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## Interpersonal Relationships and Psychological Well-Being of Individuals with Childhood Sexual Abuse History and Counsellor Roles

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### Abstract

Numerous studies demonstrate that adults who were sexually abused as children suffer from long-term psychological and social consequences. Without proper support and intervention, the effects may become increasingly chronic, affecting the victim's health for the remainder of his or her life. This study aimed to examine the long-term effects of childhood sexual abuse on the interpersonal and psychological relationships of abuse victims. To investigate the phenomenon, this study employs the qualitative research method of case study. Two informants have volunteered to take part in this study. The informants were questioned using a method of semi-structured interviewing. The informants, both women in their 20s, were unmarried and have been victims of child sexual abuse by individuals they know. The collected data was then analysed using techniques of thematic analysis to extract themes from the interviews. According to the study's findings, childhood sexual abuse had long-term consequences for both participants. Participants reported that it was challenging to maintain a romantic relationship, that they feared intimacy, held negative views of marriage, and insecure in a relationship. Both informants mentioned depression, trauma, eating disorders, sleep disorders, suicidal thoughts, and psychosomatic symptoms in terms of psychological effects. Before providing appropriate interventions, counsellors must evaluate the victim's issues, the impact of sexual abuse on the present, and coping skills. To aid victims in their recovery, it is necessary to cultivate strong relationships, demonstrate compassion, and promote their empowerment.

**Keywords:** Child Sexual Abuse, Childhood Sexual Abuse, Counselling, Psychology Intervention, Well-Being

### Introduction

Child sexual abuse (CSA) is a serious crime that receives a lot of attention on social media and in the news. The number of recorded cases of child sexual abuse is on the rise, which is a concerning trend. On average, two incidences of child sexual abuse are reported in Malaysia every day (Chen and Melati, 2012). According to the Social Welfare Department (JKM), there were 5779 cases of child sexual abuse between 2010 and 2015, with an average of 963

occurrences per year. The number of cases of child sexual abuse increased from 2013 to 2018 as shown in Table 1 (Department of Social Welfare, 2018). In Malaysia, girls account for more than 90% of all cases of child sexual abuse. Furthermore, global statistics shows that at least 120 million girls under the age of 20 are sexually exploited globally, resulting in a 1:10 ratio of girls (UNICEF, 2021).

Table 1  
*Child Sexual Abuse Statistics 2013-2018*

Year/Gender	Male	Female	Total
2013	64	1029	1093
2014	60	924	984
2015	57	921	978
2016	56	978	1034
2017	118	1279	1397
2018	136	1569	1705

*Source: Social Welfare Department*

According to a global study of child sexual abuse, as many as 11.8 percent of people, or 118 out of 1000 individual, have been sexually abused as children (Stoltenborgh et al., 2011). A meta-analysis method was used to conduct the study, which included 217 articles from 1982 to 2008 and over 10 million individuals from Australia, New Zealand, North America, South America, Asia, Europe, and Africa. In terms of gender, females are more likely than boys to become victims (Barth et al., 2012). According to another survey, 27% of women reported being sexually molested as a child, with women reporting higher rates than men (19.7% vs. 7.9%, respectively) (Finkelhor et al., 1990; Pereda et al., 2009). When examining the many types of sexual abuse, including those that do not involve physical contact, it is anticipated that the actual number of cases of sexual crimes against minors is higher than reported (Hall & Hall, 2011).

Child sexual abuse is defined by the World Health Organization (WHO) as "a child's participation in sexual activity that the child does not completely comprehend, is unable to provide consent to, or is developmentally unable to consent, or that violates laws and social norms." Child sexual abuse can include behaviours involving a child and an adult or other children of a similar age or developmental stage who have a relationship of responsibility, well trusted, or with authority; sexual acts aimed at satisfying that individual's or others' desires. Child sexual abuse can take the form of behaviours involving a child and an adult or other children of a similar age or developmental stage with whom the child has a relationship of responsibility, trust, or authority; sexual acts aimed at satisfying that individual's or others. Child sexual abuse includes coercion or bribery to persuade children to engage in illicit sexual behaviour, exploitation of children for prostitution or illegal sexual practises, and exploitation of children for pornographic purposes. In Malaysia, the Children Act 2001 (Act 611) states that anyone participating in child sexual abuse, whether as a perpetrator or as an observer, is guilty of any act of sexual nature for whatever reason. Pornographic material, recordings, films, tapes, videos, or performances that are pornographic, obscene, or sexually exploitable by any person to satisfy that person's or another person's sexual wants are examples of these activities.

