

**AN EMPOWERMENT GROUP FOR CHILD SEXUAL
ABUSE- *an example of a Community Psychological
Social Action Model***

by

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TABLE OF CONTENTS

Declaration of originality	8
Acknowledgements	9
Dedications	10
Abstract	11

CHAPTER 1 INTRODUCTION

1.1. Outline of the problem	12
1.2. Definition of terms	16
1.2.1. Empowerment	16
1.2.2. Group	17
1.2.3. Child sexual abuse	18
1.3. Aims of the study	19
1.4 Conclusion	20

CHAPTER 2 LITERATURE REVIEW

2.1. Theoretical consideration in child sexual abuse	22
2.1.1. The Traumagenic Dynamic model	23
2.1.1.1. Sexual traumatization	24
2.1.1.2. Stigmatization	24
2.1.1.3. Betrayal	24

2.1.1.4. Powerlessness	24
2.1.2. The Posttraumatic Stress model	25
2.1.2.1. Etched memories	26
2.1.2.2. Sense of forshortened future	26
2.1.2.3. Reenactment	26
2.1.2.4. Physical response	26
2.1.2.5. Transposition	27
2.1.3. Self Psychology and Ego development model	29
2.1.3.1. Child sexual abuse dynamics and ego development	31
2.1.3.1.1. Engagement	32
2.1.3.1.2. The sexual act in the abuse	33
2.1.3.1.3. Secrecy	34
2.1.3.1.4. Suppression	34
2.1.3.1.5. Survival	34
2.1.4. Feminist theories of child sexual abuse	34
2.2. Review of therapeutic programs of child sexual abuse	36
2.2.1. Groupwork with sexually abused victims	39
2.3. Theoretical consideration on Power-mapping	41
2.3.1. Background to power-mapping	42
2.3.2. Application of power-mapping to child sexual abuse	50

2.4. Conclusion	52
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CHAPTER 3 METHODOLOGY

3.1. Introduction	53
3.1.1. Extending power horizon, historically and currently	53
3.1.2. Tendency to abuse power	54
3.1.3. Encouraging and fostering solidarity	54
3.1.4. Exploring windows of opportunity	54
3.2. The Technique of power-mapping	55
3.2.1. Home and Family environment	56
3.2.2. Social environment	56
3.2.3. Personal Resources	56
3.2.4. Material Resources	56
3.3. Phenomenological Approach	58
3.4. Subjects	58
3.5. Procedure	59
3.6. Reliability, validity and ethical consideration	61
3.7. Conclusion	63

CHAPTER 4 DISCUSSION

4.1. Data collection	64
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4.1.1. Elicitation of information for power-mapping	64
4.1.1.1. The clinical interviews	65
4.1.1.2. Projective Techniques	66
4.1.1.3. Intellectual assessment	68
4.1.1.4. Use of Genograms	70
4.1.1.5. Collateral Information	70
4.2. Groupwork	70
4.2.1. Presentation of Vignettes	71
4.2.2. Group Themes	81
4.2.3. Mapping the terrains	83
4.2.3.1. Collective mapping: Terrain of Material Resources	84
4.2.3.2. Collective mapping: Terrain of Home & Family life	93
4.2.3.3. Collective mapping: Terrain of Social life	100
4.2.3.4. Collective mapping: Terrain of Personal Resources	105
4.2.4. Individualized mapping of subjects	111
4.3. Discussion emanating from mappings	114
4.4. Group therapy in addressing power deficiencies	122
4.5. Conclusion	126

CHAPTER 5 CONCLUSION

5.1. Introduction	127
5.2. Study Evaluation	127
5.3. Recommendations	131
5.4. Conclusion	134
References	136

FIGURES AND TABLES

Figures:

1. The environment of therapy	46
2. Therapy in perspective	47
3.The environment of pathogenesis	48
4. Influence of the social environment	49
5.Conceptual framework of terrain of powers and resources	57
6. Individualised mappings	111
7. Remapping of powers and resources gained	126

Tables:

1.1. Positive 3 ratings on material resources	85
1.2. Positive 2 ratings on material resources	86

1.3. Positive 1 ratings on material resources	87
1.4. Zero position on material resources	88
1.5. Negative 1 ratings on material resources	89
1.6. Negative 2 ratings on material resources	90
1.7. Negative 3 ratings on material resources	91
2.1. Positive 3 ratings on home & family life	93
2.2. Positive 2 ratings on home & family life	94
2.3. Positive 1 ratings on home & family life	95
2.4. Zero position on home & family life	96
2.5. Negative 1 ratings on home & family life	97
2.6. Negative 2 ratings on home & family life	98
2.7. Negative 3 ratings on home & family life	99
3.1. Positive 3 ratings on social life	101
3.2. Positive 2 ratings on social life	102
3.3. Positive 1 ratings on social life	103
3.4. Zero position on social life	104
4.1. Positive 3 ratings on personal resources	105
4.2. Positive 2 ratings on personal resources	106
4.3. Positive 1 ratings on personal resources	107

4.4. Zero position on personal resources	108
4.5. Negative 1 ratings on personal resources	109
4.6. Negative 2 ratings on personal resources	110
4.7. Negative 3 ratings on personal resources	111

APPENDIX

Informed consent letter	147
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DECLARATION OF ORIGINALITY

I, Naphtal Msizeni Ndlovu hereby declare that this dissertation is my own work and that all sources I have used or quoted have been indicated and acknowledged by means of complete references.



N.M. Ndlovu
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ABSTRACT

Research in the area of child sexual abuse is growing rapidly. A potpourri of literature in this field lacks one very important aspect- the workings of power in relation to abuse. The way in which power is exercised over people, is the most insidious ingredient of distress which sadly affects normal development. This research is aimed at studying this core variable in the lives of victims of child sexual abuse. Its special focus is investigating the effect of sexual abuse from the perspective of the 'terrain of power' in which the victims are located. This is achieved by the use of a power-mapping methodology in a group of five victims. With such information a model of helping is displayed which seeks to directly increase power and resources to them. Posttesting in power map form presents the therapeutic gains of this method. Some evaluations of the study and recommendations are drawn from the implications of this thesis.

CHAPTER 1 INTRODUCTION

1.1. Outline of the problem

Child sexual abuse has become a social problem of our times. There are some research controversies about prevalence and incidence of the problem as many cases go unreported (Finkelhor, 1986; Jehu, 1991; Masson, 1986). There is, however, a growing awareness that a high proportion of women using mental health services are survivors of sexual abuse (Weiss, Longhurst & Mazure, 1999). Some researchers have begun to characterise the effects of child sexual abuse as symptoms of posttraumatic stress syndrome (Dubler & Motta, 1999).

Recent decades have seen a steady research revolution in this area. In South Africa and internationally, child abuse has received widespread media coverage. Since the description “battered child syndrome” coined by Kempe and his colleagues (Kempe, Silverman, Steele, & Droegemuller 1962), there is unending research in areas of sociology, psychology, mental health and law on the topic. One result is a scientific journal, *Child Abuse and Neglect*. With all the studies documented so far on this field, there is little or nothing

mentioned directly on the workings of power in this problem.

In describing child sexual abuse offenders, without concentrating on personality pathological traits, Finkelhor (1994) emphasized the sense of power the abuse brings to them. Similar conclusions were drawn in a recent South African study on perpetrators of child sexual abuse in Durban (Ndaba, 1999). The National Progressive Primary Health Care Network (NPPHCN) revealed that sexual activity takes place within a context of unequal power relations, with males having power over females (NPPHCN 1995). South African culture and African culture in general is highly patriarchal, with most power and control in the hands of males. Magwaza (1994) conceptualises this ideology as calling for an unquestioning female obedience to male domination. The feminist literature portrays the offenders as seeking power over others, and being attracted to the vulnerable (Jackson, 1992: 173). The masculine sexual identity in such writings is considered to tie with feelings of being superior and being in power.

Ironically, the way in which the victims of child sexual abuse are disempowered has little research or theoretical basis. Hagan and Smail

(1997) of Sheffield Clinic, Nottingham, UK presented an analysis of disempowerment in their work with adult survivors of sexual abuse. Eric Fromm provides examples of people who have placed individual distress in the context of a social field of power beyond the individual control (Fromm, 1958). Michel Foucault has constructed an influential theoretical framework for understanding effects of power in relation to personal mental functioning (Foucault, 1977, Foucault, 1979, Gordon, 1980, Kritzman, 1988). All such thinking has, however, remained marginal to clinical orthodoxy. The reason for this, as the present researcher sees it, not least political or economic, may be that there is no developed workable theory to enable a coherent practice of “environmental psychology” in a clinical setting.

From the old times of infiltration of accusations with regard to the victims’ Oedipal fantasy (Glasser & Frosh 1993; Furniss 1991; Masson 1986; Summit 1993) to the convincing new writings of Burgess, Groth, Holstrom, & Sgroi (1978); Finkelhor (1986), Herman (1982), and others, the most prevailing picture in the literature on child abuse is of the victims as “clinical problems”. A shift in this perception is not clearly stated. Finkelhor and Browne (1986) developed a useful organizing

framework linking child sexual abuse and subsequent presenting problems, using a model of traumagenic dynamics- all of which throw some light in the work of power. A recent study by Morgan & Cummings (1999) concentrated on groupwork designed to be consistent with a feminist empowerment model.

Groupwork with sexually abused victims is well documented (Finkelhor and Browne, 1986; Herman, 1982; Jehu, 1991). In fact group intervention is more supported in literature than individual intervention (Furniss, 1991). In a local community psychology project, group therapy with sexual abuse victims is conceptualized as a social action programme (the Mandeni project mentioned in Edwards, 1999). The group setting provides victims with the most needed assurance that they are “normal” in the context of the group. Further, it breaks the secrecy and isolation of the individual child, thus fostering solidarity (Hagan and Smail, 1997b).

In South Africa there has been no study which focused specifically on empowerment of a group of sexually abused persons. The present researcher believes the best way to fill in this research gap will be to adopt a power-mapping method used by Sheffield Clinic and described

by Hagan and Smail (1997a,b). The reason is clear. This method does not pathologise victims but looks at their environment. The present researcher hypothesizes that victims of sexual abuse suffer deprivations of certain power which the researcher would need to identify and formulate in a group setting, measure in a map form, offer the necessary intervention then remeasure to evaluate effectiveness of empowerment. The assumption is that these deprivations of power come from the environment the victims find themselves in, not from the victims themselves. Such an insight into empowerment is necessary for community psychology and is a contribution toward the wellness of the whole nation.

1.2. Definition of terms

1.2.1 Empowerment

The concept of empowerment has come to be used as the basis for all models of community psychology as it embraces transformation of the disempowered. Edwards (1999) cites Fawcett and colleagues' (1994:471) description of empowerment, who see it as "the process of

gaining influence over events”

According to Hagan and Smail (1997) empowerment and disempowerment are a result of the play of power within our social environment. The influences may be distal, proximal or lie within the person. Distal influences are those we have little access to, like politics, economics, culture, information media, etc. Proximal influences are closer, for example, domestic and work (or school) situation, personal relationship, family or any immediately experienced or sensed factors. Within the person there may be experience (beliefs, dreams, memories, wishes, etc.) and bodily sensation (feelings of comfort, pain, fear, symptoms, etc.)

Investigating empowerment in this study, is a matter of investigating the terrain of power in which victims of sexual abuse find themselves.

1.2.2 Group

Although this study does not purport to do “therapy”, a group was established in therapeutic terms as follows:-

- * the common problem was child sexual abuse
- * peer- learning and beneficial group interaction prevailed
- * the social and mutual support nature of the group was facilitated

1.2.3. Child sexual abuse

Child sexual abuse is not a uniformly defined term. Different researchers have developed different definitions. Although some of this diversity may present healthy arguments, the present researcher believes there must be strong reasons for choosing a particular definition. Finkelhor (1986) argues that all definitions of child sexual abuse do acknowledge sexual contact even in the absence of coercion, as long as it involves a child and an adult. An exhaustive literature review of arguments emanating from different working definitions is beyond the scope of this thesis.

In a South African publication, Robertson (1989) defined a child as any person under 18 years of age. Although there are lots of other debates about the definition of a child, including the Child Care Act 74 of 1983, in this research a restrictive working definition was adopted to

accommodate the nature of the population that will be convenient for this study.

The working definition for this study therefore was that child sexual abuse is any sexual activity with a child who cannot give consent to the activity, where the offender is older than the victim. For the purpose of the study, the age range varied from the teenage level of 13 to 19 as it was considered that younger children might have difficulty with both the power- mapping methodology envisaged and contracting to an ongoing self help group.

1.3.The aims of the study

This community psychology research is an attempt at expanding a theoretical framework for understanding of, and work with the psychological distress of the victims of child sexual abuse. It reflects on the phenomenon from the perspective of terrain of power in which victims find themselves.

Groupwork with victims was chosen to explore, learn and understand disempowerment at the core of their difficulties. The initial power-mapping (pretest phase) was aimed at finding out about

available power and resources as well as the lack of them. The middle phase was an intervention (i.e. the process of analysing the effects of increasing access to positive environmental influences, and where possible, marshalling resources which might counteract disempowering effect) based on the sketched maps. The last phase is a remap of the gains of groupwork (i.e. the measurement of the extent to which this practice is successful).

Also, some attempts is made to identify the implications of the findings for the community psychological intervention plans for the groupwork with sexually abused victims.

1.4. Conclusion.

This chapter introduced the basic argument why a research of this nature is necessary in the broad field of child sexual abuse. The problem of definition of terms was discussed and working definitions adopted for this study.

By the end, the aims and objectives of the study were discussed.

Emphasis was made on the fact that dissemination of the research

findings will be invaluable in the area of community psychology and more to the victims of child sexual abuse.

The following chapter will discuss the exploration of the relevant literature. It will be twofold. There will be first a review of the relevant literature in the topic of child sexual abuse and its treatment. Some emphasis will be on the central core of this phenomenon, i.e. child sexual abuse as a disempowering experience to victims. Secondly, literature review on power-mapping will be presented. The background, underlying philosophy, development and its application will be discussed.

