

IMPACT OF SEXUAL VIOLENCE ON FEMALE ADOLESCENCE: A SYSTEMATIC LITERATURE REVIEW

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Abstract

Sexual violence is a series of unwanted sexual action including unwanted sexual drive, command to have sexual activity, verbal or non verbal sexual behavior. The impact caused by sexual violence are unwanted pregnancy, sexually transmitted infection and HIV, the usage of drugs, mental health problem, self hurting up to suicide. The aim of *Systematic Literature Review* was to find out the impact of sexual violence and to identify high risk group. This *Systematic Literature Review* use Pub Med and Science Direct database within the time range of 2008-2018. This *Systematic Literature Review* is adjusted to the *Systematic Literature Review* with 8 steps. Female adolescence has higher risk in experiencing sexual violence compare to male adolescence and it occurred in educational environment in a form of physical and physiological violence. The experience of sexual violence in adolescence affected reproductive health, mental problem, and drugs usage, self hurting, and sleep disorder. Sexual violence is a crucial problem in which the victims are increasing as time pass by. Which cause various problems both physical and psychological problems as well as sexual and reproductive problems. The victims were mostly children or adolescence, in which at this age the problem arises can be affected for life time because adolescence cannot organize by themselves due to sexual violence.

Keywords: Sexual Violence, Female, Adolescence

1. INTRODUCTION

Sexual violence is a serious society health problem all over the world. One of five female adolescent and one of thirteen male adolescent reported had experienced sexual violence in all over the world (World Health Organization, 2016), and the prevalence of sexual violence was approximately 15.3% on female adolescent and 13.8% on male adolescent in 21 different countries ^[1]. Sexual violence is a series of sexually unwanted action including unwanted sexual motivation, sexual activity order, or verbal or non verbal sexual behavior ^[2]. Sexual violence is related to various negative impacts. Several studies had indicated that sexual violence history cause severe mental health problem such as stress (PTSD) and depression. Sexual violence can also create dangerous behavior done by the victims, such as high risk sexual behavior, suicide, drug abuse ^[1], self harm behavior done by the victim ^[3] and create conflict environment ^[4]. Sexual violence disproportionately occur female and female adolescent.

Sexual violence is a human right violence and including abuses, wrapping and sexual exploitation (including prostitution and pornography). Global approximation shows that 20% women and 5-10% man experience wrong sexual behavior when they are in adolescence (WHO, 2010) based on CATAHU 2018, the report of violence report in private /personal scope received there was violence of female adolescent increase significantly which was 2,227 cases. Violence in relationship is the third highest after violence on adolescent which was 1,873. In personal scope the highest percentage is physical violence 41% (93,982 cases), followed by sexual violence 31%

(2.979 cases), psychological violence 15% (1,404 cases), and economical violence 13% (1.244 cases). Sexual violence in public scope is up to 3.528 cases (26%), in which sexual violence had first rank position as 2,670 cases (76%), followed by physical violence 466 cases (13%), psychological violence 198 cases (6%), special category which is trafficking 191 cases 95%) and migrant worker cases 3 cases. Three most frequent types of violence in public scope was molestation 911 cases, sexual abuse 7708 cases and wrapping 699 cases (Komnas Perempuan, 2018).

2. METHODS

This Systematic Literature Review formulation was fitted to the steps of Systematic Literature Review stated in guidance book formulated by lecturer team Universitas Aisyah Yogyakarta. The steps of Systematic Literature Review formulation are 1) Problem Identification, 2) making priority of problem and question, 3) using framework, 4) literature searching by using data base, manual searching or grey literature, 5) choosing paper based on inclusion and exclusion criteria, 6) doing critical appraisal, 7) extracting data from chosen paper, 8) collecting data and make mapping to answer the question. This review specifically wanted to find out: what are the impacts of sexual violence on adolescent? The framework used is PEOS (Population, Exposure/Event, Outcomes, Study Design).

Elements	Inclusion	Exclusion
Population	<ul style="list-style-type: none"> • Women adolescent male aged 12-24 years • Non married adolescent aged 12-24 years 	<ul style="list-style-type: none"> • Female adolescent aged <12/>24 year • Disable adolescent
Expoure/event outcomes	<ul style="list-style-type: none"> • Sexual violence • Various impact related to sexual violence 	
Study design	<ul style="list-style-type: none"> • Quantitative method (<i>Cross Sectional</i>) 	<ul style="list-style-type: none"> • Quantitative method (Cohort, Case control, RCT, Quasi Experiment) • Qualitative method

There were several steps in searching paper or article which will be used. At first searching the paper in general in several database (Pubmed and Science Direct), the keywords used is “Sexual Violence”, “Adolescence” and “Impact”. The second was after getting the keywords then searching for paper in database of Pubmed and Science Direct. The searching is limited to the published journal in recent 10 years (2008-2018) in order to make the data displayed on article are recent and up to date, using English, no criterion of specific country of origin, not limited on specific type of article. In second period of searching 2 database and reference list 1,323 article were obtained, after that several articles which double was erased so that only 1,236 were obtained. From 1236 articles it was screened based on the title and abstract and related to sexual violence. The searching of full text of 44 articles it was identified for being screened. From the result of article screening, population appropriation, method and result, and result, and critical appraisal it was obtained 12 articles which was used to Systematic Literature Review.

