

Exploring Resilience among Adolescent Females with History of Child Sexual Abuse in Alice, Eastern Cape: A Qualitative Study

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ABSTRACT This paper reports on the adolescent females' resilience following an experience of child sexual abuse. Literature documented that parental alcohol abuse, poor parent-child communication and lack of attachment are among factors contributing towards child sexual abuse. Reflecting from resilience and ecological system theories which underpinned this study, adolescent females who have been sexually abused may demonstrate social competence and positive self-esteem provided they receive emotional support from parents, school and the community. The aim of the study was to investigate resilience amongst fifteen purposively sampled adolescent females, aged 15 to 18 years, from one secondary school in Alice, South Africa. Ethics were adhered to during interviews. Data was coded for analysis and categorized into six themes; family ties, self-esteem, decision making processes, substance abuse, sex- education and academic performance. In conclusion, an integrated approach that involves multiple sectors (community, social workers) should be implemented to enhance resilience among vulnerable youth.

INTRODUCTION

Globally, the prevalence of Child Sexual Abuse (CSA) is disproportionately higher for girls as compared to boys and it is a major public health concern affecting their psychological well-being (Kidman and Palermo 2016; Stoltenborg et al. 2013). In 2011/2012 crime statistics report, approximately 26,000 of children in South Africa were victims of (CSA) (South African Police Service 2012) and children's exposure to sexual abuse continues to be underdetected and underrecognized because the perpetrators are not considered to be close to the victims, namely: siblings, neighbours, relatives and parents (Morantz et al. 2013). In India, Battacharyya et al. (2011) found that despite that CSA is underreported, a total of 73 percent of girls who survived rape cited that they were sexually assaulted by people they knew. Explanations for the high occurrence of CSA in South Africa often lack empirical basis (Meinck et al. 2015) although it has

been hypothesized that poverty, disruption of social norms, community structures and patriarchy are amongst causal factors (Bryden and Madore 2015). In the Western Cape and Mpumalanga provinces, South Africa, 55 percent of adolescent females reported physical abuse by caregivers, educators and relatives which could be linked to threatening them not to express the sexual abuse (Meinck et al. 2015). Similarly, in Greater Giyani Municipality, Limpopo Province, 53.1 percent of adolescent females reported that their unintended pregnancies were due to sexual abuse (Mushwana et al. 2015). Although most research studies are retrospective with children recalling CSA (Jewkes et al. 2010) and reporting to impede their academic progress (Afifi et al. 2015) and predicting adolescents' transactional sexual behaviour (Cluver et al. 2012) none have focused specifically on determining the resilience of adolescent females in the Eastern Cape, South Africa. Based on these premises, the aim of this study is to employ a qualitative research method in an attempt to investigate the resiliency effect amongst female adolescents with history of sexual abuse in Alice, Eastern Cape, South Africa. This phenomenon of sexual abuse seems to erode the psychological well-being of adolescents on multiple domains of their lives because even the legitimate structures that are placed in the communities do not proactively

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deal effectively with the perpetrators. For example in Limpopo, out of 2863 rape cases reported to the police in the course of the 16 days of activism in protest against women and children, only 82 accused have been arrested (Crime Statistics SA 2013).

During adolescence, majority of young females tend to be at an increased risk to experience physical, emotional and sexual abuse especially when they are reared in communities and families with permissive attitudes towards sex (Lavasani et al. 2011). According to the World Health Organization (2010) sexual abuse refers to the involvement of a minor (that is, a person below the age of 18) in a sexual activity or viewing of pornography or subjecting him/her to fondling of an adult's genitals and performance of oral sex (that is, masturbation) without the informed consent of the child. According to Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, to have sex with a minor is violation of human rights and constitutes a criminal offence regardless the child has agreed or not. Namisi et al. (2009) identified in a study conducted among 14-24 year olds in rural Tanzania, that some of the possible reasons that lead parents not to communicate about sexuality with their children is dearth of knowledge and restrictive gender, cultural and religious norms. Deficiencies in parent – child relationships, parent-child communication and parental control, may present depressive symptoms and behavioural problems, leading youth to experiment alcohol and drugs and risky sexual behaviours (Bryden and Madore 2015). Bowlby's (1977) Attachment Theory asserted that those who are insecurely attached to their parents may have difficulty in controlling their emotions. However, Koen (2009) found that secure attachment between adolescent females and caregivers contributed to the youth's leadership qualities, social competence and wellbeing, as reflected in characteristics of emotional adjustment, self – esteem and physical health. Kreppner and Lerner (2013) are of the view that a family is a vital part of the adolescent's support system as it affords youth with emotional support and guidance, irrespective that there are children with a history of abuse within the family. In this regard, Turner et al. (2014) emphasized a constructive family to be central in nurturing social and emotional aspects of the abused children in order to develop autonomy, and sense of purpose and

