

**AN INVESTIGATION INTO THE PATTERNS OF CHILD  
SEXUAL ABUSE AND VICTIM-PERPETRATOR  
RELATIONSHIPS AMONG SURVIVORS OF CHILD  
SEXUAL ABUSE AT A UNIVERSITY**

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Bellville**

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Psychological effects

Abatement theory



## **ABSTRACT**

Child sexual abuse in South Africa is recognised as a widespread and serious concern, and is reportedly a significant contributor to the morbidity and mortality of young South Africans. Against this backdrop, university settings have been challenged to provide effective campus-based programmes to manage the effects of child sexual abuse, as well as to inform regional and national prevention strategies. Given the absence of published research in this field, the current study aims to investigate the prevalence and patterns of child sexual abuse and victim-perpetrator relationships among a sample of university students. A quantitative methodological approach was utilised to gather data from a group of first year students at a historically disadvantaged institution, the University of the Western Cape. The data was analysed using quantitative statistical methods. The research participants reported a higher incidence of being sexually touched than of sexual intercourse, oral sex and anal sex. In this respect, more males than females reported being sexually touched, which is in contradiction to previous findings. While the current study revealed a higher prevalence of child sexual abuse by friends or acquaintances, the results indicated that more females than males were sexually abused by relatives. These results support previous findings, which highlight difficulties in the social arrangements that organise sexual life in our society. Male participants reported being less affected then and now, while females were significantly affected then but more moderately now. Additionally, the study found a higher incidence of psychological coercion for females than males. The findings of this study are generally congruent with those reported in the literature. The results of this study highlight the need for more structured sex education programmes at schools and universities, especially pertaining to child sexual abuse awareness. The study also confirms that further research is needed on the effects of child sexual abuse on university students, both male and female, so as to inform the formulation and implementation of responsive curative and preventative intervention programmes. It is hoped that the findings of this study will be of utility to psychologists, social workers, university management, lecturers and students in planning a range of preventative strategies to reduce the high prevalence of child sexual abuse on the Cape Flats, and to address its sequelae.

## **DECLARATION**

I declare that *An investigation into the patterns of child sexual abuse and victim-perpetrator relationships among survivors of child sexual abuse at a university*, is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

**CLEOPHAS KOLBE**

**Date: 2005**

**SIGNED: .....**

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# CHAPTER 1

## INTRODUCTION

The World Health Organisation (WHO), 1999 report, stated that child sexual abuse and sexual coercion may result in fatal injuries, sexually transmitted diseases including HIV/AIDS, unwanted pregnancies, mental health sequelae and death. Many victims adopt self-destructive behaviours, have multiple partners, engage in casual sex and often work in prostitution. Lewis (1997) contended that sexual violence has become widespread in South Africa and is often considered normative rather than deviant and child sexual abuse has emerged as the most common forms of child abuse.

According to the WHO (1999), 36% of girls and 29% globally are suffering child sexual abuse and it is apparent that 46% of girls and 20% of boys have experienced sexual coercion. In Canada, more children and adults are willing to disclose their abuse (Came, Wood, Steele, Driedger, Fisher, Bergman & Hiller, 1997).



According to Nicholas (1993) universities are particularly vulnerable to the impact of sexually-related problems when one considers their populations of mainly single sexually active students. The obligation of the university to provide resources to assist with sexuality-related problems of students cannot be overemphasized.

This thesis will delineate research-based theories and therapy development which could make a contribution to assist victims and survivors of sexual abuse. It will evaluate recent local articles for their contribution to theory and therapy development, consider the politics of sexual abuse and present a recent study on early sexual experiences of students to illustrate the importance and extent of the problem of sexual abuse for university students.

## 1.1 BACKGROUND OF THE PROBLEM

The South African Police Report, 2004 (SAPS) states that the media has emerged with shocking allegations regarding the underreporting of rape figures. Statistics South Africa and the Human Sciences Research Council revealed that only 1 in 3 rapes are reported to the SAPS. An analysis of rape cases registered since February 2002 reveals that 41% of all the cases were victims aged 18 years and younger, with 14.2% being 12 years old or younger (SAPS, 2004). For the year 2002/2003 of sexual offences cases against children 12 years and younger, it was found that of the 3222 dockets examined, 52.7% of cases involved rape, 24.8% indecent assault, 11.4% incest and 5.2% cases of attempted rape. Nearly 90.0% of the offenders were known to their victims before the sexual offence of which the breakdown was as follows:

*“41.8% were acquaintances  
21.4% were relatives (almost 50% were the victims own parents or guardians)  
10.4% were known by sights  
9.4% were neighbours”* (South African Police Report, 2004)

## 1.2 RATIONALE AND SIGNIFICANCE OF THE PROBLEM

While comprehensive sexuality education in schools seem only a distant possibility in South Africa it forces universities to accept a high profile role in intervening in sexuality-related problems such as sexual abuse (Nicholas, 1993). Universities are also vital sexuality education training sites especially for those students in the health and social science disciplines. Universities have got to provide effective campus-based programmes to manage the effects of child sexual abuse and also to inform regional or national prevention strategies.

Through understanding the early impact of child sexual abuse, counselling and health centres could provide proper counselling and adequate training to counsellors to deal with sexually abused victims (Nicholas, 1993). At the time of launching this study in 2003, little published research was available on child sexual abuse of black South African university students.

## 1.3 PURPOSE OF THE STUDY

The purpose of this study is to determine the extent, pattern and forms of child sexual abuse amongst university students; to investigate the degree of sexual coercion; to

examine victim-perpetrator relationships; to determine the extent to which students are bothered by the event at the time of completing the Early Sexual Experiences Checklist; to establish the age of the student at the time the event occurred and also the age of the other person involved when the event occurred; to determine the frequency of the coercive event as well as gender differences in relation to the foregoing.

## 1.4 DEFINITIONS

### 1.4.1 “A child”

The scientific literature on child sexual abuse is both prolific and straddles the disciplines of law, the social sciences, medicine and political studies. Some definitional aspects of what constitutes a ‘child’ will be explored. There is much variance internationally as to the definitions of a ‘child’ both legally and within the social sciences.

The period we call childhood is culturally constructed and the appropriateness of childhood sexual activity follows from our understanding of what childhood is (Richter, Dawes & Higson-Smith, 2004) According to the South African Law Commission (2001, p.33), the South African Child Care Act, 1983, Act No. 74, Section 28 (3) a child is defined as:

*“... any person under the age of 18 years who has not reached adult status legally conferred on them who qualify for certain special provisions within common law”*

According to the World Health Organisation (1999, p.2), a child is defined as:

*“...any child under 18 years of age”*

Japanese national laws also define a child as anyone below 18 years of age. In Canada, however, a child is defined differently, as anyone under the age of 16 years. In Ireland, a child is defined as anyone less than 18 years of age and unmarried but 17 years is the age of sexual consent for both heterosexual and homosexual intercourse (UNICEF, 2001).

The implication of the definitions is that a child is defined mainly as somebody under 18 years of age, but consensual sex can be given by 17 year olds.

For the purpose of this study, a child is defined as anyone who is under 18 years of age and not married.

#### **1.4.2 Child Sexual Abuse (CSA)**

Definitions are important because if they are too limited they may deflate incidence and prevalence and if they are too broad, they may inflate incidence and prevalence and cause confusion about the problem (Richter *et al.*, 2004). There are varying definitions and a lack of agreement amongst researchers.

According to Sandler and Sepel (1990) child sexual abuse can be broadly defined as:

*“Any sexual activity, whether it be ongoing or a single occurrence, ranging from sexual overtones to sexual intercourse, between a sexually maturing or matured persona and an unconsenting or consenting child who is cognitively and developmentally immature. This pertains whether or not the perpetrator has himself/herself committed the sexual act or has permitted or encouraged the child to indulge in any sexual activity, for example child prostitution”* (p.213)

The World Health Organisation defines CSA as:

*“the involvement of a child in sexual activity that he or she does not fully comprehend is unable to give informed consent to, or that violates the laws or social taboos of society”*  
(WHO Report, 1999, p.14)

Sexuality and sexual abuse are profoundly cultural matters as different cultures create norms for sexual relations and their violations. Finkelhor (1994, cited in Richter *et al.*, 2004, p.10) noted that an important element of the definition of child sexual abuse should include: “the intention of primarily for the sexual stimulation of the perpetrator”.

It is useful to make a distinction between contact and non-contact child sexual abuse. Richter *et al.* (2004) defined contact abuse as any physical contact during the sexually abusive act ranging from non-genital and genital touching to vaginal or anal sexual intercourse.

WHO (1999) defined CSA by the activity between a child and an adult or another child, or by age or development in a relationship of responsibility, trust or power, the activity



being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful activity; the exploitative use of a child in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials (WHO Report, 1999).

Levett (1989) defined CSA as kissing, stroking or touching in a sexual way against a victim's will, rape and attempted rape. Contact sexual abuse is defined as sexual kiss, sexual touch, oral, anal or vaginal intercourse (Collings, 1997; Madu & Peltzer, 2000; Madu, 2001). CSA is also assumed to exist when an adult or significantly older person in a position of power interacts in a sexual way with a child for gratification of the older person and the perpetrator must be at least five years older than the child, or it could be a person in a position of power over the child like a doctor or teacher (Madu, 2001; Bayley & King, 1990).

CSA can occur through actual or attempted sexual intercourse, oral or manual genital contact, sexual kissing, hugging, touching and non-contact exhibitionism, voyeurism, sexual threats or invitations. It could also involve dependent, developmentally immature children and adolescents in sexual activities who cannot fully comprehend and who are unable to give informed consent (Bayley & King, 1990). These contacts or interactions are often carried out against the child using force, bribes, threats or pressure.

Richter *et al.* (2004) cited a more inclusive definition from Calder (1999):

*“child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance”* (p.11)

Some requirements in an operation definition of CSA should include: age differential (typically 5 years); the use of coercion; a negative reaction on the part of the child to the event; abuse perpetrated by an authority figure; abuse involving physical contact or

penetration (Holmes & Slapp, 1998). Rind, Tromovitch and Bauserman's (1998) study highlighted in its definition of CSA that empirical evidence of resultant harm, rather than a legal or moral criterion, is required. It also required in its definition, long-term mental health effects, which is not necessarily the case for all victims of child sexual abuse.

## **1.5 SUMMARY AND OVERVIEW**

CSA is a well-established concern and is currently one of the more serious social problems in South Africa. Both researchers and state agencies tasked with the protection and care of children urge that this issue be given urgent attention (Collings, 1991, 1993, 2002; Levett, 1989; SAIRR, 2001/2002; Sonderling, 1993). According to Bayley and King (1990) the different forms of child sexual abuse are contact abuse (actual or attempted sexual intercourse, oral or anal, sexual kissing, hugging, touching) and non-contact abuse (exhibitionism, voyeurism, or sexual threats or invitations). This study attempts to incorporate both contact and non-contact forms of sexual abuse of university students, which had taken place prior to the age of 16 years. The perpetrator must be an adult or individual and at least five years and older than the victim (father, uncle, doctor, teacher, etc.). Most studies on prevalence consistently found that females are at higher risk than males and that there is one boy sexually abused for every five girls (Laumann, Gagnon, Michael and Michaels, 1994). Collings (1991) found that the research indicates that the database for male victims is extremely limited and suggests that for male respondents, anonymous methods of data collection, like self-administered questionnaires prove to be more effective.

Chapter two includes a review of the literature and provides an overview of theoretical contributions regarding sexual abuse. Chapter three contains a description of the population, the sample, the research instrument, the data collection procedures and treatment thereof as well as the limitations of the study. In chapter four the research questions are presented in tabular form. In chapter five the overview of results is presented as well as the implications of the results for theory and interventions in the area of sexual abuse.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

Laumann *et al.* (1994) found that at a time of growing concern about AIDS, sexually transmitted diseases, unwanted pregnancies, child sexual abuse and sexual harassment and violence, the need for a comprehensive, scientifically reliable survey of sexual behaviour was required. The National health and Social Life Survey (NHSL) was designed in the United States to determine the incidence and prevalence of sexual practices within social contexts and 3 432 American women and men between the ages of 18 and 59 years were interviewed. The results of this study would help us better understand child sexual abuse.

Laumann *et al.* (1994) found three main reasons for the controversial nature of scientifically investigating sexual behaviour:

- (a) *Firstly*, they state that there is political opposition from the right and the left wings. The right wing opposition usually resides in their opposition to particular sexual practices, which they believe, if investigated, might encourage or legitimate such practices. The left wing opposition usually resides in their approval of particular sexual practices, which they believe, if investigated, would indicate endorsement of such practices that might legitimate those engaged in such practices. Such was the case in the Laumann *et al.* (1994) where approved funding for their national study of sexuality was withheld by Republican politicians in the USA.
- (b) *Secondly*, Laumann *et al.* (1994) reported that there are those who believe that sex should be private and that public funding should not be used for sex research.
- (c) The *third* reason for the controversial nature of sexuality research are those who believe that it is not possible to randomly sample sexual behaviour and achieve accurate and honest reporting thereon.

Laumann *et al.*, 1994, found that 12% of men and 17% of women report that they had been sexually touched when they were children. The women and men in this study had a variety of different experience of being touched sexually, some touched by women, others by men, some touched by strangers, others by relatives, others experienced it a number of times, or extending over long periods, while others had a single experience. Girls were mainly touched by men and boys more often by women. For female respondents, the males touching them were much older and were adults over 18 years of age. For the male respondents, the sexual contact was with adolescents between fourteen and seventeen.

Older men who touch girls or boys select a similar age profile with the modal group between 7 and 10. The boys touched by women tend to be older and the touchers tend to be younger. Family friends and other relatives were most frequently cited by women and men. Contacts with nonrelatives were scored as less severe than those that involved relatives.



Laumann *et al.*, 1994, stated that five specific acts were involved in the sexual contact, namely: touching genitals as the most common behaviour, opposite gender kissing, oral sex, vaginal intercourse (contacts between boys and older women) and anal sex.

Laumann *et al.*, 1994, also found that males experienced touching of genitals, oral and anal sex as more severe, and kissing as less severe with sexual contact with males. Females experienced the touching of their genitals, kissing and vaginal intercourse as more severe and oral and anal sex less severe with sexual contact with males. Where male respondents had sexual contact with females, touching of genitals, kissing and vaginal intercourse was more severe and where female respondents' experienced sexual contact with females, touching of genitals, was scored more severe. It was apparent from this study that touching of genitals was by far the most common behaviour. Vaginal intercourse was more common between boys and older women.

Pubertal girls were more often touched by men over eighteen, whereas adolescent girls (aged eleven to thirteen) was more likely to be touched by adolescent boys. It was the findings of this study that the prior relationship between the child and older person seemed to be a significant element in sexual touching and friends, family and relatives were the primary offenders, with family friends more often abusing boys and relatives more often abusing girls (Laumann *et al.*, 1994).

Of women, 70% indicated the experience had affected their lives compared to 45% of men (Laumann *et al.*, 1994). Women in this study were more likely to answer the open-ended questions. It was found that early sexual experiences made both men and women more sexual in adulthood than those without such experiences. These respondents were more likely to experience difficulties and finding sexual adjustment in adulthood problematic. At no point was it evident that the majority of respondents with childhood sexual encounters have problems in their adult sexual lives.

It was evident from this study that the experience of sexual contact for boys are different to that of girls, with boys more often engaging in precocious sexual experiences, that are similar to experiences they will have when older. Men are less likely to define a childhood experience more negatively than women.

In the Laumann *et al.*, 1994, study, 34% reported being touched one time, 38% a few times and 27% many times. These frequencies did not differ by gender. It was also evident from the study, that contacts which occurred once or a few times were scored as less severe than those that occurred many times and those contacts of a long duration was more severe than those that had a shorter duration.

Those contacts that involved kissing or genital touching was scored as less severe and those involving oral, anal or vaginal sex as more severe (Laumann *et al.* 1994). A contact with one person was scored as less severe, while contacts with more than one person as more severe. Contacts with nonrelatives were scored as less severe in relation to contact that involved relatives (Laumann *et al.*, 1994). It was also found in this study that contacts that occurred only once or a few times were scored less severe than those that occurred many times. Contacts before age of 6 years were scored as less severe than contacts that occurred later and contacts with longer duration was scored as more severe than those of shorter duration (Laumann *et al.*, 1994).

The range of symptoms highlighted by the meta-analysis of Kendall-Tackett, Williams and Finkelhor (1993), the lack of a single core symptom pattern, as well as the absence of symptoms in many victims of CSA may suggest that diagnosis is complex. Because of the complexity of symptomatology, symptoms cannot be used without other evidence to

confirm child sexual abuse. Neither can the absence of symptoms be used to rule out sexual abuse as there may be many asymptomatic victims.

Kendall-Tackett *et al.*, 1993, found that parents' distress often make them biased reporters of the impact of abuse on their children. Children's self reports also cannot be relied on alone. Greater differentiation is required by age and gender, as grouping victims together can mask particular developmental patterns of the occurrence of some symptoms.

Longitudinal research and developmental theory may encourage more theory-driven research as it may highlight the influence of cognitive development on children's interpretations of the event, as well as the symptoms they manifest, especially because children become less egocentric with maturity. A developmental framework may incorporate the intervening variables that modify the effects of child sexual abuse. It may also explicate why children and adults manifest certain symptoms at each developmental stage and so will inform clinicians on effective intervention to aid children at different age levels in the healing process.



Kendall-Tackett *et al.* (1993, p.175) highlighted the “nearly universal absence of theory in the studies being conducted” on CSA. Few studies were undertaken to establish or confirm any theory or explanation about what causes victims of CSA to display particular symptomology. There had been few theoretical advances when they were doing their review on why the effects occur other than studies on what the effects are.

## **2.2 THEORETICAL MODELS**

Kendall-Tackett *et al.*, 1993, contrasted Core-Symptom theories and Multifaceted models of traumatisation. They contend that there is a lack of evidence for a conspicuous syndrome in child victims of sexual abuse. CSA is characterized by a variety of symptoms and there is no single symptom that occurs in a large majority of children. However, symptoms of PTSD and sexualized behaviour occur with a relatively high frequency and warrant a more careful review.

### 2.2.1 Core-Symptom Theory

According to Core-Symptom theory, sexually abused children more consistently displayed a high frequency of post-traumatic stress disorder (PTSD) and sexualized behaviour as the core manifestations of sexual abuse trauma than nonabused clinical children (Kendall-Tackett *et al.*, 1993). Thus, the evidence pertaining to these two symptoms is worth reviewing more carefully. The studies of sexualized behaviour included things such as sexualized play with dolls, putting objects into anuses or vaginas, excessive public masturbation, seductive behaviour, requesting sexual stimulation from adults or other children and inappropriate sexual knowledge. The different studies cited in Kendall-Tackett *et al.*, 1993, found that the frequency of sexualized behaviour in sexually abused children such as self-stimulation and inappropriate overtures and continuous sex talk, sex play and sexual fantasy varied in frequency for victims (Friedrich, Grambasch, Damon, Hewitt, Koverola, Lang and Wolfe, 1992; Conte & Schuerman, 1987b). A study conducted by Putnum (1990, cited in Kendall-Tackett *et al.*, 1993) detected increased hormone levels amongst sexually abused girls and more advanced onset of puberty.



PTSD as an effect of CSA is higher in frequency with preschool and school age victims than in other clinical groups (Kendall-Tackett *et al.*, 1993). Based on the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1987) according to McLeer, Deblinger, Atkins, Foa and Ralphe (1988) 48% of victims meet the criteria for PTSD.

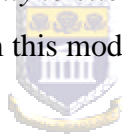
A further core-symptom theory on the effect of sexual abuse argues that child sexual abuse causes central damage to a child's self image (Bagley & Young, 1989; Putnam, 1990). It was claimed that it is the poor self esteem that causes psychological difficulties and not the sexual abuse itself. However, there has not been enough evidence to substantiate the argument that self esteem is the core element of sexual abuse traumatisation (Kendall-Tackett *et al.*, 1993).

### 2.2.2 Multifaceted Models of Traumatization

Some Multifaceted Models of Traumatization include Finkelhor and Browne's (1985) model which suggests that sexual abuse traumatizes children through four mechanisms (cited in Kendall-Tackett *et al.*, 1993, p.174). The model contends that CSA traumatizes children through the following mechanisms:

- (a) *Traumatic sexualisation would include inappropriate sexual responsiveness and the socialization of the abused child into faulty beliefs about sexual behaviour.*
- (b) *Betrayal, according to this model, means the decreased confidence level of the child in trusted persons and adults capable of protecting the child from harm*
- (c) *Stigmatization undermines the child's self esteem, leaving the child with shameful feelings and causing the child to develop negative stereotypes of the environment.*
- (d) *Powerlessness include PTSD characteristics such as intense fear, the inability to escape harm or the inability to elicit help*

Little research has been done to confirm this model.



Briere's (1992) model (cited in Kendall-Tackett *et al.*, 1993, p.174)) proposed a multiple-dynamics approach to include:

- (a) *negative self-evaluation*
- (b) *chronic perception of danger or injustice*
- (c) *powerlessness and preoccupation with control*
- (d) *dissociative control over awareness*
- (e) *impaired self-reference, and*
- (f) *reduction of painful internal states*

A further model proposed that sexual abuse is a generalized stressor that causes a child to develop problems in any area he or she may have had prior to the vulnerability of sexual abuse. This model predicts a high similarity between the effects of child sexual abuse and other childhood stressors such as parental divorce (Kendall-Tackett *et al.*, 1993). A further model posed that family dysfunction and a maltreating environment, and not



sexual abuse itself, is more so responsible for traumatising of sexually abused victims (Clausen & Crittenden, 1991).

#### **2.2.4 Multifactoral Models**

Any meaningful discussion on CSA requires an examination of the major theories of sexual abuse. In recent years a number of multifactoral theories have developed. These include:

- (a) *Finkelhor (1984)* -*Precondition Model*
- (b) *Hall and Hirschman (1992)* -*Quadripartite Model*
- (c) *Marshall and Barbaree (1990)* -*Integrated Theory*

Theory enables both researchers and therapists to identify clinical phenomena in the area of sexual abuse and assists in clarifying the underlying causes which informs treatment programmes (Ward & Siegert, 2002).

Ward & Siegert (2002) found that the most influential theories of CSA were developed before Kendall-Tackett *et al.*'s (1993) review and found serious weaknesses in the three theories they had identified. They propose an integration of these theories. It would, therefore, be useful to outline these theories and discuss Ward & Siegert's (2002) proposed Pathways model.