CHAPTER 2 LITERATURE REVIEW

This Chapter reviews the relevant literature on the topic and methodology of this study. On child sexual abuse, the emphasis is on its core characteristic, i.e. it is a disempowering experience to victims. The effectiveness of the treatment methods, with special reference to group therapy is reviewed.

2.1. Theoretical consideration in child sexual abuse

This part seeks to explore the literature that explains how and why child sexual abuse is considered to be disempowering to victims. There is an abundance of theories in this field of study but the utility of any theory depends upon the degree to which it helps in understanding, exploring and addressing the therapeutic needs of the phenomena at hand. The present researcher believes that the area of child sexual abuse, can be addressed therapeutically by concentrating on its central distinguishing feature, i.e. disempowerment of the victims.

Similarities between child sexual abuse theories must form a pattern which connects, forming a generation of a theory which is grounded in data.

2.1.1.The Traumagenic Dynamic model

Finkelhor and Browne (1986) attempted to account for the effects of sexual abuse and coined the Traumagenic Dynamic Model. Apparently, the sequelae of childhood sexual abuse make up a stunning range of psychological distress and impairment later in life: dissociation, eating disorders, drug and alcohol abuse, self mutilation, suicide ideation and suicide, multiple personality disorder, borderline personality disorder, sexual dysfunction or disinterest, depression, anxiety, rape, poor self esteem, guilt, social isolation and vulnerability to revictimization (Baldwin, 1984; Finkelhor and Browne, 1986; Gelinas, 1983; Russel, 1986; Sgroi, 1982; Summit, 1993; Young, 1992).

The Traumagenic Dynamic framework (Finkelhor and Browne, 1986) attempts to delineate precise dynamics unique to child sexual abuse. More literature on this model suggests that it has the advantage of explaining the broad range of symptomatology observed in the aftermath of child sexual abuse. Most of the well documented/ researched effects can be explained by reference to one or more traumagenic dynamics. There is a presumption that child sexual abuse

has a variety of different effects on four main areas of children's development, i.e. sexuality, ability to trust, self esteem and sense of ability to affect the world. According to this conceptualization, four characteristics are manifest in the victims of child sexual abuse. These are: a) sexual traumatization, b) stigmatization, c) betrayal, and d) powerlessness (Finkelhor and Browne, 1986).

2.1.1.1. Sexual traumatization refers to the impairment of a healthy sexual functioning because of the sexual nature of the trauma.

2.1.1.2. Stigmatization refers to the tendency for the victims to blame themselves for the abuse, to feel shame, guilt and self hate.

2.1.1.3. Betrayal dynamic refers to the betrayal of trust experienced by the victims of child sexual abuse.

2.1.1.4. Powerlessness relates to the sense of helplessness and vulnerability engendered in the child victims of sexual abuse.

In brief, this model provides a lens by which to view the victim's position more empathically. It, above all, incorporates the social reality of the discrepancy in power between the victim and offender.

Furthermore, all these dynamics are likely to be potentiated by disempowering experiences or situations that occur simultaneously, prior to, or as a result of abuse. Strand (1991) emphasized powerlessness dynamics and loss of autonomy in her study of incest survivors.

2.1.2. The Posttraumatic Stress model

The Posttraumatic stress disorder (PTSD) was initially widely applied to account for Vietnamese war veterans' experiences. Traumas in childhood is not only important for what it does to children but for their after effects on development toward adulthood. Childhood sexual abuse is known to lead to character problems, anxiety disorder, psychotic thinking, dissociations, increased risk of violence, suicidal ideation and behavior, drug abuse and disastrous interpersonal relationships in adulthood (Horowitz 1986). Child sexual abuse literature review suggests that similar symptoms are also characteristic of the victims of sexual abuse (Dubler and Motta 1999).

Terr's (1983) studied the phenomenon PTSD on children and derived the following characteristics:

2.1.2.1. Etched memories. After four years children were still displaying specific feelings of traumatic anxiety. Statements like “I am afraid of the feeling of being afraid” suggest feeling of being humiliated and mortified when they were asked to comment about their experience. Such traumatic experiences, if suppressed, may be carried forward into adulthood (Terr, 1983:309).

2.1.2.2. Sense of forshortened future. Trauma observed in the same study brought different problems, for example, nightmares and intrusive negative thoughts. Statements like “I don’t think I’ll live long” suggest that children believed their dreams and negative thoughts to be predictive of their future.

2.1.2.3. Reenactment. The play of children with PTSD was very distinctive. Its thematic quality, dangerousness, intensity, contagiousness to peers or siblings, and most of all, the linkage to the traumatic events, were all features of the trauma.

2.1.2.4. Physical response. Physiological response or conversion symptoms always manifest themselves whenever there is trauma. In Terr’s (1983) study younger children regressed to earlier stages of

development, and toilet training, for example had to be retaught.

2.1.2.5. Transposition. Misconceptions, visual hallucinations, and peculiar time distortions often occur with traumatized children. In the same study (ibid) one of the most profound changes occurred in the transposition of events surrounding the trauma.

The PTSD model in child sexual abuse has been criticised extensively because of its rooted history of development, i.e. natural disasters, wars, combats, etc. which has no clear fit to child sexual abuse. Recent literature contends that child sexual abuse does not have to occur necessarily under conditions of threat or danger but nevertheless it is considered distressing for individuals concerned in the same way as PTSD stipulated in the fourth edition of the American Psychiatric Diagnostic and Statistical Manual of mental disorders (DSM IV 1994).

According to this manual the essential feature of PTSD is the:

“development of characteristic symptoms for a period of at least six months following the distressing event that is outside the range of usual human experience and that is markedly distressing to almost anyone” (DSM IV, 1994: 247)

This manual further states that the characteristic symptoms involve:

- i) reexperiencing the traumatic event, commonly through recurrent and intrusive thoughts, feelings or dreams relating to the event.
- ii) persistent feelings of increased arousal, commonly evidenced by sleep disturbance, anger or irritability and hypervigilance.

These characteristic symptoms suggest some degree of consensus on DSM IV, Terr's (1983) study on children with traumatic experience, Dubler and Motta (1999) study on PTSD with children victims of child sexual abuse, as well as what the general literature (Courtois, 1988; Finkelhor, 1994; Gelinas, 1993; Goodwin, 1983; Russell, 1986; Young, 1992) contend about the effects of child sexual abuse. The constellation of physiological and psychological symptoms associated with PTSD as described in DSM IV are often found in the survivors of sexual abuse. It could easily be argued that all or most of the effects of child sexual abuse cluster together precisely because they are all characteristics of the trauma.

2.1.3. Self Psychology and Ego development model of child sexual abuse

The self psychology and ego developmental psychology model is not extensively applied to account for effects of child sexual abuse. The inclusion of this model is an attempt to widen a theoretical gap in showing disempowerment of victims of child sexual abuse. Clinical practice has never equaled the potpourri of literature in the field of child sexual abuse. This model was developed by integrating the available literature on the characteristic of child sexual abuse victims with theories of self psychology and ego development psychology.

This model looks at the developmental impact of sexual abuse incorporating Donald Winnicott's ego developmental theory, Kohut's theory of the self, and Hartmann's theory of ego psychology. An exhaustive elaboration of these individual theories is beyond the scope of this thesis.

Winnicott states that in order for the ego to develop, a sufficiently mature self must be present. The self at birth is the germinal seed of an autonomous personality, with ambitions, drives, skills, abilities, goals,

ideas and aspirations (Winnicott, 1971). The self takes root and flourishes as a result of the interaction of an infant with the primary care giver or any significant other in his/ her life.

Kohut views the infant as being psychically polarised between a perception of grandiosity and idealization of the "object". Grandiosity is the infant's perception of omnipotence, his/ her sense of entitlement to complete and immediate satisfaction of all wishes. Object idealization is infant's belief that the object (mother or immediate caregiver) is an all-knowing, all-providing, all-protecting, extension of self. If the mother provides, she is fostering maturation by validation of the infant's grandiosity. Her acceptance confirms idealization of the infant (Winnicott 1971).

Empathy is the object's capacity to perceive and fulfil all the child's needs. As this is not always possible, the empathy is never perfect for maturation of the self. This means that if it was possible for mother (object) to have perfect empathy then there would be no motivation to mature the self of the infant. To mature, calls for tolerating realistic frustrations of the self. The self has to balance ambitions and ideals in order to mature to a healthy and achieving self.

Hartmann (1983) proposed that ego develops by achieving an adaptational balance between the self and the environment. As the child matures, perception, intention, object comprehension, thinking, language and productivity develop. Growth and learning enable the child to fit the self with environment by modification of each. If the environment does not facilitate maturation or if disturbances in the environment are too stressful (e.g. with the disempowerment caused by child sexual abuse), this adaptation is impeded. When this occurs, ego functions remain immature and the ego seeks to protect the helpless self from the overwhelming environment.

2.1.3.1. Child sexual abuse dynamics and ego development

Literature review in the area of child sexual abuse reveal some identifiable phases that interfere with different aspects of the child's psychic maturity. Survival of this disempowering experience requires some degree of mature psychic development. Hereunder are the identifiable sexual abuse phases and their effect on ego development as delineated by Kilgore (1988):

2.1.3.1.1. Engagement. This is the period whereby the offender introduces inducements to a sexual act. These may include rewards, threat or both. Invoking the adult power status as an idealized object, the offender gains access to the powerless child.

The sexual relationship is often presented to the child as a special relationship that offers essential validation of the child's grandiosity in exchange for compliance. This often creates a psychic dilemma for the child who simultaneously perceives and confuses the "good" object with the "bad" behavior (i.e. the unwanted, overly intrusive, disempowering qualities of sexual abuse). As young children may have not yet acquired the awareness of a moral context for child sexual abuse, the development of self becomes fragmented in relation to the good versus bad, abusive versus nonabusive, empowering versus disempowering part of the self. The rage and horror of disempowerment and victimization are internalized as parts of the "bad self". This in turn allows the victim to maintain a fantasy of the object as "good". This is conceived as protecting the vulnerable self which cannot protect itself. This is done by modification of the environment due to fear of losing the object through annihilation or abandonment.

This disempowerment results in poor balance of object relation and regulation of ego (Kilgore, 1988).

2.1.3.1.2. The sexual act in the abuse. The literature on child sexual abuse state clearly that life circumstances change as a result of the abuse (Finkelhor and Browne, 1986; Russel, 1986; Dubler and Motta, 1999). This includes familial stability, peer relationships, involvement with or isolation from other social systems and personality structure of the victim. Kilgore (1988) maintains that the trauma resultant from child sexual abuse correlates directly with the degree of powerlessness experienced by the victim. This further relates directly to the development of the self and ego structure. The reality testing and judgment becomes focused on the internal polarization of bad self/ good object (Ellenson, 1984).

In such a disempowerment, object relations reenact the injurious relationship in an actual or idealized way and thought processes become fixated on representations of the trauma, hence poor ego development, poor self worth feelings and suicide ideation, to name but a few.

2.1.3.1.3. Secrecy. This feature is well documented in child sexual abuse literature. The secrecy results in invocation of the self and vulnerability of the ego in the service of protecting the abusive relationship (Kilgore, 1988). The inherent threat ensures secrecy of the abusive and disempowering relationship.

2.1.3.1.4. Suppression. Disclosure may heighten the child's anxiety level. Suppression is an attempt to alleviate this anxiety through denial. This may take the form of forgetting. When suppression is reinforced, overt responses to the abuse are submerged and manifested as persistent, severe, latent symptoms or general disempowerment (Kilgore, 1988).

2.1.3.1.5. Survival. Object relation theorists maintain that survival is by resolving the dilemma of good object/ bad self (Ellenson, 1984). If the child does not receive therapeutic assistance for this victimization, this dilemma may not be resolved. This will in turn result in the victim's developmental capabilities thwarted (Kilgore, 1988).

2.1.4. Feminist Theories of child sexual abuse.

The feminist account of child sexual abuse takes, as its point of

departure, the emotional havoc experienced by women and child victims who are powerless in relation to the offender (Hermann and Hirschman, 1981; James and MacKinnon, 1990). Males are viewed as having power greater than that of women even in the wider socioeconomic system. In any form of sexual abuse there is abuse of power by the perpetrator (Magwaza, 1994).

Patriarchal structure enshrines men's dominance over women and children. This creates the condition for any type of abuse to occur. Furniss(1991) asserts that males have been socialized to use sex as a way of expressing emotions, obtaining "power" and a sense of personal adequacy. Conflicts of masculinity and identification with the aggressor result in men abusing young and powerless children (Hermann and Hirschmann, 1981).

The feminist writings also characterise mothers as powerless in the hands of the abusive fathers. Mothers in Ndlovu's (1994) study are characterised as having responsibility by their culture at large for the well being of their families.

2.2. Review of therapeutic programs of child sexual abuse

This section is brought into discussion to complement and supplement theories of sexual abuse. However, it is not by any means an exhaustive inventory of therapeutic ideas and programs in this area.

Edwards(1989) contends that primary prevention of child sexual abuse is the method of choice. Review of the literature shows many diverse and varied sexual abuse programmes that have a “feeling safe” flavor. The media through which the message is conveyed includes video, drama, lectures and puppet shows (Walker, Bonner, & Kaufman, 1988). These focus on what child sexual abuse is, who might the offender be, and what actions to take if someone tries to abuse the child. The rationale for prevention rests on a number of realities. First, based on population surveys, a large number of children appear to be potential victims of sexual exploitations. Secondly, studies of adult survivors often report that they would have been spared if they had been provided with basic information about this phenomenon (Finkelhor, 1986; Burkett, 1991). Also, despite increases in the availability of interventions for the victims/ potential victims many people still see sex matters as a taboo and renders preventative knowledge obsolete in real situations (Sgroi, 1982). In Ndlovu’s (1994) study of the mothers of the victims it was also evident

that some mothers were ill-equipped to deal with this problem.