meaning in life. In this regard, Swartz et al. (2011) asserted that sex education is of paramount importance for adolescents because it affords them an opportunity to develop psychosocial skills, sexual values, attitudes and behaviours.

Factors Leading to Sexual Abuse of Adolescent Females

Family Background of Abused Adolescent Females

Divorce can have more negative effects on the adolescent females than on their parents as the adolescents tend to resort to alcohol and drug abuse as a way of suppressing the negative feelings that come with separation of parents. Such a life experience may be traumatic for adolescents in terms of identity development (Afifi et al. 2015). Prior the divorce sets in, the children get entangled in domestic violence, witness substance abuse by parents who fail to handle the marital conflicts in a task-oriented way and in the process they tend to lack emotional and social support (Sewpaul et al. 2012). Owing to low- self-esteem such youth become vulnerable to prostitution and practice risk sexual behaviours such as having multiple and concurrent sexual partners and unsafe sexual practices, which may lead to contracting sexually transmitted diseases, HIV/AIDS and teenage pregnancy. Their behaviour is explained by sexual exchange theory which posits that when they engage in sexual intercourse in exchange for money, they become submissive to their the male partners and fail to negotiate safer sex for fear of reprisal and rejection (Kheswa and Mahlalela 2014). Due to gender inequalities proliferated by cultural norms, Kheswa and Tikimana (2015) noted that they display neuroticism when they have established romantic relationships later in life. On the other hand, when single mothers and single fathers are emotionally and physically unavailable and have limited resources such as quality time for their children as compared to supportive married parents, adolescent females reared in such households may be twice as likely to be victims of rape and human- trafficking (Holborn and Eddy 2011). Drawing from Bandura's (1994) social learning theory which is based on the notion that the environment plays a critical role in shaping the adolescent females' be-

haviour and personality, Kidman and Palermo (2016) found that parental substance abuse in the adolescent females' lives has the propensity to increase the chances of adolescent females to use drugs themselves because the behaviour could be learned through observation and modeling significant others.

Poverty

According to Lambert and Andipatin (2014), poverty is seen as the leading cause of sexual abuse because in poor families, girls may become easy targets to perpetrators when extended family members have visited especially in small or cramped rooms. Such girls may be forced to share a bed with older siblings or uncles who may display their sexual prowess and make sexual advances on them. To curb incest at home, Nduna and Jewkes (2012) proposed good parenting skills and parents to be emotionally connected to their children in order for them to talk openly when sexual abuse occurs. Equally important, it has to be borne in mind that resilience is not determined by high socio-economic status as Vermeulen and Greeff (2015) found that 94 percent of the children aged between 14 and 21 years among lower socioeconomic groups in the Western Cape, South Africa, had good emotional functioning and sound parental relationships despite their adverse situations, as the adolescents had the ability to cope with the CSA they encountered.

Emotional and Psychological Effects on Adolescent Females with History of Sexual Abuse

According to Vaillancourt-Morel (2016) adolescent females with history of sexual abuse appear to be vulnerable and display unresolved past traumatic issues when their partners show commitment and develop intimacy. Previous studies indicate that adolescent females who have experienced child abuse express feelings of helplessness, loneliness and long lasting emotional scars if there has not been psychotherapeutic intervention (Thompson et al. 2011). It is assumed that high levels of stress accumulated over long a period can impair certain areas of the brain and weaken the body's immune response, thus increasing an individual's predisposition to mental illness (Herrenkohl et al. 2013).

