

To See or Not To See a Sexually Abused Child in a Picture

Kirsten Tolond

Supervisor: Steve Collings

Department of Psychology, University of Natal,

Durban 4041, Republic of South Africa

Submitted in partial fulfilment of the academic requirement for the degree of Bachelor of
Social Science (Masters) in the School of Psychology

Acknowledgments

I would like to sincerely thank my supervisor, Steve Collings, for his constant encouragement and support in all aspects of this project. His expertise and knowledge have proved invaluable to me and without his constructive criticism I would not have been able to make the necessary improvements to this project.

In addition, I express my sincere gratitude to Lotten Lindblom of Lund University in Sweden for allowing me to replicate her study in South Africa. Her comprehensive and interesting study provided the backdrop against which this project was modelled. Her constant communication of advice and ideas was greatly appreciated.

Appreciation must also be extended to Kerry Frizelle of the University of Natal (Durban) for helping me gain access to first year psychology students who were my research participants.

Kirsten Tolond

Table of Contents	Page Number
Acknowledgements	2
Abstract	4
Introduction	5
Method	16
Results	21
Discussion	23
References	28
Tables	30
Questionnaire	34

Abstract

This study investigated how social understandings influence, and often obscure, individual perception. As a replication of Lindblom's (2002) study conducted in Sweden, the aim of this project was to investigate how individuals, studying towards a health care degree such as psychology, handle the occurrence of Child Sexual Abuse (CSA) when presented with it. To this end, participants were presented with a picture designed to represent CSA and were asked to interpret the nature of the picture. Following this, participants completed the Child Sexual Abuse Myth Scale (CSAMS) which served to highlight whether the three predominant social stereotypes surrounding CSA, namely, Blame Diffusion, Denial of Abusiveness and Restrictive Stereotypes, were influential in the interpretations participants offered surrounding the picture representing CSA. It was discovered that participants who scored significantly higher on the myth scale for the myths, Denial of Abusiveness and Restrictive Stereotypes, were more likely to misinterpret CSA when presented with it.

Introduction

Child sexual abuse (CSA) represents a pervasive and ubiquitous social problem that continues to plague our contemporary world. Despite heightened attention and focus in the last two decades it is a social problem that remains shrouded in a veil of secrecy. The seriousness of the problem has historically been both neglected and misunderstood. Neglected, in that certain prevailing social understandings and stereotypes have served to minimise the disastrous and devastating effects of CSA on its victims and misunderstood, in that “the effects of undetected abuse far outweigh the immediate trauma observed in child victims” (Summit; 1998:39). The secrecy and denial that pervades this area of social enquiry serves to conceal the unspeakable and guard against the disclosure of the sensitive and undesirable topics of both sexuality and childhood suffering. It is thus not surprising that CSA has for decades remained an abstruse topic that resides within individual histories rather than public debate. As Finkelhor, Gelles, Hotaling and Straus (1983:105) so eloquently point out; “incest is probably the prototypical *sensitive topic*”.

The devastating effects of CSA, although periodically de-emphasised and repressed by society, have been well documented in the last 20 years in an attempt to raise awareness as to the severity of the problem. Long-term effects, ranging from psychological to neurological, have been highlighted and these include traumatic sexualization, stigmatisation, betrayal, powerlessness (Madu; 2001), personality disruption and distortion (Herman; 1992), low self-esteem, feelings of guilt, interpersonal difficulties (Draucker; 1992), PTSD symptoms (Dale; 1999), self-injurious behaviour (Connors; 1996), excessive responsiveness of the central nervous system, sleep disorders, attention difficulties as well as compulsive behaviours (Hunter; 1995).

The subject of CSA is additionally laden and permeated with affect, value judgements, stereotypes, biases and opinions and it is exactly these social interpretations that may in fact serve to obscure its reality. It is precisely our social understandings and assumptions on the topic that may contribute to our inability to see the problem of CSA for what it is, a serious problem that needs our urgent focus and attention.

It is society's continuing inability to see the problem of CSA for what it is that becomes the focus of interest and attention in this research project. The literature (Sonderling; 1993, De Mause, cited in Corby; 2000) reveals that although the sexual abuse of children has existed for centuries, the term CSA only came into existence in the 1970s. Like Sonderling (1993), De Mause (cited in Corby: 2000: 43) argued that CSA is not a new phenomenon but has existed as early as the Middle Ages; "the child in antiquity lived his earliest years in an atmosphere of sexual abuse. Growing up in Greece or Rome often included being sexually used by older men." In England it was much the same, incest did not become a legal offence until the 20th century (Corby;2000). CSA has historically remained a taboo topic that only rarely surfaced, usually within the confines of the confessional. It has today, however, become a ubiquitous social problem that elicits, yet simultaneously, masks the attention of policy makers, health care workers, teachers, researchers, the media as well as the general public.

