

EXPLORING THE PSYCHOLOGICAL PROBLEMS OF SEXUALLY ABUSED CHILDREN IN PAKISTAN: A QUALITATIVE STUDY

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Abstract

The aim of current study was qualitative exploration of psychological problems of sexual abuse faced by Pakistani children residing in Hazara division Khyber Pakhtunkhwa. Using Thematic analysis different psychological problems of child contact sexual abuse were investigated, seeking to understand the psychological problems of contact abuse experienced by children and how they thought, felt, and reacted in response to it. Keeping in view the “avoiding harm” ethical issues of American Psychological Association, the sexually abused children themselves were not included in interviews and the purposive sample of ten parents of sexually abused children were taken. Data were collected through semi-structured interviews. The main themes and sub themes were developed from data obtained. Six themes that emerged from obtained data were emotional change in behavior, disturbed eating pattern, sleep disturbance, disturbed social relationships, negative behavioral tendencies and other related information. The findings of study revealed that the children of contact sexual abuse experienced severe psychological problems such as depressive thoughts, aggression, symptoms of eating disturbance, sleep pathologies, and fear of building new social relationships. Suicidal ideations, smoking tendencies and compulsive behaviors were also reported by parents. The victims of contact sexual abuse also experienced aggression for perpetrator, feelings of powerlessness and showed over protection for younger siblings. This led to adverse effects on their mental and physical health, sense of self, social relationships and psychological well-being.

Key words: sexual abuse, psychological problems, emotional change.

Introduction

Child sexual abuse (CSA) is one of the major public psychological health problems. It is relatively a complex phenomenon that can occur for many reasons. It is the involvement of a child in sexual activities that he/she doesn't fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society ¹.

CSA is an umbrella term to cover all types of contact and non-contact sexual acts with the child usually carried by the person who is elder than a child in terms of age. Physical, body or contact acts include unwanted touching, masturbation, penetration of genitals or any other object, and fondling, while non-contact sexual interaction includes exposing a child to sexual content, pornography, sexual



harassment, sexual comments, making his/her private part images, and video by force. Child sexual abuse can be any sexual act either completed or attempted with the child by his or her caregiver; it may include forced intercourse or exposure to any sort of sexual content ².

CSA is a kind of sexual harm to a child below than age of 18 years by an adult. The adult may be known or strangers, it includes different criminal acts like incest, juvenile pornography, sexual harassment, and the offense of trafficking children for purpose of sexual gratification or rape ³ and can lead to developmental and mental health problems; many of the victims experience the symptoms for lifelong time; many were not given the therapeutic and protective help they needed; they are left alone to struggle and suffer on their own ⁴.

CSA has long term effects on victim's life, several psychological problems have seen among victims. Abuse is threat to their mental wellbeing. It is associated with abnormal affective states; feelings of shame and guilt, also correlated with eating and sleeping disorders. Depression has been one of the risky symptoms of sexual abuse and is found to be one of the most common long-term effects among survivors of CSA. Other effects include relationships problem between intimate partners, self-blame and somatic concerns. Survivors mostly use repression and denial defense mechanism to continue with their life. They may think negatively about themselves all the time, keep themselves alone and avoid others because they think themselves worthless and have nothing to offer to people around them ⁵.

Survivors of CSA have reported depression, low self-esteem ⁶ disturbed sleep patterns, low appetite, disturbed eating patterns, disrupts self-image associated with self-blame, low self-esteem, feelings of shame and guilt. Shattered self-image leads them to take blame of abuse on themselves. Higher level of suicidal ideations has been seen ⁷. Some victims may separate themselves from society to feel protected experiencing sexual abuse. Some survivors may feel detached. They might be confused and disoriented individuals. They may have flashbacks of abuse and may develop nightmares ⁸. Another long-term effect of CSA is to develop the criminal profile such as drug offences, engaging in violence, robbery, auto theft, vandalism and other juvenile offenses. These individuals may develop anti-social personality, just as coping mechanism. They want to harm society just because they had suffered pain ⁹.

Defense mechanisms are other long-term effects of CSA. Child might repress that unwanted feelings and traumatic event and experience selective amnesia about that misshape of their life. Along with repression, some survivors might use denial defense mechanism to protect themselves from the damage of that abusive event. In fact, accepting and treatment is the solution of traumatic event ¹⁰.

Establishment of interpersonal relationships is one of the difficulties that victims of CSA might encounter. The symptoms of abuse may inhibit them to develop or to grow relations. Survivors may have trust issues, fear to build up intimate relationships, setting boundaries of relationships or may feel unsafe to undergo or witness abusive relationships. Interfamilial sexual abuse is kind in which child start to believe that the person, whom he loves or who is close to him, will end up in hurting him and may exploit him physical in order to gain pleasure ¹¹.



The long-term effect of CSA could also lead to development of sexual disorders or sexual abnormalities related to disturbances in cognition and social factors that are necessary for having safe sex. Survivors may also have risk to develop sexually transmitted virus such as HIV and AIDS ¹².

Parents less attention, sharing, conversation, not educating children on CSA, are the reasons of increasing rates of CSA globally. More over school and social media also play little role in awareness. Parents little talk about “good touch” and “bad touch” left the children in darkness, which in turn may lead them to be victimized. No awareness programs in schools and provoking messages on social media are also the obvious cause of CSA. The study also mentioned the average rate of CSA is 22.5%, with average of girls = 25% & boys = 20%.¹³

Two most important preventive measure of CSA are educational programs and, management programs. Educating children in schools, building children knowledge about abuse and educating them preventive measures are very effective. Second most important measure is management, making child responsible, how to manage daily life problems, their dealing with strangers, family members is also crucial preventive measure. The programs were effective if duration is longer i.e. four or more than four sessions, if minors got opportunity to participate actively and practically, if important and basic concepts were repeated again and again and also if based on concrete concept rather abstract concept ¹⁴.

Physical symptoms of CSA include bleeding, rashes and might be redness and urinary tract infection, difficulty in walking and sitting, headaches, urination and bed wetting stomachaches. Psychological symptoms include mood tantrums, stress, depression and crying spells, problem in writing and language and performing sports activities¹⁵.