Godbout et al. (2014) found that adolescents with a history of CSA lack parental support and have been linked with suicidal thoughts and behaviours (Shilubane et al. 2013). In South Africa, results of the 2008 National Youth Risk Behaviour survey showed that 20.7 percent of secondary school learners had deliberated attempting suicide in the last six months. Strøm et al. (2013) argued that schools that lack in cognitive stimulation and recreational facilities can have a negative impact on the academic performance of the survivors of CSA's relative to safe and healthy school environments which are often characterized by teacher – support, sense of belonging and motivation to engage more in class participation.

Theoretical Framework

This study is underpinned by resilience theory. Resilience refers to the capability to cope with life's challenges and setbacks, showing competence or mastery in one or more critical areas of functioning (Marriot et al. 2013; van der Walt et al. 2014) and it has an emotional and cognitive components that protect and enable exposed individuals to survive trauma and to thrive in the face of hardships (Williams and Nelson-Gardell 2012). Literature documented intelligence, high levels of self-regard, social competence, cognitive functioning, locus of control, self-perception, sense of optimism and adaptive coping styles as personal characteristics which align with resilience (Williams and Nelson-Gardell 2012). According to Marshall (2014), resilient individuals demonstrate high self-esteem and most likely to experience optimism, more happiness and motivation relative to their counterparts with low self-esteem. Specifically, Bronfenbrenner's (1979) ecological systems theory highlights that resilience may be associated with positive characteristics of peer relations among adolescents such as acceptance by peers and closeness to peers which may be responsible to enhance happiness and assist adolescents with coping with the stressors (Pfeifer et al. 2011) loneliness and isolation (Kerr et al. 2012; Miner et al. 2016). Against this background, this study attempts to answer the following questions: (i) How does child sexual abuse impact the adolescent females' sexual behaviour? (ii) How is the resilience of adolescent females with history of child sexual abuse?

Research Objectives

- The research objectives of this study are;
- (i) To explore the impact of child sexual abuse on their sexual behaviour.
 - (ii) To investigate resilience among adolescent females with history of child sexual abuse.

RESEARCH METHODOLOGY

This study followed a qualitative research approach since it provides an in-depth and interpreted understanding of the social world of research participants by learning about their social and material circumstances, experiences, perspectives and histories (Creswell 2013). The researchers purposefully selected the group of 15 adolescent females doing Grade 10 and 11 from one secondary school in Alice, Nkonkobe Municipality in the Eastern Cape, South Africa. For the selection of the participants, the researchers asked the principal to assign the Life-orientation's Head of Department, who provided them with a list of female learners with history of child sexual abuse. The ages of the participants ranged from ages 15 to 18 years. The grade 12 learners were excluded from the study, as they were busy with preparations for their final exams. The study was conducted in October 2015. Open-ended interviews were administered to the participants for data collection. The benefits of using open-ended questions are that; they allow the respondents to express their experiences and beliefs without being influenced in any way by the researcher and secondly, respondents are unrestricted in articulating their views in their own language or words (de Vos et al. 2011).

Ethical Considerations

In upholding the ethical guidelines in conducting research, the university granted the ethical clearance while the school principal endorsed the application to conduct the study to fifteen female participants who participated voluntarily. Both the advantages and disadvantages of the study were discussed with the participants prior conducting the interview, as suggested by de Vos et al. (2011).

Confidentiality and Anonymity

The participants were assured of anonymity and confidentiality as they were not required to

mention their names during the interview. It is important to note that after the list of learners with of child sexual abuse was issued to the researchers, the Life-orientation HOD did not become part in identifying the participants. However, prior the research, the designated HOD pre-informed the learners of the significance of the study, during lessons since the school offers parapsychological services. Owing to the sensitivity of the topic, the interviews were conducted in one of the offices designated by the principal and none of the educators nor learners noticed the participants. Most importantly, this research was conducted during extra-curricular activities. The interview lasted for approximately 50 minutes and none of the participants withdrew from the study. The interview transcripts were placed in an envelope and the respondents were guaranteed that their responses would not be shared with anyone and after data analysis the questionnaires would be destroyed.

