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PSYCHOLOGICAL DISTRESSES OF ADOLESCENT GIRLS VICTIMS OF SEXUAL VIOLENCE BY A FAMILY MEMBER

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ABSTRACT

This qualitative study concerns two adolescent girls raped by a family member. Clinical interviews accompanied by the Kessler Psychological Distress Scale (K6) and the Warwick Mental Well-Being Scale revealed that these subjects are in a state of very high psychological distress, generating a precarious state of mental ill-being due to apprehension about the relationship surrounding the perpetrator's identity and the occult effects accompanying this type of sexual violence from an ethno-psychopathological perspective. As a result, they develop negative feelings such as sadness, embarrassment or shame, guilt, etc.

KEYWORDS: - Psychological distress, adolescent, sexual violence, family.

1.0 INTRODUCTION

The family is a sphere of the child's and adolescent girl's socialization for their development, identity, protection, and fulfillment. Unfortunately, in some settings, the family has become a place where the most sexual violence against young girls occurs. Indeed, the Center Against Violence on Minors (CVM, 2018) states that sexual violence refers to all acts imposed by a person on a child or adolescent with their own sex or that of the other. Thus, these sexual violences include, among others, fondling, exhibitions, rape, incest, viewing pornographic videos, extortion, child prostitution. In this regard, these violences are frequently committed by someone close to the child who has a form of authority over them, such as a family member, a

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family friend, or a teacher, not forgetting that violence against minors is also committed by strangers.

It should be noted that 1 in 5 girls and 1 in 13 boys worldwide report having been victims of sexual violence during their childhood. Thus, these acts, which are too frequent but little revealed, occur while the child is very young and have significant consequences on their health, morale, and way of growing up (WHO, 2018).

In the same vein, studies highlight that children and adolescents who suffer these acts often do not know what to do or who to talk to, especially when the person committing these acts is a close relative. They may fear this person, fear their reaction, fear what will happen next, or even develop an attachment to their aggressor and refuse to harm them. This attitude adopted by the victim or survivor will only sink them deeper into their distress and will never favor their resilience.

This previous study is complemented by the survey by Elise et al. (2023) conducted in France on "Sexual violence during childhood and adolescence: family aggressions that are rarely talked about," which states that sexual aggressions, particularly those suffered during childhood and adolescence within the family, remain difficult to disclose. The results of this survey indicate that a total of 4.6% of women and 1.2% of men report incestuous violence before the age of 18. The violence is also perpetrated by family friends (2.2% of women and 0.7% of men). Thus, intra- and para-familial sexual violence is reported by 6.8% of women and 1.9% of men. Other sexual violences, covering different situations, are reported by 6.1% of women and 3.7% of men.

Among them, the most frequent are those committed by a partner/friend (2.7% and 0.8%), a stranger in public space (1.7% and 0.9%), or a person working with children (0.7% and 1.3%). Among people reporting sexual violence before age 18, 35.7% of women indicate it was a family member compared to 21.6% of men. These violences against young girls by a family member are committed in 96.5% of cases by a man; this figure is 89.7% for young boys. More specifically, for women, one in three intrafamilial violences (32.7%) was committed by the father or stepfather; the aggressors are then uncles (17.9%), cousins (14.4%), and brothers (14.1%). For men, the main aggressors are brothers (21.8%), followed by fathers or stepfathers (20.7%), cousins (17.8%), and uncles (16.7%).

However, in the DRC, the issue of sexual violence against women and young girls focuses on the eastern part of the country, and for over a decade, statistics have accumulated regarding sexual violence in wartime contexts. As a result, most victim testimonies are just one more statistic, one among many recorded in reports that, once published, are shelved or archived, and the analysis

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of this drama always passes through the conflict context where sexual violence is used as a weapon of war (AIDSPAN, 2023). On the other hand, this way of seeing things causes researchers and professionals to overlook another form of sexual violence that sows despair in other regions of the DRC not at war, where armed conflicts are not recurrent.

For her part, Linda (2018) emphasizes that unlike war or conflict contexts, in family settings, sexual violence under the family roof is commonplace today. It involves young girls and women in urban areas who suffer sexual abuse under the parental roof and are condemned to silence by the "taboo law," and victims confronted with an esteemed and respected individual in the family have very little chance of being believed. Many victims will only report the sexual aggressions they suffered weeks, months, or years later, because they fear reprisals from family members. It is just as difficult to collect testimonies from victims of sexual violence under the family roof as those perpetrated in armed conflict zones. In this perspective, the risk of bearing the responsibility for exposing the family to dishonor weighs heavily against the harm suffered. But by maintaining a kind of leaden silence on sexual violence in the family setting to supposedly preserve family honor and peace, has anyone ever thought for a moment about the suffering that victims may endure?

