EVALUATION OF THE PSYCHOTHERAPEUTIC INTERVENTION FOR VICTIMS OF SEXUAL ABUSE IN EGOR COMMUNITY EDO STATE

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SEPTEMBER, 2023

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BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE AWARD OF BACHELOR DEGREE OF SOCIAL WORK IN THE DEPARTMENT OF SOCIA WORK, FACULTY OF SOCIAL SCIENCES,
UNIVERSITY OF BENIN,
BENIN CITY.

SEPTEMBER, 2023

CERTIFICATION

We hereby certify that this project was carried out by Anegbode Omuekpen Lovely in the Department of Social Work, Faculty of Social Sciences in requirement of the award of Bachelor Degree in Social Work (BSc.), University of Benin, Benin City, under my supervision.

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DATE	**DATE**

ACKNOWLEDGEMENTS

My thanks and gratitude goes to God Almighty whose providence and protection made it possible for my dreams to be actualized despite all odds.

My appreciation goes to my parents Mr, and Mrs. Isibor Anegbode for their financial, love and moral support towards my academic programme, May you eat the fruit of your labour. And my siblings Mrs. Stella Iziebhiogie, Anegbode Harrison and big brother Anegbode Friday for their support, during my academic pursuit, God bless you all.

I sincerely appreciate the constructive contributions of my supervisor's role of Prof. E. Ugiagbe for his comments, guidance and encouragement that led me along the part of clarity and the refinement of this study. May God reward you sir, for all He has had you to do.

My appreciation goes to the lecturers in Department of Social Work, My warmth regard to my HOD Dr. Sunday Ofilli Ibibor, Dr. (Mrs.) T.B.E. Omorogiuwa, Dr. S. Yesufu (PG Coordinator), Amthony Ngbeken, Mr. Godwin Egbeyemi, Mrs. Yoka, Pat Adebayo, Amedu Gabriel, Dr. Charles Mfon, Dr. Sunny Omigie, Mr. Mike Esin and others, May you all reap the fruits of your labour and all you have been deprived of all throughout the period of this study.

I want to sincerely appreciate all my friends, lImokhael Judith, Igbineweka Gladys and Silvaline, May God reward you with His abundant blessings.

Above all, honour adoration, thanks and majesty be unto the Lord God who is the author and finisher of our faith.

Anegbode Omuekpen Lovely
University of Benin
August, 2023

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Abstract

This study is an evaluation of the psychotherapeutic intervention for victims of sexual abuse in Egor Community Edo State. The study adopted the survey research design on the basis of which data were sourced using simple random sampling technique. A sample of two hundred participants was adopted. The data was anlysed using quantitative and qualitative analysis.

The result revealed that cognitive behavioral therapeutic approach can helps treat emotional and behavioural problem of victims of sexual abuse. Psychodynamic therapy can impact positively on manifestations of post-traumatic stress disorder (*PTSD) following sexual abuse. Social work therapeutic approach can effectively manage trauma faced by victims of sexual abuse in Egor Community Edo State.*

The study recommends that cognitive behavioral therapeutic approach should be adopted since it can helps to treat emotional and behavioural problem of victims of sexual abuse, ii is very important to design a system that could easy intervene for survivals. The extent of trauma faced by sexual abused survivals should determine whether psychodynamic therapy can impact positively on manifestations of post-traumatic stress disorder (*PTSD) following sexual abuse. Social work therapeutic approach should be made available in Egor Local Government welfare department where victims or survival of sexual abuse can obtain effective manage trauma during and post survival period.*

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Child sexual abuse (CSA) is an international and pervasive problem that is widespread both in advance and emerging countries. According to a review of the research, CSA is the third most frequent form of child maltreatment. According to the WHO report from 2009, CSA affects 1 in 4 girls and 1 in 6 boys before the age of 18, with an annual global estimate of 73 million (7%) boys and 150 million (14%) females (WHO, 2018). Around 9% of the 772,000 children who were abused or neglected globally in 2008, according to the Centers for Disease Control and Prevention (CDC), also experienced sexual abuse. Over 60,000 American children were sexually abused in 2010, according to the United States Department of Health and Human Services (USDHHS) (Akin-Odanye, 2018).

Africa is not an exception, and CSA instances involving females under the age of 15 account for between 7% and 21% of all CSA cases, while in some African nations, rates for teenage men ranged from 3.4% to 29.9%. Additionally, it was noted that 25% of girls are likely to be raped before the age of 16 and that more than 41% of rapes reported in South Africa involved children under the age of 18 (Selengia, Thi-Thuy, & Mushi, 2020). High levels of CSA were found in community-based surveys of Nigerian teenagers who were enrolled in school and those who weren't. In South West and South-East Nigeria, respectively, Manyike, Chinawa, Aniwada, Odutola & Chinawa (2015) and

Olley (2008) established that prevalence rates of 55% and 40% among children sexual abuse who are enrolled in school. Other studies such as (Akpoghome & Nwano, 2016; Okonkwo & Naish, 2016) were based on newspaper reports indicating a high incidence of CSA in various regions of Nigeria.

Children and teenagers between the ages of 13 and 19 were sexually abused in Benin City, according to Akhiwu, Umanah, and Olueddo (2013). According to a different study (Enobakhare, Eromon, Ohenhen & Odiko, 2018), 58% of rape cases reported in hospitals in Benin City were children victims. The prevalence of sexual abuse of male children is rising as well, despite the literature's emphasis on sexual abuse of female children. Boys and girls of various ages and socioeconomic backgrounds experience sexual abuse directed at children and adolescents worldwide (Akin-Odanye, 2018). This type of violence can cause severe psychological development issues, including disruption, enuresis, encopresis, depression, and posttraumatic stress disorder (PTSD), the latter two of which are the most frequent (Maniglio, 2009). The cognitive, emotional, and social development of victims of sexual abuse may be negatively impacted, which may have long-term effects on their interactions with others and their perspective of their own well-being (Habigzang & Koller, 2013).

Psychodynamic psychotherapy has been shown to be effective in treating patients with posttraumatic stress disorder (PTSD) that might have resulted from sexual assault.

When treating a patient who has been sexually abused or assaulted, these distinctive features of psychodynamic psychotherapy remain the focus of the treatment (Cowan, Ashai & Gentile, 2020). An expert intervention from a social worker or related field is to "follow the red thread" which is a phrasing used to encourage the therapist to focus on the feelings and emotions of the victim of sexual abuse occurring in the therapy session rather than be pulled into discussing superficial issues. In order to do this, the therapist (social work expert) creates a safe space for talking with the patient by being empathic and nonjudgmental, attending to the patient's physical comfort, and demonstrating understanding, without these elements, a patient might feel retraumatized and unsafe (Cohen, Deblinger & Mannarino, 2018).

1.2 Statement of the Research Problem

Sexual abuse is a problem that has significant impact on survivors' lives. Child sexual abuse (CSA) is associated with a wide range of psychological reactions, including depressive and anxiety symptoms, PTSD, borderline personality disorder, impairments in general functioning, interpersonal issues, sexual avoidance, and low self-esteem. In the past ten years, interventions have generally been shown to be successful, especially when it comes to posttraumatic, depressive, and anxiety symptoms (Sousa-Gomes, Abreu, Moreira, Del Campo, Moreira, & Fávero, 2022). The detrimental effects of psychological growth and the significant epidemiological prevalence of sexual abuse point to the

necessity of creating efficient psychological therapies. For females who have experienced sexual abuse, Habigzang, Stroeher, Hatzenberger, Cunha, Ramos, and Koller (2009) assessed the efficacy of a cognitive-behavioral group therapy approaches. This intervention, which was divided into 16 sessions, focused on the reorganization of dysfunctional thoughts and behaviors associated with the abuse, the reorganization of the traumatic memory, the reduction of depressive, anxious, stress, and PTSD symptoms, and the development of self-defense techniques to lessen the risk of revictimization. The findings showed that the signs of PTSD, stress, anxiety, and sadness were significantly decreased. This intervention can help to restructure ideas about the guilt from sexual assault and the divisions among peers.

The effectiveness of the intervention in psychotherapeutic of sexual abuse victims can be shown by the evaluation of the psychotherapy provided by (Habigzang et al., 2009). In light of the aforementioned, a qualitative analysis of the intervention process is equally pertinent. Therefore, research evaluating the therapeutic process by confirming the changes promoted by intervention, as well as when and how it can contribute to the understanding of mediators and the mechanisms involved in patients' responses to psychotherapy, has been carefully studied (Kazdin, 2007). Ones relation to the patient, such as their life history, symptoms and comorbidities, (1) prior coping mechanisms for dealing with stressful events, and motivation for treatment; (2), the therapeutic alliance;

(3), the therapist's characteristics, such as their empathy and technical competence; and (4), the treatment selected, such as the employed techniques, can all have an impact on the response to treatment (Peuker, Habigzang, Koller & Bizarro, 2009). It is against this these views that this study fill gap in literature by examining evaluation of the psychotherapeutic which is based on (Cognitive Behavioral Therapy (CBT), Psychodynamic Therapy and Experiential Therapy) to victims of sexual abuse in Egor Community Edo State.

1.3 Objectives of the Study

The main aim, of the study is to evaluate the psychotherapeutic to victims of sexual abuse in Egor Community Edo State. The specific objectives are to:

1. identify the nature and types of child sexual abuse.
2. evaluate whether cognitive behavioral therapeutic approach helps to treat emotional and behavioural problem of victims of sexual abuse?
3. ascertain whether psychodynamic therapy impact positively on manifestations of post-traumatic stress disorder (PTSD) following sexual abuse.
4. examine whether social work therapeutic approach can effectively manage trauma faced by victims of sexual abuse in Egor Community Edo State.

1.4 Research Questions

The following questions will generated to guide the course of the study.

1. What is the nature and types of child sexual abuse?
2. How does cognitive behavioral therapeutic approach helps to treat emotional and behavioural problem of victims of sexual abuse?
3. Does psychodynamic therapy impact positively on manifestations of post-traumatic stress disorder (PTSD) following sexual abuse?
4. To what extent does social work therapeutic approach effectively manage trauma faced by victims of sexual abuse in Egor Community Edo State?

1.5 Scope of the Study

This study focuses on evaluate the psychotherapeutic to victims of sexual abuse in Egor Community Edo State. This study is limited to five (5) communities in Egor Local Government Area of Edo State. The study is also limited to survey research using questionnaire to capture the main idea of the study.

1.6 Significance of the Study

This study when successively carried out will be of relevant to: the students of social work department as it will be a reference point on studies that will embark on social work and therapeutic process in rehabilitating child sexual abuse. The study will also make suggestions that will enhance policy instrument with respect to protecting juvenile from sexual abuses and prosecution of abusers. The study will make relevant recommendations to families as to putting strategies in place to checkmate occurrences of child abuse in

their various families. The theoretical framework points to the fact that strange relationship among children should be avoided and checkmated on regular basis to reduce likelihood of sexual violence and abuse.

1.7 Definition of Terms

This is an attempt to provide meaningful explanation or concise definition to some terms that can be commonly found in this study for better clarity and vivid comprehension for the readers. Some of the terms are:

Child Sexual Abuse (CSA): When a person engages a child or young person in sexual talk, touching, or other activities, it is known as child sexual abuse (CSA). These activities can include fondling a child's genitalia, penetration, incest, rape, sodomy, indecent exposure and exploitation through prostitution, using the child in the creation of pornographic materials, or allowing the child access to such materials.

Sexual Abuser: This is the person who violates another person sexually.