##### **(a) Precondition Model (1984)**

Finkelhor (1984) provides four underlying factors to explain the occurrence of abuse, including:

- (a) *sex with children is emotionally satisfying to the offender (Emotional Congruence);*
- (b) *men who offend are sexually aroused by a child (Sexual arousal);*
- (c) *men have sex with children because they are unable to meet their sexual needs in more socially appropriate ways (Blockage); and*
- (d) *these men become disinhibited and behave in ways they would not normally behave (Disinhibition)*

According to Finkelhor (1984) these four factors can be grouped into four preconditions that must be satisfied before sexual abuse occurs. The preconditions comprise of:

- (a) *a motivation to sexually abuse the child*
- (b) *overcoming of internal inhibitions*
- (c) *overcoming external inhibitions*
- (d) *dealing with a child's resistance to the abuse*

The Finkelhor model (1984) has been successful in targeting deviant sexual arousal, strengthening emotional regulation skills, improving intimacy issues, focusing on socio-cultural factors and teaching offenders to identify high-risk situations. The weakness of this model is that it fails to include why some non-sexual needs such as emotional congruence or blockage are expressed sexually. There is also a lack of attention to developmental factors and a tendency to focus on proximal causes of sexual offending. This model also fails to highlight that different perpetrators have different strategies to create sexual access to children to overcome resistance from victims (Ward & Siebert, 2002).



**(b) *Quadripartite Model (1992)***

According to Hall and Hirschman's Quadripartite model (1992) sexual aggression is based on:

- (a) *physiological sexual arousal,*
- (b) *cognitions justifying sexual aggression,*
- (c) *affective dyscontrol and personality problems*

Hall and Hirschman (1992) imply that personality traits or deficits are the source of offenders' vulnerability to sexually abuse children. They claim that usually one of the aforementioned factors is prominent in each child molester and influences the other factors and pushes an individual from a position of being able to control deviant sexual impulses to one of committing the sexually abusive act (Ward & Siebert, 2002). The first subtype has *deviant sexual arousal and strong sexual preferences for children* and

treatment includes the reduction of sexual arousal by using directed masturbation. Another subtype is characterised by *cognitive motivation*, misinterpreting children's behaviour as sexual intent (usually incest offenders) and they have good self-regulatory and planning skills. Treatment should challenge their sense of entitlement and correct their dysfunctional cognitions. The third subtype is *impulsive* and treatment to these situational offenders includes control and regulation of negative emotions. The fourth subtype of sexual offenders has *developmental related personality problems* and cannot maintain intimate adult relationships (fixated offenders). Treatment to these fixated offenders' aims to modify their entrenched and maladaptive interpersonal strategies and beliefs about themselves and others. This theoretical model makes an important contribution to both state and trait factors to explain how an individual with psychological deficits transcends to commit a sexual offence. They provide a theory-based intervention. The model, however, fails to specify mechanisms capable of generating deviant sexual arousal, distorted cognitions, affective dyscontrol and personality problems and the four factors are not distinct but rather overlaps. They also do not consider how adverse events (like insecure attachment, impaired social functioning and poor emotional regulation) impact psychologically on an individual (Ward & Siegert, 2002).

**(c) *Integrated Dynamic Model (1990)***

Marshall and Barbaree's Integrated dynamic model explains the development, onset and maintenance of child sexual abuse (Ward & Siegert, 2002). According to this theory, transition to adolescence is very challenging to vulnerable individuals. Negative childhood experiences leave offenders without necessary social competence to maintain heterosexual relationships thus leading them to acquire other sexual preferences. It is during adolescence that there is an increase in sex hormones and an inability to self-regulate and be socially competent, and this may cause some individuals to be adversely affected by the hormone and biological challenges of adolescence, thus leading them to meet their sexual and emotional needs in a deviant manner. Adolescence requires discrimination between sex and aggression and a vulnerable individual relies upon deviant sexual fantasy to cope with a sense of powerlessness, believing males to be superior to females. Situational factors such as stress, intoxication and sexual stimuli,

may overwhelm an already vulnerable individual who has poor coping mechanisms into committing a sexual offence to meet his needs of intimacy. This is then often reinforced by sexual arousal and a sense of power. This model clearly articulates the males' predisposition to sexually abuse children in terms of vulnerability and lack of resilience (abilities, skills, attitudes, preferences, values and beliefs) and to resist temptation (Ward & Siegert, 2002).

The model fails to address the possibility of different offence pathways. Furthermore, it fails to address the issues related to different sexual crimes. Too much attention is given to aggression as a characteristic of a sexual offender (which is only in the case of rapists but is not applicable to the child molester). It also states that low self esteem is a predisposition to sexually abusing a child, which is not necessarily true for all sex offenders (Ward & Siegert, 2002).

**(d) Pathways Model (2002)**

The Pathways Model developed by Ward & Siegert (2002) contended that it encompasses the strengths of the aforementioned three theoretical models. The Pathways theoretical model is based on adult child molesters and identifies four problem clusters characteristic to child molesters, namely: emotional regulation problems; intimacy/social skill deficits (excessive approval seeking or emotional detachment); deviant sexual arousal and cognitive distortions/empathy deficits (Marshall, 1999 in Ward and Siegert, 2002). Different offence trajectories (Ward & Siegert, 2002) are a core feature of the pathways model. It is stated that child molesters have distorted sexual scripts, which develop as a consequence of childhood sexual abuse or early exposure to sexual material. This model further suggests that sexual offenders have different deficits and therefore some individuals require increased relationship skills; others need to learn to manage their moods; individuals with incorrect sexual scripts require core schemas (self, intimacy and sexuality) as the primary focus of intervention. Reconditioning is required to alter entrenched sexual beliefs.

#### **2.2.4 Treatment Models**

In any discussion of child sexual abuse, treatment models serve as very important.

**(a) Social Learning Theory**

Social learning theory has helped in the formulation of research hypotheses in the field of sexology, particularly in areas of treatment for both male victims and perpetrators (Breer, 1992). According to Bandura, behaviour is shaped through cognitive processes of rewards, punishment and imitation. Parents are the shapers of behaviour of children and imitation becomes a very important process by which children learn from their role models (Breer, 1992). Behaviour is then further reinforced and personality shaped by how the social environment reacts to behaviour. Reinforcers in the form of approval and support from key figures (often caregivers) further stamp in sexual habits. However, Bandura, believed that any behaviour that has been reinforced is reversible.

**(b) *Psychoanalysis***

Psychoanalysis was one of the earlier influential theories in the literature on sexual development and has largely contributed to the treatment of victims of sexual abuse by using the trauma recovery model. This model encompasses the most commonly used diagnosis for victims, namely, post traumatic stress disorder (Breer, 1992). Emphasis is placed on reliving, reworking and reintegrating the abuse experience. This model places further emphasis on repressed or denied victimizations and the recovery of memory (Breer, 1992).



**(c) *Family Systems Theory***

Family Systems Theory proposed that there is very little theoretical application to individual treatment but rather the treatment of incestuous families. This theory attributes that the non-offending parent plays an important role in setting up an abusive environment (Breer, 1992). According to this model, parents often act out aspects of their own sexual pathologies and victimizations through their children. This theory further states that fathers with immense anger and rage as a result of violence and sexual abuse by their own male parents, very often turn onto their sons. Sexually victimized women often unconsciously seek out molesters as spouses or companions placing their children at risk of sexual abuse (Breer, 1992). These parents, through the aforementioned processes, attempt to act out what they see as their own recovery through projective identification. Often child victims are symbolic of hated perpetrators and scapegoated within family systems.

**(d) *Feminist Theory***

According to feminist theory, in traditional American and even African cultures, patriarchal men consider females and children their property to be used as they deem fit. One of their largest contributions was that sexual abuse allegations be taken seriously and that victims be believed and supported and protected. Male socialization of power and control elements in male sexuality (more so than being loving and sharing) has turned many men (often male victims) into rapists and child molesters (Breer, 1992). Feminist has contributed to victim recovery by emphasising the role of empowerment and the resocialisation and abandonment of culturally traditional male roles (Breer, 1992). According to feminist theory, a long-term cure to reduce the prevalence of child sexual abuse is a social reorganization in which men and women occupy equal status, men are less dominant but more loving and sharing.

*(e) Biological Theory*

The first biological theoretical view contends that sexual development follows a genetically programmed course and the second view states that sexual development involves a complex interaction between genetic and environmental factors (Breer, 1992). Twin studies were conducted on children raised against their biological sex and it was found that these children identify according to their biology rather than their social construct. These studies were done to substantiate the very strong genetic component in homosexuality (Breer, 1992).

### **2.3 IMPACT OF CHILD SEXUAL ABUSE**

Kendall-Tackett *et al.* (1993) reviewed a clinical sample of sexually abused children. They aimed at bringing together literature from the fields of medicine, social work, psychology and sociology, to highlight areas where there is agreement and disagreement in findings, to draw conclusions to inform clinicians working with child victims and researchers studying child sexual abuse, and to suggest future direction. Their subjects were 18-year-olds and younger. Quantitative studies on abused subjects only, which were published within the past five years, were reported on. Symptoms and the intervening variables that affect symptoms were reviewed.

The symptoms of abused children were compared to those of non-abused children, non-clinical children. These symptoms included: sexualized behaviour (sexualized play with dolls, putting objects into anuses or vaginas, excessive public masturbation, seductive behaviour, requesting sexual stimulation from adults or other children and age appropriate sexual knowledge; anxiety; depression; withdrawn behaviour; somatic complaints; aggression; and school problems (Kendall-Tackett *et al.*, 1993). Abused children were found more symptomatic on low self esteem (35%), PTSD symptoms (fear, nightmares), and internalizing symptoms of withdrawal, depression, fearfulness, inhibition and over control. Sexually abused children were also more symptomatic on externalizing behaviour such as aggression, delinquency, regressive behaviour (such as enuresis, encopresis, tantrums and whining), running away and self injurious behaviour.

When sexually abused children were compared to other clinical non-abused children, their clinical representation was less symptomatic. The only difference appeared in relation to PTSD and sexualized behaviour. Beitchman, Zucker, Hood, daCosta and Akman (1991) concluded that being sexually abused was strongly related to some symptoms specific to sexual abuse, namely, sexualized behaviour, depression, aggression and withdrawal and that those sexually abused children were only more symptomatic on PTSD (32%) and sexualized behaviour (38%). For preschoolers (age 0-6 years), the most common symptoms were anxiety, PTSD, internalizing and externalizing and inappropriate sexual behaviour. For school going children (7-12 years), the most common symptoms were fear, neurotic and general mental illness, aggression, nightmares, school problems, hyperactivity and regressive behaviour. For adolescents (13-18 years) the most common symptoms included depression, withdrawal, suicidality, self-injurious behaviour, somatic complaints, illegal acts, running away and substance abuse. Overall the symptoms of nightmares, depression, withdrawal, mental illness and aggressive and regressive behaviour dominated (Kendall-Tackett *et al.*, 1993).

However, Dallam, Cepeda-Benito, Kraemer, Gleaves, Silberg and Spiegel (2001) argued that CSA continues to exert a negative effect on the lives of individuals. Boney-McCoy and Finkelhor (1995) claimed in their study that CSA is associated with increased levels

of psychological and behavioural problems, including PTSD symptoms and school difficulties as well as depression. Johnson, Cohen, Brown, Smailes and Bernstein (1999) in a study with 639 youths, concluded that CSA is associated with the higher incidence of a variety of personality disorders during early adulthood (borderline, histrionic) as well as mood disorders. Further studies conducted by Fleming, Mullen, Sibthorpe and Bammer (1999) and Stein, Golding, Siegel, Burnam and Sorenson (1988) elaborate on the effects of CSA to include sexual intimacy and interpersonal problems, negative self-perception, substance use disorders, suicidality and anxiety disorders. Lewis (1997) reports that the long term effects of CSA include distorted beliefs, self destructive behaviour (alcohol and drug addictions) and a tendency to re-victimise. Sexual abuse of a child may constitute a major risk factor for later psychopathology.

According to Finkelhor (1984) victims also suffer psychological and behavioural problems as a result of the traumatic sexualisation, stigmatization, betrayal and powerlessness which may lead to confusion about sexuality, guilt, shame, low self esteem, suicide, grief, depression, dependency, powerlessness, fear and low self efficacy.



The research also indicated that the potential predictors of outcome (Lewis, 1997) include the patterns/characteristics of the abuse, the severity of the abuse (such as force, duration) and may lead to the development of significant symptoms in victims.

In a meta-analysis on the effects of CSA, Paolucci, Genius and Violato (2001) found a great variation in the prevalence rate because of the differences in definition, measurement, samples and reporting methods. This led to inconsistencies in reporting on the impact and severity of CSA on human development. The study reviewed core-symptom theory which holds that victims of CSA display a conspicuous syndrome of symptomatology including highly sexualized behaviour and PTSD. The study further reviewed multifaceted theoretical models of traumatisation which indicate that the impact of sexual abuse produces multifaceted effects, in particular, where there is family dysfunction and maltreatment in the environment. The results of the Paolucci *et al.* (2001) study did not find an increased risk for the development of negative outcomes



depending on the type of sexual abuse experienced, the child's age, repetition of abuse and familiarity with the perpetrator. This study could not corroborate the findings of other studies that trauma associated with CSA is related to variables such as severity of CSA, chronicity of CSA, recency of the abuse experience, relationship of perpetrator, use of violence or neglect in abuse. It was also found that there were no statistical differences between gender of CSA victims and negative outcomes (e.g. PTSD outcomes, depression, suicide, sexual promiscuity, sexual perpetration, academic achievement). Given the type of abuse (e.g. fondling, penetration) was not found to mediate the relationship between CSA and negative outcomes). The Paolucci *et al.* (2001) study found that CSA substantially increases the risk of PTSD, depression, suicidality, sexual promiscuity, sexual penetration and poor academic performance which supported that CSA produces multifaceted effects regardless of victim age, gender or socioeconomic status.

The March 2002 edition of the American Psychologist is devoted to sexual abuse. Garrison and Kobor (2002) described the effects on the American Psychological Association (APA) of an article on child sexual abuse as the political storm of the century for the field of psychology. This was the first time that a scientific article had been singled out for censure in a congressional resolution. The focus of the censure was on Rind *et.al.*'s (1998) finding in a meta analysis of 59 studies, comprising 15 000 college students, that relations between a self-reported history of CSA and psychopathology was low and it was lower in magnitude when the respondent deemed CSA to consensual, but only in men. Some 11% of female and 37% of male respondents reported their short-term reaction to the abuse as being positive.

Tromovitch, Rind and Bauserman (1997) reviewed the results of the impact of CSA of 54 college samples and 10 national probability samples (5 male and 5 female). A meta-analysis of 18 symptom domains revealed students that have been classified as sexually abused were slightly less adjusted but more so because of variables such as family environment (physical, emotional abuse and neglect). This study concluded that the assumptions that CSA causes harm; that this harm is typically intense and that CSA is at

least as harmful an experience for males as for females, were proven to be false in the college student and national samples studied. The review also highlighted that reactions to experiences of CSA differ greatly between male and females and this study contradicted the prevalent assumptions of the impact of child sexual abuse. It was found that 11% of women and 37% of men reported the event as a positive experience, 72% of women and 33% of men reported it as a negative experience. It is suggested that defining the term “child” be based on biological childhood (younger than puberty, younger than age 12 years), so as to differentiate between the positive, neutral and negative experiences of biological children and young adults/adolescents. They further recommend that physical contact sexual abuse be separately analysed from noncontact abuse. They also recommended that the presence of force or coercion be separately analysed from factors where this is not present and that a lack of willing participation be used as the key element.

Rind *et al.* (1998) stated that many lay and professional people assume the normal viewpoint that child sexual abuse is by nature a powerful negative force because (a) it is likely to cause harm (b) most children or adolescents who experience it would be affected (c) this harm will be severe or intense (d) child sexual abuse would have an equally negative impact on boys and girls. Results of the review of the 59 studies conducted on college students found that there was no empirical evidence to suggest the aforementioned properties, that child sexual abuse does not cause intense harm regardless of gender and that child sexual abuse has no inbuilt or inevitable outcome or set of emotional reactions. They claimed that “harm” is a word defined by social norms and it does not necessarily mean violation.

They also examined the construct of child sexual abuse as conceptualized by researchers and found that definitions were over inclusive and often encompassed both willing sexual experiences accompanied by positive reactions and coerced sexual experiences with negative reactions. To achieve better scientific validity, they suggested a more thoughtful approach be adopted when labeling and categorizing child sexual abuse. Rind *et al.* (1998) suggested focusing on the young person’s perception of his/her willingness to

participate and his/her reactions to the experience. They suggest that a willing sexual encounter rather be labeled simply adult-child sex (a more neutral term). If, however, the young person feels that he/she did not freely participate and experienced negative reactions to the event, it is labeled as child sexual abuse. Rind, *et al.* (1998) argued that the term “child” be used only for non-adolescent children as adolescents are different to children as they more often have sexual interests (as they often know when they want a sexual encounter and are able to resist it when they don’t want it).

Rind *et al.* (1998) also stated that adolescent-adult sex has been socially sanctioned in some cultures and has been accepted as normal. A willing encounter with positive reactions between an adult and adolescent should be labeled adult-adolescent sex, and an unwilling encounter with negative reactions should be labeled adolescent sexual abuse. They state that sometimes there is consent involved, especially with adolescents. They also highlight that adolescent/adult sex is sometimes culturally permitted. They promote for a category of child/adult sexual abuse and another category adolescent/adult sexual abuse.



They found victims of abuse slightly less adjusted but this could not be attributed to the CSA as family environment impacted more. Family environment showed more adjustment variance than CSA. Self-reports found that CSA were not as intense as the literature makes it out to be, men reacted less negatively than women to their experience. Their findings did not support basic beliefs about CSA. They found that samples based on clinical findings, legal cases are often biased. They also state that clinicians influence their clients with negative effects and experiences. They found qualitative research to be too narrative and it was the reviewer’s subjective experience. Their findings were that CSA does not cause intense harm, regardless of gender. CSA has no inbuilt or inevitable set of emotional reactions. They proposed that CSA as a construct be reconsidered. It is claimed that the pathological impact of child sexual abuse had been overestimated (Rind *et al.*, 1998).

In contrast to Rind *et al.*'s (1998) findings, Ondersma, Berliner, Chaffin, Cordon and Goodman (2001) argued that the publishing of the meta-analysis in the American Psychological Journal, did not imply endorsement by the APA and that moral standard was not considered. Dallam *et al.* (2001) further stated that the meta-analysis included statistical errors and misinterpreted data. These challenges were rebutted by Rind *et al.* (2001).

The Rind, *et al.* (1998) review, caused an outcry against the American Psychological Association (APA) for publishing the article in the Psychological Bulletin. The article appeared on pedophilic sites like NAMBLA and Paidika. The media viewed the article as endorsing adult sex with children. The APA responded by defending the scientific validity of the review, the Board of Directors asserted the association's position against child sexual abuse and the serious harm it causes its victims and that children cannot consent to sexual activity with adults.

Ondersma *et al.* (2001) found the meta-analytic review of Rind *et al.* (1998) to be highly controversial, in particular the assertion that the relation between CSA and college adjustment is quite small and also their recommendations that child sexual abuse be labeled adult-child sex. Ondersma *et al.*'s (2001) critiqued the methodology and believed the findings to be based on scientific skepticism. They believe that the Rind *et al.*'s (1998) review engendered public furor because of the presentation of their findings conflict with consensual public morality. Also the publication of the article in an APA journal, implied endorsement of the Rind *et al.* (1998) review, which appeared more as a policy statement. The public felt that psychology was attacking an important deeply held value that when adults engage in sex with children it is abuse. It was noted that PTSD was absent in the list of dependent measures used by Rind *et al.* (1998). The conclusions drawn from the Rind *et al.* (1998) review was too firm, as family environment may be a risk factor, a correlate and an outcome of CSA. The critique argued that the presentation and interpretation of the findings was narrowly limited when harm was only defined on long term psychological effects and did not include short term effects such as PTSD, depression, anxiety, learning problems, medical problems, personality difficulties, revictimisation, sexualized behaviour, externalizing behaviour or substance abuse problems. The Rind *et al.* (1998) study is further criticized for generalizing the findings of a college sample to the broader population. Rind *et al.* (1998) study failed to explain why male college students might report childhood sexual experiences in positive terms because of factors such as male socialization, an unwillingness to admit to victimization, successful indoctrination by perpetrators. They alluded to masturbation and soon CSA may be revealed as another "sexual behaviour" and must free itself of outdated moral baggage. The critique by Ondersma *et al.* (2001) on the Rind *et al.* (1998) study further highlights that the definition of CSA used by the study states that "classifying behaviour as abuse, simply because it is generally viewed as immoral, is problematic".

Dallam *et al.* (2001) critiqued the Rind *et al.* (1998) study to have numerous problems in that it minimized CSA adjustment relations, they used a healthy sample and the meta-analysis tapped a very broad range of sexual experiences, used an inclusive definition of CSA, failed to correct statistical attenuation and misreported original data. It is supported

that CSA does not always lead to intense and pervasive harm. Dallam *et al.* (2001) in their qualitative review found that despite the preponderance of mild experiences, a significant percentage of both men and women indicated that the abuse continued to exert a negative effect in their lives. Dallam *et al.* (2001) also found a contradiction to the Rind study in that adults who reported CSA were less well adjusted than their peers despite the fact that in most cases the abuse had occurred many years previously. They also did not find gender differences in terms of adjustment problems as stated by the Rind *et al.* (1998) study.

Rind *et al.* (2001) attested to the validity and appropriateness of methods, analysis and conclusion and provided a rebuttal on the aforementioned critiques. They objected to the claims that the Rind *et al.* (1998) study committed numerous methodological and statistical errors and they miscoded and misinterpreted data. They stated that the study was scientific and that Ondersma *et al.*'s (2001) issue about framing and moral standards are extra scientific. They continue to support their original methods, analyses, recommendations and conclusions. They regard Dallam *et al.*'s (2001) critique as a "kitchen sink" attack, and being unable to demonstrate any bias that would necessitate altering their basic conclusions. Rind *et al.*'s (2001) response to the critiques, continued to state that their college samples were sound, interpretations of the data were appropriate, college samples are comparable in key aspects to national samples, treatment of definitions were justified, that moderator and statistical control analysis were valid. They state that Ondersma *et al.* (2001) feared a backlash against therapists and firmly state that psychotherapy should also stem from a firm scientific base like medicine does. Rind *et al.* (2001) further state in their rebuttal that causality needs to be taken into account by researchers as not only family background but also peer variables and personality dispositions are highly relevant to precocious sex and its correlates. Contextual factors should be considered besides the obvious factors of frequency, duration, relatedness, presence or absence of force, level of willingness should also be examined, therapists should uncover victims own perceptions of their experience and not project their own therapeutic viewpoint onto participants' responses. Researches should also clarify that their research is only based on unwanted CSA. Rind *et al.* (2001) further argue that psychologists should be studying informed consent as there are important legal and social implications to this construct. They further suggest that psychological researchers should assess and report reactions from negative to positive. Also to be aware that negative reactions do range from slightly unpleasant to truly horrific. It is also stated by Rind *et al.* (2001) that studies should not only be conducted with clinical samples so as to make it more scientifically valid.

