RESILIENCE IN CHILDHOOD SEXUAL ABUSE SURVIVORS

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DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and has not previously, in its entirety or in part, been submitted at any university for a degree.

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ABSTRACT

This study will review the literature on resilience in adult female childhood sexual abuse survivors with specific focus on incestuous abuse. Adults with histories of sexual abuse are categorised as either resilient or non-resilient on the basis of current functioning. Characteristics of the family of origin and its perceived contribution to the child sexual abuse are discussed. The developmental psychopathology literature addressing issues of resilience and vulnerability to stresses is addressed. The theoretical concepts of resilience, as they relate to protective mechanisms are discussed.

OPSOMMING

Hierdie navorsingstuk bied 'n oorsig oor die literatuur met betrekking tot die herstelvermoë van volwasse vroulike persone wat as kinders seksueel mishandel is, met besondere klem op bloedskandelike mishandeling. Volwassenes met 'n geskiedenis van seksuele mishandeling word op grond van hulle huidige funksionering beskryf as óf in staat om te herstel óf nie daartoe in staat nie. Kenmerke van die gesin van oorsprong en die waargenome bydrae van die gesin tot die seksuele mishandeling van kinders word bespreek. Die literatuur met betrekking tot ontwikkelingsgerigte psigopatologie gee aandag aan vraagstukke met betrekking tot herstelvermoë en kwesbaarheid teen die agtergrond van stres. Die teoretiese konsepte van herstelvermoë, en die verband daarvan met beskermende meganismes, word ook bespreek.

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Introduction

Worldwide, childhood sexual abuse is associated with a wide range of short- and long-term debilitating consequences in the lives of individuals (Faust, Runyon & Kenny, 1995). Researchers have documented the severe, long-term psychological consequences of childhood sexual abuse that include adulthood problems in emotional, behavioural, social and sexual functioning (Kendall-Tackett, Williams & Finkelhor, 1993). Some victims of childhood sexual abuse succumb to the relatively predictable adversity of the abuse whilst others appear to remain relatively unscathed and demonstrate continued healthy functioning (Beardslee, 1989; Finkelhor, 1990; Luthar, Cicchetti, & Becker, 2000; Roosa, (2000). Such individuals have been termed "resilient" (Rutter, 1979; Himelein & McElrath, 1996;). Resilience is generally regarded as the process of or capacity for bouncing back from traumatic events in life. It is this concept of resilience in relation to childhood sexual abuse that is reviewed in this paper.

Girls appear to be relatively vulnerable to sexual abuse by family members. In a survey of more than 900 women (Herman, Russell & Trocki, 1986), 16% reported sexual abuse by a relative and 4,5% reported sexual abuse by a father or a stepfather before the age of 18. Although boys as well as girls are sexually abused (Levett, 1989; Collins, 1997; Madu, 2001), most research done to date is based on girls. Hence this paper mostly reflects the research on women survivors of childhood sexual abuse (CSA). In surveys of CSA carried out in South African hospitals and child welfare agencies, 87,5% of

admitted children were sexually abused and 71,4% of the children's perpetrators were known to them (Levett, 1989).

CSA constitutes any action related to contact and non-contact sexual exploitation that can harm children or tamper with their development either physically or emotionally (Russell, 1986). Two types are prevalent: *intrafamilial* and *extrafamilial* sexual exploitation. *Intrafamilial sexual abuse* is sexual abuse committed by a family member, be it a father, stepfather, grandfather, brother or uncle. *Extrafamilial sexual abuse* is usually committed by someone outside the family, but rarely a stranger. The bulk of childhood sexual abuse is therefore perpetrated by a family member or someone known to the child (Browne & Finkelhor, 1986; Saunders, 1992; Russell, 1995).

An interesting paradoxical observation pertaining to the South African context is that sexual abuse within the African cultural context coexists with the highly cherished concept of "ubuntu", the collective African humaneness that cohesively binds communities through mutual support and respect. When applied to children in the community, ubuntu is based on a collective philosophy that "your child is mine, I will always be available to him/her when he/she needs me" (Magwaza,1997, p.43). Responsibility for the development of the child is therefore perceived to be located within the broader system of the community rather than just within the family. Developmentally this concept has far-reaching implications, in that it creates in children a strong sense of communal security, safety and trust, as well as freedom from fear of violation and betrayal by adults (Magwaza, 1997).

With the incidence of CSA on the rise in South Africa, studies of resilience would be highly beneficial to professionals working with survivors. However, because research that explores the factors that enable people to cope and remain occupationally and socially functional is lacking in South Africa, the literature to be reviewed must be drawn from international studies.

Due to the recent "coming out" of women survivors of CSA, including black women, in South Africa who seem not to be adversely affected by the sexual abuse, exploring and understanding which factors underlie and predict the development of resilience in children with history of sexual abuse is an essential step towards any attempt at prevention or intervention to address the negative consequences.

The review of the literature on resilience in adult women survivors of childhood sexual abuse will therefore have a specific focus on incest survivors, identifying individual and social factors that are associated with resilient outcomes, which may reduce the risk of sexual abuse or enhance coping skills should it occur. It will also attempt to make inferences from international research to the South African situation. Even though this review will address the long-term affects of childhood sexual abuse, the debate on the validity of the retrospective reports on the experience of childhood sexual abuse will not be discussed.

The first section will address childhood sexual abuse with specific focus on incest. There is a growing consensus among researchers that the family of origin has a crucial part to

play, both in the onset of CSA and the severity of the long-term effects (Alexander, 1992: Faust, Runyon & Kenny, 1995). These variables will therefore also be addressed. The second section looks at the interpersonal functioning among females. The third section considers the concept of resilience and the two central constructs in resilience research – stress and competence. Origin of resilience and the various operational definitions are examined. Various research studies elucidating the protective mechanisms or factors of resilience both in the individual and the family are examined.

2.Sexual abuse

2.1 Introduction

A substantial percentage of the female population has had an experience of sexual abuse in their lives (Valentine & Feinauer, 1993). However cultural and historical dimensions of childhood sexuality and of the occurrence of sexual practices between adults and children has made it difficult to have a universally accepted definition of what constitutes childhood sexual abuse (Baker, 2002; Kenny & McEachern, 2000). Despite discrepancies in childrearing practices, most cultures seem to agree on what constitutes sexual abuse, voicing strong disapproval for such behaviour toward children (Elliot, Tong & Tan, 1997). Even though there is difficulty in defining what acts constitute sexual abuse, most researches agree that of utmost importance is the experience of being coerced into enduring or performing an act where the coerced individual has no ability to provide informed consent (Baker, 2000). Moreover, these acts, whether or not they involve bodily contact, are employed by the perpetrators for the purpose of their own gratification (Herman, 1981; Finney, 1992). Sanderson (1990) provides a useful definition:

> The involvement of dependant children and adolescents in sexual activities with adult or any person older or bigger, in which the child is used as a sexual object for gratification of the older person's needs or desires, and to which the child is unable to give consent due to the unequal power in the relationship. This definition excludes consensual activity between peers.(p.13)

2.2 Incest

There seems to be no consensus on the definition of incest. According to Russell (1997, p.9) incestuous abuse is "any kind of exploitive sex that occurs between relatives no matter how distant the relationship". The legal definition of incest in South Africa is "the unlawful and intentional sexual intercourse between male and female persons who are prohibited from marrying each other because they are related within the degrees of consanguinity, affinity or adoptive relationship" (Snyman, 198p.400). For Russell (1997), however, this definition is problematic as it implies that sexual relations between step-relatives other than a stepparent and stepchild are allowed and thus may not be regarded as incest.

