The Relationship Between Exposure to Digital Sexual Violence and Mental Health Outcomes: Insights from Namibia Violence Against Children and Youth Survey

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Abstract

Digital sexual violence correlates with cyberbullying victimization, leading to the manifestation of psychological distress and diverse forms of suicidality such as thoughts, attempts, and self-harm. The purpose of this study was to examine the prevalence and association between exposure to digital sexual violence and mental health outcomes (i.e., mental distress and suicide risk) for boys and girls aged 13 to 24 in Namibia. This cross-sectional study utilized national data from the 2019 Namibia Violence Against Children and Youth Survey (VACS) involving 5,191 participants, with 4,211 being girls and 980 boys. Chi-square tests were used to determine the prevalence estimates and significant association for bivariate, and two logistic regression models were applied to assess the significant association for multivariate. The prevalence results indicated that exposure to digital sexual violence was associated with higher rates of moderate/severe mental distress in the past 30 days (boys [64.5%] vs. girls [65.2%]) and increased lifetime risk of suicide (boys [27.4%] vs. girls [40.1%]). Similarly, regression results showed that exposure to digital sexual violence was associated with a higher likelihood of reporting moderate/severe mental distress in the past 30 days (boys: 95% CI = 4.67-22.09; girls: 95% CI = 2.75-4.88) and a lifetime risk of suicide (boys: 95% CI = 2.16-10.63; girls: 95% CI = 2.68-4.75). In order to reduce mental distress and suicide risk behaviors, interventions should include implementing a safer online environment through digital literacy programs, reducing stigma, offering mental health counseling services, and establishing crisis hotlines for victims of digital sexual violence in Namibia.

Keywords: Boys, Digital sexual violence, Exposure, Girls, Mental distress, Namibia, Suicide risk.

Introduction

The emergence of digital technology in the modern age has ushered in unprecedented opportunities for communication, social interaction, and information sharing, particularly for young people across the world [1, 2]. However, the digital landscape has also brought forth a new and concerning challenge: exposure to digital violence. In the context of Namibia, as in many other countries in Africa, this phenomenon has raised numerous questions about its potential impact on the mental wellbeing of the younger generations living in the digital era [2, 3]. Younger individuals are confronted with greater risks of exposure to digital sexual violence in Namibia [4]. About nine percent of the young people who use the internet have encountered some form of online sexual violence within the past year in Namibia [5]. These forms of violence include sextortion, wherein individuals could be blackmailed, sent inappropriate communication, coerced into engaging in unwanted sexual activities through the distribution of explicit media or threats to share sexually explicit content without their consent, and may be promised some financial

gains or gifts in exchange with explicit sexual materials [5-7].

In recent years, there have been growing concerns about the potential psychological toll of digital violence, including cyberbullying, sextortion, and other forms of online harm for young people [8]. In the general population, it has been reported that digital sexual violence is frequently associated with cyberbullying victimization, which, in turn, is associated with psychological distress and various manifestations of suicidality, including ideations, attempts, and self-harm [9-13]. Although it has long been established that people who experienced sexual violence or victimization have severe consequences for being the victims, the impact of digital sexual violence on mental health is currently understudied and, to some extent, underestimated in many settings [14, 15]. In Namibia, fewer studies exist reporting incidents of various measures of online safety, sexual exploitation, violence, abuse, and awareness, as well as online gender-based violence [3, 4], and offers limited insights into how digital violence are linked to negative mental health consequences for young people [2].

Therefore, this study has two primary aims to bridge significant gaps in the literature: (1) Determine the prevalence of mental health outcomes (i.e., mental distress and suicide risk) across exposure to digital sexual violence, and (2) Assess whether there is an association between exposure to digital sexual violence and mental health outcomes (i.e., mental distress and suicide risk) for boys and girls aged 13 to 24 in Namibia. The rationale behind this study is the growing concern surrounding the psychological consequences of digital violence and the scarcity of research conducted in the Namibian context using nationally representative data. By investigating the link between digital sexual violence with mental distress and suicide risk, this study endeavors to illuminate the challenges faced by adolescents and youth in the digital era. This comprehension is vital to facilitate the identification of the challenges and the potential development of tailored interventions and support mechanisms to enhance the mental well-being of young people who may be victims of digital sexual violence in Namibia.

