

## THE IMPACT OF CHILD SEXUAL ABUSE

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Physical, emotional and sexual abuse of children is a major problem in South Africa, with severe negative outcomes for survivors. To date, no known studies have used data directly obtained from community-based samples of children to investigate prevalence, incidence, locations and perpetrators of child abuse victimisation. This study aims to investigate prevalence and incidence, perpetrators, and locations of child abuse victimisation in South Africa using a multicomunity sample (1).

Approximately 40 million children under 14 years of age are victims of abuse and neglect worldwide, with children in the sub-Saharan African region suffering from particularly high rates of abuse. Explanations for these elevated prevalence rates in Africa often lack empirical basis. Poorly developed child protective systems, modernisation and negation of traditional values, large numbers of orphaned children, and disruption of community structures and social norms are some hypothesised cause (2).

Adolescents in low- and middle-income countries (LMIC) such as South Africa bear a disproportionate burden of abuse and violence. Globally, an estimated 95,000,000 children experience abuse annually, with the highest rates in the WHO Africa region. In 2015, the first

representative study in South Africa reported lifetime rates of 34 % physical abuse, 16 % emotional abuse and 20 % sexual abuse amongst 15–17 year olds. Although the evidence-base is scattered, studies show that pathways of poverty, caregiver<sup>1</sup> mental health distress and HIV/AIDS contribute to harsh parenting and maltreatment. There is clear evidence that exposure to abuse has severe and lasting adverse effects on adolescents' health, education, employment, mortality and subsequent risk of HIV infection. In the context of Africa's population 'youth bulge' and emerging evidence of continued brain development - neural, functional and emotional - during adolescence, it is increasingly clear that later childhood development is an important time for intervention. In 2009, a systematic review of reviews identified parenting programmes as having a promising evidence-base for child abuse prevention, but also found a lack of research from LMIC. There is a small evidence-base in LMIC for parenting programmes targeted at younger children, with two emerging studies for children under 10 years-old in South Africa and Liberia. For adolescents, the evidence-base is severely lacking: to date there are no known published studies of parenting programmes for adolescent abuse prevention in LMIC (3).

We searched for any published peer-reviewed studies that assessed the prevalence of physical and/or sexual abuse among children and/or youth in sub-Saharan Africa (SSA). No registered review protocol exists for this study, although a review protocol was drafted, edited, and agreed upon by the authors of this study before the review commenced. Studies were included if they met the following inclusion criteria: (a) participants were < 25 years old, (b) parental vital status was assessed by either the child or caregiver, (c) the definition of physical and/or sexual abuse met this study's definition of abuse, (d) a comparison between orphan and nonorphan subgroups on physical- and/or sexual abuse-related quantitative variable(s) was(were) available, (e) the study was published in English, and (f) the study assessed individuals living in SSA as per the United Nations definition of SSA. We included studies published after December 31st, 1989, because before this date HIV/AIDS prevalence within SSA had not yet reached a magnitude that disrupted social cohesion, drastically increased the proportion of orphans, and eroded the traditional kinships that often functioned as a protective safety net for orphans (4). We included the following study designs: cross-sectional, cohort, case-control, mixed-methods, and interventions that provided baseline data on physical or sexual abuse of orphans and nonorphans. We excluded studies that did not have quantitative data, dissertations, and conference abstracts. The investigators carried out all searches and conducted all procedures for study selection, quality assessment, data extraction, and analysis (5)

Child sexual abuse is considered a modifiable risk factor for mental disorders across the life course. However the long-term consequences of other forms of child

maltreatment have not yet been systematically examined. The aim of this study was to summarise the evidence relating to the possible relationship between child physical abuse, emotional abuse, and neglect, and subsequent mental and physical health outcomes (6).

Child sexual abuse among adolescent had been found to be influenced by a decline in socioeconomic status, and the disruption of intimate relationships. Adolescent child sexual abuse was more common in those from disturbed and disrupted families and in those who also reported physical and emotional abuse. Sexual abuse among adolescents may take many forms and vary in terms of frequency, duration, invasiveness of the acts involved, and the use of force or coercion. This study was aimed at investigating the prevalence and socioeconomic determinant of child sexual abuse among adolescent attending secondary schools in south east Nigeria. Our hope is that this study will shed light on this topic in both primary and secondary schools in southeast Nigeria and to help parents of affected children cope with the management and prevention of this social problem. Evaluation of prevalence and pattern of sexual abuse among adolescent is underreported in paediatrics practice and its importance cannot be overemphasized especially its impact on health which include post-traumatic symptoms, precocious sexualization and depression (7).

