

Original Research Paper

The consequences of sexual abuse traumatic experiences on the everyday life of abused female adolescents in one of the four regions in Swaziland

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ABSTRACT

Sexual abuse is one of the worst forms of abuses in Swaziland. This results in loss of personal integrity and credibility in adolescents, leaving them with disintegrated personality and human dignity. Sexual abuse leaves permanent scar with negative self-defeating experiences that are difficult to eradicate from the adolescents' mind and they live with it for the rest of their life. The adolescents usually ask themselves many questions but fail to find answers to these questions. The questions could be why did I go there? Why did I not take a different direction? Why did it happen to me? Why am I cursed with this? These are the devastating questions that usually preoccupy the adolescents' mind. When the adolescents fail to find answers to these, their emotions become evoked and consequently becoming depressed and a majority of cases take law in their own hand and may commit suicide.

Purpose: The purpose of the study was to report the consequences of adolescent sexual abuses and trauma they experience from a specific township in Swaziland.

Objectives: Objectives were to identify how adolescents become victim of sexual abuse; determine consequences of sexual abuse on adolescents' personality; reveal consequences of sexual abuse on adolescents' peace and happiness; ascertain consequences on family of the

abused adolescents; and established sexual transmitted infections consequences among the adolescents.

Method: The study was based on an exploratory, descriptive quantitative design using convenient and purposive sampling techniques. They were used to select 150 research respondents as the sample of the study. Data was collected through the use of semi structured questionnaires. Data was analysed electronically by the use of the SPSS computer package version 23 (Softonic International, 2013). Research Rigor: Rigor in this research was ensured through internal validity, external validity, reliability and objectivity.

Results: 20% of total respondents from adolescents reported that the sexual abuse was due to dating, on the other hand 15 % of the respondents were the victims of their trusted relatives. Of the victims interviewed, 60 % of the respondent reported that they were abused by unsuspecting men. Not but least, 5 % of the respondents were victimized by mentally disabled persons. By the actions, the adolescents were physically hurt, unable to walk, had bruises, and suffered genital pains. The results have shown that following the sexual abuse, 55 % of the respondents of the adolescents performed badly at school. The grave consequence of abuse resulted in 20% of 126 adolescents that had reported that their peace and happiness was affected developed suicidal tendency. Furthermore, 5% % of the adolescents were found to have been infected with gonorrhoea and 10 % with HIV following the sexual abuse.

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INTRODUCTION

According to Conte and Schuerman, (2002), sexual abuse is one of the worst forms of abuses often experienced by an adolescent world-wide, which is no different from others in Swaziland. This leaves an

adolescent off their personal integrity and credibility, and also leaves them uncovered in terms of personal dignity and distinct humanity. They feel disintegrated or weakened physically and lose their cognitive, emotional,

social and spiritual motivation respectively. It leaves a permanent mark on their mind that most often becomes difficult to eradicate. In most cases, the adolescents live with these shocking experiences for the rest of their lives. They usually ask themselves many questions but fail to have answers to these since they are within the context of self-blame. The questions could be why did I go here? Why didn't I take a different route? Why did it happen to me? Why am I cursed with this? These are the devastating questions that usually pre-occupy the adolescents' mind. When she fails to find appropriate answers to these questions, their emotions become evoked and consequently becoming depressed and in most of the cases, sexually abused adolescents may end up committing suicide.

Problem Statement

Sexual abuse has become a big concern for the Swaziland society since it creates a serious barrier in the prevention of HIV and AIDS. Incidentally, new cases of HIV infection are still reported and comparatively more from adolescents. Sexual abuse is considered to be among the leading factors contributing to this increase. In most cases after the abuse, there is usually family instability more especially if father abuses the daughter. Thus, in some families, father as an alleged offender goes to jail and separation occurs from the rest of the family. If the father was the bread winner and solely supporter of the family then, poverty may set in and results in children being dropped out of school. In most of the cases, the victim is not promptly and adequately taken care of when the wounds or experiences are still fresh and properly removable. The investigator therefore explored and reported consequences of sexual abuse and their depth among adolescents in a specific Township in Swaziland, (Siphepho and Gmeiner, 2000). The broad objective of the study was to explore and describe the way the adolescents became involved in sexual abuse and the impact of sexual abuse on adolescents' life and family in one of the regions in Swaziland. The study also sought to reveal consequences of sexual abuse on adolescents' peace and happiness, ascertained consequences on family of the abused adolescents and established consequences in terms of sexual transmitted infections in the adolescents.

Rationale

The study upon completion was made available in the University of Swaziland library for the people especially the health professionals who handle adolescents who may be fallen victims of sexual abuse. There was dissemination of information to relevant stake holders

that deal with the promotion of mental health of adolescents in Swaziland and the results were appreciated.

