

Regular Research Paper

Examining identity development, teen pregnancy, and abortion in Rwandan adolescents: A comparative analysis between sexually and non-sexually abused groups

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This study aimed to examine the links between identity statuses /dimensions, teen pregnancy, abortion, and motherhood in adolescents exposed and non-exposed to sexual abuse in Rwanda. A case control study design was used to study a sample of 746 girls (10-19 years) composed of a group of adolescents exposed (373) and another of non-exposed to sexual abuse (373). Case and control groups were selected from the Isange One Stop Centers and secondary schools respectively. Data were obtained with a socio demographic questionnaire and the standardized measures of identity statuses and dimensions. The Chi-Square of independence was employed to test the group differences for variables investigated. No significant group variation in age category and other socio demographic variables ($p>0.05$) was observed. Teen motherhoods account for 22.9% of the total sample and were all from the case group. About 2% of the case group were pregnant and 5.4% of had history of abortion. The groups were significantly different in identity statuses/dimensions ($p<.05$). The case group reported higher rate of identity diffusion, foreclosure and achievement statuses plus commitment making and identification with commitment than the control group. They also reported lower moratorium, exploration in depth and exploration in breadth than the control group. Findings highlight that sexual abuse accelerates psychological growth and leads to the formation of a premature identity status considered as identity achievement, commitment making, and identification with commitment, particularly during early and middle adolescence.

Key words: Identity status, identity dimension, sexual abuse.

INTRODUCTION

Child and adolescent sexual abuse (CASA) continues to be a global burden, particularly in Africa, due to its detrimental effects on victims' physical health, cognitive

development, and psychosocial well-being [Okunlola et al., 2020]. The terms child sexual abuse (CSA) and adolescent sexual abuse (ASA) are often used inter-

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changeably; however, CSA is more appropriate when the victim is under 10 years of age, while ASA refers to sexual abuse occurring between the ages of 10 and 19 years [WHO, 2023]. The prevalence of child and adolescent sexual abuse (CASA) is globally high, with Africa recording particularly alarming rates ranging from 2.1% to 68.7%, compared to 1.8% to 59.2% in Asia [Selengia et al., 2020]. Females are more vulnerable to sexual abuse than males, with evidence indicating that one in seven males and one in five females report experiencing sexual abuse before the age of 18 years [WHO, 2022]. Consistently, the prevalence of adolescent sexual abuse among Rwandan adolescents aged 13–17 years was reported as 5.6% for females and 2.8% for males in 2017 [Nyandwi et al., 2022]. Globally, it is estimated that approximately 120 million girls and young women were exposed to sexual abuse before the age of 20 years [Ijeoma et al., 2023]. These statistics underscore that CASA remains substantially high worldwide, particularly in Africa. Worryingly, mounting evidence indicates that childhood and adolescent trauma has a detrimental impact on identity development [Lawson et al., 2013; Penner et al., 2019]. According to Erik Erikson's psychosocial development theory, adolescence represents the fifth developmental stage and is characterized by the crisis of identity versus role confusion. At each stage of psychosocial development, two opposing and competing tendencies must be reconciled [Vogel-Scibilia et al., 2009]. During this stage, adolescents become preoccupied with self-questioning, particularly concerns about who they are and how they are perceived by their community.

Social influences play a crucial role in identity construction and may result in either adaptive or maladaptive identity development. In this regard, sexual abuse—being a social phenomenon—can significantly shape adolescents' identity formation processes [Kesavelu et al., 2021]. Following traumatic experiences, adolescents may experience self-blame, emotional detachment, reduced interest in previously enjoyable activities, and major disruptions in their social environment, all of which can adversely affect identity development [DSM-5, 2013].

