Psychology in society (PINS), 1995, 20, 4-12

STIGMATIC FACTORS IN SEXUAL ABUSE AND THE VIOLENCE OF REPRESENTATION

Ann Levett
Department of Psychology
University of Cape Town
P Bag Rondebosch
Cape Town 7700

INTRODUCTION.

There are four points to the argument which follows about child sexual abuse, rape and sexual assault (all referred to here as "sexual abuse"). The most common and widespread consequence of this kind of abuse in westernized societies is stigma. Stigma is not a simple matter of labelling, or being labelled, although it includes these. It is a major factor in the process referred to as "psychological trauma", a complex subjective experience with a set of potent social meanings, also self-imposed. The stigma of sexual abuse constitutes a false boundary or barrier of difference between women who are known to have been and those who are not known to have been - or do not know they have been - sexually abused; it has paradoxical consequences in everyday life. Although no purposeful conspiracy is involved, this false barrier serves to divide women and to protect male power. There is a relationship between stigmatic effects, the silence of those subjected to sexual abuse, and the social control of women by men. Finally, the very notion of psychological trauma (or damage) as the *only, major and universal* consequence of sexual abuse is a text of stigmatization which in itself constitutes a violence of representation.

Strangely, stigma has been studied by relatively few social scientists, particularly in relation to rape, sexual assault and sexual abuse, although it is a term encountered in wide ranging discussions of other social problems (for example, physical disability, mental illness, AIDS, epilepsy, sexism, racism). Inequality and difference are always implicated. Lee & Loveridge (1987:1, Preface) note: "Inequality ... is a social construct supported by a complex process in which characteristics are attributed to the disadvantaged which then become the justification for that disadvantaged position in society. This stigmatisation in turn further handicaps any attempts by the disadvantaged to alter or challenge this apparently normal set of hierarchical social relationships."

In 1986, Ainlay, Becker and Coleman noted that "stigmas are products of definitional processes arising from social interactions ..." Thus stigma is part of a semiotic system related to expression of power (difference, disadvantage, hierarchy). Semiotic systems are networks of signification, clusters of meanings and associations to these meanings; some are subjective and seem to relate to personal history, others are largely identifiable as ideas common in a particular societal context. These meanings however are dynamically constituted by fantasy (public and subjective) which, while culturally and historically specific, is always already available. It is a central aspect of the argument in this paper that subjectivity is produced by semiosis, through material reality and social signification processes in the interplay of individual consciousness (and unconscious dynamics) with the social environment. This view allows us to understand shifts in subjectivity and the malleable nature of self and identity.

Two equally important facets of stigma thus are the intrapsychic (within the individual, at conscious and more particularly at unconscious levels) and the interpersonal forces which produce stigma and reproduce processes of signification in dynamic day to day interaction. Both facets rest on and are inseparable from everyday discourses of stigma: unchallenged talk, statements and social practices such as silence, blaming and the assumption of guilt, which surround and personalize stigmatizing experience.

Most published comments on stigmatic effects of sexual abuse are to be found in clinical writings where allusions to stigma are made, directly or indirectly. The stigmatic process is reflected in a change in sense of self and a devaluation of self. Examples of comments, related to rape, drawn from Smith (1991), are given below:

"She reported feeling dirty, unclean, humiliated and guilty and she suspected others were looking at her ... She continued to feel violated, dirty and degraded. She feared what people would think of her when she returned to her home town." (page 21).

"Her boyfriend, who had previously pursued her, called her a whore and said that he would marry her as no one else would have her now. ... [She] also believed that no one would want her after what had happened." (page 22).

"She did not report the incident and told only her father ... who blamed her and stated, 'Women like you should be thrown with stones'. At the time she felt filthy." (page 22).

And, related to child sexual abuse (in two adult patients):

"I felt dirty and ashamed." (page 22).

"I felt guilty and defiled." (page 23).

The individual and personal implications of stigma are not often pursued by clinicians or social researchers, they are accepted as facts. Although there is much talk about psychological trauma this is not theorized or problematized (Levett, 1988, 1995).

