CONSEQUENCES OF SEXUAL ABUSE ON MENTAL HEALTH AND SOCIAL LIFE OF FEMALE VICTIMS

By

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Statement of Authorship

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The ethical issues of the study has been strictly considered and protected. In case of dissemination the finding of this project for future publication, research supervisor will highly concern and it will be duly acknowledged as undergraduate thesis.

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Abstract

Background: Sexual abuse has become a concerning issue of public health which is a crime and has become a very common phenomenon all over the world both in urban and rural areas. Females especially the girls are profoundly being sexually abused which has become a customary occurrence in our country. Sexual abuse may have awful impact on a female's life and can cause terrible consequence in mental health, family life and social life.
Objectives of the study: The objectives were to explore the understanding about sexual abuse and mental health among female survivors of sexual abuse, to know how females become victimized to sexual abuse, to identifying the impact of sexual abuse on mental health, family life and social life among female victims
Methodology: Phenomenological research design of qualitative method was used for the study. Participants were selected by snowball sampling. Data was collected by face to face interview. Data was analyzed by qualitative content analysis.
Result and Discussion: After analyzing data, it was found that some female victims are not aware of sexual abuse and mental health. Most of the victims became victimized at their childhood for the first time. Then they became victimized again. Female survivors suffer from huge range symptoms of mental illness and face many negative changes at their family and social life.
Conclusion: Occupational Therapists should focus on this issue when working with clients with psychosocial problems.

Key words: Sexual abuse, Mental Health, Social stigma

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List of Abbreviation

ADL : Activities of Daily Living

BHPI : Bangladesh Health professions Institute

BPF : Bangladesh Protibondhi Foundation

CRP : Centre for the Rehabilitation of the Paralysed

OT : Occupational Therapy

OTs : Occupational therapists

PTSD : Posttraumatic Stress Disorder

PWD : People with Disability

QCA : Qualitative Content Analysis

SA : Sexual Abuse

WHO : World Health Organization

CHAPTER 1
INTRODUCTION

In an expert paper, Farouk (2005) mentioned that in Bangladesh, our society is dominated by males. Mainly they are the decision makers as they enroll power and wealth. A report on violence against women (United Nations General Assembly [UNGA], 2014) discussed that males always enjoy advantages through their gender figured by the society. A male can do numerous unjustifiable activities but they remain unpunished. On the other hand, life is not so easy for females. They become discriminated from birth, to childhood, adulthood and elder age in different socioeconomic context. They are not safe at school, college, and other educational institute, workplace, roads, and even in the family. At present, most women are familiar with the social phobia “gender-based violence”. The origin of violence against women is on account of disparity and discrimination among males and females. One of the most terrible violence against women is the sexual abuse (SA). Females especially the girls are the worst victims of sexual abuse in our country and other countries of the world. It is a very concerning issue that the situation is getting dreadful day by day.

Farouk (2005) also noted that in South Asian countries, women are lagging behind and disregarded. Due to socio-economic and cultural context they become victims of many form of SA. After victimization to SA, society accuses females for the incident. In Bangladesh, news on SA against females and girl children are being published in the newspapers every day. This sort of news represents that the incidents like rape, gang rape, sexual harassment, sexual assault are taking place every day and every-where. The crime of SA is not only a nasty offense but also violation of human rights. SA may have awful impact on a female’s life and can cause terrible consequences in both physical and mental health and can affect their family and social life.

Farouk (2005) also discovered that in Bangladesh, after being sexually abused, a female faces a great deal of adversity at every step of getting fair justice. They are afraid of filing their legal complaints due to the given threat from the perpetrators. Perpetrators try to manage police by offering money and most of the time victims face difficulty to file complaints due to non-cooperation of the police. Thus perpetrators

avoid punishment and victims suffer a lot, become distressed psychologically, stigmatized by the society.

1.1. Background information

Haddad, Shotar, Younger, Alzyoud and Bouhaidar (2011) mentioned at their study that SA has become a concerning issue regarding public health. It is a crime which has become a very common phenomenon all over the world both in urban and rural areas. According to a statistics (Odhikar, 2013) rape is the second form of violence against women in Bangladesh. Another statistics of Odhikar (2015) has showed that from January, 2001 to April, 2015 total 10832 women and female children had been raped. In the year of 2015, from January to April, 158 incidences of rape occurred including 61 women, 93 children and 4 unidentified ages. Total 2082 girls had become sexually harassed from 2010 to 2015 in Bangladesh.

Ain o Salish Kendra (2011) described that in Bangladesh females are not confined at home now. For the purpose of livelihood, empowerment, establishment of self-respect, and protection of rights, engagement of females in society has increased. Females are to struggle in all fields including educational institute, office, garments construction work, farming, and obviously household tasks to prove their ability. But necessary protection for them has not yet been ensured. For this reason females are not safe at any place either inside the home or outside. Females are being abused physically, sexually, psychologically.

The report on violence against women (United Nations General Assembly [UNGA], 2014) claimed that occurrences of SA cause negative mental health outcomes but most of the time they cannot get any help to reduce their sufferings. There is huge gap in ensuring proper services to them because victims cannot seek any help.

A comparative study of the socioeconomic factors associated with childhood SA conducted in six countries of sub Saharan Africa (Yahaya, Soares, Leon, & Macassa, 2012) found that SA is a very sensitive issue in socioeconomic context of the countries, and disclosure is unusual. Victims want to hide the incident of SA because of embarrassment, shame, and fear of being stigmatized. Victims do not want to share their experience with anyone, even not with their parents. One of the reasons behind it is that they think their parents will be shocked after knowing the occurrence. Besides,

the victims also fear that nobody will trust them. Sometimes they are threatened by the perpetrators. As a result, they become afraid of disclosing the incident of being sexually abused. Farouk (2005) mentioned at his expert paper that situation is not so much different in Bangladesh. In Bangladesh, SA is a very sensitive issue and victims do not want to share their experience as they become afraid of being stigmatized by the society.

Geer, Hoier, Shawchuck, Pallotta and O'donohue (2013) identified the impacts of SA on the victims. They discussed that its impact differs from individual to individual according to circumstances, personality of the victims, extent of abuse, family and social support etc. It causes severe distress among victims in the long run. Immediate outcome for victims after SA are depression, anxiety, fearfulness, sleep and eating disturbances and impaired cognitions including self-blame, feeling damaged, acting out behaviors such as physical aggression, sexual aggression, substance abuse, and suicidal behavior. Long term effect causes diverse behavioral and affective disorders.

The researcher wants to carry out this study to explore the impacts of sexual abuse on mental health, family life and social life of victims in Bangladeshi context. Occupational Therapy (OT) has a core role in mental health. Occupational therapists (OTs) can help victims to improve their mental health and quality of life. Besides, OTs can work with the client, their family and in the community and thus a sound and supportive family and social life can be ensured for the victims. So research in this area needs to be conducted more.

1.2. Significance of the study

There are a few researches on consequences of SA on mental health and social life in South Asian countries. In Bangladesh, like other South Asian countries, SA is a subject of taboo which is usually neglected. Rights of victims to get proper medical and legal support are usually ignored by countries' policy makers, government, and responsible key personnel. Awareness of societal people in this issue is limited and due to lack of awareness and knowledge, people in the community are often unsupportive to the victims. Unsupportive and unfriendly environment like this can deteriorate client's condition of mental status and social wellbeing.

This study will provide a concept to the OTs on impacts of SA among female victims and how their social life changes after the incident of SA. Many literatures show that SA has a long term effect on various aspects in the victims' life such has causative psychopathology, affects their productive and social life. These negative effects hamper victims' social participation, engaging in productive activities like receiving education or joining work-forces. After the period of victimization, a female or girl may be dropped out from productive life. For instance, if a girl become stalked or harassed on the way to school or college, family members discourage her to continue her education. Thus she becomes distracted from productive life. Situation is not different for females who face tremendously sexual harassment in their workplace. Due to sexual harassment, many females become compelled to rule out their job.

