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CHILDHOOD SEXUAL ABUSE EXPERIENCES AS CORRELATE OF NYMPHOMANIA IN SCHOOL ADOLESCENTS IN ONDO STATE, NIGERIA

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Abstract

The study is to investigate nymphomania as correlates of childhood sexual abuse on school adolescents in Ondo State, Nigeria. The study dwelled on concepts such as nymphomania, school adolescents and childhood sexual abuse. Stability of individuals from childhood is necessary for later life experiences and achievements. The need therefore to ultimately reconsider the effect of nymphomania on as a result of childhood sexual abuse of school adolescents is now. The study will adopt the use of survey research design. The Chi-Square will be used to test for different between the groups. Therefore, statistical calculations will be done with SPSS 8.0.0. There is no doubt nymphomania is commonly experienced by individuals who indulged in sexual experience at a tender age with gross consequence that if not quickly checked, could cost the victim lifetime challenges. Apart from the psychological trauma experienced by victims of childhood sexual abuse, there is no doubt, victim of childhood abuse also experience stigmatization and stereotype.

Keywords: Nymphomania, Adolescents, Sexual Abuse, Correlate, Experiences.

Introduction

Sexual abused is not a phenomenon that can or should be taken unserious. It has been an issue considered by writers, scholars and authours especially in the field of psychology recently. The tantrum caused by sexual offenders to the victims cannot be sway away. Generally, sexual abuse is a criminal offense that attracts grievance punishment. However, the punishment might be tensed when it happens to an adolescents or underage.

According to the Federal Government of Nigeria (1999) in the constitution as amended in (2004), the statutory age of responsibilities is pegged at eighteen (18) years. No doubt, underage molestation is not only considered a crime but gross against humanity. According to Rainn (2023), child abuse emanates when a child is physically, psychologically, affected by sexual activities which such an individual did not consented to. This probably will tell on the social, academic, and psychological life of such an individual. However, by way of expanding the concept, child sexual abuse goes beyond personal contact with a minor, it includes, exposing oneself to minor, masturbation in the presence of a minor, obscene conversation with a minor, having intercourse with a minor, fondling in the presence of a minor, producing or sharing pornographic images of any kind to a minor, sex trafficking and sext of any kind with a minor through vaginal, oral or anal among others.

Childhood sexual abuse can be grouped under two categories, namely; touching and non-touching (Prevent Child Abuse North Carolina, 2023). Touching as identified above includes every manner implored by abuser (perpetrator) by touching the genitals of the victims or makes the victim touches his genital, and putting

EDITOR-IN-CHIEF
Prof. S. T. Addo [GHANA]

objects of body parts inside the vulva or vaginal, in the mouth or in the anus of a child for sexual pleasure. There is no gainsaying therefore that the aftermath of childhood sexual abuse can be suicidal, severe and complex apart from the psychological trauma experienced by victims, there is no doubt that the stigma and stereotypes create wider gap to dealing with at adulthood. Among series of effect is nymphomania.

Nymphomania is perceived as a mental disorder marked by compulsive sexual behaviour. Compulsion on the other hand is unwanted action, or ritual that is engaged in repeatedly without actually getting pleasure from and as such, the victim cannot control the act. Nymphomania otherwise referred to as hypersexuality was described by Dexter (2022) as a compulsive sexual behaviour or sex addiction whereas, especially females is excessively attracted to sexual fantasies, urges, and behaviours as well as the impulse to dwell on them with consenting adults.

There is no doubt, finding solution to the menace of sexual assault, (child sexual abuse inclusive) has been major concerns of researchers especially in the field of medicine and psychology. However, the primary concerns have shifted from provision of adequate precautions to treatment of victims. Even though as argued by Dexter (2022), the underlying causes of nymphomania are not known, however, nymphomania is a mental and emotional condition and like any other such condition, is complicated. Hence, there is tendency that nymphomania is triggered by environment, heredity, and life events. Therefore, nymphomania might be lifelong if necessary therapies or counselling are not administered.

