

Childhood Forcible Sexual Abuse and Victim-perpetrator Relationship Among A Sample of Secondary School Students in the Northern Province (South Africa)

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Abstract

Objective

This is an investigation into the prevalence and patterns of childhood forcible sexual abuse and victim-perpetrator relationship among secondary school students in the Northern Province (South Africa).

Method

414 secondary school students in standard 9 and 10 in 3 secondary schools filled in a retrospective self-rating questionnaire in a classroom setting. The questionnaire asked for the demographic variables of the subjects, (physical contact forms of) sexual experiences of participants before the age of 17 years where the perpetrator used physical force to intimidate and dominate the victim or to achieve sexual gratification, and the victim-perpetrator relationship.

Result

It shows an overall prevalence rate for childhood forcible sexual abuse to be 16.4%; 8.8% for males, 15.7% for females. 9.9% were kissed sexually by force, 6.8% were touched sexually by force, 6.1% were victims of oral/anal/vaginal intercourse using force. The majority of the perpetrators were acquaintances or relatives of the victims.

Conclusion

The author pointed out some possible health and behavioural implications of forcible sexual abuse for the victims, and call for more research in the area of forcible sexual abuse in the Province, more publicity of the possible situation of raped or forcibly sexually abused children, and for more campaigns against childhood forcible sexual abuse and sexual abuse in general in the Province.

Key Words: Childhood Forcible sexual abuse, Prevalence, Pattern, Victim-Perpetrator Relationship, South Africa.

1 Introduction:

Childhood forcible sexual abuse is a violent crime against humanity that leaves the survived victims with many psychological and physical adverse effects. The (South African) National Policy Guidelines for Victims of Sexual Offences explained rape as follows: "Intentional, unlawful sexual intercourse with a woman without her consent. Sexual intercourse includes the penetration of the Labia Major (outer lips of vagina). Girls under the age of 12 years cannot legally consent to sexual intercourse, therefore it will always be rape, irrespective of circumstances. Girls between the ages of 12 - 15 years can be the victims of statutory rape. Sodomy ... is the forceful penetration per anus between males" (South African Police Service, 1998, p. 2). In this study, however, childhood forcible sexual abuse is to be operationally defined as any forms of contact sexual abuse (sexual kiss, sexual touch, and/or oral/anal/vaginal intercourse) where the perpetrator used physical force to intimidate or dominate the victim (male or female) or achieve sexual gratification. This must have taken place before the victim completed the age of 17 years. This definition is in line with that of Davison and Neale (1996, G-10) which refers to rape as forcing sexual intercourse or other sexual activity on another person.

Finkelhor and Browne (1986), after reviewing many publications, formulated a model, a conceptual framework for the (initial and long-term) effects of forcible sexual abuse and other forms of childhood sexual abuse on victims. They pointed at the effects to be the conjunction of the following trauma-causing factors: traumatic sexualisation (e.g., increases salience of sexual issues and confusion about sexual identity and norms), stigmatisation (e.g., guilt, shame, and low self-esteem and suicide), betrayal (e.g., grief, depression, and extreme dependency), and powerlessness (e.g., anxiety, fear, and lowered sense of efficacy).

Other possible psychological effects are posttraumatic stress disorder (Epstein, Saunders and Kilpatrick, 1998; Epstein, Saunders, Kilpatrick, and Resnick, 1998; Saunders, Kilpatrick, Resnick and Walker, 1999), depression and substance use problems (Saunders et al. 1999).

Besides the above psychological effects, forcible sexual abuse could have many physical adverse effects on the victim, like, body damage (Vale, 1996; Quinsey and Chaplin, 1982), infection with HIV/AIDS and with other forms of sexually transmitted diseases (Baker, Burgess, Brickman and Davis, 1990; Burgess and Baker, 1992; Snell and Godwin, 1993), and may even lead to death (Rose, 1986; Pynoos and Nader, 1990, Ben-David and Silfen, 1993).

