

## Depression and Self-Esteem Among Child Sexual Abuse Victims in Malaysia

Nor Shafrin binti Ahmad  
Universiti Sains Malaysia  
Pulau Pinang, Malaysia  
e-mail: sham@usm.my

Rohany binti Nasir  
Universiti Kebangsaan Malaysia  
Selangor, Malaysia

**Abstract.** This research attempt to identify the level of depression and self esteem among child sexually abused victims in Malaysia and also determine the relationship of victims' depression with their age at the onset of abuse. It also identify differences of depression between victims with different numbers of perpetrators and determine the relationship between victims' depression and their self esteem. A majority of subjects (90.7%) were victims of penetrative sexual abuse and 9.3% were molested. Beck Depression Inventory (BDI) and Rosenberg Self Esteem Scale were used to measure depression and self-esteem respectively. Results indicate that victims were at critical (32%), moderate (30.7%), mild (21.3%), and minimum (16%) levels of depression; 72% of the victims projected a moderate level of self esteem. Results also reveal a positive significant correlation between age at the onset of abuse and victims' depression, meaning that older victims were more likely to describe themselves as being depressed. There are no differences between numbers of perpetrators and victims' depression, which has a negative significant correlation with self-esteem.

Key words: sexually abused victims, depression, self-esteem, children

**Abstrak.** Penelitian ini mengidentifikasi tingkat depresi dan harga diri pada anak korban pelecehan seksual di Malaysia dan juga menentukan hubungan tingkat depresi korban dan usia saat terjadinya pelecehan, mengidentifikasi perbedaan depresi antara korban dan jumlah penyerang yang berbeda, dan menentukan hubungan antara depresi korban dan harga dirinya. Sebagian besar korban (90.7%) adalah korban perkosaan dan 9.3% korban penganiayaan. Beck *Depression Inventory (BDI)* dan *Rosenberg Self Esteem Scale* dipakai berturut-turut untuk mengukur depresi dan harga diri. Hasil menunjukkan bahwa para korban depresinya pada tingkat kritis (32%), moderat (30%), ringan (21%), dan minimal (16%); 72% korban menunjukkan harga diri pada tingkat moderat. Hasil juga mengungkap korelasi positif yang bermakna antara usia awitan pelecehan dan tingkat depresi korban, berarti korban yang lebih tua cenderung lebih merasakan depresi. Tak ada beda antara jumlah penyerang dan depresi korban, yang berkorelasi secara negatif bermakna dengan harga dirinya.

Kata kunci: korban pelecehan seksual, depresi, harga diri, anak

The exact rate of childhood sexual abuse in the general population is not known for certain. It is because incidents were not often reported at the time of their occurrence. In 2003, there were 430 cases of childhood sexual abuse reported in Malaysia. This statistics showed that 402 were females and 28 were males. They

were sexually abused before the age of 18. According to Malaysian Penal Code (2004) and Child Acts (2001), any one below the age of 18 is considered a child. Any form of sexual acts with or without child consent is a criminal offence. Most commonly, perpetrators were someone known to the child. According to Royal Malaysian Police Headquarters, in Kuala Lumpur between 2000 to July 2003 most of the victims reported being sexually abused by their biological fathers.

There are both short and long term effects of sexual abuse. In general, the short term effects include depression, low self esteem, anxiety and sadness, school and behavior problems, powerlessness and a reduction in hope for the future (Swanston, Tebbutt, O'Toole & Oates, 1997). Meanwhile, victims also displayed nega-

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tive signs such as school problems and running away from home (Browne & Finkelhor, 1986).

A study by Swanston et al. (1997) involving 68 sexually abused children reported that abused children displayed more disturbed behavior, had lower self-esteem, were more depressed or unhappy, and were more anxious than the control group. Subjects involved also had significantly higher levels of bingeing, self-injury, and suicide attempts.

Depression have often been cited as the after effects of child sexual abuse (Swanston, Plunkett, O'Toole, Shrimpton, Parkinson, & Oates, 2003; Bal, Crombez, Oost & Debourdeaudhuij, 2003; Walrath, Ybarra, Holden, Liao, Santiago, & Leaf, 2003; Crosson-Tower, 2002; Briere, 1997; Swanston et al., 1997; Hall & Lloyd, 1993; Beitchman et al., 1992; Beitchman et al., 1991; Haskett, Nowlan, Hutcheson, & Whitworth, 1991; Wozencraft, Wagner & Pellegrin, 1991; Alexander, Neimeyer, Follette, Moore, & Harter, 1989; Gold, 1986; Browne & Finkelhor, 1986; Atkeson, Calhoun, Resick, & Ellis, 1982). Low self esteem was also known as one of the symptoms suffered by the victims (Swanston et al.; Crosson-Tower; Swanston et al.; Hall & Lloyd; Haskett et al., 1991; German, Habenicht & Fitcher, 1990; Gold). Although empirical studies of depression and self esteem among sexual abuse victims have been conducted intensively, there is still relatively little work done in Malaysia. Therefore, it is hoped that this study will enlighten as well as contribute additional information to those people who are directly or indirectly involved in helping the victims cope with and survive the trauma of being sexually abused.