Oellerich (2000) argued that the APA's response to the outcry the Rind *et al.* (1998) study provoked, was one of distancing and assertion that CSA does cause serious harm and "such activity should never be considered harmless" (p.67). Oellerich (2000) argues that this statement ignores the recommendation made by Rind *et al.* (1998) to differentiate abusive sexual behaviour from non-abusive. The argument supports the view that adult/nonadult sexual behaviour should never be considered harmless but it also

supports the importance in differentiating abusive and nonabusive adult/nonadult sexual behaviour. Oellerich (2000) stated that it is a myth to believe that sexual abuse of children is harmful to all its victims and that what the child may experience as harmful is due to factors extrinsic to the sexual abuse itself (the interpretation of the abuse, the handling of the situation by the parents, medical staff, law and school). According to Marty Seligman (past president of the APA), CSA being a special destroyer of adult mental health is far from proven.

Constantine (1981) reviewed 30 studies and found the experience a positive encounter and without real effects and this further reiterates the findings of Conte (1986) that sexual abuse appears to affect some victims but not others. A review of 28 studies by Browne and Finkelhor (1986) also found no serious evidence for psychopathology but found child advocates exaggerating harmful effects for political reasons. In Kendall-Tackett *et al.*'s review of 45 studies, 49% of sexually abused children suffered no psychological harm, but being asymptomatic does not rule out sexual abuse and that the abatement of symptoms occurred within two years with or without treatment. They found that sexually abused victims not in treatment were less symptomatic than their nonabused clinical counterparts.

Oellerich (2000) argued that the psychological industry needs victims/manufacture victims for opportunism and exploitation for monetary gain. Seligman (1994) found that therapy with sexually abused victims might be harmful especially when they have to relive the experience and this may interfere with the healing process. The author suggested that the APA should support Rind and Tromovitch (1997) and suggested a stop to equating wrongfulness with harmfulness in sexual matters. It is suggested that treatment not be provided for asymptomatic victims of child sexual abuse. Madu (2001) also reported that 83% of male and 68.2 % of female victims of sexual abuse perceived themselves as having not been abused.

Kendall-Tackett *et al.* (1993) proposed the following possible reasons why a number of CSA victims were found to be asymptomatic. One of the reasons may be that measures failed to include sensitive enough instruments, or the range of effects were too limiting. Another reason for asymptomatic presentation could be that symptoms had not

manifested yet at the time of the review. The final, and perhaps most important explanation to being asymptomatic, may be that abused children were truly less affected due to the relationship between the seriousness and duration of the abuse and the amount of impact. Perhaps these victims have more resilience and have more psychological, social and treatment resources at their disposal to cope with the abuse. Age at the time of assessment was considered by this study as intervening variable, as older children appeared more symptomatic. Most studies fail to determine the effect of the duration of the sexual abuse, neither the identity of the abuser nor the severity of the abuse.

Penetration (oral, anal or vaginal) did influence the impact of sexual abuse depending on the definition of the severity of abuse. It was found that molestation that included penetration produced more symptoms. Identifying the perpetrator, related to the impact of the abuse and usually a perpetrator close to the victim caused more serious symptomology to occur e.g. fathers, stepfathers. It could be concluded from the findings of this review, that molestations by a close perpetrator, a high frequency of sexual contact, a long duration, the use of force and sexual acts inclusive of oral, anal or vaginal penetration, lack of maternal support at time of disclosure, negative coping style, leads to greater symptoms for victims of child sexual abuse (Kendall-Tackett *et al.*, 1993).

These sharply opposing views on the impact of CSA should inform future studies on particularly appropriate definitions of CSA and appropriate methodology (Kendall-Tackett *et al.*, 1993; Oellerich, 2000; Constantine, 1981; Rind *et al.*, 2001; Dallam *et al.*, 2001).

Miller, Johnson and Johnson (1991) contend that respondents who report unwanted sexual experiences can readily be distinguished from those who do not, by using the Early Sexual Experiences Checklist (ESEC). They made a distinction between those who have encountered relatively severe events, such as oral-genital contact or anal or vaginal intercourse, and those who have encountered less severe events such as the exhibition or fondling of sexual organs. According to Miller *et al.* (1991) judges make these distinctions and severity of experience lead to different adult outcomes. Results obtained by the ESEC, resemble those obtained through face to face interviews. A study conducted by Anderson *et al.* (1995) found that 9% of women and 3% of college men, reported a history of severe victimization by a person 5 years older or more than themselves. It

found that 15% of women and 6% of men reported less severe victimization from someone 5 years older or more. According to their sample, 48%, almost half their sample, had some unwanted sexual experience during childhood or adolescence. In Miller and Johnson's study (1997), 56% of college students reported unwanted, bothersome childhood sexual experiences but nevertheless report that they have not been "sexually abused". It is thus apparent that more than half of those who encountered sexual abuse did not actually label themselves as having been sexually abused.

#### **2.4 ABATEMENT OF SYMPTOMS**

The examination of longitudinal studies, highlight the abatement of symptoms, the diminishing of emotional distress, improvement of symptoms and often anxiety, sleep problems, fear of the offender disappeared, but aggression increased (thus a decrease in internalizing but an increase in externalizing behaviour). The abatement theory should be cautiously used as symptoms often take on new manifestations with time (Kendall-Tackett *et al.*, 1993). In the study conducted by Kendall-Tackett *et al.*, 1993, it was apparent that within the first year or year and a half of disclosure, two thirds of victims presented with decreased symptomology. Fears and somatic symptoms abated most quickly, aggressiveness and sexual preoccupations remained or increased. Recovery of sexually abused victims was largely facilitated by a supportive family environment and maternal support. Maternal support was shown through believing the child and becoming protective of the child. The effects of long term therapy was inconclusive and Goodman, Taub, Jones, England, Port, Rudy, Prado (in press) found psychological counselling unrelated to improvement.

However, court experiences delayed recovery of victims in relation to children not involved in court proceedings because of increased fear of perpetrators and multiple court appearances and the harshness of court proceedings (Goodman *et al.*, in press cited in Kendall-Tackett *et al.*, 1993). The length of the case, and if it is not being resolved 5 months after the initial evaluation, slowed recovery in children (Runyan, Everson, Edelsohn, Hunter & Coulter, 1988). Only one study cited by Kendall-Tackett *et al.*, 1993, confirmed that testimony in protected court setting can mitigate trauma such as



closed-circuit television or videotaped testimony (Williams, 1991). Revictimisation within the year or two after disclosure indicated a frequency of 6% and 19% (Kendall-Tackett *et al.*, 1993).

According to a meta-analysis of college students by Rind *et al.* (1998) the negative effects of CSA has been overstated and the harm due to negative family factors had been understated, the negative effects were often only temporary. They concluded that the effects of CSA are “neither pervasive nor typically intense” and that “men react much less negatively than women” (p.3). Kendall-Tackett *et al.* (1993) found that victims of abuse slightly less adjusted but this could not be attributed to the effects of CSA but it was found that family environment impacted more. Family environment showed more adjustment variance than CSA.

Rind *et al.* (1998) state that self-report findings were that CSA does not cause intense harm, regardless of gender. CSA has no inbuilt or inevitable set of emotional reactions. They propose that CSA as a construct be reconsidered. It is claimed that the pathological impact of CSA has been overestimated. Dallam *et al.* (2001) stated that the meta-analysis included statistical errors and misinterpreted data. These challenges were rebutted by Rind *et al.* (2001).

## **2.5 SOUTH AFRICAN LEGISLATION PERTAINING TO CSA**

According to current legislation, the **age of consent** is 18 years of age. The South African Law Commission (2002) stated that if voting and obtaining a car licence require a minimum age of 18 then participating in sexual relations should have at least the same age criteria. Nelson Mandela commented once that voting should even be lowered to 14 years of age (Strauss, 1993).

There are parts of the domestic legislation in place for the protection of children in the Child Care Act, the Sexual Offences Act, the Family Violence Act, the Films and Publications Act and the Domestic Violence Act.

***Indecent assault*** describes most forms of unlawful sexual encounters other than rape to include anal rape, non-consensual insertion of an object into the vagina or anus, touching or fondling of genitals, oral or anal intercourse. Depending on the circumstances, such perpetrators may be prosecuted for rape, incest, offences under the Sexual Offences Act, indecent exposure or indecent assault.

***The Child Care Act*** (Act 74 of 1983, as amended) under Section 14(4)(aB)(iii) provides that the court has to determine if a child “ ... lives in circumstances likely to cause or conduce to his or her seduction, abduction or sexual exploitation’.

***The Sexual Offences Act*** (Act 23 of 1957, as amended) consolidates and amends laws relating to brothels, unlawful carnal intercourse and other acts. This Act was previously known as the Immorality Act. Section 14 of this Act seeks to: (a) prohibit sexual intercourse with a person under the age of 16 years (b) prohibit any form of sexual activity (immoral or indecent) with a person under the prescribed age in both heterosexual and homosexual acts. Sexual intercourse with a girl without consent is termed *rape*. Section 14(1)(a) supplements it is a “criminal offence” to render consensual intercourse with a girl between 12 and 16 years old and it is rape at common law to have intercourse with a girl under the age of 12 years with her “consent”. Common law rape only applies to a male upon a female. Where a female has sexual intercourse with a male under 12 years old, it is termed *indecent assault*.

Section 14(1)(b) renders punishable sexual acts often as anal penetration between males, but in this regard, establishes an age of consent (which is higher than that established for heterosexual partners) (South African Law Commission, 2002a). Common law acts such as fellatio, cunnilingus, masturbation, insertion of objects into the vagina or anus, touching of genitals, buttocks or breasts can constitute indecent assault, if the acts are performed on children under the age of consent. The Act provides for different ages of consent for homosexual sexual relations (may not do so with a partner who is over the age of 16 years but under the age of 19 years) and heterosexual sexual relations (over age 16 years).

It has been recommended that the following principles be involved in the Sexual Offences Act:

- (a) *identification of an age at which the child is not physiologically equipped to participate in sexual activity*
- (b) *identification of an age at which the child is not psychologically equipped to participate in sexual activity*
- (c) *identification of relationships between the child and the offender which may be abused to obtain sexual relations with the child*
- (d) *identification of an age differential between the offender and the victim which would indicate that the sexual activity is exploitive rather than between peers*
- (e) *explicitly identify the sorts of sexual activities which are prohibited*

These recommendations shall come into operation on a date fixed by the President in the Gazette (South African Law Commission, 2002a, p. 268).



Sexual offences with youths are described by Section 14 of the Sexual Offences Act as:

*“any male person who attempts to have unlawful carnal intercourse with a girl under the age of 16 years; commits or attempts with a girl or boy under the age of 19 years an immoral or indecent act; solicits or entices such a girl or boy to the commission of an indecent act shall be guilty of an offence”*

(South African Law Commission, 2002a)

*“any female who attempt to have unlawful carnal intercourse with a boy under the age of sixteen; commits or attempts with a girl or boy under the age of 19 years an immoral or indecent act; solicits or entices such a boy or girl to the commission of an indecent act shall be guilty of an offence”*

(South African Law Commission, 2002a)

Section 15 of the Sexual Offences Act places prohibition on any sexual relations with persons who suffer from a certain degree of mental disability. It is argued by the Law

Commission (2002a) that Section 14 of the Sexual Offences Act be replaced by the following for child molestation:

- (1) *any person who intentionally commits a sexual act with a child, at least two years younger than him or her, shall be guilty of an offence*
- (2) *any person who commits any act with the intent to invite or persuade a child, at least two years younger than him or her, to allow any person to commit a sexual act with that child shall be guilty of an offence*
- (3) *consent by a child to any sexual act shall not be a defence to a charge under this section*

It has been suggested by non-governmental organisations that there is a great need for a single offences act for the molestation of children, as the existing legislation does not adequately deal with it. The Sexual Offences Act relate to brothels, unlawful carnal intercourse and other acts and fail to focus on offences against children and instead, it highlights sexual conduct with youths. Sexual intercourse with prepubescent children is regarded as common law rape and punished as such. “Carnal intercourse” (as stated in the Sexual Offences Act) means penetration of the vagina by the penis. This definition is incomplete, as with many sexual abuse cases penetration has not taken place. It is argued that restricting sexual abuse to carnal intercourse is far too limiting (South African Law Commission, 2002a)..

## **2.6 IMPLICATIONS OF DEFINITION**

Both Collings (1991) and Rind, Tromovitch and Bauserman (1998) found a problem in the definition of CSA. Differences in defining a child, in defining age of sexual consent and differences in definition of Child Sexual Abuse, cause differences in prevalence and incidence rates. Collings (1991) cautioned that the variance in definitions may result in a variance in research results. This would have serious implications for the prevalence rates and other important findings regarding child sexual abuse. Thus, methodological issues do affect prevalence rate. Richter *et al.* (2004) stated that if definitions of sexual abuse differ, if populations from which data is gathered differ and if samples are not true

representatives of populations then it becomes even more difficult to ascertain prevalence of the problem.

## **2.7 INCIDENCE OF CHILD SEXUAL ABUSE**

### ***2.7.1 Prevalence of child sexual abuse***

During 1998, 22 917 cases of child sexual assault (incest, indecent assault and incest) and 17 503 cases of child rape was reported to the Child Protection Unit (1999/2000). In comparison to the previous year, there was a 12% increase (Child Protection Unit, 1999/2000). However, these numbers only indicate the number of cases handled by the Child Protection Unit and not cases handled by other units, police agencies, or those cases that go unreported (Lewis, 1997). According to Lötter (1992) cited in Collings (1997) the South African prevalence rate is two to four times higher than comparable rates for the United States.

Lewis (1997) stated that lack of reporting child sexual abuse and rape cases can be due to the “normative” nature of such cases, lack of confidence in the police service, the shame experienced by victims (and their families), economic dependence on abusers, fear of the perpetrator and the difficulty in obtaining convictions in child sexual abuse cases.

Collings (1997) administered a retrospective questionnaire on 640 South African undergraduate university women registered for psychology courses during 1992. The average age of his sample was 19.9 years with a range of 17 to 50 years. The definition of child sexual abuse used in the study included all unwanted sexual experiences involving physical contact experienced by a child 17 years or younger. Collings (1997) found amongst the 640 South African undergraduate university women he studied, that 223 respondents (34.8%) of the reported 270 unwanted sexual experiences involving physical contact under the age of 17 years. Collings (1997) finding of a 34.8% prevalence rate of contact forms of abuse was consistent to that of Levett, 1989a, 1989b (30.9%). Amongst university students a prevalence rate of CSA of 21.7% and 28.9% is reported by Madu (2001) and Collings (1991) respectively. Despite the adverse effects, some

families still associate shame and taboo with child sexual abuse and many cases may continue to be unreported.

### ***2.7.2 Age of victims and age of perpetrators***

Collings (1997) found the mean age of victims to be most prevalent (27.4%) in the 12-14 years age group. Age of perpetrator was the highest in the 0-17 years (34.5%) age group with a 11 year or more difference (44.5%) with 93.3% perpetrators being male. The SAPS Annual Report (2004) analysis of the biographical characteristics of victims and offenders found that 39.3% of the offenders were 19 years and younger. Nearly 10.0% were in the same age group as the victims (0 – 12 years). The study also found that 50% of sexual offences cases were withdrawn because the accused was a family member (sometimes the breadwinner) or a family friend. In a further study by Collings (1992) it was found that with a victimized sample of 68 women, the average age of abuse was 12.5 years (ranging between 4 – 17 years).



### ***2.7.3 Patterns of sexual abuse***

According to Madu & Peltzer (2001), of the 414 secondary school students, there was a prevalence of 54.2% child sexual abused victims of which 60% were males and 53.2% were females. Amongst them, 86.7% were kissed sexually, 60.9% were touched sexually and 28.9% were victims of oral, anal and vaginal intercourse. According to Collings (1992), forms of abuse included attempted sexual intercourse (6%); oral or manual genital contact (69%) and other forms of contact was 15%.

According to Collings (1997) the nature of child sexual abuse was reportedly highest for genital fondling (62.2%). Levett (1989a, 1989b) also reported a prevalence of 30.9% for contact forms of child sexual abuse (actual or attempted intercourse, oral, anal, genital contact, sexual kissing, hugging and kissing) as well as a prevalence of 43.6% for contact and non-contact forms of abuse (including exhibitionism, voyeurism, sexual threats and invitations).

Some patterns of abuse found in the Russell (1983) sample included:

- (1) *very serious sexual abuse (forced penile-vaginal penetration to attempted fellatio, cunnilingus or anilingus, anal intercourse, not by force) for 23% of all incidents*
- (2) *serious sexual abuse (forced digital penetration of the vagina to nonforceful attempted unclothed breast contact or simulated intercourse) for 41% of subjects*
- (3) *least serious sexual abuse (forced kissing, intentional sexual touching or the respondents buttocks, thigh, leg or other body part, contact with clothed breasts or genitals, with or without force) for 36% of the subjects.*

#### **2.7.4 Duration of sexual abuse**

The prevalence for a one time only duration was 56.1% and a frequency of 1 time only at 56.1% as well (Collings, 1997). The Collings (1992) study found that 52% of victims experienced the sexual abuse incident once off. It was found in the study of Magwaza (1994) that 35 of the sample experienced full penetration. It was also found in Magwaza (1994) study that 12 victims experienced repeated abuse and 23 were sexually abused for the first time.



#### **2.7.5 Psychological and physiological coercion strategies**

Collings (1992) found that strategies employed by perpetrators to obtain cooperation from the 67 victims in the study included: coercion (24 subjects); minimizing the consequences (22 subjects); defining the abuse as an expression of love (27 subjects); defining the abuse as parenting (27 subjects); as an enjoyable experience (37 subjects). Strategies employed by offenders to maintain cooperation included: punishment (10 subjects); rejection (27 subjects); bribery (10 subjects); nonsupportive disclosure (8 subjects); and “special secret” (29 subjects) (Collings, 1992). Collings (1997) also found that some coercion characteristics reported were: verbal threat (16.6%) and being pushed and held down (37.4%). Madu (2001) found that 81.2% of acquaintances and friends forcefully sexually kissed victims; 52.2% acquaintances or relatives forced victims to be touched sexually and 70.7% of acquaintances or relatives forced oral/anal/vaginal intercourse onto victims.

#### **2.7.6 Intrafamilial and Extrafamilial sexual abuse**

Russell (1983) used a definition of extra familial child sexual abuse as one of unwanted sexual experiences with persons unrelated by blood ranging from petting, touching, to rape before age 14 years and forcible rape between the ages of 14 to 17 years (inclusive). He conducted a study of 930 adult resident women in San Francisco. Intrafamilial sexual abuse was defined as any kind of exploitive sexual contact that occurred between relatives, no matter how distant the relationship before the victim turned 18 years of age (Russell, 1983). Experiences that were wanted like sex play between siblings and cousins were regarded as nonexploitative. According to Californian law, 13 years and younger was taken as the age criterion for CSA, and child sexual abuse is defined as “all sex acts upon children under age of fourteen, when the intent of sexually stimulating either party is involved” (Russell, 1983). It was the findings of this study that 16% of the sample reported at least one incident of intrafamilial sexual abuse before the age of 18 years. 12% of the 930 women were sexually abused by a relative before the age of 14 years. 31% of the sample reported abuse by a non-relative before 18 years of age and 20% sexually abused by a non-relative before the age of 14 years. The perpetrators of intrafamilial abuse occurred 40% within the nuclear family and were mainly parents and siblings, 4.5% having incestuous relationships with their fathers. Uncles were the second highest in prevalence (4.9%) and less with a first cousin (3%), brother (2%), male-in-law (0.9%), grandfather (0.9%), sister (0.3%) and mother (0.1%). No case was reported on grandmothers and aunts being perpetrators. In this sample only 8 female perpetrators of intrafamilial child sexual abuse were reported, which signifies only 4% of incestuous perpetrators (Russell, 1983).

The perpetrators of extrafamilial sexual abuse were mainly acquaintances (40%), strangers (15%), friend of the family, classified as authority figures (14%) of which parents’ lovers, household employees and neighbours were included. Perpetrators were overwhelmingly male (17%) with 4% female as well. In summary Russell (1983) states that in the sample of 930 adult women, 11% were strangers, 29% were relative and 60% of perpetrators were known to the victims but not related by blood. Stepfathers appeared to be sexually abusing at the most serious level. It is also apparent from this study that children who are sexually abused outside the family are abused in a significantly more



serious manner. Only one mother was reportedly a perpetrator (Russell, 1983). In a sample of 35 sexually abused children Magwaza (1994) found 26 of the victims suffered intrafamilial abuse, 7 were victims of extrafamilial abuse and 2 were sexually abused by neighbours.

It was found that victims were also more likely to report abuse at the hands of acquaintances (40.4%) though 31% of victims reported abuse involving a family member (Collings, 1997). This is remarkably lower than the 17% of victimized men in Collings (1991) study of university men. It is apparent from Collings', 1997 survey on university female students that the trend for girls being at risk of intrafamilial forms of sexual abuse supports previous surveys such as Finkelhor (1979). It was found in the study of Collings (1992) that 53% of perpetrators were mainly family members.

The Medical Research Council issued the following statistics during January 2002:

*60% of child rapists are teachers,  
family or friends of the victim;  
21% are family members,  
21% are strangers or recent acquaintances, and  
10% are friends*



### ***2.7.7 Incidence of rape in relation to that of child sexual abuse***

According to the findings of the Demographic and Health Survey (1999) it is indicated that rape is more commonly reported by a range of victims between the ages of 1 years to 38 years old. Of these victims, 3.3% reported experiences of having been touched sexually against their will and 1% had been forced to touch a man's genitals. The majority of assaults occurred between the ages of 10 and 14 years (85.4% of rape, 80.5% of fondling and 75.6% of touching a man) (Jewkes & Abrahams, 2002). Given the high incident of rape in this age category, it can be expected that there is a high prevalence of child sexual abuse as well.

The profile of perpetrators for rape, seem comparative to that of child sexual abusers: (Jewkes & Abrahams, 2002). Also, in this study, it was found that perpetrators of rape cases were:

*42.5% strangers,  
20.8% acquaintances,  
9.4% by someone from school,  
8.5% by a relative,  
7.5% by a partner, and 11.3% by others*

Wood, Maforah & Jewkes (1998) highlighted the importance of verbal persuasion, begging, pleading, underlying threats of violence and blackmail for rape victims as well, which seem similar to coercion of child sexual abuse.

## **2.8 VICTIM-PERPETRATOR RELATIONSHIPS**

According to Sandler & Sepel (1990), child sexual abuse can be divided into two broad categories, namely: (a) incest or intrafamilial sexual abuse, and (b) extrafamilial sexual abuse. The former refers to sexual relations between a child and older family members, or caregivers or extended family members. In some African cultures sexual relationships and incest is permitted between non-consanguinal relatives like cousins or distant relations (de la Rey, Duncan, Shefer & van Niekerk, 1997). Child ritualistic abuse is often defined as torture, hurt or forcing a child to do something sexual during some ritual or cultural gathering or religious activity. Often victimized participants would view this as normal within their cultural context. However, this remains child sexual abuse within South African law and should be treated as such.

