

Review

Child Sexual Abuse and Its Devastating Effects on Survivors: Speaking the Unspeakable

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The main purpose of this review was to describe incidents of child sexual abuse and its damaging overall consequences on the survivors. To collect data, internationally and nationally significant research findings in the area of child sexual abuse have been critically reviewed. Furthermore, the reviewer has made his own professional reflection on the matter. The finding revealed that, although not all children could show the same results, sexual abuse interferes with a child's development in various ways: relationships with other people, self-esteem, self-confidence, physical activity and academic performance. Further, sexually abused children are vulnerable to developing psychological, social, educational, physiological, and mental health problems. Children are more vulnerable to these problems if the abuse is more serious and sadistic; if they are younger when the abuse begins; if the abuse involves unusual elements, and if they have a closer relationship with the abuser. Besides, girls are four times more likely than boys to be sexually abused; older children are more likely than younger children to be abused, and children living in single-parent homes and institutions may be more at risk for sexual abuse. The review concluded that the costs of child sexual abuse are enormous. Sexual abuse can have a damaging effect on a child's ability to develop adaptively in a broad range of areas. Parents and significant others need to safeguard seriously the lives of Ethiopian Children.

Keywords: Child / Perpetrators / Sexual abuse / Survivors

1. Introduction

1.1 Background to the Review

Child² sexual abuse is a global phenomenon that occurs across cultures and socio-economic groups. It has profound long-term negative consequences; it is a cruel, tragic

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²Varies international and local legal documents define a child as a person who has not attained the full age of eighteen years—a boy or a girl up to the age of eighteen years. In this paper, too, the upper age limit used to define childhood was eighteen years.

occurrence, and a serious infringement of a child's rights to health and protection (Sakelliadis et al., 2009). Child sexual abuse remains a pervasive, but largely ignored issue in many parts of the world, particularly in Africa. This is true in Ethiopia too, where reporting sexual abuse in general and child sexual abuse in particular would be regarded as embarrassing, frightening, and stigmatizing. This review attempts to describe incidents of child sexual abuse, its damaging overall consequences on the survivors, and warning strategies, in the context of Ethiopia.

1.2 Definition

The 2002 report by WHO defined child sexual abuse as the involvement of a child in sexual activity that he/she does not fully understand, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos. Child sexual abuse is evidenced by an activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.

1.3 What Child Sexual Abuse Involves

Engaging a child in any unlawful sexual activity may include, but not limited to, (1) the exploitative use of a child in prostitution or other unlawful sexual practices, (2) involving the child in pornographic performances and materials, and (3) employing different strategies such as deception, reward (or economic circumstances), cultural expectations, coercion — acts of forcing another individual through violence, threats, and weapons, to influence the child to comply with the abuse (Ethiopian Ministry of Health, 2009).

1.4 Forms of Child Sexual Abuse

Child sexual abuse violence comes in different forms: rape, genital touching, fondling, molestation, sexual harassment, verbal abuse, abduction, early marriage, female genital cutting, and committing children to abusive and sexually exploitative activities (The African Child Policy Forum & Save the Children Sweden, 2006). It is important to recognize that some form of sexual misuse of children will leave no permanent physical signs. It is, therefore, unrealistic to rely solely on medical evidence to make the diagnosis of child sexual abuse.

1.5 Child Sexual Abusers and Exposing Factors

Primarily and ironically, children are abused by those closest to them: parents, family members, neighbors, school teachers, and peers. Thus, the act could be committed by any person regardless of relationship to the survivors, in any setting (The African

Child Policy Forum & Save the Children Sweden, 2006; Ethiopian Ministry of Health, 2009).

Some children may be exposed to such evil acts due to cultural and attitudinal problems, poverty, drug and alcohol use, lack of awareness, family disruption, and leniency of the law of the land (The African Child Policy Forum & Save the Children Sweden, 2006; Yahaya et al., 2013).

1.6 Consequences and Prevention Mechanisms of Child Sexual Abuse

The overwhelming negative consequences of child sexual abuse are huge and multidimensional (The African Child Policy Forum & Save the Children Sweden, 2006; Kate, 2009; UNICEF, 2009; Matinhure, 2011; Yahaya et al., 2013).

To prevent child sexual abuse, evidence based multidisciplinary strategy that engages the entire community especially adults and action that prevent child sexual abuse is necessary. The prevention strategy that targets only children could not be effective (National Sexual Violence Resource Center, 2011; Finkelhor, 2009; Yntiso et al., 2009; Saul & Audage, 2007).

