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**Sexual Abuse and their Social & Psychological Effects on  
Children at Family and Child Protection Center, (May-Nov. 2018)**

A thesis Submitted for Fulfillment the Requirements of Master Degree in  
Nursing Community

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## إستهلال

قال تعالى:

﴿وَالَّذِينَ آمَنُوا وَاتَّبَعَتْهُمْ ذُرِّيَّتُهُمْ بِإِيمَانٍ أَلْحَقْنَا بِهِمْ ذُرِّيَّتَهُمْ وَمَا أَلَتْنَاهُمْ مِنْ عَمَلِهِمْ

مِنْ شَيْءٍ كُلُّ امْرِيٍّ بِمَا كَسَبَ رَهِينٌ﴾

(سورة الطور: الآية 20)

## **DEDICATION**

I dedicate this work to my dear husband Ammar Izeddin Akasha,

To my family who supported me throughout this study and

To all friends and colleagues.

## **ACKNOWLEDGEMENT**

First of all thank God for giving me strength and patience to complete this work.

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## Abstract

**Background:** Child abuse is common. It is important to understand and reduce the risks of abuse for child and familiarize with the signs of abuse.

**Objective:** This study aimed to assess the social and psychological effects on sexually abused children at Family and Child Protection Center, 2018.

**Methods:** This is a cross-sectional descriptive study conducted at children at Family and Child Protection Center. The study sample consisted of (50) mothers who their children exposed to sexual abuse and available at the study site. A structured end-closed questionnaire used to collect data from study sample by face-to-face interview. The questionnaire included two parts; socio-demographic variables and the questions related to social and psychological effects of child sexual abuse. The data statistically analyzed by using (SPSS) software to tabulate frequencies and percentages mothers' response, also Chi-square tests carried out to test significance of correlations.

**Results:** correlation between mothers' marital status and abuse child become sad is statistically significant at ( $p\text{-value} = 0.017 > 0.05$ ), correlation between mothers education level and abused child try suicide is statistically significant at ( $p\text{-value} = 0.038 > 0.05$ ), also the correlation between mothers education level and abused child become introvert is statistically significant at  $p\text{-value} = 0.044 > 0.05$ ).

**Conclusion:** the sexual abuse affects child by making him sadder, angrier, low self-esteem, low confidence. The mothers; marital status, level of education had significant effects on social and psychological problems of the abused child.

**Recommendations:** Mothers should provide personal supervision of and involvement in child's activities is the best ways to prevent physical and sexual abuse outside the home.



## المستخلص

**خلفية:** إساءة معاملة الأطفال شائعة. من المهم فهم وتقليل مخاطر إساءة معاملة الطفل والتعرف على علامات سوء المعاملة.

**الهدف:** هدفت هذه الدراسة إلى تقييم الآثار الاجتماعية والنفسية على الأطفال الذين تعرضوا للإيذاء الجنسي في مركز حماية الأسرة والطفل، 2018.

**الطرق والأدوات:** هذه دراسة وصفية مقطعية أُجريت على أمهات الأطفال في مركز حماية الأسرة والطفل. تكونت عينة الدراسة من (50) من الأمهات اللاتي تعرض أطفالهن للاعتداء الجنسي والمتواجبات بالمركز. تم استخدام أداة استبائية بأسئلة مغلقة النهايات لجمع البيانات من عينة الدراسة عن طريق المقابلة الشخصية. الاستبيان شمل جزئين. المتغيرات الاجتماعية الديموغرافية والأسئلة المتعلقة بالآثار الاجتماعية والنفسية للإيذاء الجنسي للأطفال. تم تحليل البيانات إحصائياً باستخدام برنامج (SPSS) من أجل جدول التكرارات والنسب المئوية لاستجابة الأمهات ، كما أُجريت اختبارات مربع كاي لاختبار معنوية الارتباطات.

**النتائج:** يوجد ارتباط بين الحالة الاجتماعية للأمهات وإساءة معاملة الطفل هو أمر ذو أهمية إحصائية عند (قيمة  $p = 0.017 > 0.05$ ) ، العلاقة بين مستوى تعليم الأمهات ومحاولة الانتحار ذات دلالة إحصائية عند (قيمة  $p = 0.038 > 0.05$ ) ، كما أن العلاقة بين مستوى تعليم الأم وانطوائية الطفل الذي تعرض للإساءة دالة إحصائياً عند مستوى  $p = 0.044 > 0.05$ .

