I am.... a sexually abused child?

A Study of Self-Esteem and Self-Views of Sexually Abused Pre-Adolescents in South Africa.

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**Abstract**

**Introduction:** In this research the effect of sexual abuse on *self-esteem* and *self-views* was examined. **Methods:** This study included 43 sexually abused pre-adolescents from age 8 to 12, a total of 17 non-traumatized pre-adolescents and 31 pre-adolescents who experienced other traumatic events. Self-esteem was measured with the *Self-Perception Profile for children (SPPC)* and the self-views were measured with the *Statement Test.* The *Traumatic Event Screening* was used to examine if the pre-adolescents were sexually abused. Finally, a *semi-structured interview* was held to examine the self-esteem of the pre-adolescents more in-depth. **Results:** The findings revealed that sexually abused pre-adolescents have a significant lower self-esteem in comparison with non- traumatized pre-adolescents, however not in comparison with children who experienced other traumatic events.. In the interview sexually abused pre-adolescents indicated that they had feelings of sadness, angriness, feelings of wanting to be alone, loneliness, self-blaming and suicidal feelings relating to their low self-esteem. Secondly, pre-adolescents who were sexually abused used more negative words in their self-descriptions in comparison with non- traumatized pre-adolescents. However, there was no difference in the use of negative self-descriptions between sexually abused pre-adolescents and pre-adolescents who experienced other traumatic events. **Conclusion:** The present research shows that it is important to examine the possibilities of trying to intervene with children’s self-esteem and self-views in interventions, since it appears that sexually abused pre-adolescents in South Africa have a low self-esteem and tend to see themselves mainly in a negative way.

*Keywords*: pre-adolescents, sexual abuse, South Africa, self-esteem, self-views

**Samenvatting**

**Introductie:** In dit onderzoek is het effect van seksueel misbruik op het *zelfvertrouwen* en de *zelfbeschrijvingen* van Zuid-Afrikaanse pre-adolescenten onderzocht. **Methode:** In totaal namen er 43 seksueel misbruikte pre-adolescenten deel tussen de 8 en 12 jaar oud, 17 pre-adolescenten die aangaven geen traumatische gebeurtenis te hebben meegemaakt en 31 pre-adolescenten die aangaven andere traumatische gebeurtenissen te hebben meegemaakt. Het zelfvertrouwen is onderzocht met behulp van de *Self-Perception Profile for children (SPPC)* en de zelfbeschrijvingen zijn onderzocht met de *Statement Test*. De *Traumativ Event Screening* is gebruikt om te onderzoeken of de pre-adolescenten seksueel misbruikt waren. Tot slot, is er een *semi-gestructureerd interview* gehouden over zelfvertrouwen met de seksueel misbruikte pre-adolescenten. **Resultaten:** Uit de resultaten blijkt dat seksueel misbruikte pre-adolescenten een significant lager zelfvertrouwen hebben dan pre-adolescenten die geen traumatische gebeurtenis hebben meegemaakt, maar niet lager dan pre-adolescenten die andere trauma’s hebben meegemaakt. In het interview gaven de seksueel misbruikte pre-adolescenten aan dat ze gevoelens hadden die gerelateerd waren aan hun lage zelfvertrouwen, namelijk; droefheid, boosheid, alleen gelaten willen worden, eenzaamheid, zichzelf de schuld geven en zelfmoordgedachten. Ten tweede bleek dat seksueel misbruikte pre-adolescenten significant meer negatieve woorden gebruikten om zichzelf te beschrijven dan pre-adolescenten die geen traumatische gebeurtenis hebben meegemaakt, maar niet meer dan pre-adolescenten die andere trauma’s hebben meegemaakt. **Conclusie:** Uit dit onderzoek blijkt dat het van belang is om interventies te ontwikkelen in relatie tot het zelfvertrouwen en de zelfbeschrijvingen van seksueel misbruikte kinderen.

*Sleutelwoorden:* pre-adolescenten, seksueel misbruik, Zuid-Afrika, zelfvertrouwen, zelfbeschrijvingen.

**Foreword**

In February 2015 I arrived in South Africa to write this thesis as an assignment for the Master Program Clinical Child and Youth Psychology, at Utrecht University. South Africa was not an unknown country to me, since I have been to South Africa twice before. I thought I already knew a lot about this country, but this turned out to be wrong. During the four months of doing research in Johannesburg, I learned more than I could have ever imagined at the start. I learned to be very patient when doing research in South Africa and to have always a plan B. Conducting the surveys turned out to be a lot more work, but because of all the help, it was a success. I had to make changes in my research, but this is only logic because I came to South Africa with my Western point of view. Furthermore, the cultural differences between the Netherlands and South Africa were larger than I expected. Due to this, I learned to adapt my research to the culture I am working in. Moreover, doing research in a country that is still divided is challenging. During my stay, South Africa suffered from xenophobic attacks against foreign nationals and statues relating to apartheid were smudged by angry students. However, South Africa showed her strength in fighting these challenges. There were marches against the xenophobic attacks and there were debates about the statues. For me, South Africa is a country that can definitely rise above their circumstances and achieve success, because of their passionate and dedicated people.

 I want to thank several persons for making this thesis possible. First of all Drs. Nadine van Westrhenen, she made it possible that we could work at the Teddy Bear Clinic (TTBC) in the first place. As our supervisor she also helped me with the difficulties I had when writing this thesis. Secondly, I want to thank Prof. Rolf Kleber for his feedback on this research. Thirdly, TTBC to let us do our research in their clinic. In particular, I want to thank the help of their social workers Charity, Charles, Samsom, and Sarah and all the students and other employees who helped us during our research. Without their hard work and effort, this thesis would not exist. Furthermore, I want to thank the Zola Primary School, for their participation and their hard work. Without their perseverance there would be no control group. Lastly, I want to thank the children and their parents who participated in the study. Both the children and the parents were a constant source of inspiration. Especially, the many conversations I had with the parents reminded me of the importance for doing research on this delicate topic in South Africa.

*Please can someone help this girl with her self-esteem!*

* *A social worker in South Africa (October 2014)*

The above sentence was written by a social worker in a file of an eight year old girl who was raped. Research into rape in South Africa revealed that 84% of the sexual crimes are committed against children (Hendricks, 2014). However, a large number of child sexual abuse (CSA) incidences is never reported (Cardone, Nemer, Sarak, Gleason, & Harman, 2012; Seedat, Van Niekerk, Jewkes, Suffla, Ratele, 2009). In addition, South Africa has the highest prevalence of CSA in the world (Pereda, Guilera, Forns & Gómez-Benito, 2009). In view of these facts, CSA is a major issue in South Africa and it can be a traumatic experience for children (Jewkes & Abrahams, 2002; Jewkes, Penn-Kekana & Rose-Junius, 2005). CSA is defined as a physical violation of a child’s body (Piercea & Bozalekb, 2004) and an interaction with a child in a sexual manner by an adult or older person who is in a position of power (Madu, & Peltzer, 2000). A traumatic event, such as sexual abuse, can have a negative influence on the self-esteem of children (Bolger, Patterson, & Kupersmidt, 1998; Paolucci, Genuis, & Violato, 2001; Richter, Dawes, & Higson-Smith, 2004). A low self-esteem can cause externalizing behavior and possible delinquency (Baumeister, Campbell, Krueger, & Vohs, 2003), or internalizing behaviors such as depression (Mann, Hosman, Schaalma, de Vries, 2004). On the other hand, high self-esteem promotes feelings of happiness (Baumeister, Campbell, Krueger, & Vohs, 2003). Previous research has shown that negative self-views of children possibly have bad repercussions for their psychological adjustment. As a result, their determination to complete tasks (Swann, Chang-Schneider, & McClarty, 2007), their sense of self-efficacy, and other forms of academic and social-emotional functioning are effected in a negative way (Erol & Orth, 2011; Muris, Meesters, & Fijen, 2003; Trzesniewski, Donnellan, Moffitt, Robins, Poulton & Caspi, 2006). This research will examine self-esteem and self-views of sexual abused pre-adolescents in South Africa.

