner (1978) reported on experience with therapy groups for women who had been sexually abused as children. The clinical findings among the 50 volunteer subjects included feelings of guilt and depression, a negative self-image, problems in interpersonal relationships associated with an underlying mistrust of men, inadequate social skills and difficulties in sexual functioning. Other studies (Meiselman, 1978; Herman, 1981) have failed to show significant differences in comparisons of depression between abused and non-abused clinical samples.

Sexual dysfunction is reported in large proportions of adult women with a history of childhood sexual abuse (Heims and Kaufman, 1963; Peters, 1976; Meiselman, 1978; McGuire and Wagner, 1978; Tsai and Wagner, 1978; Tsai, Feldman-Summers and Edgar, 1979; Meiselman, 1980; Finkelhor, 1980b; Wooley, 1981b; Becker, Skinner, Abel and Treacy, 1982; Courtois and Watts, 1982; Jehu, Gazan and Klassen, 1984/5; Donaldson and Gardner, 1985). In fact, this is the most common finding.

Tsai and Wagner describe long-range effects of childhood molestation on the quality of interpersonal relationships and the personal adjustments of women. They comment in particular on the sexual dysfunctions reported: non-response (for some this was true even with masturbation), orgasmic but without any pleasure in this, and a group for whom arousal was contingent on being in absolute control of the sexual exchange. They comment that these women
seemed to crave affection apart from sexual relating and that there was considerable ignorance concerning female sexuality in that these women appeared to believe that "normal" women all have coital orgasm.

Westermeyer (1978) presented information concerning 26 cases of incest encountered in a general psychiatric practice over the period 1961 to 1976. From a broad spectrum of social background, none of these involved violence or threats of violence to force the sexual activities, although an unusual feature of this sample was that sexual intercourse was involved in most cases. Westermeyer commented on the high frequency of sexual dysfunction among these patients (vaginismus, nymphomania, impotence) and that in "several cases" there were no apparent ill effects for many years, even decades, but these patients "became preoccupied with it upon subsequently developing a psychiatric disorder". However, he concluded that it was difficult to attribute any of the current problems to the earlier experiences of incest.

Finkelhor (1980b) elicited details of the effects of childhood sexual molestation among 796 students at diverse colleges and universities in New England, using questionnaires distributed in classrooms. Current levels of sexual satisfaction and adjustment were low for both female and male students with this childhood history, although no precise information was obtained as to the details of current sexual functioning in this non-clinical sample. There was weak evidence that those who told their parents at the time may have fared worse than those who kept the experience secret.

A major difficulty in the discussion of sexual dysfunction is the absence of independent and objective baselines for making statements about what could be viewed as "normal" sexual functioning, particularly for women. The range of possibilities presumably is extensive and the point would be to determine whether women who have been sexually abused as children are preoccupied with
this experience and attribute a range of problems, including what they perceive as sexual dysfunctions, to the childhood experience. One might consider, for example, the study of 100 happily married couples among whom Frank, Anderson and Rubenstein (1978) found 40% of the men and 63% of the women admitting to current sexual problems. In spite of this finding, 80% of the couples considered their sexual relations satisfactory. Also illuminating in this regard is the research reported by Golombok, Ruse and Pickard (1984) who attempted to ascertain the extent of sexual problems among general practice attenders, their sample representing a broad spectrum of the population. Men and women waiting to see their doctor about various ailments (not sexually related) were asked to complete a questionnaire and many reported current sexual problems. The men described themselves as nonetheless satisfied with their current sexual relationships; the women respondents were not satisfied. Of the women, 17% were completely non-orgasmic with their partners, and a further 13% rarely achieved orgasm with him. Of the women 7% were described as primary anorgasmic, 10% usually or always had discomfort or pain with penetration, and 20% sometimes found penetration impossible. Nonetheless, 77% of the women in the sample were satisfied with their current sexual relationship. It is not known what proportion of the women in these samples had been sexually abused as children and whether there was any relationship between these factors.

In consequence of unexpected findings in an extensive non-clinical survey of middle class matched groups of lesbian and heterosexual American women, aimed at mapping out life histories, Gundlach (1977) found that 30% (67) of the lesbian women and 21% (48) of the heterosexual women had experienced rape and attempted rape. Noting that for 26 of the lesbians, and for 9 of the heterosexual women this had occurred at less than 11 years of age, he returned to ascertain whether women who are sexually abused as children are more likely to be lesbian adults. This was not the first study to link sexual experiences of childhood (including molestation) with an adult homosexual orientation (Brunold,
1964; Finch, 1967), although Gundlach makes no reference to these earlier studies, nor to Yorukoglu and Kemph (1966) who suggested that victims of heterosexual incest may look for escape via homosexuality.

Gundlach found that

(1) of 17 molested between ages 4 and 15 by a family member or family friend, 16 were lesbian as adults,
(2) of 18 molested before age 15 by strangers, 10 were lesbian and 8 heterosexual adults,
(3) where the sexual abuse occurred at age 16 or older, there was no difference in the proportion of adult lesbian to heterosexual women in his sample.

Although these findings are suggestive, we know little about the development of a homosexual life-style and choice of partner, in terms of causation (Finkelhor, 1980c). The only theory of sexual development which provides any understanding of homosexuality is psychoanalysis, and this theory problematizes all forms of human sexuality and has very little to say about lesbians. It is difficult to know whether Gundlach’s findings reflected a chance association in his sample, or involves some other unknown mediating variables. For example, it may be that lesbian women more readily recall experiences of sexual abuse, or are more prepared to disclose this sort of information (since it may be viewed as acceptable justification for "deviant" identity).

Bell and Weinberg (1981) found no association between sexual abuse and later homosexuality in a large, systematic community study, and Fromuth (1983, cited by Browne and Finkelhor, 1986) found little association in her college sample.)

Simari and Baskin (1982) studied the extent of incestuous experience among 29 lesbian women and 54 homosexual men by way of a 16 page anonymous questionnaire, and found that 38% of the lesbian women had had incestuous
experience (most of these being in the extended family, 4 being with female relatives). All of the 64% who had had heterosexual incestuous experience reported this as negative and as "causing" current problems of depression, anger or guilt; of these, 82% had been in therapy. There is no discussion of the possibility of factors other than sexual abuse being involved in these women's difficulties.

Pittman (1977, cited by Simari and Baskin, 1982) had held that homosexual incest would be more damaging than heterosexual incest, because of the double taboo involved. However, Van Buskirk and Cole (1983) reported that two-thirds of their clinical sample of adults with histories of molestation as children reported engaging in homosexual experiences. Although only half these women regarded themselves as lesbian, their difficulties with sexual relating also extended to their homosexual experience: their capacity to enjoy sexual activities was hampered by problems with intimacy, it is said. It is unclear how feasible it is for women to separate intimacy from sexuality except through dissociation, but this is not discussed.

Runtz and Briere (1986) found that the college women with a history of childhood sexual abuse in their non-clinical sample were more likely to report homosexual contacts than the non-abused sample. Other authors also report that many of the women in their clinical samples of incest victims have engaged in homosexual experiences (Kaufman et al., 1954; Medlicott, 1967; Meiselman, 1978).

Gross (1979) and Goodwin, Sirams and Bergman (1979), who were the first to document marked dissociative reactions in adolescent girls in this literature, attributed these directly to coerced chronic incestuous relationships. Goodwin et al. note that the Navajo people in New Mexico it is commonly held that seizures may be the result of incest. LaBarbera and Dozier (1980) found 6% of
a random sample of 200 psychiatrists to spontaneously mention that hysterical seizures would be a likely result of incest.

In 1980, Rosenbaum and Weaver reviewed 33 papers on multiple personality published between 1934 and 1978, and commented that most cases involved violent incest and other traumatic sexual experiences in childhood. LaBarbera and Dozier (1980) described the role of sexual exploitation in cases of hysterical seizures, and Saltman and Solomon (1982) outline 6 cases of multiple personality in all of which there was a childhood history of molestation or incest. Others who have commented on dissociative reactions to sexual molestation include Gross (1982), DeYoung (1982), Summit (1984), and Jehu, Gazan and Klassen (1984/5). Theoretical explanation for these symptoms is marked by its absence: dissociation is used as a descriptive empirical category, one which includes symptoms of depersonalization and derealization as well as conversion phenomena.

In subsequent adult sexual relating, incest victims have been described as using a splitting process: having sexual relations without emotional involvement (Gordy, 1983). They often have superficial sexual encounters outside marriage while maintaining strong affectional bonds to the husband, or vice versa, according to Gordy. The possibility that this may be a fairly common pattern of sexual relating for women - or one associated with a specific range of dynamics related to both experience and intra-psychic factors other than incestuous experience - is not entertained.

Briere (1984) studying 67 sexually abused women seeking therapy, found 42% experienced dissociative states, 33% derealization and 21% depersonalization. In consequence, in a subsequent study Briere and Runtz (1985) added a special set of questions to tap dissociative phenomena among adults in a clinical sample who had had experience of childhood molestation; they found a significantly higher
number of symptomatic scores compared with a non-abused group.

Gelinas (1983) describes the conscious use and induction of dissociative states as a defense by many sexual abuse victims, some of whom use self-hypnotic anaesthesia. She also observes that self-destructive behaviours are especially likely in cases of sibling incest where the perpetrating older brother has aggressive traits linked with sibling rivalry, and was likely to have been extremely violent.

Sloane and Karpinski (1942) observed that the repercussions of incest for females usually included self-destructive activities and in 1978, Arthur Green wrote that true self-injurious behaviour is rare in pre-pubertal children, except where physical or sexual abuse has occurred. Courtois and Watts (1982) commented on self-destructive behaviours in adults in therapy who had experienced sexual abuse, and DeYoung (1982) cited 57.7% of her clinical sample of 45 women who had been sexually abused in childhood as engaging in self-injurious behaviour as youngsters (cutting, burning, bruising, etc.). DeYoung reported on 26 cases of self-injurious behaviours, all preceded and accompanied by dissociative states of some kind. 'An explanation is offered that this splitting mechanism relates to a punitive superego which triggers both the split and the self-injury, following which the patient experiences relief from feelings of guilt, fear and anger.' As a psychoanalytic formulation, it seems unlikely that this would apply in exactly the same form in all 26 cases, but no further detail is provided.

Shapiro (1987) cites Simpson (1977) who held that when the tension of sexual abuse becomes unbearable, a transitional state of depersonalization occurs. Self-mutilation may be used to break through this dissociative state and the act "enables the patient to be aggressor and aggressed, actor and acted upon, punisher and punished" (p. 46). Shapiro presents an argument for self-blame
as the major factor implicated in self-destructive behaviours in incest victims, at either a conscious or an unconscious level. Her clinical sample were all women who had had violent incestuous experiences and had come from a multi-problem early family environment, however.


In a study specifically examining the relationship between child sexual abuse and suicidality among 195 women who presented for counselling at an outpatient community health centre, this group was considerably more likely to have made at least one previous suicide attempt (55%) than the non-abused women (23%) (Briere and Runtz, 1986). An interesting point here was that 93% of the women who reported early suicide attempts (before age 13) had been sexually victimized. These authors show that greater suicidality was associated with multiple perpetrators, concurrent physical abuse, and sexual intercourse. However they warn against the interpretation that there is a causal relationship between sexual abuse and suicidal behaviour because there may well be other mediating factors. They cite studies showing that suicidal children and adolescents are overrepresented in multi-problem families. Where there is considerable disruption, parental loss, emotional rejection and poverty, both suicidal behaviours and sexual abuse are likely to be common (Finkelhor, 1984a).

Various clinicians have reported studies of long-term effects involving psychometric data on the MMPI, (Meiselman, 1980; Gross, Doerr, Caldiero, Guzinski and Ripley (1980/81); Tsai et al., 1981; Winterstein, 1982; Scott and Stone, 1986), the Rorschach projective instrument (Heims and Kaufman, 1963;
Owens, 1984; Webb, King and Hazzard, 1987), the Personal Orientation Inventory (Wetmore, 1982), the Leary Interpersonal Checklist (Van Buskirk and Cole, 1983), and the Symptom Check List 90 (Silver, Boon and Stones, 1983). Responding to research needs, a specially devised Trauma Symptoms Check List 33 (the TSC-33) was devised by Briere and Runtz (1987).

These psychometric studies on clinical samples have provided little more than another version of previously established clinical findings: signs of poor familial relations, mistrust, poor self concept, inability to form intimate relations, symptoms of depression and anxiety, feelings of passivity and helplessness, a tendency to express anger in inappropriate ways, discrepant self concept and ideal self concept, unassertiveness, feelings of alienation and isolation, and ego deficits.

Some have commented on problem areas related to parenting in women with a childhood history of sexual abuse. C.M. Green (1982) discusses cases of filicidal impulses, and Summit and Kryso (1978) mentioned an increased risk of child abuse, among such women. Goodwin, McCarty and DiVasto (1981) give details of victims of incest whose physical abuse of their infants they relate to the woman's own early experience of sexual abuse and report that these mothers showed eight times more incest experience than a control group of women. Haller and Alter-Reid (1986) describe parenting problems in women with an incest history.

Romanik and Goodwin (n.d.) describe mothers who have relinquished a series of children to other caretakers, and discuss their assessment of 5 patients referred because of maladaptation to pregnancy. They suggest that there can be unresolved conflicts associated with experience of incest, for example, the confusion of maternal feelings of tenderness with sexuality, and consequent substitution of tenderness with hostility. They also mention that such women
commonly fear that their children may be sexually victimized.

(Gelinas (1983) comments that when a woman's eldest daughter approaches the age at which the mother was sexually abused, depression may occur in the mother, and also notes that mothers who were incest victims are commonly ambivalent about their children. A lack of assertiveness leads to difficulties with discipline.

Briere and Runtz (1985) held that recent sophisticated research, employing statistical controls over variables such as early family environment and social class, have indicated that childhood molestation does predict psychological difficulties in later years. To support this statement they cite a 1985 Canadian conference paper by Bagley and Ramsey and dissertations by Fromuth and Peters. In terms of Fromuth's (1986) paper, presumably based on her dissertation, her claim is much more modest, as discussed below.

Subsequently, Briere and Runtz (1987) noted of their TSC-33 checklist findings in 133 childhood sexual abuse victims located among 195 women attending a crisis clinic for a range of problems that "Some subjects ... reported low levels of symptomatology despite having been victimized as a child, whereas other subjects were highly symptomatic but denied a sexual abuse history".

This paradoxical finding is partly illuminated by Fromuth's (1986) report which reveals that in her study of North American college students who disclosed a history of childhood sexual abuse, there was a significant relationship between a lack of parental supportiveness and poor later psychological adjustment. Thus, she concludes, sexual abuse has long-term effects only in families with low parental support for the affected child.
In the large British retrospective study of adult males and females, Baker and Duncan (1985) note that "perceived damage" was largely associated with being female, and with situations of repeated sexual abuse within the family from before the age 10. They conclude that long-term effects are related to the sexual nature of the activity, the abuse of power and betrayal of trust, and to distortions in family relationships.

These observations about the damaging effects of childhood sexual abuse are fairly reserved and conditional. They are echoed in the work of Alice Miller (1985) who has given a perceptive account of the ways in which children may be abused through a range of parental failures. These include pervasively hostile criticism and punishment, intrusive behaviour and carelessness about the development and maintenance of appropriate parent-child boundaries of various kinds. Miller makes no clear-cut distinction between overtly sexual abuse and abuse which is not sexual.

Apart from the studies carried out by Fromuth (1986) and by Elwell and Ephross (1986), discussed earlier, there has been minimal research which relates experience of sexual abuse to current and topical research in contemporary social psychology. Few clinically oriented researchers in the area seem to keep track of social psychological research. I have been able to locate only two further examples.

Silver, Boon and Stones (1983) studied the relationship between current levels of psychosocial functioning and the active search for understanding of the context in which incest had occurred. Using the media, subjects of 18 years and older were invited to participate in the study, using an anonymous mailed questionnaire. They found that the women who had succeeded in finding a meaning (some rational explanation for the abuse) were significantly less psychologically distressed, had higher self-esteem and better resolution than
controls. They noted that this group was nonetheless coping significantly worse than population norms available for the scales used, and that their ruminations still continued.

In another study, Gold (1986) explored relations between childhood experience of sexual abuse and adult functioning. They obtained a sample of 103 abused women, partly through media solicitation and social agencies, and from university classes. The victim group differed significantly on measures of childhood family and social experience, from a control group, and levels of depression, psychological distress, self-esteem and sexual problems. They also differed significantly in attributional style. They interpret the results as suggesting that the abused women's current functioning "was related most strongly to their attributional style for bad events" (p. 471). This raises the interesting possibility that reported difficulties could be due to an attributional style; there was no way to gauge whether this attributional style developed as a reaction to the childhood experiences of sexual abuse, or was already present, or whether there was an interaction between attributional style and sexual victimization.

(2) Absence of Long-Term Effects

Although not common, arguments have been presented that sexual contacts between adults and children are not necessarily or especially harmful (Weiner, 1962; Henderson, 1975, 1983; Schultz, 1980; and Nelson, 1979, cited by Gelinas, 1983). Among others, Rosenfeld et al., (1977) comment that sequelae may be gross or subtle and may not emerge until long after the molestation.

Many psychometric studies reveal no differences between sexual abuse victims and controls (Meiselman, 1980; Winterstein, 1982; Wetmore, 1982). Similarly, in a study of 21 women assessed in a private psychiatric practice, Rosenfeld (1979) commented that the adults who had a history of incest seemed as well adjusted
as their parents and were not perceptibly different from his patients without this history.

Tsai et al., (1979) observed

"... women who were molested as children will not necessarily have adult adjustment problems that differ substantially from the adult adjustment problems of other women who seek therapy for any of a variety of reasons" (p. 409).

Fritz, Stoll and Wagner (1981) comment on the fact that 77% of molested women in their non-clinical sample did not display any long-term effects:

"While mental health workers are well aware of the intra-psychic costs produced by molestation, the vast majority of these cases overcame the negative consequences or did not develop problems..." (p. 57).

Various other authors have noted the absence of long-term consequences of sexual abuse in adult samples (Landis, 1956; Lempp, 1978; Silver, Boon and Stones, 1983), but they constitute a minority and, generally speaking, do not appear to elicit favourable responses.

Finkelhor (1980b) makes two important points. It should not be assumed that experience of childhood molestation destines a child for later difficulties. "All the effects of an unpleasant situation (for example, death of a parent) cannot be presumed to be negative" (p. 12). However, he also warns against adult "ethnocentrism" and that some might use the absence of evident long-term effects to justify claims that fears have been exaggerated - but argues that this would be using different standards to evaluate effects for the child (Browne and Finkelhor, 1986).

In dealing with psychodynamic sequelae, the clinician has to cope with
something of a paradox. The impact of events may be clinically compelling, in terms of individual case studies and cumulative reports in the literature, but also may be non-demonstrable through other methods of psychological investigation, especially in that one cannot actually predict the likely outcome of any particular traumatic event with much confidence. This problem besets the entire range of psychopathology, of course, and is a major reason for the relative disarray of the field of so-called abnormal psychology, which abounds in descriptive classification but is noticeably thin in explanatory theory.

Many clinical and non-clinical studies have aimed at eliciting traumatic effects (gauged by aspects of "deviant" behaviour such as prostitution and homosexuality, problems of sexual relating, low self esteem, depression and anxiety, self-destructive behaviours, and a variety of personality traits), as discussed above. Efforts to establish effects are regarded as confounded in adult studies by the range of intervening variables in the person's life since childhood.

"Although impairments in (these) nonclinical victims are not necessarily severe, all the studies that have looked for long term impairment have found it ..." (Browne and Finkelhor, 1986, p. 72).

These studies do not seek to explain apparent absence of consequences, nor do they make use of a broader, theoretical or conceptual, frame of reference. This is a situation where there is strong conviction about the damaging effects of these experiences, thus other evidence is not sought, and it is often explained away.

**Attempts to Synthesize Empirical Findings**

There have been limited attempts to synthesize research in a way which organizes the widely ranging descriptions of effects to allow a higher level of analysis of some kind. Such syntheses are reported by Gelinas (1983), Browne

In 1983 Gelinhas remarked that in spite of the amount of material which had been published concerning the negative effects of childhood sexual abuse for the adult, no coherent explanatory or heuristic model has been developed to "identify and explain" these effects. LaBarbera (1983) made a similar comment.

Gelinhas is concerned about misinformed attempts to treat adult patients who present with psychological disorders, where the underlying problem concerns experience of incest. She puts forward the idea that all the symptoms and problems reported for former incest victims relate to three "underlying negative effects". These are what she terms chronic traumatic neurosis and continuing relational imbalances (both with secondary elaborations arising from absence of treatment) and, thirdly, increased intergenerational risk of incest.

Chronic traumatic neurosis refers to the affect and memories which are attached to the details of the physical and sexual occurrences of the incest, much of which has been repressed. Gelinhas mentions the intensity of affect which is likely to be evoked by discussion with the therapist, and the tendency for the victim to deny the importance of the experience. At the same time, part of the traumatic neurosis is the use of dissociation to maintain a distance from these experiences, the repetitive intrusions of thoughts, memories and affect which occur, and the panic reactions which may be triggered by various cues. She introduces the ideas of Horowitz and his associates concerning the "post-traumatic stress response" which relates to the common picture of phasic denial and repetitive intrusions. Secondary elaborations are what Gelinhas terms the symptom picture for which the patient eventually seeks assistance: e.g. chronic depression with guilt, poor self esteem and feelings of powerlessness.
Relational imbalances refers to the familial context in which incest occurs. This is the context which is supposed to be nurturing and protective for the child and on which she is dependent, and yet it is the context in which she is betrayed, exploited and traumatized. The consequences of this has implications for the continuing psychological development and personality structure of the girl. A highly significant aspect of the relational patterns of what Gelinas terms the incestuous family is the process of parentification of the child. Typically the mother has been a parenting child, has married a man who has been drawn to her caretaking qualities, but these are redirected to the younger children. The incest victim, often an older daughter, is parentified - she becomes a caretaking figure in the family. These styles facilitate the gradual onset of an incestuous relationship between father and daughter, particularly if he abuses alcohol. The secondary elaboration of the relational imbalances arises through the consequences of these dynamics. The victim "reaches adulthood without the benefits of childhood" in that, although well developed in caretaking and responsibility for others, their self-esteem, social skills etc. are under developed. They learned in their family of origin that they have no rights and no claim to needs. They evaluate their contributions through guilt. Through these and other dynamics they are liable to become involved in exploitative relationships, have few friends, and to have problems with the marital relationship, with parenting, and with their own families of origin.

Intergenerational risk involves the likelihood that the incest victim will be at risk again, in a different relational context, in that she will contribute to the constitution of a family structure similar to the one she grew up in, where one of her daughters will be likely to be sexually abused.

Although the heuristic framework provided by Gelinas has limited application, since much child sexual abuse is not specifically incestuous and many incestuous families do not readily fit the model, it is at least an attempt to organise an
approach to these experiences which should prove useful in therapeutic interventions. As a model then, it has some useful features.

In 1985 Donaldson and Gardner highlight the similarities between the symptomatology found among women incestuously abused as children and the diagnostic criteria for delayed or chronic Post-Traumatic Stress Disorder as it is defined in the Diagnostic and Statistical Manual of Mental Disorders, the DSM III (American Psychiatric Association, 1980). They note that the DSM III Axis IV mentions repeated physical or sexual abuse as an extreme psychosocial stressor (6 on a 7 point scale) and provides three criteria on which to base an evaluation of this kind. There are augmenting or ameliorating factors: (1) amount of change caused by the stressor compared to an average person’s life, (2) the degree to which the event is desired and under the individual’s control, (3) the number of stressors. Their discussion aims to bring incest into the currently rising stream of writings on Post-Traumatic Stress Disorder (PTSD) and more particularly the treatment of PTSD. They draw on Horowitz’s conceptualization of the stress response syndrome (SRS), which was designed to address treatment of PTSD, to formulate a treatment approach for incest victims. This assumes that all instances of PTSD are basically the same (like cases of measles); this issue will be raised again in Chapter 5.

The contribution of Donaldson and Gardner, rather than attempting to devise a new model, makes use of the authoritative weight of the psychiatric classification system in integrating the findings commonly reported for adult incest victims.

Briere and Runtz (1985) do much the same. They suggest that the similarity of effects to be found after rape and in the long-term picture of effects after child sexual abuse represent "specific forms of a more general Post-Traumatic
Stress Disorder ... which, if unresolved, may become a relative chronic syndrome."

These contributions to the literature have their specific applications (in a busy psychiatric emergency unit, for instance), but are not theoretical syntheses: the proposals put forward do not add anything to our understanding of the phenomena or effects of child sexual abuse. There is only one paper which takes us in this direction. Finkelhor and Browne (1985) outline a framework for a more systematic understanding of the effects of childhood sexual abuse. They identify four sets of phenomena, termed "traumagenic dynamics", as the core of the psychological injury produced by sexual abuse.

Traumatic sexualization is the first and this refers to the way in which the child's sexuality (feelings and attitudes) are shaped to be inappropriate and malfunctioning. Betrayal refers to the child's perception of unreliability and misrepresentation by trusted caregivers or adults (customarily seen as caregivers), and to the experience of blame or disregard which they may encounter on disclosure. Powerlessness is the third traumagenic dynamic, and describes the child's experience and awareness of its incapacity to deal with contraventions of its own wishes and sense of effectiveness, and its inability to perceive how its situation of dependency has contributed to the abuse. Stigmatization refers to the negative connotations which surround the experience and "become incorporated into the child's self-image".

Finkelhor and Browne then review the literature on effects of child sexual abuse in relation to the traumagenic dynamics and discuss the implications of their synthesis for assessment and for research in the area. They discuss the importance of development of specific instruments designed to tap each of the four dynamics, tailored for victims of different age groups, and for completion by parents or professionals.
Discussion

The views of psychologists working in this field reflect dominant ideas about the pathogenic nature of child sexual abuse and foster a sense of urgency about the provision of assistance to such victims. Briere and Runtz (1985) comment that the presence of any symptomatology in non-clinical samples of adult victims of child sexual abuse "underlines the need for greater public education and outreach services for the many unidentified survivors of childhood sexual abuse in the general population".

Whether childhood experience of sexual abuse is a potential "pathogenic agent" is an empirical issue which is far from resolved, however. Like for other potentially problematic experiences which occur in childhood (loss of a parent, divorce, school failures, serious accidents) it has been suggested that an elaborate research design would be required to untangle and counterbalance a myriad of factors likely to be implicated (Browne and Finkelhor, 1986). Whether this would be the best route to understand the consequences of childhood sexual abuse, or to deal with such situations, is a moot point.

It is very clear from the literature reviewed that particular kinds of questions are being addressed in this research; fundamentally these are questions about cause-effect links. A great deal of discussion relates to sharpening an acceptable definition of sexual abuse, or different combinations of forms and accompaniments, so that individual cases can be more usefully grouped and the effects clarified.

As Elwell and Ephross (1987) remark "Treatment models for child sexual abuse are based on the assumed damage to children's psychosexual development that results from sexual encounters with adults". They then cite Leroy Schultz:

"Since we are all expected to react severely to child-adult sexual
encounters, such a reaction is bound to insure the unlikelihood of victims escaping the difficulties produced by the definition and interpretation of the experience." (Schultz, 1980, p.41).

In conclusion, an empirical search for pathology or deviance, in the hope of showing these as "causes" or as "consequences" of particular social events or variables can have only limited success. However closely focused, studies of individual subjects which deny the realities of constructed meanings and social representations, and the sociocultural context of power structures, will provide only partial answers. This criticism applies to almost all of the clinically oriented empirical literature and also at most research in this area. It also holds, although in different and distinctive form, for psychoanalytically informed discussions of clinical material (Miller, 1985).

The configurations of personality structure which are encountered in women preoccupied with childhood experience of sexual abuse are not markedly different from those encountered in other women seeking psychotherapy (Katan, 1973; Tsai and Wagner, 1978). Each depressed or anxious woman has her own ideas about why she feels as she does. Child sexual abuse may be a contemporary peg on which it would make sense to hang a bundle of complex emotional difficulties and interpersonal problems. On the other hand, perhaps similar experiences simply are not given equal prominence by all women who seek therapy: there are other acceptable accounts which may be used to understand one's problems.

What will be useful then, will be to examine the place which sexual abuse holds in the thoughts of women seeking psychotherapy many years after such experience, and to introduce detailed clinical discussion of such cases. This will be done in Chapter Three. The relative presence of effects will need to be viewed against the extent to which the experience of child sexual abuse is
commonplace in the general population of women in a westernized society; thus the literature reporting prevalence studies will be reviewed in Chapter Four. A close examination of notions of psychological trauma will be discussed in Chapter Five, since it is far from clear what is meant by this term. Since some authors reviewed suggest that dominant ideas about the traumatic effects of childhood sexual abuse may play a part in the constellation of traumatic effects, lay ideas about these phenomena will be examined in Part II of the dissertation.
CHAPTER THREE

THERAPEUTIC ISSUES
IN WOMEN WITH HISTORIES OF CHILDHOOD SEXUAL ABUSE.

Introduction

Empirical studies which seek to show the long-term effects of experience of sexual abuse or molestation in childhood tend to be limited by the kinds of question which are posed and the methodology available, when clinical samples are reported or are compared with nonclinical samples. The emphasis is on collecting many clinical cases and looking for commonalities in them, the aim being to provide convincing evidence of the effects of such experience through the weight of numbers and the consistency of effects discernable. Such studies are not really useful for the practising psychotherapist, since the specifics of each case tend to be lost. These details are significant for therapeutic intervention, since there are invariably a number of problem areas which, in combination, bring any individual to therapy. Furthermore, it is difficult to evaluate most clinical material published, because of the lack of detail.

Examining the area of long-term effects from a different angle, then, therapeutic issues reportedly common in adult women who have histories of childhood molestation will be reviewed here. These may present somewhat different pictures from the variables which are highlighted in the descriptive empirical studies reviewed so far, since greater detail should be available. The literature reviewed will provide background to three clinical cases to be discussed here:
women who presented themselves for psychotherapy and who expressed particular concern about childhood experiences of sexual abuse.

Literature Review

In a rare psychoanalytic paper on therapy with women who were sexually abused as children, Katan (1973) discusses two cases of her own in some detail but alludes to others with whom she had worked. She outlines the main disturbance as one which revolves around aggression. This, she says, takes various forms. In some it is turned against the self in that there is a powerful superego formation which becomes self-punitive and exacting. Others have problems with overt hostility. In some cases there are difficulties with "taking in" in any form (food, knowledge, therapeutic interpretations) and for others there is difficulty integrating what is available (making a whole out of fragments). Clearly her understanding is constellated around difficulties with responses to intrusion. She refers to Freud's 1926 paper on Inhibitions, symptoms and anxiety where he writes "...touching and physical contact are the immediate aim of the aggressive as well as the loving object-cathexis".

Katan describes the importance of fusion of the libidinal and the aggressive drives, which occurs through experience of warmly affectionate and loving contacts. (This fusion is impaired when loving contact becomes sexual at a developmental phase when the child is threatened and overwhelmed by the sexual stimulus. She comments on the repetition compulsion, the compulsion to re-experience similarly exploitative relationships, and on the common finding of low self-esteem. This she holds is commonly compensated for by fantasized acquisition of a penis and an identification with men.

What Katan does not discuss is whether she should regard these psychodynamic formulations as specific to women who have been sexually abused in childhood. It seems unlikely that this sort of argument could be substantiated as the
central issues Katan raises are ones which are not uncommon among women in psychoanalytic psychotherapy. Is this because so many women are sexually abused as children, or is this to do with constitutional aspects of femininity, or with development of gendered subjectivity in a particular sociocultural environment? I will dismiss the constitutional claim without further discussion as it is one which has received an enormous amount of attention in feminist and psychoanalytic writing (Mitchell, 1974; Dinnerstein, 1977; Chodorow, 1978; Barrett, 1980), and address the other two issues in this and the following chapters.

The literature reveals that the range of possible sequelae and the issues which are likely to emerge in therapy with women who disclose a history of sexual abuse are extremely complex. Brooks (1983) reports a case study of a 26 year old woman who had been involved in an incestuous relationship with her father over a long period. What emerged through therapy in this instance, in the context of a highly ambivalent relationship, was that the main themes which required work were not Oedipal but pre-Oedipal. There were problems surrounding issues of loss, abandonment, rejection, anger and guilt arising from the early mother–daughter relationship. These earlier problems were re-evoked in the context of the relationship with the father, which further coloured her relationship with the mother.

Tsai and Wagner (1978) comment on the guilt and shame found in a clinical sample of women in therapy groups, and felt this related to three variables: (1) pressure to keep the behaviour secret as a child, because of her familial or ordinary relationships, because of her sense of complicity, and often because of a need to protect other family members; (2) the pleasurable sensations connected with the experience itself and with the attention derived from the adult; this would often be incongruent with other emotional responses, sometimes fear and pain, feelings of repugnance, and a
great deal of confusion;

(3) the repetition of the behaviour over a period of time, which would further induce a sense of complicity and dishonesty.

To this last point one might add that there are often situations in which a particular child is molested or abused on several separate occasions, by different adult or older males (e.g. Gagnon, 1965; Levett, 1981, 1983). Since recent prevalence studies suggest that these cases are common, it is surprising that they are not discussed in the clinical literature. In such instances the child is likely to feel compromised simply through being the focus of this sort of attention, which frequently she may keep to herself because of a sense of "responsibility" or complicity.

Tsai and Wagner observe that 31 of the 50 women in their clinical study harboured feelings which were as bitter towards their mothers as toward the perpetrators of the sexual abuse. Herman and Hirschman (1977) make similar comments, as do Tsai, Feldman-Summers and Edgar (1979).

In a similar vein, in Herman's (1981) study most incest victims had a contemptuous attitude towards and were overtly hostile to women, except for those who were feminist. Jehu, Gazan and Klassen (1984/5) report that about a third of a group of women in therapy with a history of childhood molestation were angry and hostile or disparaging towards women. They comment that the victims' mothers were often inadequate, oppressed and ineffective protectors for their daughters.

The area of mother-daughter problems in instances of incestuous abuse has received some attention in the literature. In the 1950s and 1960s there was a tendency to blame mothers, to depict them as pivotal pathogenetic figures in a pathological family, and to strongly implicate the mother in (perhaps
unconsciously) facilitating incest (Kaufman et al., 1954; Lustig et al., 1966; Gelinas, 1983). More recent literature directs attention to the relative powerlessness of the mother (Meiselman, 1978; Herman, 1981; Dietz and Craft, 1980), or to an unhealthy family system (Mrazek and Bentovim, 1981; Brooks, 1982; Sgroi and Dana in Sgroi, 1982; Koch and Jarvis, 1987). Some more recent authors mention that not infrequently the mother herself was sexually abused as a child and that this contributes to her difficulties with her daughter (Courtois and Watts, 1982). Gelinas (1983) observes that in marriage, incest victims tend to repeat their mother's pattern of submission to immature, needy and domineering men who are often exploitative or abusive.

Negative attitudes to men among women who were sexually abused as children have also been mentioned (Courtois and Watts, 1982). Wooley (1981b) fleshes this out as fearful, avoidant and dependent styles of relating to men. Several suggest that there can be a distancing from men and aversion to heterosexual relating (Lewis and Sarrell, 1969; Browning and Boatman, 1977; Rosenfeld, Nadelson, Krieger and Backman, 1977; Tsai et al., 1979). Also mentioned is a tendency to idealize men and to seek male protectors (Courtois and Watts, 1982), or to become involved in unsatisfactory relationships with older men (Sloane and Karpinski, 1942; Malmquist, Kiresuk and Spano, 1966; Browning and Boatman, 1977), whatever this might mean; these sorts of relationship surely would also be found among women who were separated from their fathers in childhood.

In a different and unusual vein, Summit (1983) raises the point that, in some, model behaviour and uncommon achievements may be the major outcome of early experiences of sexual abuse. He says that some women "learn to contain the rage and to live their lives in the service of others" (p. 2). No-one has attempted to study this sort of outcome in any way, systematic or not, but informal enquiry among mental health professionals and social workers suggests that there may be good grounds for arguing this kind of outcome. It is one
which calls for further research.

On the other hand, not infrequently, women with a history of sexual abuse are reported to become promiscuous and seductive. Jehu, Gazan and Klassen (1984/5) commented on what they term as the over-sexualized relationships of 6 of the 22 women in their clinical sample, and on promiscuity among another four. Runtz and Briere (1986) mention sexualized behaviour (based on an expressed liking to dress in a sexual way which attracts attention) among a college student clinical sample. Whether these researchers are describing similar phenomena is difficult to judge.

Jehu et al., (1984/5) note that 17 of 22 subjects feared intimate relationships with men, 13 feared men, 11 overvalued men and 10 were hostile towards men. In another clinical sample, Donaldson and Gardner (1985) note that 83% had difficulty trusting men and 77% felt vulnerable in relation to men.

Problems with trust and intimacy are commonly reported among adults with a history of sexual molestation, and this would have a likely association with relationship difficulties and sexual dysfunction. Wooley and Vigilanti (1984) comment on patterns of conflict which emerge, similar to those found in double-bind families. They describe a lack of trust with extreme dependency, fears of being alone and fears of intimacy. In the sample described by Jehu et al., (1984/5), two thirds mistrusted others, and the same proportion felt insecure in relationships. This is echoed in Wooley and Vigilanti’s (1984) discussion of what they see as a failure of separation and individuation in victims of intrafamilial sexual abuse.

Problems with relationships and with sexual relating are described by most authors writing in this field, when describing clinical samples. Rosenfeld (1979) describes problems with the "modulation of interpersonal distance". Major
problems of trust result in ambivalence in relationships, and this is commented on by Courtois and Watts (1982), and Brooks (1983). Haller and Alter-Reid (1986) observe that women with incest histories in therapy were mostly loners and were fearful of intimacy, whether this was sexual or not.¹

At least half of Jehu et al.'s (1984/5) sample complained of impaired sexual functioning. There was impaired motivation in 10 of 22, aversion to sexual relating in 9, impaired arousal in 12, impaired orgasm in 7 and dissatisfaction in 13. Meiselman (1978) mentioned 74% with impaired orgasmic function, Finkelhor (1980b) talks of low levels of sexual satisfaction and adjustment. Glasner (1980, cited by Jehu and Gazan, 1983) reported sexual dysfunction in 54% of an adult sample of 28 women sexually molested as children, compared with 28% for a control group of 15. It would be safe to say that almost every author describing clinical samples of adult women with histories of childhood molestation make the point that compared with samples, there is a higher incidence of sexual dysfunction or dissatisfaction. Not many writers have attempted to detail the sexual difficulties, or to discuss these relative to similar difficulties among the general population.

Jehu and Gazan (1983) refer to a sexual intimacy dysfunction which arises some time after the initiation of a sexual relationship, once the relationship has become established, when feelings associated with early sexual victimization are re-evoked. In another study (Becker, Skinner, Abel and Treacy, 1982) a third of a small group of incest victims who volunteered for the research interview reported a desire dysfunction (no interest in sex at all, and a preference for abstinence), and 75% reported fear of sex. Jehu and Gazan (1983) discuss a range of forms of sexual phobias and comment that often there is sexual activity only under pressure from the woman's partner, or after she has become intoxicated.
Attitudes to self are generally reported as defective. Low self esteem has been mentioned by Tsai et al., (1979), and Herman (1981) comments that many of these women feel different or speak of feeling like outsiders. Jehu et al., (1984/5) also mention a feeling of being different and other authors report these women as feeling strikingly lonely (Donaldson and Gardner, 1985), isolated (Briere, 1984) as having a negative self-image (Courtois and Watts, 1982, Van Busskirk and Cole, 1983) or low self-esteem (Jehu et al., 1984/5).

Bagley and Ramsay (1985, cited by Finkelhor and Browne, 1985) report "women with very poor self-esteem were nearly four times as likely to report a history of childhood sexual abuse as were the other subjects." (p. 70). What precisely is meant by "self-esteem" and how this may relate to other issues which bring women into therapy, or to social attitudes to sexual abuse and sexuality (attitudes which are shared by the women involved) are not discussed.

Limited social skills, with non-assertiveness, has been mentioned (Jehu et al., 1984/5), or a lack of confidence (Donaldson and Gardner, 1985), as likely to be involved in cases where women with this history tend to believe that men will only be interested in them if they give in sexually (Wooley, 1981a). Authors mentioning these difficulties do not contextualize them within an account which places women in the social structures of western patriarchy. In other words, to what extent are these issues which are specific to women with childhood experience of sexual abuse?

Fears of inadequacy along with an unrealistic sense of being powerful, in a malignant way, especially in relation to men, is an area of conflict for many such women (Wooley and Vigilanti, 1984). Such dynamics are equally likely in women who have in common early difficulties in relating to mothers who are depressed or anxious.
According to some there is often guilt in these women. This may attach to childhood enjoyment of adult attention and interest, or because of aspects of enjoyment, initiation or allowing the sexual contacts. Sometimes the guilt relates to not having made use of opportunities to disclose the experience. Gellinas (1983) mentions these aspects of a chronic depression which is often encountered and must be dealt with in therapy. Many other authors mention guilt since this point was first made by Sandor Ferenczi (1945) (e.g. Rosenfeld et al., 1977; Kaufman et al., 1954); whereas Labarbera and Dozier (1981) caution that the source of the guilt reactions of sex abuse victims "has been a matter of considerable conjecture and disagreement" (p. 1479).

Jehu, Klassen and Gazan (1985/6) discuss the importance of cognitive restructuring of the distorted beliefs held by women who seek therapy, and have a background of childhood sexual abuse. They cite and apply the ideas put forward by Seligman as "learned helplessness", and outline the unrealistic ideas and fears commonly found in this group. Donaldson and Gardner (1985) introduce the ideas of Horowitz as useful to cognitive restructuring for these women. The problem with this kind of approach is that it attempts to deal with deep-seated issues associated with women's position within the social order and processes of defensive splitting, on a totally rational level. It is doubtful how successful such approaches can be, given the range of complexities which are likely to be involved other than childhood experience of sexual abuse.

Secrecy, guardedness and superficial compliance are issues raised by Haller and Alter-Reid (1986) as defensive styles, learned early by adults with this history. Secretiveness is also mentioned by O'Brien (1987). These are interesting observations which will be raised again in Chapters 5, 6 and 7.
In this section, clinical details of three women who presented for psychotherapy many years after experiences of sexual abuse in childhood will be discussed. These summaries are based on therapy notes concerning regular weekly therapy sessions occurring over a period of time of not less than a year. In each of these cases, the issue of childhood sexual abuse had considerable significance for the woman herself, and this will be discussed.

The section will conclude with a brief discussion of the psychodynamic issues observed in these women and a comment on the limitations of the existing empirico-clinical literature in understanding the case material when the psychotherapist works in a psychodynamic framework.

I will be drawing mainly on the work of object relations theorists (especially Melanie Klein, Andre Green, W.Ronald Fairbairn and Harry Guntrip). This theoretical framework is helpful in providing some understanding of the complexities of such situations, leading to a working formulation of the dynamics which were explored in psychotherapy.

It is easy to argue that the psychodynamics which result from variables involved in childhood sexual abuse often produce a person who is highly sensitive to any sort of "intrusion", has difficulty in trusting the intentions of others (and, in the more psychologically-minded, mistrust of her own intentions), tends to dissociate or split off powerful emotions - especially aggression and eroticism - and may complain of a range of forms of sexual "problems": masochistic relationships, difficulties relating intimately to men, frigidity, dysparunia, or an inability to feel aroused whether the preferred sexual partner is male or female. There is an accessible logic to the association of this kind of problem with sexual abuse because so much of the phenomena have an appealing cause-effect quality. In a thorough psychoanalytic framework, such issues can
develop and emerge in any number of ways and are not necessarily associated with childhood experience of sexual abuse. What is more, sexual abuse could be associated with a range of less logically related phenomena, given the primacy of irrationality when dealing with the Unconscious.

The following three cases are presented to illustrate the form and variety of problems which may be encountered in clinical practice with women who have had childhood experience of sexual abuse. Following the case material and some details concerning each woman's psychotherapy, some general comments will be made to highlight broadly conceived psychodynamic issues which emerged, and to provide an idea of the kind of understanding which is possible within this framework. This bears very little relationship to the kind of empirical information which constitutes most of the available literature reporting research in the area, and probably even less with a thoroughly psychoanalytic approach (which I am not equipped to attempt).

(1) **CASE 1 - A**

A, an articulate, intelligent, fastidious woman of 27 had been accosted in a car park and raped in her own car one evening on her way home from work. This sexual assault, by an unknown man who had appeared to have been lying in wait for her, had precipitated a crisis which involved considerable anxiety: insomnia, fear of being alone in any circumstances, weeping, inability to eat (she had lost 3 kg. in 3 days), and an inability to relate sexually to her husband. She was most concerned about her inability to control her crying, without cause. Married for some 4 years, the protective and caring husband was somewhat perplexed by his wife's difficulty in perceiving the assault and marital intimacies as separate and distinct. His attitude was that resumption of the sexual relationship between them would "put matters right". Both were worried about the possibility of sexually transmitted disease although she had already been treated prophylactically with antibiotics by her general practitioner. A's
mother's doctor had also prescribed sleeping tablets and tranquillizers. The couple were seen for counselling within a few days of the assault, and these and other issues were discussed and placed in a more constructive perspective. She was seen several times over a 3 week period.

Some months later, A requested psychotherapy. She was extremely anxious but very controlled. She had continuing fears of being alone, about driving alone, even in daytime but especially in the evenings. Her husband was accompanying and meeting her in most of her activities, but she was experiencing panic responses to innocuous approaches by strange men, "even cripples or beggars", also when accompanied. She worried that "because I am afraid, this might attract attention and attack". She was avoiding answering knocks on her front door, and would not use the "security viewer" because "they could see me, they would know I was there" and would not go away. A doctor had recently advised her to have a further check for sexually transmitted disease, which had made her very upset, and there had been several visits by policemen in connection with identification of suspects. Each of these situations had precipitated uncontrollable anxiety. A was concerned about these reactions and her fears which she felt were liable to cause difficulties in relation to work.

Employed in a highly responsible organizational position with a large institution, A tended to dedicate herself to her work and to one or two close relationships. She had worked hard to develop a strong sense of autonomy and independence, and earned considerable respect from her employers and colleagues.

Significant aspects of her early relationships were rapidly revealed. Her father was an relaxed, affectionate and non-punitive man who abused alcohol. He was not particularly confident or ambitious. When told about the sexual assault (on the telephone) he was very upset but said "What have you done to me?" The mother was an undemonstrative, self-disciplined and somewhat asocial woman,
who controlled her family "with a look". Not usually emotional, when told of the sexual assault she had been extremely upset and concerned about her daughter. Within a few days, however, she refused to discuss the matter further. She had had a very close relationship with her own mother who had been an additional parental figure for A. This maternal grandmother was an affectionate woman with whom A had spent many childhood weekends, until her death when A was 12 years old. This loss she felt unable to mourn - she felt she had had to keep control for her mother's sake, particularly because mother had been upset herself. There is a brother 3 years older. He was an unruly and aggressive child who often was physically violent towards his young sister, although he was sent to boarding school to protect her.

The parents divorced when A was 8 years old. After this, she recalled an idyllic time, when she slept in mother's bed and developed a set of fantasies involving toys she had arranged around the room. She had a fairly isolated childhood but said she did not feel lonely. She did well in subjects where she disliked her teachers most, but did not like school at all and left before completing high school in order to "become independent".

There was an over-involved and ambivalent relationship between A and her mother which, although close, had included little intimacy or physical contact. There had been many areas which the mother simply refused to discuss, notably sexual matters, even currently, and menarche had been an unexpected and unpleasant experience. Parental conflict was a prominent aspect of A's early years - she would feel nauseous and often vomited while hearing their frequent arguments. Not long after the divorce, A's mother remarried a possessive, jealous and dominating man. When she was about 12 years old her stepfather began to visit her bedroom in the evenings when she had gone to bed. He brought her books about sex and told her that he was teaching her about these things at her mother's request. He molested her, repeatedly, over a period of
years. This involved attempts to stimulate her sexually through genital manipulation. She felt unable to discuss what was happening, with her mother, although she felt "confused and disgusted" and had the impression that this was what happened to all daughters. She had not spoken about these early experiences to anyone.

A had no close friends during childhood or adolescence but developed a close bond with her young stepbrother, born when she was 10, in whose early care she was closely involved. Before her marriage at age 24, she had two brief, rather unsuccessful relationships with men, both of whom finally left her. She was unclear about the reasons for the breakdown of these relationships.

In spite of her declared willingness to discuss any matters freely in therapy, it proved very difficult for her to label or describe a wide range of feeling states, or to talk in detail about her sexual relationships. Although she repeatedly spoke of her sexual relationship with her husband as a good one, the anxiety precipitated by discussion of sexuality suggested problems in this area. She was always extremely tearful when talking of her mother and initially quite incapable of understanding this. She had great difficulty in accepting her needs for nurturance and dependence, perceiving these as making her vulnerable and threatening her autonomy.

In therapy, it became increasingly apparent that A harboured ambivalent feelings toward her mother, who she had never felt really loved her and who had failed to protect her as a child. There was also current anger with the mother, who "fails to see (the stepfather) as he really is". She resented that it was somehow never possible for her to spend time alone with the mother; the stepfather seemed to be anxious about what they might discuss and would make it his business to be present. It became evident that the husband was quite controlling of her, both in his expectations of her and in his role as protector.
She tended to be very compliant in relation to him.

In the 7th session A spoke of having attempted to talk with her mother about past deceptions — by commission and by omission — and the mother had "laughed until she cried", treating the discussion lightly. This was confusing and hurtful. A felt "nothing I say or do is taken seriously by my mother". She felt that she amused her mother and has always needed to behave in ways to please her, although she rarely obtains the approval she strives for in this way.

In the following session she reported she had been able to be more natural. This meant that she had not felt obliged to dress up as though dining out when mother came to supper, and that she visited wearing casual clothes.

Subsequently she mentioned being less bothered by her stepfather and accepted an interpretation that, now that she is more able to be direct with her mother and accept that she feels some resentment toward her, she is less angry with her stepfather. In re-owning her ambivalent feelings about her mother, she had transferred the idealized good parent relationship into the therapist. This was interpreted in a mild way to the effect that she seemed to need to please the therapist.

In brief, it seemed that A’s over-involved relationship with her mother (whom she idealised and emulated in certain ways) was based at least in part on fear of loss, particularly after the marital breakdown and the death of the grandmother. At the same time, the male-female relationship model to which she was exposed in her early years was one marked by conflict and distance, in the parents, and violence, hostility and helplessness in relation to her brother. The grandmother, who became a replacement nurturing figure after the parental separation and her mother’s remarriage, died at around the same time that the
stepfather initiated the sexual behaviours which so upset and confused her. He was strongly disliked and became the receptacle for all her negative feelings: for the inadequacies and weakness of her father who abandoned her, for her feelings of not being good enough for mother to love, for the helplessness which her brother elicited in her, for taking her mother away from her, and for his seductive and intrusive behaviour toward her as she grew older and realised how inappropriate this had been.

Over the course of this short term intervention, it became clear to A that she had been needing to cut off from feelings of anger (about her vulnerability) since she was a small child, because of her fear of the consequences. She became more able to be specific about her needs in relation to her mother, and initiated visits and discussions which sometimes excluded the stepfather. She was able to talk with her mother about her childhood experiences and feelings and, even though it was difficult, her mother was able to respond quite appropriately. There was greater affection between mother and daughter.

What was not clarified (in part related to the inexperience of the therapist at that time) was the likely association between aggression and sexuality, for her. There has been a displacement of libido into her perfectionism at work, and of a secondary narcissistic type - she is extremely careful about her appearance and clothing and presents a very attractive image. Modelling herself on her mother, in this latter way, she both pleased mother and established a manifestation of a clean and beautiful ideal self, which would be unlikely to frustrate and disappoint her, as had been her experience with so many real object relationships in her life. Since her husband's needs seemed to complement her own (both led busy and successful working lives in different spheres, which demanded only superficial emotional involvements in structured business settings) it is likely that this couple could have continued indefinitely, apparently functioning well.
The sexual assault obviously disrupted A's adjustment to her early experiences, and would have played some role in the subsequent deterioration of the marital relationship, over the following few months. They separated some 8 months later, on the grounds that she definitely did not want to have children or leave the known security of the city where her mother lived or her career. There seemed to be considerable relief in this separation, for A; she rapidly found and decorated her own apartment, which acquired a particular significance for her. The notion of her own safe and familiar living space to which she could retreat seemed to replace the demands and intrusions of a committed relationship.

A terminated therapy at a point when the relationship with her mother had improved. Her strong need to control her environment and to be self-controlled and autonomous conflicted with her emotional and dependency needs. This balance had been relatively successful until the sexual assault threw her into turmoil, re-evoking early feelings of loss of control and a sense of a dangerous and hostile environment, with dangerous betrayal by close figures.

Some limited gains of the therapeutic intervention were that she became more able to speak freely with her mother and to be affectionate toward her. These suggest that there was some change in her ability to trust the good aspects of her object relationships while accepting their limitations (or bad aspects), since she was more able to accommodate her ambivalent feelings towards mother. Furthermore, she was less hostile towards the stepfather, perceiving aspects of his relationship with her mother as caring, considerate and important for mother.

In this case, the main issues which emerged were not simply to do with the stepfather's seductive and abusive behaviour toward A during her childhood
and early adolescence (inappropriate expressions of his own needs and problems). Her basic difficulties were rooted in problematic early significant object relationships and losses. Her mother appears herself to have had problems rooted in her own childhood and parental relationships, and which would interfere with her capacity to bond. A's father was nurturant but unreliable and ineffectual, and dealt with his problems in alcohol abuse, apparently unable to cope with the aggression in his marital relationship; he abandoned A as a child after a long period of marital conflict. A warm and nurturant grandmother died at a particularly difficult time for A, and an aggressive and hostile older brother was expelled from the family because of his behaviour towards her.

(2) CASE 2 - B

This woman (B) was 24 and in professional training when she presented for therapy because of what she described as problems with relationships. B was an articulate and highly intelligent woman. It emerged that she had been involved for some 3 years in a lesbian relationship with a woman of similar age, which had been breaking down for some months. In this relationship B had been "like a child with her mother". The lover's ambivalent feelings about being involved in a lesbian relationship had been a factor in its deterioration and breakdown. Prior to this, and at times concurrently, B had been involved with a man 12 years her senior. She saw him as "mature and brilliant" and wondered at his interest in her, which felt ill-founded and likely to evaporate.

The second child in a large and wealthy family, B described her father as "weak and ineffectual, but kind and family-oriented, a domesticated man who was unassertive and self-pitying". Her mother, who had become a successful businesswoman in recent years, was "unstable, creative and destructive". Until her teens she had experienced her mother as being "like a witch". There was a great deal of parental conflict, mostly verbal. At one time father had moved out
of the parental bedroom and into B'S bedroom for a period of time. The mother had a complex and close relationship with her own mother, and tended to take to her bed at times with a range of complaints.

In the first consultations B described her childhood as largely uneventful except for parental conflict. She had achieved outstandingly at school. An event which stood out for her occurred when she was about 12 years old, spending much time with a close girlfriend who looked much older. They would go to discos together, feeling adult and adventurous. One evening B had what she termed a "bad experience". Three men had cornered her in one of these clubs and had forced her to perform fellatio on them. She had felt frightened, shocked and disturbed by this experience but unable to tell anyone, and had broken off both her friendship and the adventurous activities. She felt ill, ran a temperature, and suffered with nausea and vomiting for some weeks. During the next year or two, she would go daily to the beach in the afternoons where she would run until she exhausted herself and often would vomit. During the same period she suffered intermittently from stomach pains, nausea, vomiting and diarrhoea.

Two years later, after an evening with peers, B had accepted a lift home from an acquaintance. He attempted to rape her, and was hitting her for noncompliance when several other guests arrived in the vicinity. "As though nothing had happened" they all continued on in convoy, and she arrived home safely.