Sexual Assault: is a crime that involves an adult touching a minor for sex; examples include rape (including sodomy) and sexual penetration with an object. It also covers any invasive physical contact with a minor's body, no matter how slight, if it's done for sexual enjoyment.

Sexual Exploitation: This phrase refers to crimes when an adult exploits a minor for gain, pleasure, or money, such as child prostitution and the production or distribution of child pornography.

Therapy: Using verbal connection and communication for the treatment of mental disorders

Cognitive Behavioral Therapeutic Approach: A talking therapy called cognitive behavioral therapy (CBT) can assist you in managing your issues by altering the way you think and act. Although it can be helpful for other mental and physical health issues, it is most frequently used to treat anxiety and depression.

Psychodynamic Therapy: This involves primary goal that reveal a client's unconscious psyche in an effort to reduce psychic tension, which is internal conflict that was caused by extreme stress or emotional adversity and is frequently experienced in a state of distress.

Social Work Therapeutic Approach: to offer peer and professional assistance to parents who might otherwise feel extremely alone in their care of traumatized and attachment-insecure kids. to better comprehend the children and their behavioural and emotional needs by learning more about the effects of trauma and attachment theory.

CHAPTER T00WO

LITERATURE REVIEW

2.1 Conceptual Framework

Haugaard (2000), established that it can be very difficult to talk about sexual abuse and even more difficult to acknowledge that child sexual abuse (CSA) of all ages including infants happens every day. Sexual abuse of children has become the subject of great community concern and the focus of many legislative and professional initiatives. This is evidenced by the expanding body of literature on sexual abuse, public declarations by adult survivors and increased media coverage of sexual abuse issues. As a result of this complexity in defining child sexual abuse (CSA), different people or organizations have given non-standard definition of child sexual abuse (CSA); and these have in turn made research findings on child sexual abuse (CSA) often not comparable across studies.

Bayley and King (2010) defined child sexual abuse (CSA) to be when an adult or person significantly older or in a position of power interacts with a child in a sexual way for the gratification of the older person. These acts are those morally unacceptable to the community that may endanger the wellbeing of the child, although the child may or may not perceive these acts as abuse. Child neglect is the denial of the basic rights and needs of the child by parents, school, peers, governments and cultural community, occurring as acts of omission and or commission" (Onyekwere & Bolade, 2023). Child sexual abuse (CSA) is a form of child abuse in which an adult or older adolescent uses a child for

sexual stimulation. Forms of child sexual abuse (CSA) include asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent exposure of the genitals to a child, displaying pornography to a child, actual sexual contact against a child, physical contact with the child's genitals (except in certain non-sexual contexts such as a medical exam), viewing of the child's genitalia without physical contact (except in nonsexual contexts such as a medical exams), or using a child to produce child pornography (Martin et al, 1993).

World Health Organization (2016) defined child sexual abuse (CSA) as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse (CSA) is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. Finkelhor (2009) defined child sexual abuse (CSA) to include the entire spectrum of sexual crimes and offenses in which children up to age seventeen are victims. The definition includes offenders who are related to the child victims as well as those who are strangers. It includes offenders who are adults as well as those who are themselves children and youth. It includes certain kinds of non-contact offenses, such as

exhibitionism and using children in the production of pornography, as well as statutory sex crime offenses, in addition to the sexual fondling and penetrative acts that make up a majority of the cases. As against the definition given by WHO (2016) which consider the involvement of a child based on the level of knowledge such a child has,

Finkelhor (2009) focused on the spectrum or length of sexual crime. These however have not touched the level of force involved in sexual act. A recent definition by CAPTA (2011) stressed the process or level of force involved in the sexual offence. CAPTA (2011) defined the term "child sexual abuse (CSA)" as: "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children." Considering whom a child is Ilene, Goodwin, Whittle, Clyde and Rogers, (2007) defined child sexual abuse (CSA) as a type of sexual abuse that first occurs before age 15. Although there is no universal definition of child sexual abuse (CSA), a central characteristic of any abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity.

Child sexual abuse (CSA) is not solely restricted to touching offenses (like fondling, making a child to touch an adult's sexual organs, penetrating a child's vagina or anus no matter how slight with a penis or any object that doesn't have a valid medical purpose) as American Humane Association (2011) explained, but also include non-touching sexual offences (like engaging in indecent exposure or exhibitionism; exposing children to pornographic material; deliberately exposing a child to the act of sexual intercourse; and masturbating in front of a child (Cowan, Ashai & Gentile, 2020, Finkelhor, 2009).

2.1.1 Types of Child Sexual Abuse (CSA) and Their Nature

There are many aspects of child sexual abuse (CSA) that make determining the actual magnitude of the problem difficult (Wurtele, 2009). First, the term child sexual abuse (CSA) incorporates a variety of activities, ranging from "non-contact" offenses (e.g., intentionally exposing one's sexual organs to a child) to acts of varying physical intrusiveness (e.g., from fondling to vaginal or anal intercourse). Second, child sexual abuse (CSA) is a secretive offense, typically occurring in private and leaving no physical signs, which makes detection very difficult. Third, the victims are children who are at different stages of cognitive and language development, which affects whether and how well they disclose the sexual victimization (Wurtele, 2009). Child sexual abuse CSA) may include, but is not limited to, the inducement or coercion of a child to engage in any

unlawful sexual activity; the exploitative use of child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances and materials (World Health Organization, 1999). The following are some of the types of child sexual abuse (CSA):

Sexual Assault

This is a form of child sexual abuse (CSA) in which an adult touches a minor for the purpose of sexual gratification; for example, rape (including sodomy), and sexual penetration with an object (Finkelhor & Ormrod, 2001). Most U.S. states include, in their definitions of sexual assault, any penetrative contact of a minor's body, however slight, if the contact is performed for the purpose of sexual gratification (National Clearinghouse on Child Abuse and Neglect Information, 2002).

Sexual Exploitation

This is a type of child sexual abuse (CSA) in which an adult victimizes a minor for advancement, sexual gratification, or profit; for example, prostituting a child, (Finkelhor & Ormrod, 2004) and creating or trafficking in child pornography (Massachusetts Child Exploitation, 1995). UNICEF (2006) brought a more succinct view of sexual exploitation by explaining that sexual exploitation is a form of gender-based violence that is all too frequently a characteristic of warfare which can include engaging a child or soliciting a child for the purposes of prostitution; and using a child to film, photograph or model

pornography. Commercial or other exploitation of a child refers to use of the child in work or other activities for the benefit of others, this includes, but is not limited to, child labour and child prostitution. These activities are to the detriment of the child's physical or mental health, education, or spiritual, moral or social-emotional development (Cowan, Ashai & Gentile, 2020).

Child Molestation

Child molestation is a generic term used to describe all types of sexual acts perpetrated by an adult on a child regardless of the gender of the child or the relationship between victim and the offender (Ojuade, 2019). It includes a wide variety of activities perpetrated against children by adults that have sexual undertones. Child abuse and molestation are diverse in all aspects, especially as molestation of a child forms a major and the most popular aspect of child abuse (Onugha, 2021). The numerous consequences that flow from child molestation are grievous, and unfortunately, this harm done to children, and extending into their adult lives have been afforded less attention.6 Some children, even after they have fully grown into adults still live with this trauma; and the society is oblivious of this fact. Bessel has rightly stated that 'in the culture people talk about trauma as an event that happened a long time ago. But what trauma is, is the imprints that event has left on your mind and in your sensations (Ojuade, 2019). Child molestation is an act of a person—adult or child—who forces, coerces or threatens a child to have any

form of sexual contact or to engage in any type of sexual activity at the perpetrator's direction (American Humane Association, 2011).

Sexual Victimization

This is a type of child sexual abuse (CSA) that involves damage or even killing during sexual offense as a result of the action of the other partner (Advanced Learner's Dictionary, 2005). Sexual victimization can result in a broad array of difficulties, including emotional disorders (e.g. depression, anxiety), cognitive disturbances (e.g. poor concentration, dissociation), academic problems, physical problems (e.g. sexually transmitted diseases, teenage pregnancy), acting-out behaviours (e.g. prostitution, running away from home) and interpersonal difficulties (Berliner & Elliott, 2002, Kilpatrick et al., 2003, Noll et al., 2003, Paolucci et al., 2001, Roberts et al., 2004, Tyler, 2002).

2.1.2 Etiology of Child Sexual Abuse

Three primary theoretical models have been presented to explain child sexual abuse (CSA): psychopathological, sociological and ecological (Roscoe, Callahan & Peterson, 1985). Some of the factors that fuel the occurrence of child sexual abuse (CSA) are briefly explained below and are summarized under the three theoretical models:

Culture: Some cultures have long-standing practices, such as child marriage, that make child sexual abuse (CSA) permissible. More often, though, the breakdown of cultural The

risks are greatly increased by taboos. Media influences, tourism, and the promotion of materialistic interests can erode long-held cultural mores and make behavior that was formerly deemed unacceptable seem normal (UNICEF, 2001). Mejiuni (1991) discusses child abuse in Nigeria and how it appears to have become more severe there. He contends that while specific political and economic factors are linked to the physical and sexual abuse of children in Africa, these factors have their roots in ideological or cultural aspects of the patriarchal family traditions found in that continent, which encourage the sexual abuse of women and girls.

Family Dysfunction and Breakdown: Sometimes stressed-out parents resort to physical, emotional, or sexual abuse as a way of coping. Family connections can be strained by children who have unresolved sexual identity difficulties, divorce, and remarriage. The capacity of parents to look after and protect their children is significantly hampered when families experience homelessness or is compelled to relocate from one location to another (UNICEF, 2001). Children are sometimes left to fend for themselves as others flee. Additionally, molesters frequently target homes where children are being raised by single mothers. Aspects of parental physical absence have been linked by certain authors to child sexual abuse (CSA). The presence of a foster parent (Landy & Munro, 1998; Lipton, 1997), the placement of a child in a group home (Bosch, 1997; Anolik & Stevens, 1998),

and the placement of a child in juvenile detention (Grossman, 1997; Dembo et al, 1993) are a few of those factors.

Poverty: In urban slums and impoverished rural communities, where poverty severely limits prospects for employment and education, procurement agents thrive. In order to obtain children, these agents bribe, extort, and lie to families, offering marriage or employment—often as domestic workers. The children are then moved far away, occasionally over international borders and along well-traveled underground drug routes. Families may also voluntarily move kids to places with greater job prospects, thus increasing the kids' risk of sexual abuse (UNICEF, 2001). Poor families are disproportionately involved with child welfare agencies, according to every national incidence research of child sexual abuse (CSA) (Barth, 2009). Families with indicators of poverty are significant predictors of child sexual abuse (CSA) and neglect, according to Zuravin (1989), and the pattern of covariation between indicators of economic stress and indicators of insufficient social support is compatible with the ecological proposition.

Relatives or Acquaintances (Incest): According to estimates (Finkelhor, 1994), relatives (siblings, cousins, aunts/uncles), family acquaintances, and domestic carers (fathers, stepfathers, mothers' boyfriends, babysitters) account for 70–90% of child sexual abuse (CSA). The most pervasive type of child sexual abuse (CSA) with the greatest potential for harm to a kid has been recognized as incest between a child or teenager and

a related adult (Courtois, 1988). According to Julia (2007), 10% of child sexual abuse (CSA) perpetrators are strangers, 60% of perpetrators are family acquaintances like a neighbor, babysitter, or friend, and 30% of all sexual abusers are related to their victims.