The upshot of CSA vary case to case both on victims and their families, their symptoms were identified as “sexually abuse child syndrome” that is identical to “battered child syndrome” ¹⁶. Research on sample of 120 sexually abused girls with age 13 to18 highlighted their social, psychological and emotional judgment problems. The study reported 93% of girls have little education belong to poor families, faced violence in home, unemployed and substance abuse parents. 73.3% girls from them held strong believer of being alone and unmarried, only sold as sex workers, or not get any job, left their homes. 1/3 of sample was sexually abused by family’s members are more then 1/2 were assaulted by strangers. Two girls out of sample of 170- reported their cases to law enforcement agencies, but no gain. More than half of sample has no contact with families, few of them wanted to go back while majority denied. High level of anxiety and depression with less self-esteem was also reported ¹⁷.

CSA is sadly a worldwide problem that effected, and sometimes ruined the children of all sexes, ages, ethnicities and races. Despite the fact that CSA is very serious violation of laws and humanity still no one can prevent society from this abusive below humanity act ¹⁸. A global survey found the prevalence rate of CSA



from 7-36% for females and 3-29% for males¹⁹. In a series of 25 studies in 24 countries it was concluded that the prevalence rate of CSA in females is from 8-31%, and males is 3-17%²⁰.

A research showed that from 2010 - 2017 the reported cases of CSA were at least 22,528. In 2010 reported cases were 2,252; in 2012, at least 2,788 cases, 2013 the number increased to 3002, while visible increase was reported in 2014 that was 3,508, while 3,768 were reported in 2015, the cases increased to 4,139 in 2016 and 768 were reported till June of 2017. The report indicated that at least 11 day children were sexually assaulted. The number of cases in police report were 502 rape, 453 sodomy, 271 gang raped. The report also mentioned that murdered cases after sexual assault were 100. Report also highlighted city areas cases were 24% while 76% cases were from rural areas. In Punjab 2,676, in Sindh 987, in Balochistan 166, 156 cases in Islamabad, in KP 141, 4 in Gilgit Baldistan while 9 in Azad Kashmir were reported²¹.

A report showed the ratio of psychological violence is 84, physical violence is 74, and child neglect is 73, while 42 % are child labor and 3% only reported of sexual violence. Ratio of violence in laboring children is psychological 65, sexual 12, and physical 71%. While violence by peers, strangers, neighbors, shopkeepers is 10% sexual, 44% physical, and 46% psychological. The rating of violence in descending order is; Punjab > Sindh > KPK > Baluchistan²².

CSA is still a social taboo in country like Pakistan. The awareness, both to parents and children, about its adverse psychological effects is still at very low level. The children are not too much confident to share their problems with parents or other authority figures. The parents are unaware to assess psychological problems of sexually abused child, as well as to seek any mental health counseling for victim child. Moreover majority of children are not properly trained about the knowledge of sexual abuse, both contact and non-contact sexual assault. Previously qualitative work has been done on the children experiencing sexual abused. Previous western qualitative research¹³ compared all types of child abuse in European countries, including Australia, U.S. and Canada, and found the western countries take child assault as a serious problem of society as compared to other regions of the world. A Research study of²³ in Iran highlighted the educational, neurological, physical and psychological problems are positively correlated with CSA (i.e. contact & non-contact sexual abuse).

In Pakistan a little work has been done on the problems of sexually abused children. In Pakistan apparently CSA is taken as exasperating, vexing and derogatory act. Rather than perpetrator, victims are pressurized not to discuss that cruel act with others, by the name of "sharam" (as shameful act), "izzat" (as it will end our honor) and "ghairat" (as it is end our dignity) etc., as a result a very little research statistics, and qualitative researches have been published by private organizations only²⁴. Another study highlighted that "forgive and forget" is the basic strategy of parents even in reported cases²⁵. While sexual abuse particularly contacts sexual abuse is unforgettable trauma of child life that he neither can repress nor can



forgive this might lead to physical, psychological and behavioral problem in a victim child. It is essential need to be aware about child abuse ²⁶.

The present research will be very effective for assessing the psychological problems of sexually abused children and to identify the level of awareness about sexual assault in Pakistani children.

Objectives

The objectives of the current study are:

1. To assess the psychological problems of sexually abused children, the feelings, thoughts and behavior associated with it.
2. To assess the level of awareness of parents towards severity of psychological problems experienced by sexually abused children.

Method

The present research is qualitative in nature and explored the psychological effects of child sexual abuse among victims by using thematic analysis.

In depth semi structured interview technique ^{27; 28; 29} were used for gathering information in study. The questions were asked by the interviewer in Urdu, hindko or other language that is understandable by interviewee. The study comprised parents of sexually abused children, both boys and girls. Using purposive sampling technique and snow ball sampling technique the available cases of sexually abuse children were included in the sample.

Parents of girls and boys of contact sexual abuse from age 5 to 14 were included in current study. Only raped or penetration contact sexually abused children were included.

Lower age group from 5 years and above age group from 14, were excluded from current study. Non-contact abuse and contact sexual abuse other than rape and penetration will be excluded from the sample.

In-depth semi structured interviews were primary method for information gathering to explore about mental health, behavioral, and adjustment problems of children. Qualitative interviewing was used to understand problems in better way ³⁰. Interview is best way to investigate the things that we cannot observe directly, it provides full description of participant ³¹. The semi- structure is helpful in term of providing interviewee more paths to answer in every direction they want but also helpful to control the flow of topic and direction of interview ³².

A set of open-ended questions were used with guidance of supervisor, to encourage the interviewee to share freely and respond openly to questions and queries ³³. The questions were organized and framed in the way to provide maximum freedom and flexibility to explore the problems in-depth ^{32; 28}. The Probing and encouraging questions were used by researcher to explore in-depth



root experiences ²⁹; ²⁸ and gather accurate and full information's ³⁰. The average length of interview was 25-35 mints.

The semi structured interview based on following sections. 1. Demographics of victim children 2. Emotional problems of victim child 3. Eating and sleeping pattern 4. Social relationship 5. Awareness of parents about severity of psychological problems and willingness for treatment and counseling procedure.