Methods

Study Design and Sampling

This study utilized the 2019 Namibia Violence Against Children and Youth Survey (VACS), which was conducted as part of the nationwide, cross-sectional survey. The purpose of VACS was to determine the prevalence and circumstances of childhood emotional, physical, and sexual violence in Namibia. The survey included males and females aged 13 to 24. The sampling strategy involved a three-stage cluster sampling approach. The initial stage randomly selected 274 primary sampling units (PSUs) from a total of 3,472 PSUs, utilizing geopolitical subdivisions from the 2010 Census and the 2016 Namibia Intercensal Demographic Survey. In the second stage, 25 households with at least one eligible 13–24-year-old were randomly chosen from each selected PSU. The third stage involved randomly selecting one eligible individual within each household for an interview. To maintain confidentiality and prevent potential bias, PSUs were randomly assigned to either female or male survey respondents using a split-sample approach. Additionally, girls were oversampled in three regions where the DREAMS program was active, which focuses on HIV prevention and empowerment for adolescent girls and young women: Khomas, Oshikoto, and Zambezi. In total, 4,839 households were surveyed in the female sample, with 4,211 females completing individual interviews, and 1,203 households were surveyed in the male sample, with 980 males completing individual interviews.

Eligibility Criteria

To be eligible for the participation in the survey, individuals had to meet the following criteria: (1) must be between the ages of 13 to 24

at the time of the survey; (2) must possess the ability to understand and speak English, Afrikaans, Damara/Nama, Oshiwambo, Otjiherero, RuKwangali, and/or Silozi; (3) must not have severe cognitive or physical disabilities that would hinder survey administration (determined by study staff during the consent and data collection processes); (4) must not reside in institutions such as hospitals, prisons, nursing homes, or similar establishments; and (5) must be residents of selected households.

Data Collection Procedures

The Namibia VACS survey was administered in multiple languages, including Afrikaans, English, Damara/Nama, Oshiwambo, Otjiherero, RuKwangali, and Silozi, consistent with other national surveys in Namibia. Data collection occurred between March and June 2019. Professional translation and back-translation of questions were carried out, and further adjustments were made based on feedback from interviewers and field testing with young people to ensure clarity and comprehension. Interviewers were proficient in local languages, trained in study procedures, confidentiality, and health matters, and matched to participants based on their gender. Interviewers administered the survey questions in a private, confidential location at or near the participant's home. The survey included a brief demographic interview with the head of each selected household and a comprehensive computer-assisted interview with the participant. Interviewers recorded responses on Android tablets, with questionnaires programmed into the tablets using Open Data Kit (ODK) software.

Measures

Dependent Variables

Mental distress was assessed by using the Kessler-6 psychological scale (K-6), consisting of six questions asking about depression and anxiety symptoms experienced in the past 30 days [16, 17]. Respondents rated the frequency of feeling (1) nervous, (2) hopeless, (3) restless,

(4) extremely sad, (5) lacking effort, and (6) worthless on a 5-point Likert scale (0=none of the time to 4=all the time), yielding a score range of 0 to 24. Participants were categorized based on established cutoffs [16]: scores ranging from 0 to 4 are coded as *"0= no mental distress"* and scores from 5 to 24 are coded as *"1= with moderate/severe mental distress"*.

Suicide risk was assessed by asking the respondents: (1) Have you intentionally hurt yourself in any way? (2) Have you ever thought of killing yourself? (3) Have you ever tried to kill yourself? The original responses were categorized as "yes," "no," or "don't know/declined." These three items were summed up for a total score. If the respondents answered *"no"* to any of these items was coded as *"0 =no suicide risk"*, and if the respondents answered *'yes"* to any of these items was coded as *"1= with suicide risk"* (i.e., self-harm, suicide thoughts or suicide attempts).

Independent Variable

Digital sexual violence was assessed by asking the respondents whether any of these online incidents ever happened to them on the internet: (1) You received unwanted messages or links to X-rated websites, (2) You opened a link or message that shows naked people or people having sex, (3) You saw or received unsolicited sexual messages, images, or videos about someone you did not want to see, (4) You were asked any sexual information via the internet about how your body looks like without clothes when you did not want to, (5) You sent sexual information about yourself without clothes when you did not want to, (6) You were asked to talk about sexual acts on the internet when you did not want to, (7) You were asked by someone on the internet to do something sexual on the internet, (8) You were asked on the internet for a photo or video showing your private parts when you did not want to share, and (9) You did send someone a photo or video showing private parts when you did not want to. The response options for questions were: *"yes," "no"* and *"decline to*

answer." These items were summed up for a total score to distinguish between those who have experienced or never experienced any incident of violence. If the respondents answered ever experienced any of the incidences of online sexual violence, this was coded as *"1=yes" (digital sexual violence exposure)*, and if they never experienced any of these online incidences, How do we account for the decline to answer was coded as *"0=no" (no exposure to digital sexual violence).*

