

**On observing work with sexually abused children in the Western  
Cape: Witnessing, participating, defending**

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## **ABSTRACT**

The research describes experiences of observing interventions with, and witnessing narratives of, sexually abused children in a low-income community setting in the Western Cape Province.

Northern research on child sexual abuse (CSA) offers an inadequate framework for grappling with CSA in South Africa. Incidents of CSA were found to be but one traumatogenic factor in the children's lives, and served to amplify many others. The qualitative nature of the research enabled many paradoxes inherent in working with CSA to surface: "knowing" CSA from a circumscribed Northern perspective does not mean that it is "knowable" in South Africa.

Mainstream definitions, by obscuring context, underscore an unbearable plight. Northern assumptions about CSA constrain our knowledge and limit creatable spaces for healing. The study explores defences invoked in *all* the research participants, and challenges us to recontextualise CSA in South Africa. If we do not explore a South African understanding of CSA but preserve a Northern gaze, we risk recolonising these children as unknown, obscured, and silenced subaltern objects. The study's findings encourage us to recast our frame of reference, to initiate helpful community interventions, and to contribute to an emergent South African epistemology of CSA.

*Key words: child sexual abuse (CSA), South Africa, trauma, defences, spaces, subaltern*

## INTRODUCTION

The lingering impact of apartheid on South African society cannot be disavowed. It affects issues of violence and dominance of some over others, and child sexual abuse (CSA) affords one the site at which to study the intercept of violence, poverty and power as they inscribe the lives of our future adults. Northern literature on CSA constructs sexually abused children as helpable, mostly because they have “only” suffered CSA. By following an exploratory and descriptive ethnographic qualitative research design, observations were made of a social worker’s interventions with sexually abused children from a low-income community in the Western Cape. The research observations were analysed by taking a critical realist (in combination with Kleinian object relations theory [ORT] and intersubjectivity theory) and interrogative contextual approach of intersubjective meanings and “mutual influence” (Madill, Jordan, & Shirley 2000; Swartz, 2007a, p. 183). As the observations progressed, it became clear that Northern assumptions around CSA offer an inadequate framework for understanding CSA South Africa. In low-income communities in the Western Cape, it seems CSA is but one traumatogenic factor in children’s lives that amplifies experiences of hunger, poverty, deprivation, violence, and abandonment.

Mainstream definitions obscure the context of CSA in South Africa and underscore an unbearable plight. “Knowing” CSA from a circumscribed Northern perspective does not mean that it is “knowable” in South Africa. Other paradoxes that emerged during the research process accentuate unsafe safe spaces, working in an unworkable system, and paradoxes inherent in “helpful” interventions. Apart from describing the invoked defences of the child participants, the researcher, and the social worker within the CSA environment, these research findings ultimately challenge us to reconceptualise CSA in South Africa. Northern assumptions about CSA constrain our knowledge, restrict the identities of South African sexually abused children, and limit the spaces we can create for healing. If we preserve a Northern gaze on CSA, we run the risk of recreating these children as subaltern or subordinate objects by obscuring, silencing, and recolonising their experiences. The research findings encourage us to recast our frame of reference regarding CSA, and to shift our gaze to broader community interventions whilst contributing to an emergent South African epistemology of CSA.

In acknowledging the influences of apartheid on subjectivity, these still affect access to voice, and my research-space was shaped not only by abused children but also by the history of

abused power. This makes it even more important that we hear these childrens' narratives and that their communities acquire access to voice<sup>(1)</sup>.

In South Africa, rape is legally defined as the imposition of unwanted vaginal sex by an adult man upon an adult woman, but in 2001, even baby rape emerged as a new category of sexual violation (Posel, 2005). The latest criminal law amendments indicate new legislative concerns over sexual violence against – and even among – children (Republic of South Africa [RSA], 2007). Yet there is no workable system for rehabilitating child sexual offenders. What little is in place is ineffective, and generally takes the form of anger management strategies. The justice system has a “diversion program” for child sexual offenders, but in the words of a social worker, this program is “pretty crappy” (Interview, October 16, 2008). There is a shortage of, but need for, rehabilitative programs that can successfully help child sexual offenders.

The social worker participating in this study is from PATCH – a non-profit organisation that endeavours for the Prevention and Treatment of Child Sexual Abuse in the greater Helderberg basin (PATCH). The researcher observed, transcribed and analysed nine therapy sessions between four sexually abused children from low-income communities and a PATCH social worker; analysed the children's experiences of abuse as documented in PATCH file material; and recorded and analysed an interview held with the social worker on October 16, 2008.

## **RATIONALE**

Literature on CSA has mostly focussed on conceptualisations, effects, epidemiology, psychopathology, prevention, and treatment in ways that that could be easily documented (Johnson, 2004; Swartz, 1996). This body of literature spans over decades, and is mostly written from a Northern perspective. Levett (2002) warns us against assuming that Northern studies are universally applicable, since “much of what has been precious in psychological thinking ... is based on social construction and rhetoric” and disregards differences in cultural contexts (p. 53; Swartz, 1996; see also Hacking 1999, 2006). However vast the literature, Northern suppositions about CSA constrict our knowledge and define the experiences we assume South African children have of being sexually abused.

In order to create physical and metaphorical spaces in which interventions can be helpful, our understanding of CSA must be appropriate to South African circumstances. The aim of this

study is to present findings that can be useful for a reframing of our CSA conception in order to work effectively with abused children. In low-income communities in the Western Cape, the effects of CSA are often layered by those of pervasive, violent poverty. During observed therapy sessions with children from these communities, their narratives of sexual abuse were entangled with themes of hunger, deprivation, abandonment, violence and poverty<sup>(2)</sup>.

The explorative nature of the research allowed an initial Kleinian psychoanalytic examination into how defences in *all* the research participants operate – in the children, social worker, and researcher – during interactions of the therapeutic dyad. It might be speculated that these defences have played a part in the silences and omissions of South African research on CSA. This study couples Kleinian ORT with ideas from intersubjectivity theory, thus allowing the researcher to create a “carnavalesque” space in which the children’s identities and subjectivities could emerge (Swartz, 2007a). Observing as a researcher required a tolerance for ambivalence, and often meant witnessing material and narratives that were difficult to bear... “things” that the observer did not want to know, but had to know for research purposes.

Although little has been published on how factors such as poverty, violence, and structural power affect CSA experiences, among the writers endeavouring for structural changes in power relations underlying CSA in South Africa, Swartz (1996, 2005, 2006, 2007a, 2007b), Levett (2002, 2004), and Boonzaier, Kiguwa, and Shefer (2006) are examples.