According to the *Domestic Violence (Prevention and Protection) Act 2012*, cited in Farouk (2005), SA is a form of violence against women and the victims have right to get proper medical care. OTs can work in this field to provide health care service to the victims to improve the victims' mental health condition because it is globally recognized that OT has a core role in treating mental illness. OTs can help the victims to reduce their mental illness symptoms and improve quality of life through providing psychosocial skills training, advocacy and education. OTs can work with the family, the community people, and the authority people where victims study or work.

1.3. Aim of the study

The study aims at identifying the consequences of SA on mental health and social life among female victims of SA.

1.4. Objectives of the study

- To explore the understanding about SA and mental health among female victims of SA.
- To know how females become victimized to SA.
- To identify the impact of SA on mental health among female victims.
- To identify the consequences of SA in family life among female victims.
- To identify the consequences of SA in social life among female victims.

CHAPTER 2
Literature Review

2.1. Sexual abuse

Defining SA is a bit critical task because different literatures have defined SA in different ways. There are few related terms with SA. A review of current literature (Randall, 2008) described SA in some different forms such as sexual harassment, sexual assault, rape.

2.2. Sexual Harassment

From 26 January 2011, the term "eve teasing" has been replaced by "sexual harassment" through the declaration of the Supreme Court of Bangladesh. The literature review by Randall (2008) defined sexual harassment as a noncontact SA which may occur by showing sexual video, picture, porn when the female or girl is not interested, and showing gesture or speak in a sexual way.

Waugh (2010) mentioned three sorts of sexual harassment. These were-

- Slighting comments and attitude due to gender and sex
- Unexpected, inapt sexual attention
- Sexual oppression by doing sexual activity through temptation of reward or threat of giving punishment

Waugh (2010) told that it may take place at public places or in domestic sphere. It has become a very common phenomenon and sometimes a part of culture. A study conducted on 150 Mexican immigrant farm-working women has found that 35% to 50% women had been sexually harassed during their employed period. According to Randall (2008), sexual harassment hampers women's self-esteem, well-being, safety and security.

2.3. Sexual Assault and Rape

Randall (2008) defined sexual assault is touching sexual organ without one's consent. And rape is one form of sexual assault which includes wide range of crimes such as penile or manual penetration, oral or anal sex, and insertion of any object into woman's vagina.

According to Ullman (2007), there are many situational factors regarding sexual assault and rape. These factors include social gathering such as party environment,

pre-rape behavior like drinking, relationship between victim and perpetrator. This relationship means, offender may be known to the victim prior the incidence of abuse and nature of relationship. Incidences of rape often take place at indoor, isolated locations. Sometimes it occurs in a series and by the same offender.

In this research, SA has been used as a term which encompasses sexual harassment, sexual assault, rape, and spousal sexual activity without consent. SA means performing any sexual activity or trying to do so, delivering sexual comment against an individual which are undesirable and unappreciated by social norms and values. SA may be attained by means of force, threat, blackmail or when individual is unable to resist any resistance due to drug or alcohol assumption, mental illness or sleep.

A study (Romito, Ballard, & Maton, 2004) described that, since 18th century women have joined to workforce and have started to experience SA frequently. From then SA had been being used to affect their honorable, healthy life and to make the working condition hostile to females. Gradually this hostility has shifted to violence against women. Literature shows that female and girls experience abuse more than male and boy. Intra-familial SA is much more experienced by female where men experience extra familial violence. Separated and never married females and single mother have comparatively higher risk of SA.

Many investigations show that, in most of the cases, offenders of SA are known to the victims. A study conducted in six countries of sub-Saharan Africa found that 90% SA is committed by men and in 70% to 90% cases, perpetrators were known to victims. Among them one third to one half of the perpetrators are family members (Yahaya et al., 2012, p.11).

Asberg and Renk (2014) stated that among female survivors, approximately 50% to 66% were abused in their childhood Girls and women are mostly abused sexually. Goodkind, Ng and Sarri (2006) found at their study that boys and men have comparatively less history of SA than females. Childhood SA has more serious impact rather than adult age.

2.4. Mental Health:

Mental health is a vital issue for individual, family and society. According to the definition of World Health Organization [WHO] (2004), mental health is not only the absence of mental illness but also a state of well-being which helps an individual to recognize his/her own strength, facilitate to cope with normal strains of life, enables to live a productive and fruitful life and contribute to the belonging community.

World Health Organization [WHO] (2004) also found that socioeconomic and environmental status like poverty, lower educational level, poor housing, and lower income can affect mental well-being of an individual. There is a correlation with mental health, social life and behavior. Underprivileged people are vulnerable to mental illness because of stressful life, hopelessness, gender discrimination and violation of human rights. To the perspective of Bangladesh, when a female or girl becomes sexually abused, people in the society accuse her for the incident. This situation increases level of stress among the victims.

World Health Organization [WHO] (2004) also mentioned that gender is a vital contributing factor of mental health. Sex is a biological characteristic of male and female and society enrolls them with different features, responsibilities, privileges which is known as gender. Gender is an important contributing factor for health. Gender discrimination in developing countries causes many mental health problems especially in females.

So, it can be said that mental health is an ability to live a balanced life, to cope with different life adversities, having a productive and worthy life to contribute the society.

2.5. Stigma

Brohan, Slade, Clement and Thornicroft (2010) discussed in their study that, stigma occurs when specific person become pointed by social people due to specific attribute of the person. The person becomes indicated by his/her ineligible characteristics. Stigma is related with the disparity from normal attributes. Attributes can be classified by three main groups. These are:

- Any impairment or deformity in body structure
- Any disgrace of individual characteristics
- Racial and ethnic stigma

Stigma is a type of deviance which leads community people to assume an individual as prohibited to engage in social dealings. According to the point of view of society members, the individual seemed as illegitimate and abnormal. Due to the individual's distinct characteristics, the individual become ignored and excluded from the society.

In this study, stigma means discredited social identity and negative attitudes towards sexually abused females which lead to ignorance, deprivation from rights to participate in social activities. After the victimization, one may be accused by the community people for the incidence of SA. Thus victim becomes stigmatized.

2.6. Sexual Abuse among People with Disability

Kvam and Braathen (2008) found at their study that people with disability (PWD) are more vulnerable to SA because they are more easily accessible to the abusers rather than other population. They have a few peer relations, lack of self-confidence, dependent on different caregivers. Children and adult with disability, who have communication problems, cannot disclose their history of SA. For these reasons, PWD become more victimized. Besides, some studies have found that females with disabilities are considered as nonsexual and "clean". So females and girl children with disability are more vulnerable group for SA.

BBC (2016, "South Asia", para.5) mentioned that a study conducted together by the Bangladesh Protibondhi Foundation (BPF) and Save the Children Sweden-Denmark has found that among children with disability in Bangladesh, half of them become victimized to SA. Most of the cases the abusers are their close male relatives, their therapists and teachers. BBC (2016, "South Asia", para.1) also found that among seven to eighteen years old victims, 52% are girls and 48% are boys. Moreover children with mental disability are at higher risk of victimization to SA. When children with disability become abused sexually, they rarely get any legal support.

2.7. Consequences of SA

Steine et al. (2012, p. 1829) stated at their study that severity of symptoms may be indicated by characteristics of SA. For instance, long-term SA, forceful attempt, threats given by abuser, penetrative SA and victimized by close one increases the severity of stress among survivors. Furthermore, severe and prolonged early childhood abuse may cause extensive traumatic stress reactions in future. A study of

Houck, Nurgent, Lescano and Brown (2010) found that SA has a negative impact on mental health of survivors. It may increase the risk of developing psychiatric disorders which have been traced higher among adolescents who have a history of SA. Among these psychiatric disorders depression, conduct disorder and post-traumatic stress disorder (PTSD) are the common ones. These psychiatric disorders like depression result in sexual risk behavior like more sexual partners, taking less protective measures from the sexually transmitted disease.

According to James and Glaze (2006) cited in Asberg and Renk (2014), female survivors with SA had higher levels of depression, stress, disturbing thoughts, suicidal tendency, anxiety, and posttraumatic stress disorder (PTSD) symptoms comparing to male inmates. Somatic, anxiety, phobias, and traumatic stress symptoms were found higher in female and symptoms of mania, antisocial traits, and alcohol abuse were found higher in males. The study showed that female survivors experienced approximately 75% of mental illness whereas male experienced 63%. Moreover female survivors experienced lower self-esteem and reported more difficulties with social supports than males though female seek more social support.