New Communications Technology: While new technology has the potential to protect children, it can also be abused sexually. For instance, there are virtually no restrictions on the Internet, which transcends national boundaries. Today, it takes only a few seconds to send audio, video, and text files across the globe. Online forums have developed into gathering places for sexually abusing children and pimps selling women, while child pornography, sex tourism information, and mail-order brides are all openly available (UNICEF, 2001).

Gender Discrimination: Women and girls are frequently treated as property, denied a voice, and a right to protection from abuse since men are frequently held in greater regard than women in many communities. Female children may be kept out of school or married off young by families who don't appreciate them, severely limiting their prospects in life and making them more susceptible to sexual abuse (UNICEF, 2001).

Globalization: Globalization has increased the flow of people and things, making it more simpler for traffickers to move children across borders and expanding the locations where pedophiles can engage in child sex (UNICEF, 2001).

Lack of Confidence and Self-esteem: According to Elliott et al. (1995), child sexual abusers also target kids who lack self-esteem and confidence. This raises the need to promote parent-child bonding. It is crucial that parents are informed about safe Internet use given the rise in young people being sexually solicited online (Mitchell, Finkelhor, & Wolak, 2001).

HIV/AIDS: Many exploiters hold the false belief that younger children are immune to HIV. The virus can enter the body more easily in minors because they are more prone than adults to be hurt by penetrative intercourse. Additionally, it is unlikely that children will be able to demand safe sex practices or even have knowledge of infection risks or access to condoms. HIV/AIDS has caused a dramatic increase in the number of orphans and homes with children who must work. These children have little defenses against sexual assault because of their fragility and the social stigma associated with AIDS in many parts of the world (UNICEF, 2001).

2.1.3 Psychotherapeutic Approaches to Sexual Abuse

There are many psychotherapeutic approaches to sexual abuse but two approaches are reviewed below, which include psychodynamic and cognitive and behavioral.

Psychodynamic

Psychodynamic psychotherapy has the longest history as a method for dealing with trauma in various forms including sexual assault and rape. Psychodynamic theory

underpins this therapeutic approach. The psychodynamic perspective is distinguished by its focus on expression of emotions, exploration of avoidance of distressing emotions, examining past experiences, wishes and fantasies, identification of defense mechanisms, working through interpersonal relationships and using the therapy relationship to resolve intra-psychic conflicts and interpersonal struggles (Shedler, 2010). An important premise of psychodynamic psychotherapy is the idea that bringing the client's conflicts and psychic tensions from the unconscious into the conscious will lead to healthier functioning (Robbins, Chatterjee & Canda, 2011). Therefore the aim of the therapy is to uncover unconscious motives and conflicts through talking about past experiences, defense mechanisms and repetitive patterns / themes in order to set the stage for change. Traumatic events are seen as impacting on the sense of self in relation to others, and may force a survivor to relive earlier struggles over autonomy, identity and intimacy.

Recovery requires reestablishment of a sense of self and relationships with others. The emphasis is on internal defenses, interpersonal interactions, or developmental considerations, with the intention of bringing these parts into closer communication. Despite the long history and extensive use of psychodynamic models, they have little empirical support (Taylor, 2009; Vickerman 2009). Research emphasises theory (Bohleber, 2007; Straker, Watson & Robinson, 2002), and reports on case studies (Pole 2006; Wren 2003) and clinical reflections (Schottenbauer, 2006), rather than RCTs.

However, Shedler's (2010) recent review of the scientific literature found some evidence for psychodynamic psychotherapy as an empirically supported therapy which is worth noting for future considerations of this approach.

Cognitive and Behavioral

Cognitive-behavioural models of treatment cover a range of specific approaches including Exposure Therapy or Prolonged Exposure (ET/PE), Stress Inoculation Training (SIT), Cognitive Processing Therapy (CPT), and Eye Movement De-Sensitization and Reprocessing (EMDR). Cognitive-behavioural therapy incorporates cognitive, behavioural, and social learning theory components, to explain functioning as a product of reciprocal interactions between personal and environmental variables. Behavioral interventions often focus on control of physical stress reactions through controlled breathing or muscle relaxation. Cognitive therapy aims to assist individuals to identify and modify trauma-related dysfunctional beliefs that influence response to stimuli and subsequent physiological and psychological distress (Stavrou, 2018).

Prolonged Exposure (PE) is a manualized treatment developed by Foa and colleagues to treat post-traumatic stress disorder. The treatment is characterized by the following four elements: education about common reactions to trauma; training in relaxing breathing; repeated in vivo exposure to stimuli that provoke anxiety due to their association with a traumatic event; and repeated imaginal exposure to traumatic

memories. The aim of in vivo and imaginal exposure, as explained to clients in the overall rationale for treatment, is to enhance emotional processing of traumatic events by helping them face trauma memories and the situations that are associated with them.

Stress Inoculation Training, developed by Michenbaum (1977), involves three interlocking and overlapping phases: 1) education regarding sources of stress, including irrational thinking, and ways to reduce psychological and physiological stress; 2) coping skills, including relaxation training and cognitive restructuring; 3) application of new strategies to real or simulated situations. The model was later modified to include covert modeling, role playing and guided self-dialogue specifically to treat rape victims (Rothbaum, 2005).

Assertiveness Training (AT) intervention models for victims of sexual violence incorporate skills building exercises from Lange and Jakubowski's (1976) work (Responsible Assertive Behavior) as well as techniques derived from Rational Emotive Therapy (Ellis 1977). Interpersonal problems that arise following sexual trauma are viewed to stem in part from non-assertive cognitions. Through behavioral rehearsal, clients are helped to speak assertively to others about their assault(s), both in terms of correcting blaming attitudes and asking for social support (Rothbaum 2005). Cognitive Processing Therapy (CPT) was developed by Resick and Schnicke as an intervention which “elicits memories of the event and then directly confronts conflicts and

maladaptive beliefs" (Resick, Kilpatrick, Dansky, Saunders, Best, 1993:.17). CPT consists of two integrated components: 1) exposure of the client to his/her own trauma memories, often through writing and reading aloud a detailed account of the event which includes sensory details and 2) cognitive therapy. Cognitive components of the intervention include the identification of maladaptive cognitions and the differentiation of thoughts from feelings. Some researchers have reported that exposure therapy in combination with SIT or cognitive therapy yields the most positive results (Hembree, 2003). Others have reported that inoculation does not necessarily enhance other cognitive methods, which are equally effective when provided alone (Harvey, Bryant & Tarrier, 2003; Stavrou, 2018).

Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro 1996) incorporates desensitization through therapeutic exposure and the repetitive redirecting of attention. EMDR is a manualized training program that involves several elements: 1) the client is asked to imagine one aspect of the traumatic experience and in doing so, to experience the negative sensations associated with the event; 2) the client visually tracks an object moving back and forth, generally the therapist's fingers; 3) the client rates her level of distress on a ten point scale; 4) steps 1 to 3 are repeated until the level of distress diminishes to 0 or 1; 5) the client imagines a preferred memory or belief while tracking the therapist's fingers (Rothbaum, 2005). The goal is to foster cognitive and emotional

changes related to the traumatic experience. EMDR remain remains controversial intervention. It has been suggested that the theoretical foundation has not been well developed (Rothbaum, 2005), and that it is no more effective than other exposure techniques. T Relatively few controlled studies have been conducted, and findings have been mixed (Taylor 2003).

Cognitive-behavioural techniques have been extensively evaluated and found to be effective in reducing symptoms of PTSD in a wide variety of populations (Bisson & Andrew, 2007; Harvey et al., 2003; Taylor 2009). It is important to note that exposure methods have been associated with high rates of discontinuation from therapy (‘dropout‘). This association has been identified as an area of concern. It is possible that those with higher levels of symptoms are less able to tolerate the treatment, and therefore discontinue early. From a treatment standpoint, those providing treatment based on exposure methods tend to be more selective in their criteria for inclusion. It has been suggested that this model of treatment should be used only when a sound therapeutic alliance has been formed and a thorough assessment has been completed.

2.1.4 Social Work and Psychotherapeutic Child Sexual Abuse

Counseling, listening, advocacy, and managing the tensions of one's world view within professional practice are among the most frequently cited professional skills required for social work practice in the area of child sexual violence. Additionally highlighted are the

personal qualities of empathy and having faith in the client. Jordan (2008) notes that when practitioners demonstrate acceptance and understanding while hearing a client's tale, there are good effects for persons who experience sexual violence. In a similar vein, Thorburn (2015) emphasizes the value of empathy, listening abilities, and counseling skills when working in this sector. According to research by Mortimer, Gillian, Woolley, Campbell, Harvey, Taylor and Dickson (2009) and Mossman, Jordan, MacGibbon, Kingi and Moore (2009), fulfilling a client's emotional needs requires both counseling skills and a therapeutic approach to handling clients. Staniforth and Booysen (2016) were able to demonstrate the widespread application of these micro-skills by drawing on the idea of counseling skills in social work practice. The primary component of the healing process is thought to be the therapeutic connection that develops via the use of these micro-skills (Mortimer et al., 2009; Thorburn, 2015).

Self-determination, as well as the value and dignity of clients, are among the principles that contribute to successful practice social work in the area of sexual violence that have been highlighted throughout the literature. According to Jordan (2008), it is crucial to respect a client's perspective because when experts acknowledge and respect the demands and desires of the client, beneficial effects result. Similar to this, the Ministry of Women's Affairs (2009) discusses self-determination in the context of providing services that are focused on the needs of the client. Murphy, Potter, Pierce-

Weeks, Stapleton, Wiesen-Martin and Phillips (2011) asserted that social workers must keep up with clients and follow their example, also support this point of view. The literature also goes into great detail on the idea of choice. For instance, Stenius and Veysey (2005) established that giving clients the freedom to decide on their own pace of healing, the issues they want to address, and the people they want to work with is essential. They explain the importance to pay attention to what the client requests because doing so helps to maintain the client's autonomy and may even strengthen the client's sense of control. Similarly, Jülich, Sturgess, McGregor and Nicholas (2013), established that client-centered strategy entails providing pertinent options and honoring the options that are selected.

When social professionals address trauma survivors of sexual abuse utilizing an inter-subjective viewpoint to examine the interface between the therapist's and the client's processes, they are demonstrating the "dual focus" of the intervention for child sexual abuse (Canfield, 2005). The clinical process is reconstructed as a dynamic, non-linear, co-created field, expanding on standard psychoanalytic approaches that emphasize the client's ego defenses and transference toward the therapist (Canfield, 2005; Rasmussen, 2005). Such reformulations of the therapeutic relationship also represent a movement away from the acceptance of a single, predetermined set of "scientific" facts and toward the acceptance of diverse, divergent points of perspective. In a similar vein, Rossiter

(2000) contends that postmodernism has damaged the knowledge bases of all professions, including social work, in his writing from a social work perspective. She views the ensuing turmoil as creating a number of opportunities. A return to a more overtly political attitude founded on social justice values is one result of the postmodern crisis of purpose she sees for social work. It becomes necessary for social workers to pay attention to and record the narratives of individuals whose voices have been systematically marginalized within the prevailing discourses when social work is restructured to acknowledge its position at the center of society. There is a perceived need to focus on the process experienced by the social workers who interact directly with the narratives of trauma survivors, hence this reformulation also explores the practitioner narratives themselves (Canfield, 2005; Cunningham, 2003).