1.7 Rationale

The incidence of child sexual abuse in Ethiopia is increasing at an alarming rate. This could be observed only by looking into the reported cases. However, in the Ethiopian context, the awareness and recognition of such issue is at its infant stage. Reporting such cases could be considered embarrassing and source of crisis. Realization of these facts and the devastating effects of child sexual abuse on the survivors (and indirectly, on their caregivers), thus, initiated the reviewer to echo the voice of these voiceless victim children by reviewing and disseminating the issue under discussion. Although this paper is by no means a comprehensive piece of work, it could serve the purpose some how. The review focuses on the state of child sexual abuse, its exposing factors, negative consequences, strategies abusers use, and warning signs.

2. Methods

To address the review, the reviewer reviewed related literature and reflected his professional view. With regard to the former, he investigated thoroughly internationally and nationally published literature related to child sexual abuse³. In addition, the reviewer has made his own professional reflection on the issue. As the matter of fact, the reviewer has been involved for so many years in treating such children (counseling and giving therapy) and training professionals working with such children at all levels. So, professional reflection from such rich and authentic experiences is of paramount importance and worth sharing.

³He also made systematic search of electronic databases, peer-reviewed articles, international and national agency reports, Ministry's surveys, national guidelines, reports and surveys of NGOs (for instance, The African Child Policy Forum and Save the Children Sweden).

3. Results and Discussion

This section presents major findings and discussion regarding child sexual abuse. Most of these findings are hard facts that are prevailing in Ethiopian context, but highly overlooked. The finding emphasizes child sexual abuse exposing factors, barriers to disclose sexual abuse cases, negative consequences, strategies abusers use, and warning signs.

3.1 Exposing Factors

Factors that expose children to sexual abuse are multi-facade. This review addresses them from the perspective of the abuser and the abused.

Perpetrator's childhood exposure to sexual abuse and domestic violence contribute to child sexual abuse. Findings show that a proportion of people who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic violence and discontinuity of care (Nelson et al., 2002; Getnet, 2007; Belay, 2008; Holmes, 2008; O'Leary et al., 2010).

On top of that, some socio demographic characteristics of abused children could be contributing factors to child sexual abuse. Socio demographic characteristics such as nature of relationship between the abuser and the abused, the type of parent who raise the child, the place where the child lives, sex, and age of the child are identified as determining factors that contribute to child abuse, for example. According to the findings of several studies (e.g. Ruggiero et al., 2000; Colman & Widom., 2004; Belay, 2008; Talbott et al., 2009; O'Leary et al., 2010), if the abused has a close relationship to the abuser, the child is at disadvantage or vulnerable already. Besides, as recent findings (e.g. Getnet, 2007; Belay, 2008; Jibril, 2012) show, girls are four times more likely than boys and older children are more likely than younger children to be sexually abused, and children living in single-parent homes, in institutions, and in street may be more at risk for sexual abuse. The study conducted in Addis Ababa (Markato area) by Getnet in 2007 revealed that about 28.6% of male street children had been found to be abused. Other related factors that expose children to sexual abuse include physical and mental immaturity of the children, secrecy and lack of awareness, use and abuse of drugs, exposure to pornographic films, and limited legal enforcement (Getnet, 2007)⁴.

3.2 Barriers to Disclose Sexual Abuse Cases

Despite the fact that the child sexual abuse incidents are critical and prevalent, they have been under reported. For example, relatively, the magnitude of male sexual

⁴ The majority of the abused boys were within 10-18 years (school children) and they did not have special habits of substance use or gambling (Belay, 2008).

abuse is less reported (Getnet, 2007; Belay, 2008; Jibril, 2012). In 2004, in Addis Ababa, among the sexually abused children who were reported to police, the number of males (n = 47, 22%) was almost one fourth of that of their counterparts females (n = 171, 78%). Ten more interviewed sexually abused boys were never reported. These evidences imply the presence of barriers that discourage reporting the incident.

Several researchers in the area consistently identified barriers to disclosure of sexual abuse cases. These include shame, embarrassment, regarding sexual abuse as a private matter, not thinking what has happened is a crime, or not thinking it is serious enough to report to police, not wanting anyone else to know, self-blame or fearing blame by others for the attack, and wanting to protect the perpetrator (Lievore, 2003; Lovett, 2004; Alaggia & Kirshenbaum, 2005; Broman-Fulks et al., 2007; Hershkowitz et al., 2007; Ullman, 2007).