Social support is very important for victims to adjust themselves with psychological adversity such as depression, anxiety and PTSD. Support from family and friends help survivors to reduce hostility and facilitate to think positively (Asberg and Renk, 2014). According to Steine et al. (2012, p. 1829) social support plays important role as moderator of symptom severity through reducing isolation and distress. Good social support helps to reduce isolation and distress.

From a study of sexually abused children and adolescents (Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003) it was noticed that nature of post disclosure situation is the determinant of recovery of the victims rather than the incidence of SA. Childhood SA can influence the child to learn and practice inappropriate sexual behavior. From their abusive experience, they may acquire some behaviors that are incongruous. Childhood trauma may cause increased sexualized behaviors and attitudes like expecting unwanted sex advances.

Macy, Nurius and Norris (2006) found at their study that after victimization women may feel insecurity and may become threatened by the perpetrators. Social

relationship is damaged and they often become stigmatized. This stigmatization affects them negatively as it hampers their cognitive and affective wellbeing. According to Asberg and Renk (2014), they face difficulty in psychological adjustment. Usually they use maladaptive coping style involving avoidance and self-blame and they cannot control their stress. According to Romito, Ballard, & Maton (2004), SA also can influence female's productivity by excluding them from workplace. Sexual harassment can increase absenteeism. Sometimes females are forced to resign from their job.

CHAPTER 3
METHODOLOGY

3.1. Study design

Qualitative research design was appropriate for this research because according to Hicks (1999), qualitative research design helps researcher to explore ideas, opinion, experience, beliefs of participants. Researcher used phenomenological research design of qualitative method to develop greater understanding about consequences of SA in participants' life. According to Mayoh and Onwuegbuzie (2015), phenomenological research design assists to understand participants' specific subjective experience lively and broadly.

3.2. Study site

Study site was urban and rural communities. To conduct study at community, researcher went to the community and gathered information from local females to identify female victims of SA. For data collection the researcher used places where the participants felt comfortable to share their experience.

3.3. Study population

For this research, study population was the victims of SA who have become abused sexually at any time of their lifetime.

3.4. Sample size: Number of participants was 7.

3.5. Sampling procedure

Sampling technique was snowball sampling. It was not easy to identify victims from community without this type of sampling. According to Handcock and Gile (2011), snowball sampling is useful for hard to reach population. Researcher identified female victims of SA from community. For identifying participants, researcher got help from a female who was previously known to the researcher. She suggested about few females who were abused sexually. Among them participants who were eligible to participate in the research by fulfilling inclusion criteria, were selected. Then the participant gave address of another victim and the victim gave address of another victim. By this way, researcher found seven participants.

3.6. Inclusion criteria

- Females who have become sexually abused in their lifetime by familiar or stranger.
- Females older than 18 years old.
- Females who are mentally and physically stable for answer the questions.

3.7. Exclusion criteria

- Females who have any speech disorder or problem in interaction with others were excluded from the study.

3.8. Consent form

Researcher used a consent form to take participants' consent for participating in research project. Researcher took permission from each participant by signing on a written consent form [Appendix 5] prior to conduct interview. At the beginning, the researcher informed the participants about aims, objectives, ways of collecting data and ethical considerations of the study. Researcher also informed the participant that participation was voluntary and at any time, participant had right to withdraw their consent in participation. Researcher explained significance of the study to the participants and the role of participants in the study. Researcher also explained to the participants about how their interview data would be used.

3.9. Field test:

Before final data collection, it is necessary to carry out a field test. By field test, researcher can find out whether the questionnaire is fulfilling the purpose of the study or not. It also helps to identify appropriateness of the questionnaire in cultural perspective. This also helps the researcher to refine the data collection plan. A field test was carried out with one participant. It helped the researcher to set strategy for final data collection procedure, to find out difficulties during questioning and to rearrange the questionnaire. It gave a practical knowledge about conducting an interview of the participant.

3.10. Ethical considerations

The researcher was fully aware about the ethical issues. These are outlined in the below:

1. The researcher had taken permission (Appendix 1) from supervisor and Head of the Department of OT of Bangladesh Health Professions Institute (BHPI), an academic institute of Centre for the Rehabilitation of the Paralysed (CRP) to conduct the research.
2. All the participants had been informed about the aim and objective of the study by the researcher.
3. Written consent had taken from the study participants (Appendix 5).
4. Confidentiality of personal information had strictly maintained. The information had gathered from the participants anonymously.
5. The researcher was available to answer any study related questions or inquiries from the participants.
6. All sources had been cited and acknowledged appropriately.
7. Researcher had ensured the participants that they had rights to refuse their participation in the study at any time.

3.11. Data collection tools

- Questionnaire: For collecting data the researcher developed a questionnaire through reviewing literatures on SA and its impact on mental health, family life and social status which has been enclosed with the appendix -7.
- Audio recorder was used to record interview of the participants.
- Pen, paper, clip board were used to write down demographic information and observation note.
- Consent form
- Information sheet

3.12. Data collection methods and instruments

Face to face interview was conducted for data collection. According to Baily (1991), face to face interview deals with close intimacy. Researcher can interact directly during the interview. Building up rapport is easy in this process which is an important concern of this research. Moreover face to face interview is helpful for exploring sensitive issues. Researcher can help interviewee to feel comfortable. Researcher can read nonverbal cues from facial expression, body language, tone, pitch of voice

During collecting data researcher uses a semi structured questionnaire according to which researcher asks questions and records the answers. By this time researcher observes the participant to read nonverbal cues.

3.13. Data analysis plan

Data was analyzed by using qualitative content analysis (QCA) method. QCA was used which was helpful to identify the consequences of SA on mental health and social life among female victims. According to Cho and Lee (2014), content analysis method includes classifying written or oral materials into defined categories which are of similar meaning. It is a flexible approach for novice researchers to analyze large amount of data through some contents related categories. QCA research design is a naturalistic design which facilitates collecting data from interviews, observation, documents and visual materials.

3.14. Rigour of the Study

The study was conducted through rigorous manner or trustworthiness. To reduce the sources of error and biasness of the study, this study was conducted in a systemic way by following the steps of research under the supervision of an experienced supervisor. The researcher prepared transcript from the field notes and audio recording. During the interview and analyzing the data, the researcher never tried to influence the process by her own value, perspectives and biases. The answers of the questions were accepted whether they gave a positive or negative impression. The transcripts were translated by other people to avoid biasness and checked it several time to reduce any mistake and compared it with the Bengali transcript. All the participant’s information and documents were kept safe and confidential. The result of the study was not influenced by the researcher’s personal view.

Table 1: Summery of data analysis and result

Aim	Objectives	Questions	Category	Theme
Identifying the consequences of SA on mental health and social life among female victims	A. To explore the understanding about SA and mental health among female survivors of SA.	1. What do you mean by SA? Please explain in details. 2. What do you mean by "mental health"? Please explain.	1. Understanding about SA among female victims. 2. Understanding about mental health	1. Female survivors of SA have limited knowledge about SA and mental health.
	B. To know how females become victimized to SA.	3. How did you become the victim of SA? Please explain.	3. History of victimization of SA	2. Starting from childhood, victimization occurs throughout life by known and unknown persons.

	C. To identify the impact of SA on mental health among female victims.	4. Please explain in details how the incidence of SA affected your life. 5. How do you feel now?	4. Impact of SA on mental health	3. SA has huge range of mental health impacts.
	D. To identifying the consequences of SA in family life among female victims.	6. Please give a detailed description of your family life. 7. What changes happened in your family life after become sexually abused? Please explain in details. 8. How these changes occurred? 9. Please explain in details how these changes affected you.	5. Consequences of SA in family life	4. There are many negative impacts of SA in family life.
	E. To identifying the consequences of SA in social life among female victims.	10. What do you mean by the "social life"? Please explain. 11. Please explain in details how the incidence of SA affected your social life. 12. Please explain about the changes which happened in your social life after become sexually abused? 13. Please explain how your participation in society has become affected after become sexually abused?	6. Consequences of SA in social life.	5. Negative changes occurred in social life of victims of SA.