Most researchers have suggested that schools with their consistent and longitudinal contact with children and families, appear to be the most promising institutions for delivery of preventative efforts (Wurtelle, 1987). Generally educational programs attempt to provide children with information about the problem in an understandable age-appropriate manner. Efforts are made to teach children to recognise potentially dangerous situations and make effective use of the options available to them. Emphasized, is that victimization is the adult responsibility, not the child's. It is stressed that the child is not at fault should this happen. The programmes vary in their scope of focus. For example, some deal with specific and limited issue of sexual abuse, while others incorporates broader issues like independent thinking, decision-making, exercising judgment, communicating effectively (e.g. assertiveness training) and handling peer-pressure (Dayee, 1982).

All these programmes, although differing along number of different dimensions, have common concept emphasizing:-

- * teaching the ability to know the difference between good and bad

touches.

- * because of difficulty in talking about sex, the concept of 'private part' is introduced.

- * teaching importance of trusting one's feelings and the ability to distinguish between good feelings and bad feelings.

- * warning that the offender may be someone known to the child.

- * children's basic right of saying 'no' should someone touches them in a way that makes them feel uncomfortable.

- * lastly, children should tell a trusted adult if anyone touches them in an inappropriate manner.

Research into the effectiveness of these preventative measures have yielded variable results (Conte, Rosen, Saperstein and Shermack, 1986).

This suggests that such programs alone are not the solution. Secondary and tertiary interventions are necessary to adequately address this problem. In community psychology this is one step of resolving the problem. Early identification and rehabilitation calls for networking of community agents to address the problem. In line with these ideas, most communities have established Crisis Centers involving police, justice, education and health (doctors, nurses, psychologists, social workers,

etc.) personnel.

Saulter (1988) provides a review of therapeutic programmes and promulgates groups done in behavior therapeutic terms as the best option. Hereunder is a brief literature review of the groupwork with victims of sexual abuse.

2.2.1. Groupwork with sexually abused victims.

The benefits of group therapy have eloquently been delineated by Yalom (1985). The most curative factors relevant to victims of sexual abuse are those of universality, interpersonal learning, identification, altruism, self-understanding and the instillation of hope. It is the powerful experience for the victim to learn that she is not alone with the 'secret' of sexual assault. The establishment of relationship with others in the similar situation provides a normative context within which she can ventilate her fears, frustrations and anger. Once the individual victim is introduced into the group and the group is functioning as a cohesive unit, it is possible to assist the victim with some of the most sensitive and delicate areas of the problem. The revelation of shameful and guilty feelings, and the impact of the knowledge of the abuse on her own

sexuality, are effectively dealt with.

Morgan and Cummings (1999) evaluated the benefits of group therapy with the victims utilizing the feminist empowerment model. The model emphasizes that child sexual abuse occur within the relationships and that healings cannot occur in isolation. In this study victims were able to examine societal and political factors that contribute to sexual abuse. Also, the failure to trust others, isolation feelings, generalized fear of males were addressed.

Hagan and Smail (1997) in their power-mapping, groupwork is emphasizes as this confronts the politico-socio-cultural context of the victims to ensure the following:

- * greater insight into some aspects of abuse that are not intrapsychic by definition
- * redirection of abuse related anger from self to perpetrator and/ or 'situations', leading to a concomittant reduction in self punitive thoughts and feelings.
- * development of self- perception less based upon conformity to destructive cultural beliefs and more reflective of self- acceptance and self-determination.

* a move away from a pathology- based interpretations that stress reflects individual's weakness/ dysfunction.

In a community psychology reflection, a group of this nature is a first step toward social action as well as a comprehensive nation-building.

To fully develop a working theory for this study, a child sexual abuse distinguishing characteristic of disempowerment has to be explicated using the available theoretical data and some means have to be devised to connect this review with the methodology.

The following section introduces the background, underlying philosophy, development and application of power-mapping methodology.

2.3. Theoretical consideration on power-mapping

This part reviews the background, underlying philosophy, concept and application of power-mapping to the problem of child sexual abuse.

2.3.1. Background to power-mapping

Approaches to personal functioning and questions of therapy in the broad clinical field are notorious for their espousal of a wide range of theoretical approaches. Some are frequently contradictory. For example, the gulf between behavioral on the one hand and psychodynamic or “humanistic” therapies on the other could scarcely be wider. Their philosophical and moral implication are hardly overlapping at all. Psychologists have on the whole dealt with this problem by resorting to some form of eclecticism (Corsini, 1984). For example “cognitive behaviorism” blurs theoretical contradictions. This eclecticism has the advantage of providing a wide range and uncontentious framework for the application of a range of clinical techniques. It has, however made it difficult to develop a theoretical basis for clinical practice which is accurate, distinctive and fruitful rather than a bland, elastic and essentially untestable one. It is the same with the problem of child sexual abuse. It has well-documented research findings/ theories but treatment efficacy is in its infancy (Finkelhor, 1994).

The present researcher is often confronted by such questions as the

following: To what extent are our clients held responsible for their difficulties and distress they find themselves in? How much is it within their power to effect changes to their condition?

Psychologists offer therapy through “insight”, “interpretation”, “cognitive restructuring” (Robin and Foster, 1989), etc. and believe clients will make the necessary adjustments to their lives to render their existence more tolerable. Is this not viewing human psychology as capable of self-inaugurated change? How far are people the authors of their own action and how far are they at the mercy of “environmental forces” outside their control?

Personal discussion with several psychologists revealed that there is frequently very little their clients can do about the predicament they find themselves in. But the theoretical resources to which they can turn to takes account of their experience are sparse indeed. The central problem, as the present researcher sees it, is that there has developed so far in this field no thorough-going “environmental” account of individual psychological functioning.

Radical behaviorism (Gantt, 1970), as the present researcher views it,

treats the individual as the “dependent variable” of a manipulative environment. This school of thought should have developed beyond the most rudimentary and simplistic view of what the “independent variable” - the environment - consisted of. This seems to have presented as a largely unanalysed world of “contingencies of reinforcement”, mostly constructed by behavioral scientists themselves. The absence from this picture of the real world which their clients were struggling with, is problematic. Clinicians, in trying to correct, brought it back in the form of “meaning” What was affecting their clients was not just the immediate field of rewards and punishment impinging upon them, but their “perception” (Robin and Foster, 1989) of events as shaped by experience of a very much wider personal and social world.

The insight of behaviorism was cancelled out by a cognitivism which, whether explicitly or not, was inevitably subjective and voluntaristic.

The site of clinical work became not the world itself but the meaning-systems (the psychology) through which clients interpreted it, and it was supposed that therapeutic change could be effected by working on experience per se, i.e. detached from whatever it was

experience of. This represented a failure to see that the problem with behaviorism was not so much its neglect of meaning as its utterly inadequate treatment of environmental influence: it simply took no account at all of the nature of the social world in which we all - clients and clinicians- exist.

It is however noted in the literature that some attempts at taking the reality of social power seriously in the "therapeutic field" has an old history. Alfred Adler, Eric Fromm, Karen Horney, H.S. Sullivan and Ronald Laing provide examples of people who have to a greater or lesser extent placed individual distress in the context of a social field of power beyond the individual's control (Ansbacher, 1957; Fromm, 1947, Fromm, 1958; Horney, 1950; Laing, 1965; Sullivan, 1953). Outside the Anglo-American tradition, the French psychologist/ philosopher/ historian Michel Foucault has constructed an influential theoretical understanding of the results of power in relation to personal functioning (Foucault, 1977; Foucault, 1979; Gordon, 1980; Kritzman, 1988; Nay, 1992). All such thinking, coupled with some definition problems of empowerment, as well as the term's link to political and economic descriptions, remained marginal to clinical orthodoxy.

Reliving of this debate has been undertaken by the English psychologist and Professor, David Smail and Teressa Hagan in the 90s. Their argument takes, as the point of departure, that emotional distress can be understood and "treated" only within the social context. The client is seen as partially the object, partially the recipient of powers and resources which bears down upon him/her from a social environment which extends far beyond his /her personal horizon (Hagan and Smail, 1997 a,b). Fig 1 shows a conceptualization of the typical environment of psychotherapy. This suggests that the principal contributors to psychological explanation and treatment are the two protagonists of the consulting room.

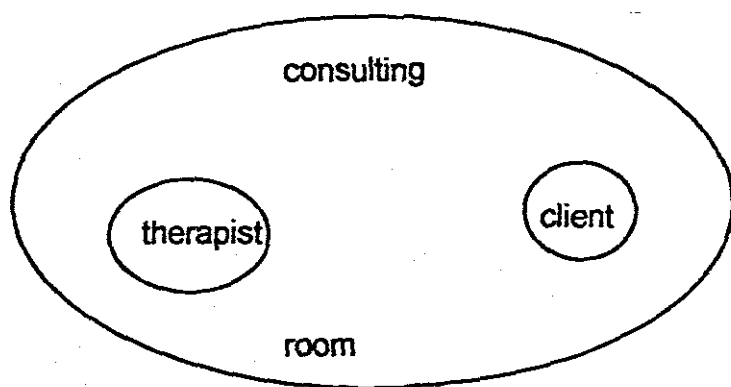


Figure 1: the environment of therapy

In Fig.2 although still inevitably at the centre, the relative importance of

both client and therapist shrink dramatically.

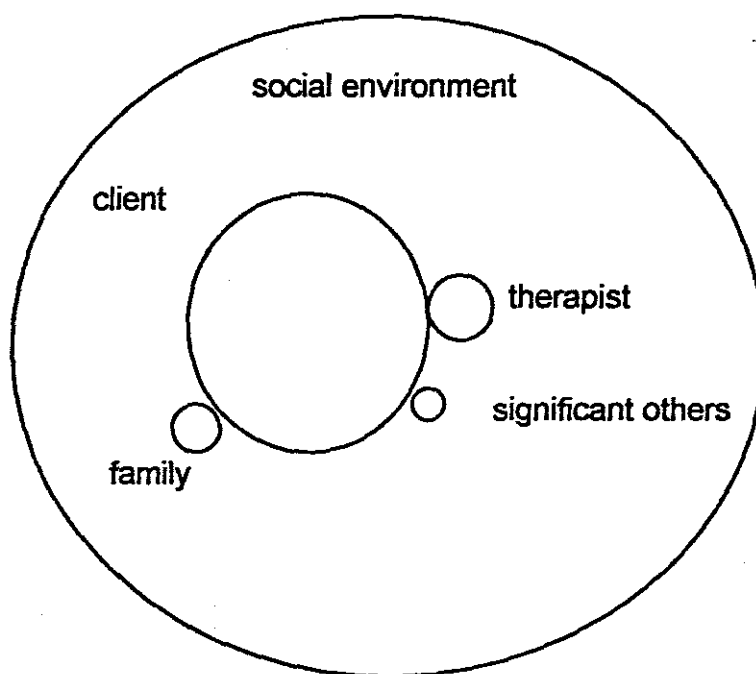


Figure 2: therapy in perspective

Figure 3 shows that the siblings, parents as well as significant others are significant actors within the social field. However, these still need to be placed in a perspective which takes into account more “distal” and powerful influences.

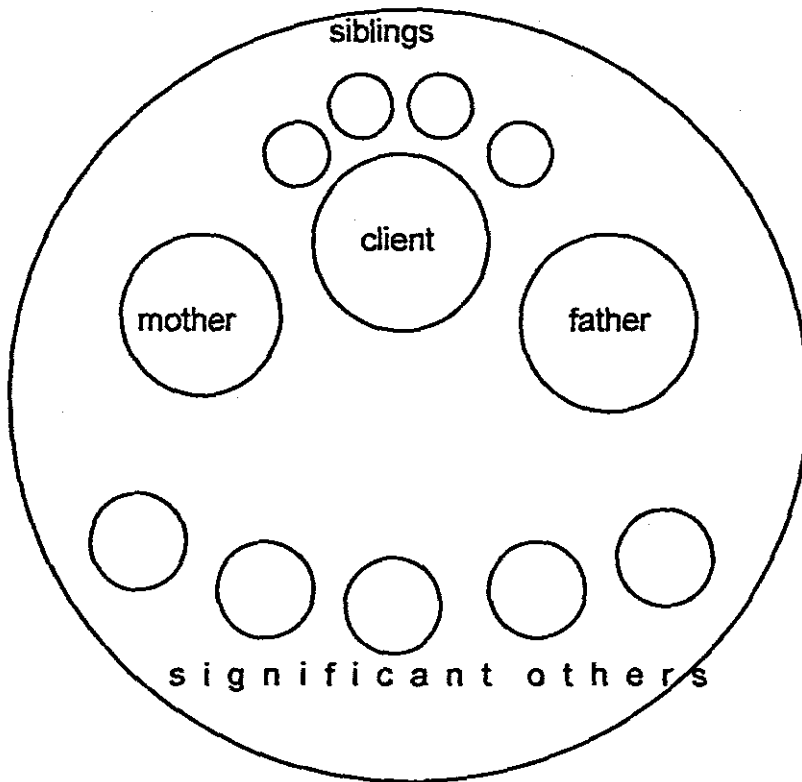


Figure 3 : the environment of “pathogenesis”

The important point is that a client’s feelings/ conduct is to be understood not as the outcome of acts of will based on the interaction of his/ her personal meaning- systems with those of the “significant others” (including the therapist) in the immediate social environment, but as a result of the play of power within the social environment as a whole. Figure 4 sketches out the features of the social environment which needs to be considered in an adequate psychology of personal

distress: the bodily experience of personal pain which brings clients to clinicians may start out as the operation of influences put into motion by powers completely unknown both to sufferers and clinicians.