The major empirical approaches to stigma which have been used by psychological researchers thus far are rooted in the ideas of Garfinkel (1967) and Goffman (1963), who are not always acknowledged. The ethnomethodological approach characteristic of those two seminal thinkers has been historically eclipsed by the conventions of quantitative approaches and this has led to a loss of depth in research on stigma.

The preferred methodologies used in the general psychological stigma research tend to be vignettes followed by category based inventories where, for example, alcoholism, mental illness or people with cancer are rated on social distance Bogardus scales to provide quantitative measures of stigma. Popular criterion measures are devaluation, avoidance and rejection; hierarchical comparisons of specific stigma categories, judgements of unpredictability and social discomfort have also been used.

According to Smith's (1991:2) review of the social psychological literature on stigma, the tendency has been to "emphasize the cognitive basis of stigmatization as a process of categorization of differences towards which others hold negative attitudes and beliefs, a process that includes aspects of labelling and tends towards stereotyping". Studies of attributional processes have also been reported (e.g. Weiner, Perry & Magnusson, 1988; Crocker & Major, 1989), and these include studies of the motivational basis of stigmatization - trying to explain why people hold negative attitudes to victims of misfortune (e.g. Crocker & Lutsky, 1986). Studies of attributions of perceived responsibility and devaluation have come up with inconsistent results (Katz et al, 1987; Levett & Kuhn, 1991). Most studies give little or no attention to the broader social implications of stigma, and its relationship to social power.

The symbolic interactionist perspective has shaped discussion of self-labelling or self-stigmatization; there has been controversy about whether social stigma necessarily accompanies lowered self-esteem and diminished self-concept. This, it seems, depends on the reasons for the stigmatic process. If there is a recognizable group identity which fosters group affiliation, the self-stigmatized person may have access to protective mechanisms such as attributions of prejudice (e.g. racism or anti-Semitism) and can make favourable comparisons of self with in-group members. These self-protective processes are not accessible in situations of sexual abuse.

Concerning sexual abuse and assault, stigma has been discussed in relation to child sexual abuse (e.g. Browne & Finkelhor, 1985; Russell, 1986) and rape (e.g. Sanders, 1984; Smith, 1991). The stigma of rape has had fleeting attention in the *empirical* stigma literature, usually mentioned as an example of an "invisible" or "characterological" stigma (one related to personality) which differs significantly from stigmatized conditions most commonly studied (race, disease and physical disability) and thus elicits different responses (Levett & Kuhn, 1991). Recent reviews of sexual abuse effects (Briere, 1992) and of process and outcome research in treatment of adult survivors of sexual abuse (Beutler & Hill, 1992) give no attention to stigma.

One of the difficulties with stigma in the context of sexual abuse is that it is bound up with institutionalized power systems which govern gender and male-female relations, maintained by and embedded within the practices and language of everyday discourse (Henriques et al, 1984). In sexual abuse of females by males the stigma process is embedded within the individual girl or woman's complex, already stigmatized, intrapsychic representations of her own gendered subjectivity (as other and different from males and more particularly as vulnerable to male authority). Each girl and woman, in contexts where patriarchal power authorizes a relatively potent signification to phallic control, must place herself socially in relation to such signification: that is, as different. This contributes to conscious and unconscious aspects of her sense of self, as other (marked by lack), and as already vulnerable to male violence whether or not she is abused or assaulted (Levett, 1988).

The psychological research on stigma, social or clinical, seems oblivious to contemporary Foucauldian and post-structuralist studies of discourse although these ideas have been accessible to social science for two decades. These take into account the representations and dynamics of self, other, power and knowledge. Drawing on psychoanalytic theory and an understanding of the place of language and social practices in human society, a distinctive and powerful approach to gendered subjectivity is facilitated (Henriques et al, 1984).

Domestic gender-related violence and sexual abuse are most commonly directed at women and children by men and older males. Women sometimes batter men but the physical abuse of women by the men they live with is more violent and has been argued to constitute forms of social control (Yllo & Bograd, 1988; Gagne, 1992), maintaining male dominance.

