



SELF EFFICACY AMONG ADOLESCENT SURVIVORS OF SEXUAL ABUSE AND USE OF SOLUTION FOCUSED THERAPY

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ABSTRACT Being healthy means having positive feelings about oneself. Feeling efficient, adequate and competent about one self is one of the most amazing healing practices which also improve one's mental and physical health across life span. Self efficacy is of great importance for persons of all ages but most importantly when an individual is going through a drastic transition physically, psychologically and socially as in adolescence. Positive and negative experiences that an individual has impacts the self efficacy, which in turn can hamper or improve one's mental and physical health. In the case of situations as traumatic as sexual abuse, the possibility of an individual especially an adolescent who is just exploring the world the effects are tremendous and negative. In the recent years solution focused therapy has been proved to be useful in helping the adolescent survivors of sexual abuse think of possibilities rather than adversities. Hence the present study aims at understanding the difference in the self efficacy among the adolescent girls who have experienced and not experienced sexual abuse and explore the relevance of using solution focused therapy in helping the survivors of sexual abuse. Sample for the study consisted of 288 adolescent girls of age range 15 to 18 years, out of which 184 adolescents had not experienced any kind of sexual abuse and 104 adolescents had experienced some form of sexual abuse selected using purposive sampling method. The result of the study indicated that there is a significant difference in the level of self efficacy among the adolescents with and without the experience of sexual abuse. Adolescents with the experience of sexual abuse have significantly lower self efficacy compared to the adolescent females with no experience of sexual abuse. The study also discusses the use of techniques of solution focused therapy i.e. miracle questions, scaling questions and engagement in life in helping the survivors of sexual abuse to cope with the feelings of distress.

KEYWORDS : Self efficacy, adolescents, sexual abuse, solution focussed therapy.

INTRODUCTION

Sexual abuse is the most underreported type of child maltreatment because of the secrecy or conspiracy of silence that so often characterizes sexual abuse cases. It is an abuse of power over a child and a violation of a child's right to life and normal development through healthy and trusting relationships. The frequently used term in the literature for sexual abuse is sexual traumatization. This term encompasses the effects of "a child's premature and inappropriate experience with sexuality". Many people are unaware that sexual abuse does not require penetration, force, pain or even touching. If an adult engages in any sexual behavior (e.g., inappropriate sexual language directed at a child, looking at a child's private parts and/or showing private parts to a child) to satisfy the adult's sexual desires or interest, such behavior is also considered as sexual abuse. Similarly, a multi-country study by the WHO, including both developed and developing countries, showed that between 1% and 21% of the women interviewed had been sexually abused before the age of 15, in most cases by male family members other than the father or stepfather (WHO, 1996). The reported cases of sexual abuse of children and adolescents is an indicator of lack of moral values at a larger scale. In India though child sexual abuse is widespread and extends into an early history and also a deep rooted societal concern (Deb and Mukherjee, 2011; Iravani, 2011), it has not received adequate attention for variety of reasons. It was reported by a study on child abuse conducted by the Ministry of Women and Child Development, Government of India in 2005 (published in 2007) covering 13 states of the country with a sample size of 12,447 children, 2324 young adults and 2449 stakeholders that 53.22% children have faced one or more forms of sexual abuse, 21.90% respondents reported facing severe forms of sexual abuse and 5.69% reported being sexually assaulted. The incident of sexual abuse was not reported by most children to anyone. One can understand from this survey that every second child in India is facing some form of sexual abuse, and every fifth child is severely sexually abused (Government of India, 2007).

The child and adolescent abuse literature in India indicates that child maltreatment has its own set of negative consequences, harmful developmental outcomes (Chawla, 2004) and long lasting psychological disturbances which ranges from anxiety to sexual dysfunction or post-traumatic stress disorder that follow sexual abuse (Behere, Rao and Mulmule, 2013). The aftermath of sexual violence manifests differently in each survivor because each person is unique and each sexual assault happens in unique circumstances. The