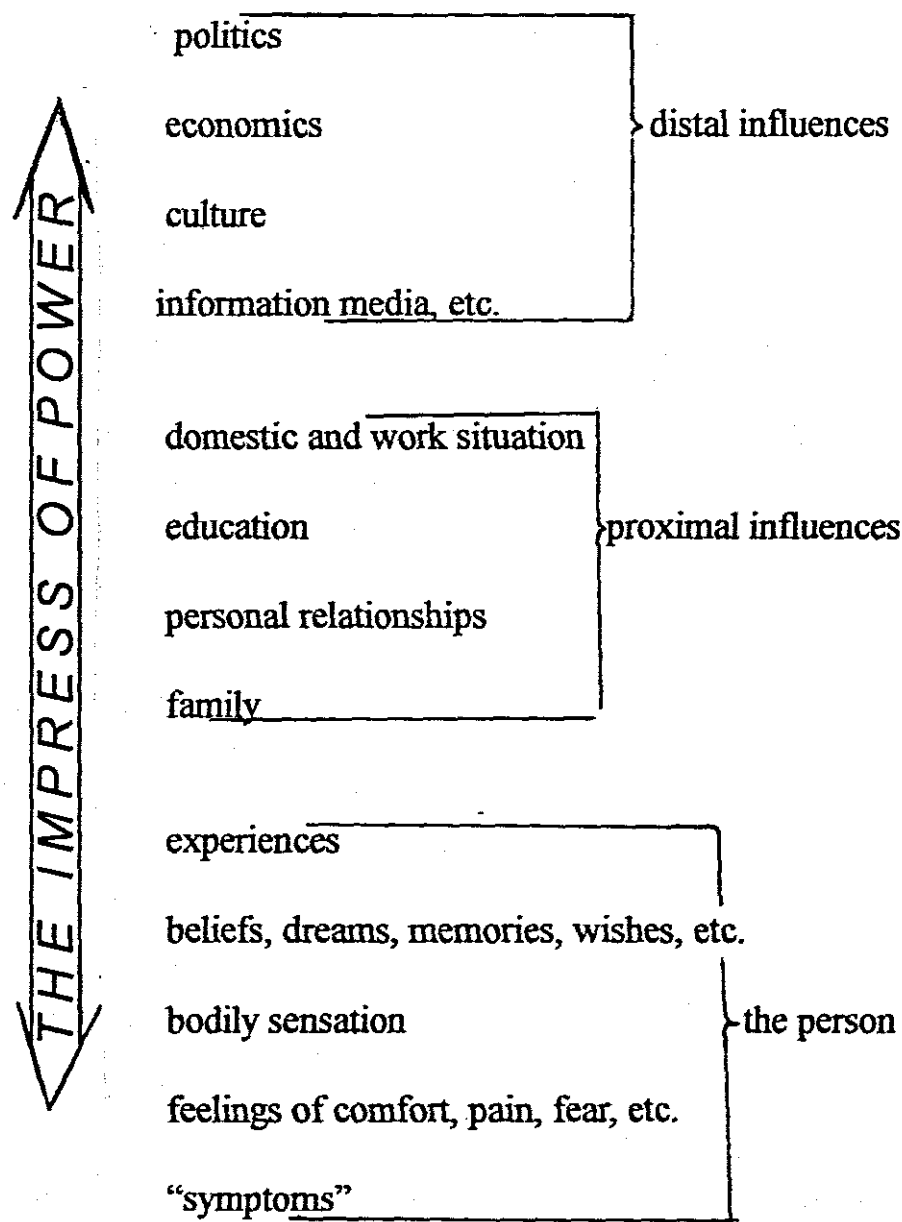


Figure 4: Influence of the social environment.

If it is set in an accurate theoretical perspective, the clinical practice is bound to operate within the proximal terrain of power in which clients find themselves in (Hagan and Smail, 1997).

2.3.2. Application of power-mapping to child sexual abuse

Perhaps the most radical aspect of a thorough-going environmental psychology of this kind is that it removes the spotlight (the Foucaultian notion of “clinical gaze”) from client’s “psychology” and replaces it with an analysis of the powers and resources bearing down on them, plus the powers and resources available to them after their situation. Hagan and Smail (1997) therefore emphasize mapping the terrain of power in which their clients are located.

This perspective overcomes some of the most vexed questions that may be asked in child sexual abuse. For example, the questions of the victim being “normal” or having “pathology” are never asked. Rather the emphasis is on the situations they occupy. Furthermore, the notions of what one might call therapeutic recalcitrance (e.g. resistance, lack of motivation, personality disorder, dependence, etc.) is translated into a much cooler and less morally loaded consideration of the way and extent

to which powers and resources become available to clients. Also important, the paradox involved in trying through therapy to render the dependent variable (i.e. the person of the victim) independent is resolved: instead, the clinician's focus becomes the extent to which the truly independent variable (the environment of the victim) can indeed be varied (Smail, 2000).

Applied to child sexual abuse, power-mapping has profound significance for the way change and outcome is perceived after clinical intervention. Rather than focusing on disordered characteristics of the victims, the clinician may attempt to measure the extent to which victims are subjected to damaging social influences (what traumatises them) as well as the availability to them of powers and resources which may be exerted in their own interest. Therapy therefore becomes the process of analysing the effects of, and attempting to increase access to environmental influence. The improvement is the measurement of the extent to which such attempts are successful. This method of intervention is therefore not based on patients and is not a treatment, and clients are not diagnosed. Rather it is a simple way of clarifying the environmental damage to victims of sexual abuse, advising where

appropriate the marshalling of resources which might counteract such effects.

2.4. Conclusion

This chapter reviewed available literature in the area of child sexual abuse. The central core of powerlessness was stressed and some therapeutic work with emphasis on group intervention on the victims, was reviewed. Some attempts have been made to bridge the gap between the theoretical basis of this study and the theory behind the selective use of power-mapping by reviewing the relevant literature. Some background, philosophy as well as the application of power-mapping has been explored.

The next chapter is a methodology for this study. The validity, reliability and ethical considerations of the methodology is highlighted in the way it has been used with other contexts.

CHAPTER THREE METHODOLOGY

3.1. Introduction

The present researcher believes the meaning of child sexual abuse to victims should be ascertained before any therapeutic endeavor is planned. Such meaning of the abuse for the victims can be realised by adopting certain ways of experiencing, interpreting and relating to the incident depending on the circumstances, pressures and opportunities available to them. It is for this reason that power-mapping method was considered relevant for this study. The Sheffield clinic, Nottingham, UK, has developed and extensively applied this method for the following purposes, as stated by Hagan and Smail (1997):

3.1.1. Extending the power horizon, historically and currently.

Clients are assisted to understand themselves, to give meanings to the experiences and develop a historical sense of themselves. This explains why they are the way they are. Clients construct their meanings in terms of the way they understand their experiences and opportunities. In this way their powerlessness is mapped.

3.1.2. Tendency to abuse power

Sometimes client's difficulties may have something to do with the way they abuse the power they have. Instances of child restrictions, excessive punitive measures, etc. may be clearly stated and thus understood.

3.1.3. Encouraging and fostering solidarity

Groupwork is encouraged where clients help each other formulating maps. This changes some negative aspects of clients observed in individual therapy. For example, dependence, known to be a notorious trait is framed as a need for proximal solidarity in groupwork, and therefore as desirable and reasonable.

3.1.4. Exploring windows of opportunity

Maps help in looking at the social position clients may occupy, and help in exploring possibilities or opportunities through which they might acquire more material, ideological and institutional power, e.g. the plight of anorexics, etc. Moreover, maps highlight people's need to get

jobs, increase their education and create conditions of maximising security of resources.

3.2. The Technique of Power-mapping

In the present study of child sexual abuse this method has been adopted not as a standardised methodology but as a form to work things out. The researcher and subjects share the epistemological level as they both negotiate it. To work in this fashion, the researcher had to avoid a patronizing professional superiority or any mystifying theoretical secrecy or opacity. The process of power-mapping had to be laid out with complete openness to subjects. Where the subjects and researcher had different perspectives on the nature of the subject's difficulties, there had to be negotiation as to a view of what the problem really was. In this method it is necessary to be flexible; for example, in the case where notionally if not actually, subjects and researcher were operating on different perspective of the situation, this is resolved by each party drawing alternative maps of the terrain according to how they reflect the different perspectives involved. This will be elucidated in the discussion section of this thesis.

Hereunder are the perspectives that have been found to be universal with the clients in Sheffield clinic (Hagan and Smail, 1997a,b):

3.2.1. Home and family environment

This perspective looks at the degree to which relations with members of the family, past or present, provide a sense of solidarity and support. If considered an asset, the client could use it. If liability, the client's ability to deal with the problem will be impaired.

3.2.2. Social environment

This is how clients make use of contacts in their social and recreational activities.

3.2.3. Personal resources.

These may be biological acquisitions or the interaction within the biological dispositions, social givens and psychological attributes.

3.2.4. Material resources

This covers all that is considered in people's ability to influence the

factors which bear down upon them to cause distress, i.e. the benefits, comforts and even money.

The above perspectives, due to their significance and universality, are considered conceptually relevant in outlining the terrain of power within which more precise estimates of power may be made in this research.

Fig 5 demonstrates these proximal fields of power adapted from the perspectives discussed above. Research enquiry, therefore proceeds through their analysis. This will be fully explicated in the section on procedure.

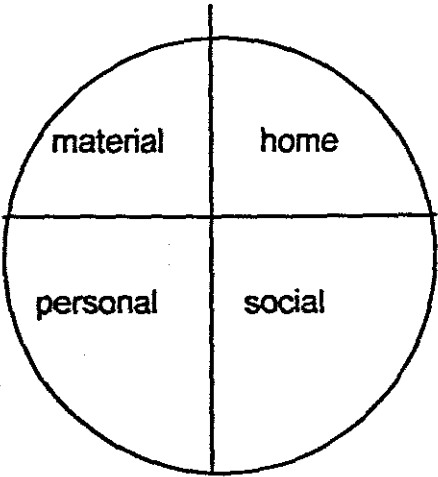


Figure 5: Conceptual framework of terrain of powers and resources.

3.3. Phenomenological approach

The use of this approach in this study is based on its reality- seeking of the life of the subjects. Phenomenological researchers are known to be rigorous, systematic and methodical in describing the lived meanings of phenomena as experienced by people (Cleaver, 1988).

3.4. Subjects

A group of victims of sexual abuse was chosen among the inmates of St Francis Childrens Home in Newcastle for the purpose of this study. The criteria for inclusion were thus:-

- * Subject should be aged between 13 to 19 years (see the working definition in Chapter One above).
- * A group of 5 victims sufficed as the nature of this study requires quality of information, not the frequency with which it occurs from subject to subject (Koning 1979).
- * Subjects should have no history of incapacitating psychiatric illness or difficulty in mental processing.

- * Subjects should display a willingness to be open to talk about their predicaments in a group setting. They must be verbally fluent and able to communicate their feelings, thoughts and perceptions in relation to child sexual abuse.

-Subjects should be Zulu speakers, the home language of the researcher to obviate the possibility of losing subtle semantic nuances happening when translation is done (Levy 1973).

3.5. Procedure

According to Hagan and Smail (1997) maps are essential in order to:-

- * guide the interviewer and interviewee to map current circumstances
- * provide a visual summary of the client's current / past position
- * target areas for concerted action to increase power
- * monitor progress in therapy
- * measure outcomes
- * compare clients in a group.

To elicit a wealth of information before forming an empowerment group, a range of clinical techniques were employed. These were clinical

interviews, projective techniques, intellectual assessment, use of genograms and collateral information from significant others. The rationale and process of the above will be presented in the following chapter on discussion.

The following power-mapping research stimulus statement in conjunction with the information elicited from individual subjects became the stepping stone. It was put forward to the group like this:-

“Let us together work out what the principal sources of difficulty in each of your lives are, or have been since you found yourselves with this problem (of sexual abuse). Let us work out, what are the damaging influences to which you have been subjected. Let us consider what you can do about them. Let us try and identify any powers or resources available to you so that you improve your situation.”

In addition, two phenomenological questions “What does empowerment mean to you” and “What does sexual abuse mean to you” were asked to obtain a comprehensive picture of these phenomena.

The researcher was emphasizing consideration more than action since the possibilities for improvement sometimes become limited. The group assisted each other in formulation of what the problem really was for each particular subject.

The field of power may contain assets and liabilities. The former is the positive source of material advantage, social solidarity, or any “power,” while the latter refers to the operation of essentially malign or damaging forces in one’s life. The group assisted each other in rating positively or negatively according to the judgment of the extent of the influence involved. The score of zero indicates no particular positive or negative importance for the element in question. This will again be thoroughly explicated in the following chapter.

3.6. Reliability, validity and ethical consideration

Validity implies that the instrument measures what it aims to measure (Kerlinger, 1986). Lofland (1971) argued that the validity of findings in qualitative research is not really possible. The argument that this author brings to our awareness is that even though qualitative methods have been well-formulated, there are few guidelines ensuring valid

conclusions. The power-mapping methodology and its background history of application has been well-covered in the previous chapter.

The standard definition of reliability says the research instrument must produce consistent results on repeated use. Krippendorff (1980) argues that in qualitative research, the researcher him/herself is partly the research instrument, therefore the consistency of results depends on his/her skills as a researcher. From the power-mapping history of application, it can be argued that it is objective. As both the researcher and the subjects negotiate the methodology, subjectivity is minimised to obtain an objective (intersubjectivity agreed) analysis of the workings of power in the victims of child sexual abuse. Also, researcher bias (Henwood & Pidgeon 1992), i.e. a deviation from the empirical truth or fact, should be avoided. If such objectivity is achieved, reliability is then achieved.

Rather than validity and reliability, qualitative research is concerned with the integrity and credibility of the researcher in the authentic relation with co-researchers for faithful description, explication and interpretation of data.

Ethical consideration in research on child sexual abuse is not extensively covered in the available literature. Child sexual abuse is a sensitive area. Its research therefore needs to be carefully weighed against the background that no secondary abuse of any nature would result. The power-mapping methodology ensures that participation is neither stressful nor upsetting to subjects.