Pilot Study

²⁷ recommended to do pilot study to develop relevant questions and to review the questions, before conducting the actual research. Pilot study is also helpful for refining the research in term of data collection and procedure. In present study two interviews not included in actual sample were conducted with parents of sexually abuse children. Pilot study was very helpful to modify and organized the research question in a sequence.

Research Questions

The followings are the research questions included in semi structured interview.

1. Do you understand that your participation is completely voluntary, that you don't have to speak with me if you don't want to?
2. Being parent how did you get know your child has been sexually abused by someone.
3. Does your child have any relationship with abuser?
4. What are the behavioral changes that you noted in your child?
5. your child ever tried to share his/her feeling with you after trauma?
6. Have you noticed a particular change in your child' behavior?
7. How much time does your child sleep in a day after trauma? Have child ever reported dream after trauma.
8. How much child eats in a day?
9. Which type of feeling child reported after the incident? Please share
10. Share child feelings and behavior when child has to go for social gathering?
11. How do child report for yourself, family and friends?
12. Any other information that you want to share.

Interview Protocol

The interview protocol was given initially to all participants individually. A lengthy introduction was given about the purpose of study, the rights and risk of participants, who have access on data, and the data gathered during interview, will be discarded. The purpose of this protocol was to start the original interview in a comfortable manner.

The researcher informed all the interviewee individually before conducting interview that their interview will only be used for research purpose. The purpose of this study is to find the psychological as well as adjustment and sharing problems of sexually abuse children. Interviewee participation in research will be completely voluntary, they have right to quit, postponed the interview if not comfortable.



Information gathered during interview will be kept confidential and will not be shared without prior permission of interviewee. Original interview was started after asking the question, “Do you have any question before starting the interview?”

Procedure

The researcher is primary and main research instrument in data collection. The researcher background and relevancy to research can cause the biasness in research’s findings so it should be investigated ³⁴. The researcher of current study has no case of CSA in family.

At first, researcher approached to different organizations working for CSA, searched newspapers and social media news, contact with lawyers also took help from child protection bureau to get approach to the family of CSA victims. Keeping in view the ethical guidelines of “avoiding harm” under section 3.04 ³⁵ only the parents of sexually abused children were selected for interview. The parents were also approached by using snow ball sampling technique. Only those parents who agreed for interview and sharing information were included in study. The researcher approached more than sixty parents and only ten were agreed to share information. They were assured that their personal identity will be kept confidential. Before starting the interview, the parents were informed and briefly discussed with the purpose of interview, procedure of research, expected advantages and benefits of research and most importantly their rights to withdraw during interview again by researcher. Interviewee participation in research will be completely voluntary, they have right to quit, postponed the interview if not comfortable. Using this facility few parents quitted during interview and some also postponed the interview schedule for days and weeks. For rapport building ³¹ the researcher introduced herself and assured about confidentiality of information they shared. The permission for voice recording was also taken (few not allowed). The researcher also hands noted information during each interview. The semi structured interviews were used as this interview provide interviewee more ways to answer in term of important things, happening to them ^{29; 30}. Most questions were asked as they were written in a sequence, although interview started in semi structure manner but become structured as proceeded. The probing questions were used to explore the behavior in detail and to analyze the deeper meaning and better understanding ^{29; 27}. The participants were also frequently asked as “why they saying”, “how they noted”, “can you tell me more”, in an attempt to provide them opportunity to review their answer and elaborate if they want. Interview was taken in language convenient for interviewee (i.e. Urdu, hindko). The data collection procedure took more than eight months.

Field notes were taken during each interview ³⁶, the researcher also recorded the date, time and place of each interview on field notes. Each interview was restated and summarized and reviewed with taped interview. In addition, the researcher consulted supervisor for further direction. Last but not the least the researcher also included participants’ relevant quotes to substantiate the findings of research³⁴.



Analysis of Data

Identifying salient themes, searching for recurring ideas or language is challenging part of analysis. The most widely used method of data analyses for qualitative research is thematic analyses of data³⁷. This method was also used by researcher for analysis of data for current study. Thematic analysis is defined as identifying patterns within the data, then analyzing and reporting of patterns^{29; 37}. Analysis occurred in three main phases, 1st, familiarizing yourself with the data and transcription of verbal data, although boring and time taking step but the excellent source of familiarizing³⁷. Then the participant's interviews transcriptions were reviewed to search for recurring ideas and regularities. The researchers also highlighted the phrases & quotes that were significant for study from interview.^{29; 10} presented constant comparative method that was also followed by researcher. The transcripts were analyzed back and forth until distinct and consistent categories were emerged³⁷. The categories were assigned names, the transcripts were coded and sections were placed. Codes represent the basic elements and main segments of data that can be assess in most meaningful way in term of phenomenon being explored³⁸. The 2nd step was to building up the relationships within and across the coded transcripts. To compare the coded interviews a table was developed. The researcher tested all data against categories. For judging categories^{39; 29} dual criteria was used that is based on internal and external homogeneity. It means that the data used for theme not only must be clear and identifiable but also similar to the theme and sub themes. Finally, the researcher tested, refined and integrated the categories until the solidification of themes. The main finding was reported and written in accordance with previous findings.

Establishing Trust Worthiness of Study

Qualitative research is criticized by the reliability that refers to replication of research findings. The current study followed the method presented by⁴⁰ for making research as reliable as it can be. According to him two main questions need to be considered during determination of reliability, i.e. a) The data collected during research is valid or not (b). The method used in research is reliable or not?

The current study followed the methods of⁴¹ to make research reliable and validity Triangulation method was used to decrease the threat of internal validity i.e. threat to credibility. The researcher provided full details of data collection procedure and analyses of data i.e. full procedure of categorizing and reporting the data. This step helps another researcher to make decision about generalizability i.e. transferability or external validity. For objectivity of research the researcher tried to control the biases from research by constantly reviewing, comparing data, gathering multiple views. Interviews and field notes were also compared carefully to increase the validation of research. Pilot study was also conducted outside the sample.

