

CHILDHOOD MOLESTATION AND PSYCHOLOGICAL WELL-BEING AMONG LATE ADULTS IN BAMENDA III SUB-DIVISION

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Abstract: This study sought to investigate childhood molestation (with emphasis on childhood sexual abuse) on the psychological well-being of late adults in Bamenda III Sub-Division. The research specifically sought to provide answer to one research question which is: What is the effect of childhood sexual abuse on the psychological well-being of late adults? Sigmund Freud's Psychodynamic Theory and Erik Erikson's Psychosocial Theory provided the theoretical underpinning for this study. The concurrent mixed method design was used which gave the authors the latitude to make use of quantitative and qualitative data. In this regard, structured questionnaires and unstructured interviews were the main instruments for data collection. The sample was made up of some 200 elderly persons above the age of 65 purposively selected from the neighborhoods of Ntagem 1, Center Bolt, Mile 2 Nkwen, and Upper Bayele Nkwen all located in the Bamenda III sub-division of the North West Region of Cameroon. Result shows that a moderate positive relationship ($R = 0.814$) exists between childhood molestation and psychological well-being of late adults. There was therefore, a significant effect of childhood molestation on the psychological well-being of late adults. Recommendations were made to parents, caregivers and the government especially as concerns taking care of the health of the elderly.

Introduction

Azevedo, Martins & Maia (2017) posit that early life events are a set of events, conditions or perceptions that we experience during our early years. They go further to add that these events may not be limited to self. Rather, such events align with the individual's environment, significant people in their lives, as well as interactions amongst them. Plomin (2011) maintain that there are pertinent influences of early life events that have significant ramifications on child development. Victora et al. (2016) add that such early life influences have to do with feeding practices for newborns, family's socioeconomic status, parents-child directed language etc. Bronfenbrenner & Ceci (1994) on their part, focus on the fact that early life events have to do with the coming together of the physical and psychological contexts that parents and other those involved in child upbringing make available. This also includes the child's own behavioural and psychological function. One of those early life events of interest in this study is childhood molestation with particular focus on childhood sexual abuse.

Braveman & Egerter (2008) note that research results increasingly link early childhood experiences to health later in life especially at adulthood. Our adult health is often the result of our early life experiences. Research evidence further attest that brain, cognitive, as well as behavioural development during the early stages of life are not unconnected with significant health outcomes in our later years. Such health outcomes include, though not limited to diabetes, drug use, cardiovascular diseases, obesity, hypertension etc. According to the Center on the Developing Child at Harvard University (2007) chronic stress experienced by children from low socioeconomic status background can affect children's body in a manner that can result in lifelong cognitive deficiencies, behavioural problems, as well as negative physical and mental health. In this regard, it is thus glaring that early childhood physiological stress can result to depression, anxiety, diabetes, cardiovascular disease and stroke later in life. Long et al. (2006) are of the view that depression, eating disorder, dissociative patterns, anxiety, somatic problems are some of the long term consequences of childhood sexual abuse. Long et al. (2006) further posit that survivors of childhood sexual abuse often have concerns related to Post traumatic stress disorder like avoidance. Ratican (1992) adds that such survivors end up having suicidal ideation, phobias, anxiety attacks, obesity problems as well as distorted sleeping patterns. King (2009), meanwhile goes to the extent of saying that as adults, survivors of childhood sexual abuse tend to resort to dissociation as a coping mechanism. Maltz (2002) focuses more on the fact that as adults, survivors of childhood sexual abuse end up avoiding

sex or having phobia for sex, experiencing anger and negative feelings, suffering from emotional problems, suffering from intrusive thoughts, as well as erectile and orgasmic difficulties.