The common pattern of incestuous activity is where the victim is between 7 and 12 years old (Russell, 1995; Valentine & Feinauer, 1993). In many instances, incest is the best-kept secret within a family (Russell, 1997). Incest often drags a family into a conspiracy of silence in which the survivor ends up bearing the burden of isolation (Herman, 1992; Russell, 1997) with parents (usually the mother) refusing to acknowledge when there is disclosure and for fear of bringing shame to the family (Russell, 1997), therefore preferring not to talk about or to report the act (Kenny & McEachern, 2000). The child is torn between the love felt for the perpetrator as a parent or family and hate for the act is and tormented by the betrayal of those she trusted for hurting and not protecting her (Herman, 1981).

Although the aggressor most often is the victim's father, grandfather, stepfather, brother or uncle, he is always an adult, whom the child has reason to trust in a loving relationship (Butler, 1996). The very person the child should be relying on for protection is the abuser. The child believes that, if he/she tells, the family and their source of survival will be destroyed (Baker, 2002; Russell, 1997). Therefore abuse may go on undisclosed, sometimes for years (Levett, 1989).

The fact that men are typically the primary breadwinners may be a contributing factor to the nondisclosure by the non-abusing parent (Russell, 1997). Economically dependent wives/mothers often betray their incestuously abused daughters by siding with their husbands, for if the father is reported and convicted of the crime, the family loses its primary or only breadwinner (Herman, 1981, 1992; Russell, 1997).

2.3 Prevalence in South Africa

Statistics from the South African National Institute for Crime and Reintegration of Offenders (NICRO) indicate that KwaZulu-Natal, with 23 cases, had the highest reported number of cases of incest in South Africa in 2001. This was followed by the Western Cape and Northern Province with 17 cases each. Gauteng had a total of 15 reported cases, followed by the Eastern Cape with 14 cases and Mpumalanga with 11 cases. According to NICRO (2001) compared to other categories of crime in the country this depicts 0%, meaning it is not prevalent, but nonetheless does occur. This may not be a true reflection of incestuous abuse though, considering that most sex crimes are unreported.

Russell (1993) suggests that incestuous abuse in South Africa is likely to be at least 50% higher than in the United States. She provides the following reasons for her suggestions:

- the rape rate in South Africa appears to be almost double that which it is in the United States;
- stepfathers sexually abuse their stepdaughters disproportionately more than biological fathers sexually abuse their daughters. Though this aspect is not unique to South Africa, the long history of apartheid forced millions of African families to live apart (through migrant labour, the Group Areas Act, live-in domestic workers) and together with the high rate of criminal and political violence, this resulted in an exceptionally high number of broken families. Broken families mean more stepfathers, adoptive fathers and foster fathers and therefore higher rates of incestuous abuse; and
- high rates of alcoholism and other drug addictions are associated with high rates of incestuous abuse. Disintegrated, poverty-stricken and demoralised communities with high rates of alcohol consumption and drug abuse are widespread in many regions of South Africa.

2.4 Long-term effects of sexual abuse

Victims of childhood sexual abuse are at risk from developing a range of negative after effects, both immediately and at subsequent life stages (Finkelhor and Browne, 1985; Finkelhor, 1991). Clinical descriptions of adult patients with a history of childhood sexual abuse are consistent with a formulation of posttraumatic stress disorder (PTSD) that has become chronic and integrated into the victim's personality structure (Herman et

al., 1986). The memory of the original stressor may be partially or completely repressed, but fear and hypervigilance usually persist, and the trauma may be re-enacted in nightmares, intrusive flashbacks and dissociative states.

Finkelhor and Browne (1985) proposed a theoretical model that postulates that the experience of sexual abuse can be analysed in terms of four traumagenic dynamics- namely:

- traumatic sexualisation;
- betrayal;
- powerlessness; and
- stigmatisation.

These traumagenic dynamics are generalised however and are not unique to sexual abuse. With the exception of sexualisation, they occur in other kinds of trauma as well. The conjunction of these four dynamics in one set of circumstances though is what makes the trauma of sexual abuse unique and different from such childhood traumas as divorce of a child's parents or physical abuse. Baker (2002) however maintains that this model has some limitations in that –

1. The dynamics posited have not been conclusively established through empirical study as having a relationship to adult adjustment.
2. Not all survivors have difficulties in all four dynamics. There is also a great survivor variation in terms of which dynamics are an issue in adult life.
3. The factors that mediate the development of each dynamic have not yet been addressed.

Baker (2002)'s concerns are shared by Herman (1981). Herman (1981) concurs that the likelihood that a person will develop post-traumatic stress disorder depends primarily on the nature of the traumatic event (in this case sexual abuse). Individual differences also play an important part in determining the form that the disorder will take. No two people have identical reactions to the same incident. Furthermore the impact of traumatic events also depends to some degree on the pre-existing resilience of the affected person (Herman, 1992).

2.4.1 Complexities and contradictions

Although low self-esteem, for example, has been found to be an important long-term effect in a number of studies (Bagley & Ramsay, 1986; Fleming, Sibthorne & Bammer, 1999; Gold, 1986; Lundberg-Love, 1990) including those based on clinicians' reports (Courtois, 1988; Jehu, 1988; Kennerley, 2000; Sanderson, 1990) it has not been looked at in relation to its adjuncts – that is self-efficacy, self-confidence and perceived competence (Baker, 2002). Self-esteem and self-confidence, Baker (2002) contends, are for example, two separate entities, where the first is the measure of an individual's personal worth and the second the varying degrees to which this measure is made evident to others. It is not unusual for example for a survivor to comment that she feels like nothing inside when she is socialising, yet she is perfectly competent in her work and can even fool people with her projection of efficacy (Baker, 2002).

Finney (1990), a survivor of childhood sexual abuse herself, concurs with this statement: "Although I continued to do well in school, I did not do well socially outwardly, and according to the press, I was a success. But inwardly I was a failure"(p.23). Baker (2002) therefore suggests that it would be crucial when discussing lowered self-esteem as being an important symptom of CSA, that self-efficacy as well as self-confidence is examined.

In an effort to incorporate these multiple factors into a single theory, Spaccarelli (1994) proposed a transactional model that conceptualises sexual abuse as consisting of a series of related stressful events, and views the survivors' cognitive appraisals and coping responses as protective factors that mediate the effects of the abuse and related factors on mental health. In this model, developmental factors (survivor's age and cognitive abilities) and environmental factors (family support) may also affect survivor's responses or moderate relationships between abuse stressors and survivor's responses as previously indicated. One strength of the theory is that it is not exclusively focused on risk variables, and does not presuppose that all survivors of CSA will experience significant mental problems (Spaccarelli & Kim, 1995). Rather, it assumes a complex interplay between developmental processes at work before the abuse. The theory also considers the impact of interaction between the survivor and the environment after the abuse has occurred.