Empirical evidence consistently demonstrates strong associations between identity disturbances in adolescence and exposure to traumatic events, including witnessing domestic violence [Idemudia and Makhubela, 2011], sexual abuse [Bailey et al., 2007], natural disasters such as hurricanes [Scott et al., 2014], and war-related trauma [Jessica, 2014]. Similarly, studies have shown that adolescents exposed to physical neglect report significantly higher levels of identity problems compared to their non-maltreated counterparts [Crick et al., 2005; Hecht et al., 2014].

Despite strong theoretical links between childhood and adolescent trauma and identity development, empirical investigation in this area remains relatively underdeveloped [Howell et al., 2014; Francesca et al., 2019]. Notably, aside from the study by Hecht and

colleagues—which examined identity problems within the framework of borderline pathology [Hecht et al., 2014]—no research in Africa has simultaneously examined the associations between multiple forms of childhood/adolescent maltreatment and identity statuses or dimensions. Addressing this gap may help determine whether certain types of abuse are more strongly associated with identity development disturbances. Furthermore, there is a marked scarcity of research focusing on the relationship between trauma and identity development among adolescents with psychiatric vulnerabilities in African contexts, and no such study has been conducted in Rwanda to date.

Specifically, the present study aims to examine whether Marcia's identity status model—comprising identity diffusion, foreclosure, moratorium, and identity achievement [Kroger, 2004]—and Luyckx's identity dimension model, which includes exploration in breadth, commitment making, exploration in depth, identification with commitment, and ruminative exploration [Crocetti, 2008], differ between adolescents exposed to sexual abuse and those who are not. Each identity status or dimension is determined by varying levels of exploration and commitment. Exploration involves the active consideration of alternatives prior to decision-making, while commitment refers to the degree of personal investment in chosen values, goals, or beliefs [Marcia, 2004].

According to Marcia, identity achievement is characterized by high commitment following exploration; moratorium involves high exploration with limited commitment; foreclosure reflects strong commitment without exploration; and identity diffusion is marked by the absence of both exploration and commitment [APA Dictionary of Psychology, 2023]. Adolescents with diffused identity are particularly vulnerable to maladaptive outcomes such as substance use, delinquency, anxiety, emotional distress, poor interpersonal relationships, uncertainty, and reduced personal effectiveness [Phillips et al., 2007; Meeus, 2011]. Foreclosed adolescents, who adopt societal or parental values without exploration, often demonstrate high conformity and dependence on external expectations [APA Dictionary of Psychology, 2023]. Adolescents in moratorium actively struggle with identity questions, often experiencing conflict with parents or community members while attempting to answer the question "Who am I?". In contrast, individuals with achieved identity typically exhibit psychological stability, autonomy in decision-making, clear life goals, and healthier self-esteem, particularly when identity achievement occurs during young adulthood [Marcia, 1966; Adams et al., 2005].

In the present study, identity achievement occurring prematurely—during early and middle adolescence—was conceptualized as a maladaptive or premature identity status, reflecting an identity development

disorder. Complementing Marcia's framework, Luyckx's model conceptualizes exploration in breadth as the search for alternative identity options; commitment making as the selection of preferred choices; exploration in depth as reflective evaluation of existing commitments; and identification with commitment as the degree of confidence, clarity, and emotional attachment to one's commitments [Bosma, 1985; Meeus et al., 2012]. Ruminative exploration, by contrast, represents a maladaptive pattern characterized by repetitive doubt and indecision that hinders commitment formation [Crocetti, 2008].

Identity statuses and dimensions associated with maladaptive outcomes—namely identity diffusion, foreclosure, premature identity achievement, excessive commitment making, identification with commitment before young adulthood, and ruminative exploration—were collectively conceptualized in this study as identity development disorder (IDD). The primary objective of this study was therefore to examine the associations between sexual abuse and identity statuses and dimensions among Rwandan adolescents. It was hypothesized that adolescents exposed to sexual abuse would exhibit higher levels of identity development disorder compared to their non-exposed peers.