A study conducted by Wozencraft, Wagner, and Pellegrin (1991) reported that child sexual assault victims experienced a significantly higher level of depression. Twenty-eight percent of their sample in the study scored at or above a normative sample of school-age children. Results of the analysis using stepwise multiple regression on the victims' scores in Children Depression Inventory (CDI) showed that victims' age was a very significant indicator. Older children were found to be more depressed than the younger children.

Studies conducted in the past also showed that depression among sexually abused victims was significantly related to self esteem (Abramson, Seligman, & Teasdale, 1978; Oates, Forrest & Peacock, 1985; Battle, Jarratt, Smit, Precht, 1988; German, Habenicht & Fitcher, 1990; Barker, 1999; Zuriaty, 2004).

Since past researches in other parts of the world

showed a majority of victims of sexual abuse suffered from depression which was also related to their self esteem, this study hoped to find out whether it was also true with the victims in Malaysia. Hence, the present study was designed to measure depression and self esteem in a sample of sexually abused children. The purpose of this study was, firstly to identify the relationship of depression with age of victims at the onset of abuse. Secondly is to identify differences of depression between victims with different numbers of perpetrators. Finally, to find out if there is a correlation between depression and self esteem of the victims.

### *Sexual Abuse*

Sexual abuse can be defined as "actual or likely exploitation of a child or adolescent" (Corby, 2000). It covers a wide variety of acts of a sexual nature. The abuser is an adult or adolescent who uses a child for a sexual act to satisfy needs for power. Very often the child victim does not understand what had happened and unknowingly drawn into sexual act. According to Riley (1991), it may or may not involve some form of physical contact such as vaginal, genital, oral or anal. Riley defined some basic definitions of sexual abuse: (a) Exhibitionism – sexual deviation in the form of exposure of the (usually male) genital organs. The penis may be flaccid or erect, and the act is sometimes accompanied by masturbation; (b) Voyeurism – the search for sexual satisfaction by watching the naked child or sexual acts involving the child; (c) Fellatio – introduction of the abuser's penis into the child's mouth or vice versa; (d) Sodomy – forced or attempted anal penetration by the abuser; (e) Paedophilia – sexual deviation which drives an adult to seek sexual gratification by involving children; (f) Pederasty – although this means essentially the same as paedophilia, it refers to male homosexuality between an adult and a child; (g) Incest – a sexual act between parent (or step parent) and child, or between brother and sister. In a wider sense sexual abuse within the family or committed by an adult in the role of a parent.

### *Depression*

Depression occurs as a component of reactions to stress and in patients with medical and psychiatric pro-

blems (Klerman, 1987). It refers to a heterogeneous group of problems that include a number of distinct psychopathological conditions (Beck, Rush, Shaw, & Emery, 1979). Affective symptoms shown by depressed patients are sadness or unhappiness, feeling blues and terrible. Patients also frequently report anxiety as a problem accompanying their depression. Cognitive symptoms shown are indecisiveness, self-criticism, and difficulties in concentration and memory. Behavioral symptoms shown are passivity, withdrawal and avoidance. Patients also have shown physiological symptoms such as sleep disturbance, appetite and sexual disturbances.

### *Self Esteem*

Bednar and Peterson (1995) defined self esteem as a subjective and enduring sense of realistic self-approval. It reflects how the individual views and values the self at the most fundamental levels of psychological experience. It is an enduring and affective sense of personal value based on accurate self-perceptions, involves one's mental perceptions of one's qualities. Self-esteem sometimes also called self-worth, self-confidence and self-respect. It reflects a person's overall self-appraisal of their own worth and encompasses both beliefs and emotions. Behavior may reflect self-esteem.