Childhood forcible sexual abuse and other forms of sexual abuse are some of the social problems that call for urgent attention in South Africa (Armstrong, 1994; Collings, 1992, 1993, 1995, 1997; Magwaza, 1994; Sonderling, 1993; Haffejee, 1991; Levett, 1989; Russell, 1991). Not only the mass media report of high incidence of rape and forcible sexual abuse in South Africa, the rate has also been reported by several researchers. Levett (1989) reported that attempted forcible sexual abuse or rape occurred in 17% of the self-identified sexually abused South African university women students (at the University of Cape Town).

Collings (1994) also reported prevalence rate of 6% of rape among male university students (at the University of Natal). Armstrong (1994) reported that nearly one in four women (i.e., 25%) in South Africa was a rape victim during the apartheid years; and that most often the rapist was a person known to the victim. In an interview with Mary Masechaba Mabaso, the leader of the first march against sexual assault in the history of South Africa (February, 1990), she maintained that girls in Soweto were no longer safe at home, in the streets, or in schools due to the escalating problem of rape by "Jackrollers" and other gangs (Russell, 1991). More recently, a belief among some members of the population in South Africa exists that an HIV positive person (or someone with a sexually transmitted disease), by having sexual intercourse with a virgin child, will be cured of this disease (Labuschagne, 1998; Moursing, Vos, Couthinho, et al. 1995).

The Child Protection Units of the South African Police Services identified during the first six months in 1996 19805 cases of crimes against children less than 18 years; of which child sexual abuse were 7968 (40%) (rape: 7363, sodomy: 480 and incest: 125) (Piennar 1996). In the Northern Province, from all police reported rape cases, 40% were children below 17 years old in 1998 (South Africa Police Service, 1999). Larsen, Chapman and Armstrong (1998) found among clinical sample of 99 children who had been sexually abused in Kwazulu-Natal, South Africa, that 60.4% experienced rape or attempted rape, 7.7% anal penetration, 4.4% rape and anal penetration, 3.3% rape and battering, 16.5% sexual molestation, and 7.7% uncertain.

The Northern Province has a population of 5.4 million inhabitants. Among them, 97.1% are blacks, 0.1% are coloured, 0.1% are Indians/Asians, and 2.7% are whites; 45.7% of them are males and 54.3% are females; and many of the inhabitants live under poor economic and medical conditions (Statistics South Africa, 2000; Health Systems Trust and Department of Health, 1997). An investigation into childhood forcible sexual abuse has not been conducted in the Province. Madu and Peltzer (2000) studied child sexual abuse in the Northern Province of South Africa. They reported child sexual abuse prevalence rate of 54.2%; many victims did not indicate the perpetrator; and 'friend' was the highest indicated perpetrator in all the patterns of sexual abuse. They, however, failed to delve into the problem of forcible sexual abuse. The exact picture of how prevalent childhood forcible sexual abuse in the Northern Province is, and the victim-perpetrator relationships are not known. This study is, therefore, called for.

2 Method:

2.1 Participants:

The participants for this study were all standard nine and ten secondary (high) school students in three schools in the Northern Province. One of the schools is situated in a village, one in a semi-urban, while the other is in an urban city. The schools were chosen based on their representative character for the schools in three broad regions in the Province. The Department of Education of the Province confirmed their representative character before they were chosen for the study. Standard nine and ten secondary school

students were chosen because the author believes that they are matured enough to have the courage to report about their sexual experiences and at the same time their ages are expected not to be too far above our operational maximum age for child sexual abuse (16 years). This would give them the maximum opportunity to remember what happened before they were 17 years old. The total number of participants was 414, 193(46.6%) males, 216(52.2%) females, and 5(1.2%) did not indicate their gender; their mean age was 18.5 years (SD=2.18) and the age range was 14-30 years, 15(3.6%) did not indicate their age.

2.2 Instrument:

The instrument used for this study is an anonymous, retrospective, and self-rating child maltreatment questionnaire. It is an abbreviated and modified form of the Child Maltreatment Interview Schedule (Briere 1993), which has the following components:

1. A set of two questions on the demographic variables of the participants (gender and age).
2. A set of six questions on the (physical) contact forms of sexual experiences of participants before the age of 17 years where physical force (which may include coercion or threat) was used by the perpetrator(s) to intimidate and dominate the victim by sexual violation, or to achieve sexual gratification; and who the perpetrator(s) was (were). The patterns of contact sexual abuse considered were sexual-kisses, -touches, and oral, anal, or vaginal intercourse. The perpetrator must be an adult or person at least five years older or a person in a position of power.