3. RESULTS AND DISCUSSION

Sexual violence on adolescent

Based on the study result shows that the prevalence of sexual violence is most frequently reported occur in education environment or school and the violence was in form of physical, sexual and physiological violence ^[5]. The prevalence of female adolescence (27,8%) has higher risk than male adolescent (14.5%) before 18 years, living as orphan and has no romantic couple ^[6], female adolescents were sexually more active $p < 0,001$ in which they had higher risk and probably to receive action of sexual violence ^[4]. Sexual violence action was usually occur and done by opposite sex%. 41,5% was reported become victim of opposite sex compare to 13,6% from same sex. Women were more prone compare to male as the victim of sexual violence by the same sex or the opposite sex ^[7]. The group which has higher risk to receive sexual violence was female adolescence aged <18 years old compare to male adolescence 96).

Based on the study conducted by ^[8] stated that most of female adolescence ever become the victim of sexual violence performed in school environment and performed by peers such as sexually staring, giving sexual joke, kissing, hugging, or touching in sexually sensitive area. This phenomenon has been in accordance with the study conducted by ^[9] which stated that female has 3 times as high as probability to have sexual violence in school compare to male, the action was in a form of sexual attack such as touching sexual organ 2 times as high as probability to receive violence action in a form of direct penetration by the doer to the victim.

Sexual violence impact

Sexual violence performed in a form of physical and sexual action was connected to bad sexual and reproduction health problem, mental health and self esteem problem ^[10]. The problem indicator which most likely appear related to sexual violence was a significant mental health problem and depression (20.8%), followed by behavior disorder (6.3%), anxiety (5.4%), and ADHD (Attention Deficit Hyperactivity Disorder) (4,7%) ^[7]. The adolescent as the victim of sexual violence had higher risk in clinical disorder in a form of physical, psychological and reproduction problem. The teenager who got sexual violence at the age of 15-17 years old has higher prevalence to have emotional problem ^[11].

The victim of sexual violence was related self esteem and dignity and also physiological problem. Several victims show self harm by using drugs with the heart full of anger ^[12]. One quarter of victims stated to experience having sleeping problem and reported to have night mare. Sexual violence victims show three times has lower dignity, drugs abuse and alcohol beverage. The higher the risk due to drugs abuse will lead to further impact such as anxiety in school, self harm and suicide changing self identity and problem related to school ^[5]. The victim of sexual violence by non couple related to health problem such as unwanted pregnancy, depression, drug abuse and suicide ^[10] and also forced abortion ^[11].

Based on the study conducted by ^[13] which stated that the problem related to sexual function mediated by depression due to sexual violence received by victim for long term can cause losing desire to do sexual intercourse, lack of self satisfaction in doing sexual intercourse, being afraid of being pregnant and afraid to transmit sexually transmitted diseases (STD) to her couple. The acceptance of this condition is related to the sexual violence by the person close to the victim in environment family, education, or people close to the victim can become media in order to reduce the impact caused by sexual violence the impact can be minimized by giving the counseling and education full of empathy, tolerance and without underestimating the victim ^[11].

This phenomenon is in accordance with the statement revealed by Sutherland, et.al in his study which stated that screening given in education environment in order for health care can identify female with risk, the intervention can reduce the impact caused by sexual violence and

prevent further sexual violence ^[14]. The prone of sexual violence can be minimized by the policy and approach program such as comprehensive sexual education (CSE) in middle school and higher education, including the education of skill to reject sexual violation and various topic and intervention of social education and emotional which can explore the gender. Meanwhile CSE in middle school and higher education can reduce the adolescent behavior which leads to HIV, STD, and unwanted pregnancy and the program has aims to increase the support of environment for adolescent having risk to have sexual violence ^[15].

The availability of health care in higher education can open wider probability for health care provider to identify students who become the victim of sexual violence recently or in the past. Female adolescent in higher education using health care and every interaction had probability to ask about status of relationship and exposure of sexual violence. Intervention in basis of theory, culture specific, multilevel were needed to promote the prevention of sexual violence and screening toward sexual violence among health care provider in higher education and to improve the probability for individual to receive treatment and health personnel needed ^[14].