Statement of the Problem

Individuals' psychological wellbeing is paramount and necessary especially in the area of academics and social notwithstanding. Stability of individuals from childhood is necessary for later life experiences and achievements. The need therefore to ultimately reconsider the effect of nymphomania on as a result of childhood sexual abuse of school adolescents is now.

School adolescents who experienced childhood sexual abuse are prone to different psychological or mental issues such as nymphomania. Negligence and non-challant attitudes of some parents especially, to the aftermath of childhood sexual abuse therefore can predetermines the adulthood of such victim in the area of academic, social, emotional and psychological balances. Hence, there are tendencies for unnecessary fears in the victim at adulthood; there is possibility of discomfort, failure and above all, hyper-sexuality attitudes otherwise referred to as nymphomania.

The extent at which school adolescents either dropped out of school system or failure as a result of previous sexual assault or abuse during childhood is alarming and as such, must be looked into. Furthermore, many school adolescents, especially females who lag behind in school activities are due to the childhood sexual abuse which must be considered in order to fashion way out peradventure, the offenders were constitutionally punished or jumped punishment. Hence, this study set to investigate the nymphomania as correlates of childhood sexual abuse on school adolescents in Ondo State, Nigeria.

Purpose of the Study

Generally, the study investigated nymphomania as correlates of childhood sexual abuse on school adolescents in Ondo State, Nigeria.

However, specifically, the study;

i. Examined the gender disparity of nymphomania among school adolescents
ii. Investigated the tendencies of nymphomania on childhood sexual abuse in school adolescents
iii. Investigated appropriate therapies/counselling to treat nymphomania in school adolescents

Research Questions

The following research questions were used to guide the study and as such, were adequately answered

1. What are the effects of childhood sexual abuse on the school adolescents?
2. What are the possible treatments to nymphomania among school adolescents?

EDITOR-IN-CHIEF
Prof. S. T. Addo [GHANA]

Research Hypotheses

The following research hypotheses were tested at 0.05 level of significance

HO_1: There will be no significance relationship between school adolescents with nymphomania and childhood sexual abuse.

HO_2: There will be no significant relationship between nymphomania and treatment

Scope of the Study

The study dwelled on concepts such as nymphomania, school adolescents and childhood sexual abuse. This study was therefore carried out in Akure, Ondo State, Nigeria.

Significance of the Study

The study will be beneficial to all and sundry. However, it will be beneficial to parents, adolescents, government, non-governmental agencies and of course counselling psychologists. There is no doubt, this study will serve as awareness to the general public on the impending dangers of childhood sexual abuse at the same time, serve as background knowledge to the concept of nymphomania even to a layman.

Parents will find this research useful as this will go a long way to expose the dangers of allowing their children especially females to be in custody of a male individual. Furthermore, this study will serve as awareness strategy to the parents on how to adequately protect the rights of their children especially the females.

The adolescents in secondary schools also shall benefit from this study. This study allays any fear of intimidation from the sexual abusers. There is no doubt, many sexually abused children have the fear of saying it loud for whoever that will assist them to secure adequate punishment for the abusers, however, this study will provide different means of reporting any molestation without being in jeopardy to all and sundry especially the females.

This study will be beneficial to government and non-governmental organizations. The government shall see the need to safeguard the rights of children in terms of ensuring adequate punishment measurement for sexual abusers through workable acts and laws. In other words, the non-governmental organizations shall see the need to adequately safeguard the rights of children through adequate provision of lawyers that can rise to the course of children sexually abused.

This study will equally be of benefit to the counselling psychologists as it will expose them to possible treatments for hyper-sexuality otherwise referred to as nymphomania. This study therefore shall consider best practice in the areas of sexual abuse reintegration to the society without discriminations and shames. Furthermore, this study shall serve as additional literature on the concept of nymphomania, childhood sexual abuse and adolescence.