Accordingly, this study sought to examine variations in identity statuses and dimensions between adolescents exposed to sexual violence (case group) and those not exposed (control group). The findings are expected to contribute to the scientific literature and inform policymakers, governmental agencies, and non-governmental organizations working with sexually abused adolescents by enhancing understanding of potential developmental risks and future behavioral outcomes. Ultimately, the study aims to provide evidence-based insights to support policy formulation in Rwanda, promote adolescent well-being, prevent sexual abuse, and strengthen psychosocial interventions for affected youth.

METHODOLOGY

Study design

This research was carried out to investigate whether adolescent sexual abuse was associated with identity problems.

Participants

The sampling frame for this study was derived from records obtained from Rwanda's Health Management Information System (HMIS) [HMIS, 2022]. According to HMIS data, a total of 5,792 adolescents were reported as victims of sexual abuse in Rwanda, including 3,196 cases in 2020 and 2,596 cases in 2021. At the time of data collection, 266 individuals were older than 19 years and therefore did not meet the eligibility criteria. Consequently, the target population for the present study consisted of 5,526 sexually abused adolescents aged 10–19 years.

Using Yamane's formula with a precision level of 0.05, a representative sample size of 373 adolescents was determined, where n represents the sample size, N the population size, and e the margin of error. Accordingly, 373 sexually abused adolescents were selected from 44 Isange One Stop Centers (IOSCs) across Rwanda. These centers were purposively chosen because they constitute a national initiative providing integrated medical, psychological, and legal services to victims of gender-based violence, including sexual abuse. Located within hospitals nationwide, IOSCs serve as the primary referral points for adolescents seeking post-abuse support.

A control group of 373 non-sexually abused adolescents was recruited from five secondary schools situated in the four provinces of Rwanda and the City of Kigali. A systematic random sampling approach was employed to select schools, whereby school names were randomly drawn from a pool within each province. The final sample therefore comprised 746 adolescents, equally divided into case and control groups, with no duplication of participants (Table 1). Inclusion criteria for the case group included: being an adolescent aged 10–19 years, having a documented history of sexual abuse, and being capable of completing the questionnaire. Participants were excluded if they presented with severe mental health conditions, defined as the presence of one or more major mental or personality disorders [Ahonen et al., 2017].

Data collection tools

Extended Objective Measure of Ego Identity Status II (EOM-EIS-II)

The Extended Objective Measure of Ego Identity Status II (EOM-EIS-II) was developed by Bennion and Adams [1986] based on Marcia's identity status theory [Marcia, 1966]. The instrument assesses four identity statuses: identity achievement, moratorium, foreclosure, and diffusion. It consists of 64 items distributed across two domains: ideological identity (occupation, religion, politics, and life philosophy) and interpersonal identity (friendship, recreation, dating, and gender roles), with eight items allocated to each subdomain.

Each domain contains 32 items that collectively assess all four identity statuses. Responses are rated on a six-point Likert scale, ranging from *strongly disagree* (1) to *strongly agree* (6). The use of a six-point scale eliminates neutral responses and encourages more deliberate decision-making, thereby enhancing measurement reliability [Chomeya, 2010]. In the present study, internal consistency coefficients ranged from **0.60 to 0.86**, comparable to those reported in the original validation study [Bennion & Adams, 1986].

Dimensions of Identity Development Scale (DIDS)

The Dimensions of Identity Development Scale (DIDS) consists of 25 items measuring five dimensions of identity development: exploration in breadth, commitment making, exploration in depth, identification with commitment, and ruminative exploration, as proposed by Luyckx and colleagues [Luyckx et al., 2008]. The scale is particularly appropriate for this study because it captures the dynamic processes underlying identity exploration and commitment.

Items are rated on a five-point Likert scale ranging from *completely disagree* (1) to *completely agree* (5). In this study, Cronbach's alpha coefficients were satisfactory: exploration in breadth ($\alpha = 0.77$), commitment making ($\alpha = 0.85$), exploration in depth ($\alpha = 0.62$), identification with commitment ($\alpha = 0.80$), and ruminative exploration ($\alpha = 0.84$). These reliability indices are consistent with previous findings [Žukauskienė, 2019] and earlier studies conducted by the authors.

