Innovations

Incidence of Sexual Abuse and Efficacy of Cognitive Restructuring Therapy on Low Self-Esteem of Sexually Abused Female Adolescents

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Abstract: *Sexual abuse against children and adolescents is a global occurrence with numerous negative psychosocial outcomes including low self-esteem. Prevalence of child sexual abuse and its association with self-esteem have received increasing attention in the literature but empirical information on how cognitive restructuring therapy could manage low self-esteem of sexually abused .This study investigated the incidence of sexual abuse and the efficacy of cognitive restructuring intervention in the treatment of low self-esteem among sexually abused female adolescents in Lagos State, Nigeria. A total of 588 sexually abused female adolescents between ages 11 and 19 were sampled through criterion sampling technique. Participants completed Child sexual abuse questionnaire (CSAQ) and Rosenberg Self-esteem scale (RSES) which were analysed with descriptive statistics and One-way ANOVA. 14 of the sexually abused participants (1.2%) reported a high level of self-esteem. Moderate level of self-esteem was reported by 390(33.5%), and 184 (15.8%) reported low levels of self-esteem. The result also revealed a significant difference in the self-esteem of participants in the experimental group who were exposed to cognitive restructuring intervention compared to the participants in the control group who were not exposed to the intervention ($F_{(3, 56)}$ = 8.287, p< .05). The outcome of this study indicates that cognitive restructuring intervention was effective in raising the self-esteem of the participants. The results also underscore the need to engage multi-strategic approaches to increase awareness among stakeholders so as to reduce the occurrence of sexual abuse in the society. It is also imperative to harness cognitive restructuring and other counselling intervention strategies that are specifically useful for improving the self-esteem outcomes among sexually abused female adolescents.*

Key Words*: child sexual abuse, cognitive restructuring, female adolescents, self-esteem, Nigeria*

Introduction

The problem of sexual abuse among children and adolescents is a global one. It is a reality that confronts all races, tribes and gender (United Nations Children Fund [UNICEF], 2020; National Sexual Violence Resource Centre [NSVRC], 2016; Krishnan, Syahirah, Syahirah, & Amira 2017; UNICEF, 2017). Although the problem had existed throughout history (Borumandnia, Khadembashi, Tabatabaei, & Alavi Majd, 2020), the contemporary awareness of pervasive sexual abuse against children and adolescents dates back to the 1970s (Finkelhor 1994a; Miller-Perrin & Perrin, 1999). Recent studies (Mathews & Collin-Ve´zina, 2017; David N. et al., 2018; Sodipo, Adedokun, Adejumo & Oibamoyo, 2018; Christensen & Jansen, 2019; Mckillop, 2019, Gesinde, 2020; Ifayomi, Alli & Ellis, 2024), however argue that it remains a widespread problem in the society. The more various agencies and governments attempt to curb the problem, the more it increases with significant implications for public health and the world of research (Krishnan et al., 2017;Mathews & Collin-Ve´zina, 2017; Mckillop, 2019).

Stoltenborgh et al. (2011) reported estimates of 2 to 14 % of boys and 8 to 13 % of girls in South America, 4 to 35 % of boys and 7 to 68 % of girls in Asia, 10 to 30 % of boys and 20 to 43 % of girls in Africa. In Nigeria however, one in four girls (25 %) and one in ten boys (10 %) are said to be sexually abused before age 18 (UNICEF, 2015; 2017). In a community based study in southwest Nigeria, a prevalence rate of 25.7 % was reported (David N. et al., 2018).
The Australian Bureau of Statistics (2023) reports that in 2021-2022, 343,500 men (3.6%) and
about 1.1 million women (11%) had experienced sexual abuse perpetrated by an adult before the age of 15. Of these number, 69% women and 52% men had experienced more than one incident.

Prevalence estimates are inconsistent due to varied definitions and research methodologies (Lalor & McElvaney, 2005; Mathews & Collin-Ve´zina, 2017; Prevoo, Stoltenborgh, Alink, Bakermans-Kranenburg &Van IJzendoorn, 2017), as well as geography, religions and cultures (Pfeiffer & Salvagni, 2005; Bankole & Arowosegbe, 2014). These worldwide alarming statistics reveal how unsafe and insecure children and adolescents may be in the society; raising continuous concern among researchers, parents, teachers, counsellors, psychologists, the media, as well governmental and Non-Governmental Organisations (NGOs).

