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Research article

A longitudinal perspective on boys as victims of childhood sexual abuse in South Africa: Consequences for adult mental health

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ABSTRACT

Childhood sexual abuse of boys was examined in a longitudinal cohort in South Africa, with data on abuse collected at six age points between 11 and 18 years. Potential personal and social vulnerability of male sexual abuse victims was explored and mental health outcomes of sexually abused boys were examined at age 22–23 years. Reports of all sexual activity – touching, oral and penetrative sex – increased with age and sexual coercion decreased with age. Almost all sexual activity at 11 years of age was coerced, with the highest rates of coercion occurring between 13 and 14 years of age; 45% of reports of coerced touching were reported at age 14, 41 percent of coerced oral sex at age 13, and 31% of coerced penetrative sex at age 14. Sexual coercion was perpetrated most frequently by similar aged peers, and although gender of the assailant was less often reported, it can be presumed that perpetration is by males. Boys who experienced childhood sexual abuse tended to be smaller (shorter) and from poorer families. No relationships to measured childhood intelligence, pubertal stage, marital status of mother or presence of the father were found. There was no significant association between reports of childhood sexual abuse and mental health in adulthood and when personal and social vulnerabilities were taken into account.

A 10-year-old boy from Thabong, Welkom, who was playing with friends in a dam on Sunday (29 January 2017) was raped by five unknown men. Sergeant Mamello Mokhuoane said the boy and his friends were swimming when five men with dogs approached them. The boy's friends ran away from the men, but the boy was stuck in mud and the men dragged him out of the water.

He was forced to hold on to a pole while the men raped him. After the rape he managed to flee and get help. The boy was then taken to the Bongani Hospital where police were called. Five counts of rape are being investigated against the men. <http://www.news24.com/SouthAfrica/News/boy-10-raped-by-5-men-20170130>.

1. Introduction

Child Sexual Abuse (CSA) is formally defined by the World Health Organization as “the involvement of a child in sexual activity that he or she does not fully comprehend and to which a child is unable to give informed consent, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society” (2003). It includes, among others, attempted and

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completed sex acts, sexual touching, non-contact harassment, exhibitionism and exposure to pornography (Murray, Nguyen, & Cohen, 2014). In South Africa, any sexual contact and interaction with a child younger than 16 years of age is classified as sexual abuse. Where consent is not given, any sexual contact and interaction with a child under the age of 18 is also considered sexual abuse (Criminal Law (Sexual Offences and Related Matters) Amendment Act 5 of 2015).

Across the world, CSA is reported to occur more frequently among girls than boys (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). According to a global review of 55 studies from 24 countries, the prevalence of different forms of sexual abuse – penetration, exhibitionism, inappropriate touching and so on - is estimated to be between 8–31 percent for girls and 3–17% for boys. Nine girls and three boys out of 100 are estimated to be victims of forced penetrative sex (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). That said, boys are sexually abused, more often than supposed (Hunter, 1990), and a small number of recent studies have drawn attention to the sexual abuse of boys (Turner, Taillieu, Cheung, & Afifi, 2017).

It has been claimed that the sexual abuse of boys is “massively denied, misunderstood and trivialized” (Spiegel, 2013, p. vii), and that boys suffer less serious consequences of sexual abuse than girls (Spiegel, 2013). However, there are inconsistent findings of differences between males and females in the reported short and long-term negative effects of sexual abuse i.e. in deteriorating school performance, depression, problems in social and sexual relationships, and potentially abusive adult behaviour (Briere & Elliott, 2003; Cecil, Viding, Fearon, Glaser, & McCrory, 2017; Dube et al., 2005; Paolucci, Genuis, & Violato, 2001).

The sexual abuse of both male and female children has been reported on the African continent (Meursing et al., 1995). Though few studies deal specifically with the sexual abuse of boys, several sub-Saharan African studies, nonetheless, describe relevant results.