These events had a marked effect and she felt that her behaviour changed radically from this time. She stopped dressing "nicely" and took to wearing very old clothes, usually denim jeans and loose, large shirts; she stopped shaving her underarms and legs, became socially withdrawn and preoccupied.
herself in a more solitary way with reading and music. She continued running regularly.

In exploring the details of the two significant relationships she had had as an adult, it emerged that B took an active sexual role in the context of her woman lover, and felt incapable of allowing her partner to initiate sexual intimacy nor to make love to her. She described herself as feeling happy and satisfied emotionally in this context, and as being orgasmic occasionally, even though she was not being actively stimulated. The deterioration in the relationship seemed to be connected with her partner's feelings of guilt at enjoyment without active involvement, and rejection of her own eroticism, together with rejection of B as a woman lover.

The relationship with the older man, which had been terminated by B because of her growing involvement with her woman lover, was one significantly marked by an absence of communication of an intimate nature. Gratified by his interest, B had accepted his active and demanding sexual attentions which she found exciting in the initial stages of lovemaking (occasionally to the point of orgasm) but which she found unbearable at the point of penetration. She concealed this from him.

Over the course of psychotherapy, which continued for some 30 months, a range of significant detail emerged. In particular, this concerned her early relationship with her mother. It seemed that the mother was a quite disturbed woman who had been physically abused by her alcoholic father and had witnessed a great deal of physical violence directed at her mother. These grandparents had divorced when the mother was about 5 years old; B'S grandfather committed suicide 15 years later. The maternal grandmother remarried subsequently, even though she was a Catholic and did not regard the marriage as valid; a "puritanical" woman, for this reason she refused him
sexual intimacy. B was cared for by this grandmother a great deal of the time in her early years, partly because of her mother's over-involvement with the eldest son who was presenting with a range of emotional problems. There were also three younger children.

B was exposed to a variety of terrifying stories and innuendoes about men and male violence and sexuality during her childhood and adolescence, both from her mother and her grandmother. She was afraid of her stepgrandfather, whose affliction with carcinoma of the genitals was known to her at an early age. She grew up with an affectionate contempt for her father, fear of her stepgrandfather, and with inconsistent nurturance and protection from her mother, whom she both idealized and feared. Many childhood memories concerned situations where she was unable to call for help or comfort her at moments of need, e.g. when she had fallen and hurt herself, because it was as likely the mother would rage at her and hit her as console her. Her memories of childhood sexuality included an idea that, during the period her father had slept in her bedroom, there has been sexual contact; she was unable to recall details of this. There also had been mutual exploration with a boy her own age who lived nearby; when this reached her mother's attention (through the older brother) there was an enormous fuss and punishment.

In later sessions a picture of a sadomasochistic fantasy life emerged. The extent to which this young woman had been exposed to violence, distorted notions of sexuality, and had had to repress her own aggression and sexual ideas, was evident in daydreams which involved violence, threatening male and female figures, rape and murder. These fantasies were most prominent at times when she felt very anxious. B had adopted a strategy of going on very long and exhausting runs, where it felt safe to pursue these fantasies.

It became evident that B's compulsion for exercise, outstanding academic
achievements, and her need to play a protective, active and nurturing role (with friends whom she appeared to choose because of their dependent needs), were ways she had found to compensate for her own unmet needs and in a reaction to her repressed aggression. B felt "different" from others and a need to conceal this, often assuming a role as a charming clownish entertainer. Often depressed, many of her difficulties arose because she was unable to ensure obtaining sufficient nurturance for herself, nor to manage to retain the amount of personal space (structured time and living environment) which she needed as safeguards against disclosure and feelings of intrusion. In addition there was a fundamental mistrust of intimacy and a fear of loss of control which, when threatened, brought with it a sense of panic. Her early object relationships were unstable and tenuous and her sense of personal worth low, so that she was fearful of making demands on others in case this precipitated rejection.

A recurring issue raised in therapy was whether B was protecting the therapist from aggressive impulses. She worked very hard to be a "perfect patient" - always punctual, always verbal, always bringing "interesting material" to the sessions: dreams, memories, thoughts and active associations.

After a few months of therapy it became apparent that B was likely to lose both of her significant relationships because, beginning to connect with her affective needs, and recognizing their demands on her, she was changing the dynamics of these relationships. Choosing to reject these two relationships herself would appear to be extremely dangerous to her for she would lose her two most important props and they might turn on her. At around the same point, the therapist mentioned a 2 week vacation planned for the following month. B, for reasons she was unable to articulate, experienced a high level of anxiety and activity. This precipitated a drinking spree with careless friends, unaware of her state, who left her behind to find her own way home alone at the end of a long evening of carousing. B found herself in a dangerous situation with three
men in collusion with a woman, in which finally all three raped her. She was seen frequently over the following week and, although harrowing, the experience proved helpful in exploring how it had come about, in consequence of her fears of abandonment and resultant acting out of her needs for being protected and cared for.

In subsequent months, B's relationships with her family shifted slightly. Previously she had led a double life in the sense that, returning home for holidays she would assume the "nice daughter" role which was demanded by her mother, and felt she would completely lose her sense of self. Now this began to change, she was more clear about her preferences and her needs on various levels, and she discussed these with her parents. She became more accepting of conflictful aspects of herself, and less rejecting of aspects of herself and of others which she had viewed as "bad".

(3) CASE 3 - C
This woman, C, aged 36 when first seen, was referred by a colleague who had seen her with her husband when in crisis over the husband's extramarital affair. They had been married some 10 years and had two small children. C felt that the crisis had arisen due to the quality of communication and "vast sexual problems" - she described them as "physical problems". Initially she had had doubts about marrying this man, particularly because her mother was very clearly opposed to it. She had enjoyed sexual relating in the first years, but in the year in which the first child had been born the difficulties became more marked and the situation had deteriorated. It seemed that she was not orgasmic and she had felt she was being used sexually. Both partners were unhappy and dissatisfied with the situation for some time, although there had not been much discussion about it. She held that she had always given in to her husband and had been primarily a peacekeeper. She was now confused and needing to "sort
herself out": she blamed herself substantially for the marital problems and hoped that the relationship with her husband would be re-established once she had sorted her problems out, even though currently she felt that she hated him. She saw herself as a big, clumsy and unattractive woman (in fact, she was quite small, moved in a well co-ordinated way and was an attractive person).

She described her husband as "a very nice person", at times self-centered and dogmatic, but generous and very active in sports and in his business. He was insecure and compensated for this in various ways. She reported that he wanted time to work out this attraction, but that he wanted to preserve the marriage as well. In further discussion C disclosed that she had never had a "strong sexual drive" and found it difficult to respond. She said that she believed this had to do with the fact that her stepfather had "used" her sexually as a child.

A complicated picture of early losses, deprivations and abuse emerged. The mother had been an only child, born late to parents who had raised her with the aim of making her a concert pianist. A refugee from Nazi Germany, she was sent ahead of her family at age 13, and her parents had perished not long after. She was brought up in the care of two single sisters, relatives who had managed to leave Vienna. C described her mother as intellectually gifted but emotionally stunted, insecure, domineering, and very unstable and moody.

C had never known her biological father. She was conceived in a grande passion an extramarital relationship involving a married man, and saw herself as a love child. Her young mother already had a 3 year old daughter, and had had a miscarriage before C's birth. Her husband insisted that the child be raised as his, but then absconded within a year of C's birth. Her mother had entered another relationship within a year or two, married this man a few years later, and was still living with the stepfather currently. There had always been
a great deal of verbal conflict between this couple. The stepfather was an ineffectual man who had been affected by his military experience during World War II; there was a suggestion that he was invalided out of the army in consequence of his emotional state. The family lived in impoverished circumstances.

The stepfather had abused C sexually for as long as she could recall, probably commencing when she was about 3 years old, until she was in her mid-teens. This abuse had not involved full intercourse at any time but had included oral-genital contact and touching and occurred at times when the mother was not around. The stepfather would remove all his clothes and was sexually aroused and he would make her fondle his penis and accept it into her mouth. On one occasion she could recall almost choking. He had done similar things to her sister, which the girls never discussed. The sister was sent to boarding school from age 8. These situations did not involve both children simultaneously, the stepfather attempted to conceal the events from the other child and from the mother, but C said she somehow knew that her sister was also being abused. He forbade her to tell her mother and she complied with this until she was about 15. At this point she threatened him with disclosure and he no longer molested her; she could not explain how she had become braver.

In therapy she talked of feeling shamed, and revulsion at what she had endured and now thought she should have told her mother; that she had not done so she reasoned made her as guilty as her stepfather. She also recognized that as a child she had tremendous fear of her mother's unpredictable responses and extreme moods and that these had been paralyzing for the child. It puzzled her that she had not felt angry with her stepfather.

C remembered her childhood as sterile and unhappy. She was enuretic until age 8 and was an isolated, moody and very reserved child who desperately craved
affection and popularity. She envied her sister's escape to boarding school and felt angry with her mother and sister at times. The mother often physically abused the children, but C described herself as very attached to her, even though it was never possible to confide in her. The children lived in dread of the mother's unpredictable rages and moods. However there were positive thoughts about her background too. The mother had placed emphasis on independence because she had felt herself inadequately prepared for life. There were intermittent other nurturant adult figures - a godmother, and an elderly couple who visited the village. C did well at school and left home to attend university where she obtained her degree.

Once she had left home, she never returned except to visit, and often tried to persuade her mother to leave the stepfather. She had few friends and supported herself but soon moved to South Africa where she met her husband not very much later.

In later sessions C found herself wondering whether the experiences with the stepfather were as bad as she had thought and began to focus on the difficulties she had had in relying on an unpredictable and disturbed mother who was so often unavailable or abusive. She had felt very helpless as a child and in consequence of this was extremely protective of her own children. It emerged that her emotional focus had shifted in a major way from her husband to the children, once they were born. She had experienced a postnatal depression for some months after the birth of the eldest child when she felt totally inadequate, but this had not recurred after the second child's birth. She worried a great deal about the way she was bringing the children up, and about the effects of the marital breakdown on them.

Previously a "placid person" she became easily irritable with her husband. She felt that she had begun to grow up since the birth of the children. She had
tried to be more assertive and felt that her husband had reacted by becoming more dominating than before. She realised that although superficially sociable and relaxed with a few close friends, she actually maintained a distance from people in an active way. Intimacy of all kinds was threatening for her; she made a comparison with being attacked. These issues were discussed in relation to the therapeutic context.

It was not long before she decided that she wanted a divorce, to clarify the situation with her husband, and to give herself time and space for self-discovery, and to become a person who could "relate properly emotionally". She felt she had been "keeping a lid on things for years".

In subsequent sessions she was able to mourn the lost relationship with her husband, whom she saw as similar to her mother in certain ways, and perceived many good aspects to him: his generosity and reliable support. She also began to mourn for the absence of adequate and secure parenting in her childhood. She maintained a defensive strategy which involved taking all the blame for mishaps, conflicts and problems, and exonerating the other person. This was clearly a defence against hostile feelings and had originated early in her childhood when there was no possibility of learning to express anger against the parental figures in her life.

The transference was marked by an extreme idealization of the therapist, with great resistance to interpretations of its meanings. At one point in therapy there were 5 successive sessions in which C was incapable of talking at all. Apparently concerned with a working through of early material related to mother, this was understood by the therapist as necessary: being allowed to misbehave and to express hostility in an oblique way (in reaction to her feelings of vulnerability) without destroying the relationship or the secure environment of therapy. However, she was unable to articulate this or to clearly accept the
interpretation which was offered. She had had to suppress all her feelings as a child, especially negative ones; C had felt that she would not cope if she let herself feel too much. In consequence, she had rarely allowed herself to feel very much, even in relating to her husband. Her main needs were to be held and to be close, rather than to relate sexually, and she wanted to work towards being able to negotiate and maintain a close relationship.

This woman was obliged to terminate therapy at a time when her financial resources became depleted. By this point she was planning to enter a business venture which would provide her with a vehicle for her substantial skills and allow increasing financial independence from her ex-husband.

**Psychodynamic Discussion of Case Material**

According to Anna Freud (1981), "...where the chances of harming a child's normal developmental growth are concerned, it (incest) ranks higher than abandonment, neglect, physical maltreatment, or any other form of abuse". Whether or not this is the case is far from clear, as we have seen from the empirical studies reviewed.

Melanie Klein discussed the question of early psychological development of little girls (1975a). She quite specifically mentioned the kinds of fears which are commonplace for the girl child: "... the girl's deepest fear - namely that the inside of her body has been injured or destroyed ..." (p. 210). And "...the girl's deepest fear is of having the inside of her body robbed and destroyed" (p. 194). Klein's explanation is that this fear is a projection of the child's sadistic impulses, imputed to the mother initially because "The resentment her mother has aroused in her by withdrawing the nourishing breast from her is intensified by the further wrong she has done her in not granting her her father's penis as an object of satisfaction" (p. 195).
Both Freud and Klein place greatest emphasis on the predominance of constitutional factors and internal (or psychic) reality, and hold the view that "...in females the projection in early childhood of hostile impulses against the mother is the nucleus of paranoia in later life" (Klein, 1975a, p. 238). More recent psychoanalytic writers have presented good arguments for recognizing the significance of external reality situations (Fairbairn, 1952; Guntrip, 1961).

Splitting is a primitive defence mechanism against anxiety and against rage (Klein, 1975b; Guntrip, 1961; Grotstein, 1981). Dissociation from aggressive and sexual impulses is a prominent feature of these cases, illustrating the complexities of personality structure in young women who, as pre-pubertal and pubertal children, had to deal with a range of anxiety provoking situations, including sexual abuse and molestation. Splitting is also evident in the ways in which these women make use of separate object relationships as the vehicles of good and bad attitudes and feelings and in the way in which they have taken into themselves, and on occasion display themselves as the bad object.

Originating in infancy, the threatening object (perceived by the child both as outside aggression and as the return of the bad and aggressive aspect of the self which has been projected onto the outside object) has to be split off from the image of a good object in order to preserve it. That, in some instances, the bad aggressive object is fused with an exciting object, is confusing. This entails the division of both libidinal and anti-libidinal objects (Fairbairn, 1952) leading to splitting of the ego itself; the phenomena of dissociation (in a range of manifestations from hysterical neurosis to depersonalization) are all associated with this splitting process (Fairbairn, 1952; Guntrip, 1961).

An important point here is that it is held that the depth of the trauma of childhood sexual abuse, whether incestuous or not, varies with the extent and nature of the cumulative trauma experienced by the child over time (Khan,
1963), and with defects in parenting which permit this (Scharff, 1982; Miller, 1985).

It is not an uncommon finding that women who have been sexually abused as children feel themselves to be apart, isolated and different from others. However, this stigmatic configuration is also likely in those who have suffered through difficult separations in their early years, or who have experienced themselves as stigmatized in some other way. There may be a tendency to idealize male figures (as teachers, or as protectors) according to Herman and Hirschman (1977), but in psychodynamic theory it is likely that idealization has to do with ambivalence in the earliest object relationships especially where there have been perceived parental failures and, depending on individual characteristics and later experience, this ambivalence may or may not be confined to males. It is a defensive strategy and a manifestation of a splitting process in which all that is "good" is projected into another and all that is "bad" is perceived in the self. Needing to deny and transform their aggression towards parents in childhood, such clients are likely to idealize parental figures.

It is not uncommon for such women to become involved in relationships which are self-negating, abusive, cruel or neglectful (but is not specific to those who have been sexually abused as children). This phenomenon is evident in all three cases, but in very different forms. In a psychodynamic context, this has to be understood as a particular outcome of early experience. In some cases, where the distinction between pleasure and pain is unclear, it may represent an unconscious effort to overcome early failures through repeating futile attempts to master situations in which the child perceived itself as helpless. Many situations could fall into this category: sexual abuse does not necessarily have a privileged position.
Mention should also be made of the reparative needs (Klein, 1975b) of women who at an Unconscious level are repressing a great deal of aggression. Commonly there is a need to expiate feelings of guilt and a sense of being "bad" or worthless, by serving others or taking care of others in a range of ways. Andre Green (1972) also discusses the problem of channelling of aggression which is generic among women in westernised society. However, if the reparative mode is used, which may be especially common for women, it is likely to be one which leaves the woman feeling that her own needs are never met - although she may not easily recognise this as a cause of her depression.

It has been broadly recognised that women with histories of childhood sexual abuse are likely to achieve most in therapy with female therapists (Meiselman, 1973; Courtois, 1980). What is not generally recognized is that the idealization which has been mentioned briefly is likely to be evoked in any therapeutic relationship since it seems inevitable that a relationship which replicates the unequal power dynamics of a parent-child situation in any way will elicit great ambivalence. In many women this takes the form of idealization. Therefore the ambivalence which is to be found underlying the strongly positive transference which is likely, needs to be clearly explored and interpreted.

Over-idealization of the therapist and of therapy are common with clients who present with a history of relative emotional deprivation in the early years, and is evident in these cases. It is as though they feel obliged to place the good parts of themselves (which feel tenuous and too threatened by their bad parts) into the person of the therapist. It is a countertransference danger that this feels gratifying to the therapist, and is not understood and interpreted.

Greenacre (1966) discussed the form of idealization which occurs in cases of childhood neglect or emotional deprivation, and speaks of the hostile mistrust of significant objects which is characterized by anxious over-attachment and over-valuation of the object. This bond is extremely susceptible to being upset. At
base then, the relationship to a "good parent" cannot be trusted (a "bad" parent may be preferred) and the aggressive aspect of the ambivalence has to be strongly counteracted. It is too threatening for her to feel that her hostility may result in the destruction and loss of the object.

The therapist has to take great care not to collude in this situation by being overprotective of the patient, or by being seductive in a broadly conceived way. Responding to a feeling that the client is unusual or special in some sense is one version of this countertransference formation. It is likely that the patient will try to produce material she feels will please the therapist, and will be unable to admit to any form of hostility (envy, disappointment, resentment, criticism, belittlement etc.). This is part of her Unconscious strategy to avoid the rejection which she feels is inevitable, and is associated with a range of compliant and passive behaviours which she is likely to display in a range of contexts, including therapy.

In the first case, partly due to relative inexperience at the time, these issues were seldom raised. The woman returned some 2 years later for further therapy at the point when her year old relationship with a man, who in many respects displayed similarities to the stepfather (he was possessive, jealous and demanding), was breaking down. At this time, when issues concerning A's compliance and passivity were raised, they were accepted since they had obvious relevance to the difficulties she was encountering in the current deteriorating relationship. The way she channelled her anxiety (and active aggression) at this time appeared to be through exhaustive exercise, since she maintained a strict daily discipline of strenuous activity. Once again single, there was a clear change in the A's behaviours. She became more assertive and determined to preserve her autonomy. This was evident both in her lifestyle, and in therapy, where she was also more relaxed and more able to explore aspects of herself which she had previously shied away from, perceiving them
as "bad". She returned to therapy a third time, about a year later, when she was involved in a reasonably good relationship with a nurturant man. This particular relationship had been marked by clearly defined boundaries in the sense that she had preserved her right to her own time and space, as well as in intimacies. There were arguments and disagreements, which she had tended to avoid in previous relationships, and she clearly expressed her ambivalence and disapproval of the man's abuse of alcohol, to him. The sudden death of this lover in a car accident precipitated a withdrawal from therapy within weeks. Although there was no opportunity to fully explore her fantasies about the accident, it seemed probable that she had unconsciously interpreted her assertive (and to her, aggressive) behaviour toward him as provoking his self-destructive behaviour. This, in addition to the loss, precipitated a depression which she apparently decided to manage herself. At the time she was coping well with her work, an area of her life which she always managed to preserve. She again returned to therapy some months later, at a point when she had recently become involved in a relationship with a man who, again, had a car accident. This man recovered, but there were clearly fantasies in A's mind that she was dangerous for men.

In the second and third cases there were many opportunities to discuss issues concerning a tendency for these women to present themselves as compliant and passive, and these were utilized. A turning point was reached in Case Two when B uncharacteristically forgot to pay an account. The therapist's difficulty in raising the matter reflected problems in the countertransference, which were then recognised. Once the basic issues of ambivalence were addressed, in this instance, there was a substantial change in B's fantasies about the therapist. From a notion of a "omniscient and all protective" figure, introduced at various points through dreams and other ideas, the following three months saw a shift to perception of the therapist as a more balanced, ordinarily reliable human figure. This accompanied a greater self-acceptance.
There is a strong tendency in these three women not only to avoid aggressive behaviours but also to fear a state of passivity; this is especially evident in Case Three. Generally there is a wide range of methods which have been developed to control and structure their lives and relationships. A fear of passivity also appears in therapy, along with a marked sensitivity to intrusion, both need to be recognised and labelled. An insensitive comment or interpretation, or a failure to observe and preserve the therapeutic boundaries, are significant problems for successful therapy in these cases. The need for the woman to make her own decisions, to disagree with the therapist on occasion, to decide when and how she wants to terminate or to come and go in and out of therapy seemed to be of great importance in Case Three.

Greenacre (1966) comments of patients with emotionally deprived background "...they seem to be unusually "good" patients. They accept interpretations over-readily, complying with free associations which will support or elaborate what the analyst has said. They tend to keep overt hostile reactions outside of the transference responses, and often deal with hostility by converting it into too great benevolence." (p. 202). This point applies particularly to Case Three but also was evident in Cases One and Two.

These clients often find it difficult to relinquish therapy, according to Greenacre. They are likely to repeat the disappointments they have experienced with their own parents, and (along with growing dependence) may become increasingly aggressive and hostile, rejecting and feeling rejected, in covert ways to which the therapist must be alert.

Greenacre asks us to consider the countertransference attitudes of the therapist in this sort of situation, which permits or even promotes the client's over-idealization. Where the therapist has strongly competitive narcissistic
drives, and high needs for success, this can be disguised as therapeutic enthusiasm. Such therapists are liable to see the answer to recurrent difficulties as "more therapy" rather than examining the reasons for the lack of success or change. Furthermore, it is not only the therapist's narcissistic needs but also a failure to recognise her own ambivalence and hostile impulses which may create obstacles in therapy, dovetailing with the problems of the patient.

Aggression is a complex and multiply distorted experience for women. Like other oppressed groups, women are seen to be most frequently at the receiving end of overt aggression (Sayers, 1986). This can take the form of physical violence, abuse of a verbal nature, being disregarded or unnoticed, or more subtle or structural forms of violence: coercion through controls of law and order and ideological structures concerning behaviours deemed "appropriate" and "inappropriate". There is no doubt that the power of the dominant group, in this case males, legitimates male aggression in a range of forms. Women are viewed as inherently nonaggressive. However it must be recognised that women are not rendered totally powerless and passive; there is a range of subtle ways in which women learn to express hostility and to manipulate power (Rogers, 1975). The demands of extreme dependence, material or emotional, can be interpreted as aggressive or powerful, for example.

Experiences of separation, abandonment and loss, to which women seem to be especially susceptible, lead to feelings of emptiness, a loss of a sense of being special to someone significant, and connect the patient with their internalized "bad" self-representations. The problem then is how to regain their own sense of worth where the internalized good object is flawed, and contact with bad (abandonable, rejectable) parts of the self is stronger than contact with good parts of the self. In idealization, all that is good tends to be projected outside the self and all that is bad is kept inside. Envy and hostility are involved in
the idealization, because there is despair about one’s own capacities for love and goodness. Dependence becomes dangerous because of the possibility of privation and loss. There is an unrealizable desire for individual self-sufficiency, with illusions of independence and freedom which are indulged as pleasures in themselves. Along with this goes a certain degree of satisfaction of aggressive impulses against the object, dependence on which is denied. In fact there is a greedy need for nurturance which is felt as dangerous. There is a splitting off of aggression through the splitting of dependence and independence, and through the splitting off of sexual urges which (Unconsciously connected with aggression) are perceived as bad and dangerous.

These are problems which are prominent in many women patients however, not only in those who are preoccupied with memories of childhood sexual molestation or abuse, or those who were emotionally deprived in their early years.

One defence against aggression is a submissive attitude - accepting coercion and abusive or controlling behaviours. This comes about through anxiety about the consequences of expressing impulses of anger or hostility. The anxiety has its roots both in fantasy based material and in real experiences. A submissive attitude may be seen as a schizoid defence, akin to dissociation (Guntrip, 1961), or as reaction formation. This will have ramifications for both appropriate expression of aggression and for satisfying experiences of sexual relating.

Where women experience intrusion (and this can take a range of forms, from gross and physical experiences of unwanted sexual intimacies, to reactions to a lack of privacy or time for themselves) this is likely to evoke anxiety and anger. There are specific problems surrounding the expression of aggression or hostility for women in our culture (Andre Green, 1972), just as there are specific problems around the acknowledgement of sexual desire and the forms it may take for women. In psychoanalytic theory these two areas are not
unrelated. Clearly these issues affect the subjectivity of women in particular ways, and it has been assumed that reality experiences of sexual intrusion exacerbates the effects. One of the likely consequences of the power socially vested in males is that males will be idealized, especially by women (as a defence against hostility towards males). Where there are traumatic experiences at the hands of male figures, particularly those who hold a special place, the splitting processes are likely to be more potent. Such women are liable to have greater difficulty with assertiveness and with the expression of their rage and aggression. This renders them vulnerable to depression.

In all three cases which have been briefly presented here, the issues discussed in this last section have been prominent ones. The difficulty which remains is attributing these problems predominantly to the experiences of sexual abuse; somehow of much greater significance, in the theoretical framework used here, is the nature and quality of the first object relationships (particularly that with the mother) and other significant experiences in the early family environment. In these cases, although the abusive sexual experiences have a special place in the minds of these women, struggling to locate themselves in adulthood, there have been major difficulties in the early object relationships.

The fact that these women who were sexually abused as children turn out to have problematic relationships with their mothers (Brooks, 1983) can be understood in various ways. Many women in western society have difficult relationships with their mothers; it is not uncommon and has no necessary relationship to sexual abuse within the family (although where this occurs, the picture is complicated by this factor). This can be understood in the context of particular aspects of women's oppression in contemporary western society (Barrett, 1980) and the way this relates to women's positioning and roles in the nuclear family (Mitchell, 1974): mother-daughter relationships are socially constructed in ways which often involve problems with boundaries (over-
involvement or, in reaction, extreme disengagement) and inevitable ambivalence. This has to do with the contradictions and paradoxes involved in being a woman in western society and is not an inevitable situation.

In consequence, it is difficult to see these women as different from many other women who present for therapy. In each case there are inevitably problems related to their belonging to a social group which holds a particular place, one of subordination and oppression, in the social order. It seems that it is these problems which, in a range of personal and socio-economic forms, have beset their own mothers (and parents) and have resulted in the range of less than desirable early object relationships which have been structured within these women's sense of themselves and their emotional lives.

Discussion

In conclusion, it is obvious why psychoanalytic constructs and explanations have long held a privileged place in clinically relevant psychology: they offer understandings which are invaluable in working with troubled patients, as has been shown here. This is especially true in instances of human experience which are viewed as traumatic. In trying to map out and make sense of the rational and the irrational elements of problem experiences, however, it is important to examine alternative systems of knowledge, which do not depend only on narrowly defined allowable data about individuals, i.e. unconscious processes, and which exclude or minimize cognitive schema such as social representations (Moscovici, 1984), since these must reflect socio-political variables.

The place of psychoanalytic theory in its various forms in daily clinical practice is not criticized here, but its privileged position as a complete explanation for all problems is questioned. There is little doubt that the sophistication of these theories is impressive and useful when working in therapy with an individual.
At the same time, in seeking to provide a fuller explanation or interpretation of various aspects of human behaviour and its ills, psychoanalysis may be seen as a well-defended social movement (Gellner, 1985; Clement, 1987) with overtones of colonization of the field. This obscures alternative insights where a different framework might be equally productive. One of the most important reasons for alternative perspectives is the possibility that they could contain pointers for the modification of a pervasive viewpoint which dominates current research and intervention, and to enable examination of the contributions of the discourses on child sexual abuse to the production and reproduction of dominant ideas in this area, themselves part of the problem for women and children.

Faria and Belohlavek (1984) comment:
"Given the increased visibility of the problem of incest, the incidence of the problem among female adults, and the long-term effects, it is expected that more and more women will seek out mental health clinicians for assistance." (p. 465).

It is possible, however, that the increased visibility of childhood sexual abuse provides an acceptable explanation for current problems not because these are caused by such experience, but because of dominant ideas about this link.

As mentioned at the end of Chapter 2, childhood sexual abuse may have become an organizing metaphor for a range of oppressive experiences, a metaphor which has become one which is given prominence in the media and in current clinical practice. Assuredly there are other such organizing metaphors to "explain" current ills in everyday accounts, and each individual has a range of historically and culturally specific choices to draw on.

What might be useful then, would be to examine the extent to which the experience of child sexual abuse is commonplace among women. This will be the focus in the following Chapter, introducing a study of prevalence in a non-clinical sample of women. An examination of the ways in which professionals,
Clinicians and researchers, use the term trauma will then be pursued to complete the scenario against which to examine the ways in which women talk about the traumatic effects of sexual abuse on children.
CHAPTER FOUR

STUDIES OF PREVALENCE OF CHILD SEXUAL ABUSE

Introduction: Literature Review

STUDY TWO: EXPERIENCE OF SEXUAL ABUSE: RETROSPECTIVE ACCOUNTS IN A NON-CLINICAL UNIVERSITY STUDENT SAMPLE

Introduction

Aims

Sample

Procedure

Results

(1) The Intervention
(2) Reported Prevalence
(3) Details of Experience

Discussion

Introduction: Literature Review

Until the mid-1970s the prevailing view was that children (and women) invent "memories" of sexual abuse in childhood. The idea was that these events do not really take place except in the "female imagination" or, possibly, that girls distort memories of interactions to minimise taking responsibility for what was seen as seductive behaviour; Faller (1984) addresses this view critically. Although sometimes less explicit, these ideas are still widely held today.

The increase in public and professional awareness of child sexual abuse has been dramatic in recent years. Little research has been conducted on prevalence and incidence, an area fraught with methodological problems. We have no reliable prevalence estimate for any major western society, let alone in other communities.

As discussed in Chapter Two, until recently, most studies of child sexual abuse have been based on cases obtained through clinical practice, legal referrals or social agencies. Some reports were written by psychiatrists or psychoanalysts who provided extensive detail concerning a few patients (Katan, 1973; Peters, 1976). Some discussed prevalence in specific contexts, for example clients seen in psychotherapeutic or counselling practice (Meiselman, 1978; Herman, 1981;
Briere, 1984; Sheldon, 1988), social work agencies (DeFrancis, 1965; Donaldson and Gardner, 1985), at psychiatric clinics or in hospital settings (Lukianowicz, 1972; Nakashima and Zakus, 1977; Rosenfeld et al., 1977; Rosenfeld, 1979; Husain and Chapel, 1983; Sheldon, 1988), or from a range of similar sources (Mrazek, Lynch and Bentovim, 1983). Some clinical prevalence reports have been based on community centre samples (Helfer and Kempe, 1974; Swift, 1977; Jehu, Gazan and Klassen, 1984/5). It is unclear what sort of population would be represented in these varied samples.

The prevalence figures for clinically based samples tend to be around 35% although in some studies the figure is higher (up to 50% of battered women in some samples were sexually abused as children according to Walker (cited by Painter, 1986). It seems obvious that clinical samples will be more likely to contain higher numbers of cases of incestuous abuse, and of abuse involving sexual intercourse or attempted intercourse, with and without violent coercion, since such experience is viewed as most severe (Giovannoni and Becerra, 1979). The greater likelihood that such experiences would leave residual effects is generally accepted (Kendall-Tackett and Simon, 1987) although there is controversy concerning protective factors (Rutter, 1985; Browne and Finkelhor, 1986) and a recent study suggests that the quality of other supportive relationships plays a role in this (Fromuth, 1986). All in all, the clinical samples provide an unreliable estimate of the number of women and children in general who have experienced child sexual abuse and molestation in its various forms.

Concerning the nonclinical population, we have no idea of the likely prevalence figures for women other than in the U.S.A., Canada and England, and the range of figures cited for North American and British prevalence studies are argued to be unreliable. Estimates in North America range between 8% and 54%, varying from one city and community to another (Russell, 1983; Finkelhor and Hotaling, 1984; Sexual Offences Against Children in Canada, 1984, cited by Jehu, Gazan
and Klassen, 1984/5); to a large extent this relates to differences in the
definition of sexual abuse used, and the methodology used for sampling and data
collection (Steele and Alexander, 1981; Finkelhor, 1984b; Painter, 1986; Sheldon,
1988).

According to Nakashima and Zakus (1977), estimates of incest in the U.S.A. were
1 case per million population per annum for the period 1910 to 1930, and 5,000
cases per million per annum for the period 1948 to 1965. It has been commented
that it is difficult to say whether the increase represents a change in incidence
or a change in awareness; Russell (1984a) argues that there has been an
escalation in actual occurrences. Adams-Tucker (1984) states that the
prevalence rate for incest is at least equal to (and may be greater than) that
for schizophrenia, i.e. between 1% and 4%, and that one in six girls in the U.S.A.
will be an incest victim by the age of 18 years.

Gagnon (1965) estimated the incidence of sexual victimization in the U.S.A. to be
500,000 female children aged 4 to 13 years per annum, and suggested that these
would be 20 to 25% of middle class children and 33-40% of working class
children. He based this incidence estimate on his study of retrospective data
obtained from adult women. Hayman, Stewart, Lewis and Grant (1968) claimed a
higher rate of reported cases of sexual abuse in non-white (sic) females,
especially working class children. This view has been discredited since it may
be more likely to be the less privileged groups who report to the police or
social welfare agencies; more privileged families generally have alternative
resources and are likely to prefer to conceal childhood sexual abuse because of
the likelihood of problems for the child and for the family.

There is a long-standing history of a stereotype which estimates higher
incidence of child sexual abuse among working class families; Gordon (1988)
provides details of late 19th century comments made by charity and social
workers in Boston, who saw sexual abuse as a problem specific to poor Catholic immigrant families living in crowded conditions. As will be evident in Chapters 6 and 7, this stereotype is still held in contemporary South Africa.

In 1979, Sarafino published a special report concerning the estimation of nationwide incidence of child sexual abuse and drew attention to the limited and incomplete sources of official data available. He pooled information concerning the State of Connecticut and the communities of Brooklyn, Minneapolis and Washington, D.C., and argued that these locations would provide a fair approximation of incidence for the U.S.A. and more specifically for cities with a population of over 10,000. The total for both male and female children was 2314 cases reported in one year for children age 16 or younger, including forcible rape, statutory rape, oral and anal intercourse, incest and "indecent liberties" (which includes acts such as genital exhibition, rectal stimulation, masturbation, physical advances and the use of obscene language). Calculating the reports against the 1970 census data, the combined rate per 100,000 children was 122.5 cases. The national total of 61 million children yielded an estimate of 74,725 reported cases in one year, and a tentative figure of 336,200 cases in all, by including unreported cases as 3.5 for each reported case.

Swift (1986) put forward the view that between a quarter and a third of the U.S. population experiences at least one incident of sexual molestation in childhood. She adds that some 50% of cases which reach professionals are not reported even though this is required by law. Finkelhor and Hotaling (1984) estimate that actual incidence is about three or four times the number of reported cases. Finkelhor (1984a) has documented that acts perpetrated by individuals known to the child are those least likely to be reported, a claim substantiated by Russell (1983) who found only 2% of intrafamilial and 6% of extrafamilial sexual abuse to be reported in her sample.
A small number of prevalence studies concerning childhood sexual abuse, including incest, has been conducted among nonclinical populations, notably among college and university students and less often among the general population of adult women. Given the expectation of serious consequences following child sexual abuse and molestation, one would expect the prevalence rate in the nonclinical population and among university students to be substantially lower than among clinical groups. This has been the finding in some studies, but is by no means the case in the more recent, large surveys.

In a study of 792 married gifted women, Terman (1951, cited by Gagnon, 1965) noted that 32% had experienced "sex shock" before the age of 15. It is unclear what sex shock means but presumably this can be translated as sexual assault (rape), abuse or molestation. In the same paper Gagnon cites other early reports: Hamilton (1929) who noted that 20 to 25% of 100 women had had early sexual contact with older males, and Landis (1940) who reported that 37% of 142 "abnormal" women and 56% of a group of controls had experienced pre-pubertal sex aggression.

In the very large sample (N=5,940, mostly White and middle class) of adult women interviewed by Kinsey, Pomeroy, Martin and Gebhard (1948), 24% replied affirmatively when asked about pre-pubertal experiences of sexual contact or approaches involving a male "at least 5 years older and post-pubertal". Kinsey et al., expressed the view that this percentage would have been higher had the sample included a representative number of working class women.

In 1956 Landis reported a questionnaire based study of university students, mostly from stable middle class or upper middle class, urban homes. S/He used an anonymous questionnaire which was voluntarily completed by 1,800 students between 1951 and 1954. Of the women, 35% had had childhood experiences of sexual molestation and 35.5% of these women had had three or more such
experiences. Over half of the incidents involved encounters with exhibitionists and 25% involved sexual fondling. Exhibitionist encounters were more likely among the urban group and sexual fondling was more likely among the rural living group. The experiences occurred under the age of 11 years for 42% of the girls, was more likely to be sexual fondling for those under 13 years and more likely to be exposure to exhibitionists when over 14 years. Girls under 9 were more likely to be molested in their own homes or in the homes of friends, but the most common place of abuse was in public streets or alleys (33.5%) or in outdoor areas such as parks and playgrounds (16.6%). Of the women, 33.8% knew the offender.

Landis notes that 43% of the girls had told their parents of the experience at the time, but were less likely to tell their parents of the more serious incidents. S/He adds that children are more likely to talk about a stranger who exposes himself than sexual fondling or attempts at intercourse when initiated by a familiar person.

Chronologically, the next prevalence study was published nine years later by Gagnon (1965). This involved re-analysis of the last quarter of Kinsey et al.'s sample: among 1,200 women, 333 subjects reported 400 offences (i.e. 28%) all of which occurred before age 13 and involved male perpetrators at least 5 years older than the victim at the time. In 77% of the 333 victims there was a single event, mostly (49%) occurring between ages 9 and 11 years; in 14% there were multiple experiences involving different offenders, times and circumstances, mostly (40%) occurring between 9 and 11. About half of the experiences involved exposure to an exhibitionist, roughly a third involved genital "petting", and approximately 15% involved attempted coitus. Most incidents involved strangers or acquaintances rather than relatives.

Gagnon comments that most severely impaired women would have been unlikely
to have been represented in the volunteer sample, which was mostly college educated women. Thus he explained the small number of experiences involving sexual intercourse and intimidation in terms of sample bias. Nonetheless, 79% of these women had never disclosed their experience to anyone before the interview, suggesting either that the experience had been inconsequential to them, or that they feared the consequences of disclosure. It is important to note that women who feel they have coped well with the experience might not want to discuss it (Silver, Boon and Stones, 1983).

Russell (1983, 1984a) used sample survey techniques to obtain a random sample of San Francisco area women (N=930) for interviewing concerning retrospective accounts of childhood sexual abuse. In this sample, 38% reported intra- or extrafamilial sexual abuse involving experiences of physical contact. When non-contact victimization is added (including exposure to exhibitionists) the figure is 54%. The methodology used by Russell involved intensive training of skilled and sympathetic interviewers and extended face to face interviews, which seems more likely to elicit details of this kinds of experience than questionnaires. Nonetheless, it is significant that only 50% of the original sample participated in the study; 19% refused after hearing that the survey was to concern experience of rape and sexual assault. This suggests that Russell's figures, which are likely to be the closest to an accurate estimate of prevalence in a large American city, are still conservative ones.

Finkelhor (1982c) reports on a survey of Boston parents which involved structured interviews, where 14.7% of the female respondents reported childhood sexual abuse experience.

An adult sample was surveyed in Texas in an attempt to establish the extent of child sexual abuse among the general population. Kercher and McShane (1984) randomly sampled the list of licensed drivers to obtain 2,000 subjects. Subjects
were sent questionnaires by post, after being advised of the purposes of the study by postcard, and a 53% return was obtained - 56% of these being from women (approximately 594). Eighty-two percent of the 7.4% respondents who reported experience of child sexual abuse were women (i.e. 64 women, 10.77% of the female respondents).

Brickman and Briere (1984) surveyed the incidence of rape and sexual assault in an urban population in Canada. A total of 551 women living in all areas of Winnipeg constituted a random sample, following census tract guidelines. The average age of respondents was 41.2 years. Confidentiality and anonymity were assured and each questionnaire was personally delivered by trained female counsellors from the rape crisis program of a community health centre. Approximately 60% (about 330) of the women originally approached agreed to participate in the study, and the final return rate was 77% of these subjects (about 255 subjects). Rape was defined as forced oral, anal or vaginal intercourse, and sexual assault was defined as sexual acts other than rape (but including attempted rape as defined), and including being kissed against one's will, grabbing (breast(s), buttocks or genitals), holding a woman and rubbing against her, squeezing her etc., against her will, and tearing or pulling at the woman's clothing against her will. (These researchers excluded experience with exhibitionists, peeping toms, obscene phone calls, whistling, shouted obscenities and being followed if no physical contact occurred against the woman's will).

About half of the sample had been sexually abused before the age of 17 years: in this group rape had occurred in 46%, and in 53% sexual assault had occurred. The perpetrators had been strangers in a third of all cases and friends in about 14%.

An unexpected finding in that study is that 88% of those raped, and 72% of the sexually assaulted had told someone, representing an unusually high rate of disclosure. Most had told friends, after the assault. Perhaps a different
question than "Did you tell anyone about the experience?", which could be interpreted by informants as telling authority figures specifically (rather than friends or family) should be posed. The question would have to be very specifically phrased to be useful as this would affect figures of non-disclosure in many of the surveys which have been reported. However, more than usual in this sample of women had also informed the police: 12% of those raped and 7% of those sexually assaulted. A major difficult with this report is that there is no way to tell from the published data whether Brickman and Briere's disclosure and reporting figures relate mainly to adult experiences of sexual assault, which seems likely.

Even with exclusion of the "milder" forms of sexual assault from the data, this study suggests that a conservative estimate of about one in four women living in urban Canada "will experience some form of sexual violence during their lifetime" (p. 204), and that about half of them will be sexually abused as legal minors.

Brickman and Briere comment also that the return rate of 46% of the women first approached for information suggests that they have an extremely low estimate of sexual victimization in the general population sampled. Details are presented to support the assumption that those who refused to participate in the survey were more likely to be women who did have a history of sexual assault.

A national survey of over 2000 women randomly sampled from 210 areas of Canada was conducted by Badgley (1984, described by Painter, 1986). This elicited a prevalence figure of 42.1% for experiences of child sexual abuse. The response and refusal rates are not mentioned. Badgley used official Canadian Gallup Poll messengers to personally deliver questionnaires from the government commission conducting the research. The messenger then waited for the
randomly selected subject to complete the questionnaire, anonymously, and to replace it in an unmarked, sealed envelope for immediate return to the survey staff. This methodology reflected a serious attitude to the research, although it is an expensive method, and was regarded as reassuring for participating women. However, the possible intimidation of some women by the messenger's presence (presumably the messenger was male) is not discussed, nor is the feasibility of subsequent identification of the woman by the messenger (a possible suspicion for some).

Concerning nonclinical student samples, Finkelhor (1979b) reported on a survey of 796 students at six New England colleges and universities, conducted in 1977/1978. Most were middle class and 61% had grown up in non-urban areas; under 1% were black. Self-report questionnaires were distributed in classes and elicited a 92% return. Subjects were asked to report sexual experiences in two age categories: at under age 12 involving partners at least 5 years older, and between 13 and 16 years with partners at least 10 years older. Of the women students, 19.2% provided information about such experiences, 75% of these involving familiar perpetrators. The main activities reported were genital touching and fondling; sexual intercourse was uncommon. It seems highly probable that the circumstances (class-room setting) and method of data collection (self-report inventory) reduced the likelihood of disclosure.

In another classroom, self-report questionnaire survey, Fritz, Stoll and Wagner (1981) obtained data from 952 college students. In this group, only 7.7% of the women reported pre-puberty sexual encounters with post-adolescent males. Here again, it is likely that the methodology affected disclosure.

The same reservations apply to a more recent survey of college women (Sedney and Brooks, 1984) which revealed 16% of 301 women to have a history of childhood sexual abuse. The mean age of the sample was 19 years and 13% of
these experiences occurred within the family (mostly involving a brother, cousin or uncle); 6% involved a non-family member. Three-quarters of the subjects were 12 years old or less when the abuse occurred. The activities reported included exposure, touching, oral-genital contact, masturbation and intercourse. Single incidents were involved in 58%; in 26% there were repeated activities and in 14% these continued for over 12 months.

In a Canadian college student sample of 278 (mean age 19.8 years), 14.7% reported a history of sexual abuse before age 15 years (Briere and Runtz, 1985). Here again, self-report questionnaires were used. In this sample, 12% involved parental incest and 39% were sexually abused by more than one person.

Painter (1986) reviewed the research concerning the prevalence of child sexual abuse, comparing the sampling techniques and methods of data collection in order to pinpoint the main deficiencies in methodology. These she relates to variations in definitions of sexual abuse and molestation, the ways in which data is collected, and the skill of the interviewers where this method was used. In the largest nonclinical samples, contact experiences were reported in 38% by Russell (1983) and 33.8% by Badgley, whereas the figures for non-contact abuse were respectively 54% and 53.5% (Painter, 1986) (Fig. 4.1). In contrast, overall figures (contact plus non-contact experience) for college and university student samples have been reported to be only 19% (Finkelhor, 1979b), 7.7% (Fritz et al., 1981), 16% (Sedney and Brooks, 1984), and 14.7% (Briere and Runtz, 1985).

Painter suggests (as did Gagnon, 1965) that the finding of lower prevalence rates amongst female university students relates to the nature of the sample, which she describes as coming from a "well-functioning" population; she holds that "a university sample represents those who are least likely to have had disruptive experience such as that of sexual abuse" (p. 327) because
"individuals seriously crippled by their abuse experiences would be unlikely to have been included in this sample" (p. 332).

In summary, the overall prevalence figures (variously derived) for studies of childhood experience of sexual abuse among women sampled in nonclinical populations were 35% Landis (1956), 28% Gagnon (1965), 19.2% (Finkelhor, 1979b, 1980b), 7.7% (Fritz et al., 1981), 15% (Finkelhor, 1984a), 38% (Russell 1983, 1984a), 16% (Sedney and Brooks, 1984), 42.1% (Badgley in Painter, 1986), 50% (Brickman and Briere, 1984).

In conclusion, comparison of prevalence studies has been hampered by a range of methodological problems. It seems, however, that the most extensive and reliable studies in the general population of women produced figures which are quite similar. These suggest that one in three North American women will have experienced sexual abuse of a contact type in childhood, and that half the female population experiences childhood sexual abuse more broadly conceived. It seems improbable that women who attend college or university would be exempt from such experiences, as is suggested by the substantially lower prevalence figures reported from such samples.

As we have seen, self-report questionnaire methods have been used to obtain data on childhood sexual abuse from students. Such samples may be more compliant when asked to complete questionnaires in class, as evidenced by the high response rates, but - feeling subtly coerced - may be more likely to choose not to disclose such experience (to lie, in Michell's (1984) terms). Such factors, and the high refusal rates among general population samples, could be significant sources of bias in prevalence studies. The conventions of psychological research rely on random sampling, and on the compliance, trust or goodwill of subjects. The approach assumes that most people are not recalcitrant, understand the needs of the study in the way the researcher
expects, or have no vested interest in an imagined outcome, and that the compliant sample is a truthful and representative one. In researching a sensitive area of human behaviour such as childhood experiences of sexual abuse, all of these assumptions are likely to be violated. This is especially true since there are stigmatic effects associated with sexual abuse (Browne and Finkelhor, 1986).

In studies of child sexual abuse ethical problems are involved as well as methodological ones concerning quantification, or the equivalence of subjective events (Swift, 1986). As outlined, the actual methods by which data is elicited are liable to produce sample distortions and biased results. It is well known in research concerning sexual matters that this occurs. Selective recall and memory failures must be added to the problems of volunteer samples and the absence of the unwilling from samples studied. Even when anonymity is assured, those who have the greatest anxiety about exposure will be unlikely to volunteer or, in complying, to answer truthfully. These factors must all contribute to the wide range of prevalence estimates in current literature. They are rarely commented, however.

Furthermore, there has been little recognition of the point that systematic collection of data can be an additional stress factor in certain areas of human experience, because the main objective is data rather than concern for the respondent. These issues are likely to be particularly potent in the context of studies of sexual abuse (Russell, 1984a). When investigative processes are seen as necessarily "objective", the active maintenance of distance between researcher and subject is generally advocated (for example, through the use of structured questionnaires) and there is some degree of inadvertent clouding of the detailed purposes of the research. Although questionnaires may seem specific to the researcher, it is well known that the detailed purposes of research are liable to be obscure to respondents. Much past research has
involved deception as to the real aims of the researcher (Baumrind, 1985). In the second half of the twentieth century, even when no deception intended, many women may expect this sort of manoeuvre from social scientists (Kelman, 1967; MacCoun and Kerr, 1987; Bond and Fahey, 1987). For the sexually abused child or woman, the experience as a research subject could be one of another unwanted imposition, threatening to her coping strategies (Fine, 1983/4) and without obvious benefit to her. Finch (1984) has written of the problems related to the power of researchers as perceived by women approached for personal information. In such situations members of oppressed groups are likely to distort or omit information which is relevant, refuse to participate or withdraw half-way through (perhaps without making any overt comment that they are doing so), or on the other hand they may over-include information in order to be "helpful".

STUDY TWO: EXPERIENCE OF SEXUAL ABUSE: RETROSPECTIVE ACCOUNTS IN A NON-CLINICAL UNIVERSITY STUDENT SAMPLE

Introduction

The following study elicited voluntarily provided data concerning experiences of childhood sexual abuse from a non-clinical sample of woman students at the University of Cape Town. An effort was made to minimise any sense of pressure on the students to volunteer information of this kind. The project also provided a potential "therapeutic" context for these women. The intervention took the form of a structured, graduated educational input concerning connections between gender socialization and sexual abuse, in a supportive context of peers. This aimed at enabling unpressured discussion of personal experience, to encourage the sharing of similar experiences. It should be noted that this project also provided the material for Studies Three and Four, which will be presented in Chapters 6 and 7.
Aims

The aims of this study were threefold.

(1) One aim was to elicit information concerning the prevalence of childhood experiences of sexual abuse and molestation in a South African university student population. There have been no studies concerning prevalence rates in South Africa.

(2) Another aim was to develop an alternative methodology for the study of a sensitive area of human experience. The usefulness of providing a context in which informants may choose to volunteer information not ordinarily discussed, in a socially supportive peer environment, was explored. This is in line with feminist research methodology (Lykes and Stewart, 1986) which attempts to ensure the woman's dignity, to contribute to her understanding and well-being, and to treat her as an active agent with an interest in her own choices. The aim was to ensure these elements while documenting aspects of the phenomenon of interest. Not easy to attain, these multiple objectives may be adventitiously found - for instance, in the setting of a university class, in an organizational group of some kind, or among clients or patients in an out- or in-patient setting. The students were also provided with a further opportunity for voluntary disclosure in a written assignment destined for the researcher, for purposes of research only (not for assessment).

(3) The third and concurrent goal was to provide the participants with a therapeutically motivated educational perspective to enable cognitive reconstruction of their understanding of these phenomena. It has been argued that the silence which surrounds the experience of sexual abuse contributes importantly to the traumatic effects of the experience (Burgess and Holmstrom, 1975, Lister, 1982). Several authors (Donaldson and Gardner, 1985; Jehu, Klassen and Gazan, 1985/6) have presented arguments for cognitive
restructuring (which requires participating dialogue) as a significant aspect of intervention with victims of sexual abuse.

Sample

Undergraduate women students in the second year psychology course at the University of Cape Town in 1986 constituted the population sampled. These students come from a diversity of backgrounds in South Africa and from neighbouring states. As part of a course practical option, for credit, all second year undergraduate psychology students were invited to participate in a series of group discussions on gender socialization. They were told that part of the project would constitute research data and that the group discussions would be audiotaped. There was no mention of sexual abuse before the subjects signed up for the practical, to reduce the possibility of a self-selected sample related to experience of this kind (Briere and Runtz, 1985).

Both male and female students joined the project and were allocated to single sex groups of approximately 6 subjects each. Only the women will be discussed in this study. Ninety six women students signed up for the practical; 2 did not complete the requirements and 94 constitute the sample presented here. The mean age was 22.5 years (range 18.5 to 41 years, mode 20 years).

Although it was feasible for students to withdraw from the project (other options were available throughout), only two did so: one had decided to leave university and the other was unable to maintain the regular commitment to her group’s meeting time and withdrew after the first meeting, before the subject of sexual abuse had been raised.

Procedure

Students attended five 1 hour group meetings over a period of five weeks. Each remained with her original group throughout. The groups had specific
tasks to perform at each meeting. They were not informed ahead of sessions as to the nature of the tasks for each meeting. The tasks were non-intrusive, allowing maintenance of a distance between content and participants. No facilitator was placed in the group; it was felt that the absence of a researcher or research assistant would give the students more freedom to engage in discussions with peers. Students were told they would be required to submit a written paper after the five practical meetings and it was suggested that they keep a diary record of their experiences in the groups.

Session One: Simple ice-breaking exercises were provided, to give participants an opportunity to get to know one another.

Session Two: Each group was given a set of statements to discuss. The pool of statements concerned a range of behaviours and attitudes connected with gender socialization and implicated in the social dynamics which lead to sexual abuse (Sanday, 1981). These included the dominant role assumed by men in social hierarchies, the idea of male sexuality as an uncontrollable biological force, the alienation of men in the domestic sphere of housework and child care, the interactive oppression of racism and sexism, double standards of behaviour for boys and girls and for men and women, the social control of women through stigma and intimidation, and women's difficulties with self-assertion. Some of these statements were drawn from the Attitudes to Women Scale (Spence, Helmreich and Stapp, 1973), the others were devised by the researcher.

Session Three: Each subject was given three briefly described vignette cases of child sexual abuse to read through. These were followed by some guiding questions for group discussion concerning the consequences of the events described. (The taped discussions of these vignettes constitute the data which will be presented and analysed in Chapter 6).

Session Four: At the outset of the fourth session, groups were given a single question to discuss: "To what extent and in what form are the practices of child-rearing of female children aimed at the prevention of child sexual abuse?"
This discussion elicited the data, taped and written, which will be analysed in Chapter 7).

Session Five This constituted a debriefing where the researcher discussed the tasks and the group experience with the students. Details were given of a required written assignment: this comprised three sections. The first two were academic essays, written for marking (to be marked by a different instructor) concerning connections between gender socialization and child sexual abuse, and on the dynamics of the discussion group. In the third section, to be submitted separately, students were asked to give a personal account of the question discussed in Session 4; this section was to be passed on to the researcher by the assistant instructor. The anonymity of all participants was guaranteed by the researcher. Students were not asked at any point, in any way, to discuss their own experiences of childhood sexual abuse.

After the written assignments had been handed in, a sub-sample of 18 women students was randomly drawn for a brief follow-up interview conducted by a fellow student. This concerned students' attitudes to the study, the content of the group discussions and ideas about the researcher's expectations.

It was anticipated that participants would

(1) learn to link processes of gender socialization and the phenomena of sexual abuse in a wide range of forms;

(2) find in discussion with peers that their own experiences of molestation, abuse and harassment are relatively commonplace for girls and women (rather than individually incurred and personally shameful events and memories);

(3) experience some relief in shared discussion of these experiences, with a re-conceptualization of memories and feelings about such experience in a more constructive form.
Results

(1) The Intervention

Evaluated in terms of the written assignments, most participants (90%) understood the links between aspects of gender socialization and sexual abuse. There was a small proportion (10%) who did not reach this understanding. It is difficult to interpret this result. For some reason(s) perhaps the structure of the intervention was ineffective for these young women, or the nature of particular group discussions was problematic. Without more information one can only speculate about this aspect of the study. For those who had understood the connections, this was a clearly developed understanding although some were better able to articulate the extent and implications of these links.

