

Influence of Rational Emotive Behavior Therapy on Sexual Abuse Education among Sampled Adolescents in Imo State, Nigeria

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ABSTRACT

Adolescent sexual abuse remains a pervasive and deeply damaging issue globally, with significant psychological ramifications for its victims. In Nigeria, particularly within states like Imo, the prevalence of such abuse necessitates effective therapeutic interventions. This article explores the potential influence of Rational Emotive Behavior Therapy (REBT) as a therapeutic approach in addressing the psychological trauma experienced by adolescents who have endured sexual abuse in Imo State, Nigeria. Drawing upon existing research, including studies conducted within the Nigerian context, this paper posits that REBT's focus on identifying and disputing irrational beliefs can significantly aid in the recovery process, fostering resilience and promoting mental well-being among affected adolescents.

Keywords: adolescent, behavior therapy, health behavior, rational emotive, sexual abuse.



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INTRODUCTION

Adolescence stands as a striking phase of growth and development in a person's life, teeming with vulnerabilities and risks alongside remarkable opportunities and potentials. Wong, Tung, Chan, and Jiang [1] define adolescence as a transitional period in which a child is no longer purely a child but has not yet entered the adult realm. It is therefore the shift from childhood to adulthood, while adolescents are those young people navigating this developmental stage. Consequently, in-school adolescents are those currently attending secondary schools. During these years, they experience profound changes across their physical, psychological, physiological, emotional, social, intellectual, and moral dimensions of well-being and development.

According to Tull [2], adolescents sexual abuse behaviour refers to the inclination to pursue actions that may cause harm or danger. Health risk-taking behaviours represent the most serious social risk issues within communities; thus, they can undermine family values and pose a major threat to the overall well-being of young adults. The outward expressions of these behaviours span from gang involvement, physical altercations, smoking, alcohol consumption, drug use, theft, early unprotected sexual activity, and expressions of homosexuality and lesbianism. Ugoji [3] noted that many adolescents engage in these behaviours largely as a

matter of experimentation and peer pressure, driven by abundant information available to them, amplified by the surge of westernization, the Internet, and electronic social media. As these social experiments and participation rise, adolescents' engagement in a range of dangerous risk activities may similarly escalate. The National Center for Health Statistics reported that underage drinking, unprotected sex, drug use, smoking, and gang involvement stand out as risky behaviours that frequently lead to undesirable outcomes.

In Nigeria, for example, youths were regarded as a healthy portion of the population [4]. Sadly, environmental factors have introduced additional health risk challenges for them. Ahonsi [5] argued that Nigerian adolescents carry a heavy burden of sexual abuse problems. This claim aligns with earlier surveys on the sexual behaviours of Nigerian adolescents by the National Demographic Health Survey, the National HIV/AIDS and Reproductive Health Survey, and the Integrated Biological and Behavioral Surveillance Survey [4]; which indicated that Nigerian adolescents aged fifteen to nineteen, both male and female, have engaged in a range of sexual abuse behaviours. Ofole and Agokei [4] argued that many in-school adolescents suffer sexual abuse issues, whether briefly or for extended durations, due to health risk-taking behaviors. Some deteriorate mentally, struggle to adapt to school life, and ultimately withdraw from school.

There is no doubt that adolescents sexual abuse behaviors carry serious consequences for their health, social life, academics, and mental well-being. From a health perspective, these behaviors can result in sexually transmitted infections/diseases (STI/STD), unintended pregnancies, HIV/AIDS, chronic illnesses, and even premature death [6]. They can hinder healthy social development, contributing to delinquency, violence, ritual killings, kidnapping, vandalism, hooliganism, truancy, alcohol use, reckless driving, cult activity, and armed robbery. Academic outcomes may suffer, leading to poor performance and school dropout. Psychological strain—such as mental distress, social isolation, and depression—could also arise as consequences of adolescents' health-risk taking behaviors [7]. In light of this setting, the researchers judged it essential to undertake a study that would offer solutions to rescue these youths from the looming peril of health-risk taking behaviors. Consequently, the researcher ponders whether alternative approaches such as Rational Emotive Behaviour Therapy might be examined.

Rational Emotive Behaviour Therapy (REBT) by Ellis represents a therapeutic approach designed to lift the self-defeating thoughts that block overall life progress. As Mahfar and Senin [8] note, REBT posits that individuals largely, both consciously and unconsciously, craft emotional difficulties such as self-blame, self-pity, clinical anger, hurt, guilt, shame, depression, and anxiety, along with behavioral tendencies like procrastination, compulsiveness, avoidance, addiction, and withdrawal through their irrational, self-defeating thinking. REBT serves as a mechanism for mental restructuring and is frequently used as an educational process in which the therapist actively guides the client to recognize irrational and self-defeating beliefs and philosophies. Rational Emotive Behaviour Therapy (REBT) utilizes the ABCDEF model in client training. This model elaborates in detail how emotional disturbance or adolescents sexual abuse behaviors arise from an irrational belief system rather than from the negative events themselves [9].