## **Method**

### *Subjects Characteristics*

The subjects of this study were 75 sexually abused children from four shelter homes in Peninsular Malaysia. Sexually abused children were defined as having sexual contact or been molested. Coercions or persuasions were used by a juvenile or adult perpetrator to sexually abused children below age 18. The perpetrators were from their family members, relative, familiar persons such as neighbors and school friends or strangers. Based on the most severe form of abuse reported, 90.7% experienced genital penetration and 9.3% experienced being molested or fondled. The 75 female subjects ranged in age from 12 to 18 years old ( $M = 15.15$ ,  $SD = 1.77$ ). The sample was made up of three ethnic

groups, 71 (94.7%) Malays, 3 (4.0%) Indians and one (1.3%) aborigines. The age of the victims at the onset of abuse ranged from 5 to 16 years old ( $M = 11$ ,  $SD = 2.74$ ), while the number of perpetrators ranged from one to ten. Seventy point seven percent (70.7%) of them were abused by one abuser, 14.7% were abused by two abusers, 5.3% were abused by five abusers, 4.8% were abused by six abusers, and 2.7% were abused by three abusers, one abused by four abusers and another one abused by 10 abusers. A majority of the subjects (60%) or 45 of them were not living with both their biological parents when the incident happened. They either lived with one parent, relatives, adopted families or grand parents.

### *Procedure*

All participants were residents of shelter homes in Peninsular Malaysia. They have been chosen to participate in the study by the respective Principals of the shelters based on their willingness to cooperate. In general only those victims who were not critically traumatized by the incidents of abuse were allowed to participate in this study. Two psychological inventories used were Beck Depression Inventory (BDI) and Rosenberg Self-Esteem Scale (RSES). BDI was used to assess depressive symptoms (Beck, Steer, & Brown, 1993) such as mood disturbances, cognitive, behavior and vegetative functions. RSES was used to assess self-esteem (*The Rosenberg Self-Esteem Scale*, 2002).

The BDI yields a total raw score ranging from 0 to 60. It consisted of four levels of depression namely, minimum, mild, moderate and critically depressed. All subjects were asked to answer each item by selecting one of four choices (e.g. I do not feel sad, I feel sad, I am sad all the time and I can't snap out of it and I am so sad or unhappy that I can't stand it) that most closely described their feelings during the past week including the day the inventories were administered to them. The higher the BDI scores the more depressive symptoms they have. As for the RSES, subjects were asked to choose from four choices namely: strongly agree, agree, disagree and strongly disagree to each of the statements given (e.g.: I feel that I have a number of good qualities). RSES yields a total raw score from 0 to 30 and consists of three levels of self-esteem, low, moderate and high self-esteem.

### Analysis

Data were analyzed by using the Statistical Package for the Social Sciences (SPSS). Level of depression and self esteem were analyzed descriptively, using frequencies and percentages. Relationships of victims' depression with age at the onset of abuse were analyzed using Pearson  $r$  correlation and differences of depression between victims with different numbers of perpetrators were analyzed using  $t$  test. Statistical significance was set at 0.05.

## Results

Victims' BDI scores ranged from 3 to 46, with a mean of 23.03 ( $M = 23.03$ ,  $SD = 9.07$ ). Using cutoffs recommended in Beck Manual (Beck et al., 1993), analysis indicated that 24 of the subjects (32%) reported severely depressed, 23 (30.7%) of them moderately depressed, 16 (21.3%) mildly depressed and 12 (16%) were at minimum level of depression. Scores on the RSES ranged from 7 to 26, with a mean of 16.5 ( $SD = 4.03$ ). The lower the RSES score, the lower the subjects' self-esteem. The results also showed that 54 (72%) of the subjects were moderate in their self esteem. Tables 1 and 2 present levels of sexual abuse victims' depression and self-esteem:

The findings as presented in Table 3 reveal that age at the onset of abuse had a positive and significant cor-

relation with victims' depression ( $p < 0.05$ ). The actual correlation was moderate ( $r = 0.319$ ). It indicated that the higher the age at the onset of abuse the higher the depression among the subjects. Table 4 on the other hand shows that there are no differences in victims depression based on the number of perpetrators ( $t = -0.043$ ,  $p > 0.05$ ). It shows that the number of perpetrators did not have any bearing on the level of depression experienced by the victims.

Table 5 presents the correlation between depression and self-esteem among victims. The findings reveal that depression and self-esteem had a negative and significant correlation ( $r = -0.409$ ,  $p < 0.01$ ). It indicated that the more depressed the victim was the lower their self esteem became and the less depressed they were the higher their self esteem.

## Discussion

The results of this study indicate that depression experienced by child sexual abuse victims varied. A majority of victims suffered moderate and critical depression after the abuse. Depression was a common reaction suffered by victims of sexual abuse (Dora, 1988; Lanktree, Briere, & Zaidi, 1991; Beckett, 2003; Swanson et al., 2003; Bal et al., 2003 and Walrath et al., 2003). In the clinical literature, depression is the symptom most commonly reported among adults molested as children, and empirical findings seem to confirm this

Table 1  
*Sexual Abused Victims' Depression: Frequencies and Percentages*

| Level of depression | Frequency | Percentage |
|---------------------|-----------|------------|
| Minimum             | 12        | 16.0       |
| Mild                | 16        | 21.3       |
| Moderate            | 23        | 30.7       |
| Critical            | 24        | 32.0       |
| Total               | 75        | 100.0      |

