

Credo Mutwa (1996, p.11) says “Under Western civilization, we live in a strange world of separatism: a world in which things that really belong together and which ought to be seen as a greater whole are cruelly separated. The result of this separatist attitude is that humanity is denied a great deal of valuable knowledge. We are led into a forest of confusion when we try to learn about ourselves.”

The findings so often encountered in the literature studies on IBS relating to the high percentage of female IBS sufferers who had suffered early abuse provided the motivation for the present research. Information pertaining to the abuse of women and children is discussed in Chapter 3.



## **CHAPTER THREE**

### **THE ABUSE OF WOMEN AND CHILDREN – BREAKING THE CONSPIRACY OF SILENCE**

Society through the ages has always found an acceptable scapegoat on which to heap its insecurities, fears, prejudices, scorn and hatred. Black people, those with disabilities, those who are different from the “norm”, children, minorities, women and animals have often been the objects of a sick society’s need to abuse power.

Ironically it is usually those who are needful of society’s care and help who are themselves the most abused. This abuse cuts through all strata of society, from poor to rich, old to young, intelligent to unintelligent, religious to non-religious and big to small; it seems that there is no corner of society where one can escape abusive relationships. These abuses have many and far-reaching results, often affecting people throughout their lifetimes and colouring the very fabric of their existence.

Although both men and women suffer from the various types of abuse, the female pronoun will be used to refer to the survivor, while the male pronoun will refer to the perpetrator of the abuse. This fits in with the content of this dissertation, as only women will be studied, and most of these women would have had abusive acts perpetrated against them by men.

In this chapter an attempt will be made to review the literature on violence and abuse in relationships, in the home and in the family. These are the areas where it would be expected that the weak and the vulnerable would be protected, but these environments may often be the most dangerous. The content will be focused on the various types of abuse: emotional, physical and sexual abuse, including rape and incest, with the greatest emphasis being on the abuse of children. Also in this chapter is a review of the sequelae of child sexual abuse, survivors of childhood abuse and their families and relationships.

### **Violence and Abuse in Relationships**

Human aggression is one of the most pervasive and serious problems facing modern societies. The quality of many people’s lives is lessened by violence experienced in the home, at school, at work, and on the streets. Archer and Browne (1989,) describe violence as the exercise of physical force that has the capacity to injure or damage

persons or property; or otherwise to treat or use persons or property in a way that causes bodily injury and/or forcibly interferes with personal freedom.

During the past years, family violence has been increasingly reported in newspapers. These accounts painfully describe acts of violence between spouses, or from adults towards their own, or other's children, or their defenceless elderly relatives. Inequalities in the power relationship between men and women are part of the cultural norms in many societies. The risk of violence is increased whenever this power difference is too large, or too small.

In recent times there has also been a proliferation of violence, on television, in films and even on the Internet. Thus it has been commonplace for people to view many vicarious violent acts each day. It should thus really come as no surprise that many people see violence as a way to solve problems in the way that has so many times been modelled for them. Van Niekerk (1999) is of the opinion that violence is an escalating phenomenon that permeates people's lives and breeds on itself, for today's violence is the seed from which tomorrow's violence will grow.

In a study conducted by Bollen, Artz, Vetten and Louw (1999), 269 abused women recruited from helping agencies in Durban, Cape Town and Johannesburg were interviewed and the following was found:

- 90% of women had experienced emotional abuse which involved being humiliated in public
- 90% had experienced physical abuse where they were hit or slapped
- 71% had experienced sexual abuse, with most being abused before the age of 20
- 58% experienced economic abuse with money being taken without consent being the most common form
- 42,5% of women experienced all four types of abuse
- Most abuse occurred within the home and was largely perpetrated by a spouse, partner or lover
- Over 25% of the women had never before spoken about their abuse

The above statistics emphasize that the range of abuses that women experience is wide, and includes physical, sexual, psychological and economic abuse. This research also highlights the fact that domestic violence is a common phenomenon.

## **DOMESTIC AND FAMILY VIOLENCE**

“ The family is society’s most violent institution, with the two exceptions of the police and the military”.

(Gelles & Strauss, in Goode, 1994, p.279)

Violence between two people appears to arise not only from the features of their own relationship, but also from the nature of the larger social environment in which they are contained. Baumgartner (in Felson & Tedeschi, 1993, p.210) states, “In an important sense domestic violence does not occur unless the social context in which family members find themselves encourages or allows it.”

The Domestic Violence Act, 1998 (Act No. 116 of 1998), which has recently come into force in South Africa, describes domestic violence in terms of the conduct that is evident in such violence; these categories include physical-, emotional-, psychological-, sexual-, and economic abuse between persons who are in a domestic relationship with one another. In addition, domestic violence according to the Act includes intimidation, harassment, stalking, damaging of property, entry into the residence of the victim without consent (if they do not share the residence) and any other controlling or abusive behaviour towards the victim which may cause harm to the safety, health or well-being of the victim.

The long tradition of domestic violence has blended with religious beliefs and legal rights holding men responsible for the deeds of their wives and children, and making it their duty to discipline those who were viewed as being disobedient.

Archer and Browne (1989) describe violence as the exercise of physical force so as to cause injury, or to forcibly interfere with personal freedom. They contend that, when

applied to the family this definition embraces three broad areas of violence by adults, namely; child abuse, spouse abuse and parent abuse, and two areas of violence by children; sibling abuse and parent abuse. Goode (1994, p.279) points out that for “ a nation whose members fear assaults from strangers on city streets.....violence within the home at the hands of family members is far more common”.

According to Hutchings (1988) current research indicates that a number of factors are associated with family violence:

1. The cycle of violence: Violence begets violence has been the hypothesis for a number of years. One of the consistent conclusions of research on domestic violence is that people who have experienced abusive and violent childhoods are more likely to grow up to become child and spouse abusers than individuals who have experienced little or no violence in their formative years.

Wolfe (1999) cites research by Kaufman and Zigler (1989) that estimated that about 30% of child abuse victims carry the pattern into adolescence and adulthood. At the same time they note that most child victims of maltreatment do not grow up to be perpetrators.

The question which arises from this research finding is, if violence breeds violence, why is it that most victims are female, but they mostly do not grow up to be the perpetrators of violence; these are most often men?

2. Socio-economic status: Some research on family violence supports the hypothesis that domestic violence is more prevalent in families of low economic status. This conclusion however does not mean that domestic violence is confined only to poorer families, but may be found in families across the spectrum of socio-economic status. These findings may be due to the fact that police and hospital emergency room statistics are from government institutions that reflect this class primarily.
3. Stress: A third consistent finding of most domestic violence research is that rates of family violence are directly related to social stress in families. Stress has received a major portion of the blame for serving as the catalyst that turns an unpleasant situation into an abusive one (Wolfe, 1999). Associations have been reported between family violence and specific stressful situations and conditions

such as unemployment of males, single-parent families, financial problems, and unwanted pregnancy.

4. **Social Isolation:** A fourth major finding in the study of domestic violence is that social isolation raises the risk of severe violence directed at children or between spouses.

While all of the above are most certainly true, the list is not exhaustive and there are other factors to be considered, such as the environment and the ability of the individual to adjust to the environment. While some individuals and families become trapped in a cycle of violence, others find that it is possible to break free from these cycles.

Victims of family violence are unlikely to be subjected to only one type of abuse: for example, physical abuse and sexual abuse are always accompanied by emotional abuse. Emotional abuse may take a number of forms, such as withholding financial support, verbal assault, threats and confinement (Archer & Browne, 1989).

The United Nations Declaration on the Elimination of All Forms of Violence Against Women (1998, in Bollen et al., 1999, p.8) describes gender violence as:

“ Any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.” As the United Nations definition is a broad one, encompassing a wide range of potential acts, the present study specified three forms of abuse: emotional abuse, physical abuse and sexual abuse. These are discussed below.

## **Types of Abuse**

Abuse takes a number of forms and it is unlikely that someone just suffers from one type of abuse, as they are interlinked and interrelated. This section will attempt to explicate the various types of abuse.

### **Emotional Abuse**

Kirkwood (1993) is of the opinion that emotional abuse is not easy to quantify or define, but she is of the opinion that there are two types of emotional abuse: the effects of

physical abuse on a woman's emotional state, and a type of abuse that is enacted at a purely emotional level such as verbal insults and emotional deprivation. Kirkwood (1993) describes emotional abuse as having six components that provide a core description of the nature of emotional abuse.

- *Degradation*

This is the perception that as a human being one is of less value than someone else, or even less acceptable than others. It is a sense that there is something about one that is soiled. Degradation occurs in a number of stages, each one increasing in the amount of input that the abuser has into the woman's diminishing sense of self-worth, so that the woman's sense of self-value is eroded and they eventually hold the same low opinion of themselves as the abuser.

- *Fear*

Abused women experience anxiety about their physical and emotional safety and they have a sense that their bodies and selves are in danger of damage or destruction. Fundamental to this sense of fear is that women cannot predict when an attack will occur, the degree of the attack, or a reason for the attack.

- *Objectification*

Objectification occurs when the behaviour of abusers indicates to women that they are viewed as objects with no inner energy, resources, needs or desires. Women are seen as the property of their partners, to be possessed by them.

- *Deprivation*

Two prevalent forms of this type of abuse are economic and social deprivation. In economic deprivation the abuser assumes the right to allocate household income solely according to his wishes. Women suffering from extreme economic deprivation feel a deep sense of insecurity about the future and an inability to change circumstances, as any effort made for change is usually unsuccessful. A socially deprived woman has little or no opportunity to engage in social contact. A central theme is often one of possessiveness by the abuser. The impact of social deprivation is intense isolation as women become increasingly lonely and they have no one to turn to.

- *Overburden of Responsibility*

This component of emotional abuse is one of the most subtle and difficult to identify for the women who experience it. Women experience overburdening as the expenditure of tremendous energy in the day to day emotional and practical maintenance of their relationships and family, without return of effort or energy from their partners. Women feel overwhelmed by the responsibility that they are manipulated to accept, and in extreme cases, they may become immobilized and unable to function.