**الخاتمة:** الاعتداء الجنسي يؤثر على الطفل بجعله أكثر حزناً وغضباً ويتدنى عنده مستوى احترام الذات و تنخفض ثقته بنفسه. تؤثر الخصائص المستقة للأمهات ( الحالة الاجتماعية ، ومستوى التعليم) بصورة واضحة على المشاكل الاجتماعية والنفسية للطفل المعتدى عليه.

**التوصيات:** تحتاج الأمهات إلى الدعم وأكبر قدر ممكن من المعلومات لتربية أطفالهم بمسؤولية. يجب على الأمهات أن توفر إشرافاً شخصياً على أنشطة الطفل ومشاركتها فيها هي من أفضل الطرق لمنع الاعتداء الجسدي والجنسي خارج المنزل.

## **Abbreviations**

<b>CSA</b>	Child Sexual Abuse
<b>WHO</b>	World Health Organization
<b>SAC</b>	Sexually Abused Children
<b>PTSD</b>	Post-traumatic Stress Disorder

**CHAPTER ONE**  
**INTRODUCTION**

# CHAPTER ONE

## 1.1 Introduction

Slums are poor quality and often insecure, hazardous and overcrowded housing, inadequate provision for infrastructure and services, inadequate protection and poorer rights through the operation of the law, inadequate income and inadequate unstable, (*Sheuya, 2008*).

Children from 6 to 12 years are often referred to as the school child. Students spend most of their time at schools, that school environment is important to encourage and support the teaching and learning process. The environment is one of three elements of public health concern which include the agent and host .So that the good environment contributes to outcome of the health education and service programs, (*Deitli B.,2012*).

A healthful school environment is a dynamic concept it involves all the internal and external factors that the individual during the course of the school day, healthful school living through promotion, maintenance and use of safe and whole some surroundings organization of day-to-day experiences, and planned learning procedures that influence favorable emotional, physical and social health of students and school personal, (*Deith B. , 2012*). Slums dwellers constitute 81% of working in the informal sector and 20% of unemployed men and 38% of families whose income is less than 200 pounds per month. Slums are densely populated and high contention rate up to 128.5 thousand and inhabitants per square kilometer, or 5 times the rate for Cairo, 585 of the population competing for shared water courses, (*Swiss, 2008*). The overall environment in the Indian slums smells like human excretions, corpses. The roads in the slums are heavily polluted and the shacks are lined up so tight that the residents have to walk in single-file

past the sewers. Real toilets, sinks, and showers are not available to the slum-dwellers so they do their personal needs any place that is available (*Flickr, 2010*).

The children in the Indian slum community are being affected by the current living environment. The surrounding environment affects children due to the diverse types of animals also living in the slums. Often times, these animals have diseases that can contaminate the children. In addition, concentration of pesticide and lack of education create danger to children and animals in the community. Floods create muddy surfaces which makes transportation difficult for children that attend school. The education is crucial to young children because it provides the impoverished potential an alternative lifestyle with better health and success (*Flickr, 2010*).

In Egypt Slums characterized by urban decay, high rates of poverty, illiteracy, and unemployment, they are commonly seen as breeding grounds for social problems such as crime, drug addiction, alcoholism, high rates of mental illness, and suicide. In many poor countries they exhibit high rates of disease due to unsanitary condition, malnutrition, and lack of basic healthcare, (**Wikipedia, 2008**).

The school nurse has a major role in ensuring safety for school children. They have a variety of opportunities to provide clinical nursing care, including health assessments and supervision of the health activities for them, (*American Academy of Pediatrics, 2008*).

There are different types of child abuse one of this is domestic abuse; witnessing domestic abuse is child abuse, and teenagers' domestic abuse in their relationships. Neglect abuse: Is the ongoing failure to meet child's

basic needs? It's dangerous and children can suffer serious and long—term harm (*U.S Department of health and human services, 1999*).

Online abuse; is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phone (*U.S Department of health and human services, 1999*).

Physical abuse: is deliberately hurting a child causing injuries such as bruises, broken bones, burn or cuts.

Emotional abuse: Children who are emotionally abused suffer emotional maltreatment or neglect. It's sometimes called psychological abuse and can cause children serious harm.

Child sexual exploitation; is type of sexual abuse in which children are sexually exploited for money, power or status.

Female genital mutilation is the partial or total removal of external female genitalia for non-medical reasons (*U.S Department of health and human services, 1999*).

Sexual abuse: A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to the physical contact, and it can happen online.

## **1.2 Justification:**

Sexual abuse against children is considered to be a threat to the physical and psychological integrity of the child because of its negative effects in the near and long. This considered one of the harsh facts that threaten the innocence of every child and negatively affects the family and society. In Sudan according to the child and family protection center in Sudan there are about 5 to10 rape cases day. Also there is lack of researches on sexual abuse against children in Sudan.