Table 1. Cross-tabulation of socio demographic variables between case and control group.

Variable		Group		Total N(%)
		Control	Case	
Adolescent sub-stage	Early adolescent	24 (3.2)	13 (1.7)	37 (5.0)
	Middle adolescent	312 (41.8)	173 (23.2)	485 (65.0)
	Late adolescent	37 (5.0)	187 (25.0)	224 (30.0)
Total		373 (50%)	373 (50%)	746 (100%)
Teen mother	No	373 (50.0)	202 (27.1)	575 (77.1)
	Yes	0 (0.0)	171 (22.9)	171 (22.9)
Total		373 (50%)	373 (50%)	746 (100%)
History of abortion	No	373 (50.0)	333 (44.6)	706 (94.6)
	Yes	0 (0.0)	40 (5.4)	40 (5.4)
Total		373 (50.0)	373 (50.0)	746 (100%)
Teen pregnancy	No	373 (50.0)	359 (48.1)	732 (98.1)
	Yes	0 (0.0)	14 (1.9)	14 (1.9)
Total		373 (50.0)	373 (50.0)	746 (100%)

Both the EOM-EIS-II and DIDS were translated into Kinyarwanda and culturally adapted through a rigorous translation process conducted by three bilingual psychologists fluent in both English and Kinyarwanda.

Data analysis

Data were analyzed using Statistical Package for the Social Sciences (SPSS), version 28. Descriptive statistics and cross-tabulations were employed to examine the distribution of identity statuses and dimensions across groups. Identity status or dimension for each participant was determined by summing item scores within each category, with the highest total score indicating the dominant identity status or dimension. The Pearson chi-square test of independence was used to assess associations between the dichotomous independent variable (history of sexual abuse) and categorical dependent variables (identity statuses and dimensions).

Ethical considerations

Ethical approval for the study was obtained from the Institutional Review Board of the College of Medicine and Health Sciences (CMHS/IRB/367/2021). Informed consent was obtained from all participants, as well as from parents or legal guardians of minors. Participation was entirely voluntary, and participants were informed of their right to withdraw from the study at any point without penalty.

RESULTS

Sample characteristics

The study sample consisted of 746 female adolescents,

divided equally into sexually abused ($n = 373$; 50.0%) and non-sexually abused ($n = 373$; 50.0%) groups. Although a higher proportion of late adolescents was observed in the case group (25%) and middle adolescents in the control group (41.8%), no statistically significant difference in age distribution was found between the two groups ($p = 0.085$). Overall, the majority of participants were classified as middle adolescents (65.0%), while early adolescents constituted the smallest proportion (5.0%). Regarding reproductive outcomes, 22.9% of the total sample were teenage mothers, all of whom belonged to the sexually abused group. The remaining 27.1% of sexually abused adolescents had no children. Additionally, 1.9% of adolescents in the case group were pregnant at the time of the study, and 5.4% reported a history of abortion, with all cases occurring exclusively among sexually abused participants. All reported pregnancies, motherhood, and abortions were attributed to experiences of sexual abuse.

Distribution of Identity status/dimension across the control and the case groups

The Pearson chi-square of independence indicated significant group difference in identity status subscale scores ($p=.039$], respondents from the case group reported higher rate of identity diffusion (6.2% versus 5.8%), foreclosure (10.0% versus 9.0%) and achievement (20.1% versus 20%), than the control group. They also reported lower moratorium (13.7% versus

Table 2. Identity status/dimension distribution between the case and control groups.