2.2 Review of Empirical Literature

Pilios-Dimitris (2018) examined the impact of psychoanalytic psychotherapy as a kind of treatment on a young lady who had experienced childhood sexual abuse and her marital life. The woman sought to enhance her connection with her husband and underwent three years of psychodynamic psychotherapy. The sexual abuse she experienced as a child from her father, which is a prominent theme explored throughout the therapeutic process, was crucial to the issues she was having in her marriage because it had influenced her attachment style and been a deterrent in her interactions with men. Three tests were

administered at the start and completion of the session in the current case to evaluate the effects of psychodynamic psychotherapy. Her completion of the Dyadic Adjustment Scale (DAS), Experiences in Close Relationships-Revised (ECR-R) Questionnaire, and Thematic Apperception Test (TAT) gave us a thorough understanding of her attachment patterns, an assessment of her marital situation, an examination of her inner and intrapersonal world, and an examination of interpersonal couple and family functioning. Her responses to the aforementioned tests at the beginning and conclusion of therapy are examined, as well as the therapeutic strategy used in this case.

In an investigation, Resick, Nishith, and Griffin (2003) looked at how cognitive-behavioral treatment affected child sexual abuse survivors who were suffering from complicated PTSD symptoms. Female rape victims were randomly assigned to cognitive-processing therapy, prolonged exposure, or a delayed-treatment waiting-list condition. The majority of these victims had previous histories of trauma. We separated the sample of 121 participants into two groups based on whether they had a history of child sexual abuse after discovering that both methods of treatment were equally helpful for addressing complicated PTSD symptoms. Over the course of treatment, both groups significantly improved in terms of PTSD, depression, and complex PTSD symptoms as determined by the Trauma Symptom Inventory. At least nine months were spent keeping up the improvements. Once pretreatment scores were co-varied, there were no differences

between the two groups at post-treatment, despite group main effects on the Self and Trauma factors. These results demonstrate the efficacy of cognitive-behavioral therapy for patients with complicated trauma histories and patterns of sexual abuse in symptom relief.

For children who have experienced sexual abuse, cognitive-behavioural therapies are examined by Macdonald, Higgins, and Ramchandani (2006). MEDLINE (1966-November 2005), EMBASE (1980-November 2005), CINAHL (1982-November 2005), PsycINFO (1897-November 2005), LILACS (1982-November 2005), SIGLE (1980 to November 2005), and the Cochrane Developmental, Psychosocial, and Learning Problems Group Register (November 2005) were all searched. Two reviewers (GM and PR) independently determined the eligibility of titles and abstracts found through the search. JH and GM extracted the data, entered it into REVMAN, synthesized it, and presented it in written and graphical (forest plot) form. This evaluation covered ten studies with a total of 847 participants. Data indicate that CBT may benefit those suffering from child sexual abuse's aftereffects, but the majority of findings were statistically insignificant. The review indicates that CBT has the ability to address the negative effects of child sexual abuse, but it also emphasizes how flimsy the data is and the need for more meticulously planned and better reported trials.

Children who have experienced sexual abuse can benefit from cognitive behavioral therapy, according to a 2012 study by Macdonald, Higgins, Ramchandani, Valentine, Bronger, Klein, O'Daniel, Pickering, Rademaker, Richardson, and Taylor. The study evaluates the effectiveness of cognitive-behavioral interventions (CBI) in addressing the short- and long-term effects of sexual abuse on children and young people under the age of 18. The study makes use of the Cochrane Central Register of Controlled Trials (CENTRAL) (2011 Issue 4), MEDLINE (1950 to November Week 3, 2011), EMBASE (1980 to Week 47 2011, CINAHL (1937 to 2 December 2011), PsycINFO (1887 to November Week 5, 2011), LILACS (1982 to 2 December 2011), and OpenGrey, formerly OpenSIGLE (1980 to 2 December 2011). There were 10 trials total in the study, including 847 individuals. All studies looked at CBT programs offered to kids or kids and a parent who wasn't the offender. Wait list controls (n = 1) and treatment as usual (n = 9) were examples of control groups. The majority of the session was supportive, unstructured psychotherapy, as is standard practice. The reporting of studies was often subpar. In terms of sequence generation, just four studies were deemed to have a "low risk of bias," while only one study was deemed to have a "low risk of bias" in terms of allocation concealment. Regarding the blinding of outcome assessors or staff, all studies were deemed to have a "high risk of bias"; nevertheless, the majority of studies did not address these or other bias-related issues.

Instead of those who were recruited, the majority of research reported findings for study participants. Primary outcomes of the study included depression, PTSD, anxiety, and behavioral issues among children. Data indicate that CBT might benefit those suffering from child sexual abuse's aftereffects, but the majority of findings lacked statistical significance. The strongest support for CBT's beneficial effects appears to be in lowering anxiety and PTSD symptoms, however even in these areas, improvements are typically at best "moderate." An average drop of 1.9 points on the Child Depression Inventory was reported following intervention, according to a meta-analysis of data from five trials (95% confidence interval (CI) decrease of 4.0 to rise of 0.4; I(2) = 53%; P value for heterogeneity = 0.08), representing a small to moderate effect size. On a number of child post-traumatic stress disorder scales, data from six studies showed an average decline of 0.44 standard deviations (95% CI 0.16 to 0.73; I(2) = 46%; P value for heterogeneity = 0.10). The average reduction in child anxiety scores was 0.23 standard deviations (95% CI 0.3 to 0.4; I(2) = 0%; P value for heterogeneity = 0.84) using data from five trials combined. No study noted any negative outcomes. This updated review's findings are unchanged from when it was first released. The review indicates that CBT has the potential to address the negative effects of child sexual abuse, but it also draws attention to the limitations of the available evidence and the requirement for more meticulously planned and better documented trials.

2.3 Review of Relevant Theories

Theories have been put up to explain why and how sexual abuse of children occurs as well as why those who conduct the "crime" (sexual abuse) take pleasure in doing so. The theories that guide this study are mostly drawn from sociological and psychological explanations of the causes, motivations, and controls of human behavior. The theories are social constructionism, moral development theory, family system theory, and attribution theory.

Attribution Theory

The social psychology concept of attribution theory describes how people give reasons for their actions and experiences. In his book "The Psychology of Interpersonal Relations" from 1958, Heider (1958), originally put forward this theory. Others, including Harold Kelley and Bernard Weiner, expanded on it. According to Heider's theory, the typical individual continuously or irrationally infers causes for events as a result of their active perception of them (Heider, 1958). These inferences develop into beliefs or expectations over time, enabling the person to forecast and make sense of the events they see and experience. Heider promoted the idea of what he called "common sense" or "naive psychology" and utilized this theory to investigate the nature of interpersonal relationships. According to his idea, people watch behaviors, analyze them, and then give explanations for them.

Application of Attribution Theory

The focus of attribution theory is on how people make sense of events and how this influences their perceptions and actions. According to the attribution hypothesis, people want to understand the motivations behind others' actions. When trying to understand another person's actions, a person may assign one or more causes to that action. Heider discovered that categorizing explanations into two categories is quite effective despite the fact that people have a variety of diverse explanations for the causes of human activities. 1. Internal attribution: This implies that a person's behavior is due to a quality in them, such as their attitude, character, or personality. 2. External attribution: This assumes that a person's behavior is generally due to the circumstances in which they find themselves. Our emotional and motivational motivations have a crucial role in how we attribute things (Daly, 1996). There are very serious self-serving motivations to placing blame on others and avoiding self-recrimination. In order to defend what we consider to be attacks, we will also attribute blame. We shall draw attention to injustice in a just world. As we attempt to remove ourselves from thoughts of going through the same situation, we even have a tendency to hold victims both of us and others responsible for their fate. We also have a tendency to view ourselves as more complex and unpredictable than other people, attributing less variability to ourselves than to others (Daly, 1996). This may be the case

because we spend more time looking inside of ourselves and can therefore see more of what is there.

Application of Attribution Theory

To ourselves and to others, we all feel the need to explain the world and give reasons for the things that happen to us. As a result, we feel more in control. The position of individuals within a group, notably ourselves, can be impacted by how behavior is explained. When the perpetrator of child sexual abuse (CSA) attempts to justify the victim's behavior, he or she frequently makes use of internal attribution, claiming that the victim's behavior was motivated by internal personality traits (such as the victim's beauty or the way she dresses, for example). When the offender explains their actions, they are more likely to utilize external attribution, placing the blame on external circumstances rather than on themselves (for example, it happened because she came to my house). We will put internal factors to blame for our failures and external ones for our regrets. Our emotional and motivational motivations have a huge role in how we attribute things. There are very serious self-serving motivations to placing blame on others and avoiding self-recrimination. In order to explain away our mistakes (Parker & Turner, 2009), we will also attribute them, for example, "it is the devil's act." As we attempt to remove ourselves from thoughts of going through the same ordeal, we even have a tendency to hold victims accountable for their fate. This hypothesis has been extremely helpful in

understanding why child sexual abuse (CSA) offenders frequently blame environmental or contextual causes for the problem.

Social Constructivism

According to social constructivism, culture and context are crucial for understanding what happens in society and building knowledge based on that understanding. This viewpoint is closely related to many current ideas, especially Bandura's social cognitive theory and the developmental theories of Vygotsky and Bruner (Shunk, 2000). Jensen used this theory in the year 2005 to research how children perceive sexual abuse and the circumstances surrounding disclosure (Jensen et al, 2005). Two social environment factors are discussed by some social constructivists as having a significant impact on the type and scope of learning (Gredler, 1997). One the one hand, the student inherits a historical development as a representative of a particular culture. Throughout a learner's life, symbol systems like language, logic, and mathematical systems are acquired. These symbol systems specify what must be taught and how. On the other hand, it matters how the student interacts with knowledgeable people in the community. It is impossible to learn the social meaning of significant symbol systems and how to utilize them without engaging in social interaction with people who have more knowledge than you do (MKOs). Through interaction with adults, young children grow in their capacity for thought.

Assumptions of Social Constructivism

The foundation of social constructivism is a set of presumptions about reality, knowledge, and education. It is crucial to grasp the underlying assumptions of social constructivist instructional methods in order to apply and comprehend them. Reality is created by human activity, according to social constructivists. The characteristics of the world are jointly created by members of a society (Kukla, 2000). Since reality was created by society, it cannot be discovered, according to social constructivists. According to social constructivists Parker and Turner (2009), knowledge is a human product that is socially and culturally formed. Through their interactions with others and their surroundings, people build meaning in their lives. Social constructivists see learning as a collaborative activity. It does not just occur within an individual, nor does it result from passively allowing one's conduct to be moulded by outside circumstances. People learn meaningfully when they participate in social activities.

Application Social Constructionism

According to this idea, meaning cannot exist in the universe unless it is created by humans, and the meaning we give to social phenomena depends on how society interprets them. According to this hypothesis, youngsters connect with more experienced individuals (MKOs) in order to understand social phenomena like love and affection. Children participate in social activities while trying to understand social phenomena.

Their participation renders them susceptible or vulnerable to any risky actions, such as genital exposure or fondling, that may be provided to them during the procedure (Stavrou, 2018). Therefore, children cannot be sexually abused if they are not participating in social activities (which is impossible for humans to do; even a day old baby interacts by "crying" to get the mother's attention).