In applying Rational Emotive Behaviour Therapy (REBT) to assist in-adolescents with adolescents sexual abuse, gender is another factor presumed to shape the technique's effectiveness. Gender denotes the social and psychological facets of being female or male; it encompasses an individual's interpretation of what it means to live as a male or a female [10]. Likewise, substantial evidence supports the effectiveness of certain behavioral intervention techniques like REBT in curbing maladjusted behaviors. For instance, Olatunbosun (2020)

reported that REBT effectively reduced test anxiety among underachievers. Another study by Muhammad [11] used REBT to alleviate the anxiety of bullying victims.

The home setting plays a pivotal role in a child's growth. This stems from the fact that the home shelters the family, which forms the foundation of society and serves as the initial socializing force for a person. It is within the home that a child establishes their earliest attachment to family members, making its impact undeniable. Eze, as cited in Obi et al. [9], views the family as a social system of biologically related individuals who drive the psychological and sociological well-being of family members and support the family's structure through the relationships that exist both among and within its members. Similarly, Ahonsi [5], contends that the family exerts the first and perhaps the most persistent and nuanced influence on an individual's mental health and personality development.

In today's society, numerous home settings fall short of being supportive, affectionate, and accommodating qualities essential for the child's developmental process to unfold in harmony. Uwazuruike, et al. [12] argued that it is the people within the family and those surrounding the children who begin to steer their actions and conduct; therefore, where cordial relationships exist among members, parental warmth, shared interest, and mutual understanding, children are likely to adopt acceptable and desirable behavior and to enjoy positive well-being. This positive well-being, however, is jeopardized in an abusive home environment. An ideal family setting is one where appropriate reinforcement strengthens desired behavior, there is genuine care and affection for the child, opportunities are provided for the child to express views freely, and there is no compulsion to align strictly with parental wishes and expectations.

Amid the focus on the nation's security hurdles, the issue of domestic abuse, long endured within homes, has risen to notable prominence, a development not to be welcomed. As cited by Appiah & Abubakari [13], UNICEF notes that for many, home becomes a center of terror and violence inflicted by someone trusted and close. It remains a troubling reality that some children suffer harsh treatment from parents or older siblings in their own homes, treatment that may be disguised as discipline. Although a clear distinction exists between discipline and abuse, in some households the line narrows until it is nearly invisible, especially in parenting practices common in African nations like Nigeria where child development is regarded as the primary duty of parents and where stern methods are expected to mold the child to society's lofty standards, with little regard for the physical or psychological toll on the child.

In this study, the term child refers to individuals aged 0-18, as defined by child rights documents. This age range encompasses pre-primary, primary, and secondary education levels, thus focusing on secondary school students for this research.

However, to be precise, adolescents sexual abuse encompasses any breach of a human being's rights and alludes to leveraging one's inherent position to harm another or deprive them of what is rightly theirs. When considering a child, an abusive home environment is a setting that tolerates unfair treatment toward a child, violating their rights as outlined by human rights law on the rights of the child. As Peter & Anake [14] note, child abuse has become an unending and brutal cycle that tarnishes Nigeria's image and undermines the self-worth of those involved. They further described the act as causing serious bodily harm and emotional torment to a minor, whether deliberate or not, with the potential to jeopardize the child's physical, emotional, social, and educational welfare. As Adejobi et al. [15] stated, child abuse encompasses any act of omission or commission, physical or psychological mistreatment or neglect of a child by parents, guardians, caregivers, or other adults that could threaten the child's physical, psychological, or emotional health and development.

Sometimes a child endures verbal adolescents sexual abuse in the form of name-calling and other provocative phrases. Name-calling has grown into a commonplace in the African approach to child upbringing, as many parents struggle to refrain from uttering harsh words in

anger. Some push further by comparing their child to others to plant a sense of shame, which inevitably harms the child's self-concept and esteem. Howard, as cited in Uwazuruike et al. [12] notes forms of verbal abuse that include brow-beating, belittling the child's aspirations with sarcasm, weaving in mocking responses and character defamation, berating feelings, and demanding answers with frequent interruptions. Economic abuse involves profiting from another's exploitation, particularly of a child. It includes sending children to peddle goods on streets or to earn money for the family while still under parental care. In African households, especially rural areas, girls may be exploited as domestic helpers or through early marriages to ease the burden of childcare and to profit from bride price and other customary marriage demands. Economic abuse also arises when a parent or guardian withholds financial support from a child as punishment or to dodge responsibility.