## Literature Review

Child sexual abuse is distinct from sexual abuse of adults, and hence demands a unique response. The following are some of the characteristics of child sexual abuse:

1. The perpetrators rarely use physical force; instead, they manipulate the kid's beliefs and conceal the abuse;
2. The attacker is typically a known and trusted figure;
3. Child sexual abuse occurs when the perpetrator gradually involves the child in sexual behaviour (sexual grooming); and
4. Incest accounts for more than a third of all reported child sexual abuse cases.

The impact of child sexual abuse varies by individual and type of abuse. Individuals who are sexually assaulted by family members report higher levels of anxiety and despair than those who are sexually abused by others (Nen, 2012; Shafrin, 2007). Additional elements affecting the psychological stress of child sexual abuse victims include their age, the type and intensity of sexual abuse, their individual perspective, their internal resources, and the quality of help they have gotten (Kendall-Tackett et al., 1993). Child sexual abuse is a serious violation of children's human rights since it forces sexual contact on children who are still young and developmentally immature, without their consent or choice. Indeed, this results in significant trauma. Previous research has established that victims' exposure to sexual abuse damages their social development and results in a variety of psychological diseases over an extended period of time (Maniglo, 2009; Latthe et al., 2006).

Sexual abuse in childhood has been linked to a variety of psychological disorders, including depression, anxiety, guilt, trauma, self-blame, low self-esteem, sexual problems, psychosomatic disorders, eating disorders, interpersonal relationship problems, and suicide (Snow et al., 2021; Sanjeevi et al., 2018; Neuman et al., 1996; Smolak & Murren, 2002; Klonsky & Moyer, 2008; Murthi et al., 2006). While sexual abuse occurs without the victim's consent, victims frequently express feelings of guilt, shame, and self-blame. The victim bears responsibility for the events that transpired. Additionally, victims have extended trauma, which manifests itself in a variety of symptoms such as flashbacks, hypervigilance, acute terror, and nightmares (Bloom, 2003), as well as sleeplessness (Steine et al., 2019). Additionally, previous research has established a link between eating disorders and body image concerns and the long-term impacts of child sexual abuse (Neuman et al., 1996; Smolak & Murren, 2002). For instance, victims describe feeling unattractive/dirty, having a distorted self-image, being obese, and developing eating problems (Klonsky & Moyer, 2008). Simultaneously, chronic illnesses, abdominal pain, dizziness, and gastritis are all related with the long-term repercussions of sexual abuse. Certain victims report symptoms of denial, suppression (repression), and forgetfulness, most notably in relation to specific instances (Latthe et al., 2006). Additionally, victims undergo considerable cognitive changes, such as adopting a new worldview. For instance, they lose faith in others and adopt a more cynical and negative outlook on life (Walsh et al., 2010). Sexual abuse in childhood makes it difficult for the victim to develop trust, relationship stability, and closeness in more intimate interpersonal interactions. Sexual avoidance is also intimately related to the effects of childhood sexual abuse. Victims' report having unsatisfactory sexual intercourse, having difficulties achieving orgasm, experiencing discomfort during intercourse, or experiencing a lack of sexual desire (De Jong et al., 2015; Friesen et al., 2010). Thus, the purposes of this study are:

- To gain a better understanding of the consequences of child sexual abuse on those who are victims; and

- Discusses the role and focus of interventions that counsellors can use to assist victims of child sexual abuse in their recovery process.

### **Methodology**

The main purpose of this study is to examine the impact of sexual abuse on adult who were sexually assaulted as children through a qualitative case study technique. Case studies enable investigation to be conducted in order to comprehend a complex problem (Zainal, 2007). Researchers can gain a better understanding of individual behaviour through case studies. Typically, case study methodologies employ a small number of study informants (Zainal, 2007). One of the advantages of case studies is their capacity to examine or explain data in the natural setting of the informant while also demonstrating the complexities of real-world circumstances that cannot be gained through experiments or questionnaires. Consistent with the study's purpose of examining the impact of child sexual abuse on victims and given the study's difficult to obtain and restricted number of informants, case studies were deemed the most appropriate approach.