CHAPTER 4
RESULT and DISCUSSION

Discussion section is a very important part, where the researcher can add her explanations to the work. According to Shuttleworth (2009), in this critical part of the research paper, the researchers start the process of explaining any links and correlate those with findings of the study. The findings and discussion have been presented together with the necessary literature supports. Each of the tables below represents the collected data. The tick was given only for those columns where the female survivors spoke about those issues. Here ‘P’ was used for participant.

The aim of the study was to explore the consequences of SA on mental health and social life among female victims. There were five objectives of the study. Researcher used total 13 questions. The first objective was “To explore the understanding about SA and mental health among female survivors of SA”. Under this objective question 1 and 2 were used and two categories were emerged. Category 1 was emerged by using question no. 1 and category two was emerged by using question no. 2.

Category 1: Understanding about SA among female victims.

Category 2: Understanding about mental health among female victims.

Under these categories, one theme was emerged as follows-

Theme 1: Female survivors of SA have limited knowledge about SA and mental health.

The second objective was “To know how females become victimized to SA”. Under this objective question no. 3 was used one category was emerged.

Category 3: History of victimization of SA.

From this category one theme was emerged as follows-

Theme 2: Starting from childhood, victimization occurs throughout life by known and unknown persons.

The third objective was “To identify the impact of SA on mental health among female victims.” Under this objective question no. 4 and 5 were used and one category was emerged.

Category 4: Impact of SA on mental health.

From this category one theme was emerged as follows-

Theme 3: SA has huge range of mental health impacts.

The forth objective was "There are many negative impacts of SA in family life". Under this objective question no. 6-9 were used and one category was emerged.

Category 5: Consequences of SA in family life.

From this category one theme was emerged as follows-

Theme 4: There are many negative impacts of SA in family life".

The fifth objective was "To identify the consequences of SA in social life among female victims". Under these objective question number 10-13 were used and following category was emerged as follows-

Category 6: consequences of SA in social life.

From this category one theme was emerged as follows-

Theme 5: Negative changes occurred in social life of victims of SA.

Findings at a glance:

Theme 1: Female victims of SA have limited knowledge about SA and mental health.

Theme 2: Starting from childhood, victimization occurs throughout life by known and unknown persons.

Theme 3: SA has huge range of mental health impacts.

Theme 4: There are many negative impacts of SA in family life.

Theme 5: Negative changes occur in social life of victims of SA.

According to categories and coding, description of the themes has given below:

Theme 1: Female victims of SA have limited knowledge about SA and mental health.

Category 1: Understanding about SA among female victims.

Code	P1	P2	P3	P4	P5	P6	P7
Unwilling and forceful attempt	√	√	√	√		√	√
Touching body part	√	√				√	
Harassment			√			√	√
Satisfying sexual desire of perpetrator	√		√				
Kissing	√						
Hug					√		
Violence				√	√		

Table 4.1: Understanding about SA among female victims

A study discussed (Dardis, Katie, Edwards, Kelley, & Gidycz, 2015) that there is a universal perception that male and female are different in nature. These perceptions are formed by cultural traits and norms. People expect roughness, independence, fierceness among male. Females are expected to be dependent, soft, emotional, obedient, and sexually passive. According to this point of view, tendency to do SA is more significant among males rather than females. Females become victim because of their passivity, submissiveness, less physical strength.

The researcher selected female victims from both rural and urban areas. Some of the participants were students and some were housewives. The participants shared their opinions about SA with the researcher. Despite the variation of educational status, the opinions of the victims did not differ much.

Here the participants were asked to explain their understandings about SA. Six participants out of seven said that SA is a forceful attempt taken by males. They reported that it took place unwillingly.

P6 told that, *"Sexual abuse means any obscene activity which is happened with any girl forcefully. It may include touching body parts, making any kind of physical contact with the girl without her consent."*

Three participants out of seven mentioned that SA includes touching body parts. P2 stated that, *"It means touching body, persecuting one, doing anything under pressure, touching breast or taking away everything through forceful physical relationship."*

Two participants told that men abuse females sexually to satisfy their sexual desire. P1 stated that, *"…doing something which a person does to fulfill desire."*

Three participants supposed that SA is one kind of harassment. P7 told that, *"As far as I understand, it includes saying bad words, teasing by words what a woman must dislike."*

One participant stated that SA includes kissing where another participant thought that it is cuddling. P5 mentioned that, *"One man cuddles a female or seduces her, that's all."*

P4 added that SA is violence. She told that sexual abuse is an awkward, shameful and unwilling situation. She mentioned that, *"They did violence against me."*

It is not easy to define SA because different literatures have defined SA differently. NSPCC (2014) mentioned that SA covers different areas including contact abuse (penetrative or physical contact) and non-contact abuse (pressuring to perform sexual acts). According to (Pandora's Project, 2009, "Sexual abuse definition", para. 1) SA is not only penetration, force, pain, or even touching but also doing any sexual activity to fulfill sexual needs of the abuser, encouraging victims to engage in sexual activities, showing pornography.

A definition inferred (American Psychological Association [APA], 2016, Sexual abuse", para. 1) SA as any kind of unwanted and forceful sexual activity. It also involves threatening the victims, taking advantages when victims cannot resist.

According to the World Health Organization [WHO] (2006), SA is any sexual activity which is performed without consent or when the victim is unable to give consent.

Many participants have given their different opinions about SA. If we consider the definition given by WHO, then we can estimate that six participants out of seven are knowledgeable about sexual abuse. Again, if the definition provided by Pandora's Project, (2009) and American Psychological Association [APA], (2016) is considered, it can be said that all of the participants have limited knowledge about sexual abuse. They did not cover all of the criteria of SA. So it can be estimated that the participants have limited knowledge about SA.

Category 2: Understanding about mental health among female victims.

Code	P1	P2	P3	P4	P5	P6	P7
Ability to communicate effectively with others	√	√		√			
Ability to concentrate on anything						√	
Maintaining cooperative behavior	√						
Feeling fearless	√				√		√
Participatory mood	√			√			
Remaining tension free					√		√
Positivity			√				
Coping ability			√				√

Table 4.2- Understanding about mental health among female victims

Three out of seven participants thought mental health as a fearless state of mind. In case of mental illness, P1 told that, *"Sadness of mind may present, cannot communicate with others, do not go to all places, do not want to go anywhere, feel fear to go outside if anything occurs."*

Many victims told that mental health is the ability to communicate with other people effectively. P4 stated that, *"Get accompanied with all if mind is healthy, it will be pleasant to talk with everyone."*

Three out of seven participants told that mental health is the ability to maintain cooperative behavior and participate in different activities with others. P1 stated that,

"...Everyone will behave well. He/she will cooperate with others, participate in everywhere."

One participant stated that mental health is the ability to concentrate on anything. The participant, P6, explained that, *"There are some conditions of our mind as well as our physique. When something odd happens, it affects our mind. Then we got mentally sick, cannot concentrate on anything normally."*

One participant, P3 expressed that healthy state of mental health is having positivity, coping ability. she told that, *"He/she will not become affected much by negativity; confusion will be absent, he/she will not become depressed easily, coping ability will be better. There will be more positivity."*

Two participants told that unhealthy mental state includes being tensed. P7 told that, *"May be it is like getting tensed, feeling nervous or experiencing pressure over her."*

According to a report published by Ireland Health Service executive [HSE] (2007), mental health is an issue about which people are not interested and aware about mental health rather than physical health though it is an important issue in our day to day life. There are many stigmas among people about mental health. Education about mental health is necessary to reduce their negative attitude towards that issue.

General people understand mental wellbeing as ability to function in everyday life, maintaining relationships with others effectively and fruitfully. It also includes sleeping well, eating well, performing exercise, having a positive viewpoint and an upright social life (Health Service Executive [HSE], 2007).