**Self-esteem**

Self-esteem is part of the larger self-image and is defined as the way people evaluate themselves (Baumeister, 1998). This self-evaluation lies on a continuum and can be either more positive or more negative. Global self-esteem will be the focus of this research. Global self-esteem is defined as “the positivity of the person’s self-evaluation” (Baumeister, 1998, p.694) or the overall feeling of self-worth (Shaffer, 2009). Moreover, it constitutes a general perception of the self (Harter, 2012).

At the start of the pre-adolescent phase, children become more able to evaluate themselves in a global manner (Harter, 2012). Children in this age group are more self-conscious, and experience more emotions relating to self-esteem (Reimer, 1996; Thomaes, Bushman, Orobio de Castro, & Stegge, 2009). In addition, social comparison becomes more important and feedback from other people is used to create a more accurate and stable self-image (Kerig, Ludlow, & Wenar, 2012; Reimer, 1996; Shaffer, 2009; Thomaes, 2013; Thomaes, Bushman, Orobio de Castro, & Stegge, 2009; Trzesniewski, Donnellan & Robins, 2003).

 The present research examines the self-esteem of sexually abused children in South-Africa. Since self-esteem can influence the wellbeing and the psychological adjustment of children (Harter, 2012), it is important to examine the impact that sexual abuse has on self-esteem. Previous research found evidence for the presence of low self-esteem in sexually abused children (Beitchman, Zucker, Hood, DaCoasta, & Akman, 1991; Bolger, Patterson, & Kupersmidt, 1998; Mullen, Anderson, Romans, & Herbison, 1996). Moreover, when children who experienced a traumatic event have a low self-esteem they experience more negative thoughts about themselves, others, their future and about the world in general (Margaritoiu & Eftimie, 2012). Especially, children who are victim of sexual abuse have a poor self-image (Paolucci, Genuis, & Violato, 2001). In addition, research in South Africa revealed that sexual abuse in young children can lead to a low level of self-esteem (Richter, Dawes, & Higson-Smith, 2004). Furthermore, research revealed that children often blame themselves for what happened to them (Mitchell, 2005). Self-blaming is common and has an adverse impact on the self-esteem of these children (Reynolds, Wallace, Hill, Weist, & Nabors, 2001; Richter, Dawes, & Higson-Smith, 2004). These feelings of self-blaming can lead to feelings of shame, guilt, embarrassment, being looked down upon, being damaged or feelings of not being good enough. Furthermore these feelings may lead to feelings of being ugly, unacceptable and unworthy (Richter, Dawes, & Higson-Smith, 2004).

 Sexual abuse in childhood can have a negative effect on the self-esteem of people later in life (Beitchman et al., 1992; Fergusson, Mcleod, & Horwood, 2013; Johnson, 2004). When children have a low self-esteem after a traumatic event, they tend to have continuing problems in this area (Holt, Buckley, & Whelan, 2008; Tebbutt, Swanston, Oates, & O’Toole, 1997). This could consequently lead to a heightened risk of self-destructive and suicidal behavior (Paolucci, Genuis, & Violato, C., 2001; Reiker, & Carmen, 1986). Furthermore, experiencing CSA is a risk factor for experiencing violence in adulthood. This is called ‘revictimization’ (Dunkle et al., 2004). Child sexual assault and forced first intercourse are associated with increased risk of revictimization. Child sexual assault is especially associated with an increased risk of both physical and sexual partner violence and adult sexual assault by nonpartners (Dunkle et al., 2004). Moreover, research reveals that there is a link between a history of adverse childhood experience, such as sexual abuse, and rape later in life by young, rural South African men (Jewkes et al., 2006). The above research indicates the relevance of this study.

In conclusion, previous research indicates that sexual abuse has a negative effect on the self-esteem of children. A limitation of these previous mentioned studies is that most studies included only Western children. Furthermore, the above mentioned studies did not specifically focus on the pre-adolescent phase. Therefore, solid research is needed with regard to the self-esteem of sexually abused children in the pre-adolescent phase.

**Self-views**

The concept of self-views is defined as the way children see and describe themselves (Baumeister, 1998). This differs from self-esteem in that children do not have to evaluate their self-concept, but only have to think about how they see themselves. Previous research indicates that people with a high level of self-esteem describe themselves in mainly positive terms (Campbell, Rudich, & Sedikides, 2002). In contrast, children with a low self-esteem tend to describe themselves in negative terms and view themselves as less favorable, assertive, outspoken, independent and ambitious (Campbell, 1990; Baumeister, Tice, & Hutton, 1989). As mentioned before, most studies only examined children of the Western world using instruments also created in the West. However, the present research will examine pre-adolescents in South Africa, and this country has various different cultures and ethnicities (Barnett, 1999). Cross-cultural research is difficult due to the fact that Western techniques and instruments cannot always be used in countries which do not have a Western culture. One of the methodological problems in cross-cultural research is the comparability of the results in different cultural and ethnic groups (Sperber, 2004), so researchers must be careful to generalize previous Western research to children in South Africa. This methodological problem must be kept in mind when doing research in South Africa.

Another important idea that must be kept in mind is the fact that today’s Western society places great importance on the child to have a high level of self-esteem and to use positive self-descriptions (Baumeister, Campbell, Krueger, & Vohs, 2003). The question is: Does the South African culture also place such great emphasis on the self-esteem and self-views of children and do they define it in the same way? Previous research on the use of self-descriptions in South Africa showed that the many languages were an indicator of the cultural identity and this cultural identity effected the self-descriptions (Eaton, & Louw, 2000). The African-language speakers produced more interdependent and concrete self-descriptions in comparison with the English speakers. This is presumably due to the collectivistic world-view instead of the individualistic world-view. In a collectivistic culture people have the tendency to describe themselves more in specific and contextualized words and in relatedness with other people (Eaton & Louw, 2000; Rhee, Uleman, Lee, & Roman, 1995). This is in line with the South African concept, called Ubuntu. Ubuntu literally means: ‘I am because you are’ (Pronyk, et all.2008). The essence of Ubuntu is that an individual owes his or her existence to the existence of others.

In conclusion, despite the significant amount of theorizing on this topic, there is no consensus about the way sexually abused children in South Africa describe themselves when they choose their own words.

**Present research**

The research question of this study is: Do sexually abused pre-adolescents have a low self-esteem an do they describe themselves in negative terms? And in addition: Is this effect stronger in comparison with children who experienced other traumatic events?