- *Distortion of Subjective Reality*

A final component of emotional abuse involves the constant shedding of doubt on women's perceptions by abusers. This erodes and shatters any confidence that the woman may have had in herself. The constant irreconcilability between what the woman perceives and what her partner maintains eventually leads the woman to question the validity of her subjective reality. This lack of security in herself leads a woman to feel increasingly vulnerable to their partners.

The preceding components which according to Kirkwood (1993) comprise women's experience of emotional abuse are by no means exclusive and distinct, they are interwoven in such a way that they comprise a whole which has properties beyond just simply the sum of those individual components.

Not only are adults emotionally abused, but also children may be emotionally abused.

The degree of severity of emotional abuse is determined by an interplay of developmental stages, impairment of functioning and impact on individual and social growth. Loring (1997, p.106) defines psychological maltreatment as "a concerted attack by an adult on a child's development of self and social competence, a pattern of psychically destructive behaviour".

Loring is of the opinion that this behaviour takes five forms:

- *Rejecting* – the refusal by the adult to acknowledge the worth of the child, and the validity of the child's needs
- *Isolating* – the adult cuts the child off from normative social experiences, preventing the child from forming friendships, causing the child to feel alone in the world



- *Terrorizing* – the adult verbally abuses the child, creating a fearful climate where the child is bullied and frightened, causing the child to feel the world is unfriendly and inconstant
- *Ignoring* – the child is deprived by the adult of essential stimulation and responsiveness, thus stunting emotional growth and intellectual development
- *Corrupting* – the adult “mis-socializes” the child, stimulating the child to behave in a destructive, antisocial way, thus making the child unfit for normal social experience.

Emotional abuse has a powerful impact on children. It can lead to confusion and fragmentation of the self. It is a dangerous and insidious process that erodes the confidence, abilities and sense of self of the affected child.

Loring (1997) reports that emotionally abused children often have somatic symptomatology as a metaphor for abuse. Thus stomachaches may symbolize the feeling of being punched with words, while upper respiratory ailments may signify loss of voice due to negation and discounting. The effects of emotional abuse in children may even be evident in their posture, in the way that they interact with others and with the world.

### Physical Abuse

“The privilege, ancient though it be, to beat her with a stick, to pull her hair, choke her, spit in her face or kick her about the floor, or to inflict upon her like indignities, is not now acknowledged by our law”.

Judge Charles Pelhem, 1871 ( in Cardarelli, 1997, p.104)

According to Cardarelli (1997) all intimate relationships carry the risk of violence and abuse regardless of the marital status or sexual preference of the partners. This widespread social phenomenon persists despite the development of new resources, the creation of laws prohibiting it, and the remedies available to women from the courts.

Hoffman, Demo and Edwards (1994) point out that high levels of wife abuse are evident in almost all societies. They cite a study of American couples that conservatively documented that 1 in every 8 husbands had committed a violent act against his wife

during 1988. They further point out that research carried out on the level of resources indicates that there is usually more violence when the husband has lower socio-economic status, or fewer resources than the wife. It is precisely this marital inequality that is associated with high levels of physical wife abuse, particularly where the husband may feel threatened by an educational or occupational disadvantage relative to his wife. Marital quality can serve as both a stressor and resource in the aetiology of domestic violence (McKenry et al., 1995). As marriages decline in satisfaction, a growing sense of frustration and anger emerges that may increase the potential for violence. In addition an inability to communicate and negotiate conflicts is found to be highly related to physical violence between spouses.

The consequences of battering include not only physical injuries to both women and children, but also the terror of being threatened with murder, economic losses, destruction of property and the disruption of being forced to leave home.

In attempting to answer the questions as to why some people perpetrate acts of domestic violence, and why so many victims stay in abusive relationships, Umberson, Anderson, Glick and Shapiro (1998) point out that researchers generally address these questions in two very separate literatures that are concerned with either the victims or the perpetrators. They note that the victim literature suggests that victims of domestic violence experience an increasingly diminished sense of control that leads to powerlessness and helplessness – psychological conditions that disempower and disenable individuals from leaving an abusive relationship. The perpetrator literature suggests that perpetrators of domestic violence are characterized by a reduced sense of personal control, or a high need for control that plays a role in triggering violent episodes. They are also of the opinion that violence, even when both the man and the woman participate, is more frightening and undermining of female well-being than male well-being.

Most definitions of child physical abuse emphasize the nature of the physical injuries it causes (Wolfe, 1999). The National Committee for Prevention of Child Abuse defines child abuse as “an injury or a pattern of injuries to a child that is nonaccidental”. Included in this definition of child abuse are physical neglect, sexual abuse and emotional abuse

(Hutchings, 1988). She describes physical neglect as the withholding of, or failure to provide a child with the basic necessities of life: food, adequate clothing and shelter, medical care, attention to hygiene or supervision needed for optimal growth and physical development. Nonaccidental physical injury may include severe beatings, burns, immersion in boiling water, or human bites, with resultant bruises and welts, broken bones, scars or serious internal injuries.

Child physical abuse is not usually just one physical attack or just one instance of failure to meet a child's most basic needs. Usually child abuse is a pattern of behaviour. It takes place over a period of time and its effects are cumulative. The longer the abuse continues the more serious is the injury to the child, and the more difficult it is to stop the abuse.

### **Sexual Abuse**

Sexual abuse of girls and women has been taking place for as long as the history of mankind itself. Women have virtually always found themselves with less power than their male counterparts. They usually have less economic power and less political power and this powerlessness makes them vulnerable to abuse by males.

Sexual abuse of adult women usually takes the form of forcing the victim to take part in sexual activities against her will. This may also include the use of force or sadism and torture. Much of adult sexual abuse, even in marriage relationships may be classified as rape or attempted rape. Family members perpetrate much of the abuse that occurs in childhood, thus incest is often encountered in such families.

## Rape

Rape is defined by the South African Police Force as “ a male having unlawful and intentional sexual intercourse with a female without her consent” (Monthly Crime Bulletin, 2000).

Young girls and women of all ages are vulnerable to rape, especially in South Africa which has a high incidence of reported rape which has been steadily increasing over recent years (Swart, Gilchrist, Butchart, Seedat & Martin, 1999). They further found that most rapes occur between 7 pm and midnight, and the most likely day for a rape to occur is a Saturday. Swart et al. also found that a majority of rapes are committed by a single perpetrator (73%) but more than a quarter (27%) involved multiple attackers. In the rape attacks involving a single perpetrator, more than half (51,5%) of the perpetrators were acquainted with the victims, and most (48,2%) of the rapes occurred in homes (32,2 % in the rapist's house and 15,9 % in the victim's home). In contrast, of the rapes committed by multiple attackers, most of the perpetrators (75,1%) were strangers to the victims, with a majority (50,8%) of the rapes occurring in more public places, such as open spaces, parks, alleys, public toilets and transport terminuses. These findings indicate that the dynamics involved in rape committed by single assailants are different from those committed by multiple perpetrators. The majority of rapes occurred in the 20-30 year age group.

Legally rape entails the use of force, violence or the threat of violence. Thus, rape is always by definition a violent act. Rape is never free of its violent character as it is always against the victim's will.

Salter (1995) reports “rape shatters assumptions previously held and changes attitudes and beliefs profoundly; it can induce sudden-onset anxiety, depression, phobias, and posttraumatic stress disorder (PTSD)”. Hutchings (1988) describes the Rape Trauma Syndrome as the psychological responses to rape which are very specific and unique to the experience of rape. She explains that the rape event plunges the victim into a state of psychological disequilibrium. The aftermath of this experience results in feelings of

intense fear, loss of control, and an increased sense of vulnerability. Sleep and appetite disturbances are common, headaches, muscle fatigue, flashbacks, and guilt and self-blame may also be experienced by the victim.

Lewis (1997) lists a number of rape myths that reflect the prominent cultural view, that rape is essentially a sexual act, as opposed to an act of violence.

- i. Rape is a sexual act perpetrated by men who have lost their self-control in the face of women's sexual provocation
- ii. Women derive sexual enjoyment from being raped
- iii. A woman was not really raped if she does not fight back
- iv. Women encourage rape. This is linked to the myth that "only bad girls get raped".
- v. Women falsely accuse men of rape to make trouble for them, and to protect their own virtue respectively
- vi. Rapists are always strangers

Although it is clear that the desire for sex is part of the rapist's motivation, rapists also use sex to fulfil non-sexual needs, such as the need for power, the need to dominate and the need to affirm masculinity. The widespread internalisation of these myths decreases the social censure for rape, and makes it more difficult for a rape victim to be seen as a victim of violence.

Although resolution and reorganization do usually occur within a reasonable time to most victims, a significant number of victims report continuing symptoms many years after the assault. For some victims, the rape event has resulted in positive changes; for example, they become more self-reliant and independent. However for other victims, the changes are negative; fear, anxiety, depression and changes in sexual attitudes and behaviours are common.

## **Incest**

“Incest ravages childhood.

For the child victim and the woman she will become, incest is more than the rape of her body. Because of her dependence on her abuser, incest is a rape of her trust as well. In this sense the sexual aspect of incest is secondary. Someone the victim trusted, instead of giving her love, took what he wanted from her, terrorized her, hurt her, humiliated her, controlled her, disgraced her, and shattered the separateness of her.”

Bloom, (in Bannister, 1992. p.82).

The Shorter Oxford Dictionary (1982 edition) defines incest as “the crime of sexual intercourse or cohabitation between persons related within the degrees within which marriage is forbidden”. Matsakis (1991) notes that this dictionary definition is too narrow in that it excludes other equally devastating forms of sexual contact, for example, oral sex and fondling. Russell (1997, p.9) defines incestuous abuse as “any kind of exploitive sex that occurs between relatives, no matter how distant the relationship”. Russell (1997, p.9) states “sex is considered exploitive when it is unwanted and/or when there is a power imbalance between the relatives involved, such as when the age difference between them is three years or more”.