The 1970s marked the official birth of CSA as a social problem that demanded attention. When investigating a social problem that has only recently come into focus it is important to adopt a critical perspective, examining the social context and constraints that facilitated its recognition. Typically, there exists a tension between a social versus an individual explanation in this regard. Herman (1992) argues that active politicisation in the 1970s

facilitated the recognition of CSA while Kempe (cited in Wyatt & Powell; 1988) adopts a more individualistic explanation, proposing that CSA was only officially recognised as a medical condition at a conference of medical practitioners who coined the term 'Battered Child Syndrome' as a synonym for what was soon to become known as CSA. It is exactly this tension between a social versus an individual explanation that is a central thread running through this project. Both social and individual explanations are offered to explain why society as a whole seems incapable of recognising CSA and the self same explanations are used to explain why, at a profoundly individual level, the average person in the street also misperceives an abusive situation when presented with one.

The review of the literature therefore aims to take the reader through three levels of analyses, expounding the various explanations offered at each level. Firstly, at the most general level, it is imperative that a historical analysis takes place, investigating specifically what forces prompted the recognition of CSA in the 1970s as opposed to some other time in history. As previously alluded to, Herman (1992) offers us a social explanation while Kempe (cited in Wyatt & Powell; 1988) provides us with an individualistic explanation. The question then necessitates answering whether CSA has in fact, fully emerged as a topic of social enquiry. Collings (1997), in his investigation into the social understandings surrounding CSA, identifies several myths and stereotypes operative in our society that actually serve to prevent the recognition of CSA. Once again, at the level of social understandings, it is important to examine whether these myths are unique to individual people or are socially shared in nature. In other words, do these myths serve to protect individual people or rather do these myths and stereotypes serve to protect a particular social group in society? Lastly, at the most specific level of analysis, we investigate whether the average person in the street is able to recognise CSA when presented with it. Again, both an

individual and social explanation can be employed when explaining these findings. While Lindblom (2002) locates her subjects' misperception of CSA at a profoundly individual level, it was the aim of this project to explain her subjects' responses (and ours) to the stimulus in terms of social representations. This project therefore wished to abandon an intrapsychic explanation in favour of a social explanation in explaining why certain individuals do not see CSA for what it is.

History of CSA

As stated previously there has for centuries been a general blindness to, and an active attempt to deny, the existence of CSA. Summit (cited in Wyatt & Powell; 1988: 51) termed this universal avoidance a "societal blind spot". It is necessary to investigate why society finds refuge in blindness rather than vision and what the effects are for individual victims trapped within this world of silence. The active denial of CSA is evident in the manner in which certain great thinkers of our time have been silenced when attempting to uncover the reality behind emotional disturbance or pathological mental disorders.

Freud represents one of many theorists that have been forced into silence by the scorn and alienation levelled against him by his fellow peers. Freud, in his presentation of the 'Aetiology of Hysteria' in 1896, asserted that CSA was commonplace and he illustrated a fundamental connection between emotional disturbance and the abuse of children. The response was punitive however, and he was greeted with both hostility and antagonism. In the face of potential alienation, he withdrew his seduction theory and proposed instead 'The Oedipal Complex' whereby he proposed that children were not traumatised by *actual* sexual assault by adults but rather by their own wishful sexual fantasies (Summit, cited in Wyatt &

Powell; 1988). Society hence actively avoided confronting the reality of CSA by shunning individuals who threatened to break the silence.

It was only in the 1970s, Summit (cited in Wyatt & Powell; 1988) argues, that CSA was officially recognised as an entity of and on its own. The term was coined by Henry Kempe as a medico-legal term and it is only due to its medical status that it was accepted by society (Summit, cited in Wyatt & Powell; 1988). The positivist nature of the field of medicine gave it its status and thus society found it easier to digest when it was named a syndrome rather than a psychosocial epidemic, as Freud had done 70 years previously.

Herman (1992) articulates the antithesis of the above argument however, arguing instead that it took a political movement such as the women's liberation movement to officially recognise the reality of the camouflaged and repressed topic of first, domestic violence and then as an extension, CSA. Herman (1992) espouses a social explanation therefore, as opposed to Kempe's individual level of explanation. She argues that the "systematic study of psychological trauma depends on the support of a political movement" (Herman; 1992: 9) for without political change any topic is subject to suppression by the dominant group. It was the women's liberation movement of the 1970s that forced society to take cognisance of the pervasive problem of domestic violence in our culture. Feminists involved in the women's movement gave voice to this problem of domestic violence by removing it from the private sphere and making it a topic of public debate. Conscious-raising groups and constant lobbying forced society to take notice of the problem, as more and more women broke the silence and revealed their own histories of sexual assault and abuse by men. Herman (1992: 31) explains how "the initial focus on the rape of adults led inevitably to a rediscovery of the sexual abuse of children". Both domestic violence and CSA were seen as a method of

political control used by men to keep women and children in a position of subordination and inferiority. The recognition and penetration of the amnesia surrounding CSA, Herman (1992) posits, is a direct result of the politicisation of the women's movement in the 1970s which served to break the silence and demand political change. Consequently, it was due to a social movement and not an individual that CSA was officially recognised as a social epidemic of grand proportions that necessitated urgent attention and intervention.