The first question which will be examined is: Do sexually abused children differ in self-esteem from a non-traumatized control group and children who experienced other traumatic events?

1. The first hypothesis states that sexually abused pre-adolescents have a lower self-esteem in comparison with non- traumatized pre-adolescents and pre-adolescents who experienced other traumatic events.

The second question is: Do pre-adolescents who were sexually abused differ in their self-descriptions from a non-traumatized control group and pre-adolescents who experienced other traumatic events?

1. The second hypotheses states that sexually abused pre-adolescents use more negative words in their self-descriptions in comparison with non- traumatized pre-adolescents and pre-adolescents who experienced other traumatic events.

**Method**

**Design**

This study used a mixed methods explanatory sequential design, including quantitative and qualitative research data. It was decided to make use of both qualitative and quantitative data, because all methods have limitations and biases are inherent in any method, and different methods that were used in this study can presumably neutralize these biases, especially in cross-cultural research (Creswell, 2003). There are a number of additional advantages to this approach; first, this design was used to increase the credibility of the findings. Secondly, a mixed methods design was used to get more in-depth knowledge on the research question. The qualitative results helped to further explain the quantitative results. This study placed greater emphasis on the quantitative part than the qualitative part. First, the quantitative data were gathered and interpreted and after these analyses the qualitative data were gathered. These two sets of data were combined and merged in an overall interpretation in the discussion of this study, see Figure 1.

 Results Discussion

**Quantitative Data Collection and Analyses**

Qualitative Data Collection and Analyses

Figure 1. *Schematic presentation of the mixed methods design.*

**Participants**

Participants from five locations were invited to participate in the study; four locations included different branches of The Teddy Bear Clinic for abused children (TTBC), and the fifth location was a school in Soweto, see Table 1. Inclusion criteria were (1) age (between 8-12 years old), (2) were sexually abused and (3) English speaking. Participants were first screened for exposure to sexual abuse. A total of 43 pre-adolescents (14 boys and 29 girls) from age 8 to 12 (M = 10.99 SD = 1.31) indicated that they were sexually abused. The participants in the sexually abused group were of different races (86.0% Black, 2.3% Colored, 4.7% Unknown, 7.0% Whites). A total of 17 pre-adolescents (8 boys and 9 girls) indicated that they did not experience a traumatic event from age 10 to 12 (M = 11.71 SD = 0.52), they were of different races (94.1% Black, 5.9% Colored). A total of 31 pre-adolescents (13 boys and 18 girls) indicated that they experienced other traumatic events from age 10 to 13 (M = 11.78 SD = 0.60), they were of different races (93.5 % Black, 3.2 % Colored, 3,2% Unknown). See table 2 for an overview of the different traumatic events pre-adolescents experienced. Randomization of the participants was not possible due to difficulties in finding children in the South African context and logistic difficulties. Lastly, children of TTBC were selected for interviews, based on the same selection criteria and availability. A total of 13 pre-adolescents (4 boys and 9 girls) participated in these interviews, from age 8 to 12 (M = 11.0 SD = 1.48). The participants were of the same race (100.0% Black).

Table 1

*Frequencies and percentages of the pre-adolescents of the different locations.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Sexual abused group* |  | *Non-traumatized group* |   | *Other traumatic events group* |  |
|  |  |  |  |  |  |  |
| Location | Frequency |  Percent | Frequency | Percent | Frequency | Percent |
|  |  |  |  |  |  |  |
| Parktown | 3 | 7.0 | 0 | 0 | 0 | 0.0 |
| Soweto | 18 | 41.9 | 0 | 0 | 0 | 0.0 |
| Krugersdorp | 13 | 30.2 | 0 | 0 | 0 | 0.0 |
| Place of Safety | 2 | 4.7 | 0 | 0 | 0 | 0.0 |
| School | 7 | 16.3 | 19 | 100.0 | 31 | 100.0 |

Table 2

*Frequencies and percentages of traumatic events pre-adolescents experienced.*

|  |  |  |
| --- | --- | --- |
|  | Frequency | Percent |
| Abuse | 14 | 15.4 |
| Neglect | 7 | 7.7 |
| Neglect/ Abuse | 2 | 2.2 |
| Witness to Violence | 8 | 8.8 |
| Sexual abuse | 43 | 47.3 |
| No traumatic event | 17 | 18.7 |

**Instruments**

*The Self-Perception Profile for Children*

A modified version of the global self-worth subscale of the Self-Perception Profile for Children (SPPC) (Harter, 2012) was used to measure self-esteem (see appendix 1). The internal consistency was not completely satisfactory with Cronbach’s alpha of .61, however if items were deleted the Cronbach’s alpha would further degree. Previous research indicated that the test-retest stability (4 week interval) was good, because the coefficients were 0.84 or higher. Furthermore, the validity of the SPCC seemed good. The scale correlated in a theoretically meaningful manner with child-, parent-, and teacher-reports of psychopathology and personality (Muris, Meesters, & Fijen, 2003). The version of the SPPC used in this study contained six items, and asked pre-adolescents to rate the extent to which they believed they resembled other pre-adolescents (e.g. “Some kids are often unhappy with themselves”). A four-point Likert-scale was used, ranging from “I am not like these children” to “I am exactly like these children”.

*The Statement Test*

A second questionnaire was used to assess self-descriptions, which was the Statement Test (Kuhn & McPartland, 1954). The test-retest reliability of the scale scores of the Statement Test is good, because the coefficients were approximately .85. In addition, the coefficient of reproducibility is .90 (Kuhn & McPartland, 1954). Furthermore, there is a fair degree of content validity and comparability with other self-instruments (Grace, & Cramer, 2003). A modified version of the Statement Test was used and contained seven “Who-am-I”-questions (see appendix 2). The task of the Statement test was “to describe how you see yourself, by writing down your most important characteristics (e.g. behavior, hobbies, personality, school and sports)”. The pre-adolescents had the option to write down 7 characteristics, but they could choose to write down less than 7 characteristics. Additionally, two questions were used to determine how important those characteristics were to the participants and their satisfaction with those characteristics. Both questions were rated on a three-point scale. The response options of the first question were “important”, “in between”, and “unimportant”. These options were visualized for the children with stars ( ). Three stars indicated an “important” characteristic, two stars indicated the “in between” response option, and one star indicated an “unimportant” characteristic. When the pre-adolescents indicated that a characteristic was unimportant to them, the characteristic was not included in the study, because the focus in this study lies on important characteristics. For the second question about satisfaction the response options were “happy”, “in between”, and “unhappy”. These options were visualized for children with smileys. A smiling face (☺) indicated the “happy” response option, the neutral face (😐) indicated the “in between” response option, and the sad face (☹) indicated the “unhappy” response option. This question was used to determine if pre-adolescents describe themselves in positive (happy), neutral (in between) or negative (unhappy) terms. In this way pre-adolescents rated their own characteristics. The amount of negative terms that were indicated as important were used to determine if sexually abused pre-adolescents use more negative terms in comparison with other traumatized and non-traumatized pre-adolescents.