Although most researchers in psychiatry focusing on father-daughter incest often assert that molestation occurs around the time of puberty, a study of 365 adults molested as children conducted by Kendall-Tackett and Simon (1988) found that in most cases molestation started before puberty (around age 10) and ended around the time of the onset of puberty (around age 13). Thus this study emphasizes the power imbalances that are an integral part of any incestuous relationship.

Gilgun (1995) emphasizes that due to the inequalities that are found in families in terms of power and authority, children cannot give informed consent to sexual relations. Their status as children and their lack of understanding of the nature and the consequences of sexual behaviours preclude informed consent. Their freedom of choice is further

compromised because of the authority and size of the older person, as well as due to the secrecy of the abuse. Research carried out by Gilgun (1995, p.270) produced an “unanticipated finding”: perpetrators mostly defined incest as love and care, so much so that they viewed their behaviour differently from others whose behaviour is similar. The types of love they expressed ranged from sexual and romantic to care and concern for the welfare of the children. They also experienced profound sexual gratification through incest. However their professed love was contradicted by their continuing the incest when the children wanted to stop, allowing others to believe that the children were lying after disclosure and withholding permission from the children to do various things until they had submitted sexually. Gilgun (1995) formulated three statements relating to incest:

- 1. Incest perpetrators are aware that incest is wrong**
- 2. Incest perpetrators take advantage of children’s’ vulnerability, but many do not see their behaviour this way**
- 3. Some incest perpetrators try to diffuse their authority and responsibility by making children the pseudo-gatekeepers of the incest.**

While biological fathers do sexually abuse their daughters, Russell (1986, in Russell, 1997) notes that there is considerable evidence that stepfathers are more likely to sexually abuse their stepdaughters. In her sample of 20 cases, four of the incest perpetrators were biological fathers and six were stepfathers. Given that only a minority of girls have stepfathers, Russell points out that this represents a considerable overrepresentation.

Matsakis (1991) points out that of all sexually abused children those who have been victims of incest run a higher risk of suffering the worst negative consequences. This is particularly true if the child has a trusting, close relationship with the abuser. Herman (1981, in Russell, 1997, p.112), points out the following about father-daughter incest:

“The actual (incestuous) sexual encounter may be brutal or tender, painful or pleasurable; but it is always, inevitably, destructive to the child. The father, in effect, forces the daughter to pay with her body for affection and care which should be freely given. In so doing, he destroys the protective bond between parent and child”.

Russell (1997) is of the opinion that many incest survivors respond to the abuse by becoming promiscuous in adolescence or adulthood. She cites research psychologist John Briere who explains that because others place a high value on the sexual aspects of the child, the victim feels that sex is the best way to initiate or sustain an intimate relationship, or to receive attention. In contrast, survivors may respond to their abuse by becoming repulsed by sex, which creates severe problems for them in their intimate relationships.

That incest abuse follows women into their adulthood is demonstrated by research that shows that incest survivors are at greater risk than women with no incest history of being raped and beaten in marriage (Russell, 1997). Incest survivors are also much more likely to be raped by nonrelatives than women with no incest history is another finding borne out by Russell's study of 930 women in San Francisco (Russell, 1986, in Russell, 1997). Clearly, revictimization of incest survivors is a prevalent phenomenon.

Gilgun (1995) contends that for those who might consider incest, self-interest, fairness and concern for doing no harm to those persons in close family relationships, deter most from entering into incestuous relationships. In spite of this, incest occurs in 1 in 6 families in the United States, and about 100 000 new cases occur each year. According to Russell (1997), there have been no adequate studies of the prevalence of incestuous abuse conducted in South Africa, but she contends that there is reason to believe that the rates may be even higher than those in many countries, including the United States of America. She argues that because there have been decades of poverty and brutality, which fuelled an unjust system, the result has been very high rates of criminal and political violence where women and girls are frequently the unrecognised casualties. The following section examines the abuse of children, the incidence of which has nearly doubled since 1986 (Wolfe, 1999).

## **The Abuse of Children**

The abuse of children takes many forms, including neglect and failure to adequately supply the needs of the child. As pointed out elsewhere in the present study, it is often



those women who were abused as children who are at the highest risk for developing IBS in adulthood. It is thus pertinent to review the literature relating to the abuse of children. This section begins with a DSM-IV (or lack thereof) description of problems related to abuse. Thereafter the maltreatment and sexual abuse and neglect of children are examined in further detail. Also briefly reviewed are the definitions and causes of childhood sexual abuse, the pattern that this abuse follows, and then a description is given of those children who are at risk as well as a profile of the perpetrators. This section then concludes with a review of the effects of childhood sexual abuse.

### DSM – IV Description

One page of the DSM-IV is devoted to “Problems Related to Abuse or Neglect”. One paragraph notes that this section includes categories to be used when the clinical focus relates to one of five categories: physical abuse of the child; sexual abuse of the child; neglect of the child; physical abuse of the adult; and, sexual abuse of the adult. No defining characteristics are provided.

### Maltreatment of Children

According to Wolfe (1999) child maltreatment may be classified into four major types:

1. Physical Abuse.

Child physical abuse is to expose the child to physical injury as a result of punching, biting, kicking, beating, burning, shaking or otherwise harming a child. The injuries are mostly as a result of the parents wanting to control the child. The severity and nature of the resulting injuries may range from minor (lacerations and bruises) to moderate (abrasions and scars) to severe (burns, sprains, broken bones or even death). Although in the majority, adult caregivers inflict physical injuries, older siblings may also inflict these.

2. Neglect.

Physical and emotional neglect are characterized by a failure to provide for children’s basic physical, educational or emotional needs. *Physical neglect* is marked by the refusal or delay in seeking health care, abandonment or expulsion from home and



inadequate supervision. *Educational neglect* involves acts such as allowing truancy, failure to enroll a child in school or pay school fees and failure to attend to a special educational need. *Emotional neglect* includes actions such as marked inattention to a child's need for affection; spousal abuse in the child's presence and failure to provide needed psychological care.

### 3. Sexual Abuse.

Wolfe (1999, p.9) defines sexual abuse as including "fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism and commercial exploitation through prostitution or the production of pornographic materials". It constitutes a breach of trust, deception, intrusion and exploitation of a child's status and innocence.

### 4. Emotional Abuse.

Emotional abuse includes verbal threats and put-downs as well as continual targeting (scape-goating), belittling and name-calling. Emotional abuse exists to some extent in all forms of maltreatment.

Wolfe (1999) reports that child neglect accounts for the majority of child maltreatment cases in the United States. Physical neglect accounts for 45%, emotional neglect 22% and educational neglect for 12%. Physical abuse accounts for 22%, emotional abuse for 18% and sexual abuse for 11% of all reported cases (these percentages exceed 100% due to overlap).

The experience of abuse during childhood not only generates distress and disturbance at the time, but also produces long-term effects on the victim's mental health and functioning. Briere and Runtz (1990) produced data indicating specific abuse outcomes, with physical abuse linked to aggression towards others, emotional abuse to low esteem, and sexual abuse to maladaptive sexual behaviour.

## The Sexual Abuse and Neglect of children

"But the young, young children, O my brothers,  
They are weeping bitterly!

They are weeping in the playtime of the others,  
In the country of the free.”

Browning, E.B.

Child sexual abuse has been with us for as long as history records itself, and the incidence of reported childhood sexual abuse is rapidly rising (Rimsza, Berg & Locke, 1988). Only in recent years has it come to be seen as a crime in that its final victim, the child, is recognized to be in severe danger.

“Babies and children, we have been truly told, are all the better for a little ‘wholesome neglect’. From the beginning an infant should be trained to spend most of his (sic) time lying alone. He gets quite enough handling while being fed and dressed ..... Reserve singing, talking and playing for his (half hour per day) ‘playtime’: let ‘being amused’ be a treat – do not let him expect it always, for then he will get no pleasure from it ..... Do not point things out to him.” (Frankenberg 1934, in Butler & Shaw, 1996, p.4)

This is the information that was once given to midwives, and would probably be given to social workers, had there been any at that time.

While the maltreatment of children has had a very long history, Calam and Franchi (1987) are of the opinion that the history of concern over child abuse is relatively short. It was only when general social conditions began to improve that there was a greater focus on the abuse meted out to children by their parents, in fact it is only in societies where causes of child death such as disease and malnutrition are under control and child mortality is expected to be low that child abuse can be an issue.

It is only since Kempe, Silverman, Steele, Drogenmueller and Silver published their seminal article, “The battered child syndrome” in 1962 that child abuse and neglect has been recognized by the medical and professional community (Lutzker, Bigelow, Swenson, Doctor & Kessler, 1999).

Finkelhor (1986) states that child sexual abuse only began to appear on the mental health agenda during the mid-1970's. Finkelhor suggested that this was the result of the growth of two popular campaigns; the feminist movement, and those campaigns that had highlighted the vulnerability of children in the privacy of their homes. Since then the field has expanded and developed rapidly.

#### **Definitions of Child Sexual Abuse**

There are a number of definitions of child sexual abuse used in literature. These vary according to the activities, and the relationship of the abused child to the abuser. An organization, government, community, or investigator may adopt different definitions of child abuse in order to serve a particular purpose for that group or individual. Municipalities often adopt a legally based definition that focuses on hard evidence in order to prove or disprove an act of abuse. The general definition of child abuse that has developed from these statutes emphasizes the presence of nonaccidental injuries as a result of acts of commission (physical assault) or omission (failure to protect) by caregivers (Wolfe, 1999). Social and psychological definitions focus more on the implications of abuse for the child's development, whereas caseworkers who are mandated to investigate accusations of maltreatment may weigh other criteria for determining their course of action such as the parent's remorse, family resources and the child's need for protection.

Archer and Browne (1989) report that the lack of consensus concerning the definitions of various forms of abuse account for wide variations in the reports on the prevalence and incidence of such abuse. In 1982 in the USA these variations were from 60 000 to 4,5 million cases depending on which definition is adopted.