Despite the above, our psychosocial care activities for gender-based violence cases at the Boma General Reference Hospital in Kongo-Central province, DRC, as a clinical psychologist, allowed us to focus our attention on one form of sexual violence that has particularly caught our attention but is less addressed in its specificity due to societal denial resulting from its non-reporting. This form, called sexual violence against adolescent girls and children perpetrated by a family member (cousin, uncle, father, older brother, grandfather, stepfather...), is at the root of great psychological distress among the victims (survivors) and requires substantial work around the victim (survivor) for their recovery toward resilience.

This violence calls on professionals to address it through double work with the survivors (victims): on one hand, conducting a good assessment of psychological distress, and on the other, helping victims overcome psychic traumas as well as accompanying them in resolving the incest caused by this form of violence under an ethno-psychopathological and anthropological approach.

In our context, the assessment of psychological distress and the evaluation of mental well-being in adolescent victims of sexual violence by a family member constitutes our problem and remains at the center of our article. By highlighting the results obtained from the Psychological Distress Scale, Warwick Mental Well-Being, and the adolescents' experiences through clinical interviews, to grasp the suffering caused by this form of sexual violence.

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2.0 METHODOLOGY

Participants

In the context of this study, the participants are adolescent girls victims of sexual violence by one of the members of their extended family, who are seen at Boma General Hospital in the city of Boma, Kongo-Central province, DRC. Since this study is framed within qualitative research, we opt for a sample of typical cases. Accordingly, our sample consists of a size of 2 subjects. These subjects were selected based on the following criteria:

- Be registered at HGR-Boma as victims of sexual violence;
- Have the consent of the adolescent's guardian and herself;
- Be a resident of the city of Boma or its periphery;
- Be available to participate in this study.

Study Tools

To collect data from the target subjects, we used clinical interviews, the Kessler Psychological Distress Scale (K6), and mental well-being assessment.

- The clinical interview, used, was operationalized through our interview guide. This guide included, besides subject identification, two themes: (1) feelings of sexual violence by a family member among adolescent girls. And (2) social perception of the situation in their community.
- Psychological Distress Scale (K6), created by Kessler, this scale aims to assess the state of psychological distress in subjects. The scale, comprising six questions, is given to the subject, who chooses the response that suits them. They are told there are no right or wrong answers. Items are rated on a 5-point scale. The maximum score is 24. However, the K6 scale consists of a questionnaire on feelings of nervousness, hopelessness, restlessness, depression, discouragement, and worthlessness felt over the past month. Each of the six items is scored on 4 points, for a total score ranging from 0 to 24 points. Interpretation is as follows: <50% No psychological distress, 50% moderate psychological distress, 51-70% definite psychological distress, 71-80% severe psychological distress, 81-100% profound psychological distress. Several studies on the validity of the psychological distress scale reveal a Cronbach's alpha coefficient of 0.83.
- Warwick Mental Well-Being Scale: Items are rated on a 5-point scale. The minimum score is 14 and the maximum is 70. It is the accumulated sum of all these points, once your 14 responses to the 14 questions are provided, that will give the result from which it must be situated in the interpretation of said scale. A quick average calculation, easy to perform, leads us to understand that 14x3 equals 42, and according to this scale, a score of 52 shows that you are in a form of mental well-being that is "adequate."

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Field Activities

After obtaining consent from those concerned, we received them one by one in our consultation office for clinical interviews and administration of the scales. Everything took place in a climate of peace and serenity. Very often, we used Lingala and Kikongo (local languages) to communicate with our subjects. In this calm setting, we were accompanied by some social workers for translation from French or Lingala to Kikongo for our subjects. The latter were initially put at ease before any exchange. After these exchanges, we gave the subject time to rest in order to see them again two days later for administration of the Psychological Distress Scale and Warwick Mental Well-Being Scale.

Data Processing

Given the qualitative nature of the collected data, we used content analysis for their processing.

Content Analysis

Responses to open-ended interview questions contain information that must be identified, classified, analyzed, and interpreted to extract meaning. The content analysis technique, as defined by Berelson (1952), is a research technique for the objective, systematic, and quantitative description of the manifest content of communication. It seems appropriate for our study data.

Thus, the discourse of the interviewed persons as well as responses to open-ended questions contain information (raw data) that we grouped into comprehensible dimensions. Accordingly, we exploited two case analyses: horizontal thematic and longitudinal.

Horizontal Thematic Analysis

This analysis consists of identifying the horizontal themes of each interview. This analysis is based on the two key axes of our clinical interview. It seeks thematic coherence intra- and inter-interview after highlighting signifiers, keywords, strong terms, and groupings. It thus allows, considering all interviews, to detail the main predefined themes in the interview guide, but also new relevant aspects addressed recurrently.