*Traumatic event screening*

In addition, at the school an extra questionnaire was added to examine if these children experienced a traumatic event, especially sexual abuse (see appendix 3). This questionnaire contained eleven items, and asked pre-adolescents about bad things that often happen to children. The event must have happened to the child within the last two years. The questions were based on a diagnostic interview called, Kiddies-Sads-Present and Lifetime Version (K-SADS-PL) (Kaufman, Birmaher, Brent, Rao & Ryan, 1996). The questions were close-ended with two response option, “Yes” or “No”. An extra question was added on neglect.

*Semi-structured interview*

Finally, a semi-structured interview was held for 15 minutes to examine the self-esteem of the pre-adolescents more in-depth (see appendix 4). The interviews were held in four different focus groups. Questions were asked about the reasoning behind their indicated level of self-esteem. The children were asked to give an example of a time when they felt negative about themselves. More in-depth questions were asked about what they thought and felt when they had negative thoughts about themselves. The last question that was asked to the pre-adolescents was: “What advice would you give another child who is thinking negative about his or herself?” (see appendix 5) .

**Procedure**

This study was part of a larger research that examined the effects of a therapy which is given at TTBC. Children who were seen for an intake at one of the three locations of TTBC (Parktown, Soweto, and Krugersdorp) or the Safety House in Braamfontein meeting the study inclusion criteria were approached by the social workers to participate in the study. First, the general procedure was explained and then parents were asked to give informed consent and the children were asked to give informed assent. Thereupon, the surveys were handed out to the children. The surveys were completed in a silent room and under the supervision of the researchers. When the children did not understand a question they could ask for an additional explanation. In the exceptional case when a child still did not understand the English explanation a translator was present to translate the question in the home language of the child. There was a great variability in the time children took to fill out the questionnaires. The range lies approximately between 5 and 20 minutes.

The selected school was approached through a social worker of TTBC. The managing board of the school gave official permission by signing a consent form. Furthermore, consent forms were handed out to the parents. All children who received consent were then invited for data collection. First, the general procedure was explained and the children had to provide informed assent. Those pre-adolescents who signed the informed assent then completed the survey in their classrooms and under supervision of the researcher. Second, the pre-adolescents had to answer some demographic questions (name, birthday, gender and race), followed by the trauma event screening. Thirdly, they completed the SPPC and thereafter the Statement Test. There was variability in the time children took to complete the questionnaires. The range lies approximately between 15 and 25 minutes.

 The interviews were conducted with the same kids who were selected from the three different locations of TTBC. The parents and children already gave consent for the research. Before the interview, the general procedure was explained to the parents and the children. Moreover, they were told that the interview would be recorded. After this explanation, the interview started with a small general conversation. The children were given the option to stop at any time and to refuse to answer a question. The interviews were conducted in a private room.

**Analyses**

*Quantitative analyses*

The Statistical Package for the Social Sciences 22.0 was used for the analysis of the quantitative research data. The three groups consisted of sexually abused children, children who did not experience a traumatic event (control group) and children who experienced other traumatic events. However, the group sizes were unequal. Gabriel’s procedure was used when interpreting the Post Hoc Comparisons on the scores of self-esteem, because it has greater statistical power when group sizes are unequal. Games-Howell procedure was used when interpreting the Post Hoc Comparisons on the use of the different self-descriptions, because equal variances could not be assumed.

*Qualitative analyses*

 Besides the quantitative research data, interview transcriptions made up the qualitative research data. To get more insight into the underlying meanings of the level of self-esteem, the interview transcriptions examined the explanations related to self-esteem of the pre-adolescents. The data were analyzed using thematic analysis to identify, analyze and report specific patterns within the research data. The themes that were identified are strongly linked to the data themselves and the themes were identified within the explicit meanings of the data (Braun & Clarke, 2006). The central question that was examined: “What reasons do pre-adolescents give for having a low self-esteem?” The reasons the pre-adolescents indicated were clustered into different themes. The themes were identified during the analysis and were coded and placed in potential themes. All relevant data were gathered for all the different themes. In addition, the themes were reviewed to check if they work in relation to the coded reasons the pre-adolescents gave. After these procedures, the themes were officially defined and named. Afterwards, the overall story of the analysis was made. This same process was also followed for the two other questions (“What feelings are related with having a low self-esteem?”, and “What advice would you give another child who is thinking negative about his or herself?).

**Results**

Quantitative findings

**Preliminary analyses**

The preliminary analyses reveal that the scores on self-esteem of the control group are skewed to the left, which indicates an uneven distribution of self-esteem scores. In contrast, the scores on self-esteem of the sexual abused and the “other traumatic events” group are relatively normal distributed. Furthermore, the control group used 99 self-descriptions in total (*M* = 5.82, *SD* = 1.13), the group of children who experienced other traumas used 192 self-descriptions (M=6.19, SD=1.17), and the group of sexually abused children used 227 self-descriptions (*M* = 5.28, *SD* = 2.22). Table 3 shows the mean, standard deviation, range, minimum and maximum of self-esteem and of the different forms of self-descriptions (negative, neutral and positive). It is remarkable that the range of the negative self-descriptions is higher in the sexual abused group in comparison with the other two groups. Furthermore, children in the control group and the “other traumatic events” group gave at least two positive self-descriptions, while in the sexually abused group some pre-adolescents did not choose any positive self-descriptions.

Table 3

*The mean (M), standard deviation (SD), range, minimum and maximum of self-esteem (measured with the global items of the Self-Perception Profile for Children) and of the different forms of self-descriptions (negative, neutral and positive).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | M | SD | Range | Minimum | Maximum |
| *Sexual abuse* |  |  |  |  |  |
| Self-esteem | 1.88 | .55 | 2.5 | .50 | 3 |
| Self-description negative | .65 | 1.07 | 5 | 0 | 5 |
| Self-description neutral | .70 | .89 | 3 | 0 | 3 |
| Self-description positive | 3.93 | 1.96 | 7 | 0 | 7 |
| *Other traumatic events* |  |  |  |  |  |
| Self-esteem | 2.15 | .73 | 2.83 | .17 | 3 |
| Self-description negative | .45 | .77 | 3 | 0 | 3 |
| Self-description neutral | 1.26 | .97 | 3 | 0 | 3 |
| Self-description positive | 4.48 | 1.36 | 5 | 2 | 7 |
| *No trauma* |  |  |  |  |  |
| Self-esteem | 2.51 | .50 | 1.67 | 1.33 | 3 |
| Self-description negative | .06 | .24 | 1 | 0 | 1 |
| Self-description neutral | .76 | .83 | 2 | 0 | 2 |
| Self-description positive | 5.00 | 1.62 | 5 | 2 | 7 |

**Main analyses**

*Self-esteem*

The hypothesis stated that pre-adolescents who were sexually abused have a lower self-esteem in comparison with non- traumatized pre-adolescents and children who experienced other traumatic events. A one-way between groups analysis of variance (ANOVA) was used to investigate the impact that traumatic events had on the level of self-esteem. Inspection of the skewness, kurtosis and Saphiro-Wilk statistics indicated that the assumption of normality was violated for the control group. Levene’s statistic was non-significant, *F*(2, 88)=1.02, *p*= .37. The ANOVA was statistically significant, indicating that experiencing traumatic events influenced the level of self-esteem of pre-adolescents, *F* (2, 88)= 6.87, *p*=.002, ɳ2=.13. Post hoc analysis with Gabriel’s HSD (using an α of .05) revealed that sexually abused pre-adolescents (*M=* 1.88 *SD=* .55) had significantly lower self-esteem scores than non-traumatized pre-adolescents (*M=* 2.51 *SD=* .50). However, there was no significant difference between sexually abused pre-adolescents and pre-adolescents who experienced other traumatic events (*M*= 2.15 *SD*= .73), nor between the non-traumatized pre-adolescents and the pre-adolescents who experienced other traumatic events. Effect sizes for these three comparisons were *d*= -.78, -.41, .42 (see table 4).

