When compassion is making it worse

Social dynamics of child sexual abuse

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When Compassion is Making It Worse: Social Dynamics of Tabooing Victims of Child Sexual Abuse

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Abstract The paper explores the social dynamics of tabooing, using sexual abuse of children as an example. Some social categories are problematic to embrace, because they entail socially problematic category bound activities in an emotional context of guilt and shame. This theoretical paper shows how a victim of sexual abuse as a child may suffer from two separate offenses, a sexual and a social; one caused by actions of the offender, one caused by actions of intended helpers. By ascribing an identity of 'incest victim' or 'victim of child sexual abuse' to a person, the taboo act becomes linked to the person. This may be an inescapable ascribed identity for the person, leading her/him to be subject of both sexual and social offenses. As a consequence, potential 'victims' may have troubled affiliation with such identity casting, and may fight a future tabooed role by not reporting tabooed abusive actions, hence not receiving the help needed to recover.

Keywords Taboo · Sexual abuse · Children · Category bound activities · Interaction · Identity

The aim of this paper is to use micro sociology and structural semantics to explore the dynamics of tabooing theoretically. The paper will discuss why tabooing is

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problematic, using sexual abuse of children as an example of a taboo. Helping victims of child sexual offense is critically important to many professionals as well as laypersons and politicians. However, some help may lead to the victim feeling worse. A helper may, albeit unknowingly, be adding a social offense to the sexual offense by tabooing the sexual abuse.

Sexual abuse of children may include parental incest, child marriage, child pornography and pedophilia. According to the American Psychological Association "children cannot consent to sexual activity with adults", which is why an "adult who engages in sexual activity with a child is performing a criminal and immoral act which never can be considered normal or socially acceptable behavior" (APA 1999). Incest is defined by Merriam-Webster's Dictionary of Law as sexual intercourse between persons so closely related that they are forbidden by law to marry, which is a problematic definition since laws may vary across nations and develop over time. Pedophilia is commonly applied to any type of sexual abuse of children (Ames and Houston 1990), but should be reserved for having a strong sexual interest in prepubescent children, since not all child sexual offenders are pedophiles and not all pedophiles engage in sexual abuse of children (Weinrott and Saylor 1991; Barbaree and Seto 1997). The definition of sexual abuse of children used in this paper is sexual relationships in which at least one party is considered to be under the age of consent (i.e., a minor) and there is a power differential between the two parties with the other person being in a position of power over him or her (cf. Turner 2008: 39–40).

This paper will discuss how and why tabooing sexual abuse of children may be problematic for the child sexual abuse victims. After an introduction to research in sexual abuse of children and how it results in guilt and shame (Elliott 1994; Konker 1992; Rahm et al. 2006), the paper will use theories of role and social identity (Goffman 1959; Mead 1934; Parsons 1937, 1951; Stark 2007), micro-sociology (Antaki and Widdicombe 1998; Sacks 1984; Schegloff 2007; Zimmerman 1998), membership categorization analysis (Sacks 1972a, b; Schegloff 2007) and the actantial model (Propp 1928; Greimas 1966) to explore the detrimental dynamics of tabooing and casting victims of sexual abuse in a victim role. The paper concludes with the important point that while tabooing sexual abuse of children is certainly understandable, it is problematic because it may harm individuals who have experienced child sexual abuse. The implications of this are discussed with respect to affiliation with an ascribed social identity, feelings of shame and underreported crime.

Taboo and Tabooing

A taboo is often defined as something forbidden or disapproved of; placed under a social prohibition or ban (Freud 1913). The form "taboo" is borrowed from Tongan "tabu", but similar words occur in other Polynesian languages. The word "…has a very comprehensive meaning; but, in general, signifies that a thing is forbidden…. When any thing is forbidden to be eaten, or made use of, (…) it is taboo." (Cook 1777).

Sometimes, taboo means that something is so forbidden that it is even forbidden to mention. Much research has focused on taboo expressions, taboo talk, verbal taboo, taboo topic and taboo discourse, and on containment efforts and linguistic repression, such as euphemisms, register-shift, code-switching and footing shift (Tylor 1913; Frazer 1963; Leach 1964; Read 1964; Douglas 1966; Hill and Irvine 1993; Billig 1997; Coupland and Jaworski 2003; Pinker 2007; Fleming and Lempert 2011; Irvine 2011; Lempert 2011).