### **1.3 Statement of the problem:**

Childhood sexual abuse is a subject that has received much attention in recent years. Twenty-eight to 33% of women and 12 to 18% of men were victims of childhood or adolescent sexual abuse (*Roland, 2002, as cited in Long, Burnett, & Thomas, 2006*). Sexual abuse that does not include touch and other types of sexual abuse are reported less often, which means this number of individuals who have been sexually abused in their childhood may actually be greater (*Maltz , 2002*). With such a high percentage of people having experienced childhood sexual abuse, it is likely that many people seeking therapy will have histories that include sexual abuse. It is imperative that counselors are aware of and familiar with the symptoms and long-term effects associated with childhood sexual abuse to help gain a deeper understanding of what is needed in counseling.

### **1.4 Objectives:**

#### **1.4.1 General objectives:**

To study the social and psychological effects on sexually abused children.

#### **1.4.2 Specific objectives:**

- 1- To assess psychological effects in term of:(Sadness, anger, low self-esteem)
- 2- To assess social effects in terms of Communication problems, withdrawing, and criminal behavior.
- 3- To find out the relationship between the demographic characteristic and sexually abused children.

**CHAPTER TWO**  
**LITERATURE REVIEW**



## CHAPTER TWO

### 2.1 Literature Review

#### 2.1.1 Introduction:

Child abuse can be caused by number of factor. Parental factor; its well-known that abusive parent often report having been physically sexually or emotionally abuse as children, however ,there are parent how have not been abused as children who become abusive, swell as parent who have been abused as children and do not abuse their own children.(taxes' book)

Characteristics identified in some abusive parent include; low self-esteem, low intelligence, hostility isolation, loneliness, anxiety, depression, aptly, fear of rejection, narcissism ,immaturity, dependency, distrust, drug or alcohol abuse.

There does not appear to be a specific pattern of consequences from sexual abuse experienced in childhood. In fact, the sequelae, or after-effects, of childhood sexual abuse vary from one child to the next. (*Baril, K. and Tourigny, M. , 2009*)

Victims of child sexual abuse can face immediate psychological consequences as well as chronic effects that can impact their adjustment throughout their development. (*Polucci, E.O, Genuis, M.L. and Violato, C., 2001*).

Rates of CSA are difficult to gauge accurately given the clandestine, sensitive and criminal nature of the sexual abuse to which children are exposed. Perpetrators of CSA are often close to the victim, such as fathers, uncles, teachers, caregivers and other trusted members of the community

(**Finkelhor, Hammer & Sedlak, 2008**). CSA often goes undisclosed and unreported to professionals or adults for many complex reasons, including fear of punishment and retaliation by the perpetrator, as well as the stigma and shame associated with this type of abuse (**Priebe & Svedin, 2008**).

A global meta-analysis of child sexual abuse prevalence figures found self-reported CSA ranged from 164-197 in every 1,000 girls and 66-88 per 1,000 boys (**Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011**). In Australia, Fleming (1997) used a community sample of 710 women randomly selected from the Australian electoral roll and found that 20 per cent of the sample reported experiencing CSA involving contact. Another national survey involving both men and women (**Najman, Dunne, Purdie, Boyle, & Coxeter, 2005**) reported a higher prevalence of CSA, with more than one third of women and approximately one sixth of men reporting a history of CSA. A more recent study in Victoria (**Moore et al., 2010**) reported a prevalence rate of 17 per cent for any type of CSA for girls and seven per cent for boys when they took part in the study during adolescence. Both Australian studies involving community samples of women or girls and men or boys indicate that girls are two or more times more likely to experience CSA than boys.

## **2.1.2 Consequences of child sexual abuse**

### **2.1.2.1 Immediate psychological consequences of child sexual abuse include:**

Shock, Fear, Anxiety, nervousness, guilt, symptoms of post-traumatic stress disorder, denial, confusion, withdrawal, isolation and Grief

Sexual abuse in childhood is known to be a major risk factor in the development of long-term psychological and social adjustment problems

that can carry over into adulthood and affect married life and parenthood (*Wolfe, V.V., 2007*).

The most common effects of sexual abuse in children are symptoms of post-traumatic stress disorder, psychological distress and inappropriate sexual behaviour. (*Baril, K. and Tourigny, M., 2009*)

Roughly one third of sexually abused children do not display symptoms deemed problematic (i.e. symptoms that have reached the clinical threshold) (*Baril, K. and Tourigny, M., 2009*). There may be various reasons for this, including:

- These children experienced less severe sexual abuse.
- These children have protective factors that help them cope better with the trauma of the abuse.
- These children may exhibit no symptoms during assessment, but have latent sequelae that might manifest later.