In the context of Cameroon, precisely in the Bamenda III subdivision, late adults currently experience a number of challenges ranging from deteriorating health conditions, mental health difficulties. Moreover, these individuals often experience depressive symptoms, higher rates of loneliness, lower life satisfaction, fewer positive emotions, higher level of stress, and poorer subjective health. There is a strong possibility that the challenges faced by these elderly persons are related to their early life events. It is very possible that most of these people underwent a childhood that was characterized by molestation and child sexual abuse, in most cases by family members and other caregivers. To investigate this problem, the authors formulated one research question which is: What is the effect of childhood sexual abuse on the psychological well-being of late adults?

Review of Related Literature

Childhood sexual abuse has been defined in the literature as an experience that occurs when an individual controls, takes advantage of or exploits another by engaging in or suggesting sexual activity (Maltz, 2002). Maltz (2002) goes on to say a most of the cases of sexual abuse occur during the first few years of life with the most common form being incest. Ratican (1992) on his part posits that childhood sexual abuse has to do with any sexual act, be it covert or overt, that happens between a minor and an adult in a manner that the minor is being coerced or forced to participate in the act. Ratican (1992) adds that it is not necessarily all forms of abuse that has to do with touching. Cognizance must be taken that most sexual acts that exploits the child fall within the category of childhood sexual abuse. Sometimes perpetrators take advantage of the child by exposing them to pornography, using the internet to exploit them as well as using manipulation to make them take pornographic photos. Consistent with the above definitions is Saul and Audage (2007) who see child sexual abuse as any sexual act occurring with a child in a context where there is no consent. Examples of such acts are sexual contact by coercion whereby the age of the child is not considered as well as all sexual related act taking place between two persons, one being a minor, the other a more elderly person. In most cases deception is often used to lure the child into the act. Saul and Audage (2007) add that the sexual act could be direct penetration, fondling or other sexual acts that require little or no contact.

Cicchetti and Toth (2015) maintain that victims of child sexual abuse often suffer from a range of adverse emotional, behavioral, and interpersonal problems later on in life. These authors add that child sexual abuse affects children from progressing successfully along a consistent developmental pathway and many struggle later on with adjustment difficulties in the presence of such environmental adversities. Moreover, children's normal developmental task and overall developmental trajectory is often negatively affected by child sexual abuse. Consistent with the above findings, Swanston et al. (2003) attest that one lasting ramification of childhood sexual abuse is depression. Chaffin et al. (2005), meanwhile established that anxiety is one of the consequences of child sexual abuse. Spataro et al. (2004) cite personality disorder, Martin et al. (2004), cite suicidal ideation, NCCAN (2003) cite nightmares while Emiroglu et al. (2004) cite somatization as some of the long lasting ramification of child molestation.

Schoen et al. (1997) in their study were able to establish that adult ramifications of child sexual abuse weigh heavily against females with 12% of girls in grades 9-12, and 7% of girls in grades 5-8 reported having been sexually abused. These authors further contend that 65% of girls who have been sexually abused attest that the act did not only append once, while 57% claimed that the person committing the act was a family member, which means there was incest with further psychological consequences.

Felitti et al. (1998), on their part found that adult consequences of child sexual abuse range from anxiety and depression, eating disorders, and self-neglect. These authors further came up with the findings that those adults who were unfortunate to have experienced one form of molestation or the other during their early years have a greater propensity to abuse drugs as well as other substances, twice as likely to engage in smoking, are physically inactive and often suffer from obesity.

Empirical research (Bensley et al., 2000) has also established that adults who experienced one form of child molestation or the other while growing up often suffer from health challenges, arousal problems,

lack of desire, orgasmic issues and a lot more. Bensley et al. (2000) further opine that some of the worse health ramifications of child sexual abuse are sexually transmitted infections, as well as elevated risk-taking behaviours (like having fifty or more sex partners) which can further exacerbate the risk of contracting HIV. Adding their voice to the health challenges faced by adults who were sexually abused as children, Baram & Basson (2007) found that survivors of child sexual abuse are likely to suffer from gynecological related complications like protracted pelvic discomfort, dyspareunia, vaginismus, and nonspecific vaginitis. Baram & Basson (2007) further add that problems related to self-protection, as well as being prone to further victimization are some of the challenges that await adult survivors of child sexual abuse. A number of empirical studies have found a significant relationship between child sexual abuse and mental health problems during adulthood. Dakam (2014), for example, in a study conducted with 304 adults between the ages of 18 to 60 years at the University of Port Harcourt Teaching Hospital, Nigeria, found that there is a statistically significant connection between childhood sexual abuse and mental health problems in adulthood.