As the literature reveals however, intermittent recognition and repression of the topic is commonplace depending on the social context of the time. An important question that therefore begs answering is whether CSA has yet fully emerged? Are we today at the point where we can confront "both human vulnerability in the natural world with the capacity for evil in human nature?" (Herman; 1992: 7). Do we readily accept and give support to CSA victims or do we question the reliability and integrity of both CSA victims and health professionals who detect or uncover histories of CSA?

Collings (1997) would argue that CSA has in fact *not* fully emerged in that there are a number of myths and stereotypes that obscure its reality and hence its full recognition. These myths and stereotypes are not idiosyncratic and intrapsychic but are rather socially understood and disseminated. In order to understand the social representations that influence our cognition on the subject of CSA, Collings (1997) sought to identify the specific myths and stereotypes that are operative in our society. Collings's (1997: 666) study aimed to develop "a valid and reliable instrument that was specifically designed to assess the full range of CSA myths and stereotypes". After much investigation and analysis of media reporting on CSA, Collings (1997) identified three predominant myths/stereotypes that contributed to our social understanding of CSA. The first myth that was identified by Collings (1997) was

termed Blame Diffusion. Blame diffusion stereotypes involve the perception that persons other than the offender are to blame, at least partly, for the abuse. The second identified myth, the Denial of Abusiveness myth, taps into beliefs that serve to minimise the abusive nature of the abuse (for example, viewing the abuse as a potentially positive experience for the child or by viewing the child as an equal sexual partner). The final stereotype that was identified, Restrictive Stereotypes, involved the ascription to beliefs that actually serve to deny the reality of most abuse. In other words, this final myth involved stereotypical beliefs such as abusers are not normally known to their victims.

These stereotypes and myths represent pervasive understandings that are instrumental in determining how sexual abuse is conceptualised in our society and hence how victims are treated and understood. It is once again the social dimension of the social-individual tension that is emphasised, as these myths and stereotypes serve to protect a dominant social group at the expense of another. These myths and stereotypes surrounding CSA deny the trauma associated with it and serve to protect the perpetrator at the expense of the victim. Perpetrators are hence protected while child victims are silenced. These myths and stereotypes are kept in place by society because to abandon them would be to face the reality of a situation where children are traumatised and often 'broken' at the hands of those more powerful than themselves.

Thus far the literature has been examined in order to understand firstly, at the most general level why CSA, if it has existed for centuries, only gained official recognition in the 1970s and secondly, if CSA has in fact fully emerged as a topic of social enquiry? The final and most specific level of analysis to be investigated is at the concrete individual level. In other words, is the average person in the street able to identify CSA when presented with it? It is at

this point that Lindblom (2002) utilises a profoundly individualised explanation in explaining why approximately 25% of her research participants in Sweden failed to recognise CSA when confronted with it.

Lindblom (2002) presented her research subjects with a picture depicting an abusive situation, a child sitting on an adult's lap with the adult's hand in the child's fly. Although the figures in the picture were purposely drawn in an ambiguous way the overall context of abuse was not thought to be ambiguous but rather fairly explicit. "The idea of the child abuse picture was that it should allow space for defences to operate. Therefore the facial expressions and sexes of the persons were drawn in an ambiguous manner, but the picture was meant to be unambiguous in terms of content and meaning" (Lindblom; 2002: 70).

Lindblom (2002) presented university students, studying towards a health care profession, with the picture and asked them to answer a number of questions pertaining to the picture such as what is the atmosphere like in this scenario and how old are both parties in the picture? The research participants' main task was to characterise the relationship of the two individuals in the picture and describe the happenings in the picture.

Participant responses were divided into five main categories namely, child sexual abuse, adult sexual relationship, problematic child-adult relationship without sexual allusion, safe child-adult relationship without sexual allusion and lastly, don't know/can't decide.

Approximately 25% of her research participants did not in fact characterise the threat picture as abusive (Lindblom; 2002).

Clearly astounded by such a result, Lindblom (2002) conducted numerous investigations attempting to explain the fact that 25% of her sample failed to recognise something

seemingly explicit and obvious. Her results were, however, inconclusive and statistically insignificant. Lindblom (2002) located her subjects' inability to recognise CSA for what it was at a profoundly individual level. She argued that "it is likely that people do not normally have any previous mental representations of CSA, when they are confronted with it and this would probably make it difficult to identify the abuse" (Lindblom; 2002: 685). It was hence the purpose of this project to take issue with Lindblom's (2002) individual level of analysis and rather explain her subjects' responses (and ours) to the stimulus in terms of social representations. The hypothesis that informed our study predicted that individuals, when confronted with material that depicts CSA, do not in fact rely on their own present or absent individual mental representations but rather always, and automatically, rely on prevailing social understandings when attempting to explain such social phenomena. "Our belief systems, values, knowledge and expectations form a background from which explanations are constructed and elaborated" (Augustinos & Walker; 1995: 205).

