

Coping Strategies Used by Sexually Abused Women During Covid 19 Pandemic: Insights from a Certain Health Institution in Harare

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ABSTRACT

The research sought to explore the coping strategies used by female survivors of sexual abuse in Harare during the Covid 19 pandemic. A phenomenological design which was premised under the qualitative research paradigm was used in this study, and a sample consisting of seven women who were sexually abused were selected. In-depth interviews were used to gather information on the coping strategies used by female survivors of sexual abuse. Research data was then presented and analyzed thematically. Findings of the research depicted the three main categories which were physically- focused, emotionally- focused and economically focused coping strategies. Survivors used problem-focused coping strategies to deal with physical challenges which included seeking medical attention. Emotion-focused coping strategies involved seeking psychological help and spiritual intervention.

Key Words: Coping strategies, Physical Problem-focused coping strategies, Emotion-focused coping strategies

INTRODUCTION

Background

Sexual abuse is associated with a number of internalizing and related behaviors, including anxiety, depression, poor self-esteem, suicidal ideations and attempts, nightmares and sleep disturbances, somatic complaints, and feelings of isolation. In addition, a number of studies have also noted the presence of externalizing behaviors, such as self-abusive behaviors, cruelty, problems with school performance and concentration, problems with relationships and social competence, and problems related to sexual activity victimization, difficulties with sexual adjustment, and substance abuse (Cohen 2016:385). The effects of abuse uniquely manifest themselves in each individual, and the situations surrounding the abuse are different for each individual. Therefore, there is no set of symptoms that uniquely define the profile of a sexually abused person.

Statistics state that millions of women in the United States have experienced rape. As of 1998, an estimated 17.7 million American women had been victims of attempted or completed rape. Young women are at higher risk of sexual abuse. 82% of all juvenile victims are female, 90% of adult rape victims are female. Females ages 16-19 are 4 times more likely than the general population to be victims of rape, attempted rape, or sexual assault. Women ages 18-24 who are college students are 3 times more likely than women in general to experience sexual violence. Females of the same age who are not enrolled in college are 4 times more likely to experience sexual abuse, (<https://rapecrisis.org.uk/get-informed/about-sexual-violence/statistics-sexual-violence/>).

According to the report by the United Nations Office on Crimes and Drugs, South Africa was ranked first

for rapes per capita. One in three of the 4,000 women questioned in Johannesburg had been raped, according to Community Information, Empowerment and Transparency (CIET) Africa. Women's groups in South Africa estimate that a woman is raped every 26 seconds, the South African police estimates that a woman is raped every 36 seconds, (Worland & Williams, 2015). The South African demographic and health survey gave results of rape prevalence at 4.0% of all women aged between 15 and 49 years in the sampled households (a survey also performed by the Medical Research Council and Department of Health). So far no attempts have been made to address these large statistical disparities.

Crime data from the Zimbabwe National Statistics Agency (Zimstat), compiled from police records, show a 74% jump in rape cases between 2010 and 2018. In 2010, 4,450 rape cases were recorded. 2018, there were 7,738 recorded rape cases. The 2018 figure translates to an average 21.2 rape cases per day. The first two months of 2019 recorded 636 rape cases in January and 625 in February. Since 2010, the highest number of rapes was reported in 2016, when 8069 cases were recorded, giving a daily average of 22.1, (Chihambakwe 2016).

Statement of the Problem

Women who have been sexually abused struggle to cope with the challenges related to the traumatic incident. The study sought to understand the coping mechanisms employed by female survivors of sexual abuse and to provide valuable insights into effective ways to deal with challenges related to sexual abuse of women. Through examining their coping strategies, the research seeks to contribute to the development of support systems, interventions and therapies that can effectively assist women in their healing process and promote overall wellbeing.

Research Questions

The current study was undertaken to answer the following research questions as informed by the research objectives:

- How do female survivors cope with physical repercussions of sexual abuse?
- What are the coping mechanisms that are used by female survivors of sexual abuse to handle emotional distress?
- How do survivors of sexual abuse cope with economic challenges?

LITERATURE REVIEW

The COVID-19 pandemic has deeply affected health systems, economies, and communities worldwide, intensifying pre-existing disparities and exposing vulnerable groups to further harm. Notably, the increase in gender-based violence, specifically sexual abuse, has emerged as a grave concern, leading to the recognition of a "shadow pandemic" (UN Women, 2020). The focus here is on the adaptive measures taken by sexually abused women in Harare, Zimbabwe, during this crisis, providing critical insights into how pandemic-induced stressors intersect with gender-based violence.