Previous studies have shown that a person's life experiences contribute largely to the development of his/her self-esteem (Nigussie, 2014; Henriques & Shivakumara, 2015; Okunlola, Gesinde, & Odukoya, 2022). This implies that adolescents' experiences of sexual abuse could impact negatively on their self-esteem and that, in turn, their functionality in other aspects of life (Nigussie, 2014). This has been confirmed by studies which reveal that adolescents who

have experienced sexual abuse also show significantly lower levels of self-esteem than their non-abused counterparts (Stern, Lynch, Oates, O'Toole, & Cooney, 1995; Lamoureaux, Palmieri, Jackson & Hobfoll, 2011; Foster & Hagedorn, 2014). Some authors have attributed this to cognitive distortions in the adolescents' minds about themselves such as self-guilt and self-blame (Reese-Weber & Smith, 2011).

The incidence of CSA is widespread in Nigeria. The empirical information about its prevention, reduction and intervention compared to the prevalence and magnitude of the problem, is grossly underreported (Adeosun, 2015; Okunlola, Gesinde, Nwabueze & Okojide, 2020). Although a significant number of researches in the area of sexual abuse against children and adolescents in Nigeria have been conducted, aspects of adolescents' exposure to CSA such as its impact on psychological and mental health are still under explored and undetected (Adeosun et al., 2014; Okunlola et al., 2020).While the data they provided have been very useful, little has been done to ascertain the impact of child sexual abuse on mental, emotional/psychological health of the survivors (Worku, 2011; Adeosun et al., 2014). For example, the psychological effects of CSA on adolescent self-esteem in Nigeria have been under-explored (Adeosun et al., 2014; Okunlola, Odukoya & Gesinde, 2021).

Again, not much on the roles of the counselling profession as a way of helping to prevent, create awareness, as well as provide psycho-social healing for CSA survivors in Nigeria has been reported (Okunlola, Gesinde, Nwabueze & Okojide, 2020).Although, there has been an emergence of cognitive restructuring as a psychological/counselling intervention for various problems (e.g. Rebelliousness [Aderanti & Hassan, 2011]; conduct disorder [Adeusi, 2013]; poor self-esteem (Okoiye, Okreke & Nwoga, 2015); poor self-concept (Abdul-hameed, 2016); personality disorder (Lawan, 2016) in Nigeria in the last one decade, there is still scarcity of research focusing on intervention to improve the self-esteem of secondary school adolescents who have suffered sexual abuse (Adeosun et al., 2014). Meanwhile interventions appear useful in helping people cope with the impact of negative experiences of life (Permadia & Pohan, 2019). Also, little is known of empirical studies carried out among the sexually abused in-school adolescent girls in Lagos State. Two studies (Kunnuji & Essiet, 2015; Odeyemi, Olufunlayo, Ogunnowo & Onajole, 2016) were conducted among out-of-school adolescent girls in Lagos. The few other Lagos studies were hospital recorded cases. It is therefore useful to conduct a study among in-school adolescents who have suffered sexual abuse and may never join the list of hospital records.

Premised on this, this study aimed atascertaining the level of self-esteem among sexually abused female secondary school adolescents and determining the effectiveness of Cognitive Restructuring Intervention in improving self-esteem

among sexually abused female secondary school adolescents. The study provides answer to question bordering on the level of self-esteem among the sexually abused female secondary school adolescents. The study also hypothesizes thatthere would be no significant difference in the self-esteem of participants in the experimental group (cognitive restructuring intervention) and the control group.

Methods
Design
A cross-sectional survey and Solomon Four-Group design were adopted. Solomon Four-Group design is a form of pre-test and post-test experimental research design wherein the researcher is not only expected to randomly assign participants into experimental and control groups, but also able to ascertain that post-test outcomes are not influenced by the participants' exposure to pre-tests measures (Allen, 2017; Navarro & Siegel, 2018). The participants were divided into four conditions namely: (a) an experimental group comprising pre-test treatment and post-test (b) an experimental group comprising treatment and post-test only (c) a control group comprising pre-test and post-test only, without treatment and (d) a control group comprising post-test only; no pre-test, no treatment.