### ***Effects of child sexual abuse***

CSA is any sexual activity with a child, under the country-specific age of legal consent, intended for the sexual gratification of an adult or substantially older child (Dawes, Richter, & Higson-Smith, 2005; Potgieter, 2000; Russell, 1986). Contemporary conceptualisations of CSA cover a wide range of acts partly because of international differences in child protection laws, and because there is little consensus regarding definitions (Johnson, 2004; Levett, 2002, L. Swartz, 2002). Some call for CSA risk factors that are cross-culturally recognisable (McDonald, 2007). But this might only serve to silence subaltern voices and obscure the South African CSA context, making it very difficult to negotiate a future for these children (Swartz, 1996).

Effects of CSA in South Africa include issues around believability, guilt, responsibility, body integrity, safety, secrecy, anger, powerlessness, shame, and court appearances (Killian & Brakarsh, 2004). Fears of pregnancy and HIV/AIDS are also a reality. In a seminal study,

Finkelhor and Browne (1985) posit four traumatogenic factors of CSA as traumatic sexualisation, betrayal, powerlessness, and stigmatisation. Embarrassment over sexual arousal during the abusive event, who the abused child blames, and the child's rage toward a non-protecting object are essential for object relations's investigation into CSA effects (Barker-Collo, 2001; Hall, Mathews, & Pearce, 1998; Perlman, 1993). CSA experienced during the Oedipal period, associated with the formation of gender identity and the shaping of sexual desire, is also a time during which one's perception of identity is formed (Swartz, 2007b). As the Oedipus complex is central to our unconscious lives, CSA during the Oedipal period will determine whether we meet "others" with fear, idealisation, curiosity, or avoidance (Swartz, 2007b).

Most women who suffered forceful, prolonged, or highly intrusive sexual abuse report long-lasting negative effects with impairments of ego functioning and social relatedness (Herman, Russell, & Trocki, 1986). There is a well documented link between a history of CSA, an insecure attachment environment, and borderline personality disorder in psychiatric patients (Fonagy, 1999; Krystal, 1997; Schore, 2002a). Impaired parent-child relationships coupled with CSA is predictive of suicidal behaviour in children and adolescents (Steele and Doey, 2007). Studies by Paolucci, Genuis, and Violato (2001) and by Inderbitzen-Pisaruk, Shawchuck, and Hoier (1992) conclude that CSA has causative psychological and behavioural effects. Earlier research has shown that a history of incest is common among female runaways, alcoholics, drug addicts, and psychiatric patients (Russell, 1986). For Kleinian theorists, and as the research findings show, major effects of CSA include an incapacity to form human bonds, an inability to resolve intra-psychoic conflicts of shame and guilt, and unconscious wishes to repair wrongs done to others (Mitchell & Black, 1995).

In a disturbing finding, Russell (1986) reports that most women who were sexually abused as children become victims of (attempted) rape as adults. She writes that "[o]nce a woman is labelled promiscuous, her right to refuse sex is frequently denied" (p. 32). With a privileged position in the phallogocentric economy, men have the power to label, socialise, and objectify girls for their sexual gratification. This reinforces a girl's sense of powerlessness, and she ultimately lacks the assertiveness to reject sexual advances from men she might wish would simply be her nurturing father. Swartz (2007b) and Levett (2002) draw attention to male exploitation of structured power in relation to young girls in the context of sexuality. Levett (2002) warns that the idea of sexually abused boys becoming abusive adults is a causative one that conceals

economic exploitation and “the social production and reproduction of male authority and normative conventions of male promiscuity” (p. 56). In this study for example, “sugar daddies” cast children as subordinate to male economic dominance.

## **A PSYCHOANALYTIC FRAMEWORK**

Despite a dearth in South African CSA literature, writers who have published work on psychoanalytic interventions with children include Bezuidenhout, Desai, and Lubbe (2005), Donaldson (1998), Gibson (1996), Lazarus (2007), Lazarus and Kruger (2004a, 2004b), Maseko (1998), Richter, Dawes, and Higson-Smith (2004), and Rock (1996). Authors such as Fanon have theorised class-thinking into psychoanalytic theory (Fanon, 1952, 1963; Swartz, 1996, 2005, 2007a, 2007b; Walton, 1995; Wyatt, 2004). This sensitises us to a Northern construction of “our” children’s subjectivities, which are thoroughly entwined with traumatic poverty in low-income communities. Recontextualising our “CSA gaze” in South Africa requires cultural and political tolerance, and, in low-income communities, a disentangling of sources of childhood trauma (Amsworth & Holaday, 1993; Simon & Bullock, 1994).

This research study challenges some of ORT’s Eurocentric and classist assumptions. Since Klein assumed a uniform model of development, there is hidden danger in generically applying ORT as a universal knowledge – it blinds us to a local, context sensitive understanding and application thereof (Swartz, 1999). This study benefited from the cultural miscellany of its participants. Such diversity allowed for reflection on the Eurocentric origin of ORT in order to account for non-Western values in a South African context. In following Swartz (1996, 1999), it would be inappropriate to maintain a system of thought which may at best obscure cultural difference, and at worst, perpetuate Eurocentric practice.

Definitions of psychoanalytic intersubjectivity share the notion that our and others’ subjectivity is central to our experience of the world (Benjamin, 1990; Swartz, 2006). Intersubjectivity theory’s emphasis on the interplay of subjectivities that influence each other and create a healing space in which both subjectivities can be performed and vocalised, is helpful in respect to South African CSA interventions (Davies & Frawley, 1991; Fonagy & Target, 2007; Ogden, 1994). The child participants in this study are cast as subjective messengers, small battered bodies onto which is inscribed the power relations of the community they were born into. The researcher was open to these messages in acknowledgement of the “misunderstandings

and defences” of her own embodied history, as she too rewrote her self-knowledge by exploring the defences she invoked upon confronting these children’s unbearable stories (Ochs, & Capps, 1996; Swartz, 2006, p. 434).

Kleinian theory surmises that each of us struggles with terrors of annihilation (persecutory anxiety) and abandonment (depressive anxiety) (Mitchell & Black, 1995). In the paranoid-schizoid position driven by unconscious persecutory anxiety, we are split off from our “bad selves” lest it destroys the “good”. If frustrated in this position we cannot achieve the ambivalence required, by means of unconscious reparative depressive anxiety, to move toward the depressive position (Segal, 1982). Under periods of stress, an individual can regress to and remain frustrated in the paranoid-schizoid position. ORT thus surmises that a CSA experience can affect in a child an all-negative view of the world, of others, and of the self.

The Kleinian conception of the parent-child relationship allows for destructive and reparative psychic conflict, and the caregiver’s relationship with an abused child could be responsive to a reparative need – a useful point when exploring factors of resilience in overcoming CSA<sup>(3)</sup> (Fonagy, 1999; Lovett, 1995, 2004). Although beyond the scope of this research project but in acknowledgement of the advances in the neuropsychology of CSA, Lovett (2007) suggests enhancing object relations’s interpretations of CSA with neuropsychanalytical research (see also Creeden, 2004; De Bellis et al., 1999; Panksepp, 2001; Schore, 2001a, 2001b, 2001c, 2002a, 2002b; Solms & Turnbull, 2002; Teicher, S. Andersen, Polcari, C. Andersen, & Navalta, 2002).