Our senses of selves as women are formed in relation to males but patriarchy does not take a uniform or consistent form. According to Levinson (1989), wife battery is least likely to occur in cultural contexts where women are economically independent and/or where there are very strong social bonds between women in a community. We have no studies as yet which provide any guidance to factors which reduce or eliminate the likelihood of sexual abuse or assault. We certainly have no studies which examine the consequences of these experiences in a range of sociocultural contexts.

In violent acts of wife abuse, rape, sexual abuse and incest, as well as in coercive and apparently nonviolent events of this type, the control involved takes multiple forms. Each case requires close and detailed study and a carefully contextualised analysis to discern the operations of power in the micro-setting. In doing this, we need to examine the ways in which women and children attempt to resist and subvert the physical and psychosocial power of males, and to establish clearly the ways in which girls and women *succeed* in subverting or overturning male power in certain instances, because this does happen. If we claim simply that men abuse women and that women are traumatized by this experience, without detailing these operations of power, we consolidate patriarchal power and lose the opportunity to draw attention to other knowledge, which needs to be made accessible for the benefit of groups of women and children.

In discussing wife abuse, Gagne (1992:387) argues that studies of abuse commonly "obscure the elements of social control inherent in violent activities, while obviating the relationship between violence and other forms of social control." Gagne suggests there are three categories of control: normative, persuasive, and violent (threatened or acted). Control through threatened or enacted violence is obvious and accessible. However, control also is expressed through normative ideas which devalue and objectify women, including widely encountered conventional norms and practices in the area of male-female relations. Women's tendency to defer to men, especially when they hold economic power, and ideas about the inherent aggression of men, are normative in many groups. Various practices serve to persuade or coerce girls and women into certain kinds of behaviour or response, for example through threats or fear of potential violence, retaliation, or fear of loss of face and worth. The social context often supports normative, persuasive and violent male behaviours because of implicit norms and ineffectual measures against male-female transgressions. Social institutions and structures generally condone male control of women, visibly or invisibly.

The concept of psychological trauma which has been discussed in positivistic research represented in the literature has not been studied in any depth, conceptually or empirically, as I have critiqued at length elsewhere (Levett, 1988). Through the sense of being damaged, perpetuated in discourses of psychological trauma, girls and women are stigmatised both by the acts of power exercised against them and by the depictions of damage: they are frequently devalued by others in their communities and they devalue themselves. The sense of self feels violated, fragmented or dignity and competence are thrown into question. At the same time, the sense of self is also reinforced as female, as abuse-able *and* as other. Rather than contributing to a valued in-group identity, the sense of otherness associated with sexual abuse is represented unconsciously as a mark of being a particular type of woman: one who is unlike other women. The sign of difference twice imposed, as woman and as damaged woman, twice sets her aside to greater disempowerment.

The strong expectation of negative social evaluation and the widespread sanctions against disclosure of sexual assault and sexual abuse, along with the intangibility of the "psychological damage" involved, are involved in problems of disclosure: low reporting statistics as well as seeking support from significant others and from professionals.

These effects of experiences of male violence and coercion are important aspects of the social control of women (Levett, 1988). Stigma is potent both in bringing about a diminished sense of self and also in maintaining the veil of secrecy and silence over these situations - because the second form of otherness needs to be concealed. Through the silence with which many girls and women who have been sexually abused try to protect themselves - and are protected by others at least from *public* stigmatization: being seen as damaged if not as guilty and blameworthy - male power is endorsed and the males involved are often protected, as others have commented. The stigmatic effects thus serve as social controls, assisting in separating some women from others and in keeping women in particular forms of power relationship with other women and with men.

In a deconstructive approach to stigma, devaluation is the common factor. Devaluation is closely linked semiotically to ideas of damage and difference. Even though in child sexual abuse there is less likelihood today of regarding the child as responsible for these events, in instances of rape of an older adolescent or adult woman these issues are still very much present - in the minds of the women themselves as well as those they inform. Such ideas are built into the rules of evidence which hold in courts of law. Here the cultural norms which valorize virginity in women, innocence in children, or fidelity and chastity in women (and hold different standards for men), are further implicated as aspects of the workings of power and social control.