At other times, tabooing means treating something forbidden with disgust (Rahm et al. 2006). The focus in this paper is on this form of tabooing, treating something with disgust, for instance in talk and in interaction. Taboos are "not biological mandates, they are analytic categories" (Konker 1992). They are socially constructed, and that makes them variable and flexible (Foucault 1976; Chenier 2012). What is considered a taboo in one social system may not be one in another social system (Davies 1982; Goody 1994; Gudelunas 2005; Turner 2008; Comte 2014; Gooren 2014). Moreover, taboos are transmitted through cultural tradition (Aberle et al. 1994: 442–443). Therefore, tabooing or prohibiting something because of social conventions constitutes social actions. Many phenomena may be tabooed; one such example is the case of sexual abuse of children.

Sexual Abuse of Children

Sexual abuse of children has been subject to a lot of attention in the literature, and has received the highest international political attention (e.g., Andrews et al. 2004). It has been documented that adults who have been sexually abused as children may suffer from many symptoms (Elliott 1994; Gladstone et al. 2004; Rahm et al. 2006; Meinck et al. 2015): Many have difficulties maintaining relationships; many have problems with shame and guilt, or with unresolved anger; many suffer from anorexia, bulimia or self-mutilation, many suffer from chronic depression, panic attacks or agoraphobia; some have gender identity problems; some have been fearful of touching their own children; some have turned to drugs, solvents or alcohol, some have even attempted suicide; a minority have themselves sexually abused children (Konker 1992); some have subsequently in their lives incorporated into sexual pleasure the titillation of secrecy and shame; and some have been prevented from establishing a healthy self-concept (Janeway 1994; Rahm et al. 2006). These are severe potential consequences indeed. So, we know a lot about the additional potentially hurtful consequences of sexual abuse of children.

However, there is also a lot that we do not know about sexual abuse of children. It has been difficult to reach consensus on both how to define sexual abuse of children and on the emotional and behavioral consequences for the offended (Konker 1992). Therefore, it has also been difficult to estimate the extent of the problem and to reach consensus on what is best for the offended and for the offender, and on what may be the results of treatment/professional help.

Moreover, there are big cultural differences in what counts as socially acceptable behavior, and what is tabooed, in general as well as with respect to sexual relations between children and adults; and there are also cultural differences with regard to what is considered 'good' and 'bad' for a child, and on how to be a

'man', 'woman', 'boy', 'girl' (Korbin 1981; Konker 1992; Riegel 2005; Janssen 2010). What is considered socially acceptable sexual behavior is therefore dependent on which social system a person is a member of. The taboo of sexual abuse of children is not universal across all societies; every society upholds different norms regarding sexual abuse of children, and the responses to different types of sexual abuse of children vary both between and within societies (Goody 1994; Malón 2009; Rind et al. 1998; Turner 2008). Furthermore, the methodology used in studying sexual abuse of children has been much debated, and so has the need to separate moral judgments and biased representation from scientific research (Rind et al. 2000; Landor and Eisenchlas 2012).

In many social systems, sexual relations between children and adults are considered sexual abuse of children, and are seen as the ultimate taboo. This author also belongs to a number of social systems, all considering sexual interaction between an adult and a child a severe crime. This paper reflects that position. Typically, sexual relations with children are considered abuse of the 'power' an adult may hold over the child (Janeway 1994; Turner 2008), and thus viewed as something for the adult to take responsibility for, and something to prevent, stop, treat professionally and learn from.

Crucial to victims of sexual abuse are the concepts of 'guilt' and 'shame'. Guilt regards something one has done oneself, while shame has to do with *who you are* (Tomkins 1987). Guilt is an internalized and individual emotion/affect, while shame incorporates 'the other' directly into the feeling (Scheff 1988).