Longitudinal Analysis

The longitudinal analysis of the collected data is carried out according to the following aspects:

- The various sociodemographic aspects of the subject;
- Feelings related to sexual violence among adolescent girls;
- Social perception of the situation among adolescents.

Case Studies

In this section, we examine adolescent girls victims of sexual violence by a family member, contacted in our psychologist's office at Boma General Reference Hospital in the city of Boma.

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Each is apprehended as a case, that is, a subject in a problem situation. For ethical reasons, we use alphabetic letters to identify them.

Case A

Identification Elements

Aged 15 years, Miss A is the eldest in a sibling group of 6 children, including three boys and three girls. Both parents are alive, she is a student, and was raped by her cousin living in the same house as her.

Excerpt from Autobiographical Narrative

It was around 1 PM when I returned from school; I found my big brother (cousin) in the house in the living room alone. When I entered my room to change, he called me to know what I was doing. I told him I was taking off my uniform... a few minutes later, I saw my big brother in my room, and he hugged me directly; I asked him: big brother, what are you doing here while I'm without clothes?

He told me to sleep with me. When I heard that, I ran directly to the living room wrapping a pagne. When I arrived in the living room, the big brother followed me with a knife and threatened me, saying if I dared scream, he would kill me. He took me by force, undressing me. I could no longer do anything because he was stronger than me, and he undressed and had intercourse with me.

It was very difficult for me to accept what was happening; I cried for several days and didn't want to be in contact with others because I felt great sadness and great anger inside me to the point that I simply wanted to take revenge and especially see this so-called big brother die... anyway, I don't like talking about this matter or thinking about it because it hurts me a lot.

Since that day, I no longer see myself as the same person; I always feel inside me a loss of something I don't know how to name... this situation no longer allows me to live as before because I live in great fear, and the scene comes back to me all the time even when I make no effort to think about it.

I always think I'm going to die because I slept with my big brother, and it's really forbidden among us and it's a sin; however, I ask myself why he did that to me? I assure you I lose the taste for life. The little strength I have left comes from my mother for daily support, and I would like to see this so-called big brother pay for what he did to me.

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Scale Results

Kessler Psychological Distress Scale (K6)

On this scale, Miss A obtained a score of 21 corresponding to 87%. This shows she has a high level of psychological distress.

Warwick Mental Well-Being Scale

From this scale, Miss A obtained a score of 19, which shows she lives in a state of severe ill-being and alerting.

Psychological Analysis of Case A

Traumatized by this situation, Miss A presented to our interview with a lot of remorse. She experiences her rape with much pain, accompanied by feelings of self-non-acceptance. Thus, she desires death. This situation affects her greatly to the point of plunging her into a state of excessively high stress accompanied by symptoms of depression and anxiety. She lives in a precarious state of mental well-being.

Case B

Identification

Aged 17 years, Miss B is the eldest of the family. From a family of 4 children including 2 girls and 2 boys, she is a student, Christian from the revival church, and was raped by the husband (stepfather).

Autobiographical Element

It was around nighttime (8 PM) when mom, my brothers, and my sister went to a prayer vigil, and we stayed with dad because I had exams in the morning. While I was in the room, I saw dad follow me and ask why I was sleeping at that hour. I told him I had an exam in the morning, and he said there was still time and that I should come to the living room to watch TV with him. Arriving in the living room, we sat on the sofa, and he put on a pornographic film on TV, and it embarrassed me, and he said do you watch such films too? I said no, and he asked if I was still a virgin. I said yes, and he said what proves it; I said I know it myself.

I felt uncomfortable and told him dad I have to go to sleep, and he said stay a little longer, and suddenly he started touching my thighs and said today I have to check if you are really a virgin. I said no, and he said you're not a virgin and I'll tell your mother and we'll throw you out of this house, and he undressed and said what I'm going to do with you so your mother doesn't know, otherwise I'll throw you out of the house or kill you. I told him you're my dad and you can't do such a thing to your daughter, and then he said you're not my child and I don't know where your father is, and he raped me while suffocating me, covering my mouth, and tying my hands.

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I had so much pain and felt suffocated as if I was dying; he was stronger than me and I couldn't scream; I felt my voice crying for help but it wouldn't come out until he finished abusing me; he untied me. I hurt so much and had blood flowing, and I couldn't speak anymore, and I forced myself to go to the room with a lot of crying, and the so-called dad went to the room.

In the morning, I couldn't go to school because I had pain and it was like I had a fever; when mom and my brothers arrived, they found me in the room because all night I just cried and it really hurt. And that's when they noticed the blood stains in the living room, and when mom came to see me in the room, I told her I was sick because I was afraid to tell her the truth because I didn't want to be thrown out of the house, and then mom said to come out of the house to take medicine, and that's when she realized I couldn't walk properly, and she asked me what was wrong; that's when I burst into tears and told her dad raped me.