Depending on their age, victims of child sexual abuse are also at greater risk of experiencing the following consequences:

### **Consequences of sexual abuse exhibited in childhood:**

Neurobiological changes, Developmental delays, Anger, aggression, Sexual behavior problems, Symptoms of post-traumatic stress disorder, Behavior problems, Low self-esteem, Depressive symptoms, Anxiety, fear, distrust of others, Maladjustment in school, Social isolation behavior, Somatic problems (e.g. enuresis), Dissociative symptoms (*Baril, K. and Tourigny, M., 2009*).

Research has identified several factors that influence the development of adverse outcomes in sexually abused children and provide a better understanding of the range of difficulties these children experience. These factors can be grouped into four categories.

Research shows that a significant number of children are sexually abused by the family members, relatives, and strangers; however, ratio of abuse by family members is significantly higher. The Australian Institute of Health and Welfare (*AIHW, 1990-91*) reported that in Australia, about 54 per cent of children were sexually abused by their parents and only 8 percent by their friends and neighbors. In UK, about 38 per cent of children were sexually abused by brothers or stepbrothers, 23 per cent by fathers and only 4 per cent by mothers (*Cawson et al. 2000*). As a reason of sexual abuse within family, Porter (1984) mainly mentions characteristics and generation of the family. Wolf (1987) agrees with Porter and says that a variety of sexual attitudes within the family transfer to another family by marriage or de facto relationship. Under those circumstances, if children are abused by their family members, the chance remains higher for those children to act as perpetrator in adult stage of their life. This is a kind of revenge on the members of the family. Porter (1984) also states that the sexually abused children do not want to disclose their experiences of being sexually abused to the members of their family. Therefore, these children are more likely to experience isolation, abnormal behavior, and fear in daily life. Moreover, the children, following experiences of childhood sexual abuse can hardly forget these experiences in their life time and ultimately they may experience difficulties to adjust with the members of the family (*Hall&Lloyd, 1993*). Hall and Lloyd(1993) also identified some particular expression in the behavior of sexually abused children. This expression

includes lack of interest towards sex, behavior problem in future, sadness , always feel something wrong with their body and feel something wrong with their life, unusual aggressiveness, suicidal behavior, mental disorder, isolation and alienation.

In short, experience of being sexually abused in childhood can make a person distressed, isolated, sad, and sexually uncontrolled. These characteristics may prevail throughout their whole life and not only influence on their personal life but also their carrier life or employment. *Mclean and Gallop (2003)* say a child who has been experienced with long term abuse may develop low self-esteem, worthless feeling, irregular or uncontrolled view of sex. Children also become reserved and suspicious of adults, and can become distressed in their regular life. They cannot pay attention fully to their work and other tasks. Thus their working life may seriously be hampered. Thus many of the existing literature reveal the effects of childhood sexual abuse in person's life both in childhood and adulthood. However, apart from overall understanding of this issue, it is important to know the extent and difference of impact of childhood sexual abuse on male and female child separately. This may help us to understand whether same kind of experience (sexual abuse) may lead to different effects for male and female children. This study endeavors to see the gender difference in terms of psychological impact of experience of being sexually abused in childhood. This study also explores this psychological impact on work in adult life. Most of the people may assume that the impacts of childhood sexual abuse are more intense on female child than male child and the assumption has been tested using different statistical tools.

### 2.1.3 Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) is a reactive disorder that can develop following a traumatic event and be diagnosed by a physician. A traumatic event is an experience that involves a threat and/or harm to a person's physical and/or psychological integrity. The person's immediate response to the event must involve intense fear, helplessness or horror.

The symptoms of PTSD can be grouped into three main categories:

1. **Re-experiencing symptoms:** the person relives the trauma over and over through flashbacks or nightmares.
2. **Avoidance:** the person avoids — purposely or not — thoughts, feelings or situations that are reminders of the traumatic experience. Avoidance symptoms include dissociation, difficulty remembering the event or emotional numbness.
3. **Hyperarousal:** the person is always on the alert and hyper vigilant, even when there is no danger. Hyperarousal symptoms may include insomnia.