Moral Development Theory

The moral development hypothesis was created by Lawrence Kohlberg (1958) and is a modified version of Piaget's theory of cognitive development. In line with Piaget's theories, he claimed that children develop their own mental models through their experiences, which should include a knowledge of moral principles like justice, equality, and human welfare. Kohlberg classified the six phases of moral thinking into three main categories based on his study. Each level signified a significant change in the person's moral and social outlook. A person's moral judgments are distinguished at the first level, the pre-conventional level (0–9 years old), by a tangible, personal perspective (Kazdin, 2007). The first step of heteronymous orientation within this level emphasizes avoiding laws that are accompanied by punishment, showing obedience for its own sake, and avoiding the physical repercussions of an action to people and property. Similar to Piaget's theory, stage one reasoning is characterized by egocentrism and an inability to take other people's perspectives into account. The early emergence of moral reciprocity

occurs at stage two. In this case, orientation emphasizes the practical, instrumental value of a given activity. It is customary to reciprocate in the manner of "you scratch my back and I'll scratch yours." As a result, the Golden Rule is "If someone hits you, you hit them back." At this point, only when it serves someone's immediate interests does one follow the rules (Stavrou, 2018).

What is fair in the sense of an equitable transaction, a bargain, or an agreement is what is just. At stage two, it is recognized that each person has individual interests to pursue, and that these interests can conflict, leading to the realization that right is relative (in the concrete individualist sense). However, those who reason at the conventional level (9–20 years old) have a fundamental grasp of conventional morality and understand that norms and conventions are required to uphold society. They often identify themselves with these laws and uphold them continuously, seeing morality as doing what society deems to be right. Individuals at stage three of this level are aware that group interests come before individual interests in terms of shared emotions, agreements, and expectations. At this age, people define what is right in terms of what is expected of them by those closest to them and in terms of the stereotypical roles that characterize goodness, such as a good brother, mother, or teacher. Being good entails maintaining bonds of respect, loyalty, gratitude, and trust.

The viewpoint is that of the neighborhood or family. The broader social structure has not yet been taken into account. By defining right in terms of the rules and norms created by the larger social system, stage four signifies the transition from defining right in terms of local norms and role expectations. This is the "member of society" viewpoint, according to which morality is demonstrated by performing the actual tasks that define one's social obligations. Except in extreme circumstances where the law conflicts with other imposed social obligations, one must obey the law. The legal system that safeguards everyone is thought to require compliance with the law. Finally, reasoning based on principles and from a "prior to society" standpoint is what distinguishes the post conventional level (20 and above).

These people use rules and norms as a foundation for their reasoning, but they disagree with applying a rule or norm consistently. Although the theory has two stages, only one, stage five, has received a significant amount of empirical support. The sixth step still serves as the theoretical culmination that naturally follows the first five levels (Kazdin, 2007). In essence, the reasoning at this last level of moral judgment is based on the ethical fairness criteria that would be used to create moral laws. Instead of being sustained solely on the basis of their position within an existing social order, laws are assessed for their consistency with fundamental principles of fairness. Thus, it is understood that moral principles such as respect for human life and welfare transcend

specific cultures and societies and should be upheld regardless of other customs or conventional responsibilities.

2.4 Review of Theoretical Literature

One of the theoretical foundations for this research is the primary socialization theory, which, in the opinion of Oetting and Donnermeyer (1998), views family, peer groups, and school as the main sources of sexual education for young people. According to the primary socialization theory (Bush, Smith, & Martin, 1999), parents, peers, schools, and the media are the main socialization agents that significantly contribute to consumer socialization. The primary socialization theory also views media as one of the main sources of sexual education for youth. Young people's psychological, emotional, and intellectual development as consumers in the marketplace are influenced by these agents (Moore, Raymond, Mittelstaed, & Tanner, 2002). They have an impact on particular consumer skills such product choice, brand comparison, price comparison, and attitudes toward products and brands (John, 1999; Moore et al., 2002). But according to research, these socialization agents—parents, peers, schools, and the media—can change in terms of their relative power over children, especially as they get older and mature (Clark, Martin, & Bush, 2001). While any of these groups—school, family, and peers—can transmit both prosocial and deviant norms, Oetting and Donnermeyer's (1998) research shows that family and school are seen as being primarily prosocial and peer groups

carrying the main risk of transmitting deviant norms. According to the scholars mentioned above, peer groups are the final key socialization group and have the biggest influence on those who feel excluded from the previous two groups.

However, in some societies, the primary sources of sexual education for youth parents, schools, and the media may not be as reliable as they were supposed to be for a variety of reasons. In actuality, this hypothesis disregards the variations in socioeconomic development among societies. It is well known that many children do not attend school or leave it early for a variety of reasons, and that the literacy rate is still low in certain emerging nations. Additionally, it is clear that due to the extreme poverty, high rate of illiteracy, and lack of adequate infrastructure, those societies are unlikely to have any form of media, including television, radio, newspapers, films, books, etc. Schools and the media are therefore not likely to be the main socialization forces in these communities.

CHPATER THREE

METHODOLOGY

3.1 Introduction

This chapter discusses the procedure for carrying out the study. It describes the following: research design, population, sample and sampling techniques, research instrument, validity of the instrument, reliability of the instrument, method of data collection and method of data analysis.

3.2 Research Design

The survey design was used. The design was chosen because the data collected were used to evaluate the psychotherapeutic to victims of sexual abuse in Egor Community Edo State. The data that was used for this study was from both primary and secondary sources. The primary data involve firsthand information that was obtained from the field of study through the use of questionnaire, while the secondary data were gathered through the review of existing literature in the area of study.

3.3 Area of Study

Egor local government area is in Edo state, South-south geopolitical zone of Nigeria and has its headquarters in the town of Uselu. A number of towns and villages make up of Egor local government area and these include Okhoro, Use, Uwelu, Iguikpe, Ugbighoko, Iguediaye, Evbougide and Oghedaivbiobaa. The population of Egor local government

area is estimated at 258,442 inhabitants with the area hosting members of several tribal groups such as the Esan, Bini, and the Owan. The area is home to Christians, Muslims, and traditional worshippers while the Bini, Owan and Esan languages are spoken in the area. Egor local government area falls under the Tropical Savannah Climate while the LGA covers a total area of 93 square kilometres. The area experiences two major seasons which are the rainy and the dry seasons while the average temperature of the area is at 28 °C. The estimated humidity level of the Egor local government area is estimated at 68 percent

3.4 Population of study

The target population for this study consisted of all victims of sexual abuse in Egor Local Government Area (Egor Council Secretariat Report 2023). This research work adopted the population 5-17 years age which is 12, 456 from Egor Local Government Head Quarters and secretariat.

3.5 Sample and Sampling Techniques

The sample size of two (2) hundred and two (202) staffs was randomly selected from five (5) communities such as Okhoro, Use, Uwelu, and Oghedaivbiobaa. The researcher communicated with the respondents schedule for the survey administration of the research instrument which is the questionnaire. Using Taro Yamane (1967) to derive sample size.

Taro Yamane formula; $n = N/1+N(e)^2$

Where: n=signifies the sample size

N=signifies the population under study

e=signifies the margin error= 0.05

Thus,

$n = N /1 + N(e)^2$

$n=12456/1+12456(0.05)^2$

$n=12456/1+12456\ (0.0025)$

$n=12456/1+52.0125$

$n=12456/52.0125$

$n=259.54.$

≈ 202

3.6 Method of Data Collection

This study utilized both primary and secondary method of data collection. Primary data was obtained from the respondents through the use of questionnaire while secondary data was obtained from internet, websites, books, articles, journals, government department and agencies. The researcher personally visited the Egor Local Government Secretariat to administer the questionnaires. The questionnaires were administered to targeted

respondents on willingness to fill the research instrument and returned immediately on completion by the respondents to avoid misplacement.

3.7 Research Instrument

The research instrument that was used for this study was structured questionnaires designed by the Researcher. The instrument has two sections - Section A which is designed to collect demographic data of respondents and section B which is designed to reflect the research questions on evaluate the psychotherapeutic to victims of sexual abuse in Egor Community Edo State.

3.8 Validity of the Instrument

To determine the face and content validity of the instrument, the expert judgment approach of the supervisor was adopted. In this regard, the specimens of the draft copy of the questionnaire will be submitted to the supervisor, who effected necessary corrections and suggestions that was effected. The final instruments were constructed with compliance to the supervisors advise.

3.9 Reliability of the Instrument

The reliability of the research instrument was based on test and re-test method, the researcher was conducted a reliability for a period of two weeks using a selected respondents apart from the sample for the study. Ten respondents were chosen outside of

the targeted sample for the study. The instrument will be administered to one group and the scores obtained were split into halves. The reliability coefficient of the instrument was determined using test-retest method.

3.10 Method of Data Analysis

Data that was obtained for the study was analysed with aid of statistical package for social sciences (SPSS, version 22.0). The demographic data was present in frequency tables and analysed using percentages.

ii. The comments were analysed using qualitative approach to integrate ideas. The various responses from each questionnaire sections will be treated with care.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

Data presentation and analysis is the seal of any research work. This chapter deals with data presentation and analysis. The data here were primarily sourced from the administered questionnaires. A total of two hundred (200) questionnaires were administered to participants in Egor Community Edo State, and hundred and twenty (120) was returned completely filled and ten (10) were wrongly filled. Hence, about 90% of the questionnaire was returned. This section starts with the demographic/bio-data of respondents which includes age, sex, marital status, educational attainment and religious affiliation, which are all aimed to give a concise understanding on respondent' s addiction to social network on campus.

4.2 Analysis of Respondents Characteristics

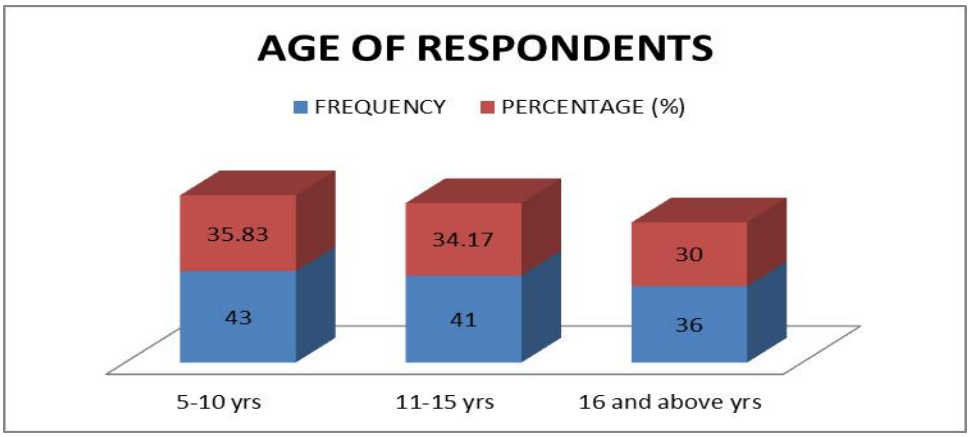
Section A: Socio-Demographic Characteristics Of The Respondents

TABLE 1 AGE OF RESPONDENTS

AGE	FREQUENCY	PERCENTAGE (%)
5-10 yrs	43	35.83
11-15 yrs	41	34.17
16 and above yrs	36	30.00
Total	**120**	**100.0**

Source: Field survey, 2023

Table 1 shows that the ages of 5-10 years, are 43 (35.83) % of respondents, 11-15 years are 41 (34.17) % of respondents and 36 and above are 36 (30) % of respondents.