There is a continuum of shame, from mild feeling of embarrassment to humiliation (Tomkins 1987). Overt shame exists when a person feels ashamed or becomes embarrassed, and this gives rise to physical expressions such as blushing, sweating, palpitations and to certain behaviors: breaking eye contact, or putting one's hands in front of one's face (Lewis 1971). In the case of covert shame, the person does not feel the mental pain of the event causing the shame any longer, but may be identified with it by others through gestures, body language and choice of words, and this can therefore affect a person's social relations (Tomkins 1987).

Persons suffering from shame often compare 'themselves' with 'others', and 'self' comes out with a negative evaluation (Gottschalk and Gleser 1969). Therefore, shame is painful and self-destructive (Lazare 1987; Retzinger 1989; Epstein 1994). Continued humiliation may develop chronic feelings of shame and lead to pathologically low self-esteem, social phobia and tendencies towards isolation (Tomkins 1987).

When it comes to feelings of shame, an interview study (Rahm et al. 2006) shows that persons exposed to sexual abuse as children may feel

- alienated (feeling betrayed, alone or like an outsider);
- inadequate (feeling powerless, worthless or filthy/disgusting, having feelings of being unworthy and not living up to standards);
- hurt (being hypersensitive, bad at dealing with conflict, being stigmatized);
- confused (turning feelings off);
- uncomfortable (feeling awkward or feeling frightened) or
- ridiculous (feeling different).

Informants in the study have stated: "I have always wanted, all my life, to be anyone—normal", "I am the pariah of the family" or "They definitely think I'm a social welfare case", and informants have heard others explicitly say: "This is not for you, you're different" or "She is no longer one of us". This shows how informants distinguish between their own feelings and the attribution of shame from others.

Shame and guilt should not be viewed as independent psychological phenomena with physical responses. They are also social phenomena: "shame and secrecy are social emotions, and whether we experience them or not depends at least to some degree on whether our actions are accordant with the moral norms and rules of our society" (Turner 2008: 40).

Social Role, Identity in Interaction and Membership Categories

The dynamics of tabooing are thus related to social interaction and social identity. When studying the dynamics of taboos, it is necessary to consider role theory (Biddle 1986), and to acknowledge the insight of sociology (Parsons 1937, 1951; Sacks 1972a, b), anthropology (Mead 1934), symbolic interactionism (Goffman 1959), and social constructivism (Berger and Luckman 1966), among others.

Roles constitute a relation of behavior, context, rights, obligations, expectations, recognition and perception. Role behavior may lead to status or the opposite. Some roles are socially attractive, such as 'leader of a popular group'. Some roles are socially *un*attractive, such as 'incest victim'.

Roles are not fixed or prescribed, but constantly negotiated (Mead 1934), even if there may be genetic predispositions (e.g., gender, athletic ability, IQ), different local structures of society, and a variety of social (e.g., upbringing, training, experience), cultural (culture, lifestyle) and situational (social situations) conditions and determinants for role behavior, role socialization (e.g., imaginative role-taking, observing and mimicking others) and role perception.

Still, taking on a role is something to be achieved in interaction, cooperation and competition with interlocutors in real life situations (Mead 1934; Goffman 1959). A role may also be ascribed to an individual or a group, a position assigned, perhaps even forced upon that person or group, without regard for merit but because of certain traits beyond their control (Stark 2007). But even if ascribed, a role may not necessarily be taken or accepted/confirmed; it may be adapted, tested, modified or rejected. Socially unattractive roles in particular may be modified or rejected.

Some social roles are to be considered semi-permanent ('mother', 'child'), others transitory with certain dynamic role expectations. For example, in the transitory 'sick role' (Parsons 1951), a person is exempted from his/her usual roles (such as going to work), but is expected to conform to transitory behavioral standards (such as following doctors' orders and trying to recover).

Social roles are to be considered membership categories. Social roles may be linked to very specific social situations, giving an individual many local possibilities for exploring local identities and building social roles in social interaction.

Identity in interaction is an achievement and a tool; identity is *done* and *used* (Antaki and Widdicombe 1998). People do not just 'have' identities but enact and constitute them in pursuing their practical goals in situated activities. The power of 'having an identity' is its consequentiality in the interaction: an identity makes it relevant to say and do certain things and not to say or do certain things. Identity work is visible in the interlocutors' utilization of conversational structures.