According to the study conducted by Madu (2001), with respect to sexual abusive kiss, immediate and extended family members are reported as perpetrators. The perpetrators of extrafamilial child sexual abuse with respect to sexual touches were mainly friends, babysitters, teachers, doctors and authority figures, including strangers (Madu, 2001; Russell, 1983). With respect to oral/anal/vaginal intercourse, family and extended family are mainly reported as the perpetrators. It is apparent from this study that perpetrators are mostly known to victims (Madu, 2001; Russell, 1983).

## **2.9 RISK FACTORS**

It is important to contextualise child sexual abuse by briefly exploring the risk factors associated with this phenomenon, particularly, if children are more at risk within their

families, due to the maintenance of inequality within families and the system of secrecy within which sexual abusive relationships are maintained. The family constitutes a network of emotional and social relationships that could either promote growth or thwart it for a child. Dysfunctional family system may create psychological space for child sexual abuse (Magwaza, 1994). Incest mainly occurs with “emotionally isolated families” because these families are intent on keeping the myth of being the perfect family and sexual abuse in most cases do not take the form of strange men and most incidences of child sexual abuse do not involve abduction and physical violence (Vogelman,1990). Incest is also very common in the patriarchal and authoritarian families, where wives and daughters are owned by husbands (Vogelman, 1990).

Madu and Peltzer (2000) argues that children are at a further risk of child sexual abuse due to parental occupation, income, education, religion, ethnicity, presence or absence of father, presence of stepfather, degree of violence at home and quality of parental marital relation. Emotionally rejecting parents, punitive parents and separation from natural father are also risk factors identified by Collings (1991). Child sexual abuse is often related to family violence.

It is found in South Africa that parents who are migrant labourers leave children in the care of extended family placing them at risk of sexual abuse; teenage pregnancies are common, taking offspring into new marriages which may provide opportunities for sexual abuse (Madu & Peltzer, 2000; de la Rey *et al.*, 1997).



## **2.10 SUMMARY**

This chapter provided information regarding the specific acts involved in unwanted sexual contact and also the variation in types for boys and girls. It also provided statistical data on how much the experience affected the sexuality of men and women in adulthood. Severity and duration was also discussed. The chapter also provided a theoretical contextualization of child sexual abuse, drawing on core-symptom theory, multifaceted models, social learning theory, psychoanalysis, family systems theory and feminist theory. The impact of child sexual abuse was reviewed on college samples and why a number of victims are often found asymptomatic. A brief discussion on national legislation, the incidence of CSA, victim-perpetrator relationships and risk factors concluded this chapter.

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 INTRODUCTION**

At the time of launching the study little published research was available on the sexually abusive experiences of university students. The research questionnaire (Appendix 1), its selection and administration will be detailed as well as the research questions, treatment of the data and limitations of the study.

#### **3.2 METHODOLOGICAL ISSUES IN THE STUDY OF SEXUAL ABUSE**

The sexual experiences of university students have been subjected to much research over decades and methodological concerns have been based on the accuracy of information and on the appropriateness of the methods (André, Frevert, & Schuchmann, 1989 cited in Nicholas, 1993). Methodological concerns highlight the types of samples studied and the representativeness of such samples. Landmark studies have been questioned because of their reliability on volunteers (Kinsey, Pomeroy & Martin, 1948; Kinsey, Pomeroy, Martin & Gebhard, 1948). Previous research predominantly aimed largely on white college students (Delamater, 1974). The presumed sensitivity of the topic of sexuality raises the issue of the relative value of questionnaire versus interview methods (Nicholas, 1993). Often the sex of the interviewer influences the direction of bias and this has also come under scrutiny by researchers (Delamater, 1974). Kinsey, *et al.* (1948) used men to interview all respondents to standardize interviewer effect. Delamater (1974) speculated that males may be more truthful with male interviewers and females less truthful with female interviewers because women may fear the female interviewer's disapproval. It was found by Johnson & Delameter (1976) that self-administration questionnaires as opposed to face-to-face interviews maximised willingness to report accurately.

Self-report biases and definitional problems have plagued studies of sexual abuse of children. Miller *et al.* (1991) developed the Early Sexual Experiences Checklist (ESEC) to provide an efficient, accessible procedure for detecting such experiences that avoids

these methodological and conceptual problems. The ESEC merely asks respondents to check any specific, overt sexual behaviours that occurred when the respondents did not want them to. Coupled with this, also reports of: (a) the respondent's age during the events (b) the age of the person who initiated the events, or (c) any coercion, the ESEC allows diverse operationalisations of unwanted sexual experience that span the existing literature on sexual abuse (Kendall-Tackett *et al.*, 1993). The straightforward, mechanical checklist method avoids evaluative, pejorative terminology and is thus relatively noninvasive. It is also simple and direct and very inexpensive, making it practical for use with large, heterogeneous populations.

Respondents are also instructed to indicate with a check, any sexual behaviours that were unwanted and which occurred before they were 16 years of age. Also, because respondents possibly may have encountered more than one sexual experience, they are asked to circle the experience that bothers them most and answer any further questions related only to that most bothersome event. The checklist and any other additional questions usually only fits onto two sheets and may take only 4 to 5 minutes to complete.



Given the paucity of research in the area of child sexual abuse experiences of university students in South Africa, the research design of this study is an exploratory field study (Katz, Gipson, Kearn, Kriskovich, 1989).

### **3.3 DATA COLLECTION PROCEDURES**

All first year students who attended a University Orientation Programme (8 days) were invited to participate in the structured time to complete the Biographical Questionnaire. The questionnaires were administered during the 3<sup>rd</sup> day of the Orientation week. The total population that completed the questionnaire was one thousand seven hundred and fifty students, of which one thousand four hundred and forty seven usable questionnaires were scored. Colleagues and senior students at the Institute for Counselling, under the supervision of the writer, directed the assessment to ensure standardized conditions and procedures across the different venues. The senior students were trained peer facilitators

and had already established rapport with the smaller orientation first year groups through the various activities held on campus.

The instructions on the first page of the questionnaire was read by the coordinators and the first years were asked if there were any questions, before the testees embarked on completing the questionnaires.

### **3.4 AIMS OF THE STUDY**

The aims of this exploratory study of CSA are to:

- 1 determine the pattern and forms of child sexual abuse amongst university students
- 2 investigate the degree of sexual coercion
- 3 examine the victim-perpetrator relationship
- 4 determine the extent to which the student was bothered by the event at the time and when completing the checklist
- 5 establish the age of the student and the other person when the event occurred
- 6 establish the frequency of the coercive event
- 7 establish the gender difference in relation to the foregoing

### **3.5 METHODOLOGY**

#### **3.5.1 Participants**

Participants in the present study were first time entry first year university students at a historically black university. The population studied has the following religious, geographical, language and gender characteristics:

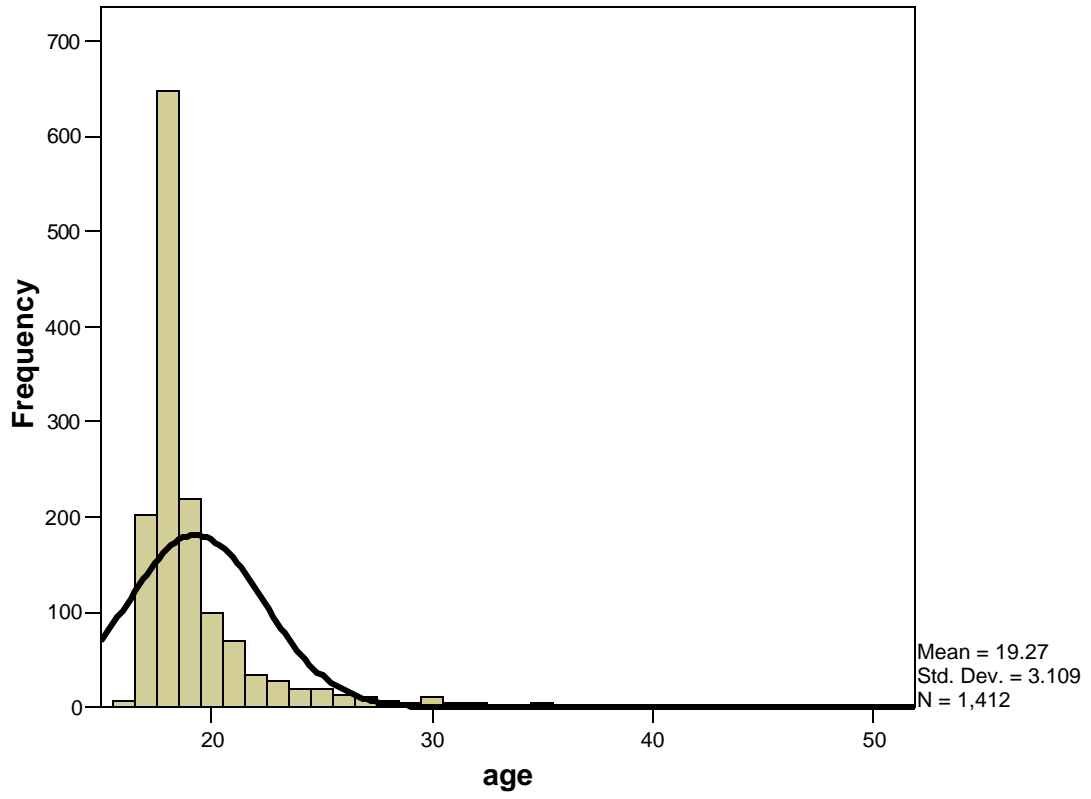
##### ***3.5.1.1 Gender/Sex/Age***

The sample comprised of 1447 first-year university students (mean age=19.27, Sd=3.109) of which 547 (37.3%) were male and 900 (61.4%) were women and 19 missing cases (1.3%). They varied in age from 16 years (6), 17 years (202), 18 years (647), 19 years (218) up to the age of 45 years (only one participant).

**Table 3.1: Age**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>16</b>	6	.4	.4	.4
	<b>17</b>	202	13.8	14.3	14.7
	<b>18</b>	647	44.1	45.8	60.6
	<b>19</b>	218	14.9	15.4	76.0
	<b>20</b>	99	6.8	7.0	83.0
	<b>21</b>	70	4.8	5.0	88.0
	<b>22</b>	34	2.3	2.4	90.4
	<b>23</b>	27	1.8	1.9	92.3
	<b>24</b>	20	1.4	1.4	93.7
	<b>25</b>	19	1.3	1.3	95.0
	<b>26</b>	13	.9	.9	96.0
	<b>27</b>	10	.7	.7	96.7
	<b>28</b>	6	.4	.4	97.1
	<b>29</b>	5	.3	.4	97.5
	<b>30</b>	11	.8	.8	98.2
	<b>31</b>	5	.3	.4	98.6
	<b>32</b>	5	.3	.4	98.9
	<b>33</b>	1	.1	.1	99.0
	<b>34</b>	3	.2	.2	99.2
	<b>35</b>	4	.3	.3	99.5
	<b>36</b>	2	.1	.1	99.6
	<b>37</b>	1	.1	.1	99.7
	<b>38</b>	2	.1	.1	99.9
	<b>43</b>	1	.1	.1	99.9
	<b>45</b>	1	.1	.1	100.0
	<b>Total</b>	1412	96.3	100.0	
<b>Missing</b>	<b>System</b>	54	3.7		
<b>Total</b>		1466	100.0		

# age





### 3.5.1.2 *Religious affiliation*

Of the first-year population, 78.2% is Christian (1123 subjects); 28.2 % males (405) and 50% females (718). The second largest denomination is Islamic (15.3%) of which 88 are males and 131 females.

**Table 3.2: Religious affiliation**

			Religious affiliation				Total
			Christian	Islamic	Hindu	Other	
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	405	88	4	46	543
		% within GENDER	74.6%	16.2%	.7%	8.5%	100.0%
		% within Religious affiliation	36.1%	40.2%	23.5%	59.7%	37.8%
		% of Total	28.2%	6.1%	.3%	3.2%	37.8%
<b>Female</b>	<b>Count</b>	718	131	13	31	893	
		% within GENDER	80.4%	14.7%	1.5%	3.5%	100.0%
		% within Religious affiliation	63.9%	59.8%	76.5%	40.3%	62.2%
		% of Total	50.0%	9.1%	.9%	2.2%	62.2%
<b>Total</b>	<b>Count</b>	1123	219	17	77	1436	
	% within GENDER	78.2%	15.3%	1.2%	5.4%	100.0%	
	% within Religious affiliation	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	78.2%	15.3%	1.2%	5.4%	100.0%	

### 3.5.1.3 *Geographical/Area of Permanent Residence*

Of the 1445 subjects that answered this question, 76.4% (1104) of subjects are from the Western Cape Province; 11.3% (163) from the Eastern Cape; 2.4% (34) from the Northern Cape; 0.9% (13) from the Free State; 1.4% (20) from Gauteng; 0.7% (10) from Mpumalanga; 2% (29) from the Northern Province; 0.3% (5) from the North West; 1.7% (24) from Kwazulu Natal; 0.6% (8) from Namibia; 0.3% (4) from Zimbabwe; 0.6% (9) from Botswana; 0.7% (10) from Lesotho; 0.2% (3) from Swaziland and 0.6% (9) other.

### 3.5.1.4 *Home Language*

Of the total population (1419) completed this question, of whom 28% are Afrikaans speaking; 41.4% are English speaking; 20.4% are Xhosa speaking; 1.3% are Zulu speaking; 1.2% are Tsonga; 1.8% are Northern Sotho; 0.6% are Swati; 0.1% are Ndebele and 5.1% speak another language.

**3.5.1.5 Faculty enrollment**

Of the sample 12.3% enrolled in the Arts Faculty; 28.6% enrolled for Science; 26.3% enrolled for Community and Health Science; 18% enrolled for Economics and Management Sciences; 0.6% enrolled for Education and 12.3% enrolled for Law.

**Table 3.3: Faculty Enrollment**

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>Arts and Theology</b>	180	12.3	12.5	12.5
	<b>Science</b>	419	28.6	29.2	41.7
	<b>CHS</b>	385	26.3	26.8	68.5
	<b>EMS</b>	264	18.0	18.4	86.8
	<b>Education</b>	9	.6	.6	87.5
	<b>Law</b>	180	12.3	12.5	100.0
	<b>Total</b>	1437	98.0	100.0	
<b>Missing</b>	<b>System</b>	29	2.0		
<b>Total</b>		1466	100.0		

### 3.5.1.6 Monthly income of parents

More than half of the respondents have parents who earn less than R3 500 per month.

**Table 3.4: Monthly income of parents**

			less than R500	R501-R1000	R1001-R2500	R2501-R3500	R3501-R5000	R5000 and more	Total
GENDER	Male	Count	42	88	103	73	166	10	482
		% within GENDER	8.7%	18.3%	21.4%	15.1%	34.4%	2.1%	100.0%
		% within Monthly Income of Parents	51.2%	41.7%	35.6%	30.7%	40.1%	52.6%	38.5%
		% of Total	3.4%	7.0%	8.2%	5.8%	13.2%	.8%	38.5%
	Female	Count	40	123	186	165	248	9	771
		% within GENDER	5.2%	16.0%	24.1%	21.4%	32.2%	1.2%	100.0%
		% within Monthly Income of Parents	48.8%	58.3%	64.4%	69.3%	59.9%	47.4%	61.5%
		% of Total	3.2%	9.8%	14.8%	13.2%	19.8%	.7%	61.5%
Total		Count	82	211	289	238	414	19	1253
		% within GENDER	6.5%	16.8%	23.1%	19.0%	33.0%	1.5%	100.0%
		% within Monthly Income of Parents	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	6.5%	16.8%	23.1%	19.0%	33.0%	1.5%	100.0%

### 3.5.2 Measuring instruments

The instrument is an anonymous, retrospective, self rating questionnaire. The Early Sexual Experiences Checklist is from the Handbook of Sexuality-Related Measures (Davis, Yarber, Bauserman, Schreer & Davis, 1998). It was conducted in English. Miller *et al.* (1991) created this Early Sexual Experiences Checklist (ESEC) to detect child sexual abuse experiences that avoids methodological and conceptual problems of self report bias and definitional problems. The ESEC asks respondents to check any overt sexual experiences that occurred when they did not want them to, reports on the age of the participant, age of the person that initiated the contact, any coercion. It is a noninvasive checklist. It is simple, direct and inexpensive and practical in surveying large, heterogeneous populations.

The ESEC contains nine items which list explicit sexual behaviours and another two items that allow respondents either to describe a further sexual event or to choose “none of the above”. This checklist include additional questions, which may vary according to the researcher’s needs, that obtain (a) the respondent’s sex (b) the respondent’s age at the time of the most bothersome event (c) the age of the other person involved (d) the identity (e.g. stranger) of the other person (e) the frequency and duration of the most bothersome experience, and (f) the presence and type of any coercion. Items using a 1 (not at all) to 7 (extremely) Likert-type format also obtain various ratings of the most bothersome event (e.g. “How much did it bother you then?” “How much does it bother you now?”).

Demographics include the variables of gender, age, language, income of parents and living arrangements. Questions cover areas on physical contact, forms of sexually abused experiences of participants before the age of 16 years, with an adult or person at least five years older or in a position of power, and the relationship of the perpetrator to the participant and whether physical force was used. Patterns of sexual abuse considered are voyeurism, exhibitionism, touches and sexual intercourse (oral, anal and vaginal). The forms of sexual abuse considered in the study are penetrative (contact) and non-penetrative (non-contact). Questions investigate whether the participant perceives him/herself as being abused, the short and long term effects, and the length of the sexual abuse and the incidence of abuse.

#### **3.5.4 Reliability and Validity**

Using Cohen’s kappa, a conservative statistic that corrects for chance agreement among diverse categories, the average 1-month test-retest reliability of the ESEC is .92 (Miller & Johnson, 1997).

Importantly, the ESEC captures reports of childhood sexual abuse that escape other paper and pencil techniques. Using the ESEC, Miller and Johnson (1997) found that 56% of a college sample who reported abuse in the form of unwanted, bothersome childhood experiences with partners 5 or more years older than themselves nevertheless specifically

reported that they had not been “sexually abused”. According to Anderson, Miller and Miller (1995) adults who had unwanted sexual experiences on the ESEC evidenced more depression and neuroticism and lower self esteem than those who did not encounter any unwanted sexual experiences. Furthermore, those who had severe experiences (e.g. unwanted oral-genital contact or anal or vaginal intercourse) were more impulsive and excessively used alcohol and other drugs, were less secure and more anxious and avoidant in their interpersonal relations than were those who had not had the severe unwanted sexual experiences. The ESEC methodology not only replicates the findings of other techniques for assessing abuse, but also extends these findings by allowing comparison of the sequelae of different types of abuse experiences.

#### **3.5.4 Procedure**

Official permission to conduct the research was sought from the Registrar at the University, as well as from the participants. The appropriate university committees and ethical review structures were approached for permission to conduct research on students from the campus. Once this had been obtained, a sample of students was randomly selected from the first year student population, and questionnaires administered to them. Most work done at the Institute for Counselling is based on research conducted into the utilization patterns of the service and continues to inform both practice and policy in respect of developing the counselling services that are offered and the training of intern counselling and educational psychology students. The research findings will inform the nature of the services offered and have enabled staff to improve and develop their expertise based on students’ needs. The Early Sexual Experience Checklist was included as part of this bigger research project with a similar rationale.

#### **3.5.5 Data Analysis**

The data was processed using the Statistical Package for the Social Sciences (SPSS). The chi-square test for independence was used to analyze the data as it is an extremely accurate technique with relatively large samples (Cornett & Beckner, 1975; Freedman, Pisani & Purves, 1978; Howell, 1989 cited in Nicholas, 1993). Another virtue of chi-square is that it is non-parametric and therefore not based on assumptions of any particular kind of distribution in the population studied.

When observed frequencies are less than five, tables should be collapsed to ensure that the chi-square is not an overestimate. Cornett & Beckner (1975) advised the use of Yates correction which reduces the numerator by one half units before squaring when expected frequencies are under 10 for 2 x 2 tables even though evidence exist that chi-square analysis can tolerate approximately 20% frequencies fewer than 10 without jeopardising the analysis. Howell (1989) contended that when the expected frequency is small, observed frequencies would not be normally distributed around it and that chi-square may not be a valid test in cases where the expected frequencies are too small. The definition of 'small' is still being debated but with a contingency table of 9 or fewer cells, all expected frequencies should be at least five (Howell, 1989)

### **3.6 ETHICAL CONSIDERATIONS**

Participation in the study was voluntary. Participants were informed about the purpose of the research to ensure informed consent. A brief description of the study was provided by the researcher. Participants were advised that they could terminate or withdraw from the study at any time. Confidentiality and anonymity were ensured. Confidential supportive counselling services were made available at the Institute for Counselling for participants who possibly were affected by the nature and content of the research.

### **3.7. SIGNIFICANCE OF THE STUDY**

There is a paucity of research in South Africa on the early experiences of child sexual abuse among university students. This study will contribute significantly to increasing knowledge of this crucially important social issue. It will further assist in the planning and development of preventive strategies aimed at addressing the issue of child sexual abuse.

### **3.8 LIMITATIONS OF THE STUDY**

The availability sample of black first-year university students is obviously not generalisable to the general South African population. The large size of the sample necessitated the exclusion of in-depth investigation of areas of sexual abuse effecting students' lives and which would have benefited the study.

### **3.9 SUMMARY**

This chapter provided a description of the participants and the methodological problems of questionnaire research on child sexual abuse data collection procedures, statistical analyses of the data and the limitations of the study were noted.

# CHAPTER 4

## RESULTS

### 4 Introduction

This chapter focuses on the investigation into the experience of CSA among university students, specifying that the abuse should have occurred before the age of 16 years. The patterns of child sexual abuse, victim-perpetrator relationships, age variables of victims and of perpetrators, the duration and severity of abuse as well as the different types of psychological pressure or physical force used in coercion, endured by these survivors was explored.

As stated in the previous chapter, out of the valid total number of questionnaires completed (N=1466), 547 were males (37.8%) and 900 were females (62.2%).

The number of respondents who had indicated any form of childhood unwanted sexual experiences was N=473 (32.3% of the total population of N=1466) before the age of 16 year: Thus 32.3%% were sexually abused in relation to a total population of 1466 before the age of 16 years. It would seem that 67.7% of the population did not experience an unwanted sexual event before the age of 16 years. This was found in response to the following questions:

- another person showed his/her sex organs to you
- you showed your sex organs to another person at his/her request
- someone touched or fondled you
- you touched or fondled another person
- another person had sexual intercourse with you
- another person performed oral sex on you
- you performed oral sex on another person
- someone told you to engage in sexual activity so that he/she could watch
- you engaged in anal sex with another; and

- other contact or non-contact forms of sexual abuse)

The number of male victims in relation to the number of female victims varies in prevalence on each of the aforementioned questions. This will be outlined separately. The results will be presented in tabular form, following the nine different sections of the questionnaire. The results have already been analysed according to its demographic variables of gender, sex, family income and faculty enrolment in the previous chapter.