This project therefore attempted to reintroduce a social focus to the study of social phenomena such as CSA by "reinstating the primacy of collective concepts such as culture and ideology" (Augustinos & Walker; 1995: 134). It aimed to defy the positivistic notion of the individual as the centre of cognition and alternatively proposes that social representations are the foundations upon which individual attributions are made.

The theory that informs the current study therefore is Moscovici's Social Representation Theory (1984, cited in Flick; 1998). Instead of attempting to elucidate the uniqueness and individuality of explanations made (as Lindblom does) this study aimed to illustrate that the explanations and descriptions subjects provided in terms of what they see in the threat picture, are representative and a direct result of stereotypical thinking whereby important

information is often overlooked and neglected (Flick; 1998). In line with Moscovici (1984, cited in Flick; 1998) then, the argument is that social representations should be viewed as the basis upon which attributions are made.

Whether social representations form the foundations upon which attributions are made, or they act as filters through which we perceive and interpret the world, was unimportant for the purposes of this research project. What is imperative to acknowledge however, is their mediatory function in the construction and understanding of our psychological experience. Moscovici (1984, cited in Flick; 1998) argues that individuals are inclined to seek explanations within the predominant cultural framework, especially for societal problems and issues. It was our hypothesis therefore, that the reason why 25% of Lindblom's (2002) research subjects failed to recognise CSA was because they relied on existing social representations of CSA which in fact served to deny the abuse in general society. It is consequently assumed that it is not because these subjects had no prior mental representations of CSA (Lindblom;2002) but rather that these individuals do in fact have social representations of CSA, these social representations merely serve to deny the existence of such abuse.

Moscovici (1984, cited in Flick; 1998) posits that social representations are social in as much as they are shared and disseminated by a collectivity. Social interaction is thus pivotal in the birth and maintenance of social representations. Social representations, like common sense, are subject to change and may be diverse amongst different subgroups of society (Augustinos & Walker; 1995). This is the point at which Moscovici's social representations differentiate from Durkheim's (1976, cited in Flick; 1998) idea of collective representations. Durkheim (1976, cited in Flick; 1998), in his conceptualisation of collective representations

distinguishes between individual and collective thought. He postulates that collective thought has its own distinct characteristics and requires explanation at a social level (Augustinos & Walker; 1995). Moscovici (1984, cited in Flick; 1998), although influenced by Durkheimian thinking, emphasised the dynamic nature of these representations. They are not static and unchanging but are rather pliable, as expert scientific knowledge becomes absorbed into common sense and consequently reflected in representations.

When examining the purpose of social representations Moscovici (1984, cited in Flick; 1998: 24) proposes that “the purpose of all representations is to make something unfamiliar, or unfamiliarity itself, familiar”. Thus the attribution of meaning familiarises the unfamiliar and consequently aids in the mastery of our world through comprehension. The transformation of the unfamiliar to the familiar is achieved through the complementary processes of anchoring and objectification. Anchoring refers to the process (similar to the Piagetian concept of assimilation) whereby unfamiliar objects or stimuli are categorised and classified by comparing them with existing conventional categories. Once new and novel stimuli are categorised in terms of similarities and differences with existing categories they can realistically be represented in social reality. Similarly, objectification is the process whereby abstract ideas are transformed into “concrete and objective common sense realities” (Augustinos & Walker; 1995:139). Anchoring and objectification Moscovici (1984, cited in Flick; 1998) argues are two processes that are instrumental in the construction and comprehension of social reality for its members.

It is argued that social representations are maintained, perpetuated or alternatively challenged through social interaction and communication. It is thus not surprising that the media plays a pivotal role in the dissemination of particular social representations. In this

way social representations are similar to ideologies in that they are either maintained or challenged by dominant social structures (for example the media) and individuals exposed or submerged within these prescriptive representations/ideologies, automatically rely on them in their explanation of social reality, “people therefore do not always need to engage in an active cognitive search for explanations for all forms of behaviour and events. Instead people evoke their socialised processing or social representations for expected and normative behaviour and events”(Flick; 1995:63).

It is consequently the prevailing social representations of CSA that individuals rely on when thinking about or talking about CSA. It is also these socially prescribed understandings that influence and inform perception and interpretation. It is highly probable therefore that the individuals in Lindblom’s (2002) sample who failed to identify the abuse did so, not because of intrapsychic reasons but rather failed to recognise the CSA because of prevailing social understandings surrounding the abuse of children that prevent recognition.