In the follow up sample, none of the women had felt there would be pressure to disclose personal experience at any point. Only 16% said they would have had no difficulty in discussing personal experience of childhood sexual abuse in their group, another 16% reported that they might disclose such experience, but that this would depend on the "severity" of the abusive experience; (the meaning of "severity" was not explored). Fifty six percent said they definitely would not have discussed such an experience in the group context; some commented that this had to do with the dynamics of their group, which they experienced as superficial, others commented on specific group members whom they did not feel they would trust with personal disclosures. Clearly, for this group at least, stigmatic effects were anticipated.

(2) Reported prevalence

This data was obtained from the assignments written for the researcher, and comprised information provided to illustrate issues raised by the essay writers. Of the 94 women students in the study 43.6% (41) reported 61 personal experiences of sexual abuse, molestation as children under 18 years (see Table 4.1). Of these 61 experiences, physical contact type abuse was involved in 47.5%
### Table 4.1

<table>
<thead>
<tr>
<th>Type of Experience</th>
<th>Number of Experiences</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Experiences:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being kissed, fondled or touched in a sexual way, against her will</td>
<td>22</td>
<td>36.1</td>
</tr>
<tr>
<td>Attempted intercourse against her will</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>Raped</td>
<td>3</td>
<td>7.4</td>
</tr>
<tr>
<td>Non-Contact Experiences:</td>
<td></td>
<td>61</td>
</tr>
<tr>
<td>Being followed, harassed with sexual comments and noises</td>
<td>12</td>
<td>19.7</td>
</tr>
<tr>
<td>Exhibitionists</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Requested to fondle older man</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Voyeur</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Obscene phone call</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Offered sweets by a strange man</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Exposed to &quot;blue movies&quot;</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Threatened with rape</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Number of women in sample = 94 (100.0%)
Number of self-identified abused women = 41 (43.6%)
and non-contact type in 52.5%. Attempted rape and rape had occurred in 7
(11.4%) instances (this constituted 7.4% of the sample, and 17.1% of the self-
identified abused group) and a threat of rape had occurred in one case. Many
additional accounts of experiences at secondhand (occurring to a sister, friend,
daughter, schoolmate etc) have been excluded from the data presented here.

Among the 41 self-identified abused subjects, 13 reported two, 7 three and 2
more than three experiences of abuse or molestation (see Table 4.2). This had
occurred at under 13 years in 39.3% (24) cases, at 14 to 18 years in 54.1% (33)
and at an unknown age in 6.6% (4) cases.

(3) Details of Experience

The most common form of molestation was being kissed, stroked or touched in a
sexual way, on parts of her body which she felt as private, against the girl's
will (36.1%) (see Table 4.1). The second most common was being followed or
"hassled" with sexual comments (street remarks) and noises made by men
(19.7%), and the third most common was exposure to an exhibitionist (16.4%).

No woman reported having been unaffected (see Table 4.3). The most common
immediate responses to abuse was fear of men (34.4%), the second was "very
upset" (18.1%), third was "upset" (16.4%), and fourth was anger (13.1%). One
woman had responded to an exhibitionist with laughter (this could be
interpreted in various ways, and very likely had to do with being in the
company of a friend when the incident occurred). Concerning long-term
consequences, thirty two women reported a long-standing fear of men (82%) and
six (15.4%) specifically mentioned fear of Black men. Seven felt that their sexual
functioning had been affected.

Concerning relationship to perpetrator (see Table 4.4), strangers were involved
in 65.6%, and family members in 13.1% (one case of father-daughter and one of
**TABLE 4.2**

FREQUENCY OF REPEATED EXPERIENCES OF CHILDHOOD SEXUAL ABUSE AND HARASSMENT

<table>
<thead>
<tr>
<th>AGE (at time of experience)</th>
<th>TOTAL</th>
<th>NUMBER OF EVENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(1) (2) (3) (&gt;3)</td>
</tr>
<tr>
<td>Under 13 years</td>
<td>24</td>
<td>17 6 1 -</td>
</tr>
<tr>
<td>14 to 18 years</td>
<td>33</td>
<td>19 7 5 2</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
<td>3 - 1 -</td>
</tr>
<tr>
<td>TOTAL</td>
<td>61</td>
<td>39 13 7 2</td>
</tr>
</tbody>
</table>

- Number of women in sample = 94
- Number of self-identified abused women = 41
- Total number of abusive experiences = 61
TABLE 4.3

<table>
<thead>
<tr>
<th>EFFECTS OF EXPERIENCE OF CHILDHOOD SEXUAL ABUSE</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fearful/Wary of men</td>
<td>21</td>
<td>34.4</td>
</tr>
<tr>
<td>Very upset</td>
<td>11</td>
<td>18.1</td>
</tr>
<tr>
<td>Upset</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Angry</td>
<td>8</td>
<td>13.1</td>
</tr>
<tr>
<td>Powerless/Helpless</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td>Confused</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Curious</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Embarrassed (laughter)</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Shocked</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>61</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Number of women in sample = 94
Number of self-identified abused women = 41
Total number of abusive experiences = 61
TABLE 4.4

RELATIONSHIP TO PERPETRATOR

<table>
<thead>
<tr>
<th></th>
<th>SINGLE INCIDENT</th>
<th>TWO OR MORE INCIDENTS</th>
<th>TOTAL</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strangers</td>
<td>17</td>
<td>23</td>
<td>40</td>
<td>65.6</td>
</tr>
<tr>
<td>Neighbour, Teacher,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend of Parents</td>
<td>7</td>
<td>2</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td>Friend of Brother</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Romantic acquaintance</td>
<td>3</td>
<td>-</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Family Member (see below*)</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>13.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
<td>31</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| FAMILY MEMBER*              |                 |                        |       |     |
| Father                      |                 |                        |       |     |
| Uncle, Grandfather, or Cousin | -               | 1                      | 1     | 12.5|
| Stepfather                  | 1               | 4                      | 5     | 62.5|
| TOTAL                       | 2               | 6                      | 8     | 100.0|

Number of women in sample = 94
Number of self-identified abused women = 41
Total Number of abusive experiences = 61
stepfather–daughter sexual abuse were reported). The remaining 21.3% implicated neighbours, teachers, friends of parents, romantic acquaintances and a friend of an older brother.

There had been no previous disclosure to anyone in 21 cases (34.4%). These were mainly instances of being unwillingly kissed, fondled or touched in a sexual way. In 8 more there were unsupportive responses from parents on disclosure (13.1%). There were no reports to the police or to any social agency in the group of women studied.

Demographic factors:
No significant differences are evident when comparing the self-identified abused group with the rest of the student sample (see Table 4.5).

Discussion
The prevalence figures for contact and non-contact childhood sexual abuse are similar to those found by Russell (1983) and Badgley in 1984 (cited by Painter, 1986) (Fig.4.1) in general population samples, although the population sampled and the methods used for data collection are quite different. Contrary to the low prevalence figures reported in other studies of college student samples, prevalence in this group of South African students is as high as in the general population of adult women in North America. This may be a sampling artifact, or may be related to the violence of life in South Africa, or may be a more accurate reflection of prevalence among university student groups than has been elicited elsewhere, because of the methodology used. The fact that no father–daughter incest was reported suggests that such information was withheld. Evidence of this was one student who hinted broadly 'at an experience of what she termed serious child sexual abuse, but provided no details, and another woman who explicitly mentioned non-disclosure of her experience.
<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>Self-Identified</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Abused (N=41)</td>
<td>Not Abused (N=53)</td>
</tr>
<tr>
<td></td>
<td>No.  %</td>
<td>No.  %</td>
</tr>
<tr>
<td><strong>Upbringing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>22 53.7</td>
<td>28 52.8</td>
</tr>
<tr>
<td>Small town, rural</td>
<td>19 46.3</td>
<td>25 47.2</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>25 60.9</td>
<td>28 52.8</td>
</tr>
<tr>
<td>Jewish</td>
<td>5 12.2</td>
<td>10 18.9</td>
</tr>
<tr>
<td>Catholic</td>
<td>4 9.8</td>
<td>6 11.3</td>
</tr>
<tr>
<td>Muslim</td>
<td>2 4.9</td>
<td>2 3.8</td>
</tr>
<tr>
<td>Other</td>
<td>5 12.2</td>
<td>7 13.2</td>
</tr>
<tr>
<td><strong>Home Language</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>41 100.0</td>
<td>51 96.2</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>2 3.8</td>
</tr>
<tr>
<td><strong>Family details</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intact</td>
<td>31 75.6</td>
<td>41 77.4</td>
</tr>
<tr>
<td>Not intact (includes death</td>
<td>10 24.4</td>
<td>12 22.6</td>
</tr>
<tr>
<td>or divorce of parents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stepfathers</td>
<td>5 12.2</td>
<td>2 3.8</td>
</tr>
<tr>
<td>Study</td>
<td>Sample Description</td>
<td>Contact Sexual Abuse</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Russell (1983)</td>
<td>Adult Women (San Francisco)</td>
<td>38%</td>
</tr>
<tr>
<td>Badgeley (1984)</td>
<td>Women (Canada)</td>
<td>33.8%</td>
</tr>
<tr>
<td>Levett Women Students</td>
<td>(Cape Town)</td>
<td>30.9%</td>
</tr>
</tbody>
</table>

Figure 4.1

Comparative Percentages of Three Studies: Sexually Abusive Experience at ages < 18 years.
One of the pressing needs in this area has been argued to be frank and open discussion of experiences of sexual abuse (Lister, 1982). However, there is a potent set of socially constructed prescriptions and constraints which trap girls and women within a web of silence which serves to safeguard the perpetrators (Miller, 1985). That so many chose not to talk about their experience in the groups in conjunction with the fact that there was a significant number of young women with such experience to discuss, which emerged in the assignments written for the exclusive view of the researcher, is significant. In spite of rational connections made between the realities of social structures, male-female dynamic processes, and those of their own experience, a powerful set of ideological constructs which lead to stigmatic effects compelled most of these young women to silence. Summit and Kryso (1978) have commented on the stigma associated with sexual assault and abuse. When a girl or woman is identified and labelled as a victim of sexual abuse she becomes a "focus of fascination" for others; this labelling effect is incorporated by the subject herself and sets up a sense of being different.

Although it has been said that the silence which surrounds the experience of sexual abuse constitutes part of the trauma of the experience (Burgess and Holmstrom, 1975; Courtois and Watts, 1982; Lister, 1982), many reasons may be found for this silence (Haller and Alter-Reid, 1986). They are often active strategies, from the viewpoint of the woman herself (Fine, 1983/4) in certain senses; this point will be taken up again in Chapter 6. Furthermore, from the viewpoint of the researcher, where there is a structural power dynamic - whether this involves researcher/subjects, male/females, educated/working class, white/black, or lecturer/student (and more so when these factors are multiplicative) - there is likely to be mistrust. An active set of manoeuvres must be expected from those who feel used, exploited or manipulated. Women research participants are not passive responders to research questioning (Duelli
Klein, 1983). In considering prevalence studies of sexual abuse these points need to be taken into account, as they were by Russell (1984a).

Many of the women students in the present study clearly felt there would be negative effects consequent on open discussion of their experience among peers, even though they had made the intellectual connections between such phenomena and social structures. The vulnerability indicated clearly concerns the possibility of stigma. The underlying belief seems to be that girls (or women) would lose something important through disclosure rather than gain a sense of relief, perspective and potency. This has significant implications for research in this area: it suggests that prevalence figures are unlikely to be reliable until no stigma attaches to experience of this kind.

The stigmatic effects of child sexual abuse have been documented (Browne and Finkelhor, 1986) but are glossed in most prevalence studies. The absence of the unwilling from samples studied (refusals) surely relates to the same factor. Even when anonymity is assured, those with any anxiety about the experience will be unlikely to volunteer or, in complying, unlikely to answer truthfully or fully and without distortion (Michell, 1984).

The systematic follow up, and unsystematic enquiry by a colleague, elicited a positive response to the project in a major proportion of participating women, and an enthusiastic response in some. The quality of the written material leaves no doubt as to the genuineness of the recollections. These reflected some degree of re-conceptualization of the experience in an affirmatory direction, suggesting that the intervention was beneficial although this was not systematically examined.

Five women commented on feeling angry about "being conned" into participating in a project on sexual abuse when it was "presented as one concerning gender
socialization". One said she would not have participated had she known beforehand; she had felt some pressure from her group to disclose her own experience, as others had, but she resisted this peer pressure. It is unclear whether there was peer pressure or whether this was a subjective impression. Four of these five women had not made the link between gender socialization and sexual abuse. From a methodological point of view, these are useful findings. They highlight the difficulties of obtaining reliable prevalence figures for child sexual abuse in its various forms.

A tentative conclusion is that the real extent of the benefits of the exercise may not be readily accessible; they also may be of a delayed or "sleeper" type. Since there is a likelihood that an unknown proportion of these subjects will encounter situations of sexual assault in the future, it is cautiously presumed that some useful preparation for such experience has been initiated in the sense that the implications may not be seen as involving personal responsibility.

Concerning data on prevalence, type of abuse experienced and the effects on the women, the data is not dissimilar from that reported by researchers in North America for general population samples. The findings suggest that childhood experiences of sexual abuse and molestation are common among South African women university students. They also suggest that there is substance for the idea that most prevalence studies underestimate the extent of the problem for reasons which have in part to do with methods of data collection and in part with the taboos which surround this area of women's experience.

In conclusion, given the serious concern that is expressed about the consequences of childhood sexual abuse, and the large numbers of researchers who seek to identify symptoms among women who have disclosed having had such experiences, it is difficult to understand the precise nature of the "damage" that is involved when such a substantial proportion of the female
population has been so exposed. Seemingly, the greater majority of children, girls, and women, deal with sexual abuse, molestation and harassment in numerous forms in their daily lives. This is not to say that such experiences have no effects whatsoever, but rather that all except the most physically injurious or dangerous situations are likely to be diluted in the general wash of similar experience. In some cases, however, through an accretion of sociocultural mediation factors (self-identification as a "victim" with subjective stigmatization, and the various effects of family disruption or public exposure through intervention), along with a need to make sense of their current problems, certain childhood sexual abuse experiences are given a special place in the lives of some women, as though they are not dealing with sexual abuse and harassment, and oppression as women, in various forms in an ongoing way.

In the next section, current professional ideas about the nature of the traumatic effects following childhood sexual abuse will be examined. This discourse relates to the literature reviewed in Chapters Two and Three and will be compared with the ideas held by the non-professional women who comprised the sample studied in the current Chapter, when these ideas are analysed in Chapter Six.
CHAPTER FIVE

PSYCHOLOGICAL TRAUMA: A CONCEPTUAL ANALYSIS

Introduction

Empirical Views of Psychological Trauma Following Child Sexual Abuse
   (1) The Search for Symptoms
   (2) Post-Traumatic Stress Disorder
   (3) Deviance as a Consequence
   (4) Attempts to Devise Empirical Models of Trauma

Psychoanalytic Views on Trauma

Professional and Lay Public Views on Traumatic Effects: A Literature Review

Discussion

Introduction

The discourse on psychological trauma is one which is fraught by lack of clarity. This is especially true in the case of childhood sexual abuse, experience which is not uncommon among women in western society yet which is widely regarded as leaving traumatic effects. The ways in which ideas of emotional scarring (or damage) have been constructed and studied are addressed here.

The period 1960 to 1985 could be seen to have witnessed the emergence and crystallization of a social construction of the traumatic effects of child sexual abuse, defined in part by professionals and maintained by the media and the general public. Thus far there has been little suggestion that there may be interesting discussion deriving from the fact that, even though women with this history are themselves likely to attribute problematic consequences to the experience of childhood sexual abuse, often they are not distinguishable from similar groups of women without this history.

Elwell and Ephross (1987) note that most of the current literature presents treatment models for child sexual abuse, "based on the assumed damage to the
child's psychosexual development that results from sexual encounters with adults." They cite Schultz (1980) who pointed out the danger of such an assumption, since it helps to set up an expectation of difficulties consequent on experiences of child molestation. Such expectations have their own difficulties.

As Taylor (1983) reminds us, there is a substantial literature which reveals the resilience of humans in the face of personal tragedy and problems. Most people have strategies to deal with such experience, mostly without professional help. Part of their success rests on the individual's capacity "to form and maintain a set of illusions" by which Taylor means the positive reframing of known facts, which she sees as critical and basic to mental health. In her study of women with cancer, beliefs about the possibility of personal control and efforts at self-enhancement through downward comparisons were significant. In general, the detail of the cognitions mattered less than the functions they served. When attributional beliefs were disconfirmed, the subjects would simply shift their understanding to a different focus, relocating their efforts to maintain a sense of mastery. The important lessons of this study are the significance of active strategies of verbalised thought in the face of serious threats, and the fluidity which characterizes these cognitions.

In the final analysis, following Young (1981) who discussed the way medical knowledge is constructed, research on childhood sexual abuse tends to produce and reproduce evidence that such experiences, as viewed today (in a specific historical moment) produce universal effects. However, there are widespread beliefs and interests which shape the models and the theories which produce this point of view. The labelling of sexual abuse victims as such, along with ideas of traumatic consequences associated with all such experience, contributes to the active maintenance of oppressive attitudes towards women. This is because such notions (a) bear implications which allow for no active interpretation of a range of
experience subsumed under the term "sexual abuse" or "molestation", and
(b) obscure the various strategies which are used by children and women to
cope actively with these experiences, given their resources, and
(c) are held by women in spite of contradictions with other ideas they hold, or
with their own experience.

The question of harmfulness in situations of child sexual abuse is not only or
simply a scientific question, but is more fundamentally a political issue. It
concerns issues of power in relation to social constructions of traumatic effects.
The danger in adopting this sort of position is that it could be read to imply
that it does not matter whether a child is used or abused sexually by adults.
This notion is not the necessary or the only outcome of my critique, but rather
that the literature itself, and the ideas and attitudes of lay persons and
professionals - in presenting a picture of devastating consequences of child
sexual abuse - contributes to the perpetuation of social representations of
damage. There is a slippage of meanings: from damage to damaged to
permanent impairment. The young woman is seen as a victim, trapped or
encaged at the centre of a network of meanings surrounding stigma, believing
herself to be different, and leading her life in continuing belief. This view
presents and reproduces the notion of the child (or the individual) as an
impotent, passive agent. It also separates women into two groups: those who
are and those who are not "damaged".

There is a tendency in the media to emphasise very violent or unusual cases of
child abuse or molestation. This perpetuates the notion that rape is a
necessary aspect of child sexual abuse. While this facilitates the minimisation of
apparently trivial experiences which may have great subjective import for the
victim, it also paradoxically has the opposite effect of maintaining a set of
public beliefs in which the very notion of child sexual abuse elicits feelings of
horror and revulsion, and engenders moral outrage which is directed at the
individual males who are identified as abusers. Such feelings are likely to be attached by association to those who have had such experience.

Although widely encountered in the general clinical psychological and psychiatric literature, ideas about psychological trauma are rarely subjected to conceptual scrutiny. The use of the term tends to be "commonsensical" and pragmatically informed, in a superficial way, rather than theoretical. While there is value in everyday accounts (Antaki, 1981; Farr and Moscovici, 1984), if explanations are obtained in this way the underlying assumptions require careful analysis and interpretation. Contemporary ideas about psychological trauma, and the way in which they have permeated popular and professional thinking about childhood sexual abuse, will be examined.

Even when an evaluation of the extent and prognosis for physical trauma is involved, it is not a simple matter for a medical specialist to assess trauma severity in an individual case. Fryback and Keeney (1983) report on the complexity of the inter-related judgments involved when a surgeon first confronts an injured person and has to assess multiple systems in relation to threat to life and the likely short and long-term disablement and discomforts associated with the injuries. Several major systems are likely to be affected in varying degrees (e.g. circulation, ventilation, central nervous system, renal function, internal organ injuries, musculo-skeletal and burn severity) and more than one of these is generally involved. In physical trauma there are likely to be some relatively reliable sets of baseline data against which comparisons (signs and symptoms) are possible, e.g. pulse rate, blood pressure, spinal reflexes. Nonetheless the trauma surgeon is impelled to take the entire range of effects into account simultaneously and will not necessarily have ready access to certain kinds of information.
Fryback and Keeney devised a Trauma Severity Index utilizing ranking scales of 0 - 7 for each of the major systems, carefully defining the meanings of the scores and including two state dependent variables (age and the presence of pre-existing disease of a particularly debilitating form, such as diabetes). The final index of trauma severity makes use of a range of nested models where there are strong dependencies among certain measures, as well as the interactive effects of age and disease, devised on the basis of a multi-attribute utility procedure. They developed their model in consultation with a single highly qualified and experienced trauma surgeon and do not report how effective it is when applied by others with comparable experience. In important ways, this is the kind of model which has rendered empirical research so effective in medicine: interventions are subject to a constant process of monitoring which provides ongoing feedback about the effectiveness of the clinical decisions. This is not quite the same in matters of emotion and thought. Although what constitutes physical good health is a matter of some controversy, the issue of emotional or mental health is a deeply controversial subject. Some social scientists have questioned the value of the term "health", pointing to a need for greater specificity of meaning (Herzlich, 1973). And, of course, in contemporary community medicine (e.g. concerning illnesses such as tuberculosis and pellagra) there is a much less clear separation of the individual from the sociocultural and economic context in discussions of disease processes.

There is little doubt that psychologists attempt to develop similar models but, in attempting to evolve a schema for use in assessment of psychological trauma, it is arguable that the problems would be greater. This relates partly to the absence of clear normative baseline data for most aspects of psychological functioning (e.g. pulse rate), but also to less clearly defined conceptualisation of psychological systems (comparable to the circulation), to contradictory findings concerning ameliorating and exacerbating variables, and finally but perhaps most important, to the complexity of the interaction of intrapsychic variables with
social contextual factors in notions of psychological trauma.

A voluminous empirical literature is available concerning the probability of occurrence - during a period of time preceding an illness or treatment for a form of psychological disorder, particularly depression - of a range of "Life Events" deemed stressful (Rabkin and Streuning, 1976; Hyman and Woag, 1982; Monroe, 1982). The stressful life events have been variously defined and listed by a number of researchers and lists of events have been modified and classified in different ways over the years since this approach was introduced by Holmes and Rahe in 1967. A basic assumption in this literature is that situations which involve change will be stressful to the individual, especially (but not only) if the change is regarded as unpleasant or involves threat (Brugha, Bebbington, Tennant and Hurry, 1985).

The main emphasis in Life Events research is the demonstration of an association, perceived as causal, between life events and illness. The majority of these studies involve large numbers of subjects and they ignore both the individual's construal of his/her own experience, and the socio-historical aspect of epistemology. As Young (1980) has outlined, this research "contains no clear statement of the intrapsychic or intrasomatic processes that are being identified with stress". Furthermore, much of what is involved is what he terms "tacit knowledge" i.e. taken for granted, commonsensical, and requiring no clarification. He points out that this ignores the possibility that empiricism of this type produces and perpetuates knowledge as a social product.

The literature on Life Events is similar to accounts of instances of psychological trauma: both are commonly justified on the basis of retrospective data taken from an historical description concerning individual experiences, whether reported by the subject or some other source. Most published empirical studies draw on attributional linkages concerning clinical samples. The epistemological
problems involved are subordinated to the practical appeal of the apparent accessibility to "explanation" this approach seems to promise. Underlying such accounts is the notion that, through sheer persistence, significant facts will "emerge" and ways be found to deal effectively with the human problems encountered in clinical practice attributed to early experiences. What is generally not mentioned is the necessity for clearly defined variables and rigorous controls in this type of positivist research (i.e. random samples, a predictive strategy which tests a null hypothesis postulating no significant differences between those identified as victims and matched groups without such experience, careful control measures against researcher bias, etc.). The more sophisticated approach of longitudinal studies involving predictions of disorder (Tennant, 1983), or before and after studies of traumatic effects over an extended time span, have not been done. What is more, no account is taken of prevailing ideas about such experiences among the general populations studied: available ways of interpreting and responding to one's experience are likely to incorporate a major social component, i.e. dominant shared ideas about the experience and its meaning (Mestrovic, 1985).

In a distinctive paper criticizing the concepts widely used in discourse on the emotional abuse of children, Kavanagh (1982) gives particular attention to the definition of mental injury. She asks "What is the normal state of affairs that the child is being compared to...?" (p. 171) and points out that even if professionals could agree on "standards of child development... how are we to assess a child's psychological condition...?" (p. 171). The arguments she presents revolve around issues of judgement where in fact there is an absence of reliable and valid criteria for a "diagnosis" which is required. Kavanagh also raises questions concerning the purpose of defining the emotional abuse of children - is this to somehow ensure a certain desirable well-being for the child, whatever this might be, or to justify official interventions into the private realm of the family? One might also ask whether the magical restoration
of some abstract notion of "mental health", or the production of an idealized perfect child, is fantasized.

Kavanagh concludes from her careful appraisal of the literature that, apart from psychosocial dwarfism, "no objective abnormal physical or psychological syndrome has been reliably demonstrated in the child whom most would describe as emotionally abused or neglected" (p. 175). She continues with the comment that one can develop many hypothetical statements based on post hoc data, but that "the true measure of a theory's value is its ability to predict in such a fashion as to provide more valid information than that supplied by knowledge of base-rates or chance estimates" (p. 175). She draws attention to the social costs which are attached to mislabelling and to our inability to predict concerning the effects of intervention in such cases.

Although there has been increasing sophistication in delineating the complexity of issues of consequences of apparently disastrous experience for any particular individual (B.L. Green, 1982; Green, Wilson and Lindy, 1985), the tendency has been to emphasise the likelihood of emotionally problematic consequences of certain selected "traumatic events". However, retrospective studies concerning childhood - whether these concern maternal psychopathology, family conflict, divorce, disruptions including losses and separations, punitive or lax practices of child rearing, or childhood sexual abuse - do not predict or explain any particular developmental outcome or form of psychopathology. These childhood experiences (e.g. conflict, losses, separations, failures) may present higher incidences in clinical populations, but the only childhood factors which have been shown to have any reliably predictive power for later cognitive or psychosocial difficulties among western societies are poverty (Escalona, 1974), physical abuse (Jacobsen, Fasman and DiMascio, 1975), repeated school failures and psychiatric referrals (Chiland, 1974) and ongoing aggressive behaviours in childhood (Zeitlin, 1986).
Empirical Views of Psychological Trauma Following Child Sexual Abuse

It would seem that the main point of agreement among researchers who discuss the long-term effects of childhood experience of sexual abuse is that, as adults, such women are more likely to have difficulty with areas of sexual (intimate) relating. Specific details are infrequently provided and authors do not pursue any further explanation, as though the connection is self-evident. However, one might usefully ask if this finding is a valid one or if it simply reflects the expectations of the researchers and subjects.

Empirical attempts to delineate effects of childhood sexual abuse have come up with a confusing range of phenomena, as discussed in Chapter Two. Chandler (1982) comments:

"If childhood sexual abuse is as common as most of the data indicate, it is difficult to associate long-term emotional trauma with an incident of childhood sexual abuse without examining other factors" (p. 62).

The "other factors" which have been examined in the literature have tended to be what are termed ameliorating and exacerbating factors and, broadly, there are two levels to the problem.

(1) The first is the frequently commented non-comparability of findings, because of differences in methodology and definitions. Most efforts to integrate the research published on the effects of child sexual abuse have commented on the methodological problems encountered (Steele and Alexander, 1981, Chandler, 1982, Browne and Finkelhor, 1986). Elwell and Ephross (1987) report that Schlesinger uncovered only 19 research studies (as opposed to descriptive case material and general discussions) in the area of child sexual abuse over the period 1977 to 1982. There is an implicit message in such comments that an improvement of the methodology will bring about the clarification of the causal
links in a direct and immediately interpretable way, although some have observed that such improvements in design are unlikely to be achieved because of peculiarities in this field (e.g. the problem of obtaining random samples which accurately represent the population) (Finkelhor, 1984a).

(2) The second more important problem is the absence of a generally accepted theory within which to direct inquiry concerning traumatic effects. While positivistic methods are useful in certain kinds of psychological research, there are cautions which must be taken into account. The kinds of observation and the methods used in such studies almost invariably have been mediated by interdependence within a particular type of empiricist framework; this is one which is uninformed by the principle of "indifference" which rigorous probability based research would demand, and is uninformed by conceptually sophisticated theory. To quote Danziger (1985): "Methodological procedure produces the observations that count as scientific, but at the same time it is the repository of explicit and implicit theoretical assumptions" (p. 1).

There has been no self-reflective discussion as advocated by Wicker (1985) concerning the research on the traumatic effects of childhood sexual abuse. Examination of the empirical literature on child sexual abuse shows a widespread assumption that there are "traumatic effects" without clear evidence that this is the case (Frude, 1985). Young's (1980) argument (in the context of the discourse on stress) is that this is an example of tacit knowledge: a situation where research and everyday ideas mirror one another. This is not to say that the research is not properly done, but that it adopts a convention which obscures a fundamental bias. Certain phenomena are isolated and classified in ways which make them appear separate from social processes, and in ways which appear to provide authoritative evidence of causal links. Young (1980) has commented:
"The stress discourse is distinctive because it attempts to connect pathogenic events to pathological outcomes by means of victims' perceptions of these events. The researcher's access to these perceptions is mainly through what his informants tell him. The meaning that a researcher attributes to his informants' statements depends on the form in which the statements have been elicited and the interpretive schemes he uses to decode them. A researcher never simply "collects" his informants' perceptions. Rather, he produces knowledge about them by means of a particular technology and social relations of production." (p. 138).

Chandler (1982) remarks that what some adults might view as milder forms of abuse (e.g. fondling or manual stimulation) are often held to be as traumatizing as sexual intercourse. This is a view which all too easily may become a self-fulfilling prophecy when so many women who present themselves for assistance often do have a history of childhood sexual abuse of this kind. The prevalence figures for the general population of women should indicate to the thoughtful researcher that a large number of women who present clinically perhaps incidentally (simply through being female) will have had such early experiences. They may attach significance to these experiences themselves because they have learned to do so through exposure to professional views depicted through the media or through everyday conversations, and because of the power of contemporary ideas about deviance.

Another side of this coin is that someone who presents herself for psychotherapy because of a range of problems of living, for instance a lack of a sense of focus in her life, a general feeling of uncertainty and existential self-questioning, is liable to comment (in one form or another) "I wish I had a clear trauma which could be fixed". The idea underlying this would be: if there was something in particular which could be repaired, I would be a happy, secure and optimistic human being. This assumes that a "trauma" is like a tumour or
an infection. A widespread contemporary view of medical science is of a set of methods which deal effectively with tumours, broken legs and fevers; a treatment is applied by "one who knows" and the tumour is excised. All that is disruptive or distressing, all ills and complaints, are understood to have their origin in a childhood trauma. The trauma is separate from the individual, in a sense, because it is separately named and treated. A distance is preserved and after the remedy has been applied, the person may recover an ideologically based naturalized, normal state of well-being, leaving the "bad" part behind. This aspect of medical discourse has a powerful influence on the thinking of western people, whether or not they are educated. There is an expectation of cure, and a sense in which idealized notions of good health and a feeling of coherence and well-being are perceived as being anyone's "normal" and deserved state.

As was evident in Chapter Two, the notion of damage in the form of consequences has been approached in largely consistent ways. Through retrospective studies of children, adolescents and women, the following trends are to be found in this literature. Firstly, there is a search for symptoms among already identified "victims", i.e. those who have disclosed a history of sexual abuse. This takes no account of a point such as that made by LaBarbera (1983) who noted that, for example, a father who behaves seductively in relation to his daughter creates a situation in which, although there is no sexual abuse of a clear-cut kind, there could well be effects on the daughter's later sexual functioning. The same kind of point is made by Alice Miller (1985). There is increasing comment on the point that it is often impossible to ascertain whether current problems relate directly to the exploitive sexual experience or to other circumstances in the girl or woman's life (Jehu and Gazan, 1983; Fromuth, 1986; Conte and Schuerman, 1987).

In many instances - provided there is a history of certain events - any
behaviours seen as "deviant" are identified as effects. Since 1980, there has been a move to classify sets of symptoms or deviances viewed as psychosocial consequences of stress under the diagnostic category of Post-Traumatic Stress Disorder. While the notion of deviance seems to have fallen away in recent writings on sexual abuse, increasingly researchers have adopted the latter approach. In general, there has been little effort to develop systematic models which offer a more socially informed understanding of the phenomena. I will discuss the four routes to the notion of psychological trauma which predominate in the empirico-clinical literature.

(1) The Search for Symptoms

In the dominant paradigm of clinical psychology there tends to be a search for causal links, and current ills are related to past experience, particularly childhood experience. Explanations of aetiology are ones in which a cause is seen as external to its effects and, in the empirical literature, psychological trauma is seen in this way: an externally identifiable event is connected with a set of behaviours and reported phenomena, in a cause-effect process.

Behaviours regarded as indicative of trauma by convention are sought. Many symptoms have been identified and linked with experiences of child sexual abuse, as discussed in Chapter Two.

There are several problems with this approach. In the first place, whether certain characteristics are regarded as "symptoms" has much to do with where and how an individual is encountered (e.g. Temerlin, 1970). Furthermore the subjective aspects of psychological "disorder" or "distress" can have their roots in a wide range of factors apart from a specific event, e.g. attributional and other cognitive dispositions such as language use, face saving strategies, notions based on idealized or normative comparisons, and socially based expectations. These issues are not generally considered.
Learning to isolate and identify symptoms is like learning to identify certain kinds of cortical cell layers through a microscope, or like learning to read. Symptoms represent culturally constructed sets of codes which, in certain combinations and sequences, convey meanings to those authorized and licensed to interpret them (Foucault, 1973). Perhaps unlike letters, and more like words and sentences, there is less consensus about the precise meanings conveyed by symptoms but, similarly, symptoms depend on a set of socio-historical practices for validation. They are not simply observable facts, immutable and independent of socio-historical forces.

One of the practices which plays a significant role in the validation of interpretation of sets of symptoms is their publication in authoritative journals. Through a variety of circumstances (often ultimately linked with funding of research and popularization of a particular field of interest), certain kinds of research are more likely to be published than others. In the period 1960 to 1985 the "successful" forms of psychological research (i.e. published and funded) have been mainly of two kinds. One, called logical positivistic by philosophers of science, requires certain methods to be used. The other could be seen as a "poor relative" of the first in the sense that some minimal effort is made to simulate the rigorous logical positivistic model. However, the stronger emphasis in the second group is the "relevance" of the research and it is this factor which gives impetus to publication of studies. Relevant research usually has to do with social pressures to right wrongs, to restore "health" and generally to tuck in all the loose ends which signify uneasy evidence of chaos or conflict in a particular social context.

As Arney and Bergen (1984) have argued, there is a prominent trend in contemporary clinical medicine and related practices to "tame life" by bringing order into disordered lives, through the "discourse of the visible" (i.e. symptoms), involving judgements of handicap and disability (Young, 1987).
is an apparently humane and non-intrusive enterprise but equally it could be seen to be a subtle form of social control by powerful although impersonal interest groups, e.g. the state and health professionals (Corrigan and Leonard, 1981). In the field of child sexual abuse, there has been pressure from various groupings of feminists and from those concerned with child welfare (Parton, 1985) which has been an important factor in the funding and publication of research in this area.

This is in spite of research suggesting that variables such as symptoms and psychiatric diagnoses are less useful predictors of prognosis than the person's social adjustment (ability to form friendships or close relationships, and ability to locate themselves in the occupational sphere) and intellectual functioning (Spaulding, Hargrove, Crinean and Martin, 1981).

(2) Post-Traumatic Stress Disorder

There is an extensive clinical literature concerning the traumatic effects of various events such as bereavement, accidents, serious illness, near-fatal experiences in war-combat, kidnapping, internment, witnessing homicide, and experience of sexual assault (i.e. rape). Over the past 40 years, since Lindemann's (1944) description of grief reactions as a syndrome in the survivors of a major urban fire, clinicians dealing with survivors of disasters such as earthquakes and floods, ex-prisoners of war, Holocaust survivors, and Vietnam veterans, have described similarities in the responses of adults to these experiences. The "extraordinary increase in attention" between 1975 and 1985 regarding the psychosocial consequences of stressful events was noted by Figley (1985), who adds that most scholars and clinicians have focused on only one type of stressor, rarely applying findings from one area to another. These patterns of response isolate and group certain symptoms, labelled as a diagnostic category in terms of the DSM III (American Psychiatric Association, 1980), called Post-Traumatic Stress Disorder (PTSD). The history of this
phenomenon has been outlined in detail by Trimble (1981), described as post-traumatic neurosis. In a brief later paper, he points out that:

"The etiology and pathogenesis of post-traumatic stress disorder, in spite of its new suit of clothes, remains, as those of the king in Hans Christian Andersen's famous story, invisible. ... Ideas in the literature reflect the zeitgeist of the communities in which they are written." (Trimble, 1985, p. 13).

One of the effects of the introduction of PTSD as a diagnostic category with a set of professionally devised criteria has been that it has introduced a semblance of order for the researcher and the clinician. It has also become acceptable in the US Courts of law to apply the diagnostic criteria as a method to evaluate claims for damages, provided the evidential procedures concerning the burden of proof are followed (Weissman, 1984). These procedures are usually difficult to meet: courts of law require a clear link between an event and a set of clinical consequences and are unimpressed with ideas about pre-existing vulnerabilities.

A major aim of Figley's edited collection of papers on "traumatic stress" was "to develop a unified or generic theory of the psychosocial consequences of traumatic stress" (p. xvii) and, in so doing, to display the range of stressors which have been invoked as producing PTSD. Figley attempts a definition of trauma: "an emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivor's sense of invulnerability to harm" (p. xviii) and defines a post-traumatic stress reaction as "a set of conscious and unconscious behaviors and emotions associated with dealing with the memories of the stressors of the catastrophe and immediately afterwards" (p. xix). The catastrophe is "an extraordinary event or series of events which is sudden, overwhelming, and often dangerous, either to one's self or significant other(s)" (p. xviii). These definitions seem to
be very appropriate to certain kinds of experience, e.g. survival in a battle, sudden, physically violent attack or a motor accident, but are difficult to apply to the majority of cases of child sexual abuse, where coercion is more common than life-threatening violence.

Following the current trend to adopt this diagnostic category, however, several authors have put forward the view that PTSD is a useful diagnosis in work with children since the criteria listed in the DSM III may be satisfied. These criteria relatively arbitrarily require the presence of an identifiable stressor and a certain number of symptoms which are listed. The importance of the psychoanalytic origins of the idea of psychological trauma is glossed through exclusion of discussion of intrapsychic constellations which shape responses to a range of events, including many which would neither be evident to the subject herself nor available to ordinary enquiry.

Eth and Pynoos (1985) apply the diagnosis of PTSD to children who have personally witnessed the murder of a parent. They cite the work of Senior, Gladstone and Nurcombe (1982) who use it for children who have been kidnapped and Gislason and Call (1982) who applied it to small children following dog bites. They define psychic trauma as a situation where a child "is exposed to an overwhelming event resulting in helplessness in the fact of intolerable danger, anxiety, and instinctual arousal" (p. 38) but do not clarify the meaning of overwhelming nor of instinctual arousal. Noting that a child's vulnerability relates to several factors including "genetic, constitutional and personality make-up; past life experiences; state of mind and phase of development; and the content and intensity of the event" (p. 39), which covers every possibility, Eth and Pynoos then argue that the younger child is particularly vulnerable. They hold that the school age child is better able to go through a process which they term re-enacting and transforming the outcome of the remembered events through fantasy, but is also likely to become less stable in behaviour.
patterns, to show a fall off in school performance, and to develop psychosomatic complaints. However, it is equally possible that, in reaction, the child could become very docile and compliant, well-behaved and diligent. Adolescents, they say, are most likely to enter a phase of acting-out behaviours such as "truancy, precocious sexual activity, substance abuse and delinquency" (p. 47); they hold that this group is more likely to assume much guilt, to fear stigmatization and to perceive accountability in all participants in the traumatic situation. These observations are common currency among clinicians and are all to be found in writings on the consequences of child sexual abuse. So it is not surprising that several authors have applied PTSD to child sexual abuse (Gelinas, 1983; Donaldson and Gardner, 1985) and also to physically abused children (Arthur Green, 1983).

Green argues that the common findings of recurrent dreams and intrusive recollections of parental violence, reduced psychosocial involvement with detachment and limited affect, and a range of further symptoms such as hypervigilance, sleep disturbance, avoidance of activities or situations which might produce re-traumatization, and intensification of symptoms on exposure to situations with subjective similarities, justify the use of the diagnosis. These are formally prescribed criteria for making the diagnosis PTSD although an experience of physical violence which is a chronic feature of a family's daily life does not meet the fundamental criterion which reads:

"The essential feature is the development of characteristic symptoms following a psychologically traumatic event that is generally outside the range of usual human experience." (American Psychiatric Association, 1980, p. 236).

The application of the diagnostic label PTSD to a range of phenomena dubiously deemed to be outside the range of usual human experience, and viewing this as satisfying a research aim, as proposed by Figley (1985), has limited value.
Child sexual abuse, broadly conceptualized, is a fairly common phenomenon as we have seen. A diagnosis of this kind is explanatory at only the most superficial level: as is readily apparent in the quotation given above, the concept of psychological trauma is invoked without explanation.

Formulating the effects of childhood sexual abuse in terms of PTSD also obscures a number of very important points. Firstly, the feminist criticism which directs attention to the role of socially structured male-female power in the constitution and perpetuation of sexual abuse disappears in the emphasis on symptoms. De-emphasis of the phenomenon child sexual abuse and its origins occurs because phenomena grouped as stressors lose their specificity (an earthquake is equal to an attempted murder which is equal to a politically inspired riot which is equal to adult-child genital contact). The particular status of children, and dominant discourses on childhood which also play their part in ideas about the traumatic effects of child sexual abuse (as will be discussed in Chapter 6) are also obscured.

Finally, many questions remain unanswered and are unlikely even to be addressed. For example, exactly which event may be deemed psychologically traumatic for particular subjects? What specific psychological processes are involved in the damage? Are those who do not display some particular set of symptoms following experiences which have been listed, not affected in any way? And, what about the relationship between the events selected out for attention, the socio-historical conditions in which they are generated, and the cumulative effects of these on the subject?

(3) **Deviance as a Consequence**

At times, behaviours not generally thought of as symptoms per se, have been labeled deviant, in relation to an ideologically based set of myths about normative development and behaviour. These have then been interpreted as
consequent on experience of childhood sexual abuse, as though there is an inevitable "moral decline" in the wake of such experience. They have included promiscuity, prostitution, truancy, delinquency, substance abuse, and single parenting. In some writings, behaviours such as prostitution have been viewed as psychopathology, or defects in the individual personality (Glover, 1969). It is dubious to conceive of such behaviours as symptoms: they are not associated with illness nor, necessarily, with unhappiness. The term "deviant" has pejorative connotations and takes no account of the complexity of the socio-historical forces involved in such behaviours, nor similar behaviours for non-abused women. For instance, Cicourel (1968) has provided an analysis of the ways in which the language and daily practices of policemen, social workers, probation officers and parents actively produce and perpetuate notions of deviance.

Hutter and Williams (1981) point out that a woman who turns to prostitution may well earn a better income that she could in other employment and, in consequence, could be a mother who is a better provider. Furthermore, the popular idea that prostitutes cater for macho male sexuality (or for perverse sexual practices) has been firmly countered by McLeod's (1981) research. This shows that a very broad range of men's needs were being met by prostitutes, much of it involving men's escape from stereotypical macho and heterosexual roles which they experienced as burdensome. Thus the main differences between the relationships engaged in by prostitutes and those involving women in more conventional heterosexual relationships turns on the explicit exchange of material remuneration, and the absence of a formalised set of further rights and obligations (which are present in marriage).

In more recent publications ideas of deviance as psychopathology in relation to prostitution, delinquency, homosexuality and single parenting have largely fallen into question. However this seems to have been replaced by a similar notions of
deviance in relation to sexual functioning. The emphasis has shifted to
discussion of "sexual problems" and "sexual dysfunction". This is a more subtle
view of deviance in that the underlying assumption is that there is a normative
sexuality against which to evaluate current behaviours in this area. There is a
substantial literature which places a strongly social perspective on human
sexuality (Gagnon and Simon, 1974; Weeks, 1981, 1985; Caplan, 1987) and, in
this context, the concept of dysfunction as deviance is tenuous.

(4) Attempts to Devise Empirical Models of Trauma

Some recent work (Ruch and Chandler, 1983; Finkelhor and Browne, 1985) has
attempted to systematise the effects said to be consequent on childhood sexual
abuse. They have developed systematically reasoned sets of dimensions along
which to conceptualise traumatic effects.

Ruch and Chandler comment that the notion of traumatic effects has rarely been
addressed in a specific manner, and has been assumed rather than defined as a
varying outcome. They introduce a model which purports to do this,
superficially similar to the Trauma Index developed by Fryback and Keeney
(1983), sexual assault trauma being seen as a multidimensional phenomenon. The
first dimension concerns the period of time since the experience (i.e. acute or
long-term, including delayed and what they term "steady state", where there is
a consistent level of response which continues over a period of time due in part
to relative absence of coping abilities and in part to a series of short-spaced
further shock events); this dimension is then formulated as three alternative
points. The second dimension concerns the "type" of sexual assault trauma, i.e.
the specific emotional response of the victim, which they describe as overt
anger in one case and withdrawn depression in another; this dimension also
allows for the use of specific categories but is difficult to see as clarifying the
picture as the type of trauma seems to be conflated with the observed affect.
The third dimension they see as the "level" of trauma, which covers the degree
to which the person is affected by the experience (some being severely and others being only mildly affected), based on the view of the clinical observer. The difficulties with this approach relate to the lack of baseline or objective measurement data.

Ruch and Chandler draw heavily on the Life Events literature. They devised a simple set of scales which rank variables they deem important. For example, level of trauma is measured from 0 - 5 based on a clinical impression focusing on overt behaviour, verbal expressions of emotion ("I feel terrible") and cognitive strategies in regard to planning and decision-making capacities ("If I change my bus route I will not need to walk through the parking lot"). There is not the space to discuss the problems of such an approach in more detail; suffice to say that the researcher has been obliged to devise apparently objective, quantified measures of "symptom" behaviour, although these add little if anything to the descriptions common in this literature, nor depth to understanding of notions of trauma. Not surprisingly, the results of the application of this model show that the "most traumatizing" single factor which emerged was the use of physical force (it is unclear exactly what this covers) and father-daughter incest (it is unclear whether this is rape, repeated sexual intercourse etc.). In the end the model does not extend understanding of the notion of trauma.

Finkelhor and Browne (1985) also set about devising a dimensional model, based on a systematically reasoned set of explanatory categories which they term traumagenic factors. Noting that comprehensive review of the literature reveals that there is no clear understanding of how and why sexual abuse results in traumatic effects such as sexual dysfunction, depression and low self-esteem, the authors set about constructing a model aimed at providing this understanding. They argue that the combination of four dynamic factors (traumatic sexualization, betrayal, powerlessness and stigmatization) is unique to
child sexual abuse, and "alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view and affective capacities" (p. 531).

They make the point that children who are sexually abused are likely to be differentially affected in relation to cognitive development and understanding of the experience, but will "emerge from their experiences with inappropriate repertoires of sexual behaviour", "confusions and misconceptions about their sexual self-concepts" and "unusual emotional associations to sexual activities" (p. 531). There is a questionable finality about these statements. Are all, or even some, of these outcomes inevitable, and what further contingencies are implicated?

Finkelhor and Browne discuss betrayal as an inevitable aspect of the experience, and mention a range of variables which will increase or decrease the child's sense of betrayal. Powerlessness, which they term "disempowerment, the dynamic of rendering the victim powerless", is the third traumagenic dynamic. This is discussed in relation to a range of contexts which will increase or decrease the degree of disempowerment experienced by the child. The important possibility here is the range of consequences following self-labelling.

The most interesting component of the model is stigmatization. This covers all the negative connotations which are communicated to the child around and concerning the experience of sexual abuse, and which become incorporated into the child's self-image, or subjectivity. They thus take up the views mentioned in Chapter Two, which perceive the emotional responses of significant others and authority figures as major factors involved in the notion of emotional damage. This is the most interesting contribution to the literature on traumatic effects, but it is limited in its explanatory power because the social
origins and implications of self-stigmatization are not dealt with in any depth by Finkelhor and Browne.

While these authors offer a model of trauma severity which could be seen to be similar to the one devised by Fryback and Keeney (1983) in certain respects, it is a marked improvement on the physical trauma model in the sense that it allows for an explanation of a range of psychological consequences in that the four "dynamics" interact in complex ways. They also incorporate additional mediating factors in that the contributions of pre-existing and subsequent influences (intrapsychic factors) must be seen to moderate the effects of the traumagenic factors. However, they do not take the step of suggesting that the third and fourth factors (disempowerment and stigmatization) need to be explored extensively to understand and explain the dynamics they have proposed, in relation to particular socio-historical contexts.

A fundamental issue which is not incorporated in the discussions of psychological trauma is the powerful effect of sets of social beliefs associated with experiences of sexual abuse. This is mentioned by Jehu, Klassen and Gazan (1985/6), who hold that the effects of childhood sexual abuse relate to secrecy, a non-supportive set of early relationships and to beliefs surrounding the experience.

In conclusion then, except for the model offered by Finkelhor and Browne, the term trauma is widely used without clarity as to the precise nature of the damage which is implied by this term, and without any theory as to how such damage is incurred. The consistency with which the term trauma is associated with child sexual abuse in the literature suggests the existence of a real, observable entity. It ignores an important trend in discussions of the psychology of behaviour today, which is to explain how individual reactions to specific situations are shaped by ideology, i.e. not simply the responses of
significant others, but by dominant systems of ideas (Unger, 1984/5). These are likely to be particularly pertinent in the area of sexuality. It is this aspect which is missing in Finkelhor and Browne's discussion. What also is overlooked is the way a set of professional views perpetuates itself and is mirrored in everyday ideas, where researchers "discover" tacit knowledge which will be explored in Chapter 6.

Generally unacknowledged are the historical origins of very specific notions of psychological trauma and traumatic effects. The Oxford dictionary provides a definition of trauma as a "wound". In medical terms, trauma implies the existence of evident physical damage as a consequence of a blow, a penetrating object, or a violent movement. The idea involves two aspects - visible damage to tissues and/or the effects of damage in terms of bodily dysfunction. These ideas were absorbed by psychoanalysis where they have been at the centre of an extensive controversial discussion. While much of the empirical-clinical discourse on trauma is rooted in psychoanalytic theory and relates to the writings of epistemologically sophisticated theorists (e.g. Durkheim, Claude Bernard, and Hans Selye), these underpinnings have been diluted and obscured by what Mestrovic (1985) terms the dominating influence of pragmatism and naive empiricism.

In the context of everyday, clinical practice the tendency is to view as traumatic events which the observer believes are traumatic, using the analogy of physical injury, where there is a known cause (a blow with an instrument) and observable consequences (bruising, broken skin and loss of consciousness). A curious state of affairs is reflected. In the most rigorous discussion what is necessarily assumed in the concept psychological trauma is a socially derived configuration of ideas reflected in individual consciousness. This lends certain experiences, in particular forms and circumstances which may be idiosyncratic, a special subjective quality. Intellectually, the idea of a "narcissistic injury"
derives from the work of Freud and requires an understanding and acceptance of his notion of the Unconscious and repression. Psychoanalytic theory provides a constitutive explanation of trauma, i.e. the cause is a relation among the internal constituents of an effect; a non-positivistic epistemology is an essential part of this approach.

The point here is that perhaps a different sort of question needs to be asked about the traumatic effects of child sexual abuse. These are ones which cannot be addressed using the type of clinical-empirical research which has been so prominent (but which bears an unarticulated relationship to the psychoanalytic conceptualization of trauma although not in itself psychoanalytic). This would broaden the notion of trauma from Unconscious processes to include aspects of what could be termed cognitive structure, or the structure of subjectivity, in a specific socio-historical context. The effects of socially-loaded experience cannot be dealt in a simple way with the "raw data" of what is perceived, but must incorporate social representations of the phenomena in question.

Psychoanalytic Views of Trauma

One way to pursue the meaning of psychological trauma would be to carry out an extensive historical study of the contexts in which the term (or some equivalent term) has been used. I am not going to do this at any length, since it would demand skills which I do not have. It might also be a task doomed to failures of comprehension, because of the issue of equivalence of meaning: we cannot assume that terms in usage one or two hundred years ago had the same meanings as are attached to them today. However, I will briefly mention some aspects of the antecedents of psychoanalytic views of trauma. In this framework, trauma is bound up with the concept of neurosis, historically and currently.

In historical terms, before Freud, there is much evidence of comment on the
possible relationship between childhood experience and adult "mental health".
Zeitlin (1986) cites writings by Burton in 1628, Johnson in 1836 and Brigham in 1839 along these lines, as introduction to his own study. Zeitlin used the detailed records from the Maudsley and Bethlem Hospital files to produce a composite of case histories of adults who had been seen as children. He shows the enormous complexity of the relationship between child and environment and highlights the inadequacies of theories of "normal" and "abnormal" development.

German medicine of the 19th century held a view of neurosis which was influenced by a speculative eclecticism (Lopez Pinero, 1983). This led writers to propose a link between disease and sin, and resulted in a personalised morality based notion of neurosis. Remnants of this are to be seen in Freud's ideas. None of the Naturphilosophie writers, according to Lopez Pinero, anticipated the later models of neurosis as individualised disturbances based on clinical observation of signs and symptoms. In France, Pinel (1745-1826) proposed "sympathetic" causes for the neuroses, i.e. "affections of the soul" due to problems with organs of the body. Thus there was search for evidence of organic damage. In Great Britain there was a tradition of functionalist medicine, and the term "spinal irritation" replaced neurosis, the idea being that some excessive irritation reactions followed over-stimulation. An American, Beard, took up this view and extended it, terming it neurasthenia and describing it as a functional disease of the brain brought on by intellectual exhaustion or tension, mainly affecting well educated American men aged between 16 and 50. He suggested that sexual abuse (presumably meaning masturbation) could be among the causes. According to Lopez Pinero, Beard's work was respected by Charcot, who adopted the term neurasthenia. As is well known, the young Freud studied with Charcot in Paris and, without doubt, the ideas which prevailed (which drew on German, French and British intellectual traditions of medicine and neurology) were incorporated within the psychoanalytic theory which he was to evolve over his lifetime.
The idea of psychical trauma was introduced to Freud through his studies with Charcot in Paris. Freud returned to Vienna in 1886 and published some notes concerning hysteria soon after this, clearly depicting the psychogenic nature of the symptoms. In the period 1890-1895 he became preoccupied with the connections between sexual behaviours (and inhibitions) and various forms of psychoneuroses. Given his interest in relating neurology with psychology, the biological status of sexuality and the emotional tensions discernable in sexual behaviour provided him with a most acceptable bridge between physiology and thought. In 1896 (cited Masson, 1985), writing to his friend Wilhelm Fliess, Freud comments that, in the neuroses, there is always a sexual experience which is overwhelming and premature in the sense that it occurs at a time before the child has the ego resources to tolerate it. The memory thus becomes repressed.

Simply put, what we find in Freud is that, in his earliest writing he held that the forms of psychopathology he encountered in his women patients were the direct result of incestuous experience. Freud's initial ideas on trauma suggested that childhood seduction by an adult precipitated psychoneuroses. He subsequently modified this view and developed the theory of the Unconscious. In elaborating this idea he moved the aetiological explanation away from the social realm of abusive adult-child relations to the psychic realm of the child, invoking the concept of innate drives to explain, on the one hand, the development of neuroses and, on the other, the development of perversions and also of more or less normal development, by way of the Oedipus complex. This holds that there is an innate sexual drive in all children and this, in some, is constitutionally strong. At the early stage of life, when the child is totally dependent on the main caregivers, the parents, the strength of the wish for physical intimacy is so threatening that this anxiety leads to repression, with an Unconscious fantasy of seduction of the father which is transformed into a fantasy of seduction by the father. Classical psychoanalysis thus became
heavily invested in drive theory and the centrality of Oedipal conflict to an understanding of all personality structure.