In children, PTSD symptoms can manifest in several ways, including:<sup>8</sup>

- Distress at exposure to reminders of the abuse
- Re-enactment of the trauma through play
- Feeling that the trauma is happening again
- Recurrent flashbacks or memories
- Nightmares
- Specific fears
- Persistent recounting of the traumatic event

- Diminished interest in activities
- Avoidance of reminders of the trauma
- Problems with concentration

## **2.2 Previous Studies:**

According to childtrauma.org, in the U.S. one out of three females and one out of five males have been victims of sexual abuse before the age of 18 years. And according to the American Academy of Experts in Traumatic Stress (AAETS), 30% of all male children are molested in some way, compared to 40% of females.

Some of the most startling statistics unearthed during research into sexual abuse are that children are three times as likely to be victims of rape as adults, and stranger abuse constitutes by far the minority of cases. It is more likely for a child to experience sexual abuse at the hands of a family member or another supposedly trustworthy adult.

Nevertheless, the research literature indicates that when other predictors of poor adult mental health are statistically controlled, CSA remains a powerful determinant of psychological disorder in adult life (*Kendler et al., 2000*). Strong evidence from twin studies indicates that a causal relationship exists between CSA and subsequent mental disorders. Twin studies necessarily control for genetic and family environment factors and a number since 2000 have documented significant associations between CSA, depression, panic disorder, alcohol abuse/dependence, drug abuse/dependence, suicide attempts and completed suicides.

A systematic review and meta-analysis of studies published between 1980 and 2008 (*Chen et al., 2010*) found that a history of sexual abuse including child sexual abuse was related to significantly increased odds of a lifetime

diagnosis of several different psychiatric disorders, including anxiety disorders, depression, eating disorders, posttraumatic stress disorder (PTSD), sleep disorders and suicide. A particularly strong link between CSA and subsequent PTSD has been found.

Although the diagnosis of PTSD may be appropriate for those who have been exposed to relatively circumscribed CSA, Herman (1992) argued more than two decades ago that this diagnosis does not adequately capture the psychological responses of people who are repeatedly traumatised over a long period of time, experience subsequent re-victimisation in adolescence or adult life and typically display multiple symptoms of psychological distress and high levels of psychiatric co-morbidity. For survivors of this kind of CSA, Herman (1992) proposed the expanded diagnostic concept of complex PTSD on the grounds that it was better able to accurately capture the complex psychological sequelae of prolonged, repeated trauma.

Survivors of CSA face a significantly increased risk of suicide and a higher prevalence of suicide attempts and ideation. An Australian follow-up study (*Plunkett et al., 2001*) of young people who had experienced CSA compared with those who had not, reported that those with a CSA history had a suicide rate 10.7-13.0 times the national rate. Furthermore, 32 per cent of those sexually abused as children had attempted suicide and 43 per cent had thought about suicide. None of the non-abused participants had completed suicide.

A more recent Australian study confirms and extends this finding. Cutajar and colleagues (2010) conducted a cohort study of 2,759 victims of CSA by linking forensic records from the Victorian Institute of Forensic Medicine between 1964 and 1995 to coronial records up to 44 years later. They found



that female sexual abuse victims had 40 times higher risk of suicide and 88 times higher risk of fatal overdose than the rates in the general population. Interestingly these rates were even higher than those for males, in contrast to the usual gender pattern for suicide. The respective rates for males were 14 times and 38 times higher than those in the general population.

A Cross-sectional community survey with 2,485 adolescents at 27 SA schools conducted in Australia. The study findings were; Strong association between sexual abuse and suicidal ideation and behaviour (plans, threats and attempts), especially for boys:

- 10-fold increased risk for suicidal plans and threats compared with non-abused peers;
- 15-fold increase for attempted suicide; and
- 3-fold increase for girls that was mediated by distress, hopelessness and family functioning.

The study reveals that the prevalence of self-reported child sexual abuse (undefined) was 5% for girls and 2% for boys; stronger association between sexual abuse and suicidality among males. (*Martin, Bergin, Richardson, Roeger, & Allison, 2004*).

A study conducted In United States on random: geographically stratified, general population sample of 1,442 adults.

The study found that Child sexual abuse was associated with a range of trauma symptoms including depression, anxiety, anger, intrusive experiences and sexual concerns after controlling for age, sex, race and income and history of physical abuse. The study revealed 14% of males and 32% of females reported child sexual abuse (*WHO, 2002*).

It is also estimated that nearly 53,000 children are murdered each year and about 40 million children below the age of fifteen years suffer from abuse and neglect. According to the World Health report, violence against infants and younger children is a major risk factor for psychiatric disorders and suicide. It has lifelong sequelae, including, depression, anxiety disorders, smoking, alcohol and drug abuse, aggression and violence toward others, and risky sexual behaviours and post-traumatic stress disorders (*WHO, 2002*).