3.7. Conclusion

This chapter explicated the methodology adopted for this study. Validity and reliability of choosing this methodology has been argued with reference to its development and application. Ethical considerations were also discussed.

The next chapter is a discussion from the data collection (pretesting), analysis and remapping (posttesting).

CHAPTER 4 DISCUSSION

This chapter is a discussion which emanated from the study. Data collection, analysis (mapping, intervention and remapping) and discussion of the findings are presented.

4.1.Data Collection.

This section presents how the methodology was applied and data collected. As discussed earlier, power-mapping is not a standardised format. It is a way to put things right. Both subjects and researcher negotiate it. Following is more elaboration of the procedure:

4.1.1.Elicitation of information for power-mapping.

As noted in the previous chapter, before the formation of a group of victims of child sexual abuse, preliminary clinical information was collected. It was necessary first to obtain detailed accounts of the individual cases of sexual abuse. Clinical microskills were applied. Where an abuse episode was frightening, the researcher needed to be tactful with the risk of recreating the experience of suffering to subjects. The researcher had to exercise sensitiveness in the inquiry, because of

being a male.

The researcher as a therapist himself, had to be prepared for dealing with emotions emanating from the data collection that involves, among other things, probing for ambiguity, a feature mostly found with distressed individuals.

To benefit in eliciting the much needed information for power-mapping, the following clinical techniques were employed:-

4.1.1.1. The clinical interviews.

The opening phase of the interviews was concerned with putting the subject as a victim of child sexual abuse at ease. Typically, an explanation of the researcher's role, the purpose of the interview, confidentiality of the study as well as its ultimate purpose was addressed. Informed consent was then obtained and signed by the parent/caregiver (Appendix A) .

The middle phase was the actual clinical interview. The subject's point of view was sensitively followed and particular attention given to quantification in terms of severity, frequency, and duration of the given

data.

To ensure validity of the clinical findings the following classic therapist variables (Hill, 1985) were facilitated:-

- * Accurate empathy. This involves the communication of understanding of what is related to you.
- * Nonpossessive warmth. This is the creation of an accepting, safe, trusting atmosphere within which the therapist conveys respect for the client and withholds negative value judgments.
- * Genuineness. This is a consistent sincerity in overt responses to the victim.
- * Concreteness. This is seeking for specific examples of the problem manifestations and situations.

The final phase was a discussion of the feelings emanating from the interview as well as a discussion on the empowerment group to be formed.

4.1.1.2. Projective techniques.

On the assumption that children have a limited capacity for

introspective self-description, or may be reluctant to disclose private thoughts (Whaley, 1990), the researcher devised ways to elicit fantasy. Each subject was invited to perform an artwork of a person (DAP) and herself with family members (KFD) doing the usual activities. The following observations were made :-

Artwork as a language. The colours they chose was gives freedom to relate anything. Pictures reflect those things a child finds most important and interesting. Working relationships are readily established when they focus on artwork.

* Artwork as a perspective of looking at life. As a skill art assists in giving more of a detailed view of the situation. It reveals the obvious and the important.

* Valuing the self. By drawing the child learns to value her work and most of all, her self. This lays the groundwork for more sophisticated ideas about the self and the environment (i.e. during the actual mapping).

* Having something to share. Communication, either verbal or through art is a two-way thing. Subjects used artwork with appreciation, a smile

and encouragement. They were enthusiastic when elaborating the description of their artwork.

The artwork qualities were examined and discussed interpretatively in terms of the developmental and emotional contents. Furthermore, artwork was used to open up areas of concern for exploration and discussion.

4.1.1.3 Intellectual Assessment

Intellectual assessment per se in a study of child sexual abuse has never been documented. A Yale psychologist, Peter Salovey (1990) mapped in great detail the ways in which the notion of intelligence can be brought to emotions. This endeavor is not new. Thorndike who became influential in popularizing the notion of Intellectual Quotient (IQ) in the 1920's and 1930's, also proposed emotional intelligence as an ability to understand people and experiences and thus acting wisely in human relations (Sternberg, 1985). According to this author, this is a very important aspect of the person's IQ. An exhaustive presentation of arguments emanating from the concept of emotional intelligence is beyond the scope of this thesis.

In this study, intelligence assessment and consideration of its relevance to emotions was done for the following reasons:-

Knowing one's emotions. Self-awareness (i.e. recognising a feeling and monitoring it from time to time) is a crucial psychological insight and self-understanding. Inability to notice feelings leaves one at its mercy. Likewise, people with greater certainty about their feelings are better pilots of their lives.

* Managing emotions. Handling feelings so that they are appropriate is an ability based on self-awareness, i.e. the ability to soothe oneself, shake off rampant anxiety or irritability.

* Motivating oneself. Marshalling emotions in the service of a goal, self-motivation, self-control and delaying of gratification and impulsiveness.

* Recognizing other's emotions. Empathy and altruism.

* Handling relationships. Dealing with emotions of others.

There is, however, to the present researcher's understanding, no standardised instrument that assesses emotional intelligence. In this

study the basic IQ was quantitatively assessed. The basic intelligence in terms of IQ were further qualitatively assessed in terms of the above qualities. It is important to note that one subject who was functioning within the mild retardation range was included in the study as she qualitatively satisfied these requirements. This laid a ground for a more demanding power-mapping

4.1.1.4 Use of Genograms.

The researcher wished to elicit a differentiated picture of each subject's self concept with respect to family and sibling relationships, achievements, self-identity and ambitions. Since the subjects' developmental limitations would restrict this conceptualization, genograms were generated with each subject.

4.1.1.5. Collateral information

Collateral information in the form of class reports, parental interviews or caregiver's behavioral descriptions were used. This was incorporated in the global information to formulate maps.

4.1.2. Groupwork

After individual consultations were completed, subjects were seen in a group. Group phenomena were encouraged, for example, self disclosure, catharsis in an accepting environment, universality of problems, . self-understanding, vicarious learning and above all, the instillation of hope. The observation was that group cohesion, peer guidance and altruism prevailed.

Subjects formulated group rules, discussed confidentiality and study objectives. To provide more comfort, deep breathing and progressive muscular relaxation techniques were introduced in all group sessions. For the whole study (pretesting, intervention & posttesting) the group met in 10 sessions.

4.1.2.1. Presentation of vignettes

Qualitative studies become clear and make sense if they are written in phrases that subjects use. Leininger (1985) advocates that unlike quantitative studies, they need a large publishing space. This author argues that reducing a qualitative report to the space norms of a quantitative study often leads to omissions of material needed to

understand qualitative findings. To fully comply with this author's suggestion may not be possible due to the limited nature of this research thesis. Only descriptions of cases will be presented:

Case no.1

Child's age	16
Siblings	2 boys, 2 girls
Abuser's age	28
Relationship to child	stranger
Child's intelligence	below average
Level of education	grade 7
Parents' occupation	father- unskilled mother- housewife
Area of residence	rural

This girl was sent to her uncle at Osizweni township. There was no transport on her way back. Seeing that it was getting dark, she decided to walk home. Along the way a patrolling police van came. Policemen gave her a lift for “protection”. As the van was needed at the

station, one of them claimed to be taking her home, only to sexually abuse her later.

At first her mother did not believe this story, leading to some communication problems and the child being taken to the Children Home. Later on her mother believed her and became supportive. Mother said the father even threatened to expel both mother and a child.

Case no 2

Child's age	14
Siblings	1 girl
Abuser's age	19
Relationship to child	related by surname only
Child's Intelligence	borderline intelligence
Level of education	Grade 6
Parents' occupation	father- unemployed mother- sells vegetables (not staying together)
Area of residence	township

This child was sent to borrow candles from a family relative. A 19 year old boy opened the door and locked it behind her after she entered.

When the incident was related to her mother, the offender was furious and developed some threatening spells and ambushed her on the way to school. Finally she stopped schooling. The case was lost as the child failed to understand the court procedure. To her understanding taking oath was a sign of being not believed. She suffered nightmares and this

necessitated medical attention.

Her parents are not staying together. Mother kept this a secret fearing that her father might overreact. She ended up in the Children Home as mother wanted her to continue with school despite some threats from the offender.

Case no 3

Child's age	18
Siblings	none
Abuser's age	unknown
Relationship to child	stranger
Child's intelligence	mild mental retardation
Level of education	attending special school
Parent's occupation	all unemployed- living on the disability grant of the child
Area of residence	township

This child developed loss of appetite, suicidal ideation and somatization disorder. When mother noticed vaginal discharges in her underwear she approached her. At first the child denied any sexual abuse but later on this was disclosed.

Apparently she was given R10 to keep quiet and buy soap. When the matter was reported to the police, the court failed to prosecute saying the victim's testimony was not reliable because of her level of intellectual

functioning. Her mother was devastated and sought therapy herself. She became incapable of providing emotional care to the child. The victim was then removed from home.

Case no 4

Child's age	19
Siblings	2 step brothers
Abuser's age	estimated 36
Relationship to child	stepfather
Child's intelligence	average intelligence
Level of education	Grade 10
Parents' occupation	Biological father- unknown stepfather- skilled mother skilled
Area of residence	township

The victim had been staying at boarding school as her mother feared that step-father might not approve of her staying with them. Due to financial constraints this year she came to stay with them. Mother could not afford to adequately pay for school fees. Contrary to what mother thought, the stepfather welcomed the child. One day, whilst her mother was away for a ceremony at work, the stepfather sexually abused the child.

Neighbours blamed the mother, saying her absence was encouraging abuse. The child was then referred to Childrens Home.

Case no 5

Child's age	13
Siblings	none
Abuser's age	38
Relationship to child	stepfather
Child's intelligence	below average
Level of education	Grade 6
Parents' occupation	Biological father- unknown stepfather- unemployed mother- semiskilled labour
Area of residence	Rural

This abuse took a long time to be disclosed. Whenever mother was away the stepfather used to fondle and interfere with the child's private parts. After 6 months he finally penetrated her. She cried and told the neighbour everything that has been happening all along. She was then removed to Childrens Home.

4.1.2.2. Group Themes

The emerging individual and group themes were discussed in relation to the responses generated by the stimulus statement of power-mapping (as discussed in the previous chapter).

There were some overlaps in the way some of the information elicited referred to the conceptual terrain of powers. The following observations were made:

- * Home and family life.

This domain was formed utilizing information obtained from clinical interviews, the use of genograms, projective techniques and the power-mapping stimulus question.

- * Social life-

This embraced information from clinical interview, projective techniques, collateral information and the power-mapping stimulus question.

- * Personal Resources-

This consisted of information obtained from clinical interview, use of

genograms, intellectual assessment as well as collateral information.

* Material Resources

This incorporated information from clinical interviews, collateral information and the power-mapping stimulus question.

Arrangement of this vast amount of information necessitated much researcher ingenuity. Two sessions per subject and two group sessions were necessary to collect comprehensive data to be used in formation of maps. The other eight group sessions were necessary for discussion of maps, intervention and remapping.

The researcher and subjects together had to work through some inevitable empirical imperfections and logical anomalies which emanated from the data. For example, it was not always possible to hold the objective aspects of a subject's situation completely distinct from her subjective appraisal of, or reaction to them. In case of such discrepancies, it was resolved that following the spirit rather than the letter of the mapping procedure was essential and negotiation on any judgment was as well important.

Generation of the conceptual frameworks and ratings took some time. Each subject had to come with a notebook to the group session. The payoffs to this daunting endeavour was that a final evaluation of this exercise by subjects suggested that these conceptual frameworks were sufficiently reasonable to account for all the subject's terrain of power.

4.2.3. Mapping the Terrains of power

The terrains of power in each sect were divided into seven-point scales, in which the level of resource is positively or negatively available to the individual. It must be noted, however that these were by no means followed rigidly. Some explanation will be given in cases where this did not apply. Generally the following were the guidelines:

- * 0 - No advantageous situation/ no problematic situation. In rare occasions, where there are no negative ratings (as will be indicated in the area of social life) a zero rating is a real problematic situation.
- * Positive 1 - just advantageous/ availability of benefit
- * Positive 2 - significantly advantageous/ availability of benefit
- * Positive 3 - strongly advantageous/ availability of benefit

- * Negative 1- just a problematic/ worrying situation
- * Negative 2- significant problematic/ worrying situation
- * Negative 3- serious problematic/ worrying situation

4.2.3.1 Collective mapping of power terrain of Material Resources of the empowerment group of child sexual abuse

It is the contention of the present researcher that a basic requirement of good qualitative research is that categories constituting the building blocks of the emerging theory should fit data well. One way of working towards this has been espoused by Henwood and Pidgeon (1992). These authors argue that this can be achieved by writing a comprehensive definition summarizing why phenomena have been labelled in a certain way. This, in terms of research validity, produces a public product which makes explicit the initially tacit conceptual classifications perceived by the researcher. As such it allows both the researcher and peers to evaluate fit. Hereunder, is a detailed analysis of the terrains, indications of occurrences (cases) and the descriptions given to the phenomena (terrains of power and resources).

Table 1.1. Positive 3 ratings on material resources

Terrain	Case no	descriptions
money	0	having pocket money in times of need
parental work situation	0	parental work fulfilling/
school progress	0	getting A's or B's in overall class work
health issues	0	no comment
physical environment	0	living in luxurious setting

From Table1.1. it is noted that the empowerment group found themselves having no material resources in their lives that could be rated as a strong advantage/ of benefit (positive3). It must be noted that the group did not comment on the description of health issues in this rating. The reason was that there is no identifiable positive rating if one is

healthy.

Table 1.2. Positive 2 ratings on material resources

Terrain	case no	description
money	0	no worries about pocket money
parental work situation	0	parental work secured
school progress	0	getting a pass at school
health issues	0	no comment
physical environment	0	is comfortable/ not troubled

Figure 1.2. shows again that the empowerment group lacked material resources that could be rated as significantly advantageous (positive 2) in their lives. Again there was no comment on the description of health issues.