Debriefing

After the interview, all fifteen participants were debriefed by one of the researchers because he is a qualified educator and specializes in adolescent guidance and counseling. The underlying reason to engage the participants in debriefing was to reduce psychological harm and provide positive and non-judgmental feedback, as suggested by Johnson-Russell and Bailey (2010).

Trustworthiness

According to Lincoln and Guba (1982) as cited by de Vos et al. (2011), the following criteria is important in reflecting the assumptions of the qualitative paradigm more accurately.

Credibility

Credibility denotes how appropriately the data reflects reality (de Vos et al. 2011). Credibility demonstrates whether the inquiry was conducted in such a manner that the participants have been correctly identified and described. The researchers' ensured credibility is achieved by being present during the interview sessions while the participants responded to the open-ended questions.

Transferability

Transferability seeks to determine whether the research findings can be transferred from one particular situation or case to another (de Vos et al. 2011). The researchers ensured transferability is attained by literature control and data saturation (prolonged engagement) during the interview sessions and the information received from the participants can be applied to the broader population who shared the same characteristics (that is, history of sexual abuse) (Krefting 1991).

Dependability

Dependability looks into whether the research process is consistent, well documented, audited and reviewed (de Vos et al. 2011). In this regard, the researchers ensured dependability by taking down the participants responses to ensure accuracy in the responses.

Conformability

Conformability refers to the degree to which others can confirm the results (de Vos et al. 2011). The researchers ensured conformability by taking down the responses from the participants and recording the details of what happened throughout the data collection procedure. The interview transcripts that were obtained from the data collection process have been kept. The researchers made use of open coding in analyzing the data as a way of constructing themes. These themes are rooted in the research questions and are supported by the literature.

RESULTS

The researchers first present the individual, social and structural level – factors expressed by adolescent females with a history of sexual abuse to give an overview of their main challenges. This is followed by findings which specifically relate to sexual abuse.

Biographical Information

A total of 15 adolescent females with history of sexual abuse were included in the analysis. The majority of the respondents (N=7) were raised by single parents, followed by those who

are married (N=5). More than half (N=8) of the adolescent females lived with caregivers receiving social grant while only two indicated that their caregivers had formal employment. In terms of teenage motherhood, ten adolescent females had no children and only five (N=5) had one child.

Table 1 shows the composition of the research group in this study as approximately 50 percent (N=7) of adolescent females with history of CSA live with single parents as opposed to 33.3 percent reared in households with married parents while only 20 percent (N=3) indicated that their parents got divorced. Furthermore, despite the CSA experienced by this cohort of adolescent females, their caregivers' socio-economic status is relatively better because 53.3 percent (N=8) survive on social grants while 46.7 percent have parents who are employed although only 28.8 percent of those are working permanently.

Table 1: Characteristics of adolescent females with history of sexual abuse

| <i>Biographical information of adolescent females</i> | <i>Proportion of adolescent females</i> |
|--|---|
| <i>Age (years)</i> | |
| 15 | 4 |
| 16 | 6 |
| 17 | 2 |
| 18 | 3 |
| <i>Marital Status of the Adolescent Female's Caregiver</i> | |
| Single | 7 |
| Married | 5 |
| Divorced/separated | 3 |
| <i>Description of the Adolescent Female's Caregiver Source of Livelihood</i> | |
| Formal employment | 2 |
| Informal employment | 5 |
| Social grant | 8 |
| <i>Adolescent Females with</i> | |
| 0 children | 10 |
| 1 child | 5 |
| 2 children | 0 |
| >3children | 0 |

Family Ties or Bonds

With regard to this theme, the respondents expressed mixed feelings about the relationships they have with their family members. For example, they cited the following:

"Me and my family we are fine. I can express my feelings with my family without being scared." [Age 15]

“Me and my family we live very well we have that bond within my family no one hurts anyone we live happily.”[Age 16]

However, some of the participants responded as follows:

“Complicated, as I don’t talk to my father, he does not care about us.” [Age 18]