Because the assumption of normality was violated for the control group, an independent nonparametric test was used in addition. The Kruskal-Wallis Test (using an α of .05) indicated that the distribution of the scores on self-esteem is not the same across the three different groups, *p*= 0.00.

*Self-views*

The hypothesis stated that sexually abused pre-adolescents use more negative self-descriptions in comparison with non-traumatized pre-adolescents and children who experienced other traumatic events. A one-way between group analysis of variance (ANOVA) was used to investigate the impact that traumatic events had on self-descriptions. Inspection of the skewness, kurtosis and Shapiro- Wilk statistics indicated that the assumption of normality was violated for the sexual abused group and the “other traumatic events” group. Levene’s statistic was significant at α=.05 (*F*=10.38, *Sig=*.00). The assumption of homogeneity of variance was violated.

The ANOVA was not statistically significant, indicating that experiencing traumatic events did not influence the use of negative self-descriptions, *F* (2, 88)= 2.85, *p*=.063, ɳ2=.06. However, post hoc analysis with Games-Howell HSD (using an α of .05) revealed that sexually abused pre-adolescents (*M=* .65 *SD=* 1.07) used significantly more negative self-descriptions than non-traumatized pre-adolescents (*M=* .06 *SD=* .24). In contrast, there was no significant difference between sexually abused pre-adolescents and pre-adolescents who experienced other traumatic events (*M*= .45 *SD*= .77 ). However, there was a significant difference between the non-traumatized pre-adolescents and the pre-adolescents who experienced other traumas. Effect sizes for these three comparisons were *d*= .73, .20, -.56 (see table 5).

 To get more insight into the data, the study also examined the positive and neutral self-descriptions the pre-adolescents gave. First of all, the ANOVA was not significant, indicating that experiencing traumatic events did not influence the use of positive self-desciptions, *F* (2, 88)= 2.60, *p*=.081, ɳ2=.06. Post hoc analysis with Gabriel’s HSD (using an α of .05) also revealed that there were no significant differences between the three different groups. Secondly, the ANOVA was statistically significant indicating that experiencing traumatic events influenced the neutral self-descriptions, *F* (2, 88)= 3.70, *p*=.029, ɳ2=.08. Post hoc analysis with Games-Howell HSD (using an α of .05) revealed that sexually abused pre-adolescents (*M=* .70 *SD=* .89) did not use significantly less neutral self-descriptions than non-traumatized pre-adolescents (*M=* .76 *SD=* .83). In contrast, sexually abused pre-adolescents used significantly less neutral self-descriptions than pre-adolescents who experienced other traumatic events (*M*= 1.26 *SD*= .97). In addition, there was not a significant difference between the non-traumatized pre-adolescents and the pre-adolescents who experienced other traumas. Effect sizes for these three comparisons were *d*= -.06, -.54, -.40.

Because the assumption of normality was violated for the sexual abused group and the “other traumatic events” group, an independent nonparametric test was used in addition. The Kruskal-Wallis Test (using an α of .05) indicated that the distribution of the scores on the use of negative self-descriptions and neutral self-descriptions is not the same across the three different groups, *p*= 0.05, .03.

**Explorative findings: Relationship between self-esteem and self-descriptions**

To get more insight in to the data, this research examined if there was a relationship between self-esteem and self-views. A standard multiple regression analysis (MRA) was performed, which allowed the researchers to control for the effects of the total number of self-descriptions participants gave.

 In the “sexual abused” group there were no self-descriptions which emerged as predictors explaining a significant proportion of unique variance in self-esteem. There was a non-significant negative relationship between negative self-descriptions and self-esteem, *t* (39) = -.29, *β* = -.05, *p* = .77 and a non-significant positive relationship between positive self-descriptions and self-esteem, *t* (39) = 1.35, *β* = .21, *p* = .18. Additionally, there was a non-significant negative relationship between neutral self-descriptions and self-esteem, *t* (39) = -.65, *β* = - .1, *p* = .52.

 In the “other traumatic events” group there were also no self-descriptions which emerged as predictors explaining a significant proportion of unique variance in self-esteem. There was a non-significant positive relationship between negative self-descriptions and self-esteem, *t* (27) = .09, *β* = -.02, *p* = .93 and a non-significant positive relationship between positive self-descriptions and self-esteem, *t* (27) = 0.52, *β* = .12, *p* = .61. Additionally, there was a non-significant negative relationship between neutral self-descriptions and self-esteem, *t* (27) = -.76, *β* = - .16, *p* = .45.

In the control group there were also no self-descriptions which emerged as predictors explaining a significant proportion of unique variance in self-esteem. There was a non-significant negative relationship between negative self-descriptions and self-esteem, *t* (13) = -.05, *β* = -.01, *p* = .96 and a non-significant positive relationship between positive self-descriptions and self-esteem, *t* (13) = .65, *β* = .27, *p* = .53. Additionally, there was a non-significant positive relationship between neutral self-descriptions and self-esteem, *t* (13) = .24, *β* = .09, *p* = .82.

Table 4

*Comparison of difference scores of self-esteem between different groups (sexual abuse vs. no trauma, sexual abuse vs. other traumatic events and no trauma vs. other traumatic events).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | N | M | SD | MD | P | D |
| *Sexual abuse vs. No trauma* |  |  |  | -.63 | .001\* | -.78 |
| Sexual abuse | 43 | 1.88 | .55 |  |  |  |
| No trauma  | 17 | 2.51 | .50 |  |  |  |
| *Sexual abuse vs other traumatic events* |  |  |  | -.27 | .16 | -.41 |
| Sexual abuse | 43 | 1.88 | .55 |  |  |  |
| Other traumatic events  | 31 | 2.15 | .73 |  |  |  |
|  |  |  |  |  |  |  |
| *No trauma vs. other traumatic events* |  |  |  | .36 | .14 | .42 |
| No trauma  | 17 | 2.51 | .50 |  |  |  |
| Other traumatic events  | 31 | 2.15 | .73 |  |  |  |

\**p*< 0.05.

Table 5

*Comparison of difference scores of negative self-descriptions between different experimental and control groups (sexual abuse vs. no trauma, sexual abuse vs. other traumatic events and no trauma vs. other traumatic events).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | N | M | SD | MD | P | D |
| *Sexual abuse vs. No trauma* |  |  |  | -.59 | .003\* | .73 |
| Sexual abuse | 43 | .65 | 1.07 |  |  |  |
| No trauma  | 17 | .06 | .24 |  |  |  |
| *Sexual abuse vs other traumatic events* |  |  |  | .20 | .62 | .20 |
| Sexual abuse | 43 | .65 | 1.07 |  |  |  |
| Other traumatic events  | 31 | .45 | .77 |  |  |  |
|  |  |  |  |  |  |  |
| *No trauma vs. other traumatic events* |  |  |  | .39 | .03\* | -.56 |
| No trauma  | 17 | .06 | .24 |  |  |  |
| Other traumatic events | 31 | .45 | .77 |  |  |  |

\**p*< 0.05.