CSA is commonly distinguished by characteristics such as:

- nature of the perpetrator;

- type of abuse, whether or not penetration occurred and whether or not force was used;
- duration and frequency of abuse; and
- age of the onset of abuse.

There is however lack of consensus about the specific long-term effects (Baker, 2002; Banyard , Williams, Siegel & West, 2002). In their study to identify variables that predict psychological well-being in adult female survivors of CSA Binder, McNiel and Goldstone (1996) concluded that short duration of abuse, absence of perceived pressure and absence of family conflict emerged as important predictors of well-being, in spite of the type of abuse. On the other hand, Herman (1981), who sought to determine which characteristics were related to post-traumatic symptomatology, concluded that having multiple abusive episodes that involved penetration significantly predicted high scores on hyperarousal, intrusive thoughts and dissociation. The study did not however control the relationship between perpetrators and survivors and other family dynamics.

According to another study (Herman et al., 1986), survivors who had experienced forceful or violent abuse that involved a high degree of physical violation, reported higher levels of such problems as depressive symptoms, anxiety and sleep disturbances. Compared to survivors of extrafamilial abuse, women who were abused by a family member reported more lasting harm (Russell, 1986). Experiences of sexual abuse by a father or stepfather were described as having severe and long-lasting effects (Browne & Finkelhor, 1986).

Survivor characteristics, such as early age of onset of abuse, have been found to be related to greater trauma in some studies (Courtois, 1979; Kendall-Tackett, Williams & Finkelhor, 1993). In other studies, however, the early age of onset of abuse was regarded as a protective factor if there was no repeat of the abuse, as the child was likely to forget the experience (Russell, 1986). In addition, greater harm has been correlated with greater age differences between the victim and the perpetrator. According to Banyard et al., (2002), survivors who were older than 13 years when the abuse started displayed higher levels of anxiety and heavy drinking in adulthood. This fact was attributed to knowing that the abuse was wrong, hence the anxiety and heavy drinking (Levett, Kottler, Walaza, Mabena, Leon & Ngqakayi-Motaung, 1998; Banyard et al., 2002)

2.4.2 Differences in effects between incestuous and non-incestuous abuse

In comparing women who had been sexually abused on more than one occasion with those who were reporting first-time sexual abuse, researchers found that 18% of the repeat victims had incest histories compared to only 4% of those victims who were abused once only (Miller, Moeller, Kaufman, Divarto, Pathak & Christy, 1978).

In another study by Messman and Long (1996) assessing childhood sexual abuse, both incestuous and extrafamilial, in victims of rape and battery, results suggested that victims of rape and battery were more likely than non-victims to have had sexual contact with a family member as a child. Fifty percent of the raped and battered women reported incestuous experiences as compared to 33% of the battered only women and 22% of the

non-victims. No differences were found with regard to childhood sexual experiences with non-family members.

DeYoung (1982) also found evidence that incest victims had an increased chance of being sexually victimised by someone else as an adult. In a study of 48 adult paternal-incest victims, 14 had also been sexually victimised as adults. In addition to these experiences, many of these women had also been victimised as children by some person other than the offending father or stepfather, indicating that, not only were victims abused by multiple perpetrators as children, but they were also victimised again as adults.

A more recent study (Melchert, 2000), which attempted to clarify the effects of childhood sexual abuse, parental substance abuse, and parental caregiving on adult adjustment, concluded that an absence of respectful approval from the mother, was at least as important as parental substance abuse and childhood sexual abuse in predicting adult psychological distress.

A study by Lange, De Beurs, Dolan, Lachnit, Sjollema and Hanewald (1999) suggested not only that the atmosphere in the family of origin substantially accounts for the variance of all measures of psychopathology, but also that the findings held for both incestuous and non-incestuous abuse. In addition, these researchers found confirmation in their sample of 404 women that the emotional atmosphere in the family of origin, reactions after disclosure, and self-blame were more strongly associated with later psychopathology than objective characteristics of the abuse itself. In work done by Baker

(2002) with female survivors of childhood sexual abuse, the issue of self-blame, lack of parental validation of the abuse, and a non-supportive and unprotective family environment in general have all been offered in varying degrees by the survivors as being the major contributors to their current distress.

2.5 Family variables associated with intrafamilial childhood sexual abuse

According to Rak (2002), families fulfil certain important functions for their members and society, such as –

- family formation and membership;
- democratic support;
- nurturance and socialisation; and
- protection of vulnerable members.

Any deviations from the fulfilment of these functions tend to impinge on individual children in different ways. The problems associated with abuse, can therefore have far-reaching effects both with respect to intra-individual problems in adjustment as well as radiating out to interpersonal problems within the home and community at large (Gordon, 1989). Researchers and clinicians have examined variables mediating the onset and consequences of CSA (Browne & Finkelhor, 1986; Kendall-Tackett et al., 1993; Faust, Runyon, & Kenny, 1995). One of the variables identified was the familial role and functioning.

Faust et al., (1995) in their literature examined:

- the relationship between family functioning and the onset of incest; and

- the role of the family in the victim's adjustment to childhood sexual abuse.

This study also examined the relationships and personality characteristics of the parent (or parent surrogate) perpetrator and the non-offending parent and victim, and characteristics descriptive of the family environment. These are further discussed in the section on the family environment below.

2.5.1 Family environment

Baker (2002) identified four general types of family environment in which incestuous abuse is usually found, namely chaotic, unstable, incongruous, and emotionally inhibited.

1. Chaotic

This type of environment is described as one where both parents are living together, but where the atmosphere is one of constant fear. Usually one or both parents abuse alcohol and there is frequent domestic violence, both physical and verbal, usually towards the mother, leading survivors to feel responsible for the mother and to fear losing her. Some survivors also report experiencing physical violence from one or both parents and regularly being punished, criticised, or verbally humiliated. In such cases, physical needs are neglected and victims have to assume responsibility for younger siblings (Herman & Hirschman, 1981; Baker, 2002). A study conducted by deYoung (1994) produced similar results with regard to spousal abuse, with the non-offending mother describing their perpetrator husbands as physically, sexually or emotionally abusive.

2. Unstable

In this type of family environment, either the mother or the father has died or has left the family home, and the remaining parent finds it difficult to cope. Survivors might have been put into foster care and later taken back by the parent, usually the mother (Baker, 2002). Other survivors might have been placed in the care of grandparents or other close family members (Russell, 1997). Recollections by survivors include perceiving the parent as being vulnerable and unable to cope, being split from siblings, experiencing a series of different men/lodgers coming into the house and confusion about who their primary carer is (Baker, 2002).

3. Incongruous

According to Baker (2002), families of origin as discussed above are characterised by double standards. To the outside world these families appear to be pillars of society, respectful of authority and public law, and they are consequently regarded as being highly disciplined. It is not unusual for these families to be church devotees (Sandford, 1988), or to appear to uphold a high moral code of conduct (Finney, 1990). Behind closed doors, however, there is often a lack of respect for personal boundaries and verbal insults of a sexual nature abound. Further characteristic of these families include their insularity regarding external influences and their active shunning of involvement from professional agencies (Finney, 1990; Faust et al., 1995).