The theoretical starting point of this study was informed by Sigmund Freud’s (1930) Psychodynamic theory which lays emphasis on the importance of childhood experiences in shaping our adult personality. Freud posits that we are natural and biological beings driven by our natural instincts. The way parents and caregivers interact with children have implications for their social and emotional health. In this regard, children who are often maltreated, neglected, molested and abused by care givers, parents, or other family members, end up having difficulties adjusting emotionally and socially during their adult years. Erikson’s (1959) psychosocial theory with emphasis on the eighth stage (integrity versus despair) further helps in illuminating this study. Erikson maintains that during late adulthood, the individual is confronted with the conflict of integrity versus despair whereby he/she revisits and takes a journey into his/her past. If such a past is filled with negative experiences like having been sexually molested as a child, the individual is filled with regrets and remorse and may not live his/her last days with delight.

Methodology

This study adopted a concurrent mixed method design whereby quantitative and qualitative data were collected by making use of structured questionnaire and unstructured interviews as data collection instruments. The sample of the study comprised 200 males and females above 65 years of age in the neighborhoods of Ntagem 1, Center Bolt, Mile 2 Nkwen, and Upper Bayele Nkwen all located in the Bamenda III sub-division of the North West Region of Cameroon. The sample was purposively chosen to ensure that only the elderly above 65 years of age who have experienced one form of molestation or the other as a child were chosen for the study. A four point likert scale questionnaire with response options ranging from Strongly Agree, agree, disagree and strongly disagree was designed to collect quantitative data. This questionnaire had nine items in total. An interview guide was constructed to facilitate the collection of qualitative data. The guide was mostly open ended to give the respondents the latitude to voice out their subjective views on childhood experiences and how those experiences are affecting them during late adulthood.

Results

The quantitative data was analyzed using the descriptive statistics whereby frequencies, percentages, mean and standard deviation helped in providing answers to research questions. With respect to inferential statistics, the regression coefficient was used to check the effects of early life events on the psychological well-being among late adults. Also, the interview guide was presented using content thematic analyses. The following tables present the data collected beginning with the frequencies, percentages, means and standard deviation table.

Table 1: Childhood Molestation

Items	Responses				Mean	Standard Dev	Ranking
	SA	A	D	SD			

My care takers paid no attention to me when I was growing up	30 (15%)	149 (74.2%)	10 (5%)	11 (5.5%)	2.99	0.63	5
While growing up my parents (care takers) did not take me to the hospital when I was sick	150 (75%)	25 (12.5%)	15 (7.5%)	10 (5%)	3.54	0.87	2
While growing up my parents (care takers) locked me out of the house on purpose	161 (80.5%)	9 (4.5%)	27 (13.5%)	3 (1.5%)	3.62	0.79	1
While growing up I was sexually abused	0 (0%)	100 (50%)	50 (25%)	50 (25%)	2.16	0.86	8
While growing up my parents (care takers) did not comfort me when I was upset	90 (45%)	50 (25%)	50 (25%)	10 (5%)	3.04	0.95	4
While growing up my parents (care takers) did not keep me clean	0 (0%)	67 (33.5%)	110 (55%)	23 (11.5%)	2.22	2.30	7
While growing up my parents (care takers) did not make sure I see a doctor when I needed one	161 (80.5%)	3 (1.5%)	9 (4.5%)	27 (13.5%)	3.10	1.34	3
While growing up my parents (care takers) did not give me enough to eat	0 (0%)	10 (5%)	100 (50%)	90 (45%)	1.73	1.55	9
While growing up my parents (care takers) did not show love to me	0 (0%)	150 (75%)	15 (7.5%)	35 (17.5%)	2.54	3.23	6
Total Average	65.7 (32.8%)	62.5 (31.3%)	42.8 (21.5%)	25928.7 (14.4%)	2.77	1.34	