Qualitative findings

**Reasons for feeling negative about yourself**

Children were asked in what situations they felt negative about themselves. They were asked to give at least one example of such situation.

 Firstly, almost all of the children mentioned that they sometimes feel negative about themselves, because of what has happened to them. They are referring to the traumatic event (sexual abuse) that they experienced.

Secondly, the pre-adolescents mentioned that people would feel bad about themselves when they do ‘bad’ things. The children mentioned different ‘bad’ things, for example; when fighting with someone, killing someone, stealing and being very angry at other people because of money. One of the children said: “*When you see someone hitting your sister, then you thinking that it can happen to you as well.*” Furthermore, some actions of the police are mentioned as being scary, because they believed that the police were harassing them because they were bad persons.

 Thirdly, the pre-adolescents mentioned bullying as having an effect on their self-esteem. Children are bullied at school for several reasons. One of the reasons a child mentioned was: “*Maybe like, you failed this year, and that person said that you failed and someone says you will never succeed in life.”* Another reason pre-adolescents mentioned was bullying about the color of their skin. They indicated that they found it very disturbing when a person says something about their skin-color.

**Feelings related to low self-esteem**

Children were asked what different kind of feelings they had when they felt negative about themselves. They were asked to give at least one example of such a feeling and to tell the reasoning behind it.

 The theme that most of the children mentioned was “having sad feelings”. Most of the pre-adolescents mentioned that they felt sad or bad about themselves in relation to the sexual abuse.

 Secondly, a lot of the children mentioned that they felt angry. Again, these feelings were most of the time related to the abuse. Some of the children were angry with themselves, however others were angry at other people. One of the children said: *“I feel like I could beat you.”* Sometimes they mentioned they had good reasons to be angry at other people, but sometimes they were angry with other people without a reasonable explanation.

Thirdly, children indicated that they wanted to be alone or run away. Some children mentioned running away from home, but others meant running away from a situation that made them feel bad. One of the children said: “*or like go to the toilet and sit alone and someone gets in I would say: GET OUT. I want to be alone.”*

In contrast, some children indicated that they felt lonely. They felt they were all alone and they had nobody that could help them. Moreover, some children mentioned that other people did not care about them anymore. One of the children said: *“Because, maybe you think people do not care about you.”*

 Fifthly, children blamed themselves for the bad things that happened to them. Children thought that the sexual abuse was their fault. Moreover, one child mentioned that she blamed herself because she could not protect herself from the rape. She said: “*Maybe, you think you cannot protect yourself from that thing that happened to you.”*

 Lastly, children had suicidal feelings when they had negative thoughts. They said that they had these feelings, because they can’t stop thinking about the abuse. One of the children said: *“That thing what happened to you, you will always think about it. And sometimes you will think that killing yourself is a good thing, because you don’t have a life anymore”.* Most of the pre-adolescents talked about this topic in the third person, because these feelings were hard to talk about. Furthermore, the children mentioned that if the abuse happened to someone else and that person would not talk about it, this person will commit suicide.

**Discussion**

**Findings**

The aim of the study was to examine if sexually abused pre-adolescents have a low self-esteem an if they describe themselves in negative terms.

*Self-esteem*

 This study revealed that sexually abused pre-adolescents have a lower self-esteem in comparison with pre-adolescents who did not experience a traumatic event. These findings are in line with previous research, which stated that sexually abused children tend to have a low self-esteem (Beitchman, Zucker, Hood, DaCoasta, & Akman, 1991; Bolger, Patterson, & Kupersmidt, 1998; Mullen, Anderson, Romans, & Herbison, 1996; Oates, Forrest, & Peacock, 1985; Tyler, 2002). The current research did not examine if sexual abuse causes the lower level of self-esteem. However, during the interviews almost all children mentioned the abuse as the most important reason for having a low self-esteem. In view of this fact, sexual abuse seems to be the strongest predictor explaining a low self-esteem. Furthermore, during the interviews children mentioned negative feelings about themselves and these feelings were all related to the experienced sexual abuse. When these negative feelings are caused by the sexual abuse, this could be a possible explanation for the lower level of self-esteem found in sexual abused pre-adolescents. These findings are all in line with previous research; sadness (Chen, Dunne, & Han, 2006), angriness (Maniglio, 2009), running away and wanted to be left alone (Chen, Tyler, Whitbeck, & Hoyt, 2004; Tyler, 2002), loneliness (Tyler, 2002; Ward, & Siegert, 2002), self-blaming (Mitchell, 2005) and heightened risk of self-destructive and suicidal behavior later in life (Paolucci et al., 2001; Plunkett et al., 2001; Reiker, & Carmen, 1986). In addition, the findings revealed that sexually abused pre-adolescents did not have a lower self-esteem in comparison with children who experienced other traumatic events. However, the study also revealed that there was no difference between children who experienced other traumatic events and non-traumatized children. These results indicate that it is not sure if experiencing other traumatic events also has an adverse impact on self-esteem. More research is needed on the impact of experiencing other traumatic events on self-esteem. Previous research indicates that sexual abuse can have a more adverse impact than other traumas (Norris, 1992; Sundin, & Horowitz, 2003).

*Self-views*

 This study revealed that sexually abused pre-adolescents describe themselves in more negative terms than non- traumatized children. In addition, no difference was found between the use of neutral and positive self-descriptions between sexually abused pre-adolescents and non-traumatized children. However, there seems to be a trend of less use of positive self-descriptions in sexually abused pre-adolescents. Furthermore, children who experienced other traumatic events also used more negative terms in comparison with non-traumatized children. Moreover, the results revealed that there was no difference in the use of negative self-descriptions between sexually abused pre-adolescents and pre-adolescents who experienced other traumatic events. Based on these results, it appears that experiencing traumatic events in general leads to the use of more negative self-descriptions. However, the difference between experiencing other traumatic events and no trauma was smaller than the difference found between sexual abuse and no trauma. Compared to the above results on self-esteem this could again indicate that experiencing sexual abuse can have a greater impact on pre-adolescents than other traumatic events. In addition, there is an increase as well as a variety of mental health symptoms when a child experiences multiple traumatic events, including sexual abuse (Banyard, Williams, & Siegel, 2001). However, further research is necessary to examine the impact of multiple traumatic events on self-esteem and self-views of pre-adolescents in South Africa.

*Relationship between self-esteem and self-descriptions*

The explorative findings in all of the three different group conditions revealed that there were no relationships found between negative, positive or neutral self-descriptions and self-esteem. These findings could indicate that self-esteem and self-descriptions are different constructs that have no relationship to each other concerning CSA in South African pre-adolescents. However, it is more likely that no effect was found, because the power of this research was too small. According to Cohen (1992), a research that uses a MRA which performs the significant tests at α= .05 should have a required sample size of 547 with three predictors for finding a small effect and a sample size of 76 for a medium effect. This exceeds the resources in this research.