Method

Subjects

Participants were 89 undergraduate psychology tutorial students who were in their first year of study at the University of Natal, Durban (17 males and 72 females, mean age of 19.53 years).

Materials

Participants were asked to complete a questionnaire, which consisted of two sections. The initial component of the questionnaire asked participants to provide certain demographic information (age and gender) and also consisted of the threat picture developed by Lindblom

(2002). Several questions, designed to elicit a more elaborate response, followed the threat picture. Lindblom (2002) explains that the threat picture was drawn by an amateur artist and was intended to depict a child of approximately 6 to 10 years old, sitting on the lap of an adult who is sitting in an armchair. The child's body dominates the picture as the head and legs of the adult are only partially visible. The sex of both adult and child were purposefully drawn in an ambiguous manner and the facial expressions were deemed neutral. The adult is leaning his head against the child's head while he/she places his/her left hand into the child's fly of the trousers. The adult's right arm is not visible. Interestingly, the child's trousers are black while the adult's hand is white thus making this part of the picture easily discernible. Both of the child's arms are stretched over the adult's left arm. The picture is drawn in black, white and grey and consists of no other details.

The questions that followed the threat-picture asked participants to describe the content and meaning of the picture, determine the ages and gender of the two figures in the picture and lastly, describe the atmosphere or emotional tone of the picture.

The final component of the questionnaire consisted of the Child Sexual Abuse Myth Scale (CSAMS) developed by Collings (1997). Comprising of 15 items, the myth scale is scored on a 5 point Likert scale where response options range from 1 (strongly disagree) to 5 (strongly agree). Individual responses on the scale were divided into three factors: Blame Diffusion factor (comprising statements which suggest that persons other than the offender are to blame for the abuse), Denial of Abusiveness factor (comprising statements which serve to minimise the abusive nature of CSA) and lastly, Restrictive Stereotypes factor (comprising statements which serve to deny the reality of the abuse). Collings (1997:6) "reports a

Cronbach alpha for the full scale of .764, a test-retest reliability coefficient of .874, and acceptable levels of convergent and discriminant validity”.

As has already been discussed, the questionnaire consisted of two primary components that were inherently different in terms of both structure and objectives. It is imperative that the rationale for using this particular type of questionnaire be explicated, so as to facilitate a thorough and critical analysis of the appropriateness of this approach.

The first part of the questionnaire, other than minimal demographic details, contained the threat picture and several open-ended questions pertaining to the picture. It was essential that these questions elicited a free and spontaneous response from participants that was not contaminated by prior knowledge. “The chief advantage of the open question is the freedom that it gives to the respondent” (Oppenheim; 1966:37).

The questionnaire sequence then progressed to more specific questions pertaining to social myths and stereotypes surrounding CSA. Oppenheim (1966) terms this progression, from open-ended questions to more specific closed questions, the funnel approach. The funnel approach is the most frequently and successfully used questionnaire design due to its logical progression from generality to specificity (Oppenheim; 1966). Participants were required to fill in their responses on a Likert scale. The Likert scale format was thought to be the most appropriate format to use in this particular study because of its high reliability (reported reliability coefficient of 0.85) as well as the range of responses that the scale offers participants (Oppenheim; 1966).

Procedure

Volunteers were solicited from first year psychology tutorial periods due to the inaccessibility of students during lecture periods. The research was introduced as a study of social perceptions so as not to influence and contaminate possible responses. It was explained however, that participation in the study was entirely voluntary and that should any student not wish to participate all they need do is return the unanswered questionnaire to the researcher during the allocated time. The fact that 6 students returned the questionnaire, deciding not to participate in the study, demonstrates that the notion of voluntary participation was made clear to all students. Additionally, all participants' anonymity was ensured.

The questionnaire was administered during a tutorial time and the researcher remained with the students to facilitate the process and answer any questions that the students may have had.

The researcher felt it necessary to separate the two pages of the questionnaire and ask students to complete the first part of the questionnaire before moving onto the second part. This is due to the fact that there was a concern that the CSAMS, in the second part of the questionnaire, would cue the participants as to what the threat-picture represented. Participants' initial and immediate interpretations of the threat picture were important and integral to this study and it was imperative that any external influences to their immediate interpretations (reading the second part of the questionnaire first) were removed. Participants were consequently provided with the first page of the questionnaire together with an envelope and were asked to place this page inside the envelope once completed. Only once all the first pages had been placed inside the envelopes were the second pages of the questionnaire

distributed to the participants by the researcher. Participants were asked to complete the second component of the questionnaire and then place it in the self same envelope. It was stressed to the participants that they should not look at or alter their first page of the questionnaire after having completed their second page. All envelopes were collected by the researcher.

The results were coded by three independent researchers yielding an inter-rater reliability contingency coefficient of 0.94 ($p < 0.01$).