Ethical considerations

The most important ethical consideration in conducting research with children is to evaluate harms and benefits of research and to judge whether the participation of children actually needed or not. As in current research recalling of



sexual trauma is not easy for the children and it may disturb their mental health again. So, it is decided to include parents to gather information about their sexually abused children. In conducting research, it is unethical to gather information without informing the participant, without getting their willingness to participate and informed consent ⁴². Therefore, the researcher cleared the purpose of the interview to all participant parents. It has also been cleared to them that they can quit the interview if they feel uncomfortable during the interview and they can also postpone the interview as per their availability. The participants were also informed that their interviews will only be recorded after their permission. The researcher took hand notes during the interviews of those parents who didn't permit for recordings.

Informed Consent

All the participants were informed about the purpose of the interview. The entire participant showed their willingness to share information either by signing the consent form or by verbally saying it. Respondents were made sure about the secrecy of information and their identification.

Results

The primary focus of the current investigation was to explore the Psychological, behavioral problems of sexually abused children. Adjustment problems in social settings of children were another important purpose of the study. Valuable information was gathered by listening and evaluating interviews carefully. Parents expressed their observations about sexually abused children and tried to cooperate during the interview with the researcher.

Table 1

Demographic Information of Sexually Abused Children

Demographics	Description	Details
Family system	Joint	8
	Nuclear	2
Birth order	1 st	6
	Middle	2

	Last	2
	Normal	9
Parents mental and emotional health	Depressed	1
	Yes	0
Information about “good and bad touch	No	10
	Yes	1
Reported in police station	No	9
	Rural	7
Regional areas	Urban	3
	Yes	0
Awareness psychological problems and counseling process	No	10
	Only brother	1
Gender of siblings	mix	8
	Only sister	1
	Family member	3
Perpetrator	Neighbor	5
	Stranger	2



Note: table representing the demographic information about children who experienced sexual abuse.



To maintain the anonymity of participants the respondents were identified as participant A, participant B, and so on. Six distinct themes emerged from interviews. The major themes from the data of the current study are:

1. Emotional change in behavior
2. Disturbed eating pattern
3. Sleep disturbance
4. Disturbed Social relationship
5. Negative behavioral tendencies
6. Other related information

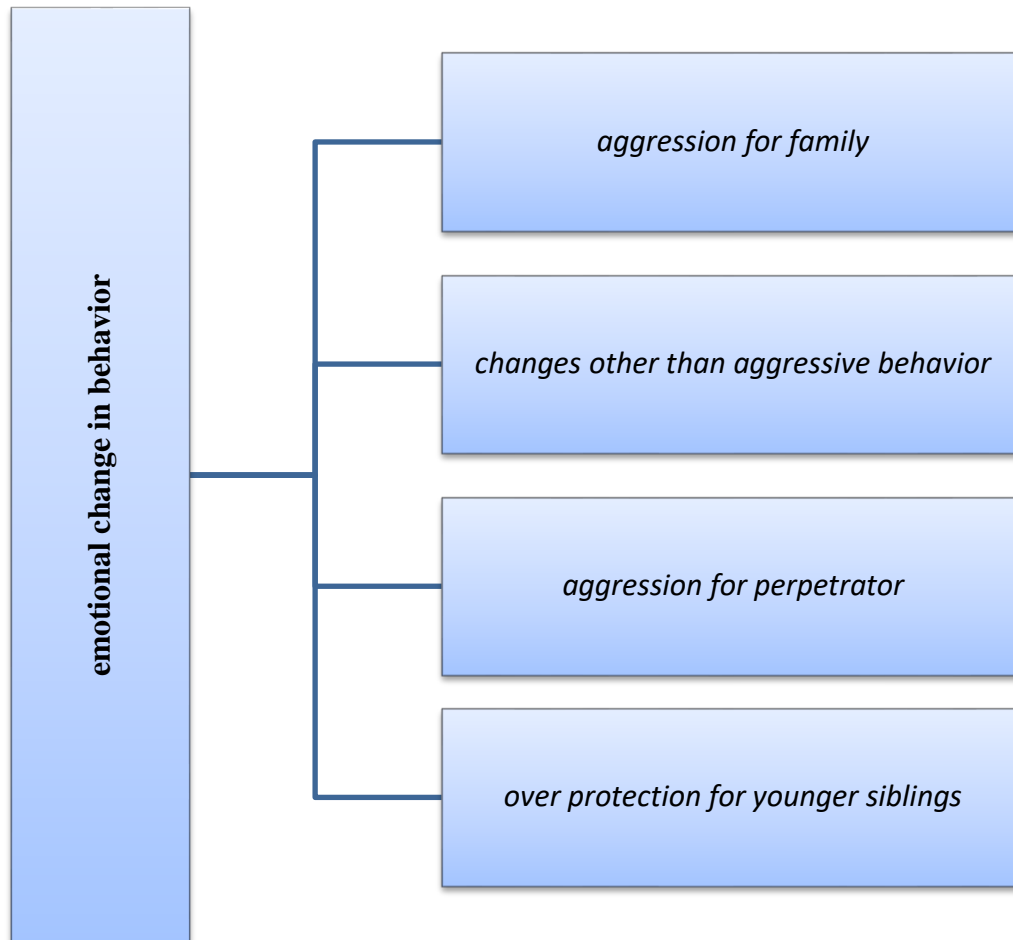
Theme 1 answered the question; what is the behavior of your child in home settings? How your child behaves with other family friends? Theme 2 represents the questions; how much your child eats in a day? Theme 3 addressed the question; how much time does your child sleep in a day after trauma? Has the child ever experienced a dream after trauma? Have you ever had a flashback of the incident? Theme 4 addressed the question; Have your child ever tried to share feelings with you after trauma? What the child shared? How does your child feel for himself, family and friends? What are your child's feels when going outsides for family gatherings? Theme 5 answered the questions; what is the academic record of the child before and after trauma? Question what the child does mostly at home? Theme 6 addressed any other information you want to share. Each theme is discussed below in further detail.