Table 1.3. Positive 1 ratings on material resources.

Terrain	case no	descriptions
money	4	comfortably off without extravagance
parental work situation	4	parent at least has a job
school progress	4	adjusting/ managing at school
health issues	0	healthy
physical environment	0	reasonably happy with living conditions

Figure 1.3 shows that only case no. 4 had powers that could be rated as just an advantage (positive 1) in the areas of money, parental situation and school progress.

Table 1.4. Zero position ratings on material resources

Terrain	case no	description
money	0	no worries with/ without pocket money
parental work situation	0	parental work not a source of concern
school progress	1 & 5	adjusting with passes and failures
health issues	0	no particular health problem
physical environment	0	no specific worries with living conditions

Table 1.4. indicates that the empowerment group rated as no problematic situation (zero rating) only the school progress (f = 2, case1 & 5)

Table 1.5. Negative 1 position ratings on material resources.

Terrain	case no	description
money	1 & 5	gets worried with pocket money
parental work situation	0	parental work & insecurity features in the child's problem
school progress	2	failures worrying the child
health issues	2 & 5	some worries about health
physical environment	1, 2, 3 and 5	living conditions uncomfortable

Figure 1.5. shows that the group rated a just problematic/ worrying area (negative 1) in material resources that has to do with money (f = 2 , case 1& 5); school progress (f = 1, case 2); health issues (f = 2, case 2&5) and physical environment (f = 4, case 1, 2, 3, & 5).

Table 1.6. Negative 2 ratings on material resources

Terrain	case no	description
money	2	financial pressures a constant worry
parental work situation	1, 2, & 5	parental conditions of work unsatisfactory/ stressful/ affects the child
school progress	3	stuck in school progress
health issues	2 & 4	health worries a distinct factor to child
physical environment	4	immediate physical environment a definite source of child distress

In Table 1.6 the empowerment group rated significant problematic/ worrying areas (negative 2) on material resources that has to do with money (f = 1, case 2); parental work situation (f = 3, case 1, 2, &5); school progress.(f=1, case 3); health issues (f= 2, case 2 & 4) and

physical environment (f = 1, case 4).

Table 1.7. Negative 3 ratings on material resources

Terrain	case no	descriptions
money	3	entirely dependent on grants/ penniless parent
parental work situation	3	extreme stress/ sadness caused by parental unemployment
school progress	0	child not schooling
health issues	3	major child health problems
physical environment	0	very stressed by environment/ homelessness

Table 1.7 indicates that only case no 3 of the empowerment group had serious problematic/ worrying areas (negative 3 rating) on material resources of money, parental work situation, and health issues.

4.2.3.2. Collective mapping of power terrain of Home and Family life of the empowerment group of child sexual abuse.

Table 2.1. Positive 3 ratings on Home and Family life

Terrain	case no	description
mother- child relation	3	mother supportive, strong bond
sibling relation	0	strong, warm support by siblings
parental relation	0	strong loving/ supportive parental relations
intimate/ love life	0	entirely happy, fulfilled with lover/ absence of lover

Table 2.1. indicates that the group saw only one aspect of the home and

family life that was strongly advantageous, i.e. mother- child relation (f =1, case3).

Table 2.2. Positive 2 ratings on home and family life

Terrain	case no	description
mother- child relation	2	mother supportive to child
sibling relation	0	some measure of support from siblings
parental relations	0	some measure of parent supporting each other
intimate/ love	0	relations with a lover a central source of support/ satisfaction

In Table 2.2. mother-child relation in one instance (f = 1, case 2) was rated as significant advantageous (positive 2) situation in the home and

family life of the group.

Table 2.3. Positive 1 rating of the home and family life

Terrain	case no	description
mother- child	4	mother is there in child crises
sibling relation	2	siblings attend to child's crises
parental relations	3	parents come close in times of child's hardship/ crises
intimate/ love life	0	on the whole satisfied with romantic ventures

Table 2.2 shows that mother- child-relation (f = 1, case 4); sibling relations (f = 1, case 2) and parental relation (f = 1, case 3) were counted as just an advantage (positive 1) in home and family life.

Table 2.4. Zero position ratings of the home and family life

Terrain	case no	description
mother- child relation	1	mother is neglectful nor advantageous to child
siblings relation	1	siblings not a source of support and not a nuisance to child '
parental relations	0	no parental conflicts
intimate/ love life	3 & 5	no significant worry about romance/ intimate relations

Table 2.4. indicates the group ratings of zero position of home and family life. Mother-child relations($f = 1$, case 1); sibling relations ($f = 1$, case 1) and intimate/ love live ($f = 2$, case 3 &5) were noted.

Table 2.5. Negative 1 ratings on home and family life

Terrain	case no	description
mother- child relation	5	absence of mother's love
sibling relations	0	frictions with siblings upsetting the child
parental relations	0	parental conflicts upsetting to childm
intimate/ love life	1	love life or lack of it causes some unhappiness

This ratings in Table 2.5. suggests that only mother- child relations (f = 1, case 5) and intimate/ love life (f = 1, case 1) were considered just a problematic/ worrying situation (negative 1) in the home and family life.

Table 2.6. Negative 2 ratings on the home and family life

Terrain	case no	description
mother-child relation	0	mother's love/ absence a hindrance to a child
sibling relation	4	definite frictions with siblings
parental relation	4	distinct parental conflicts affecting the child
intimate/ love life	2 & 4	love life/ lack of it a definite great concern

In Table 2.6. the empowerment group noted siblings relations (f = 1, case 4); parental relations (f = 1, case 4) and intimate/ love life (f = 2, case 2 & 4) as the areas of significant problem (negative 2) in home and family life.

Table 2.7. Negative 3 rating on home and family life

Terrain	case no	description
mother- child relation	0	mother's absence/ demanding is a destructive factor
sibling relation	0	serious, pervasive difficulty with siblings
parental relations	1, 2 & 5	disturbing ongoing parental conflicts/ violence
intimate/ love life	0	very destructive presence/ absence of a lover

Table 2.7. shows that the empowerment group rated only parental relations (f = 3, case 1, 2 & 5) as a serious problematic/ worrying situation (negative 3) on home and family life.

4.2.3.3. Collective mapping of terrain of Social life of the empowerment group of child sexual abuse

The aspect of social life did not yield any negative ratings. This was described easily. Unlike other terrains of power, zero position in social life was considered a real problematic situation. If there is no social life (i.e. beyond a zero rating), one cannot rate its absence (negative ratings).

Table 3.1. Positive 3 rating in social life

Terrain	case no	description
friends	0	well-developed, mutually supportive social network; some very close confidantes
leisure	0	very active use of leisure time in recreational, sporting or enlightening fields, etc.
associations	0	active in making use of religious/ traditional associations, or any formal structure of power

Table 3.1 shows that the group did not see any strong advantageous situation (positive 3 rating) in their social life aspect.

Table 3.2. Positive 2 ratings on social life

Terrain	case no	description
friends	1 & 4	1 or 2 close friends. active social life
leisure	0	frequent social contacts outside home or school, no felt lack of social life
associations	4	frequent going to church/ traditional associations or other empowering gatherings

Table 3.2. shows the ratings of friends (f = 2, case 1 & 4) and associations (f = 1, case 4) as only significant advantageous factor in their social life (positive 2 rating) circumstances.

Table 3.3. Positive 1 rating on social life

Terrain	case no	description
friends	3	some superficiaals, no close friends
leisure	1 & 4	limited social life experienced as inadequate
associations	1 & 2	some superficial involvement in religious/ traditional associations or any empowering gatherings

Table 3.3 shows that the group rated friends (f = 1, case 3); leisure (f = 2, case 1 & 4) and associations (f = 2, case 1 & 2) as just a worrying situation in the social life.

Table 3.4. Zero rating on social life

Terrain	case no	description
friends	5 & 2	socially isolated
leisure	5, 2 & 3	no social contacts outside home or school
associations	5 & 3	no involvements in religious or any empowering gatherings

Table 3.4. shows that the group pointed at friendships (f= 2, case 5 & 2); leisure (f= 3, cases 5, 2 & 3) and associations (f= 2, case 5 & 3) as their serious problematic areas in the social life category.

4.2.3.4. Collective mapping of terrain of Personal Resources

Table 4.1. Positive 3 ratings on personal resources

Terrain	case no	description
self- esteem	0	major degree of confidence in age appropriate activities, adopts prominent social role
memory/ concentration	0	highest degree of remembering/ concentrating. connects the origins of present events, psychologically sophisticated
motivation	0	highest degree of self-motivation
intelligence	0	super intelligence, very bright. intelligence gives social advantage
embodiment	0	appreciates own physical appearance, sexual attractiveness is a major personal asset

Table 4.1. shows no area of benefit/ advantage to the group that could be rated as positive 3 on personal resources.

Table 4.2. Positive 2 ratings on personal resources

Terrain	case no	description
self esteem	0	definite confidence and self direction in social situations
memory/ concentration	0	has ability to activate memory/ concentration. adequate critical awareness of past events
motivation	0	motivated/ enthusiastic in pleasurable activities
intelligence	4	average intelligence, enables her adjustment to life, school, etc.
embodiment	0	largely satisfied with appearance and attractiveness

Table 4.2. shows that one subject (f = 1, case 4) had average intelligence which facilitates her adjustment to life and school.

Table 4.3. Positive 1 ratings on personal resources

Terrain	case no	description
self esteem	0	positive about life, self and others. no difficultiy in social settings
memory	0	remembers/ concentrates well. aware of importance of past even if not sophisticated
motivation	0	desires and act accordingly
intelligence	1 & 5	flexible intelligence to be used as a resource in life
embodiment	0	physical appearance does not feature as a problem

Table 4.3. shows that only 2 instances of flexible intelligence (f = 2, case 1 & 5) were found.

Table 4.4. Zero ratings in personal resources

Terrain	case no	description
self esteem	4	no self confidence in most areas of life. a little shy in social contexts but copes
memory	1 & 4	unable to reflect greatly on the past
motivation	0	no difficulty in interests/ identifying own wishes and desires.
intelligence	2	borderline intelligence, not flexible in thinking
embodiment	5	occassional worries about appearance

Table 4.4. shows that self esteem (f = 1, case 4); memory (f = 2, case 1 & 4); intelligence (f = 1, case 2) and embodiment (f = 1, case 5) were major concerns in the personal resources.

Table 4.5. Negative 1 ratings on personal resources

Terrain	case no	descriptions
self esteem	0	shy and withdrawn, this makes socializing difficult
memory	5	tends to misinterprets past events optimistically or guiltily
motivation	1 & 5	often puzzled about what she wants in particular situations
intelligence	3	cognitive impairment, mild mental retardation hampers school progress
embodiment	0	preoccupation with aspect of appearance as a (felt) significant handicap

Table 4.5 shows that memory (f = 1, case 5); motivation (f = 2, case 1 & 5) and intelligence (f = 1, case 3) were the concerns rated as just problematic (negative 1 rating) in personal resources.

Table 4.6. Negative 2 ratings on personal resources

Terrain	case no	description
self esteem	0	distinct elements of phobic anxiety in social situations
memory	2	past interpretations distorted/ misleading
motivation	2	depressed/ anxious, unable to articulate own wishes
intelligence	0	moderate mental retardation/ trainable, limited mental ability
embodiment	0	major concerns/ worries over physical appearance

Table 4.6. shows that memory (f = 1, case 2) and motivation (f = 1, case2) was rated as significant problems (negative ratings) in personal resources.

Table 4.7. Negative 3 ratings on personal resources

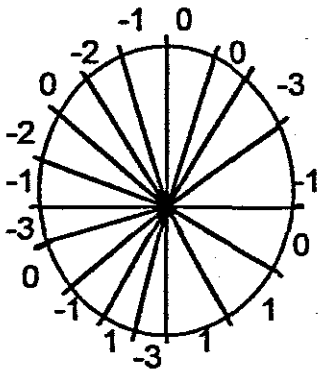
Terrain	case no	description
self esteem	1, 2 & 4	severe problems with social anxiety
memory	3	view of past highly distorted, idealized, guilt-ridden or paranoid
motivation	3 & 4	unable to express desire for anything even taken as pleasurable, contempt of anything approaching own inclinations
intelligence	0	severe mental retardation, no trainability
embodiment	1, 2, 3 & 4	convinced that unhappiness is/ distress is totally attributable to bodily deficiencies

Table 4.7. shows that the group were compromised in major/ serious/ worrying situations of personal resources, i.e. self esteem (f = 3, case 1, 2 & 4); memory (f = 1, case 3); motivation (f = 2, case 3 & 4) and especially in embodiment (f = 4, case 1, 2, 3, & 4).

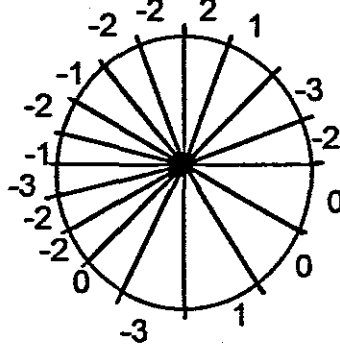
4.2.4. Individualised mapping of subjects

Fig 6.

