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Sexual Abuse of the Girl-Child: Implication for Counselling and Educational Practices.

by
Adebunmi O. Alade*

Abstract

Child sexual abuse though not new in the contemporary society has in recent years exploded into public awareness with several cases reported in newspapers, magazines, and television features. This explosion of information suggests that sexual abuse of children is becoming much more common and more damaging to individuals and to society and therefore remains an issue of social concern. It is on this premise that this paper discusses the meaning, prevalence, impacts, disclosure and treatment of victims of child sexual abuse. It further enunciates the roles of the school and counselling psychologist in developing strategies geared towards obliterating the social stigma that may possibly result from reported cases in schools to enhance the educational performance of the girl child.

Introduction

Child sexual abuse, one of the oldest forms of child abuse in the *history* of mankind has been on a sharp increase in recent years. Childhood sexual abuse (CSA) a substantial public health and human rights problem has become an issue of growing concern globally and in sub-Saharan Africa. Although, the Nigerian Child's Right Act (2005) provided that children has a right to be protected against prostitution and sexual abuse, the explosion of information with several cases reported in newspapers, magazines, and television features suggests that millions of children are abused yearly thus deprived of this rights.

Sexual abuse of children is a breach of the right to bodily integrity and an incursion of the right to physical and emotional privacy of the victims. It represents interference with victim's right to enjoy physical and mental health and with the right to grow and develop in an environment which recognizes inherent dignity and worth and which is conducive to the realization of the full potential. Child sexual abuse is not limited to one demographic or social class it has existed and flourished throughout the ages in all cultures and ethnic backgrounds and in all its different forms, because children of many different and diverse backgrounds have been forced to engage in unwanted sexual behavior.

According to Snyder (2000), the victims of nearly 70% of all reported sexual assaults are children under the age of 17. Also a report by the World Health Organization stated that, one-third of adolescent girls have had a forced sexual initiation and between 8 and 26 percent of women and girls reported having experienced some type of sexual violence either as children or adults (WHO, 2002; 2004). These percentages, however, undoubtedly underestimates the true seriousness and frequency of the problem as many cases of childhood sexual abuse are unreported.

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Defining Child Sexual Abuse

There has been considerable controversy on the definition of child sexual abuse. This is because existing definitions of childhood sexual abuse are diverse and cover a wide range of activities. Putnam, (2003) opined that the diversities in what constitutes CSA suggests that there will be various outcomes. Specifically, the age and gender of the child, the age and gender of the perpetrator, the nature of the relationship between the child and perpetrator, and the number, frequency, and duration of the abuse experiences all appear to influence some outcomes. According to Putnam (2003) *child sexual abuse*(CSA) is a term used to cover a range of sexual activities which include intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography.

Barker and Hodes (2007) defined child sexual abuse as the sexual molestation of children by adults, or older children (sexual, here meaning any activity that leads to sexual arousal in the perpetrator). The abuse may range from voyeurism and exhibitionism to oral, vaginal or anal penetration. It may be perpetrated by single or multiple perpetrators, on one or more occasions and associated with other types of abuse. Sexual abuse is also defined as any activity with a child before the age of legal consent that is for the sexual gratification of an adult or a substantially older child (Johnson, 2004). In the view of Louw, Duncan, Richter and Louw, (2007) child sexual abuse is any illegal sexual act, which is committed against a child. It includes rape, fondling of the genitals or breasts, sodomy, exhibitionism, exposing the child to indecent acts and using a child in the production of pornography.

Also, the World Health Organization(2006) defines child sexual abuse as “the involvement of a child in sexual activity that he or she does not 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. This implies that child sexual abuse is evidenced by this activity being 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.

This definition includes offenders who are related to the child victims as well as those who are strangers. It includes offenders who are adults as well as those who are themselves children and youth. It includes certain kinds of non-contact offenses, such as exhibitionism and using children in the production of pornography, as well as statutory sex crime offenses, in addition to the sexual fondling and penetrative acts that make up a majority of the cases. These definitions suggest that child sexual abuse include the entire spectrum of sexual crimes and offenses in which children up to age seventeen are victims.

Forms of sexual abuse

There are basically two major forms of sexual abuse. These are body contact and non body contact sexual abuse. Body contact sexual abuse is the most common which could include sexual kissing, touching and oral, anal or vaginal sex. On the other hand, non body contact involves acts such as forcing a child to witness rape, forcing children to watch pornography or show their genitalia, abuser showing a child his genitalia (“flashing”), verbally pressuring a child for sex, and exploiting children as prostitutes or for pornography are also acts of sexual abuse. Specific acts of sexual abuse that include both contact and non-contact behaviours are:

Abusive physical contact or touching includes:

- touching a child's genitals or private parts for sexual purposes,
- making a child touch someone else's genitals or play sexual games, and
- putting objects or body parts (such as fingers, tongue or penis) inside the vagina, in the mouth or in the anus of a child for sexual purposes.