Control Variables

Some of the important variables were added as control variables that includes age (0=13 – 17 years old, and 1=18-24 years old), highest education level completed (0=primary or less than primary, 1=secondary to grade 10, grade 11 or 12), and close relationship with friends (0=not at all, 1=not very much, 2=some, 3= a lot).

Statistical Analyses

All the descriptive characteristics of the participants, bivariate and multivariate, were stratified by gender during data analysis. All data were weighted, and survey weights were applied to yield nationally representative findings by accounting for the probability that each participant was included in the sample (base weight), the impact of survey response (nonresponse weight), and potentially imperfect sampling frames (post-stratification weight). Descriptive characteristics were utilized to obtain weighted descriptive characteristics of the participants across gender. Chi-square tests were used to show significant differences for bivariate, and weighted prevalence estimates were obtained using cross-tabulations across independent and dependent variables. Two multiple logistic regression models were utilized to predict significant associations between an independent variable (exposure to digital sexual violence) and outcome variables (mental distress and suicide risk) while controlling for potential confounders.

These data analyses produced odds ratios and 95% confidence intervals. SPSS version 29.0 was employed to perform all the statistical analyses, and the p-value was set at 0.05 in this study.

Ethical Considerations

The 2019 Namibia Violence Against Children and Youth Survey (VACS) strictly adhered to the guidelines set forth by the World Health Organization (WHO) to ensure the ethical treatment and safety of women who have experienced violence. The Research and Ethics Committee (REC) at the Ministry of Health and Social Services (MOHSS) and the CDC Institutional Review Board both independently reviewed and approved the survey protocol. This rigorous process aimed to safeguard the rights and well-being of the research participants. The University of Washington Institutional Review Board delegated its review authority to the CDC Institutional Review Board (IRB) specifically for the 2019 Namibia VACS. Throughout the study, strict protocols and training for interviewers were followed meticulously, with a primary focus on upholding safety, privacy, and confidentiality for children and youth who were involved in the survey. Moreover, the author of this manuscript obtained permission from the CDC to use the data, which was officially approved on April 28th, 2023. It is important to note that this study, being of a secondary nature, did not meet the regulatory criteria for human subject research. As a result, it was automatically exempted from further review by Lewis University, as per the guidelines established by the IRB.

Results

Participant Characteristics

Sample characteristics of the participants across gender are presented in Table 1. The average age of the participants across genders was 18.3 years old. About 62/980 (6.6%) boys and 392/4211 (9.4%) girls reported having been exposed to digital sexual violence. Among these

young individuals, 21% of the boys and 37.5% of the girls self-reported having moderate/severe mental distress in the past 30 days, while 11% of the boys and 18.1% of the girls reported being at risk of lifetime suicidal risk in Namibia.

Table 1. Descriptive Characteristics of the Participants Across Gender

Variables	Males (N=980)		Females (N=4211)	
	N	%	N	%
Age (m=18.3 years old)				
13 – 17	415	42.3	1777	42.2
18 - 24	565	57.7	2434	57.8
Highest level of education completed				
Primary or less than primary	189	30.8	589	21.6
Secondary to Grade 10	343	56.0	1756	64.4
Grade 11 or 12	81	13.2	383	14.0
Close relationship with friends				
Not at all	145	14.8	644	15.3
Not very much	169	17.2	953	22.6
Some	390	39.8	1616	38.4
A lot	276	28.2	998	23.7
Digital sexual violence exposure				
No	880	93.4	3798	90.6
Yes	62	6.6	392	9.4
Mental distress (past 30 days)				
No mental distress	773	79.0	2617	62.1
Moderate/severe mental distress	205	21.0	1572	37.5
Suicide risk (lifetime)				
No suicide risk	870	89.0	3440	81.9
With Suicide risk	107	11.0	760	18.1

M= the mean or average age of the participants was 18.3 year old across gender; N= weighted frequencies of the participants, % = Weighted percentages of the participants