4. Emotionally inhibited

To the outside world, this type of family appears to be functioning well. It could involve parented families, single parents, and reconstituted families (Baker, 2002). This environment is characterised by its lack of appropriate emotional expression and recognition of the child's individual and nurturing needs. There is a great deal of emphasis on achievement and success, and the survivors always felt that they were falling short of expectations, with strict discipline and no positive reinforcement or affection demonstrated (Finney, 1990). In addition, there is a lack of guidance and the parent or parents are perceived as being too distant or too absorbed in their own lives to pay attention to the children. The mothers are often described as either being too inadequate to attend to the children's needs or as being "absent" (Baker, 2002).

Baker (2002) further maintains that while childhood sexual abuse may not be assumed to occur automatically in all chaotic, unstable, or incongruous environments, the latter may provide necessary conditions for it to occur. The "emotionally inhibited" type of environment however differs significantly from the three types mentioned above, as it is the type of "ordinary" family that does not attract particular social attention. It is therefore more difficult to explore antecedents for childhood sexual abuse in these families and it is only during closer scrutiny, particularly based on survivors' verbal reports, that one can appreciate their lack of parental attachments and isolation prior to the abuse (Baker, 2002).

Groth (1982) proposed two incest-prone dyadic relationships between parent and child: the passive-dependent type and the aggressive-dominant type. In the first instance, the husband relates to his wife more as a dependent child to fulfil his emotional needs than as an egalitarian partner. After some time, the wife begins to feel neglected and that her emotional needs are not being met, eventually withdrawing from the relationship and meeting her husband's needs. He then turns to his daughter as a substitute wife. Eventually, his emotional dependency on his daughter evolves into a sexual relationship (Groth, 1982).

The second identified familial pattern, the aggressive-dominant type, is one in which the husband takes on the dominant role in the family and maintains a position of power. He keeps his family financially dependent on him and socially isolated. In his effort to keep his wife insecure and dependent on him, his emotional and sexual demands go unmet as the wife emotionally and physically withdraws from him. As a result, he turns to his daughter to fulfil his needs. His narcissistic sense of entitlement "allows" him sexual access to his daughter (Groth, 1982). There is no empirical evidence though to support the prevalence of these two incest-prone dyadic relationships (Faust et al., 1995). Nevertheless the history of the family dynamics provided by survivors lends validity to the model (Finney, 1990; Baker, 2002).

Whilst Faust et al. (1995) posited that there has not been any empirical evidence of the previously mentioned two incest-prone dyadic relationships, research by Alexander (1992)

as regards the antecedents of childhood sexual abuse, seems to indicate to the contrary, as it at least relates to the second dyad.

In his theory, Alexander (1992) posits that the onset of childhood sexual abuse is preceded by insecure attachment to the parent, and this author then employs three types of such attachment: role reversal/parentification; fear; and rejection. Role reversal/parentification is supported by earlier empirical evidence (Levett, 1989) and is described as the experience whereby the child is parentified to the extent that she is abused by a parent whose sense of entitlement creates in him the expectation that the child should meet his sexual and emotional needs; as previously discussed. The conditions for childhood sexual abuse to occur are further reinforced by the inability of the non-abusing parent to attend to the child's emotional needs. The non-abusing parent may be lacking in the appropriate emotional and/or cognitive resources to be able to stop the abuse from occurring (Alexander, 1992; Baker, 2002).

3. Feminist Perspective

3.1 Adult interpersonal functioning among female CSA survivors

Sexual functioning among CSA survivors has generally been defined in terms of behavioural descriptions thought to be indicative of sexual dysfunction (DiLillo, 2001). The potential confounding influences of relationship satisfactions have also been overlooked.

3.1.1 Relationships with other women

Psychology in South Africa has largely neglected the issue of gender identity development, particularly the extent to which a woman's view of herself is shaped by gender-related socio-political forces (Letlaka-Rennert, Luswazi, Helms & Zea , 1997). In South Africa, gender has been used by societal institutions to dominate and subjugate black women as members of a disenfranchised group. Psychologically then one would expect that gender oppression as having effects on the individual. In addition, gender may affect the socialisation experiences of black South African women (Russell, 1995) and in turn their self-conceptualisation (Letlaka-Rennert et al., 1997).

In concurring with this statement, feminist psychologists (Crogan & Miell, 1995; Russell, 1996) subscribe to the general understanding that personality is shaped by the forces of male domination and the power relations of a gender-stratified society. Given that the vast majority of female survivors are sexually abused by males, it is interesting to note findings that many incest survivors harbour greater animosity toward other women than toward men. In research undertaken by Herman (1981), comparisons were made between

40 survivors of father-daughter incest and 20 women with no such history, but whose fathers had behaved seductively toward them (had displayed sexually motivated behaviours devoid of actual physical contact or secrecy). After matching the two groups by age, social class and religion, interview data showed that incest survivors experienced greater feelings of anger and hostility toward women than toward the actual perpetrator.

In a study by Lubelle and Peterson (1998) on survivors' relationships with other adult women, the responses of self-identified incest survivors revealed that the female relationships of survivors and those of non-abused women differed in certain respects. The groups reported no differences regarding the extent of their friendship networks, conflict resolution abilities, satisfaction, intimacy, trust and companionship with other females. An exception, however, was finding that survivors' closest single friendships with females had lasted an average of seven years less than those of their non-abused counterparts.

3.2 Relations with mothers

The reports of anger and hostility toward women in general become much more understandable, considering that many survivors are said to feel a strong sense of betrayal and resentment toward their mothers for not protecting them from, or even for colluding with, the abusive fathers or other perpetrators (Courtois, 1988; Baker, 2002;Sandford, 1988). Herman (1981) found that female survivors' perceptions of their mothers ranged from ambivalent at best, to "actively hostile ... marked by bitterness and contempt" (p.81). Other researchers have observed that women in clinical samples commonly

express feelings of anger toward their mothers (Tsai & Wagner, 1978), perhaps feeling more hostility toward the maternal caregiver than toward the perpetrator himself (deYoung, 1982).

Some rather consistent evidence of strained maternal relations comes from a study finding that survivors and non-abused women differed across all five subscales of a measure assessing their relationships with their mothers (Lubelle & Peterson, 1998). On this measure, survivor participants reported less satisfaction, less compatibility, less intimacy, more conflict, and less assurance in the continuity of their relationships with their mothers. Compared to non-abused women, survivors also spent less time with their mothers, and women have preferred even less interaction with them than they actually had. Similarly Meiselman (1978) found in her study of incest victims that 40% of the women expressed strong negative feelings toward their fathers while 60% were forgiving. The reverse percentages were found to be true for their attitudes toward their mothers.

According to Letlaka-Rennert et al. (1997), these results are indicative of women who are characterised by a lack of conscious awareness that womanhood is devalued by society. The women would thus believe that the reason for the abuse was flaws in themselves as individuals. These authors further state that these women could have a low level of self-efficacy accompanied by low self- esteem.