Sexual abuse that does not involve contact or touching includes:

- showing pictures of naked men and/or women to a child,
- deliberately exposing an adult's genitals to a child for the adult's sexual pleasure or interest,
- photographing a child in sexual poses,
- encouraging a child to watch or hear sexual acts,
- watching a child undress or use the bathroom for the adult's sexual pleasure or interest
- and forcing a child to witness rape and/or other acts of sexual violence (International Rescue Committee, 2012)

Types of Sexual abuse

Sexual abuse may be subdivided into intra-familial or incestuous abuse and extra-familial abuse.

Incestuous abuse may be defined as abuse perpetrated by any blood relative of the victim such as father, sibling, uncle, grandparents, or cousin. Many times the definition of incestuous abuse will include those individuals who function in the capacity of a primary caregiver (e.g. step-parents or live-in companions). While extra-familial abuse is perpetrated by known or unknown persons to the victims. In childhood sexual abuse, these individuals are often referred to as “pedophiles” and may constitute as much as 40% of child sexual abuse cases (Tower, 1996).

Prevalence of Sexual Abuse

There has been an increasing public concern and outcry regarding the escalating wave of sexual abuse of young girls in the recent past. According to the World Health Organization, (WHO, 2002), no fewer than 1% of parents admit to have sexually abused their children, while international prevalence rates of sexually abused children range from 1% (“rape” as

definition of CSA) to 45% (broader definition). Generally, it is difficult to determine the prevalent rate in Africa as a result of culture silence (Ekabua, Agan, Ikhak, Ekanem, Itam & Ogaji 2006). However, in Nigeria, prevalence rates range from 2% to 56% for various forms of sexual abuse in childhood (Fawole, Ajuwon, Osungbade, & Faweya, 2002; Obisesan, Adeyemo, & Onifade, 1999; Olufemi-Kayode, 2004). In the same vein, Olaleye, Anoemuah, Ladipo, Delano & Idowu (2007) reported that school adolescent girls have always been victims of sexual abuse within and outside the school environment. In the same vein, Alokun (2012) reported that The Nation (2010) in its editorial lamented the growing trend of sexual abuse in all parts of Nigeria.

Perpetrators of Sexual Abuse

In understanding the true scope of the problem, it is helpful to examine who the perpetrators and victims are in cases of CSA. According to Hagans and Case (1988) there is no one valid profile for all sexual molesters. All ages, all economic groups, all levels of intelligence, all races, and all religions are represented in the background of people that have molested children. In different parts of the world perpetrators of sexual abuse may have different characteristics, although the majority of perpetrators of sexual abuse are men. According to IRC, (2012) perpetrators of sexual abuse can be family members (fathers, grandparents, siblings, uncles, aunts, cousins, etc.). They can also be neighbours, religious leaders, teachers, health workers, or anyone else with close contact to children. Because of this, children can be sexually abused over a longer period of time and the abuse can happen more than once. Children can also be sexually abused by someone they do not know, although statistics confirm this is not as common.

Hemy (2008) reported that sibling sexual abuse (incest) often causes more damage than abuse by a stranger. This is because children are dependent on their families and parents to keep them safe. Studies of convicted teenage sexual abuse offenders show that the sibling offenders commit more serious abuse over a longer period of time than other teenage offenders. This is because the victims (brothers or sisters) are more readily available, they are available for a longer period of time and the abuse is protected by family secrecy. Incest between a child or adolescent and a related adult has been identified as the most widespread form of child sexual abuse with a huge capacity for damage to a child. Whealin (2007) stated that about 30% of all perpetrators of sexual abuse are related to their victim, 60% of the perpetrators are family acquaintances like a neighbor or friend; and 10% of the perpetrators in child sexual abuse cases are strangers.

Thomas (2010) reported that the most-often reported form of incest is father-daughter and step father-daughter incest, with most of the remaining reports consisting of mother/stepmother-daughter/ son incest. Where the perpetrator of the abuse is a family member, especially a parent, conflicts may arise in the family which may lead to feelings of guilt and self-blame in the child.

Consequences of Child Sexual Abuse

The negative effects of sexual abuse on children should never be underestimated or minimized. The effects of sexual abuse during childhood are not only evidenced immediately, but also throughout the lifespan. In efforts to understand the consequences of child sexual abuse, researchers have reported a myriad of problems and symptoms experienced by both child victims and adult survivors. Although responses to sexual abuse vary, there is remarkable consistency in mental health symptoms, especially depression and anxiety. These mental health symptoms may be found alone or more often in tandem with physical and behavioural symptoms. More extreme symptoms are associated with abuse onset at an early age, extended or frequent abuse, incest by a parent, or use of force. According to Nelson, Heath and Madden (2002) the level of harm and resultant negative effects may be affected by various factors, such as penetration, duration and frequency of abuse, and use of force. Holguin (2003) reported that the social stigma of child sexual abuse may compound the psychological harm to children. A wide range of behavioural and psychological problems associated with child sexual abuse, including but not limited to: depression, anxiety, posttraumatic stress disorder (PTSD), nightmares, fear, avoidance, sexualized behaviors, aggression, somatic complaints, eating disorders, dissociation, personality disorders, and suicidal behaviours (De Witt, 2009; Junior, 2007; Kapoor, 2007; Barker & Hodes, 2007, Linehan, 2008).