In a stratified random sample, Andersson and Ho-Foster (2008) surveyed young people at secondary schools in South Africa, of whom 126,696 were male. Among 18-year-old boys, 44 percent reported that they had been forced to have sex at some previous time, and 9% of males aged 11–19 years reported experiencing forced sex in the last year. Perpetrators were indicated to be male in 32 percent of cases, 41 percent were female, and 27 percent of boys said they had been forced to have sex by both male and female perpetrators. A national survey of 9 730 young people between 15 and 17 years of age in South Africa reported rates of sexual abuse, around 20%, equivalent among males and females (Ward, Artz, Leoschut, Kassarjee, & Burton, 2018). Retrospectively reported sexual abuse before the age of 12 years by 11 206, 18–32-year old men and women in Zimbabwe, Tanzania and an urban and rural site in South Africa indicated that more men than women in Tanzania (4.2% and 2.1%, respectively) and comparable numbers in Zimbabwe (4.5% and 4.4%) reported being sexually abused as children. In the urban area in South Africa, rates were higher among women (4.9%, men 4.1%) as well as in the rural site, 2.4% and 1.6% among men (Richter et al., 2014). Lastly, contemporaneous reports of voluntary and coerced penetrative sexual debut between 12 and 18 years of age were collected in a prospective long-term birth cohort in South Africa. At all ages, more boys than girls self-reported sexual debut, both voluntary and coerced (Richter, Mabaso, Ranjith, & Norris, 2015).

Most prevalence surveys of CSA depend on adolescent or adult retrospective reporting, and are subject to recall bias. On the other hand, contemporaneously collected clinical and police records are likely to seriously under-represent child sexual abuse that is not reported (Murray et al., 2014). For these reasons, it is very difficult to get accurate information (Goldman & Padayachi, 2000), even more so with respect to boys because they are less likely to report CSA (Easton, 2013; O’Leary & Barber, 2008). Disclosure of sexual abuse by boys and men is reported to be inhibited by shame, confusion about sexuality, fear of ridicule and of being labelled homosexual (Paine & Hansen, 2002).

Although gender-based violence is reported to be more prevalent in poorer communities and families (Jewkes, 2002), socio-economic status is not consistently associated with childhood sexual abuse, including in sub-Saharan Africa (Yahaya, De Leon, Uthman, Soares, & Macassa, 2014). Gender and age differences in childhood sexual abuse are observed and in South Africa, Meinck, Cluver, Boyes, and Loening-Voysey (2016) reported that younger children were more likely to report physical abuse and older children more likely to report emotional and sexual abuse. To date, the most commonly identified risk factors for sexual abuse are in the child’s immediate environment, including in the family (Fergusson, Lynskey, & Horwood, 1996), and in or on the way to and from school (Reza et al., 2009).

Child sexual abuse is generally associated with psychological distress, although findings are less consistent among men (Easton, 2014). Sexual abuse commonly occurs with physical and emotional abuse, including among boys (Cecil et al., 2017; Turner et al., 2017), and co-occurrence of abuse is reported to increase the likelihood of later mental health problems (Afifi et al., 2014; Easton & Kong, 2017; Turner et al., 2017). Sexual abuse has long been associated with a power differential between the perpetrator and the victim, whether emanating from gender, age, or other differences such as a mental ability (Reynaert, 2015; Sobsey & Doe, 1991). This differential increases the helplessness of the abused individual (Bargh, Raymond, Pryor, & Strack, 1995) and, together with coercion, fear and stigmatization, is hypothesized to be core to the traumatizing effects of childhood sexual abuse (Finkelhor & Browne, 1985).

Although there is growing recognition of the sexual abuse of boys as a serious problem with potentially debilitating consequences (Romano & De Luca, 2001), it is clear that we know relatively little about it (Watkins & Bentovim, 1992), especially in low and middle-income countries. In this paper, we take advantage of a large corpus of longitudinal data collected in the Birth to Twenty Plus (Bt20+) study to examine the sexual abuse of boys at several points across the timespan of childhood and adolescence, reported contemporaneously. This data overcomes several limitations of small samples of retrospectively recalled information collected at only one point in time. We also report on three forms of sexual abuse: coerced touching, oral sex and penetrative sex. The goals of the present paper are to describe the sexual abuse of boys over time in a large longitudinal urban community study in South Africa, examine whether social and personal vulnerabilities predict childhood sexual abuse between 13 and 18 years of age, and determine whether childhood sexual abuse is associated with mental health outcomes at age 22 years, controlling for social and personal vulnerabilities.

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