In social constructionist terms, the power of the representations of psychological trauma (damage) and difference operates in mediating the meanings and the consequences of the experience for those who have been sexually abused. There is a set of socially sanctioned responses to the experience. As I have written elsewhere (Levett, 1988:135) "the woman is seen as a victim, trapped or encaged at the centre of a network of meanings surrounding stigma, believing herself to be different and leading her life in this continuing belief". Responses of shame, loss of self-esteem, and lowered self concept, even though not always present or evident in the woman's day to day life, are associated with the dynamic interactive significatory processes of stigmatization. The representation of difference may be understood as social control in that women's unwillingness to disclose having been sexually abused, or having been raped, both perpetuates her isolation and safeguards perpetrators, while protecting her from social stigma in its public sense. She is resisting the text of stigmatization which, as said at the outset, constitutes a violence of representation.

In a postmodernist approach, where the workings of power are the central focus of critical study, any universalist notion is regarded as concealing acts of domination. Claims that all who have been sexually abused are psychologically traumatized is a universalist claim and must be challenged and interrogated. The need to do so is borne out by the voluminous research which seeks to uphold and to delineate the differences which mark (and thus stigmatise) those who disclose such experience. The notion of difference maintained by such claims (however well intentioned) suggests that women who have had these experiences are unlike other women; this marks an explicit or implicit hierarchy. "Those" women are better than "these" women in that they are not "damaged".

As for the sexually abused woman herself: she may define herself as traumatized and victimized, and this may lead her to a certain type of subjectivity - marked by lack in addition to the lack which signifies the otherness of being female in a patriarchal culture (de Lauretis, 1989).

The language of trauma is not neutral nor does it objectively communicate about psychological states. In Lacan's sense, language is always internalized in a set of signifying relations, and these relate to power structures. The notion of difference feeds into representations of stigma and devaluation and, because of the power of everyday ideas and implicit knowledge, mediated through the language and the social practices of research and clinical work, the discourse of psychological trauma constitutes a form of violence in the sense that it serves to maintain male-female domination.

"The only gender that can presume to speak as if ungendered and for all genders is the dominant male" (Armstrong & Tennenhouse, 1989:3). Similarly, in presuming to speak for women, whatever the universalist claim, feminist academics (including myself) may resemble the dominant group. In suppressing differences - of experience, of coping, of resilience and of rebellion - this claim constitutes another kind of violence of representation.

The dilemma that faces us is how to proceed. In renouncing psychological research demonstrating a narrow and shallow view of trauma, we have to fall back on the idea that either what is said by the woman who protests sexual abuse and who also claims (or disclaims) traumatic consequences is fact or that what is said is only a point of view. Either perspective is suspect because both assume the power of representing a truth (Armstrong & Tennenhouse, 1989). In any discourse, political objectives are always involved - there is no position of non-power. The only way to deal with this is to be as clear as we can about our position, and how we have reached it, and to diligently persist in challenging claims to truth. Resistance to stigma seems to be required at every level - starting from personal disclosures of sexual abuse and assault, to encouraging other women to identify with our own experiences, to therapeutic and academic work which takes apart the ideas of damage to disclose the underlying meanings of a sense of devaluation and lack of power. Working as therapists or counsellors with sexually abused or assaulted women requires diligent and careful attention aimed at unpinning some of the socially constituted meanings of "difference" which have been internalized over a lifetime; such interventions demand prior work from the therapist or counsellor with regard to their own sense of self and place in the social matrix.

Note. This article is a revised version of a paper originally presented at the Conference on Domestic Violence, Centre for Women's Studies, University of South Africa, Pretoria, September 1992.

REFERENCES.

Ainlay, S C, Becker, G & Coleman, L M (eds) (1986) **The dilemma of difference: A multidisciplinary view of stigma.** New York: Plenum Press.

Armstrong, N & Tennenhouse, L (eds) (1989) **The violence of representation.** London: Routledge.

Beutler, L E & Hill, C E (1992) Process and outcome research in the treatment of adult victims of childhood sexual abuse: methodological issues. **J Consulting & Clinical Psychol., 60(2),** 204-212.

Briere, J (1992) Methodological issues in the study of sexual abuse effects. **J Consulting & Clinical Psychol., 60(2),** 196-203.