Variable	Group		Total N (%)	Chi-square P	
	Control	Case			
Identity status	Identity diffusion	43 (5.8)	46 (6.2)	89 (11.9)	P=0.039
	Identity foreclosure	67 (9.0)	75 (10.0)	142 (19.0)	
	Identity moratorium	114 (15.3)	102 (13.7)	216 (29.0)	
	Identity achievement	149 (20.0)	150 (20.1)	299 (40.1)	
Total	373 (50.0)	373 (50.0)	746 (100%)		
Identity dimension status	Exploration in breadth	75 (10.1)	69 (9.2)	144 (19.3)	P= 0.032
	Commitment making	46 (6.2)	54 (7.2)	100 (13.4)	
	Exploration in depth	104 (13.9)	71 (9.5)	175 (23.5)	
	Identification with commitment	136 (18.2)	163 (21.8)	299 (40.0)	
	Ruminative exploration	12 (1.6)	16 (2.1)	28 (3.8)	
Total	373 (50.0)	373 (50.0)	746 (100)		

15.3%) than the control group. Regardless of the groups, the highest scores were on the subscales of achievement (299[40.1]), followed by moratorium (216[29.0%]), foreclosure (142 [19.0]) and diffusion (89 [11.9]), (Table 2). Additionally, similar analysis detected significant group difference in identity dimension scores, respondents from the case group reported higher rate of commitment making (7.2% versus 6.2%), identification with commitment (21.8% versus 18.2%), and ruminative exploration (2.1% versus 1.6%), and lower scores on exploration in depth (9.5% versus 13.9%), and exploration in breadth (9.2% versus 10.2%) than the control group. Irrespective of the group, many adolescents fell in the subscales of identification with commitment (40.0%), followed by exploration in depth (23.5%), exploration in breadth (19.3%), commitment making (13.4) and ruminative exploration (3.8%), regardless the groups.

DISCUSSION

To the best of our knowledge this is the first study to examine the links between different identity statuses / dimensions, teen pregnancy, abortion, and motherhood, with adolescent sexual abuse through case-control study design. Most previous studies conducted on identity emphasized its relationship with the locus of control [Lillevoll et al., 2013; Adams et al., 1979], quality of life and psychological problems [Aydinli-Karakulak and Dimitrova, 2016; Oleś, 2016], its conceptualization and measurement [Marcia, 1966; Luyckx et al., 2006; Bennion and Adams, 1986; Žukauskienė et al., 2019; Schwartz et al., 2013; Ritchie et al., 2013]. However, studies linking trauma and identity statuses/dimensions are still few especially in the context of sexual abuse. Few studies have associated childhood maltreatment and identity diffusion [Penner, 2019], identity problems and traumatic

events like domestic violence [Idemudia and Makhubela, 2011], sexual abuse [Bailey et al., 2007], and war exposure [Jessica, 2014]. The current study aimed to strengthen the existing literature with two main findings. First, the findings of this study indicated that adolescents with history of sexual abuse reported higher score of teen mothers, teen pregnancy and abortion than their peers without history of sexual abuse among Rwandan adolescents. Second, the groups were significantly different in identity statuses/dimensions ($p < .05$). The case group reported higher rate of identity diffusion, foreclosure and achievement statuses plus commitment making, identification with commitment and ruminative exploration dimensions than the control group. This means that, the higher number of adolescents that are sexually abused does not make exploration because many of them have already constructed their identity (foreclosure or achievement identity statuses), while others do not explore because they are diffused (Diffusion identity statuses).

Identity achievement is considered a normative and adaptive outcome in young adulthood; however, when it occurs during adolescence—particularly in early and middle adolescence—it may reflect atypical or maladaptive identity development. Empirical evidence supports this developmental perspective. For instance, a study conducted in Lebanon reported that the majority of adolescents aged 12–17 years were classified within the moratorium status, followed by foreclosure, indicating that active exploration rather than achievement predominates during this developmental period [Kaddoura and Sarouphim, 2019]. These findings suggest that identity achievement is not a developmentally appropriate status for adolescents, especially those in early and middle adolescence. Similarly, research from the Netherlands demonstrated a low prevalence of identity achievement among early and middle adolescents compared to other identity statuses, further reinforcing the notion that