Laplanche and Pontalis (1973) note that the word 'trauma' comes from the Greek word meaning "wound", derived from another Greek word meaning "to pierce", and generally refers to a physical injury caused by a violent external source and involving a break in the skin. In the psychoanalytic use of the term, three ideas are implicit: a violent shock, a wound (which would relate to castration anxiety or narcissistic injury), and consequences which affect the whole organization of the psychic system.

Freud's ideas underwent continuous revision and re-working during his life. Between 1890 and 1897, his theoretical account of the aetiology of the psychoneuroses relates these to past traumatic experience. However, on analysis, the events concerned appear to have occurred at a "constantly receding date" which, in the end, reveals an experience of childhood seduction. The seduction could have taken a range of forms. In this classical account a trauma denotes a real event in the subject's childhood history which has subjective importance because of the discomforting affects associated with the event. This point introduces the subject's own particular disposition and, writing to Fliess in 1896, Freud noted the importance of heredity as a precondition in the development of psychopathology.

For trauma to occur, certain conditions must hold. There is an event or a series of events at the time the subject is in a particular psychological state, and there are reality factors which prevent a satisfactory emotional reaction (e.g. social circumstances or task demands), and there is a psychical conflict which results in defensive repression of the experience. The common factor in each of these conditions is the incapacity of the psychical apparatus to deal with the "breach" of the ego's protective shield through an influx of excitations
(Laplanche and Pontalis, 1973). It seems clear that although the "excitations" envisaged are psychological, they are psychic representations of physiological phenomena.

A range of experience may be traumatic. On the one hand, these may be violent and unexpected incidents but, on the other hand, the event may be apparently minimal but one which "owes its importance merely to its intervention in a psychical organisation already characterized by its own specific points of rupture" (Laplanche and Pontalis, 1973, p. 467).

In the period 1895-7 the trauma theory involves two events: (1) a seduction, where the child is subjected to adult sexuality when it is pre-pubertal, and no sexual excitement is aroused, and (2) a post-pubertal situation which may be quite trivial but, through association with the earlier situation, elicits overwhelming sexual stimuli. Thus it is "as a memory that the first scene becomes pathogenic by deferred action" (Laplanche and Pontalis, 1973, p. 467). Freud gave four reasons for the abandonment of the trauma theory: (1) the repeated experience of disappointment in bringing analysis to a final conclusion which, given the bringing to consciousness of the original traumatic experience, should have been feasible; (2) the fact that, in every case, the father had to be accused of seduction; (3) the realisation that the Unconscious makes no distinction between reality and fantasy when strongly affective cathexis is involved, and (4) the observation that even in the most severe psychosis, the repressed memory of a real seduction does not emerge.

In the later re-working of the trauma theory the significance of real situations of early childhood is muted. This is shifted to the dominating factors of the child's (Unconscious) fantasy life, which relates to Oedipal conflicts and the constitutional strengths of the drives and fixations at different points in libidinal phases. It is not simply that Freud abandons the seduction theory but
that it is absorbed within theoretical configurations which seem more promising to him, in offering more explication of the particular forms of symptomatology which he encountered in the psychoneurotic individual as well as in non-neurotic persons.

The notion of drives in Freud's work is not simple. The term refers to psychological (or more correctly, psychic, since it is the unconscious as conceptualised by Freud that is concerned here) representations of biological or physical phenomena. For this reason it is necessary to adequately explicate the source of the drive (and there are many drives), and to identify the aim, and also to clarify the desired ways in which the aim is to be achieved for the satisfaction of the subject. The notion of sexuality thus, although it has a biological substratum, is extremely complex, may take an infinite range of forms, and is not explicitly defined by Freud.

Between 1887 and 1902 Freud shifted his focus from social ills to the internal psychic environment as significant factors in neurosis. His theory of human behaviour rests ultimately on the hypothetical existence of innate drives and involves the redefinition of sexuality to incorporate a complex unity of mental representations and individual conflicts surrounding these. In each subject the specific forms and transformations which may be uncovered through the psychoanalytic process will relate to (1) the strength of the libido and (2) the ways in which this tension may be discharged or converted, through forms of sublimation (displacement), perversion of neurosis. Drives have their sources in bodily zones and are always active, but the aims of the drive and the objects by which these aims may be accomplished vary enormously. The drives represented in the unconscious can be displaced and substituted in their aims and objects, actively or passively. Thus transformations may manifest in wide variations. This allows an understanding of the range of human behaviours, in relation to libidinal fixations at psychosexual stages and in relation to individual
phantasy life, and is probably Freud's most significant contribution to human understanding.

However, Freud's view conforms with those of his historical era in that, although he was revolutionary in postulating the variability of the aims of drives, he perceived their source as innate, hence biologically determined. He would have been familiar with Darwin's work and there is an implication that, if unhampered by cultural norms and expectations, there would be an unfettered sexuality of an indiscriminate kind, including incest, with the disastrous potential of evolutionary deterioration of the species.

Psychoanalysis took up a central position in the context of the history of scientific ideas because, with the theory of the Unconscious, it gives prominence to meaning, signification and systems of signification within a theory of Unconscious processes which link issues surrounding conflict, function and signification (Foucault, 1970). Through semiotic systems, psychoanalysis has broken down ordinary distinctions between what is and what is not significant. It has also bridged the gap between the normal and the abnormal. Within psychoanalytic thought the issue is not the event but the system of signification that determines the value and meaning of the sign. This is a different order of fact from that perceived in empiricism (Mestrovic, 1985).

In his Introductory Lectures (1916-7) Freud notes that the significant factors which precipitate adult neuroses are "sexual constitution" along with a personal disposition, related to fixation of libido as well as early childhood experiences in general, and the later reality experience (the subjective experience of trauma) which is the trigger for the neurosis in adulthood. He wrote "In constructing phantasies about his childhood, the individual sexualises his memories". The trauma theory of neurosis is thus scaled down in a balance between these four factors, not the least being an innate sexual constitution factor. The problem
with this formulation is that, in the end, it is reductionist: constitutional essentialism is a dubious explanation.

Richard Wollheim (1971) comments that Freud failed to detail the connections between these factors, and suggests that this was to facilitate the presentation of his ideas in a popular more accessible form in the Introductory Lectures. Wollheim provides his outline: neurosis depends on frustration, fixation of libido and a tendency to conflict. When the subject cannot secure satisfaction in the desired mode and is unable to endure this, or to sublimate it, regression occurs to an earlier form of satisfaction. The point of regression will be to the point earlier fixed in the course of libidinal development. This may relate to the object (inversion) or to the aim (perversion) or to both. In order to take the path to neurosis, there is a superego prohibition of the satisfaction at the point of fixation and so the only alternative is the symptomatology which arises. (It is this set of processes which lead Freud to say that the neuroses are the negative of the perversions). A problem here is that the concept of repression which recurs in this literature is a hypothetical construct used in conjunction with talk about the Unconscious; it is far from clear how memories, ideas or fantasies are repressed.

In "Beyond the Pleasure Principle" (1920) Freud returned to discussion of trauma as a "breach" producing excessive excitation which demands attention of the psychical apparatus in a "binding process" (Laplanche and Pontalis, 1973). This 1920 paper reflected on his experience with soldiers who had survived extremely frightening experiences during World War I, and who showed a compulsion to repeat in recurrent memories and re-enactments some of the most frightening moments of this experience, as though they needed to do this in order to master the anxiety produced. The state he described was termed traumatic neurosis. Thus, within this theoretical model there is a place for real, overwhelmingly dangerous events.
Yorke (1986) attempts to clarify the distinction between the universally found traumatic psychic experiences of infancy, which produce traumatic anxiety (castration anxiety, which constitutes part of the Oedipus complex), and external events which involve a breach of the stimulus barrier and overwhelm the ego and should be referred to as traumatic neurosis. He remarks that the latter situations are ones which generally resolve themselves over a period of about 8 months - this hardly lends itself to talk about long term effects.

Traumatic neurosis was also discussed extensively during World War II by the Object Relations psychoanalyst W.R. Fairbairn (1952). Fairbairn made the point that there needed to be a distinction between familiar states which arise during combat, and ongoing "states which appear to be precipitated by active warfare" (p. 256). He mentions that these can also occur in times of peace, but the likelihood of the degree of violence required is less. He discusses the activation of pre-existent factors, especially where there is a high degree of specificity in the manifestations. In explaining these phenomena, he highlights the importance of the infantile dependency in all psychopathological developments in adults. He attributes the context of military structures with similar features to those between adults and children (obedience, one's safety in the hands of others, etc) and notes that, in wartime, persons are suddenly removed from their primary love objects and familiar environments, which in itself escalates dependency conflicts. In extremely dangerous situations, the dependence of infancy is re-evoked in persons with predisposition to such difficulties related to early experience. A state of extreme conflict (around dependency needs) occurs along with marked anxiety and exaggerated reactions. All the symptoms which occur could be interpreted as effects of this conflict and defences against the conflicts.

Discussions of traumatic neurosis and war neurosis were forerunners to
contemporary discussions of Post-Traumatic Stress Disorder, and are identifiable as such (Gelinas, 1983; Trimble, 1985). Combat (or industrial explosions, earthquakes etc.) are extraordinary situations which are mortally dangerous. Can the most common forms of child sexual abuse and molestation really be equated with these situations? It seems highly probable that various points in discussions of trauma in the psychoanalytic literature have been imported into and conflated in everyday, non-psychoanalytic clinical practice.

The psychoanalytic view is not that what happens is of no importance but rather that how it is experienced and recalled by the subject is the significant aspect. How each individual works a particular set of experiences into the fabric of her psyche will vary. In that the focus is on the individual psyche and the part played by the individual, incorporating constitutional factors, psychoanalysis largely ignores social reality. The individual scenario is a fantasy elaboration containing worked over fragments of real experience along with repressed memories, wishes and impulses, in conflict with critical and idealised aspects of the psychic structure termed the superego.

The aim in psychoanalysis is to unravel the complexities of the individual's Unconscious wishes and prohibitions. On the one hand, this is a scientific investigation in its own right and, on the other hand, the aim is to facilitate self-knowledge. The assumptions are that one cannot change the past - what has happened has happened, and so what we might be able to do something about is what one has done with the memories and associations.

What has been largely overlooked in accounts of psychoanalytic theory concerning trauma is that Freud himself used the word trauma rather loosely in a range of contexts and circumstances (Greenacre, 1967). An eminent psychodynamic therapist, Sifneos (1960) observed that the severity of reaction to a traumatic experience can be explained by (1) the person's past history,
which can reduce or increase her vulnerability, (2) the nature of the event, and (3) the individual's efforts to deal with the situation. In these terms a traumatic neurosis is characterized by a blocking or a reduction of various ego functions (styles of dealing effectively with the real world) along with spells of painful affect (anxiety or rage).

There are major controversies within the various schools, and the term trauma is used as loosely today among psychoanalysts as among non-analytic clinicians (see the discussions of Furman, 1986, Yorke, 1986 and Cohen, 1981). So much so that, following the publication of Khan's (1963) paper on cumulative trauma, a conference on trauma was held in 1964 in London (Furst, 1967). Anna Freud urged the exclusion of over-inclusive ideas of trauma since these make it problematic to differentiate between general adversities or influences, and psychic trauma in the more rigorous psychoanalytic sense. Twenty years later a further symposium on trauma was held in London in 1984 which revealed that "a number of issues remain unresolved" (Yorke, 1986).

In Freudian terms today, there are two ways in which the concept of trauma is used. In the more rigorous way, there is are multiple experiences which provoke a particular configuration of defences and repression (over-determination). In a less rigorous way, some event provokes or stimulates an inordinate degree of flooding of instinctual energy, with failure of the "protective shield" developed in infancy. In both examples, the emphasis is on the subjective experience and the subjective quality involved, hence the reality aspect and the personal construction of the event, along with fantasy elaborations of signification, are conflated. The power of socially mediated variables which contribute in so many forms to the establishment and elaboration of social representations of what is and what is not traumatic are neglected.
In relation to child abuse, Lister (1982) discusses the part played by "the command that the victim remain silent about the episode" (p. 872). Forced silence through fear, he holds, strongly affects subsequent reactions. This is particularly true if a young child is involved "when character structure is only beginning to congeal" (p. 872). Lister invokes the psychoanalytic work of Berliner and Kohut, who discuss the development of an ongoing masochistic personality style as a response to parental hostility and disinterest. In the two clinical cases he introduces, he spells out how the girls' previous experience of early parental aggression or disinterest in interaction with sexual molestation, fear and secretiveness, constitute an emotionally laden internalised relationship with the abuser. Because of the secret, there is a continuing psychological relationship with the perpetrator. The child's vulnerability, threat, fear of recurrence, and self-protective compliance constitute a masochistic style, or personality resolution. Part of this also derives from the child's oblique attempts at symbolic communication of the secret to its parents, wishing for parental omniscience, protection and understanding.

Lister's discussion takes as its model an ongoing incestuous relationship (presumably at a psychic level). He cites "regression" as an explanation although Balint (1979), himself a psychoanalyst, has made some dry comments on the notion of repression as an explanatory concept. In psychoanalytic theory there is no clear-cut distinction between normal and abnormal characteristics, behaviours or responses. Symptomatology is present in everyone and unconscious formations (notably those which are Oedipal) shape all feelings, thoughts and behaviours. Thus a psychoanalytic discussion of the subjective state of any person will invariably have a flavour of psychopathology in the more general, clinical sense. These points are not widely appreciated either among mental health professionals working within a different paradigm, nor among lay persons.
In conclusion, notions of trauma which are found in the psychoanalytic literature are subjected to constant theoretical scrutiny. In theoretical discussion, there is an acute awareness of the difficulties involved in the use of the term to explain psychological phenomena. This considered approach is conspicuous for its absence in the empirico-clinical literature on childhood sexual abuse, where there is widespread acceptance of the inevitability of sets of traumatic consequences following childhood experience of sexual abuse, variously defined.

Professional and Lay Public Views on Traumatic Effects: A Literature Review

As outlined, much concern is expressed over the traumatic effects of sexual abuse. In this context, the widespread professional discomfort in dealing with the details of the experience and its aftermath is noteworthy. Several researchers in the area have commented on the tendency for professional mental health workers to avoid or evade dealing with cases of child sexual abuse (Peters, 1976; Swift, 1977; Labarbera and Dozier, 1981; Steele and Alexander, 1981; Courtois and Watts, 1982; Levett, 1983; Gelinas, 1983). Swift (1977) commented on the "cultural handicap" shared by professionals and the general public in the taboo attached to the observation and reporting of child sexual abuse. Furthermore, there is an absence of training specifically directed at these situations (Levett, 1981).

Few recent studies have specifically examined the ideas held by the public or by professional health workers regarding childhood sexual abuse and its effects. Giovannoni and Becerra (1979) sought to establish the definitions of child abuse articulated by clinical or developmental psychologists and lay persons and, in relation to sexual abuse, comment on the almost impossible task of defining the minimal expectations of what is appropriate affectionate behaviour between a child and an older person, because of issues of values and social norms. They also sought clarity on the issue of trauma following abusive experience. They
found professional reluctance to make any concise statement and noted that "When the stakes are high and the consequences grave, the definers understandably retreat into the haven of ambiguity, with its continuing options for retrenchment" (p. 4).

In Giovannoni and Becerra's study, over 95% of professionals surveyed perceived sexual abuse as a form of child abuse. Child sexual abuse received an overall rating of almost equal seriousness to physical abuse (mean 6.67 as opposed to a mean of 6.89 on a scale of 1 to 9).

In 1981, LaBarbera and Dozier surveyed 200 randomly selected psychiatrists, obtaining a 32% return. On a question concerning the harmful effects of incest, none rated effects as less than moderately harmful. The consensus was that incest almost always leads to emotional difficulties. The authors comment "...these ratings suggest a possible tendency for clinicians to overestimate the frequency with which incest leads to disorder" (p. 1480).

Public knowledge and attitudes about child sexual abuse were subjects of a survey conducted among 521 parents in Boston (Finkelhor, 1982a; Finkelhor and Redfield, 1982). Almost all these parents (98%) had been exposed to discussion of child sexual abuse during the previous year, 90% had seen television programmes about it, and 85% had read about the problem in newspapers. Subjects consistently saw child sexual abuse as a serious problem, ranking it as significantly more harmful for the child than having a friend die, and more harmful than having parents divorced. Most subjects thought of offenders as males between 30 and 40 and as strangers to the child, and attributed the reason for sexually abusive behaviour to mental illness. Eighty-nine percent felt that the provision of education about child sexual abuse was needed in schools.
These Bostonian parents saw attempted intercourse and fondling of the child's genitals as almost as serious as coerced intercourse. Being exposed to an exhibitionist was also considered sexually abusive. However, respondents generally regarded as substantially less abusive any situation where the child (even a 5 year old) did not object strenuously; in other words, the child was seen as an active participant.

Overall, incest did not appear as a subcategory of sexual abuse which was necessarily ranked as particularly serious - more seriously regarded was the sexual abuse perpetrated by an adult male neighbour.

Particularly interesting findings related to gender differences. The male subjects tended to see the abuse perpetrated by strangers as more serious than that which occurs within the family. And further, the overall ratings of seriousness given by men as a group to all the sexually abusive acts presented in vignettes were significantly lower than those given by the women subjects.

The research reviewed thus far was all conducted in the USA. The most recent study, reported by Eisenberg, Owens and Dewey (1987), was carried out in Liverpool. Using a combination of experimental and survey methodologies, attitudes to child sexual abuse were studied among 299 subjects with varying degrees of professional interest in the area. These were health visitors, nursing staff and medical students, with experience ranging between 6 months and 33 years. Most subjects (217) were female. They were presented with 4 case histories which varied according to type of relationship between the participants and the type of activity involved; all presented the perpetrators as adult males and the victim as a female child. The respondents were asked specific questions about the cases as well as general questions.

In this study, too, intercourse was seen as most harmful for the child, and the
effects of such abuse were seen as lasting longest. There was also a significant gender difference in that the female respondents saw the effects of incest as more serious than male subjects and saw the effects as equally problematic for boys and for girls. The medical student group felt that mainly females would be affected by sexual abuse.

Asked about the type of problems which might be experienced by victims, subjects were presented with a list of options including anger, aggression, delinquency, prostitution, alcohol/drug abuse, promiscuity, suicidal behaviour and mental illness. None of these options was chosen by a large number of respondents, the highest was 28% for mental illness. What emerged as expected were relationship problems (95.3%), fear of sex (83.9%), marital problems (82.9%), withdrawal (76.9%), later child rearing problems (50.5%) and depression (44.8%). Respondents were also given the opportunity to mention other effects and some did so; the most commonly mentioned other problem was guilt (38%).

The effects which are endorsed as highly likely are those which are most commonly cited in the literature (sexual difficulties and problems in relationships). However, the methodology used presented subjects with the problems which are most commonly cited in the literature and this is likely to have produced a biased picture. Furthermore, there was no mention of a possibility of no effects.

In these studies of public and professional opinion it is clear that different forms of child sexual abuse are differentially rated in terms of seriousness, and that there is a difference in the way these phenomena are viewed by male and by female lay respondents. In both the professional and the general public studies, however, there is clear evidence that child sexual abuse is regarded as harmful and likely to have consequences in the form of ill-effects.
Discussion

In the USA, the source of a range of cultural manifestations for contemporary English-speaking western societies, the 1970s saw the emergence of academic discussions concerning family violence. This came about because of several concurrent socio-political processes. There was a growing public concern about all aspects of violence, associated with the aftermath of World War II and American military involvement in South East Asia. Also, through feminist commentaries, a politicised analysis of aspects of life previously seen as personal and private was developed, characterized by the writing of feminists.

In the context of increasing professionalization in North America and in the United Kingdom, social work and clinical psychology began to formulate areas of special expertise, in competition with medical practice and psychiatry. These socio-historical processes accompanied a shifting emphasis from the individual patient (long the territory of medicine) to the family and the wider social community. The responding re-focus of mental health professionals, anxious to retain a meaningful powerbase in the developing sphere of a broader based approach to individual disorder, consequent on politically informed critical discourse, evolved eclectic combinations of pragmatic and psycho-analytic ideas.

In the area of psychological trauma and child sexual abuse there was an ideal combination: the appeal of childhood innocence, of sexuality and of perversion, could be synthesized within a professional mental health concern about such victimization.

There is an interesting parallel. Loseke and Cahill discuss the way in which professionals and lay experts seized on public interest in battered women in the same period. Such experts present their understanding in ways aimed at informing the non-expert. This has two repercussions: the experts are confirmed as members of a specialised "knowledge class" (Berger and Berger, 1983; Foucault, 1970, 1972) and an aspect of the relatively widespread
phenomenon of woman abuse (wife battering) becomes defined as an area of clinical expertise and intervention. Thus Loseke and Cahill speak of the social construction of the battered woman. In focusing on a particular question as defined by these experts ("Why do they stay?") these authors address the problems of generalisability, validity and reliability; these are not adequately dealt with in the research reported by such experts. In fact, it is shown that the experts, caught up in their own presuppositions, construct their accounts of battered women, and use these accounts as implicit guides in the collection and interpretation of data from a particular population of battered women. Conflictful evidence is not sought and, when unexpectedly encountered, is discredited or questioned. Loseke and Cahill comment "What is of sociological interest is that the experts' accounts are not based upon uncommon knowledge but upon commonsense deductions best described as folklore" (p. 303). In perceiving battered women only as victims, such women and their relationships are defined as different from other women and their relationships. Commonalities are obscured.

Loseke and Cahill (1984) do not carry the analysis to its logical conclusion which is that such women learn to label themselves as deficient or deviant, and as victims. Thus, although some myths may be dispelled through expert commentary (e.g. that battered women deserve to be assaulted by their mates), other myths are created: that such women are different from others, or that they necessarily require intervention and assistance in their lives.

In concluding Part I, what has been revealed is that there is a weighty empirical-clinical literature which assumes and discusses traumatic effects of childhood sexual abuse. It does so in various ways, on the basis of studies of particular samples of women and children. The possibility that many women and children find ways to cope with this experience has not been addressed in a substantial way. The phenomenon is generally addressed in terms of individual
cases and commonalities are sought in limited areas: as particular kinds of deviance, as clusters of signs and symptoms. The fact that prevalence studies of childhood sexual abuse suggest that this is a common phenomenon in western society, affecting at least 40% of the adult female population (and more probably close to 100%, using a broad definition of sexual abuse), has not been examined side by side with studies of traumatic effects.

It seems that some women are more inclined than others to focus on the experience of childhood sexual abuse, as a way to explain and understand current problems. These may have more to do with being a woman in contemporary western society than with childhood experiences of sexual abuse per se. The use of accounts of experience of sexual abuse (real though it is likely to be) may be understood against the background of high profile public concern about childhood sexual abuse, and authoritative professional statements about the damaging effects of such experience, transmitted by word of mouth and through the media.

In Part II the ways in which women talk about childhood sexual abuse will be analysed to elicit the commonalities between this discourse on trauma and professional discourse on the subject. It will be shown that women's discourse largely mirrors professional discourse. This is understood as evidence for the production and reproduction of tacit knowledge in which there are ideological formations which perpetuate dominant power structures. At the same time, there is anomalous discourse which is dissimilar from professional accounts; this will be discussed in relation to coping strategies and women's muted resistance.
PART II

CHAPTER SIX

ANALYSIS OF DISCOURSES I

Introduction: Discourse Analysis Studies in Psychology
STUDY THREE: WOMEN'S DISCOURSE ON THE TRAUMATIC EFFECTS
OF CHILD SEXUAL ABUSE

Introduction

Methodology

(1) Sample
(2) Procedure
   (i) Vignettes
   (ii) Analyses

Results and Discussion

1. PRELIMINARY ANALYSIS OF DISCOURSES:
   ECHOES OF PROFESSIONAL DISCOURSE
   (1) Concurrent Traumatic Effects
   (2) Long-term Traumatic Effects
   (3) Comment

2. SUBSEQUENT ANALYSES: DISCOURSES ON TRAUMA
   (1) Introduction
   (2) Dominant themes
      (a) Discourse of Signs and Symptoms
      (b) Interpretative Discourses
   (3) Vignette Comparisons
      (i) Incest vs. Molestation
      (ii) Female vs. Male Child Molestation
   (4) Anomalous Discourses
   (5) Discourses of Childhood and Sexuality
   (6) Media Discourse
   (7) Rules, Warnings, Self-Restriction

Discussion

Introduction: Discourse Analysis Studies in Psychology

In everyday life it is taken for granted that there is commonality in the
perception of external realities and their significance, that the structures of
sociocultural reality are "givens" which are perceived as "natural". While
language is often conceived as a formal system of communication between pre-
existing subjects, the linguist Benveniste (1971) contrasts this view with
"discourse". His view of discourse refers to the mutual constitution of language
and subjectivity - "discourse provokes the emergence of subjectivity because it
consists of discrete instances" (p. 227) in which the speaking subject inserts
him- or herself. Similarly, it is through discourse that objective reality is
constituted in particular ways. Berger and Luckmann (1971) discuss the significant role of conversation in the maintenance, modification and reconstruction of shared meaning which results in subjective reality being taken as commonsensical. This is especially true, as Cole and Scribner (1974) indicate, in instances where the main cues are culturally specified attributes. Schutz and Luckmann (1974) discuss knowledge of social life as a product:

"The life world is thus grasped with the help of the stock of knowledge, much in the way one locates himself (sic) in a countryside with the aid of maps." (p. 181).

And David Sless (1986) has provided further insights concerning the various ways in which a particular situation or event may be viewed as though quite distinctive landscapes are involved, because of the range of discourses available.

Social constructionist approaches depart from the view that subjective experience of environment and events are processes which simply involve the transformation of pre-existing coherent realities into percepts. They argue that there is no purely rational access to events and experiences separate from social negotiations. This involves learning to "read" experience in terms of available sociocultural definitions. Goffman's (1975) discussion of frames - the social organization of experience - is also relevant to this discussion.

These insights did not originate solely in the social sciences. Heritage (1984) discusses the way that the mathematician Husserl, when confronted with non-Euclidean geometry in the early 19th century, came to doubt that what is studied is the "real world" even in this most "certain" of sciences. Similarly, similar issues of uncertainty resulted in the shift of Wittgenstein's interests to language.

In 1986 O'Neill argued that the distinction between the ordinary reality of
everyday experience and the supposedly more rigorous realities of science is false. Even though science uses specific conventions (techniques, language, systems of explanation and craft skills) these are actually particular developed forms of the ways in which everyone attempts to make sense of daily life. Moscovici "urges the collection of data which illuminate the transmission of the social images we all carry" (Deutscher, 1984, p. xiv). What this implies is the importance of everyday experience to theory. Linde (1987) questioned the extent to which scientific discourse builds on common sense models of understanding or explanation, suggesting that the models which are to be found in a particular sociocultural milieu are shaped and renamed in ways which, at base, are not too different from the common sense explanation. Keesing (1987) comments on the way that "folk" models (conventional metaphors and common sense ideas) have been taken up by and within psychology, specifically. Many social scientists have argued that language is an important aspect of the maintenance of social reality (Sacks, 1972; Herzlich, 1973; Farr & Moscovici, 1984; Shotter, 1984) and there have been various approaches to the study of spoken and written texts, as discourse. As ethogenists have indicated (Harre, 1983), everyday talk about human behaviour (whether explanatory or descriptive) arises from tacit knowledge of social rules. Collett (1977) describes regulative rules used to guide everyday behaviour, and interpretative rules which delimit the kinds of meanings used in understanding situations and events. These implicit rules provide groups with a sense of shared, coherent behaviour, which is seldom questioned. Rule-governed speech is not invariably the focus of discourse analysis but such discussions were important precursors to psychological studies of discourse such as Marsh, Rosser and Harre's (1978) work on British football fans' behaviour, Gilbert and Mulkay's (1980) study of the talk of scientists, Wetherell's analysis of talk about femininity (1982), Hollway's (1984) work on discourses of sexuality, and Potter and Reicher's (1987) analysis of accounts of events of the 1980 race riots at St. Paul's in Bristol.
The work of Farr and Moscovici (1984) and others on social representations also could be argued to be similarly oriented. Widespread consistencies in the way people talk about certain phenomena, including social experience, can be regarded as social representations, in Moscovici's model. These constitute significant socially mediated consensual anchoring points which strongly shape what we perceive, particular in aspects of social life which evoke a strong emotional response. Social representations could be conceived of as dominant discourses. Other discussions of discourse, for example, Said on orientalism (1985), and Cairns and Richards (1988) on "Irish culture", bear a relationship to the social representations literature, although these are derived more directly from Foucault's seminal work on the lattice of power which permeates the production and reproduction of subjectivity, social groups and social identities through discourse (Foucault, 1970; 1972; 1973; 1979a; 1979b).

Recent self-reflection in psychology (Henriques, Hollway, Urwin, Venn and Walkerdine, 1984; Walkerdine, 1986) reveals that psychology provides explanations and transformations of personal and social experience in ways which serve to regulate experience through explanation and classification. Innovative studies by Haug (1987) and Kippax, Crawford, Benton, Gault and Noesjirwan (1988) on the experienced construction of female subjectivity through discourse and discursive practices add a further dimension to the growing Western European literature in this area.

An important point which emerges in such work is that writings, verbal utterances, codes of conduct and other aspects of discourse, occur in an ongoing social context and shape the negotiation of meanings in social interactions. Discourse analysis tries to disclose the ways in which statements and social practices shape human subjectivity and social realities in the range of interpretative repertoires available. While social representations are
concerned with consensual patterns of understanding (Farr & Moscovici, 1984), Potter and Wetherell (1987) among others argue that discourse analysis reveals the co-existence of different conceptualizations about particular social events (Hollway, 1984; Billig, 1985; Wetherell, Stiven & Potter, 1987). There are reasonably accessible dominant discourses but there are also less obvious discourses in any field of analysis.

The anthropologist Karp (1987) makes the point that what is apparently universal or everyday about social conditions, on closer examination often can be confused and contradictory. There is a tendency in the social sciences to seek regularities (the "ordinary") which offer a noncontroversial set of meanings about situations. Alternative meanings are sometimes developed by actors in order to communicate different ideas or metacommentaries on the dominant discourse in which they participate. This agentic strategy may be achieved through plays on meaning, or particular performances. Karp describes women's laughter accompanying a subtly ridiculing ritual within conventional marriage ceremonies in a group in Uganda. In other words, there can be coexistent "voices", which contradict one another. Some everyday yet not noticeable texts are subversive.

There is confusion around the use of the terms discourse and discourse analysis. In part this is due to formal separations between the disciplines in which these terms are used, and differences in methodology. Literary and media studies are not usually followed by psychologists and anthropologists. Furthermore, discourse analysis is conducted in different ways in sociology (Cicourel, 1987), linguistics (Levinson, 1983), political studies (Shapiro, 1981), anthropology (Karp, 1987) and psychology (Swartz & Swartz, 1986; Potter & Wetherell, 1987). Thus different usages have developed.
Although many give credit to the writings of Foucault, not all recognise the ideas of Althusser and Gramsci on ideology which are entrenched in the philosophical background to Foucault's opus (Macdonell, 1986). For example Potter and Wetherell (1987) keep their discussion of discourse analysis close to traditional social psychology, and do not make useful links with theories of ideology (Bowers, 1988). The work on social representations also takes scant account of ideological processes.

The part played by ideology in discourse in the construction of individual subjects and their characteristic attributes, has only recently been explored by psychologists (Henriques et al., 1984), being more commonly the terrain of sociologists (Haug, 1987). An important precursor to such studies is the work of Foucault, particularly his "The Archaeology of Knowledge" (1972) in which he presents a view of the western European historical modes through which human subjectivity is developed within systems of social subordination. In his study of discourse a statement is "the elementary unit of discourse" (p. 80). The aim of Foucault's work was to study the workings of power and the production of subjugated individuals. His analyses focused on particular sites of subjugation: psychiatry, the "mental normalization of individuals", penal operations and sexuality. In one of his more recent works, Discipline and Punish, Foucault (1979a) analyses the inevitable failure of the modern penal system in that the focus on punishment and rehabilitation reproduces and refines criminal subjectivity.

The term discourse was modified over the course of Foucault's subsequent writings. Initially, discourse referred to a field of statements about an object of study and the practices (clinical, legal, economic) involved in producing and communicating these statements; together these resulted in the perpetuation of and the appropriation of the subject (Young, 1987). Discursive practices work through rules, strategies and institutional arrangements which connect the
producers of the discourse to one another and determine who shall have access to discursive knowledge. Although Macdonell (1986) and Adlam (1986) argue that Foucault's notion of discursive practices is vague, others have less difficulty with this (Minson, 1980; Young, 1981; 1987; Shapiro, 1981; Henriques et al., 1984).

Discourse is clearly related to the power structures transmitted through ideological systems. Ideas which are reproduced as knowledge take on an appearance of natural and obvious reflections of social reality, and generate and perpetuate social systems of power in largely invisible ways. Psychological discourse is part of this (Morss, 1986). The discourse and discursive practices in psychology would include textbooks and lectures, theoretical models and concepts, the aims and methods of empirical research, the strategies of clinical practice, assessment and psychotherapies, journal publications, as well as the rules of professionalization and publication. Much of these are historically recent.

As De Swaan (1981) notes, there have been different ways in which people have tried to understand their suffering and problems in different times and places, and it is only comparatively recently that people have thought of these as psychological problems. The language and models of explanation which were evolved in psychology and psychiatry which originated among lay people, have spread in particular forms through formal education and other processes, to widening circles of the lay public. Although professionals do not create the suffering, social problems or difficulties which are experienced, they do create the language and give weight to particular forms (legitimate) in which it may be expressed. These forms undergo modification and change in certain ways, historically, and careful study reveals that there are various socio-political reasons for the changes which take place.
Young (1987) offers a superb, unusually concise outline of Foucault's notion of discourse and I quote extensively from his paper in the following few paragraphs. The objects or events about which a discourse produces knowledge are shaped by discursive practices, e.g. by interventions informed by the discourse. This occurs because they are situated in fields of statements and given a material presence by experts. For example, facts are created about the human subject through diagnostic techniques and procedures.

Some objects are over-determined because situated in more than a single discourse (e.g. children, mothers, wives) (Minson, 1980). In contemporary western society human subjectivity (the individual) is shaped and given reality in particular ways in medical, psychiatric, legal, educational, political, and psychological discourses. These reverberate in other fields of discourse related to gender, race, nationality, age, class and so on. The overlap between these dominant discourses becomes particularly potent and difficult to see through even though not invariably harmonious, nor static.

In Foucault's text, discourse can be modified by non-discursive practices when these influence the production of discursive statements or shape discursive objects (Young, 1987). For example, State Health or Welfare departments mandate research and give certain groups (e.g. abused children) a particular presence at a particular point in time (Parton, 1985). This modifies the range of discursive statements about this group or object. In some approaches to discourse analysis, such official shifts are viewed as part of the discourse because there are different ways to demarcate and study a particular field of discourse.

Each discourse has its own bounded space (e.g. the texts, objects of study and training processes of clinical psychology). "Within this space, it is difficult or irrelevant to ask certain questions - and consequently, to produce certain facts
- about the discourse’s objects and interests" (Young, 1987, p. 113) because the perception of the object or event is experienced as natural, self-evident and clearly established. For example, it is difficult to ask the meaning of the term psychological trauma within the space of clinical psychology or psychiatry.

According to Young (1987) "the unity of a discourse originates in (a) its distinctive epistemological space (and the practices and networks of statements which determine this space), and (b) its community or circle of knowledge-producers (and the practices and social arrangements which guarantee the social closure of this community, its integration, and the authority of the knowledge it produces)" (p. 113). Discourse thus has two facets. It facilitates the emergence of social reality and promotes knowledge production. However, it also limits and prescribes what can be known or experienced. "It is this duality, through which action and understanding are simultaneously enabled and constrained, that links knowledge to power .." (and produces) ..."a distinctive human subject" (p. 114).

Foucault writes:

"What rules of right are implemented by the relations of power in the production of discourses of truth? ... In a society such as ours, but basically in any society, there are manifold relations of power which permeate, characterize and constitute the social body, and these relations of power cannot themselves be established, consolidated nor implemented without the production, accumulation, circulation and functioning of a discourse. ... Power never ceases its interrogation, its inquisition, its registration of truth: it institutionalizes, professionalises and rewards its pursuit" (Foucault (1976) in Gordon, 1980, p. 93).

A difficulty with this formulation of discourse is its message of closure: the apparent negation of human agency in effecting social change (Muller, 1985).
Those who argue for the coexistence of conflicting discourses, however, see the seeds of social change as based in the conflicting alternatives (Henriques et al., 1984). In an interview, Foucault commented that the importance of his work lies in its potential to enable people to understand the nature and effects of their everyday work, and thus to be better able to recognize the contradictions and gaps in the discourse; even in doing this, daily practices will change and modify the discourses.

Paternek (1987) comments that Foucault's work demands that the character of the relations of power, which is always already present behind the obvious institutions and structures of power, must be studied in particular ways, since it does not "exist" in any substantive sense. Power coexists with resistances to it, thus it must be studied within a specific site. Four rules guide us: imminence, continual variation, double conditioning and the tactical polyvalence of discourse (Foucault, 1979b). Paternek translates these roughly as follows (1987, p. 100).

1. Start with a particular relationship of power/knowledge - for example the prisoner-guard relationship.
2. Watch for the shifts which occur between those with power and those without it.
3. Recognise that certain "techniques of power" operate smoothly at both the micro- and the macro-level, "even though the processes in each case may not necessarily be homogeneous".
4. Since power/knowledge coexist in discourse, "discourse is potentially an instrument; an effect, and a point of resistance", simultaneously.

The significance of professional discourse is that it is self-perpetuating, ideologically dominant, and that it is filtered through the media, through formal education and by word of mouth, to shape the discourses of the lay public where it is echoed, verbally and in performance in particular ways. The
discursive texts on childhood sexual abuse produced by mental health professionals, which have been examined in Chapters 2, 3 and 5, thus will be replicated in important ways in the discursive texts of the middle class general public. This is not to say that the discourse originates with the professionals, but that professional power/knowledge lends certain aspects of the discourse a weighted presence.

Those who have the right to make judgements about the effects of certain experiences have power. The assessments which are made serve to consolidate this power. The process as a whole involves the production and maintenance of status and power dynamics, and perpetuates certain views, e.g. one where children and women are depicted in particular ways which fix them (sometimes resisting and sometimes colluding, depending on advantages perceived) into structural positions within the discourse. Part of the process involves the developing subjectivities of women for whom these ideologically shaped realities are aspects of their ordinary day to day experiences.

However, this discourse is not the only one which will be encountered in a particular group of discussants (e.g. the middle class women students whose talk will be analysed here). Although dominant themes will be present and readily recognised, there are also likely to be "muted" or anomalous themes which will be less obvious. In Foucault's terms, these could contain the seeds of subversion and resistance. In Shotter's (1984) terms, it is in this mute resistance that agentic aspects of the situation should be identifiable. However, sometimes dominant discourse itself constitutes aspects of resistance, depending on the way the discourse is "read". For example, silence about sexual abuse can be understood as conforming with the discourse which prohibits speech and protects abusers; however the silence can also be understood as resistance to the stigma of labelling as a victim.
Resistance, like power, permeates social life in what Foucault (1977, in Gordon, 1980) has termed the "underside" or "counterstroke" of relations of power. In 1976, Foucault speaks of the significance of the "insurrection of subjugated knowledges", referring to two kinds of phenomena. One is historical detail which, previously obscured by a particularly powerful set of views, suddenly become visible because of incongruity with the order imposed by the dominant theory. The second kind of subjugated knowledge is a "set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naive knowledges, located low down on the hierarchy, beneath the required level of cognition or scientficity ... a popular knowledge" (in Gordon, 1980, p. 84).

The notion of discourse may be usefully applied to tacit knowledge concerning emotionally laden human experience. In an important sense, the use of a social constructionist model of social behaviour (Gergen, 1985) in an area such as psychological trauma allows us to understand the usefulness of discourse analysis.

There is no space for a detailed account here, but a recent and growing body of literature argues for a constructionist understanding of emotion (Averill, 1985; Kleinman & Good, 1985; Harre, 1986). This is based partly in a symbolic interactionist framework which sees all human behaviour as essentially socially mediated. It takes the view that the meanings of experience (and the ways in which it is categorised) derive from the language and social practices of the social group. Claire Armon-Jones (1985) provides a clearly argued model of the constructionist view, drawing on anthropological, philosophical and sociological as well as psychological work. She shows how emotional responses are not simply basic physiological patterns or acquired, socioculturally determined, inflections of physiological experience or expression, but are also understandable as socially prescribed responses to certain situations. A philosopher Taylor (1985) has provided a rigorous analysis of pride, shame and guilt which follows
a comparable line of argument. In the study to be presented here, dominant discourses surrounding notions of psychological trauma in relation to childhood sexual abuse are argued to play a significant role in everyday understanding of these situations and in experience of them.

In this Chapter an analysis and interpretation of lay discourse concerning the effects of childhood sexual abuse and molestation will be presented. Discourse analysis is an approach new to social psychology, and while it should not be viewed as offering an "ultimate truth" it offers a different and useful perspective on these phenomena. For example, it could facilitate the identification of agentic attempts to resist stigmatic effects associated with sexual abuse (Finkelhor & Browne, 1985).

Following Wetherell (1982), Gilbert and Mulkay (1984), and Potter and Wetherell (1987), but drawing on Foucault's work and incorporating an examination of ideology, the term discourse will be used in the following studies to describe spoken and written statements, as social texts concerning the field of child sexual abuse. Social texts are viewed as constituting particular constructions of events and categories (Potter, Stringer & Wetherell, 1984).

Discursive themes will be extracted following the example of analysis of discourses reported by Hollway (1984). The terms "professional" and "lay" discourse will be used as if they are separate; it is clearly understood that the distinction between these fields of discourse is one set up and maintained mainly through institutional practices (Keesing, 1987) - in fact, the analysis is likely to reflect little difference between the two. Both popular and scientific knowledge change and ideas filter between these fields in ways which do not simply operate from "top down".
STUDY THREE: WOMEN'S DISCOURSE ON THE TRAUMATIC EFFECTS OF CHILD SEXUAL ABUSE

Introduction

The discourse of individual agents in a common social group actively (although unwittingly) legitimates and regulates social constructions of trauma, of individualized psychopathology and stigma, and of children and women as victims, thus endorsing professional expertise and control and perpetuating significant existing power structures of contemporary western society. In the context of a constructionist approach, this echo-effect is bound up with an interactive process of knowledge production and reproduction (Young, 1981), between lay and professional groups.

In the interpretative study which follows, the text which is analysed is a set of verbal statements made by women concerning the effects of childhood sexual abuse. This field of statements is expected to echo the discourse of professional mental health workers, discussed in Chapters 2, 3 and 5, in important ways. However, the discourse of trauma is argued to be out of line with professional discourse in some respects - more in accord with the "normative" aspects of such experience, suggested by recent findings in major North American prevalence studies (Russell and Howell, 1983) and in the prevalence figures (Chapter 4) for the women from which the discourse data for the present study were elicited: questioning the inevitability of psychological trauma following childhood sexual abuse is more common in the lay text analysed here than it is among professionals. The possibility that ideas about psychological trauma in children are bound up with dominant discourses concerning childhood will also be examined.
Aims

There are two aims to this study. Firstly I will show that the most common repeating themes found in lay discourse are very similar to the interpretative repertoire of professional mental health discourse.

The second aim of this study is to identify contrapuntal themes which have not been caught in the nets of empirical studies, or have been differently interpreted. These may well not fit comfortably with contemporary dominant discourse on traumatic effects of such experience, nor with the idea that experience of sexual abuse and molestation is uncommon. As subversive discourse, these themes are likely to be explained away in dominant psychological discourse.

Methodology

Discourse analysis is a "labour-intensive approach" (Potter & Wetherell, 1987) and requires much time, patience and flexibility. The importance of facilitating auditing of qualitative research has been stressed (Miles and Huberman, 1984), thus the procedures used are described in close detail in this section.

(1) Sample

The source of discourse data is spoken material collected from 94 women undergraduate students at the University of Cape Town in 1986, concerning the effects of child sexual abuse or molestation. Demographic details are described in Chapter 4. In the course of the group discussions outlined in Chapter 4, case vignettes were presented to the groups for discussion at their third meeting. Transcriptions of tape recorded group discussions of these case vignettes will be analysed here as the discursive text.
(2) Procedure

For discourse analysis, verbal material (written or spoken) must be collected and the text of interest should relate to a specific set of foci. A way must be established to elicit and record the material. Here, anticipation of particular range of statements was built into the design by choice of vignette case material and by placing a consistent set of open-ended focusing questions at the end of each case vignette (see Appendix A). Intensive interviewing was not used as an approach because of the possibility of negotiated mediation of respondents' statements by the researcher as a result of the interview situation itself (Potter and Mulkay, 1985).

Across-site data collection ensures a representative range of data (Miles & Huberman, 1984). This was achieved in two ways. Firstly, by the collection of talk from a number of all women groups, 17 sites of data collection were tapped. Secondly, by the use of four case vignettes (two per set) a range of variables deemed important in the professional mental health literature was incorporated. Each group was presented with one set of vignettes for discussion.

Eight groups discussed Set A and nine groups discussed Set B. In all, 94 women each read two case vignettes (Set A or Set B) and discussed them in their groups. The size of the groups varied between 4 and 6 members. No facilitator was present in the group and no prior intimation was given of the topics of the series of discussions in which the groups were involved (as discussed in Chapter 4). At the outset all were informed that the group discussions would be tape recorded and it was made clear that some recordings would be used as research data. The anonymity of the individual women in the groups was assured and no attempt was made to identify the speakers.

When the case vignettes were discussed, the groups had met twice previously. The typed case vignettes (based on real situations elicited elsewhere) were
distributed at the groups' third meeting. The instructions, the four vignettes used and the questions routinely following each vignette are appended (Appendix A).

The 45 minute discussions were audiotape recorded and the cassette tapes were transcribed at a later date. The transcriptions were straightforward documentations of the verbal statements, registering changes in speakers and inaudible moments. Complex notations of inflection, pauses and similar detail were regarded as non-essential to the aims of the study and were not noted. The time involved transcribing the recordings was approximately 10 to 14 hours per tape.

At this point there were two forms of raw data: the tapes and the written transcriptions. Both were clearly labelled and filed. The transcriptions constituted the working data, as discursive texts.

(i) Vignettes

Two of the vignettes (Appendix A) concerned girls aged around 7-8 who were repeatedly sexually abused (genital fondling) over a period of time (12 to 15 months) either by a stepfather (Lorraine) or an uncle (Shireen), in the context of relationships characterized by warmth and friendliness. This form and context of incestuous sexual abuse is reported to be common (Russell, 1983). One of these two vignettes was included as the first case in each set.

The other two vignettes concerned children aged 11 and a single experience of molestation by a strange adult man. In one vignette the child is female and in the other male but in all other respects the account is identical. The purpose here was to examine any variation in discourse about effects of such experience attributed to the child's gender, as well as dominant ideas of traumatic effects. The context in which the abusive experience occurs and the single incident
compared with repeated experience, were expected to have some moderating
effects on the discourse. The purpose was not simply to compare these
differences, although this will be done, but rather to build up a general picture
of the field of discourse in this sample.

(ii) Analyses

No attempt was made to carry out a formal content analysis as this would have
resulted in the distortion of the data to fit circumscribed categories. Potter &
Wetherell (1987 pp. 173-174) provide a discussion of the differences between
discourse analysis and content analysis. As will be seen, many of the
statements contain ideas which relate to more than a single element of discourse,
and some present contradictory ideas. Since this is not a content analytic
approach, and the study is not one which will subject the data to statistical
manipulation, the strategy is to code as much of the recurring discourse as
possible to make sense. The purpose is to achieve an overall interpretation of
cumulative meaning. Validity is achieved by way of coherence, and the semantic
weight of the examples lends ecological validity to the findings because they
ring true with everyday experience.

Analysis of discourses involves the sifting out of repeating themes. The
obvious question then is how to select or develop the themes which are
extracted. This comes out of background reading, theoretically informed
thought, and from repeated readings of the text to be analysed. For the
analysis to be most rigorously performed, in this context, the discursive themes
should be related to ideological structures, as have been discussed here relative
to the work of other authors. However, an analysis of discourse can also be
achieved through a direct and rational approach, which simply systematizes
networks of meaning; this approach is also used here. Each statement in the
text analysed can be a sentence or a set of utterances. The beginning and end
of the statement is somewhat arbitrary, (except in a comprehensive discourse
analysis (Atkinson and Heritage, 1984; Kottler, 1988b) where every word, pause, inflection, in a naturally beginning and ending conversational exchange is subjected to close analysis, for specific purposes). In an analysis of discourses, as used in this dissertation, the strength of the interpretative picture is developed through repetition rather than through micro-analysis of every word and inflection.

The difference between content analysis and an analysis of discourses is that in the former each statement would be treated as an independent piece of data which is to be categorised in one place and one place only. In analysis of discourses each statement can (and generally should be) placed in more than one thematic category because the meanings conveyed in one statement often relate to a range of discourses, some of them paradoxical or contradictory. The understood meaning would depend on the context, the listener's personal views and investments, and so on. This is the point of discourse analysis: its strength is to show how daily language usage, on study, reveals slippages of understanding and of subjectivity (in ways which have close connections with Lacan's ideas, as discussed in Henriques et al., (1984)), and to deconstruct the assumptions which underlie the apparently simple ideas expressed through a statement (Culler, 1983).

As planned, it can be seen that two approaches converged (Miles and Huberman, 1984) in the collection of focused discourse data for analysis. Clear anticipatory strategies were used to ensure that the data came from comparable multiple sites (groups of women students, varied clinical vignettes, a number of discussion groups) and yet were commonly focused through the guiding but open-ended questions. Using "grounded data" (Glaser and Straus, 1967; Layder, 1982) emergent categories of discourse were sought to meet the aims of the study. Though confirmatory in some respects, since it was guided by theoretical reading on ideology and language and on the effects of child sexual
abuse, the study is mainly hermeneutic and investigative.

The transcribed discussions were subjected to a series of analyses in the following ways. First, all statements concerning the effects of the experience on the child depicted in each vignette were marked by the researcher, in each transcript. Every statement was included which concerned feelings, thoughts, or behaviours of the child depicted with regard to relationships with peers, family, teachers and schoolwork. Statements of opinion about reasons, reservations about commenting, disagreements and other statements which did not clearly fit into the foregoing categories were also marked (for example, references to personal experiences). Many borderline instances were extracted; unlike in content analysis, borderline cases and apparently superfluous statements are likely to prove valuable in this type of study.

In this way a large body of discursive statements (initially over 1200) were extracted and typed, using a word processor, into DBase III+ files. These files listed statements concerning specific vignettes (Lorraine, Shireen, Jane and John), and the group in which the statement was made (each group was labelled using alphabetical letters). The statements were printed out and filed in case-related categories, e.g. statements from all groups pertaining to Lorraine were filed together allowing the researcher to check back to the transcripts if necessary. This constituted the first step in the analysis.

For the second phase of analysis, called the preliminary analysis, large (A3) sheets of paper were used. These were headed "Lorraine" or "Shireen" and so on, and separate sheets were constituted for "concurrent effects", and "long-term effects". Initially statements concerning "interests and activities, mood" "relative to peers", "family", and "teachers/schooling" were also extracted in this way but were later regrouped in terms of concurrent and long-term effects. The filed statements previously extracted were scrutinised again and densely
handwritten on these sheets to enable relatively simultaneous scanning of the material. Each statement was coded in one of four quadrants on the sheet (Fig.6.1). These were categorised by the author as Professional or Lay comments, depending on whether the statement bore an obvious resemblance to the kinds of statement commonly found in the professional mental health literature. The other division (Negative/Neutral) depended on whether the statement made was one which alluded to harmful or traumatic consequences (Negative), or was either a neutral or even a positive sounding statement (Neutral/Positive). Examples are given in Fig. 6.1. In many instances a statement would not clearly fit into any of the four divisions described. For example the statement:

Say it was an older woman who was doing that to him, do you think it would have as much effect on him as it will with a man?

This statement, concerning John, was placed with Professional, Negative group, reading the "as much effect on him as it will with a man" as meaning there would be negative effects.

Many statements were excluded at this stage, as is common in discourse analysis (Potter & Wetherell, 1987, p. 167). For example

Everybody plays Mommy and Daddy but this, this is an old man, he's a man.

and

I get very angry when I read things like this. I don't like it at all. It just makes me so angry at this guy who does it.

These statements do not clearly fit into any of the quadrants available for this level of analysis. Thus 1075 statements were extracted and grouped in the second analysis.

In the third level of analysis the aim was first to extract all commonplace and recurring statements (the dominant discourses) concerning all four vignettes. Words (particularly adjectives) or phrases bearing an obvious relationship to the symptomatology and interpretations referred to by mental health
**FIG. 6.1**

**ANALYSIS OF DISCOURSES (SECOND PHASE): EXAMPLE OF CODING OF 1075 STATEMENTS CONCERNING EFFECTS OF CHILD SEXUAL ABUSE**

<table>
<thead>
<tr>
<th>PROFESSIONAL TYPE STATEMENTS</th>
<th>LAY TYPE STATEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive / Neutral Effects (N=116)</strong></td>
<td><strong>Positive / Neutral Effects (N=197)</strong></td>
</tr>
<tr>
<td>E.g. He was only touching her - not violently, not long.</td>
<td>E.g. I think when she gets older she might laugh about it.</td>
</tr>
<tr>
<td>I really think that if he has children, he's going to be very protective over them.</td>
<td>She might want to bury herself in other activities, to forget.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Negative Effects (N=546)</strong></th>
<th><strong>Negative Effects (N=216)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. [She'd be] anxious to probably neurotic about it.</td>
<td>E.g. I think her freedom, her awareness of her own freedom and her power would really leave her.</td>
</tr>
<tr>
<td>They block off their sexual feelings.</td>
<td>It would be embarrassing; friends might guess what had happened.</td>
</tr>
<tr>
<td>Any strange men after that, she wouldn't trust them.</td>
<td></td>
</tr>
</tbody>
</table>
professionals were grouped, handwritten, on fresh A3 sheets. Another aim was to code other emergent recurring notions, reducing these to manageable, conceptually meaningful groups of statements. The isolation of singular but particularly interesting, exceptional or anomalous comments was also intended. The field of statements is repeatedly sifted in the course of these analyses.

Thus, in the third phase of analysis, the statements were rewritten on new sheets of paper in different groupings, this time clustering them around discernible emergent discursive foci. For example, as they were written, various statements about signs and symptoms were very evident, as were interpretations of possible behaviours, the dilemma of talking about the experience or keeping silent, children's expectable knowledge and ignorance of these experiences at different ages, all references to the media, to effects on relationships, sexuality, subjectivity, were grouped together. It was not uncommon to notice a statement which would readily belong in more than one of these groups.

In the fourth phase of analysis, all the printouts were cut up to separate each statement. Large sheets of paper attached to the walls of a room were labelled: signs and symptoms, psychological interpretations, subjectivity, sexuality, relationships, silence and stigma, rules and self-restrictions, media, developmental themes, and anomalies. Nine hundred statements were given an initial site of attachment, using a removable plastic adhesive substance, in the fourth analysis. Although initially formulated one way, the statements could have been recombined quite easily into other themes or for comparative purposes.

Results and Discussion
The overall breakdown of the raw data (statements about effects of the experiences depicted coded according to vignette, and categorized as
Professional or Lay type statements with Negative or Positive/Neutral connotations) is shown in Tables 6.1 and 6.2.