Theme 1: Emotional change in behavior

All of the ten participants reported changes in the behavior of their sexually abused children. The interviewees informed various ways of changes in victim child. The theme of aggressive behavior is described below in three Parts. a). aggressive behavior for family b) changes other than aggressive behavior c). aggression for perpetrator d). over protection for younger siblings.

Figure 1

Emotional changes in behavior



Note. Figure 2 Theme pertaining to the emotional changes in behavior. Themes in bold are the main theme and the italic are sub-themes.

Change in Emotional Behavior for Family

Participants were asked during the interview about the behavior of a sexually abused child, eight out of ten reported aggressive behavior of victims for family members.

The Parents of the broken families, family perpetrators reported more aggressive behavior and mood tantrums than others.

Over Protection for Siblings

Six out of ten assaulted children became over concern about younger siblings, as reported by parents. They become very sensitive to them.

Changes Other than Aggressive Behavior



Almost all parents reported changing behaviors of victims. Other than verbal aggression some negative behavioral changes were also reported by parents when inquired about the changing behavior of victims.

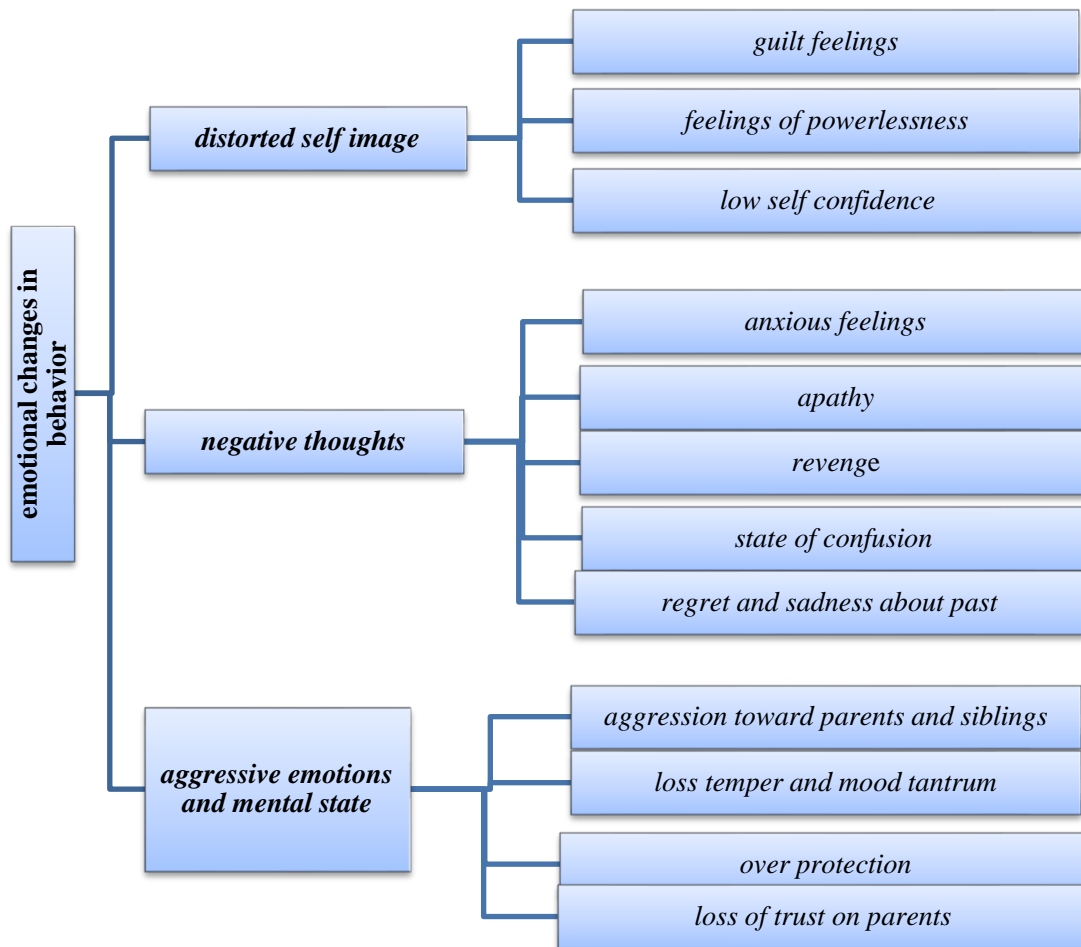
Aggressions for Perpetrator

Among all the participants of the study parents of the victim boys reported more aggression for the perpetrator as compare to girls.

The following emotional changes in victims of contact child sexual abuse sorted out of this theme as distorted self-image, Negative thoughts, aggressive emotions, behavioral reactions, a low family trust.

Figure 2

Emotional Changes in Behavior

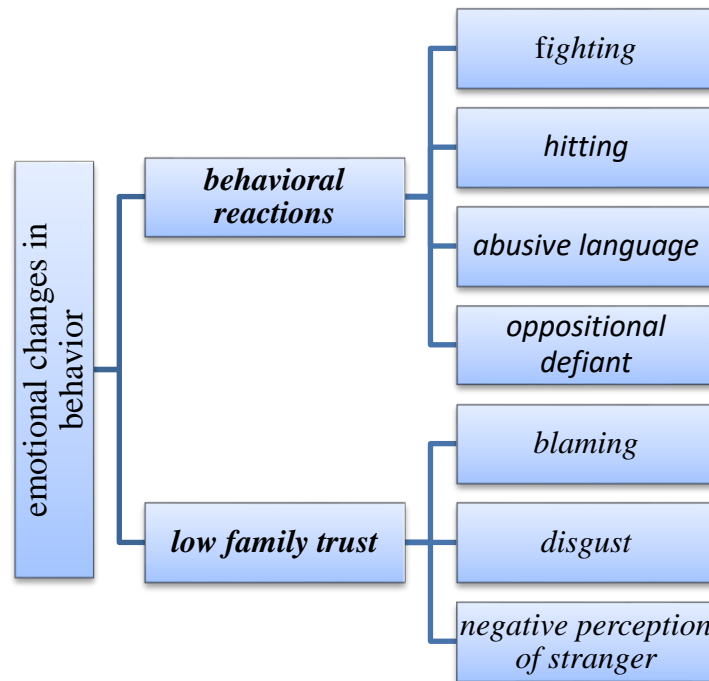


Note. Figure 2 Themes pertaining to the emotional changes in behavior. Themes in bold are main theme and the italic are emotional changes sorted out from sub-themes of aggressive behavior of victim for family, changes other than aggression, aggression for the

perpetrator and over protection for younger siblings and, the italic are behaviors shown by the victim of contact child sexual abuse.