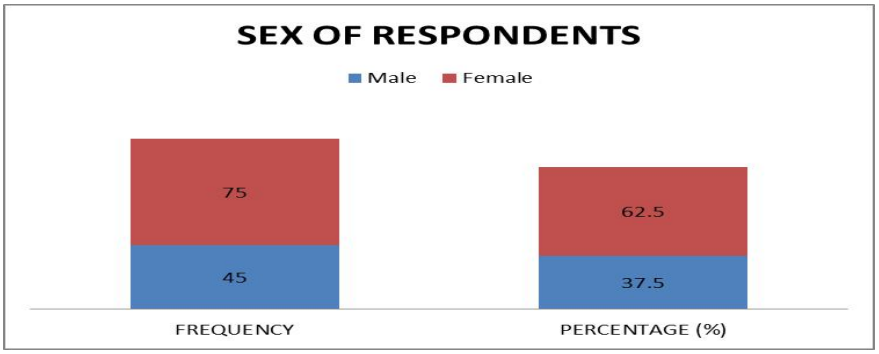
The bar chart above shows that the ages of 5-10 years. are 43 (35.83) % of respondents, 11-15 years are 41 (34.17) % of respondents and 36 and above are 36 (30) % of respondents.

TABLE 2: SEX OF RESPONDENTS

SEX	**FREQUENCY**	**PERCENTAGE (%)**
Male	45	37.5
Female	75	62.5
Total	**120**	**100.0**

Source: Field survey, 2023

Table 4.2 Shows that (37.5%, which translated to 45 respondents) are male, while (62.5%, which translated to 75 respondents) are female. This indicates that the female were more represented than males.



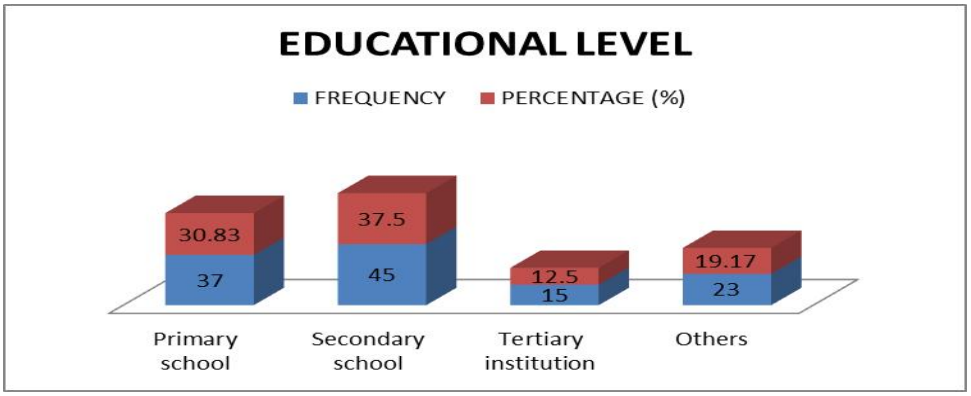
The pie chart above shows that (37.5%, which translated to 45 respondents) are male, while (62.5%, which translated to 75 respondents) are female. This indicates that the female were more represented than males.

TABLE 3: EDUCATIONAL LEVEL

EDUCATIONAL LEVEL	FREQUENCY	PERCENTAGE (%)
Primary school	37	30.83
Secondary school	45	37.5
Tertiary institution	15	12.5
Others	23	19.17
Total	**120**	**100.0**

Source: Field survey, 2023

From the data gathered above in Table 3, it can be deduced that (30.83%, which is translated to 37 respondents) attained primary school, (37.5%, which is translated to 45 of respondents) attained secondary school, (12.5%, which is translated to 15 respondents) attained tertiary institution, while (19.17%, which is translated to 23 respondents) attained other educational levels. This indicates that majority of the respondents acquired different forms of education and minority of the respondents are not formally educated.



The bar chart above revealed that (30.83%, which is translated to 37 respondents) attained primary school, (37.5%, which is translated to 45 of respondents) attained secondary school, (12.5%, which is translated to 15 respondents) attained tertiary institution, while (19.17%, which is translated to 23 respondents) attained other educational levels. This indicates that majority of the respondents acquired different forms of education and minority of the respondents are not formally educated.

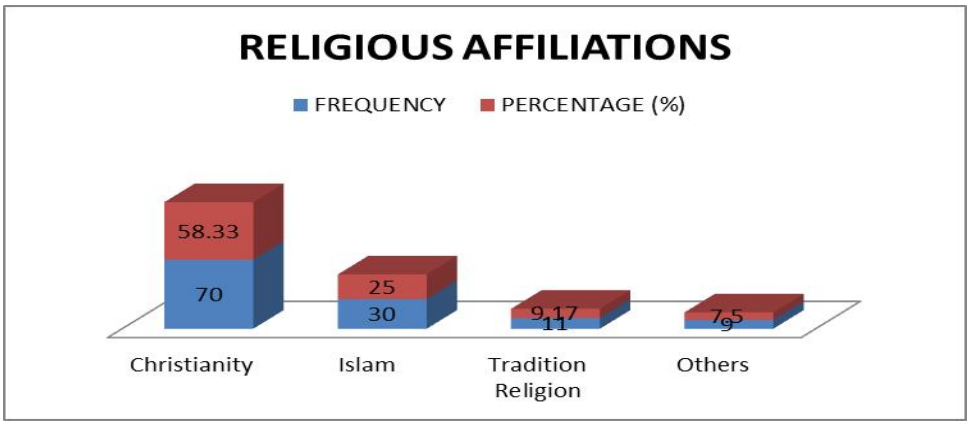
TABLE 4 RELIGIOUS AFFILIATIONS

RELIGIOUS AFFILIATION	FREQUENCY	PERCENTAGE (%)
Christianity	70	58.33
Islam	30	25.0
Tradition Religion	11	9.17
Others	9	7.5
Total	**120**	**100.0**

Source: Field survey, 2023

Table 4 shows a clear majority of respondents (58.33%, which translated to 70 respondents) are in the Christianity category, while (25.0%, which translated to 30

respondents) are in the Islam category, while Tradition religion (9.17% which translate to 11 respondents). The remaining (7.5%, which translated to 9 respondents) are in other category. This shows that an overwhelming number of the respondents are Christians.



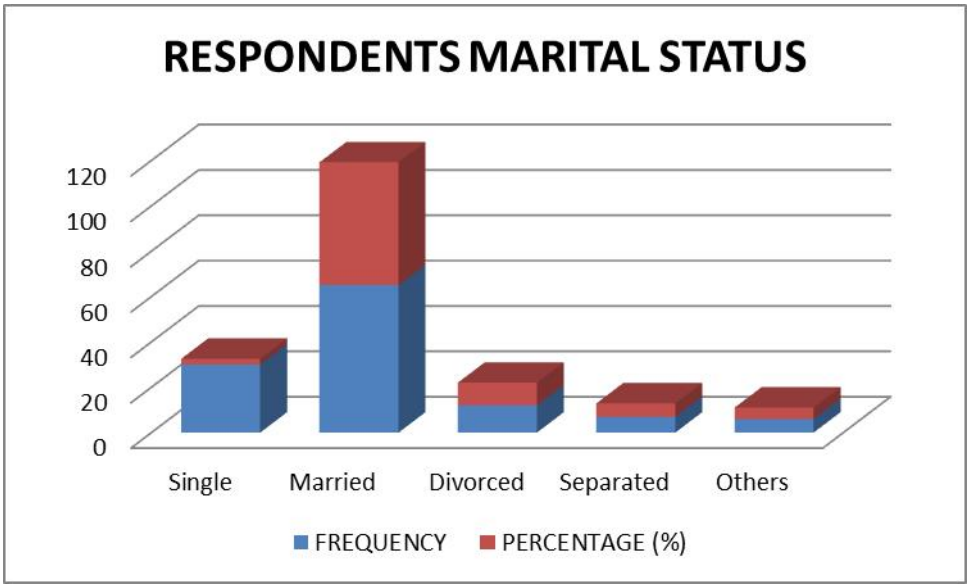
The bar chart above shows that (58.33%, which translated to 70 respondents) are in the Christianity category, while (25.0%, which translated to 30 respondents) are in the Islam category, while Tradition religion (9.17% which translate to 11 respondents). The remaining (7.5%, which translated to 9 respondents) are in other category. This shows that an overwhelming number of the respondents are Christians.

TABLE 5: RESPONDENTS MARITAL STATUS

MARITAL STATUS	FREQUENCY	PERCENTAGE (%)
Single	30	2.50
Married	65	54.17
Divorced	12	10.00
Separated	7	5.83
Others	6	5.00
Total	120	100

Source: Field survey, 2023

Table 4.3 shows that 30 respondents representing 2.5% were single, 65 respondents representing 54.17% were married, 12 respondents representing 10% were divorced, 7 respondents representing 5.83% were separated, while 6 respondents representing 5% had other qualification respectively.



The bar chart shows that 30 respondents representing 2.5% were single, 65 respondents representing 54.17% were married, 12 respondents representing 10% were divorced, 7 respondents representing 5.83% were separated, while 6 respondents representing 5% had other qualification respectively.

4.2 Presentations of Results Using Simple Percentage Statistical Tool

Question One 1:How does cognitive behavioral therapeutic approach helps to treat emotional and behavioural problem of victims of sexual abuse?.

Table 6: Question 1: Can severe physical and emotional trauma be managed by cognitive behavioral therapeutic approach?

Option	No of respondent	Percentage %
Yes	100	83
No	20	17
Total	120	100

Source: Field survey, 2023

From the table above, it was observed that 100 respondent represent 83% agrees that severe physical and emotional trauma be managed by cognitive behavioral therapeutic approach, while 20 represent 17% thinks that severe physical and emotional trauma be managed by cognitive behavioral therapeutic approach.

Table 7: Question 2: How does cognitive behavioral therapeutic approach helps to treat emotional and behavioural problem of victims of sexual abuse?

Option	No of respondent	Percentage %
Yes	100	83
No	20	17
Total	120	100

Source: Field survey, 2023

From above table shows that 100 represent 83% agrees that cognitive behavioral therapeutic approach helps to treat emotional and behavioural problem of victims of sexual abuse?, while 20 represent 17% do not agree to this.

Table 8: Question 3: Do you think feelings of dejections can be managed by cognitive behavioral therapeutic approach?

Option	No of respondent	Percentage %
Yes	110	92
No	10	8
Total	120	100

Source: Field survey, 2023

It shows from above table that 110 respondent represent 92% agrees that think feelings of dejections can be managed by cognitive behavioral therapeutic approach, while 10 represent do not agree with.

Table 9: Question 4: Can cognitive behavioral therapeutic approach help to manage unresolved emotional grievances from victims of sexual abuse?

Option	No of respondent	Percentage %
Yes	100	83
No	20	17
Total	120	100

Source: Field survey, 2023

The table shows that 100 respondent represent 83% agree that cognitive behavioral therapeutic approach help to manage unresolved emotional grievances from victims of sexual abuse, while 20 represent 17% don't agree to it.

Question Two: Does psychodynamic therapy impact positively on manifestations of post-traumatic stress disorder (PTSD) following sexual abuse?.

Table 10: Question 6: Do you think psychodynamic therapy can impact positively on uncontrollable thought due to sexual abuse?

Option	No of respondent	Percentage %
Yes	110	92
No	10	9
Total	120	100

Source: Field survey, 2023

The table shows that 110 respondents represent 92% agree that think psychodynamic therapy can impact positively on uncontrollable thought due to sexual abuse, while 10 respondents represent 8% do not agree.

Table 11: Question 7: Does psychodynamic therapy can impact positively manage Recurrent, unwanted distressing memories resulting from sexual abuse?

Option	No of respondent	Percentage %
Yes	65	54.17
No	55	45.83
Total	120	100

Source: Field survey, 2023

The table shows that 65 respondents represent 54.17% agree that psychodynamic therapy can impact positively manage Recurrent, unwanted distressing memories resulting from sexual abuse, while 55 respondents represent 45.83% do not agree.