emotional, physical, and social effects of child sexual abuse vary from person to person and depend on a number of factors. Adolescents, especially older adolescents, are more likely to show traumatic responses to sexual abuse which can be physical, psychological or social. Especially during adolescence when they tend to place more importance on peer groups and trying to fit in, the experience of sexual abuse can make them have negative outlook towards society as well as themselves. It is very complicated for the adolescents to come to terms with sexual abuse, given the high level of stigma and shame that sexual abuse carries across communities. Adolescents may be reluctant to discuss their feelings or may even deny any emotional reactions to the sexual abuse, in part because of their desire to fit in and avoid the shame and stigma associated with sexual abuse. Adolescents also tend to question their efficiency in dealing with the adverse situations and feel guilty and useless too. They also might get into the state of learned helplessness or underestimating their abilities which leads to feelings of inefficiency. Earlier research studies have reported that the traumatic experience of sexual abuse, particularly in childhood and adolescence, is associated with low self-efficacy i.e. lowered belief in one's own ability to effectively function and exercise control within a situation (Benight & Bandura, 2004). Self-efficacy diminishes due to CSA, as victims experience significant decrease in self-esteem, mastery, and agency following the abuse (Kim, 2018). But it cannot be generalized that all adolescents with the experience of sexual abuse feel inefficient, there are instances where they have sought help from different sources to come out of the feelings of inadequacy and doubt and feel comfortable with themselves and the surrounding environment. They tend to develop help seeking behavior as a result of enhanced knowledge and awareness about sexual abuse. A lot of programs on safe touch, sexual abuse, and guilt free living have made the survivors of sexual abuse feel confident about themselves. Psychological counseling is found to be of great use with the survivors of sexual abuse as they experience guilt and doubt at the same time. Counseling helps to alter feelings associated with memories of trauma so that flashbacks become less intrusive, and to develop a positive, practical, and healthy future orientation. Cognitive behavior therapy is one of the most widely used psychotherapeutic technique in helping the survivors of sexual abuse. Psychodynamic psychotherapies and supportive psychotherapies have also been beneficial in achieving the set objectives of making the client feel refreshed and efficient. The issues among the survivors of sexual abuse can also be dealt well by solution focused therapy as assumptions of the therapy explains the state of mind of the one who has experienced sexual abuse i.e. individuals who

come to therapy do have the capacity to act effectively, however this capacity, is temporarily blocked by negative cognition and clients want to change, they have the capacity to change and they are doing their best to make change happen.

With this background the current study aims at studying the level of self efficacy among adolescents with and without the experience of sexual abuse. Further the study also discusses the use of solution focused therapy in helping the adolescents with the experience of sexual abuse.

METHOD

Hypothesis: There is no significant difference in the self efficacy between the adolescent girls who have experienced and not experienced sexual abuse.

Design: The present study adopts Sample survey research design

Sample: The sample for the study consisted of 288 adolescent girls of age range 15 to 18 years, out of which 184 adolescents had not experienced any kind of sexual abuse and 104 adolescents had experienced some form of sexual abuse. Sample was selected from the hostels situated in Ujire where in the inmates were from different parts of India.

Inclusion criteria

- **Adolescent girls:**
- between 15 to 18 years of age
- who can communicate in Kannada/ English.
- Unmarried
- College going

Exclusion criteria

- Adolescent girls with disabilities, major psychiatric or medical condition.

Independent variable:

- Experience of sexual abuse or no experience of sexual abuse

Dependent variable: Self efficacy

Tool: Self-efficacy scale developed by Sherer et al., (1982) was used to assess self efficacy among participants. This questionnaire is a likert format 30 item scale which consists of series of statements about individual's personal attitudes and traits. Each statement represents a commonly held belief. The response format is a 5 point scale (1=strongly disagree, 5= strongly agree). Sum of item scores reflects general self-efficacy and social self-efficacy separately. The higher the total score, the more self-efficacious is the respondent. The SES has been the most widely used GSE (General self-efficacy) and SSE (Social self-efficacy) measure. The SES (Self efficacy scale) was primarily developed for the clinical and personality research.

This scale has accepted levels of internal consistency, temporal stability and construct validity. Cronbach's alpha was 0.85 ($p < 0.0001$). the corrected item total correlations ($r = 0.25$ to 0.66 , $p < 0.0001$) supported convergent validity of the scale. Temporal stability in the test retest reliability was calculated on a separate sample of 138 students with $r = 0.609$ $p < 0.010$

Scoring

Answers are converted to numbers (A=1, B=2, C=3, D=4 and E=5). Items marked R (3,6,7,8,11,12,14,18,20,22,24,26,29,and30) are reversed in scoring. (A=5, B=4, C=3, D=2, and E= 1). Items marked filler are not scored. Items marked GSE contribute to the general self-efficacy subscale. These are summed to produce the General self-efficacy subscale score. Items marked SSE contribute to social self-efficacy subscale. These are summed to produce the social self-efficacy subscale score. The general and social self-efficacy subscale scores are not summed to give an overall score.

Procedure : After identifying the availability of samples in different hostels situated in Ujire, permission was sought from the institution heads and the wardens of respective hostels. Participants were met individually and the purpose and objectives of the study were explained to them. After ascertaining their willingness to participate in the study, rapport was established and written consent was taken from each participant. Socio demographic data was collected from the participants. Using comprehensive trauma inventory adolescents with the experience of sexual abuse were identified. Self efficacy among the participants was assessed using self efficacy scale.