1. PRELIMINARY ANALYSIS OF DISCOURSES:

ECHOES OF PROFESSIONAL DISCOURSE

(1) Concurrent Traumatic Effects

In the preliminary analysis of discourse, when all Negative statements extracted for all four vignettes are combined, they number 590 and constitute 69.9% of the total number of comments concerning concurrent effects (844) of both Professional and Lay type (Table 6.3).

Examining the statements from all groups, concerning all four vignettes, the percentage expressing views which reflected a commentary of Negative effects at the time of the abuse depicted (concurrent effects), combining the Professional and Lay categories, ranged between 61% and 81% (Table 6.4): an expectation of traumatic concurrent effects thus dominates the picture. Vignette by vignette, the figures were Lorraine 72%, Shireen 61%, Jane 66% and John 81% (see Table 6.4).

The interesting figures here are the lowest and the highest. Shireen was the 8 year old child depicted as induced (in the company of a peer) to genital contact with an uncle on a regular basis over a period of many months; she is seen as least negatively affected by this experience. It is likely that the affectionate relationship is seen to outweigh the idea of abusive experience, in the short-term at least.

John was 11 year old, the only boy in the cases presented, who was molested on a single occasion by a strange man and emerges here as more negatively affected than the other three cases, including the situation of the 11 year old girl who had exactly the same experience as John. This suggests that the
"PROFESSIONAL" AND LAY TYPE STATEMENTS: 
DISCOURSES ON EFFECTS 
(CONCURRENT AND LONG-TERM) 

A Breakdown of Number of Statements across all Four Vignettes.

<table>
<thead>
<tr>
<th></th>
<th>CONCURRENT EFFECTS</th>
<th></th>
<th>LONG-TERM EFFECTS</th>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Professional</td>
<td>Lay</td>
<td>Professional</td>
<td>Lay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-ve*</td>
<td>+ve**</td>
<td>-ve</td>
<td>+ve</td>
<td></td>
</tr>
<tr>
<td>Lorraine</td>
<td>159</td>
<td>40</td>
<td>76</td>
<td>52</td>
<td>401</td>
</tr>
<tr>
<td>Shireen</td>
<td>75</td>
<td>21</td>
<td>46</td>
<td>56</td>
<td>91</td>
</tr>
<tr>
<td>Jane</td>
<td>87</td>
<td>20</td>
<td>37</td>
<td>39</td>
<td>189</td>
</tr>
<tr>
<td>John</td>
<td>80</td>
<td>10</td>
<td>30</td>
<td>16</td>
<td>163</td>
</tr>
<tr>
<td>TOTALS</td>
<td>401</td>
<td>91</td>
<td>189</td>
<td>163</td>
<td>1075</td>
</tr>
</tbody>
</table>

* -ve = Negative  
** +ve = Positive/Neutral
<table>
<thead>
<tr>
<th>Category:</th>
<th>Concurrent Effects</th>
<th>Long-term Effects</th>
<th>Negative / Neutral</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>492 58%</td>
<td>170 74%</td>
<td>546 116</td>
<td>662</td>
</tr>
<tr>
<td>Lay</td>
<td>352 42%</td>
<td>61 26%</td>
<td>216 197</td>
<td>413</td>
</tr>
<tr>
<td>TOTAL</td>
<td>844 100%</td>
<td>231 100%</td>
<td></td>
<td>1075</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutral / Positive</td>
<td>590 70%</td>
<td>172 75%</td>
<td></td>
<td>762</td>
</tr>
<tr>
<td></td>
<td>254 30%</td>
<td>59 25%</td>
<td></td>
<td>313</td>
</tr>
<tr>
<td>TOTAL</td>
<td>844 100%</td>
<td>231 100%</td>
<td></td>
<td>1075</td>
</tr>
</tbody>
</table>
TABLE 6.3

DISCOURSES ON CONCURRENT EFFECTS:
Number of "Professional" and Lay type Statements across the Two Vignette Pairs.

<table>
<thead>
<tr>
<th>PROFESSIONAL</th>
<th>LAY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>-ve*</td>
<td>+ve**</td>
<td>-ve</td>
</tr>
<tr>
<td>Incestuous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Younger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lorraine</td>
<td>159</td>
<td>40</td>
</tr>
<tr>
<td>Shireen</td>
<td>75</td>
<td>21</td>
</tr>
<tr>
<td>TOTALS</td>
<td>234</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>(60.3%)</td>
<td>(66.5%)</td>
</tr>
<tr>
<td>Molestation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td>87</td>
<td>20</td>
</tr>
<tr>
<td>John</td>
<td>80</td>
<td>10</td>
</tr>
<tr>
<td>TOTALS</td>
<td>167</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>(39.7%)</td>
<td>(33.5%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>401</td>
<td>91</td>
</tr>
<tr>
<td>NUMBER OF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATEMENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FOUR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIGNETTES)</td>
<td>492</td>
<td>352</td>
</tr>
<tr>
<td></td>
<td>(58.3%)</td>
<td>(41.7%)</td>
</tr>
</tbody>
</table>

Total Number of Statements
Concerning Concurrent Effects = 844
* -ve = Negative (Traumatic) Effects = 590 (69.91%)
** +ve = Positive / Neutral Effects = 254 (30.09%)
TABLE 6.4

<table>
<thead>
<tr>
<th>Situation</th>
<th>Vignette</th>
<th>No. of Statements</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incestuous Abuse</td>
<td>Lorraine</td>
<td>235 of 327</td>
<td>72%</td>
</tr>
<tr>
<td>(Younger Children)</td>
<td>Shireen</td>
<td>121 of 198</td>
<td>61%</td>
</tr>
<tr>
<td>Molestation</td>
<td>Jane</td>
<td>114 of 173</td>
<td>66%</td>
</tr>
<tr>
<td>(Older Children)</td>
<td>John</td>
<td>110 of 136</td>
<td>81%</td>
</tr>
</tbody>
</table>

CONCURRENT NEGATIVE (TRAUMATIC) EFFECTS
(Professional and Lay type statements combined)
molestation of boys is regarded as more damaging (perhaps as more taboo) than girls, at least concurrently.

In the following section, examples of the discursive statements are given to illustrate the type and range of comments coded as Professional and Lay in type and as Negative or Neutral/Positive in character. The allocation of each statement was carefully considered by the researcher and the decision to place a particular statement within the Professional type group was based on familiarity with the professional literature reviewed in Chapters 2 and 3; thus the kinds of statement illustrated here are ones which are to be found (often repeatedly) in the empirical-clinical literature.

Professional type Negative statements: Concurrent effects

Lorraine:

[She'd be] anxious to probably neurotic about it.
I actually think she'd get withdrawn because I would get withdrawn.
There could be a possibility of her going to the opposite extreme and becoming totally rebellious.
There's this terrible torn guilt.
She might be quite attention-seeking.
She'd just be confused, and a bit emotional.
It would affect a lot of things in her interpersonal relationships, in her schooling.

Shireen:

She would probably close up a lot more and be really, like, self-contained.
She'd be very confused, 'cos she wouldn't know what was actually happening. I mean the fact that she was not sure what this meant then.
She would maybe become more, more and more secretive, in relation to her parents.
By not talking about it, you deny it.
Jane:

Any strange men after that, she wouldn't trust them.

She'd become wary, evasive.

She might have a big fear of ever seeing that particular man again.

She'd probably change her route to her home - things like that. You don't go the same way.

[She'd] hang around with her mother more often, in the house.

John:

He'd probably take a certain amount of blame himself.

It must be very confusing, for a boy especially.

Probably [he'd be] withdrawn and very anxious. Probably terribly nervy.

He might feel uncomfortable going into the change rooms to have a shower.

He now has to try and prove to himself that he actually is a man, and that he's masculine.

Lorraine:

This kind of thing, you can never discuss with somebody (like) you can discuss your first kiss with somebody - because you're also scared that maybe they'll go and tell your other friends.

I would never have told anything to a teacher.

Shireen:

I think she was uncomfortable; the fact that she didn't say anything also means that she was uncomfortable.

She couldn't sort out her own feelings.

They knew it was wrong. Instinctively they knew it was wrong.

Jane:

Maybe she would just learn to protect herself.

She might not go cycling so freely and maybe would turn to more feminine activities.

I think her freedom, her awareness of her own freedom and her own power would really leave her.
John:

Like a horrible nightmare.

He's going to feel more humiliated because a girl, sort of, they've been warned about sexual molesters ... but boys generally aren't.

It would be embarrassing; friends might guess what had happened.

Professional type Neutral/Positive statements: Concurrent effects

Lorraine:

She was very young and ... perhaps she really, I mean, he does not seem to have molested her very severely.

[She] enjoys the attention but feels she shouldn't -- it might encourage him.

I don't think she was very badly affected; I think all those things are quite mild.

I think she was just questioning whether she was different.

Shireen:

I don't think she was really questioning what was happening, because of the fact that .. you know, he's an uncle.

She could find some kind of, um, something positive in her relationship with Frank.

Jane:

He was only touching her ... not violently, not long.

It just depends how she rationalizes it.

She's older [than Lorraine] and it's one incident, you know, it's not a gradual process that you're building up.

John:

He probably just pushed it to the back of his mind.

The thing is that there was no trust, there was no relationship before this happened, so in a sense it was better [than Shireen's situation].

I think possibly he'd try ... because he didn't tell anybody...you'd try more to forget it, so you'd put all your energy into your schoolwork or into your cricket or whatever.
Lay type Neutral/Positive statements: Concurrent effects

Lorraine:

It would appear that ... well Uncle Joe was more sort of helping, well not helping, but bringing her up, than the mother was.

She might want to bury herself in other activities, to forget.

I say it wouldn't affect her peer relationships because it is outside her home ... it's a way of getting away. It's a way she could escape.

If she hadn't been taught it was wrong, in some ways she might actually not realize anything was wrong.

She only felt uncomfortable about it.

He was teaching her things she should know when she's older. Maybe she thought he was being ... good.

Shireen:

She probably won't think about it.

Maybe she felt that what she had had there was something special. It was sort of a secret that she wants to keep to herself.

Jane:

I don't really think it'll affect her schoolwork.

Maybe it wouldn't affect her family, her relationship with her family.

John:

I don't think it's that bad. It's almost like women walking down the street and being whistled at.

He wouldn't be affected in his relationship with teachers at school, or anything like that.

(2) Long-Term Traumatic Effects

When the statements describing Long-Term Effects are combined for all four vignettes, for all groups, the total of 231 comprises 74.5% Negative comments and 25.5% Neutral or Positive statements (Table 6.5)

Examination of the statements concerning long-term traumatic effects, combining Professional and Lay type comments, reveals a different overall trend of negative consequences expected at age 20 (Table 6.6). The Lorraine vignette elicited 87%, Shireen 74%, Jane 66% and John 68%. Here it is the child who was
## Table 6.5

### Discourses on Long-term Effects:

Number of "Professional" and Lay type Statements across the Two Vignette Pairs.

<table>
<thead>
<tr>
<th></th>
<th>Professional</th>
<th></th>
<th>Lay</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-ve*</td>
<td>+ve**</td>
<td>-ve</td>
<td>+ve</td>
<td>-ve</td>
<td>+ve</td>
</tr>
<tr>
<td>Incestuous Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Younger Children)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lorraine</td>
<td>42</td>
<td>6</td>
<td>10</td>
<td>2</td>
<td>52</td>
<td>8</td>
</tr>
<tr>
<td>Shireen</td>
<td>50</td>
<td>6</td>
<td>7</td>
<td>14</td>
<td>57</td>
<td>20</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>92</strong></td>
<td><strong>12</strong></td>
<td><strong>17</strong></td>
<td><strong>16</strong></td>
<td><strong>109</strong></td>
<td><strong>28</strong></td>
</tr>
<tr>
<td>Molestation (Older Children)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td>28</td>
<td>5</td>
<td>5</td>
<td>12</td>
<td>33</td>
<td>17</td>
</tr>
<tr>
<td>John</td>
<td>25</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>30</td>
<td>14</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>53</strong></td>
<td><strong>13</strong></td>
<td><strong>10</strong></td>
<td><strong>18</strong></td>
<td><strong>63</strong></td>
<td><strong>31</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>145</strong></td>
<td><strong>25</strong></td>
<td><strong>27</strong></td>
<td><strong>34</strong></td>
<td><strong>172</strong></td>
<td><strong>59</strong></td>
</tr>
<tr>
<td>Number of Statements (Four Vignettes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>170</td>
<td>61</td>
<td></td>
<td></td>
<td>231</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(73.6%)</td>
<td>(26.4%)</td>
<td></td>
<td></td>
<td>(100.0%)</td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Statements

Concerning Long-term Effects = 231

* -ve = Negative (Traumatic) Effects = 172 (74.46%)

** +ve = Positive / Neutral Effects = 59 (25.54%)
### Table 6.6

**Long-term Negative (Traumatic) Effects**

(Professional and Lay type statements combined)

<table>
<thead>
<tr>
<th>Situation</th>
<th>Vignette</th>
<th>No. of Statements</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incestuous Abuse (Younger Children)</td>
<td>Lorraine</td>
<td>52 of 60</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td>Shireen</td>
<td>57 of 77</td>
<td>74%</td>
</tr>
<tr>
<td>Molestation (Older Children)</td>
<td>Jane</td>
<td>33 of 50</td>
<td>66%</td>
</tr>
<tr>
<td></td>
<td>John</td>
<td>30 of 44</td>
<td>68%</td>
</tr>
</tbody>
</table>
sexually abused repeatedly over a period of several months by a trusted father-
figure (a stepfather) who is depicted as most traumatized once she has grown up and has an understanding of what had occurred. The single incident situations (whether girl or boy) elicit least long-term effect discourse. This is in line with professional mental health opinion.

**Negative Long-Term Effects: Professional type statements**

Lorraine:

Firstly I think she'll get increasingly negative about her self-image. What is it about her that Uncle Joe could disrespect so much ...?

There's a strong chance that she would take a very negative view of her body ... feel no respect for it

They block off their sexual feelings.

There would be long-term effects, especially if this has been going on for 15 months.

They don't want to change: they don't develop breasts and that kind of thing. Anorexia and such.

I don't know if she could really trust anybody. Any, many, men, rather.

Experiences turn one person radically one way and it affects another person completely another way. So it depends on the individual a lot.

It could change her differently and make her sort of overtly sexual, more promiscuous. It could have that effect on her, to become very aware of sex.

Shireen:

Maybe she just grew up with a profound dislike of intense type relationships ..

She must enjoy it, she must! So she'll feel very guilty, I think it would be, and she'd also start maybe ... putting her off men a bit.

She's ashamed because she thinks everyone would think that she was the one who induced it.

I do know they're more cautious. They're more afraid.

She'd definitely have trouble with sex.

Jane:

It must have a hold over what she thinks about sex.

The girl is usually scarred for life.
John:

*It depends on* the way that this girl was brought up.

If something happens, she might sort of have a flashback.

The only thing I can think of is problems with relationships.

John:

When he's 20 years old and say a homosexual guy reacts to him, his reaction might be very angry.

He kept it bottled up inside him and I think doing that makes it worse.

He'd actually have difficulty in making friends.

**Negative Long-Term Effects: Lay type statements**

Lorraine:

It would have given her a fear of growing up.

She would only actually really know that she had been molested probably when she were older.

Shireen:

Can you think of any friend of yours that has been involved, and they're very well-adjusted, perhaps even better adjusted than we are?

She would never, never say anything about it. Because this thing had happened to her and she felt it was bad and put an odour on her for the rest of her life.

Jane:

I think it'll probably stay [in her mind] for a while but ... she'll just remember it and shudder.

Like if any guy's nice to me, you know, just friendly and talks. I think "what do you want?" you know, there's some reason why he's coming to talk to me, and it's actually very illogical.

Maybe she'd manifest some sort of lesbian tendencies - then she would try and reject everything feminine.

John:

When you get a bad embarrassment - it happens now and then - you don't tell anyone until a long time afterwards.

I experienced something like that and it definitely had an effect on me for quite a while.
Neutral/ Positive Long-Term Effects: Professional type statements

Lorraine:

I don't think there should be a really long-term effect, really.

The type of [response], uhh, the extremes - she'd be.. would equip herself to ... you know ... so that it can't happen to her when she was, like, older.

Just touching her ... didn't actually have intercourse.

Shireen:

[She'd] work through it, maybe, within herself. Work through it somehow.

It would affect her less than if she'd ... if it had been a bad experience.

If she grows up to be maybe quite mature, a sensible type of person, she could maybe see it in the context in which it happened, you know.

Jane:

Maybe on that day it'll affect her schoolwork, but not in the long term.

This was only one instance.

This one will have more short-term effects.

John:

I really think that if he has children, he's going to be very protective over them.

I only think if this happened repeatedly to this child, it would have long-term effects because I think for maybe the first couple of weeks, maybe months, he'd mull it over in his head but I think he would just reconcile himself to what happened and I don't think it would emotionally disturb him.

Neutral/Positive Long-Term Effects: Lay type statements

Lorraine:

She might completely outgrow it.

Look. she's had mixed feelings. It's not as if she was really hurt.

Shireen:

Do you think that she'd be scarred? I don't think so. It wasn't as if she was forced into it, or she ever felt frightened.

If you know later on it was bad, but you didn't feel it was bad at the time, it'll affect you less.
Jane:

It's like the exposure thing. I mean you get a big shock and you think Oh! How disgusting! but I mean, by now it hasn't affected her life, I'm sure.

Maybe she won't even remember this incident.

I think when she gets older she might laugh about it.

John:

I don't think this little incident could really have long-term effects.

He doesn't have to have been emotionally upset just because he was quiet.

(3) Comment

The talk which constitutes the basic text for analysis was gathered in the Department of Psychology context in 1986, and was produced by university students registered for the second year psychology course. Thus it could be argued that the material might be expected to follow the lines of Professional discourse, because a special population is involved and because of perceived demand effects. However, at the 2nd year undergraduate level of study, these students are not deeply versed in psychological theory (as will be seen), nor have they been exposed to much discussion of "psychopathology". As middle class women, (from so called "white" and "coloured" groups) they are drawing on dominant discourse concerning trauma and the effects of childhood sexual abuse, and on tacit knowledge about childhood, human development and current notions of personality and pathology. Furthermore even if there was perceived demand to talk about sexual abuse, this works to the advantage of a study of discourse which examines ordinary everyday talk.

In conclusion, at this preliminary level of analysis it is apparent that although there is a set of dominant discourses concerning the effects of childhood sexual abuse which are common to both professional health workers and the lay public, who share a common sociocultural background, there are aspects of the lay discourse which lie outside the boundaries of professional writings. More detail
of the similarities and differences between what is said by professionals and by these women students about the effects of childhood sexual abuse will be presented in the following section.

2. **SUBSEQUENT ANALYSES: DISCOURSES ON TRAUMA**

   **(1) Introduction**

   Because of the pervasive nature of ideological structures in everyday life (Hall, Hobson, Lowe and Willis, 1980) the discourses elicited here should be similar to texts which could be collected from any westernised group of English language, middle class women in contemporary South Africa, although this generalisation is not studied here. Gramsci's concept hegemony is relevant to this point: the dominance of certain conventional ideas which shape values, desires and expectations. Even though these ideas may seem to be diverse, they serve the interests of certain groups by the mystification of power relations "by justifying various forms of sacrifice and deprivation, by inducing fatalism and passivity, and by narrowing mental horizons" (Femia, 1987, p. 45). It is arguable whether the dominant discourses would be shared in exactly the same form by working class women although theories of hegemonic ideology would hold that there would be important similarities. The discourses would assume different patterns for women from other language and sociocultural groups (e.g. Xhosa speaking women with little access to the media), or among English speaking women in other socio-historical periods (e.g. 150 years ago), but the workings of the discourses would achieve similar ends: the maintenance of certain forms of social power structure through consensual perceptions.

   Such fascinating comparisons are not addressed here. This study aims more modestly to constitute a description of a particular site of social discourse. This site is an important one, however, for two reasons.
Firstly, a substantial percentage (44%) of these women identified themselves as having a history of childhood sexual abuse (see data presented in Chapter 4, obtained from written texts). Some of these same women referred explicitly to 16 personal experiences of childhood molestation or sexual abuse, in 8 groups, in the verbal, audiotaped and transcribed text which is analysed here (although this detailed specific data is not presented again in the current chapter).

Accounts of situations experienced which had involved a friend or relative are referred to as well, in 12 groups.

Secondly, because of their class and educational status, these women all participate in the active perpetuation of dominant discourses in understanding and talking about these phenomena. Many will have children (two already have); others will be involved in educational or health services; some are social work students who will work with abused children and their families. Thus these women are intimately involved in the production and reproduction of this set of interpretative repertoires.

The knowledge produced in this group derives from a shared pool of ideologically informed ideas (Hall et al., 1980; Young, 1981). In the current study students do not introduce lectures, academic texts or journal articles as sources for their comments. Their discourse is based in the transparent language of conjecture and experience, the base of tacit knowledge, and they make some direct references to the media as sources of authoritative information. The term transparent is used following Bertelsen (1986). She describes the ways in which discourses are naturalised and made invisible in everyday language. The terms and ideas expressed through language constitute complicated structures which regulate social relations through "an active and ongoing reaching into and structuring of the daily culture and experience of people" (p. 6). Although Bertelsen’s formulation is helpful it is also misleading since, in line with dominant western thought and much critical contemporary
psychological study (Henriques et al., 1984; Shotter, 1984), it perpetuates a separation between individuals and culture, or social fabric. It is in awareness of this dualism that contemporary discourse analyses address language practices as an important route to understanding the complexities of identity, human subjectivity and the ways in which people perpetuate and collude with their own oppression. Studies reported by Hollway (1984), Walkerdine (1985) and Wetherell, Stiven and Potter (1987) have used these ideas on which to base analyses of various discourses dominant in westernised groups.

The material gathered is so rich that a large and varied series of analyses with different aims could be carried out using the same data. For the purposes of this study, subsequent more detailed analysis is limited to the following.

Detail of the dominant discourses concerning traumatic effects of sexual abuse in children was extracted in the third and fourth stages of analysis. These themes, the discourses on trauma, arose in all groups and across all vignettes, and involve 900 statements (Table 6.7). After discussion of the discourses on trauma, two sets of comparative discourse will be presented. First, discourse elicited concerning the two younger case exemplars representing within-family continuing sexual abuse will be contrasted with the two 11 year old children depicted as molested on one occasion by a strange man. In the following section, a brief analysis concerning the ways in which the discourse on John resembles and differs from Jane, the two molestation cases, will be summarised.

Discussion of anomalous themes which could be suggestive of sub-dominant, subversive discourses (sites of resistance), and of noticeable gaps or absences in the discourses (which in themselves constitute an aspect of discourse), will be presented. A brief analysis of references to the media which occur in the text will be followed, finally, by discourses on the rules, prohibitions and
<table>
<thead>
<tr>
<th>Themes of Trauma</th>
<th>Number of Statements</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signs and Symptoms</td>
<td>173</td>
<td>19.2</td>
</tr>
<tr>
<td>Psychological interpretations (e.g. psychoanalytic = neurotic)</td>
<td>125</td>
<td>13.8</td>
</tr>
<tr>
<td>Self-esteem / subjectivity</td>
<td>56</td>
<td>6.2</td>
</tr>
<tr>
<td>Sexuality</td>
<td>78</td>
<td>8.6</td>
</tr>
<tr>
<td>Relationships</td>
<td>120</td>
<td>13.3</td>
</tr>
<tr>
<td>Effects on psychological development</td>
<td>167</td>
<td>18.5</td>
</tr>
<tr>
<td>Stigma and Silence</td>
<td>60</td>
<td>6.6</td>
</tr>
<tr>
<td><strong>Other themes:</strong></td>
<td></td>
<td></td>
</tr>
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<td>Rules, warnings, restrictions</td>
<td>62</td>
<td>6.9</td>
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<td>4.4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>900</td>
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</table>
warnings to which children are subjected as a preventative measure against childhood sexual abuse.

(2) Dominant themes
Examination of the statements generated by all four vignettes, across all groups, discloses the finer detail of the impressive weight of what has been termed Professional type discourses in the Preliminary Analysis. The talk of these women students falls into several clear emergent categories (Table 6.7). There are comments concerning what clinical practice would term signs and symptoms, changes in behaviour which would be displayed by the children concerned at the time of the experience and in subsequent years, and discourse concerning concealed or latent traumatic effects.

There is also talk which, although naively conceived and presented, is informed by major contemporary psychological models of behaviour (discourses). This talk is discussed as interpretation. As will be seen, there is widespread use of psychoanalytic concepts and terminology (Berger, 1965; Moscovici, 1976). There is also a range of conjectural interpretations or accounts derived from empirical research findings and psychodynamic formulations (such as discussed in Chapter 2). For example there is a discourse concerning relative severity of different events or situations, effects on subjectivity, or sense of self, and on relationships. These are prominent discourses across all sites of data collection. These themes will be discussed in relation to Browne and Finkelhor's (1986) recent, comprehensive review of the professional literature on the traumatic effects of childhood sexual abuse.

(a) Discourse of Signs and Symptoms
There are three main clusters of discourse concerning the signs and symptoms of traumatic effects across all four vignettes. These concern statements about concurrent effects, long term effects and latent effects.
Conspicuous in the discourse on concurrent effects are withdrawal, preoccupation, isolation, confusion, anxiety, fear, mistrust and wariness. These terms and ideas recur in group discussions across all four vignettes, and some examples will be given here (the initial capitals and numerals TS1 stand for Trauma Symptoms, item 1; the bracketed capitals at the end of each quote identify the case and group from which the statement originates):

TS1. Withdrawn, pensive, quiet. Anxious. (L/D)

TS2. I think she'd be preoccupied by her .. problem. (S/R)

TS3. She would be very alone. (L/A)

TS4. She'd just be confused and a bit emotional, because I don't know if .. at the time .. she'd realize the extent of what was actually happening (L/Q)

TS5. We've said anxious. She probably delays going to sleep at night, stays up later or something. (L/A)

TS6. She'd definitely feel a bit confused. (S/X)

TS7. A lot more wary and .. reserved. (Ja/D)

TS8. You get some people you hear of that just shut themselves in their room .. they don't want anything to do with anyone and just are content to sit there.. just, like play music all day, or are totally unsociable. (Jo/I)

TS9. I definitely think she was withdrawn and alone in her peer situation and in her family situation.
A withdrawn child is always going to her teachers. I've got a tummy ache or I've got a headache. (L/S)

TS10. I think his everyday behaviour would definitely become very edgy. (Jo/E)

TS12. He would become very mistrustful and scared. (Jo/I)

TS13. I think he'd be reserved with his family or um teachers and schoolwork and all that, and his mood - maybe for a week or two or so, but not longer than half a year, well I mean at the longest, I think. (Jo/E)

TS14. If there's something that is really, really bothering you, it just takes up all of your thinking time, it really does, and you become like you can't, you just don't want to do anything. (S/E)

TS15. She'd become wary .. evasive. (Ja/S)

TS16. ... She'd probably become extremely tense and suspicious. (Ja/Q)

TS17. She would feel, maybe, dirty..strange. (Ja/L)

Associated with these themes are moodiness, bad dreams, and a decline in
schoolwork with difficulties concentrating. For example:

TS18. I think the mood varies, that's for sure. Maybe she'll even be sitting in class one day, thinking about it. (L/A)

TS19. She might have problems at school. (S/X)

TS20. Sometimes they dream about it, definitely. (Ja/S)

TS21. She might not be able to concentrate that well. (Ja/L)

What is described as depression in the professional literature reviewed by Browne and Finkelhor is largely a difference of terminology, since descriptions of social withdrawal, anxiety, sleep disturbances, preoccupation and poor concentration, are all features which in combination would lead to a diagnosis of depression (American Psychiatric Association, DSM III, 1980) in children.

The Tufts New England Medical Centre study (cited in Browne & Finkelhor, 1986) elicited fears as a major symptom in 45% of 7 to 13 year olds referred following sexual abuse. Wariness and fear are the most common symptoms introduced here.

Browne and Finkelhor (1986) cite a study by Friedrich, Urquiza and Beilke (n.d.) who mention aggression as a prominent finding in child referrals, as part of the profile of initial effects in which 46% evaluated on an "internalised scale", displayed fearfulness, inhibition and depression and 39% had elevated scores on an "externalised scale" involving aggressive, antisocial and under-controlled behaviours, compared with 2% in a "normal control group". Younger children (under 6) in general scored higher on an internalised anger scale, and older (6 to 12 years) scored higher on an externalised scale.

Overall, there is little discussion of anger, aggressive or hostile behaviour as a concurrent effect in the discourse elicited here. Examples are:

TS22. She's going to be very bitter. (L/V)

TS23. I see her angry and confused. (S/E)
TS24. But you know you are just being violated and that's all, and that's enough reason to get angry you know. (Ja/A)

TS25. She's probably wondering what the hell is he doing, you know, why's he doing this to me? (Ja/A)

TS26. They take it out on other people, you know. (S/E)

There are two issues which require consideration here. In the first place, the child who is more likely to be behaving in an unruly or antisocial way will be more likely to be taken for professional intervention; the child's behaviour is likely to relate to a large number of variables (Rutter, 1985) and cannot be assumed to be a direct effect of sexual abuse. Secondly, the low profile of discourse on angry and aggressive behaviours in this text could be understood in the context of the problems associated with the direct expression of such emotions among women (Green, 1972; Bartky, 1984). Warren (1985) would explain this as an aspect of maintaining one's identity or sense of who one is, as a woman, the direct angry confrontation not being socially sanctioned for women. Thus the women in the discussion groups do not readily seize on angry responses as possible ones for the vignette narratives.

It is recognised, however, that changes in the child's behaviour can take a range of different forms. Several statements emerged such as:

TS27. Everything changes, depending on the child. (L/S)

TS28. It also depends on his whole personality. (Jo/P)

TS29. Experiences turn one person radically one way and it affects another person completely another way. So it depends on the individual a lot. (L/V)

TS30. He probably would have been terribly self-conscious and worried ... maybe he would have compensated by becoming a loudmouth, maybe he would have withdrawn. (Jo/X)

More specific examples relate to the child's school performance, as compensatory behaviour (or as sublimation, in a psychoanalytic model) for example:

TS31. It depends: she could throw herself into her schoolwork, she could be totally withdrawn from schoolwork. (Ja/L)
TS32. I think it could have had the opposite [effect]. I think that he'd try - possibly because he didn't tell anybody, you'd try more to forget it, so you'd put all your energy into your schoolwork or into your cricket or whatever. (Jo/P)

The common assertion among clinicians that the sexually abused child's school performance is likely to deteriorate, according to Brown and Finkelhor (1986), is not substantiated in clinical-empirical studies. It is thus interesting that it is not an idea which is especially strongly held among these women.

As long term effects (LT), major themes which emerge in the discourse analysis are difficulties with trust and relationships particularly but not only with male figures, and relationships of commitment. Examples of this discourse are presented:

LT1. When someone that you really like, and you really trust, can do this to you, really betray that trust, then anyone that tries to get close to her, or that should be close to her that you should trust, you have an aversion to, and that applies to the teacher and the parents. (S/E)

LT2. It could have long-term effects in her relationships, her attitude towards men and women. A friend of mine, she became a very manipulative type of person, it did actually affect her relationships... (L/J)

LT3. She would have general wariness of men. Even if it's not like as bad as that she never goes out with a guy or something like that. She'd probably you know sort of distrust, especially in sort of a marriage situation. (S/E)

LT4. She will have difficulty with making friends. Unhappy. I mean I don't think it's going to be all that bad in the beginning, only later on. (S/I)

LT5. Wouldn't you see it just as losing trust in men? ... Anyone that gets too close? (S/P)

LT6. She would probably not cope too well with deep relationships, any commitment, sort of. (S/X)

LT7. I think that he would definitely be a bit suspicious of men. Or not suspicious, but have a more anti feeling. (Jo/X)

LT8. It would disturb her relationships with other people. (L/Q)

LT9. I don't know how it would affect her peer relationships. It would definitely harm them. (Ja/Y)

LT10. She might sort of shy away from any advances that boys might make. (Ja/S)

The discourses on long term problems relate to shame, guilt, effects on self esteem and other such aspects (subjectivity) and to sexual relating. These are
frequent themes, and are discussed below, as Interpretative Discourse and in the section on Discourses of Childhood.

Latent effects discourse: there is a cluster of comments concerning the difficulty of discerning change in behaviour in such cases. In other words, allusions to the existence of traumatic effects which are latent or concealed (LA). These allusions are sometimes associated with secretiveness. For example:

LA1. I think her behaviour might not change because this is the problem with this kind of thing - it often goes undetected because the children actually not only don't say anything about it, but their observable behaviour doesn't change. But I think there are clues. (L/J)

LA2. Children become very much more secretive. (S/X)

The possible association between secretiveness and trauma will be introduced below. Some have heard of the use of drawings (presumably as projective techniques, as discussed by Goodwin, 1982) to elicit indications of sexual abuse where this is not otherwise evident. There is no discussion or apparent awareness of issues involved in interpreting such drawings.

There are few explicit, generalized statements regarding devastating damage or trauma (T) and perhaps surprisingly these do not refer to the Lorraine vignette. While such notions are implicit in the range of effects detailed, it could well be that the focusing questions provided at the end of each vignette acted to elicit specific commentaries rather than broad and sweeping generalization. Examples of those that do occur are:

T1. This must have been very traumatic (Ja/J)
T2. I think that at that age it has a long-lasting impression on you ...(S/P)
T3. ...and like it's stamped [on you] (S/P)
T4. It's a hellava thing to live with. (S/P)
T5. But it will damage her. Course it will. (S/R)
T6. Usually scarred for life. (Ja/Q)
T7. ...It's kind of like almost scarred, it's true. (S/E)
T8. Touched property. (S/E)

T9. She would feel .. maybe dirty..strange. (Ja/L)

The allusions in these statements are to long-standing consequences which may be best understood in the context of stigmatic effects. Women feel marked or set apart, and are often treated differently by others, once associated with experience of sexual abuse (Weis & Borges, 1973). Browne and Finkelhor (1986) note that the most prevalent aspect of trauma following child sexual abuse may be the stigmatic effects expected and experienced.

(b) Interpretative Discourses

The dominant discourses are informed by a range of implicit theoretical models. There are many statements involving psychoanalytic concepts such as denial, displacement, rationalization, reaction formation, repression and dissociation (splitting, blocking). These concepts are simplistically used - there is no suggestion that the speakers understand the implications of applying ideas about defence mechanisms in these cases but they speak as if these interpretations of behaviours are self-evident and accessible. For example:

PSA1. I think that there'd be a lot of anger... blocking. (L/Q)

PSA2. If they turn the anger against themselves, then she'll try and forget the whole thing ... and be far more unresolved about it. (L/Y)

PSA3. Because you can rationalise it, you can see it wasn't your fault. (Jo/E)

PSA4. It was like it never happened. By not talking about it you deny it. I mean if you do something and you never tell it to anybody then only, it only happens to you...she was not acknowledging that..that it happened. (S/K)

PSA5. Playing doctor, doctor. No that's latency stage. That happens earlier. She's actually in latency at that stage. (S/E)

PSA6. She might have a bit of a complex about it in that she won't be about to talk about it. But it doesn't have to have long-lasting negative effects for the rest of her life. (S/R)

PSA7. I think she'd still play netball and .. go to art, and I really don't think she'd start getting pervertedly interested in phallic symbols or something. (S/R)

PSA8. What sometimes happens is that the mother psychologically blocks, doesn't believe that it's possible that it's happening. (L/Q)
PSA9. She'll like completely repress it and just push it back and .. try to go on with life, but be - as regards attitudes towards men - be far more withdrawn. (S/P)

What is noticeable is that no account is taken of the psychoanalytic understanding of trauma, as discussed in Chapter 5. Surface events are weighted as factors which are observable in an unproblematic way, and may be used in a rational account of different effects and outcomes. Thus comparative judgements (CJ) of severity and of ameliorative and exacerbating factors, such as are to be found in the empirical research literature (Finkelhor & Browne, 1985; Rutter, 1985; Browne & Finkelhor, 1986), are numerous and often contradictory in this text. For example:

CJ1. It would affect her less than if she'd, if it has been a bad experience (S/R) versus

CJ2. It should be taken into consideration that she is eight. (S/R).

CJ3. He didn't actually force her to have intercourse or anything of that ... (L/L) versus

CJ4. Is there that much difference between him actually fondling her and touching parts of her body, and actually having sex, intercourse, with her? I think that it's just one stage further along the continuum. (L/Q) versus

CJ5. I think it's also important that it's not her father. (L/Q) and

CJ6. She was very young and perhaps she really, I mean he does not seem to have molested her very severely. (L/L).

CJ7. The thing is that there was no trust, there was no relationship before this happened. So in a sense it was better [than Shireen] (Jo/R).

CJ8. In the first one [Lorraine] it was an ongoing thing and this was one instance (Ja/D) versus

CJ9. She would be affected more by it. She's older. And also it's one incident you know, it's not a gradual process that you're building up ... (Ja/V) and

CJ10. I think it would have affected her .. a lot more than it would have affected Lorraine. (Ja/D)

Empirical research implicates self-destructive behaviour, substance abuse and a tendency to re-victimisation, as long term effects of child sexual abuse experiences (Browne & Finkelhor, 1986). These ideas do not appear to have
filtered through to lay discourses except in two forms. In one exchange, a form
of self-destructive behaviour is introduced:

-...She'd get scared of getting older.
-They don't want to change. They don't develop breasts and that kind of
  thing. They lose weight, anorexia and such ...
-Maybe a lot of the reasons for anorexia are they know what grown-ups
  are about. (L/Y)

The other form of what professionals would term self-destructive behaviour is
promiscuity and there are frequent references to the possibility of frequent and
indiscriminate sexual behaviours as a long term consequence of childhood sexual
abuse in certain parts of the material, as an effect of disturbed child
development.

Re-victimisation is not a theme which emerges recurrently in the texts analysed
here. This is surprising: at least 44 percent of the women in the discussion
groups had experienced two or more situations of sexual abuse or molestation in
their childhood (see Chapter 4). Re-victimisation as discussed in the
professional literature as one of the possible consequences of childhood sexual
abuse, assumes that a particular kind of personality (or neighbourhood)
produces abusive or molesting behaviour. However, "re-victimisation" figures
may represent a fuller picture of what is not uncommon experience for girls and
women (Russell, 1984a). In some senses this view, while not expressed explicitly,
is presented in an attitude of inevitability as found in the statements classed
here as "naturalisation" or normalizing the situation (the N statements above).
There is one reference to possible re-victimisation, which arises in the context
of discussion of the case of the boy molested:

    I only think that if this happened repeatedly to this child it would have
    long term effects .. (Jo/R)

There are extensive discourses concerning the effects on the constitution of the
child's subjectivity (Henriques et al., 1984). Effects on self esteem, ideas about
self, attitudes to body, shame, guilt, and aspects of interpersonal relationships,
all of which involve the implicit application of a general psychodynamic
interpretation, are raised in the context of long term effects. Examples of these areas of discourse follow.

S1. I think by the time you're 20 you might, okay, so she might go, from 8 she might go to, you know, go worse. If she's unhappy she might turn to other men to do the same thing and she might think it was the expected reaction and, men enjoy this sort of thing and this is what you must do if you want some, you know, attention. (S/K)

S2. She might resent all men or she might like have really um she might like be totally taken with all sorts of older men. (S/I)

S3. It's also not just mistrust of others but mistrust of yourself. I shouldn't have done it. What's wrong with me? (S/E)

S4. A lot of women almost feel guilty about having fathers who touched them.. and like who didn't actually rape them. (L/D)

S5. Especially if she didn't feel great hatred towards the man, she'd feel she was just as much to blame. (L/Q)

S6. I think she'll get increasingly negative about her self image. What is it about her that Uncle Joe could disrespect so much ..? (L/Y)

S7. There's a strong chance that she would take a very negative view of her body, feel no respect for it, become all aware of her sexuality [and] exploit them. (L/S)

S8. He'll probably try and have, probably try and get closer to [his girl peers], kind of thing, to try and prove his sexuality because I mean he must be going through a hell of an identity crisis at this time. (Jo/P)

S9. What have I portrayed that made him make the advance at me? Am I a totally masculine man as well? (Jo/P)

S10. She might become more aware. She obviously doesn't really see much of a difference between herself and boys, you know, she feels at ease with them. (Ja/Q)

S11. She might become more feminine as a result of this. (Ja/S)

S12. She would feel .. maybe dirty..strange. (Ja/L)

S13. I think that aspect, alienation, would get stronger and stronger as she got older. (S/P)

S14. It must have made her feel a bit different. (S/X)

These kinds of points are ones which are often encountered in the empirical/clinical literature, in the context of case studies, where they are used as post hoc explanations for contemporary problems, as discussed in Chapters 2 and 5.
Dominant discourses on silence (the child's avoidance of talk about the experience) in the text analysed here take the form of attempts to account for non-disclosure drawing on an individualistic model of psychology (Henriques et al., 1984). In other words, there is not an awareness of the social constraints involved in talk about "intimate" experience. Although such accounts were not specifically requested, in each vignette the child's non-disclosure of the experience is mentioned and many attempted to make the silence intelligible. Accounts suggested took a range of forms all of which are based on the assumption that the situation is an uncommon one because it is seldom discussed. In accordance with this idea, the accounts involved individual explanations - one which have to do only with the child her/himself or the specific family concerned, rather than with broader social conventions which regulate behaviour in these situations. For example:

(a) Personalising the situation:

SI1. You know, if something is happening to all of you uniformly, like everyone starts getting their period, everyone's wearing bras, it's fine, but if you're the only one in your class that is being molested in this way, I mean it must be awful - because you can't talk to your friends about it (L/A)

SI2. It's still something that's so personal. Even when you're older you don't run and tell your parents about the guys kissing you in the movies or anything. You actually keep it to yourself. (L/A)

(b) Child-rearing styles:

SI3. I think your social upbringing also has, plays a part in the way you react to something [like this]. Ja it depends how like open your parents have been. (L/A)

SI4. It depends on the relationship with the, that the child has got with other people and also whether the child has been brought up and has been told about these things beforehand .. if she didn't quite know what this man was doing to her, she's overwhelmed. Then she might not know whether she's getting the right idea, and that could cause her to hold it inside of her, 'cos she might think if she goes to tell someone they might say, Oh you're being stupid, you don't know what you're talking about. (Ja/c)

(c) Family relationships:

SI5. I think if she feels badly enough about it and she has a good relationship with her mother, I think she'd tell (L/A)

SI6. The child becomes intensely worried about what stigma this would have on the family, so she doesn't tell anybody (L/Q)
SI7. ... They realise the parents are going to be upset, I mean emotionally upset. (Jo/R)

SI8. ... What actually happens is the man very often says, if you tell your mother it will kill her, or things like that. And because the child loves her mother, she doesn't tell her, she doesn't. (L/Q)

(d) Age and Understanding:

SI9. She probably didn't go and speak to her mother about it because she didn't know what was going on. (L/J)

SI10. I think if you're older, though, you're more likely to talk about it. (Jo/E)

(e) Expectation of blame.

SI11. Really not knowing how her mother would um take it ... her mother might blame her for what was going on. (L/J)

SI12. If they'd been totally unaware of the fact that it was wrong, she would have discussed it with her mother and Joanne (S/K)

SI13. [Her] parents said don't take lifts from strange men, that's why she wouldn't tell anybody (Ja/D)

SI14. I can understand when people just prefer to keep quiet about it because it just .. makes ..the thing worse when you talk about it (Ja/Q)

These accounts for non-disclosure are compatible with the thesis that the upsetting aspects of most experience of childhood sexual abuse relate to stigmatic effects and to family disruption following disclosure (Finkelhor & Browne, 1985). In this context non-disclosure could be viewed as an agentic strategy of coping for the child (Elliott, Ziegler, Altman & Scott, 1982). However, this would be in conflict with the recurring discourse on "working through".

There is a common idea running through these texts articulated as working through (WT). This is rooted in an assumption of the benefits of disclosure and emotional ventilation, based in a pressure cooker model of human emotion. Simply talking about an experience with some other person is held to release one from anxieties associated with the experience. Some examples of this discourse follow:

WT1. Maybe if she was able to speak about it with the family at an early age, maybe she would have got over it ... and she might resolve this
whole problem you know (L/J)

WT2. Only if she speaks to the right people about it, then it'll be okay. (Ja/A)

WT3. If he had told everybody about it afterwards he would be a much fuller person. (Jo/I)

WT4. I think it would have affected a lot of her relationships as well... unless she sometime got the change to speak to her Mom... so she kept it all inside of her (L/J)

WT5. It would need a lot of support and a lot of working through. (Ja/Y)

WT6. You need to discuss things, and I'm sure she's not discussing it with them. Later on she wouldn't be able to work through it on her own. (S/P)

WT7. If the family wasn't aware of it, obviously it wasn't being resolved. It's suppressed. It's affecting her whole being. (Ja/Y)

WT8. It certainly is very very important to actually encourage them to ventilate. I agree with you. (Ja/Q)

WT9. I adopted the view leaning towards getting them to verbalise as much as possible. The whole family spent long long times ventilating and talking it through and whatever. (Ja/C)

There is a strongly positive set of ideas about the value of psychotherapy and counselling, at a very superficial level. This is understandable in the context in which the material was gathered. The idea that silence is an important aspect of trauma in situations of emotional upset is a dominant one in western clinical practice and among the educated lay people, particularly in the area of sexual abuse (Burgess & Holmstrom, 1975; Courtois, 1980; Lister, 1982). The psychoanalytic concept of "working through", a complex and challenging one (Karush, 1967), appears to lie behind these ideas, but is complicated by feminist activism which calls on women to "break the silence" as a politically liberating choice. The net of assumptions that underlie therapeutic notions of a pressure to speak and the relief which follows speaking will not be addressed here but will be addressed again in Chapter 7; this would be an interesting area for further study.
(3) **Vignette Comparisons**

(i) **Incest versus Molestation**

A feature of the comparison between the two younger children coerced into ongoing incestuous relationships, and the two older children molested on one occasion by a stranger, is that there is little evidence in the detail of this discourse of weighting the former type of situation as more serious. The following example is one of few:

I think that because it's .. it wasn't actually her real father, maybe the effect wouldn't be so great. If it was her real father that did it, she'd know that it was incest..and the consequences are far greater. (L/J)

As discussed in Chapter 5, in the few studies which have examined professional and public opinion, in the United States (Giovannoni & Becerra, 1979; LaBarbera & Dozier, 1981; Finkelhor, 1982a) and in England (Eisenberg, Owens & Dewey, 1987), incestuous cases usually have been rated as "more serious" and "more traumatic" than other forms of sexual abuse, with the exception of forced intercourse.

Ambivalence is mentioned in many contexts for the two younger children, but it is not clearly the ambivalence of the hostile-dependent type alluded to in the literature (Adams-Tucker, 1982). It is conceivable that the professional literature depicts clinical material which is most likely to reach welfare agencies and psychological units (as discussed in Chapter 2), and that this kind of ambivalence relates to the context of such cases. It may also have as much to do with such children's responses to referral as to the experience of sexual abuse.

In this study, discourse on ambivalence mainly has to do with conflict between pleasurable feelings and discomfort commented for the younger children, variously explained. For example:

AMBI. She has mixed feelings that's still a kind of .. passive thing. Cos sometimes she might feel okay about it, other times she doesn't feel.. it's
nothing that she really feels, like, strongly. (L/A)

AMB2. I mean if she's got some kind of sexual feeling, it should be quite pleasant to her as well, which could be quite difficult. (L/A)

AMB3. There was a paradox because, like, she really admired this guy on the one hand, and on the other hand look what he was doing to her. She couldn't sort out her own feelings. (S/P)

AMB4. Because she's so young I don't think she actually realised what was going on, but as soon as she gets to about 14, and actually starts to understand things like that, then it's all going to change. (S/R)

AMB5. I'm sure they were aware that what they were doing wasn't ... the done thing, because a child of 8 is aware of the fact that, you know, of certain behaviours. (S/K)

For the incest vignettes, attention emerged as an important factor (ATT), both as an effect (in attention seeking) and as a source of confusion; attention need was rarely raised as a contributory factor to the occurrence of these interactions:

ATT1. The little one obviously felt that she wasn't getting much attention from Mom and Dad, got a whole lot of attention from this person...(S/X)

ATT2. She was probably quite happy to please him, because he was there, and she worshipped him, and he was giving her attention.(L/D)

ATT3. Maybe she enjoyed the attention but she felt she shouldn't enjoy it. (L/S)

ATT4. She might be quite attention seeking (L/S)

ATT5. She can seek attention in different ways. You can seek attention by being withdrawn the same as you can seek attention by being loud, noisy and draw attention to yourself. (L/S)

ATT6. She'd have been scared and, you know, glad for the attention, but scared of what he was doing. (L/V)

Although there is mention of self-questioning and self-blame (or guilt) in the material about the two older children, most of these statements (G) concerned the two younger cases, and related to long term effects. Clearly this is because they were ongoing, repeating situations, in a relatively stable familiar relationship. Examples are:

G1. In a way it's actually worse with someone you know. (L/V)

G2. She must enjoy it, she must. So she will feel very guilty, I think it would be, and she'd also start maybe ... putting her off men a bit. (S/E)
G3. I think she would be feeling guilty. (S/K)

G4. As though you encouraged it. (L/L)

G5. She might feel a bit different from her peers. Superior .. I don't mean superior as in looking down - as though she has a bit too much knowledge. (S/R)

G6. It must have made her feel a bit different (S/X)

G7. Don't you think she'd feel .. that there was something wrong with her? (L/Y)

G8. Not natural! (L/Y)

Another theme which emerged in the incestuous abuse cases relates to discourse which regulates the position and role of mothers in the family (Riley, 1983; Urwin, 1985). It is clear that the dominant notion is of the mother's particular role as child-carer, with specific responsibilities for the emotional life of her children, and as custodian of her daughter's sexuality.

M1. I think that if one has a very good relationship with one's mother, you might not even have to tell her but she will know things. (L/A)

M2. She probably would not be as close to her mother any more. (S/E)

M3. It's somebody her mom should have known, and not let it happen to her. (S/E)

M4. Do you think she moved closer to her mother or further away from her mother?
   She moved further away. (S/P)

M5. Perhaps if the mother had been more involved in the family, Joe .. wouldn't have been, I mean, as I say, I can't condone it and I can't say he was driven to it, but perhaps if the mother had played a more important part in the family it would have been prevented. (L/Q)

Further analysis of the discourses on mothers, wives and women will not be introduced, although they constitute an interesting aspect of the text studied. An area of absence in the discourse concerning the younger children which relates to this comment is the lack of discussion of father's role as protector, or father acting as confidant, for the children in the incestuous situations. Fathers emerge as potential abusers occasionally, but not as having any real parental responsibility for these children. It may be that the form of the vignettes contributed to this finding, but this possibility would need to be studied further.
What also is not raised in discussing the younger children is commentary on their helplessness and lack of control, factors which are commonly stressed in the professional literature on incest (Gelinas, 1983). These issues are introduced in several groups in relation to the older children's situation with a stranger.

A1. Maybe she felt that what she had there was something special. It was sort of a secret that she wants to keep to herself because she felt that special. (S/I)

A2. It could have made her, also, feel like, gee, you know, he's an adult, and he sees me in such a way that we feel confiding, and that we've got our own secrets. (L/S)

A3. It's like YOUR secret, and there is .. it's .. a kind of, I think there's a fear to let them out, because it's an adult. (L/S)

and:

A4. The fact that she's not in control. (Ja/U)

A5. In fact he was helpless. (Jo/X)

A6. I think it's got to do with control. (Jo/S)

A7. Scary - and helpless. (Ja/Q)

It is as if the women tacitly acknowledge through omission that the younger children in a familiar situation would have some sense of power and agency. It is not acknowledged in the literature on sexual abuse that ongoing situations of child sexual abuse often must be complex processes of negotiation, between excited, guilt-ridden adults and curious children some of whom sense the possibility of agentic gain through the interaction.

Another set of ideas about the likelihood of long term consequences for the incestuously abused children which emerged quite strongly relate to a widely held view that these children, as young women, would pursue particular kinds of sexual relationship (SR). For example:

SR1. Maybe she'll actually .. just have sex with anybody. (S/R)

SR2. It could also distort her sort of sense of what is right and wrong, and what is acceptable and unacceptable sexual behaviour. I mean she
might go running after all her girlfriends' fathers, or something. She might get a thing for older men. (L/A)

The assumptions involved in this discourse concern dominant ideas of childhood and development and will be discussed further below.

(ii) Female versus Male Child Molestation

There were more Negative effects for John overall in the preliminary analysis discussed earlier in this chapter, which suggests that the discourse reflected more severe effects for him than for Jane (or for the two younger children). A closer examination of the discourse showed interesting differences between John and Jane, the 11 year olds molested by a helpful stranger. In fact, although there were numerically more negative statements for John, more serious effects were described for Jane.

Concurrent mood changes in John take a different form and there is a very different kind of self-questioning and set of consequences for the boy, in terms of his sense of himself (subjectivity) and self-restrictive behaviours.

Partly this may be due to the depiction of same-sex molestation versus opposite-sex molestation in these vignettes, but the child's gender will also be an important factor in shaping ideas about trauma. For instance, it seems likely that there was less identification of the women with the boy's situation. In two groups there was laughter when the possibility was raised that a strange woman could have been depicted as John's molester. It would be interesting to compare discourse on the same vignettes gathered from male students which would probably be different: male and female subjectivity is differently constituted in a social environment which emphasises differences, through experience and self-appraisal (Henriques et al., 1984).

It should be noted that at the time when this material was gathered, there was very little coverage of sexual abuse and its effects on boys in either the
professional literature or in the media and this had not seeped into everyday
discourse to the same extent as it had for girls. Presumably there is an
admixture of ideas in this text concerning males and boys on the one hand, and
sexual abuse in abstract on the other.

Both children were described as feeling afraid in the situation, but only Jane
was described as potentially scarred or traumatized. Effects for John emerge as
less traumatic than they are for Jane. Jane is discussed as shocked, upset,
scared, withdrawing and as changing her lifestyle quite markedly, whereas John
is described as wary, suspicious, quieter, puzzled and more nervy. There is
not the same emphasis on the sudden recognition of a dangerous difference
which would transform John’s life.

John was seen by some as putting the experience behind him quite quickly and
rationally, after an initial withdrawal and quietening. Except that he might find
himself questioning his heterosexuality at a later stage in his life (he might
need to "prove himself") he was not depicted as having difficulties with
relationships.

Discourses on Jane’s situation are more contradictory. The concurrent effects
might be shortlived, but a substantial trend referred to later problems with
trust and relationships. Later sexual relationships particularly were seen as
affected, even though this was a single experience of molestation. There was
discussion of sudden realisation of male–female differences for Jane, pervasive
ideas of self-limitation in her daily life, and ideas of a triggering of femininity
in a child who had been a tomboy.

Both children were depicted as helpless but, although John would be more
cautious (e.g. not taking lifts with strange men), Jane was widely discussed as
undergoing a major change in her daily behaviour. For example:
JJ1. [She's] probably scared to go out. (Ja/S)

JJ2. I think her everyday behaviour would change drastically ... (Ja/J)

JJ3. She'd be afraid of being on her own ... needing some protection. (Ja/D).

The issue of the role of sexual abuse, molestation and fear of sexual abuse and rape (and their conflation) in the regulation of the daily lives of girls and women, and the way it shapes female subjectivity, is at the heart of this dissertation and will be taken up again in Chapter 7.

(4) Anomalous Discourses

In this section some anomalous themes uncovered in this text will be discussed.

The themes which will be given prominence here are (i) The "naturalization" of child sexual abuse; (ii) Agentic strategies: laughter, secrets and silence; and (iii) Interpellation of the subject.