## **METHOD**

### ***Research Setting and Design***

The researcher observed therapy sessions between sexually abused children referred to PATCH and their social worker, and had no intentional direct contact with the child participants. Four of the nine observations took place in a PATCH office in Lwandle and one in Nomzamo, both in close proximity of the Lwandle/Nomzamo police station; one was at the PATCH community center in Somerset West; and three observations took place in a PATCH satellite venue near Garden Village in Somerset West<sup>(4)</sup>.

The study employs an explorative and descriptive ethnographic research method by following a critical realist and contextual constructionist qualitative research design.



Ethnographers are usually interested in phenomena within or about communities, and their preferred strategy of investigation is often “participant observation” (Rosenthal & Rosnow, 2008). In taking an ethnographic approach, the study gains perspective on CSA in South Africa and “documents the invention and decomposition” of CSA in a low-income community in the Western Cape (Parker, 2005, p. 37). It does this by deriving data “from the direct [simple] observation” of children’s interactions with a social worker in these communities (Babbie & Mouton, 2007, p. 279). The exploratory nature of the research enables an attempt at understanding CSA in low-income communities (Bless, Higson-Smith, & Kagee, 2006), whilst its descriptive nature engages the reader with the situations that the researcher describes (Babbie & Mouton, 2007). The qualitative approach allows space not only for the researcher’s reflexivity and subjectivity, but also for those of the children and social worker (Terre Blanche, Durrheim, & Painter, 2006). The research question is also approached qualitatively because of a relatively small sample size, and might best be described as a pilot study.

Critical realism admits an inherent subjectivity in the production of knowledge. It contends that the way we perceive truths depends as much on our beliefs as it does on the social realm in which these truths are observed (Burman, 1997). Contextual constructionism takes note of intersubjective meanings, and does not assume that there is only one true analysis that can be revealed by using the “correct” methodology (Erlich, 2003; Ogden, 2003). Contextualism also posits that all knowledge is local, provisional, and situation dependent, and that results will vary according to the context in which data was collected and analysed. All accounts, mine and the participants’, are understood as permeated with subjectivity and permissive of conflicting perspectives (Madill et al., 2000).

### ***Participants***

The participants in this study are the sexually abused children, the social worker, and in an indirect way, the researcher. Although the researcher is observing the therapeutic dyad’s interactions, she also participates in the sense that she subjectively witnesses, and defends against, certain material that emerges during the research process.

Only children who have been referred to PATCH were included in the study. Children from all races, classes and genders could be included, and four Black female children from low-income communities in the Western Cape were observed<sup>(5)</sup>. Although all four children signed

assent forms, the parental consent forms of only three were returned – ethically, only observations of those children could be used in this study. The children, aged 8, 9, and 12, experienced extra-familial CSA. Cases of incest and intra-familial child sexual abuse were not included in this study. Children of the same ages but not sexually abused are excluded, as are children not affiliated with PATCH.

### ***Data collection and measurements***

Therapy sessions between the social worker and children were voice recorded. At times the children spoke so softly that the recordings were inadequate, and data had to be triangulated with the researcher's observational notes (Copley & Forryn, 1987). These notes were detailed and factual transcriptions of the dialogue between the children and social worker. The researcher was permitted to access the children's PATCH files in order to ascertain incident and case histories, and could also review the social worker's written notes. A semi-structured interview was held with the social worker on October 16, 2008, and open-ended questions allowed for unexpected material to emerge and be further explored.

Detailed case-notes were made after the therapy sessions and represent observational material that could only be called into existence because of the unique interactions between the children and social worker. As a source of information, these notes are a point of departure, and were triangulated with voice recordings, the social worker's notes, and background histories of the cases (Mello, 2002).

The activity of taking case-notes is understood in light of Swartz's "third voice" (Swartz, 2006, p. 427). As "textual records of encounters between mental health practitioners and their clients", the notes embody the intersubjectivity that develops between social worker and child (Swartz, 2006, p. 427). But since I also took notes and indirectly participated in the study, this means that there were five voices present in a session: the child's, the social worker's, the intersubjective third voice *they* produced, *my* notes of their session (fourth voice), and my own voice. My notes said just as much about my subjectivity as they did about the interactions I observed. Unconsciously, I "chose" (not) to note certain things. As an interpreter of what was "spoken" between the social worker and the child, I attempted to translate words into worlds<sub>(6)</sub> (Swartz, 2007a).

### ***Data Analysis***

Children take up roles and identities offered them by the expectations of others in their communities, and much of this is unconsciously done (Swartz, 1999). One aim of the observations in this study was to address unconscious material that surfaced during interventions. ORT was used to analyse the children's, social worker's, and researcher's unconscious defences of splitting, invoked by persecutory anxiety in the Kleinian paranoid-schizoid position; and reparation, invoked by depressive anxiety in the Kleinian depressive position<sup>(7)</sup> (Klein, 1932/1975). The data were analysed thematically along themes of sexual abuse incidents, abandonment, economic deprivation, hunger, poverty, and violence.

Specifically, data were analysed by the qualitative research tools of narrative and discourse analysis, and the case study method. Since “[w]e present ourselves and our histories in terms of our stories or narratives” (Levett, 2002, p. 70), Parker's (2005) narrative formats used were verbal communication, body language, and the children's drawings. The qualitative nature of the research allowed for unexpected themes to surface. Originally, play would have been the children's narrative format, but because the interventions were structured, they produced mostly verbal, non-verbal and drawn narratives. Consequently, the data that emerged drove amendments to the original research question. Still, the defences invoked by *all* the participants could surface in these structured and non-structured ways.

Discourse analysis was applied to analyse what the children “said” about their CSA experiences, since they are but a “variable and complex function of discourse” (Blumenreich, 2004, p. 77). The researcher could thus listen for emergent themes and systems of statements that were taken up, and surfaced, in the children's CSA texts (Terre Blanche et al., 2006). The case study method was ideal for observing the unique intersubjectivity that might emerge during interaction between the children and social worker (Parker, 2005). Case studies of the therapeutic dyad afforded an intensive investigation of the child-social worker interactions as units of analysis in this research project (Babbie & Mouton, 2007).

To guide analyses of the research observations, the following were used: the predominant anxieties in *all* the participants; the defensive strategies employed; how and which parts of the children's traumas were being repeated; and what parts of the traumas the social worker (and researcher) were reacting to, given the child's history, class, culture and gender (Swartz, 1999).