Hypothesis

There are sexual abuses which have traumatic consequences among sexually abused adolescents on their personality in terms of the physical, cognitive, emotional, social and spiritual.

LITERATURE REVIEW

Adolescents Becoming Victims of Sexual Abuse.

According to the Internet Brand (I.B) (2013), it is not clear as to why people molest children. However, the I.B. (2013) further states that, in recent research it has been found that the majority of people guilty of child molesting were molested at any time in their life time. The I.B (2013) regarding the validity of the latter observation states "we used to think this statistic was much smaller, but with more detailed research, we've discovered this statistics to be very high. Information related to men in New Jersey prisons convicted of sexual abuse, found that over 95% of the men, were in-fact abused themselves. In addition, the I.B. (2013) reported that, "some abusers don't relate well to the people of their own age group. They relate much better to children, and as a result, pick children and the abusers often project false attributes or qualities onto the children they abuse. A perpetrator may create false beliefs about a child's wishes, desires, and likes, or try to bring the child up to their peer level (imagining a sexual attraction or relationship with them)". The abusers due to their distorted thinking "may believe the child wants them to do the sexual acts. It's a complex and still unclear set of issues that drives childhood sexual abuse. However, it is up to adults to control their own behaviours (I.B., 2013)".

SEXUAL ABUSE CONSEQUENCES ON ADOLESCENTS' PERSONALITY

The consequences of sexual abuse among adolescents pose serious danger because such consequences have a tendency to disintegrate personality of the adolescents which adolescents live with such symptoms to adulthood. These symptoms are in the form of psychological, social, sexual and physical disruptions. In support of this observation, Moelker (2008) reported that "depending on the seriousness, the duration and the type of abuse, some of those who were abused in their childhood, or recently retain certain problems due to this trauma. These can be divided into psychological, social, sexual

and physical problems."In addition, Moelker (2008), regarding denial following the abuse states that they deny or repress the harmful event(s): they don't want to talk about or avoid certain situations. However, they may experience the event(s) again; unintentionally they are confronted with memories of the abuse, for example through nightmares, sudden memories or unexplainable physical problems. They may also become easily affected, hot-tempered, jumpy, excessively alert and don't fall asleep easily (Botash, 2012).

SEXUAL ABUSE CONSEQUENCES ON SCHOOL WORK, PEACE, HAPPINESS AND MOOD

Yuan et al., (2006) reported symptoms that are a great disturbance in adolescents' school-work are in the form of shock, denial, fear, confusion, anxiety, withdrawal, guilt, nervousness, distrust of others. Often they encounter some difficulty in learning and consequently getting low scores that result to failure.

According to Yuan et al., (2006), post-traumatic stress disorder may also occur in which the abused adolescents become emotionally detached, experience sleep disturbances, flashbacks, and mental replay of the sexual abuse. Child Welfare Information Gateway (2008) on the other hand reported sexual abuse in the female adolescents as strained relationships with the victim's family, friends, and intimate partners. They receive less emotional support from friends and family, less frequent contact with friends and relatives and lower likelihood of marriage in later life.

SEXUAL ABUSE CONSEQUENCES REGARDING SEXUAL TRANSMITTED INFECTIONS AMONG ADOLESCENTS

WHO (2001) study has revealed that during the past decade, sexual abuse of children and adolescents has been recognized as a serious social problem requiring the attention of policy-makers, educators, and the variety of professionals who deliver social and health services.

The management of the victims is emerging as an important aspect of child and adolescent health care in both the industrialized and the developing world. It may be mentioned here that the health-care providers have not always been aware of the link between sexual abuse and sexually transmitted infections (STI) in children. Previously, children suspected of having been sexually abused were not screened routinely for STI.

Conversely, children diagnosed with an STI were not investigated for the source of infection, but were assumed to have acquired the infection by non-sexual means, such as a contaminated towel or overcrowded sleeping arrangements bringing them into contact with an infected person."

Sexual Abuse and Family.

Heritage Foundation (2013) showed that the safest family environment for a child is a home in which the biological parents are married. Contrary to current theory about the effects of marriage on children, recent research demonstrates that marriage provides a safe environment for all family members, one in which child abuse and fatality are lowered dramatically. On the other hand, Heritage Foundation (2013) observed that cohabitation is an increasingly common phenomenon, and a major factor in child abuse. It implies a lack of commitment. The evidence suggests that a lack of commitment between biological parents is dangerous for children, and that a lack of commitment between mother and boyfriend is exceedingly so. The risk of child abuse is 20 times higher than in traditional married families if parents are cohabiting and 33 times higher if the single mother is cohabiting with a boyfriend (Heritage Foundation, 2013).