Figure 3

Emotional Changes in Behavior



Note. Figure 3 Themes pertaining to the emotional changes in behavior. Themes in bold are the main theme and the bold italic are emotional changes sorted out from sub-themes of aggressive behavior of victim for family, changes other than aggression, aggression for the perpetrator and over protection for younger siblings and the italic are behaviors shown by the victim of CCSA.

Theme 2: Disturbed Eating Pattern

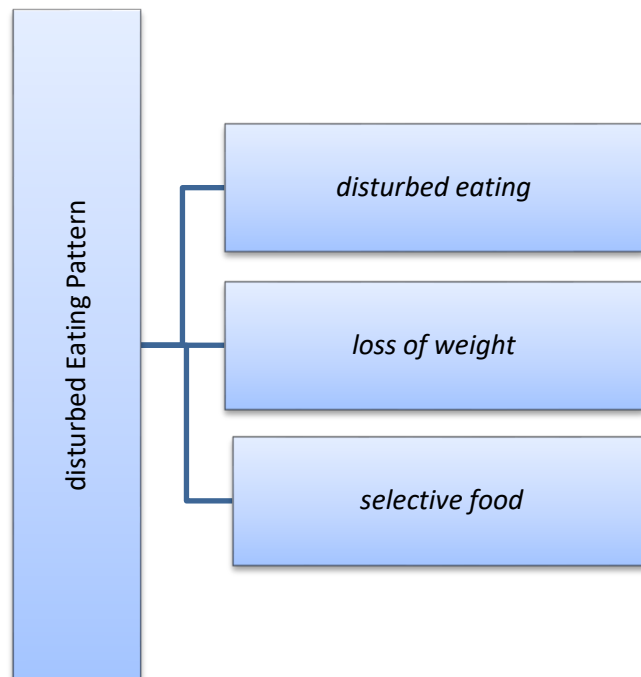
In addition, to the change in mood and emotions of the nipper, the participant also reported disturbed eating patterns of sexually abused child, when they were asked the

question of eating behaviors of their sexually abuse child. Seven in ten reported disturbed eating patterns of the victim child.

Parents of assaulted girls reported more disturbed eating patterns. Parents also visited doctors for their anorectic symptoms. Three participant parents reported no or very minute changes in eating patterns.

Figure 4

Disturbed Eating Pattern



Note. Figure 4. Themes pertaining to the changes in the eating patterns of victims of CSA. Themes in italics are sub-themes while the ones in boldface represent main themes.

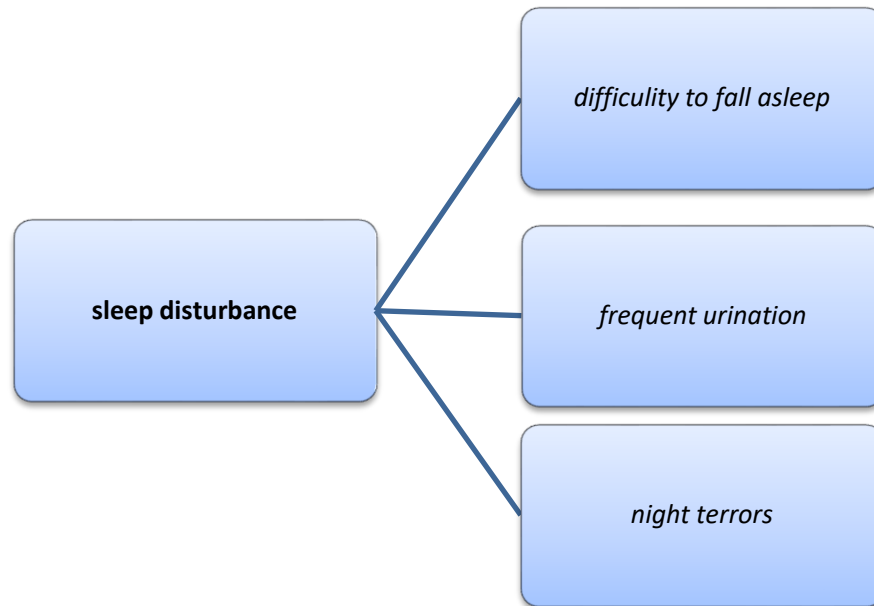
Theme 3: Sleep Disturbance

A third theme that emerged from the study is participant’s responses to sleep disturbance. Specifically, the participants discussed sleep-related problems, they highlighted child fear to be sleep alone, night terrors, and difficulty to sleeping. Nine out of ten reported sleep disturbance.

Sexually abused girls reported more sleep disturbances and night terrors. It is also noted that children assaulted by family perpetrators are more scared to sleep alone.

Figure 5

Disturbed Sleep



Note. Figure 5 related to the theme of disturbed sleeping patterns. Themes in bold are the main theme and the italic are sub-themes

Theme 4: Social Relationship

Parents also reported disturbance in the social relationship of children. Almost all parents of the sexually abused children stated problems in the beginning of a new relationship, making friends, and of the social relations.

Friendship Relations

Participants have difficulty to build friendship with others.