This study used the snowball technique to recruit two (2) informants. Prior to the interview, the informant consented to the interview being recorded. To maintain confidentiality, the informant's name and other sensitive information have been modified. The primary criterion used to choose informants was that they had been sexually abused as children. Informants must be over 18 years old. The researcher questioned informants utilising semi-structured interviews in which the interview questions were divided into two (2) major sections: (1) the informants' demographic background; and (2) the influence of the informant's childhood sexual abuse experience on their current lives. The interview lasted approximately 45 minutes to an hour.

Following that, the data from the study were evaluated using the thematic analysis method. This procedure consists of three stages: transcription, analysis, and theme development (Howit & Cramer, 2008). The transcribing level enables the researcher to become acquainted with the data gathered and the analysis's basic concepts. The analysis stage entails the coding and conceptualization of data, which needs the researcher to process the collected data repeatedly to ensure that it is classified appropriately. Finally, the researcher refines the categories of data that have been coded for reporting in the study results.

### **Results And Discussion**

#### **Kes Aisa (pseudonym)**

Aisa is a 29-year-old Malaysian woman, who lived in Kuala Lumpur with her parents. Aisa received a university education, Malay woman, Muslim and is still single. Aisa was abused sexually when she was five or six years old. The perpetrator is a close friend of her father's who is significantly older than Aisa's own father. Sexual abuse occurred at the home of his father's friend. The perpetrator's house was close to that of the victim's grandmother. While Aisa was in primary school, the perpetrator died. Aisa has no recollection of the first time she was raped, but believes it occurred while she was still in kindergarten. It was a single occurrence. However, when Aisa was 11 years old, she was raped by a cousin who shared her home. Apart from the researcher, Aisa confided in only one person about the events she experienced: a close friend.

**Kes Imah (pseudonym)**

Imah is a 29-year-old Negeri Sembilan woman. The informant resided in Seremban, Negeri Sembilan, with his family. Imah, like Aisa, attended a local university and earned a bachelor's degree. Imah is of Malay ancestry, is still single, and is a practising Muslim. When Imah was 5 or 6 years old, she was sexually abused repeatedly by the perpetrator, a neighbour known as "Along." The perpetrator was still a teenager as she recalled. The initial incident began with a tickle on the victim's shoulder. The second incident occurred during a game of hide-and-seek in the perpetrator's room. The third incident occurred during the victim's family's vacation with the perpetrator. Imah initially slept with her parents, but upon awakening, discovered herself sleeping with Along, her underwear unravelled. Imah was unaware of the extent to which Along had molested/raped her because she was asleep at the time. At the perpetrator's residence, the following incident occurred. Along was with the victim in a locked room at the time and was able to molest the victim. However, the perpetrator's mother became aware of the incident and demanded that the room door be opened and the victim removed. Along never attempted to approach the victim again following the incident. Imah, like Aisa, did not inform her family members of her ordeal. Imah recently told her story with two close friends.

**Psychological Impacts**

Both informants felt they had lost their dignity and thus were inferior to others. Imah, for example, stated "Men have asked me to marry them. Can he still like me if I tell him about my past?" Both informants were also pessimistic about the future. They are uninterested in the future and live their lives aimlessly. Both admitted that life is controlled by others, particularly family, and they succumb; as Aisa puts it, "Life is just life; it feels as if there is no purpose to it, and I have no expectations for the future." Aisa was found to blame herself more than Imah when it came to self-blame. Following his father's friend into the house and succumbing to the perpetrator's offer of sweets, she believed, was a wrong act that should not have happened. "That happened because I followed him to his house for sweets," Aisa explained. He described me as an ugly [evil] girl. That's why I held myself responsible." On the other hand, Imah stated, "Should I hold myself accountable? Never." Aisa confesses that she considered suicide once because she felt life was hopeless. "Sometimes I believe it is better to die than to live as if it were meaningless," Aisa admits. On her motorcycle, she once considered colliding with a lorry. Let me die, but faith has rescued me." Aisa believed she deserved to die. "How come he didn't just kill me after raped me?" Imah, on the other hand, made no mention of wanting to commit suicide.