Sampling Techniques
The sampling technique for the study followed multi-stage sampling procedures of district selection, zone selection, sampling of schools within the selected zones and selection of participants. Out of the 285,011 female public secondary school adolescents in Lagos, one thousand two hundred (1200) were drawn at confidence level of 95% and margin of error of 3. This was obtained using the Creative Research Survey sample size calculator software (www.surveysystem.com).100 students were sampled in each school and the total number of adolescents sampled became 1200 from all the schools. Participants were selected from each school by odd-even random sampling. Further to the sampling of 1200 participants, only data from 1164 were valid for use; while the remaining 36 were not used because they were not correctly completed. From the 1164 participants however, only participants who reported an experience of sexual abuse (n=588) were used for the analysis of the research question.

Criterion sampling technique was adopted in the selection of the participants for the experimental study. The criteria used were participants' sexual abuse severity status (participants who reported successful contact form of sexual abuse) and obtaining scores of 15 and below on the Rosenberg Self-esteem Scale (RSES). However, only 60 (79.9%) students were randomly selected for the programme as the meeting room provided could only accommodate 15 students at a time.

Control of Extraneous Variables

Extraneous variables which are not the independent variable(s), but could affect the results of the dependent variable were controlled in the following ways: first, there was randomization based on age as indicated in table 3.6, and second through the use of the study design. The latter entailed the random allocation of the participants into four groups as indicated in Fig. 1.0 (Solomon Four-Group Design) where each participant was given equal chance for selection into the groups. The principle of random allocation is to avoid bias in the way the experiment was carried and to limit the effects of extraneous variables.

E_1		X	O_2
E_2	O_1	X	O_2
C_1	O_1		O_2
C_2			O_2
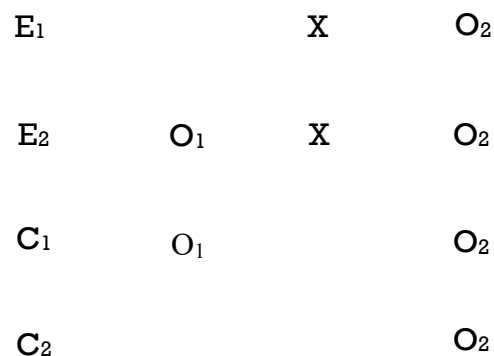
In figure 1.0, E_1 and E_2 represent experimental groups one and two respectively, while X represents intervention. O_1 and O_2 on the other hand represent pre-test and post-test respectively, while C_1 and C_2 refer to control groups one and two respectively. Figure 1.0 also indicates that experimental group one received intervention and post-test only, no pre-test. Experimental group two received pre-test and intervention and post-test. Furthermore, control group one received no pre-test, no intervention, but post-test only. Control group two however received pre-test, post-test but no intervention.

Instruments
Child Sexual Abuse Questionnaire (CSAQ)
The Child Sexual Abuse Questionnaire (CSAQ) was developed by Mohler-Kuo, Landolt, Maier, Meidert, Schonbucher, and Schnyder (2014). It contains fifteen (15) items that measure the various forms of CSA. It is also made up of two subscales which includes CSA without physical contact (8 items) and CSA with physical contact (7 items). The latter was further divided into 'physical contact with penetration (4 items) and 'physical contact without penetration' (3 items). Mohler-Kuo et al. (2014) reported Cronbach alpha of 0.6 for CSA without physical contact and 0.7 for CSA with physical contact. Construct validity was established at 0.72. CSAQ has been used for adolescent populations in Switzerland and other countries. For this study, Cronbach alpha of 0.86 and 0.78 were established for

CSA without physical contact and CSA with physical contact respectively. Three experts in psychometrics from psychology department also established the content validity of the instrument, giving an index of 0.83.

Rosenberg Self-Esteem Scale (RSES)

The Rosenberg self-esteem scale (Rosenberg, 1965), is a widely used self-report instrument for measuring a person's self-esteem (Robins, Hendin, & Trzesniewski, 2001). It contains 10 items which measure global self-worth through the measurement of both positive and negative feelings about the self. All the items on the RSES follow a 4- point Likert scale pattern which ranges from strongly agree (SA) to strongly disagree (SD). The RSES has been used many times among Nigerian samples, e.g. Dennis and Oluwatelure (2016) reported a reliability coefficient of 0.92. In the study of Okwaraji, Onyebueke, Nduanya, and Nwokpoku (2016), Cronbach alpha of 0.84 and a two-week test–retest reliability coefficient of 0.76 were established.