3.3 Parenting abilities and attitudes

Cole and Woolger (1989) examined child-rearing attitudes and perceptions of families of origin among 21 mothers who endured incest and 19 mothers with a history of extrafamilial sexual abuse. Incest survivors, particularly those with negative perceptions of their own mothers, tended to place more emphasis upon children's autonomy than did other survivors. Incest survivors also resisted their children's dependency upon them, and valued children's self-sufficiency to a greater extent than survivors of non-familial sexual abuse. The two groups did not differ in their general attitudes regarding nurturance and control of their children (Cole & Woolger, 1989).

Among low-income mothers, a history of CSA has also been linked to negative perceptions of oneself as a parent, as well as greater use of physical punishment (Barnard, 1994). However Banyard et al. (2001) discovered that adult sexual assault and partner violence, but not CSA, were associated with more negative parenting outcomes. Low socio-economic mothers with a history of CSA may also be at an unusually high risk of physically abusing their own children (DiLillo, Tremblay, & Peterson, 2000), as reflected in elevated scores on the Child Abuse Potential Inventory (CAPI) (Milner, 1986).

4. The concept of resilience

> And so I went on a journey to answer for myself a few questions: what are our most human qualities? What sets us apart from animal and machine? From the masses and the monster? How can we believe in our infinite possibilities when our limitations are so conspicuous? And hope? What is this stubborn thing in man that keeps him forever picking the lock of time? "...The odds are against him the odds have always been against him and he knows it, but he has never believed it...
>
> Lillian Smith, TheJourney(1954)

The concept of resilience has sprung from the findings by Rutter (1985) and other workers in the field, who observed that there exists a marked variability in responses of individuals exposed to risk or stress situations. Resilience has been studied as part of the search for the genesis of psychiatric disorders in childhood (Kadner, 1989). This has included studies reflecting children's adaptation to a variety of stressors, such as poverty, war, loss and bereavement, chronic illness, parental psychopathology and natural disasters. Studies of children of schizophrenic mothers, for example, played a crucial role in the emergence of childhood resilience as a major theoretical and empirical topic (Garmezy, 1974; Masten, Best & Garmezy, 1990).

Following Werner's studies on children in Hawaii (Werner, Bierman & French, 1971; Werner & Smith, 1977), research on resilience expanded to include multiple adverse conditions, such as socio-economic disadvantage and associated risks (Garmezy, 1991,1995; Rutter, 1979; Werner & Smith, 1982,1992) parental mental illness (Masten & Cicchetti, 1995) maltreatment (Beeghly & Cicchetti, 1994; Cicchetti & Rogosh, 1997; Cicchetti, Rogosch; Lynch & Holt, 1993; Moran & Eckenrode, 1992), urban poverty and community violence (Richters & Martinez, 1993) chronic illness (Wells & Schwebel, 1987) and catastrophic life events (O'Doughtery-Wright, Masten, Northwood & Hubbard, 1997). The thrust of this research was a search for protective forces that differentiate children with healthy adaptation profiles from those who were less well adjusted.

The well adjusted children matured into successful adults despite stressful, disadvantaged or even abusive childhoods (Garmezy, 1983; Rockville, 1996; Werner & Smith, 1992). Some researchers refer to these children as "super kids" (Kaufman, Grunebaum, Cohler & Ganier, 1979) because they are apparently stress-resistant children for whom bad experiences seem to have little impact and even appear to enhance their adaptive strategies.

Stemming directly from this work on coping in children, the 1970s saw an increasing preoccupation among researchers with the concept of *invulnerable children* (Anthony, 1974; Garmezy, 1976; Murphy & Moriarty, 1976; Werner & Smith, 1981). The popularisation of this term created the misleading notion that there existed "some children so constitutionally tough that they could not give way under pressure of stress

and adversity" (Rutter,1985, p.199). As research evolved, it became clear that positive adaptation despite exposure to adversity involves a developmental progression, such that new vulnerabilities and/or strengths often emerge with changing life circumstances (Masten & Garmezy, 1985; Werner & Smith., 1982). Due to the inherent problem of absolutism implied by the concept of invulnerable children, Garmezy (1983) and his colleagues dropped the term for the less dramatic *stress-resistant* or *resilient*, which describes the relative nature thereof as opposed to fixed nature of the concept more accurately.

Various other terms have been used interchangeably in the literature. Garmezy and Masten (1986) use the term *stress resistant* in their long-term study of risk and competence spanning two decades. They define a stress-resistant child as one who maintains competence despite exposure to adverse stressful experiences. Murphy and Moriaty (1976, p.248) speak of a *continuum of vulnerability*. They note the importance of the interaction between children and their environments. What has been called *invulnerability*, *resiliency* and *stress-resistance*, has been operationalised in various ways. The various definitions focus around the repeated central observations that there are those who do well despite adversity.

Over the last two decades, the focus of risk research has shifted from damage and disorder to locating sources of resilience and psychological well-being in individuals and more recently in families (Barnard, 1994; der Kinderen & Greeff, 2003).

4.1 Definition of resilience

The term *resilient* is often used interchangeably with others such as *hardy*, *invulnerable*, *stress-resistant* and *invincible* (Liem, James, O'Toole & Boudewyn, 1997). At a conceptual level, resilience is defined as *a phenomenon of maintaining adaptive functioning in spite of serious risk hazards* (Rutter,1987). However, at least two different types of criteria have been used to define a resilient child operationally –

- adequate mastery of certain stage-salient developmental tasks; and
- the absence of clinical or diagnosable levels of psychological symptomatology (Garmezy,1981).

Wolin (1991) defined resilience as "the capacity to prevail, grow, be strong and even thrive despite hardships"(p.3). For Strumpfer (2003) resilience refers to "recuperation and/or constructive and growth enhancing consequences of challenges or adversity"(p.70). For some authors it goes even further. Carver (1998) uses the term *thriving*, indicating that the individual not only returns to a previous level of functioning, but also surpasses it. Richardson, Neiger, Jensen & Kumpfer (1990) called this *resilient reintegration*, compared to *homeostatic reintegration.*

Resilience is generally conceived as a relatively stable characteristic or set of characteristics equated with managing reasonably well in the face of known risk factors for developmental impairment (Rutter, 1987). Other researchers refer to resilience as not just (a) stable characteristic(s), but as a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cicchett & Becker, 2000). Rutter (1985) concurs with this assertion, stating that resistance to stress is relative, not

absolute. Resilience can change over time, so that successful functioning at a specific point in the life cycle does not guarantee similar success at a later stage (Herrenkohl, Herrenkohl & Egolf, 1994). In addition, someone may function well in one domain, independent of, or even at the expense of other domains. Implicit within this notion are two critical conditions :

- exposure to significant threat or severe adversity; and
- the achievement of positive adaptation despite major assaults on the developmental process (Garmezy, 1990; Rutter, 1993; Werner & Smith, 1992).

What is striking, according to Rutter (1993), is that resilience does not usually reside in the avoidance of risk experiences or positive health characteristics or generally good experiences. Resilience results from having the encounter at a time and in a way that the body can cope successfully with the challenge to its system. This would supposedly explain the absence of psychopathology or maladaptive behaviour in high-risk situations where psychopathology or such behaviour would have been anticipated (Luthar & Zigler, 1991).