The National Center for Child Abuse and Neglect as well as Gilgun (1994, in van Niekerk, 1999) define sexual abuse as an abuse of power, whereby an older or more powerful person takes advantage of a child for the purpose of sexual gratification. This definition focuses on the fact that the adult has authority over the child, which mostly children are taught not to question, the superior knowledge of the perpetrator,

manipulation and intimidation, and the compliance by the child victim. According to La Fontaine (1990, p.41) 'sexual abuse' refers to "bodily contact of all sorts: fondling, genital stimulation, oral and/or anal intercourse as well as vaginal intercourse". She remarks that some people may extend the meaning to include suggestive behaviour, sexual innuendo and exhibitionism. When applied to children, this definition focuses on two main features: it is an adult activity and it involves a child as victim, also, the definitions of offender and victim depend on their ages and not on their relationship.

Van Niekerk (1999) notes that for the perpetrator the experience is an intense, highly gratifying and erotic sexual pleasure, while for the child it is confusing, with short- and long-term trauma. According to Jenkins (1990) violence and sexual behaviour have the potential to become continual, intimidating, exploitative and manipulating when perpetrated by individuals occupying superior roles. These are roles in which they have been attributed greater status or power, greater access to resources and knowledge (to most children adults always know best), and greater physical strength. It would seem that abuse of any kind is characterized by a more powerful person taking advantage of a less powerful person (Brown, 1998; Stuart et al., 1999).

The child's inability to comprehend or give consent is central to most definitions of child sexual abuse. The lack of consent stems from the child's relative ignorance of the implications of adult sexuality and from the absence of any real choice in a relationship where a child is forced to rely on adults for her well-being (Driver & Droisen, 1989). Some people may argue that in effect the child is giving consent by allowing the abuse, but there really is no choice open to the child than to say "Yes".

#### **Prevalence and Risk Factors**

Bannister (1992) reports that there has been a continual rise in the number of children who have been placed on child protection registers for sexual abuse. Eighty-two percent of these were girls, but this number may be a reflection of the under-reporting of abuse of boys.

According to Brown (1998) as many as one in four girls under sixteen years and one in eight boys under sixteen years may be the victims of sexual abuse. This corroborates the statistic published by Finkelhor in 1994 (in Luster & Small, 1997).

Van Niekerk (1999) summarized a number of studies carried out in the USA with the following estimates:

- Over 80% of the perpetrators were the child's primary caregiver
- The average age of victims in 1986 was 7,27 years
- Girls are at higher risk for child sexual abuse than boys
- The risk for sexual abuse increases at pre-adolescence
- Social class, race and ethnicity do not indicate higher risk factors
- Children who do not live with one or both of their biological parents have a higher risk of being sexually abused
- Incest is the most common and serious form of abuse
- Children who are poorly supervised or who have been emotionally neglected are at greater risk of being sexually exploited by adults.

Reports in various local newspapers often tell the sad story of children falling victim to sexual abuse. According to Van Niekerk (1999), two local newspapers released child sexual abuse statistics prematurely from a police conference on crimes against children.

These were as follows:

- 14225 children were raped in the first 11 months of 1998, a figure that has doubled since 1994
- 3451 children were indecently assaulted
- 679 children were sodomised, and 171 were victims of incest
- 33827 crimes against children were reported.

The following statistics from the South African Police Services reflect the number of cases reported for sexual crimes with a girl child (Table 3.1) while Table 3.2 reflects the number of cases of cruelty against children, reflected for the various provinces of South Africa for the last six years.

**Table 3.1 - Intercourse with a girl under the prescribed age and/ or female imbecile**  
(Crime information Analysis Centre, 2000)

Province	Cases reported to the SAPS : January to December					
	1994	1995	1996	1997	1998	1999
Eastern Cape	59	59	124	99	73	52
Free State	84	57	70	45	40	39
Gauteng	217	163	88	48	58	56
KwaZulu-Natal	103	94	50	70	103	115
Mpumalanga	23	21	29	32	15	11
North West Province	56	64	34	40	22	39
Northern Cape	32	11	26	24	18	18
Northern Province	26	14	25	18	31	20
Western Cape	187	183	134	161	114	139
<b>RSA</b>	<b>787</b>	<b>666</b>	<b>580</b>	<b>537</b>	<b>474</b>	<b>489</b>

**Table 3.2 - Cruelty towards and ill-treatment of children (excluding sexual offences, assault and murder)** (Crime information Analysis Centre, 2000)

Province	Cases reported to the SAPS : January to December					
	1994	1995	1996	1997	1998	1999
Eastern Cape	583	406	361	376	291	314
Free State	133	158	155	181	162	195
Gauteng	454	584	422	411	309	360
KwaZulu-Natal	266	336	280	295	217	219
Mpumalanga	72	139	180	154	172	222
North West Province	68	83	128	104	101	114
Northern Cape	101	194	93	87	112	160
Northern Province	265	300	187	260	251	248
Western Cape	781	705	509	500	468	575
<b>RSA</b>	<b>2,723</b>	<b>2,905</b>	<b>2,315</b>	<b>2,368</b>	<b>2,083</b>	<b>2,407</b>

These statistics are only of those cases that have been reported to the South African Police, but they do not present the whole picture. It must be borne in mind that the above figures are the official statistics, and there appears to be a great discrepancy between the official and the unofficial statistics. The reason for this is not clear, nor is it clear why

there seems to be a decreasing trend in the official statistics. There are a number of sexual abuse crimes which never get to the attention of the police, and the reasons for not reporting these crimes are many and varied, not the least of them, being the secrecy that surrounds these crimes that are often committed in the home.

### **Children's Rights**

A child's right is that adults will provide care and protection. They depend on adults to define the rules, to make and keep boundaries of behaviour.

Families are permeated with inequalities in terms of gender, developmental level, age, size, status, knowledge and power (Gilgun, 1995). Children are most vulnerable to the abuse of power because of their unequal status in relation to the adults. When parents, caregivers and those in authority over the child disregard principles related to justice and care, children have very few resources on which to fall back on in order to prevent harm to themselves. Children need both care and respect of their rights as people in order to develop to their full potential. Children who are being abused do not enjoy these protective rights, and it would be pertinent to ask why this is the case. For a fuller picture of child sexual abuse, a brief review of the causes will follow.

## **Causes of Child Sexual Abuse**

It is difficult to explain why, under similar circumstances, some adults become abusive while others do not. There are a number of theories, and findings derived from each of the following add pieces to the puzzle that starts forming a multidimensional model of the causes of child abuse. This section reviews some prominent theoretical viewpoints, i.e. psychiatric-, psychological-, family- and ecological causes, each of which adds important and unique contributions to account for the causes of child abuse.

### **Psychiatric causes**

Wolfe (1999) notes that because paediatricians and medical personnel brought the problem of abuse to the attention of the world, early attempts to explain these phenomena



were couched mostly in terms of the individual psychopathology of the offender. These early explanations for child abuse and neglect were straightforward, but narrow: child abuse was a deviant act; therefore the perpetrators were criminally inclined or mentally disturbed. Although a study carried out by Wolfe in 1985 found that fewer than 10% of abusive parents were found to suffer from a primary (Axis I) psychiatric disturbance, they were likely to have a history of learning problems, intellectual deficits and personality disorders that hinder their day-to-day abilities to cope successfully with child-related and other stressors.

#### **Psychological causes**

Early psychological causal models focused on the behavioural and cognitive processes that occur in the context of parent-child interactions (Wolfe, 1999). The parent's learning history, interpersonal experiences and intrinsic capabilities are regarded as predisposing characteristics presumed to be important contributors to an abusive episode or pattern of relating. The psychological characteristics of abusive parents have been reported in a large number of studies by many and varied researchers. These characteristics have been conceptualised by Wolfe (1999, p.63) in the following table:

**Table 3.3 Psychological Characteristics of Abusive Parents Reported in Controlled Studies**

<p><b>Behavioural Dimension</b></p> <ul style="list-style-type: none"> <li>• Isolation from family and friends</li> <li>• Less communication and less child stimulation</li> <li>• Disproportionate rate of negative to positive interactions with other family members</li> <li>• Failure to match disciplinary methods to child's transgression</li> <li>• Inconsistent discipline</li> </ul>
<p><b>Cognitive-Emotional Dimension</b></p> <ul style="list-style-type: none"> <li>• Self is described as unhappy, rigid, distressed or depressed</li> <li>• More self-expressed anger</li> <li>• Child's behaviour is perceived as stressful</li> <li>• Low frustration tolerance, greater reactivity to child provocation</li> <li>• Inappropriate child expectations; disregard for child's needs and abilities – for example the belief that child intentionally annoys parents</li> <li>• Greater <i>perceived</i> life stress</li> <li>• Flattened affect during parent-child interactions</li> </ul>
<p><b>Other Findings Related to Psychological Functioning</b></p> <ul style="list-style-type: none"> <li>• More physical health problems</li> <li>• Substance abuse</li> </ul>
<p><b>Empirical Findings That Did Not Differ From Controls</b></p> <ul style="list-style-type: none"> <li>• <i>Amount</i> (as opposed to perceptions) of stressful life events</li> <li>• Self-expressed emotional needs, for example feeling unloved or showing dependency, emotional problems or personal adjustment problems</li> <li>• Denial of problems</li> </ul>

Social learning theory describes the causes for sexual abuse by showing that people have early sexual experiences which condition them to find children arousing to them in adulthood (Finkelhor, 1986). Explanations have also been offered from a psychodynamic perspective, suggesting that parents who abuse their children do so because of unresolved intrapsychic conflicts (Lutzker et al., 1999).

#### **Family of origin and parenting**

Abuse is not randomly distributed throughout the community (Mullen, Martin, Anderson, Romans & Herbison, 1996), but it is often enmeshed in other serious family problems, especially parental substance abuse, financial problems and stressful life circumstances. It is also more likely to be found in disrupted and disturbed families and in those families subjected to economic and social disadvantage.

Finkelhor (1986) indicates that growing up in a dysfunctional family poses the greatest risk for both intrafamilial and extrafamilial sexual abuse. Fleming, Mullen, Sibthorpe and Bammer (1999) concur with this and point out that traumatic and dysfunctional family backgrounds have been shown to be associated with increased levels of child sexual abuse.