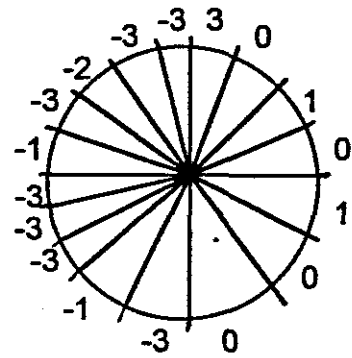
case 1



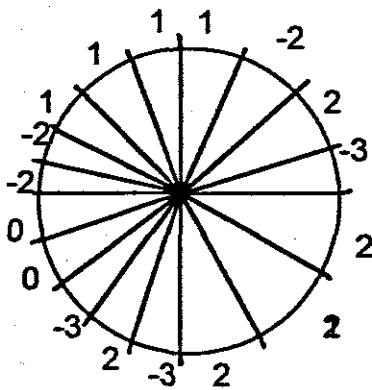
case 2



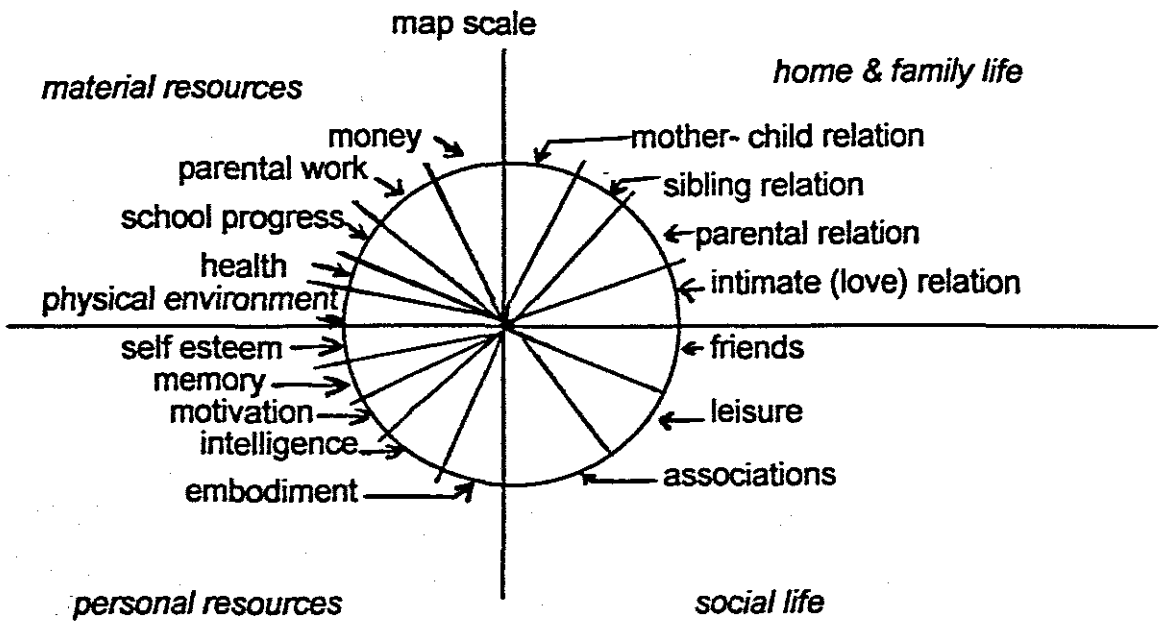
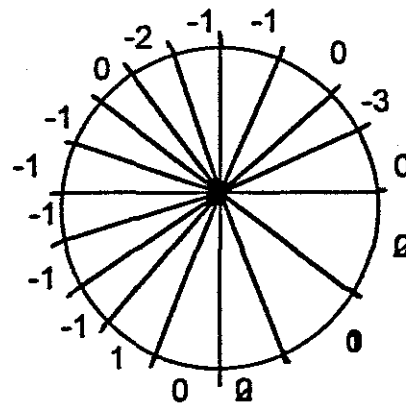
case 3



case 4



case 5



The theoretical saturation of categories (Henwood & Pidgeon 1992) is a way towards a rich understanding by systematic summarising of the emergent data. This shows some important features. The empowerment group did not indicate any strong advantageous situation (positive 3 ratings) in the lives. However, mother- child relation ($f=1$, case 4) was the only aspect that was significantly (positive 2 ratings) of benefit where power could be based. Other just advantageous situations were availability of close friends ($F = 2$ case 1 & 4) and associations, i.e. church/ traditional attendances and / or other empowering gatherings ($f = 1$, case 4).

The main first order difficulty of the group, i.e. highest frequency in a category of a serious problematic/ worrying situations (negative 3 ratings) were embodiment; where victims were convinced that their unhappiness/ distress were totally attributable to bodily deficiencies caused by the sexual abuse ($f = 4$, case 1, 2 ,3 & 4). The second first order difficulty, i.e. lower frequency in a category of serious problematic/ worrying situation (negative 3 ratings) was self esteem; severe troubles with social anxiety ($f = 3$, case 1, 2 &4); ongoing parental conflicts/ violence impinging on victims' fragile lives ($f = 3$,

case 1, 2 & 5). Other difficulties in the first order (rated as negative 3) were motivation, i.e inability to express desire for anything, guilt and contempt for anything approaching the victims' inclinations (f = 2, case 3 & 4).

The main second order difficulties (rated as negative 2) were health worries (f=3, case 1, 2 & 4); parental condition of work unsatisfactory / stressful or affecting the victims' coping. The second high frequency in second order difficulties were intimate/ love life or lack of it as a definite source of concern (f = 2, case 2 & 4) and motivation (f=2, case 1 & 8).

The third frequency in the second order was lack of school progress (f = 1, case 3) as a result of the disempowerment.

On the phenomenological question: What does sexual abuse mean to you? the group responses were :- it is being tainted (f = 5, all cases); death (f = 4, case 2, 3, 4 & 5) as one stands to die of aids; victimization (f = 2, case 1 & 5) and being emotionally stabbed (f = 1, case 4).

4.3. Discussion emanating from mappings.

The above mentioned results of the pretesting phase of the study was

discussed with the group and therapeutic goals formulated (to be presented later). This part seeks to present some connection between the available theory on the topic and some salient findings of the study.

It seems reasonable to conclude that the empowerment group of child sexual abused children considered the invasion/ loss of control of their bodies as the main area of their disempowerment. To disempowered embodiment is logically connected with most other areas of concern, for example, self esteem, motivation, hardships with intimate relationships, etc.

The study findings emphasize the intrusive results of sexual abuse. For the group this had a lot to do with living comfortably (or not in the human body. This suggests that the group's reflection on this was that the field of consciousness comes at all times with the body at its centre. Careful analysis is necessary to understand this phenomenon.

The body is the center of vision, center of action as well as center of interests (hence embodiment connection with such areas as self esteem, motivation, inability to love/ or derive satisfaction intimately, etc). The body is "here", what it acts is "now", what it touches is "this". All other

things are “there” and “that.”

Everything circles around the body. The noun “I” is primarily a noun of position, just like this and here, which are the immediate aspects of us.

With traumatization the dilemma could be formulated in this way: How do I live with (but not in) a damaged body (vandalised by sexual abuse)? How do I continue to live in “the body” of a world which is equally dangerous (where brutal sexual abusers live)?

Child sexual abuse seems to breed both physical and psychological annihilation. The group found difficulty abandoning the body, i.e. making “life” outside it or as in everyday loss of body awareness through becoming involved in routine activities. Some times we turn against it with anger and confusion as in the suicidal cases of children with posttraumatic stress disorder (PTSD)(Terr, 1983). In fact there is a unanimity in the literature about physiological and psychological symptoms of child sexual abuse associated with PTSD (Finkelhor, 1986; Gelinas, 1983; Goodwin, 1985; Herman and Hirschmann, 1986; Russell 1986).

The physiological and psychological symptoms and other related

experiences of sexual abuse call into question our relation to “having a body” and “living in a body”. This issue makes profoundly troubling the centrality of the body in human existence as well as its claims upon us. Sexual violation could mean that the boundary between “inside me” and “outside me” is not simply physically crossed against the victim’s will and best interests, but “disappeared”. The result is a “made- never- to- have existed” victim.

The connection between problems of embodiment, self esteem, motivation, inability to love, etc. can be further argued. Something meant to be “outside” a person has “entered her”, reshaped her, redefined her, and made her foreign to herself by confusing the inside and outside of her. A case of a dissociative disordered sexual abuse victim (Baldwin, 1984) illustrates this clearly. The physical violation and intrusiveness of abuse can become life threatening to victims. In the same terms, the victims’ bodies, both inside and outside can be taken hostage by offenders.

By the “self” we make ourselves comprehensible to others by making it comprehensive to ourselves. The very “self” is made of our disavowed experiences (of thoughts, feelings, perceptions and sensations). These

experiences and emotions are often fragmentary and elusive. Sometimes they are inaccessible to language (making us numb to pronounce them when stressed). They also lack coherence and continuity as for example when thought disturbances worry the stressed self (Gelinas, 1983).

In Terr's (1983) study there is evidence that PTSD results in eating disorder. Psychodynamic understanding of PTSD phenomenon in sexual victims needs elaboration, using traumagenic dynamics, self psychology and ego psychological conceptualization of child sexual abuse. Victims of sexual abuse suffer double "splitting", i.e of their bodies and of their feelings. The mental dissociation views the body as a foreign container of the split sexual feelings.

This study yielded findings of international and national importance. In Zulu tradition, nubility and the ritual "ukuqoma" (engagement) invests a grown-up girl with status and individuality. If she is untainted sexually she becomes a personality in her own right. While these factors, including "ukuhlolwa" (virginity testing) may be viewed as an old fashioned girls' public control, recent years have seen this being practiced in most Zulu communities. According to the present

researcher's knowledge, it is shameful for a girl to be found in a compromising sexual status. Without enquiry if sexual abuse might be blamed, people immediately suspect her moral rectitude. Vilakazi (1965) contends that such a girl is regarded as being "soiled". It is not surprising, therefore that in this study embodiment and self esteem were main worrying areas. It could be argued that sexual abuse resulted to them being "soiled".

Characteristics of child sexual abuse includes fear, guilt, shame and self blame (Kilgore, 1988). Poor self esteem resultant from the abuse, robs the victim of healthy maturation of the ego. This means that the adaptational balance between the self and environment (Herman, 1983) gets disrupted. This further affects perception, object comprehension, thinking and mental productivity. Embodiment, poor self esteem and other obvious disempowerment from this study are therefore considered the direct correlation of the disruption of maturation of the self. In a disequilibrium of (sexual abuse) stress, the victim fails to fit the (sexually vandalised) self with the (abusive and disempowering) environment by modification of each. The physiological and psychological symptoms therefore develop as the immature ego seeks to

protect the helpless, traumatised self from the disempowering environment (Kilgore, 1988).

When a PTSD victim hates her body, e.g. by starving it, she is attempting to make the unwanted body (the foreign container of bad self and bad experiences) gradually disappear. In embodiment terms, the victim staves the “body”, not the “self” but the unwanted container. This could get rid of intolerable feelings and painful memories. Similar explanations can be assumed in cases of suicidal victims of child sexual abuse (Finkelhor, 1986; Dubler & Motta, 1999).

The effect of childhood stress on later development is well documented. (Baldwin, 1984; Finkelhor and Browne, 1986; Gelinas, 1983; Russel, 1986; Sgroy, 1982; Summit, 1993; Terr, 1983). Stress interferes with adaptation. Adaptation is the process of effecting the world and integrating the effects of the world on the individual (Ellenson, 1984).

As stipulated in the symptom formation on DSM IV (1994), PTSD calls for adaptation to the extremely hostile and threatening environment of the sexually abusive relationship.

In self psychology terms, the experience of sexual abuse is an empathic

trauma and narcissistic mortification. This is a result of a disruption of the self and the blockage of the healthy development of the ego. The whole conglomeration of the resultant symptoms, embodiment concerns, poor self esteem, etc. comes to the fore since the self gets dissociated with the fragmented and seemingly disconnected system symptoms resembling PTSD, as noted in the DSMIV (American Psychological Association, 1994).

The traumagenic dynamic model (Finkelhor and Browne, 1986) presumes that child sexual abuse has a variety of differing effects on four main areas of children's development, one of which is self esteem.

This study therefore validated the available literature in many ways.

The object relations theory maintains that the victims suffer conflicts of good object and bad self (Ellenson, 1984). There is also some evidence in the literature that if such a dilemma is not therapeutically addressed, the victims' developmental capacities are thwarted (Kilgore, 1988).

Group interventions with sexually abused victims are well documented in the literature (Edwards, 1999; Finkelhor and Browne, 1986; Furniss, 1991; Hermann, 1992; Hagan and Smail, 1997a,b; Jehu, 1986) This

study extended this evidence.

4.4. Group therapy in addressing power deficiencies

It must be noted that by the time the actual group therapy took place the empowerment group had become known to each other, had been accustomed to group rules and some unmeasurable amount of therapy had taken place.

As has been discussed previously, it was clear that therapeutic measures had to address what was conceptualized as salient worrying situations. It was noted that the group experience should target the sense of personal identity to supplement an extremely fragile “self” of the members.

An interesting exercise was done. The group accepted that what would typically be fleeting disavowed thought, feelings, sensations, sexual needs, etc, would be the raw material for additional selves. The intersubjective self (which was sexually abused and now unwanted), often vulnerable to stress and anxiety, would be safe by being “disembodied” until less vulnerable. This was a purposeful splitting. The group agreed to reconnect later on to their dissociated selves by bringing

in their fragmented “selves”.

The group had to work on individual's reality assessment and validation, supportive mirroring of individual's capacity for coping, consistently appraising one's self worth and value, irrespective of abuse.

The symptoms of PTSD were conceptualized as an adaptation to the abuse trauma, not as a self-determinant. The duality of the symptoms were analysed. On one hand, the symptoms' presence was conceptualised as nullifying the importance of the body, making it a benign form of physical liveness. On the other, acknowledging the body and listening to its pain was taken as an essential element in the recovery from trauma. The analogy was clear. Symptoms found on victims are indicators that something is amiss in their lives. Also, one cannot correct something that is benign or cannot be felt. Together with this conceptualization of their core difficulties, assertiveness training and cognitive appraisal of the connection between thoughts, feelings and behavior were accomplished.

This was the time where actual empowerment was felt in the group. Comments like: being not exactly a different person but consciously

being stronger in purpose, more being in the right direction prevailed. It was at that time that the split off fragments of the psyche were reunited again with more understanding of the impact of the sexual abuse on the self. In all, the empowerment group aimed at addressing the disempowered areas of their lives. The group therapeutic gains as evaluated by the subjects was that secrecy, stigmatization of abuse, self-perception, assertiveness and rationalization of the symptoms were dealt thoroughly.