Table 2  
*Sexual Abused Victims' Self-esteem: Frequencies and Percentages*

| Level of self-esteem | Frequency | Percentage |
|----------------------|-----------|------------|
| Low                  | 6         | 8.0        |
| Moderate             | 54        | 72.0       |
| High                 | 15        | 20.0       |
| Total                | 75        | 100.0      |

Table 3  
*Relationship of Victims' Depression and Age at the Onset of Abuse*

| Variables                 | N  | Min   | SD   | r      | Sig.  |
|---------------------------|----|-------|------|--------|-------|
| Depression                | 60 | 23.77 | 9.17 | 0.319* | 0.013 |
| Age at the onset of abuse | 60 | 10.90 | 2.70 |        |       |

\* $p < 0.05$

Table 4  
*Differences of Victims' Depression With Number of Perpetrators*

| Variables               | N  | Min   | SD   | t      | Sig.  |
|-------------------------|----|-------|------|--------|-------|
| 1 perpetrator           | 41 | 3.73  | 9.27 | -0.043 | 0.993 |
| More than 1 perpetrator | 19 | 23.84 | 9.08 |        |       |

Table 5  
*Correlation Between Depression and Self-esteem*

| Variables   | N  | Min   | SD   | r       | Sig.  |
|-------------|----|-------|------|---------|-------|
| Depression  | 60 | 23.77 | 9.17 | -0.409* | 0.001 |
| Self-esteem | 60 | 16.48 | 2.70 |         |       |

\*\*  $p < 0.01$

(Browne & Finkelhor, 1986). Depression was the initial and long term effects of sexual abuse.

Results also indicate that majority of victims were moderate in self-esteem. It supported Mumtaz (2003) research on prostitutes who were victims of sexual abuse. Mumtaz's findings showed that 82.9% victims had moderate self-esteem. Other research findings reveal that victims of sexual abuse manifested low self-esteem (Beckett, 2003; Swanston et al., 2003; Crosson-Tower, 2002; Romans, Martin, Morris, & Herbison, 1999). Negative self-esteem was a long term effect suffered by victims. These findings may be expressed in terms of cognitive triad as recommended by Aaron Beck (Rush, 1987). According to cognitive triad, depressed individuals will have distorted cognition of their self, environment and their future. Individuals with cognitive distortions will create schema and logical errors. They think irrationally and had dysfunctional beliefs.

Victims' age at the onset of abuse appeared to be an important factor that influences their depression. Results of this study indicate that depression was more likely to occur in older victims. This result is somehow consistent with Atkeson et al. (1982); Morrow (1991); Swanston et al. (1997); Feiring, Taska, & Chen (2002), and Swanston et al. (2003) findings. The rationale given by Balk (1995) was that the older victims have more ability to think and understand what had happened to

them than the younger victims. However, Balk's rationale was not supported by Carlson, Furby, Armstrong, and Shla-es (1997) and Offen, Waller, and Thomas (2003) findings. Generally, there has been no consensus among researches in regard to age of victims and their level of depression. Some have contended that younger children are more vulnerable to trauma because of their impressionability (Browne & Finkelhor, 1986).

The number of perpetrators also does not influence the intensity of depression experienced by the victims. As such one may conclude that the number of perpetrators was not the major factor that caused depression among victims. Other possible factors that may contribute to depression are duration and frequency of abuse, multiple abuse incidents, victim's relationship to abuser, force and aggression used and etc. However, this result contradicts the findings of the study by Carlson et al. (1997).

Results of the present study also reveal that depression was also found to have a negative and significant correlation with self-esteem. This finding support the study done by Abramson, Seligman and Teasdale (1978); Oates, Forrest and Peacock (1985); Battle et al. (1988); German, Habenicht and Futcher (1990); Barker (1999) and Zuriaty (2004). Depressed victims were found to have poor self-esteem and vice versa. Victims showed poor self-esteem because of their inaccurate self-perceptions. Low self-esteem was also found to be

associated with emotional and behavioural problems (Bednar & Peterson, 1995).

## Conclusion

Results of this study show that most of the victims suffered moderate and critical level of depression. It also reveals that the older victims suffered more depression than the younger victims. In addition, the findings show that the more depressed the victims were the lower their self-esteem. The number of perpetrators however, was not the major contributing factor to depression.

The results of this study definitely have certain implications to the services of counseling and psychotherapy. Whatever counseling and psychotherapy interventions and strategies used should take into consideration the severity of the problem and the trauma and depression experienced by the victims. Counselors should also be very sensitive to the special needs of the victims and be adequately prepared and trained to handle traumas and crisis situations.

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