**Strengths and limitations**

A number of strengths and limitations of this study should be taken into consideration. Issues relating to the implications, instruments, language barriers, and generalizability of results are highlighted below.

*Implications*

First of all, this study sheds light on the concepts of self-esteem and self-views of sexually abused pre-adolescents in South Africa. This is an important fundamental implication, since there was no consensus about the way pre-adolescents who are sexually abused describe themselves when using their own words.

The present research reveals that improving self-esteem and self-views by means of intervention can have an advantage for these children, because there is space for improvement.

*Instruments*

The present research contributed to the existing knowledge by examining self-views through self-ratings. However, self-reports can be biased. In future research, this could be avoided by having independent observers code the self-descriptions (Piedmont, McCrae, Riemann, & Angleitner, 2000), but the ratings of these observers could still be biased. A combination of self-ratings and observer ratings would create a higher validity of the instruments.

Secondly, the Cronbach’s alpha of the global self-worth subscale of the SPSS is low, which indicates that the reliability of the test could be a problem. In future research, an instrument should be used which has higher reliability scores to measure self-esteem.

Thirdly, there is a percentage of children in both groups from whom the ethnic group is unknown. Social workers were asked about the missing data and they could indicate the race of most of the children, however for some children the social worker was not sure. There is a possibility that there is a difference in the results between the different ethnic groups.

*Different conditions*

Samples for this study were drawn from two different institutions; a trauma clinic and a primary school, this could have resulted in a bias. For instance, at the clinic this study was part of a larger study, including multiple questionnaires. In contrast, at the school the pre-adolescents only had to fill out the questionnaires that were part of the current study. However, in this study analyses were done to examine if there was a difference between these two groups. The analyses revealed that the difference in concentration levels did probably not influence the results.

Furthermore, the mood of the pre-adolescents at the time of data collection could have had an influence on the outcome of the study. The research took place after school hours; it is possible that children were tired and hungry after school. The mood congruency hypothesis states that self-descriptions are influenced by the mood someone is in (Sedikides, 1994). To reduce this problem, children were given some drinks and food.

*Language comprehension*

In this study, the pre-adolescents needed a certain level of language comprehension to understand the survey. During the completion of the survey, the different questionnaires and tasks were explained to the pre-adolescents. However, sometimes the questionnaires and tasks seemed incomprehensible for the pre-adolescents. The phenomenon of incomprehensibility was particularly noticeable with the younger pre-adolescents. Consequently, the pre-adolescents often asked the researchers for additional explanation.

Furthermore, the children had a limited knowledge of the English language. To reduce this problem, pictograms were used in the response options of the questionnaires. Secondly, the local social workers or students assisted in translating the questionnaires for the children. However, the social workers and students are not trained to translate questionnaires. Due to this fact, the questionnaires could be slightly adapted during the translation. The translation of the questionnaires might cause a bias in the findings due to language capacity and the interpretation of words (Peters & Passchier, 2006; Van de Vijver & Leung, 2011; Van Eeden & Mantsha, 2007; Wild, Flisher, Bhana & Lombard, 2005). When pre-adolescents do not completely understand what is asked for, the pre-adolescents could misinterpret the questionnaires and tasks. In this way the survey may not measure what it is supposed to measure.

In future research the survey should be made more comprehensible, especially for younger pre-adolescent. First of all this could be done by translating the questionnaires in the native language of each child. Secondly, the questionnaires should include more visible hints, for example pictures to clarify and support the questions and not only the response options.

*Generalizability*

Firstly, the participants were pre-adolescents, which means that the findings cannot be generalized to youth of other ages. In future research it would be interesting to examine potential differences in age-groups.

Secondly, most of the pre-adolescents that participated in this study were of black race. However, since South Africa is called the rainbow nation there is a wide variety of ethnicities in the country (Barnett, 1999). It would be interesting to examine the relationship between ethnicity and self-descriptions. The expectation is that there would not be a quantitative difference in the relationship between the self-descriptions and self-esteem, but a qualitative difference since cultures differ in their focus on the self or on a group (Rhee, Uleman, Lee, & Roman, 1995).

Thirdly, most of the children who were sexually abused came from TTBC. TTBC offers free therapy and transport for the children. The question must be raised, if this population represents the pre-adolescents in South Africa, because in South Africa people also have the opportunity to bring their child to a private psychologist. However, people have to pay a large amount of money to go to a private clinic, this makes it inaccessible to a large group of the South African population (Foxcroft, Paterson, Le Roux, & Herbst, 2004). There is a possibility that there is a difference in the social economic status of children who go to a clinic who offers free therapy or a private clinic.

**Final word**

This study examined the self-esteem and self-views of sexually abused pre-adolescents in South Africa. The present research shows that it is important to examine the possibilities of trying to intervene with children’s self-esteem and self-views in interventions, since it appears that sexually abused pre-adolescents have a low self-esteem and tend to see themselves mainly in a negative way. It is of great importance to further investigate the concepts of low self-esteem and negative self-views, since having a low self-esteem and a negative self-view has repercussions for children’s psychological adjustment and well-being (Erol & Orth, 2011; Muris, Meesters, & Fijen, 2003; Trzesniewski, Donnellan, Moffitt, Robins, Poulton & Caspi, 2006). Hopefully, this study will motivate researchers to further elucidate the manifestations of these two concepts in children who experienced traumatic events to improve the understanding of these children and to be able to develop appropriate interventions.

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**Appendix**

1. *Modifications of the Self-Perception Profile for Children (SPPC)*
2. Modified version of the SPPC

**What I am like**

We have some sentences here as you can see. We are interested in what you are like.

When you thought about the sentence and made a decision, you put an X in the box. For each sentence you only check ONE box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **I’m not like these children** | **I look a little bit like these children** | **I look a lot like these children** | **I’m exactly like these children** |
| 1. Some kids are often unhappy with themselves  | **0** | **1** | **2** | **3** |
| 2. Some kids don’t like the way they are leading their life  | **0** | **1** | **2** | **3** |
| 3. Some kids are happy with themselves as a person  | **0** | **1** | **2** | **3** |
| 4. Some kids like the kind of person they are  | **0** | **1** | **2** | **3** |
| 5. Some kids are very happy being the way they are  | **0** | **1** | **2** | **3** |
| 6. Some kids are not very happy with the way they do a lot of things  | **0** | **1** | **2** | **3** |

1. Modifications were made to simplify the questionnaire for the children:
* First of all, the original questionnaire contained six subscales and each subscale contained six items. In this study only the subscale of global self-esteem was used. The manual of the SPPC stated that it is possible to use only the subscale you need without compromising the reliability and the validity of the questionnaire.
* Secondly, in the original version the child is first asked to decide which kind of kids he or she is most like, those described on the left or those described on the right, in each statement. Once having made this decision, the child next decides whether the description on the side he/she chose is “Really True for Me” or Sort of True for Me”. In the modified version these statements on the left and right were separated. One of the questions was randomly chosen, however three positively stated items and three negatively stated items were chosen to reduce the possibility that the pre-adolescents gave socially desirable responses. Items keyed positively(+) present the morecompetent or adequate self-description, whereas items keyed negatively(-) present the lesscompetent or adequate self-description.
* Thirdly, a Likert scale was added so children could rate how much each statement represented them. A four-point Likert-scale was used, ranging from “I am not like these children” to “I am exactly like these children”.
1. *Modifications of the Statement Test*
2. Modified version of the Statement Test

**Who are you? What are your most important characteristics?**

In this task you have to describe how you see yourself. Think carefully about what kind of person you are and write your main characteristics below.