Early identification of sexual violence can minimize the bad impact toward health condition, long term physical problem and mental health. The prevention provided routinely toward sexual violence in health service regulation can identify female having the risk and tend to the intervention (the healing for injury, critical intervention, counseling, safety planning) which can reduce further violence and increase the health result and to reduce long term impact ^[14].

4. CONCLUSION

Program of sexual health education and reproduction in school so far is not comprehensive and suitable with the reality of sexual behavior and sexual risk encountered by adolescent impacted on lack of adolescent knowledge so that the limitation of access of adolescent in obtaining information and receiving direct respond related to sexual violence. This phenomenon is due to sexual and reproduction health education given in school tend to give perspective that sexual and reproduction health is only limited to biological phenomenon and tend to construct adolescent sexuality as taboo and dangerous thing controlled by moral and religion value.

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REFERENCES

- [1] Tang K, Qu X, Li C, Tan S. Childhood sexual abuse, risky sexual behaviors and adverse reproductive health outcomes among Chinese college students. *Child Abuse Negl.* 2018 Oct 1;84:123–30.
- [2] Eom E, Restaino S, Perkins AM, Neveln N, Harrington JW. Sexual harassment in middle and high school children and effects on physical and mental health. *Clin Pediatr (Phila).* 2015 May;54(5):430–8.
- [3] Bucchianeri MM, Eisenberg ME, Wall MM, Piran N, Neumark-Sztainer D. Multiple types of harassment: associations with emotional well-being and unhealthy behaviors in adolescents. *J Adolesc Health Off Publ Soc Adolesc Med.* 2014 Jun;54(6):724–9.

- [4] Kaltiala-Heino R, Savioja H, Fröjd S, Marttunen M. Experiences of sexual harassment are associated with the sexual behavior of 14- to 18-year-old adolescents. *Child Abuse Negl.* 2018 Mar 1;77:46–57.
- [5] Mignot S, Fritel X, Loreal M, Binder P, Roux M-T, Gicquel L, et al. Identifying teenage sexual abuse victims by questions on their daily lives. *Child Abuse Negl.* 2018 Nov 1;85:127–36.
- [6] Boudreau CL, Kress H, Rochat RW, Yount KM. Correlates of disclosure of sexual violence among Kenyan youth. *Child Abuse Negl.* 2018 May 1;79:164–72.
- [7] Ngo QM, Veliz PT, Kusunoki Y, Stein SF, Boyd CJ. Adolescent sexual violence: Prevalence, adolescent risks, and violence characteristics. *Prev Med.* 2018 Nov 1;116:68–74.
- [8] Young AM, Grey M, Boyd CJ. Adolescents' experiences of sexual assault by peers: prevalence and nature of victimization occurring within and outside of school. *J Youth Adolesc.* 2009 Sep;38(8):1072–83.
- [9] Mellins CA, Walsh K, Sarvet AL, Wall M, Gilbert L, Santelli JS, et al. Sexual assault incidents among college undergraduates: Prevalence and factors associated with risk. Khan HTA, editor. *PLOS ONE.* 2017 Nov 8;12(11):e0186471.
- [10] Decker MR, Peitzmeier S, Olumide A, Acharya R, Ojengbede O, Covarrubias L, et al. Prevalence and Health Impact of Intimate Partner Violence and Non-partner Sexual Violence Among Female Adolescents Aged 15–19 Years in Vulnerable Urban Environments: A Multi-Country Study. *J Adolesc Health.* 2014 Dec 1;55(6, Supplement):S58–67.
- [11] Pérez-González A, Guilera G, Pereda N, Jarne A. Protective factors promoting resilience in the relation between child sexual victimization and internalizing and externalizing symptoms. *Child Abuse Negl.* 2017 Oct;72:393–403.
- [12] Asgeirsdottir BB, Sigfusdottir ID, Gudjonsson GH, Sigurdsson JF. Associations between sexual abuse and family conflict/violence, self-injurious behavior, and substance use: the mediating role of depressed mood and anger. *Child Abuse Negl.* 2011 Mar;35(3):210–9.
- [13] Maseroli E, Scavello I, Campone B, Di Stasi V, Cipriani S, Felciai F, et al. Psychosexual Correlates of Unwanted Sexual Experiences in Women Consulting for Female Sexual Dysfunction to Their Timing Across the Life Span. *J Sex Med.* 2018 Dec 1;15(12):1739–51.
- [14] Sutherland MA, Fantasia HC, Hutchinson MK. Screening for Intimate Partner and Sexual Violence in College Women: Missed Opportunities. *Womens Health Issues Off Publ Jacobs Inst Womens Health.* 2016 Apr;26(2):217–24.
- [15] Santelli JS, Grilo SA, Choo T-H, Diaz G, Walsh K, Wall M, et al. Does sex education before college protect students from sexual assault in college? *PloS One.* 2018;13(11):e0205951.