## 4.2 When you were under 16, did any of these events happen when you did not want them to?

**Table 4.1.1:** Another person showed his or her sex organs to you

### Crosstab

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	141	97	238
		<b>% of Total</b>	32.0%	22.0%	54.1%
	<b>Female</b>	<b>Count</b>	108	94	202
		<b>% of Total</b>	24.5%	21.4%	45.9%
<b>Total</b>		<b>Count</b>	249	191	440
		<b>% of Total</b>	56.6%	43.4%	100.0%

### Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	1.485(b)	1	.223		
<b>Continuity Correction(a)</b>	1.259	1	.262		
<b>Fisher's Exact Test</b>				.247	.131
<b>N of Valid Cases</b>	440				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 87.69.

As indicated by Table 4.1.1 above, that out of the valid total number of respondents to this question (N=440), the number who indicated that “another person showed his or her sex organs to you” is 249. This gives a prevalence of 56.6% students. The number of male victims are 32% (N=141) and 24.5% are female students (N=108). The difference between males and females for this question is not statistically significant. ( $p > 0.05$ ).

**Table 4.1.2: You showed your sex organs to another at his/her request?**

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	95	140	235
		<b>% of Total</b>	21.9%	32.3%	54.1%
	<b>Female</b>	<b>Count</b>	36	163	199
		<b>% of Total</b>	8.3%	37.6%	45.9%
<b>Total</b>		<b>Count</b>	131	303	434
		<b>% of Total</b>	30.2%	69.8%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	25.508(b)	1	.000		
<b>Continuity Correction(a)</b>	24.459	1	.000		
<b>Fisher's Exact Test</b>				.000	.000
<b>N of Valid Cases</b>	434				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 60.07.

As indicated by Table 4.1.2, out of the valid total number of respondents to this question (N=434), the number of students who indicated that “you showed your sex organs to another at his or her request” is 131. This gives a prevalence of 30.2% of students. More than double of these students were males (21.9%), a total of 95, as opposed to only 8.3% of female students, a total of 36.

***Table 4.1.3: Someone touched or fondled your sex organs?***

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	120	113	233
		<b>% of Total</b>	27.6%	26.0%	53.6%
	<b>Female</b>	<b>Count</b>	125	77	202
		<b>% of Total</b>	28.7%	17.7%	46.4%
<b>Total</b>		<b>Count</b>	245	190	435
		<b>% of Total</b>	56.3%	43.7%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	4.738(b)	1	.030		
<b>Continuity Correction(a)</b>	4.325	1	.038		
<b>Fisher's Exact Test</b>				.033	.019
<b>N of Valid Cases</b>	435				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 88.23.

*As indicted above, the results show (Table 4.1.3) that out of a valid total of 435 participants, 245 (56.3%) indicated that “someone touched or fondled your sex organs”. It was found that 28.7% (125) were female students in relation to 27.6% (120) male students. In total 56.3% had this unwanted sexual experience. The difference between male and female students for this question is statistically significant. ( $p < 0.05$ ).*

***Table 4.1.4: You touched or fondled another person’s sex organs at his/her request***

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	145	87	232
		<b>% of Total</b>	34.1%	20.5%	54.6%
	<b>Female</b>	<b>Count</b>	67	126	193
		<b>% of Total</b>	15.8%	29.6%	45.4%
<b>Total</b>		<b>Count</b>	212	213	425
		<b>% of Total</b>	49.9%	50.1%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	32.534(b)	1	.000		
<b>Continuity Correction(a)</b>	31.432	1	.000		
<b>Fisher's Exact Test</b>				.000	.000
<b>N of Valid Cases</b>	425				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 96.27.

As Table 4.1.4 indicate above, out of a valid total of N=425 participants, 145 males (34.1%) and 67 females (15.8%) indicated that “you touched or fondled another person’s sex organs at his or her request”. This totaled to 212 (49.9%) of students. The gender difference for this question was statistically significant. (p<0.001).

***Table 4.1.5: Another person had sexual intercourse with you***

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	94	145	239
		<b>% of Total</b>	21.5%	33.1%	54.6%
	<b>Female</b>	<b>Count</b>	55	144	199
		<b>% of Total</b>	12.6%	32.9%	45.4%
<b>Total</b>		<b>Count</b>	149	289	438
		<b>% of Total</b>	34.0%	66.0%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	6.614(b)	1	.010		
<b>Continuity Correction(a)</b>	6.103	1	.013		
<b>Fisher's Exact Test</b>				.011	.007
<b>N of Valid Cases</b>	438				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 67.70.

*The results of Table 4.1.5 above indicate that out of a valid total of N=438 participants, 34% of respondents (N=149) indicated that someone had sexual intercourse with them. This gives a prevalence rate of 21.5% for males (94) and 12.6% (55) for females. A statistically significant relationship exists between males and females for this question. ( $p < 0.05$ ).*

***Table 4.1.6: Another person performed oral sex on you***

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	58	170	228
		<b>% of Total</b>	13.7%	40.2%	53.9%
	<b>Female</b>	<b>Count</b>	36	159	195
		<b>% of Total</b>	8.5%	37.6%	46.1%
<b>Total</b>		<b>Count</b>	94	329	423
		<b>% of Total</b>	22.2%	77.8%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	2.960(b)	1	.085		
<b>Continuity Correction(a)</b>	2.570	1	.109		
<b>Fisher's Exact Test</b>				.100	.054
<b>N of Valid Cases</b>	423				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 43.33.

As indicated above by Table 4.1.6, many male students (13.7%) as opposed to female students (8.5%) indicated that the other person performed oral sex on them, a total of 22.2% altogether (94 respondents). The gender difference for this question is not statistically significant.

***Table 4.1.7: You performed oral sex on another person***

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	36	186	222
		<b>% of Total</b>	8.8%	45.5%	54.3%
	<b>Female</b>	<b>Count</b>	19	168	187
		<b>% of Total</b>	4.6%	41.1%	45.7%
<b>Total</b>		<b>Count</b>	55	354	409
		<b>% of Total</b>	13.4%	86.6%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	3.198(b)	1	.074		
<b>Continuity Correction(a)</b>	2.699	1	.100		
<b>Fisher's Exact Test</b>				.082	.049
<b>N of Valid Cases</b>	409				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 25.15.

The results above indicate (Table 4.1.7) that 13.4% respondents acknowledged performing oral sex on another person (8.8% males and 4.6% females). Gender differences for this question are not statistically significant.

***Table 4.1.8: Someone told you to engage in sexual activity so that he/she could watch***

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	15	214	229
		<b>% of Total</b>	3.5%	50.6%	54.1%
	<b>Female</b>	<b>Count</b>	13	181	194
		<b>% of Total</b>	3.1%	42.8%	45.9%
<b>Total</b>		<b>Count</b>	28	395	423
		<b>% of Total</b>	6.6%	93.4%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	.004(b)	1	.950		
<b>Continuity Correction(a)</b>	.000	1	1.000		
<b>Fisher's Exact Test</b>				1.000	.551
<b>N of Valid Cases</b>	423				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.84.

In Table 4.1.8 above, the results indicate that 6.6% of subjects were told to engage in sexual activity while the other person could watch of which 3.5% were males and 3.1% females. Gender difference for this question is not statistically significant.



**Table 4.1.9: You engaged in anal sex with another person**

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	23	201	224
		<b>% of Total</b>	5.6%	49.0%	54.6%
	<b>Female</b>	<b>Count</b>	10	176	186
		<b>% of Total</b>	2.4%	42.9%	45.4%
<b>Total</b>		<b>Count</b>	33	377	410
		<b>% of Total</b>	8.0%	92.0%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	3.285(b)	1	.070		
<b>Continuity Correction(a)</b>	2.658	1	.103		
<b>Fisher's Exact Test</b>				.100	.050
<b>N of Valid Cases</b>	410				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.97.

It is indicated by Table 4.1.9 above, that more male student (5.6%) than female students (2.4%) of a total of 8.0% engaged in anal sex with another person. Gender difference for this question is not significantly significant.

**Table 4.1.10: Other**

**Crosstab**

			Yes	No	Total
GENDER	Male	Count	14	141	<b>155</b>
		% of Total	5.3%	53.4%	<b>58.7%</b>
	Female	Count	10	99	<b>109</b>
		% of Total	3.8%	37.5%	<b>41.3%</b>
Total		Count	24	240	<b>264</b>
		% of Total	<b>9.1%</b>	<b>90.9%</b>	<b>100.0%</b>

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	.002(b)	1	.968		
<b>Continuity Correction(a)</b>	.000	1	1.000		
<b>Fisher's Exact Test</b>				1.000	.566
<b>N of Valid Cases</b>	264				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.91.

Responses	Number	Males	Female
<b>I watched a sex video</b>	7	5	2
<b>It felt positive since I consented</b>	7	6	1
<b>The person wanted me to masturbate while the person watched</b>	3	3	0
<b>My breasts were stimulated</b>	3	0	3
<b>The person had phone sex with me</b>	2	0	2
<b>An object was inserted into my vagina</b>	1	0	1
<b>My buttocks were caressed</b>	1	0	1
<b>TOTAL</b>	24	14	10

It is indicated by Table 4.1.10 above that exposure to other unwanted sexual experiences totaled to 9.1%. Of these, 5.3% respondents were males and 3.8% were females. There were 7 subjects who watched a sex video with the other person (5 males and 2 females). There were also 7 subjects who acknowledged feeling positive about the experience (6 males and 1 female). There were 3 males who were asked to masturbate while the other person watched. It was also reported that 3 females had their breasts stimulated by the other person, while 2 females experienced telephone sex. It was also found that 1 female had an object inserted into her vagina and that 1 female's buttocks was caressed. The difference between males and females for this question is not statistically significant.

**4. 2. If any of these incidents ever happened to you, please answer the following questions by thinking about the ONE behavior that bothered you the MOST.**

**Table 4.2: Circle the one behaviour that bothered the most**

BEHAVIOUR	MALES	FEMALES	TOTAL	MALES	FEMALES	TOTAL
Another person showed his or her sex organs to you	2	3	5	6.5%	9.7%	16.1
You showed your sex organs to another at his or her request	1	0	1	3.2%	0%	3.2
Someone touched or fondled your sex organs	2	8	10	6.5%	25.8%	32.3%
You touched or fondled another persons sex organs at his or her request	2	3	5	6.5%	9.7%	16.1%
Another person had sexual intercourse with you	2	3	5	6.5%	9.7%	16.1%
Another performed oral sex on you	0	1	1	0%	3.2%	3.2%
Someone told you to engage in sexual activity so that he or she could watch	0	1	1	0%	3.2%	3.2%
You engaged in anal sex with another person	1	0	1	3.2%	0%	3.2%
Other	1	1	2	3.2%	3.2%	6.5%
<b>TOTAL</b>	<b>11</b>	<b>20</b>	<b>31</b>	<b>35.5%</b>	<b>64.5%</b>	<b>100%</b>

**Chi-Square Tests**

17 cells (94.4%) have expected count less than 5. The minimum expected count is .35.



Table 4.2 above indicates that respondents were most bothered by someone touching and fondling their sex organs (6.5% males and 25.8% females). The second highest incidents most bothered by were: having another person showing his/her sex organs (6.5% male and 9.7% female respondents); respondents touching or fondling another person’s sex organs at their request (6.5% males and 9.7% females); as well as having sexual intercourse with another person (6.5% males and 9.7% females). Other incidents, not specified, bothered 3.2% male and 3.2% female respondents. No respondents circled the behaviour “you performed oral sex on another person”. The N=31 seemed to be a very low total in relation to the responses received on Question 7 and Question 8. The difference between males and females for this question is not significantly significant.

### 4.3 Age

**Table 4.3.1: How old were you when it happened?**

AGE	MALES	FEMALES	TOTAL	MALES %	FEMALES%	TOTAL
1	0	1	1	0%	.3%	.3%
4	0	3	3	0%	.9%	.9%
5	0	7	7	0%	2.2%	2.2%
6	2	5	7	.6%	2.2%	2.8%
7	1	5	6	.3%	1.9%	2.2%
8	1	8	9	.3%	2.8%	3.1%
9	4	5	9	1.2%	2.8%	4%
10	3	8	11	.9%	3.4%	4.3%
11	2	5	7	.6%	2.2%	2.8%
12	12	10	22	3.7%	6.8%	10.5%
13	8	9	17	2.5%	5.3%	7.8%
14	28	15	43	8.7%	13.4%	22.1%
15	51	38	89	15.8%	27.6%	43.4%
<b>TOTAL</b>	<b>112</b>	<b>119</b>	<b>231</b>	<b>34.6%</b>	<b>71.8%</b>	

#### Chi-Square Tests

26 cells (65.0%) have expected count less than 5. The minimum expected count is .47.

#### Gender differences

Dependent Variable	Gender	Mean Age
How old were you when it happened?	Male	14.644
	Female	12.763
Approximately how old was the other person involved?	Male	16.948
	Female	21.980

It is indicated by Table 4.3.1 above that out of the valid total number of participants (231), 34.6% males (112) and 71.8% females (119) responded to the question “how old were you when it happened?”. On average the age for male students was = 14.6 years and the average for female students = 12.76 years. There is also a significant difference in age of the other person involved:

- (a) for males the other person is on average 16.9 (male victim = 14.6 years)
- (b) for females the other person is on average 21.19 (female victim = 12.76)

There is a significant statistical gender difference for this question. ( $p < 0.05$ ).

**Table 4.3.2: Approximately how old was the other person involved?**

AGE	MALES	FEMALES	TOTAL	MALES %	FEMALES%	TOTAL
6	1	0	1	.3%	0%	.3%
8	1	0	1	.3%	0%	.3%
9	0	1	1	0%	.3%	.3%
10	5	0	5	1.6%	0%	1.6%
11	0	1	1	0%	.3%	.3%
12	5	2	7	1.6%	.6%	2.2%
13	8	4	12	2.6%	1.3%	3.8%
14	22	2	24	7.1%	.6%	7.7%
15	30	10	40	9.6%	3.2%	12.8%
16	32	12	44	10.3%	3.8%	14.1%
17	16	22	38	5.1%	7.1%	12.2%
18	15	23	38	4.8%	7.4%	12.2%
19	10	10	20	3.2%	3.2%	6.4%
20	5	12	17	1.6%	3.8%	5.4%
21	2	0	2	.6%	0%	.6%
22	2	3	5	.6%	1.0%	1.6%
23	1	5	6	.3%	1.6%	1.9%
24	2	4	6	.6%	1.3%	1.9%
25	1	4	5	.3%	1.3%	1.6%
27	0	1	1	0%	.3%	.3%
28	2	1	3	.6%	.3%	1.0%
29	1	1	2	.3%	.3%	.6%
30	1	8	9	.3%	2.6%	2.9%
31	0	1	1	0%	.3%	.3%
32	0	2	2	0%	.6%	.6%
33	1	1	2	.3%	.3%	.6%
35	0	1	1	0%	.3%	.3%
36	0	2	2	0%	.6%	.6%
37	0	1	1	0%	.3%	.3%
38	0	1	1	0%	.3%	.3%
40	1	4	5	.3%	1.3%	1.6%
42	0	1	1	0%	.3%	.3%
43	0	1	1	0%	.3%	.3%
44	0	1	1	0%	.3%	.3%
45	1	1	2	.3%	.3%	.6%
47	0	1	1	0%	.3%	.3%
49	1	0	1	.3%	0%	.3%
50	0	1	1	0%	.3%	.3%
59	0	1	1	0%	.3%	.3%
<b>Total</b>	<b>166</b>	<b>146</b>	<b>312</b>	<b>53.2%</b>	<b>46.8%</b>	<b>100%</b>

**Chi-Square Tests**

62 cells (79.5%) have expected count less than 5. The minimum expected count is .47.

It is indicated by Table 3.2 above that for male students the mean age of the other person = 17 years. For female students the mean age of the other person = 21.9 years. Thus for male students the other person was in the older teens, thus the relationship was adolescent vs adolescent. For female students the other person was an adult, thus the relationship was pubertal age vs. adults. Most males (32 respondents) have been sexually abused by someone at the age of 16 years. For females, the perpetrators were mainly 18 years and

older. There exists a very significant statistical difference between gender and this question. ( $p < 0.001$ ).

#### 4.4 Who was the other person involved?

**Table 4.4.1: Relative, Friend or acquaintance, Stranger**

##### Crosstab

			Relative	friend or acquaintance	stranger	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	17	134	17	<b>168</b>
		<b>% of Total</b>	5.4%	42.7%	5.4%	<b>53.5%</b>
	<b>Female</b>	<b>Count</b>	45	81	20	<b>146</b>
		<b>% of Total</b>	14.3%	25.8%	6.4%	<b>46.5%</b>
<b>Total</b>		<b>Count</b>	62	215	37	<b>314</b>
		<b>% of Total</b>	19.7%	68.5%	11.8%	<b>100.0%</b>

##### Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	24.533(a)	2	.000
<b>N of Valid Cases</b>	314		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 17.20.

It is indicated above in Table 4.4.1 that a total of 19.7% of respondents were abused by a relative (5.7% males and 14.1% females); 68.5% were abused by a friend or acquaintance (42.2% males and 26% females); and 11.8% by a stranger (5.7% males and 6.3% females). In summary it would seem that fewer females were abused by strangers, but more often by friends or acquaintances. Males were less often sexually abused by strangers and relatives and more so by friend or acquaintance. It is also found in this study that females are more often abused by relatives than what males are.

There is a significant relationship in that with boys the other person was more likely to be a friend or acquaintance. With girls the other person was more likely to be a relative.

The difference between males and females for all three categories are statistically very significant. ( $p < 0.001$ ). There exists a 99.9% confidence that there is a relationship.

**Table 4.4.2: If the other person was a relative, how were they related to you?**

**Crosstab**

Count	Father	Mother	Uncle	Aunt	Male cous	Female cous	Grandfath	Grandmoth	Other	Total
Male	7	2	2	1	8	10	1	1	13	45
Total	6.7%	1.9%	1.9%	1.0%	7.7%	9.6%	1.0%	1.0%	12.5%	43.3%
Female	8	3	13	2	14	4	2		13	59
Total	7.7%	2.9%	12.5%	1.9%	13.5%	3.8%	1.9%		12.5%	56.7%
<b>TOTAL</b>	<b>15</b>	<b>5</b>	<b>15</b>	<b>3</b>	<b>22</b>	<b>14</b>	<b>3</b>	<b>1</b>	<b>26</b>	<b>104</b>
%	14.4%	4.8%	14.4%	2.9%	21.2%	13.5%	2.9%	1.0%	25.0%	

**Chi-Square Tests**

8 cells (44.4%) have expected count less than 5. The minimum expected count is .43.



As indicated by Table 4.4.2 above, more females were abused by fathers and uncles (7.7% and 12.5% respectively) in contrast males were abused by only 6.7% (fathers) and 1.9% (uncles). There are five incidents of mothers being the perpetrators (2 Males and 3 Females). The prevalence equaled for both males and females where aunts (1%) and grandfather's (1.9%) were indicated as the relatives. Only 1 male respondent had a grandmother as a perpetrator. 12.5% of Males and 12.5% of females indicated, "other" relatives without specification. Perpetrators for both males and females were more from the extended family than intrafamilial. There was no gender difference that was statistical significant for this question.

## 4.8 How many times did the behaviour occur?

**Table 4.5:** How many times did the behaviour occur?

### Crosstab

			just once	twice	3 or 4 times	5 times or more	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	81	28	28	43	<b>180</b>
		<b>% of Total</b>	24.3%	8.4%	8.4%	12.9%	<b>53.9%</b>
	<b>Female</b>	<b>Count</b>	81	22	18	33	<b>154</b>
		<b>% of Total</b>	24.3%	6.6%	5.4%	9.9%	<b>46.1%</b>
<b>Total</b>		<b>Count</b>	162	50	46	76	<b>334</b>
		<b>% of Total</b>	48.5%	15.0%	13.8%	22.8%	<b>100.0%</b>

### Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	2.199(a)	3	.532
<b>N of Valid Cases</b>	334		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 21.21.

The results in Table 4.5 above indicate that for a significant proportion of students the unwanted event only happened once (48.5%). Out of the total sample of 334 which answered this question the following emerged: Just once, 48.5%; Twice, 15%; 3 or 4 times, 13.8%; and 5 times or more, 22.8%. When the event did happen more than once, it occurred more than 5 times. There was no statistical relationship between gender and how frequently it happened.



## 4.9 Over how long a period did this behaviour occur?

**Table 4.6:** Over how long a period did this behaviour occur?

### Crosstabs

			just once	month or less	several months	a year or more	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	81	41	31	24	<b>177</b>
		<b>% of Total</b>	24.5%	12.4%	9.4%	7.3%	<b>53.6%</b>
	<b>Female</b>	<b>Count</b>	74	20	34	25	<b>153</b>
		<b>% of Total</b>	22.4%	6.1%	10.3%	7.6%	<b>46.4%</b>
<b>Total</b>		<b>Count</b>	155	61	65	49	<b>330</b>
		<b>% of Total</b>	<b>47.0%</b>	<b>18.5%</b>	<b>19.7%</b>	<b>14.8%</b>	<b>100.0%</b>

### Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	5.991(a)	3	.112
<b>N of Valid Cases</b>	330		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 22.72.

In Table 4.6 above, it is indicated that a significant proportion of students experienced the event just once (47%); for a month or less (18.5%); for several months (19.7%); and for a year or more on 14.8%. For the majority of students the event occurred just once (47%). When it did happen for more than once, it occurred over several months (19.7%). For males, the likelihood of it occurring for a month or less was greater (12.4%) than for females (6.1%). For females, it occurred for several months to a year of more, more often than it did for male respondents. There is no statistical relationship between gender and how long a period the behaviour occurred.

## 4.10 How much did the experience bother you at the time?

**Table 4.7: How much did the experience bother you at the time?**

### Crosstab

			Not at all	Moderately	Extremely	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	123	43	13	<b>179</b>
		<b>% of Total</b>	36.8%	12.9%	3.9%	<b>53.6%</b>
	<b>Female</b>	<b>Count</b>	35	61	59	<b>155</b>
		<b>% of Total</b>	10.5%	18.3%	17.7%	<b>46.4%</b>
<b>Total</b>		<b>Count</b>	158	104	72	<b>334</b>
		<b>% of Total</b>	<b>47.3%</b>	<b>31.1%</b>	<b>21.6%</b>	<b>100.0%</b>

### Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	80.207(a)	2	.000
<b>N of Valid Cases</b>	334		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 33.41.