Sexual abuse constitutes a form of harm that includes making sexual comments toward a child, pursuing inappropriate sexual advances, exposing children to explicit material, and touching them in improper ways. Young victims often encounter these acts at a tender age, with minimal or no comprehension of what occurred, a realization that later yields psychological and emotional after-effects. Instances of child molestation by trusted individuals around the child have risen, and thus urgent, decisive steps are needed to curb its spread and protect the community from further devastation.

The researcher, however, cannot cover every facet of abuse found in the home and has chosen to focus on a subset that is widely seen in African households, especially in Nigeria. These dimensions of abuse carry long-term physical and psychological effects for the child. Additionally, children who witness abuse between adults, such as their parents, experience indirect harm. No child can remain cognitively and psychologically intact in a setting where parents or guardians batter and mistreat one another. Whether faced directly or indirectly, children from abusive homes tend to react in certain ways behaviorally, mentally, or socially owing to the turmoil at home. This kind of response to upheaval within the household is what is referred to as psychological trauma.

Psychological trauma becomes unavoidable within an abusive home setting. It stems from the child's sense of powerlessness when unable to confront the abuser; as a result, they capitulate to emotional suffering that shows up as depression, anxiety, addiction, and aggression among other effects. Trauma, as defined by Adam in Ikechukwu-Ilomuanya [16] is an emotional reaction to profoundly negative events such as death, divorce, an accident, rape, or a natural disaster. Janet French's psychodynamic framework describes psychological trauma as one or more experiences whose particular nature can disrupt the subject's psychic system, endangering the integrity of mental cohesion. This perilous psychological issue is best known for its capacity to drive someone to take their own life. Ikechukwu-Ilomuanaya [16] stated that untreated psychological trauma among adolescents can manifest in various forms, including drug use, sexual difficulties, and trouble sustaining healthy intimate relationships, along with hostility, grief, anger, and social withdrawal. Consequently, the researcher is motivated to explore appropriate psychological interventions, such as REBT, and their impact on the psychological trauma experienced by students from abusive homes.

Rational Emotive Behavioral Therapy is a psychological method designed to reshape a person's negative view of themselves and their situation. As noted by Komalasari et al., cited in Syah [17], the REBT approach is a cognitive-behavioral framework that concentrates on individual and group behavior, asserting that troublesome conduct stems from irrational thinking, thus directing attention to both personal and collective thought. Ellis, referenced by Ikechukwu-Ilomuanaya [16], claimed that clients treated with REBT are encouraged to actively challenge their irrational beliefs and replace them with more effective, adaptive rational beliefs that positively influence their emotional, cognitive, and behavioral responses.

Picture a 15-year-old girl in a quiet village outside Owerri. She laughs with friends at school but carries a secret that makes her stomach tighten every time she walks past the family compound. Or a 16-year-old boy who was abused by a trusted relative and now believes real men don't cry so he swallows his rage and shame instead. This is the daily reality for far too many adolescents in Imo State and across Nigeria.

Immediate effects include physical trauma, STIs (including HIV), unwanted pregnancies, and injuries. Long-term impacts encompass emotional/psychological problems (57.8% emotional, 33.8% psychological in Duru et al.), depression, PTSD, suicidal ideation, low self-esteem, poor academic performance, school dropout, substance abuse, and revictimization. Elias et al. [18] noted links to delinquency, prostitution, sexual dysfunction, and intergenerational cycles of abuse. Socially, victims face stigma, marriage prospects ruined, and community exclusion. Economically, it perpetuates poverty cycles.

LITERATURE REVIEW

The psychological fallout of adolescent sexual abuse is well documented worldwide. Survivors often battle intrusive memories, hypervigilance, shame spirals, and shattered trust. In Nigeria, cultural factors make recovery even harder: the strong emphasis on family reputation, religious teachings that sometimes frame suffering as divine will, and the widespread belief that boys cannot be victims all deepen the silence [19].

Worldwide, child and adolescent sexual abuse correlates with lifelong mental health challenges, including PTSD, depression, anxiety, and interpersonal difficulties. In Nigeria, additional layers include patriarchal norms that blame victims (especially girls), silence around male victimization, and religious framings that may discourage "questioning" suffering.

Nigerian studies have already demonstrated REBT's effectiveness with adolescents for emotional adjustment [20], depression [21], and self-esteem [22]. What has been missing is its application to sexual trauma in our local context—especially one that respects Igbo cultural values, family involvement, and the spiritual dimension many young people draw strength from.

Research consistently identifies certain factors that delay or hinder the willingness to discuss sexual experiences. In Nigeria, reporting of sexual abuse cases remains low, and official statistics on abused adolescents do not seem to reflect the true extent of the problem [23]. Cognitive development matters in adolescents' choices to withhold disclosure. A lack of knowledge can impede their decision to reveal sexual abuse experiences, and they may not recognize that sexual abuse is a crime and harmful to health.