Social actions contribute to form a social identity. Through social actions people interact, and actions are sequentially organized, initiating something, responding to something. Any turn at talk is part of a structure. It relates to some expectations and sets up expectation to the interlocutor. Thus, the social action is the nucleus in a social system (Parsons 1937) and a fundamental unit in interaction. Actions not only contribute to constitute social systems, they also tell something about the acting individual as a person and of the ways that person relates to other individuals and groups. Through the initiation of an action, an individual adapts a specific local discourse identity and creates a reciprocal identity for the interlocutor (Zimmerman 1998). The projected identity is not secured but ratified or revised. Therefore, it takes cooperation between the interlocutors to achieve aligned conversational identities.

Actions and their design, turn taking and sequential positioning have implications for participants' identities and relations (Pomerantz and Fehr 2011). What an agent does, the frequency of it and the way it is done, contributes to construct the person's social identity. Appearing a certain way (e.g.,'ordinary') is an achievement (Sacks 1984). Identities are established in relation to others and thus constitute outcomes of interaction rather than prerequisites for it (Goffman 1959).

An identity can be made relevant for and be oriented to the project of the interaction, which makes it a potential object of analysis (Schegloff 1991). Central objects of analysis are membership categories and category bound activities (Sacks 1972a, b; Schegloff 2007).

Membership of a social category (e.g., caretaker, leader, gymnast, driver, outcast) may be ascribed and rejected, admitted and written off, displayed and ignored. Casting is indexical and occasioned. Categories may be omni-relevant identities to the interaction.

Social categories and category bound activities are not just a question of labels. Categories are manifold and infinite; multiple categories may be applied to the same agent (e.g., teacher, vegetarian, surfer). Categories are organized in collections of categories, sets of categories that 'go together' (e.g., male/female, Buddhist/Jew/Muslim/Protestant).

Parts of the category based common knowledge are types of activities/actions considered characteristic for the category (compare how, "the baby cried" does not raise as many questions as, "the line dancer cried"). Crying is a category bound activity for members of the social category 'baby'. Thus, performing a certain action may make a specific category relevant for the scene, and make relevant the whole collection of categories for other participants.

Social categories are inference-rich. Membership categories are the storehouses and filing systems for the common-sense knowledge that people in their capacity as ordinary people have about people in general (Sacks 1972a, b): any attributed member of a category is a presumptive representative of the category (cf. attempts to block/neutralize presumed knowledge about a category, e.g., "poor, but clean", "I am 64, but look much younger"). Social categories are also protected against induction: if a member of a category behaves different than *we know the category does*, it does not occasion modifying the perception of the category; the member is "an exception" (Sacks 1972b).

Actual membership of a category is not sufficient grounds for being attributed the category. Other categories could have been chosen. Actual membership of a category is also not necessary to be ascribed membership of a category. Relevance of membership ascription is locally constituted and occasioned, or creates an explanation slot in the unfolding interaction. Therefore, social categories may be used strategically in the interaction for purposes besides describing identity (Sacks 1972a, b; Nielsen 2008, 2010).

Social Dynamics of Tabooing

The dynamics of a taboo is that an offended person may feel shame about the taboo incident. By reporting the offense, the taboo act is linked to the person. It therefore has social costs to report an offense (Elliott 1994), and as a consequence, some choose not to report an offense (Heise et al. 2002).

Some third parties are reluctant to deal with the issue, or may wish to silence the matter (cf. taboo talk), leading to other third parties, out of good intentions, to escalate the mentioning (cf. Irvine 2011; Thurlow et al. 2012) of the offense as an incident. The taboo incident is linguistically made bigger and worse, and the offended person's feeling of shame may get worse. Therefore, a taboo act may lead to the offended person feeling shame (Rahm et al. 2006). A victim of child sexual abuse may be embraced with care and understanding, and may yet disaffiliate with such identity.

Tabooing is problematic, both when it means non-mentioning and when it means escalated mentioning. An offended person may prefer silence (non-reporting) in order to not be connected with the taboo act and feel shame (cf. Rahm et al. 2006; Heise et al. 2002). In this respect, third party tabooing sexual abuse of children in the sense of treating it with disgust in discussing general cases may lead to the victim tabooing in the sense of preemptive non-mentioning in their own specific case.