Coleman, L M (1986). Stigma: An enigma demystified, in Ainlay, S C et al (eds) (1986) **The dilemma of difference: A multidisciplinary view of stigma.** New York: Plenum Press.

Crocker, J & Lutsky, N (1986) Stigma and the dynamics of social recognition, in Ainlay, S C et al (eds) (1986) (above).

Crocker, J & Major, B (1989) Social stigma and self esteem: The self-protective properties of stigma. **Psychol. Review, 96(4)**, 608-630.

Crocker, J, Voelkl, K, Testa, M & Major, B (1991) Social stigma: The affective consequences of attributional ambiguity. **J of Personality & Social Psychol., 60(2)**, 218-228.

De Lauretis, T (1989) The violence of rhetoric: Considerations on representation and gender, in Armstrong, N & Tennenhouse, L (eds) (1989) (above).

Finkelhor, D & Browne, A (1985) The traumatic impact of child sexual abuse: A conceptualization. **Amer. J of Orthopsychiatry, 55(4)**, 530-541.

Gagne, P L (1992) Appalachian women: Violence and social control. **J of Contemporary Ethnography, 20(4)**, 387-415.

Garfinkel, H (1967) **Studies in ethnomethodology.** London: Polity Press (1984).

Goffman, E (1963) **Stigma: Notes on the management of spoiled identity.** Englewood Cliffs: Prentice-Hall.

Henriques, J, Hollway, W, Urwin, C, Venn, C & Walkerdine, V (1984) **Changing the subject: Psychology, social regulation and subjectivity.** London: Methuen.

Katz, I, Hass, R G, Parisi, N, Astone, J, McEvaddy, D & Lucido, D J (1987). Lay people's and health care personnel's perceptions of cancer, aids, cardiac and diabetic patients. **Psychological Reports, 60**, 615-29.

Lee, G & Loveridge, R (1987) **The manufacture of disadvantage.** Milton Keynes: Open University Press.

Levett, A (1988) Psychological trauma: Discourses of childhood sexual abuse. Unpublished Doctoral dissertation, University of Cape Town.

Levett, A & Kuhn, L (1991) Attitudes towards rape and rapists: A white, English-speaking South African student sample. **S. Afr. J Psychol., 21(1)**, 32-37.

Levett, A (1995) Psychological trauma: Psychoanalytic understandings. (Unpublished paper to be presented at the VII International Symposium: "Caring for Survivors of Torture", Cape Town, November 1995).

Levinson, D (1989) **Family violence in cross-cultural perspective.** Newbury Park: Sage Publications.

Russell, D (1986) **The secret trauma: Incest in the lives of girls and women.** New York: Basic Books.

Sanders, W B (1980) **Rape and woman's identity.** London: Sage Publications.

Smith, D (1991) Stigmatic effects of rape. Unpublished MA (Clin.Psych.) dissertation, University of Cape Town.

Weiner, B, Perry, R & Magnusson, J (1988) An attributional analysis of reactions to stigmas. J **of Personality & Social Psychol.**, 55(5), 738-748.

Yllo, K & Bograd, M (1988) **Feminist perspectives on wife abuse.** Newbury Park, Calif: Sage Publications.

SPECIAL ISSUE ON TRAINING IN PSYCHOLOGY

Changes in health policy together with some of the recent critical debates regarding psychology in society have implications for our graduate training programmes in psychology. In addition, numerous ad hoc training programmes in the field of mental health are currently being developed and offered through various institutions and organisations in South Africa.

PINS invites submissions of research and other papers, for example position or policy papers, to contribute to the development of coherent training programmes for an appropriate role for psychology in society. We hope that this special issue of PINS will lead to productive debate on the issue of training and stimulate the development of a training forum to formulate a policy for transforming and developing training in psychology in South Africa.

Submissions for this issue of PINS (PINS 22 or PINS 23, 1996) must reach PINS by **31 January 1996**. Articles, and discussion documents for this special issue on training must be sent to the PINS address, marked for the attention of **Vernon Solomon**.

SPECIAL ISSUE ON TRAINING IN PSYCHOLOGY

A CALL FOR PAPERS

A CALL FOR PAPERS