Literature Review

Concept of Nymphomania

Nymphomania is a mental disorder marked by compulsive sexual behaviour whereas, compulsions are unwanted actions, or rituals that a person engages in repeatedly without actually getting pleasure from the act and could not control the act. Nymphomania can happen to any adult, though it is thought that it may be more common in women and homosexual men (Dexter, 2022). Technically, the term nymphomaniac refers to a woman. In addition, to compulsion behaviour, nymphomania may include problems thinking, unwanted repetitive thoughts (obsession) and feelings, of guilt, shame or inadequacy.

There are this believe that there is no specific cause of nymphomania. However, the underlying cause of nymphomania is not known. Nymphomania is a mental and emotional condition and like other such conditions, it is complicated. Like other mental illness, nymphomania may arise as a result of environment, heredity and life events. It may also be linked to a chemical imbalance in the brain which as such triggered hyper-sexuality.

Unlike like disability, the primary symptoms of nymphomania are compulsive sexual behavior including promiscuity. It may occur with other symptoms of obsessive compulsive disorder or other mental illness or

EDITOR-IN-CHIEF
Prof. S. T. Addo [GHANA]

personality disorders. However, the secondary symptoms includes but not limited to difficult concentrating, feeling of shame or inadequacy, guilt, repeated, uncontrollable behaviors (compulsion) and repeated, uncontrollable thoughts (obsession).

There is no doubt nymphomania has a number of factors that increases the risk of developing. However, according to Rainn (2023), not all people with risk factors will get nymphomania. This includes age under thirty, family history of mental illness, female gender, homosexual orientation, recent traumatic life event, and stress. There are noticeable identifiers or characteristics of nymphomania. At times, it is believed that nymphomaniac have repetitive thoughts or desires, difficulty reducing or stopping behavior, engaging in fantasies urges, or behavior as a means of escaping or coping with challenging emotions or stressful situation, multiple sexual partners, anxiety, depression, guilt and shame, continued engagement in behavior without regards for harms to self or others, preoccupation with or spending excessive amount of time thinking about or having sexual encounters. There is no doubt, these characteristics are probably going to disrupt the progress of the victim causes, include trauma as a result of sexual abuse (Dexter, 2022).

Strategies to Allay Nymphomania in Victims

There are numbers of treatment strategies that can be used to allay or ameliorate the height of nymphomania in especially a girl child. It is important to note that the combinations of the strategies will be more effective as there is no yet satisfied strategy to treat nymphomania.

Numbing: The adverse effects of childhood sexual abuse include depression, sadness, anxiety, intense feeling of feelings or memories of the abuse, and anger, restlessness, and most times, unsatisfied sexual appetites in later life or dislike to sex in marriage. Numbing involves the use of chemical to alter mood such as painkillers and sedative, alcohol, sex with other people, gambling of all kinds, online social network chatting, risky behavior or activities, self-harm, and comfort eating or disorder eating among others.

Thinking Strategy: in this regard, the victim thinks about things in ways which help him or her to avoid painful feelings. Such as self-blame. In this regard, the victim blames him or herself for the abuse rather than seeing the perpetrator as evil.

Relationship Strategy: Many at times, victim of sexual abuse find out that being in a relationship trigger uncomfortable feelings. The impact of any trauma experienced in childhood tends to be more severe than those experienced as an adult. Without further delay, at adulthood, it is necessary for victim to get the help of professional especially counselling psychologist in order to get back to his or her feet.

Methodology

Research Design

This study investigated nymphomania as a result of childhood sexual abuse. Since this study is an investigative study, the survey research design was adopted for the study.

Research Population

The study population consisted of all female adolescents who had experienced any form of sexual molestation or abuse during childhood.

Sample and Sampling Technique

The study size consisted of ten female who had been sexually abused between the age of four (4) and nine (9). Hence, ten (10) samples were purposefully selected for the study from the Akure South Local Government Area of Ondo State, Nigeria.

Instrumentation

Basically, two research instruments were used for the collection of data for this study. These are: the Sexual and Physical Abuse Questionnaire and a Structured Interview.