In addition, 70 per cent of mothers interviewed in some villages in Ghana stated that they had encouraged young girls into premarital sexual relationships. Many of the older women interviewed felt that receiving gifts in exchange for sex was not regarded as child abuse or prostitution, but as evidence of a man's love (*Ankomah, 1996*). For example, the Women and Juvenile Unit (WAJU) of the Ghana police service recorded a total of 2,128 sexual defilements of young girls since the establishment of the unit in 1999 (*Ghana News Agency, 2005*). A study carried out by the Togolese branch of the African Network for Child Protection and the Prevention of Negligence and Abuse, in 2004, indicated that men known as 'godfathers' sexually exploit young girls aged eleven to fourteen years by turning them into child prostitutes. Fifty per cent of adults interviewed during the study stated they were aware of specific cases of child sexual abuse (*Tadegnon, 2004*).

## **CHAPTER THREE**

### **Methodology**

## **CHAPTER THREE**

### **Methodology**

#### **3.1 Study design:**

This is a descriptive cross sectional study .

#### **3.2 Study setting (area) :**

Family and child protection center which located at Khartoum state Mohammed Nageib street near of Gadan pharmacy these centers received all cases from Khartoum locality family and child protection center presidency located at ark wet ,family and child protection center located at East Nile fayhaa.

#### **3.3 Study population:**

All mothers who their children exposed to sexual abuse and available at the study site.

#### **3.4 Inclusion criteria:**

All mothers whose their children exposed to sexual abuse.

#### **3.5 Sample size:**

The sample size consisted of (50 mothers) selected by intentional method.

#### **3.6 Sampling technique:**

It is non-probability convenience sampling technique we fill the questionnaire from mothers available in the family and child protection center.

#### **3.7 Variables:**

**Independent variables:** age, educational level- economic status, marital status)

**Dependent variable:** Sexual Social and psychological symptoms'(sadness, low self-esteem, withdrawal, anger.

### **3.8 Data collection tools:**

The study data collected from the study sample by using structured questionnaire. The questionnaire composed of three parts;

**Part one** concern the data about demographic

**Part two:** concerned with the social effects

**Part three:** concern with the psychological effects

### **3.9 Method of Data analysis:**

Data were analyzed by using computer software (SPSS) version-16 Statistical package for social sciences.

### **3.10 Ethical Considerations:**

1. The permission to conduct the study was obtained from the State ministry of health (ethical committee).
2. The mothers in each setting were informed about the purpose and objectives of the study. Then consent of participation was taken.

### **3.11 Study limits:**

**Time limits:** during (May- Nov,2018)

**Place limits:** Family and Child Protection Center- Khartoum- Sudan.

## **CHAPTER FOUR**

# **Results**

## CHAPTER FOUR

### Results

#### Socio-demographic data of respondents

**Table(i): Distribution of mothers according age**

Age Group	Frequency	Percent
20 -30	13	26
31 -40	17	34
41 -50	10	20
More than51	10	20
Total	50	100

Table (i) illustrated that (26%) of mothers their age group (20-30) yrs, (34%) from the age group (31-40) years, and (20%) of mothers o age range (41-50) yrs. And also (20%) their ages more than 51 years. This means the majority rom the age group (31-40) years.

**Table(ii): Distribution of mothers according marital status**

Marital Status	Frequency	Percent
Married	22	44
Other	12	24
Divorced	16	32
Total	50	100

From table (ii) about a half of the study sample were married (44%), and (32%) were divorced, and (24%) were o other status.

**Table(iii): Distribution of mothers according family income**

Income	Frequency	Percent
Weak (Less than 1000)	12	24
Medium (1000 -2000)	29	58
Post-medium (3000 -4000)	6	12
High (More than 5000)	3	6
Total	50	100

From the above table there were (24%) of mothers had weak level of family income, (58%) had medium level of income, (6%) had high level of income. The study sample has weak level of family income.

**Table(iv): Distribution of mothers according to Educational qualification**

Education level	Frequency	Percent
illiteracy	11	22
Basic School	7	14
High School	16	32
Graduate	15	30
Post - Graduate	1	2
Total	50	100

From the above table there were (22%) of mothers were illiterate, (14%) had basic school level of education, (32%) had secondary school education, (30%) were graduates, and only (2%) had post graduate studies. The study sample has moderate level of education.