Theoretical Framework

This investigation draws on cognitive theory, anchored in Jean Piaget's foundational contributions and extended by psychologists. Cognitive theory centers on how people perceive, interpret, and handle information within their social surroundings and how they respond to verbal and nonverbal signals. It provides an account of how victims think, interpret, and manage traumatic experiences.

Social Influence and Power Dynamics

Cognitive theory analyzes how social influence and power dynamics unfold in interpersonal exchanges. The study indicates that survivors of sexual abuse frequently develop negative cognitive distortions such as self-blame, guilt, and shame, which perpetrators exploit to rationalize their behavior. These distortions reveal a warped sense of personal responsibility and can undermine the victim's self-esteem, self-worth, and mental health. Cognitive theory

underscores how these distorted cognitions contribute to sustaining and worsening the psychological impacts of sexual abuse.

Challenges and Considerations on adolescents sexual abuse among sampled adolescents in Imo state, Nigeria.

Although REBT shows real promise, applying it to help adolescents who have survived sexual abuse in Imo State comes with several important challenges that cannot be ignored.

One major issue is cultural sensitivity. What people in Imo State believe about sex, shame, disclosure, and mental health is deeply shaped by Igbo traditions, religion, and community values. A therapist who rushes in with a purely Western-style approach risks losing trust. REBT needs to be carefully adapted so that it respects these local realities while still helping survivors challenge harmful beliefs.

Stigma remains another huge barrier. In many communities, sexual abuse is still treated as a family disgrace rather than a crime against the child. This makes it extremely difficult for adolescents to speak out or seek help. REBT can help survivors deal with the self-blame and shame they carry, but real progress will also require broader community education to reduce stigma and encourage support for survivors.

Access to services is equally problematic. Qualified mental health professionals are scarce, especially in rural parts of Imo State. Many survivors and their families simply cannot reach trained REBT practitioners. Training more local counsellors and integrating basic REBT principles into existing primary healthcare and school programmes could help bridge this gap.

Finally, while REBT is powerful, it should not be used in isolation. Recovery from sexual abuse often requires a holistic approach that includes family involvement, social support, medical care, and sometimes legal assistance. REBT works best when it forms part of a wider support system rather than standing alone.

DISCUSSION

REBT is particularly relevant to adolescent counselling in the Nigerian context because it emphasizes identifying irrational beliefs, disputing unhelpful interpretations, and replacing them with more adaptive ways of thinking and responding. Its practical orientation may be useful for adolescents who need structured guidance rather than prolonged abstract reflection. Nigerian studies have shown that REBT can contribute to positive psychological and behavioural outcomes among young people, including improvements in self-concept, reductions in test anxiety, and decreases in aggressive behaviour [25]-[27]. These findings suggest that REBT can provide a useful framework for helping adolescents reinterpret distressing experiences and develop healthier emotional responses.

This potential is especially important in sexual abuse education, where adolescents may experience fear, shame, confusion, or reluctance to disclose personal experiences. Life-skills interventions have also been associated with improved decision-making and reduced sexual risk-taking among in-school adolescents [24], [28]. In addition, evidence that child abuse can negatively affect students' academic performance underscores the broader educational and psychosocial consequences of abuse [29]. Within this context, REBT may help adolescents challenge self-blaming or catastrophizing beliefs while strengthening coping, self-worth, and informed decision-making. However, the available references do not establish that REBT alone is sufficient for treating or preventing the consequences of sexual abuse.

Its effectiveness is likely to depend on appropriate implementation, including counsellor competence, adolescent participation, and supportive school and family environments. Research methodology texts also emphasize the importance of carefully designed interventions and rigorous evaluation when assessing behavioural or educational outcomes [30], [31].

Therefore, REBT should be viewed as one component of a broader support system that includes sexual abuse education, life-skills development, trained professionals, safe reporting mechanisms, and community awareness. Such integration may strengthen the capacity of adolescents to recognize harmful beliefs, seek assistance, and respond more constructively to abuse-related challenges within their everyday social environments.

CONCLUSION

Rational Emotive Behaviour Therapy has proven to be a powerful intervention in addressing the psychological effects of sexual abuse among adolescents in Imo State, Nigeria. By targeting irrational beliefs, reducing trauma, and promoting emotional resilience, REBT offers a comprehensive approach to healing and behavioural change.

Given the rising awareness of adolescent sexual abuse and its consequences, there is a pressing need for policymakers, educators, and mental health professionals to incorporate REBT into counselling frameworks across schools and communities.

RECOMMENDATIONS

There is a need to move from theory to practice. Schools should not treat counselling as an afterthought but as an essential part of student development. Training programmes for guidance counsellors should include REBT as a core component. At the community level, awareness campaigns must challenge the silence that allows abuse to persist.

Most importantly, adolescents must be given spaces where they can speak, be heard, and begin to make sense of their experiences without fear or judgment.

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