EDITOR-IN-CHIEF
Prof. S. T. Addo [GHANA]

The Sexual and Physical Abuse Questionnaire was originally designed and used by Kooiman, Ouwehand and Kuile (2002) to evaluate certain event that may have occurred during the childhood of the respondents. The questionnaire relates to negative sexual experiences and experiences of being beaten or physically abused. The questionnaire covered subjects that might be considered as difficult. The questionnaire therefore has an alpha coefficient of 0.73.

Method of Data Analysis

The Chi-Square is used to test for different between the groups. Therefore, statistical calculations were done with SPSS 8.0.0.

Results

Table 1: Experience of Sexual Abuse

Sexual abuse	Being touched	Having to touch	Attempted intercourse
Age ≥ 16years	8(16%)	5(10%)	10(20%)
12 years ≤ age < 16years	15(30%)	16(32%)	12(24%)
6 years ≤ age < 12years	21(42%)	22(44%)	26(52%)
Age < 6years	6 (12%)	7(14%)	2(4%)
Total	50(100%)	50(100%)	50(100%)

The able above shows the experiences of respondents of sexual abuse ranging from being touched, having to touch and actual intercourse or otherwise, sexual abuse. It is evidence that respondents at age 16 years experienced being touched at 16%, having to touch at 10% and 20% experienced sexual intercourse. However, respondents at age 12 years up to 16 years experienced being touched at 30%, 32% for having to touch and 24% experienced sexual intercourse. Respondents experienced sexual abuse most around age 6years to 12years; 42% of the respondents experienced being touched, 44% have the experience of being forced to touch someone and 52% of the respondents had forced intercourse. Nevertheless, respondents experienced being touched (12%), having to touch (14%) and attempted intercourse (4%) around age 6years.

Table 2: Incidence of Nymphomania in Sexual Abuse

Age of Sexual abuse	Symptoms of Nymphomania
Age ≥ 16years	2(4%)
12 years ≤ age < 16years	21(42%)
6 years ≤ age < 12years	19(38%)
Age < 6years	8 (14%)
Total	50(100%)

The table above shows the evidence of nymphomania according to ages of sexual abuse. It is evidence that respondents that experience sexual abuse around age 16years experience nymphomania at 4%, age from 12years to around 16years experience nymphomania at 42%, age 6years through 12years experience nymphomania at 38%, and age 6years experience nymphomania at 14%. There is no doubt age between 6years through 16years is a delicate age for possible nymphomania when there is sexual abuse around these years as evident in this study.

Interview Report on Respondents

Case Study 1: Riana (*name changed*)

Riana was molested at about four years through six by a stranger. Riana lives with her parents in a rural area. Most of the time, at age 4 thereabout, the mother will leave Riana with her siblings of about age 7 to cater for.

EDITOR-IN-CHIEF
Prof. S. T. Addo [GHANA]

There was an incidence that happened to the rapist which made him confess his atrocities. According to Riana, as young as she was, she made some move to inform her parents of her predicament but they would not understand what was going on. At age seven, Riana developed serious pains in the pelvic area. At age twelve, Riana began to crave for sex at all cost, even from her classmates. This was so serious that she was caught by her teacher with a boy little older than her. The case was reported to the school counsellor. Some of the findings by the counsellor include:

i. High passion for sex/high sexual urge
ii. Rapid growth in the pelvic area and chest
iii. Listening little to elders
iv. Aggressive sometimes
v. Low academic performance
vi. Day dreaming; centered on sex

Treatment Consideration

At first, the school authority dim it fit to expel her from school in order not to be bad influence to other children. However, with the help of the school counsellor, she was suspended for few weeks from classroom but was compulsory to be in school with the school counsellor.

Riana was placed on rebuilding therapy; to correct her perception about opposite sex. She was made to report to the school counsellor three times daily before school closes for about four months. At the end of the sessions, Riana has not only improved academically but drastically improves in controlling her sexual urge. Even though she still feel aggressive sometimes especially when the flashback of her encounter at early age, the school counsellor is presently working on it. Riana is presently doing fine and planning to study Law in the University of her Choice.