Responses may be mitigated by such factors as inherent resiliency or supportive responses from significant others in the life of victims. Even without therapeutic intervention, some survivors maintain the outward appearance of being unaffected by their abuse. Most, however, experience pervasive and deleterious consequences. Courtois (1993) identified the primary aftereffects of childhood sexual abuse to include the following seven distinct, but overlapping categories:

- Emotional reactions
- Symptoms of posttraumatic stress disorder (PTSD)
- Self-perceptions
- Physical and biomedical effects
- Sexual effects
- Interpersonal effects
- Social functioning

In other words, victims are at an increased risk of consequential social problems, including physical injury, teenage pregnancy, sexually transmitted infections (including HIV and AIDS), substance abuse, domestic violence, poor concentration and deterioration of academic performance; increased interest in sexual activities and knowledge, poor interpersonal skills and problems with intimate partner relationships, disturbed sexual functioning, and difficulties in their parenting role (Breire & Elliot, 2003; Casey & Nurius, 2005; DiLillo, 2001; Spies, 2006; WHO, 2004; Wurtele, 2009, Zink et al., 2009) Swanston et al., 2003).

Also, Ikechebelu, Udigwe, Ezechukwu, Ndinechi, and Joe-Ikechebelu(2008) reported that child victims of sexual abuse experience various types of injuries as a result of physical force such as multiple bruises in uncommon sites, vaginal and anal tears and sometimes serious injuries which could lead to child's death.

Disclosure of Sexual Abuse

According to London, Bruck, Ceci, and Shuman(2005) most victims do not disclose the abuse until long after it occurred this invariably permits the abuse to go on for a long time. Not disclosing has been reported to have many deleterious effects for victims including not stopping chronic abuse and not receiving therapeutic interventions (Ullman, 2003). Child sexual abuse can be directly or indirectly disclosed.

Direct disclosure occurs when the child survivor directly provide information about the abuse. A child's capacity to disclose is impacted by several factors, including the child's age, sense of safety, available resources and other factors relevant to a particular context. Often, disclosure of sexual abuse is a process; in other words, children may first “test the waters” to see how adults react to hints about their sexual abuse or give their full disclosure. Adults who react with anger, blame or other negative responses may cause a child to stop talking and or later deny the abuse disclosed by the child. Furthermore, the fear of not being believed could be a major deterrent against disclosure (Goodman- Brown, Edelstein, Goodman, Jones, & Gordon, 2003) and could constitute a negative psychological and physiological health consequence on the child victim (Ullman, 2003).

On the other hand, indirect disclosure occurs when someone witnesses child sexual abuse, or when the child contracts a sexually transmitted disease or becomes pregnant and the disclosure is brought to the surface by a third party or consequence of the abuse (e.g. pregnancy).

Implication for Counselling

Tackling the issue of sexual abuse of the girl child requires a holistic approach, involving a range of stakeholders, including teachers, parents, pupils, non-governmental organizations and officials from a number of ministries at all levels etc. Without this, there is the risk of one off interventions, without support systems to protect children where cases of abuse are uncovered. Some of the main recommendations are:

- There must be initiatives to improve the school's response to abusive behaviour through the strengthening of the Guidance and Counselling units of the school to facilitate early disclosure of sexual abuse.
- In order to manage and prevent the long-term psychological effect of abuse, the counsellors should ensure the implementation of curriculum of Family Life and Reproductive Health Education should include life skills education, especially the teaching of resilience skills.

- The school counsellors should ensure that school-based programmes directed towards increasing empowerment and safety consciousness among children is tailored towards teaching avoidance skills. This will further facilitate identifying dangerous situations, refuse an abuser's approach, break off an interaction, and summon help. The programmes should also aim at promoting disclosure, reduce stigma and self-blame of victims, and mobilize bystanders.
- Counsellors should be at the forefront of advocacy to incorporate child sexual abuse education into general safety education programmes in the bid to help increase adolescents confidence and comfort in discussing sexual topics. This will further reduce shame, stigma, and self-blame for girls who have experienced sexual abuse.
- For children who have experienced sexual abuse, psychotherapeutic interventions should be included in the treatment regimen. This will be a strategy through which counselors can build trust, reduce shame and self-blame, and increase the willingness of victims to discuss their experiences.
- Family cohesion is especially important in helping children affected by child sexual abuse to cope with their experiences and reclaim control over their social and sexual lives. Therefore, counsellors should promote and help to build effective family social support system when needed especially where the abuse is perpetrated by persons outside the family.
- Community sensitization programmes should be organized for parents to refute common myths surrounding sexual abuse. This will help to increase parents' awareness of far more common (and preventable) child sexual abuse risk factors in the household. Parents should be encouraged not to shy away from teaching their children the proper names for the genitals and other reproductive organs as it is the case in most African setting as this can help to increase youths' empowerment to resist sexual abuse advances.
- There is also the need to educate the entire populace on the need for forensic evidences when sexual abuse occurs in our environment to assist law-enforcement prosecute the offender. Also it will help protect others from becoming victims of child sexual abuse in the environment. Also advocacies, legislations, establishment and empowerment of functional social and welfare department to facilitate follow-up of cases is very essential.

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