Evidence points to a worldwide escalation in domestic and sexual violence reports during the pandemic, exacerbated by lockdowns and social distancing measures. These conditions have not only heightened the risk of abuse but have also hampered access to essential support services (WHO, 2020).

Research, both pre-pandemic and current, reveals a spectrum of coping mechanisms among abuse survivors, from seeking social support to adopting avoidance strategies (Peterman, 2020). The pandemic's unique context may have altered the accessibility and effectiveness of these coping methods.

Research on Zimbabwe before the pandemic indicates significant gender-based violence rates, affected by cultural, economic, and social factors (Van Gelder, 2020). These elements influence both the prevalence of abuse and the coping options for women, with the pandemic likely intensifying these difficulties.

Health facilities play a crucial part in supporting abused women, especially during the pandemic, by providing medical, psychological, and resource-linkage support. Insights from a health institution in Harare could offer valuable perspectives on these interventions' efficacy during such crises.

The literature review reveals a nuanced interaction among individual, social, and systemic factors in determining the coping strategies of sexually abused women (Campbell, 2009). The pandemic has both limited and required adjustments in these strategies, affecting mental health, social support, and service delivery. The resilience demonstrated by women in Harare, against a backdrop of significant obstacles, underscores the necessity for holistic, layered interventions that tackle both the immediate and broader impacts of abuse, exacerbated by the pandemic.

The COVID-19 crisis has highlighted the urgent need for dedicated support mechanisms for sexual abuse survivors, stressing the importance of flexible, culturally attuned, and accessible responses. The experiences from Harare, Zimbabwe, add to the expanding knowledge base on the pandemic's uneven effects and the coping mechanisms utilized by women in the face of compounded challenges.

Theoretical Framework

Originating from Bronfenbrenner in 1979, ecological systems theory offers a comprehensive lens for examining the COVID-19 pandemic's broad-ranging effects on individuals (Bronfenbrenner, 2017). It emphasizes the interplay between personal, relational, societal, and cultural dimensions in shaping the trauma and resilience experiences of sexually abused women.

Coping Theory was developed by Lazarus and Folkman in 1984, this theory is pivotal for understanding the approaches individuals take to manage stress and trauma. It distinguishes between problem-solving and emotional approaches to coping, providing a basis for analyzing how sexually abused women handle their situations (Lazarus & Folkman, 2018).

METHODOLOGY

Research Approach

The researchers used the qualitative research paradigm. Qualitative research is more effective when gathering deep information and perceptions through inductive, methods such as in-depth interviews (Berger et al, 2019: 252). In this context, the views, opinions, behaviors, and feelings of the survivors of sexual abuse were obtained qualitatively.

Research Design

Phenomenological research design was used to obtain data on the coping mechanisms of female survivors of sexual abuse. According to Hill, (2019) phenomenological research helps researchers to effectively study an individual's lived experiences within the world.

Sampling

The researchers used purposive sampling which is a non-probability sampling procedure that is based on the characteristics of a population and objectives of the study. Purposive sampling was appropriate for this

research because the researchers relied on personal judgment when choosing the sample. In this case seven women who were sexually abused were the participants.

Data Collection Instruments

The researchers used in-depth interviews to get information from the women who were sexually abused. The in-depth interviews helped in achieving the research aim because it allows the researcher to probe for more information during the interviews.

Research Procedure

The researchers requested for permission to collect data from the survivors of sexual abuse at a certain health facility in Harare. The selected research participants were informed of the purpose of the study as well as the ethical considerations guiding the research before, they agreed to participate in the study. Data collection was done online because of the Covid 19 pandemic.

Ethical Considerations

The whole research process was guided by ethical considerations to protect both the researchers and the participants as well as improve the integrity of the research findings.

First and foremost, the researchers obtained informed consent from all the participants. The researchers explained the purpose of the research as well as the research process including the ethical considerations that would guide the research before the participants agreed to participate in the research. The identity of all the participants was protected through the use of code names (W1, W2, W3, W4, W5, W6 and W7). Confidentiality was also maintained throughout the research process, all the data that was collected was kept private.

The participants were informed of their right and freedom to withdraw from the research at any given time if they felt like they were no longer interested. They were also informed that their participation in the research was voluntary, and the results of the research will not be used for personal benefit of the researchers.

Data Analysis

Thematic analysis was used to analyze the data that was collected in this research because of its flexibility which is crucial for qualitative research. Braun and Clarke (2006) assert that thematic analysis helps in identifying, analyzing and reporting patterns of data in a qualitative manner.