Table 12: Question 9: Does psychodynamic therapy can impact positively resolves difficulty maintaining close relationships due to sexual abuse?

Option	No of respondent	Percentage %
Yes	86	76.67
No	34	28.33
Total	120	100

Source: Field survey, 2023

The table shows that 86 respondents represent 76.33% agree that psychodynamic therapy can impact positively resolves difficulty maintaining close relationships due to sexual abuse, while 55 respondents represent 45.83% do not agree.

Table 13: Question 10: Do you think that psychodynamic therapy can impact positively can enhance coping ability of victims of sexual abuse?

Option	No of respondent	Percentage %
Yes	86	76.67
No	34	28.33
Total	120	100

Source: Field survey, 2023

The table shows that 86 respondents represent 76.33% agree that think that psychodynamic therapy can impact positively can enhance coping ability of victims of sexual abuse?, while 55 respondents represent 45.83% do not agree.

Question Three: To what extent does social work therapeutic approach effectively manage trauma faced by victims of sexual abuse in Egor Community Edo State?

Table 14: Question 11: Do you think that social work therapeutic approach can effectively manage stress disorder from sexual abuse?

Option	No of respondent	Percentage %
Yes	47	39.17
No	72	60.83
Total	120	100

Source: Field survey, 2023

The table shows that 47 respondents represent 39.17% agree that think that social work therapeutic approach can effectively manage stress disorder from sexual abuse, while 72 respondents represent 60.83% do not agree.

Table 15: Question 12: Does social work therapeutic approach help to manage emotional disorder from sexual abuse?

Option	No of respondent	Percentage %
Yes	56	46.67
No	54	53.33
Total	120	100

Source: Field survey, 2023

The table shows that 56 respondents represent 46.67% agree that they chart social work therapeutic approach help to manage emotional disorder from sexual abuse, while 54 respondents represent 53.33% do not agree.

Table 16: Do you think social work therapeutic approach effectively manage childhood trauma from sexual abuse?

Option	No of respondent	Percentage %
Yes	8	6.67
No	112	93.33
Total	120	100

Source: Field survey, 2023

The table shows that 8 respondents represent 6.67% agree that they think social work therapeutic approach effectively manage childhood trauma from sexual abuse, while 112 respondents represent 93.33% do not agree.

Table 17: Question 14: Does social work therapeutic approach enhance emotional stability of victims of sexual abuse?

Option	No of respondent	Percentage %
Yes	74	61.67
No	46	38.33
Total	120	100

Source: Field survey, 2023

The table shows that 74 respondents represent 61.67% agree that they social work therapeutic approach enhance emotional stability of victims of sexual abuse while 46 respondents represent 38.33% do not agree.

Table 18: Question 16: Does social work therapeutic approach able to manage behavioural disorder due to sexual abuse?

Option	No of respondent	Percentage %
Yes	89	74.17
No	31	25. 83
Total	120	100

Source: Field survey, 2023

The table shows that 89 respondents represent 74.17% agree that social work therapeutic approach able to manage behavioural disorder due to sexual abuse, while 31 respondents represent 25.83% do not agree.

Analysis of Qualitative Responses

Theme: Can severe physical and emotional trauma be managed by cognitive behavioral therapeutic approach?

Participant pointed that:

"Through the elimination of avoidant and safety-seeking behaviors, which prevent people from self-correcting false ideas, cognitive-behavioral therapy (CBT) aids in stress management, lowering the risk of disorders linked to stress and promoting mental health. In addition to identifying recent developments in CBT-related procedures, the current evaluation assessed the efficacy of CBT in clinical and general populations under stressful circumstances.

By recognizing unhelpful thought, emotional, or behavioral patterns and changing them for more useful ones, cognitive behavioral therapy combines cognitive therapy with behavior therapy. The goal of cognitive behavioral therapy is to alter the automatic negative beliefs that might exacerbate our emotional problems, such as melancholy and anxiety, and contribute to them. Our mood is negatively impacted by these uncontrollable unpleasant thoughts".

Theme: Does cognitive behavioral therapeutic approach helps to resolve individual limitations of victims of sexual abuse?

Participant argued that:

Sexual assault is the infliction of a sexual act on another person without that person's consent and includes bodily, psychological, and emotional harm. Someone may be coerced or tricked into watching or partaking in sexual actions. It is considered attempted sexual assault when someone makes an attempt to include them in such actions. Regarding actions that fall under the definition of sexual assault, laws differ between and within nations. For example, in the UK, sexual assault is based on 'touching' without consent, while the Supreme Court of Canada held that the act of sexual assault does not depend solely on contact with any specific part of the human anatomy but rather the act of a sexual nature that violates the sexual integrity of the victim, why is this not obtainable in Nigeria.

Theme: Do you think feelings of dejections can be managed by cognitive behavioral therapeutic approach?

The participant agrees that:

There is substantial evidence that, "across most populations, assault types, and study methodology differences," sexual assault is linked to an increased risk for a variety of psychological harms. It might be challenging to get help because too many survivors still experience stigma and internalize blame. Furthermore, she notes that while some forms of therapy have been proven to be beneficial, additional knowledge about evidence-based treatments for survivors "is critically needed." As society as a whole was going through a feminist awakening in the 1970s, sexual assault any type of sexual action or contact that happens without the permission of both parties started receiving academic attention. It also sort of developed at the disorder, which was then known as "combat trauma." Many things can lead to depression or anxiety. People with PTSD relive the trauma in the form of intrusive memories, nightmares, or even flashbacks. They avoid things that remind them of the trauma..

Theme: Can cognitive behavioral therapeutic approach help to manage unresolved emotional grievances from victims of sexual abuse?

Another Participant said that

After a sexual attack, people may experience a number of emotional feelings which includes fear, shame, and rage. Survivors frequently place the responsibility on themselves. Incidents can cause anxiety, a decline in one's sense of self, and despair. Relationship issues might also occur, such as trouble being intimate or having faith in others. Guilt may result if other individuals are harmed, such as a lover.

Another participant explained that PTSD can also occur in victims of rape and other forms of sexual violence. In the weeks immediately following the tragedy, an estimated 94% of survivors may have negative effects including nightmares, which is a common and expected component of processing the trauma. However, almost 50% go on to experience chronic symptoms including ongoing nightmares and flashbacks.

Theme: Do you think psychodynamic therapy can impact positively on uncontrollable thought due to sexual abuse?

One participant argued that:

It's crucial to understand that this comparison of the therapeutic approches, subtypes, and problems that each style of therapy is good for tackling is not all-inclusive. The type of therapy that is most effective for you will depend on a variety of circumstances, since each therapist will approach clients in a unique way.

As indicated above, CBT can be used to treat a wide range of mental health conditions, such as schizophrenia, insomnia, bipolar disorder, and psychosis. Some people also use

CBT to help them deal with long-term medical conditions like fibromyalgia, chronic fatigue syndrome, and irritable bowel syndrome. Nevertheless, according to other authorities, CBT may not be appropriate for those with brain disorders, head trauma, or other difficulties that affect thinking.

Theme: Does psychodynamic therapy can impact positively manage Recurrent, unwanted distressing memories resulting from sexual abuse?

The participants opined that

The start, seriousness, and development of PTSD after sexual assault are significantly influenced by a person's perception. Assault's sociocultural impacts, including as victim-blaming behaviors and the persistence of rape myths, have an impact on how PTSD develops. It has been demonstrated that early social support and acknowledgment of active care are essential for a successful recovery. In order to prevent rape and foster an environment that is supportive of survivors, education is crucial. The effects and therapies related to biology, psychology, and society shouldn't be mutually exclusive. A better understanding of the psychosocial effects of sexual assault can aid in the development of more individualized and comprehensive therapies to lessen the physical and mental suffering caused by the trauma of rape.

Theme: Do you think that psychodynamic therapy can impact positively can enhance coping ability of victims of sexual abuse?

Participant explained that:

The extent of recovery from sexual assault-related Posttraumatic Stress Disorder (PTSD) is not exclusively determined by the absence of symptoms or the accomplishment of predetermined goals. The victim does not necessarily have to forget what happened or stop experiencing any symptoms in order to recover from the trauma. Instead, a person's level of involvement in the present, the development of attitudes and skills to regain control of his or her life, the ability to forgive oneself for guilt, shame, and other negative thoughts, and the acquisition of stress-reduction techniques are what constitute successful recovery. Success in recovery depends on a variety of elements, such as the amount of support received, one's prior self-perception, one's inner fortitude, and the professional care given by the legal and medical systems. PTSD is one of the problems that may result from failure of the recovery process.

Theme: Do you think social work therapeutic approach effectively manage childhood trauma from sexual abuse?

A participant pointed that:

In order to assist children who have been sexually or physically abused, social workers are essential. They must be aware of the nature of the issue in order to play this role, including, the legal definitions of physical and sexual abuse, its prevalence and incidence, and its symptoms. Social workers have three main responsibilities: identifying and

reporting child abuse to organizations required to take action; investigating and evaluating the children and families involved in child abuse; and offering physically and sexually abused children evidence-based interventions, including case management and treatment.

Theme: Does social work therapeutic approach enhance emotional stability of victims of sexual abuse?

Participant opined that:

When there is good evidence to suspect or believe a child has been abused, social workers can initially assist physically and sexually abused children by reporting cases to child protective services. Social workers are required by law to report cases of child abuse in the majority of advanced economies. For a report to be valid, social workers do not need to be certain of abuse. Additionally, both federal and state laws offer safeguards to those who report in good faith as well as sanctions for those who don't. Additionally, during the course of the inquiry, child protection caseworkers are prohibited from disclosing the identity of the individual who reported the incident.

Consequently, another participant said that social workers and other professionals can hesitate to report to protective services despite these safeguards and incentives. This resistance is brought on by worries that the report will harm the social worker's relationship with the child or the family, fears that the child will suffer consequences as a

result of the report, doubts about the effectiveness of the child welfare agency's services, and worries that the report won't "do any good" (i.e., that the case won't be supported and the family won't get any assistance).

Theme: Does social work therapeutic approach able to manage behavioural disorder due to sexual abuse?

Participant reasoned that:

Social workers in nonprofit organizations, group practices, and independent practice may perform assessments for child welfare organizations under contract or in other roles. The child protection department frequently refers physically and sexually abused children and their families to community practitioners for assessments. As was already mentioned, non-family members commit the bulk of sexual assaults. Caretakers may request exams of sexually abused children in these situations, and law enforcement may refer kids to assessment providers. Social workers and other professionals may ask about whether abuse has occurred and about the safety of the child when doing evaluations, but they are more likely to speak about the psychological effects of the abuse on the child and recommend specific treatments.

4.4 Discussion of Findings

The test of research question one revealed that 100 respondent represent 83% agrees that severe physical and emotional trauma be managed by cognitive behavioral therapeutic

approach, while 20 represent 17% thinks that severe physical and emotional trauma be managed by cognitive behavioral therapeutic approach. The also shows that 100 represent 83% agrees that cognitive behavioral therapeutic approach helps to treat emotional and behavioural problem of victims of sexual abuse, while 20 represent 17% do not agree to this. The result shows from above table that 110 respondent represent 92% agrees that think feelings of dejections can be managed by cognitive behavioral therapeutic approach, while 10 represent do not agree with. The finding shows that 100 respondent represent 83% agree that cognitive behavioral therapeutic approach help to manage unresolved emotional grievances from victims of sexual abuse, while 20 represent 17% don't agree to it. This finding support the study by Akhiwu et al., (2013) and Akpoghome & Nwano (2016) found that cognitive behavioral therapeutic approach enhances and build up broken in emotional and behavioural issues of victims of sexual abuse.