Treatment Package and Evaluation

An eight-session treatment package was employed for six weeks for the programme and training sessions for the experimental groups which lasted for 60 minutes per session. In this period, the participants were exposed to the Cognitive Restructuring Intervention Programme. Treatment modules covered videos, lectures, discussions, role plays and assignments.

Evaluation of the impact of treatment provided was done at the last week of the programme sessions. This was done by administering post-test to the participants.

Ethical Consideration

Ethical standards were maintained in carrying out this study. The approval of the Covenant University Ethical Review Board was obtained. Prior to data collection, the purpose of the study was explained to the participants and only voluntary participation was allowed. Furthermore, the participants were given letters to obtain parental approval before they were allowed to take part in the study. The participants were assured of ethical standards of anonymity and confidentiality; they were not allowed to write their names on their questionnaire forms.

Results

What is the level of self-esteem among sexually abused female adolescents?

Table 1: Level of Self-esteem of Sexually Abused Female Adolescents in the Study				
Sexual Abuse Status				
Self- esteem	Sexually Abused			
	F	%		
High	14	1.2		
Moderate	390	33.5		
Low	184	15.8		
Total	588			

Table 1 reveals the levels of self-esteem among the 588 sexually abused adolescents who took part in the survey study. Specifically, Table 1 shows that only 14 of the sexually abused participants (1.2%) reported a high level of self-esteem. Moderate level of self-esteem was reported by 390 of the sexually abused participants (33.5%).Table 1 further reveals that 184 sexually abused participants (15.8%) reported low levels of self-esteem.

There is no significant difference in the self-esteem of the participants exposed to cognitive restructuring intervention (experimental group) and the control group.

Table 2: Analysis of Variance (ANOVA) Comparing Participants exposed to Cognitive Restructuring and Control Groups					
Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	868.333	3	298.444	8.287	.000
Within Groups	1956.000	56	34.929		
Total	2824.333	59			

Table 2 presents the analysis of variance of the participants exposed to cognitive restructuring intervention compared to the control group. Four groups, based on the Solomon four research group design were used which comprised two experimental groups and two control groups. The result indicates that there is a significant difference in self-esteem of the participants in the experimental groups compared to the control groups ($F_{(3, 56)}$ = 8.287; p<.05). Hypothesis three which states that there is no significant difference in the self-esteem of the participants exposed to cognitive restructuring intervention (experimental group) and the control group was therefore rejected. This implies that, in this study, there is a significant difference in the self-esteem of the participants

exposed to cognitive restructuring intervention and the control groups. To identify which group pairs were significantly different, a post Hoc analysis was conducted. This is presented in table 4.

Table 3: Post Hoc Tests using Scheffe Significant Difference (SD) to identify which pair(s) of group significantly differs.						
Groups	Experimental Group 1	Experimental Group 2	Control Group 1	Control Group 2	Mean	S.D
Experimental Group 1	-	2.07 (0.821)	6.47* (0.038)	6.40* (0.041)	24.87	6.65
Experimental Group 2		-	8.53* (0.003)	8.47* (0.003)	26.93	5.01
Control Group 1			-	0.067 (1.000)	18.40	6.17
Control Group 2				-	18.47	5.66

*. The mean difference is significant at the 0.05 level.

The table 3 presents a Post Hoc analysis using Scheffe Significant Difference Test. It is to identify which pair (s) of groups significantly differs from the other. The table shows results for two experimental groups and two control groups. The participants in the first experimental group (experimental 1) were assigned treatment and post-tests only, no pre-tests. The participants in the second experimental group (experimental 2) had pre-test, treatment and post-test. Also, the participants in the first control group (control group 1) were assigned post-tests only, no pre-tests, no treatment. The participants in control group two (control group 2) were assigned both pre-tests and post-tests, no treatment. This approach reflects the Solomon-four- research -model which helps the researcher ascertain that the exposure to pre-tests did not influence the overall results.