### ***Ethical considerations***

Despite qualitative research's claim of non-manipulative and non-instrumental ethical superiority, it may harbour its own exploitative practices (Burman, 1997). Participants could decline to take part in this study. The social worker, children, and their families are not identifiable. The researcher consulted and communicated with her supervisor and with PATCH in order to inform about the research, ask for input, feedback, and consent. PATCH signed the study's application for ethical approval. The children's and their families' participation was not a condition for being a client of PATCH. It was also not a condition of their therapy or any of the other services PATCH provides. The researcher did not remunerate PATCH nor the participants in order to do her observations. The children benefited directly from the therapy sessions.

### **ANALYSIS OF RESULTS**

Many of the paradoxes inherent in working with CSA emerged in the analyses of the data. Paradox: the contradictory and ambivalent, will be the structure within which the emerging themes are ordered.

#### ***Paradox: attachment and detachment***

For some sexually abused children, interventions are designed as attachment therapy. These are often aimed at repairing or re-establishing the relationship between child and caregiver after a CSA incident. Caregivers might perceive a child as abhorrent after such an incident, and detach themselves relationally by harbouring unconscious feelings of guilt and anger toward the children (Interview, October 16, 2008). Early in Iris's intervention (July 31, 2008), her mother was asked about her biggest concern regarding Iris and "sugar daddies", and replied: "She loves money too much". Bongi's caregiver might also be struggling with unconscious anger towards Bongi:

Social worker: Bongi, tell me about Elsa.

Bongi: She is good, but different when she doesn't have money. She fetches me with the police if I'm not at home, then she hits me. She says she'll send me to the welfare (Bongi, July 16, 2008).

In general, the social worker's interventions around CSA are designed to bring unconscious feelings of guilt, shame, and fear to the surface that often manifest as aggression. This can be done by means of psycho-education, recognising and labelling feelings, addressing

the aggression, watching psycho-educational films, and finishing sentences or stories. The social worker also discusses the children's lives before and after the CSA incident with them, and works with the themes that arise from their stories (Interview, October 16, 2008). Although the aims of the observed interventions were to address the children's CSA trauma, data show that multiple traumas emerged from violent impoverishment, and will be exemplified as the discussion progresses.

What drives the social worker to intervene with sexually abused children is her perception that "they are in pain *now*", and that she can try to do something about their emotional suffering (Interview, October 16, 2008). At times, she finds that using simple methods, like games, are most effective in facilitating an understanding between individuals. Such interventions also serve as a future preventative measure against revictimisation, since, in the social worker's experience, what children often can't ask for from a caregiver they go to "sugar daddies" for (Interview, October 16, 2008). For this reason, the main aim of Iris's intervention was to get her back into the family fold by first addressing her feelings of anger and aggression. This meant intervening psycho-educationally in terms of her caregivers as well:

Social worker: Hello Rebecca (Iris's mother). How is Iris?

Rebecca: Better. But still stubborn. She's angry at me. I don't let her go onto the street. She goes.

SW: Rebecca, persist with the discipline. It's not unreasonable for her safety and protection. It's good that you're firm.

R: It goes better when we do the newspaper game. She enjoys it.

*Rebecca leaves. The social worker shows Iris a figure climbing a cliff. The climber is attached to a rope that is not fastened to anything.*

SW: Iris, let's pretend you are climbing this cliff. Who holds the rope so that you don't fall?

Iris: My mother (Iris, August 8, 2008).

In a following session, the social worker asks Rebecca about Iris:

Rebecca: It went well. She isn't much on the street.

Social worker: Do you see a difference?

R: Yes.

SW: Is it a positive change?

R: Yes [Rebecca smiles].

*Rebecca leaves.*

SW: What made your heart feel so nice, Iris?

I: Mother played with me (Iris, August 15, 2008).

Iris reported that even her stepfather plays the newspaper game with her now. She also narrates and constructs him in a more positive light than before<sup>(8)</sup>. Her attachment therapy seemed to have had some effect, even though she often detaches from the whole experience by means of defensive, blocking silences, or by drawing herself as a flower:

Social worker: What nice things mother says about you!

Iris: [Iris smiles. She draws a flower].

SW: Is this Iris?

I: [Shyly] Yes. It works nicely at home.

SW: How does the flower's heart feel with mother?

I: Nice.

SW: And with father?

I: Nice.

SW: Why?

I: Father gives the flower water (Iris, September 29, 2008).

Early in her intervention, Iris was uncooperative, silent, and passive. It became clear that her feelings of anger and aggression needed to be addressed before attachment therapy could commence, and before the social worker could repair Iris's relationship with her mother and family. She spent a great deal of time doing aggression testing and discharging with Iris, for example:

*The social worker shows Iris a drawing of a person. Next to the drawing are four boxes labelled: happy, scared, angry, and sad.*

Social worker: Let's pretend this drawing is you. Choose a "happy" colour.

Iris: [Iris chooses brown].

Social Worker: Use it to colour the "happy" box.

I: [Iris chose purple for "scared", orange for "angry", and green for "sad"].

SW: Now colour those parts of your body that feel happy, scared, angry and sad.

*Iris colours the whole picture angry and sad (Iris, July 31, 2008).*

In terms of psychoanalytic Kleinian ORT, Iris may have unconsciously viewed herself from a paranoid-schizoid position as all bad – angry, sad, and split off from any goodness. Her emotional equanimity depended on her ability to separate good from bad. Her persecutory

anxiety sustains good products of love and security by splitting them off from the bad, lest it destroys their goodness. Her unconsciously envious silences about bad CSA experiences also threatened to destroy the good work in the therapy room:

Social worker: Look at me, Iris.

Iris: I didn't do anything!

SW: I know. What does the girl get hit with?

I: [Silence].

SW: With what do they hit her?

I: [Silence].

*The social worker decides to do an aggression discharge exercise. She unfolds a newspaper.*

SW: I'm going to show you the newspaper game. Ready?

I: [Silence].

SW: Stand up quickly.

I: [Iris stands up. Her little body is rigid. She stands with clenched fists, arms tightly pinned to her sides].

*The social worker is down on one knee, holding a sheet of newspaper in front of Iris with outstretched arms.*

SW: Punch the paper!

I: [Iris punches].

SW: That's it! [She takes another sheet]. Come on, punch this one!

I: [Iris punches harder. She starts smiling. Her body starts to relax] (Iris, July 31, 2008).

For Bongi, having been abandoned by her mother caused her a great attachment injury<sup>(9)</sup>. Bongi starts this session by reminding the social worker that Aunt Elsa raised her since she was six months old:

Social worker: Do you have an other mother and father?

Bongi: Yes. Grandmother told me about my mother, Liedjie. My father bought food, milk and pretty clothes. My mother sold everything and threw me into the street. Elsa found me.