(i) The "naturalization" of child sexual abuse

This discourse (N) is not as rare in this text as it is in the discourse of professional workers, and emerges in two forms. A cluster of statements was found in various groups which holds that there would be no signs or symptoms of traumatic effects in cases presented for discussion. This is a point which is made from time to time in the professional literature, where it is cautiously presented as an unusual possibility which is difficult to explain, or as latent effects, as discussed in Chapter 2. A more anomalous finding here is a discourse which "naturalises" the experience of sexual abuse; in other words the children are unlikely to be affected, at least concurrently, because there would be no reason to think that they should be affected. Examples of these statements follow:

N1. I think he would just reconcile himself to what had happened and I don't think it would emotionally disturb him. (Jo/R)

N2. Because she was with a stranger .. [whereas] if it was her grandfather, okay it was out of place but [it wouldn't really harm her] (Ja/D)
N3. Surely when he left town she'd just forget about it, you know, just putting it in her past. (S/K)

N4. She probably won't think about it ... (S/R)

N5. I don't think it was upsetting to her. (S/X)

N6. I don't think she was very badly affected. I think all those things are quite mild. (L/L)

N7. I'm sure if some guy had to treat her like really badly...then it would affect her a bit mentally, but if somebody, like, she met a really nice guy that is very gentle with her.

Ja, but who says this guy wasn't gentle with her? (L/A)

N8. If it happened to a little girl it would be more of a problem. No, probably a boy. (Jo/E)

N9. She just might think of it as something that is just done... (S/X)

N10. She most probably actually thought it might be even natural. (L/Y)

N11. The child might think, well that's a father's right. (L/Q)

N12. It could have been happening to her best friend for all she knew, except she wasn't allowed to tell. (L/L)

N13. Why would she have been unhappy? Was she unhappy with him making her do that? (S/X)

N14. I actually don't think it would have affected her so much. (L/A)

N15. She's probably wondering whether that happens in their houses as well. (L/A)

N16. She might completely outgrow it. (L/D)

N17. It wouldn't have really affected her at all. (L/L)

N18. Just something out of the ordinary.

N19. If you know later on it was bad but you didn't feel it was bad at the time, it'll affect you less. (S/X)/

In a more traditional psychology of individual pathology and deviance (Henriques et al., 1984) it is likely that this discourse would be subjugated to the status of a naive or ill-informed view, or it would be "explained" in terms of psychoanalytic ideas of repression and denial. Such classifications obscure the social commentary communicated (although often obliquely) in this discursive text: the experiences are naturalised because they could seem commonplace, and they are commonplace because of the ways in which human subjectivity, power structures and sexuality are interwoven and socially constructed.
The idea of "natural events" is also used in contexts other than those suggested above, e.g.

N20. I don't think I'm prepared to say she'd conceive of this as a different situation, like a normal situation. (L/V)

N21. You know, because it's something that's unnatural - she's not used to it. (Ja/J)

Some speakers presented the view that the child would be aware of the "unnaturalness" of the situation, in other words that what is "natural" is known to children.

(ii) Agentic strategies: laughter, secrets and silence

Some refer to active attempts to manage the situation (AS). In other words, the child is depicted as able to play an active part, either cognitively or physically, to subvert the powerlessness of their situation in some way. The following examples suggest awareness of this possibility:

AS1. I think when she gets older she might laugh about it. (Ja/L)

AS2. The man did try something, but he kept his satchel or whatever on his lap you know, so nothing actually really happened. (Jo/E)

AS3. A friend of mine, when she was a child and people tried to touch her, she'd say NO. She used to just glare at them. She wouldn't allow anybody to touch her. (Ja/V)

AS4. There's the little gangs that play and everything like that. Only later in life you realize .. (L/Y)

AS5. Maybe she thought it was a game, I think, maybe she didn't take it any further than that. Maybe it was part of the fun that they weren't to tell anyone else. (S/E)

AS6. Everybody played Mommy and Daddy. (S/K)

AS7. They were just playing. (S/R)

AS8. An affectionate thing rather than a sexual thing, as interpreted by her. (S/R)

AS8. So for her it was like sort of a secret friend, probably. (S/X)

AS9. Maybe she felt that what she had there was something special. It was sort of a secret that she wants to keep to herself because she felt that special. (S/I)
AS10. It could have made her also feel like, gee, you know, he's an adult and he sees me in such a way what we feel confiding and that we've got our own secrets. (L/S)

Of course, the adult involved often demands or implies the necessity for secrecy and children may be readily persuaded to silence because they value secrets (Sgroi, Porter and Blick, in Sgroi, 1982). Most authors note the secretiveness around experience of child sexual abuse and relate it to the impact of the experience (i.e. trauma), either at the time (Lister, 1982; Summit, 1983) or after disclosure (Peters, 1976; Sgroi, 1982). Empirical/clinical studies often remark the reluctance of children (and of adults) to disclose such experience (Finkelhor, 1979b; Adams-Tucker, 1982; Donaldson & Gardner, 1985). Part of the value of secrets, however, is that they offer ways to achieve or maintain a preferred position, one of relative power or non-marginality, as is recognised in the discourse presented here. Secrecy may be understood as a way to deal with stigma.

The literature comments (Browne & Finkelhor, 1986) as do the women in this study, that the recognition of such early experience as sexual abuse or incest often takes place only during adolescence or later, and is then accompanied by self-questioning or guilt. Part of the guilt often relates to secrecy and, according to Fritz, Stoll and Wagner (1981) when coercion has been achieved through positive rewards, there is more likely to be guilt in later years.

It may be assumed that the child, as an astute interpreter of social cues and behaviours, will perceive the adult's excitement and anxiety at the time. These cues will be both puzzling and interesting in themselves and, in combination with secrecy, will be interpreted in various ways. The ways any situation will be understood by a child (including material or affectional rewards) will relate to her/his previous experiences in other social interactions, whether observed or shared (Bruner and Haste, 1987). Without talking with children in a free
exchange of ideas about these situations, there is no way to map out the possibilities.

What must be recognised here is that, even though there is an insistent presence of discourses of sexuality of certain kinds in current western sociocultural contexts (Foucault, 1979b), there is a powerful discourse of silence around talk about sexual experience. This applies to adults as well as to children and is part of the maintenance of power structures enacted in certain contexts of sexuality. Only in quite specific circumstances is discussion of sexual matters permissible, and these circumstances constitute discursive practices in themselves: what one mainly is supposed to talk about, to have problems with, to be conflictual about, is one's sexuality. In Foucault's terms, part of the discourse of sexuality is the development of a range of institutions which organize "rituals of obligatory confession" (Minson, 1980) concerning sexual behaviour (e.g. confessional, psychoanalysis). In recent years the consciousness-raising group and a range of psychotherapeutic practices impose conventions of disclosure of such experience. While these contexts are usually seen as liberating, they need to be viewed against discourses of power. In adopting the discourse of deviance or of victimisation, one enters a powerful discourse which structures one's subjectivity in particular ways (the discourses of difference and of stigma). Thus the consequences of self-definition as victim is to place oneself squarely in a discourse of power where one is positioned in a subjugated position. It is in recognition of some of this that feminists working in the area of sexual abuse and rape advocate the rejection of the term victim in favour of the term survivor (Haller & Alter-Reid, 1986). While this does achieve something as an agentic strategy, simply adapting terminology will not succeed in transforming subjectivity without work on the broader social structures and the more subtle insistences of power involved.
The silence of children and women who have been sexually abused can be understood in at least two ways, then. On the one hand, it can be seen as passive acceptance of the situation, or compliance through conformity to a normative set of rules which guide talk about sexual matters and, in particular, the talk of women and children in this area. In this context, once the person sees herself as "marked", a self-fulfilling prophecy of role appropriate behaviours is likely (conforming to ideas about the behaviour of someone who has been sexually abused) (Finkelhor, 1980b). Several researchers have commented that women who were sexually abused as children "feel different" or set apart (Briere, 1984; Jehu, Gazan and Klassen, 1984/5) and Finkelhor and Browne (1985) describe the negative self evaluation of the child or woman as stigmatization.

In contradistinction to this, silence can be seen as an active assertion of non-participation in marginalizing and stigmatising discourses in which one is defined deviant as victim against the normalizing discourse of women who are not victims. These two "motives" are likely to be simultaneous, although contradictory, and constitute a perfect example of Foucault's conception of power as both pervasive and regulatory as well as insurrectional.

Haller and Alter-Reid (1986) suggest that children who have been incestuously abused learn to erect their own protective shield by way of guardedness and superficial compliance. They note that secretiveness contributes to distancing in intimate relationships and do not recognise the important agentic aspect of guardedness and apparent compliance in the negotiation of greater access to power within social structures in which children, girls and women are clearly placed in subordinate positions. Michell (1984) alludes to specific strategies adopted by women in potentially conflictful or confronting situations, which are managed in oblique or "dishonest" ways. In the context of expected effects and stigma, the issue of silence needs to be re-examined. Silence is recognised to
be a major dynamic of power (Coward, 1984; Walkerdine, 1985) in contradictory ways: it serves those in power as much as it can be seen to serve those in powerless positions. It is a truism to say that silence - not disclosing experience of sexual abuse - may be an appropriate defensive strategy.

People's behaviour to the child or woman concerned often changes after disclosure of abuse or molestation; they may become avoidant or protective of her and either way this can be experienced as stigmatising to the woman. However silence could be understood as subversive if, even though coerced, the child recognises her participation in the sexual interactions as a way to negotiate a more powerful position for herself, either in relation to the male concerned, to males in general, or as a way to enhance her self-esteem. For example, Thompson (1971, pp. 56-57) discusses the importance that secrecy has for pre-adolescent girls, explaining this in the context of the negotiation of personal boundaries and a sense of importance.

Speaking out, then, can also be understood in at least two ways. Firstly as resistance to the situation, as feminists urge and point out (Russell, 1984a), it is articulated as active rejection of sexual exploitation. Secondly, in naming oneself as victim, speaking out means participation in a discourse which largely views sexually abused women in particular ways: as damaged, different and therefore stigmatised. Furthermore, this second option could also be disempowering when it calls on the legal system to punish the offender and to protect the child (or woman). So speaking out is to participate in two hegemonic discourses in which the structural powerlessness of women and children is reproduced, while also attempt to resist this.

It is surprising to find no mention of the term victim in the text analysed here. This word is prominent in most professional discourse. It appears that the women in these groups are aware at some level of the problems of this
terminology and that this anomalous finding represents an insurrection against
the hegemonic discourses.

(iii) **Interpellation of the subject**

Represented in the text in particular forms, these discourses relate to one of
the main aims of the dissertation: the exposure of some ways in which female
subjectivity is constituted in daily life. Denise Riley (1987) draws attention to
the everyday ways in which women are interpellated into certain forms of female
subjectivity. Riley uses as example the scenario of a woman whose thoughts are
interrupted as she walks in a public area when she is accosted by a man who
comments on her appearance or catcalls her. The woman feels intruded upon
and startled: she is hailed as female and sexual, no matter what her thoughts
may have involved just before this moment. The man feels entitled to initiate
the call. A similar process occurs from a young age when a girl is sexually
abused or molested. This appears in some statements, e.g.

INT1. Now she would become conscious of the difference between guys and
girls. So she is different from the rest of the boys. (Ja/A)

INT2. Even if it doesn't come to this extent even, a wolf whistle or
whatever, in a particular situation, can be equally .. as fear provoking.
(Ja/Q)

INT3. The day that happened to me - suddenly I realised that I was a
girl. I mean just realising I couldn't go round with the boys any more.
(Ja/A)

There is no self-reflective discussion of strategies of resistance or subversion
as such in this aspect of the discourse. This would have required a
metacommentary on the statements elicited in the groups, by the group
participants (rather than by the author of this dissertation). For example, in
suggesting that the Shireen situation was one which could have been regarded
as a game by the child, this discourse could have been taken further to
highlight the fact that in playing this "secret game" with the two children, the
adult could be manipulated by them in various ways.
An important aspect of current research on women's subjectivity is the notion that wherever there is oppression, both collusion and subversion are to be found (Giddens, 1979, 1983). As subjects, women "insert themselves within dominant discourses" (Minson, 1980) in ways which normalize their individualism as well as asserting it. The difficulty with identifying a nascent insurrectional discourse, however, is its elusive, marginal and fragmentary form. Too easily it can slip into dominant discourse.

The only context in which there was discussion of why men might molest or sexually abuse children, and the unlikelihood of women doing so, was in the context of discussion concerning the boy, John. This suggests that these women do not regard the behaviour of the men who were involved in sexual abuse of the three girls as requiring particular explanation. This is an interesting absence and is one which echoes the professional discourse. The amount of research reported which pursues the traumatic effects of such experience far outweighs the handful of studies which attempt to probe the reasons men give for doing these things (e.g. Malamuth, 1981, 1986; Scully and Marolla, 1984, 1985; Vogelman, 1987).

There is also little evidence of awareness of the ideological influences or social structures which set up and regulate sexual behaviour, the behaviours of adults with children, and the elusive qualities of childhood and children's sexuality.

(5) Discourses of Childhood and Sexuality

Distinctions between child and adult, or based on age groups in children, are commonly assumed in everyday talk and in psychological texts. These are based in some obvious differences between children and adults, and the changes which occur during the physical growth of children as they develop the characteristics of adults: size and the biological features of reproductive processes. All cultures distinguish between children and adults but definitions
of childhood and criteria for evaluating the behaviour of children differ.

The assumptions about psychological differences between children and adults are based in observable physical changes. This assumes that we can understand psychological processes as though they are organic in the same way as biological processes, or that psychological processes have the same origins as physical characteristics. Because physical qualities of people are most accessible and have been the focus of much successful study through the life sciences (anatomy, physiology, genetics and so on) we easily forget that psychological processes need to be approached and understood in terms of quite distinct frames of reference. Although body and mind are inseparable, mental processes cannot be reduced to physical ones. Culture and language are inextricably involved in psychological processes and changes, and no human experience escapes these matrices.

It is trite to say that it is necessary to examine psychological processes in a number of ways. It is well recognised, for example, that in order to understand reading skills there is great value in the thorough study of cognitive strategies such as memory, as well as learning and practice effects, but unconscious processes bring emotional factors into play as well, and accessible schemas of thought (the mental representations constellated through language and sociocultural practices) also must be available. There are different methods to study each of these facets of the complex process we call reading. Where psychologists do not often venture is into the fourth arena mentioned: that of mental representations. In part this is because of dominant conventions of different disciplines and expectations of a certain kind of psychological research, and in part because of the rarity of a self-reflexive attitude in psychology. What this means is that there are large bodies of psychological work (developmental, social, clinical and so on) which are carried out with great sophistication and care but in which certain phenomena are not questioned at all
because they seem self-evident. Constituted and over-determined through language in everyday common knowledge and in professional expertise, certain mental representations are incorporated by psychology as though they are indisputable and fixed. Childhood is one such notion.

Prevailing assumptions about childhood are least conspicuous in middle class talk about middle class children (Kessen, 1979). It is not a new idea to draw attention to the ways in which psychological theories have been based in middle class experience as though these are universal. Notions of childhood become more obviously slippery when the daily realities of working class life in peri-urban areas of South African cities and the rural areas are examined. When we read reports by anthropologists who have studied children among groups who are not strongly influenced by western European or North American social practices, psychologists' ethnocentric and class-based assumptions about a mythical universal childhood are even more obvious. For example (Gordon, 1987; Burman, 1988) most working class children in South Africa constitute part of the labour force (paid or unpaid) from a young age, and do not enjoy two decades of relatively irresponsible self-exploration and study, many are part of an informal social service infrastructure (e.g. caring for the elderly or sick), and few enjoy the protection and privileges of middle class childhood. Xhosa, Zulu, Sotho and other African groups have traditions to demarcate the boundaries between children and adults, involving rites of transformation, and there are particular social obligations before and after these rituals.

As in Europe and North America, however, contemporary western concepts of childhood based in aspects of middle class experience are powerfully pervasive in South Africa today. These ideas are central organizing schema in everyday talk about children, at least when the speakers talk in English and Afrikaans (the State's official languages, and the languages in which most media are constituted). They are hegemonic in the sense that they are normative and
assumed to be desirable models of childhood: "this is how childhood should be".

Denise Riley (1983) has reviewed the history of child psychologies in Europe and North America, illustrating the effects of a range of theories on the way children were depicted and studied and discussing the popularisation of psychological and psychoanalytic theory in Britain. Newson and Newson (1974) directed attention to the extraordinary cultural pressures of the "cult of Child Psychology" which exists today. This is accompanied by an enormous popular literature, with equally substantial economic benefits, aimed at parents and educators, but they note that "child psychology is a luxury which only a small section of the world's parents can afford to consider" (p. 55).

With notable exceptions such as Margaret Mead's cross cultural studies, the depiction of childhood and children in psychological studies has been isolated from the discussions of social anthropologists, social theorists and historians. This is especially true of clinical psychology, where practitioners tend to be forced as experts to preach the gospels of child psychology. The idea that experience in the earliest years is a major force in the shaping of the adult is widely pervasive in psychology (Riley, 1983; Shotter, 1984). It is a fundamental idea in psychoanalytic theories and practice, and is also basic to behaviourism. Both give a special role to parenting practices and to cause–effect empiricism, although these theories are differently conceptualised.

Although the historical and cultural specificity, and instability, of notions of childhood are increasingly raised (Aries, 1962; De Mause, 1975; Minson, 1980), it is only in the last decade that some psychologists have begun to take note of and question prevailing assumptions about childhood (Mackay, 1974; Kessen, 1979; Shotter, 1984; Steedman, Urwin and Walkerdine, 1985; Bruner, 1986; Walkerdine, 1986). In 1979 Kessen observed the way in which children became identified with a middle class notion of women in a discourse of sentimentalized
innocence, asexuality and simplicity over the previous century. Earlier, Mackay (1974) suggested that, rather than being viewed as deficient adults, children could be studied as if they constituted a different culture. Their interpretive rules (and their reflexive capacity) may lead children to assign meanings to their experience which are quite different from those assigned by adults in their environment, but their interpretations and understanding is not necessarily more simple or less sophisticated. Obviously there are important benefits to the study of individual children; for example, detailing the strategies of planning used by children to deal with some specific problem or situation (DeLoache & Brown, 1987) or the interpretative repertoires and competencies available to particular groups of children (Mackay, 1974), would be useful. However, the ideas of children and child development which prevail are social constructions. All human individuals, whether child or adult, are components of "shaped and shaping social processes" as Vygotsky (1978) observed. While there may be value in studying differences in strategies or in interpretation of a particular situation, as related to the relative assimilation of specific sets of constructed meanings which are dominant to certain age groups in a particular socio-historical context (Gergen & Benack, 1984; Bruner, 1986; Bruner and Haste, 1987), it is important to recognise the existence and nature of the hidden discourses of childhood from which we operate. This is particularly important in talk about experience which is widely viewed as traumatic for children since it is very easy to slip into indiscriminate assumptions about cause-effect relationships, especially where there are emotive events and where these are entangled with political rhetoric.

Historically, the development of children today takes place under the protection of "the family" (and more particularly mothers) and of various other state-mandated institutions of education and welfare (Donzelot, 1980; Burchell, 1981; Parton, 1985). All of these institutions draw on discourses of childhood in carrying out their particular functions, and use them to justify the
appropriateness of their interventions. This locks families, parents and children, and children in relation to other authorities, into particular sites of control and dependence (Burchell, 1981). Normative interventions and rules of parental behaviour (in the broadest sense) regulate childhood and children's behaviour, education, the policing of both children and their parents, and ensure the production and reproduction of particular forms of adulthood. The forms of subjectivity which are produced (Willis, 1977; Henriques et al., 1984) incorporate expectations of certain kinds of social structure (e.g. each individual fits her- or himself into the available categories of gender, class, workplace, in active ways).

The individualization of children (and of families, one might add) constitutes part of the exercise of power which, in Foucault's sense, revolves around normalization. "The child is more individual than the adult, the insane or delinquent more than the normal, and normal, healthy, law-abiding adults are individualized not, as in times past by illustrious deeds but by their secret singularities, secret fantasies and failures" (Minson, 1980, p. 8). Minson points out that discourses of power "flourish" in argument around contradictions. The rights of groups or individuals and similar humanistically informed concerns play their role in separating and constructing particular categories of subjectivity as sites in which discourses of power generate both conflicts and particular technologies to deal with them (e.g. abused children and child welfare interventions, women's complaints as psychopathology and their treatment through medicine or therapy). Discourses on similarities/differences between groups abound with contradictions and conflicts, as Kottler (1988a) argues in her discussion of post-1980 South African approaches to studies of culture. Each standpoint obscures significant ideologically informed, contradictory discourses of power. The distinctions made between children and adults may be similarly analysed.
Dominant discourses on childhood and children have tended to fall into characteristic patterns. These themes are not mutually exclusive and authors and speakers often slip from one into another without awareness. The most readily identifiable models are sketched briefly below:

(1) Children are passive recipients of external forces of socialization or adversity; these shape or deform them in a range of ways; no account is taken of the child's agentic qualities or the range of strategies or interpretative repertoires likely to be accessible to the child.

(2) Children represent an essential innocence, an inherent "goodness" which lies at the core of all people. They may be contaminated by contact with certain others or certain experiences (a "loss of innocence" occurs). A variation of this portrayal is the child as the most "natural" (unspoiled by society) human; in this version the child has unbridled impulses which must be curbed in order to produce a social being out of a non-social one.

(3) Children are individuals in whom a process of built-in organic unfolding, following an age related "natural" developmental blueprint, takes place. This requires a particular kind of environment for "best development". This discourse incorporates the biological notion of development as a teleological process, from less to more complex organisation, and the idea that the process can be derailed, disrupted or speeded up by particular experiences.

(4) Children are individuals with inherent cognitive hardware who, learning certain programmatic logical and rational functions (viewed as foreign), develop the capacity to operate on the environment in increasingly sophisticated ways. Although an agentic aspect of human behaviour is incorporated in this last model, there is no recognition of the inseparability of human consciousness, thought and strategy from the social matrix, and there is an assumption of a pre-existing nonsocial being (Shotter, 1984). Walkerdine (1984) has commented critically and in some detail on the artificial separation of children from their wider social context in psychological studies, as has Bruner (1986).
I will term these strands of discourse passive, innocent, organic, and rational, although they are often inseparable, and slide together in hegemonic discourse on childhood. All pay scant attention to the social context and to the inseparability of human thought from sociocultural matrices. In the professional writings on childhood sexual abuse, each of these forms of dominant discourse is to be found. Since these underlying representations constitute dominant discourses about children and sexual development, and inform current ideas about psychological trauma in particular ways, it should not be surprising that similar themes are to be found in the discourse of women students, analysed here.

Stanley (1984) discussed the impact which major theorists of sexuality have had on popular knowledge and comments on the way in which women interpret their experience through such theory. Regulation is involved, under the guise of scientific objectivity, through the classification, naming and explanations offered as "truth". Even in recent feminist writings drawing on psychoanalytic theory (e.g. Chodorow, 1978; Mitchell and Rose, 1982; Coward, 1984; Sayers, 1986) this problem arises and Henriques et al., (1984), although explicitly critical of traditional theories of personality and development in a general critique of individualistic psychology, perpetuate psychoanalysis' privileged status (Mörss, 1986).

In the analysis of discourse presented here, many ideas about psychological trauma take the form of particular effects on the development of sexual behaviour in children who have been sexually abused. Although different aspects of the discourse on traumatic effects could be subjected to an analysis which incorporates awareness of the discourses on childhood, I will use only statements about sexuality and sexual behaviour to illustrate the ways in which invisible discourses on childhood provide underpinning and shading to the dominant notions of trauma.
In the texts here there are several statements concerning what Browne and Finkelhor (1986) term sexually inappropriate behaviour, and what Yates (1982, 1987) has called eroticised behaviour. For example

I think she could just in general become quite a sweet little girl or quite a strange girl. (S/E)

It could also change her differently and make her sort of overtly sexual .. more promiscuous .. it could have that effect on her .. to become very aware of sex. (L/A)

[I heard about] a 3 year old or something [who] was abused sexually and began a lot of sexy talk.(S/R)

Clearly what is introduced here are notions of deviance: the child who is sexually abused undergoes an immediate and dramatic transformation. One could think of this as a loss of innocence, as a deforming learning experience, or as a developmental shift which is age inappropriate, thus drawing on discourses of passive, innocent or organic childhood. In the two studies cited by Browne and Finkelhor as the most systematic to date (the Tufts (1984) study and unpublished research by Friedrich, Urquiza and Beilke) what they term inappropriate sexual behaviour is reported as common. This includes excessive sexual curiosity, genital exposure, open masturbation, and attempting sexual relations with peers. It is conceivable that the only inappropriate aspect of these behaviours is that they were accessible to an intervening adult, since children rapidly learn to conceal the sexual interests and activities which they develop through the observation of adults and older children. We have little research concerning the day to day sexual activities of children (McKenna and Kessler, 1985) but much could be gleaned from retrospective discussion with adolescents and adults about their childhood.

The possibility was raised in several groups that Jane might develop lesbian tendencies. It is as though the child Jane would be deterred from heterosexual relating because of the event of strange adult male behaviour and fear associated with this (a passive learning model), and a sudden awareness of
potential danger ("protectors can be aggressors"), as though 11 years of life had been idyllic and without unexpected, uncomfortable, fearful or sexual experiences (the innocent childhood model). For example:

It could create a tendency towards [wanting to] be a lesbian, or never wanting to have any relationship with men. It's actually how one could go that way. (Ja/q)

In different groups, others felt that John might be homosexual as he grew older in direct consequence of the experience of molestation. The idea was also introduced that a molesting man might himself have been molested as a child or be mentally ill. For example:

He might start thinking that he's gay and then think about this kind of incident. (Jo/X)

Thinking like, what if - am I homosexual you know. (Jo/E)

Do you think that this sort of thing might have happened to the truck driver? (Jo/R)

It must be something inside a person which makes them, ill, you know, something abnormal. (L/q)

These ideas about the origins of pathological sexual orientation - child abuse in the background of sexual abusers or of homosexuals - are ones which are found in the professional literature (e.g. Burgess, Hartman & McCormack, 1987).

While it is feasible that the description of Jane as an independent, sporty child could have contributed to this idea, clearly this would not apply to John, since the independent and sporty boy rings appropriately. Either way this theme exemplifies ideas of sexuality (particularly, "deviant" sexuality in the above cases) being triggered into activity in innocent children. This theme also arises in other contexts. For example:

Suddenly she sees that - sexual side of things. (Ja/D)

She may just have developed early as well because of her exposure at such an early age ... [an] early interest in boys. (L/A)

Maybe he actually awoke in her, like .. a woman, and a grown woman's reactions as well. (L/V)
It must have been a sort of rude awakening, when something like that happened. (Jo/R)

Sort of an awareness has suddenly come, especially ... because 8 isn't all that young. (S/R)

McKenna and Kessler (1985) have discussed the lack of research on sexual ideas and practices among children, which they attribute in large part to implicit prohibitions on discussing these issues with children. It is as though talking about sexuality with children is dangerous for children, like sex between adults and children: innocence is violated, an untimely curiosity is awakened, arousal may occur. While sex between adults and children transgresses boundaries of morality — and has adults pretending to be children in a sense (McKenna & Kessler, 1985) — there is no doubt that children are sexual in the sense of being pleasure-seeking, enquiring, social and exploratory, physically as well as mentally — as much as are adults. This is recognised by some women in these groups and examples of this aspect of the discourse follows here:

- I wonder how much sexual feelings one's body has at 8. God, I can't remember.
- You're quite curious.
- When you're in Std.1 you realise that there are little boys that you're running after and it, okay, it might not be sexual but there's definite sort of, like tension ... and the feeling that they're different and sought after.
- As a child ... you sort of experiment with your body and things like that. And it's maybe all part of growing up. It might not have, you know, serious, like psychological effects on you in later life.
- I can think of things that I did with little boys, you know.
- I don't feel guilty about that. I laugh about it. I just hope that I don't see any of them again.
- Crazy thing but that's right. I think it's totally natural, I mean, perhaps ... it doesn't affect [them].
- If she just grew up naturally and it's a ... part of growing up in her life. (S/K)

Maybe we just have to accept that this has now become part of their life, you know, maybe it doesn't affect them. But it does, having someone expose [himself] to you. (Jo/R)

I must say, it's quite naive for 8. (S/P)

People think that children of 9 years don't know what's going on and I think that's a big mistake. At 9 you know, they know quite a bit of what's going on. (L/J)

At the age of 8 you're aware of your own sort of sexuality. You're aware that you know this is this and that is that. (S/K)
It's also that innate knowledge that you are different you know, the differences. (S/K)

When I was about 8, I had total preconceptions about what sex involved, and it really made me anxious because my preconception was totally bizarre. (S/R)

These statements draw on discourses of the natural and the rational child.

However, there is a different set of ideas about children's understanding of sexuality which also emerges. For example:

I don't think a child of 11 know much about sex, about gays, about any kind of relationship. (Jo/E)

It can't be any kind of sexual feeling. (S/K)

At 9 how much do kids actually know, how much sexual feeling do you actually have when you're 9? Some girls do, I think it just depends .. on your development. (L/A)

I couldn't imagine someone at the age of 8 feeling anything. (S/K)

A sexual act like that isn't interpreted as anything, as such, by a young girl, therefore can't hurt a young girl. (S/R)

Sex no doubt is something very new to them. I mean at that age you don't know anything that's going on. (S/X)

These statements illustrate discourses of passive, innocent and organic childhood.

Symbols of innocence are encountered in "soft pornography" where they are deliberately placed to suggest a charming naivety, while titillating adult fantasy. Innocence is a notion which is embedded in adult fantasies of asexual children, devoid of both knowledge and aggression. It is used to justify the protection of children and the perpetuation of ignorance and powerlessness. At other times, the absence of innocence (a promiscuous child) is used to stigmatize children whom adults feel are not correctly innocent. Kitzinger (1988) argues that ideas about the innocence and innate vulnerability of children are used in the ideology of control which renders the structural oppression of children invisible.
Weeks (1981) discusses the way that sexual behaviour is organized through definitions and through social regulation of certain kinds of behaviour. Various practices work together to maintain categorizations and definitions (Caplan, 1987), and the terminology which is involved constitutes an aspect of the constraint. Thus human subjectivity involves mental representations of social realities (including sexuality) through exposure to and participation in a range of discursive processes (Hollway, 1984).

The discourses on childhood and children’s sexuality contribute to these representations and also to ideas of traumatic effects of certain experiences. Clearly, however, in the uncommon situation when an experience of sexual abuse is terrifying, violent and physically injurious (e.g. rape), it is reasonable to argue for particular consequences. These would have to do with an awareness of threat to life and the mobilization of strategies for survival and safety.

Judith Ennew (1986) also draws attention to the possibility of physical harm in the form of sexually transmitted diseases, urinary tract infections and so on, which can result from sexual activities without intercourse. However, the psychological trauma which is held to follow childhood sexual abuse has a great deal to do with ideas about childhood, and the confusion, shame and ideas of pollution which seem to accompany disclosure of such experience. These last mentioned aspects of trauma will be examined in the study presented in Chapter 7.

The dominant discourses which have emerged are recognizably derived from social scientific studies, although in less systematic and more diluted form. One might argue that social scientists have collected similar objective facts in work with the general public and then systematized them (e.g. in terms of diagnoses). However, there is an extensive literature which includes the work of Foucault.
but also that of more conventional sociologists (e.g. Mestrovic, 1985) who present convincing arguments to the effect that social facts are not like trees or rocks, but are constellated at particular conjunctures of history. The professional research constitutes a resource for "pseudoscientific" magazine articles, newspaper case reports and features, as well as fictional representations on television and in stories. The creation of news readily generates and perpetuates myths (Garber, 1980; Smith, 1984). It is widely accepted today that the media is a powerful agent in the production and reproduction of dominant discourses (Hamlin, 1988; Masse & Rosenblum, 1988) and those who are middle class, with ready access to these sources, are perhaps particularly influenced by newspapers, magazines, television and fictional texts.

Media texts and personal experience appear to be the main conscious sources for the interpretative repertoire evoked in this group of students, although the women were not asked specifically about the sources of their tacit knowledge. Media texts are introduced in six of the discussion groups and represent about 2 per cent of the statements analysed in the third and fourth stages of analysis. For example:

M1. I also read, in a magazine ... the whole child abuse story.. the girl said she couldn't go and tell her mother about it, you know (L/A)

M2. [In] a programme on TV .. my mother asked me once if I knew what it meant, rape, and I said "Ja, it means to be beaten with a stick or something". I remember it very well, I've never forgotten, I remember sitting there and I didn't even know what it was, so she explained it to me and I said I didn't want to hear about it, and then I went out, but I never forgot it. (L/A)

M3. There've been a couple of articles recently on child prostitution, and I mean they say that the abasement to the child involved in it - it's a whole vicious cycle, but the worse a child feels, the more it will go out and actually look for people to have sex with. (S/E)

M4. [You] read in magazines of these little kids whose fathers are molesting them and sleeping with them, they think nothing is wrong .. only when they get to high school or something .. but when they start growing older and start reading about, you know, you read in magazines about [it] and then you start remembering. (S/I)

For the purposes of this dissertation, I have illustrated the type of reference which is made to discourses of sexual abuse as depicted in the media. The area
of media communications concerning childhood sexual abuse demands a specific
detailed and contextualized study.

(7) Rules, Warnings, Self-Restriction

Discourse concerning explicit and implicit rules (RU) issued through warnings
from parents and from other authorities, which limit independence and evoke a
set of strategies of self-restriction among girls and women (discursive
practices), will be extracted and examined here. This will be an introduction to
the focus of the study in Chapter 7 which will concern the ways in which the
anticipation of the possibility of sexual abuse in childhood constitutes an
important aspect of female subjectivity and contributes to the conflation of
experiences of molestation and sexual abuse, with sexual assault and rape in
children and adults. This discourse contributes to the construction of
"appropriate" behaviours in the daily lives of girls and women. Although there
was no request to discuss these areas, a large number of statements relating to
these issues (some 10 per cent of the statements subjected to analysis) emerged
in the analysis of the text. For example:

RU1. [This is] someone who's inside the home, not some outside force, you
know, you're always told about - the stranger danger, you know. (L/V)

RU2. Watch out for men, watch out ... which is true (L/L)

RU3. Obviously she'd been warned, she'd been warned against strangers.
(L/L)

RU4. You're a bit wary as well, about getting lifts with people again.
(L/A)

RU5. I think everyone's been exposed to something somewhere along the
line. (L/A)

RU6. My mother...she'll tell me if you go down to the cafe now, she says, if
something happens to you... I said, nothing will happen to me, I'll take
care of myself. But that's easier said than done. But I don't want to
have to stay in the house. I'm not scared I just feel .. if I do go,
funnily enough, to a cafe or anything at night, like I used to before I
could drive, I used to always wear takkies [sneakers] or flat shoes so
that I could run. And I always wore pants, NEVER a dress. (Ja/A)

RU7. She'd be afraid of being on her own .. needing some protection.
(Ja/D)
RU8. Not only the fear but the helplessness would affect her in terms of her interpersonal dynamics and her ability at school. (Ja/Q)

RU9. I think her freedom, her awareness of her own freedom and her own power would really leave her. (Ja/Y)

RU-10. You know, the whole way we're taught - never get picked up by strangers. She did do that. Something did happen to her. She felt guilty. (Ja/Y)

RU11. I think her everyday behaviour would change drastically... but it's nothing really serious ... (Ja/J)

RU12. It's funny how fathers are the ones who say no. My mother said no plenty of times, ja, but fathers are more like...No that's not the right thing for girls to do. (Ja/A)

RU13. I always wished I was a boy when I was growing up. Brothers, they always have .. they always had all the privileges. Like my father would allow him to do things that a girl couldn't do. (Ja/A)

RU14. I think it's that kind of .. it's the subtlety of that, that kind of feedback - that she's not growing up with rights...that people cannot abuse (Ja/J)

These sorts of statements were also present in the discussions concerning the boy, John, but did not carry the same weight, and were less numerous. Some examples are:

RU15. He would probably stay closer to the family. (Jo/I)

RU16. He'd make sure he'd find another way of getting to school. (Jo/E)

RU17. Don't you think he is going to stay more inside more now? (Jo/I)

Comparisons were also drawn between the ways in which girls and boys are brought up, for example:

RU18. He's going to feel more humiliated, because a girl, sort of, like .. they've been warned about sexual molesters but boys generally aren't. (Jo/R)

RU19. Whereas girls are always the ones who are afraid of strangers, and guys traditionally aren't. (Jo/X)

RU20. At least if it is a girl people (will be) protective, with the boy you don't think about it. (Jo/I)

RU21. It's going to become more and more common. Parents are going to warn their children earlier on. (Jo/I).

The widespread nature and detail of the injunctions, prohibitions and warnings issued to the women in this sample as children - by parents, teachers and other authority figures (often through the media) - will be discussed at greater
length in Chapter 7 as important aspects of the process of developing gendered subjectivity.

Discussion

In a post-structuralist or social constructionist view of human behaviour, regularities of human experience are founded and elaborated within the complexities of interpersonal practices as they are anticipated and perceived. Through the medium of shared symbolic systems, most importantly through language, certain views and images are perpetuated in a particular cultural context. In this study I have attempted to show the mundane detail of the social fabric which constitutes the material out of which we draw threads to weave into our own lives, constructing the meanings of events. This is particularly true in dealing with complex or uneasily conflictful experience such as child sexual abuse. The everyday transactions of participants constitutes interpretative work through which meanings are negotiated (Knorr-Cetina & Mulkay, 1983). Language is not simply a medium for the transmission of information; verbal statements involve assumptions and interpretations and, in dealing with a particular subject matter, will reveal systematic patterns. It is through these shared patterns termed discourse here that particular formations of power are perpetuated.

What has emerged in this analysis of discourses drawn on by young middle class women is that there is a generalized expectation of negative effects following experiences of childhood sexual abuse and molestation. The discourses of psychological trauma are constituted through talk of symptoms and signs and, through the use of implicit psychological models, explanation of likely consequences in flawed relationships, problems with self-esteem and sexual relating, and deviance in development.

The only solution to the problems envisaged emerges in the form of unclear
ideas of "working through" - talking about the experience is understood to resolve the problems, and an implicit discourse of a pressure cooker type seems to underlie the general notions of traumatic effects. This is analogous to medicalizing these situations: a wound has formed an abscess which must burst in order to heal. At the same time, such ideas give talk a particular place of power; this invites further study - but study of a kind which approaches everyday western ideas as though the area of study is strange, like witchcraft (Favret-Saada, 1980).

What is not taken into account in studies of childhood sexual abuse is the continuous bombardment of girls and woman with discourses of helplessness, vulnerability, objectification, and regulation through everyday messages which have their own effects on the ways in which women view themselves, and talk about and experience events in their lives. In this context of cumulative subjection, any specific effects of childhood sexual abuse (except where it takes a particularly violent form) may be diluted within a tacit understanding that girls and women are likely to be sexually molested, abused and harassed.

Non-reflexive preoccupation with sexual abuse and its effects individualizes these situations rather than allowing a perspective which views both the specifics of a situation as well as the broader context of social relations within which it occurs. Ideology "works" by introducing certain behaviours as natural and, hence, others as deviant or unnatural and one of the main problems for the woman with a history of childhood sexual abuse is the generalized expectation of traumatic effects. Both the middle class public and professional health care workers hold the notion that there will be effects (concurrent and long term) for the sexually abused child. At a fundamental level ideas of psychological trauma in children have to do with dominant discourses of childhood. Ideas about traumatic effects cannot be disentangled from explicit and non-explicit models of human development and causation. The perceived
variety of human complaints and differences demand "explanations". Hidden
normative ideas about innocence and the helplessness of children, the potential
of derailed development, the greater significance of early experience over
subsequent or contemporary experience, and prescriptions of appropriate and
inappropriate experience, are all evident in the discourses of psychological
trauma. The woman herself, once she has identified and labelled such
remembered experience (which may only be years afterwards), also is subject to
the power of these discourses and is liable to attribute various aspects of her
contemporary life to the childhood event. The focus on individual experience
and salient events at periods of life deemed especially significant obscures the
invisible influences and textures of important broader power structures (e.g.
adults in relation to children, men in relation to women) and the way these
impinge on individual thought and experience.
CHAPTER SEVEN
ANALYSIS OF DISCOURSES II
RULES, INJUNCTIONS, BELIEFS, FEARS AND THE INTERPELLATION OF FEMALE SUBJECTIVITY

Introduction
Girls' and Women's Fears: Literature Review

STUDY FOUR: ANALYSIS OF DISCOURSES OF FEMALE CONTROL

Procedure
(1) Sample
(2) Data
(3) Analyses of Discourses

Results and Discussion
1. The Background Discourses
   (a) Stereotyped Beliefs and Ideas: Myths
   (b) Class/Race based Fears

2. Discursive Themes
   (1) Parental Fears and Anxieties
   (2) Warnings, Injunctions, Rules, Prohibitions
   (3) Morally based Admonitions
   (4) Gender based Differential Treatment
   (5) Males as Protectors
   (6) Warnings in Educational Settings
   (7) Informal Warnings
   (8) Media Warnings
   (9) Own Fears and Anxieties
   (10) Self-Protection Strategies

3. Paradoxical Discourses
   (A) Emotional Investment
   (B) Negotiation
   (C) Subversion

Discussion

Introduction

There is a small and scattered range of literature written from different perspectives, which remarks on the existence of fears among girls and women. Most research in the area relates to American girls and women, whose fears are explained in varied ways, within the theoretical models of the writers. It is not specifically phobic anxieties which are being alluded to here, although there is a growing clinical literature which indicates that phobias are found predominantly among women - particularly agoraphobia (De Swaan, 1981; American Psychiatric Association, 1980). At a more general level, sociologists, anthropologists and psychologists have commented on ways in which women and girls' behaviours are governed in a range of cultures and social groups, through fears and
through codes of conduct. Codes of behaviour are incorporated as aspects of personal boundary constitution, and involve the learning of male-female negotiation strategies around access to a range of public domains, and around issues of touch, speech, dress, and social interaction (Gerson and Peiss, 1985). Some of these codes of behaviour, described as "appropriate behaviours for women", are morally imbued. Women who are virtuous and invested in maintaining a good reputation will adhere to these codes, whereas women who are not respectable (and therefore need not be respected by men) do not (Russell, 1975; Sanders, 1980; Sanday, 1981; Walkowitz, 1982). It is my argument that these codes of conduct appear to be based in a non-explicit expectation of sexual abuse by men, which it is women's obligation to avoid or prevent. Males who are close to the respectable woman will assist them in this, through strategies of protection which can be viewed as maintaining male dominance in male-female behaviours.

The codes of conduct for women are interwoven with apprehensions and fears. These are particular to girls and women and are incorporated from an early age, through admonitions, warnings, emulation and tacit knowledge. Young girls' apprehensions are often formulated in relation to vague or unlikely causes (e.g. fear of robbers, kidnappers, being poisoned) but in later years, in adolescence and adulthood, they are more clearly formulated in relation to the possibility of sexual assault. The anxieties are frequently associated with placing their reputations at risk. Although these anxieties are not always conscious, it is argued here that they are pervasive and shape female subjectivity in particular ways. Through these internalized as well as externally imposed restrictions, which will be called discourses of female control, the behaviours of girls and women are limited in a range of circumstances. Female subjectivity is thus constituted within this pervasive discourse.
Male subjectivity and behaviour is also restricted, but the codes of conduct based in concerns about sexual abuse and assault are not an aspect of everyday male reality. Although sexual abuse is possible for male children in western societies, it is not "built into" male gendered subjectivity in the same ways. Young middle class boys may also be similarly constrained at times (also in relation to fears of adult male sexual violence), but this is usually relative to a particular set of circumstances - for example, in an area at a time when there is a series of sensational news reports about young boys who have been sexually assaulted and murdered. A comparison of male and female child-rearing practices will not be presented here although this would be illuminating, and should be pursued elsewhere. The purpose of the study to be presented here is to explore and describe the discourse of female control in aspects of the development of female subjectivity, in a middle class group of western women.

In this chapter I will first review the literature which alludes to sex differences in the context of fears, control and self-restrictions. The emphasis will be on breadth rather than depth. In other words, the aim is to reveal the diversity of sources in which the existence of women's fears has been remarked, rather than to conduct here a comprehensive, critical or detailed literature review.

Following this, an analysis of discourses will be presented. This concerns warnings, rules, injunctions and prohibitions in verbal and written material collected from women students in Cape Town (the same group of women students from whom the material presented in Chapters 4 and 6 was gathered). This text details the warnings and rules of conduct to which they have been exposed, as children and as young women, which they discussed in relation to fears of sexual abuse and sexual assault. The constraints involved illustrate a particular discourse, and a range of discursive practices, to which girls and women are subjected.
The development of understanding of the production and reproduction of female subjectivity - the gendered female subject, who is placed and places herself within the social matrix of power structures and male-female discourses - requires detailed studies of child-rearing practices and day to day experiences (Gerson and Peiss, 1981; Walkerdine, 1985, 1986) within a particular cultural context. Hollway (1984) argues that gender difference is constituted (re-produced) mainly in the context of heterosexual relationships and significations associated with heterosexual relationships. Gendered subjectivity (although neither rational nor consistent in all respects) "is the product of [the individual woman's] history of positioning in discourses". She uses the concept investment to explain women's compliance with (and self-insertion within) the social processes which perpetuate their disadvantages as well as any advantages which might accrue from, for example, being conciliatory and non-competitive, dressing attractively, and so on. Investment refers to "the emotional commitment involved in taking up positions in discourses which confer power and are supportive of our sense of our continuity, confirming ourselves as masculine and feminine in accordance with frames of reference which are themselves socially produced" (Henriques et al., 1984, p. 205). Henriques et al., (including Hollway) (1984), draw on psychoanalytic ideas from Lacan to deepen their explanation of investment as a complex aspect of socially constituted but unconsciously motivating desire: signification is intrinsic to emotional investment.

The core of gendered subjectivities is developed through differences, thus comparison is invariably involved. The individual woman identifies herself with a range of preferences, activities, styles and ideas which maintain her sense of being a woman and a particular individual. Even though she may be similar to others, including men, in certain respects, costs are attached to making choices which are not socially construed as appropriate to women. The details of the differences through which subjectivity is constituted are historically and
socioculturally determined, although to a certain extent a degree of agentic choice is involved. For example, in South Africa in the mid-1980s, young middle class women (with origins in any of the legislated racial groups) may choose to pursue a career and financial independence, to wear certain kinds of clothes, and to initiate and end sexual relationships out of or within marriages. Few choose to become a single parent because this choice usually conflicts with an emotional investment in marriage and access to a protective male who has access to economic security and status. Less privileged urban black African women would have different choices because of social conditions in contemporary South Africa; they may or may not be invested in undergoing group specific initiation rites, for example. At the same time, all women are placed in relation to certain hegemonic discourses and one of these relates to heterosexual relationships. There are invariably codes of conduct for female-male behaviour since this represents one of the hegemonic discourses which dominate the lives of all women in any contemporary patriarchal society. Jackson (1987) argues that "the increasing sexualization of western women which has taken place since the nineteenth century should not be seen as 'liberating' but rather as an attempt to eroticize women's oppression, thereby concealing the real power relations between the sexes and making a significant contribution to the maintenance and reproduction of male supremacy." (pp. 74-75). The detail and form of the discourses controlling urban Xhosa women and their sexual behaviour will be different from that which shapes the subjectivity of white westernised urban South African women; the differences and similarities in these discourses will be pursued in a subsequent study.

For young middle class South African women today the repeating constellation of situations of being warned not to walk alone, not to hitchhike, to dress "properly", to go to certain places only with a male escort, not to talk to strangers, or (for children) not to accept gifts from strange men, to be home before a certain time, each represents an instance of interpellation as a female
subject. Each instance is an insistent reminder, a hailing as a female subject who is seen as and must see herself as vulnerable to male violence (Riley, 1987). This aspect of the production and reproduction of gendered subjectivity commences at an early age through the protective strategies of parents, adult relatives, teachers and other authority figures, and through the behaviours and warnings of boyfriends, brothers and husbands as well as older female relatives. The discourse is potently perpetuated through warnings and advice in the media in direct and indirect ways as well as in judicial practices ((Smart and Smart, 1978; Sachs, 1978).

This discourse of female control is a counterpart of the hegemonic discourse of what Hollway (1984) calls the male sexual drive discourse. "The key tenet is that men's sexuality is directly produced by a biological drive, the function of which is to ensure reproduction of the species" (Hollway, 1984, p. 231). The male sexual drive discourse assumes an innate and largely uncontrollable male sexuality (Scully and Marolla, 1984; 1985) and takes no account of the social shaping of human sexuality, in spite of cross-cultural studies which provide strong evidence of this (Beach, 1976; Heider, 1976; Caplan, 1987). In some paradoxical sense, it is women's responsibility to control the male sexual drive (Macleod and Saraga, 1988). The outcome is the regulation of adult female behaviour in quite specific ways, justified by the need to reduce the likelihood of uncontrollable male sexual urges resulting in rape and unwanted "fatherless" offspring. In South Africa, where there is a significant hierarchical division of the population into different racial groups who are kept separate by the control of apartheid laws, there is an additional aspect to the male sexual drive discourse. This represents black males, especially working class men, as especially dangerous to middle class girls and women (Sanders, 1980). In some sense black men are viewed as being closer to nature (implicitly less civilized), less controlled, and more sexual. Notions of contamination or stigma which surround situations of sexual abuse, molestation or rape, are rendered more
significant when the assailant is black and the girl or woman is white (Brownmiller, 1976).

Although girls and women may react against such warnings and rules of behaviour with defiance, they have to find ways to deal with the consequences of placing themselves in opposition to the discourse of female control. Whether they conform or not, female subjectivity is constituted within this discourse. The consequences most likely for nonconformity are being perceived as promiscuous or irresponsible, or being blamed for any situation of sexual molestation, abuse or assault which may occur. Blame constitutes part of the discourse of female control. Obviously this dominant discourse is internalised as an aspect of each woman's subjectivity. As has been suggested, this sense of having the responsibility to recognise and avoid dangerous circumstances plays an important role in the feelings of guilt which often follow an experience of sexual abuse or assault (Burgess, Groth, Holmstrom and Sgroi, 1978).

Girls' and women's fears: Literature review.

There is a scattering of commentary in the psychological literature which alludes to the fears of girls and women. While this fear is not always present, or conscious, it emerges in specific circumstances. The conditions of these anticipatory fears relate to a range of social practices associated with the rearing and care of female children which are associated with the dangers of sexual abuse or sexual assault. There are unwritten rules and prohibitions about female behaviour, the avoidance of certain situations, and the necessity for wariness in relation to males, particularly older males and strangers. Given the extent to which child sexual abuse occurs within the home and familiar environments (Russell, 1984a; Swift, 1986), the fact that most warnings and rules of avoidance relate to strangers and unfamiliar environments is a potent source of confusion for children. Pieterson (1985) reports that it is estimated that in South Africa, incest affects one family in twelve.
Predating feminist writing, psychoanalysts mention the widespread phenomenon of female anxiety about intruders and robbers. Melanie Klein (1975a) writes that the girl's deepest fears concern the inside of her body and its injury or destruction. She attributes such anxieties to the girl's awareness of her vagina and lack of a penis, and the projection of aggressive impulses. This, along with the introjection of good and bad objects in relation to the disappointing or frustrating mother, whose hostile despoiling attacks they also fear, constitutes the basis of these unfocused fears. Klein draws some of these ideas from earlier work, citing Karen Horney (1923), Joan Riviere (1929) and Helene Deutsch (1930), concerning penis envy.

Klein discusses the case of Erna who at age 6 was unable to sleep because of her terror of burglars and thieves. This child engaged in a range of compulsive behaviours: thumb-sucking and masturbation, masturbating even in front of strangers and at kindergarten school. "Besides this she made a strange and sexually precocious impression" and behaved with great hostility towards her mother (who according to Grosskurth (1986) was Melanie Klein herself). Klein does not consider the possibility that this child had been sexually abused. This is in line with Klein's over-riding emphasis on the understanding of all behaviour as intrapsychic reality although, were she working with this child 50 years later, one might speculate that sexual abuse could have been considered. Psychoanalysis is not immune to mainstream social concerns. Scott (1988) explains how, for psychoanalysts, what has actually occurred is less important than how the child's systems of signification are structured; these include both real experience and phantasy, and she cites recent writings which take serious account of experiences of sexual abuse.
However, in a 1937 discussion of sexual behaviour between peers Klein cautions that for the girl

"If her sexual relations with another child serve to confirm her deepest fears - either because her partner is too sadistic or because performing the sexual act arouses yet more anxiety and guilt in her on account of her own excessive sadism - her belief in the harmfulness of her introjected objects and her own id will become still stronger ..." (1975a, p. 224).

She adds a footnote to the effect that this is even more true when a child has been seduced or raped by an adult. Another psychoanalyst, Andre Green (1972), discusses the particular problems which girls and women encounter in western society. Because of the few available channels for appropriate expression of aggression, he says, girls and women are particularly subject to developing paranoid ideas, persecutory fears and anxieties about external dangers.

What neither Scott (1988) nor psychoanalysts mention is that, in a climate in which there is a general apprehension about sexual abuse or molestation of girls, the systems of signification involved in the development of female subjectivity must incorporate and reflect these anxieties.

Psychoanalytic writers publishing in the first 70 years of this century, without access to current ideas about oppression and the domination of power/knowledge, took scant account of the daily realities of life for girls and women and tended to see sexual abuse as a fairly unusual experience, unlike some psychoanalysts publishing today (Miller, 1985; Scott, 1988).

Before feminists drew attention to the situation in the early 1970s, conventional psychology and sociology did not give much thought to the extent of child sexual abuse or rape either. After Kate Millett (1970) and other women
introduced discussion of heterosexual relationships as sites of political struggle, Diana Russell (1975) and Susan Brownmiller (1976) each published well received popular books concerning women's experience of rape and sexual abuse, contextualizing these situations within a feminist analysis of social structures characterized by male dominance and power. These writers, along with other feminists (Clark and Lewis, 1977; Burgess et al., 1978; Chandler, 1982; Stanko, 1985), and socialists (Zaretsky, 1976) mention the pervasive nature of the fears provoked in women by ideas of sexual assault. Writing of adults, feminist authors describe sexual assaults and abuse as conceptualised on a continuum of similar experience for women which ranges between males (strangers or known) flashing and making obscene or sexual remarks, through to violent sexual assaults and rape (Levett, 1981). There is only occasional mention of children's fears (Swift, 1986, p. 153), as though girls and women in adolescence and adulthood suddenly are confronted with the possibility of sexual assault without this possibility impinging on their lives in earlier years at all.

For adult working women of all classes in western societies, these anxieties spread to the workplace, where there is often experience of sexual harassment which underlines the reality of such fears (Russell, 1984a). Gardner (1980) notes that

"... A woman's public life is greatly different from a man's and ... this difference comes in part from the manner in which she is treated in public by men. In urban areas women, especially youthful ones, are subjected to a free and evaluative commentary by men that is the lot neither of youthful men nor the prerogative of women to deliver if they so choose. ... There is evidence that women are open persons on the public streets, liable to receive street remarks at will, in much the same way that lower status groups frequently are" (p. 333).
Gardner (1980) also notes that children are open persons in relation to adults (men may be if only they behave in extraordinary ways, e.g. dress extremely inappropriately, or are extremely drunk).

Street remarks are always intrusive and often offensive to women, although most men do not see them this way (Glass, 1988). Men to not appear to have access to the idea of a conceptual continuum of experiences of this kind, as do women. Medea and Thompson (1974) and Russell (1975) have documented that street remarks are experienced as similar to sexual assault in some sense, by 80% of women they interviewed. Gardner comments that such situations lead one to question theories of symbolic communication which assume "mutual understanding of meaning and intention". She cites Damrosch (1975) who observed that, in these contexts, women who feel insulted may choose an "autistic" response - as though not hearing, an expressionless non-response. Most women avoid places where such street remarks are more likely (e.g. building sites, drinking spots, parks at certain times). Some ensure they have male company, since this symbol of respectability and male protection is usually "read" as such by other men. Some women walk in a purposeful, brisk way, wear concealing clothing, or maintain fixed and forward looking expressions. Women generally know that retaliatory reactions to street remarks flout codes of behaviour for "respectable" middle class women, and render them liable to male hostility.