The results in Table 4.7 above, show that out of the total number of respondents ((N=334), 47.3% indicated being not bothered at all (36.\*% males and 10.5% females); 31.1% were moderately bothered at the time (12.9% males and 18.3% females); and 21.6% of respondents were extremely bothered at the time (3.9% males and 17.7% females). Most male respondents indicate that the experience did not bother them at all at the time (36.8%) whereas females were moderately bothered at the time (18.3%). More females were extremely bothered at the time (17.7%) than males (3.9%). There is a very significant statistical difference between males and females for this question. (p<0.001)

## 4.8 How much does the experience bother you now?

**Table 4.8:** How much does the experience bother you now?

### Crosstab

			Not at all	Moderately	Extremely	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	135	31	13	<b>179</b>
		<b>% of Total</b>	40.5%	9.3%	3.9%	<b>53.8%</b>
	<b>Female</b>	<b>Count</b>	69	52	33	<b>154</b>
		<b>% of Total</b>	20.7%	15.6%	9.9%	<b>46.2%</b>
<b>Total</b>		<b>Count</b>	204	83	46	<b>333</b>
		<b>% of Total</b>	<b>61.3%</b>	<b>24.9%</b>	<b>13.8%</b>	<b>100.0%</b>

### Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	33.675(a)	2	.000
<b>N of Valid Cases</b>	333		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 21.27.

It is indicated by Table 4.8 above that out of the valid total number of 333 participants, 204 (61.3%) were not at all bothered now (40.5% males and 20.7% females).

The results also show that 24.9% (83) were moderately bothered (9.3% males and 15.6% females). The study also found that only 13.8% of students were extremely bothered now (3.9% males and 9.9% females). There is a significant relationship in that males was not bothered at all, at the time nor now. It is also evident that females are bothered more moderately now and was extremely bothered then. Gender differences for these questions are statistically very significant. ( $p < 0.001$ ).

## 4.9 What kind of psychological pressure or physical force did the person use, if any?

**Table 4.9.1:** They tried to talk you into it.

### Crosstab

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	50	113	163
		<b>% of Total</b>	17.3%	39.1%	56.4%
	<b>Female</b>	<b>Count</b>	72	54	126
		<b>% of Total</b>	24.9%	18.7%	43.6%
<b>Total</b>		<b>Count</b>	122	167	289
		<b>% of Total</b>	42.2%	57.8%	100.0%

### Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	20.409(b)	1	.000		
<b>Continuity Correction(a)</b>	19.338	1	.000		
<b>Fisher's Exact Test</b>				.000	.000
<b>N of Valid Cases</b>	289				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 53.19.

It is indicated by Table 4.9.1 above that of 130 respondents, 60% females were more likely than 40% males talked into an unwanted sexual experience.

A significant gender difference exists for this question. ( $p < 0.001$ ).

***Table 4.9.2: They scared you because they were bigger or stronger.***

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	12	140	152
		<b>% of Total</b>	4.4%	51.3%	55.7%
	<b>Female</b>	<b>Count</b>	52	69	121
		<b>% of Total</b>	19.0%	25.3%	44.3%
<b>Total</b>		<b>Count</b>	64	209	273
		<b>% of Total</b>	23.4%	76.6%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	46.195(b)	1	.000		
<b>Continuity Correction(a)</b>	44.261	1	.000		
<b>Fisher's Exact Test</b>				.000	.000
<b>N of Valid Cases</b>	273				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 28.37.

It is indicated by Table 4.9.2 above that 78.3% of females were more likely than and 21.7% of males scared by the perpetrator because they were bigger and stronger. Gender difference for this question is statistically very significant. ( $p < 0.001$ ).

**Table 4.9.3: They said they would hurt you.**

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	10	141	151
		<b>% of Total</b>	3.9%	54.7%	58.5%
	<b>Female</b>	<b>Count</b>	17	90	107
		<b>% of Total</b>	6.6%	34.9%	41.5%
<b>Total</b>		<b>Count</b>	27	231	258
		<b>% of Total</b>	10.5%	89.5%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	5.738(b)	1	.017		
<b>Continuity Correction(a)</b>	4.791	1	.029		
<b>Fisher's Exact Test</b>				.022	.015
<b>N of Valid Cases</b>	258				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 11.20.

In Table 4.9.3 above it is indicated that a very large amount of females (60%) in relation to males (40%) were more likely coerced into the sexual incident because they were told they would be hurt. Gender difference for this question is statistically very significant. ( $p < 0.05$ ).

**Table 4.9.4: They bribed you.**

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	17	134	151
		<b>% of Total</b>	6.5%	51.1%	57.6%
	<b>Female</b>	<b>Count</b>	26	85	111
		<b>% of Total</b>	9.9%	32.4%	42.4%
<b>Total</b>		<b>Count</b>	43	219	262
		<b>% of Total</b>	16.4%	83.6%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	6.901(b)	1	.009		
<b>Continuity Correction(a)</b>	6.043	1	.014		
<b>Fisher's Exact Test</b>				.011	.007
<b>N of Valid Cases</b>	262				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 18.22.

In Table 4.9.4 above, it is shown that of the 45 respondents, females were more likely (60%) than males (40%) to be bribed into the unwanted sexual experience. Gender difference for this question is statistically very significant. ( $p < 0.05$ ).

**Table 4.9.5: They pushed, hit, or physically restrained you.**

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	9	143	152
		<b>% of Total</b>	3.4%	54.8%	58.2%
	<b>Female</b>	<b>Count</b>	16	93	109
		<b>% of Total</b>	6.1%	35.6%	41.8%
<b>Total</b>		<b>Count</b>	25	236	261
		<b>% of Total</b>	9.6%	90.4%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	5.622(b)	1	.018		
<b>Continuity Correction(a)</b>	4.656	1	.031		
<b>Fisher's Exact Test</b>				.020	.016
<b>N of Valid Cases</b>	261				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.44.

It is indicated by Table 4.9.5 above that females (57.1%) were more likely than males (42.9%) pushed, hit or physically restrained into the unwanted sexual experience.



**Table 4.9.6: You were afraid they wouldn't like or love you.**

**Crosstab**

			Yes	No	Total
GENDER	Male	Count	26	129	155
		% of Total	9.8%	48.9%	58.7%
	Female	Count	32	77	109
		% of Total	12.1%	29.2%	41.3%
<b>Total</b>		Count	58	206	264
		% of Total	22.0%	78.0%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	5.911(b)	1	.015		
<b>Continuity Correction(a)</b>	5.200	1	.023		
<b>Fisher's Exact Test</b>				.016	.012
<b>N of Valid Cases</b>	264				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 23.95.

In Table 4.9.6 above, females were more likely (54%) than 46% of males afraid they would not be liked or loved by the other person. Gender difference for this question is statistically very significant. ( $p < 0.05$ ).

**Table 4.9.7: They physically harmed or injured you.**

**Crosstab**

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	10	144	154
		<b>% of Total</b>	3.8%	55.4%	59.2%
	<b>Female</b>	<b>Count</b>	8	98	106
		<b>% of Total</b>	3.1%	37.7%	40.8%
<b>Total</b>		<b>Count</b>	18	242	260
		<b>% of Total</b>	6.9%	93.1%	100.0%

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	.108(b)	1	.742		
<b>Continuity Correction(a)</b>	.006	1	.936		
<b>Fisher's Exact Test</b>				.806	.463
<b>N of Valid Cases</b>	260				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.34.

Table 4.9.7 above indicate that males were more likely (61.9%) than females (38.1%) to be coerced as they were physically harmed or injured.

**Table 4.9.8: They threatened you with a weapon.**

**Crosstab**

			<b>Yes</b>	<b>No</b>	<b>Total</b>
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	6	145	151
		<b>% of Total</b>	2.3%	56.6%	59.0%
	<b>Female</b>	<b>Count</b>	3	102	105
		<b>% of Total</b>	1.2%	39.8%	41.0%
<b>Total</b>		<b>Count</b>	9	247	256
		<b>% of Total</b>	3.5%	96.5%	100.0%

**Chi-Square Tests**

	<b>Value</b>	<b>df</b>	<b>Asymp. Sig. (2-sided)</b>	<b>Exact Sig. (2-sided)</b>	<b>Exact Sig. (1-sided)</b>
<b>Pearson Chi-Square</b>	.228(b)	1	.633		
<b>Continuity Correction(a)</b>	.017	1	.895		
<b>Fisher's Exact Test</b>				.741	.456
<b>N of Valid Cases</b>	256				

a Computed only for a 2x2 table

b 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.69.

It is indicated by Table 4.9.8 above that more males (66.7%) than females (33.3%) were threatened with a weapon by the other person.

**Table 4.9.9: They drugged you or got you drunk.**

Crosstab

			Yes	No	Total
<b>GENDER</b>	<b>Male</b>	<b>Count</b>	9	139	148
		<b>% of Total</b>	3.5%	54.7%	58.3%
	<b>Female</b>	<b>Count</b>	6	100	106
		<b>% of Total</b>	2.4%	39.4%	41.7%
<b>Total</b>		<b>Count</b>	15	239	254
		<b>% of Total</b>	5.9%	94.1%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	.020(b)	1	.888		
<b>Continuity Correction(a)</b>	.000	1	1.000		
<b>Fisher's Exact Test</b>				1.000	.557
<b>N of Valid Cases</b>	254				

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.26.

In Table 4.9.9 above, it is indicated that males were more often (62.5%) than females (37.5%) drugged or gotten drunk by the other person.

**Table 4.9.10: Other (please specify)**

SPECIFY	MALES	FEMALES	TOTAL
Agreement	12	2	14
I was asleep	1	4	5
The person begged me	1	0	1
Both did not know what was happening	1	0	1
He said he will tell mom I wanted to	0	1	1
He said he wanted to show me something	0	1	1
I enjoyed it because I was young	1	0	1
I felt like doing it at the time	1	0	1
I wanted to experiment	1	0	1
We were only kids playing	1	1	2
Peer pressure	1	0	1
Pure love	1	0	1
Rape	0	1	1
Was friendly when they asked	1	0	1
They just asked	1	0	1
They said they would tell	1	1	2
They threatened to kill me	0	1	1
I was ashamed to tell my parents	0	1	1
We just did it	1	0	1
We loved each other	0	1	1
We talked about it	1	0	1
We were chatting and it just happened	0	1	1
<b>Total</b>	<b>26</b>	<b>15</b>	<b>41</b>

**Chi-Square Tests**

82 cells (95.3%) have expected count less than 5. The minimum expected count is .46.

The results in Table 4.9.10 indicate that for 26 respondents, other forms of coercion were used. There were 12 males who agreed or gave consent to the incident in relation to only 2 females. Only 4 females found themselves sleeping when the event occurred. Other forms were: being begged by the other person, not being sure about what was taking place, being bribed that the other person would tell the victim’s mother, the other person saying he wanted to show the respondent something, the respondent acknowledging enjoyment from the experience and also feeling like doing it and experimenting. There were 2 respondents who felt they were kids playing; there was peer pressure involved, it was love. For another respondent it was rape. Respondents also stated that the other person was friendly, threatened to kill, the respondents felt ashamed to tell his/her

parents. Other respondents felt the event just happened, that the two parties loved each other, it was spoken about or it just happened while in conversation.

#### 4.12 Who was the other person involved vs. what kind of psychological or physical force the other person used

**Table 4.10.1: They tried to talk you into it**

##### Crosstab

		Yes	No	Total	
who was the other person involved?	Relative	Count	27	23	50
		% within they tried to talk you into it	23.1%	14.8%	18.4%
	friend or acquaintance	Count	78	110	188
		% within they tried to talk you into it	66.7%	71.0%	69.1%
	Stranger	Count	12	22	34
		% within they tried to talk you into it	10.3%	14.2%	12.5%
<b>Total</b>		<b>Count</b>	117	155	272

##### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	3.467(a)	2	.177
<b>N of Valid Cases</b>	272		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.63.

Table 4.10.1 above indicate that a significant proportion of respondents indicated that they were talked into the unwanted sexual experience mainly by friends and acquaintances (66.7%) in relation to only 23.1% relatives and 10.3% strangers.

**Table 4.10.2: Who was the other person involved? \* they scared you because they were bigger & stronger**

**Crosstab**

			Yes	No	Total
who was the other person involved?	Relative	Count	24	24	48
		% within they scared you because they were bigger & stronger	40.0%	12.1%	18.5%
	friend or acquaintance	Count	22	153	175
		% within they scared you because they were bigger & stronger	36.7%	76.9%	67.6%
	Stranger	Count	14	22	36
		% within they scared you because they were bigger & stronger	23.3%	11.1%	13.9%
Total		Count	60	199	259
		% within they scared you because they were bigger & stronger	100.0%	100.0%	100.0%

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	35.454(a)	2	.000
N of Valid Cases	259		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.34.

The results in Table 4.10.2 above indicate that relatives (40%) were more likely to use coercion because they were bigger and stronger than friends or acquaintances (36.7%) and strangers (23.3%). Gender difference for this question is statistically very significant. (p.<0.001).

**Table 4.10.3: Who was the other person involved? \* they said they would hurt you**

**Crosstab**

			Yes	No	Total
who was the other person involved?	Relative	Count	4	36	40
		% within they said they would hurt you	15.4%	16.4%	16.3%
	friend or acquaintance	Count	14	157	171
		% within they said they would hurt you	53.8%	71.7%	69.8%
	Stranger	Count	8	26	34
		% within they said they would hurt you	30.8%	11.9%	13.9%
<b>Total</b>		Count	26	219	245
		% within they said they would hurt you	100.0%	100.0%	100.0%



**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	7.056(a)	2	.029
<b>N of Valid Cases</b>	245		

a 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.61.

It is indicated by Table 4.10.3 above, 53.8% of friends and acquaintances were more likely than 15.4% of relatives, and 30.8% of strangers to coerce respondents by threatening to hurt them. Gender difference for this question is statistically very significant. (p.<0.05).



**Table 4.10.4: Who was the other person involved? \* they bribed you**

**Crosstab**

			Yes	No	Total
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	15	28	43
		<b>% within they bribed you</b>	35.7%	13.6%	17.3%
	<b>friend or acquaintance</b>	<b>Count</b>	16	155	171
		<b>% within they bribed you</b>	38.1%	75.2%	69.0%
	<b>Stranger</b>	<b>Count</b>	11	23	34
		<b>% within they bribed you</b>	26.2%	11.2%	13.7%
<b>Total</b>		<b>Count</b>	42	206	248
		<b>% within they bribed you</b>	100.0%	100.0%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	22.574(a)	2	.000
<b>N of Valid Cases</b>	248		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.76.

Table 4.10.4 above indicates that friends and acquaintances more often used bribery (38.1%) whereas only 35.7% of relatives and 26.2% of strangers coerced respondents into the incident. Gender difference for this question is statistically very significant. (p.<0.001).

**Table 4.10.5: Who was the other person involved? \* they pushed, hit or physically restrained you**

**Crosstab**

			<b>Yes</b>	<b>No</b>	<b>Total</b>
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	6	34	40
		<b>% within they pushed, hit or physically restrained you</b>	26.1%	15.2%	16.2%
	<b>friend or acquaintance</b>	<b>Count</b>	12	160	172
		<b>% within they pushed, hit or physically restrained you</b>	52.2%	71.4%	69.6%
	<b>Stranger</b>	<b>Count</b>	5	30	35
		<b>% within they pushed, hit or physically restrained you</b>	21.7%	13.4%	14.2%
<b>Total</b>		<b>Count</b>	23	224	247



**Chi-Square Tests**

	<b>Value</b>	<b>df</b>	<b>Asymp. Sig. (2-sided)</b>
<b>Pearson Chi-Square</b>	3.669(a)	2	.160
<b>N of Valid Cases</b>	247		

a 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.26.

The results in Table 4.10.5 above show that friends or acquaintances are more likely to push, hit or physically restrain (52.2%) than 26.1% of relatives and 21.7% of strangers.

**Table 4.10.6: Who was the other person involved? \* you were afraid they wouldn't like or love you**

**Crosstab**

			Yes	No	Total
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	17	25	42
		<b>% within you were afraid they wouldn't like or love you</b>	32.7%	12.6%	16.8%
	<b>friend or acquaintance</b>	<b>Count</b>	29	145	174
		<b>% within you were afraid they wouldn't like or love you</b>	55.8%	73.2%	69.6%
	<b>Stranger</b>	<b>Count</b>	6	28	34
		<b>% within you were afraid they wouldn't like or love you</b>	11.5%	14.1%	13.6%
<b>Total</b>		<b>Count</b>	52	198	250
		<b>% within you were afraid they wouldn't like or love you</b>	100.0%	100.0%	100.0%

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	11.880(a)	2	.003
<b>N of Valid Cases</b>	250		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.07.

As illustrated by Table 4.10.6, respondents that felt that they were afraid that they would not be liked or loved; it was 55.8% of friends or acquaintances in relation to only 32.7% of relatives and 11.5% of strangers. Gender difference for this question is statistically very significant. (p.<0.01).

**Table 4.10.7: Who was the other person involved? \* they physically harmed or injured you**

**Crosstab**

			<b>Yes</b>	<b>No</b>	<b>Total</b>
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	3	35	38
		<b>% within they physically harmed or injured you</b>	15.8%	15.3%	15.3%
	<b>friend or acquaintance</b>	<b>Count</b>	11	166	177
		<b>% within they physically harmed or injured you</b>	57.9%	72.5%	71.4%
	<b>Stranger</b>	<b>Count</b>	5	28	33
		<b>% within they physically harmed or injured you</b>	26.3%	12.2%	13.3%
<b>Total</b>		<b>Count</b>	19	229	248
		<b>% within they physically harmed or injured you</b>	100.0%	100.0%	100.0%

**Chi-Square Tests**

	<b>Value</b>	<b>Df</b>	<b>Asymp. Sig. (2-sided)</b>
<b>Pearson Chi-Square</b>	3.144(a)	2	.208
<b>N of Valid Cases</b>	248		

a 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.53.

As indicated by Table 4.10.7 above, s a significant proportion of friends and acquaintances physically harmed or injured respondents (57.9%) opposing to only 15.8% of relatives and 26.3% of strangers.

**Table 4.10.8: Who was the other person involved? \* they threatened you with a weapon**

**Crosstab**

			Yes	No	Total
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	2	38	40
		<b>% within they threatened you with a weapon</b>	22.2%	16.2%	16.4%
	<b>friend or acquaintance</b>	<b>Count</b>	5	165	170
		<b>% within they threatened you with a weapon</b>	55.6%	70.2%	69.7%
	<b>Stranger</b>	<b>Count</b>	2	32	34
		<b>% within they threatened you with a weapon</b>	22.2%	13.6%	13.9%
<b>Total</b>		<b>Count</b>	9	235	244

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	.922(a)	2	.631
<b>N of Valid Cases</b>	244		

a 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.25.

It is indicated by Table 4.10.8 above that 55.6% of friends or acquaintances were more likely to threaten respondents with a weapon opposing to the only 22.2% of relatives and 22.2% of strangers.

**Table 4.10.9: Who was the other person involved? \* they drugged you or got you drunk**

**Crosstab**

			Yes	No	Total
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	2	38	40
		<b>% within they drugged you or got you drunk</b>	12.5%	16.7%	16.5%
	<b>Friend or acquaintance</b>	<b>Count</b>	9	161	170
		<b>% within they drugged you or got you drunk</b>	56.3%	70.9%	70.0%
	<b>Stranger</b>	<b>Count</b>	5	28	33
		<b>% within they drugged you or got you drunk</b>	31.3%	12.3%	13.6%
<b>Total</b>		<b>Count</b>	16	227	243
		<b>% within they drugged you or got you drunk</b>	100.0%	100.0%	100.0%

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	4.561(a)	2	.102
<b>N of Valid Cases</b>	243		

a 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.17.

It is indicated by Table 4.10.9 above that a significant proportion of friends and acquaintances (56.3%) in relation to only 12.5% relatives and 31.3% of strangers drugged or got respondents drunk.

## 4.11 Who was the other person involved and which unwanted sexual incident was experienced?

**Table 4.11.1:** Who was the other person involved? \* another person showed his or her sex organs to you

### Crosstab

			Yes	No	Total
who was the other person involved?	Relative	Count	35	23	58
		% within another person showed his or her sex organs to you	20.0%	16.2%	18.3%
	friend or acquaintance	Count	115	103	218
		% within another person showed his or her sex organs to you	65.7%	72.5%	68.8%
	Stranger	Count	25	16	41
		% within another person showed his or her sex organs to you	14.3%	11.3%	12.9%
<b>Total</b>		<b>Count</b>	175	142	317

### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	1.702(a)	2	.427
<b>N of Valid Cases</b>	317		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 18.37.

It is indicated by Table 4.11.1 above that 65.7% of friends in relation to only 20.0% of relatives and 14.3% of strangers showed their sexual organs to respondents. There is no gender significant difference with this question.

**Table 4.11.2: Who was the other person involved? \* you showed your sex organs to another at his or her request**

**Crosstab**

			Yes	No	Total
who was the other person involved?	Relative	Count	21	37	58
		% within you showed your sex organs to another at his or her request	21.2%	17.4%	18.6%
	friend or acquaintance	Count	66	149	215
		% within you showed your sex organs to another at his or her request	66.7%	70.0%	68.9%
	Stranger	Count	12	27	39
		% within you showed your sex organs to another at his or her request	12.1%	12.7%	12.5%
<b>Total</b>		Count	99	213	312
		% within you showed your sex organs to another at his or her request	100.0%	100.0%	100.0%

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	.659(a)	2	.719
<b>N of Valid Cases</b>	312		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.38.

As indicated by Table 4.11.2.above, more friends and acquaintances (66.7%) requested that respondents show his/her sexual organs in relation to only 21.2% of relatives and 12.1% of strangers. There is no significant gender difference.



**Table 4.11.3: Who was the other person involved? \* someone touched or fondled your sex organs**

**Crosstab**

			Yes	No	Total
who was the other person involved?	Relative	Count	44	17	61
		% within someone touched or fondled your sex organs	23.8%	13.3%	19.5%
	friend or acquaintance	Count	118	95	213
		% within someone touched or fondled your sex organs	63.8%	74.2%	68.1%
	Stranger	Count	23	16	39
		% within someone touched or fondled your sex organs	12.4%	12.5%	12.5%
Total		Count	185	128	313
		% within someone touched or fondled your sex organs	100.0%	100.0%	100.0%

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.493(a)	2	.064
N of Valid Cases	313		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 15.95.

It is indicated by Table 4.11.3 above that friends or acquaintances touched or fondled the sex organs of respondents more often (63%) than relatives (23.8%) and strangers (12.4%). There is no significant gender difference.