*Bongi starts to cry. She doesn't talk for a long time.*

B: I become very sad when I think about it and when I tell. They threw me away. Liedjie was bad.

SW: Do you miss your father?

B: I remember him [Bongi smiles – he went to prison when she was five years old]. My father was nice to me.

SW: What did you do together?

B: I went to work with him. Sometimes he phones. He says I must keep well [She is beaming] (Bongi, July 16, 2008).

In Bongi's narrative, a nurturing phantasy mother to whom she matters is often reified in defence of her abandoning bad mother. We needed to confirm Bongi's abandonment after the following came up in a session:

Social worker: Can you remember being five?

Bongi: Mother was still with us. She rubbed baby cream into my skin.

SW: Which mother was it?

B: The one that threw me away. She came back. Because she liked me.

SW: What else can you remember?

B: The clinic's porridge. Father went with. I got a tooth pulled, a worm pill, and rubbing ointment (Bongi, July 31, 2008).

One can surmise from a Kleinian ORT perspective that Bongi has unconsciously split and channelled her attachment trauma into a bad, persecuting, abandoning mother, and a good, nurturing, returning father. Her depressive anxiety compels her to restore herself as good enough not to be abandoned again, and propels her to indiscriminately attach herself to any appreciating figure – like offending “Uncle Rupert”. One can almost hear her plead: “Surely you won't abandon me if I show you how lovable I am”. Bongi's defence against processing her CSA trauma in therapy is a manic, magical story telling. She desperately wills us to agree with how wonderful these stories of her lovability are.

***Paradox: unsafe safe spaces***

One afternoon, the social worker and I are waiting for Iris and Rebecca at the designated Lwandle PATCH office. It is a wooden wendy house on the grounds of the Lwandle/Nomzamo police station, and serves as the therapy room. It is a grey, rainy day. The office does not have electricity. It is sparsely furnished, little sunlight is coming through the two small windows, but it still seems cheerful. The wendy house is not the dream the social worker has for these children. In defence, she convinces herself that it is a good place compared to previous “offices” she worked in with her clients – she once had to use a police cell. “I can't feel bad about it anymore”, she says (Interview, October 16, 2008). Constructing it as good, the dusty wendy house is all she can offer these children for now.

In stressful anticipation of the CSA stories to come, I unconsciously resort to a paranoid-schizoid position and splitting. At times I find the bad therapy rooms ill prepared, and the initial



part of the session is spent making them good by cleaning them or collecting material to work with. At other times hectic schedules and forgotten keys force us to make do with whatever room was available at or around the police station – a store room, for example. I experience the proximity of the office to the persecuting police station threatening to the safety of the good therapy space: In one session, we are interrupted by a policeman, and later, by a young township man sent there from the station. But these interrupters tell the stories of the sexually abused children's lives. The therapy rooms provide us all with a false sense of security. The unwelcome badness from outside invades and destroys the good safe spaces, making them permeable and interruptible. Outside chaos bleeds into the little office with the rain. For these vulnerable children, the good safe space of the therapy room is not an amnesty from their bad realities. Even bad weather makes these good therapy spaces unreachable. Like the children, the space is vulnerable. Their good space is interrupted by the mens' bad stories of tik and alcohol addiction, and careless mothers (Field notes, August 29, 2008). These violated children are repeatedly exposed to others' experiences of violence as a matter of fact, even *whilst* they are exploring their own trauma in therapy. Interruption by police highlights the lack of protection these children can expect. If under personal threat, one thinks to call the good police – but here, in this space, they are bad, an uninvited nuisance.

***Unsafe therapy rooms.*** The fact that the social worker was helping Iris explore her trauma did not prevent helpless others from interrupting the sessions with their own stories of violence:

A policeman enters the office. He asks the social worker about an unrelated case. Someone wants to help a friend ravished by tik and alcohol. She gives him the contact details of another social worker who can help, and reminds him that she only works with CSA (Field notes, August 29, 2008).

There is a second interruption:

A young man enters the office. He needs help. His ex-girlfriend, with whom he has a seven month old child, uses the R500 he gives her monthly in child support for drugs and alcohol. She doesn't spend it on the infant. The young man wants the baby taken away – she doesn't look after it.

Once when she was drunk with the infant in her care, he phoned the police. They did nothing. The social worker says the police were wrong, they should've removed the baby from danger. She gave him the same social worker's details she gave the policeman earlier. Again, she emphasised that she only works with CSA (Field notes, August 29, 2008).

Consciously the interruptions surprise and irritate me, but unconsciously I am relieved to be offered a break from Iris's CSA story. I wonder about the interruptions. Not only because others perceive the sessions as interruptible, but that the interruptions are tolerable because they alleviate the tension in the room – the tension of CSA and violent poverty. And within these stories of tik and alcohol addiction, of careless mothers, worried fathers, and ignorant protectors, CSA is not an isolated trauma that can be targeted and alleviated. We are exposed to others' experiences of violence, *whilst* exploring the children's CSA trauma. Work with CSA is in perpetual danger of being overwhelmed by its surroundings – the interventions are continually under threat of collapsing. The badness from outside the therapy room is constantly threatening to destroy the helpfulness of the good social worker.

The social worker often gets interrupted with “things that have nothing to do with her” (Interview, 16 October, 2008). She finds these interruptions disrespectful of the therapy space, and seems particularly upset that its privacy is not valued. She feels that she must handle and contain these interruptions on the children's behalf...split others' bad stories off from the good help she is trying to provide. Regarding the accounts of violence the interrupters bring into the therapy space, the social worker reports that she doesn't want those “vibes” in the office: “These things they tell me sit on me” (Interview, October 16, 2008), these bad things that get told from outside her field of responsibility. She knows that by hearing the interrupters' stories she will feel responsible for them, and be burdened by them. She needs to split these bad stories off: “[I] want to do what I have to do. I won't forget these stories they tell me (Interview, 16 October, 2008). The social worker finds herself increasingly having to defend against the “hard and ugly stuff”, and would rather not think about “these other stories” of violent impoverishment. She splits them off and frees herself to do her good CSA work (Interview, October 16, 2008).

***Unsafe homes.*** Mazline is eight years old, and has been sexually assaulted twice. In 2006 she was taken from her bed at night by a man known to the neighbourhood. Her parents were drunk and did not notice (File P243/2007). The window to the room where she sleeps was closed

up with cardboard. The man easily entered and left with Mazline. He raped her and brought her back the following morning with five rand in her hand. The social worker asks Mazline to draw anything she wants. Mazline chooses a blue crayon:

I can see the drawing of the house. To the left of the closed front door, there is a closed window in a wall. To the right of the door, Mazline drew only a bed, as if that part of the house were open to the street, as if she is saying: “Look, this is the bed I was taken from in the night. The walls of this house don’t keep me safe. This isn’t a safe house. Where I sleep, anybody can come for me” (Field notes, July 17, 2008).