Analysis of data: Independent samples t test was employed to find out the significant difference between adolescents with and without the experience of sexual abuse.

RESULT AND DISCUSSION

Table 1: *t ratio for self efficacy among adolescent girls who have and have not experienced sexual abuse.*

Groups	N	df	Mean	SD	t value	Sig
Not experience sexual abuse	184	286	108.75	15.495	2.381	0.018
Experienced sexual abuse	104		104.33	14.500		

Null hypothesis stating that there is no significant difference in the self efficacy among adolescent girls who have not experienced sexual abuse and who have experienced sexual abuse was tested using independent samples t test. The t value for self efficacy among two groups is significant which indicates that there is a significant difference between adolescent girls who have not experienced sexual abuse and who have experienced sexual abuse in their level of self efficacy. Mean scores indicate that adolescents without the experience of sexual abuse have significantly higher self efficacy compared to adolescent girls with the experience of sexual abuse. Hence the alternate hypothesis is accepted which states that there is a significant difference in the self efficacy among adolescent girls who have not experienced sexual abuse and who have experienced sexual abuse and alternate hypothesis is rejected. The result of the current study is in accordance with the results of the research study by Lamoureaux et al (2012) which indicated that self-efficacy diminishes due to the experience of sexual abuse.

Solution focused therapy in helping the adolescents with the experience of sexual abuse

In the present study when the participants were asked whether they require any kind of guidance or counseling to come out of the negative feelings that they experience because of the incident of sexual abuse, nearly 46 percent of the participant reported that they need counseling or help which would make them feel better. Most often the survivors of sexual abuse will have a feeling that it is their mistake that the incident happened to them, they have confusion regarding the incident of sexual abuse, trust issues and a lot of unanswered questions. These feelings have the capacity to make the adolescents limit their abilities and more often become judgmental about themselves and others. All these behavioral characteristics indicate that they would be still thinking about the incident of sexual abuse, perpetrator, and unanswered questions like why did he/she abuse me sexually?, how can he/ she (perpetrator) behave like that?, should I have been more responsible?, was it my mistake that I was abused sexually?, would I think and feel different if only this thing had not happened in my life, will this happen with others too?, what if someone gets to know about it? What if I breakdown emotionally?, what if people start taking advantage considering me vulnerable Etc. Much of their thoughts are revolving around the problem rather than focusing on several other pleasant experiences or positive aspects of their life. In the case of survivors of sexual abuse it is by helping them focus on these positive aspects of their life and helping them look at the problematic situation in a different dimension, solution is sought out because the problematic situation has already occurred which cannot be changed now. In such a situation to make the survivors of sexual abuse think about the solution and have positive outlook towards themselves as well as the society solution focused therapy can be considered as one of the best techniques which would address the issues in right manner. In solution focused therapy mainly the attempt is made to make the adolescent think more about the situations, people, future, thoughts in a positive manner. But the solution is not forced on them but the clients are made to focus on the solutions. It also aims at not changing what has happened but try to find ways in which clients can be empowered to manage their problems better as solution focused therapy believes in the client's abilities rather than their disabilities.

In using solution focused therapy clients are helped to find out answers or solutions for majority of their problems or issues that they are facing. By asking questions and facilitating the clients thinking to answer the questions, therapists basically do the baseline assessment of the current level of clients' problem and the clients will get near to complete insight about their problems and possibilities. For the following questions the answers are sought from the client so that the therapist as well as the client knows exactly what is the solution they are focusing on.

1. What the adolescent with the experience of sexual abuse is hoping her future would look like?

Does she think that as an adult she will be able to manage the situations well free from the negative feelings or does she think that she continues to dwell in the same feelings of guilt and shame. Does she continue to consider herself a victim of sexual abuse and sympathize or does she understand the reality that it was not her mistake that she got abused sexually.

2. What the adolescent with the experience of sexual abuse is doing and whether it is working for her?

The client has now taken a big step of taking help from the therapist. Apart from that has she tried anything which would help her come out of the feelings of guilt, shame and low confidence and if so, what are those measures. It could be talking to a friend, practicing meditation, focusing on her academics etc. Whether that measure or technique helped her or is helping her overcome the negative feelings.

3. How the client has coped in the past with her problems?

After the incident of sexual abuse the client would have faced several situations which reminded her of the incident of the sexual abuse like being in the same place, meeting the perpetrator, encountering another situation where she could have been abused, any situation that would remind her of the incident of sexual abuse like movies, messages, news reports etc. In these situations how did she cope with the feelings. What did she do exactly in such situation?