Due to the fact that the aim of this study was to replicate Lindblom's (2002) investigation as to how people handle the occurrence of CSA when presented with it, an identical coding procedure to the one she utilised in Sweden was used. The responses to the two questions addressing the content, meaning, atmosphere and emotional tone of the picture were categorised into four broad categories namely; 'sexual abuse of a child', 'adult sexual relationship', 'problematic adult-child relationship without sexual allusion' and finally 'safe adult-child relationship without sexual allusion'.

The questions concerning the content and interpretation of the picture produced many different responses ranging from responses such as '*this is a picture of a young child being sexually fondled by someone who he/she appears to trust*' through to responses such as '*the picture represents a loving relationship existing within a family*'. Participant responses such as '*the picture represents the horrifying reality of child sexual abuse*' were classified under the category of 'sexual abuse of a child'. The content of the picture was not classified as sexual abuse of a child if both people in the picture were seen as adults (over the age of 18 years) or if there was no sexual threat. Interpretations such as '*a male and female about to*

engage in a sexual relationship' (where the child's age was reported to be 18 years or older) were classified as 'adult sexual relationship'. According to South African legislation a 'child' means a person younger than 18 years old and consequently any interpretation of the two people in the picture as 18 years or older were placed into the 'adult sexual relationship' category. Any interpretation such as *'a child sitting on an adult's lap and the child appears to be uncomfortable and disapproving of what the man is doing'* was classified as 'problematic child-adult relationship, without sexual allusion'. Participants in this group recognised that the adult-child relationship was problematic in some respect but did not explicitly state that the child in the picture was being sexually abused. Participant interpretations such as *'a father and a son enjoying each others company'* or *'a close, loving relationship between a parent and a child'* were placed into the category, 'safe adult-child relationship, without sexual allusion'. These participants interpreted the picture in a positive manner, highlighting what they thought to be a loving and caring atmosphere.

The 15 items on the CSAMS were categorised into 3 factors: Blame Diffusion factor, Denial of Abusiveness factor and Restrictive Stereotypes factor. Items 6, 9, 10, 11 & 14 were representative of the Blame Diffusion factor while items 1, 2, 4, 5 & 15 were categorised as belonging to the Denial of Abusiveness factor and the remaining items 3, 7, 8, 12 & 13 were placed into the last category, Restrictive Stereotypes factor.

Results

Response interpretations

Participant responses were divided into four categories namely, 'CSA', 'Adult sexual relationship', 'problematic child-adult relationship without sexual allusion' and finally 'safe child-adult relationship without sexual allusion'. As can be seen from Table 1, the majority

of participant interpretations (62.9%) were classified under the first category of 'CSA'. The remainder of the responses (37.1%) were divided almost equally amongst the last three categories with the category 'adult sexual relationship' gaining 11.2% of the interpretations, while the category 'problematic child-adult relationship without sexual allusion' obtained 12.4% of the interpretations and the remaining 13.5% of the interpretations were placed into the final category of 'safe-child-adult relationship without sexual allusion'.

Perception of Adult and Child's Sex

With regards to the perception of the child's sex there was no significant difference between men and women, $\chi^2(2) = 2.09$, $p = 0.725$ as was the case with the adults sex, $\chi^2(2) = 0.91$, $p = 0.429$ (Table 2). (Throughout the study $p < 0.05$ has been used as a significance level). The sex of the child was seen as male by 57%, as female by 31% and 11% could not determine the sex of the child. Likewise, the sex of the adult was seen as male by 99%, as female by 0% and 1% of the sample could not determine the sex of the adult in the picture.

Perception of Adult and Child's Age

Men and women did not significantly differ in their interpretations of the child's age with the mean for men being 11.94 years and the mean for women, 10.53 years. Similarly, there was no significant difference in the interpretations of the adult's age in the picture for men and women. The mean for men was 28.59 years and for women the mean was 29.48 years (Table 3).

CSAMS Scores for CSA and Non-Child Sexual Abuse Interpretations

When examining the child sexual abuse myth scale in relation to the scores for different content interpretations (Table 4) it can be noted that participants who scored significantly

higher on the myth scale for the Denial of Abusiveness factor and the Restrictive Stereotypes factor were more likely not to interpret the picture as representing child sexual abuse.

Respondents who interpreted the picture as CSA scored significantly lower on the Denial of Abusiveness factor ($M = 9.94$) than did respondents who provided a non-CSA interpretation ($M = 11.61$; $F(3.85) = 5.95$, $p < 0.05$).

Similarly, respondents who categorised the picture as CSA scored significantly lower on the Restrictive Stereotypes factor ($M = 9.55$) than did respondents who did not categorise the picture as CSA ($M = 10.94$; $F(3.85) = 4.74$, $p < 0.05$).

Respondents who recognised the threat picture as depicting CSA however, did not score significantly lower on the Blame Diffusion factor ($M = 7.45$) than respondents who did not recognise the threat picture as abusive ($M = 8.15$; $F(3.85) = 1.59$, $p < 0.310$).