Mazline’s house is ambivalent. Her bed is not on its good, safe side behind a bricked-up wall – it is on the bad, unprotecting, open side. The idea that one cannot be safe in a space thought of as sheltered upsets me, and I defend against this by thinking, “I can remove myself from the chaos in which these children must live their lives. I can leave anytime I want. I have the resources and the transport. The safe house and life in another place. I can split myself off from this bad world”. In order to defend against these children’s plight, the social worker insists that she and her staff maintain emotional boundaries in order to focus on their work (Interview, October 16, 2008). She splits these bad realities of abuse and poverty off from the reality in which she can do some good, as do I. In reparation, our depressive anxiety then compels us to restore our relations to these sexually abused children by helping them.

***Paradox: working in an unworkable system***

It seems as if work with sexually abused children and their traumas take place in the system *despite* the system. Paradoxically, the same system that legally defines a child as sexually abused in South Africa also makes it very difficult to help them despite the Acts under which children are protected, and offenders are policed and prosecuted (RSA, 2007). Herself a part of the system, the social worker also includes the police, statutory workers (prosecutors, welfare and social services), and hospitals (evidentiary documentation of medico-legal examinations).

Having to tell a child that the person who sexually assaulted her might not be imprisoned, that “nothing happens” to the offenders, is a part of working with CSA that the social worker finds most difficult, especially where it would make a difference to how the child comes to terms with the abuse (Interview, October 16, 2008).

Regarding the social worker's perception of working with sexually abused children in general, it's not the work, the stories, or the children, but the system that really gets her down. She has to grapple with the system whilst protecting herself against burnout or "compassionate fatigue" (Interview, October 16, 2008). This constant clashing, the good fight, is one the social worker feels she fights on behalf of the children, battling for their needs against the bad system. Despite this frustration, she still has some faith that split-off good parts of the system still try and protect the children. To avoid compassionate fatigue and very aware not to burn bridges with police, hospitals, and doctors painstakingly built up over years, when she feels she is not getting anywhere, she backs off until she is encouraged enough to resume battling the system (Interview, October 16, 2008).

Something one can call "system fatigue" emerges from this data. The social worker has to split the bad parts of the system (the parts that make it hard for her to do her job) off from its good parts (the parts that can still help the children). Because of having to battle the system coupled with her other duties at PATCH, she occasionally feels guilty that she is not spending enough time on her cases. As a way to defend against an embattled psyche, the social worker finds herself increasingly fighting less than she thinks she should, partly because her battles bear little fruit. She doesn't even try wasting her effort anymore, and seems to have resigned herself to the system that has become numbed and desensitised (Interview, October 16, 2008).

The social worker acknowledges that there is a lot of hopelessness in working with CSA. Although she feels discouraged at times, she finds some encouragement in enabling the children emotionally to realise that there is hope, that there might be a chance that they can influence their immediate circumstances as future adults (Interview, October 16, 2008). This shows some measure of the ability to approach her work as a whole. In this Kleinian depressive position, tolerance of the unworkable system's ambivalent nature is demonstrated.

***Paradox: "sugar daddies", psycho-education, and misread messages***

This study saw a simple but disconcerting reality emerge regarding the revictimisation of sexually abused children from low-income communities, namely that of economically powerful "sugar daddies". These men use blackmail or promise money, and buy food, shoes, or other resources that are valuable to a child and her family, in return for sexual gratification from the child. During a session with Iris, twice a "sugar daddy" victim, the social worker showed her a

psycho-educational film in order to explain how “sugar daddies” take advantage of children. In discussing the movie with Iris, our worst fears were confirmed by clearly bringing to the fore how confused she is about what it means to be loved and to love, and what it takes to be lovable. The main character in the movie is Sara, with whom Iris is supposed to identify. Sara’s grandmother is her primary caregiver, and is portrayed as nurturing and protective. Although the movie is used to teach Iris about refusing the advances of “sugar daddies”, it also subverts its own aims by highlighting how bewildered Iris is by its psycho-educational content:

Social worker: What did the man do to Sara?

Iris: [Silence] He gave her a flower.

SW: Why?

I: He loves her.

SW: Sara says there’s nothing wrong!

I: She isn’t telling the truth...[There’s a very long silence]...Grandmother will hit Sara if she tells about the man. Grandmother will be angry.

SW: Sara’s friends told her to ask an *oupa* for money. But Sara says no.

I: Sara isn’t right. She wants to go with the *oupa*. To his house. She’s going to ask for sweets. [*Sara did the opposite*].

SW: What will the *oupa* say?

I: She must undress.

SW: Do you think it’s good that the man buys her sweets and shoes?

I: [Silence].

SW: What is the *oupa* going to do to her?

I: [Silence].

SW: What does the *oupa* say to her once he bought her shoes and sweets?

I: [Silence].

SW: Iris, look at me. If the man buys her things...

I: He will just give it to her. [Long silence]...But he wants to kiss her. Her heart doesn’t feel nice. He really loves her. It’s not nice when somebody says “I love you”. I don’t want those things (Iris, August 15, 2008).

Mazline, Iris and Bongzi are wracked by violent poverty. Apart from having been sexually abused by bad *oupas* and “uncles”, their narratives are interlaced with themes of abandonment, deprivation, hunger, poverty, and violence. Their economic disempowerment makes them vulnerable, exploitable targets of “sugar daddies”. Knowing what a good difference R100 will make to a struggling caregiver, they do not expect their excitement in taking the money home to be met with tragedy, shock, rage, and perhaps even rejection of the bad prize. One can understand Iris’s mother’s conflict with her daughter being in the streets. Iris goes into the bad streets looking for the things her good mother cannot provide:

Social worker: If the person could wish for anything, what would it be?

Iris: She wants money, to go and buy sweets (File P48/2008)

SW: What did the *oupa* say must you do for the money?

I: Rape me on the bed.

SW: How much money would he give you?

I: Hundred rand. I wanted to give it to my mother (Iris, August 8, 2008).

There was a moment in a session with Iris when hunger became an intrusive theme in the therapy room – more so than her CSA. The social worker was doing an emotional awareness exercise with Iris:

Social worker: I want you to find someone in this magazine that looks happy.

Iris: [Silence...then Iris pages and points].

SW: Now look for someone who is scared.

*Iris stopped paging at a grocery store advertisement, completely immersed in pictures of food. She trails her fingers gently over every picture, as if trying to feel the food, have it. She has forgotten to look for a picture of a scared person.*

SW: Iris, let's find someone who looks sad.

I: [Iris grudgingly pages past the food].