According to (U.S. Department of Health & Human Services, 2016, "What is mental health", para. 1), mental health contains our emotional, psychological, and social well-being. It determines the way of our thinking, feeling, and carrying out day to day activities. When a person suffers from any kind of mental health problems, it affects their thinking, state of mind and way of communication and behavior with others. Characteristics of optimal mental health are realizing own potential, having ability to cope with stressful life events which will help us to lead a productive life and contribute to the society positively. Some indicators of mental health problems may include feeling unusually confused, forgetful, getting angry, distressed, anxious, or

frightened. The person may also have severe swing of mood which leads to misunderstanding with others.

Experts describe mental health as a continuum which enables us to interpret and enjoy life, to cope with adversity, change, stressful life events thus ensures well-being, quality of life, autonomy and helps to live a potential life (Health Service Executive [HSE], 2007).

Government of Western Australia (2010, “What Is Mental Health”, para. 1) defines optimal mental health as a sense of happiness, comfort, security, confidence and self-respect which enables us to fully adore and appreciate other people, everyday life and our environment. Healthy state of mind leads to positive relationship with others, making best use of our potential, dealing with life challenges successfully.

During interview, researcher found that no one of the interviewee could explain their opinion correctly. They have some ideas but it was found that they have limited knowledge about mental health. They have missed few points such as having self-confidence, autonomy, ability to cope with stressful life event and leading a balanced social life so that can contribute to the society effectively.

Theme 2- Starting from childhood, victimization occurs throughout life by known and unknown persons.

A study (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993) represented that one female among ten becomes sexually abused for at least once at her life. Situation has changed disappointingly as the rate of being abused sexually has increased. One girl out of four becomes sexually abused before they reach 18 years old (Singh, Garnett, & Williams, 2014). A study (Surís, Lind, Kashner, & Borman, 2007) shows that female becomes abused sexually repeatedly.

Code	P1	P2	P3	P4	P5	P6	P7
First victimization at childhood	√	√	√	√		√	√
First victimization at adolescent					√		
Victimization by familiar	√	√		√	√	√	√

person							
Victimization by unfamiliar person	√	√	√			√	√
Victimization for several times	√	√	√	√	√	√	√
Victimization by family member or relatives	√	√		√			√
Incidence of sexual assault	√	√			√		√
Rape		√		√			

Table 4.3- History of victimization of SA

Six participants out of seven became abused sexually at their childhood for the first time. For all of the cases, perpetrators were male. A study (Peter, 2009) found that for 89.3% cases of child SA, perpetrators were male.

Participants were asked about the age of their first victimization and P2 replied that *"It was started from my childhood. I cannot remember the actual age. May be when I was 9 to 10 years old."*

Mitchell, Finkelhor and Wolak (2005) showed that children and young ones become more victimized sexually rather than adults. Reason behind this is children are more dependent. They cannot make right choices about good and bad.

All of the participants reported that they have been abused sexually for several times at different situations by different or same persons. The incidence of SA had started from childhood inside the family and outside world and perpetrators were relatives, familiar persons and also unknown persons.

P4 mentioned that- *"It happened for 7/8 times. It was not according to my self-interest."*

Most of the victims have been abused sexually by both familiar and non-familiar person. P1 mentioned that-"*…some of them were known to me. Some were unknown which incidences occurred at fair, train. But which incidences occurred inside the family, I knew them."*

Many participants informed that they became victimized by their relatives. P6 told that- *"One of them was known to me. He was my uncle."* Another participant P7 stated that-: *"...I knew the people involved. They were my relatives. "*

A girl or female may become victimized at any time of their life. Both familiar and unfamiliar persons can abuse females sexually. In this study, researcher found that girls become more victimized by their relatives such as cousin brothers, uncles, and also by neighbors rather than stranger one. Usually victimization by stranger occurs more when girls and females remain outside of home, at bus, train, and fair or on read.

Theme 3- SA has huge range of mental health impact.

Code	P1	P2	P3	P4	P5	P6	P7
Feeling sad	√	√		√		√	√
Feeling stressed		√			√	√	
Feeling of fear when remain alone			√		√	√	
Self-blame	√			√		√	
Remembering the incidence of SA frequently	√		√	√	√	√	√
Lack of sharing with others about incidence	√		√	√	√	√	
Desire to commit suicide		√					
Mistrust to males	√		√				√
Avoidance behaviour about rape, sexual harassment			√				
Nightmare about the incidence of SA						√	
Sleep disturbance				√			
Loss of appetite				√			
Negative impacts on activities of daily life	√	√	√	√		√	

Table 4.4: Impact of SA on mental health

According to American Psychiatric Association [APA] (2010), occurrence of SA is a stressful life event for an individual. This stressful event may impact the mental health of an individual negatively and may cause emotional and behavioral problems

Six participants among seven mentioned that, they remind the incidence frequently. P3 told that, *"Yes I remember these incidences frequently… Then I become very restless…When any subject of rape comes in front of me, the incidences of harassment come to my mind."* Another participant P5 told that *"It comes to my mind at seldom, when I remain alone."* Another participant P6 added that *"Still I remember these occurrences sometimes. I imagine the boy coming, especially at night."*

Sexual assault is not only a physical violence but also a mental violence because victims cannot forget it easily. Victims may remind the previous stressful event of SA when similar event takes place. It may be evident when they visit the similar location or encounter with the similar person (Commonwealth of Australia, 2011).

Five participants informed that they felt ashamed and never shared their experience with anyone. P1 told that *"I cannot share it with anyone".*

According to Draucker and Martsolf (2008), SA is a social problem associated with shame, dishonor and secrecy. Disclosing the experience of SA is a complicated process. Many survivors do not share their experience with others due to shame or embarrassment, family dysfunction, being threatened by the perpetrator; desire to protect family members. Studies also found that, more severe form of SA is less likely shared by the survivors with others especially when perpetrators are family members and when victimization occurs for long duration. Another important issue is community expects that females will be patient to tolerate pain and accept their fate.

Four participants expressed that they feel stressed and feel fear, especially when they remain alone. P6 expressed that *"...I got anxious all the time. After coming back to home, I did not talk to anyone. My mood was always down. I felt that the boy might come and would take me to him. When I went beside the window, I thought about that. I could not remain alone at the room. I got scared."*

Many studies have found that fear is a common direct and immediate impact. Victims suffer from anxiety and extreme fear following sexual assault or rape. These fear and

anxiety can last for long time period. 39% female with history of SA suffer from anxiety symptoms (Commonwealth of Australia, 2011).

P2 mentioned that *"When I remember the incidence, I remain silent and also cry. Sometimes it hampers my study whenever I remember the occurrences. I cannot pay attention and face awful situation."*

According to a resource sheet of Commonwealth of Australia (2011), prevalence of depression is 43% among female victims which can persist for three years or more. Depression can result in negligence in self-care activities.

During this study, researcher found three participants who have feeling of self-blame and guilt. P4 mentioned that *"I think I am the only responsible one. May be it's my fault. I don't blame anyone for these occurrences. I think I should shout at that time and call others for help. That's why I did not blame others."*

Commonwealth of Australia (2011) mentioned that victims who have become sexually abused suffer from feeling of low self-esteem, self-blame and guilt which can persist for months after months even for years.

One participant expressed her desire to commit suicide. P2, the participant told that, *"I wanted to commit suicide."*

The resource sheet published by Commonwealth of Australia (2011) stated that victims of sexual assault sometimes have suicidal tendency. Specially, younger victims have the risk to take suicidal attempt following incidence of sexual assault or rape.

One of the participants, P6 stated that, *"Sometimes in dream, I see that, the boy is coming. Then I become very unstable."*

According to American Psychiatric Association [APA] (2000), disturbances in sleep including insomnia and nightmares may occur among victims of SA. Insomnia is the difficulty in initiating and/or maintaining sleep which lasts for minimum 1 month and causing clinically significant distress or impairment in social or occupational functioning or other important areas. Steine et al. (2012, p. 1828) defined nightmare

as frightening during sleeping from which sleeper awakens. When nightmare occurs frequently, it can cause emotional distress.

Mental health problems after SA may include recurrent thinking about the incidence, flashbacks, nightmares, sleep disturbance, detachment from others, indifference, sleep disturbance which are the symptoms of acute stress disorder (ASD) and as long term effect- PTSD. Moreover, Herbert and Forman (2010) found that prevalence of SA is higher among females rather than males. According to American Psychiatric Association [APA] (2010), individuals who became exposed to traumatic experience, have higher risk of developing ASD and PTSD.