There are two main reasons why tabooing sexual abuse is not helping those exposed to sexual abuse, giving room for improvement.

Some victims may not report sexual abuse and therefore not get relevant help out of fear of getting an identity as 'victim of sexual abuse'. Incidents are then underreported, resulting in hidden figures of crime and poor data quality as a base for evidence-based decision making.

Moreover, some of the victims who could have been seen as seeking help may perhaps not be helped optimally, but perhaps even punished. To illustrate the latter, here is an example of a statement in a personal letter to a caseworker at Kidscape Charity, UK:

> My teenage babysitter began sexually abusing me when I was 6. It went on for about 4 years. I actually thought that babysitters did that to all the kids until we got another babysitter. When I tried to get her to have oral sex, she told my mother and I got into trouble. Believe me, I kept it all a secret until now. It was bad enough being abused, though some of it I liked. What was worse than the abuse was being in trouble for something I didn't even understand and certainly could not control. To this day I hate all forms of physical contact and the thought of sex makes me physically ill. (Elliott 1994)

There are two separate offenses here: one is sexual and one is social. What may come as a surprise is that the victim in this incident considers the social offense worse than the sexual offense. His mother, probably seeing herself as an intended helper[1] of the babysitter and/or someone to restore his sense of moral order, was the source of the boy getting "into trouble". He was cast into a shameful role of sexual offender, while in fact secretly being a victim of child sexual abuse himself, a years-long offense that was not explored by the parents, and he not being aware that his actions could be considered an offense. The social phenomenon of tabooing sexual abuse caused the mother to punish her son instead of being curious of what had inspired his behavior, and her treatment of the incident damaged his future sexual relations and physical contact with others.

Another example is Natascha Kampusch from Austria. When she was free after 8 years of captivity, she would not tell the media whether she and Mr. Priklopil had had sexual relations. But some journalists retrieved notes from the police interrogation of Kampusch on the issue. That resulted in media coverage of Kampusch' statement to the police that she had voluntarily had a sexual relationship with Priklopil (e.g., Hall 2008, 2013). Kampusch had a strong reaction to what she referred to as the media's assault on her privacy, even if she indeed was the object of attention and sympathy from media users all over the world.

Kampusch was also subject to two separate offenses: one by Priklopil (the capturer and sexual offender) and one by the media (the insistent discloser of what she saw as private). The logic of this is that she wished to protect herself from third party/her surroundings'/*our* perception of her after having gotten that knowledge, even if it did not change anything about what happened in the basement where she was held prisoner for many years. It seemed to matter to her what we thought of her. If *we* knew, it would be worse for her than if we did not. Kampusch had troubled affiliation with an ascribed identity. She was fighting a tabooed role. Even if she was seen by the public as suffering from Stockholm syndrome and as a minor not being able to consent to sexual relations with an adult (cf. APA 1999; Turner Turner 2008), the social phenomenon of tabooing sexual abuse caused her to attribute

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[1] Thanks are due to an anonymous reviewer for pointing to this.

shame and wish to hide the events in order to not be seen as a victim of child sexual abuse.

The question is why it may be bad to be attributed a role of a victim, such as 'victim of child sexual abuse'. To help understand the complexity of this, the following (Fig. 1) is a list of things to say about 'Lena', a woman known to this author:

Obviously, she has a very richly faceted social identity. And since she has such a richly faceted personality, it is not so difficult to understand that if all people ever thought of, whenever they met her, was that she was also once a victim, she would feel reduced to something much less nuanced and faceted than she obviously is and prefers to be considered (cf. Rahm et al. 2006; Retzinger 1991).

Some help towards victims of child sexual abuse is potentially damaging. The dynamics is that a person (X)'s taboo act (offense) towards another person (A) makes A a victim of the taboo offense. A third party (Y) may wish to help A recover from X's offense. Y wants to be a helper of A.

Because the taboo act may have a lot of severe consequences, such as difficulties maintaining relationships, unresolved anger, anorexia or depression; as the research has previously shown about victims of child sexual abuse, the helper (Y) may attribute A the social category 'victim of a sexual offense' or 'incest victim' and use it as explanatory of A's actions and reported feelings. A's actions and feelings are contextualized by the ascribed role of a victim of sexual abuse as a child.