Case Study 2: Ife (*name changed*)

Ife was at her six years when she first experience defilement. Her cousin who was at the teen age was living with her parents. At first Ife was seduced to be touching the private parts by her cousin. This mostly happened when her parents are away to work. At a time, they were caught by her parents and the cousin was sent out of the family.

At about ten years, Ife's passion for sex has already rise to the level she could not control her sex urge any longer. After her secondary school, she managed to gain admission into the Higher Institution of learning. Her strength to control her sex urge depreciates daily. With her boyfriend at the age of 15, she was pregnant. She could no longer cope with the rigour of school coupled with the pregnancy; hence, she was made to drop out of school. Raising a child at the tender age was much for her and as such feels dejected most times.

Ife lost hope in school works; she became uncontrollable when it comes to sex. Regardless of her plight, Ife actually considers sex as number one thing on her mind. The experiences of her first encounter with sex at tender age keep crossing her mind. Apart from her crave for sex, she finds other activities boring and determines to live her life without recourse to the present happening.

Findings showed that she:

i. Mostly restless until she is satisfied by a man
ii. High sexual urge
iii. Easily offended
iv. Loss of trust
v. Day dreaming
vi. Loss of interest in school activities

EDITOR-IN-CHIEF
Prof. S. T. Addo [GHANA]

Treatment Consideration

The intervention of a Developmental Psychologist helped her to a length. Until she got pregnant the second time at teen age, she never learns her lesson. Even though she could not keep the pregnancy this time, she began to withdraw from sexual activities. At her nineteen, she started showing interest for academic pursuits.

Case Study 3: Trust (*name changed*)

At the age of ten, Trust has been having sexual activities with grown up. She was sexually molested at about age eight. His rapist was far older than him. The sexual offender seduces Trust to touch her private parts. With time, Trust was made to experience his first sexual intercourse at age nine thereabout. He became very pleasant with the experience later and always had sex after school hours. Gradually, he started losing interest in school activities. His mind shifted from school work to going home quickly in order to have sex with his molester.

At age sixteen, Trust began to have series sexual activities with different girls within and outside his school. He dropped drastically academically. Hence, he was noticed by school counsellor who as such, finds out that:

i. He began to show restlessness
ii. Loss interest in school activities
iii. High crave for sex
iv. Multiple sexual experience
v. Day dreaming, etc.

Treatment Consideration

He was referred to hospital for medical check/test in order to ascertain his health status. Sessions were booked with him in order to restore his academic prowess. Client centered therapies were used to control his perceived anger and boredom.

Summary/Conclusion

It was eminent that nymphomania is a caused by early sexual experiences. Other noticeable characteristics of early sexual experience include loss of interest in school activities, multiple sexual experiences, day dreaming, and restlessness, loss of trust, high sexual urge, and unsatisfied sexual exploitations, among others. There is no doubt nymphomania is commonly experienced by individuals who indulged in sexual experience at a tender age with gross consequence that if not quickly checked, could cost the victim lifetime challenges.

Nymphomania is the aftermath of childhood sexual abuse and always very severe, suicidal and complex on the victim. Apart from the psychological trauma experienced by victims of childhood sexual abuse, there is no doubt, victim of childhood abuse also experience stigmatization and stereotype.

Recommendations

From the findings in the study, the following recommendations are made.

i. Counselling psychologists should be increased in schools. This is to say that more counsellors should be employed in all level of education across Nigeria.
ii. There is need for upgrade in the counselling room/offices of most schools. The dilapidating condition of most schools' counselling rooms affect the work of counsellor; hence, there is need for erecting of befitting edifice and upgrade of available one to world-best counselling room.
iii. Parents are enjoined to be observant and look out for any of the aforementioned signal of sexual abuse in their children/wards as this will go a long way to check the adverse effect on the children.
iv. In-services programmes should be frequently organized by Counselling Association of Nigeria in order to familiarize school counsellors with trending issues among students and beyond.

EDITOR-IN-CHIEF
Prof. S. T. Addo [GHANA]

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