SA causes intense feelings of embarrassment, fear and dishonor. The victims are often terrified that they will not be believed by others. An incidence of SA is a distressing event for females and especially for young girls. They never forget the memory of such event in their life. All the times the brutal memories cause discomfort to them. As a result, various symptoms of mental illness develop including symptoms of anxiety disorder, SA, insomnia, low self-esteem, self-blame, insomnia. These symptoms finally hamper the victims' quality of daily life.

Theme 4: There are many negative impacts of SA in family life.

Code	P1	P2	P3	P4	P5	P6	P7
Misunderstanding with family members	√	√		√		√	
Scolding victims	√	√		√			
Accusing victims for incidence of SA	√			√		√	
Turned out of perpetrator from family		√		√			
Increased conservativeness parents in case of going outside from house	√	√				√	
Never sharing with family members about SA incidence			√		√	√	√
Ignoring victim				√		√	

Decrease of economic status						√	
Shifting of family						√	
Argument with family members to remaining alone at home			√				
Turned out of victim from house				√			

Table 4.5- Consequences of SA in family life

There are many consequences of SA in family life. These may include misunderstanding among family members; family members may scold victims for the incidence of SA and may accuse victims. In some families, it was found that major changes can occur in victim's own life and family life after such incidence. All these changes can affect victims negatively.

Many participants mentioned that they suffered from misunderstanding with their family members. P1 stated that, *"I felt very sad. I could not understand why they told me this because I was not interested to boys. They came to me. But I could not make my family members understood this. They told me that I am a girl, so I need to care many things."*

Another participant, P6 stated that, *"They did not talk to me, ignored me. They assumed that I got a relationship with him but it was not true. They did not believe me."*

When a victim discloses the incidence of SA to family members, or somehow the incidence brought out in front of them; interpersonal relationships with victims and family members deteriorate (Commonwealth of Australia, 2011).

Some of the victims were accused and scolded for the incidences of SA by their family members. P4 told that, *"My mother, brother, sisters did not permit me to enter the house at first. They misbehaved with me… They thought it was my fault."*

When such incidents occurred, conservativeness increased in the family and victims became forbidden to do many things. Another participant claimed that still now, her family members behave roughly with her.

One of the participants, P2, told that her mother became very sorry and cried after knowing the incident of SA and the victim was forbidden to go outside and get mixed with others.

Sometimes, family members try to hide the incidence of SA. Still they do not acknowledge the incidence. It is considered that rape or SA is a private matter, so family members encourage the victim to remain silent and not to talk with others about the issue.

Thus victims become emotionally abused also as it seemed to them that they have done a very wrong thing. Moreover, sometimes victims become threatened by the perpetrators. Perpetrators threat the victims to take their life or doing other damage to their life (Crisp, 2010).

In case of some participants of the study, perpetrators of SA were turned out from the family. P6 stated that, *"My uncle and grandfather do not live with us now. They left our house after quarrel."*

Again, some participants mentioned that they were forced to marry the perpetrator by family members and became turned out from their family after that occurrence. P4 told that *"My mother told that she could not show her face to the society for me. She also asked to my brother-in-law to send me anywhere by giving marriage with that boy. Then I had to gone Chittagong with my first husband."*

In some cases, some of the family has to shift from one locality to another after occurrence of SA to their girls for ensuring safety of them and the family members. P6 explained that, *"My uncle had to shift from village. He had business there. We have been economically hampered. My uncle is the earning member of our family, as my father is no more…I got mentally upset, felt guilty. My uncle had to suffer much. The boy told the villagers many lies about me. My uncle also got scared. In village, you know, 'Salish' takes place in these cases. The boy got a powerful family background there."*

Reaction of the family towards a victim has significant effect on recovery. Supportive and understanding attitude of the family members help the victim to get early recovery whereas negative reaction hamper the recovery (Commonwealth of Australia, 2011).

Theme 5: Negative changes occurred in social life of victims of SA.

Code	P1	P2	P3	P4	P5	P6	P7
Lack of trust on male relatives or friends	√		√				
Feeling fear			√			√	
Detachment from relatives and friends		√		√		√	√
Feeling embarrassed in front of relatives or society people	√				√	√	
Being hated by society people/relatives		√		√		√	
Decreased participation in social activities/program	√	√		√		√	

Table 4.6- Consequences of SA in social life

Incidences of SA affect the social life negatively. Participating in social activities, work and community involvement become restricted. Survivors face difficulty in communication with community people, enjoyment of social activities. After occurrence of such incidences, community people do not trust the survivors, blame survivors and avoid them (Commonwealth of Australia, 2011).

Study has found that, female survivors of SA may tend to avoid males in social situation because they feel unsecured with males (Commonwealth of Australia, 2011). P7 stated that, *"When I notice any boy of my age beside my house, I used to keep myself in distance, in my own comfort zone."*

Another participant, P3, explained that, *"I take it uncomfortably to remain alone with my cousin brothers, if my relation with them is not very intimate. I feel uncomfortable when someone comes when I am alone. May be I do not find anything wrong in him, but I get suspicious. When going outside, I will prefer my own brother to go with. And, the cousin brothers about whom I told before, I feel unsecured when he comes. Our social relation is also not good. He also understands that we do not like him."*

Two participants told that, they cannot trust their male relatives or friends. Some of them feel fear to accompany with their male friend, or relatives when alone. P3 also

told that, *"I could not move along with my relatives, neighbors and friends. I felt uneasy. I got panic about the boys."*

Four participants told that they have become detached from their relatives and friends. P6 told that, *"…We don't visit there anymore. Our relationship with uncle is not like before as they take me responsible for their sufferings.*
P4 mentioned that, *"I live far away from my brother, sister and relatives…I keep far away from my relatives."*

Three participants stated that they have become insulted by their relatives and feel embarrassed when they had to move in front of their relatives. P4 stated that, *"There was lot of insult and teasing in my life."*

Another participant added that she felt embarrassed to go in front of the perpetrator who was her cousin brother. She thought that other relatives would laugh at her when the perpetrator attempted to talk to her. She felt shy to talk with him.

Three participants claimed that community people do not like them, so they cannot maintain good relationship with community people. One of them, P2, told that, *"Nobody talks to me easily. They do not come to our house. People of my society hate me much. They avoid me. Their notion was that I am a bad girl. But that incidence was not according to my wish. I cannot make them understand."* She also added that there was no healthy relationship between her family and their society. She was established as a bad girl in the society.

Another participant, P6 told that, *"Most often, I stayed at home, my mother did not let me go outside. The renters also knew these, the boy gossiped with them. They thought that I am a bad girl, got a relationship with the boy."*

Four participants have stated that after occurrence of such incidence of SA, their participation in social activities or program has decreased.

One of the participants, P1, told that, *"I cannot participate at any kind of social program. I could not enjoy anywhere. If I talk with any boy, everyone takes it negatively. I cannot participate at wedding program, birthday or any other invitation."*

Another participant P6 told that, *"After the incidence, my mother did not let me attend to any social occasions like marriage or birthday celebrations."*

It has been known from many studies that female survivors feel vulnerable in their native communities and in public places because of fear and anxiety which develops after previous victimization. For this reason, they show a tendency to avoid social situations which affects their productive life (Commonwealth of Australia, 2011).

During interview researcher used audio recorder. Researcher found that, it took some times to make them comfortable with it.

CHAPTER 5
CONCLUSION

Limitation

According to University of Southern California (2016, “The discussion”, para. 1), every study may have some limitations. Limitations of study are some attributes of the research design and methodology which can influence the findings of the study. So it is necessary to acknowledge limitations of the study. Acknowledgement of a study's limitations provides an opportunity to make suggestions for further research (University of Southern California, 2016, “The discussion”, para. 2).