*After the session, the social worker gives Iris three boxes of instant soup, three packets of chips, and a plastic bag. Iris gingerly places the food items in the bag – as if they are most precious and can easily break, as if these good things can easily be destroyed (Iris, September 29, 2008).*

During an observation with Mazline, the theme of nurturing, filling food came to the fore:

Social worker: Mazline, you look happy. Did something nice happen?

Mazline: I eat more (Mazline, July 17, 2008).

Bongi begins a session by telling a story about a big barbeque:

Bongi tells of a big party: a sheep was slaughtered and barbequed. Even the entrails were barbequed. The grown-ups carved the meat for the children so that they could also join the party (Field notes, July 31, 2008).

Mazline, Bongi and Iris were all offered and given money in return for sexual gratification. Mazline was removed from her house, raped, and returned with five rand in her hand (File P243/2007). Bongi's friend asked her to go with to her "uncle's" workplace where they met uncle Rupert. Uncle Rupert sexually assaulted them under a bridge, and gave them each R100 (File P75/2008). In our sessions with Iris, themes around money, food, hunger, and poverty were entangled in her narratives of sexual abuse – things an economically powerful "sugar daddy" could exploit.

***Paradox: opening up and closing down***

It would seem that in working with CSA, the social worker has to defend against her own frustrations of being under-resourced and fighting the very same system she has to work in. There is also a need to defend her own sense of good helpfulness in making these abused children talk, think, and feel things about their bad CSA incidents. She also might have to defend against her perception of the children – some are bad, uncooperative, hard to work with, maybe even unlikeable... Iris closes us down, blocks us out with her silence; other children are good, enjoyable, funny, a laugh. It evokes a need in the participants to make it bearable for everyone, to make it better by blocking badness out with pretty red curtains for the therapy room, to sweeten with jelly sweets, to fill up with food and destroy the void as defence against unbearable pangs of trauma. To bring some goodness into it.

I realise that I brought cushions to the Lwandle office to soften the harshness of the childrens' narratives; curtains to block the dreadful, chaotic ugliness out; jelly gums to sweeten the bitterness of impoverishment; and food to fill the ravenous emptiness. It makes the unbearable bearable. In reality, it is but a band-aid that ineptly hides a wound(ed society). The good prettiness is artificial and gets locked away behind us, split off and protected, when we leave. I do not want to know, to see the bad reality, its ugliness – I forget my glasses. I do not want to hear of rape and hunger and violence – Iris whispers, she is inaudible, it is her fault that I cannot hear. It is straining, draining:

Finally, Iris and her mother arrive. By this time, I got quite lazy in the winter sun, felt drained of energy, and didn't much feel up to the session. To make matters worse, I had forgotten my glasses. Now I'll have to strain my good ears to hear her nasty story, and strain my good eyes to make notes of her horrible words. I greet her: "*Hallo Iris, jy gaan moet hard*

*praat vandag. Ek kan nie sien nie.*” This makes *her* laugh at least. I destroy the badness with humour (Field notes, August 8, 2008).

The social worker needs to fit many sessions into little time. They become quick hits, manageable chunks...as if we will choke on too much, as if the badness will destroy us. In defence, the timing of sessions usually depends on what her day looks like, whether a parent or caregiver can get off work or arrange to bring a child to therapy, how much time she needs to take per child, and the child’s age – “little ones last about half an hour” (Interview, October 16, 2008).

Regarding isiXhosa speaking clients, scheduling of sessions depends on the availability of a translator, and on how long the translator can last. The social worker notices that busy days are more draining for the translator, who starts crying over the childrens’ stories. The more children they have to see, the quicker the translator tires, and the more breaks they have to take. Although understandable, this plays havoc with scheduling. The ugliness of CSA can even influence the scheduling of the good sessions aimed at addressing its trauma and helping its victims.

The social worker has to manage a lot of ambivalence in her work in terms of therapeutic results and statutory cooperation, but also in terms of her daily job: feeling good about it at times, encouraged by good outcomes; then coupled with hopelessness, feeling ineffectual. In her office, she puts the children’s files where she can see them piling up, and doesn’t make a point of visually avoiding them, or unconsciously destroying them by splitting them off (Interview, 16 October). These files – their names – confront her every day, and she does feel guilty that she doesn’t tend the files as often as she knows she should. She finds herself getting “lazier and lazier” to write her reports and update her case files...as if she doesn’t want to revisit their stories (Interview, October 16, 2008). The work is physically and emotionally exhausting. When she gets home she is tired, and seeks silent spaces in which to recharge (Interview, October 16, 2008). But at work, “being busy is better for her mood”, suggesting that defensive suppression and compartmentalising are at work...burying the bad under a good things-to-do list, denying the draining effect of her work. She reports being able to shut her work away when she is at home, to split its badness off from her good and safe private space, unless she is very angry or feeling furious – usually about the system (Interview, October 16, 2008). Although she mentions the ability to separate her work from her life, she sleeps badly when feeling very frustrated with



work, when she can no longer separate the bad from the good. Underscoring this persecutory anxiety, the protection of her good work can no longer be guaranteed (Interview, 16 October).

During a session with Iris the social worker had her back turned, and could not see that Iris was crying. Iris attempted to wipe her eyes and nose with her sleeve. I took her two tissues. She thanked me. “Just in case”, I heard myself say. No longer the neutral observer, I stepped into the scene.

Other times I would get bored or daydream during a session, unconsciously shutting out the horrors the children told of. I would fantasise about getting home, about leaving this terrible place. I was mostly reticent to revisit my observations because they were bad, hard to reexamine...the notes made everything I heard and saw real. I was constantly looking for my field journal I had unconsciously hidden, split off, buried under stacks of other papers so that I couldn't be reminded of its stories. When I did return to my notes, I found that I was bracing myself physically against their blows, their bad content – my body ached and my muscles stiffened. I reflected upon my choice of research topic: I could only be an observer, I couldn't do anything to help, and I was defensive enough to bear this. I was also anxious about contaminating my supervisor with the same bad material I was defensively intellectualising.

***Paradox: traumatic detraumatization***

In general, the social worker uses the theoretical guidance of Gestalt, approached directly. She plans activities to do in sessions, unless material surfaces that steers the session in a different direction – she can then leave the planned activities and use others, or improvise in order to work with what presents in children's foreground. With each client, a complete assessment is always done after which the trauma of the CSA incident is relived in different ways. The aim is to trigger sensory experiences the child may have had of the incident, since these may unlock material that can be explored further:

Social worker: What happened at the *oupa's* house?

Iris: I was sitting. He grabbed me.

SW: And then?

I: He threw me onto the bed.

SW: And then?

I: He took off his clothes.

SW: What happened?

I: [Inaudible].

SW: Iris?

I: He raped me.

SW: What were you thinking when he raped you?

I: [Silent].

SW: I can imagine that you were very scared. Could you hear anything?