Before the final version of the instrument was adopted for use in this study, it was administered to a group of 20 in standard 9 students in another secondary school, which were not be used for the main study. This is to be sure that the instrument would measure what it is designed to measure and to be sure of its easy administration. The Chrombach Alpha and Split-half reliability for the measurement was .81 and .79 respectively, for the whole sample.

3 Procedure:

The author got permission both from the Department of Education in the Province and from the principals of the schools to do the research in the schools. On the agreed dates with the schools, a research assistant went and distributed the questionnaire to all the school children in standard nine and ten in the schools in their classrooms. The research assistant explained the purpose of the research to the participants, and allowed them to ask questions about the research before asking them to filling-in the questionnaires to the best of their knowledge. He also told them that any of them who do not want to participate in the study should feel free to decline. A total number of 4(0.96%) students did not fill-in their questionnaires. The questionnaires were collected the same day they were distributed to the participants. English were the language of the

questionnaire and also the language of its administration, since English language is the medium of instruction in the schools. All the participants completed the questionnaires within 30 minutes.

In view of the fact that the questionnaire may have aroused some emotions especially among the sexually victimised subjects, the students were told to feel free to contact the researchers (through their telephone numbers and addresses provided to the students) in case of questions, counselling and/or psychotherapy. Alternatively, any clinical psychologist, psychotherapist or counsellor available could be consulted. Moreover, it was also agreed with the Department of Education that the result of the research shall be made available to them for use in planning preventive health care services in the Province.

The administration of the whole questionnaire was completed within three weeks in March 1998.

4 Data Analysis

The SPSS (Statistical Package for Social Sciences) programme was used to do secondary data analysis on the data. The tests used are descriptive statistics.

4.1 Prevalence

Out of the valid total number of respondents (N=414), the number who indicated any form of childhood forcible sexual abuse (i.e., either sexual kiss, -touch, or oral/anal/vaginal intercourse) is 68. This gives a prevalence rate of 16.4%. The number of male victims is 17, while female victims were 34. That gives a prevalence rate of 8.8% for males and 15.7% for females. One participant did not indicate his or her gender. When all the forms of childhood forcible sexual abuse are considered together, however, it can not be associated with any gender ($\chi^2 = 3.803$, $df = 1$, $p > 0.05$).

4.2 Patterns of forcible sexual abuse:

Out of a valid total number of 355 participants, 35 (9.9%) indicated that they were kissed in a sexual way using force. Among those who indicated their gender (N=34), 10 were males and 24 were females. This gives the prevalence forcible sexual abuse of 5.2% for males and 11.1% for females. This form of abuse is associated more with females than with males ($\chi^2 = 5.387$, $df = 1$, $p < 0.05$).

Out of a valid total number of 354 participants, 24 (6.8%) indicated that someone touched their bodies in a sexual way or made them to touch the persons' sexual parts using force; 5 were males and 19 were females. This gives the prevalence forcible sexual abuse of 2.6% for males and 8.8% for females. This form of abuse is associated more with females than with males ($\chi^2 = 6.512$, $df = 1$, $p < 0.05$).

Out of a valid total number of 328 participants, 20 (6.1%) indicated that someone has ever had oral, anal, or vaginal intercourse with them or has places their fingers or objects in the participant's anus or vagina; 6 were males and 14 were females. This gives the prevalence forcible sexual abuse of 3.1% for males and 6.5% for females. This form of abuse, however, cannot be associated with any gender ($\chi^2 = 2.161$, $df = 1$, $p > 0.05$).

4.3 The perpetrators:

Table 1 shows the frequency distribution of the perpetrator(s) and the gender of the victims.

Table 1 shows that 26 (81.2%) of those who indicated the perpetrators, were kissed sexually by acquaintances or relatives using force. Nine (52.2%) of those who indicated the perpetrators were forced to touch or were touched sexually by acquaintances or relatives using force. Twelve (70.7%) of those who indicated the perpetrators were forced into oral/anal/vaginal intercourse by acquaintances or relatives.

