

The Effects of Child Sexual Abuse at Mpilo Central Hospital in Bulawayo, Zimbabwe.

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Abstract: This paper seeks to analyze the effects of child sexual abuse at Mpilo Central Hospital, Bulawayo, Zimbabwe. A descriptive, qualitative approach was taken using semi-structured interviews on a purposive sample of sexually abused children and their caregivers. A sample of twenty sexually abused children and their caregivers was used. Data collected was presented in descriptive ways to facilitate easy analysis explanation. The study found out that child sexual abuse affects children's psychological well-being and their development into adulthood negatively. It is recommended that, given the enormity of effects of child sexual abuse, state institutions, educational establishments, non-governmental organizations, and religious groups should make concerted efforts to curb the rising incidence of child sexual abuse in order to restore psychological health to children who are bearing the effects of sexual abuses in different forms. Legal frameworks should be enforced to deter child sexual abuse as a protective measure. Professional help should be readily available to mitigate on the effects of child sexual abuse. These children's voices should be heard in building child protection policies against child sexual abuse. Future research could focus on replicating studies using larger samples.

Keywords: Psychological Effects, Child Sexual Abuse, Mitigation.

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I. INTRODUCTION

Child sexual abuse is a major social problem all over the world. It is an old problem. According to Bolland, (2002) it is recognized as one of the most rooted and persistent methods of violence in society which degrades, threatens and offends the victim. Research conducted by Brown, O'Donnell and Erooga, (2011) points out that child sexual abuse was off limits as a topic for discussion and that it was rare, and centered on the poor. Today it is a common subject and Cheit (2007) recognizes it as one of the most cemented and widespread forms of violence in society. Sexual abuse of children has become an increasingly common phenomenon. Hallian (2009), states that it is now common because of the subordinate status of children and these children are victims of sexual abuse due to their social, psychological, economic and intellectual positions. Child sexual abuse occurs across all ethnic/racial, socio economic and religious groups. Child sexual abuse provides a good example of the mingled state and lack of distinction between personal problems and social issues.

II. LITERATURE REVIEW

Goodyear (2012) notes that child sexual abuse in Europe is experienced by nearly one in five females and one in eleven males. The European Commission of Human Rights revealed that, nearly half of all sexual assaults worldwide are against girls 15 years or younger. Girls face a greater risk of sexual abuse before the age of 15. The researcher opines that these figures may be the tip of the iceberg and may not accurately reflect the reality of sexual abuse of children due to a reporting bias. It may be harder for boys to reveal their sexual abuse due to greater stigmatization or embarrassment to disclose. According to Hallian (2009), some cultural stereotypes of men being the active initiators of sexual contact make it harder for boys to talk about their experience as victims of abuse. Boys may be more confused about their sexuality, making it even harder to disclose in a homophobic culture.

Cultures that foster independence and insist on impassiveness in males further prevent boys from revealing their sexual abuse experiences in childhood. Brown, et.al. (2011) noticed that, in some countries for instance, in the East Asia Pacific region, many young people's first sexual experience was forced sex which is an evidence of child sexual abuse.

The European Commission of Human Rights revealed that, time and again children are at risk of sexual abuse from those whom they know and should be able to trust. The media is awash with stories of sexual abuse of children by fathers, uncles, brothers, caregivers and strangers. According to Hall and Hall (2010) child sexual abusers come from every class, profession, race and religious background. They appear as normal as anyone else to avoid exposure and they abuse power over the less powerful and this is a matter of serious concern. Sexual abuse degrades, threatens and upsets the sufferer and constitutes complications to children's growth and development. Pinheiro (2006), states that the number of police reports of suspected crimes involving child sexual abuse cases has also increased. The researcher is of the opinion that the media coverage does not necessarily reflect the full range of the effects of child sexual abuse.

Cultural beliefs about women being the carers and nurturers make it difficult for people to accept that women can also be child sexual abusers. Floric and Broyles (2012) claim that, approximately 20 to 25 per cent of child sexual abuse is perpetrated by women. The reality is that women do abuse their power over children, and may do so sexually. It is sad that children suffer sexual abuse at the hands of very close people they trust and from whom they expect protection. They might never be able to trust anyone again, even their own mother. Their experience may torment them for the rest of their lives.

Lalor and McElvaney (2010) project a feeling that no society is immune to child sexual abuse. This implies that no one country has been spared by this catastrophe. Sexual abuse of children occurs throughout the world and can occur in different circumstances and settings. It is more prevalent in Africa where up to one third of adolescent girls report their first sexual experience as being forced and this is mostly contributed by certain cultural perceptions and norms. This is supported by Kaime (2009), who suggests that the African child's socialization of obedience to elders heightens vulnerability to sexual abuse. Kibaru (2011) found that child sexual abuse is prevalent in Eastern and Southern Africa through incest as a result of socialization pressures to respect parents and elders.