Table 1 shows that 15% of the respondents strongly agreed that their care takers paid no attention to them when they were growing up, 74.2% agreed, 5% disagreed while 5.5% strongly rejected the idea with a mean of 2.99 and a standard deviation of 0.63, with a ranking position of 5. Looking at the next item, 75 % of the respondents strongly agreed that while growing up their parents (care takers) did not take them to the hospital when they were sick, 12.5 % agreed, 7.5% disagreed while 5% strongly disagreed with a mean of 3.54 and a standard deviation of 0.87, with a ranking position of 2. Furthermore, 80.5 % of the respondents strongly affirmed that while growing up their parents (care takers) locked them out of the house on purpose, 4.5% agreed, 13.5% disagree, 1.5% strongly disagreed with a mean of 3.62 and a standard deviation of 0.79, with a ranking position of 1. None (0%) of the respondents strongly agreed that while growing up they were sexually abused, 100% agreed, and 50% disagreed while 50% strongly disagreed with a mean of 2.16 and a standard deviation of 0.84, with a ranking position of 8. To proceed, 45 % of the respondents strongly agreed that while growing up their parents (care takers) did not comfort them when they were upset, 25% agreed, 25% disagreed while 5% strongly disagreed with the view with a mean of 3.04 and a standard deviation of 0.95, with a ranking position of 4.

As concerns item six, none (0%) of the respondents strongly agreed that while growing up their parents (care takers) did not keep them clean, 33.5% agreed, 55% disagreed while 11.5% strongly disagreed with a mean of 2.22 and a standard deviation of 2.30, with a ranking position of 7. As far as item seven was concerned, 80.5% of the respondents strongly agreed that while growing up their parents (care

takers) did not make sure they see a doctor when they needed one, 1.5% agreed, 4.5% disagreed while 13.5% strongly disagreed with a mean of 3.10 and a standard deviation of 1.34, with a ranking position of 3. None (0%) the respondents strongly accepted that while growing up their parents (care takers) did not give them enough to eat, 5% agreed, 50% disagreed while 45% strongly disagreed, giving a mean of 1.73 and the standard deviation of 1.55 , with a ranking position of 9. Above all, 0% of the respondents strongly agreed that while growing up their parents (care takers) did not show love to them, 75% agreed, 7.5% disagreed while 17.5% strongly disagreed with a mean of 2.54 and a standard deviation of 3.23, with a ranking position of 6.

Verification of hypothesis

Ho1: Childhood molestation has no significant influence on the psychological well-being of late adults

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.814 ^a	.663	.652	13.803

The model summary table shows that a moderate positive relationship (R = 0.814) exists between: Childhood molestation and psychological well-being of late adults. Furthermore, R-Square for the overall model is 0.663 with an adjusted R of 0.652.

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.365	2.924		1.151	.000
	Childhood molestation	.782	.102	.814	7.683	.000

The table for regression coefficients indicates that the regression equation is given by Psychological well-being = 3.365 + 0.782 x Childhood molestation. Thus, when there is Childhood molestation, the psychological wellbeing of late adults is at 3.365 but when Childhood molestation increases by one unit, psychological wellbeing increases by 0.782. This increase is significant as indicated by the p-value of 0.000.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	11246.257	1	11246.257	59.028	.000 ^b
	Residual	5715.743	30	190.525		
	Total	16962.000	31			

The ANOVA table shows that F (59.028) with p = 0.000. This suggests that there is a significant effect of Childhood molestation on the psychological well-being of late adults. Consequently, Ho₁ was rejected while Ha upheld. It can therefore be concluded that Childhood molestation has a significant influence on the psychological well-being of late adults

Qualitative Data

Data collected from interviews were analyzed using content thematic analysis by presenting, the questions, categories, themes, code descriptions, groundings, quotations on table as seen below.