The researchers had to familiarize themselves with the data collected to understand its breadth and depth on the coping strategies adopted by female survivors of sexual abuse. The data collected from the survivors of sexual abuse was sorted into potential themes which were further reviewed and then revised into finer themes which were more logical and organized.

Participants' Profile

A brief profile of the client is presented below for better conceptualization of the study findings. The code names were adopted to protect the identity and integrity of all the participants.

Participant	Code Name	Age	Circumstances
1	W1	17	Abused by stranger on her way from school
2	W2	16	Abused by uncle (guardian)

3	W3	25	Abused by robbers who offered a lift
4	W4	19	Abused by her boyfriend on a date
5	W5	27	Abused by strangers while coming from work
6	W6	30	Abused at her workplace (she quitted the job)
7	W7	30	Abused by her boss at work (She quitted the job)

RESULTS

The results from the in-depth interviews revealed the various coping mechanisms adopted by female survivors of sexual abuse. The coping mechanisms are categorized into three groups based on the problems encountered by the victims. The three categories are as follows:

1. Physical focused coping mechanisms
2. Emotional focused coping mechanisms
3. Economic focused coping mechanisms

Physical Focused Coping Strategies

Seeking medical attention

The survivors of sexual abuse showed that seeking medical attention was the best option to solve physical problems they experienced after being abused. W6 noted that if it wasn't for the medical support she got, her physical symptoms could have worsened. All the participants mentioned that they visited a health facility within seventy-two hours of the sexual abuse incident so that they receive medication to prevent STI's and pregnancy. W5 stated that if she had visited the clinic early, she would have prevented the STI she contracted. W1 and W 3 also said they really benefited from the medical intervention which assisted in having their bruises treated in time.

Visiting the clinic early helped the survivors to face their physical challenges and deal with them. After the medical intervention, all the seven survivors managed to eradicate the physical problems they experienced after the sexual abuse they experienced,

Emotional Focused Coping Strategies

Seeking psychological support

All the seven participants reported that mental health practitioners helped them in dealing with psychological problems resulting from the sexual abuse. Some of these challenges experienced by the survivors include low self-esteem, fear, depression and anxiety to mention but a few. All the respondents stated that they had more than five individual sessions with a psychologist and had a chance to express themselves as well as receive mental health support without being judged. According to Monghan et al (2017) "trauma of sexual assault isn't an experience that you can ever really get over, but you can get through it. We aren't accountable for the damage that someone has done to us, but as survivors, we are responsible for our own healing."

W5 highlighted that had it not been for the psychological support in form of counseling she could have suffered from depression as she was contemplating committing suicide before the psychological intervention. Currently she has regained her senses, and she is ready to resume with her normal life.

Opening up

Respondents reported that they opened up through writing, telling their close relatives and friends how they were feeling. W2 noted that.

“...being able to confide in a very small circle of confidants who I knew wouldn’t judge, or even ask more questions than I needed them to, was extremely helpful.”

One of the survivors wrote a script and reported that she wanted people to be aware of rape and the after effects. W1 and W4 openly said that sharing their stories with those close to them has significantly helped them to lessen the psychological burden which was haunting them.

Spirituality

Five of the seven participants (W2, W3, W5, W6 and W7) reported that they resorted to spirituality as a coping mechanism to the psychological and emotional problems they experienced. The participants reported that through religious activities and rituals they were ‘healed’ emotionally and had faith that with time ‘deliverance’ would happen. They emphasized that spirituality offered them a chance to express themselves to a super-being whom they believe can solve all their worries.

W3 said *“... I have turned to God to help me solve my worries since I felt that my problems were beyond my control.”* On the other hand, W7 also said, *“My Bible has been a source of comfort and hope and I know that God love me as I am.”*

Alcohol, Drug and Substance use/abuse

Two of the seven female survivors of sexual abuse resorted to maladaptive coping mechanisms to deal with emotional and psychological problems they encountered. The two participants reported that they started to take alcohol and drugs to help them deal with their stressful situations. Hill (2019) stated that another way victims may try to cope with the assault is by drinking or using drugs.

W1 and W4 reported that they were experiencing sleeping disorders after the sexual abuse which was characterized by lack of sleep. W1 highlighted that she would have some haunting imaginations of the traumatic experiences and she even said, *“I was failing to sleep at night..., I felt like someone was watching me that is why I started to take alcohol to help me sleep better.”*

Breathing exercises

Respondents reported that they used breathing exercises whenever they panicked, or they had flashbacks of the incident. They reported that deep breathing exercises helped them to feel more calm and peaceful despite the unpleasant symptoms and haunting visualizations. W5 highlighted that by bringing attention on to her breath, she was able to focus on it instead of becoming fixated on panic related symptoms. This allowed her mind to stay in the present rather than chasing worrisome thoughts.