Ganga (2013) also projects a feeling that child sexual abuse in West Africa is also on the rise due to the power imbalance among adults and children. Poverty and lack of livelihood options for children is a principal contributing factor to their vulnerability which has exposed them to STIs and HIV infections.

The News Day newspaper (Zimbabwe) of 15 January 2016 reported in its Southern Eye supplement that, "Zimbabwe is one of the countries battling an increasing number of child rights abuses, including rape, forced early marriages....." Data obtained from the National Aids Council (NAC) Gender and Workplace department, shows that an average of 392 female juveniles were sexually abused monthly last year, translating to an average of 13 girls having been abused daily. The data which originated from the Zimbabwe Statistical Agency (Zimstat) shows a 30 percent increase in cases of sexual abuse of female juveniles from 2013. According to the statistics, the most vulnerable age groups are girls aged between 11 and 16 years who constitute about 68 percent of the total number of girls abused throughout 2015. A total 4 714 of girls younger than 16 years were raped in 2015, up from 3 297 recorded in 2014 and 3 168 cases reported in 2013, showing a continued rise in cases of sexual abuse of young girls. At least 1 319 girls were abused in the first quarter of this year. Childline (2015)'s estimates that, approximately one in three girls of the world's children is a survivor of sexual abuse. From Muridzo (2014)'s perspective, statistics reflect not only increased scientific interest in sexual abuse and its possible effects but also growing public concern about this form of child ill-treatment. The occurrence of child sexual abuse remains topical in Zimbabwe. While estimates vary about child sexual abuse, it is important to admit that these statistics do not give a whole picture of the prevalence of and the effects of child sexual abuse. Most child abuse cases go unreported and not much research has been done on effects on the abused. Floric and Broyles (2012) indicate that most children do not tell anyone that they are being sexually abused. This indicates shady information on psychological effects that are not explored as the focus on abuse is almost always on statistics that come to the attention of the social services, while the police or criminal justice system focus on the abuser. Sexual abuse is a crime that is usually only witnessed and experienced by the victim. Much of child sexual abuse is not a once-off event for the child but is systematic and can sometimes last for many years with overbearing effects.

III. RESEARCH METHODOLOGY

This study takes a qualitative approach which is an exploration of factors that contribute to child sexual abuse, determining psychosocial effects of sexually abused children, examining physical effects of sexually abused children as well as suggesting measures that can be put in place to prevent child sexual abuse. The descriptive survey method emerged as the appropriate tool. According to Yin (2009) a descriptive survey is a research design utilized when the researcher wants to fully understand a particular phenomenon that must be

explained, described, illustrated or explored. This design was used to bring out sexually abused children's experiences, feelings and emotions using flexible language.

Sampling

Purposive sampling or judgmental sampling was also used. Maxwell's (2012) asserts that in purposive sampling you handpick certain groups to include in the sample on the basis of the relevance to the problem under study. The sample size determined for this study constituted of ten sexually abused children and ten caregivers drawn from Mpilo Central Hospital. Gender balance was provided and the chosen population was presumed to be sufficiently knowledgeable informants in the study.

Data collection procedures

According to Adam (2007), qualitative researchers heavily rely on four methods for gathering information thus (i) participating in the setting, (ii) observing directly, (iii) interviewing in-depth, and analyzing documents and material culture. Therefore the instruments for this project were through document analysis, interviews, focus group discussion and observations designed to ascertain the effects of child sexual abuse.

IV. FINDINGS, DISCUSSION AND RECOMMENDATIONS

Understanding of child sexual abuse.

It was noted that the perpetrator of sexual abuse is almost always a stranger, and rape occurs with adult women not children. The majority of respondents understood it as an abuse that occurs when an older man or more knowledgeable child uses a child for sexual pleasure. This was supported by the views of children's following statements:

"...child sexual abuse is when an older person touches your private parts and plays with them".

"...it is when someone who is older than you forces you into having sexual intercourse with them without your consent".

The statements were aggressively supported by the majority of participants who also added that, they were sometimes threatened with death by the perpetrators if they did not agree to their sexual advances. Few participants who were still very young could not give a meaningful response to the understanding of child sexual abuse. Some parents confirmed that, the subject of sexual abuse is not talked about in most areas as these were considered taboo. On the other hand, some parents differed from the above statement and indicated that they made their children aware of the facts on sexual abuse. This was supported by the following statements:

"....it is unthinkable discussing such matters with young children because it will be like as if we are encouraging sex to them".

"I have always taught my children about sexual issues and they are able to report who ever sexually abuse them".

Due to the above statement it has resulted in some children reporting the perpetrator to their parents and for those who had not reported, the sexual abuse was discovered through illnesses leading their caregivers into seeking medical attention.