For example: How is your personality? How is your behavior? How are you at school, with hobbies, or sports?

Note: you can write down 7 characteristics, but you can also chose to write less than 7 characteristics, that won’t matter.

|  |  |
| --- | --- |
| **Complete the sentences:** | **Answer the questions below about the sentences you just wrote down.****Question A and B**  |
| 1. **How important is this characteristic for you?**
 | 1. **How happy are you with this characteristic?**
 |
| 1. **I am**
 | ○  | ○ ☺  |
| ○  | ○ 😐 |
| ○  | ○ ☹ |
| 1. **I am**
 | ○  | ○ ☺ |
| ○  | ○ 😐 |
| ○  | ○ ☹ |
| 1. **I am**
 | ○  | ○ ☺ |
| ○  | ○ 😐 |
| ○  | ○ ☹ |
| 1. **I am**
 | ○  | ○ ☺ |
| ○  | ○ 😐 |
| ○  | ○ ☹ |
| 1. **I am**
 | ○  | ○ ☺ |
| ○  | ○ 😐 |
| ○  | ○ ☹ |
| 1. **I am**
 | ○  | ○ ☺ |
| ○  | ○ 😐 |
| ○  | ○ ☹ |
| 1. **I am**
 | ○  | ○ ☺ |
| ○  | ○ 😐 |
| ○  | ○ ☹ |

1. Modifications were made to simplify the questionnaire for the children:
* Firstly, the original version contained twenty “Who-am-I”- questions, but the modified version contained only seven questions.
* Secondly, a question was added to determine how important the characteristics were to the participants. This question was rated on a three-point scale. The response options of the first question were “important”, “in between”, and “unimportant”. These options were visualized for the children with stars ( ). Three stars indicated an “important” characteristic, two stars indicated the “in between” response option, and one star indicated an “unimportant” characteristic.
* Thirdly, a question was added to determine how satisfied the participants were with their characteristics. This question was rated on a three-point scale, the response options were “happy”, “in between”, and “unhappy”. These options were visualized for children with smileys. A smiling face (☺) indicated the “happy” response option, the neutral face (😐) indicated the “in between” response option, and the sad face (☹) indicated the “unhappy” response option.
1. *Traumatic event screening*
2. Modified version of the Traumatic event screening

Here are a couple of questions about bad things that often happen to children your age and I want you to put an X in the box when any of these things happened to you **now or within 2 years**. For each sentence you only check ONE box.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Have you ever been in a bad car accident?
 |  |  |
| 1. Were you ever in a serious fire (maybe your house or

school)? Or did you ever start a fire that got out of control? |  |  |
| 1. Have you ever been in a really bad storm or have you

ever been caught in floods with waters that were deep enough to swim in? |  |  |
| 1. Did you ever see someone rob someone or shoot them?
 |  |  |
| 1. Did you ever see someone take someone hostage or

being hijacked? |  |  |
| 1. Did anyone ever attack or hurt you? Or did someone ever threaten you?
 |  |  |
| 1. Have you ever gotten some really bad news unexpectedly?

 Like found out that someone you loved died. |  |  |
| 1. Did your parents (or does your mother and

her boyfriend) ever get in really bad fights? Like threaten to do bad things to each other, or sometimes hurt each other.  |  |  |
| 1. Have you ever been hit so bad by your parents that you

 had bruises or marks on your body, or where hurt in some other way? |  |  |
| 1. Has anyone who shouldn’t have ever made you undress,

or touched you between the legs, or make you get in bed with him/her, or make you play with his private parts? |  |  |
| 1. Did your parents pay little or no attention to you? Or failed

to take care of you? |  |  |

1. Modifications were made to make it a close-ended questionnaire:
* Firstly, the questions were based on a diagnostic interview called, Kiddies-Sads-Present and Lifetime Version (K-SADS-PL). The questions were made close-ended to make it a questionnaire instead of a diagnostic interview. In total, the modified version contained eleven items.
* Secondly, two response option were added, “Yes” or “No”.
* Thirdly, an extra question was added on neglect (Did your parents pay little or no attention to you? Or failed to take care of you?).
1. *Interview Guide*
2. Can you all tell me somethings about yourself, this can be anything?
3. How do you think and feel about yourself? Who you are as a person?
* And why do you think and feel that way?
1. Why do you think people sometimes feel negative about themselves? What could be the reason?
2. When do you feel negative about yourself? Can you give me an example?
3. What advice would you give another child who is thinking negative about his or herself?

*Possible additional questions:*

* Can you describe the situation?
* Can you give me an example?
* How often do you feel that?
* What do you do when you feel like this?
* What causes that you feel like that?
* What makes it worse?
* What makes it better?
* What do you feel when you think negative about yourself?
* What is going through your mind when you feeling that way?
* What do you really feel when you thinking or feeling like that?
1. *Qualitative research: advices of the children*

Children were asked what advice they would give to children who felt negative about themselves. A couple of themes were found in the interview transcriptions.

 The theme that most of the children mentioned was “telling someone”. They gave the advice to go to someone else and to tell them what you are going through. Most children said that they would go to relatives when something is wrong, for example their parents. The reason they gave for going to relatives was that they can help you forget about the problems you have. One of the children said: “*I think to tell my mother and my mother can help me to forget.”* The children also mentioned that if you don’t talk about your problems, then the problems can’t be solved. One of the children said: “*Me, I can tell that child to keep the problems not in her heart, but to let it out. When you keep it in, they can’t solve the problem.”* Furthermore, some of the children mentioned that they would go to their friends and talk about what is wrong with them. The reason they gave for going to their friends was that friends would make you laugh again and have fun with you. One of the children said: “*Maybe I can take the child and sit with it and they can tell the problem, then we solve it. Maybe make fun to forget about it.”*

 Secondly, children mentioned that other children should ignore people who make them feel bad about themselves, by the comments they make or the things they did to them. The children also indicated that when someone makes you feel bad about yourself, it does not help you. Moreover, children gave the advice to stop listening when other people speak in a negative way about you, because they can destroy your good behavior. One of the children said: “*If maybe like, she said you will never succeed in life, you are just nothing else. Then you must say: Good for you. Clap your hand and say, good for you. Just ignore that person. That person won’t help anything.”*

Thirdly, children spoke about God. They would say to other children that they don’t have to be afraid, because God will be with you. One of the children said: “*Don’t be afraid, because God will always be on your side no matter what.”* Furthermore, they mentioned that people who made you feel negative about yourself will be punished by God at the end, because they don’t listen to the rules of God.

 At last, children mentioned that if a child feels bad about his or herself because of something really bad happened to them, then they should go to a social worker and attend therapy sessions. One of the children said: *“They must attend like a session like this, therapy or like counseling. And tell the person what is happening. And why he or she feels the way he or she feels.”*