The typical family in which sexual abuse occurs has rigid boundaries with regard to outsiders, the family members are enmeshed and mutually dependant on one another (Ensink, 1992). Children may be involved in role reversal with their parents and so may become sexually involved with their parents. Ensink is of the opinion that emotional deprivation may enhance the possibility of sexual abuse and the emotional contact with the parent surrounding the abuse may be the only source of nurturing.

#### **Ecological causes**

The more contemporary theories suggest that the problem is complex, and that the parent, the child and the environment all play a role in child abuse and neglect (Lutzker et al., 1999). It is unlikely that there is a single risk factor contributing to childhood

sexual abuse. Rather, mediating and contributing factors are likely to be found in each perpetrator, with there being some common factors among most perpetrators.

## Children at risk and Perpetrators

Finkelhor (1986) and Gilmartin (1994) found the following risk factors:

- Girls are at higher risk than boys
- Those girls with few friends may be at more risk
- Abused girls are more likely to have lived without their natural fathers
- They are more likely to have mothers who work outside of the home
- They are more likely to have mothers who were disabled or ill
- Abused girls are more likely to witness conflict between their parents
- They are more likely to report a poor relationship with one of their parents
- They are likely to have many unmet needs for attention, affection and approval
- Those described as passive, quiet, trusting, unhappy, depressed and needy
- Children between eight and twelve years
- Those living with parents with alcohol, drug abuse and emotional problems.

Perpetrators are in the main, male, as much as ninety-seven percent as reported by Bannister (1992), or ninety-nine percent as reported by Dobash, Carnie and Waterhouse (in Waterhouse, 1994). Natural fathers seem to be in the majority, followed by stepfathers, male cohabitantes and brothers (Bannister, 1992; Brown, 1998).

Baird (1996) describes the perpetrator as someone more powerful than the child who uses this greater power to accomplish the abusive acts. The force that is used may be psychological or physical. Frequently perpetrators convince their victim that she is responsible for what is happening, that the perpetrator has no choice but to be attracted to or punish the victim.

The vast majorities of the male perpetrators were living in the home of the victim and were known to the victim at the time the abuse occurred (Dobash et al., in Waterhouse, 1994).

Salter (1995) reports that psychological testing fails to identify sexual offenders reliability. Frequently there is nothing wrong with them other than abnormal sexuality, which they usually deny.

### 3.4.6 Patterns of Abuse

La Fontaine (1990) maintains that most sexual abuse of children is not violent. Although some children may be subjected to rape or sadistic sexual assault, these are not the commonest forms of sexual abuse.

According to Ensink (1992) and Hartman (1995), child sexual abuse has been found to follow a rather predictable pattern. The abuse usually consists of five separate phases.

- The Engagement Phase

Someone who has access to the child, either through kinship ties, or by being placed in a position of authority over the child usually perpetrates child sexual abuse. The adult's position of authority communicates to the child that sexual abuse is acceptable. Most perpetrators do not have to resort to threats or violence; instead they engage the child by suggesting that the activity is a game, something special, or a way to gain special favours or exclusive attention.

- The Sexual Interaction Phase

This phase typically includes an escalation of sexual activities. Initially bodily contacts may have expressed warmth or affection, but the character of these contacts changes over time. Oral sex, mutual masturbation, anal and vaginal penetration mark the escalation of sexual activities.

- The Secrecy Phase

When sexual activities escalate, concealment is used to eliminate accountability and to allow the continuation of the activities. Different methods of blackmail and coercion are

used to enforce the child's silence. For most children, secrecy seems to be the only option.

- The Disclosure Phase

Some children disclose the secret by accident or on purpose, or an outsider may recognize it from the signs and cues given by the child. Disclosure of the abuse may or may not occur during childhood. Many adult victims of child sexual abuse only disclose the abuse during adulthood.

- The Phase of Suppression

Family members frequently attempt to suppress the child's report and to minimize the severity of the abuse or the child's response to it. They may want to rid themselves of the aggravation and discomfort of the situation.

## The Effects and Traumatic Impact of Child Sexual Abuse

“Children are essentially a captive population, totally dependent upon their parents or other adults for their basic needs. They will do whatever they perceive to be necessary to preserve a relationship with their caretakers. If an adult insists upon a sexual relationship with a dependent child, the child will comply.”

Given this reality, it makes no sense to invoke the idea of consent. Consent and choice are concepts that apply to the relationship of peers. They have no meaning in the relations of adults and children, any more than in the relations of free men and slaves”

(Ward, 1984, in Bannister, 1992, p.84).

According to Ensink (1992) there are six characteristics of child sexual abuse which are thought to represent the severity of child sexual abuse experiences: sexual abuse by multiple perpetrators, severity of coercion, father as perpetrator, duration of sexual abuse, intrusive sexual acts, and age differences between girl and perpetrator.

La Fontaine (1990) reports that sexual abuse can trigger psychosomatic responses, including asthma, eczema, anorexia nervosa, abdominal pains and headaches. This has also been reported by Russell (1997, p.163) who states, “a poor self-image, feelings of

worthlessness, self-destructive impulses, eating disorders, relationship problems, and so on, seriously handicap many survivors' development, to say nothing of their health, happiness and fulfilment". Several studies have suggested an association between childhood sexual abuse and the later development of high medical utilization and multiple medical complaints (Briere & Runtz, 1988; Drossman et al., 1990; Morrison, 1989; Rimsza et al., 1988).

Clearly feelings of self-blame and stigma relating to child sexual abuse can linger long into adulthood (Coffey, Leitenberg, Henning, Turner & Bennett, 1996). This sense of felling ashamed, blameworthy and tainted, regarding the abuse, impacts adjustment by affecting the survivor's core beliefs about her worthiness as a person. Struggling with these feelings may result in high levels of psychological distress. In an Australian study conducted by Fleming et al. (1999), 144 women who had experienced childhood sexual abuse were asked if they believed the early abuse had any long-term effects on their lives. They reported a range of problems which they believed resulted from childhood sexual abuse, the most common effect being low self-esteem (28%), distrust (25%), sexual problems (17%), fear of men (9%), depression (9%), eating problems (7%), drug problems (1%), alcohol problems (1%) and other unspecified problems (4%).

Hartman (1995) explains that there is a huge amount of variability in the effects of childhood sexual abuse, but the majority of researchers argue that the effects are largely harmful. Adverse effects can manifest themselves during any developmental stage of life despite the victim not having felt any negative effects in the past. The effects can be subdivided into eight different categories:

#### **Sexualization**

Sexualized behaviour is one of the few short-term effects consistently associated with childhood sexual abuse (Beitchman, Zucker, Hood, DaCosta, Akman & Cassavia, 1992). By the age of five most children understand that grabbing the genitals or breasts of an adult is not acceptable behaviour (Bannister, 1992), but abused children may have been rewarded for such behaviour by affection as this may be a part of the grooming by the

abuser. The child would have been subjected to double messages about her sexuality, and the perpetrator may have foisted the responsibility for the abuse upon her. This may lead to a child behaving in an age inappropriate manner, behaving seductively and inappropriately, compulsive masturbation, excessive sexual curiosity and frequent exposure of the genitals.

#### **Cognitive Effects**

Cognitive effects refer to the mental processing of the abuse in order to make some meaning of the experience. These internalisations are often done in isolation and without support from others. According to Briere and Runtz (1990) abuse victims make negative assumptions of themselves where they underestimate their self-worth and self-efficacy, and of their world where they assume that the world is a dangerous place where no help may be found. They start seeing themselves as bad, guilty, hopeless and helpless and they see only a bleak future. They also internalise the belief that they are damaged and unworthy human beings (Sanford, 1997).

#### **Emotional Effects**

In a study cited by Bollen et al. (1999) the data indicates that survivors of abuse experience a high degree of emotional distress. The most common feeling among women was anger at themselves or at the abuser. Depression was also widespread with as many as 87 % of the women suffering from depression at some time as a result of the incident of abuse that they considered to be the most serious. Many of these women also suffered from other symptoms such as panic attacks, suicidal ideation and attempted suicide and recurring nightmares.

#### **Physiological Effects**

Allender (1995) points out that there is a clear, though imperceptible, bridge between our inner health and our physical well-being, and that physical symptoms are often a sign of deep inner struggle.

Physical complaints are often the only way that victims of child sexual abuse allow themselves to express their pain. They often report a variety of psychosomatic and



physical complaints that commonly include stomach ailments, headaches, sore throats, skin disorders, enuresis and encopresis. Felitti (1991) found that recurrent gastrointestinal distress was reported by 64% of abused women. In an Australian study conducted by Fleming et al. (1999), 144 women who had experienced childhood sexual abuse were asked if they believed the early abuse had any long-term effects on their lives. They reported a range of problems which they believed resulted from childhood sexual abuse, the most common effect being low self-esteem (28%), distrust (25%), sexual problems (17%), fear of men (9%), depression (9%), eating problems (7%), drug problems (1%), alcohol problems (1%) and other unspecified problems (4%). Hartman (1995) reports that pain may also be localized in certain areas that were subject to abuse. As a consequence of such recurring pain, victims may believe that they have been physically and biologically damaged by the sexual abuse. A high percentage (64%) of women who were subjected to childhood sexual abuse, report that they had experienced chronic pelvic pain, as opposed to 23 % of normal subjects (Walker, Katon, Harrop-Griffiths, Holm, Russo & Hickok, 1988). Those women also had significantly higher rates of adult sexual problems; they also had significantly more medical problems and frequently made non-specific psychological as well as pain complaints to their doctors. Moeller, Bachman and Moeller (1993) have found that the more types of maltreatment a woman experienced as a child, the greater chances of her being hospitalised for both illnesses and surgeries, and the more likely she was to perceive herself as having physical and psychological problems.