Definitions of Child and Adult Sexual Abuse Child sexual abuse (CSA) is a multidimensional construct that is defined as sexual incidents before age 18 (the age of legal consent), which involved: involuntary or coerced sexual experiences of a male or female (regardless of the age of the perpetrator), a male or female of the same age that were against their will, a male or female with a perpetrator who was

5 years or older, or a male or female with a perpetrator who was older than 18 years. Components of this definition also highlight the power imbalance and cognitive inability of survivors younger than 18 years to understand the behavior or consequences of the sexual context (statutory rape), and often involves multiple incidents over time. Adult sexual abuse (ASA) is defined as attempted or completed sexual acts of rape since age 18. Research has shown that there is a link between child sexual abuse and adult re-victimization, with ASA being almost five times more likely among those with histories of CSA. Assessment of CSA and ASA Men and women were asked about their child and adult sexual experiences using a modified version of the Wyatt Sex History Questionnaire. This instrument had a combination of forced-choice and open-ended response options which allowed participants to clarify what incidents met the definition of abuse and facilitated memory recall by using calendars, as well as bounding and framing techniques to describe important events. To assess CSA, participants were asked seven questions (yes/no items), regarding attempted or completed vaginal or anal intercourse, oral copulation to either victim or perpetrator, and digital penetration of victim or perpetrator. If participants responded "yes" to any of the questions, they were classified as having experienced CSA. To assess severity, they were asked questions about their age at the time of the incident, the age of the perpetrator, the relationship of the perpetrator to the victim (e.g., parent, relative, stranger, etc.), if the incident was consensual, and whether it had occurred with someone else before the age of 18. To assess ASA, men and women were asked whether or not someone forced their penis or an object in their bottom (or vagina for women) since age 18. If participants answered "yes" they were classified as

having experienced ASA. Couple-Level Abuse Measure Couple-level abuse scores (e.g., whether neither, one, or both partners reported abuse histories) included the total number of abuse experiences of both male and female partners. Relationship Characteristics Study participants were asked questions that addressed relationship characteristics including length of relationship, whether or not participants were married to or separated from their study partner, and quality of relationship. A general scale developed by Hendrick to measure the quality of satisfaction in intimate relationships was used to assess the quality of the relationship. The scale consists of seven items and summary scores range from 7 (low satisfaction) to 35 (high satisfaction). Questions on this scale include: "How well does your study partner meet your needs?" and "In general, how satisfied are you with your relationship?" This measure has been used by a range of populations including urban (8).

Child sexual abuse was classified using nine screening items from the WSHQ-R that includes an incident-based reporting system for all incidents of coercive sex experienced prior to age 18 (Wyatt, Lawrence, Voudonon, & Mickey, 1992). Each incident reflects the behavior of a different perpetrator or group of perpetrators. Participants were classified as experiencing CSA if they responded "yes" to any of the nine screening questions (yes/no items) related to sexual experiences with an adult or someone 5 years older than the participant before the age of 18 years including fondling, frottage, attempted intercourse, intercourse, oral copulation, and digital or object penetration. If the age difference between perpetrator and victim was less than 5 years, the incident was only classified as abuse if the participant

indicated that the contact was either not desired or was coercive (9).

Consistent with other research, voluntary sexual activities with a peer were not considered sexual abuse (10). A positive answer to any of these nine screening questions was followed with questions asking more detailed information regarding the nature of the CSA incident that included: 1) type of physical contact, 2) age of the participant at the time of the abuse, 3) frequency of abuse, and 4) relationship of the perpetrator to the participant. A multidimensional index of CSA capturing the severity of the abuse experience was created using the additional information that have been demonstrated to individually predict a variety of severe outcomes (11,12).

It derived the severity index by summing across responses on each dimension to identify whether a longer version, which approximated a more continuous variable, provided more explanatory power we compared two indices. Higher scores on any of the dimensions of the CSA experience reflect greater levels of CSA severity (12,13,14).

The scores from the long version CSA severity index were standardized to have a zero mean and variance one so that each dimension weighed equally in deriving the score. Women that did not experience CSA were automatically assigned a zero value for each dimension of a CSA experience. Among women reporting multiple non-overlapping abuse incidents occurring each time with a different perpetrator(s), we derived a cumulative score of CSA severity by summing each multidimensional index corresponding to the separate incidents (15).

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