As a first empowerment group of its kind, subjects felt that more work needs to be done especially on the primary prevention, i.e. in education and empowerment of women and children.

On the phenomenological question "what does empowerment mean to you", very interesting answers were found. The answers were the development of the stronger self (f = 4, case 1, 3, 4, & 5); solving of problems (f = 3, case 1, 4, & 5); understanding the self and sufferings (f = 2, case 1 & 4) and teaching (f = 1, case 2).

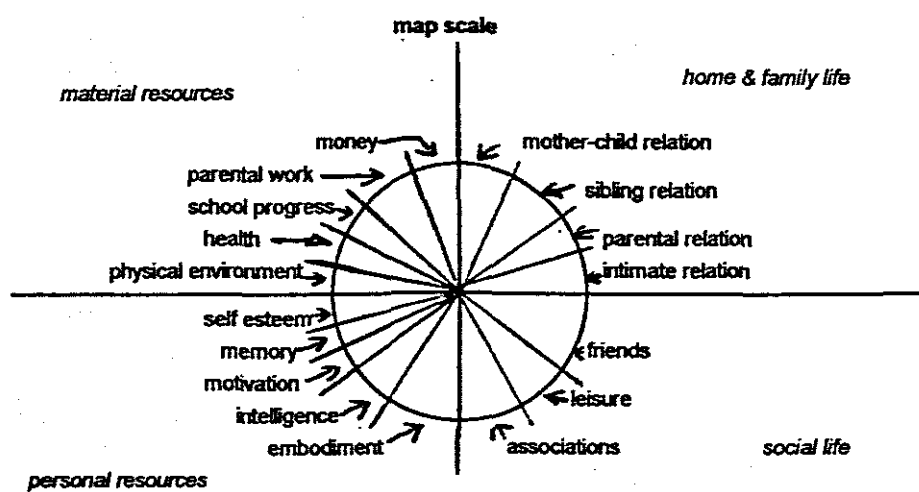
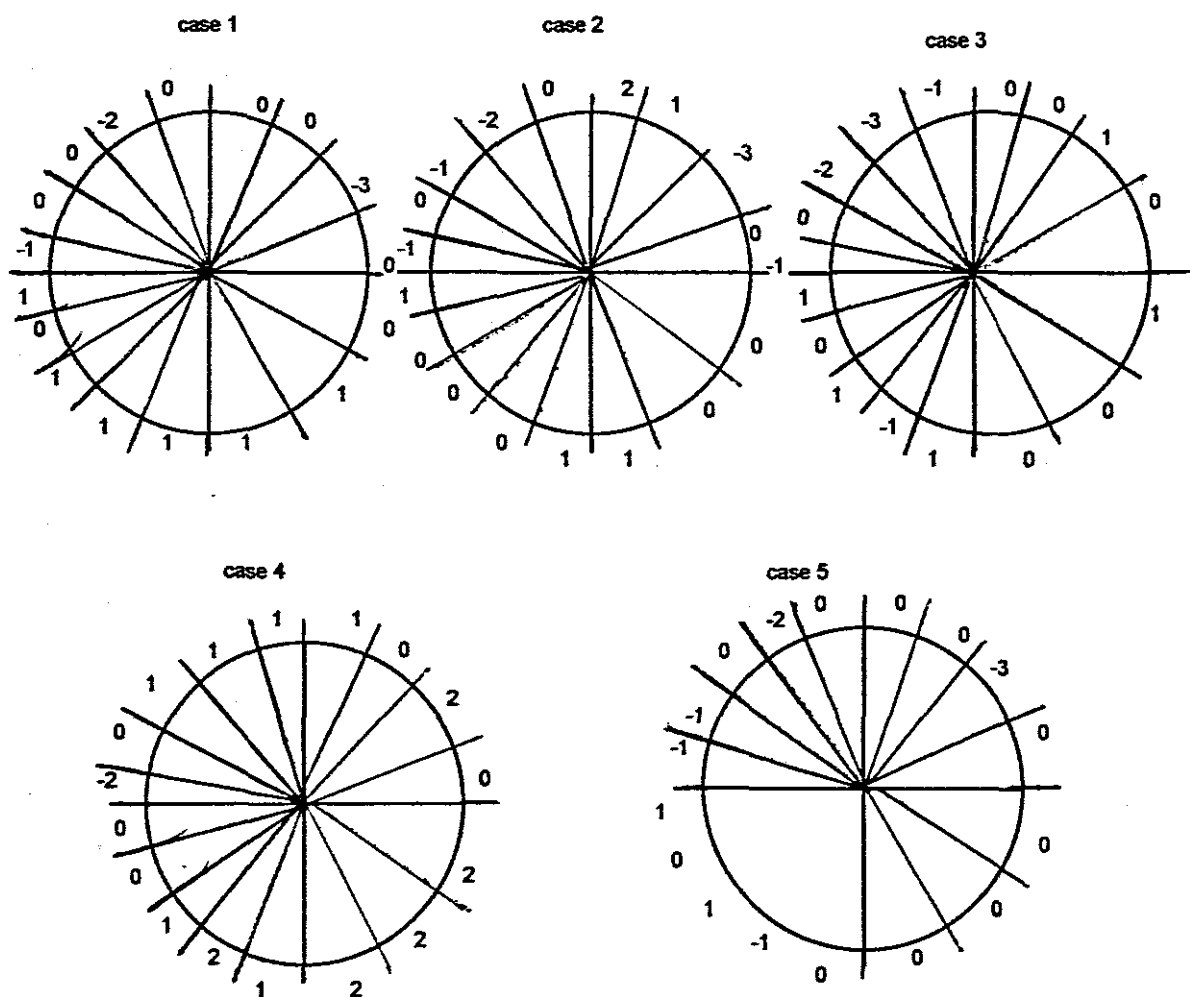


Figure 7. Remappings of power gained

Figure 7 shows a remapping of the empowerment group.

4.5. Conclusion

This chapter was the discussion part of the study. Data collection strategies were presented as well as their rationale. Mapping of the subjects' difficulties and resources is collectively and individually presented together with some elucidation of every aspect. Discussion of the results is presented with some theoretical considerations.

Intervention is presented, based on the findings discussed. At the end a remap is presented, showing some gains of empowerment to the group.

The next and final chapter is a conclusion part of the study. Some evaluation of the study will be indicated. Recommendations based on the findings will be drawn.

CHAPTER 5 CONCLUSION

5.1. Introduction

The application of the concept of empowerment in Community Psychology is gaining more recognition. Although the concept is still being debated, it is clear that it is so far the best concept in describing that process which enhances the strength of people and their possibilities to control their own lives. If research findings are valid and one important premise for emotional and psychological well-being is the ability to gain control over one's own life (Fawcett and colleagues cited in Edwards, 1999), the concept of empowerment then is the appropriate term to describe this effort. It is for these reasons that some evaluation of the study is made. Towards the end some recommendations emanating from the study are presented.

5.2 Study evaluation

Study evaluation takes a closer look at the epistemological and technical dimensions of the whole effort. Qualitative study of this nature has a naturalistic approach, i.e showing uniqueness and particularity of human

experience. Qualitative studies are continually being adopted by feminist researchers as they are sensitive to women's experiences seen in their own terms, and as empowering them in their efforts to work for change (Henwood & Pidgeon, 1992). There are some identifiable areas in the study that were positively evaluated:-

- * There is a reasonable fit between the data and theory. Some definitions of terms where applicable are provided so that the researcher and peers can evaluate the authenticity of this endeavour.
- * The study shows reflexivity. The researcher and subjects were interdependent in the social process of research.
- * In documenting the study, the researcher attempted to account what was done and why it was done, at all phases of the research process.
- * Sampling was explicitly driven by theoretical concerns. It will be interesting to have more larger samples for generalizing.
- * The power relations between the researcher and subjects were displayed as equal. There were no epistemological level differences.
- * Lastly, the study has transferability, not generalizability of contextual features. Its findings could be applied to similar contexts.

The empowerment group was a success because:

- 1) The victims of sexual abuse developed a more positive and potent sense of “self”.
- 2) The notion of being helped through helping, altruism and group cohesiveness prevailed.
- 3) The recognition that the group is the key to effectively challenge our situations was facilitated.
- 4) Lastly, learning more about child sexual abuse, the myths involved, irrationality of thoughts when stressed and finally gaining of control was experienced.

Since the nature of study with this population group was new to the researcher, some mistakes were made. Guided by ethics of research, validity and reliability, such instances were a good source of learning for the researcher.

Firstly, the researcher occasionally got stressed by an urge to get “somewhere” with the group. That is why it took 10 sessions to get “somewhere”, as some sessions were merely discussions of the misconceptions between the group and the researcher. The lesson gained was that the empowerment group has no slow or fast pace. Instead, it is a learning experience for both the therapist (researcher) and the group in

which events and learnings unfold and are digested by both.

Secondly, the researcher planned the sessions in advance, especially in the earlier sessions. The lesson learned from this mistake was that empowerment group deals with individual problems. People are open systems, always in a state of flux. External influences keep impinging on them so that they have to keep adapting. Some sessions yielded information that was later on refuted, owing to some external influences, e.g. boredom. The lesson was that researchers on empowerment have to approach their group with open minds and engage them at the level comfortable to them at a particular time. Unforeseen circumstances have to be accommodated.

Thirdly, there were moments when the researcher was inundated with some aspect of the problem, making it difficult to decide what that meant in psychological terms. This was accompanied by delays in some issues being fully worked out. This taught the researcher to be alert to some behavioral concomitant, facial nuances, etc. and enquire for more clarification. The researcher also learned that in empowerment there are no "more important" or "less important" issues. Everything that the

group raises must be viewed as significant to be discussed. Researcher should not allow own judgment to interfere with the group ratings of empowerment/ disempowerment.

Lastly, the researcher, being inexperienced in doing therapy while researching, wanted to be perfect. Sometimes he would despair over his own mistakes. Through own consultation with fellow colleagues and study promoter, he learned that there is no perfect or imperfect way of running the empowerment group of sexual abuse, but the most important aspect is to facilitate the group process in a manner that will not be destructive to the emotional development of the participants.

The final observation was that application of power-mapping initially looked like being suitable for adults or sophisticated persons only. This was proven as incorrect with the empowerment group. One of the subjects was mildly retarded, but worked well in the group.

5.3. Recommendations

The positive response of the empowerment group of victims of sexual abuse suggested that this problem can be effectively dealt with in group empowerment interventions. This section focuses on the implication of

the study for such interventions.

The study reveals the need to provide all sexual abuse victims with some programme aimed at exposing disempowerment and educating children. Even the distal disempowering factors that were not covered in this study need more discussion, e.g. linking socio-political with psychological aspects of disempowerment.

In line with some lessons learnt from this research, as professionals we need to readjust ourselves in order to adopt empowerment in our roles, especially with the survivors of sexual abuse. We need to learn to ask questions, not to give answers. It is necessary to distinguish the kinds of questions that enhance the empowerment process of people, settings and environment.

Connections are necessary between people and groups. As professionals we need to provide and foster opportunities to link people and groups in order to start a process of sharing experiences and reshaping our social environment. We need to reanalyse our professions, for example, psychiatrist, psychologist, social worker, police and justice department, or anyone working with abused victims. We must find out

where we are encouraging empowerment or where we perpetuate disempowerment due to our professional routines, language or the traditional helper- helpee relationships.

In line with feminist writers in the area of child abuse, the whole community needs to be conscientized about the disempowerment caused by the existing patriarchal system.

Sexual abuse does not have to bring lifelong devastation to the victims. In South Africa there is a serious shortage of psychologists, psychiatrists and social workers trained to do therapy. Empowerment groups could form networks of supportive environments to deal with the emotional pain and disempowerment caused by sexual abuse.

Importantly, effective interventions of any kind especially with empowerment group of sexual abuse victims, rest pivotally on research. More research with bigger sample sizes should be done.

Lastly, child sexual abuse has been conceptualized as a complex problem, precipitated by varied social factors such as patriarchal family structure, erosion of traditional external controls over sexual behavior,

changing sexual expectations and many more. The key characteristic of the victims in this study, i.e. disempowerment, is studied in a group form and a relevant intervention applied. This study is an invaluable contribution to the South African literature on child sexual abuse, on the issue of empowerment, and most of all, to the development of application of community psychology.

5.4. Conclusion

This section seeks to present conclusion of the last chapter as well as the whole study. In this chapter some evaluation of this kind of exercise is explicated. Also, some recommendations are stated.

The whole study is a contribution to the available literature of child sexual abuse. The potpourri of literature lacks one very important aspect; the workings of power in relation to abuse. The way in which power is exercised over people is considered the most ingredient of distress and sadly this affects normal development. Some theoretical findings proves that. In this study disempowerment is explored in group of five victims of sexual abuse. Disempowerment is mapped, marshalling of resources applied (therapy) and remapping is done. Conclusions are drawn looking

at the research implications and recommendations drawn.

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APPENDIX A

Letter of informed consent

I.....hereby declare that I give consent on behalf of my child for the investigation as described below:

The study aims to:

- 1. explore disempowerments of victims of child sexual abuse in a group form and map them in a format that allows comprehensive intervention without pathologizing the victims.
- 2. address disempowerment therapeutically and remap the gains of this procedure.

The identity of each participant will be confidential. No personal name or identification data will be used in any publication.

I understand and accept that the information collected will be used for research purposes, publication in scientific journals, teaching as well as to improve methods of helping victims of sexual exploitation/ abuse.

The investigation and group therapy will be conducted by NM Ndlovu (the Registered Senior Clinical Psychologist).

My permission is granted of my own will. I am aware that I can revoke such permission at any time; and that such will not result in any negative bias to the therapy programme for my child.

Signed.....

Date.....

Witness.....

Date.....