Psychological effects of child sexual abuse

Most sexually abused children complained of headaches, mild to intense sleep disturbances, loss of appetite, confusion and emotional mood swings. They also experienced nightmares and flashbacks during sleep. Some experienced bed wetting and some parents did not view bed wetting as a psychological problem but rather as part of growing up. The findings are supported by the following responses:

"....most of us grew up bed wetting and no one sexually abused us, so in that case it cannot be an indication of sexual abuse".

"...this headache started days after my uncle raped me, it has been on and off and my mother always gave me pain killers for it to stop aching."

"if I recall how cruel he was to me, I hate him more and I will not forgive him, at times I experience insomnia due to his nastiness".

"...his picture is always appearing into my mind".

"I always experience frightful dreams, men being violent chasing me trying to rape me and because of these fearful dreams I sit until it is dawn".

Some of the sexually abused children cried uncontrollably and meaning was deducted that they were filled with anger. Depression was also found to be the most common symptom among some of the sexually

abused children. They had difficulties in externalizing the abuse, they thought negatively about themselves. One of them was quoted saying:

“...it was my fault because I provoked him by wearing a short skirt without a tight fit underneath.”

“...my grandmother warned me about wearing tight and short clothes but I did not listen to her advice, so I guess it was my fault.”

The study also revealed some impaired memory reported by caregivers. Some of the sexually abused children were said to be forgetful in most of the tasks given to them. For instance a caregiver was cited saying:

“...my child’s behavior is regressing since this abuse happened to her. She is no longer the same. She forgets so easily until and unless you remind her of what you had ordered her to do”.

Social effects of child sexual abuse

Sexually abused children were found to be more vulnerable to problems such as social phobia. Antisocial orientation was also identified on some of the children as a result of sexual abuse. The majority of children were reported not comfortable being in the company of anyone, they had a feeling that others were discussing them hence they were avoiding and shying away from them. These findings are supported by the following responses:

“... I am more comfortable sitting alone. I do not want to talk to my friends nor my family members because they all irritate me.”

The majority of parents interviewed pointed out that, children experienced withdrawn behaviors such as low self-esteem and depression. Participant was quoted saying:

“... I don’t feel like eating because I won’t be hungry but my mother keeps forcing me to eat food.”

Sexualized behaviors were described; children were acting adult sexual scenarios and behaviors in their play with others or with dolls. Some children were reported to expose their genitals to others and some engaged in masturbation. Parents were quoted saying:

“...these days my son has a habit of fondling his genitals and at times masturbating them vigorously in full view of other children”.

“...my six year old daughter caresses her breasts repeatedly whenever she is quiet and alone”.

Sexually abused children experienced regression behaviors. Parents reported that, their children’s educational performances had declined. Generally, the findings have revealed that, children were no longer behaving as they used to. In support of the above, parents were quoted saying:

“...my daughter’s performance at school has extremely dropped and her teacher is ever complaining about her recently changed behavior.

“My child now lacks basic motivation in her school work and now perceives her lessons as heavy tasks”.

Physical effects of child sexual abuse

The majority of children were treated of recurring stomach-aches with some reporting difficulties in bowel movements. Older girls were experiencing gynecological disorders due to sexual harassment. Most of them complained of chronic pelvic pain and menstrual irregularities. One of them was quoted saying:

“...my back is ever aching no matter how much I take my medication consistently. The pain only ceases for a few hours then starts again”.

This was supported by one of the girls who was cited saying,

“I fear to urinate because I experience a burning sensation which leaves me sweating heavily all the times after urinating”.

Children also presented with sexual transmitted infection signs and symptoms. Some parents reported:

“... I saw my child walking in a funny manner which raised suspicions prompting me to seek medical attention and this is how I discovered that my child was sexually abused”.

V. RECOMMENDATIONS

Given all the ill effects of child sexual abuse, Legal frameworks should be enforced to deter child sexual abuse as a protective measure. Professional help should be readily available to mitigate on the effects of child sexual abuse. These children’s voices should be heard in building child protection policies against child sexual abuse. Future research could focus on replicating studies using larger samples.

VI. CONCLUSION

This study has shown that, the majority of sexually abused children and caregivers misunderstood it only as an abuse that occurs when an elderly man or more knowledgeable child uses a child for sexual pleasure. This implies a gap in understanding of child abuse in the population. The paper establishes the need for information and other mitigating factors to child sexual abuse. Severe psychological, social or physical negative consequences on children's well-being and their development into adulthood were noted. The study has revealed that sexually abused children suffer lower self-esteem, higher rate of depression and higher rate of anxiety. It also emerged from the findings that child sexual abuse had long term negative impact on the survivor.

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