Both informants harboured repressed rage. Even though the incident happened more than two decades ago, the anger over what happened to them is as fresh as if it happened yesterday. As Aisa stated, this innate rage is primarily directed at perpetrators who abuse children "I'm furious. You have no right to abuse a small child. At the time, I was a child. You are daring." Imah, on the other hand, believes that sexual attraction to children is unreasonable in many ways. As Imah stated, "Why didn't he die of a stroke or a car accident?" There is a desire for the perpetrator to face punishment for his actions. But there is another kind of anger, as Imah said, which is anger at the unfairness of what happened. "Why me? Why not someone else?"

Both informants stated that they had experienced depressive episodes. Aisa reported episodes of depression during her final year of study that lasted several years, while Imah

reported depression following graduation but only for a brief period. Aisa attributed her depression directly to the sexual abuse she endured. She used to be in love with a man at the time, but what she went through (sexual abuse) made Aisa feel unworthy of marriage and fearful that her past would be rejected. Throughout her depression, Aisa frequently cried every night, felt extreme fatigue and prolonged sadness, and lacked motivation to perform many daily tasks such as showering or working. Aisa acknowledges, "During those three years, I cried every night because I thought about almost everything. My fate makes me sad. I was furious at him [the offender]. I don't know what happened to me back then. I don't know why I'm still so sad about this after all these years." Likewise, Imah stated, "I locked myself in a room, didn't talk to anyone, and sat in the room for a long time. Always sleeping, always daydreaming, and always thinking about the traumatic memory [of sexual abuse]."

Trauma is one of the effects that both informants describe. Aisa admits to having flashbacks to the events she experienced whenever she encountered the perpetrator (cousin). As a result, Aisa makes every effort to avoid meeting the perpetrator. Aisa also felt uneasy whenever she saw the perpetrator interact with the children, as it brought up memories of her own. Aisa despises hearing the perpetrator's name mentioned by others. Additionally, whenever Aisa returned to the village, she avoided passing through the neighbourhood of her father's good friend's house, despite the fact that the perpetrator had long since died. She avoids the area because it will trigger Aisa's memories of her ordeal. Aisa is also oversensitive to a particular type of perfume, which the perpetrator once wore. Aisa will experience shortness of breath and a flashback if she smells the perfume. "There is a type of perfume that I am unable to smell," Aisa explained. "There is one kind of perfume that I can't smell," Aisa said. "If I smell the perfume, I might have trouble breathing. I thought about what my dad's friend looked like as he raped me. Apart from the aforementioned symptoms, Aisa frequently reported having nightmares about her experience. Imah's symptoms were similar to Aisa's, in that she avoided face-to-face contact and disliked hearing the perpetrator's name mentioned. Other symptoms, however, have not been reported.

In both informants, depression was a trigger for eating disorders. During a depressive episode, Aisa gained weight, while Imah lost her appetite. Aisa claims that when she is depressed, she overeats to satisfy herself, causing her weight to rise to the level of obesity. Imah shut herself away in her room and only came out to eat when her mother forced her. Both informants' excessive sleep was influenced by depression. Aisa admits that sleeping allows her to temporarily forget what happened to her. Aisa used to sleep up to 18 hours a day. "Because sleeping well allows you to forget about sad things," Aisa explained.

### **Social Impacts**

Both informants struggled to keep a romantic relationship going. According to the findings, informants feared intimacy, had negative attitudes toward marriage, and lacked trust in their partners. Aisa, for example, avoids romantic relationships with men entirely because she is afraid of marrying. Aisa believed that no man could understand her situation. "Who wants to marry me if they know who I am? I'm not a virgin anymore. I am not worthy of anyone's attention." Men who express interest in Aisa will be avoided. "Men expressed interest in me while I was in university, but I reasoned long and hard. It's difficult to say no to someone we've admired for a long time. But I'm unable and unwilling to do so." Aisa's negative attitude also influenced by her feelings for the man, as it will remind her of her uncertain future. Imah, on