Discussion

Approximately $\frac{1}{3}$ (36.6%) of the participants in the present study failed to recognise CSA when they were presented with it. These participants made alternate interpretations such as an adult sexual relationship, a non-sexual yet problematic adult-child relationship or lastly a non-sexual, safe adult-child relationship in response to the threat picture. These findings are consistent with the results obtained in Lindblom's (2002) study where approximately 25% of her research subjects did not characterise the same threat picture as abusive. The fact that certain individuals in the present study were unable to recognise CSA evident in the picture is indicative of a more global trend of misperception that has dominated much of the history of CSA. Authors such as Sonderling (1993), De Mause (cited in Corby; 2000) and Herman

(1992) focus on the historical intermittent recognition and repression of the topic of CSA, arguing that despite recent heightened attention, the subject has yet to fully emerge as a topic of social enquiry.

Participants who scored higher on the CSAMS, more specifically on myths pertaining to the denial of abusiveness and restrictive stereotypes, demonstrated greater myth acceptance and thus were more likely to misinterpret CSA when presented with it. This finding was both predicted and consistent with Collings's (1997) postulate that the social myths and stereotypes that inform our understanding of CSA serve to obscure its reality and hence prevent its full recognition.

The myths that yielded significant scores in relation to content interpretations were the Denial of Abusiveness myth and the Restrictive Stereotypes myth. Both myths contain a strong denial component in that either the destructive and harmful consequences of CSA are denied, or alternatively the reality that most abusers are known to their victims is denied. It is thus not surprising that participants who scored higher on these myths would in fact not be able to recognise the abuse represented in the picture as their social understandings serve to conceal the reality of the situation.

Before considering the implications of these findings it is necessary to briefly outline some of the limitations of this study. Firstly, the present findings were obtained using a relatively small sample of first year university students which cannot therefore be assumed to be representative of the general population. Further research, using larger more representative samples, is therefore needed in order to make any conclusive generalisations from these findings.

Secondly, again related to the use of this particular sample, the present findings reflect only those social understandings of first year psychology students. It is important to bear in mind that psychology students represent a very distinct and specific sample. The majority of these students are enrolled in a health care degree of some sort and it is assumed therefore that either these students are personally invested and interested in topics of social importance such as CSA or alternatively, have been exposed to such topics by way of their curricula. In other words, the participants in this study, because of the nature of their education, cannot be considered to be representative of the general population. There are however, some interesting implications for both practice and social policy that can be highlighted from using this particular sample. It is to a discussion of these implications that we now turn.

Implications for Research, Practice and Social Policy

The findings in this study confirmed our original hypothesis that in fact individuals do not rely on their own mental representations of CSA but rather rely on prevailing social understandings when attempting to explain social phenomena, such as CSA. The myths and stereotypes that constituted Collings' CSAMS were representative of social understandings of CSA which actually serve to conceal the reality of CSA. It was discovered that participants who scored higher on the CSAMS were not likely to recognise the abuse in the threat picture. This finding reveals that participant responses were a direct result of stereotypical thinking whereby important information was overlooked and neglected (Flick; 1998). Participants' inability to see the CSA in the picture was not due to the fact that they did not have any previous mental representations of CSA (Lindblom; 2002) but rather because they automatically relied on their existing social representations and prevailing understandings when attempting to explain a social phenomena.

Of particular interest and concern are the implications of this universal avoidance or “societal blind spot” for victims of CSA (Summit, cited in Wyatt & Powell; 1998:51). Clearly, the social understandings currently operative in our society create an environment that is non-supportive and often openly hostile to victims of CSA. Our social representations surrounding CSA mitigate offender blame, deny the destructive and damaging effects of the abuse and obscure the reality of who is likely to engage in such abuse. With these social understandings and perceptions informing our policies and practices, how can we possibly expect sexually abused children to publicly disclose their abuse? Our social representations are instead maintaining and perpetuating the denial and secrecy that has pervaded this area of social enquiry for so long.

As has been previously alluded to, the results of this study become even more important and significant when considering the specific sample that yielded them. The subjects in this study that were presented with the threat picture were first year psychology students. While remaining aware of the fact that these subjects had only completed the first semester of their first year of study, it is however, necessary to accentuate the nature of study that these subjects are routinely engaged in. As psychology students, these participants are exposed to academic courses which seek to explain and theorise social issues such as CSA and hence one would assume that these students, more than most others, would be acutely aware of the reality of CSA, especially in a country such as South Africa. Similarly, the mere fact that these students have selected psychology as a subject worthy of study, one could surmise that these particular students are invested and interested in social problems such as CSA. It becomes even more alarming therefore that 37.1% of these students failed to recognise what was initially thought to be seemingly obvious. This finding needs to be taken seriously if approximately $\frac{1}{3}$ of participants studying towards a health care degree do not recognise CSA

when presented with it, what finding could we realistically expect from the general public? This study consequently highlights the urgent need for research, training and outreach programmes to “encourage prevention, disclosure, intervention, treatment and prosecution” (Summit, cited in Wyatt & Powell; 1998:39). Sufficient time and energy should be devoted to transforming social understandings and perceptions surrounding CSA that currently contribute to the maintenance of a hostile environment for victims of CSA.