The results from table 4 show that there was no significant difference in the self-esteem of the participants in the experimental group 1 and the experimental group 2 (p= 0.821). There was however a statistically significant difference in the self-esteem of the participants in the experimental group 1 compared with the control groups 1 and 2 (p<.05). There is also statistically significant difference in the self-esteem of the participants in the experimental group 2 compared to the

control groups 1 and 2 (p<.05). These results indicate that there was no pre-test sensitization effect in this study. In other words, exposure to pre-test had no influence on the results.

Discussion

This research question states: "what is the level of self-esteem among sexually abused female adolescents?" The finding establishes the fact that self-esteem among sexually abused female adolescents is generally low.These findings confirm previous literature that reported that sexually abused adolescents indicate low self-esteem.In line with the present findings however, the fact that sexually abused victims are more likely to suffer lower esteem levels than their non-abused counterparts has been reported in other studies (Priebe et al., 2010; Turner et al., 2010; Karakus, 2012; Kim et al., 2017; Mutavi, Obondo, Mathai, Kokonya, & Dako-Gyeke, 2018). Sexual abuse tends to have a unique ability to reduce adolescent self-esteem much more than the other forms of abuse or victimisation (Turner et al. 2010).

It may also be important to state that the large number of adolescents who reported moderate self-esteem may as well fall into the category of those with low self-esteem. This is premised on the argument of Mutavi et al. (2018). The authors had also argued that while it is best to measure self-esteem in three levels (high, moderate and low self-esteem) rather than two levels (high and low self-esteem), they noted that moderate self-esteem might be as good as low. This is because it takes a high self-esteem to function optimally (Mutavi et al., 2018). While this is a debatable fact, there appears to be a dearth of literature counteracting this. It may be important for future studies to confirm the value that a moderate self-esteem level has on an individual.

It was hypothesized that there will be no significant difference in the self-esteem of the sexually abused female adolescents exposed to cognitive restructuring intervention (experimental group) and the control group. The hypothesis was tested and rejected ($F_{(3, 56)}$ = 8.287, p < 0.05). ANOVA was used to test significant mean differences between the four groups used for the experiment. The results reveal that a significant difference was found in the self-esteem of the groups that were exposed to intervention (cognitive restructuring) when compared to those who did not receive intervention at all (control group). In scientific experiments, control groups serve to prove the efficacy of treatment or intervention (Pithon, 2013).

The study satisfied the conditions for accepting that cognitive restructuring was truly responsible for the improved self-esteem reported by the participants as indicated by previous research (Navarro & Siegel, 2018). An assessment of the post-hoc tests of the ANOVA analysis indicates specific group pairs and their

overall significant differences. In this study, a comparison of experimental group one to control group one indicates MD= 6.47, p<.05. The second group pair (experimental group two and control group two) on the other hand, shows MD= 8.47, p<.05. In sum, cognitive restructuring intervention was effective in improving the self-esteem of the sexually abused female adolescents.

The outcome of this study is consistent with the previous studies (Addison et al., 2014; Okoiye et al., 2015; Abdul-hameed, 2016; Khadri & Ahmad, 2018) that have made use of cognitive restructuring to improve the adolescents' self-esteem. In the study of Khadri and Ahmad (2018), a single case was examined of a 17-year old female adolescent with low self-esteem. After six weeks of cognitive restructuring, the client's self-esteem increased significantly. In the study of Okoiye et al. (2015), the adolescents' self-esteem was significantly improved after investigating the efficacy of an 8-week-long cognitive restructuring programme in helping the participants who have experienced relationship violence (including sexual abuse). Cognitive restructuring helps the clients to identify their automatic, maladaptive or irrational thoughts, evaluate their appropriateness or benefit and restructure into more rational or healthy ones.

Conclusions

This study reveals that cognitive restructuring is an effective counselling intervention for sexually abused adolescents experiencing low self-esteem. This knowledge should be brought to the awareness of parents, teachers and caregivers so that apart from reporting sexual abuse cases on time, they could also seek rapid psycho-social counselling for children. The study also considers that counsellors and psychologists, especially in Lagos State, Nigeria must develop skills and expertise in counselling therapies such as cognitive restructuring as they seek to help adolescents, parents and other stakeholders who are affected as soon as a sexual abuse case is reported. Students should also be encourage to seek counselling help in case of abuse (Gesinde & Sanu, 2015) The more help sexually abused victims get, the more other victims are able to speak up and share their experiences. That way, the society may clean up hundreds of adolescents struggling to live with the consequences of reduced self-esteem.

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