4. When there have been exceptions to the problems?

Is it that the client has been living with the negative feelings or discomfort ever since the incident has happened or have there been situations when the client was free from such feelings and lived in the moment with full happiness and satisfaction about life, have there been situations where in the client felt fully efficient about herself and perceived herself to be having the ability to handle her life well. Have there been situation when client tried to empathize with another person who also had experienced sexual abuse and tried to help her, comfort her emotionally?

5. How the client's life will change when the problem does not exist anymore?

Has the adolescent with the experience of sexual abuse thought of her life or future without the negative feelings associated with the incident of sexual abuse? How would her life be or what would be different if the problem was not present anymore. All this basically adds up to one question for the clients to ask themselves i.e. how does the adolescent with the experience of sexual abuse want her life or future to be like. How would the client like to see herself in future?

With the above information the therapist and also the client will get to know about the current situation. The above exercise is also therapeutic because clients would have got insight and view of the situation in a different dimension. A more empathetic understanding and response from the therapist here would help the clients gain insight about the possibilities and potentialities much better than just taking forward the session with mere discussion of the solution. In gaining the solutions for the problems following techniques are used mainly in solution focused therapy.

1. Miracle questions techniques helps an adolescent with the experience of sexual abuse to think and perceive the environment in a more safe and trustful manner. It also helps her think of the situations when the negative feelings such as feelings of inadequacy, lowered confidence, self doubt did not exist actually and she felt so comfortable with herself and others that she had a very free interaction with the person of opposite sex, friends, participated efficiently and showed interest in many things. In the present study when the researcher asked the participants whether they would feel different if the incident of sexual abuse had not happened in their life, 50 percent of the participants reported that they would have felt different, more confident, more trusting the society than now if they had not experienced sexual abuse.

(Eg of miracle question: Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem which brought you here is

solved? (Putkisaari, 2012). Solution focused therapists often go a step forward and make the client think beyond the difficult situations by asking them whether there were situations when a small part of the miracle had already happened.

2. Scaling questions further helps the survivor of sexual abuse to think of the worst or uncomfortable situation ever experienced filled with negative feelings and also think of a most comfortable situation and rate it on a scale of 0 to 10. Further questions related to different ratings are questioned like how your feeling are different when you are in three compared to when you are in seven. Usually because of the experience of sexual abuse at a very early age adolescents would have distorted self concept, negative perception of society and less emotional competencies (Finkelhor & Browne, 1986). This exercise helps the adolescent with the experience of sexual abuse to know the intensity of her feelings and adequacy of her abilities to overcome such feelings. Scaling techniques also helps the client to understand what kind of feelings is she hoping for in herself which will help her think of the ways by which it can be achieved.

3. Adolescents with the experience of sexual abuse often feel guilty because it happened to them or because they did not resist when the abuse happened or they became so much helpless in that situation. Further societal perception about the girls who were abused sexually and stigma attached to it further victimizes the one who has experienced sexual abuse. These stigmatisation has the capacity to distort the thinking of the clients about themselves and reduce their self efficacy. Patel et. al (2001) reported that adolescent girls with the experience of sexual abuse tend to have poorer relationship with their parents and more active consensual sexual behavior. At this point, clients need to think, feel as well as do and involve in the activities that helps them raise their efficacy and capacities. Hence as a part of solution focused therapy, between session assignments/ home works are also discussed and decided upon by the therapist and the client together to make the client keep focused towards the solution independently even when the therapist is not around. Benight, C.C. & Bandura, A. (2004) in a research study indicated that perceived coping self efficacy is a major mediator of post traumatic recovery and these assignments are specially meant to help clients help themselves and keep focused on solution. Externalising the interests, being a part of support groups, working on communication skills, emotional journaling, public interactions etc will help the adolescents reach out to more productive, efficient and positive behaviors.

SUMMARY AND CONCLUSION

Guilt free living and life filled with high self efficacy is what most of the adolescents with the experience of sexual abuse hope for. Hence the present study focused on the application of solution focused therapy in helping the survivors of sexual abuse. The assumptions of solution focused therapy and the intervention techniques used are highly relevant in addressing the issues of adolescents who have experienced sexual abuse. The sole purpose of using this therapy is to help survivors of sexual abuse look at the solutions rather than crib about the events that have happened in the past.

Limitations of the present study

In the present study quantitative data about the self efficacy was collected from the participants using a psychological tool. A semi structured interview with the adolescents with the experience of sexual abuse would have provided more information about the reasons behind feeling inadequate.

Implications of the current study

The present study helps in understanding the psychological effect of experience of traumatic incident such as sexual abuse on the adolescent survivors. Further, the study makes the readers understand that survivors of sexual abuse need emotional support and help to come out of the trauma.

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