the other hand, had three romantic relationships but struggled to keep them going. Imah, too, has a negative outlook on marriage. "I've imagined myself not marrying until I die. I'm trying to save money so that later I can move into a nursing home." Both informants mentioned the issue of trust as well. This belief is closely related to a couple's expected reaction when they become aware of what is happening to them. Men, informants believed, were unable to accept what was happening. For example, Aisa stated, "I'm not sure I can put my trust in my husband. How do you know he isn't telling others about my secrets? He will later come to regret marrying me and abandon me." Similarly, Imah stated, "Will anyone believe me if I tell the truth? My husband later accused me of making up a story to conceal the fact that I was not a virgin." As Imah stated, trust is also linked to suspicions that the future husband has sexually abused others and will likely abuse his children "I'm also not sure about my future husband. If I have a child, he either does it [sexual abuse] or has a history of doing it with other children that we are unaware of."

The findings of this study corroborate previous research that established a clear link between childhood sexual abuse and a variety of physical, psychological, and social health problems in adulthood. These include issues with self-concept and self-image, suicidal ideation, guilt, depression, eating disorders, and social adjustment difficulties (Snow et al., 2021; Sanjeevi et al., 2018; Murthi et al., 2006; Umper, 1995; Fossati et al., 1999; Neuman et al., 1996; Smolak & Murren, 2002; Smolak & Murren, 2002). Sexual abuse during childhood also has a profound effect on the victim's relationships with others, including family members and spouses (De Jong, 2015). A meta-analysis of 51 related studies discovered that the victim's social relationships were also harmed because of the victim's sexual abuse as a child. Victims face difficulties with relationship satisfaction, domestic violence, and sexual functioning (De Jong, 2015). Additionally, previous research has discovered that the type of sexual abuse suffered (rape or molest), the perpetrator's identity, and the perpetrator's relationship with the victim all affect the victim's symptoms differently (Kendall-Tackett et al., 1993). It was discovered in this study that Aisa (rape victim) experienced more negative psychological and social consequences than Imah.

### **Counselling Implications**

Based on the findings of the data collected and previous studies, some recommendations are made to assist counsellors in assisting clients who have experienced sexual abuse as children. The first step is to evaluate the client's current situation, including the difficulties encountered, the client's resilience, and the impact of sexual abuse on the client's current functioning (Kessler et al., 2004). Second, the counsellor helps clients overcome feelings of guilt, anxiety, and severe depression (Hartman et al., 1987). Third, assisting clients in regaining trust (Hall & Hall, 2011). Counseling can be accomplished by modelling for clients attitudes of encouragement, support, and self-disclosure. This is to re-establish a sense of security, trust, and openness that has been lost. The importance of a collaborative relationship between counsellor and client is emphasised in order to help clients feel in control while also promoting self-efficacy (Ratican, 1992). Fourth, assisting clients in channelling dormant rage and other negative emotions into more worthwhile endeavours (Van Velsor & Cox, 2001). Fifth, rebuild healthy social skills in general and intimate relationships in particular. Social skills are essential in assisting victims of sexual abuse in gaining social support and developing healthy interpersonal relationships. The importance of rebuilding trust, communication, respect, equality, choice, and healthy sexual relationships is emphasised (Hall & Hall, 2011). Sixth,



educate the victim's partner on the effects of child sexual abuse on the individual self, as well as methods for assisting the victim's recovery (Hall & Hall, 2011). Some experts believe that counsellors should be more proactive in their approach by conducting initial screenings on all clients, regardless of their reason for seeking counselling. Even though the event has passed, the victim still requires treatment to address the negative effects of the experience. Furthermore, family involvement is essential for ensuring the victim's ongoing support, strengthening the victim-family relationship, and optimising treatment effectiveness.

### Conclusion

To fully understand the long-term impact of child sexual abuse on the well-being of victims, more local research is required. The victim's willingness to disclose is the primary impediment, as this is the first step in the healing process. Without self-disclosure, counsellors cannot intervene effectively. Victims who choose to remain anonymous will continue to face daily challenges as a result of unresolved issues. Finally, counsellors must equip themselves with the necessary skills and knowledge to deal with such cases effectively.

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