3.3 Effects of Child Sexual Abuse on the Survivors

Research findings on child development have consistently revealed that children who experienced unhealthy childhood lead miserable life (bombarded with traumatic flashback) when they are adult. This is especially true to sexually abused children. As sexual violence is frequently committed by people the abused children know within their family, school, work, church, or any other community environment, survivors of childhood sexual abuse, rape, or sexual assault often cannot escape seeing their abusers and avoid interacting with them after their attacks. These interactions are painful and create additional struggles. The world becomes more difficult as the abused struggle to cope with the aftermath of sexual violence and how to assimilate back into their lives. Seeing their abuser can be an intense and frustrating experience. This in turn, although not all children could show the same results, interferes with a child's development in various ways: relationships with other people, self-esteem, self-confidence, physical activity, academic performance, and psychological functioning. Overall, based on the review, the negative effect of child sexual abuse, in their both short and long lives are classified as physiological, mental, psychological, social, and educational.

Physiological Effects. Among others, physical consequences of child sexual abuse include itching during urination, venereal disease symptoms, pain (e.g. menstrual pain, injuries, vomiting), vulnerable to HIV/AIDS due to unprotected sex, eating disorder, and sudden sweating (Getnet, 2007; Belay, 2008; Jibril, 2012).

Mental Effects. Sexually abused children are vulnerable to developing mental health problems such as social phobia, posttraumatic stress disorder and other anxiety disorders, depression, or behavior problems.

Psychological Effects. The psychological impacts of child sexual abuse are huge and could incorporate the following: emotional mood swings (e.g., crying then laughing), shock, denial, irritability, anger, impaired memory, nightmares, flashbacks, anxiety, post traumatic stress disorder, loss of self-esteem, loss of security, loss of trust in others/feelings of betrayal, guilt, self-blame, shame, embarrassment, degradation, loss of interest in sex, feelings of helplessness, defenselessness, feeling of humiliation, social phobia, revenge, fear of another assault, engaging in high-risk behavior, avoiding places, activities or people that remind them of assault (Ruggiero et al., 2000; Colman &

Widom., 2004; Getnet, 2007; Belay, 2008; Talbott et al., 2009; O’Leary et al., 2010; Jibril, 2012).

Social Effects. Humans in general are social animals, and social skills for these beings are tools to survive and lead healthy lives. The ideal time to establish effective relationship and develop basic social skills is during early childhood. However, sexually abused children are unlucky and face social dysfunctions such as being stigmatized, feeling others are discussing them, avoiding others, shying away from others, and withdrawing oneself (Belay, 2008; Jibril, 2012).

Educational Effect. Child sexual abuse affects not only the physiological, mental, psychological, and social lives of the survivors, but also their educational performances. The survivors of sexual abuse are not the beneficiaries of the academic world. They rather experience class absenteeism, lack intrinsic motivation in learning, perceive the lessons as heavy tasks, misbehave in classes and disturb other children, lack participation in classes, achieve less academically, and drop-out from schooling (Ruggiero et al., 2000; Colman &Widom., 2004; Getnet, 2007; Belay, 2008; Talbott et al., 2009; O’Leary et al., 2010; Jibril, 2012).

The worst of all, when the abuse is more severe, sadistic, and involves unusual elements, the negative impacts could be devastating for the victims. Children endure all these painful and harmful acts committed on them.

3.4 Strategies Perpetrators⁵Use

Though it is impossible to generalize the grooming tactics of perpetrators, looking into the following techniques forwarded by Kate (2009) may help. They could work in the context of Ethiopia:

Identification and Targeting. Offenders have a special ability to identify and exploit children's vulnerabilities. For example, younger children are especially vulnerable as they do not have the language or knowledge to understand or tell others what is happening. Children who rely on the offender for care, love, affection or other things will also be vulnerable to the demands of the abuser.

Recruitment. Offender uses a range of strategies to engage the child in a relationship where the abuse can happen and to desensitize the child to abusive behavior.

Trust/Favoritism. they would take deliberate steps to establish a relationship of trust, to spend time with the child, to listen to them, to treat them as “special”, or perhaps to give them compliments/presents/favors.

Isolation/Secrecy. The offender may isolate the child from their siblings and from the non-offending parent. The favoritism shown to the victim often promotes alienation from siblings. The offender may use the child as a “confidante” to share special secrets. Statements like “Mam wouldn't understand how special we are together”, “ours is a special love that others wouldn't understand” contribute to a climate of secrecy and to alienate the child from the parent.