During conducting this study, the researcher had some limitations. By considering these limitations, the researcher conducted the study. The limitations are given below:

- The researcher has conducted this study which was the first study for the researcher as a part of course curriculum. The researcher was not experienced rather novice and unqualified. If the researcher was a qualified and skilled person, she might conduct the study more efficiently.
- As the researcher was student, she did not get permission from any institute who works with female survivors of SA. As a result, she had to conduct the research by interviewing survivors from community.
- Researcher conducted the study with only seven participants to gather in-depth information. The findings of this study cannot be generalized to the entire female survivors because the sample size is too small.
- In this study, only female survivors were included. But literature shows that male survivors have many negative impacts as well. As the researcher was female, she included female survivors for interviewing by considering cultural sensitivity and comfort.
- Researcher intended to gather in-depth information from the interviewee. If the researcher was a skilled and experienced person in conducting interview then she might attain more in-depth information from the survivors.

Recommendation

Recommendations for Occupational Therapists in Bangladesh

OTs work holistically. They should consider their clients' problems with a broader view. For clients challenged with mental health problems, SA may be an underlying cause. SA also affects a person's interpersonal skills, family life and social participation. So considering the history of SA for particular clients is necessary. When a person becomes sexually abused, this may affect the person's performance in daily living activities which has been found in this study. At that time, OTs can help the person to overcome their problems.

Recommendations for further study

OTs need to conduct studies related to SA. The study related to such topic may advance OT profession in Bangladesh. Recommendations for further research are given below:

- Include male victims to identify parallel impacts on them.
- Include family members of the survivors to identify their perception as well as attitude after such incident affects recovery of the survivors.
- Further research should be conducted with large number of participants to generalize the result.
- Allot more times to build up rapport with the participants and make them comfortable before starting interview.

Conclusion

Hanisch and Moulding, (2011) estimated that in the male dominant society, SA of females by male perpetrators is a very common phenomenon. The study has found that, a woman or girl can be abused sexually at any time of their life. Though females and girl children are highly vulnerable to SA, the study found that they are not aware of SA.

In a female's life, history of SA starts form childhood and then it repeats throughout the life. Again it was found that the perpetrators of SA may be familiar or stranger to the victim. Even girls and females are not safe at family because history of SA by family members also found.

Steine et al, (2012, p. 1828) mentioned that wide-ranging psychological and physiological symptoms are manifested among victims of SA. The researcher also found in this study that any kind of SA including sexual harassment, assault or rape may influence survivors' mental health negatively. Huge range of mental health impacts includes sadness, stress, remembering the incidents frequently. They also suffer from self-blame, low self-esteem. Symptoms of depression such as loss of appetite, sleep disturbance, nightmare, and desire to commit suicide also found among survivors.

Family life of different victims has been affected differently. Most of the female victims faced challenges such as misunderstanding, mistrust, accusing victims for incidence whereas some of the victims had major changes in family life including shifting of family from one place to another, turned out of victim from family, turned out of perpetrator from family. After disclose of the incident of SA, victims live a stressful event.

Negative changes also occurred in social life of victims. For instance most of the victims became detached from relatives and friends and their participation in social activities decreased where some other felt fear, embarrassed, and being hated in social environment. All of the negative impacts of SA can affect victims' daily life such as can hamper self-care activities (such as eating, sleeping), productivity (such as study), and leisure activities.

In the competitive professional field, OT is expanding day by day. OTs are working with mental health from its beginning. It has become a core practice in occupational therapy. Now occupational therapists are working in community with a large extent. When working in community, they must keep in mind about mental health and psychosocial problems developed from SA among survivors. The researcher hopes that in future occupational therapist will help these client groups as part of expansion of the profession.

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Appedix 1

Approval letter

September, 10, 2015
The Head of the Department
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Chapain, Savar, Dhaka-1343

Subject: Application for seeking approval to conduct the research project.

Madam,
With due respect, I want to state that I am seeking permission to conduct my research project as part of my 4th year course module. The title of my research is "Consequences of sexual abuse on mental health and social life among female victims". The aim of the study is "Identifying the consequences of sexual abuse on mental health and social life after being sexually abused among female victims". Now I am seeking your kind approval to start my research project. I would like to assure that anything of my project will not harmful for the participants.

So, I therefore pray and hope that you would be kind enough to grant me the permission of conducting the research and help me to complete a successful study as a part of my course.

Sincerely yours,
Shahnaj

Shahnaj Akhter Khan
4th year, B.Sc. in Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343

Attachment: Proposal of the research

Signature and comment of Head of the Department & Supervisor

It may allow her to conduct this study as a part of fulfillment of her B.Sc course.

10.09.15
Nazmun Nahar
Assistant Professor & Head of the Department
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Center for the Rehabilitation of the Paralysed (CRP), Chapain, Savar, Dhaka-1343

Appendix-2

Information Sheet (English)

I, Shahnaj Akhter Khan, am a student of 4th year, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP). As a part of my academic issues, I have to conduct a dissertation in this academic year. So I would like to invite you to participate in my study titled "Consequences of sexual abuse on mental health and social life of female victims".

Your participation in the study is voluntary. You can withdraw your participation at any time. There is not the facility to get any pay by this participation. The study will never be harmful to you but it will help the service provider to know your experience about the consequences of sexual abuse, which is very important for the service provider to plan for their future activities. It will also be helpful for the forthcoming service users.

Confidentiality of all records will be highly maintained. The gathered information from you will not be disclosed anywhere except this study and the study will certainly never reveal the name of participants.

If you have any query regarding the study, please feel free to ask to the contact information stated below:

Shahnaj Akhter Khan
4th year,
B.Sc. in Occupational Therapy
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI),
CRP-Chaplain, Savar, Dhaka-1343

Appendix-3

Information Sheet (Bengali)

তথ্যপত্র

আমি শাহনাজ আখতার খান বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউটের (পক্ষাঘাতগ্রস্থদের পূনর্বাসিন কেন্দ্রের শিক্ষা প্রতিষ্ঠান) অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষে অধ্যয়নরত। আমার প্রাতিষ্ঠানিক কার্যক্রমের অংশ হিসেবে চলন্ত শিক্ষাবর্ষে আমাকে একটি গবেষণামূলক কাজ করতে হবে যার শিরোনাম "যৌন নিপিড়নের শিকার হওয়ার পরবর্তী সময়ে নারীদের মানসিক স্বাস্থ্য ও সমাজিক জীবনে সংঘটিত পরিবর্তন" ।

এই গবেষণায় আপনার অংশগ্রহণ সম্পূর্ণরূপে ইচ্ছাকৃত। অংশগ্রহণকারীকে প্রশ্ন ও পর্যবেক্ষণ করার মাধ্যমে তথ্য সংগ্রহ করা হবে। আপনি যেকোন সময় গবেষণায় অংশগ্রহণ করা থেকে বিরত থাকতে পারবেন। এই অংশগ্রহণ কখনই আপনার জন্য ক্ষতির কারণ হয়ে দাঁড়াবেনা এবং কোনো সুবিধা পাবেন না। এর মাধ্যমে সেবাপ্রদানকারী সদস্যগণ যৌন অবমাননাকর ঘটনাটি আপনার মানসিক অবস্থা ও সামাজিক জীবনে কীভাবে প্রভাব বিস্তার করেছে সে সম্পর্কে জানতে পারবেন। প্রাপ্ত তথ্যসমূহ পরবর্তীতে সেবার মানোন্নয়নে সাহায্য করবে।

আপনার কাছ থেকে প্রাপ্ত তথ্যসমূহের সর্বোচ্চ গোপনীয়তা রক্ষা করা হবে। গবেষণা ব্যতীত অন্য কোথাও প্রকাশ করা হবে না এবং গবেষণার কোথাও আপনার নাম প্রকাশ করা হবে না।

গবেষণা সর্ম্পকিত যেকোন ধরনের প্রশ্ন থাকলে নিম্নে উল্লিখিত ব্যক্তির সাথে যোগাযোগ করার জন্য অনুরোধ করা যাচ্ছে।

শাহনাজ আখতার খান

৪র্থ বর্ষ, বি.এস.সি ইন অকুপেশনাল থেরাপি,

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিট,

পক্ষাঘাতগ্রস্থদের পূনর্বাসন কেন্দ্র, (সি.আর.পি.)