This context is important here because the adult women who are exposed to these experiences of sexual harassment and abuse are the mothers, aunts, and older sisters of female children, and will play a role in the perpetuation of the regulation of these children's behaviour. It is not generally mentioned that fathers and older brothers also are conscious of possible dangers for girl children, adolescents and women - particularly where their own families or those they feel invested in protecting are concerned. Male as well as female
schoolteachers and police officers, are frequently sources of the warnings and injunctions involved in the discourse of female control.

Over the past 10 years, a number of studies report on women's fears in various contexts and cultures (Watson, 1972; Estep, Burt and Milligan, 1977; Gordon and Riger, 1978; Smart and Smart, 1978; Riger, Gordon and LeBailly, 1978; Riger and Gordon, 1979; Gordon, Riger, LeBailly and Heath, 1980; Sanders, 1980; Ardener, 1981; Burt and Estep, 1981; Ortner and Whitehead, 1981; Hanmer and Saunders, 1983; Warr, 1985). Many of these studies are aimed at investigating fear of crime and violence, particularly in urban areas (Ferraro and La Grange, 1987; Skogan, 1987) and some incorporate fear of sexual assault or abuse among women only as asides. Some address the question of sexual vulnerability specifically.

Little has been reported concerning children's fears, whether in males or in females, particularly in different cultures and groups. This is a field awaiting systematic exploration, although the researcher may well encounter similar problems to those outlined by McKenna and Kessler (1985), based in discourses of childhood and the social mythology that children's social development can be damaged or derailed if they are exposed to certain kinds of knowledge.

In 1974 Maccoby and Jacklin published their milestone review of research on gender differences and they write:

"Girls are almost universally warned about the danger of sexual molestation. Sometimes the warnings are vague - girls must avoid strange men, not be out alone at night, lest "something terrible" should happen." (p. 188).

They review a classic study on children's fears, carried out by Jersild and Holmes in 1935, which showed that girls and boys exposed to similar fear-evoking situations both displayed fearful responses but that girls' responses
were more intense. Review of later studies revealed girls to be more fearful than boys in relation to adults, and to manifest earlier age onset of fears of strangers (Maccoby and Jacklin, 1974, p. 186). Poznanski (1973) notes that epidemiological studies suggest that girls are "generally more fearful of strangers, boys of dangerous activities" (p. 429). In his small sample of children with excessive fears, those common among girls included fear of being kidnapped, of robbers, of someone coming in the night to rob and kill them (p. 434), and that more girls than boys expressed fears of mutilation. Clearly, children have to make sense of the warnings and admonitions they receive from protective adults, and these are obvious ways to make sense of the dangers.

A subsequent review of studies of sex differences reveals that general anxiety scores on psychometric instruments are significantly higher in girls and women than in males, in many studies (Maccoby and Jacklin, 1974, p. 187). They discuss the likelihood that self-attributions of anxiety and fearfulness could play a role in these findings; as far as the present study is concerned, even if this were an important aspect of girl's fearfulness, it is still likely to be associated with the codes of conduct imposed on girls and women. It is also involved in female perceptions of male domination and relative powerlessness, and in choices of negotiation routes which could be used to cope with this perception (Gerson and Peiss, 1985).

Burt and Estep (1981) drew on feminist writings and on the work of the sociologists Gagnon and Simon (1974) to study women's sense of sexual vulnerability and found that, as adults, few subjects recalled childhood warnings which related in an explicit way to sexual dangers. It was only as adolescents that their informants recollected differences in gender treatment which had a direct relationship with sexual vulnerabilities. Estep, Burt and Milligan (1977) and Burt and Estep (1981) hold that while women's fears cause adult women to adhere to codes of conduct which are limiting of their choices
and behaviour, these constraints do not apply to girls before adolescence. The later paper (Burt and Estep, 1981) reveals that a high percentage of recalled fearfulness in childhood was disclosed by women interviewed. This was not explicitly related to sexual situations but to non-specific dangers, to kidnapping and to strangers and "weird" people. They write "If warnings reflect other people's expectations that someone needs protecting, the present data on warnings suggest that adult males are perceived as able to take care of themselves, while adult females and children of both sexes receive warning which assume they are in some danger." (1981, p. 516). The source of the fears for female children came mainly through parents and friends' generalized talk, from first-hand experiences, "common sense", the mass media, second hand reports and formal education (in that order). As adults, the women interviewed by Burt and Estep report significantly more awareness of sexual vulnerability and fears than men, giving the most common sources of their fears as the mass media and "common sense" (information described as "in the air" p. 518).

Although Burt and Estep argue against widespread fears of sexual abuse and molestation in childhood, they do not take account of the fact that adults with these fears form a significant part of the cultural atmosphere in which female children are brought up. An over-riding impression is that there is a general climate of expectation of possible sexual abuse, molestation and sexual assault. Children grow up in (i.e. are part of) this social environment and experience a range of restraints and warnings which relate to anxieties about sexual abuse and molestation.
As in Study Three, the aims of this study are descriptive and analytic. The intention is to map out and interpret a particular set of ideas recurring among women tapped through verbal texts (spoken and written). Such ideas, which relate to male-female social interaction, may be common to the experience of middle class girls and young women growing up in South Africa during the period 1960 to 1986. Within the interpretative framework, these discourses frame the development of female subjectivity in this social context.

The study involves the development of an analysis of a particular field of discourse. This field is termed the discourses of female control, since they are argued to represent an important aspect of the everyday structuring of girls and women into a particular position in a western society, through government of the individual. The dominant, over-arch ing set of ideas incorporates a range of interlocking and overlapping subordinate discourses. These link ideas about psychological trauma and fears of damage with certain codes of conduct. A graphic depiction of the field of discursive statements involved and the linkages between the components in the field, are presented in Fig. 7.1. Recurring warnings about breaking these codes, as well as feelings of uneasy vulnerability, coalesce in the formation of specific aspects of gendered subjectivity. (In a psychoanalytic framework one could see these discourses as part of women's castration anxiety and super ego development, but the interpretation will not be taken into this model here; this would be done as a different, future study).

Along with the discursive practices which are clearly associated with this field of statements (e.g. time or place-bound restrictions), the discourses regulate women's behaviour through talk: warnings, admonitions, injunctions, prohibitions and rules. From an early age, these are involved in pervasive
Fig. 7.1

DISCOURSES OF FEMALE CONTROL - FEARS OF SEXUAL ABUSE TRAUMA

THE SOCIOCULTURAL CONTEXT:
IDEOLOGICAL FORMATIONS,
MYTHS ABOUT SEXUAL ABUSE AND
CLASS/RACE STEREOTYPES

PARENTAL FEARS/ANXETIES
ABOUT "DANGERS" FOR GIRLS

MORAL ADMONITIONS

GENDER DIFFERENCES

RULES, INJUNCTIONS,
PROHIBITIONS,
WARNINGS

MALE/PARENTAL
PROTECTION*

WARNINGS
EDUC. SYSTEM
INFORMAL
MEDIA

FEMALE SUBJECTIVITY *
CODES OF BEHAVIOUR
FEARS AND ANXETIES

SELF PROTECTION *

PARADOXES *

IDEOLOGIES OF INDIVIDUAL CHOICES AND
INDEPENDENCE

* EMOTIONAL INVESTMENT,
NEGOTIATION OF ADVANTAGE,
SUBVERSION
differential attitudes towards and about gendered behaviour. It is the meshing and over-determination of these ideas and practices which leads to the power and invisibility of hegemonic discourses incorporated into women's unconscious and conscious subjectivity. Distinct forms of female subjectivity develop, part of which reflects particular ideas about vulnerability to damaging effects of sexual abuse; thus women's phenomenological descriptions of certain experiences are difficult for men to comprehend. In a limited sense this could be thought of as a cultural difference.

In presenting a map of particular discourses, it is not claimed that this is one which fully represents social reality. There are numerous dominant discourses, some of which conflict, and these do not disallow the existence of competing discourses. Although there is a set of interpretative repertoires which are likely to be invoked, given certain contexts and experiences, because of the possibilities of human agency and the range of ways in which interpretations can be founded, where there is dominant discourse one must also expect to find anomalous or paradoxical themes. It is out of the shifts in consciousness, deliberate or not, in association with more broadly conceived social structural shifts, that changes in emotional investments and power structures emerge. In the text analysed here, contradictions between different aspects of the discourses involved are sought, along with the range of investment choices accessed by these women. Examination of the text will reveal certain contradictions to be involved with women's own emotional investments, which cement the positioning of girls and women in different ways through their own participation in the discourse; however, they also will reveal agentic attempts to subvert, or to actively negotiate a better position within, the hegemonic order.

An important point of this study is to disclose that women's ideas about sexual abuse (whether rape, assault, sexual abuse, molestation or incest) are not a
simple matter of responses which follow particular (separable) experiences which take place between individuals in certain circumstances. These experiences and accounts of the range of such events are part of the discourse. None of the experiences can be separated from talk about sexual assault or abuse. In talk about child sexual abuse, molestation and sexual assault, these varied experiences are commonly collapsed as though all are a single entity, i.e. rape — and generally rape of a particularly violent kind. The discourses involved in the shaping of behaviour, self-perception and the appraisal of these situations, are inextricably involved in constituting and over-determination of the experiences and their aftermath. In a sense, it is accurate to think of this range of situations as "rape" since every instance of sexual abuse or assault is an instance in which relative power (adult/child, male/female) is inscribed in the recipient's consciousness. However, the metaphorical power of these situations needs to be more clearly understood in relation to pervasive social structures of power. Thus, in terms of what could be thought of as a social representation (Moscovici, 1984) or an organizing metaphor (Keesing, 1987; Lakoff, 1987), child sexual abuse cannot be divorced totally from rape, sexual assault, harassment, molestation, and women's awareness (not always conscious) of these experiences as oppressive, as evidenced through their talk. The discourse is dominated by a background of myths or stereotyped beliefs: that rape and sexual abuse dangers are associated with strange men (especially working class men), particular public places, night, and overt violence, and are male perpetrated but precipitated by careless or irresponsible female behaviours.

Furthermore, in South Africa, talk about this range of experiences cannot be divorced from the contemporary socio-political structures of power. Here, the white group holds all overt political and economic power over those legislated by the State to belong to Coloured, Indian and Black population groups. There is a long history in South Africa of hierarchical stratification of power of whites over members of other groups, along with a class structure in which the
majority of the working class are to be found among the Black, Coloured and Indian population groups. Through apartheid, legislated arrangement of living and other conditions imposes geographical and educational separation on these "population groups" and there is little social access. A comprehensive background to contemporary South African history is to be found in Lodge (1983) and will not be summarised here. For the purposes of this study, however, the complex dynamics which accompany the separation of groups and socio-political power structures are shadowed in certain ways (produced and reproduced) within individual subjectivities. The arrangement of divisions between groups facilitates the use of projective mechanisms: certain phenomena encountered are usefully understood as examples of projection - all that is experienced as bad and anxiety provoking is imputed to those who are understood to be different, and distant (Sherwood, 1980). For many whites, Blacks are seen as menacing and dangerous to familiar ways of life. This point will be taken up again in the discussion in relation to examples of such phenomena within the texts analysed here.

Procedure
Detail of the discourses of female control discernable in the text studied will be interpreted through systematic analysis. Verbal and written texts collected from women students will be subjected to this analysis, following similar strategies to those described for Study Three (Chapter 6).

(1) Sample
The field of statements which constitutes the text was collected from 94 women undergraduate students in a second year Psychology class at the University of Cape Town in 1986. These women and the context of data collection are the same as for the data used in Studies Two and Three. The overall procedure involved in setting up the group meetings, discussions and data collection has been described in full in Chapter 4, where demographic information and details
concerning their own experiences of sexual abuse, molestation and harassment, are summarised in Study Two.

(2) **Data**

The data for the present text analysed (verbal and written material) was collected from two source sites, which were different from Study Three: 45 minute group discussions and individually written accounts. Again, tape recordings of 45 minute small group discussions were collected but these particular discussions took place at the fourth meeting of the groups. Each group of 5 - 6 women was asked to spend the fourth session discussing the question:

To what extent and in what form are practices of child-rearing of female children aimed at the prevention of sexual abuse?

Fifteen 45 minute tape-recordings were fully transcribed verbatim (a further two had to be abandoned because of poor recording quality or faulty recording mechanism). Each transcription took approximately 12 hours to complete. The transcripts were scrutinised by the researcher who marked all relevant statements or exchanges for extraction. The scrutiny was guided by the literature, to identify particular types of statement. These were then extracted by an assistant using a DBase III+ computer programme, to database files. This verbal material, spontaneously generated by the focusing question, was printed out. Separately filed, the extracts constituted 69 pages of printout, and included over 190 verbal exchanges.

(3) **Analyses of Discourses**

Subsequently, the researcher systematically combed through 94 brief (maximum 5 pages) essays written by the same women one month after the final meeting of the groups, in search of similar types of statement. The topic discussed in Session Four was the essay topic. The written material was requested to allow each woman time for further reflection on the group discussion, and to facilitate access to personal experiences. The statements selected by the researcher were
extracted to DBase III+ files by the research assistant, and these printouts were separately filed. Written extracts totalled 2137 statements. These included 177 comments concerning experiences of sexual abuse or molestation including the 61 firsthand experience analysed in Study Two (Chapter 4).

The total field of statements both verbal and written which were sought and formed the text for this study, covered all mention of the following:

(1) Commonly held stereotypes about sexual abuse, sexual assault, rape and molestation. This category was based on discussions in sociological and feminist literature (Clark and Lewis, 1977; Sanday, 1981; Weis and Borges, 1973; Russell, 1975) and included comments concerning uncontrollable male sexual drives (Hollway, 1984) (e.g. women provoke sexual assault because of their behaviour or appearance, men cannot resist their sexual impulses, most sexual abuse is perpetrated by strangers).

(2) Statements which alluded to race and class issues in relation to sexual assault or molestation (CLASS/RACE) were also extracted (Russell, 1975; Brownmiller, 1976). This aspect of South African middle class women's discourse was felt to be particularly interesting. Given contemporary socio-political tensions in this country, the discourse was expected to reflect these dynamics.

(3) Parental fears and anxieties expressed verbally or through their behaviours, often expressed through

(4) Injunctions, rules, prohibitions, about the activities of daughters, wives and sisters, issued by parents and brothers, and

(5) Admonitions directed at girls concerning moral restraints such as "nice or appropriate behaviour", "dressing properly", (Weis and Borges, 1973), and other


(7) Parental fears and anxieties are likely to be backed up by warnings and admonitions (direct or indirect) given by authority figures in formal educational settings such as schools and university settings, and
(8) **Informal warnings** which are communicated through hearsay accounts from friends and social discussions.

(9) Codes of conduct for girls and women, and also warnings about sexual abuse and assault, are communicated through the **media** in direct and indirect ways (Williamson, 1978; Goffman, 1979).

Against this backdrop of rules of conduct for girls and women,

(11) **males and parental figures** are depicted as **protectors** (Hanmer and Saunders, 1983),

(12) Each girl or woman's **own fears and anxieties** (Riger and Gordon, 1981; Burt and Estep, 1981; Warr, 1985) are based in these discourses (along with corroboratory experience).

(13) Women are conscious of having limited **strategies of self-protection** (Riger, Gordon and LeBailly, 1978) and these are governed in part by:

(14) **Paradoxical or contradictory ideas**, which are also presented to illustrate the conflicts involved in the discourses. These paradoxical statements are especially illuminating for an understanding of the potentially paralysing effects for women of the discourses of female control through the constitution of emotional investments and available choices of agentic behaviour in these contexts.

Each of these clusters of statements, in combination, constitute discourses of female control as it exists in contemporary middle class South Africa, perceived by women. It will be evident that many of the statements elicited could have been grouped with any of several clusters named above. As in the previous study, this precludes the use of a simplified and clear-cut content analysis and, in fact, gives weight to the interpretation of discourses.

**Results and Discussion**

The taped group discussions ranged widely around the focusing question, and many statements deal with recent and current experiences (in adolescence and
young adulthood). In the essays, there was a more consistent effort to address
the question and more of the material concerned recollections from childhood
and early adolescent years. The material was treated as a single text.

The themes of the component discourses of female control will be outlined and
briefly discussed here, with representative illustrations for each cluster. The
first few examples in each group of statements are of common, relatively simple,
recurring ideas - these are typical examples of the main body of statements in
the group. Following these examples, more complex statements are presented.

Each statement is tagged to facilitate identification, either back to the taped
group discussion and transcript (the groups identified by alphabetical letters),
or by subject number (1 to 94) to the particular subject's written text, from
which it was drawn. The original tapes, transcripts and essays are held in
safekeeping by the researcher.

In the statements presented, the following conventions are used. Square
brackets [] contain remarks about group behaviour, clarifying comments, and
words which have been inserted by the researcher at points where the original
audiorecording was momentarily inaudible. The term "consensual noises"
describes sounds which are readily interpreted as agreement, involving more
than one speaker. At certain points (designated ...) a few words have been
omitted, either because of inaudibility or to preserve the essence of the
statement.

1. The Background Discourses
   (a) Stereotyped Beliefs and Ideas: Myths

The first two extracts reveal the kinds of ideas which are involved in
attributing responsibility to a woman when she is sexually assaulted.
1. -I met this girl who's very good friends with this guy, and his girlfriend had been raped three times.
-Phew. Three times!
-uh hm
-'nd what was she like?
-I don't know ...
-What did she do?
-I actually (laughter)...
-I mean, what was she doing?
-Ja, but ... um ...
-Apparently she's a very, sort of, conservative person. She's not, you know a ...
-Phew. [pause] (C)

2. -Apparently they've done research into the way people walk, the way women walk and ... attract attacks, as such. I know a girl, [she] must have been attacked about ten times - she's not particularly attractive ...she's a very tall girl, very thin, she appears quite confident, in a way very feminine. And she went to Israel, she got .... She lived in Observatory and she got attacked four times [gasps]
- She walked through Somerset West [a small town near Cape Town] [laughing] and there was someone ...
- Now look at her. Do you know anything about her childhood, about her mother, her father ...? (S)

The ideas expressed in the first extract are also to be found in the mental health literature where, for example, there are studies concerning "recidivism" among women who report sexual assault (Ellis, Atkeson & Calhoun, 1982); the high prevalence figures widely reported for various forms of sexual assault either are not regarded as a "true" reflection of social realities, or are not known to many health workers or to laypersons. This has much to do with the difficulty of dissociating customary western biomedical and psychological approaches from this field of research: it is customary to seek causes within individual behaviour or deviance.

Women may attempt to maintain a belief in their invulnerability by attributing blame to those who have not succeeded in protecting themselves from such experience (Damrosch, 1985). This is an example of emotional investment in the idea that "good behaviour" (adhering to codes of conduct) will preclude experiences of sexual abuse. A lack of awareness that this kind of experience is common leads to surprise when a woman (or child) reports several such instances, and a search is initiated for reasons which would render this more
meaningful (and at the same time perhaps reassure the women looking for avoidable causes). The "reasons" are sought in the individual assaulted or abused: what was she doing? what does she look like? how does she behave? how was she brought up? The growing literature on victimology (the study of victims and the individualization of distress) constitutes part of the problem, in this context.

In the first extract, the information that the woman concerned was a "conservative person" was unexpected in the group. In the second situation, the statement that the "girl" (note that younger adult women are commonly referred to as girls in many of these texts) who had been raped or sexually abused several times was "not particularly attractive" met with thoughtful silence followed by questions about her upbringing.

Concerning extract 3, although this statement includes the useful suggestion that the child who is molested is not specially selected and thus personally implicated, the hidden assumption is that certain places are safer than others, in some way. Thus while the comment indemnifies the child or woman of responsibility or blame, it also perpetuates the notion that there are safe places and, by implication, that familiar people are not likely to offend.

3. ...If they had not been in a particular place at a particular time, the incident would not have happened. (89)

While it is important that one has a sense of security in certain contexts, this widespread view leads to confusion when a child or young adolescent is molested by someone known to her.

Although statements 4, 5 and 6 reveal awareness of the fallacy involved in ideas of safety in certain contexts, the contradictions continue: these statements reveal the way feminist discourse which attempts to inform about the widespread circumstances in which sexual abuse occurs struggles with the dominant discourse of security in familiar environments or with known adults.
4. Now, even at the age of 19, I am being warned about strangers, not to take lifts, etc. but still no warnings about what men in the family or acquaintances might attempt to do. (13)

5. I wasn't warned about Uncle Henry or Mr. Abrahams ... people always expect a stranger to be the one. (17)

6. Night time is stressed as more dangerous than daytime, and people are more vulnerable to attacks at night. (43)

For many of the women who had grown up outside of urban environments, cities (and crime) are strongly associated with sexual abuse and rape. There is a link between ideas of sexual assault and criminals, involving an unfounded stereotype, in these statements.

7. I believe that a female brought up in a city environment is more likely to be warned about sexual abuse than one brought up on a farm for instance, or in a small village. ... Living on a farm has meant isolation from the city where sexual abuse is more common. (82)

8. ...Once we become parents ourselves we will probably see the need to protect our daughters more than before: just look at the crime rate. (2)

While there may be a protective element involved in a small community where "stranger" assailants are concerned, there is no obvious reason to believe that family members, rural neighbours or family friends necessarily are unlikely to sexually abuse girls and women. However, there are no comparable figures for rural and urban incidence or prevalence.

In the following two extracts it is easy to perceive expressions of the widespread idea that male sex drives are innately powerful and uncontrollable:

9. I have been warned of the possibility of easy sexual arousal in men. Their physical orientation makes them easily aroused by appearances. The clothes you wear, the way you walk or sit or just simply present yourself can quickly excite a man sexually. (43).

10. Men cannot control their desires and therefore it is up to the female to avoid any situation that might lead to the male being tempted. (62).

This idea is part of a pervasive hegemonic discourse (Hollway, 1984) the origins of which have been thoughtfully explored by Jackson (1987). This discourse is
an important aspect of the constraints on women to follow specific codes of conduct; the responsibility for sexual abuse or assault is shifted to girls and women in direct consequence of such beliefs about male sexual drives.

The idea of Black men's sexuality being more dangerous (and of working class men being less "civilized" or capable of self-control) is introduced obliquely in the first of the following extracts. This stereotypical idea is introduced more specifically as a widespread view among white South Africans in the second extract: that the dangerous strangers are most likely to be Black men.

11. I felt perfectly safe when alone with our Black manservant as well as with other white or Black men, and neither my brother or I were warned about abuse from the people around us. (22)

12. What they didn't tell me was that not only Africans are perpetrators of sexual crimes, but family friends and relations too. (17)

A more detailed discussion of racist and class-based stereotypes will follow in the next section.

Another version of the idea that sexual abuse and molestation are perpetrated by strangers, and especially odd or different looking strangers (who are probably mentally ill), comes through in the following examples:

13. Kids are also warned about dark, strange, deserted places, strangers, people who look old, people with a different skin colour, and mostly of (sic) men. (23)

14. Since a very young age I have been warned about the dirty old man who catches little girls and takes them into the bush. (18)

These last two examples reveal the widespread idea that men who sexually molest children, or sexually assault women, are likely to be mentally disordered or observably deviant individuals. This is an example of the pathologising of behaviour which could be understood more usefully in a broader conceptualization of gender relations in a particular social context.
In this section thus far, the most common recurring stereotypical ideas about sexual abuse and rape are presented. The following two extracts reflect interesting alternative perspectives on lay views of traumatic effects of sexual abuse (or rape). While the widespread notion is that the experience is devastating for women, the insight that perhaps this is related to social reactions rather than the experience itself is introduced in these two groups.

15. -Do you think rape’s the worst thing that can happen to a woman. ...[that you’d] much rather die?
-I think that it is, I really do. Because, Jees, you know, the after effect must be ... it must be like a nightmare. ...
-Once you go through a .. it’s what happens afterwards.
-[Interrupts] The attitude towards you. (C)

16. -Is rape the worst thing?
-Ja.
- I believe it!
-[There’s] a question mark... but maybe if I’d been brought up differently, not to believe it, maybe it wouldn’t be ... the most horrendous thing. You know what I mean?
-Lately I’ve changed my outlook as far as that’s concerned. I feel that, perhaps it wouldn’t be the worst thing. Look, I don’t know because I haven’t been raped.
-mmm
-And it would depend on the extent of the rape, you know
-Ja
-[if they] raped you emotionally, psychologically, you know, stuffed you up...
-Ja
-then fair enough. But I don’t know. Again, I can’t speak from experience but sometimes I wonder - the intense emotional reaction that comes from rape, or whatever. Is that because there is naturally such a reaction or is it because it’s almost expected of you?
-what’s right.
-...to have such a terrible reaction.
-...but also it isn’t so much of the actual act, but it’s what comes after and ..
-people start thinking of you ..
-you all know, everyone seems to know people. But actually what happens to you afterwards when no-one believes you, and there are always big stories of the name you get, and the police don’t want to believe you
-[consensual noises]
-...more than what actually happened to you. (X)

While the kind of perspective presented in 16 would throw light on a choice not to disclose or report a situation of sexual abuse or assault - as an agentic strategy based on an understanding which contradicts the dominant discourse of psychological damage - it also can lead the individual girl or woman into a sense of great isolation. Unless she is aware of the widespread nature of these
experiences, broadly conceived - as one speaker seems to be: "you all know, everyone seems to know people [who have been sexually assaulted or abused]" - she may well find herself wondering how she might have contributed to her own experience. After all, it is unlikely that there are girls or women in this social context who have not taken on the dominant discourses.

(b) **Class/Race Based Fears**

There is a particular stigma attached to inter-racial rape or to sexual relating in a racist socio-political environment (Russell, 1975; Brownmiller, 1976). Although this has not been specifically researched here, the idea of greater stigma and trauma associated with sexual assault initiated by Black men is held by many women in this study and has been tentatively shown in a preliminary local study (Kuhn & Levett, 1988).

The anthropologist Mary Douglas (1966) has provided a symbolic model which assists in understanding phenomena concerning pollution, stigma and bodily concerns. In her view, the human body may be understood to represent social groupings, and the boundaries of the body may be understood to represent the boundaries of the social group, which are maintained and defended (or assailed) by "outside" groups. Sexual orifices and functions, as a bridge between outside and within, have special significance. In a social system characterized by rigid hierarchy, such as the Hindu caste system (and apartheid has been compared with such a system) there is a particular concern about the maintenance of "purity". Martinez-Alier (1972, cited by Goddard, 1987) discusses the importance of the control of women's sexuality in 19th century Cuban society in relation to concerns about class and colour. Like 19th century Cuba, South Africa is a large-scale rigidly stratified society in which family origin is a legislated source of group membership. An aspect of the preservation of group identity is the production and reproduction of its members and women are major carriers of this important role. However, women may also be seen as fringe members of the
group in the sense that they are oppressed and assume few public roles of authority within it. Thus women have an uneasy status in the group, as potential saboteurs and collaborators, and are controlled through shame. Goddard (1987) also suggests that women may be viewed as guardians of "secrets" of the group because of their awareness and understanding of what men do at home, away from the public domain. Thus, although controlled by men, "women are in a unique position to provoke a crisis within the group" (p. 180). Although women may be passive in that they collude with men, in the discourses of control of group boundaries and of themselves, they are also dangerous to men in that they may be seduced by outsiders (not merely raped), and also may deliberately decide to relate sexually to "outsiders", thus actively contributing to the destruction of the social group. Part of the control of women derives from men's awareness of (1) their inability to control women and (2) the possibility that women may wish to rebel against them. Goddard (1987) writes:

"The social role and importance of women idealize them on the one hand in the form of the mother and oppress them into conforming with this ideal. Yet because of their importance to the identity of the group, women may also bring disgrace to it, either through their vulnerability or by wilfully going against the rules, often in an attempt to secure their own well-being. It is because of an awareness of the danger of the capacity of women to break the rules that it is thought that they must be not only protected but controlled." (p. 189).

It is against this background that the following extracts from the text analysed here should be understood. This reflects, in part, the fact that what is under discussion is sexual assault or rape rather than a negotiated sexual relationship. However, any intergroup sexual relationships, including marriage, was prohibited by South African law until 1985, and these rigid constraints still pervade ideas about such relationships.
What is immediately striking in the following texts is that the discourses of control through fear and stigma are so effective for these young middle class South African women: there is no indication of any suggestion of flouting this particular code of conduct at this socio-historical moment.

1. -Especially in our, perhaps... there's different attitudes towards rape in different [situations]. I mean it's horrible for everyone but certainly in our [class] it really is like a social [stigma] [consensual noises] and especially, thinking .. getting raped by.. you know what I mean -the stigma - I think of, of getting raped by a Black man. You know, it's just, just too awful to [imagine]. (K)

A substantial number of extracts are included to illustrate the range of stereotyped beliefs about sexual abuse and rape which include a racial or class-based component among these women. Incest, sexual abuse and rape are events which are widely perceived as occurring mainly among the less privileged sectors of the population (a stereotype already mentioned, which also is often supported by the kind of report to be found in newspapers). This is associated with ideas of loose morals, a closeness to "nature" and greater "savagery" (less civilization), among working class and Black people, particularly males.

2. My parents are very protective people, almost overprotective. They.. there's been something about, not necessarily sexual abuse but certainly because I'm female, I'm going to be violated or somebody's going to molest me or something. Somehow, somewhere along the line you know. Like I couldn't go and play golf on my own if I wanted to, or whatever, because .. the caddies would, you know .. (X)

It is noticeable in this extract (2) that sexual abuse seems to be equated with rape. This lack of clarity is something which recurs in the texts analysed. It suggests that while some speakers make a distinction between rape and other forms of sexual abuse, among others (or in other contexts) there is also a tendency to conflate these phenomena. It would be useful to isolate the contexts in which these differences apply, in future research.

It should be noted that not all of the following statements came from white
women. Although there are no Black women in this student group, some (21) of the 94 speakers are so-called Coloured women (the Coloured group is separately identified through legislation) who, although possibly some come from originally working class backgrounds, may now be seen as middle class in that they are university students. In these cases fears of sexual vulnerability concern Black (African) men, and working class men and neighbourhoods.

3. Very often it is the low status families that enact incestuous assault, which also has a snowball effect on future generations. (45)

4. I can remember getting nervous when strange men offered me lifts home (which happened often, even in a upper middle class area).

5. -And incest is more prevalent in certain classes, social strata, so ...
   -I don't know about that.
   -I actually emphatically know it isn't
   -Really? It isn't ..? (S)

6. In poorer neighbourhoods where sexual abuse is high among adults the same is often found amongst the children. (94)

The stereotype that sexual abuse and assault are more common in the less privileged sectors of a society is often accompanied by the idea, among middle class South Africans, that it would be a less problematic experience for Black women, as expressed in extract 7. This extract also illustrates several other stereotypes mentioned earlier.

7. -...I think it is more traumatic in a white community or in an upper class community.
   -Not necessarily more traumatic, but more scandalous [consensual noises]
   -I think because rape and .. rape is associated with .. working class ...
   -It's also, it's also related to sexual, like, promiscuity and things like that [consensual noises]. People think that if you're raped you asked for it. A lot of people think so [consensual noises].
   -So because she's raped, she's a.. a.. tart. (K)

In the following examples (8 to 12) the particular South African socio-political tensions as enacted in gender relations are revealed:

8. -I think especially in um South Africa though, um children especially girls are brought up, you know, that you can't, as you say, you can't let your kids be free because it's just not safe. But overseas little boys and girls are brought up more similar, in Europe, I know um, in a more similar way because .. it is a lot safer. (J)

9. ..Something that has just struck me is that the way we've been conditioned in South Africa it is so different. Because I went to America for a year and I, I was in a small town which was so safe you could leave doors open and go out at night, and I could walk anywhere, else I could
ride my bicycle at midnight if I wanted to. All those kinds of things that I did on my own and I never did because of the kind of conditioning I'd had in South Africa. I would lock, I mean, I locked all the doors of the house during the afternoon and these people would say Why, why do you do that? ... Tomorrow, you know, I would not walk through Wynberg Park [a large public park in an affluent suburb of Cape Town] with twenty girls during the day [laugh]. I wouldn't. I really wouldn't. I'm petrified. (E)

10. It was okay to let in family friends and relations but I wasn't to let anyone else in, especially Africans. (17)

11. My parents, although not saying anything directly, must have lead myself and my sister to believe that Black men are more to be sexually feared than white.... Thus, although I am not unduly worried, my sister is really frightened, even in broad daylight, of Black men walking along the same empty road as she is occupying. (3)

12. I also remember fearing African rather than Coloured or Indian men. (57)

In the following statements the stereotype of the "safe rural environment" compared with "unsafe urban environment", as also illustrated by extracts presented earlier, are contextualized against a different set of anxieties governing child-rearing practices in South Africa:

13. ...I know some people who were brought up on a farm and the parents are very protective because they say there are all the labourers on the farm and that. (1)

14. If the farm labourers were in the vicinity while we were in our [swimming] costumes, my father always sharply told us to put towels around us. (72)

15. On the farm I wasn't allowed to wander around in a [swimming] costume, from the age of 12, in front of the workers. (82)

16. We lived on a farm in the Eastern Cape with many Black workers but I still behaved very independently - horseriding alone and spending time on the farm by myself. (45)

17. My parents, although not saying anything directly, must have lead myself and my sister to believe that Black men are more to be sexually feared than white. Thus, in this way, our parents have brought us up to be distrustful of strange men and to avoid them. (3).

18. Common don'ts at school were: don't play in the classrooms during lunchtime as there's nobody about and any person off the street could come in and attack you - don't stand on the street waiting for a lift, wait inside the grounds - don't play in the vicinity of the male workmen's hostel - don't wear short dresses/low necklines. (76).
There is a particular set of fears which attach to the presence of Black workers who are a common feature of daily life in middle class South African homes. Domestic workers (mostly women) usually receive low wages and work long hours in close proximity to their employers' home life, travelling long distances to their own dwellings. Many live in small outside rooms on the property where they are employed. They have minimal security. It takes little insight to recognise that the proximity of poorly paid workers in enforced dependency evokes feelings of considerable ambivalence in employers. According to Cock (1980), many employers live in expectation of being robbed, or of having expensive appliances damaged.

Male Black employees are also involved (usually as gardeners or labourers, less often inside the home as cooks or domestic workers). Here a widespread notion is the stereotyped threat of poorly controlled aggressive male sexuality, which is especially well exemplified in extract 22.

19. ...I feel that generally the British socio-political setting was more open in that there were no potential political dangers such as violent unrest from a racial group. ...My friends (girls) had been brought up to distrust "black men" in whatever situation; this mistrust seems to encompass most males. ...and I mustn't go near Patrick (the gardener). (21)

20. I was never allowed to be left alone in the house, especially if the gardener was working in the garden, or at night. ...My mother did not like me to suntan whilst the gardener was working in the garden. (27)

21. With a team of about 14 labourers working outside my friend's mother would not allow her daughter to venture into the garden. (38)

22. When the gardeners were around I was never allowed to swim or run around the garden in my [swimming] costume, though I never understood why ... My brother, on the other hand, swam whenever he wanted and it is interesting to note that even if we had female domestic workers this would still be the case. (83).

23. Whether or not the fact that they were both male [Black domestic helpers] made my father send me to nursery school in the afternoons after school, I was never allowed to stay at home alone or just with our domestic helpers. (85)

24. I remember one particular incident at school when a teacher gave us a lecture about not walking around the house or pool area in a bathing costume, as this might provoke the gardener to attack us. (48)
25. Don't sunbathe in the garden when the male African gardener is there. ..."Choose well populated cycle routes" - don't pass through the non-European area at Wittebome [a Coloured area] or the industrial area at Southfield. (76)

Both Brownmiller (1976) and Russell (1975) discuss the way that war is associated with particular circumstances in which men have greater latitude to sexually abuse women or children, particularly those who are seen as part of the enemy's possessions. At times of war it is well known that women are warned about these dangers. In the mid-1980s, many describe South Africa as a country in the midst of a civil war. The social disruptions which accompany insurrection and escalating violence and State efforts to control these manifestations, are likely to be associated with growing unease among more privileged groups of women about their sexual vulnerability relative to "uncontrolled" insurgents. In the context of Southern Africa, the term "terrorists" as used in these extracts may be understood to mean Black radical activists or guerilla fighters. This kind of view is expressed in the following extracts:

26. As I grew older, I became more aware of the propaganda about terrorists raping white women, and I did fear this but I remained very removed from it and continued to trust the people I knew or met. (22)

27. -I've got a friend who hitchhiked all over America and she was raped at gun point by a whole lot of guys, there were about 4 or 5 of them, and some time later after many other adventures she took an overland trip down through Africa. And when they got to Zambia they were captured by terrorists. That was much worse. She said it was much worse. And they were told they were going to be shot at dawn. They were kept in this van overnight, and it was the most terrible experience, she said. And in the morning they were let... they let them go, and she said she was far more terrified [than in the American experience]. (U)

28. -I think that things have changed a lot, in the last ten years even. There's been a heluva lot more sexual abuse. -Well not necessarily because there are more cars, or more people. I think there are more tensions around at the moment. (S)

29. It was a period [in Zimbabwe after independence] when most whites felt very threatened, politically and socially, and many white women and young girls, myself included, began to fear sexual abuse from Black men as they were now the dominant class [sic]. ...I continued to feel safe when white people were present, and this feeling persists even today, although I realize it is irrational. (22)
This last extract is particularly interesting. It reveals the way that sexual vulnerability experienced by white women in relation to Black men is carried over and justified on different grounds, when socio-political power shifts and Blacks assume positions of greater power, as occurred when Rhodesia became Zimbabwe in 1980.

The complexities of the discourses in the overlapping areas of racism and sexism have been exposed here in minimal ways. This area requires fearless and exhaustive further research, particularly since any minimally successful major socio-political change in South Africa will have to find ways to manage both racism and sexism.

Thus far extracts have been selected to illustrate the range of stereotyped beliefs about sexual abuse and assault which dominate these texts. It is important to repeat that these myths or stereotypical aspects constitute a very significant backdrop within and to the discourse which follows, and have particular parts to play in the discourses of female control as they exist in contemporary middle class South African women's subjectivity.

2. Discursive Themes

(1) Parental Fears and Anxieties

The recurrent themes of parental fears and anxieties are illustrated in this section. Many of these reflect similar stereotypes to the ones presented in the previous sections.

1. My mother was always home when we came home from school. In fact she usually fetched us from school herself. (8)

2. My parents were very strict about knowing my whereabouts and what time I would arrive home, from an early age and up until the day I left home. (12)

3. I have a very protective father but I suppose that he is entitled to be like this being the father of four daughters (17)
4. They had been warned against nearly everything [friends]. One was so neurotic that she would hide when a strange man came to the door. Most of my friends weren't allowed out of their front gates and were driven everywhere. (29).

5. I remember receiving more warnings from my friends' parents than from mine. (48)

6. My father rather than my mother exerted much control over our comings and goings. (73)

7. -[With] most things, your parents say one thing and you go and do the exact opposite, just, and then if it happens to you, you bump your nose, so what. But this is like the one thing that you don't do - you don't go jumping into cars, and you don't actually want to experience that kind of experience...I remember my Mom saying don't take sweets from anyone, don't trust anyone. Not in a heavy kind of way, but I remember her saying it. (A)

8. -Maybe if the mother as a young child, or as a young girl, had experienced something, or knowing people [who had], then she might be more aware of it and stress it to her own daughter .. (1)

9. -Let's say you had a mother who's been sexually abused as a kid. I mean she'll probably [be very aware of it]...and drum it into you ...(X)

10. -My mother won't actually talk about like sexual things. She won't even talk about it as rape. She'll say it's dangerous alone outside at night. (E)

11. I was brought up with the belief that I must never totally trust males, be it my uncle, a childhood boyfriend or my steady boyfriend. (27).

12. There was also a vague idea that all men were somehow "dangerous" (that is a bit extreme, more of a threat) as any male friends were treated politely but distantly (60)

13. I was told (by my mother and grandparents) that boys were only after "one thing" always. It was a long time before I knew what this was. (77).

14. Now as a mother myself, with a six year old daughter and a three and a half year old son, I am more aware than ever before of the potential danger of sexual abuse to my children, especially my daughter. (78).

15. Since incest and child sexual abuse, particularly in the past, has been particularly hidden, fear for children or what I remember feeling as a child was more of harm. I was always under the impression that my parents feared me being kidnapped or killed as a child. (33)

16. I always got the impression they were scared I would be "stolen" not sexually abused or physically hurt. (74)

17. The reason for this [not to accept lifts from strange men] she always said was that these men would put us in a bag and then sell us to other people. (18)
The most interesting aspects of these extracts is the lack of clarity about the focus of parental fears and anxieties. A recurrent comment in the text analysed here is that, as children, these women understood the warnings to refer to unknown dangers, and many understood these dangers to be kidnapping or poisoning. This is corroborated by the findings reviewed in Maccoby and Jacklin (1974), and would substantiate Klein's (1975a) and Burt and Estep's (1981) comments, discussed earlier.

Taboos about talk to children about any matters related to sexuality, while involved in this lack of specificity about the dangers children are warned against, also mean that children are confused by punishments following infringements of rules which are not specific, and are uncertain of the intentions of molesters.

18. He [a skipper at a small fishing harbour] showed me around yet not once did he attempt to seduce or harm me. However, when I looked up my parents were on the pier and I had to leave. On the way home, and at home, I received a nasty spanking which was peculiar to me because I could not understand what was wrong or where the danger lied [sic] in the incident. All that the spanking induced was a mistrust of people. (33).

19. Her [mother's] statement to me about the molesting was that "a man had tried to attack me." (81).

A climate of such ambiguity must play into the eventuality that mental representations of sexual abuse are imbued (from childhood) with non-specific horror. Where fear has no particular focus, it is likely to flourish. This constitutes fertile ground for the vague but convinced notions of psychological damage which feed into the discourses of female control.

(2) Warnings, Injunctions, Rules and Prohibitions
Over 400 statements about warnings and rules were extracted from the text. These concerned accepting rides, sweets or money from strangers, hitching rides from unknown motorists, walking, sitting or playing alone in public places, the need to avoid dark streets and public toilets, not opening the front door for strangers who knock, avoiding riding in elevators alone or with unfamiliar
males, and (after puberty, in teen years) dressing or behaving in ways which could be interpreted as inviting male sexual attentions. Many further statements of this kind have been placed in other discourse categories. In other words, the field of statements is substantial and contains much the same material, although specific details vary somewhat from one woman or group to another. Only a few examples are given here.

It is readily apparent that the lack of clarity about the reasons for these rules and warnings is pervasive (items 2, 3, 7, 9, 13, 14, 16) and that the rules and warnings are so common that they are not questioned (items 5, 9, and 10) and become part and parcel of everyday life. It is also striking that the presence of a male figure is generally regarded as sufficient protection, in public arenas.

1. -"Don't walk around on your own"
   -Well it's the biggest warning.
   -ja
   -I often say so. My brother says, you're not allowed to get a lift from strangers ... (X)

2. -I'm the eldest of four girls and when I was quite young my father sort of warned us. I was a bit scared. Like you mustn't get into strange cars, the normal story. And if anybody [talked to] me, no matter if their intentions were good, I was very wary of them and just refused to go anywhere with them or take anything from them.
   -In terms of reasons, or just, these were commands?
   -They just, ja, they just told me I mustn't. Because something bad would happen, but I didn't know what the bad thing was. (S)

3. -You get all these rules but it doesn't actually, they don't go as far as to say why those rules are there. (J)

4. I'm working in Salt River [a working class, semi-industrial area in Cape Town] [at] weekends, and they say things to you walking down the street. And I was actually told don't go walking around there by yourself but I did one day, because there was a factory shop [an inexpensive wholesale clothing outlet] down the road. And I actually ran, I ran, even with all my friends there .. with it [a rape spray] poised in my pocket.
   -Do you always carry one?
   -Ja. (E)

5. All these [warnings about] (strangers, safety, etc) did not cause me to question their existence due to the fact that the treatment was no different to that of my sisters, and I took it as a natural process, something which all my friends were going through. (7)

6. I was not aware that warnings I received from my parents were sexually orientated until adolescence. (86).
7. These "rules" are all designed to ensure men will not get "uncontrollable feelings". (72).

8. This type of warning is particularly prevalent in childhood and arouses a fear of strangers and weird people or kidnapping. (41).

9. In other words, every woman, by the time she has reached adulthood, has acquired a sense of caution. (44).

10. As an adult I am afraid of more situations but I think my fears about my sexual vulnerability have become "common sense". (48).

11. I was never told exactly why I shouldn't do these things, so I worked out for myself that it was probably because they would kidnap me. (5).

12. In form it is usually indirect. I don't think many parents really tell their children exactly what they must be wary of. (8).

13. ...The form of child-rearing practices of my parents were very much directed at the prevention of sexual abuse although they gave me very vague reasons for their practices, which I found authoritarian at times. (18).

14. These vague warnings emphasised the unknown and mysterious side of men, and also the fact that they were "different". (63).

Ideas of the dangers of being kidnapped and the dangers of male sexuality can be seen to recur through the examples presented in this cluster.

(3) Morally based Admonitions

Grouped here are examples of statements concerning warnings about the dangers of dressing or behaving in ways which could be read by (dangerous) men as provoking or inviting sexual attentions. It is rare that this is made explicit when the admonitions are delivered or the rules are imposed; the codes of conduct for female behaviour are presented as being morally correct or "natural". In other words, good girls and women - who are neither promiscuous nor deviant in some respect - do not flout these conventions (and therefore will be safe from sexual abuse). The obvious paradox, which is recognised by many of the women whose verbal and written material is analysed here, is that conformity with these codes of conduct is not only ineffectual for avoiding
sexual abuse but also renders girls and women more helpless when they are confronted with these situations.

1. -Ja, you're taught to avoid it by not dressing revealingly, and by not walking about...
   -avoidance, ja, politeness [laughter]
   -another thing was "Don't provoke" (X)

2. -we're taught we must be polite under all circumstances as well.
   Instead of saying Fuck Off!, you know [laughter] (X)

3. -I wasn't allowed earrings. Where they [parents] came from earrings were, were for common women...They always used to say that .. I don't know, I just remember we weren't allowed earrings.
   -My mother would never buy us Black clothes. (X)

4. There was an emphasis placed on being correctly dressed for gym classes, which girls and boys attended together. (7)

5. My parents never spoke to me about it [sexual abuse] and the nuns even prevented older girls (12 and 13 years old) from bringing their Fair Lady's [a woman's magazine] back from their homes, due to the "filth" of the "Elizabeth Duncan Column" [a correspondence column]. (14)

6. She would say that "bad people like girls who sit with their legs open". (17)

7. "Little girls don't fight" are his [father's] first words. (20)

8. By teaching girls to be ladylike and well behaved, parents teach their daughters to be passive. (23)

9. The teacher reprimanded my friend and me one day for arm wrestling since this was seen as unladylike behaviour. (32)

10. Perhaps my perceptions have been hypersensitized but I find the smaller comment such as "sit like a lady" to be relevant to this topic. (55).

11. A woman may choose to adopt a "masculine" style of life, but it is usually seen to be outside a very restricted social situation, and she may be referred to as "butch" rather than manly, and these terms indicate how socialization and pressure to conformity will directly affect the female. (65).

12. It was more a type of vague and sinister connotation which was hinted at but never explained - perhaps to prevent undue apprehension and fear, or protect my innocence regarding the harsher side of life. (12)

If a girl or woman is emotionally invested in being seen as (and seeing herself as) "decent" (items 1, 2, 3, 4, 6), "innocent" (5), "feminine" (items 7, 8, 9, 10, 11), and attractive in a gender-appropriate way, not whorish, she is likely to:
(a) believe that she has transgressed the codes of behaviour if she is abused or assaulted,

(b) be reluctant to recognise cues of impending abuse or assault, for this would make her "knowing" and therefore not innocent,

(c) be ill-equipped to react with aggressive hostility, whether verbal or through physical combat, unless she has grown up within an environment which has been accepting of these behaviours in a girl.

(4) Gender based Differential Treatment

Closely associated with the morally based admonitions and codes of conduct illustrated in the previous section is the differential treatment directed at girls and boys as children.

1. -I don't think you can say he chooses a girl because she's weaker, but maybe she's more submissive because she's learnt her role. So she might give in to the man, because she's learnt her place. The boy might be [sigh] more aggressive. (C)

2. -But there's no like sexually wrong clothing and things for guys, I mean. (K)

3. Being the only girl in the family, I have discovered that my parents tend to limit my actions more and are more concerned with my safety than they do with my brothers, even though they are younger. (2)

4. With my parents I recognise a double standard where my brother very seldom is the recipient of these warnings and is allowed to spend the night out (he is younger than I am) and to stay out later. He is not encouraged to carry a rape spray yet he was the one who was recently robbed of his watch. (13).

5. I didn't know of any boys who were afraid to leave their home, but many girls were. (29)

6. There's something that girls MUST fear but boys needn't. (34).

7. When he [brother] cycled through the streets to his friends, my parents smiled and said that he was an independent and courageous child. When I did so, I was told how naughty I was and how disappointed they were in me, not obeying them. (46).

8. Family and friends would hug and kiss me and I was expected to endure, to endure long after my brother was pushing people away and screwing up his face in disgust. But then little boys are like that. I grew up not believing that I had the right to reject a physical advance of an adult. (71)
11. My father had never undressed in my presence, always sending me out of the room, saying "Girls don't look!" So my ignorance and my curiosity were enormous. (80)

(5) Males as Protectors

In many of the statements presented in other groups of examples, as well as the extracts which follow here, it is evident that males (husbands, fathers and brothers at least) are understood to be important protective figures for girls and women. What does not emerge in the following extracts is the fact that the males who sexually abuse children and sexually assault women are commonly husbands, fathers, brothers and other relatives (Russell, 1984b). It also is not clear that, while girls and women are relying on male protection, they are rendered more sexually vulnerable (Hanmer & Saunders, 1983); however there is an emotional investment in feeling protected by males, at times.

1. I'm the youngest child of four - three older brothers. And they are so, always, when I was a young child, they've always been so protective of me, and so defensive if anybody approaches me. (5)

2. -I go running in the evening. I don't think .. and my brother will say "have you been running?" so I said ja. He says "You mustn't. You've got to take this [seriously]. And I said Oh ja, well, I never knew. And he said "I keep telling you, I keep telling you." (I)

3. I was and still am very safety conscious and this could be attributed to the fact that there was no male present in the house and we therefore had to look after ourselves. (11)

4. One starts to feel that, as a woman, one should never be alone and that you need to depend on men for safety and although I rebel against this, I find myself conforming out of common sense (22)

5. Boys can play in the street, but it's safer if girls play inside - or with some "nice" bigger boys, so that they'll be safe. (34)

6. My brother adopted the role of my "protector" in all social situations. (42).

7. My brother, also a student in Smuts [a men's residence at UCT] stressed that I was NOT to go anywhere alone at night or in the day because the high rape rates were a threat to each and every innocent girl on campus. (65)

In these previous extracts, as well as in the following extract it is evident that, although these women appear to feel over-protected in some senses, they are emotionally invested in the dependent relationship which has developed with
brothers and husband. In other words, in extract 8, although the speaker is more aware of her sexual vulnerability, there is a pay-off in the husband’s protectiveness.

8. Throughout my adolescence Chris’ [boyfriend, now husband] protectiveness served to make me aware of sexual abuse. (It also instilled confidence in me and made me aware that "all men are not the same"). For example, he did his utmost to ensure that he took me to places I needed to go to, especially at night, not wanting me to travel alone. (77)

A potential problem with this situation is that it is likely to be associated with higher incidence of agoraphobia (De Swaan, 1981). The following extract reveals an awareness of the problem involved in simply accepting male protection.

9. -You know women are sort of taught things like: you must find a man who'll look after you [consensual noises].
-As if you can't look after yourself, I mean, you know. (P)

The final extract presented here (10) reveals a sophistication in awareness of the structural aspects of ideas of male protectiveness and its associations with ideological systems and the political power of male dominance in a strongly patriarchal society.

10. -In the South African [context]. I was just thinking about it, that... than overseas – here there’s far more awareness of rape and, I mean, than in Britain and places like that. Here, [there’s] the authoritarian kind of society where ... and it’s related to a religious thing as well, and Afrikaans sort of ideas about the family...
-Ja, it’s all related to God the father and you are the father of the house, and there is "the family" and the women are there to play, a certain role. It is very embedded, actually, even in the educational process as well. (X)

Although the ideas are not as well articulated as they might have been in a written assignment, being quite spontaneous in this verbal context, this level of discussion was rare in the texts analysed.

(6) Warnings in Educational Settings
Although classical texts on ideological systems commonly mention the importance of educational institutions in the perpetuation of dominant ideas (Femia, 1987), and a wide range of sociologists mention these institutions in the perpetuation of hegemonic ideology (Connell, 1977), few psychologists have taken serious
account of it (Henriques et al., 1984). Since schools assume the role of parents in certain respects, and are understood to have a protective as well as an educational function, school authorities feel obliged to warn girls and young women in their care about their sexual vulnerabilities. This is evident in the following extracts.

1. −At school there used to be some guy who used to drive around naked in a blue bakkie [truck]. I still remember, I was in Std.3 and we were told never ever, if we saw a blue bakkie cruising down the street, never to even glance at it, just to shoot for the nearest house. So we all, we all thought, "so he's naked". So there's definitely something naughty about him, so we were all dying to see this bakkie and went looking for it! But this guy apparently had picked up children so... I think that's the first time I'd ever thought about it. (K)

This first extract vividly depicts the fascination which may be evoked in children who are warned about the dangers of being over-friendly towards strangers without any explanation of what these dangers actually are.

Furthermore, there are warnings but no attempt to empower the children in the sense of offering particular strategies to cope with specific eventualities, and detailing what these could be. The same kind of non-informative warnings and prohibitions is reflected in the following examples, concerning experience in primary schools (ages approximately 7 to 12 years).

2. At school, no mention was ever made of sexual abuse. I remember a series of posters with warnings about taking sweets from strangers, etc. (10).

3. In primary school the local policeman would sometimes give us "lectures" - basically the same warnings as received from my parents, but he referred to strange men "loitering around". (21).

It is only when children reach High School that they are made aware of the kinds of dangers they have been warned about. In some cases, particular teachers decide to ensure that the warnings are made more specific; there is no general requirement about this kind of situation in the educational systems as a whole. In part this reflects the embarrassment which is so widespread among adults, including teachers, about explicit talk of issues concerned with sexuality. As discussed earlier, these taboos are inextricably linked with the
kinds of problems experienced when sexual abuse and molestation occur.

4. When I started secondary school at the age of 11 the extent of the subtle warnings were replaced by a full awareness of our vulnerability. (21)

5. I would say that my school - especially being an all girls' school - was definitely concerned with teaching us how to avoid sexual abuse. ... One particular occasion stays fixedly in my mind; five women, all of whom had been raped, came from Rape Crisis to speak to us. (3).

6. A reason for this [told about sexual abuse in high school] could be the violent rape and murder of a 9 year old girl known to our family. (88).

7. We had a number of guest speakers and films covering the topic of rape, sexual abuse and how to prevent it. (1).

8. Coupled with the various warnings, our education in the area of female sexual abuse came from school with debate topics like "Provocative dressing enables women to get raped" and "Women: inherently weaker and naturally dependent upon men". (53).

In extract 8 it is unclear whether the topics mentioned were set by a well-informed teacher who intended to elicit and deal with stereotypes, or by one who actually endorsed these stereotypes and was using the topics as a way to inculcate "appropriate" codes of conduct.

The final two examples which follow (9, 10) indicate that the anxiety about the protection of young women against sexual assault is not confined to homes and schools, but is also present among those in charge of women students in university residences.

9. -Well when we arrived in Fuller [a women's residence at the university] remember that first talk that we had? [consensual noises] It was take your rape gun, buy your rape gun, don't forget it! don't go anywhere without it!
-So I think everyone is warned. I don't think it's just by parents. It's by media, by schools ....
-I think what you read and hear about in the papers, it's probably what affects you the most, I don't know how much parents actually tell you. (1)

10. The incidence of rape and violence in Cape Town seems to be higher and there are more specific warnings concerning sexual violence from friends, media and from the University authorities. (22).