Table 5: Childhood Molestation

Categoris	Themes	Code description	Ground ings	Quotations
Childhood molestation	Being maltreated by caregivers	maltreated	Majority	“...i was maltreated by those who were not my parents.....” ”I received maltreatment from someone I had to live with because my father was owing them some money.....” “Whenever my parents fought they transferred their aggression to me....”
Meeting basic needs as a child	No cloths and medications	Lack of Basic needs	Almost all	“...apart from little food, there were no cloths and medications because they saw no need paying attention on me...”
Physically beaten as a child	Unjust beatings	Corporal punishment	Almost all	“.... For sure, whether right or wrong, I will be beaten for the least mistake I do...”
Sexual molestation	Giving me out for marriage	Early marriage	Majority	“.... At a tender age, my parents gave me to people I did not know for marriage and I was sexually abused....”

Table 5 shows that, based on the respondents being maltreated while growing up as a child it was categorized as affirmative. The theme was being maltreated by caregivers and maltreatment was the code description. Majority of them grounded the idea meanwhile the quotation says they were maltreated by those who were not their parents. They received maltreatment from someone they had to live with because their father owed them some money and whenever their parents fought they had to transfer their aggression to them. In addition, as concerns basic needs (food, cloths, medical etc), the respondents claimed their needs were not adequately taken care of with a theme of no cloths and medications. Lack of Basic needs was the code description. Almost all grounded the idea. In the words of one of the respondents “apart from little food, there were no cloths and medications because they saw no need paying attention on me...” To proceed, on whether they were physically beaten to the extent that they had wounds on their body while growing up as a child, the respondents categorized it to be obvious with a theme of unjust beating and the code description of corporal punishment. Almost all grounded the idea. One of the respondents is quoted to have said “.... For sure, whether right or wrong, I will be beaten for the least mistake I do...”

To proceed, on whether they were sexually molested (touching them in a sexual manner or touching their private parts) while growing up as a child, the respondents categorized it to be obvious with a theme of giving them out for marriage and the code description of early marriage. Majority grounded the idea. One of the respondents is quoted to have said “.... At a tender age, my parents gave me to people I did not know for marriage and I was sexually abused....”

Discussion

The results arrived at in this study are in synergy with Cicchetti and Toth (2015) who found that victims of child sexual abuse often suffer from a range of adverse emotional, behavioral, and interpersonal problems later on in life. These authors add that child sexual abuse affects children from progressing successfully along a consistent developmental pathway and many struggle later on with adjustment difficulties in the presence of such environmental adversities. Also consistent with the present result is Sigmund Freud's Psychodynamic theory which posits that early childhood experiences play an important role in shaping our adult personality. Also in tandem with this result is Swanston et al. (2003) who found that one of the long lasting ramifications of child molestation is depression. Chaffin et al. (2005), meanwhile established that anxiety is one of the consequences of child sexual abuse. In agreement with the current result is Baram & Basson (2007) who found that there is a statistically significant connection between childhood sexual abuse and mental health problems in adulthood.

Recommendations

The elderly population is a vulnerable group in the society. It is imperative that family members continue to give them the necessary social, physical, emotional and financial support that they need to navigate their path through the numerous challenges they face in life. Parents and caregivers should understand that some childhood experiences like molestation and sexual abuse have negative consequences during our adult life. Parents and caregivers should thus make sure that children have all the good experiences during their childhood and they should guard against child sexual predators to ensure that children's developmental pathways are not affected and that they witness a smooth transition from one developmental stage to the other void of stress and other emotional and behavioural challenges.

The government should create a climate that celebrates old age and that fosters the health and welfare of the aging population by giving them a good package for retirement benefits, subsidizing their medical bills, making it easy for them to go for regular checkups, ensuring that there is a welfare scheme that provides social amenities to the aging population.

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