The Prevalence of Digital Sexual Violence with Mental Distress and Suicide Risk

The prevalence results are presented in Table 2. For boys who were exposed to digital sexual violence, 64.5% reported moderate/severe mental distress in the past 30 days, compared to 18.1% who were not exposed to digital sexual violence. Out of the girls who were exposed to digital sexual violence, 65.2% reported moderate/severe mental distress in the past 30 days, compared to 34.8% who were not exposed to digital sexual violence. On the other hand, boys who were exposed to digital sexual violence reported lifetime suicide risk (27.4%) relative to those who were not exposed to digital sexual violence (10.0%). Similarly, girls who were exposed to digital sexual violence reported lifetime suicide risk (40.1%) compared to those who were not exposed to digital sexual violence (15.1%) in Namibia.

Table 2. The Prevalence of Exposure to Digital Sexual Violence with Mental Distress and Suicide Risk

Variable(s)	No Mental Distress (Past 30 days)	With mental distress (Past 30 days)	P value	No Suicide Risk (Lifetime)	With Suicide Risk (Lifetime)	P value
	N (%)	N (%)		N (%)	N (%)	
Males (n=980)						
Digital sexual violence						
No	721 (81.9)	159 (18.1)	<0.001	791 (90.0)	88 (10.0)	<0.001
Yes	22 (35.5)	40 (64.5)	-	45 (72.6)	17 (27.4)	-
Females (n=4211)						
Digital sexual violence						
No	2470 (65.2)	1317 (34.8)	<0.001	3194 (84.1)	603 (15.9)	<0.001
Yes	136 (34.8)	255 (65.2)	-	235 (59.9)	157 (40.1)	-

Chi-square (cross-tabulations) were used to obtain the significance, and prevalence estimates of the participants across gender; P-value of 0.05 was used to determine the significance

Logistic Regression Results Showing the Association Between Digital Sexual Violence with Mental Distress and Suicide Risk

Table 3 below presents logistic regression results stratified by gender. The results show that boys (AOR=10.16, 95% CI = 4.67-22.09) and girls (AOR = 3.66, 95% CI = 2.75-4.88) exposed to digital sexual violence were more likely to report moderate/severe mental distress in the past 30 days compared to those who were no exposed to digital sexual violence. At the same time, boys (AOR = 4.49, 95% CI = 2.16-10.63) and girls (AOR = 3.57, 95% CI = 2.68-4.75) who were exposed to digital sexual violence reported higher odds of lifetime suicide risk (i.e., self-harm, suicide thoughts, and suicide attempts) compared to those who were not exposed to digital sexual violence in Namibia.

Table 3. Association Between Digital Sexual Violence and Mental Distress and Suicide Risk

Variable(s)	Model 1 Mental Distress (Past 30 days)		Model 2 Suicide Risk (Lifetime)	
	AOR (95% CI)	P value	AOR (95% CI)	P value
Males				
Exposure to digital sexual violence				
No (ref.)	1.00	-	1.00	-
Yes	10.16 (4.67 – 22.09)	<0.001	4.79 (2.16 – 10.63)	<0.001
Females				
Exposure to digital sexual violence				
No (ref.)	1.00	-	1.00	-
Yes	3.66 (2.75 – 4.88)	<0.001	3.57 (2.68 – 4.75)	<0.001

Mental Distress was measured using Kessler 6 in the past 30 days. Control variables were age, highest level of education completed and close relationship with friends with friends, AOR = Adjusted Odds Ratios, CI = Confidence Interval at 95%, P value was set at = 0.05

Discussion

The primary purpose of this study was to examine the prevalence and association of exposure to digital sexual violence with mental health outcomes, specifically mental distress in the past 30 days and lifetime suicide risk (i.e., self-harm, suicide thoughts, and suicide attempts) for boys and girls aged 13 to 24 in Namibia. Utilizing nationally representative data, the research revealed that 6.6% of boys and 9.4% of the girls indicated that they had experienced digital sexual violence at some point in their lives. Recent findings, such as those by Srivastava [14], underscores exposure to digital sexual violence as one of the evident risk factors that can negatively impact the mental well-being of young people that includes severe psychological distress and an elevated likelihood of suicidal thoughts and behaviors.