Desensitization. A process of desensitization is used to test the child's resistance and to engage them in the abuse. Offenders use “normal” situations and exploit these to abuse. For example, they may use touching as a game or introduce sexual touching as

⁵Pedophiles: Child hunters or adults who are sexually attracted to kids.

“accidental”. They are likely to blur the boundaries of ordinary affection so the child confuses this with the abuse. This often occurs around the child's normal bathing, dressing, and bedroom routines. The offender may engage the child in their own bathroom behavior or use talk about sex and sexual jokes to shadow boundaries about it. Throughout the process of engaging the child in the abuse, the offender is evaluating whether the child has been “groomed” sufficiently, i.e. whether they will show interest, will not protest, and will keep the secret.

Maintenance. Perpetrators use careful plan, schem and execution of strategies to groom the child to participate in sexual activities. There is a progressing of acts over time and a checking of risks. The perpetrator will gain the compliance of the victim by (1) assuring the child the “rightness” of what they are doing (e.g. through statements such as “this is a way we can show we love each other”, “I am teaching you”, “it's not doing any harm”), (2) conveying the negative consequences of non-compliance or disclosure (e.g. through threats, conveying the illusion that the child is “free” to choose, that he/she has consented and that they are in a “relationship”, and (3) using bribes and punishment.

3.5 Warning Signs in Children and Adolescents of Possible Child Sexual Abuse

Lose or drastically increased appetite, refusal to eat, trouble swallowing, unusual fear of certain people or place, fear of intimacy, exhibition of adult-like sexual behavior, language and knowledge, or an older child behaving like a younger child, having new words for private body parts, asking other children to play sexual games, inadequate personal hygiene, self-injury, suicidal attempts, drug and alcohol abuse and sexual promiscuity are scientifically proven warning signs to be looked into by parents and significant others for possible sexual abuses among younger children and adolescents.

Furthermore, the abused could leave clues that seem likely to provoke a discussion about issues such as sexual matters, a new or older friend, and suddenly having money, toys or other gifts without reason. They could also write, draw, and play dreams of sexual matters or frightening images, and run away from homes. Refusal to talk about a secret shared with an adult or older child and resistance to remove clothes during appropriate times (bath, bed, toileting and diapering) are additional warning signs that need serious observations (Colman & Widom., 2004; Lovett, 2004; Alaggia & Kirshenbaum., 2005; Ullman & Filipas, 2007; Talbott et al., 2009; O’Leary et al., 2010; Jibril, 2012)

4. Conclusions

The main objective of the review was to describe incidents of child sexual abuse and its overwhelming negative impacts on the survivors. Though child sexual abuse incidents have not been reported or made public, in most cases, the reported ones themselves were shocking. In Ethiopia, reporting sexual abuse in general and child sexual abuse in particular would be regarded embarrassing, frightening and discriminating.

The negative consequences of child sexual abuse on both the survivors and primarily caregiver could be huge and life-demolishing, in some cases even irreversible to the former. More importantly, this review article could help enhancing awareness among parents, institutions, caregivers, and kindergarten, primary, high school teachers as well

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as all other concerned bodies. Based on the warning signs, it also could inform preventive actions and early interventions.

5. Recommendations

Based on the forgoing reviews, the following recommendations are forwarded.

1. The most effective prevention takes place before there is a child victim to heal or to punish an offender. Behaviors that routinely disrespect or ignore boundaries make children vulnerable to abuse. Especially, parents and primary caregivers need to look for patterns of behavior that make children less safe and keep track of behavior that concerns them.
2. Usually, survivors of sexual abuse blame themselves for the incidents happened to them. To help them cope with the situation, the caretakers should let them know the abuse was not their fault and thus, they do not have to manage the crisis alone. Moreover, they need to encourage the survivors to seek medical attention and reassure them that they are cared for and loved. Cognitive behavioural therapy, family therapy, and play therapy are effective and proven techniques in treating sexually abused children. Above all, listening to the abused without judging and letting them vent-out the negative emotions could be the healing processes by themselves.
3. As child sexual abuse could result in serious and lifelong negative consequences on the survivors, child protection should be everyone's responsibility.
4. Professionals in the area ought to conduct nation-wide and in-depth original research on child sexual abuse to help with information policy makers, practitioners, teachers, pediatricians, gynecologists, parents, caregivers and the community at large.

Limitations. Scarcity of rigorous information, methodological differences, the double victimizing (re-victimizing the survivors) nature of some of the methodologies used with many reviewed literature were the major drawbacks this review faced.

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