Since this event, I don't have good sleep and I keep reliving the event; I don't know how to get rid of it... I see myself unhappy, sometimes sad and I cry a lot, I'm ashamed, I'm scared, and I've become irritable... because I'd never experienced such a story and it upsets me all the time.

I've lost all pleasure in living; I slept with my mother's husband, it's a sin, and in our family this brings misfortune, so I don't know what awaits me in the future; especially I had to leave my mother's house to live with my grandmother. Some people don't believe my rape and think I'm the cause of what happened to me; the situation was handled in the family, and I was forbidden from going back to my mother's; it's very difficult for me because nothing is the same anymore in life or in the family.

I force myself to avoid thinking about the event, and I don't like talking about this story because it hurts too much, and I feel sad; I just hope God will make the perpetrator pay one day for what he did to me.

Scale Results

Kessler Psychological Distress Scale (K6)

On this scale, Miss B obtained a score of 21 corresponding to 88%. This shows she has a high level of psychological distress.

Warwick Mental Well-Being Scale

On this scale, Miss B obtained a score of 30, which shows a precarious and alerting state of mental ill-being.

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Psychological Analysis of Case B

Experiencing this situation for the first time in her life, Miss B presented to our interview with a discourse of distress with many negative emotions. She has constant worries and guilt. This situation upsets her to the point of plunging her into a state of high psychological distress, accompanied by symptoms of depression and anxiety that make her state of mental well-being precarious.

3.0 DISCUSSION OF RESULTS

After presenting the cases of adolescent girls victims of sexual violence by a family member seen at Boma General Reference Hospital, we proceed to the overall psychological analysis.

A careful reading of these cases allows us to affirm that the contacted adolescents are psychologically disturbed by their current situation. Indeed, they experience the sexual violence they suffer as an upheaval accompanied by a variety of emotions due to its traumatic impact on their current mental health in the form of sadness, shame, fear, panic, feelings of helplessness and despair, reliving, insomnia, etc.

As an illustrative quote, Miss A stated: "I cried for several days, I felt great sadness, great anger, the scene comes back to me all the time even when I make no effort to think about it." For her part, Miss B says: "I had so much pain and felt suffocated as if I had a fever, I was scared, I couldn't walk properly because of the pain, since this event, I keep reliving it, I'm sad, I cry a lot, I'm ashamed, and I've become very irritable."

In view of these cases, we can note that sexual violence is at the root of several psychological distresses among adolescent girls, thus generating symptoms of psychological pathologies. Accordingly, we can say that sexual violence generates a high level of psychological distress, thereby altering the mental well-being of adolescent girls.

However, the sexual violence they suffer is at the root of the poor perception they have of themselves. Thus, they have a negative apprehension of their situation. From an ethno-psychological viewpoint, these survivors experience what happened to them as bad luck. This plunges them into continual mourning. As an illustrative quote, Miss A stated: "This situation no longer allows me to live as before, I no longer see myself as the same person, I think I'm going to die because I slept with my big brother, it's really forbidden among us and it's a sin." However, Miss B states, "I've lost all pleasure in living, I slept with my mother's husband; in our family, this brings misfortune, and I don't know what can happen to me in the future. I'm no longer in contact with others, and nothing is the same anymore."

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A careful reading of these two cases shows that these adolescent girls raped by a family member do not experience their situation as rape but rather as an act with occult effects on themselves in the future. It is thus a cultural reading that these victims make of their situation. This is what fuels their psychological distress, based on guilt and despair. The Psychological Distress Scale (K6) reveals that all adolescents in our study live in a state of high psychological distress. And the Mental Well-Being Scale (WEMBS) reveals that these subjects live in a precarious state of mental well-being, altering the psychological dimension of happiness and life satisfaction, as well as the dimension of positive psychological functioning, relationships with others, and self-realization and acceptance.

From reading the various cases, we can emphasize that the sexual violences to which these adolescent girls are victims plunge them into great psychological distress, thereby making their mental well-being precarious and alerting. Because great apprehension of the situation revolves around the identity of the perpetrator or tormentor. These results align with those of Linda (2018), which reveal that the physical and social consequences, assessed in an environment where one daily encounters their tormentor, also affect the psyche of survivors. Studies show that victims of sexual violence are significantly more at risk of presenting symptoms of post-traumatic stress, anxiety, depression, aggressive behaviors, or even dissociation and depersonalization.

4.0 CONCLUSION

In conclusion of this article, we can note that the violence suffered by adolescent girls from a family member generates a very high state of psychological distress and mental ill-being. Because, beyond being at the root of symptoms of depression, anxiety, post-traumatic stress, and sleep disorders, these situations generate in them an apprehension around the tormentor's identity and the occult effects attributed to this form of sexual violence from an ethno-psychopathological viewpoint, pushing them to live in pathological mourning.

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