Garmezy (1983) alerts us to the potential political manipulation of the concept of resilience. This is of particular relevance in South Africa because of our past history. Garmezy further cautions on how those who appear to transcend their poverty and disadvantage, may be used as political advocates of an ideological viewpoint, holding that everyone can emulate such achievements if they only try hard enough. Positive manipulation of the concept, however, can have a positive political advantage and desired

outcomes such as reinforcing a positive sense of self-worth and a sense of self-confidence in one's ability to cope successfully, contrasting with feelings of hopelessness and powerlessness.

4.2 Protective factors

The concept of protective factors that modify the impact of stressors in the development of children was formulated by Rutter (1979, 1985 and 1987) and Werner and Smith (1982). Protective factors discriminate between those children who develop psychological problems and those who do not (Rutter, 1979). They "modify, ameliorate, or alter a person's response to some environmental hazard that predisposes to maladaptive outcome" (Rutter, 1985,p.600).

The term *protective factors,* has not yet been defined clearly or consistently. Some researchers differentiate between *resilience factors* as those that are internal to the child and *protective factors* as those that are external (Seifer, Samerolt, Baldwin & Baldwin, 1992). Others have adopted a broader definition in which individual protective factors are differentiated from environmental protective factors. Rutter (1979) argued that protective factors can be defined only in accordance with the risk factors because of their interrelatedness. Kirby and Fraser (1997), however, defined protective factors as both the internal and external forces that help children resist or ameliorate risk. Rutter (1987) however prefers the terms *protective processes* and *protective mechanism* to *variable* or *factor* because any one variable may act as a risk factor in one situation but as a vulnerability factor on another.

Garmezy (1983) identified three broad categories of protective variables that promote resilience in childhood. These are –

- personality disposition of the child, including temperamental factors, social orientation and responsiveness to change, cognitive abilities and coping skills;
- a supportive family milieu, including family cohesion and warmth, a positive relationship with at least one parent, and absence of family discord and neglect; and
- extra-familial social environment. An external support system that encourages and reinforces a child's coping efforts as well as the ability of both the parent and child to take advantage of these external support resources.

4.2.1 Research on resilience

According to Garmezy (1985) a triad of factors emerges consistently in diverse studies. The first is a series of epidemiological studies conducted by Rutter and his colleagues on the Isle of Wight and in an inner London Borough (Rutter, 1979, Luthar & Zigler, 1991). They identified family variables that they found to be associated with a heightened prevalence of psychiatric disorders in children. Examples of these factors are severe marital discord, low social status, parental criminality and maternal psychiatric disorders. Risk-reducing factors were found to be positive temperament, positive self-esteem, one parental relationship that was supportive and a warm, and positive school environment.

A second major contribution comes from research by Werner and Smith (1977, 1982) on the population of the island of Kauai. Their work is based on a longitudinal study spanning almost two decades, involving 698 children who were born in 1955. In their first volume, Werner and Smith (1977) presented information on the development, mental health problems and anti-social behaviours in childhood and adolescence and on relationships between historical and developmental factors and adjustment outcomes. The majority of this early sample had been exposed to perinatal stress, poverty, family instability, limited parental education and parental mental illness. Thirty percent of the sample developed serious behaviour and/ or learning problems between birth and age 18.

> Yet there were others also vulnerable – exposed to poverty, biological risks, and family instability, and reared by parents with little education or serious mental health problems – who remain invincible and developed into competent and autonomous young adults who worked well, played well, loved well and expected well (Werner & Smith, 1982, p.3).

The roots of resilience in the sample were the family milieu, which was marked by stability and parental support, family closeness and discipline. A greater than two-year difference in age between the siblings was correlated with resilience in children. Children who had siblings available to them as confidantes or caretakers were more resilient than those who did not have such a resource (Werner & Smith, 1982).

Furthermore, the number and type of alternate caretakers for the children of Kauai was a protective factor. Presumably one of the reasons this network was beneficial to the child was that the child's primary caretaker could take a break while someone else cared for the child (Werner & Smith,1992).

The workload of the mother was an important factor in determining the resilience of her children. This was operationalised (Werner, 1986) as the number of children she had, how close in age they were and whether or not she worked outside the home (Werner, 1986). Girls benefited from a maternal role model who was employed outside the home. Women who had graduated from high school had more resilient children than women who had less education (Werner & Smith, 1982).

In addition, the resilient children in the sample sought out sources of support in peers, teachers, ministers, and other adults outside the home. Emotional support received in early and middle childhood shielded the child from maladaptive outcomes (Werner, 1986).

Werner and Smith (1992) observed, however, that most of the youth who developed serious coping problems in adolescence could be described as resilient by the time they reached their early 30s. This outcome affirms the assertion by Rutter (1985) that resilience is not a fixed attribute but rather a dynamic characteristic that may emerge even after poor interim outcomes (Baker, 2002; Garmezy, 1983; Kirby & Fraser, 1997). This poses the question whether resilience can possibly be a function or dimension of

personality on its own without taking into consideration other factors, such as social orientation.

Results from the study by Rutter (1993) showed that for children from disadvantaged backgrounds, positive experiences at school had positive outcomes. This author postulated that this was so because success in one arena gives people positive feelings of self-esteem and self-efficacy. These attributes make it more likely that the individual will have the confidence to take active steps to deal with life challenges in other domains of life. The implication derived from the outcome was that the experience of pleasurable success is probably helpful in enhancing those aspects of the self-concept that promote resilience (Rutter, 1993).

Similarly, Luthar and Zigler (1991) warn against the assumption that positive attributes always offer a protective function. In the study of inner city adolescents, the researchers found that while intelligence contributes to competence, academic performance of bright children is facilitated by psychosocial factors such as low stress, high ego development and internalised locus of control and self-esteem (Monaghan-Blout, 1996). Other studies, however, have failed to find significant interactions between intelligence and risk and predicting adjustment (White, Moffit & Silva, 1989). When stress levels were high, the intelligent children appeared to lose their advantage and demonstrated coping levels similar to those of less intelligent youngsters.

In one of the earlier studies regarding the cognitive domain of protective mechanisms, focusing on resiliency in adults, Burges and Holmstrom (1979) explored three factors in the cognitive domain that facilitate good adjustment in women recovering from rape. They emphasise the role of –

- positive self-assessment;
- the conscious use of minimisation, suppression, and dramatisation; and
- the importance of action in enhancing a positive adjustment.

Beardslee (1989) focused on the role of self-understanding in resilience in three groups of individuals: former civil rights workers, survivors of childhood cancer and adolescents with parents with serious affective disorders, such as depression. On the basis of his qualitative data and methods of analysis, Beardslee (1989) concluded that there are a number of dimensions of self-understanding that facilitate resilient functioning. These include adequate cognitive appraisal of the life situation. The appraisal of the stresses allowed the individuals to focus their energies and to take appropriate action. A realistic understanding of what actions they could take and what the likely consequences of any action would be are therefore necessary. In all the studies the individuals who proved to be resilient, were those who took actions in the world in addition to an inner understanding

Wortman (1983) focused on the cognitive domain, considering such dimension of coping as the victim's appraisal of the event and victimisation, including sexual abuse. One important conclusion Wortman (1983) makes, is that stressful events do not necessarily

present a single coping task but a series of tasks, and these have to be examined separately to understand an individual's coping. Wortman (1983) further points out that coping effectively in one area may result in a deficiency of coping in another, for example extreme emphasis on achievement in work can result in inadequate parenting.