As shown in Fig. 2, this may be an inescapable identity for A, leading A to be subject to two separate offenses, a sexual and a social offense, due to X's abusing actions and Y's well-intended actions in order to help A recover from the actions of X:

|	
Beautiful	Leader
Bicyclist	Lioness (as a mother)
Chair	Loved
Child of divorce	Loyal
Christian	Main breadwinner in the household
Conscientious	Married
Creative	Mother of two
Danish citizen	Opinionated
Dark-haired	Pigheaded
Divorcée	Remarried
Eater of traditional Danish food	Serious
Employed in a public institution	Slim
Experienced traveller	Social climber
Family person	Stubborn
Flirtatious	Teaser
Flower arranger	Tenant
Free from debt	Top in her class
Friend	Whisky connoisseur
Frugal	Woman
Incest victim (Offender: step-father)	Youngest of four siblings
Lawyer	52-year-old

Fig. 1 A list of Lena's identities
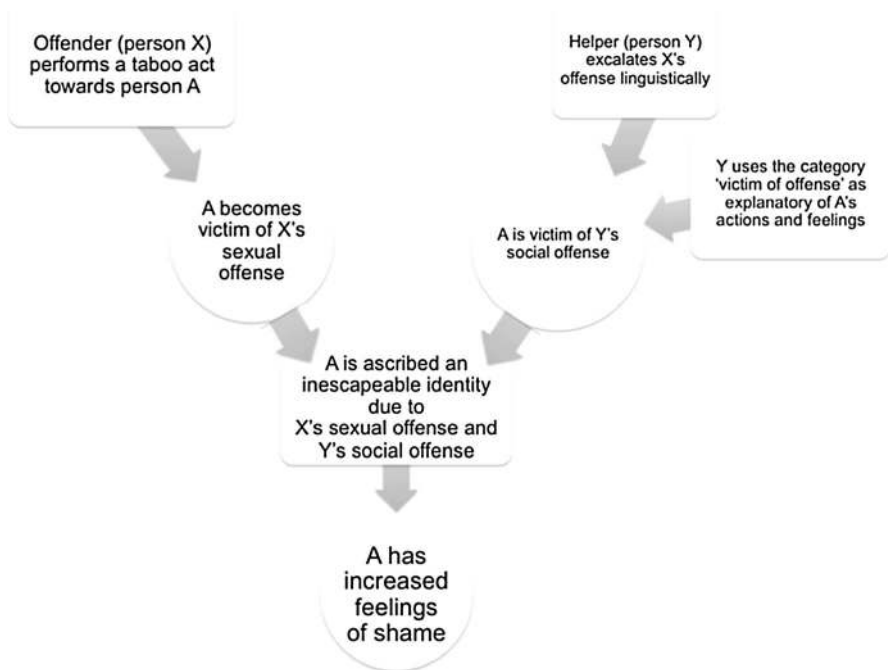
Fig. 2 Person A is subject to two separate offenses: a sexual and a social

We do not know if Lena and Kampusch like other victims of child sexual abuse (Elliott 1994; Rahm et al. 2006) may

- have difficulties maintaining relationships;
- suffer from unresolved anger, shame and guilt;
- have been anorexic or bulimic;
- suffer from chronic depression, panic attacks, self-mutilation or agoraphobia;
- have gender identity problems;
- be fearful of touching their own children;
- have turned to drugs, solvents or alcohol;
- have attempted suicide;
- themselves sexually abuse children.

If they did/do or not is not the focus of this paper. But it is a matter of concern that by being ascribed membership of the social category 'victim of child sexual abuse', they may also be attributed a whole package of 'general knowledge' of potential symptoms and actions, which they may not wish to see linked to their identity.