**Table(v): Distribution of mothers according to occupation**

Occupation	Frequency	Percent
Housewife	19	38
Govern. employer	20	40
Private Sector	11	22
<b>Total</b>	<b>50</b>	<b>100</b>

Most of the study sample were government employee (40%), and there were (38%) were housewives, and there were (22%) were private sector employees. Table (v) displayed these results.

**Table(vi): Distribution of mothers' answers to the question:" Is the abused child becomes depressed?"**

Answers	Frequency	Percent
Yes	41	82
No	9	18
<b>Total</b>	<b>50</b>	<b>100</b>

The majority of mothers agreed that the abused child becomes depressed (82%), while there were (18%) said no. see table (vi).

**Table(vii): Distribution of mothers' answers to the question: "Is the abused child lost confidence in himself and others?"**

<b>Answers</b>	<b>Frequency</b>	<b>Percent</b>
Yes	43	86
No	7	14
<b>Total</b>	<b>50</b>	<b>100</b>

The majority of mothers agreed that the abused child becomes of low self-confidence (86%), while there were (14%) said no. see table (vii) .

**Table(viii): Distribution of mothers' answers to the question: Is the abused Try suicide?**

<b>Answers</b>	<b>Frequency</b>	<b>Percent</b>
Yes	23	46
No	27	54
<b>Total</b>	<b>50</b>	<b>100</b>

The majority of mothers disagreed that the abused child suicide (54%), while there were (54%) said yes. see table (viii).

**Table(ix): Distribution of mothers' answers to the question: Is the abused more sad?**

<b>Answers</b>	<b>Frequency</b>	<b>Percent</b>
Yes	44	88
No	6	12
<b>Total</b>	<b>50</b>	<b>100</b>

The most of mothers agreed that the abused more sad (88%), while there were (12%) said yes. see table (ix) .

**Table(x): Distribution of mothers' answers to the question: Is the abused child angrier?**

<b>Answers</b>	<b>Frequency</b>	<b>Percent</b>
Yes	31	62
No	19	38
<b>Total</b>	<b>50</b>	<b>100</b>

The majority of mothers agreed that the abused more sad (62%), while there were (38%) said yes. see table (x).

**Table(xi): Distribution of mothers' answers to the question: Is the abused child loss of self-esteem?**

<b>Answers</b>	<b>Frequency</b>	<b>Percent</b>
Yes	37	74
No	13	26
<b>Total</b>	<b>50</b>	<b>100</b>

From table (xi) it is clear that majority of respondents (74%) answered with (yes ), while (26%) answered with (no), this indicate that sexual abuse leads child loss of self-esteem.

**Table(xii): Distribution of mothers' answers to the question: Is the abused child become introvert?**

<b>Answers</b>	<b>Frequency</b>	<b>Percent</b>
Yes	41	82
No	9	18
<b>Total</b>	<b>50</b>	<b>100</b>

From table (xii) it is clear that most of mothers (82%)answered with (yes ), while (18%) answered with (no), this indicate that abused child become introvert.

**Table(xiii):** Significance of association between mother marital status and sadness of abused child

	Chi Value	df	p-value
Pearson Chi-Square	8.176a	2	0.017
N of Valid Cases	50		

p-value <0.05

Table (xiii) illustrated test of association mother marital status and sadness of abused child .The probability (p-value = 0.017 which less than level of significance (0.05). so child become sad is associated with mother recent marital status.

**Table(xiv):**Significance of association between mother level of education and child abused try suicide.

	Chi Value	df	p-value
Pearson Chi-Square	10.163a	4	0.038
N of Valid Cases	50		

p-value <0.05

Table 4.14 illustrated test of association between mother level of education and child abused try suicide.The probability (p-value = 0.038) which less than level of significance (0.05). so the association between mothers education level and abuses child abused try suicide is statistically significant.

**Table(xv):** Significance of association between mother level of education and abused child become introvert

	Value	df	p-value
Pearson Chi-Square	9.812a	4	0.044
N of Valid Cases	50		

p-value <0.05

Table (xv) illustrated test of association between mother level of education and abused child become introvert. The probability (p-value = 0.044 which less than level of significance (0.05). so the association between mothers education level and abused child become introversive is statistically significant.

## **CHAPTER FIVE**

### **Discussion, Conclusion & Recommendation**

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### **Discussion, Conclusion & Recommendation**

#### **5.1 Discussion**

This study aimed to study sexual abuse Social & Psychological effects on children at Family and Child Protection Center in Khartoum -2018.