In a study by Moran and Eckenrode (1992) focusing on CSA survivors, internal locus of control (that is people who tend to take responsibility for their own action and who view themselves as having control over their own destiny) for good events proved to be a protective mechanism in adolescent victims of maltreatment many of whom had also been sexually abused. Luthar and Zigler (1991) noted that an internal locus of control was related to stress resistance in samples of children, adolescence and adults.

Evidence from existing research (Beardslee, 1989; Moran & Eckenrode, 1992; Rutter,1987, 1990) suggests that one source of resilience in the face of traumatic events is a sustained perception of one's worth; augmented by confidence that one can cope successfully with life's challenges. A positive sense of self-worth stands in contrast to feelings of shame or guilt and to the corresponding low self-esteem that is often immediate, and the long-term consequences of CSA (Boudewyn & Liem, 1995; Lisak, 1994; Putman, 1990). Because positive self-esteem is a less frequent outcome of CSA, its occurrence may therefore be taken as a sign of resilience.

Newburger and De Vos (1988) also emphasise cognitive factors in the way survivors cope with CSA. They emphasise in particular the child's sense of having control of the situation, the extent to which the child believes the abuse was her fault and the child's capacity for interpersonal problem solving. These authors also emphasise the central importance of the responsiveness of the environment in moderating the effects of abuse on children's development.

Himelein and McElrath (1996) in their research examined the cognitive coping strategies associated with resilience in CSA survivors. In the first study, the survivors and non-victimised women were found to be equally likely to adopt cognitive styles characterised by illusions, which were associated with psychological well-being. These illusions, namely believing in one's personal ability to control events and believing that those events will positive rather than negative, proved to be highly adaptive. This positive result was contrary to conventional knowledge that mental health depends on perceptual accuracy, and suggested that cognitive reappraisal may not necessarily be reality-based to be beneficial. Other examples of these distortions, termed *positive illusions*, provided by Taylor and Brown (1994), are exaggerated beliefs of personal control over life and unrealistic optimism about the future. However, Himelein and McElrath (1996) caution that operationalisations of optimism vary widely, sometimes bearing little resemblances to the illusion construct as defined above and, as a consequence, generalisation from previous research is difficult.

In the second study (Himelein & McElrath, 1996) the focus was on cognitive coping efforts. The content analysis revealed four coping processes among the more resilient women:

- *Disclosure*. A high percentage in the well-adjusted group (85%) had disclosed the CSA experience to friends or family members. This disclosure seems to have served as a protective factor regarding the personality disposition of the child and the external support system and supportive family members.

- *Minimisation*. Resilient women appeared to mask or minimise the impact of CSA on their lives.

- *Positive reframing*. This type of cognitive reframing took many forms, including construing CSA as a vehicle for growth and finding meaning in adversity. In more practical terms the women recounted engaging in more self-protective behaviour, growing more cautious with men, which might have protected them against re-victimisation, taking control of their lives and refusing to bow to pressures for conformity. In others, it was the strengthening of their religious faith, which helped them to gain a sense of mastery of their situation.

- *Refusal to dwell on CSA*. Refusal to think about the CSA experience proved not to be beneficial. Thinking about it but refusing to dwell on the CSA experience however proved to have a positive effect.

The findings suggest that successful resolution of CSA involves some form of cognitive confronting and reflecting upon one's experience of CSA (Himelein & Mc Elrath, 1996). Moreover these authors suggest that psychological well-being is not the same as the absence of psychological distress (Cicchetti et al., 1993). An individual may meet one criterion without meeting the other (Garmezy, 1983; Himelein & McElrath, 1996).

Gold (1986) and Russell (1986) studied mothers who broke the cycle of (physical) abuse in their own parenting, compared to formerly mothers who also abused their own children. The mothers who did not pass their history of abuse on, thus severing intergeneration transmission, were significantly more likely to have had emotional support from a non-abusive adult in childhood, or could have been in therapy at some point in their lives, and were in good, stable, non-abusive marriages.

As a result and as has been consistently demonstrated in a number of studies, the three kinds of protective factors – personality disposition, family cohesion and social support – appear to interact in ways that allow individuals to manage difficult lives. Resilience, however, is not a personal attribute nor does it appear consistently throughout life. Resilience is best understood as an individual's capacity to navigate the challenge of the individual's life successfully. It varies according to the complex interplay between someone's resources, past history and the demands of the environment.

4.2.2 Protective factors in the incest family

The protective factors described by Werner and Smith (1982), might be found in some incest families. It is highly probable that some of the girls victimised by their fathers' incestuous behaviour were biologically well neonates. It is also probable that some of these children lived in families that were stable (and perhaps even healthy) when they were very young.

It has been asserted (Rutter, 1985) that timing of the onset of sexual abuse can be a protective factor. Rockville (1986) hypothesised that the later in the child's life the abuse takes place, the better adjusted the child (and the adult she grows into) is likely to be. This is a controversial hypothesis. It might be true that impressionable younger children are more vulnerable to abuse-related trauma (Browne & Finkelhor, 1986). However, it might also be true that their naivety could protect them from some of the effects of the abuse that older children experience. Older children know that the abuse is socially unacceptable, and so may experience stress for that reason (Browne & Finkelhor, 1986).

Russell (1986) notes a statistically non-significant trend in which women who were first incestuously abused before the age of ten, were more likely to report "considerable or extreme trauma" (Russell, 1986:151) than women whose abuse started when they were between ten and thirteen years of age. In a review of sixteen studies on CSA, including studies by Russell (1986) and Browne and Finkelhor (1986), it is claimed that the available empirical studies do not resolve this issue. The number of potentially

confounding variables is staggering. The influence of age on onset of abuse upon the victim's future resiliency could be, and often is, confounded by: the relationship of the offender and the child, whether or not they are living together, how well or poorly the parents' marriage is working, the presence or absence of older available children, the duration of the abuse, the frequency of the abuse, and the presence of an opportunity to abuse the child (Browne & Finkelhor, 1986).

Geiser (1979) states that it is unusual for the perpetrator to start the incestuous contact with genital intercourse. Instead, a progression of abuse takes place. First the perpetrator may expose himself to the child, later he will fondle her; still later he may penetrate her orally (this is the largest offence in young children). All of this takes place before he attempts genital intercourse (if indeed he does attempt the act). It is likely that if the perpetrator starts the abusive progression when his daughter is aged ten or eleven, she may indeed have had the opportunity of having a stable early family life. This could greatly contribute to the resilience of that child as she grows into womanhood. One must bear in mind, however, that "relational distortions necessarily precede incest" (Gelinas, 1988,p.25). These *relational distortions* may confound empirical investigations trying to isolate the impact of traumagenic or protective factors, such as the age of the child at the onset of the abuse, or the duration of the abuse.