The point being made here is not to neglect that victims of child sexual abuse are reportedly shown to suffer from depression, anorexia, etc. Such damages may indeed be long term and fatal, and it is relevant to explore the impact in these cases

of being ascribed an identity as victim of child sexual abuse. Likewise, it is likely that during the recover process it would be especially important for clinicians and others treating a person who has experienced sexual abuse of children to recognize how language may be tabooing. Such important questions[2] are however beyond the scope of this paper. But the point being made here is that even *if* they at a point in time during or after the offense have been depressed or anorexic, etc., they may long since have recovered from those consequences, and they may not any longer see those labels fit their current identity. Compare, also, Butler (2004: 160) on how that which sometimes protects against a violation, such as child sexual abuse, sometimes becomes the very instrument of a violation. Assigning a person the identity of a victim of child sexual abuse may be pulling the person back to a place that she/he has left long ago.

Since compassion may indeed be sincere, and help may be crucial to victims, it is important to explore how compassionate, yet harmful, help may be socially constructed. In order to understand what would make it attractive to attribute a victim role to others, we may turn to the actantial model or narrative schema (Propp 1928; Greimas 1966). The model was developed in order to analyze deep structures of Russian fairy tales, but it is useful when analyzing communication and social interaction (Kjøller 1991). The basic positions in focus in the original model are the subject (e.g., Aladdin) aiming at achieving an attractive object (the Sultan's daughter and half of the sultanate); that is the (social) project. Somebody (e.g., the genie of the lamp) or something (e.g., Aladdin himself being bright or athletic) may help or resist (e.g., when the genie disappears or Aladdin loses courage) the project, be a helper or an opponent (e.g., a cunning magician or a vizier); that is the conflict creating the dynamic of the story. Not in focus here is that the sender (the Sultan) gives the object (his daughter and half the sultanate) to the receiver (Aladdin).

The legitimacy is in having a socially acceptable project, or in helping somebody else achieve their socially acceptable object (Kjøller 1991). There is great satisfaction is being a good helper.

In the case of sexually abused children, the offender and potential symptoms of abuse are opponents of the subject's project of having a good life, while family, friends and professionals may be helpers of the subject's positive project (see Fig. 3).

The model describes in general how helping somebody achieve his/her goal creates a balance in the conflict. Therefore, a helper may be 'too small' if the opponent is 'too big', or help may not be 'needed' if the opponent is not considered 'strong'. The worse a helper portrays the resistance or the opponent, the more help is needed for the subject, and hence, the more vital the helper is for the subject to achieve a positive outcome (such as when NGOs make an effort to continuously remind their members of unsolved problems). For professional helpers, there may be institutional or financial reasons for legitimizing the help by making offenses look bigger. Enlarging the problem may be in the helper's interest (such as when politicians/industry leaders create a burning platform in order to motivate citizens/ employees to accept a change that they as leaders consider helpful).

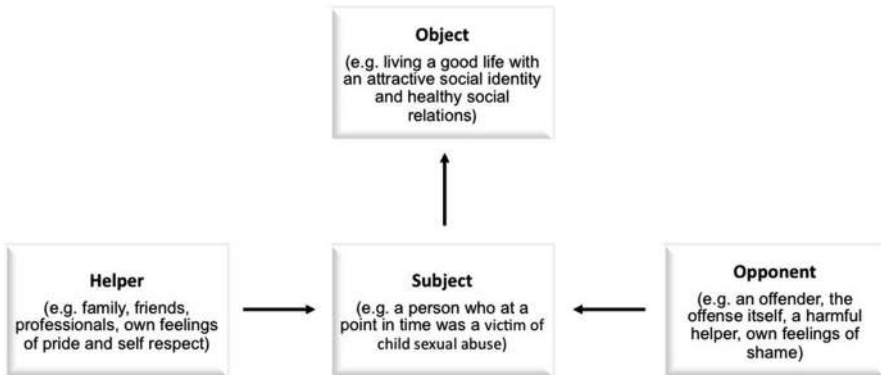[2] Thanks are due to an anonymous reviewer for pointing this out.

Fig. 3 Narrative dynamics of helping a victim of child sexual abuse (adapted after Propp 1928; Greimas 1966; Kjøller 1991). The *vertical arrow* shows the project/desire, and the *horisontal arrows* show the conflict

Principally, in the case of sexual abuse of children, it is an important consideration for professional helpers to avoid the pitfalls of a potential temptation to escalate the interactional treatment (e.g., by applying appalled facial expressions) of the offense of which the subject has been a victim. This temptation need not be strategic. Out of a genuine wish to show empathy towards the victim, a helper may linguistically make the problem/resistance bigger. As a consequence of such escalation, the subject may feel additional shame and the harmful help may—despite the wish to help—turn out to be yet another opponent to the subject's project.