চাপাইন, সাভার, ঢাকা-১৩৪৩

Appendix-4

Consent Form (English)

The name of the researcher is Shahnaj Akhter Khan who is a 4th year, B.Sc. in Occupational Therapy student of Bangladesh Health Profession Institute (BHPI) and this research is a part of Occupational Therapy course. The study is entitled as "Consequences of sexual abuse on mental health and social life of female victims" and the aim of study is "Identifying the consequences of sexual abuse on mental health and social life after being sexually abused among female victims".

In this study I am ……………………………………………………………, is a participant and I have been clearly informed about the aim and purposes of the study. I will have the right to refuse in taking part any time at any stage of the study. For that reason I will not be bound to answer to anybody. This study has no connection with me and there will be no impact on me and my patient regarding treatment at present and in future.

I am also informed that, all information will be collected from the interview will be kept safely and maintained confidentiality. My name and address will not be published anywhere. Only the researcher and supervisor will be eligible to access the information for publication of the research result. I can consult with the researcher and the research supervisor about the research process or get answer of any question regarding the research project. I have been informed about the above-mentioned information and I am willing to participate in the study with giving consent.

Signature/Finger print of the Participant:	Date:
Signature of the Researcher:	Date:

Appendix-5

(Consent form-Bengali)

সম্মতিপত্র

এই গবেষণাটি ৪র্থ বর্ষ, অকুপেশনাল থেরাপি শিক্ষা কার্যক্রমের একটি অংশ এবং গবেষণাকারীর নাম শাহনাজ আখতার খান। তিনি বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউটের (পক্ষাঘাতগ্রস্থদের পূনর্বাসন কেন্দ্রের শিক্ষা প্রতিষ্ঠান) অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের ছাত্রী। এই গবেষণাটির শিরোনাম "যৌন অবমাননার শিকার হওয়ার পরবর্তী সময়ে নারীদের মানসিক স্বাস্থ্য ও সমাজিক জীবনে সংঘটিত পরিবর্তন" । গবেষণাটির উদ্দেশ্য হলো "যৌন অবমাননার শিকার হওয়ার পরবর্তী সময়ে নারীদের মানসিক স্বাস্থ্য ও সমাজিক জীবনে সংঘটিত পরিবর্তনগুলোকে চিহ্নিত করা।"

এই গবেষণায় আমি ...., একজন অংশগ্রহণকারী এবং আমি পরিষ্কারভাবে এই গবেষণার উদ্দেশ্য সম্পর্কে অবগত। আমার যেকোনো সময় এই গবেষণা থেকে নিজেকে সরিয়ে আনার অধিকার আছে। আমি প্রশ্নের উত্তর প্রদান করার জন্য কারো কাছে দায়বদ্ধ নই। এই গবেষণাটির সাথে আমার কোনো সম্পৃক্ততা নেই।

আমি আরো অবগত আছি যে, এই কথোপকথনের থেকে নেওয়া সমস্ত তথ্য নিরাপদ এবং গোপন রাখা হবে। আমার নাম ও ঠিকানা কোথাও প্রকাশ করা হবে না। শুধুমাত্র গবেষণাকারী ও তাঁর সমন্বয়কারী এই তথ্যাবলী দেখার ক্ষমতা রাখেন। আমি এই গবেষণাকারীর ও তাঁর সমন্বয়কারীর সাথে এই গবেষণার পদ্ধতি সম্পর্কে অথবা যেকোনো প্রশ্নের উত্তর জানার জন্য কথা বলতে পারব।

আমি উপরোক্ত তথ্যগুলো ভালোভাবে জেনে নিজ ইচ্ছায় এই গবেষণায় অংশগ্রহণ করছি।

অংশগ্রহণকারীর স্বাক্ষরঃ	তারিখঃ
গবেষকের স্বাক্ষরঃ	তারিখঃ

Appendix-6

Questionnaire (English)

Name of the participant:

Age:

Address:

Occupation:

Date of participation:

First experience of sexual abuse:

Number of incidence of sexual abuse:

Relationship with perpetrator of sexual abuse:

Age when incidence of sexual abuse occurred:

1. What do you mean by sexual abuse? Please explain in details.
2. What do you mean by “mental health”? Please explain.
3. How did you become the victim of sexual abuse? Please explain.
4. Please explain in details how the incidence of sexual abuse affected your life.
5. How do you feel now?
6. Please give a detailed description of your family life.
7. What changes happened in your family life after become sexually abused? Please explain in details.
8. How these changes occurred?
9. Please explain in details how these changes affected you.
10. What do you mean by the “social life”? Please explain.
11. Please explain in details how the incidence of sexual abuse affected your social life.
12. Please explain about the changes which happened in your social life after become sexually abused?
13. Please explain how your participation in society has become affected after become sexually abused?

Appendix-7

গবেষণার প্রশ্নাবলী

অংশগ্রহণকারীর নামঃ

বয়সঃ

ঠিকানাঃ

পেশাঃ

গবেষণায় অংশগ্রহণের তারিখঃ

প্রথম কবে যৌন অবমাননাকর ঘটনা ঘটেছিল?

যৌন অবমাননাকর ঘটনা কতবার ঘটেছে?

যৌন অবমাননাকারীর সাথে সম্পর্কঃ

১. যৌন অবমাননা বলতে আপনি কী বোঝেন? দয়া করে ব্যাখ্যা করুন।

২. মানসিক স্বাস্থ্য বলতে আপনি কী বোঝেন? দয়া করে ব্যাখ্যা করুন।

৩. আপনি কীভাবে যৌন অবমাননাকর ঘটনার শিকার হয়েছিলেন? দয়া করে ব্যাখ্যা করুন।

৪. এটি আপনার জীবনকে কীভাবে প্রভাবিত করেছে?

৫. এখন আপনি কেমন আছেন?

৬. দয়া করে আপনার পারিবারিক জীবন সম্পর্কে বিস্তারিত বর্ণনা দিন।

৭. যৌন অবমাননাকর ঘটনাটি আপনার পারিবারিক জীবনে কী কী পরিবর্তন এনেছে? দয়া করে বিস্তারিত বলুন।

৮. এই পরিবর্তনগুলো কীভাবে ঘটেছে?

৯. এই পরিবর্তনগুলো আপনাকে কীভাবে প্রভাবিত করেছে?

১০. সামাজিক জীবন সম্পর্কে আপনার ধারণা কী? দয়া করে বিস্তারিত বলুন।

১১. যৌন অবমাননাকর ঘটনাটি আপনার সামাজিক জীবনে কী ধরনের প্রভাব ফেলেছে? দয়া করে বিস্তারিত বলুন।

১২. যৌন অবমাননাকর ঘটনাটি আপনার সামাজিক জীবনে কী কী পরিবর্তন এনেছে ব্যাখ্যা করুন?

১৩. যৌন অবমাননাকর ঘটনাটি ঘটার পর বিভিন্ন সামাজিক কার্যক্রমে অংশগ্রহণের ক্ষেত্রে কী ধরনের পরিবর্তন ঘটেছে? দয়া করে বিস্তারিত বলুন।

Appendix-8

Checklist of Participants

Information about participants at a glance:

Participant's information	P1	P2	P3	P4	P5	P6	P7
Age	22 years	19 years	23 years	24 years	20 years	20 years	23 years
Sex	F	F	F	F	F	F	F
Living area	Urban	Rural	Urban	Rural	Rural	Urban	Urban
Occupation	Student	Student	Student	Housewife	Housewife	Student	Student
Marital status	Unmarried	Unmarried	Unmarried	Married	Married	Unmarried	Married
Type of sexual abuse	Sexual harassment, sexual assault	Sexual harassment, rape	Sexual assault	Sexual harassment, sexual assault, rape, marital rape	Sexual harassment	Sexual harassment & assault	Sexual harassment & assault
First victimization age	9 years	9-10 years	10-11 years	9-10 years	16-17 years	9-10 years	6 years
No. of incidence of sexual abuse	10	4	4	7	15-20 times by phone	3	5-6
Relationship with perpetrator	Neighbor, Cousin brother, unfamiliar person	Unfamiliar person, Paternal uncle	Unfamiliar person	Cousin brothers, uncles, first husband	Neighbor	Unfamiliar & familiar person	Cousin brother, unfamiliar