“I am not close to my parents, especially my dad because he lives with another wife so I don’t have time with my dad.”[Age 16]

Self-esteem or Self-worth

Most of the respondents indicated that sexual abuse had contributed to the low levels of their self-esteem or self-worth. Their expressions are below:

“It affected me so much that I no longer have confidence because my aunt always tells me that I am dumb. Even in class I am afraid to raise my hand.” [Age 17]

“As I grew up I didn’t believe in myself I had low self-esteem through myself, but after I went to counseling about that I felt much better and I believed in myself.”[Age18]

Decision-making Processes

Many participants reported that their partners influenced their decisions making as the participants were asked this question: **“How does your partner influence your decision making?”** Drawing from the statements below it can be mentioned that the participant’s partners influence their decision making in a negative manner.

“He influences my decisions by always wanting me to be with me, he makes decisions all the time.”[Age 16]

“He is selfish, he does not think about me when I do something I fear that I will disappoint him.”[Age 16]

“My partner makes me fight with my parents because he always want me to be with him, all the time and my mom don’t like that so I ended up dumping him because he can’t own me.”[Age 17]

However few of the participants reported that they do not have any partners and that their partners influence their decisions in a positive way when asked the above question, this is evident in the following responses:

“He values my decision. If I say no he will understand and try not to overpower my decision.”[Age16]

“My partner influences me that if I want to do this subject I have to make sure I pass I read my books and I must work hard so that my dreams can come true.”[Age 15]

“He supports me in whatever decision I am taking.”[Age17]

Substance and Drug Use

From the findings the participants reported that the participants do not consume excessive amounts of alcohol or drugs as an outcome of child abuse when asked this question: **“Explain how child abuse has contributed to your alcohol and drug abuse?”** This is clear in these responses:

“As I have been abused but I don’t drink or use drugs.”[Age 17]

“I never have a problem with alcohol and drug use.”[Age 18]

However, one participant out of the fifteen participants stated the following in response to the question above:

“That abuse made me drink alcohol. I felt much better when I drank alcohol because it made me to forget the whole thing that is happening in my life.”[16]

Sex Education

Although HIV/ AIDS continues to ravage adolescent females especially those with history of child abuse and poverty, their responses confirmed that they are aware about the risks involved in having multiple sexual partners and being sexually active at a young age. Furthermore, they indicated that their parents talked to them about sexuality. When asked to explain how sex education has contributed to raising awareness about HIV and STIs, they articulated the following:

“It help me a lot because I was pregnant at an early stage. I was so disappointed and ashamed of myself.”[Age 17]

“It has taught me having sex out of marriage can put you in a lot of danger and even having sex without protection is risky and dangerous.”[Age 16]

“I have learnt about HIV and how people get infected by not using protection and sleeping with many people.”[Age 16]

Academic Performance

Adolescent female's academic performance plays an important role in their future school choices and even long term careers. For the fulfillment of this study adolescent females were asked this question, "***Explain how child abuse has impacted on your school performance?***" The responses were as follows:

"Bad, I nearly failed."[16]

"I was thinking about the rape sometimes at school."[15]

"I sometimes don't want to talk in class because I am afraid people will laugh when I talk."[Age 17]

"I dropped through my passing mark and I didn't cope well at school, I didn't like chatting with people I used to stay alone." [Age 18]

DISCUSSION

It is clear from the findings that for adolescent females with history of sexual and physical abuse to adapt socially and emotionally, the caregivers should provide warmth, guidance, unconditional love and trust. Evidence showed that these adolescent females despite the exposure to sexual abuse during childhood, the quality of relationship with caregivers is the most influential predictor of autonomy and social competence because they indicated that they are equipped with sex-education and are able to resist peer pressure (Vaillancourt- Morel 2016). It has also emerged that when adolescent females are knowledgeable about sex and the consequences of early sexual intercourse, they learn to negotiate safe sex with their boyfriends and to avoid sexual exploitation or coercion. Could the reason for condom-use or other contraceptives lie in the fact that nearly half of them are teenage mothers? Refer to the table. These findings correspond with Kreppner and Lerner's study (2013), who found that when the family provides emotional support and mentorship to the adolescent female with a history of child abuse, that builds their self-confidence and prepares them to buffer negative external influence. Similarly, Meinck et al. (2015) found that level of affordability and parental healthy relationship with abused adolescents contributes towards positive emotions, self-esteem and social competence. At the same, this study refutes Browne and Finkelhor's theory (1986) of traumatic sexu-

alization which hypothesized that the experience of child sexual abuse may disrupt a child's concept of normal sexuality, resulting in confusion about sexual norms and standards because majority indicated that they do not have multiple sexual partners nor indulge in alcohol abuse.