Implications for Practitioners

The implications of the social dynamics of tabooing are far-reaching. One important consideration is how we all as interlocutors in everyday interaction, and practitioners and professionals (e.g., therapists, counselors, organization psychologists, HR consultants) especially, may help victims without enforcing an unreflective helper role and adding to the problem. This also has implications for talk in interaction among peers. The example used in this article was child sexual abuse, but the points made are principal and have implications for other taboos as well. Since we never know who in the group might at some point have experienced tabooed actions (such as child sexual abuse), talk (and gesture and facial expressions) should be careful and reflective to prevent adding to their potential feelings of shame.

Another important consideration is how we can soften taboos, since the social dynamics of tabooing leaves us with a paradox and a catch-22 situation: *how to avoid escalating the problem by either mentioning or non-mentioning*. It is worth reflecting upon (and studying further) if that could be done for instance, by campaigning for public role models of prior victims now living a good life and

having a faceted and positive social identity, or for instance as it has been suggested, by means of

- using art (Jaworski 2012);
- taking a more particularistic and ideological approach to the linguistics of taboo (Thurlow et al. 2012);
- embracing and developing linguistic de-escalating practices (Irvine 2011), which could entail use of euphemisms, register shifts, code-switches, periphrasis, footing shifts (Goffman 1981), turning the volume down by replacing words like molester and aggressor with less value-laden and pejorative terms (Rind and Bauserman 1993; Seligman 1993; Malón 2009) or creating implicatures (Grice 1975);
- avoiding resorting to mere containment strategies making the problem bigger by tiptoeing around "the 800-pound gorilla in the room" (Irvine 2011) and contributing to the problem by constituting taboo discourse.

That is, however, beyond the scope of this paper.

It is, though, with respect to the specific example of child sexual abuse, a matter of vital consideration, since a culture of concern and fear may lead to a shift to a suspicious perception of men and to an increasingly distant attitude towards children among childcare staff and among people outside childcare institutions (Leander et al. 2010) as well as to stigmatization of child sexuality (Janssen 2010). The most difficult and important consideration is perhaps, how to prevent tabooing phenomena like incest and pedophilia without assigning the offending acts social acceptability. How to cut that Gordian knot deserves a separate study. While tabooing certain actions may certainly be understandable, it is problematic as a social phenomenon since it may stand in the way of helping the victims of the actions.

Conclusion

Helping a victim of a taboo act may worsen the problem for the offended person. A helper may, unknowingly, contribute to the dynamics of the taboo. The consequences of tabooing child sexual abuse are at least threefold.

Firstly, by ascribing the identity of victim of child sexual abuse to a person, the offense/taboo act is linked to that person. This may be an inescapable identity for the victim of child sexual abuse, leading her/him to be subject to two separate offenses—one sexual, one social. The person subject to a crime may feel reduced to something much less nuanced and faceted than she/he obviously is and prefers to be, and furthermore reduced to the membership of a socially unattractive category. Thus, wrong help may be worse than no help.

Secondly, by linguistically making the taboo incident bigger (e.g., responding with strong emotions, using extreme case formulations), the offended person's feelings of shame worsen. Thus, compassion may do harm.

Thirdly, the 'victim' may have troubled affiliation with such ascribed identity and as a result fight the tabooed role by not reporting the taboo act, with the result that they do not receive the personal help needed to recover from the incident. An expected outcome of helping 'victims' with their identity issues over tabooed actions is better data quality, since increase in reports of taboo acts makes it less difficult for professionals and policy makers to estimate the size and characteristics of the social problem, and hence less difficult for them to prevent other offenses and help other victims recover.

Tabooing adds to the shame, and in that way, even the most well intended help may be additionally offending. The sexual offense, as well as the shame, must be something to help the offended with. Helping persons who have been exposed to sexual offenses must of course not increase the problem for the offended and lead to the offended perceiving the help as yet another offense, and a recurring and inescapable one at that. The potential social offense must be taken as seriously as the sexual offense.

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