In this study the common age among the study sample ranged between 31 and 40 years. More than one third of the studied women with ages in this range, which may indicate not well-look after their children. The common marital status among women were “married” who represented (44%) of the study sample. Regarding the educational level of respondents, the study revealed that about one third (32%) of the studied sample had secondary school level of education, there was considerable percentage of those low level of education “basic education (14%), and also considerable percentage of illiterate women (22%).the low level of education may negatively reflected on mother abilities to control and monitor their children habits and behavior changes. The study also revealed significance of association between mother marital status and sadness of abused child and between mother’s level of education and child abused try suicide, also the association between mother’s level of education and abused child become introvert.

This study attained that the majority of mothers (82%) agreed that the abused child becomes depressed. This agree with a systematic review and meta-analysis of studies published between 1980 and 2008 (Chen et al., 2010) found that a history of sexual abuse including child sexual abuse was related to significantly increased odds of a lifetime diagnosis of several different psychiatric disorders, including anxiety disorders, depression,



eating disorders, posttraumatic stress disorder (PTSD), sleep disorders and suicide. Sudden change in self-confidence was reported as one of Changes that Should Raise Concern regarding Signs and Symptoms of sexual abuse. In this study the majority of respondents (86%) agreed that abused child had low self-confidence.

The recent study revealed that more than a half of the study sample (54%) reported the same result that CSA try suicide. This coincide with an Australian follow-up study (*Plunkett et al., 2001*) of young people who had experienced CSA compared with those who had not, reported that those with a CSA history had a suicide rate 10.7-13.0 times the national rate.

Concerning sadness, our study revealed that the majority of mothers in the recent study (88%) reported that the sexual abused child is sadder.

Hall and Lioyd (1993) also identified some particular expression in the behavior of sexually abused children. This expression includes lack of interest towards sex, behavior problem in future, sadness.

In this study that more than two thirds of studied mothers (74%) said that sexual abuse leads child loss of self-esteem. The findings of this study found that Low self-esteem is one of Consequences of sexual abuse exhibited in childhood and in in adolescence(*Baril, K. and Tourigny, M., 2009*).

## **5.2 Conclusion**

This study came out with following results:

- There is significant association between mothers' marital status and abused child try suicide.
- There is significant association between mothers' marital status and abused child sadder.
- There is significant association between mothers' level of education and abused child social isolation.
- Mothers' level of education was significantly associated to abused child be introvert.

### **5.3 Recommendations**

1- Mothers should build open, two-way communication with their child, that can provide the best chance for early interventions when a problem occurs.

2- Emphasize that he will not get in trouble if he tells you about abuse or other confusing events.

3- Emphasize that you need to know this to be able to keep him safe and that he will be OK if he tells you.

4- Instead of teaching him that he's surrounded by danger, mother should teach him that he is strong, capable, and can count on to keep him safe, as long as he can tell about it.

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# **Appendixes**

بسم الله الرحمن الرحيم

جامعة شندي

ماجستير صحة المجتمع

استبيان حول الاعتداء الجنسي علي الأطفال وتأثيره الاجتماعي والنفسي

الجزء الأول : -

1/ العمر :

( 20 – 30 ) ( 30 – 40 ) ( 40 – 50 ) ( أكثر من 50 )

2/ الحالة الاجتماعية :

( متزوجة ) ( أرملة ) ( مطلقة )

3/ الحالة الاقتصادية :

( ضعيف اقل من 1000 ) ( متوسط 1000-2000 ) ( فوق المتوسط

3000-4000 ) ( عالي أكثر من 5000 )

4/ المستوى التعليمي :

( أمي ) ( ابتدائي ) ( ثانوي ) ( جامعي ) ( فوق الجامعي )

5/ الوظيفة :

( ربة منزل ) ( موظف حكومي ) ( قطاع خاص )

الجزء الثاني :-

1/ هل الطفل المعتدي عليه أصبح مكتئب ؟

أ / نعم ب / لا

2/ هل الطفل المعتدي عليه فقد الثقة بنفسه وبالآخرين ؟

أ / نعم ب / لا

3 / هل الطفل المعتدي عليه حاول الانتحار ؟

أ / نعم ب / لا

4 / هل الطفل المعتدي عليه أكثر حزنا وانكسارا ؟

أ / نعم ب / لا

5 / هل الطفل المعتدي عليه أكثر غضبا ؟

أ / نعم ب / لا

6 / هل الطفل المعتدي عليه فقد احترام الذات ؟

أ / نعم ب / لا

الجزء الثالث :-

1 / هل الطفل المعتدي عليه أصبح انطوائي ؟

أ / نعم ب / لا

2 / هل الطفل المعتدي عليه أصبح سارقا أو حاول السرقة ؟

أ / نعم ب / لا