However, some few respondents indicated to be struggling with the ability to exercise self-control because their sexual partners would lead them astray to a point of disrespecting their parents by not sleeping at home or coming home late. Speculations could be that the adolescent females who are vulnerable to manipulation and threats posed by their partners are most likely to drink alcohol since they experience neglect and poor communication with parents. According to Watt et al. (2014) experiencing low self-esteem may contribute to feelings of euphoria among others when under the influence of alcohol and result in practicing unsafe sex. It could thus be concluded that their resiliency- effect is not firmly rooted in their self- autonomy, purpose in life and sense of coherence (Ryff 2016) because in their communities cultural practices presume that when a female partner refuses or delays to cohabit that may contribute in pushing the man away or to have multiple sexual partners. Therefore, this study suggests that since majority of survivors of CSA have not been given professional counselling to deal with the trauma, to improve their psychological well-being, there should be collaboration amongst various departments (Social Development, Education, Police Services and Health).

It is a fact that the participants in this study have sexual partners who are partly emotionally supportive and optimistic because they encourage them to study and attend school (although some experience posttraumatic stress disorder, resulting in forgetfulness). In other words, the participants are more inclined to being determined of a brighter future and reciprocate love and compassion they receive in return. Considering that these participants act assertively when their sexual partners intend to overpower them clearly indicates resilience. They do not want to experience bleak future, other unwanted pregnancies by being subservient to their boyfriends, especially those who indicated to be teenage mothers. According to the early works of Diener (1984) such youth epitomize high level of self-esteem which is a strong conjecturer of well-being, while Neff and Mc Geehee (2010) linked

high self-esteem with upright personal judgment across the lifespan, personal acceptance and independence, positive affectivity, greater self-knowledge, fulfilling personal obligations, setting suitable goals and coping well with criticism and stress. Nourian et al. (2016) also found that among Iranian adolescents, attitudes, perceived social norms and self-efficacy were highlighted as protective predictors to delay sexual intercourse. Furthermore, adolescent males who demonstrated character strengths (that is, spirituality, transcendence) and positive expectations about avoiding risk sexual behaviour, cared for their partners.

CONCLUSION

Based on the findings, this research study concludes that not all adolescent females with history of CSA are susceptible to risky sexual behaviour (for example, substance abuse, multiple sexual partners, non-condom use during sexual intercourse) nor have low-self-esteem. It is important to note that both the family and social structures as well as the intrapersonal skills have the propensity to contribute significantly towards the well-being of individuals with painful sexual experiences, hence some participants attributed their resilience to their parental guidance and emotional support. A call for more effective collaboration amongst caregivers and adolescent females with unresolved past traumatic experiences should not be underestimated as it is evident that through empowerment (for example, sex-education and positive communication) such youth may rekindle their ability to view life optimistically and find meaning thereof. But it should be remembered that the findings might have taken another turn should we have investigated adolescent females who live on the streets or in foster-care because their resilience may vary based on the multiple factors such as duration, exposure to risk and structural factors.

RECOMMENDATIONS

In view of these findings, this study suggests programmes that protect adolescent females with history of sexual abuse from violence and support the right to education irrespective of pregnancy or motherhood status to be in place so that they may cope at school. For the fact

there are parents who still deprive and neglect their children regarding sex-education, a comprehensive and integrated approach that involves multiple sectors (community, school, social workers) should be implemented. Furthermore, the government should have more psychologists and registered counsellors to provide an on-going counselling for this vulnerable group so that they may not leave school prematurely and engage in risk sexual behaviour as a result of mental illness.

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