The table also shows that among female victims, the tendency is that the perpetrators come from outside the nuclear family (e.g., uncles, friend, strangers and professionals); while the same tendency cannot be said about perpetrators of male victims.

Table 1 - Frequency distribution of the perpetrator(s) of forcible sexual abuse and the gender of victims

Perpetrator	Sexual kiss by force. Valid N=32			Sexual touch by force. Valid N=18			Oral/anal/vaginal intercourse by force. Valid N=17		
	Males, N=9, (%)	Females, N=17, (%)	No gender indicated, (%)	Males, N=7, (%)	Females, N = 11, (%)	No gender indicated, (%)	Males, N=6, (%)	Females, N=11, (%)	No gender indicated, (%)
Father	-	-	1	-	-	-	-	1 (5.9)	-
Mother	2 (22.2)	-	2	1 (5.6)	-	-	-	-	-
Brother	-	-	-	1 (5.6)	-	-	1 (5.9)	-	-
Sister	-	-	-	1 (5.6)	-	-	-	-	-
Uncle	-	3 (9.4)	-	-	1 (5.6)	-	1 (16.7)	1 (9.1)	-
Friend	6 (66.7)	7 (41.2)	3	2 (28.6)	3 (27.3)	-	4 (66.7)	4 (36.4)	-
Stranger	1 (11.1)	4 (23.5)	-	2 (28.6)	4 (36.4)	-	-	3 (17.6)	-
Other Prof.	-	1 (3.1)	-	-	3 (16.7)	-	-	2 (11.8)	-
Combination 1	-	1 (3.1)	-	-	-	-	-	-	-
Combination 2	-	1 (1.3)	-	-	-	-	-	-	-

Other Prof. = Other Professional

Combination 1 = Combination of Family Member & Professional

Combination 2 = Combination of Family Member & Ext. Family Member & Friend & Stranger & ...

5 Discussion

Even though the prevalence rate for childhood forcible sexual abuse among our participants (16.4%) is lower than that reported by Levett (1989) (17%) and Armstrong (1994) (25%) in South Africa, it should raise concerns among social and other mental health workers, educators, and the society at large. Looking at this result from the conceptual framework of Finkelhor and Browne (1986), it implies that many of these victims of forcible sexual abuse are likely to suffer many psychological and behavioural problems as a result of traumatic sexualisation, stigmatisation, betrayal, and powerlessness. This view is also confirmed by a review of literatures made by Beitchman, et al. (1991), which shows that many adolescents with a history of childhood sexual abuse (and forcible sexual abuse) reported short-term sequel among both males and females, such as sexual dissatisfaction, promiscuity, homosexuality or lesbianism, an increased risk for revictimisation, depression and suicidal ideation or behaviour. They might have also suffered the physical problems as indicated by Vale (1996) and Quinsey and Chaplin (1982); and might be infected with HIV/AIDS (Baker et al., 1990; Burgess and Baker, 1992; Snell and Godwin, 1993).

Childhood forcible sexual abuse is more common among females (15.7%) than among males (8.8%), although the difference is not statistically significant. This tends to confirm the popular notion that females are more at risk of rape (and other forms of sexual abuse) than males. However, the prevalence of childhood forcible sexual abuse among males (8.8%), which is even higher than that (6%) observed by Collings (1994), indicates that programmes designed to fight against forcible sexual abuse in the Province should not focus only on females as victims, but also on males. Lodico et al. (1996) in a study among secondary school adolescents found out that females are four times more likely to report sexual abuse than males. One may argue from that, that the actual prevalence of childhood forcible sexual abuse among our male participants may be higher than that indicated. Thus, attention should be focused on males as victims of childhood forcible sexual abuse, more than it is being currently done. This view has been expressed in the United States of America by Tomlinson and Harrison (1998). This result would also call for a re-definition of rape by the South African Police Service (1998) which referred only to females as victims of rape, considers only the penetration of vagina using force as the only form of rape (and for anal penetration, it is called sodomy). Many victims are forcibly sexually abused through forcible sexual kisses, -touches, and forcible oral/anal sexual intercourse (see also Davison and Neale, 1996, G-10).