Second, this study has shown a significant association between exposure to digital sexual violence and the risk of suicide (thoughts of suicide, suicide attempts, and self-harm) for both boys and girls. Similarly, suicide risk was 40.1% for girls and 27.4% for boys who were exposed to digital sexual violence. This is consistent with a prior study that found that both boys and girls who were threatened with the dissemination of sexually explicit content were at a higher risk of experiencing suicidal thoughts, planning suicide, attempting suicide, or engaging in non-suicidal self-injury [13]. Exposure to online sexual violence has the potential to trigger intense negative emotions, including anger, anxiety, depression, and emotional distress, which can, in turn, lead to the development of suicidal thoughts or the adoption of self-harming behaviors often used as coping mechanisms [9, 10, 13, 18]. Victims of digital sexual violence may also feel a profound loss of control over their lives, and sharing their personal information can trigger suicidal thoughts, self-harm, or suicide attempts to avoid shame and guilt surrounding their negative encounters.

Third, the present study indicated that exposure to digital sexual violence was also significantly associated with moderate or severe mental distress for both boys and girls. Specifically, the likelihood of experiencing moderate or severe mental distress was 10.2 times higher for boys (64.5%) and 3.7 times higher for girls (65.2%) who were exposed to digital sexual violence within the sampled population. These results align with prior research demonstrating the detrimental effects of exposure to explicit and non-consensual sexual content, online harassment, and exploitation which induces profound psychological trauma, internalized negative emotions such as fear, shame, guilt, helplessness and avoidance, which are responsible for intensifying their mental health challenges and other problematic behaviors [19]. Moreover, the intertwining of online sexual violence, cyberbullying, and harassment can create a pervasive and inescapable environment for victims, thus worsening mental health problems [11].

Implications for the Study

To mitigate the risk of suicide and mental distress for boys and girls in Namibia who may be victims of digital sexual violence, several interventions are recommended. First, it is crucial to implement comprehensive programs with a focus on enhancing digital literacy, fostering a safer online environment, promoting responsible internet usage, facilitating the identification, and reporting of online sexual violence [20, 21]. It is possible that these interventions could have the potential to reduce the occurrence of mental health issues for young people in Namibia. Second, there is a pressing need to bolster mental health literacy and establish accessible mental health counseling services, including nationwide crisis helplines and support systems. This approach would serve as an important step to support victims of digital sexual violence who may be grappling with thoughts of suicide and mental distress [22]. Finally, the early recognition of warning signs or symptoms associated with suicidality and mental distress, combined with efforts to enhance

mental health literacy through destigmatization, can effectively mitigate mental health issues and promote greater utilization of support services.

Limitations of the Study

There are several limitations in this study. The VACS data are cross-sectional; thus, establishing causal relationships was impossible. Social desirability could have impacted survey responses, recall biases, fears of disclosure, and the most recent experiences of digital sexual violence during the survey administration. This was mitigated by rigorous training of the interviewers on establishing rapport and building trust with participants while assessing sensitive information. The translated surveys were not validated, hindering the assessment of how well-validated scales from other contexts were performed in the study's languages (English, Afrikaans, Damara/Nama, Oshiwambo, Otjiherero, RuKwangali, and/or Silozi). Mental distress was measured only for the past 30 days, which further limited an understanding of how participants may have experienced mental distress immediately or months after a particular victimization experience. Nonfatal suicide attempts have been identified as the strongest predictor of death by suicide [23]. However, the lifetime measure of suicide risks lacks a clear temporal order, thus requiring a cautious interpretation of the findings in this study. The strength of this study was the use of a nationally representative sample, which serves as the first study to provide a comprehensive understanding of the impact of digital sexual violence on mental health outcomes (i.e., mental distress and suicide risk) for adolescents and young adults in Namibia.

Conclusion

Overall, this study has shown that exposure to digital sexual violence increases the risk of suicide behaviors and mental distress for boys and girls in Namibia. As such, this study underscores the urgent need to address the alarming impact of digital sexual violence on the mental well-being for both boys and girls in Namibia. To mitigate this risk, it is crucial to implement a multifaceted approach, including comprehensive digital literacy programs, promoting responsible internet usage, enhancing online safety measures, and facilitating the reporting of online sexual violence incidences. Additionally, providing mental health counseling, crisis hotlines, and robust social support services is essential. Through these concerted efforts, we can significantly reduce the prevalence of mental distress and suicidal tendencies among victims of digital sexual violence, fostering a safer and healthier digital environment in Namibia.

Conflicts of Interests

The author(s) declares no competing interests.

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