Here again, the kinds of warning and the strategies which are suggested for self-protection are of an ineffectual type and may be expected to evoke
increased fear (and less effective responses).

(7) Informal Warnings

Several of the women from whom these texts were obtained mention that they received no specific warnings from parents or in the school environment, but that the general ideas were available to them "in the air" (Burt & Estep, 1981). In other words, along with non-specific parental practices and protective measures of teachers, there would be occasional comments made by friends, rumours and direct evidence when the girl herself, friends or peers were abused or assaulted. Generally this would only be relatively public when an assault by a stranger had taken place - home situations are rarely discussed, nor are they necessarily even associated with the stranger-assaults which constellate the central metaphor of sexual abuse and molestation. The extracts which follow have been selected to illustrate some of these points.

1. -In fact my parents, um, they never said to me "beware of this beware of that, beware of this" - I think eventually you just pick it up ...
   -At school or something. (A)

2. -You're just told that it's something vaguely somewhere, vaguely out there, a sort of vague .. that will do something to you which is vaguely bad. (V)

3. -It was just like, this guy flashed for her, she got such a shock and such a fright that I think she's quite paranoid about (laughs) walking alone now and things like that, but you can understand why. (I)

4. This fear was engendered by rumour and warnings from peers and friends. (22)

5. She was about 16 and had great difficulty in relating to men. While talking about it, she blurted out through much trauma that at age 5 she had been fondled by an old man while at a playpark - had felt terrible about it because she knew it was wrong but didn't know why; and had been too guilty to talk to her parents. (34).

6. I generalised incidents that occurred to friends as a warning to myself. One of my friends was flashed at, there were numerous flashings in the subway, and a friend of my sister's was attacked in the subway. (43)

7. All my fear is the result of other people's stories told to me. People I know, e.g. my neighbour was supposedly raped by her stepfather who for a number of years inflicted severe forms of violence on her. (53).

8. A friend of mind was raped by her father as a child. Now she sleeps on her stomach, with her door locked every night, even though she's no longer living at home. Was she warned? (68).
9. At the age of 9 my eldest daughter was sexually molested while walking back along the river embankment on a Saturday at approximately midday from the cinema in the suburb where we live. He had approached several little girls and tried to befriend them before touching them. (81).

10. Somewhere between the ages of 9 and 11 I learned what the word "rape" meant. Prior to that I thought it meant to hit or beat up. (35).

11. The source of information is largely the media, but many friends or acquaintances report unpleasant incidence. (44).

12. Almost every Ladies Toilet at UCT has a Rape Crisis sticker on the door which, accompanied by the examples of common restrictions on girls' and women's behaviour, tends to emphasise the common occurrence of female sexual abuse, the inevitability of such abuse and the woman's responsibility in preventing its occurrence or handling its consequences. (76).

This last extract (12) is interesting in that it exposes one of the ideas which is central to this dissertation: that most of the effort directed at improving the situation of girls and women in the context of sexual vulnerability actually can be read as increasing a sense of vulnerability (and eroding agentic possibilities).

(8) Media Warnings

The role of the media, particularly newspapers, magazines and television, is important in the production and reproduction of discourses of female control (Williamson, 1978; Goffman, 1979) relative to the "dangers of sexual abuse, molestation and rape". Hall, Hobson, Lowe and Willis (1980) discuss the media at some length "as a major cultural and ideological force, standing in a dominant position with respect to the way in which social relations and political problems [were] defined and the production and transformation of popular ideologies in the audiences addressed" (p. 117). Hall notes specifically the role of the media in the "circulation and securing of dominant ideological definitions and representations" and this comment links their work with the emphasis on dominant discourses presented here.

The extracts which follow allude to the importance of the media as authoritative
sources in ideas about how sexual abuse may be understood, and what girls and women can do about avoiding such experience. Here again, what is striking is the way in which responsibility for dealing with this kind of social interaction is implicitly placed on the woman and the way in which the stereotypes about contexts of danger and safety are perpetuated.

1. -I’ve read a few things in Fair Lady [a popular woman’s magazine] even recently, from last year or before, and they said that most women do [feel guilty about being raped]. So most probably it depends whether.. I mean it’s easy to say how you wouldn’t feel that -(interrupting) ja, that’s actually .. -but if it actually happened wouldn’t you then start questioning "shouldn’t I have done this and that and that?" -I’m sure you would. I think you would. (consensual noises) (I).

2. I felt apprehensive about subways, being a nervous child and having read many nasty reports in the newspapers. (7).

3. Warnings by peers and the media have resulted in me being more wary of going out alone at night, walking in secluded areas on my own, being in parking lots, subways and empty houses. (22).

4. At school we were encouraged to read articles about rape or incest in both newspapers and magazines. (27).

5. Magazines also cover this topic pretty extensively. (1)

6. The media also contributes to warning adolescents of this threat by publishing more actual cases and by featuring many articles or programmes which offer practical hints (for example, don’t walk alone down a dark alley, have your keys ready when walking to your car, etc). (6)

7. I think most of what I learned about child abuse came from discussions with my peers, books and television. (10)

8. Whenever there is some major article in the newspaper concerning rape etc. he [father] makes a point of bringing it to my attention. (17)

9. The threat of sexual violence was not an important factor in my life in Zimbabwe but since coming to University my level of fear regarding sexual violence has increased because women here seem to be much more aware of rape than in Zimbabwe, especially as there is not as much rape reported in the papers there, as compared to in Cape Town. (22)

10. It seemed that at first I thought they were being overprotective, but then as I matured and was continually reading articles about sexual abuse and so on the more I was willing to abide by their rules. (82)

The final extracts (11 and 12) are interesting in that they make the point which is alluded to in the introduction to the earlier extracts in this section.
11. -What they're doing via the press is just making people more aware, if they have to. It's not actually changing the attitudes of the men. (Y)

12. The media is also constantly reinforcing male/female roles and gory newspaper headlines keep rape and assault in the public mind. (25)

Newspaper reports are aimed at "news" and maintaining sales and profit levels. They thus focus on sensational situations which will stimulate interest in potential readers but, at the same time, perpetuate and contribute to the escalation of women's anxieties about their sexual vulnerability.

(9) Own Fears and Anxieties

The examples which follow here are ones which have been selected to reveal the wide range of circumstances in which girls and young women's anxieties about their sexual vulnerabilities are conscious to them. Developing out of the warnings and codes of conduct to which they have been exposed throughout their lives, such fears and anxieties are never very far from consciousness and are evoked as soon as some aspect of the environment or of a social interaction associates with the social representation of sexual assault: darkness, isolation, certain public areas, odd looking men. The first extracts highlight again the non-specificity of the dangers which children are warned about.

1. Stories played an important role but left an intense fear and nervousness in me that has remained with me since childhood. The stories I heard were mainly fear injecting, concentrating on little girls being gobbled by monsters and big bad wolves. Today I realize that those monsters were only a substitute for those who wished to do me sexual harm. (85)

2. -Well, for me certainly when my mom said, you know, don't ever take a ride .. I don't know, I never felt that, never felt it had anything to do with sexual abuse. It was more like they would kidnap me, or they would ...

-or giving poisoned sweets. I was always warned never to take sweets .. but I thought they were poisoned. (K)

3. Fear remained something unfocused; it was of something "out there", something unknown. (71).

4. No particular reason concerning sexual abuse was given, but the fear of "strangers" or "kidnapping" was hinted at. (14).

5. Yet, I was never told WHAT to be afraid of. There was just this huge black hole; a night in which strange lights were unexplained demons ready to devour all little girls - FOOLISH little girls who ventured out on
their own. (34)

6. -I'm actually a very cautious person. I don't go out at night on my own. 
   -but not only at night. Too many people are [raped] during the week, on their own. I would never go anywhere [on my own]. Jeppers, I wouldn't enjoy it .. I'd be looking over my shoulder, and [that's] part of the whole thing. (D)

7. -It's not that I have a fear of that, I just know now .. not that I'm totally immune, I'm just aware of the fact that I might have to [run] but I'm not afraid. I walk home from Rondebosch, eleven or twelve at night. I'm just aware of my surroundings and .. it might happen, but I'm not neurotic about it. (Y)

8. -Like even me still now, when I walk around and that, I don't know, just somehow things that [I've heard] coming up into my mind now and again .. 
   -You have to be aware all the time. I can't sit in the train, I must watch the people around me. When I walk through a subway and there're people around me [I think]: am I going to walk through here alone or not? (U)

9. I immediately become apprehensive as soon as a stranger approaches me and I'm sure that they could see the fear in my eyes. (17).

10. -I had a very bad experience in Std.6 or so with someone ... I had these obscene letters and things. And I think that time I really thought, you know, and realised the dangers and like I thought about it .... [After that] I couldn't go to the library alone, my father took me.... I couldn't go to the shop, my mother had to go with me ... (E)

11. Exactly, I'd never get into a lift. If you got into a lift and then one male gets in with you, then I'm telling you, I wouldn't choose [to stay], I'd get out. (E)

12. My consciousness of potential danger at this [early] age remained a vague notion that someone nasty might try and hurt me if I was not careful. (19).

In the following two extracts the association of fears of sexual vulnerability is made with the discourse of the male sex drive - from an early age, many girls are exposed to the idea that male sexuality is uncontrollable and that girls and women must assume responsibility for unleashing this potentially damaging force.

13. Parents teach us that our bodies are dangerous. Little boys must not be around when a little girl changes her clothing. (34).

14. I learned to associate sexuality with a forbidden experience, which deserved punishment; it thus conjured up many fears. (87).

Extracts 15 and 16 illustrate the extreme helplessness which may be experienced by women, in consequence of the discourses of female control:
15. At school, friends and I discussed the feelings of helplessness we feel when walking down a street and having men whistle and pass filthy remarks - and there is nothing we can do about it. (57).

16. I experience an incredible sense of vulnerability and feel that the possibility of sexual abuse is beyond any control, including that of fanatical parents. (38)

In the final extract which follows, the self-reflexive effect of participation in the group discussions emerges in a striking example of the separation of women's experience from male consciousness; even though this woman describes her marital relationship as a close one, her anxieties about sexual assault had never been discussed with him.

17. After we had spoken about this and I had shared childhood experiences with him that we had never discussed in 7 years (we are very close) I began to realize what a hold this terror had on me, and began to wonder if sexual assault WAS the worst thing that could happen to anyone. (79)

What also emerges, as a consequence of participation in the group project, is some doubt about the foundations for the fears she harbours.

(10) **Self-Protection Strategies**

Certain strategies for self-protection emerge in the texts analysed. These fall into three groups: avoidance, verbal aggression and self-defence training (karate etc.). Many of the extracts used to illustrate previous aspects of the discourses of female control could be used again, here, to show the range of avoidance strategies used by girls and women; basically these involve all the codes of conduct which have been discussed.

1. -So if you walk down the road, to a parking lot or to a flat or something at night, are you alert and aware? That something might happen?
   - [consensual noises]
   -I am, I always look behind me, and I look around before I go into a car ...
   [It] also influences the way I dress. I'd never even walk to my front gate, to my postbox, in a costume or something.
   -I agree with that as well. Because by wearing skimpy clothing you're encouraging attack, you know. (C)
2. I made the choice of taking precautions rather than facing the consequences of negligence. (11)

3. When in two's you don't feel as threatened, though. (16)

4. While boys were doing kadettes [cadets] outside, girls were taught about the dangers of rape, prevention of rape, and we were even given a few karate classes for self-protection. (54)

This last example (4) illustrates the different kinds of experience available for girls and boys at most South African schools. In this example, the boys undergo a preparation for military training, a set of practices which encourages aggression, unquestioning obedience and a certain form of masculinity, while the girls are further entrenched in fears and anxieties about sexual assault. The karate lessons are tagged on.

Verbal aggression is a possible strategy, but is mentioned only by one participant (item 5 below). This is an aggressive reaction which would contravene codes of conduct for middle class girls and women. In this group, such women appear to be invested in maintaining self-control and polite social interactions, which would exclude verbal aggression as a strategy to deal with sexual abuse.

5. -I've got three brothers as well, just like you, and I find that if say some guy says something to me I can just say Oh you bugger off or whatever, and I just forget about it. (I)

As discussed earlier, if verbal retorts are used in the context of public interactions with strangers who have been sexually abusive, there is a reasonable likelihood that hostilities would escalate, increasing the dangers for women. Finally, where familiar abusers are concerned, verbal aggression might be used with peers but would be less likely to be available as a strategy for dealing with the older adults and authority figures who are so often the assailants.

The following items (6 to 10) are examples of experience of learning self-defence as a strategy to cope with possible sexual assault. An increasing number of
South African schools appear to be offering this kind of instruction, as an ongoing or occasional extracurricular activity, for girls. This clearly is associated with increased incidence and increased publicity about sexual assault, and has an indirect association with contemporary socio-political tensions in the country.

6. It was at school during a Youth Preparedness Course that I learned the basics of self defence and some really practical advice on how to avoid or escape potentially dangerous situations. This experience has been common to almost all of my female friends. (6)

7. We were taught the most vulnerable areas of a man to hit in self-defence. (43)

8. A very important contribution by the school to the prevention of sexual abuse was self-defence classes for girls. (91).

9. My parents encouraged me to take up karate but many of my friends were not allowed to show any aggression, and little girls are not encouraged to fist-fight or play contact sports. (24).

10. -If only they didn't have this sort of 'thing' attached to a girl doing karate, you know ..
[consensual noises]
-Things like karate and jujitsu and that are really, kind of ...
-Ja..ja, it's .. ja, women shouldn't be masculine. (X)

11. -There's all this self-defence coming in, because obviously it's done because of rape. Women have to learn how to defend themselves. That's why we often read about women's defence classes, 'specially in the States. ...
You should go to learn to defend yourself, should a person try and rape you. From that point of view, women have been constantly playing this weaker role. They take second place. Therefore now they must learn self-defence to try and... (pause) I don't know. (C)

The last examples (9, 10, 11) reveal an interesting self-reflexive commentary on the moves to encourage women to learn self-defence strategies. Firstly, there is a conflict between the codes of conduct, which direct girls and women to non-aggressive behaviours, and learning karate. It would be illuminating to examine the gender-typed repertoires of women who become accomplished martial arts performers in relation to this question. Secondly, in a context in which a wide range of experience develops a deeply entrenched fear of sexual abuse and assault in women, as an aspect of gendered subjectivity, learning these physical self-defence strategies may increase this awareness even while, at a certain level, some self-confidence is developed. In item 11 the last few words seem to
indicate the speaker's lack of conviction about the adequacy of self-defence techniques when women have been positioned within "weaker roles" in so many ways in their lives.

3. Paradoxical Discourses:
Many of the paradoxes which are involved in developing middle class women's awareness of the dangers of sexual abuse and assault and attempts to deal with them, while maintaining certain codes of conduct (discourses of control of women) have been mentioned in previous sections. Thus some of what will follow in this section may be familiar. This serves a purpose in making accessible the kind of over-determination which characterizes the elusive structure of hegemonic discourses, and gives them an "obvious" or "natural" quality as ideological formations (Femia, 1987). At the same time, while recognising the power of hegemonic discourses, neither women nor children are usefully depicted simply as passive participants within them. The agentic aspect of the positioning of individuals within discourses plays a part in the paradoxes discussed here. It is not suggested that any subject maintains a fixed position by reason of her gender or history; there are various available positions and subjects move between them, depending on context and on emotional investment.

The paradoxes illustrated in the following textual extracts will be organised by way of three interpretative configurations. These are ways to conceptualise paradoxical features of the discourses evident in the text analysed here although in other texts, or more detailed analysis of this text, further paradoxical elements might well be found. For the purposes of this study (guided by an exploration of the meanings of psychological trauma in the context of sexual abuse) these configurations are introduced as useful for a self-reflexive understanding of the phenomena encountered, in dealing with women or female children.
The three paradoxical configurations involve emotional investment in "femininity", negotiation of more advantageous positions relative to these and other discourses, or subversion of dominant discourses. These configurations are not always separable but they are depicted here as if they are, for purposes of exploratory clarification.

Paradoxical configurations arise where an emotional investment conflicts with dominant discourses or practices; some may reveal awareness of the contradictions involved and wish to escape the power of the discourse but not know how to do so. Alternatively an investment fixes the speaker's position in the discourse, as in a situation where women subject themselves to being locked up because they feel safer. A third site is where there are contradictions between emotional investments in two or more discourses: in addition to the discourses of female control, for example, there are discourses of individual rights and of honesty which often conflict with codes of conduct for women. For example, a woman learns karate in order to feel more self-sufficient but may be regarded as less feminine because she is less vulnerable. Or, a woman often feels pressured to lie about the reasons for doing (or not doing) something which would make her vulnerable: she must ensure that the man who could be abusive to her does not lose face. Within the discourses of female control, contradictions also occur; for example, being a "good mother" requires a woman to both warn her child against the dangers of sexual abuse and to bring up a modern daughter who is confident in her independence and invulnerability.

(a) Emotional Investment

The concept of emotional investment (Henriques et al., 1984), involves the following. Each speaking subject, at the point of the speech act, places herself somewhere along a continuum of possible investments in relation to aspects of the dominant discourses; in her behaviours, she places herself on the investment continua within discursive practices. Her positioning also could be a
way to maintain honour (Pitt-Rivers, 1965) or as a face-saving strategy. For example, dominant discourses of female subjectivity include fields of statements and discursive practices concerning good, decent, responsible, nurturant, feminine girls and women, at one end of a continuum and bad, loose, "knowing", promiscuous, neglecting, irresponsible girls and women at the other end (aggressive, defiant, crude, impolite, unruly and castrating women would also be positioned at the "bad" end of the continuum). This continuum interfaces at various points with talk about girls - whether these are children or the term "girls" applied to adults, as used by many of the speakers in this text - and about women, ladies, wives, daughters, and mothers. (It goes without saying that there would be similar structures of hegemonic discourse which apply to male subjectivity, with different constraints and pressures, which will not be discussed here).

1. -What basically we can do now is learn how we're going to treat our children, and how we're going to restrict our children's freedom or ...
-What about our children. Are you going to restrict your girl more than your boy?
-Ja, that's what I'm saying.
[several speakers talk - indistinct]
-I think I will, ja, but at the same time, is it fair ...
-But I'm just thinking. I don't think there's much you can do ... until society has changed. (C)

2. -But that just shows that we were not prepared in any way. We were not given the self-confidence and that. We're told ... that the danger is there, but as you say, nowhere specific, and we're not prepared ...
-ja
-because we're kept away from it all the time. When it actually does happen, and believe me, it's going to happen at some stage ..
-we're not prepared to [handle] it ...(X)

3. -I often find myself in a situation where someone comes to the door and wants to use the telephone, and I feel terrible, and I used to say No, I'd rather you didn't, let me phone for you. And once I felt so embarrassed - it was actually a person who lived upstairs, a friend of their's, and I felt really awful afterwards that I'd said no.
-But the problem is that if you are alone at home as a woman, you are vulnerable. And if you don't know the person and you let them in, and they pull a gun or a knife or just grab you or whatever, you're not going to be physically as strong. And if you're totally naive about it and you don't think about it, you can get into a situation that you could have prevented by saying "Look, my phone's on the blink, I'm sorry, won't you go and ask next door please". (S)

4. -When females do take risks .. say I [go] walking alone at night somewhere, then it is almost as though I'm the sort of person who doesn't
really care about what happens to me. I'm prejudiced in that sense. I'll see a girl walking alone and I'll say, phew she's taking chances, and she .. and yet I've done it myself. (S)

5. -You know the problem with girls is, I mean, well a person like me with a gun, is that I don't think I'd have the guts to kill someone. -If you are then .. -If you are going to be raped, you'll shoot them. -I wouldn't know, you see. The danger is, I wouldn't know at what point I was in total danger. I would always think - No maybe, maybe not. And I wouldn't kill [him]. (E)

6. -We hear all these stories of incest and I can't believe it myself but they've proved that it's true, but that's the one thing that I can't remember my parents ever... -Warning about .. -That's quite strange, we never get warned about men we know. -And it's like earth-shattering because I don't think I've ever, it's never actually crossed my mind that somebody that I know, a relative or something, could actually do that. -mmm -You know it's always don't get into cars with strange people and .. -ja, strange people ... -I'd say it's to a very little extent that the patterns of child-rearing is geared towards incestuous abuse (consensual noises) -We're not warned about that -That's right (E)

7. The problem with parents having to teach children how to avoid sexual abuse is that the children are the individuals being held responsible, in a very indirect way. (55)

8. Because my parents trusted their friends and our relatives, I also did, and I therefore never felt threatened by any one of them. (54)

9. A certain type of woman according to myth is less likely to be raped, therefore a process of promotion of conformity is developed, with the threat that non-conformity leads to retribution - punishment in simple terms: be a certain type of woman and nothing will happen. (55)

10. I would never have thought it possible that any of these people could have been the perpetrators of such crimes [family]. Until an incident occurred when I was about 14 or 15 ... (64)

11. Many of the students welcomed this [being locked into the university women's residences at night] - a result of the massively successful programme to establish these women as victims, even in their own eyes. (84).

12. Although when I was about 13 years old rape was explained to me by my mother, and warnings were issued concerning potential rape situations, I was still no more able to protect myself against such attacks than I was in my previously unenlightened state. (6)

13. At university I have had much more freedom than ever in my life before. (Though as a woman, how much is there really?) (72)
14. This sheltering is part of a vicious circle, which although may be successful in avoiding sexual abuse, encourages the passivity and dependence of girls when in actual fact aggression and assertion would be more beneficial. (63)

15. It is interesting to look at the statement "be good" and to see who these words were really meant for. (89)

16. Warnings are given in the belief that prevention is better than cure. They can however do more harm than good when they become scare tactics. (29)

(b) Negotiation
Paradoxes may also be involved where a process of negotiation of advantage is perceptible. In other words, speakers position themselves as active agents, either consciously or without conscious awareness, in relation to dominant discourses of female control. Thus she is prepared to bargain around aspects of emotional investment, or to reframe aspects of her subjective experience, with the intention of improving her sense of control, reducing her sense of sexual vulnerability, or appearing decent and honourable to others. The negotiation usually concerns her emotional investment in agency but does not necessarily achieve the goal of improving her position within discursive practices.

17. -Aren't you only scared when you're in a situation where you're walking down a street by yourself at night? I mean I'm not constantly aware that I'm scared of rape ... in case something happens!
-But do you ever walk down the street alone at night?
-No. (E)

18. -But why should I? I'm allowed to walk at night down the street if I want. It's not like I'd blame the social authorities if a violent person came up to assault me. I wouldn't feel guilty if I was raped -- I'd probably feel stupid. (D)

19. -You know, maybe it's our own fault.
-ja
-but you know they all say, they're all saying that now, now that women are becoming more independent, more you know, able to cope, they're taking away something of the male ego which is used to being the dominant character. And they're used to being in charge and now they've got females doing that sort of job and maybe men can't cope with that. (E)

20. I personally don't recall being given frequent warnings about the possibility of sexual molestation, but I was conscious that I should be wary of strangers, etc., especially men, ... I was not often in a position when something could happen though. (8)
21. Great care especially was taken to prevent at all costs our male confederates from hearing about the incident - suggesting perhaps that we felt there to be something indecent about the matter. (9)

22. My father doesn't like disco's ... [he] didn't care how many people were going, or who could do karate, it remained no. .. He always said that going to discos was like looking for trouble because of the "elements" that frequented them. Especially me, who chooses who she dances with. What if some guy I'd said no to wanted to get back at me? (17)

23. Maybe I was never really scared or restricted because of my mother's down-to-earth attitude. She never takes risks. By following her example I learned what situations and places to avoid without becoming neurotic. (29)

24. I am not neurotic or fearful about situations but neither am I stupid or careless in my independence. I am aware of my vulnerability in certain situations as a female but I also believe that a lot has to do with your attitude towards it .. (47)

25. ...Apart from warnings which serve to increase awareness, it does not seem that much is actually done to prevent sexual abuse. ...I know that I do not feel this vulnerability because of my physical female properties alone and the obvious possibility of abuse or rape, because of these, but also because of how these are perceived by society. (25)

26. If one, as a female citizen, constantly felt this impending doom of rape was about to engulf them, then I think that a large percentage of the female citizens would be absolutely paranoid and phobic cases. .... I think that until one has a close encounter with an abuse, or if one knows someone close to them who has had an attack, one really does not realise the seriousness of the matter. (65).

27. ...My upbringing was a typical conformist way of teaching females sexual vulnerability but in a society such as which exists today, where there is so much sexual harassment towards women, one may conclude it is a necessity....However, somewhere alone the way this chain whereby females are sexually abused and are therefore taught dependency and vulnerability must be broken, and the only practical way I can think of would be to stop women believing they are physically weaker and instead teach them self defence. (83)

28. My mother's child-rearing practices concerning prevention of sexual abuse worked for me. They did not for my sister. (70).

(c) **Subversion**

Paradoxes are also involved where a process of subversion of dominant discourses may be perceived. Here again the speaker attempts, with or without conscious awareness, to position herself as an active agent in relation to dominant discourses. The subtle difference between negotiation and subversion is that the speaker aligns herself against hegemonic discourses in certain important respects. The importance could be measured, in some sense, relative
to her preparedness to "sacrifice" emotional investments of a more public form (e.g. being regarded as attractive in terms of current standards). In such instances, investments are still involved, but these are different in that they are located in a self-perception which values the preservation of, or restoration of, a sense of secure independence and an inviolable self. These are highly prized aspects of western subjectivity according to Turner (1984) - although they may be founded in illusory or idealistic terms.

29. Whether I feel fear in a situation where I am vulnerable to assault or not does not influence the possibility of it happening. (35)

30. We are never warned about the uncle who comes to visit and who pinches your bum when your parents are not looking - or even, those who do it, in front of the woman's parents. Another thing I was never warned about was sexual abuse involved in waitressing. It is seen as acceptable when men pinch the waitresses, or leer at them, or verbally abuse them. Generally there were many situations I was warned about and many that I wasn't, because the latter were viewed by my parents (and the rest of society) as normal and appropriate forms of "male APPRECIATION of women" (68).

31. I find that amongst my friends, some whose parents have been more restrictive with the aim of preventing sexual abuse, are more rebellious and seek dangerous situations in which they are more vulnerable to attack. (48)

32. Interestingly enough, as I grew older and became more and more overweight the warnings did seem to diminish. Physical strength in resisting whatever one was resisting became more important, and even the possibility of being in such a situation diminished. (84)

33. The idea seems to be that if a woman will not submit to males, she will not win a husband (for none will want her), and therefore she will not have the physical nor financial protection that she needs. ...She is therefore open to abuse.
In my view, she is open to psychological abuse too if she does smother her personality fully enough! (34)

34. I remember walking through town one day with my mother, pulling faces and signs at the men that whistled, leered or "hello sexy"-ed me. She didn't seem to notice the responses I was giving these men and commented: "Gee X, doesn't it make you feel so good. They're all looking at you." (68)

35. As a child I was never allowed to negotiate my own physical boundaries. (71)

36. For one person to have power, the other must see him as a person with power and accept it. Thus, in a sense, women give men power over them. (23)

37. If women were less passive themselves, then men would not be able to take advantage of them. (24)
...As we are living in a patriarchal society, I would argue that men don't want to share limitations in motion [sic] and actions, hence they don't want to punish sexual assault, making it a public and social responsibility. Instead, female children are socialized to prevent sexual abuse which results in this shaping their life styles for the rest of their life. (33)

Although the aim of socialization of female children may be the prevention of sexual abuse, could it not be seen in some way to actually cause and excuse it? Because girls are discouraged from showing aggression themselves, they are lead to believe that they are in fact incapable of doing so. (42)

Discussion

In considering the discourses of control of women, what has to be taken into account is that ideas of psychological damage (and of pollution or stigma) associated with sexual abuse are part of the broader discourses of control of girls and women. These are understood to ensure that women's sexuality, representing the means of production and reproduction of existing social structure, is not used to sabotage the system. While women are required to (and choose to) uphold the codes of conduct outlined here, taking responsibility for minimising their sexual vulnerability, and are invested in doing so, they also are involved in negotiating advantage for themselves. Furthermore, while maintaining a range of boundaries for different social groups (between adults and children, between one family and another, between kinship systems, and between State mandated population groups, for example), subversion also occurs at times.

It seems that men may effectively plunder or sabotage social groups other than their own by way of sexual abuse and assault, and also may attempt to imprint or brand their "own" women and children (through expression of power and dominance over them) when they sexually exploit those within their own groups, but women and children are not always passive victims in this process because of their own agentic choices. It is important for those who work in the area of clinical practice, particularly in dealing with women and children and with the
consequences of sexual assault and child sexual abuse, to understand the broader complexities of the situations in which these experiences occur.

The metaphor of trauma is a powerful one in discourses of control. It may evoke emotional investments in victimization, and contributes to the discourses of protection of those defined as vulnerable. Ideas of psychological damage produced by certain experiences - the traumatic effects of child sexual abuse - are subtle manifestations of the discourses of control of women and children, and need to be recognised as such. It is not that there is a clear set of "traumatic effects" which follow on such experience but that, through the discourses and discursive practices of trauma and of female control, the intersections of these discourses (and others) construct an image of fearsome consequences which is self-perpetuating and is part of the production and reproduction of female gendered subjectivity and of the existing male-female dominance hierarchy in western society.
CHAPTER EIGHT

CONCLUDING DISCUSSION

Summary of Argument and Findings
Implications for Further Research
A Final Comment

Summary of Argument and Findings
There is much to commend in the fact that childhood sexual abuse has been
brought to public attention (initially by feminists and later by mental health
researchers and clinicians in general) as a moral issue and out of concern for
the well-being of children and women. However, there are also serious
difficulties with the ways in which childhood sexual abuse and its consequences
have been conceptualised and studied, since these may in fact add to the
problems of women and children. It is these ramifications which are addressed
and exposed in this thesis. At this point, there are no simple solutions which
can be applied to make the task of working with children and women who have
been sexually abused easier or more certain, but as psychologists we need to
have an understanding of the consequences of current approaches. At a more
general level the argument for a critical and reflexive approach to all clinical
and social psychology is advocated.

In the first part of the thesis, the aim was to examine conventional, or
dominant, ideas about the effects (trauma or damage) caused by the childhood
sexual abuse of girls. What leads one to question the ways in which the sexual
abuse of children and the damage it produces, have been studied? There are
two reasons behind this.

Systematic review of the clinical and empirical literature reveals that there are
substantial problems in showing (a) what the damaging effects of childhood
sexual abuse are, and indeed (b) that damage generally is present. This is true
whether the subjects of study are children, in whom recent or relatively recent
effects are sought, or in women known to have been sexually abused or
molested as children or adolescents. In part this is due to the fact that there
have been no adequately systematic and generalizable studies of the phenomena
as required in terms of rigorous, logical positivistic research. At a more
fundamental level though, questions are raised about the appropriateness of the
use of positivistic approaches at all in this area of psychology, where the most
important aspects of current problems relate to available systems of meaning
and interpretation. Shotter (1984) discusses the role of talk in locating an
individual in a particular social order: the way we talk about our experience
both ensures our membership of a particular group and also ensures the
reproduction of the order of that social group. Available accounts are part of
the social order and its processes and serve the functions both of determining
our experience and our understanding of it. He talks of "enabling constraints";
in other words, there are limits to what we can say and the accounts we can
give, the rationale for such accounts are limited and yet are difficult to refute.
The way that language enables connects with our efforts to gain mastery over
experience, but this mastery is simultaneously a form of entrapment, because of
the "paradigms embedded within our everyday accounting practices".

Shotter's critique is part of the shifting paradigm in psychology, from
experimentation and quasi-experimental research into areas of methodology which
are more commonly found in women's studies, sociology, social anthropology and
philosophically informed studies of culture and symbolic systems, and indeed
into a search for new methodologies. Qualitative comparisons or case studies
which take serious account of broader issues (social structures, ideological
formations) would be one route; ethnomethodological description and
interpretation would be another. In seeking to lay bare the enabling
constraints in accounts of the traumatic effects of childhood sexual abuse, this
dissertation has made use of clinical case studies, a prevalence study, and deconstructionist approaches to conceptual issues involved in talk about psychological trauma.

There are clear indications in clinical work and in intimate talk with women friends that a very large number of women who identify themselves as having been sexually abused as children are not readily distinguishable from other women, in terms of their current problems, difficulties with relationships, ideas about themselves and central conflict areas. This statement has been made by others (e.g. Conte and Schuerman, 1987) but is rare in current empirical literature. Many women do view their current problems as having been caused by sexually abusive experiences in childhood or early adolescence, however; this is illustrated in the case studies reported here. The question to be raised then is whether these particular women have been traumatized by these experiences, and why this is so, or how it is that sexual abuse has come to take this important place in the lives of these women. Conventional research has pursued the first part of the question whereas it is the second aspect which is explored in this dissertation.

The studies of prevalence which have been conducted in large samples of women in North America reveal that childhood sexual abuse is not an uncommon experience. Between one and five of ten women report such experiences. Thoughtful appraisal of the methods used in obtaining such figures argues that prevalence actually is more likely to be at the upper end of this range. Even this may be an estimate which is biased to be low, if the definition of sexual abuse which is used is broadly conceived. This is supported by the findings of the prevalence study presented here, conducted among a small group of university women, which provided a supportive space to enhance understanding and disclosure of such experience. The methodology used is innovative and was informed by feminist concern for the rights of women as research participants.
Nonetheless, several of the women in this sample clearly did not disclose childhood experiences of sexual abuse which had occurred; it is argued that others were also selective in their disclosures.

In terms of the argument presented in the dissertation, non-disclosure is to be expected. It is an active strategy available to women and children: a refusal to participate in the discourse of victimology, a mistrust of the potential for entrapment in the limitations of dominant ways of seeing and responding to disclosure, a way to preserve privacy and to save face, in a sociocultural climate in which those who have been sexually abused are set aside from those who have not been abused. Even though a woman may see herself as victimized or sexually abused (as a child or as a woman) there is a distinction between self-recognition as abused (a personal image which can be manipulated to some degree) and public recognition as abused (stigma). It is important to recognize and to name the active strategies which are used by women and children in such situations in order to validate them and make them more readily accessible as subversive strategies.

Arguments against reservations about the usefulness of current studies of childhood sexual abuse, its effects and prevalence, are likely to take two forms.

Some might argue that only certain forms of child sexual abuse will have psychologically damaging effects (for example, recurrent father-daughter sexual intercourse, violent rape, or an incestuous seduction at a particular age). Such critics would insist on definitions of sexual abuse which are narrowly confined, and would argue that these situations are invariably damaging.

Other critics might argue that it is in particular circumstances, the exact detail of which have yet to be established, that childhood sexual abuse will be psychologically traumatic. These critics would argue for continuing the search
for the most likely combinations of events and circumstances. The exact point of such research, from the point of view of clinicians or the children and women concerned, is rather obscure.

Such researchers struggle to devise methodologies which will address these problems in ways which would satisfy the conventional logical positivistic enterprise of knowledge-building. However, they lose sight of the importance of the original feminist commentaries which insisted on taking account of subjective experiences of abuse, exploitation and intrusion, and the role of the social ordering of gender-based hierarchy. In other words, the significance of the argument for broader definitions of sexual abuse used in some of the more impressive prevalence studies is disqualified. The broader sociocultural context and structures of power, the pervasive nature of the range of experiences involved, and the significance of the experiences at a particular historical moment, are obscured in most current research in this area. In the conventions of psychological research which have dominated empirico-clinical studies, incorporating a narrow focus on certain events and on chronological sequences of event-outcome associations, it is difficult to see behind or beyond the individual cases and selected "facts".

The obvious next step in the exploration of the area is to question and examine the ideas about trauma and psychological damage which are dominant among professionals writing in the area. A review of the literature shows that current notions of psychological trauma are not coherent, nor are they systematised within a theory of explanation other than a temporal cause-effect one. A great deal is assumed in the empirical literature, and a reflexive attitude is rarely encountered. Attempts have been made to systematise specific findings in certain ways (in terms of lists of signs and symptoms, Post-Traumatic Stress Disorder, deviance, and in multivariant empirical models), but these have only
limited usefulness as descriptive tags, and have no explanatory power. Only in the psychoanalytic literature is there some attempt to theorise about trauma but here too, there is little clarity.

What has not been taken into account in most clinical-empirical views of psychological trauma is that important origins of this notion come from psychoanalytic theorising. Central to these theories is the understanding that, relative to a particular time and place, almost any cue which is understood to signify threats of sexual assault or rape (a glance, a word, a phrase, a thought, a touch, an act of coercive seduction or rape), can be a "fact" with ramifications for the individual concerned, given the presence of a network of associations.

This throws a different light on the kinds of explanation which are sought within this theoretical model; they are quite distinct from the kinds of cause-effect explanation which are depicted in mainstream psychological literature. The effects need not take the form of signs and symptoms, Post-Traumatic Stress Disorder or any other diagnostic category, or of "deviance" of various kinds. The ramifications of such experience can be pervasive structural ones: a range of manifestations which seem to be associated with the very fact of being female in contemporary western society, for example. In an extraordinary sense, perhaps a conceptual leap which links the realist data and analysis presented in Part II of this thesis with such psychoanalytically formulated ideas, one might re-examine the ideas which are encapsulated in the metaphorical notion of "castration anxiety". When applied to women, this term conveys ideas of damage, of limitations, and of an absence of capacities to "do". These closely parallel the ideas which emerge in Study Four (Chapter 7). The point here is that the semiotic influences which pervade the most interesting psychoanalytic theorising provide a rich and fruitful understanding of individual experience and the development of subjectivity. However, in terms of the argument and
discussion presented in this thesis, one can achieve a similar understanding of
the development of gendered subjectivity by a different route, without the
elaborations (and the mystifications) of psychoanalytic theory.

A conclusion may be drawn that the term trauma, in the context of childhood
sexual abuse, is one which is used in a metaphorical sense to convey complex
feelings about a set of current, morally-based ideas and experience. It also
offers a convenient peg on which women may hang a diverse range of
complaints and difficulties related to gendered subjectivity and interpersonal
problems. We need not go to essentialist psychoanalytic theories of repression
and drives to make sense of these, but to the analysis of discourses and
discursive practices about adult-child behaviour, sexuality and male-female
behaviour, in relation to a particular social and historical context. Involved in
these discourses and discursive practices are a range of ideologically shaped
assumptions: about childhood, sexuality, girls and women, men, and
psychological development.

The central role of concern about childhood sexual abuse as a signifying
metaphor in a particular social context is overlooked in conventional empirical
research. Such metaphors arise in the context of particular discourses, and
this one relates to discourses of female control. Discourses of female control
are related to discourses involving concern about the place and security of
women and children in modern western society, and their capacity to subvert
existing power structures. The metaphor thus also arises from the resistances
which struggle to oppose this control.

In large part through the publicity given to the issue through the media, and
through professional and public concern, it would seem that identification of
situations of childhood sexual abuse and its damaging consequences to their
lives comes to serve as a significant central organizing metaphor for certain
women. Within the enabling constraints of dominant paradigms of explanation, the consequences of sexual abuse are seized on as an active strategy to facilitate understanding current problems - in relationships, in sexuality, in self-perceptions. Many of these problems have to do with being a woman, a member of a group for whom a wide range of daily experience is conflictual and difficult in particular ways. In certain of these, oppression takes a specific form in what are experienced as inescapable aspects of gender-based subjectivity and sexual relating. This point is taken up in the second part of the dissertation, in the analysis and discussion of the discourses of female control.

The ideas which are pursued in Part II of the thesis concern the forms of the discourse about childhood sexual abuse present among women in Cape Town in the 1980s; they are not professional health care workers. It is clear that much of the discourse produced and reproduced in professional writings reviewed in Part I is to be found in this group of women studied here. The study makes a case for the existence of a shared repertoire of statements which covers central aspects of the consequences of an experience of childhood sexual abuse (although there will be some differences depending on a range of possible specifics of a particular instance). This will affect the self-presentation of women who identify themselves as sexually abused (or who choose not to do so, thus acting in opposition to certain aspects of the dominant discourses).

Furthermore, it is clear that the development and social construction of gendered subjectivity as female is marked by the recurrence of a range of ideas about sexual abuse and its effects, as well as experiences which could be understood to be sexually abusive. A case is made for the existence of common experience of a range of rules, prohibitions and warnings related to anxiety about the possibility of childhood sexual abuse, among girls. In other words, all women are affected in certain ways by the possibility of sexual abuse, from a
very early age. The inter-related discourses of female control, which concern these anxieties about sexual abuse, and the associated discursive practices which restrict and regulate girls' and women's behaviour and activities in a range of ways, are significant aspects of the interpellation of gendered subjectivity.

A problem with the ways in which childhood sexual abuse and its effects are studied and talked about in the psychological literature is that certain events are highlighted as damaging. This has consequences for women and children. The consequences involved are those which operate for any situation in which particular individuals, members of an oppressed group, are marked and set apart within the group as different. Divisions are set up which tend to obscure the social sources of the issue, the structural disadvantages of particular kinds within which all girls and women lead their lives. Furthermore, girls and women who are seen as damaged and different will be likely to assume such roles through these same ideas and expectations. The protection which they might seek in consequence is part of the structurally disadvantageous context which gives rise to the abuse. The protection of women and children by men is paradoxical in association with an ethos which condones and supports various forms of dominance and violence, since it enhances the possibility of the oppression and exploitation of women and children. The protection of women and children is an aspect of the discourses of control which regulate their lives. Of course, it is also paradoxical in other ways which are not discussed here but must be considered in a more extensive account: for instance that women and children continually protect men in various ways, and that many individual men are neither violent nor particularly dominating and many women are both.
In an effort to explore and delineate the ways in which current ideas about childhood sexual abuse and its traumatic effects permeate the consciousness of a group of middle class South African women, an innovative methodology suited to this interpretative enterprise was devised. Ways to analyse the forms and recurring themes of associated discourses were evolved and are presented here. This methodology moves away from the logical positivistic framework which is critically evaluated in Part I of the thesis. Making use of a hermeneutic approach to the area, but drawing on realist data in the form of women’s talk about childhood sexual abuse, what emerges is that the talk of these women about sexual abuse and its effects is very similar to the material to be found in the professional literature. This is understood as reflecting the ways in which ideologically informed dominant discourses are produced and perpetuated: lay talk about this socially charged area of human experience is a less organized but readily identifiable version of professional talk about it. However, there are some anomalies; some of the recurrent themes in the women’s talk are ones which are not to be found in professional texts. These themes include refusals to see damaging consequences following such experiences, which could be understood as subversive reactions to professional (and perhaps to male) dominance of the area. Professionals and males have privileged positions as knowledge producers in western society. The anomalous discourses also could be understood as attempts to maintain a sense of agency, and to preserve dignity among the talking women, many of whom identified themselves as sexually abused. These women have recognized, at some level, that the kinds of experience discussed are ones which are commonly encountered: they are particular instances of a general climate in which women have to locate themselves in contemporary western society. However, there are consequences which follow disclosure.

In the context of discourse analysis, the likelihood is that, with shifting subjectivities, all these women could equally reveal investment in the
maintenance of personal worth, efforts to negotiate advantage for themselves within this context, and a range of muted attempts to subvert the discourse. It is tacit knowledge that experiences of sexual abuse and molestation are commonplace for girls who grow up with consciousness of this manifesting at least in codes of behaviour if not conscious recognition.

In the final study, it is these issues which are examined. Using analysis of discourses of different texts, verbal and written, collected from the same group of women, data is presented which reveals the pervasiveness of anxieties and fears about sexual abuse in child-rearing practices, and the contradictions which are involved in the discourses and discursive practices concerned. This textual material is interpreted as indicating that any female who has grown up in this social context at this time in history will have been exposed to a range of discourses and discursive practices which repeatedly orient her to the possibility of sexual abuse or assault, and that this is a basic aspect of the structuring of female subjectivity. Thus, through the recurrent interpellation of her identity in discourses of warnings, injunctions and fears, and discursive practices of rules and codes of conduct, which are related to the broader social structures of male-female hierarchy, gendered subjectivity incorporates these and shapes her behaviours and ideas (including her emotional investments in particular aspects of the discourses) in particular ways. In the South African context, part of female gendered subjectivity involves an aspect of racist ideology, as an unavoidable reality. Each woman is placed in the social order, through her subjectivities, and has no option but to place herself within the available discourses in some fashion. These specifics vary from one contextual moment to another, and from one woman to another.

It is the discursive realities which constitute the social context, the ideologically saturated fabric, within and against which childhood sexual abuse and its consequences must be evaluated. Psychologists concerned about effective
intervention, whether researchers or clinicians, cannot afford to divorce themselves from structurally related systems of ideas which dominate the production and reproduction both of gendered subjectivity (whether male or female) and of knowledge.

Indications for Further Research

At various points in the thesis, comments have been made about the necessity to pursue further research in this area. The most important of these comments will be briefly summarised here, for convenience.

Clearly it would be useful to conduct similar studies of discourse and discursive practices among other groups of women. It would be valuable to single out samples of different groups - those who are and are not mothers, with daughters or sons, of different age groups, those who do and who do not identify themselves as sexually abused in childhood, as lesbian or as heterosexual, children of different ages and backgrounds, and to tap the discourses present in different sociocultural contexts. A great deal more detail concerning the strategies of resistance and subversion, and the range of emotional investments involved in discourses of childhood sexual abuse, traumatic effects, and the discourses of female control need to be analysed in each of these contexts. There is no doubt that the elicitation and analysis of similar texts from male subjects would be useful and interesting comparative material.

The methodology of analysis of discourses which is introduced and described here also lends itself to extensive and detailed studies of other areas of interest to clinical and social psychologists. Examples of these are spoken and written texts concerning race and racism, the exchanges which take place in therapeutic interactions (between individuals or in family therapy), reports in newspapers
and other media, courtroom records or other talk about crime and justice, and psychological studies of a range of developmental phenomena.

More specific to the area of childhood sexual abuse, but not necessarily using analysis of discourses or deconstructionist approaches, studies of children who display model behaviour, or uncommon achievements, or of women who are engaged in care-taking careers (as child-care workers, mental health professionals) and the prevalence of childhood sexual abuse among these groups may be revealing. The reasons such women might give for non-disclosure of their own experiences of childhood sexual abuse would be an illuminating study.

More work is needed concerning the likelihood that those with more extensive stressful experiences and more opportunity to develop adaptive ways of coping adopt certain kinds of empowering strategies. We need to document what these are.

Conspicuous by their absence have been studies of (1) the "halo" effect in the perception of "sexualized" behaviours among children who have been labelled as sexually abused, and (2) the extent to which women in the general population believe their sexual behaviour is "normal", and (3) children's understanding of different forms of sexual abuse, relative to the availability of a range of mental schemas in various age groups. One of the biggest problems in the area of childhood sexual abuse is the taboo which prevails over talk about sexuality in its various forms, and affects adults and children. Research is needed which pushes the limits of this taboo.

A Final Comment

One of the most difficult aspects of the studies pursued in the course of this dissertation has been the struggle against the blindfold of tacit knowledge: a sense of uncertainty and even absurdity arises at times in questioning ideas.
which have an entrenched position in the discipline and among individuals. Writing at one point from the discourse of conventional empirical psychology, at another point as a clinician and a psychotherapist, then trying to stand outside (or astride) these discourses to reflect on them, and finally moving into a different paradigm, not quite ethnomethodology, where realist empirical research is joined with broadly conceived hermeneutic theory, produces a recurring uneasiness. This is associated with shifts from one discursive position to another (and thus from one subjectivity to another, for the author - as also for the reader). It is sure that the effort has been more successful in some sections than in others. However, if, even in minimal ways, a more reflexive perspective has been provided for clinicians and researchers in this troubling area of human experience, the dissertation achieves a major objective.

Complaints about (or disclosure of) experiences of childhood sexual abuse among women serve as a focusing symbolic communication to convey a woman's sense of helplessness in the face of the problems of being human and a woman. At an unconscious level it is a narrative form about being lured or coerced into collusion in a situation which apparently gives a child access to power (or knowledges of a particular kind), but in fact leads to greater powerlessness and a feeling of betrayal or abuse. The narrative of the event needs to be reframed as an overdetermined symbol to facilitate a sense of its place in the overall picture of life.

A woman's attribution of the cause of her current difficulties to the traumatic effects of specific experiences - at the hands of pathological or deviant males - is less empowering than a recognition of the structures in which both women and men are placed in a particular social order and symbolic system, and the ways these manifest in her own situation. In a psychotherapeutic context, the less empowering sort of understanding can lead to only partial resolution of her current difficulties, and may create others. Not that it is suggested here that a
politicised understanding leads to a full resolution. On the contrary, a range of very differently focused conflicts and paradoxes will be raised, many of them not accessible to psychological resolution at all.

Contradictions and paradoxes are part of the human condition, they are tied in with our linguistic capabilities and social structures and cannot be eradicated through psychotherapy, shamanistic practices, or secular or religious rituals. They can only be changed through extensive social restructuring, or soothed - through intellectual theorising or through therapeutic reframing, to facilitate comprehension or to facilitate a sense of the restoration of order. Recent work has been strongly suggestive of the value of understanding psychotherapy (which is comparable to rituals of purification) as narrative repairs or reconstructions (Ngubane, 1977; Spence, 1982; Taylor, 1983; Sarbin, 1986; Coyne, 1987; Hare-Mustin and Marecek, 1988). A therapist’s role is to assist a client, through the available discourses and discursive practices in a particular social context, to demystify the meanings of experiences which trouble her. How best to do this differs from one social context to another and from one historical moment to another. An interesting question would be to address the commonalities which might be discernable in the kinds of metaphors which are invoked, and to document the strategies of resistance which are used by women and children to negotiate advantage in or to resist dominant structures of power/knowledge.
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APPENDIX A

SESSION 3

INSTRUCTIONS

1. Attached to these instructions you will find a set of vignettes (short accounts).

2. First read through these quietly.

3. The vignettes are then to be discussed, in the order presented to the group. The questions which follow may be used to guide the discussion.

4. There are no right or wrong answers - what is wanted is your opinion. In presenting your views to the group, remember to say why you think as you do (give a reason, explanation, example or justification for your views). The discussion will be tape recorded.

5. The group will need a timekeeper.

6. You will have 45 minutes for your discussion of these vignettes.
LORRaines STORY

Jammie and Rita Wagner separated soon after the birth of their second child, a son. Lorraine was seven when Uncle Joe moved into the Wagner home. He later married her mother. She grew to like him although she didn't like the way he teased her sometimes, especially when he tickled her. Uncle Joe read her a bedtime story most nights. She enjoyed this special attention.

When Lorraine was about nine Uncle Joe began to behave in a different way, and she felt uncomfortable about this. He would touch parts of her body which she had learned were private, and he kissed her goodnight differently. This occurred irregularly over some 15 months. He swore Lorraine to secrecy, at the same time reassuring her that he was teaching her things she needed to know about grown-ups. At the time her mother was preoccupied, in a demanding job and with Lorraine's younger brother who was having problems at school.

Lorraine had mixed feelings when Uncle Joe moved out of the house. He left a few months after he started in a new job in Bellville.

QUESTIONS:

1. How do you think Lorraine's everyday behaviour might change during the 15 month period described? Try to be as specific as possible. If you do not think her behaviour would change, present this view.

2. If you feel Lorraine would be affected, how would this be observed in the context of her:
   a) peer relationships
   b) relationship with her family
   c) relationship to teachers
   d) schoolwork
   e) interests and activities
   f) mood.

3. If you feel that there would be "long-term effects" of this early experience (say, when Lorraine is 20 years old) what form do you think these might take?
JANE'S STORY

Jane was 11 years old, a quiet and self-contained child. Most of her friends were the neighbourhood boys with whom she cycled, swam and played cricket. On her way to school on her bicycle one day, a large ferocious dog chased her persistently, trying to bite at her feet. A man in a passing truck stopped to help. He put her bicycle in the back of his truck and she climbed into the cab. The truck had hardly pulled away from the kerb when Jane found herself struggling to hold her schooldress tightly enough against her legs to keep the man's hand away from her knickers and thighs. She felt helpless and afraid. What might happen and what could she do if the man did not stop at the school? The journey was fortunately short and she was relieved when the truck stopped outside the school gates. She hastily climbed out of the cab. The driver, who had said not a word throughout the journey, retrieved her bicycle from the back and placed it on the pavement, saying "bye, now". She quickly pushed the cycle inside the school grounds and hurried to her classroom. She told no-one what had happened.

QUESTIONS:

1. How do you think Jane's everyday behaviour might change during the period immediately following this incident and in the months following? Try to be as specific as possible. If you do not think there would be any changes, present this view.

2. If you feel Jane would continue to be affected, how would this relate to the context of:
   a) peer relationships
   b) relationship with her family
   c) relationship to teachers
   d) schoolwork
   e) interests and activities
   f) mood

3. If you feel that there would be "long-term effects" of this early experience (say, when Jane is 20 years old) what form do you think these might take?
SHIREEN'S STORY

Marilyn and Jack Bird did not have a very happy marriage. Jack was always criticizing Marilyn and they often could be heard screaming at each other. One of the frequent themes of their arguments was Marilyn's younger brother, Frank, who worked for the same company as Jack. Frank was lazy and Jack was embarrassed by him.

The Birds had two daughters. The younger one, Shireen, was very close to her mother. She thought Frank was very funny, admired his ability to play sport well, and "worshipped" him. When Shireen was about eight, Frank began to take more and more interest in her. He worked on night shift and would spend the afternoons at the Bird's house when both parents were out working. During these periods Shireen and her best friend Joanne would be entertained with jokes and pranks by Frank. At some point in the afternoon he would suggest to them that they play with the "private" parts of his body. Whilst it was not explicit that this should be kept a secret between the three of them, Shireen never discussed it with anyone, not even Joanne. This continued on and off for about 12 months.

Later, she heard from her older sister and her friends' whispering that Frank's wife was rumoured to be "having an affair" with another employee of the company for whom he worked. While she was not sure what this meant, it bothered her. Shortly afterwards Frank was fired and left the town in which they lived.

Shireen was very unhappy when this happened.

QUESTIONS:

1. How do you think Shireen's everyday behaviour might change during the period of 12 months described? Try to be as specific as possible. If you do not think there would be any changes, present this view.

2. If you feel Shireen would continue to be affected, how would this relate to the context of:
   a) peer relationships
   b) relationship with her family
   c) relationship to teachers
   d) schoolwork
   e) interests and activities
   f) mood

3. If you feel that there would be "long-term effects" of this early experience (say, when Shireen is 20 years old) what form do you think these might take?
JOHN'S STORY

John was 11 years old, a quiet and self-contained child. Most of his friends were the neighbourhood boys with whom he cycled, swam and played cricket. On his way to school on his bicycle one day, a large ferocious dog chased him persistently, trying to bite at his feet. A man in a passing truck stopped to help. He put his bicycle in the back of his truck and he climbed into the cab. The truck had hardly pulled away from the kerb when John found himself struggling to hold his satchel tightly enough against his legs to keep the man's hand away from his shorts and thighs. He felt helpless and afraid. What might happen and what could he do if the man did not stop at the school? The journey was fortunately short and he was relieved when the truck stopped outside the school gates. He hastily climbed out of the cab. The driver, who had said not a word throughout the journey, retrieved his bicycle from the back and placed it on the pavement, saying "bye, now". He quickly pushed the cycle inside the school grounds and hurried to his classroom. He told no-one what had happened.

QUESTIONS:

1. How do you think John's everyday behaviour might change during the period immediately following this incident and in the months following? Try to be as specific as possible. If you do not think there would be any changes, present this view.

2. If you feel John would continue to be affected, how would this relate to the context of:
   a) peer relationships
   b) relationship with his family
   c) relationship to teachers
   d) schoolwork
   e) interests and activities
   f) mood

3. If you feel that there would be "long-term effects" of this early experience (say, when John is 20 years old) what form do you think these might take?