METHODOLOGY

The overall plan for addressing the research using questionnaires was made following Polit and Beck, (2008) and was based on an exploratory, descriptive quantitative design. As a matter of exploratory approach to the study, the questionnaires used exploratory approach in the sense that there is no sufficient knowledge regarding mental consequences of sexual abuse trauma within the Swaziland context (Brink, 2008). Regarding descriptive approach, the study sought stories about the sexual abuse from the victim following Brink (2006). Collected data were subjected to quantitative analyses using statistical procedures in the form of tables, bar charts and histogram. Quantitative approach fits in this study because responses, as raw data for the study were analysed through descriptive statistical procedures as numerical values, (Burns and Grove 2009). Following Burns and Grove (2009), the collected information were analysed in a systematic manner.

During data collection, great care was taken to include home of adolescents and/or NGO centres in which the adolescents were undergoing some counselling, within the Manzini Region as one of the four regions in Swaziland. The collected samples fully represented the target population, (Polit and Beck, 2008). Convenient and purposive sampling techniques were used to select the research respondents into the sample of the study. Female adolescents, who were victim of sexually abuse, were selected to form a sample for the study. One hundred and fifty (150) female adolescents were conveniently and purposively selected into the study sample. That is, sexually abused adolescents who availed themselves, either at home or through Non-Governmental Organizations dealing with victims of sexual abuse cases were hand-picked to form part of the

sample (Polit and Beck, 2008). The sample of the study consisted of research respondents who were between nine (9) and nineteen (19) years of age. They were all female and not married. All the respondents were victims of sexual abuse. Level of education of the respondents was primary school (7) secondary school (100) and high school (43). There was a lot of tension and protection required to protect the right and dignity of the respondents by the organisations that were used to identify them, since the sexually abused adolescents were in their profile. The data collectors were not allowed to interview the respondents but to give the questionnaires to employees of the organizations to conduct the interviews. Due to this requirement/condition, financial resources were stretched beyond limits because the field workers had to organize some special data collection training for staff of the organizations that was tasked with collecting the data from the sexually abused victims. The study was conducted in two areas in the country; generalisation to other contexts may not be scientifically possible because the sample did not make a insignificant number of sexual abused victims in Swaziland.

Data Collection

Data collection is the precise, systematic gathering of information needed to address a research problem (Burns and Grove, 2009). Data were collected through using semi-structured questionnaire in which the data collectors verbally asked the respondents the questions from it and then recorded the responses on the spaces that were provided. The investigator checked all the questionnaires for consistencies, completeness and accuracy after having collected them every day. Questionnaires as raw data were then stored and were analysed electronically by the use of the SPSS computer package version 23 (Softonic International, 2013). For research rigor, internal validity, external validity and reliability were accomplished using appropriate technique.

Ethical Consideration

Permission to conduct the study was obtained from relevant authorities. Informed consent was also obtained from the research respondents (adolescents). Confidentiality was also strictly adhered to. That is names of the adolescents who participated in the study were not recorded. Adolescents were also ensured of the results upon completion of the study.

RESULTS AND DISCUSSION

Twenty percent (20%) of the respondents (30/150) stated

that dating by men was the cause of the sexual abuse. While 22 (15%) were abused by apparently trusted relatives. 60% (90/150) of the adolescents were forcefully sexually abused by unsuspecting unknown men. While 5% (8/150) of the adolescents revealed that mentally disordered persons grabbed them and forcefully sexually abused them. The situations described above confirmed that the social environment in Swaziland was not safe for the female adolescents. 76% (114/150) of the respondents were of the opinion that they were physically hurt, unable to walk, had suffered bruises, and genital pains. 53% 60/150 reported experience of some abdominal pains, headache and increased blood pressure (BP). Of the 150 victims had interviewed, 38 of the adolescents (25%) were not physically affected. Nonetheless, 30 (20%) were mentally traumatised with memory loss, inability to concentrate, feeling of being distracted and developed stress related symptoms. About 113 of the adolescents (75%) were emotionally traumatised and developed fear of the place where the sexual abuse occurred. They also felt somehow withdrawn, anxious, having nightmares and unable to enjoy food and therefore developed problems in their eating habits.

Out of the 150 of the sexually abused adolescents 7 (5%) stated that their personality was not severely affected, although they were still having some memories about it. According to Cashmore and Shackel (2013) reported that sexually abused individuals develop generalised feelings of unworthy, somehow bad and self-blame and end up not liking themselves as they feel fragmented and confused. Jansen (2003), in addition, showed that victims of sexual abuse develop constant fear and no sense of safety at anytime and anywhere as the victim is waiting and anticipating the next bad thing to happen.