Group therapy

All the participants noted that they coped better post sexual abuse despite their psychological problems through joining group therapy both online and face to face. Group therapy helped the participants in making new circles of colleagues, links and opportunities. Survivors received support and encouragement from other group members, group members served as role models and group therapy provided a safe space.

Group members shared their strengths and help each other in the group to regain the broken self-esteem and confidence. Through sharing feelings and experiences and it helped in relieving pain, guilt and stress as highlighted by Yalom (2020) that group therapy is more effective when dealing with trauma and depression. W3 said, *“After seeking medical attention, I was introduced to a support group where I met other survivors of sexual abuse who shared their stories of hope and recovery, and this helped me to find comfort through others in my situation.”*

Foster homes

W2 ended up in foster home because she was living with the perpetrator and the perpetrator was the one catering for her needs thus school fees, clothes and food. She noted that *“I am relieved because I am now in a new home, and I am no longer worried about what may happen to me.”* She also said that she felt that she was not prepared to go back to a place which she used to stay since it reminds her of the traumatic incident.

Despite the fact that the perpetrator was arrested, W2 said she no longer trust any men hence she felt safe in a foster home which was female dominated. The foster home helped her to adjust back to her normal life through the non-judgmental support she got from the foster home.

Economic Focused Coping Strategies

Projects

The survivors of sexual abuse who did not have reliable sources of income ventured into income generating projects. W6 started crocheting and selling whilst W7 started her new career in music. The respondents reported that having some other things to do would help in occupying them to avoid or minimize thinking about the traumatizing incident.

These projects and new careers helped survivors by having money for their day-to-day needs, hence reducing stress. W7 said she felt that she now wants to be economically independent to avoid men to take advantage of her economic vulnerability to abuse her. She said, *“I now want to be independent financially so that no one will use my poverty to abuse me.”*

CONCLUSION

In a nutshell, this research was done at a certain facility in Harare where seven survivors of sexual abuse were interviewed. Researchers used purposive sampling to get these participants whilst in depth interviews were employed to get information from the participants. Ethical considerations were used throughout this research to protect both the participants and the researcher. Confidentiality, voluntary participation, debriefing, informed consent and respect of participants to mention but a few. The results were put into three categories which are, physical coping strategies, emotional coping strategies and economic coping strategies, and the study has shown that female survivors of sexual abuse use different methods to cope which include treatment, psychotherapy and income generating projects. It can be concluded from the results of the study that the greatest impact of sexual abuse on women is more psychological than physical or economic hence most coping mechanisms are related to psychological healing.

RECOMMENDATIONS

From the findings obtained, researchers made the following recommendations:

1. Mental health practitioners should involve the family and friends in the healing journey of sexually

- abused women in order to boost support at home and in their social life for quick recovery.
2. Termination of pregnancy should be cleared as fast as possible in courts and to be granted within a month to avoid effects of raising a child resulting from sexual abuse.
 3. Awareness campaigns should be done all over the country to inform the population on what should be done when one is sexually abused and there must be ways of avoiding these incidents.
 4. Workplace policies should be in place and be implemented to safeguard women from being victims of sexual abuse. Across all sectors.
 5. Men and boys, as well as traditional leaders must be targeted with educational programs that change their patriarchal attitudes and beliefs that make them view women as sexual objects.
 6. Women and girls must also be empowered with information which informs them on all the steps they must take if they are sexually abused including reporting to police, seeking medical attention as well as seeking psychological support from professional as well as their loved ones. Focus must also be given of building self-esteem, resilience and assertiveness skills among sexually abused women.
 7. There is need for more mental health professionals such as psychologists and social workers who offer free services to victims of sexual abuse both at healthcare facilities as well as in the communities. Evidence based therapeutic interventions such as cognitive behavioral therapy, trauma focused therapy and group therapy must be promoted when dealing with female survivors of sexual abuse.
 8. Legal and policy reforms must be in place to protect the rights of sexually abused women. This includes comprehensive legislation prohibiting sexual abuse and promoting access to justice for survivors.
 9. Further research must be conducted to deepen the understanding of coping strategies employed by sexually abused women. The researchers must incorporate diverse populations and explore the effectiveness of different coping strategies in various cultural and social contexts.

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