**Table 4.11.4: Who was the other person involved? \* you touched or fondled another person's sex organ at his or her request**

## Crosstab

			Yes	No	Total
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	28	26	54
		<b>% within you touched or fondled another persons sex organs at his or her request</b>	18.5%	17.2%	17.9%
	<b>friend or acquaintance</b>	<b>Count</b>	108	101	209
		<b>% within you touched or fondled another persons sex organs at his or her request</b>	71.5%	66.9%	69.2%
	<b>Stranger</b>	<b>Count</b>	15	24	39
		<b>% within you touched or fondled another persons sex organs at his or her request</b>	9.9%	15.9%	12.9%
<b>Total</b>		<b>Count</b>	151	151	302
		<b>% within you touched or fondled another persons sex organs at his or her request</b>	100.0%	100.0%	100.0%

## Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	2.385(a)	2	.303
<b>N of Valid Cases</b>	302		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 19.50.

In Table 4.11.4 above, it is indicated that a large number of friends and acquaintances (71.5%) opposed to only 18.5% relatives and 9.9% strangers, requested from respondents to touch or fondle their sex organs. There is no significant gender difference.

**Table 4.11.5: Who was the other person involved? \* another person had sexual intercourse with you**

**Crosstab**

			Yes	No	Total
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	19	39	58
		<b>% within another person had sexual intercourse with you</b>	16.8%	19.6%	18.6%
	<b>friend or acquaintance</b>	<b>Count</b>	77	137	214
		<b>% within another person had sexual intercourse with you</b>	68.1%	68.8%	68.6%
	<b>Stranger</b>	<b>Count</b>	17	23	40
		<b>% within another person had sexual intercourse with you</b>	15.0%	11.6%	12.8%
<b>Total</b>		<b>Count</b>	113	199	312
		<b>% within another person had sexual intercourse with you</b>	100.0%	100.0%	100.0%

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	.989(a)	2	.610
<b>N of Valid Cases</b>	312		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.49.

It is indicated by Table 4.11.5 above, that friends or acquaintances were more likely to have sexual intercourse with respondents (68.1%) in relation to relatives (16.8%) and strangers (15%) of the 113 respondents that experienced sexual abuse by unwanted sexual intercourse. No significant difference.

**Table 4.11.6: Who was the other person involved? \* another person performed oral sex on you**

**Crosstab**

			Yes	No	Total
who was the other person involved?	Relative	Count	11	45	56
		% within another person performed oral sex on you	15.1%	19.8%	18.7%
	friend or acquaintance	Count	57	150	207
		% within another person performed oral sex on you	78.1%	66.1%	69.0%
	Stranger	Count	5	32	37
		% within another person performed oral sex on you	6.8%	14.1%	12.3%
<b>Total</b>		<b>Count</b>	73	227	300



**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	4.175(a)	2	.124
<b>N of Valid Cases</b>	300		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.00.

The results in Table 4.11.6 above show that 78.1% of friends or acquaintances in relation to only 15.1% of relatives and 6.8% of strangers, performed oral sex on 73 respondents. No significant gender difference.

**Table 4.11.7: Who was the other person involved? \* you performed oral sex on another person**

**Crosstab**

			Yes	No	Total
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	10	44	54
		<b>% within you performed oral sex on another person</b>	26.3%	17.6%	18.8%
	<b>friend or acquaintance</b>	<b>Count</b>	27	173	200
		<b>% within you performed oral sex on another person</b>	71.1%	69.2%	69.4%
	<b>Stranger</b>	<b>Count</b>	1	33	34
		<b>% within you performed oral sex on another person</b>	2.6%	13.2%	11.8%
<b>Total</b>		<b>Count</b>	38	250	288
		<b>% within you performed oral sex on another person</b>	100.0%	100.0%	100.0%

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	4.474(a)	2	.107
<b>N of Valid Cases</b>	288		

a 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.49.

It is indicated by Table 4.11.7 above that a significant proportion of respondents performed oral sex on friends or acquaintances (71.1%) in relation to only 26.3% on their relatives and 2.6% of strangers. No significant gender difference.

**Table 4.11.8: Who was the other person involved? \* someone told you to engage in sexual activity so that he or she could watch**

**Crosstab**

			Yes	No	Total
who was the other person involved?	Relative	Count	7	48	55
		% within someone told you to engage in sexual activity so that he or she could watch	33.3%	17.1%	18.3%
	friend or acquaintance	Count	11	196	207
		% within someone told you to engage in sexual activity so that he or she could watch	52.4%	70.0%	68.8%
	Stranger	Count	3	36	39
		% within someone told you to engage in sexual activity so that he or she could watch	14.3%	12.9%	13.0%
<b>Total</b>		<b>Count</b>	21	280	301

**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	3.715(a)	2	.156
<b>N of Valid Cases</b>	301		

a 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.72.

The results in Table 4.11.8 above show that 52.4% of friends or acquaintances told respondents to engage in sexual activity so that he or she could watch in relation to only 33.3% of relatives and 14.3% of strangers. No significant difference.

**Table 4.11.9: Who was the other person involved? \* you engaged in anal sex with another person**

**Crosstab**

			<b>Yes</b>	<b>No</b>	<b>Total</b>
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	6	47	53
		<b>% within you engaged in anal sex with another person</b>	24.0%	17.5%	18.1%
	<b>friend or acquaintance</b>	<b>Count</b>	17	188	205
		<b>% within you engaged in anal sex with another person</b>	68.0%	70.1%	70.0%
	<b>Stranger</b>	<b>Count</b>	2	33	35
		<b>% within you engaged in anal sex with another person</b>	8.0%	12.3%	11.9%
<b>Total</b>		<b>Count</b>	25	268	293



**Chi-Square Tests**

	<b>Value</b>	<b>Df</b>	<b>Asymp. Sig. (2-sided)</b>
<b>Pearson Chi-Square</b>	.899(a)	2	.638
<b>N of Valid Cases</b>	293		

a 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.99.

It is indicated in Table 4.11.9 above that a significant proportion of friends and acquaintances (68%) in relation to only 24% of relatives and 8% of strangers engaged respondents in anal sex. No significant difference.

**Table 4.11.10: Who was the other person involved? \* other**

**Crosstab**

			<b>Yes</b>	<b>No</b>	<b>Total</b>
<b>who was the other person involved?</b>	<b>Relative</b>	<b>Count</b>	4	29	33
		<b>% within other</b>	26.7%	16.7%	17.5%
	<b>friend or acquaintance</b>	<b>Count</b>	10	120	130
		<b>% within other</b>	66.7%	69.0%	68.8%
	<b>Stranger</b>	<b>Count</b>	1	25	26
		<b>% within other</b>	6.7%	14.4%	13.8%
<b>Total</b>		<b>Count</b>	15	174	189
		<b>% within other</b>	100.0%	100.0%	100.0%

**Chi-Square Tests**

	<b>Value</b>	<b>Df</b>	<b>Asymp. Sig. (2-sided)</b>
<b>Pearson Chi-Square</b>	1.397(a)	2	.497
<b>N of Valid Cases</b>	189		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.06.

As indicated by Table 4.11.10, respondents who experienced other forms of unwanted sexual experiences not listed, had the other person involved to be friends or acquaintances (66.7%) as opposed to only 26.7% relatives and 6.7% strangers. No significant difference.



## CHAPTER 5

### DISCUSSION OF RESULTS AND CONCLUSION

#### 5.1 OVERVIEW OF THE STUDY

Recently there has been a marked increase in public and professional concern about CSA. Though self-report biases and definitional problems continue to plague studies of CSA and Miller & Johnson (1997) have devised the ESEC in an attempt to avoid these methodological and conceptual problems. A measure of sexual abuse, the Early Sexual Experiences Checklist (ESEC) (Miller & Johnson cited in Davis *et al.*, 1998) was completed by 1466 South African first-year university students of which 1447 answered (mean age=19.27, Sd=3.109) and 19 missing cases. 1412 completed the question on age (M-age=19.27yrs; SD=3.109. 1447 completed the question on gender (M-age=1.62; SD=0.485) of which 547 (37.8%) were men and 900 (62.2%) women. Of the 1466 that answered Section B of the questionnaire, only 473 respondents had experienced an unwanted sexual incident when under the age of 16 years. In total 32.3% of the sample experienced an unwanted sexual experience. The current study's mean age correlates with that of Collings, (1997) study on undergraduate university women at a mean age of 19.9 years and an age range of 17 to 50 years.

Many students enter university unprepared for the sexuality-related problems they may experience in the context of increased liberalization of sexual attitudes and behaviours in a context of HIV/AIDS and risky sexual behaviours. Students who have experienced CSA are at a further disadvantage in negotiating the sexually charged atmosphere of a campus of mainly single students. This study will provide baseline information on CSA experiences of black first-year students to enable the assessment of the extent and nature of the problem on a predominantly black campus.

#### 5.2 OVERVIEW OF THE RESULTS

In this chapter the results obtained from the current research as highlighted in Chapter 4, will be discussed in detail. The relationship between males and females in relation to

forms of unwanted sexual experience, the extent of being bothered by the event, victim-perpetrator relationships and age differences, the frequency and period the behaviour occurred, the extent of being bothered by the experience and the kind of psychological pressure or physical forced used in coercion will be discussed in relation to the literature.

It is expected that because more girls responded to the questionnaire than boys, that the prevalence rate for girls should be higher than boys for every question.

### **5.2.1 Patterns of unwanted sexual experiences before the age of 16 years**

The concern with CSA has been significant in recent years and there has been an increase in the sensitivity to sexual abuse (Laumann *et al.*, 1994). The literature indicates 12% of men and 17% of women report being touched sexually when they were children (Laumann *et al.*, 1994). In a Chinese college sample, a prevalence rate for the various forms of child sexual abuse was 6% with rates being higher for females than for males (So-kum Tang, 2002). In a local study with college women, it was found that 34.8% reported an unwanted sexual experience (Collings, 1997). Madu (2001) reports that 15.7% of females and 8.8% of males report forcible sexual abuse. The literature shows an overall rate for childhood forcible contact and non-contact CSA to be higher for females and lower for males.

However, it was the findings of this current study that more males than females *encountered unwanted sexual experience* (32% males and 24.5% females). [See Table 4.1.1]. Many more male students (21.9%) *“showed their sex organs to another”* opposed to only 8.3% of female students; more females (28.7%) experienced *“someone touching or fondling their sex organs”* in relation to 27.6% male students. The findings of the current study is consistent with the findings of Laumann *et al.* (1994) that more females (17%) report being sexually touched than males (12%). The gender difference of this current study confirms the gender difference in the literature (Laumann *et al.*, 1994).

As indicated by Table 4.1.4 , 34.1% males and 15.8% females of a population of 1466 students, indicated that *“they have touched or fondled another person’s sex organs at*

*the other person's request*” with a total prevalence of 49.9%. The gender differences for these questions were statistically significant. ( $p < 0.001$ ). Table 4.1.5 indicates that 34% of students experienced *“unwanted sexual intercourse”* (21.5% for males and 12.6% females). The current study shows that there is a significant gender difference between males and females experiencing unwanted sexual intercourse. ( $p < 0.05$ ). Once again, the experience was higher in prevalence for males than females and it thus seems inconsistent with the literature (Laumann *et al.*, 1994).

The results of the current study found that 22.2% of respondents had *“another person perform unwanted oral sex on them”*. There was a higher prevalence for male students (13.7%) in relation to only 8.5% of females. [See Table 4.1.6]. Of the total population, 13.4% respondents acknowledged *“performing oral sex on another person”*, of which almost double were male students (8.8%) in relation to only 4.6% female students as indicated by Table 4.1.7. Gender difference for this question is statistically significant. ( $p < 0.05$ ). Furthermore, Table 4.1.8 indicates that only 6.6% of the population was *“told to engage in sexual activity while the other person could watch”* (3.5% males and 3.1% females) with no apparent gender difference. The current study found that more male students (5.6%) than female students (2.4%) of a total of 8.0% *“engaged in anal sex with another person”*.

The results of the current study also indicate that *“other”* unwanted sexual experiences included: watching a sex video with the other person; acknowledgement that the victim had positive feelings about the experience; males students indicated that they were asked to masturbate while the other person watched; female students experienced the other person stimulating their breasts, telephone sex, have an object inserted into their vagina and have their buttocks caressed by the perpetrator.

In summary, in the sample of 1447, 547 (37.8%) men and 900 (62.2%) women, unwanted sexual experiences were most often higher in prevalence for males than females:

- *more males had another showed his/her sex organs to them (32%);*
- *more male showed their sex organs to another (21.9%);*

- *more males (34.1%) indicated that they have touched or fondled another person's sex organs at the other person's request;*
- *more males had another person have sexual intercourse with them (21.5%);*
- *more males had another person perform oral sex on them (13.7%);*
- *more males performed oral sex on another person (8.8%);*
- *more males had someone tell them to perform in sexual activity so that the other could watch (3.5%);*
- *more males engaged in anal sex with another person (5.6%); and*
- *more males experienced other forms of unwanted sexual experiences*

Females were only slightly higher in prevalence (28.7%) when someone touched or fondled their sex organs in the current study as was found by Laumann *et al.* (1994) as well. In relation to the literature, these findings confirm that males are more often exposed to non-contact forms of sexual abuse (another person showing his sexual organs; the victim showing his or her sexual organs; the victim touching or fondling the sex organs of another). The results confirm that there is a significant gender difference as indicated by the literature (WHO, 1999).

The results of this study also indicated that the less severe forms of sexual abuse were higher in prevalence:

- (1) *another person showed his or her sex organs to you (56.6%)*
- (2) *had someone touched or fondled your sex organs (56.3%)*
- (3) *you touched or fondled someone's sex organs at his/her request (49.9%)*

The results of the study also indicated that the more severe forms of sexual abuse were lower in prevalence:

- (1) *another person had sexual intercourse with you (34%)*
- (2) *another person performed oral sex on you (22.2%)*
- (3) *you performed oral sex on another (13.4%)*
- (4) *you engaged in anal sex with another person (8.0%)*

The findings of this current study concurs with the findings of Laumann *et al.* (1994, p.341) where touching of genitals and kissing was far more common, irrespective of the gender. The results reflect higher percentages for males in relation to females for all unwanted sexual experiences. The results are not consistent with other studies where 46% of girls and 20% of boys globally had experienced child sexual abuse (WHO, 1999). The current findings are supported by Levett's (1989) definition to include stroking and touching against a victim's will. The results are further substantiated by Collings (1987), Madu and Peltzer (2000) and Madu (2001) who assert that contact sexual abuse includes sexual touch, anal and vaginal intercourse.

The findings of the current study vary slightly from the findings of Laumann *et al.* (1994) in that the five most common acts were: touching genitals, opposite gender kissing, oral sex, vaginal intercourse and anal sex. It is the findings of this study that the five most common acts are: another person showed his/her sex organs to respondents; someone touched or fondled respondents; respondents touched or fondled another; had sexual intercourse; and respondents showed their sexual organs to another. The findings of this current study is consistent with that of Laumann *et al.* (1994) in that the most common form of contact sexual abuse is touching of the genitals.

The ***most common form of unwanted sexual experience*** was “another person showed his/her sex organs N=249 (32% males and 24.5% females). The second most common form was “someone touched or fondled your sex organs” with a total of N=245 (27.6% males and 28.7% females), with males experiencing non-contact sexual abuse more often and females experiencing contact sexual abuse more often. Consistent with the literature (Laumann *et al.*, 1994) this study also found that contacts involving genital touching were scored more frequently than the more serious forms such as oral sex, anal sex or vaginal sex.

Respondents indicated that ***the profile of the perpetrator in relation to the form of sexual abuse*** to include mainly 65.7% of friends in relation to only 20.0% of relatives and 14.3% of strangers “*showed their sexual organs to respondents*”. The results indicate that more friends and acquaintances (66.7%) requested that respondents “*show*

*his/her sexual organs to the other*” in relation to only 21.2% of relatives and 12.1% of strangers. Friends or acquaintances *“touched or fondled the sex organs of respondents”* more often (63%) than relatives (23.8%) and strangers (12.4%). A large number of friends and acquaintances (71.5%) opposed to only 18.5% relatives and 9.9% strangers, *“requested from respondents to touch or fondle their sex organs”*. The results show that 52.4% of friends or acquaintances *“told respondents to engage in sexual activity so that he or she could watch”* in relation to only 33.3% of relatives and 14.3% of strangers. No statistically significant gender difference was found in the current study.

The current study fails to confirm the findings of Madu (2001) that when victims were sexually kissed it was by immediate and extended families as perpetrators. However, the study does confirm that when victims are sexually touched, the perpetrators are mainly friends and acquaintances such as teachers, doctors, authority figures (Madu, 2001) and often strangers (Russell, 1983).

Friends or acquaintances were more likely to have sexual intercourse with respondents (68.1%) in relation to relatives (16.8%) and strangers (15%) of the 113 respondents that experienced sexual abuse by *“unwanted sexual intercourse”*. The results show that 78.1% of friends or acquaintances in relation to only 15.1% of relatives and 6.8% of strangers, *“performed oral sex on 73 respondents”*. A significant proportion of respondents *“performed oral sex on friends or acquaintances”* (71.1%) in relation to only 26.3% on their relatives and 2.6% of strangers. A significant proportion of friends and acquaintances (68%) in relation to only 24% of relatives and 8% of strangers engaged respondents in *“anal sex”*. There was no statistically significant gender difference observed in this regard.

The findings of the current study do not confirm that oral/anal/vaginal intercourse is caused by immediate and extended family as perpetrators (Madu, 2001; Russell, 1983) but it rather indicates that friends and acquaintances are responsible for contact and the more severe forms of CSA.

Of respondents who experienced “*other*” forms of unwanted sexual experiences not listed, the other person involved was more likely to be friends or acquaintances (66.7%) as opposed to only 26.7% relatives and 6.7% strangers.

The findings of the current study correlate with Kendall-Tackett *et al.* (1993) that oral, anal, vaginal penetration influences the impact of CSA. It was also found that if the perpetrator is known to the victim (friend or family) it caused more serious symptomology. It was found from the Kendall-Tackett *et al.* (1993) review and in the current study that molestations by close perpetrators, high frequency sexual contact, a longer duration, the use of force and sexual acts inclusive of oral, anal and vaginal penetration could lead to greater symptoms for victims of CSA.

Respondents were ***most bothered by*** “someone touching and fondling their sex organs”. [Table 4.2]. The other unwanted sexual experiences that respondents were most bothered by in order of prevalence were: having another person showing his/her sex organs; respondents touching or fondling another person’s sex organs at their request; as well as having sexual intercourse with another person. None of the respondents responded to the question: “you performed oral sex on another person”. The N=31 seemed to be very low in relation to the responses received on Question 7 and Question 8. The difference between males and females for this question is not significant. As was found by the Laumann *et al.* (1994), males were less likely to report that the experience affected their lives. More women (70%) responded as being bothered by the experience.

### **5.2.2 Profile of perpetrators and age of victims**

The profile of abuse reported by victimized subjects in the current study conformed to findings of previous surveys. The international study reported by So-kum Tang (2001) reported an average age of victims being sexually abused at 11 years old and the average age of perpetrators estimated at 24 years old. The literature also indicates that 6.3% of female respondents had inappropriate sexual experiences with someone at least 5 years older and more children had their experiences with a same age friend (Larsson & Svedin, 2002). The literature also indicates that males were three times more likely than females

to be sexually abused by friends, whereas females were more likely to be sexually abused by strangers (So-kum Tang, 2002). The literature also reports that the majority of perpetrators were acquaintances (Madu, 2001). Collings (1997) found that victimized women were more likely to report abuse at the hands of a family member.

The profile of the age of abused reported by victimized male respondents in the present study was on average 14.6 years and the average for female students equalled a mean age of 12.76 years. There was also a significant difference in age of the perpetrator:

*for males the other person is on average 16.9 (male victim = 14.6 years)*

*for females the other person is on average 21.19 (female victim = 12.76 years)*

The results of this current study is consistent with the findings of Bayley and King (1990) that unwanted sexual experiences could involve dependent, developmentally immature children and adolescents, as is the case with male children in this study. Considering that the mean age of male victims is on average 14.6 years vs the mean age of perpetrators being 17 years, the age differential of five years required by an operational definition of CSA is not applicable in the current study for male victims. The results are also consistent with the findings of Laumann *et al.* (1994) that male respondents experience sexual contact with adolescents between ages fourteen and seventeen.

The findings of this current study is consistent with that of Laumann *et al.* (1994) in that girls were mainly touched by men, and the males touching them were generally adults over the age of 18 years. Thus for the current study, and the studies of Laumann *et al.* (1994) and Collings (1992) it is apparent that the risk of sexual contact was greatest for adolescent and pubertal girls. However, from the age difference with females being 12.76 versus the average for perpetrators being 21.19, it is clear that female sexual abuse in the current study meets the requirements of the operational definition of CSA (Holmes & Slapp, 1998; Bayley & King, 1990). The findings of this study are supported by the literature that females are at higher risk than males to be sexually abused by someone significantly older (Bayley & King, 1990; Collings, 1992).



It is apparent from the current study that the mean age of perpetrators that sexually abused male students = 17 years. For female students the mean age of the other person = 21.9 years. Thus for male students the other person was in the older teens, thus the relationship was adolescent vs. adolescent. For female students the other person was an adult, thus the relationship was pubertal age vs adults. In the current study (as indicated by Table 3.2) most males (10.3%) have been sexually abused by someone at the age of 16 years; whereas for females, the perpetrators were mainly from 18 years and older (7.4%). This study found a very significant statistical difference between the two genders in age of perpetrators. The findings of this study confirms that of Collings (1997) who also found the mean age of perpetrators highest in the 0-17 years age bracket for males and older for females.

In the current study it was found that 19.7% of respondents were abused by a relative (5.7% males and 14.1% females); 68.5% were abused by a friend or acquaintance (42.2% males and 26% females); and 11.8% by a stranger (5.7% males and 6.3% females). [See Table 4.4.1].



In *summary* it would seem that females were less likely abused by strangers, but they were more often sexually abused by friends or acquaintances. Males were more often sexually abused by friends or acquaintance and less often by strangers and relatives. It was also found in this study that females are more often abused by relatives in relation to males. There is a significant relationship in that with boys, the other person was more likely to be a friend or acquaintance. With girls the other person was more likely to be a relative. The study indicated major statistically gender differences in all three categories. ( $p < 0.001$ ).

The results of this study is consistent with the findings of the SAPS Report (2004) that 90% of offenders are known to victims. It is also the findings of this current study that 68.5% were abused by friends or acquaintances as opposed to the 41.8% reported by the SAPS (2004). The study of Collings (1997) on university women, support the findings of this current study that victims were more likely to report abuse at the hands of acquaintances.

Russell (1983) also supports the findings of this current study that perpetrators of abuse are mainly acquaintances.

It is also the findings of this current study that 19.7% of respondents were abused by relatives (14.1% females) and this is consistent with the SAPS (2004) report that 21.4% of relatives sexually abuse children. This is also consistent with the previous surveys (Finkelhor, 1979; Collings, 1997). Laumann *et al.* (1994) also cited family, friends and acquaintances as the most common perpetrators.