Out of the 150 adolescents 83 (55%) had their school work affected. They performed badly following the traumatic experiences of sexual abuse on their lives. 67 (45%) of the adolescents were out of school, when they were sexually abused. According to Jansen (2003) sexually abused individuals were unable to perform at school successfully because memories of rape and its effects interfere with their thoughts, thus causing them to fail. 126 (85%) out of the 150 adolescents had their peace and happiness affected. 25 (20%) out of the 126 adolescents developed suicidal ideas. 10 (40%) of the 25 adolescents developed mood swings and attempted to kill themselves. 15 (10%) out of the 150 adolescents their peace and happiness was not affected. While 9 (5%) did not know whether they were affected or not. Out of the 150 adolescents, 8 (5%) had gonorrhoea following the sexual abuse trauma. While 15 (10%) were infected with HIV. 30 (20%) of the adolescents developed severe pain, swelling in the genital area, itching vulva, discharges and lower abdominal pains. 23 (15%) had burning and painful micturition. Cashmore and Shackel (2013) state that

sexual abuse trauma leads to increased medical complications that are difficult to diagnose and cure. It was recommended that more studies of this nature are conducted and results disseminated to health workers to increase their knowledge on sexual abuse for the purpose of improving their understanding. That, conducting of intensive investigations on consequences of sexual abuse to adolescents is done so that the adolescents are adequately assisted to fully recover from sexual abuse traumatic experiences, more especially on the psychological consequences. That more health workers, in particular psychiatric nurses and psychologists are adequately trained and deployed all over the country to create an enabling environment that can speedily respond to needs of sexually abused adolescents physical, cognitive, emotional, social and spiritual. In conclusion, the increase of sexual abuse in adolescents and children in Swaziland is a shocking occurrence that undermines the fundamental rights of the female child. In addition, some of these young individuals are ended with HIV infections. In other words, sexual abuse grossly retards Swaziland's efforts to prevent and control the spread of HIV and AIDS. Therefore, sexual abuse is a serious life threatening behaviour that needs to be eradicated.

Conclusion

In conclusion, the increase of sexual abuse among adolescents and children in Swaziland is a shocking report that undermines the fundamental rights of the female child. Therefore, sexual abuse should be considered as life threatening behaviour that require mass awareness and eradication from Swaziland.

REFERENCES

- February 2013 from <http://www.allaboutcounselling.com/drugfeffecy.htm>.
- Jansen A (2003). Childhood trauma with specific reference to sexual abuse: critical role of health professional. *Africa Journal of Nursing and Midwifery*, June/July volume 5 (1).
- Moelker W (2008). Consequences of sexual abuse symptoms of child molestation;child sexual abuse signs Retrieved 4th of June 2013 from <http://profreg.medscape.com/pxregistration.do?src=ban>.
- Polit DF, Beck CT (2008). *Nursing Research: Principles and methods*. Philadelphia: Lippincott Williams & Wilkins.
- Siphepho JS,Gmeiner AC (2000). The Promotion of Mental Health of adolescents in a township in Swaziland.*Curationis*.(1): 25-35
- Softonic International (2013). Retrieved on 26 September 2013,from <http://en.softonic.com/s/spss-version-21>
- WHO (2001). Guidelines for the management of sexually transmitted Infections. Retrieved 7th of February 2013 from <http://apps.who.int/medicinedocs>.
- Yuan NP, Koss MP, Stone M (2006). The psychological consequences of sexual trauma. National On-line Resource Center on Violence Against Women. Retrieved 14th of July 2013 from:http://new.vawnet.org/Assoc_Files_VAWnet/AR_PsychConsequences.pdf [PDF 256 KB].z
- Botash AS (2012).Treatment and follow-up: sexual abuse. Sunny Upstate-Medical University.Retrieved 14th of July 2013 from: <http://childabusemd.com/treatment-abuse.shtml>.
- Brink HI (2006).*Fundamentals of Research Methodology for Health Care Professions*. Juta: RSA.
- Burns N, Grove SK (2009). *The practice of Nursing Research; appraisal,synthesis and generation of evidence*.
- Cashmore J, Skackel R (2013). The long-term effects of child sexual abuse.Common wealth of Australia.Retrieved 14th of July 2013 from: <http://www.aifs.gov.au/cfca/pubs/papers/a143161/cfca11.pdf>
- Child Welfare Information Gateway,(2008). Long term consequences of child abuse and neglect. Retrieved 6th of February 2013 from: <http://www.childwelfare.gov/can>.
- Conte JR, Schuerman JR (2002). Child abuse and neglect V11 issue 2, 2002. Retrieved 7th of September 2013 from <http://www.science/article/Pii/0145213487900597>.
- Heritage Foundation (2013). The child crisis: The disintegration of marriage, familyand the American community. Retrieved 7th of February 2013 from <http://www.heritage.org/research/reports>.
- Internet Brand,920130 (2013). Sexual abuse/Trauma. Retrieved, 6th of