achievement typically emerges later in development [Meeus et al., 2012]. From a developmental standpoint, adolescents without identity development difficulties are expected to remain in moratorium, characterized by active exploration, rather than in diffusion, foreclosure, or premature achievement. In contrast, the present study found a reduced prevalence of moratorium status, alongside lower levels of exploration in breadth and exploration in depth, among sexually abused adolescents compared to their non-abused peers. Additional support for this interpretation comes from a Swedish study, which showed that identity diffusion was the most common status among adolescents, followed by moratorium [Bergh and Erling, 2005]. Collectively, these studies align with the current findings by demonstrating that identity achievement is not a typical or developmentally appropriate identity status during adolescence, particularly in its early and middle phases. When identity achievement occurs prematurely during these stages, it may constitute an identity development disorder, comparable to diffusion or foreclosure. In contrast, a Canadian study reported differing results, suggesting that moratorium and identity achievement are positively associated with adaptive identity functioning, whereas foreclosure and diffusion are negatively related [Serafini, 2000]. These findings may reflect cultural differences in developmental expectations and autonomy. However, such interpretations may not be transferable to the Rwandan or broader African context, where adolescents aged 10–17 years are generally not permitted to make independent decisions or provide legal consent, in accordance with Rwandan Law No. 71/2018 of 31/08/2018 on child protection. Therefore, adolescents who experience sexual abuse and attain identity achievement prior to young adulthood may be considered to exhibit a premature identity status. Likewise, high levels of commitment making and identification with commitment during early and middle adolescence may indicate that identity consolidation has occurred too early, reflecting a maladaptive or premature identity formation process rather than healthy developmental progression.

Consistently, Penner et al. (2019) showed that exposure to emotional abuse, sexual abuse, physical neglect, emotional neglect, and overall combined maltreatment was strongly associated with identity diffusion among 107 adolescents aged 10–17 years with psychiatric problems in the United States. Our findings also support results from a study conducted in Florida among 33 adolescent refugees aged 11–17 years, which indicated that exposure to war and violence was negatively associated with overall identity development [Jessica, 2014]. Similarly, Idemudia and Makhubela (2011) revealed that exposure to domestic violence, regardless of its form, was associated with identity development problems among 109 individuals aged 15–20 years in South Africa. Our findings are further supported by Bailey et al. (2007), who reported that a history of maltreatment was

associated with unresolved attachment among 62 adolescent mothers under the age of 20 years.

Overall, the findings of the present study suggest that exposure to sexual abuse during adolescence may disrupt normal identity development through emotional and cognitive dysregulation, resulting in poor physical, emotional, and cognitive well-being. Sexually abused adolescents may appear older than their chronological age and may make decisions typically expected of adults [Courtois, 1988]. These adolescents may also experience social blame and stigma, particularly in cases involving pregnancy, abortion, or early motherhood.

The main strengths of this study include the use of a randomly selected sample from all Isange One Stop Centers (IOSCs) across the country and the adoption of a case–control design. However, the generalizability of the findings may be limited by the cross-sectional design of the study. Future research employing longitudinal designs is strongly recommended to further examine the relationship between sexual abuse and identity statuses and dimensions—particularly identity achievement, commitment making, and identification with commitment during early and middle adolescence—using post hoc comparisons across subgroups and Fisher’s exact test to determine the statistical significance of observed differences.

Conclusion

Our findings indicate that, beyond outcomes such as teenage motherhood, pregnancy, and abortion, sexual abuse may accelerate psychological development and lead to the formation of a premature identity status characterized by identity achievement, commitment making, and identification with commitment during adolescence, particularly in early and middle adolescence. In addition, identity status appears to vary across different adolescent sub-stages. These findings underscore the need for targeted interventions focusing on identity development among sexually abused adolescents. Such interventions may help prevent premature identity consolidation and, in turn, promote the psychological well-being of adolescents who have experienced sexual abuse.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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