Moscovici (1984, cited in Flick; 1998) emphasised the dynamic nature of social representations explaining how they are not static, but rather pliable as scientific knowledge becomes absorbed into common sense and so reflected in society’s representations and understandings. Researchers and practitioners working within the domain of CSA thus have the unique opportunity of altering social understandings, in favour of victims as opposed to perpetrators. Ongoing research that concentrates not exclusively on one aspect of the social-individual dichotomy, but rather on the dialectic relationship between the two, is urgently needed if the aim of altering prejudiced social representations surrounding CSA is going to be realised.

References

- Augoustinos, M. & Walker, I. (1995). *Social cognition*. SAGE Publications: London.
- Collings, S. (1997). Development, reliability and validity of the Child Abuse Myth Scale. *Journal of Interpersonal Violence*. 12(5), 665-674.
- Connors, R. (1996). Self-injury in trauma survivors: functions and meaning. *American Journal of Orthopsychiatry*. 66(2), 221-232.
- Corby, B. (2000). *Child abuse*. Open University Press: Philadelphia.
- Dale, P. (1999). *Adults abused as children*. Sage Publications: London.
- Draucker, C. (1992). *Counselling survivors of childhood sexual abuse*. Sage Publications Ltd: London.
- Finkelhor, D., Gelles, R., Hotaling, G. & Straus, M. (1983). *The dark side of families*. Sage Publications: London.
- Flick, U. (1998). *The psychology of the social*. Cambridge University Press: Cambridge.
- Herman, J. (1992). *Trauma and recovery*. BasicBooks: London.
- Hunter, M. (1995). *Child survivors and perpetrators of sexual abuse*. Sage Publications: London.
- Lindblom, L. (2002). *To see or not to see a sexually abused child in a picture*. Unpublished doctoral dissertation. Lund University: Sweden.
- Madu, S. (2001). The prevalence and patterns of childhood sexual abuse and victim perpetrator relationship among a sample of university students. *South African Journal of Psychology*. 31(4), 32-48
- Oppenheim, A. (1966). *Questionnaire design and attitude measurement*. Heinemann Educational Books Ltd: London.
- Porter, R. (1984). *Child sexual abuse within the family*. Tavistock/Routledge Publications: London.

Sonderling, S. (1993). Power of discourse and discourse of power in making an issue of sexual abuse in South Africa. *Critical Arts Journal*. 7(7), 26-43.

Summit, R. (1988). Hidden Victims, Hidden Pain: Societal Avoidance of Child Sexual Abuse. In Wyatt, G. & Powell, G. (Eds), *Lasting effects of child sexual abuse*. Sage Publications: London.

Table 1: Distribution of the content of the threat picture in percent

Content Categories	n	%
Child sexual abuse	56	62.9
Adult sexual relationship	10	11.2
Problematic child-adult relationship without sexual allusion	11	12.4
Safe child-adult relationship without sexual allusion	12	13.5

Table 2: Perception of Adult and Child's Sex

Characteristic	Respondent		df	Chi ²	p
	Male (n = 7)	Female (n = 72)			
Child's sex			2	0.64	.725
Male	10	41			
Female	6	22			
Don't know	1	9			
Adult's Sex			2	0.63	.429
Male	16	72			
Female	0	0			
Don't know	1	0			

Table 3: Perception of Adult and Child's Age

Characteristic	Respondent		df	F	p
	Male (n = 17)	Female (n = 72)			
Child's age			1.87	3.16	0.79
Mean	11.94	10.53			
SD	3.61	2.78			
Adult's age			1.87	0.40	.530
Mean	28.59	29.48			
SD	6.22	5.05			

Table 4: Mean (Standard Deviations) of Child Sexual Abuse Myth Scale (CSAMS) Scores for Child Sexual Abuse and Non-Child Sexual Abuse Interpretations

CSAMS Factor	Picture interpretation category		F(3,85)	<i>p</i>
	Child sexual abuse (<i>n</i> = 56)	All non-child sexual abuse interpretations (<i>n</i> = 33)		
	Mean (<i>SD</i>)	Mean (<i>SD</i>)		
Blame Diffusion	7.45 (2.48)	8.15 (2.66)	1.59	.310
Denial of Abusiveness	9.94 (2.91)	11.61 (3.40)	5.95	.017
Restrictive Stereotypes	9.55 (2.97)	10.94 (2.78)	4.74	.032
Full scale	26.95 (7.02)	30.70 (7.52)	5.62	.020