Salter (1995) describes somatic flashbacks (e.g., pain or an uncomfortable sensation in some part of the body associated with the abuse) that may be experienced by survivors. These are not as common as emotional flashbacks and they may emerge before images or words of the abuse experience do. Walker et al. (1988, p.79) note that “ chronic pelvic pain may be a metaphorical way of describing chronic psychological pain and may act as a defense or coping mechanism to protect against painful, emotion-laden memories”.

Women with a previous history of sexual abuse are more likely to become high users of medical care, with a likelihood more than four times the norm, and more than three times as nonabused women do (Felitti, 1991).

#### **Interpersonal Effects**

According to Hartman (1995), there is considerable evidence that the victims of child sexual abuse experience a diversity of interpersonal effects which are prominently characterized by feelings of isolation and alienation, feelings of stigmatisation and being different from others and an inability to trust others. Children who have been abused often report that they felt as though everyone could see just by looking at them that they had been abused.

#### **Behavioural Effects**

Aggressive behaviour, suicidal behaviour, substance abuse, impaired social functioning, personality disorders are the disorders listed by Brown (1998). Hartman (1995) cites a number of other behavioural effects that focus particularly on self-destructive behaviours that may become life-threatening, these are self-mutilation and eating disorders.

In a study conducted by Rimsza et al. (1988) it was found that sexually abused children and adolescents were much more likely than a matched control group to experience behavioural difficulties months to years after the abuse has been reported and presumably ended.

According to La Fontaine (1990) the consequences of sexual abuse in children depend to some extent on the age of the child when it started, and the nature of the abuse. The outcome may also be affected by other factors such as whether the abuse was long-standing or short-lived, occasional or frequent and whether force or physical abuse accompanied or not.

SgROI, Blick and Porter, (1982, in Hartman, 1985) and Finkelhor and Browne, (1985, in Hartman, 1995), believe that sexual abuse is virtually always a deeply traumatic,

disruptive, disorientating and destructive experience for a child with an amount of stimulation that is far beyond the child's capacity to assimilate. As a consequence, there is usually also interference with the mastery of the child's normal developmental tasks. To understand why some people are more vulnerable than others to the severity of the trauma, it is necessary to look at the influence of several compounding factors:

#### *The type of abuse*

Hartman (1995) is of the opinion that although there is much empirical evidence that suggests that there is an association between severity and degree of trauma and the type of sexual activity, the evidence is somewhat inconclusive. It is however, the psychological "meaning" that the abuse has for the child may be more important than the actual acts committed. Therefore it is not the type of abuse as such which exerts an influence on the severity of the trauma, but rather the child's reaction to it.

#### *Identity, age and sex of abuser*

Tower (1989) reports that in the case of intrafamilial sexual abuse, the victim is more traumatized than in the case of abuse that is extrafamilial. Abuse perpetrated by a father-figure is likely to be more traumatic than abuse by others as it involves greater betrayal and loss of trust than abuse by others, and it may also reflect a significant level of family disturbance along with less emotional support to the child (Beitchman et al., 1992). Finkelhor (1979) found that the older the abuser, the more traumatic and serious the impact on the victim. He also noted that the age of abuser was the second most important predictor for trauma.

#### *The duration and frequency of the abuse*

Tower (1989) points out that abuse continues over a period of time, rather than a one time incident or a series of incidents, seems to create more trauma. The only exception is when the one time incident involves violence or sadism. Hartman (1995) states that there is very little consensus among researchers on the effects of the duration and frequency of abuse and severity of impact as it is rather a combination of variables which influences psychological sequelae.

### *The extent of the abuse*

Although any type of abuse can traumatize a child, Hartman (1995) is of the opinion that the perpetrator who takes the child further along the continuum of abuse, or does more physical damage to the child, creates more lasting effects. Beitchman et al. (1992) also note that abuse involving penetration (intercourse or oral-genital sex) is associated with greater long-term harm.

### *Age of onset*

Sanderson (1990) proposes that the younger the child, the more vulnerable that child is to trauma due to the impressionability of the child. This finding is consistent with that of Browne and Finkelhor (1986, in Beitchman et al., 1992), who although they found little clear relation between age of onset and trauma, noted that if a trend could be discerned it would be that younger age was related with greater later trauma. This finding is contradicted by Beitchman et al. (1992) who note that the relationship between age of onset of abuse and outcome remains unclear, although they find more evidence exists to support a more traumatic impact of postpubertal abuse than prepubertal abuse.



### *Physical force and violence*

Hartman (1995) points out that there seems to be some association between physical force and violence and the severity of trauma. Finkelhor (1979) found that the more force that was used the more negative the outcome. This finding is corroborated by Banyard and Williams (1996), who predict that those children who have experienced abuse that included the use of weapons or physical force will have more serious, negative long-term psychological consequences than those who have experienced abuse without these characteristics.

### *Disclosure*

Hartman (1995) points out that there is an assumption among most researchers that if the abuse is kept secret and not disclosed until adulthood, it will exacerbate trauma which may lead to greater mental health impairment. It further appears that there are other

factors involved in disclosure, namely parental reaction to the revelation of the abuse. Finkelhor (1986) reported that symptoms were worse if parental response was negative. This implies that negative responses worsen the trauma, although positive responses do not necessarily ameliorate trauma.

Wolfe (1999) reports that child abuse and neglect have considerable psychological importance as these experiences happen as part of ongoing relationships that are expected to be nurturing, supportive and protective. Yet their ties to the family, even to the abuser, are important, so the child victims feel torn between a sense of loyalty and a sense of fear and apprehension. Thus the child faces a number of paradoxical dilemmas:

- The victim wants to stop the violence, but is also a part of the family. Disclosure often tears the family apart when a convicted perpetrator is sent to prison. Thus loyalty and strong emotional ties to the abuser are powerful opponents to the victim's desire to be safe and protected within the family.
- Affection and attention may coexist with violence and abuse. The child is often made to feel special by virtue of the extra attention she receives from the abuser. A recurring cycle may happen whereby mounting tension characterized by fear and anticipation gives way to more abusive behaviour. This may be followed by a period of reconciliation, with increased attention and affection. Children are always hopeful that the abuse will not recur.
- The intensity of the violence tends to increase over time, although in some cases physical violence may decrease or even stop altogether. Abusive behaviour may vary throughout the relationship, sometimes taking different forms, but the adult's abuse of power and control remains the central issue.

Maltreatment damages individuals' developing relations with others and their fundamental sense of safety and self-esteem. Maltreatment of a child always has dire consequences. Not only may there be physical scars which are visible, but there are often those invisible scars which have harmed the innermost parts of the child, and they are likely to remain there for the longest time.

## Psychopathology

It has been reported by Whitfield (1995, in Dixon, 1998) that between 50% and 60 % of psychiatric inpatients and 40% to 70% of psychiatric outpatients have a reported history of sexual abuse as children. In a study by Walker, Katon, Hansom, Harrop-Griffiths, Holm, Jones, Hickok and Jemelka (1992) it was reported that the risk for lifetime diagnoses of major depression, panic disorder, phobia, somatization disorder and drug abuse, and current diagnoses of major depression and somatoform pain disorder was significantly elevated in the group of women who had been severely abused.

Schwartz and Cohn (1996) point out that children who have been sexually abused, are often plagued with feelings of shame and guilt which do not dissolve after the sexually abusive relationship ends. They contend that shame is a powerful emotion involved in the development of psychiatric symptoms in general.

Allan and Gilbert (1997, p. 471) state that stretching back to Alfred Adler (1870-1937), there is a long history of ideas that “some states of psychopathology may be related to being forced down in social status (rank), feeling inferior and behaving submissively (i.e. being involuntarily subordinate)”. They further note that the word depression is derived from the Latin *deprimere*, which means pressing down and being brought down in status or fortune.

- Depression

Depression appears to be found more often in adult survivors of child sexual abuse than any other symptom (Finkelhor, 1986; Finkelhor & Browne, in Salter, 1995; Salter, 1995). There is evidence that between 35% and 65% of adults who were sexually abused as children have reported the presence of major depressive symptoms, in comparison with non-abused control groups where depressive symptoms occur in 16% -23% of the cases (Finkelhor, 1986).

Depression, sometimes described as anger turned inward, makes sense given the context in which sex abuse occurs. If the victim feels responsible for the acts that have been

perpetrated, or she feels she may have enjoyed some aspects of them, she may feel angry and want to punish herself.

- Anxiety

Chronic, sometimes severe, anxiety is frequently associated with a history of child sexual abuse ( Finkelhor, 1986; Gilmartin, 1994; Salter, 1995). Salter (1995) points out that although not all studies always find a relationship between anxiety and depression with childhood sexual abuse, the overwhelming weight of evidence is that anxiety and depression may continue decades after the abuse has ceased. She also notes that the depression and anxiety that adult survivors experience may be derived directly from affective flashbacks where triggered by a specific stimulus such as an odour similar to the offender's cologne, or by a general stimulus such as sexual activity, intimacy or even men in general. Some survivors also experience somatic flashbacks where they feel pain in specific parts of their body when discussing or thinking about the abuse.

Furthermore, anxiety and depression may be experienced due to cognitive distortions where a victim has maladaptive thought patterns derived from the internalisation of thinking errors. She may believe that the abuse was her fault and thus she feels bad and worthless which leads to feelings of anxiety and depression. The inability to make meaning out of the abuse may also lead to further anxiety and/or depression. The survivor may also suffer from depression and anxiety because she has developed a "trauma-based worldview," a belief that the world is unpredictable and that she is not safe in the world. Such a view may be so negative that there seems to be no hope at all (Salter, 1995).

- Eating Disorders

Another outcome related to child sexual abuse is the development of eating disorders (Finkelhor, 1986; Gilmartin, 1994; Russell, 1997). These eating disorders usually appear in adolescence and continue well into adulthood, with bulimia nervosa being more prevalent in childhood sexual abuse than anorexia nervosa (Gilmartin, 1994).

According to Schwartz and Cohn (1996) once sexual abuse has occurred the body and the sex organs become the enemy in the context of the distorted survival strategy of children who must maintain the belief that adults are good, and that therefore they (the body) deserve to be punished. The form of punishment can take several forms, the body may be starved in order to make it unattractive, or it may be overfed in order to affect the same. Eating is often a ritual that families use to signify that they are a loving and caring family, thus the abused child may see food as a representation of affection. Purging may also be used as a way to cope with the powerlessness, anger and depression following physical boundary violations.