The protective factors discussed by Werner (1986) in her later article may also be at work in incest families. Older siblings who are not too close in age to the abused child may be protective factors. Not only is it possible that these older children may assume some of

the responsibility of caring for their younger sister, but they may also provide the younger sibling with a companion and confidant. It should also be noted that fathers first tend to abuse the oldest female child living at home sexually (Herman, 1981). In the case of the incest family, having an older sister may therefore be a very special kind of protective factor indeed. Still, one should not count too highly on this kind of protection. It is not uncommon for a man to abuse his eldest daughter, her next younger sister, and the youngest girl all in their own turn sexually (Herman, 1981). In this case older siblings may serve to warn the younger one of what to expect (if the family is unusual and the subject is discussed) or, most likely, to act as silent role models for the younger girls in the family.

It is clear that if there are many caretakers available to the child that she will be more likely to get quality care. The presence of multiple caretakers helps to ensure that the child will able to find someone to form a special bond with her. The child will have a better chance of finding someone who is not too tired to attend to her.

The mother's workload operationalised as the number of children, spaced well or poorly, the amount of help she gets from other caretakers (older children or others), and whether or not she is employed outside the home could be just as influential on the resilience of incest victims as it was found to be on the children of Kauai. Certainly the classic picture of the mother in an incest family as withdrawn, weak, dependent, submissive, indifferent, intimidated by her husband, and fearful of confrontation as well as family break-up (Cohen & Cohen 1983; Lustig, Dresser, Spellman, & Murray, 1966) is not particularly

consistent with the image of a working woman who has a large number of assistant caretakers.

4.3 Resilience and social support

Related to the concept of psychological resiliency is the concept of stress. Indeed, one may well see psychological resilience referred to as stress-resistance (Hauser, 1999). Stressors are life events that could produce change(s) in the family system when they impact on it (Patterson, 2002). If the family is not already disrupted (Patterson, 2002) the stress may bring positive effects, such as increased cohesiveness. If the family is already disrupted, then stress will disrupt intra-familial interaction further.

"In general, social support serves as a protector against the effects of stressors and promotes recovery from stress or crisis experienced in the family" (McCubbin & Patterson, 1983:18). Social support offers families information at an interpersonal level which provides emotional support, leading the members or family unit to believe that they are cared for and loved (McCubbin & Patterson, 1983). Esteem support, leading to the belief that those concerned are esteemed and valued, is a component of social support. Network support, providing information that the members belong to a network involving mutual obligation and mutual understanding, is also part of social support (McCubbin & Patterson, 1983).

Social support is essential for the whole family, not just for the sexually abused child. If the caretakers have adequate social support, they will be less likely to parentify the

children. Parentification of the abused child is a common component of the incest constellation (Groth, 1982). When parentified, the abused child takes on many of the responsibilities of a parent, including the responsibility for the abuser's sexual satisfaction (Cohen & Cohen, 1983).

The buffering hypothesis of social support closely approximates the concept of psychological resiliency. Social support protects people from the pathogenic effects of stress by intervening between the potential stressor, or the expectation of it, and the person (Cohen & Syme, 1985). One way this may be done is by reducing or eliminating the stressor (Cohen & Syme, 1985). In the incest family this might be realised when a caretaker prevents the perpetrator from having access to the victim.

The buffering effect was operationally defined as a stronger relationship between social support and mental health under conditions of high stress than under conditions of low stress (Rutter, 1987). In other words, buffering could be said to exist if three-way interaction effect was found between the presence of social support and the mental health of the respondent and the level of stress.

Rutter (1987) took into account three features of social support. Members in affiliative networks were found not to have a buffering effect. However it was suggested that this factor could have a small main effect on mental health independent of stress. A pervasive buffer effect of emotional support was found for both emotional support and the

perceived availability of support. These latter two factors were found not to have an effect in the absence of stress.

For the incest victim emotional support may be crucial. Confirmation that she is loved by someone who does not make inappropriate sexual demands should prove to be a powerful buffer against low self-esteem and feelings of being stigmatised and isolated. Browne and Finkelhor (1986) found evidence that both these problems are common in incest victims.

Perceived availability of social support, in other words, the feeling that aid is obtainable may be an extremely powerful form of social support for the incest victim. Knowing that if she tells someone of the incest she will be believed can be very helpful to the victim of such unthinkable treatment, regardless of whether or not she does decide to tell (Finney, 1992; Monaghan-Blout, 1996).

There is evidence that social support may represent a more crucial stress-buffering factor for women and men. Stressors occurring to persons in the social network outside the immediate family may also be distressing to both adolescent and adult women than they are to men (Belle, 1982). Sex role norms result in females being more sensitive than men to feedback from their social ties in evaluating their self-worth, thus making them more reactive to social losses and strains, but also more receptive of social support. This suggests that the meaning and function of social support varies for men and women, because of the implications for self (Gilligan, 1982).

Conclusion

Researchers or practitioners should take cognisance of the multidimensional nature of resilience. Evidence that at risk children excel within particular adjustment domains should not obscure the possibility of significant problems in other spheres. For example, survivors have illustrated that they may be functioning adequately in the working environment while being impaired in the social domain. Thus clinical psychologists and researchers should look beyond external achievements towards intrapsychic impairments.

Work by clinicians on adult survivors (Rak, 2002) also reveals that resilience can be constructively viewed from a lifespan developmental perspective. Rak (2002) argues that while resiliency may decrease over time Garmezy (1990), resiliency may also increase and in some way depend on the maturity that comes with age and may build over time. Resiliency in survivors of CSA should therefore only be defined within the context of an individual's life, including the specific nature and timing of the trauma.

Sampling biases have characterised much of the work in this area, as a significant proportion of studies have utilised small samples consisting of college students, individuals who have or are currently undergoing abuse-related treatment, or samples recruited from local communities. In each case, these sampling methods lead to restrictions in the generalisation of findings. College students on average tend to be younger may be better adjusted and are less diverse in terms of social class and ethnicity

than other abuse survivors. Conversely, survivors from clinical settings tend to be less well adjusted.

Highly resilient women were less likely to have experienced incest or severe childhood physical abuse, in addition they were more likely to have been reared in more stable homes. For this group of women, social support in the form of support from someone significant in their lives was an important protective factor characteristic of the more resilient women.

In order to generate socially meaningful psychological research in South Africa, we have to move beyond merely describing results and symptoms of distress, as literature has indicated that these are not necessarily evidence of a lack of resiliency. In the face of a shortage of curative mental health services in disadvantaged communities, a focus on coping may therefore become an important preventative measure.

However, an increase in intrafamilial sexual abuse has important implications for primary prevention. To the extent that girls are more vulnerable than boys to abuse by a family member, they are therefore proportionally less likely to benefit from preventive efforts. By discovering more about competent or so-called resilient adult survivors, we may learn how best to assist their non-coping counterparts. Results suggest that the need to attend not only to strengths within the survivor but also to build strengths and supports around the survivor including stabilising the family of the abused child and strengthening

informal support networks. Coping strategies have the potential to be taught via educational forums, thus mobilising communities in self-help strategies.

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