I: [Silent] (Iris, August 8, 2008).

Although great care is taken to ensure that the reenactments do not retraumatise the children, one notices how often Iris defends against reliving her trauma by silencing it: shutting it out, destroying it, and splitting it off.

## **DISCUSSION**

The constant good-bad battle requires an ability to tolerate ambivalence in those working with CSA. Interventions with sexually abused children from low-income communities in South Africa will most likely unearth multiple traumas of CSA, hunger, abandonment, poverty, deprivation, and violence. Although the interventions are supposed to address and alleviate the trauma of CSA, the badness it is attempting to mitigate is so devastating that it requires cushioning.

During the research observations it became clear that the effects of CSA in low-income South African communities cannot be ameliorated if we ignore the effect that poverty has on these children daily: CSA experiences cannot be isolated and extracted from their lives. Little has been published on how factors such as poverty, violence, and structural power affect the experience of CSA in South Africa. This study saw a simple but disconcerting reality emerge regarding the revictimisation children, namely that of “sugar daddies”. These men operate by identifying and then wooing (grooming) children who can’t afford to buy something to eat. Benefits in reframing CSA within a South African context include the ability to create spaces for healing that can both address and work with these children’s traumatic experiences – not only of CSA, but of the multiple traumas mentioned above.

Realistically, even recontextualised CSA interventions will have little impact on the immediate physical environment of these children, and CSA workers must be prepared to take what little solace effective interventions can offer. Perhaps the best we can do is design interventions that could give these children hope of a chance to change their life circumstances, to enable them emotionally – ideally within a family fold. In working with sexually abused children, the need to repair the relationship between child and caregiver is often a priority, since

caregivers may unconsciously and angrily, even shamefully, perceive a child as abhorrent after a CSA incident.

Getting interrupted whilst working with the children is infuriating, but it can happen. CSA workers must not only be able to compartmentalise and contain the ambivalence of trying to do helpful, good work with bad CSA experiences; but must also be able to either tolerate being interrupted, or be able to create and enforce physically and metaphorically safe healing spaces. CSA is not an isolated trauma that can be targeted and alleviated, if only it were. In impoverished communities, these children have no space in which to construct an own identity or future beyond the one thrust upon them.

South African CSA workers should not only guard against compassionate fatigue, but also against system fatigue – the result of fighting to do good work in a bad, unworkable system. Paradoxically, we need the system in which to do our work, but must battle that system *so that* we can do our work. It becomes clear, in working with CSA in the Western Cape, that our ability to (a) survive the force of children’s CSA narratives, (b) question the system that must be worked in, and (c) tolerate mental pain when dealing with deprived children’s silence, control, aggression, hostility, and even idealisation, might be critically important predictors of positive outcomes of interventions with South African sexually abused children.

## **RESEARCH LIMITATIONS**

Cape winter weather often meant that sessions had to be cancelled. Clients were not expected to walk in the cold rain to get to the therapy rooms. Observations were thus often postponed, arranged on short notice, or missed. More observations would have deepened and broadened the research endeavour. There remains more to see, hear, and tell. The inevitable battle of doing this is part of what needs to be taken forward in future research.

## **FUTURE RESEARCH**

In the practitioner-scientist model guise, future research on recontextualised South African interventions with sexually abused children might achieve two goals simultaneously – a contribution to an emergent South African epistemology on CSA, whilst assisting a child (and family) to effect positive life changes. South African psychoanalytic intersubjective research might see the researcher as facilitating or translating caregiver-child dyads’ experiences of CSA,

in an attempt to foster a post-incident caregiving environment that can ameliorate its traumatic effects.

## CONCLUSION

By not travelling beyond the confines of Northern research literature, we cannot begin to understand CSA experiences of South African children and those who help them.

Despite using the case study method to analyse the research data, the children in this study are not just “cases”. They are abused within an impoverished and subjugating environment. But numbered cases defend us against knowing their names. Using the acronym “CSA” is easier than seeing the words form an experience, a concept, *something*: child sexual abuse.

To do her work effectively, the social worker has to compartmentalise, and remind others that she “only works with CSA”. Even asserting a field of expertise has become normalised. Disconcertingly, CSA is no longer shocking: community members were not surprised that our interruptible space was filled with CSA. Still, we are all here, in this research project, because of *it*. CSA brought our worlds together, and sat us down in that township. If we don’t attempt to understand CSA in South Africa, these children’s experiences – and *everything* that comes with it – are disavowed.

To attempt a South African understanding of CSA, the researcher observed the processes, and witnessed the themes, that emerged during therapy sessions between a PATCH social worker and children referred after CSA incidents in the Western Cape; used intersubjective object relations theory to analyse unconscious defences in *all* the participants invoked during the research process; and identified factors that contextualise experiences of child sexual abuse in South Africa. It is hoped that the research findings can help CSA workers and the children by initiating an understanding of their experiences, and by bringing to the foreground the concomitant trauma of violent impoverishment.

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## ENDNOTES

<sup>1</sup> Presumably, their narratives will be enacted and shaped by anxiety and defence (Swartz, 2006). This affords one the opportunity to understand what resides in all of us unconsciously – to look closely at what happens in encounters between people under circumstances of CSA, and to peel back our perceptions and behaviour toward others that are different from us (Swartz, 2007a).

<sup>2</sup> In no way, shape, or form does this study imply that only CSA victims are impoverished, or that only impoverished children will be CSA victims.

<sup>3</sup> The social worker in this study endeavours for reparation in designing her interventions (Interview, October 16, 2008).

<sup>4</sup> The township settings were not ideal, I thought at first. But ideal as what? A research setting? Ultimately, the township setting made all the difference to the research space – it enriched the space and even more so the data collected. If all my observations were done at the PATCH head office in Somerset West, my experience of witnessing and observing these children's interactions would have been different. They would have been tidy, clean, sanitised. The township observations felt more authentic to me, richer and multi-layered.

<sup>5</sup> The researcher acknowledges that CSA does not discriminate against gender, class, age, or race, and that it happens across every socio-economic level.

<sup>6</sup> A clever analogy in qualitative research, heard from F. Boonzaier in a seminar on qualitative research methods (May 12, 2008).

<sup>7</sup> The researcher takes heed of Swartz's (1999) warning that generic psychoanalytic ideas have become part of a culture in which they are used indiscriminately, creating the illusion that behind every word lies a shared understanding.

<sup>8</sup> During an earlier observation, Iris represented herself as a stinky, ugly, lonely flower. “Father said the flower stinks. He does not give it water, because he does not love it” (Iris, 10 June 2008, Somerset West).

<sup>9</sup> Bongi’s mother left her with an aunt one day and never returned. The qualitative nature of the research allows us to write Bongi’s abandoning mother into her narrative even if the mother is no longer there.

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