In a research project carried out by Zlotnick, Hohlstein, Shea, Pearlstein, Recupero and Bidadi (1996), 134 psychiatric inpatients were studied. Their findings were that there is an association between sexual abuse and an overall pattern of eating disorder symptomatology. Their research suggests that feelings of mistrust, a need for perfection, and the inability to identify emotions are common sequelae of sexual abuse. They also found, more interestingly, that drive for thinness was elevated in patients with a history of sexual abuse. They theorize that this over concern with diet, body weight, shape and size may be a defense against out-of-control feelings engendered by a violation of the body.

- Dissociation

Frequently victims of childhood sexual abuse report varying degrees of dissociation (Finkelhor, 1986, Salter, 1995). Sexual trauma is often a syndrome of “knowing and not knowing” simultaneously (Schwartz & Cohn, 1996, p. x).

Kritsberg and Miller-Kritsberg (1993) describe dissociation as being a method whereby the victim, although remembering her sexual abuse, feels emotionally disconnected from the abuse. When the abuse is recalled, her emotions go numb and she experiences the abuse from the perspective of feeling distant or as if the abuse has happened to someone else.



Salter (1995) notes that a child develops a capacity for dissociation when she successfully manages to numb her body so that she does not respond physically to the sexual abuse. Among some of the reasons why children do not protest their abuse is that they may have dissociated. She describes the process of dissociation as that “the sense of self may leave the body and hover somewhere in the room, often watching the abuse from the ceiling. Of course the mind does not actually leave the body; it just switches perspectives and .....translates the data into a different configuration” (Salter, 1995, p.236). Dissociation presents in a number of ways: out of body experiences, lack of feeling, fugue states, multiple personality disorder, emotional numbing and flashbacks. In any of the preceding forms it is a more powerful method of avoiding pain than distraction or denial. Denial only blocks awareness and emotions after the abusive act, while distraction keeps both from surfacing. Salter asserts that, “the power of dissociation is its ability to separate the victim from the trauma; the weakness is that it can separate him (her) from present reality as well as past” (Salter, 1995, p.236).

Draijer and Langeland (1999) report that the severity of dissociative symptoms in their study was related to the severity of abuse (penetration and duration longer than 1 year). Highest dissociation scores came from those who had been sexually abused both inside and outside the family, or who were both physically and sexually abused.

- Posttraumatic Stress Disorder

Posttraumatic stress disorder (PTSD), a DSM IV (American Psychiatric Association, 1995) diagnostic category, is a disorder characterized by several symptom clusters: the traumatic event is persistently re-experienced; there is a persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness; and there are persistent symptoms of arousal (Allwood & Gagiano, 1997).

Posttraumatic stress disorder has been found in a percentage of adult survivors of childhood sexual abuse (Gilmartin, 1994; Salter, 1995). Schetky (1990, in Dixon, 1998) found that almost half of all adult survivors met the criteria for PTSD, while a study

carried out by Widom (1998, in Wolfe, 1999) found that one third of adults who had been physically abused met the criteria for lifetime and/or current PTSD.

#### **Effects on Development and Social Functioning**

It seems that individuals sexually abused as children run a significantly higher risk of being sexually abused or physically battered as adults (Salter, 1995). Also, it is clear that being battered or sexually assaulted only as an adult offers no protection, as this can also lead to psychological symptoms. Salter also points out that it is less clear whether symptomatic adults who were sexually abused as children and sexually or physically abused as adults derive their symptoms from the childhood trauma or the more recent adult trauma. While childhood sexual abuse does appear to have an impact on later functioning on its own, adding later adult victimization and revictimization only makes matters worse.

According to Baird (1996) the event of child sexual abuse introduces concepts and emotions that are intense, difficult and in conflict with the child's expectations and understanding of the world. La Fontaine (1990) points out that children need acceptance and love as much as they fear violence and punishment. Thus when a parent or relative whom they love demands sexual services as the price of such love a child is faced with a terrible dilemma. The meanings attached to child sexual abuse are not static, but according to Dixon (1998, p.11) "the experience of child sexual abuse is a developmental process and the meaning attached to it will change as the person grows and changes cognitively, physically, emotionally and behaviourally over time". Thus some very young children may not recognize the sexual encounter as abuse at all, and they may even find the experience fulfilling and gratifying, but as their awareness of sexual behaviours increase, they may be more inclined to view the encounters as abusive.

The effects on social functioning include sexuality problems, relationship problems, revictimization, and the victim may become an abuser (Brown, 1998). Felitti (1991) researched sexual abuse events that had happened 30 years ago and found that marital instability was more common in those women who had been abused than in the controls,

in addition, analysis of occupation suggested that these victims sought out jobs that provided reduced social interchange.

Salter (1995) notes that long-standing sexual problems are prevalent in survivors of abuse. She feels that they are so prominent; that at one stage every survivor she had treated had them. Perpetrators will often stimulate the child, while at the same time telling the child that she wants this. The body has a natural reaction that will respond to the stimulation. This pairing of an emotionally aversive experience and sexual pleasure is confusing to the child and is unlikely to make her develop a healthy adult sexuality.

Survivors may have difficulty being in relationships with others if there is an inability to trust the other (Baird, 1996). They may have promiscuous relationships, feeling that their only worth is sexual. They often find it difficult to form meaningful attachments to others. Baird furthermore points out that one of the foremost needs of survivors is to gain control over their lives. Control was taken from them when they were abused and the symptoms they suffer continue to take away their control.

According to Wolfe (1999) a number of studies have found that abused children are significantly more aggressive towards their peers, and they exhibit a complex array of social behaviours that indicate poor self-control, distractibility and negative emotions. Teachers and parents describe abused children as being more difficult to manage, less socially mature and less capable of developing trust.

Children who have been abused feel different to their peers, and they often feel that others can tell they are being abused just by looking at them. This may lead to social withdrawal.

The road to healing for many sexual abuse victims is a long and arduous one. The following section attempts to explore the journey to healing.

## **ADULT SURVIVORS OF CHILDHOOD SEXUAL ABUSE**

Blume (1990) chooses to call a child exposed to sexual abuse a “victim”, while she names adults who have experienced sexual abuse, “survivors”. The term “survivor” implies strength and resilience. It is a mark of respect to a woman who has endured a childhood of horror and mistrust, and who has thrown off the mantle of victimhood. The fact that revictimisation occurs in adulthood in many instances, is reason enough to bear in mind that some individuals remain victims for a large part of their lives. It becomes necessary for those who were abused as children to learn to trust again if they are to be survivors.

### **Revictimization**

Revictimization refers to those times where adults who have survived childhood abuse, experience further abuse later in life which may be seen as a consequence of child sexual abuse (Salter, 1995). There are many studies that suggest that adult survivors of childhood sexual abuse have a high chance of being revictimized as adults (Finkelhor, 1986; Russell, 1997; Salter, 1995). These studies show that up to 65% of adult abuse survivors may be revictimized during adulthood by attempted rape, rape, sexual assault and battery. Wyatt, Guthrie and Notgrass (1992, in Salter, 1995) found that women who had been sexually abused as children were 2,4 times more likely than non-abused women to be reabused sexually during adulthood. This was also reported by Walker et al. (1992) who found that the predictive index for severely abused children to suffer adult sexual abuse was 79%. Russell (1986) found that adult incest survivors were more likely to have higher rates of victimization through rape or attempted rape than non-abused women (65% to 36%), and were three times more likely to be to be victimized through marital rape, and more than twice as likely to be physically battered. Follitt (1991) found that women often fit into multiple categories of sexual abuse, and are often abused by multiple abusers within any given category, suggesting that the initial event predisposes to repeated sexual trauma. Children who are victims of one form of abuse are also more likely to experience other forms of abuse (Mullen et al., 1996). This surely adds to the cycle of revictimization.

Salter (1995) reports that childhood sexual abuse has a powerful impact on later functioning. She also mentions that revictimization does not slow recovery; it stops it altogether. "Healing, unfortunately, does not begin until the abuse stops" (Salter, 1995, p.187), thus adding revictimization experiences can only make matters worse.

Wolfe (1999) points out that abuse experiences in one's family of origin may create vulnerability for further victimization by others such as intimate partners. In addition to prior abuse experiences, the risk of becoming a victim or perpetrator of violence increases as the result of negative influences from peers (i.e. condoning violence), the absence of compensatory factors such as success at school and healthy relationships with others, and a lack of alternative sources of information that serves to counteract existing biases, attitudes and beliefs. The high correlation between childhood and adult sexual abuse suggests that the impact of early traumatic experiences are most certainly long-lasting. Early victimization may cause people to react to similar dangerous adult situations with dissociative coping mechanisms that interfere with the ability to recognize and withdraw from potential harm (Walker et al., 1992). Finkelhor (1979) suggested that the high association between childhood sexual abuse and revictimization may be due to factors that force a victim out of the family and into high risk situations for wife abuse or rape. Child sexual abuse also has a corrosive effect on self-esteem, therefore making these women conspicuous targets for sexually exploitative men.

Runtz (1987, in Beitchman et al., 1992) has proposed that a combination of idealization and oversexualization, together with an impaired ability to accurately identify untrustworthy persons, are critical factors in explaining revictimization. Other personality variables such as a sense of worthlessness, guilt and self-blame, may precede, co-exist, or follow child sexual abuse, leading these women to expose themselves to relationships with those who revictimize them, and thus confirm their low opinion of themselves.

## Trust

When a child has been abused her trust in adults has been violated. This violation of her boundaries may lead to the fragmentation of her inner world. According to Bannister

(1992) this may lead to stringent and increasingly despairing attempts to maintain control, the development of negative self concepts derived from feelings of worthlessness, and a perception of herself as an object to be used by others, rather than experiencing herself as the subject of her own story. The survivor often emerges with a belief that her needs, wishes and desires are of no worth (Salter, 1995). She may struggle with codependency as she is inclined to take responsibility for other people's emotions, but she seems unaware of her own. The survivor has been party to a number of implicit and explicit messages all of which may cause her to believe that she is worthless, unimportant and even possibly bad.