Again, in the Province, many parents work as migrant labourers either in other Provinces or at places far away from their homes. As a result, many children are left either alone at home during the weekdays after school or they are left with Nannies and grand parents who may not give them as much care, guidance and protection as the parents would do. Thus, they may be exposed to childhood forcible sexual abuse and other forms of sexual abuse from opportunistic perpetrators. The children would not feel safe anymore, as Mary Mabaso pointed out (Russell, 1991).

In a Province where it is popularly believed that HIV/AIDS can be cured just by (the sufferer) having sexual intercourse with a virgin girl (Labuschagne, 1998), the problem of childhood forcible sexual abuse needs to be given urgent attention. If somebody who is HIV positive or an AIDS patient believes in such a misconception, he or she may go to the extent of forcible sexual abuse to satisfy the requirement. The person would, thereby, continue to spread HIV/AIDS to innocent children (Baker, Burgess, Brickman and Davis, 1990; Burgess and Baker, 1992; Snell and Godwin, 1993). Much health education needs to be done in the Province to avoid such a deadly and irresponsible act.

The prevalence rates for the different patterns of childhood forcible sexual abuse show that the actual oral/anal/vaginal intercourse (6.1%) is less common than that which may be considered as 'milder' forms of childhood forcible sexual abuse (sexual kisses, 9.9%; and touches, 6.8%). However, the consequences of forcible oral/anal/vaginal intercourse on the victims could be more serious (e.g., HIV/AIDS infection and extreme cases of trauma).

Many of the victims did not indicate the perpetrator(s): (9[25.7%] in the case of forcible sexual abuse through sexual kisses, 7[29.2%] in the case of forcible sexual abuse through sexual touches, and 3[15%] in the case of forcible sexual abuse through oral, anal, or vaginal intercourse). This may be an indication of fear: fear of what may happen to the victim if the perpetrator hears about it; fear of what may happen to the perpetrator if the case is followed up; fear of it being exposed to the society; etc. This demands more sex education for the youth. The attitude of concealing the perpetrator would perpetuate childhood forcible sexual abuse and other forms of childhood sexual abuse in the society (e.g., Labuschagne, 1998).

In all the 3 forms of sexual abuse considered in this study, it can be observed that most of the perpetrators are acquaintances or relatives of victims. Armstrong (1994) also reported that most often, the perpetrator is a person known to the victim. Collings (1997) and Snell and Godwin (1993) also reported the victim-perpetrator relationship (although among sexually abused victims in general) to be highest among "acquaintance".

Most of the perpetrators of female victims come from outside the nuclear family of the victims, while the same cannot be said of the perpetrators of male victims. Incest as a taboo may have made females to be more sexually attractive to perpetrators from outside the nuclear family of the victims, than those from within.

This study has some limitations. Only the standard nine and ten secondary school students were used as participants for this study. This would limit the external validity of the findings. There are also other aspects of childhood forcible sexual abuse which needs further investigation, for example, the exact age(s) of the victims and perpetrator(s) at the time(s) of forcible sexual abuse, gender of all the perpetrators, duration and frequency of victimisation, and secondary victimisation (like, the psychological and behavioural effects of the victimisation on the victims). No qualitative method was used in this study to throw more light on the

quantitative results. The author recommends that for future studies.

6 Conclusion:

With certain level of caution, due to the limitations of the study, the author conclude the following: The prevalence rate of childhood forcible sexual abuse in the Northern Province of South Africa demand for urgent attention, even though it is lower than that so far reported in other parts of South Africa. This, most likely, would have some short and long-term psychological, behavioural, and physical adverse effects on the victims. Lastly, there is need for more research in the area of childhood forcible sexual abuse, for more publicity of the situation, and for more campaigns against childhood forcible sexual abuse and child sexual abuse in general. The author hopes that the findings would help the government, psychologists, educators, community health and social workers, in planning preventive strategies for combating childhood sexual abuse in the Province. The findings should also help the judicial system in the country in redefining "rape" to include the possibility of a male being a victim of rape.

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