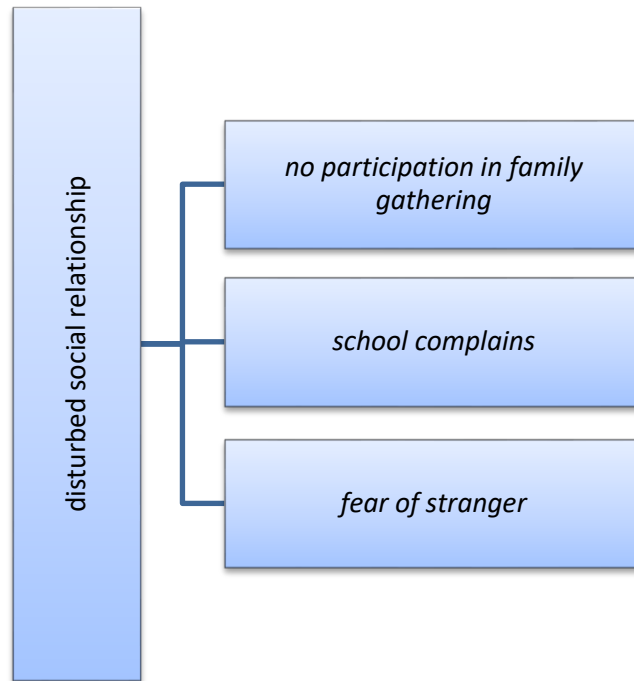
All parents also reported reserved behavior of the abused child. Both girls and boys are facing difficulty to build and maintain social relations.

Fear of Strangers

In addition to the difficulty of social relations parents also highlighted the victim children's fear of the stranger. Six in ten reported the fear of strangers other than the perpetrators in sexually abused children.

Figure 6

Disturbed Social Relationship



Note. Figure 6 related to the theme of disturbed social relationships. Themes in bold are the main theme and the italic are sub-themes

Theme 5: Other Changes in Behavior

In addition to above-mentioned themes, other changes in behavior were also reported by participants regarding assaulted child's behavior. These changes are described below in three parts: a). repeated behaviors b). smoking tendencies c). suicidal ideations.

Repeated Behaviors

Of the ten, five participants reported repeated behaviors of their victim child. Participants were asked to share any other changes that they noted in their sexually abuse child they highlighted their repeated behavioral patterns.

Smoking Tendencies

One among ten participants reported the smoking tendencies of victims. Participant A mother of victim girl reported with melancholy as:

"I don't know when and where she started smoking, I once caught the cigarette box from her bag, and that was completely shocking for me., though she denied smoking".

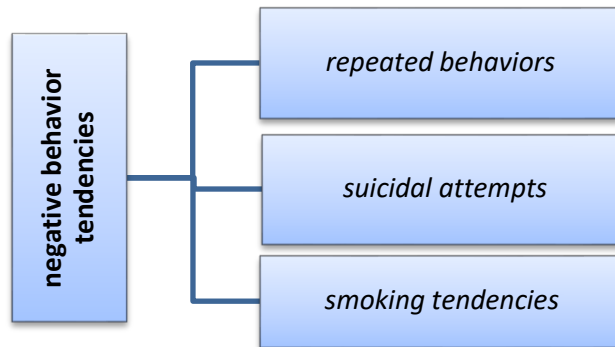
No other participant reported such behavior.

Suicidal Attempts

Two out of ten reported suicidal attempts of their sexually abused child.

Figure 7

Negative Behavioral Tendencies in CSA



Note. Theme pertaining to the negative behavioral tendencies of victims of Sexual abuse. The theme in Bold is the main theme and themes in italic are sub-themes.

Other Related Information

It has also been found that victim's parents are much more disturbed than victims of CSA. They are not only worried about their present but also about the future (especially the girls' parents). They shared as they are living in the society where people blame the victims rather than abusers so how their children will survive in this cruel society.

Among ten victims no victims received Psychological help. Parents are not very much aware of the importance of mental health services and psychological problems after the trauma of CSA. Only one case was reported to the police station but they faced a lot of hurdles in the case i.e. delayed dates, lawyer's fees, and society's behavior.

Discussion

The purpose of current study is to explore psychological problems of sexually abused children. The findings of current study based on the analysis and interpretation of data obtained from parents of sexually abused children through the process of semi structured interviews.

Different psychological and behavioral problems were emerged as main theme across all ten interviews. All participant parents reported that sexual abuse has very serious and damaging impact on psychological health of victims. The findings also indicate that the impact was more significant among some victims than others. The psychological effects of sexual abuse on victims were manifested in the form of depressed feelings, aggression for himself/ herself, aggression towards family and aggression towards perpetrator. It is appeared from data analyses that victims lose the temper on bit of changes in their lives and do fight with siblings on little issues. The symptoms related with aggressive behavior like fighting, hitting, using abusive language and oppositional defiant were also revealed in currents study. The findings are similar with the study of ⁴³ that stated as the impact of trauma of sexual abuse on victim should not be underestimated. The CSA has long standing psychiatric, neurological and developmental impact on children and



the study also found that the physical or sexual abuse in childhood lead significantly higher frequency of suicide attempts later in developmental stage of adulthood. Survivors of CSA have reported depression and low self-esteem as common symptom. disturbed sleep and eating patterns and low appetite as common effects of abuse⁶. Disrupts self-image associated with self-blame, low self-esteem, feelings of shame and guilt is experienced by survivors of CSA. Shattered self-image leads them to take blame of abuse on themselves⁷. Higher level of suicidal ideations has been seen. The findings are supporting the study ⁴⁴ that showed 89% from sample of 237 victim girls engaged in aggressive behavior towards others, out of which 72% showed physical aggression, while nonphysical aggression was endorsed by 78.5% victims and 51.5% involved in rational aggression. Physical child abuse is directly linked with overall aggression in adulthood, having negative impact on their psychological well-being and individuality. Victims with family perpetrator were more aggressive and depressive than unknown perpetrator. The victim child expresses feelings for powerlessness against perpetrator. They want to kill him but they feel less power ⁴⁵.

Another new factor emerging from the current study findings is that the victims show over protection for younger siblings. The victim children keep an eye on younger siblings, not allow them to go alone outside of home and be aggressive to younger siblings when they play and talk freely with older cousins. Previously no research has been done to show the over protective behavior of sexually abuse child towards younger siblings.