Baird (1996) also makes the point that because at the time of the abuse the child victim is powerless to stop the abuse and because there is seldom any intervention by other parties, the child will continue to feel powerless. Thus it makes sense that a survivor will have a difficult time trusting others. She might not know how to trust, since in most instances, her abuser was someone she trusted. The survivor might not know how to "read" someone and may not know how to judge behaviour that is unsafe or safe for her. She may start to assume that eventually everyone will betray and hurt her.



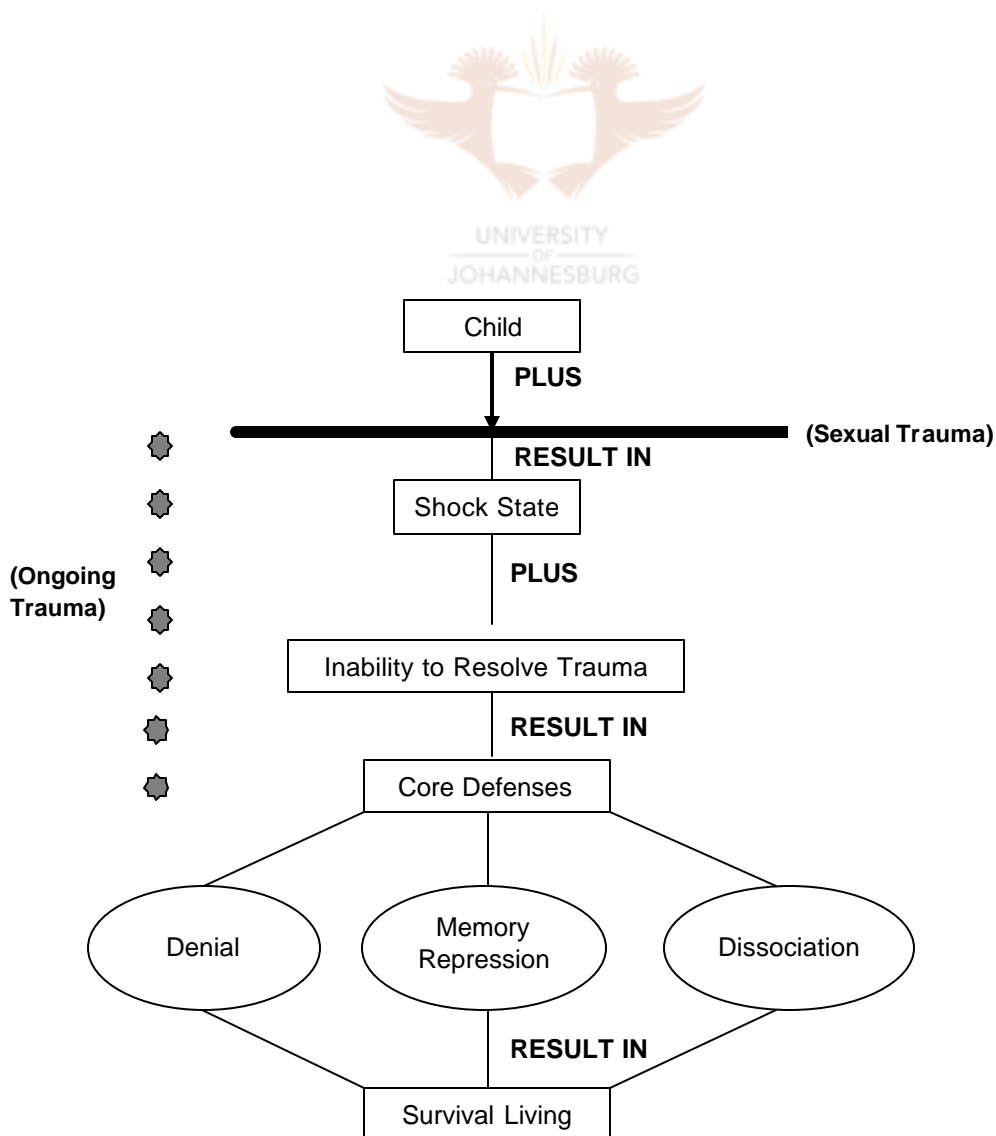
## Survivors of Sexual Abuse

"I want my own voice.  
I want to reclaim my inner land.  
It is not enough to be the shell.  
In which the child can hide.  
We need to stand and speak as one."

(Bannister, 1992, p.23)

To survive the trauma of sexual abuse survivors develop defenses which help them to survive emotionally (and sometimes physically). These defenses continue to operate throughout life, keeping survivors in "survival mode" (Kritsberg & Miller-Kritsberg, 1993, p.45). These core defenses are depicted in Figure 3.1.

According to Kritsberg et al. (1993), “the child” represents the basic state of innocence and trust before the abuse occurred. In general, no matter the environment, children learn to adapt to their circumstances. The “sexual trauma” represents that point when the child/adult was first sexually abused. The asterisks on the left side of the figure represent ongoing or periodical sexual abuse. Each of these abuse incidents traumatizes and wounds the individual so that they respond by going into a shock state. Even if the abuse was pleasurable, the emotional overload experienced as a result of being sexually used may be enough to induce the state of shock.



### **Figure 3.1 Sexual Traumatization (Kritsberg & Miller-Kritsberg, 1993)**

Kritsberg et al. (1993) further contend that a child is unable to resolve sexual trauma, but this is likely to be the case with most adults as well. This inability results in core defenses which help maintain a balance between feeling and expressing the stored pain and continuing to function daily. These core defenses are:

#### *Memory Repression*

The victim has experienced many feelings associated with the abuse, including guilt, fear and shame. This “forgetting” keeps the victim from living in constant painful awareness of the abuse.



#### *Dissociation*

Dissociation means that even though the victim remembers being sexually abused, they feel emotionally disconnected from the experience, and when they recall the abuse, their emotions go numb so that they feel as though their connection to themselves has been disconnected. It is a simple but effective defense, enabling the victim to deaden the pain of the abuse and so to feel safe.

#### *Denial*

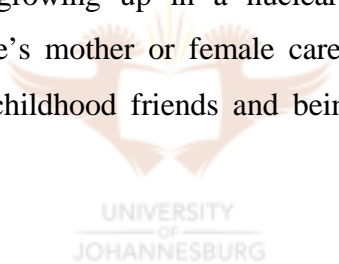
Denial defends the victim mentally from the abuse enabling the victim to believe that the abuse did not really happen. It is a formidable defense, as in spite of the actual memories of the abuse and the validation from other survivors about the impact of abuse; denial minimizes and discounts the survivor’s real pain. In general denial takes two forms: total denial and denial by minimization. *Total denial* exists when the victim refuses to believe that abuse happened, even in the face of evidence, because the truth is so painful and frightening. *Denial by minimization* is more common, and it occurs when the victim



downplays the extent of the abuse, or the impact it has on life. The three core defenses often work in concert with one another, it is common to have all three operating at the same time.

But in order for the victim to become a survivor, the past pain must be acknowledged and felt so that it can be released from the body, mind and life. A frequently heard statement of women as they attempt to move from the status of victim to that of survivor of sexual abuse is that they often feel like “damaged goods” (Lechner, Vogel, Garcia-Shelton, Leichter & Steibel, 1993). The violated body of a sexual abuse victim may express the pain and damage of the assault in tangible, physical ways, in addition to the often-described emotional consequences of the abuse.

Mullen et al. (1996) describe a number of factors that ameliorate the effects of childhood sexual abuse. These include growing up in a nuclear family, having a caring and confiding relationship with one’s mother or female caregiver, having had at least one close confidant among one’s childhood friends and being believed when the abuse is disclosed.



Someone walked away with my soul.

They robbed my spirit.

They murdered it. They tried! But, I was still alive.

I survived.

Valerie Godfrey (in Malone et al.,1996, p.112)

## **CONCLUSION**

“The recognition of sexual abuse is entirely dependent on the individual’s inherent willingness to accept that the phenomenon actually exists”

Dr S. Sgroi, in La Fontaine, 1990, p.20.

Only a fraction of sexual abuse of children that happens is ever reported, be that to the authorities or to another member of the family. Although rates of abuse are available from hospitals and protective service agencies, it is estimated that only 5-7% of abused children actually come to the attention of the authorities (Moeller et al., 1993). Silence is a particularly powerful motif of child sexual abuse. It is enforced upon children by both their abusers, and by a society that often will not listen. In a national study carried out by Finkelhor, Hotaling, Lewis and Smith (1990, in Schwartz and Cohn, 1996), only 33% of child sexual abuse events had ever been disclosed to anyone. The difficulties of discovering the dimensions of this social problem come largely from the fact that the victims are silent, or rather, they are silenced. In a study carried out by Felitti (1991), sexually abused adults were evaluated more than three decades after the event, for 90% of the survivors this was the first time it had ever been discussed.

“ By putting it into words I can make it whole; this wholeness means it has lost the power to hurt me”.

Viginia Woolf

A Sketch of the Past

La Fontaine (1990) describes the reasons for this silence as being due to the unequal relationship between adults and children. The power of adults is greatest when children are young and weak, but the hold of that power continues long after that stage. The power of adults refers to the ability to enforce one’s wishes, by physical means, non-violent coercion or persuasion, rather than through the recognition of rights.

Finkelhor (1986) states that most cases of child sexual abuse do not come to the attention of any child welfare agency, due to the nature of the problem- its secrecy and shame, the

criminal sanctions against it, and the young age and dependent status of the victim. It is these factors which discourage voluntary reporting.

“Once the lid is taken off the secrecy of child abuse, incest, rape, date rape, sexual harassment or sexual revictimization, once the phenomenon of sexual victimization is constructed and acknowledged as a problem, and once women are empowered to disclose and voice their secrets, the reality and magnitude of the problem is revealed”.

Dixon (1998, p.45)