The test of research question two shows that 110 respondents represent 92% agree that think psychodynamic therapy can impact positively on uncontrollable thought due to sexual abuse, while 10 respondents represent 8% do not agree. The table shows that 65 respondents represent 54.17% agree that psychodynamic therapy can impact positively manage recurrent, unwanted distressing memories resulting from sexual abuse, while 55 respondents represent 45.83% do not agree. The result also revealed that 86 respondents represent 76.33% agree that psychodynamic therapy can impact positively resolves

difficulty maintaining close relationships due to sexual abuse, while 55 respondents represent 45.83% do not agree. The result shows that 86 respondents represent 76.33% agree that think that psychodynamic therapy can impact positively can enhance coping ability of victims of sexual abuse?, while 55 respondents represent 45.83% do not agree. This finding corroborates with that study by Bisson & Andrew (2007) and Cowan et al., (2020) found that psychodynamic therapy promotes positive management increase in trauma emanating from memories resulting from sexual abuse,

The result shows that 47 respondents represent 39.17% agree that think that social work therapeutic approach can effectively manage stress disorder from sexual abuse, while 72 respondents represent 60.83% do not agree. The result indicated that 56 respondents represent 46.67% agree that social work therapeutic approach help to manage emotional disorder from sexual abuse, while 54 respondents represent 53.33% do not agreed. The result demonstrates shows that 8 respondents represent 6.67% agree that they think social work therapeutic approach effectively manage childhood trauma from sexual abuse, while 112 respondents represent 93.33% do not agree. The result shows that 74 respondents represent 61.67% agree that they social work therapeutic approach enhance emotional stability of victims of sexual abuse while 46 respondents represent 38.33% do not agree. The result shows that 89 respondents represent 74.17% agree that social work therapeutic approach able to manage behavioural disorder due to sexual

abuse, while 31 respondents represent 25.83% do not agree. This finding is in line with the study by Enobakhare et al., (2018) and Habigzang & Koller (2013) found that social work therapeutic approach enhances and manage emotional disorder from sexual abuse,

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.3 Introduction

This chapter provides the summary of finding, conclusion, recommendations and suggestions for further studies.

5.4 Summary of Findings

The study explored and established underlying problem of sexual abuse and psychotherapy procedures that could manage occurrences and further shows that sexual abuse is a problem that significantly affects the lives of survivors. A wide range of psychological reactions, including depressed and anxiety symptoms, PTSD, borderline personality disorder, impairments in daily functioning, interpersonal problems, sexual avoidance, and low self-esteem, are linked to child sexual abuse (CSA). Interventions have typically been found to be effective during the previous ten years, particularly when it comes to posttraumatic, depressive, and anxiety symptoms. The need for effective psychological therapy is highlighted by the negative impacts of psychological development and the considerable epidemiological prevalence of sexual abuse: In order carryout a an ideal empiricism based on the main objective of the study, the following specific objectives and research questions were enumerated to guide the cause of the study; The main aim, of the study is to evaluate the psychotherapeutic to victims of

sexual abuse in Egor Community Edo State. The specific objectives which guided that study were to: 1. identify the nature and types of child sexual abuse, 2. evaluate whether cognitive behavioral therapeutic approach helps to treat emotional and behavioural problem of victims of sexual abuse, 3. ascertain whether psychodynamic therapy impact positively on manifestations of post-traumatic stress disorder (PTSD) following sexual abuse. 4. examine whether social work therapeutic approach can effectively manage trauma faced by victims of sexual abuse in Egor Community Edo State. The following questions were generated in chapter one and it anchored the scholarly conclusions and recommendations. 1. What is the nature and types of child sexual abuse?, 2. How does cognitive behavioral therapeutic approach helps to treat emotional and behavioural problem of victims of sexual abuse? 3. Does psychodynamic therapy impact positively on manifestations of post-traumatic stress disorder (PTSD) following sexual abuse?, 4. To what extent does social work therapeutic approach effectively manage trauma faced by victims of sexual abuse in Egor Community Edo State?

The above research questions haven't been analysed the following was established with respect to data gathered to linked interrelated variables for the study. Results revealed the first study question test found that 100 respondents accounting for 83% agree that serious physical and mental trauma should be managed through cognitive-behavioral therapy, while 20 people represent 17% believe that serious physical and

mental trauma is managed through a cognitive-behavioral therapy approach. This also shows that 100 represents 83% agreeing that cognitive behavioral therapy helps treat emotional and behavioral problems of sexual abuse victims?, while 20 represent 17% disagree with this. The results from the table above show that 110 respondents representing 92% agree that feelings of depression can be controlled with cognitive behavioral therapy, while 10 respondents disagreed. The results showed that 100 respondents representing 83% agreed that cognitive behavioral therapy helps manage unresolved emotional grievances of sexual abuse victims, while 20 representing 17% disagreed.

A second research questionnaire trial found that 110 respondents representing 92% agreed that psychodynamic therapy can have a positive effect on sexual abuse incontinence, while 10 were asked 8% disagree. The table shows that 65 respondents representing 54.17% agree that psychodynamic therapy can have a positive impact on the management of unwanted and recurrent distressing memories of sexual abuse, while 55 respondents representing 45.83% disagree. The results also show that 86 respondents, accounting for 76.33%, agree that psychodynamic therapy has a positive effect on solving difficulties in maintaining close relationships due to sexual abuse, while 55 respondents accounted for 45.83% disagree. The results show that 86 respondents, accounting for 76.33%, agree that psychodynamic therapy can have a positive impact on improving the

coping capacity of victims of sexual abuse?, while 55 respondents accounted for 45.83% disagreed.

The results showed that 47 respondents accounting for 39.17% agreed that they believe that social work therapy can effectively manage sexual abuse stress disorder, while 72 people are questions accounted for 60.83% disagree. The results indicated that 56 respondents accounting for 46.67% agreed that they follow social work therapy to help manage emotional disorders caused by sexual abuse, while 54 respondents accounting for 53.33% disagree. The results showed that 8 respondents representing 6.67% agreed that they believe that social work therapy effectively manages childhood trauma caused by sexual abuse, while 112 respondents respondents accounted for 93.33% disagree. The results show that 74 respondents, accounting for 61.67%, agree that their therapy for social work improves the emotional stability of victims of sexual abuse while 46 people are questions accounted for 38.33% disagree. The results show that there are 89 respondents, accounting for 74.17%, agreeing with social work therapy that can manage behavior disorder caused by sexual abuse, while 31 respondents accounted for the percentage. 25.83% disagreed.

5.3 Conclusion

Based on the study on evaluate the psychotherapeutic to victims of sexual abuse in Egor Community Edo State, the following conclusion was made: Cognitive behavioral

therapeutic approach can helps to treat emotional and behavioural problem of victims of sexual abuse. There is substantial evidence that, "across most populations, assault types, and study methodology differences," sexual assault is linked to an increased risk for a variety of psychological harms. It might be challenging to get help because too many survivors still experience stigma and internalize blame.

Psychodynamic therapy can impact positively on manifestations of post-traumatic stress disorder (PTSD) following sexual abuse. The extent of recovery from sexual assault-related Posttraumatic Stress Disorder (PTSD) is not exclusively determined by the absence of symptoms or the accomplishment of predetermined goals. Social work therapeutic approach can effectively manage trauma faced by victims of sexual abuse in Egor Community Edo State. Social workers in nonprofit organizations, group practices, and independent practice may perform assessments for child welfare organizations under contract or in other roles. The child protection department frequently refers physically and sexually abused children and their families to community practitioners for assessments.

5.4 Recommendations

Based on the above findings the following recommendations were made:

- Cognitive behavioral therapeutic approach should be adopted since it can helps to treat emotional and behavioural problem of victims of sexual abuse, ii is very important to design a system that could easy intervene for survivals.
- The extent of trauma faced by sexual abused survivals should determine whether psychodynamic therapy can impact positively on manifestations of post-traumatic stress disorder (PTSD) following sexual abuse.
- Social work therapeutic approach should be made available in Egor Local Government welfare department where victims or survival of sexual abuse can obtain effective manage trauma during and post survival period.

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DEPARTMENT OF SOCIAL WORK
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QUESTIONNAIRE

I am a 500 level student of the above department conducting a research on "evaluate the psychotherapeutic to victims of sexual abuse in Egor Community Edo State". I request that you provide me reliable and accurate information as relevant policy decisions is dependent on the information given.

I promise to keep whatever information given as strictly confidential. Please tick [√] in the appropriate box that suite your response, thanks.

SECTION: A

Gender: Male [ ], Female [ ].

Age: 5 - 10 [ ], 11 - 15 [ ], 16 and above [ ].

Qualification: Primary School [ ], Secondary [ ].

Marital Status: Married [ ], Single [ ].

SECTION: B

QUESTIONNAIRE ITEMS

Instruction: Please tick (√) under the column in the option that suits you best.

How cognitive behavioral therapeutic approach does helps to treat emotional and behavioural problem of victims of sexual abuse?

1. Can severe physical and emotional trauma be managed by cognitive behavioral therapeutic approach? Yes [ ], No [ ].

Please give reasons

_____

2. Does cognitive behavioral therapeutic approach helps to resolve individual limitations of victims of sexual abuse? Yes [ ], No [ ].

Please give reasons

_____

3. Do you think feelings of dejections can be managed by cognitive behavioral therapeutic approach? Yes [ ], No [ ].

Please give reasons

_____

4. Can cognitive behavioral therapeutic approach help to manage unresolved emotional grievances from victims of sexual abuse? Yes [ ], No [ ].

Please give reasons

_____

Does psychodynamic therapy impact positively on manifestations of post-traumatic stress disorder (PTSD) following sexual abuse?

1. Do you think psychodynamic therapy can impact positively on uncontrollable thought due to sexual abuse? Yes [ ], No [ ].

Please any reason

_____

2, Does psychodynamic therapy can impact positively manage Recurrent, unwanted distressing memories resulting from sexual abuse? Yes [ ], No [ ].

Please give reasons

_____

3, Do you think that psychodynamic therapy can impact positively feelings of hopelessness due to sexual abuse? Yes [ ], No [ ].

Please give reasons

_____

4. Does psychodynamic therapy can impact positively resolves difficulty maintaining close relationships due to sexual abuse? Yes [ ], No [ ].

Please give reasons

_____

5. Do you think that psychodynamic therapy can impact positively can enhance coping ability of victims of sexual abuse? Yes [ ], No [ ].

Please give reasons

_____

T**o what extent does social work therapeutic approach effectively manage trauma faced by victims of sexual abuse in Egor Community Edo State?**

Do you think that social work therapeutic approach can effectively manage stress disorder from sexual abuse? Yes [ ], No [ ].

Please give reasons

_____

Does social work therapeutic approach help to manage emotional disorder from sexual abuse? Yes [ ], No [ ].

Please give reasons

_____

Do you think social work therapeutic approach effectively manage childhood trauma from sexual abuse? Yes [ ], No [ ].

Please give reasons

_____

Does social work therapeutic approach enhance emotional stability of victims of sexual abuse? Yes [ ], No [ ].

Please give reasons

_____

Does social work therapeutic approach able to manage behavioural disorder due to sexual abuse? Yes [ ], No [ ].

Please give reasons

_____