Some participants reported disturbed eating pattern among victims. They either eat less, or lose their weight after trauma. They became very selective in eating food. Previous studies indicated significant positive relationship between sexual abuse and eating disorder. ⁴⁶ A study showed that CSA is risk factor for eating disorders, particularly for bulimic syndromes. The findings of this research study suggest that the sleep of sexually abuse child also disturbed. Some of the parents reported problems in sleep pattern, some reported frequent urination while other reported night terrors. The victims also preferred to sleep along with parents. This can leave lasting scars in victim child's life. This finding is consistent with previous longitudinal study for duration of ten years conducted by ⁴⁷ which showed sleep pathologies in females, who were victim of sexual abuse in their childhood. The study also found that the females abused in childhood reported sleep disturbance 3 to 5 times more sleep disturbance then non victim females. An Anthropological study indicated CSA and youth is pervasive and very serious problem. CSA can lead to developmental and mental health problems; such as depressive feelings, sleep pathologies and difficulty in maintaining social relationships. Many of the victims experience the symptoms for lifelong time ⁴.

Another consistent theme throughout the interviews relates to the social relationship impact which CSA has on victim's psychological well-being and standard of living. The study findings illustrate that the contact sexual abuse effects the victims' quality of life and social relationships. The finding show that contact child sexual abuse may lead to development of fear for strangers, the victims preferred to stay at home, they not build



social relationships in school environment and stay with their parents like a shadow whenever it's necessary to visit outside of home or to attend family gatherings. It can become problematic for victim child and their families and can lead to different disorders like social phobia, agora phobia etc. These findings concur with the study ⁴⁸ which indicated that abused children showed severe social skill problems as compare to peer of same age with no abuse history. The victim children displayed low level of trust in their social relationships. A study was conducted on the topic of impact of sexual abuse on child indicated depression, low self-esteem; anger, sexually inappropriate behavior, and fear are present in sexually abuse children. The study also showed that abuse by the side of father like figures are most damaging experience for child personality ⁴⁹. Difficulties in developing interpersonal relationships, trust issues, fear to build up intimate relationships, setting boundaries of relationships were reported ¹¹.

It is also important to point out that some of the participant reported suicidal ideations, smoking and compulsive behavior among victim children. They tried to commit suicide taking sleeping pills. These findings support the study of ⁷ that indicated disrupt self-image associated with self-blame, low self-esteem, feelings of shame and guilt is also experienced by survivors of sexual abuse. Shattered self-image leads them to take blame of abuse on themselves. Higher level of suicidal ideations has also been reported.

Parents reported that the victim child do perform few behaviors repeatedly e.g. washing hands, cleaning clothes, spending much time in washroom, taking bath, performing "tasbeeh" whole day. One parent reported smoking in victim child. The findings are coinciding with previous findings of meta-analysis of ⁵⁰ which indicated sexually abused children later during their young age showed four times more suicidal plans than non-contact physical abuse children. Another study conducted by ⁵¹ showed that child physical abuse and child sexual abuse are risk factors for increased frequency of smoking behavior in adolescence. A study indicated sometimes survivors may develop obsessive compulsive disorder, they may feel themselves dirty all the time, or might be diagnosed with body dysmorphic disorder⁵². Another study revealed significant association between child sexual abuse and compulsive sexual behavior⁵³.

Limitations

Following are the limitation of study:

1. Parents' unwillingness to share the information's. In current study more than sixty parents were approached out of which only ten were agreed to share information. The available parents shared information only on guarantee of not sharing their identity to anyone else. So, the sample of study was small. However important insights are gained about the psychological problems of victims of CSA. Cultural taboos and lack of awareness among parents is another limitation of present study, as culture bounded the person to share experiences of sexual abuse with others.
2. Some of participant parents not allowed recording their interview. So, interview was written by researcher. Additionally, the data were collected



for 5 to 15 years old children, so the psychological problems highlighted may be limited to this age group, other age group must be studied to explore for deeper understanding of psychological and adjustment problems of sexually abused children.

3. The current study has focused on identification of psychological problems but didn't make any efforts to resolve their problems.
4. The current study semi structured in-depth interviews were conducted with parents. In coming studies, it is recommended to conduct interview with children to get more accurate, first hand information's about victim child thoughts and cognition.

Conclusion

The current study identified various psychological problems among the sexually abused children. Mostly parents reported that their children developed depressive thoughts, behavioral changes, disturbed eating and sleeping pattern, disturbed social relationship and one parent reported smoking tendencies while two parents reported suicidal inclination. Parents also reported that their victimized children also developed distorted self-image, low self-confidence, feelings of powerlessness, state of confusion. The children of contact sexual abuse were reported as more aggressive and quarrelsome then before facing the trauma. The current study also revealed the feelings of disgust and aggression of minor with contact sexual abuse toward the perpetrator. It has been noted that victims with family perpetrator were more aggressive and depressive then unknown perpetrator. Few of the victims were also viewed to perform repeated actions like hand washing, checking locks etc. The Study also indicated that parents were facing depressed, anxious and worried thoughts about child's future. Over all it could be concluded that the findings of the particular research indicated different psychological problems in victim of contact sexual abuse can be better treated with help of counseling and psychotherapies, but they are not receiving any psychological services for dealing life effectively.

Implication of the Study

The present study reveals the psychological problems of contact sexual abuse among minors of Hazara division, KPK, Pakistan. The present study will not only serve as an initiative toward highlighting the seriousness of problem as well as spread awareness in public about this serious and important issue. In current prevailing situation of Pakistan when the problem of sexual abuse is increasing day by day, this study can alert the policy maker about adverse psychological effects of sexual abuse and immediate measures can be taken to control and prevent children of Pakistan. The information can also be useful for health care workers, psychologists, social workers and NGOs, for preventing and understanding effect of sexual abuse. The children are not only in need to be educated about "good touch" and "bad touch" but also learn the self-protection skills in such situations. The study is also helpful to high light the need to educated parents in our society about psychological effects of abuse and to visit to counselors for treatment of victim child. Moreover, current study's findings are also helpful for social workers to train the parents



not to be hesitating to educate the children about “good and bad touch”. The study also provides theoretical background to do further research on psychological experiences of child sexual abuse.

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Ethical approval was obtained from University Ethical Committee, and all ethical guidelines of APA, before, during and after research were followed by the researcher.