It is the findings of this study and that of Russell (1983) that strangers are the least expected perpetrators (11%) versus the 11.8% of this current study. Laumann *et al.* (1994) cites that contacts with non-relatives were less frequent than family friends and other relatives.

The results show that of the 104 respondents that indicated that the other person was a relative, 43.3% were males and 56.7% females. Most males were sexually abused by a female cousin (9.6%) as opposed to most females were abused by a male cousin (13.5%). From the literature it is apparent that boys touched by women tend to be older and the touchers tend to be younger (Laumann *et al.* 1994) possibly like the female cousins in this current study.

More females were abused by fathers and uncles (7.7% and 12.5% respectively) in contrast to male victims abused by fathers to be 6.7% and by uncles to be 1.9%. There are five incidents of mothers being the perpetrators (2 Males and 3 Females). The prevalence equalled for both males and females where aunts (1%) and grandfather's (1.9%) were indicated as the relatives. Only 1 male respondent had a grandmother as a perpetrator. It was found that 12.5% of males and 12.5% of females indicated, "other" relatives without specification. Perpetrators for both males and females were more from the extended family than intrafamilial. There was no gender difference that was statistically significant for this question.

Consistent with the findings of Laumann *et al.* (1994) the current study also found that relatives more often abuse girls than boys. Inconsistent with the findings of this study, no grandmothers and aunts were reported as perpetrators by Russell (1983). Consistent with the findings of Russell (1983), it was found in the current study that perpetrators were more often males than females. Russell (1983) also found fathers and uncles to be the highest in prevalence of CSA, as was supported by the current study. However, male cousins were the highest in prevalence (13.5%) in relation to Russell (1983) having male cousins at only 3%.

### **2.1.1 Frequency and the impact of the unwanted sexual experience**

The literature examines a number of variables such as the duration and the frequency of the experience, not to minimize the less severe experiences but to determine whether there were specific factors of the experience that might produce different effects in the later sexual lives of victims (Laumann *et al.*, 1994). It was found that men are less likely to define the experience

as negative as are women (Laumann *et al.*, 1994).

The results of the current study indicate (Table 4.5) that most students encountered the unwanted event only once (48.5%). When the event occurred between twice or three to four times, a prevalence of 28.8% was indicated. A prevalence of 22.8% is indicated by the current study when the behaviour occurred 5 times or more. The findings of this current study is supported by that of Collings (1997) in that the prevalence for “a one time” frequency is the highest and the prevalence for “a one time” duration is highest as well. The current study is further supported by Laumann *et al.* (1994) as the NHSLS American questionnaire found that 34% reported they were touched once; 38% a few times and 27% many times without any difference in gender.

A significant proportion of students experienced the event just once (47%); for a month or less (18.5%); for several months (19.7%); and for a year or more on 14.8%. For the majority of students the event occurred just once (47%). When it did happen for more than once, it occurred over several months (19.7%). For males, the likelihood of it occurring for a month or less was greater (12.4%) than for females (6.1%). For females, it occurred for several months to a year or more, more often than it did for male respondents. There is no statistical relationship between gender and how long a period the behaviour occurred.

This study failed to compare the duration of the sexual contact with the severity, and a comparison could not be made as reported by Laumann *et al.* (1994) that contacts with a longer duration was scored as more severe than those with shorter duration.

It is the findings of the current study that females were more moderately bothered at the time than males, and that females were higher in prevalence in being extremely bothered at the time. Most males in the current study indicated that they were not bothered by the experience (3.9% males). There is a very significant statistical difference between males and females for not being bothered at all, for being moderately bothered and for being extremely bothered. [See Table 4.7]. In relation to the study conducted by Laumann *et*

*al.* (1994), boys are less likely to define the experience more negatively than women. This study found boys not to be bothered at the time in relation to females being moderately bothered.

The findings of the current study, as indicated by Table 4.8, found males were not bothered at all, at the time nor now in relation to females being extremely bothered at the time and bothered more moderately now. The findings of this current study correlate with that of Laumann *et al.* (1994) in that more women are affected or bothered by the event than males. It was also noted in this study, as was in that of Laumann *et al.* (1994) that 70% of women in relation to 45% of men indicated being affected by the experience, in relation to the current study where 17.7% females were extremely bothered at the time in relation to only 3.9% of males. Laumann *et al.* (1994) state that men are less likely to define the experience as negatively as women do. The current study is further supported by the findings of Laumann *et al.* (1994) that contact that occurred once or a few times were scored less severe than those that occurred many times, and that contacts of a long duration were more severe than those of shorter duration.



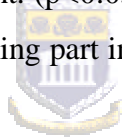
The abatement theory of Kendall-Tackett *et al.* (1993) about victims found to be asymptomatic could possibly provide explanation as to why women who initially were extremely bothered then are more moderately bothered now and this may be due to relationship between seriousness and duration of the abuse and the amount of impact, or perhaps female victims have been resilient, or have had social and psychological treatment at their disposal to cope with the abuse. Dallam *et al.* (2001), indicated the contrary to the findings of the current study, that the experience of the abuse continued to exert a negative effect on the lives of victims and that as adults they were less well adjusted and no gender difference in terms of adjustment problems was found.

### **2.1.2 Psychological and physical coercion**

The literature reports that girls were more often coerced, they felt more guilt and they had far less experience of masturbation, whereas boys were somewhat more active in exploring sexually on their own as well as with peers, and often coercive sexual experiences appears to be part of growing up for quite a few children (Larsson & Svedin, 2002).

The present study indicates that of 130 respondents, 60% females were more likely than 40% males, “*talked into an unwanted sexual experience*”. A significant gender difference exists for this question. ( $p < 0.001$ ). It is indicated that 78.3% of females were more likely than and 21.7% of males “*scared by the perpetrator*” because they were bigger and stronger. A statistically significant gender difference exists. ( $p < 0.001$ ). A very large number of females (60%) in relation to only 40% males were more likely coerced into the sexual incident because “*they were told they would be hurt*”. Gender difference is statistically significant. ( $p < 0.05$ ).

Of the 45 respondents, females were more likely (60%) than males (40%) to be “*bribed into the unwanted sexual experience*”. Females (57.1%) were more likely than males (42.9%) “*pushed, hit or physically restrained*” into the unwanted sexual experience. Females (54%) were more likely than 46% of males ‘*afraid they would not be liked or loved by the other person*’. Gender difference for all the questions related to psychological coercion was statistically very significant. ( $p < 0.05$ ). It is thus apparent that females are more likely to be psychologically pressured into taking part in unwanted sexual experiences.



Males (61.9%) were more likely than females (38.1%) to be coerced by “*physical harm or injury*”. More males (66.7%) than females (33.3%) were “*threatened with a weapon*”. Males more often (62.5%) than females (37.5%) were “*drugged or gotten drunk by the other person*”. It is found that males are more likely than females to be physically coerced or substance induced to partake in the unwanted sexual experience.

It was found in the current study that 26 respondents experienced other forms of coercion. [See Table 4.9.10]. Some of these coercions include: victims giving consent; being asleep when the event occurred; being begged by the other person; not being sure about what was taking place; being bribed that the other person would tell the victim’s mother; the other person saying he wanted to show the respondent something; respondents acknowledging enjoyment from the experience and also feeling like doing it and experimenting. Other coercions include: respondents felt they were kids playing; there was peer pressure involved; and also respondents believing it was a gesture of love.

One respondent experienced the event as rape. Respondents also indicated the following: the other person was friendly; threatened to kill; respondents felt ashamed to tell his/her parents; and the event just happened.

It is the findings of this study and that of Collings (1992) that some strategies include: defining the abuse as an expression of love, defining it as an enjoyable experience, non-supportive disclosure and “special secret”. It is apparent from the current study that more females were coerced by being talked into, scared because the other person is bigger and stronger, afraid of getting hurt, bribed into pushed or hit and also afraid that the other person would not like them in relation to less males who were threatened or drugged or gotten drunk. The findings of this study is consistent with that of WHO (1999) that more girls (46%) than boys (20%) are coerced into unwanted sexual experiences. The current study’s findings is supported by Russell (1983) that experiences seemingly wanted, like sex play between cousins, is seen to be non-exploitative.

The findings of Collings (1997) found the most significant characteristic of coercion to include being verbal threatened and pushed or held down. However, in contrast, this study found being talked into, being scared, being afraid of being hurt, being bribed and being afraid of not being liked or loved, as the more significant forms of coercion.

It was suggested by Tromovitch *et al.* (1997) that the presence of force or coercion be separately analysed from factors where this is not present such as “other” mentioned in the current study.

A significant proportion of respondents indicated that they were “*talked into*” the unwanted sexual experience mainly by friends and acquaintances (66.7%) in relation to only 23.1% relatives and 10.3% strangers tried to talk 117 respondents into it. The results indicate that relatives (40%) were more likely to use coercion because they were “*bigger and stronger*” than friends or acquaintances (36.7%) and strangers (23.3%). It is indicated by the current study that 53.8% of friends and acquaintances were more likely than 15.4% of relatives and 30.8% of strangers to coerce respondents by “*threatening to*

*hurt them*". Friends and acquaintances more often used "bribery" (38.1%) than 35.7% of relatives and 26.2% of strangers to coerce respondents into the incident. Of respondents that felt that they were 'afraid that they would not be liked or loved', it was mainly by 55.8% of friends or acquaintances in relation to only 32.7% of relatives and 11.5% of strangers. Gender difference for this question is statistically significant. ( $p < 0.01$ ).

The findings of the current study are thus not completely consistent with that of Madu (2001) who found that those who experienced the less severe forms of sexual abuse are forced by acquaintances and relatives (81.2%). It was also found by Madu (2001) that 52.2% of the sample was touched sexually by acquaintances and friends by force.

In respect of physical coercion, the results indicate that friends or acquaintances are more likely to "push, hit or physically restrain" (52.2%) than 26.1% of relatives and 21.7% of strangers. A significant proportion of friends and acquaintances "physically harmed or injured respondents" (57.9%) as opposed to only 15.8% of relatives and 26.3% of strangers.



It was more than likely that 55.6% of friends or acquaintances "threatened respondents with a weapon" as opposed to only 22.2% of relatives and 22.2% of strangers. A significant proportion of friends and acquaintances (56.3%) in relation to only 12.5% relatives and 31.3% of strangers "drugged or got respondents drunk".

The results were inconsistent with the findings of Madu (2001) in that with the more severe forms of sexual abuse (oral, anal, vaginal) were committed by acquaintances and relatives and the current study found friends and acquaintances more responsible for force with contact abuse.

#### **5.4 CONCLUSION**

Overall, respondents had a more positive experience in answering the biographical details in Section A of the questionnaire as opposed to the Section B containing questions on unwanted sexual experiences.

The implications of these results for research are that even though respondents are less comfortable to answer questions on unwanted sexual experiences because of being embarrassed, concerned about confidentiality and anonymity, afraid their privacy is being invaded as opposed to questions on gender, age, religion, family income and faculty enrolment, they may still answer truthfully. Being part of the orientation programme and their previous contact with peer facilitators who assisted in administering the questionnaire, as well as the intention of using the results to benefit respondents, as well as guaranteed anonymity may also have facilitated the support received from participants to truthfully respond to the questionnaire.

The findings of this study should be viewed as preliminary but could provide some direction for future research.



## **5.5 RECOMMENDATIONS**

In South Africa, children under 16 years are vulnerable to child sexual abuse. The escalating number of cases necessitates therapeutic and systemic intervention (Lewis, 1997). The findings of the current study on sexual abuse raise concerns especially when one examines the findings in the framework provided by Finkelhor and Browne (1986), it may imply that many of these victims are likely to suffer psychological and behavioural problems as a result of traumatic sexualisation, stigmatization, betrayal and powerlessness. Beitchman *et al.* (1991) cited in Madu (2001) state that being a victim of CSA could result in adult sexual dissatisfaction, promiscuity, increased risk of revictimisation, depression and suicidal ideation or behaviour. With some of these psychological effects it is expected that university students would present at the Counselling Institute with some of these symptomology.



Strategies are needed to target the psychological effects of CSA, particularly within shorter term models especially as therapeutic facilities are limited in the South African context.

The need for more and better research is clear. Most of the current literature regarding CSA is riddled with methodological problems, involves inadequately specified and overly broad definitions, and implies stronger links between CSA and harm than may actually exist.

Further studies are needed on the personal, familial and environmental risk factors that surround CSA. More focus is needed on resiliency and protective factors. We need to standardise the way we collect information on child sexual abuse so that we have reliable national statistics regarding the incidence and nature of CSA.

There is a glaring absence in the literature of theoretical underpinnings on child sexual abuse to date and a definite lack as to why some victims are symptomatic and others asymptomatic.



A developmental perspective is one approach that may encourage more theory-driven research (Kendall-Tackett *et al.*, 1993) and more longitudinal studies on effects are needed in this area of research as it is indicated that since children are different, developmental areas might be affected differently by the abuse experience. This could possibly provide guidelines on prevention and intervention strategies on child sexual abuse.

Future research should differentiate between positive and negative experiences especially for males and females, as it cannot be assumed that positive and negative experiences have the same consequences. Despite the higher prevalence in the literature of females experiencing forcible sexual abuse, the findings of this currently study, proved differently. It was more apparent that males were confronted with severe and less severe forms of unwanted sexual experiences. It is thus important to note that programmes designed to fight CSA should not only focus on female victims but also on males, especially since males are less likely to report the experience, and when they do, they are less likely to report being negatively bothered by the experience.

In the light of the findings on the high prevalence rate amongst males, a re-definition of rape by the South African legislators is required (as it is not only females who are victims of forcible oral, anal and vaginal intercourse)

Methodological factors such as choice of definition of “CSA”, definition of “child”, choice of sample, differences in data collections, the number and type of questions, all appear to affect results. The use of greater consistency, especially with definitions would assist comparative studies and conclusions drawn with less ambiguity and greater validity.

It is important that researchers consider that the experiences of biological children and those of adolescents. Furthermore, clarification should be provided for contact and non-contact abuse as well as for intrafamilial and extrafamilial abuse.

The escalating frequency of sexual abuse by friends or acquaintances, highlight the need to revisit preventative models. It would be meaningful to give feedback to the University and particularly the Institute for Counselling on the findings of this study, so as to inform future intervention programmes. It also highlights the social construct that victims of CSA are usually molested by strangers or perpetrators unknown to victims and emphasis needs to be placed on the fact that most perpetrators are friends and acquaintances for males and females, and relatives in particular for females (Collings, 1997). Thus models need to revisit the risk factors involved in CSA. The very high incidence of male CSA prevalence in relation to peers, friends, acquaintances, cousins needs urgent attention.

The current study failed to look at the consequences of being sexually abused such as psychological and behavioural effects. It is recommended that future studies include an assessment of effects.

## **5.6 SUMMARY**

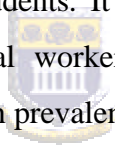
The current sample reported higher prevalence on being sexually touched than sexual intercourse, oral sex and anal sex. The current sample also reported an age gap of 5 or more years between female respondents and male perpetrators. The current study also found a higher prevalence of child sexual abuse by friends or acquaintances and females being sexually abused more often by relatives than what males are. The study also found males being less bothered then and now, while females were significantly bothered then but more moderately now. The study also found higher prevalence with psychological coercion for females than males. The findings of this study are generally congruent with that found in the literature.

The current sample reported a substantial amount of preadolescent sexual contacts with adults known to them, often friends, acquaintances and relatives of the family. It is thus troublesome and this may suggest difficulties in the social arrangements that organize sexual life in our society (Laumann *et al.*, 1994).

The results of this study highlight the need for more structured sex education programmes at schools and universities, especially pertaining to CSA awareness.

The results of the current study contradict the statistics in the literature, as a higher prevalence of male students was found and it highlights the small focus previously placed in the literature on males as victims of childhood forcible sexual abuse.

Urgent research is needed in the area of CSA and its effects on university students so as to inform the psychological programmes undertaken as well as how it possibly could affect the academic performance of students. It is also hoped that the findings of this study would help psychologists, social workers, lecturers and students in planning preventative strategies to reduce the high prevalence of CSA on the Cape Flats.



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# APPENDIX 1



# INSTITUTE FOR COUNSELLING

## BIOGRAPHICAL QUESTIONNAIRE

**2003**

The purpose of the questionnaire:

The purpose of this questionnaire is to obtain a comprehensive picture of your background and to find out how you feel about matters that are important to students. The information will be used to facilitate a better service to students in the areas of medical service, personal guidance and sex counselling.

It is understandable that you might be concerned about what happens to this information because much of it is highly personal. **NO OUTSIDER IS PERMITTED TO SEE YOUR QUESTIONNAIRE.** The information will be used to assess the needs of the total population of students. Please answer each question to the best of your ability.

Should you wish to discuss any aspect of this questionnaire, please call 021-9592299 where an appointment with a psychologist can be made, or you could have a telephone discussion with a psychologist. Alternatively, you could go directly to the Institute for Counselling to make an appointment. Should you for any reason not wish to complete the questionnaire you are under no obligation to do so.

**PLEASE DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRE**

Thank you for completing the questionnaire.

### **INSTRUCTIONS**

- 1 Mark **ONLY ONE** item per question, except where you are requested to mark more than one.
- 2 The questions are answered on the questionnaire by means of a cross over the figure in the block which corresponds to the answer you want to give, e.g.

X



**SECTION A: DEMOGRAPHICS**

<b>1. SEX</b>	
Male	1
Female	2
<b>2. PLEASE INDICATE YOUR AGE</b>	<input type="text"/>
<b>3. WHAT IS YOUR RELIGIOUS AFFILIATION?</b>	
Christian	1
Islamic	2
Hindu	3
Other	4
<b>4. HOME LANGUAGE</b>	
Afrikaans	1
English	2
Xhosa	3
Zulu	4
Tsonga	5
North Sotho	6
Swati	7
Ndebele	8
Other	9
<b>5. AREA OF PERMANENT RESIDENCE</b>	
Western Cape	1
Eastern Cape	2
Northern Cape	3
Orange Free State	4
Gauteng	5
Mpumalanga	6
Northern Province	7
North West Province	8
Kwa Zulu Natal	9
Namibia	10
Zimbabwe	11
Angola	12
Botswana	13
Lesotho	14
Swaziland	15
Other	16
<b>6.. WHERE DO YOU LIVE THIS YEAR WHILE YOU ARE STUDYING?</b>	
With my parents / family	1
In a residence	2
I board with people	3
Other	4
<b>7. I HAVE ENROLLED IN THE FOLLOWING FACULTY:</b>	
Arts & Theology	1
Science	2



Community and Health Sciences	3
Economic and Management Sciences	4
Education	5
Law	6

**8. WHAT IS THE APPROXIMATE MONTHLY INCOME OF YOUR PARENTS?**

Less than R500	1
R501 - R1000	2
R1001 - R2500	3
R2501 and R3 500	4
R3 501 - R5 000	5
R5 000 and more	

**9. I ENROLLED FOR THE FOLLOWING COURSE:**

<i>COURSE</i>	<i>YES</i>	<i>NO</i>
Psychology	1	2
Nursing	1	2
Human Ecology	1	2
Occupational Therapy	1	2
Physiotherapy	1	2
Social Work	1	2
Human Movement Studies	1	2

**SECTION B: EARLY SEXUAL EXPERIENCES**



**WHEN YOU WERE UNDER THE AGE OF SIXTEEN (16), DID ANY OF THESE INCIDENTS EVER HAPPEN TO YOU WHEN YOU DID NOT WANT THEM TO?**

<b>1</b>	<b>Please check those that occurred:</b>	<b>YES</b>	<b>NO</b>
1.1	Another person showed his or her sex organs to you	1	2
1.2	You showed your sex organs to another at his or her request	1	2
1.3	Someone touched or fondled your sex organs	1	2
1.4	You touched or fondled another person's sex organs at his or her request	1	2
1.5	Another person had sexual intercourse with you	1	2
1.6	Another person performed oral sex on you	1	2
1.7	You performed oral sex on another person	1	2
1.8	Someone told you to engage in sexual activity so that he or she could watch	1	2
1.9	You engaged in anal sex with another person	1	2
1.10	Other (please specify) _____	1	2

**2. If any of these incidents ever happened to you, please answer the following questions by thinking about the one behavior that bothered you the most.**

In addition, please circle the behavior above that bothered you the most.

**3 Age**

How old were you when it happened?

Approximately how old was the other person involved?

**4.1 Who was the other person involved?**

- 4.1.1 relative
- 4.1.2 friend or acquaintance
- 4.1.3 stranger

**4.2 If the other person was a relative, how were they related to you?**

4.2.1	Father	
4.2.2	Mother	
4.2.3	Uncle	
4.2.4	Aunt	
4.2.5	Cousin (Male)	
4.2.6	Cousin (Female)	
4.2.7	Grandfather	
4.2.8	Grandmother	
4.2.9	Other (Specify)	

**5 How many times did this behavior occur?**

- just once
- twice
- 3 or 4 times
- 5 times or more



**6 Over how long a period did this behaviour occur?**

- just once 1
- a month or less 2
- several months 3
- a year or more 4

**7. How much did the experience bother you at the time?**

- Not at all 1
- Moderately 2
- Extremely 3

**8. How much does the experience bother you now?**

- Not at all 1
- Moderately 2
- Extremely 3

**9. What kind of psychological pressure or physical force did the person use, if any?**

Please check all that apply:

		YES	NO
9.1	They tried to talk you into it.	1	2
9.2	They scared you because they were bigger or stronger.	1	2
9.3	They said they would hurt you.	1	2
9.4	They bribed you.	1	2

9.5	They pushed, hit, or physically restrained you.	1	2
9.6	You were afraid they wouldn't like or love you.	1	2
9.7	They physically harmed or injured you.	1	2
9.8	They threatened you with a weapon.	1	2
9.9	They drugged you or got you drunk.	1	2
9.10	Other ( please specify) _____		

***THANK YOU FOR YOUR COOPERATION !!!***



# APPENDIX 2





**University of the Western Cape**  
**Psychology Department**  
Private Bag x17 Bellville 7535 South Africa  
Telephone: (021) 959 2283  
Fax: (021) 959 3515  
E-mail: ubawa@UWC.AC.ZA

Monday, 29 September 2003

Dr Ingrid Miller  
The Registrar  
UWC

Dear Dr Miller

**PERMISSION TO CONDUCT RESEARCH TOWARDS A MPSYCH DEGREE  
(MS CLEOPHAS KOLBE)**



I would like to formally apply for permission to conduct research on the experiences of child sexual abuse among first year UWC students. A copy of the proposal is attached and has already been submitted to the Faculty CHS Higher Degrees Committee, who have suggested I seek official approval for the research.

The study will assist university management and services to plan workshops to help victims of child sexual abuse and inform the development of appropriate child sexual abuse interventions in South Africa.

Sincerely

*C Kolbe*  
*MPSYCH STUDENT*

*U Bawa*  
*CHS: ETHICS COMMITTEE/SUPERVISOR*