Child Abuse & Neglect 40 (2015) 68–80

Contents lists available at ScienceDirect

Child Abuse & Neglect

Child sexual abuse as reported by Israeli adolescents: Social and health related correlates☆

Ivonne Mansbach-Kleinfeld[a,*], Anneke Ifrah[b], Alan Apter[c], Ilana Farbstein[d]

[a] Mental Health Services, Ministry of Health, Jerusalem, Israel
[b] The Israel Center for Disease Control, Ministry of Health, Tel Hashomer, Ramat Gan, Israel
[c] Department of Child and Adolescent Psychiatry, Schneider Medical Center for Children in Israel, Petach Tikvah, Israel
[d] Department of Child and Adolescent Psychiatry, Ziv Hospital, Zfat, Israel

ARTICLE INFO

Article history:
Received 13 July 2014
Received in revised form
16 November 2014
Accepted 21 November 2014
Available online 24 December 2014

Keywords:
CSA
Adolescents
Risk factors
Health correlates

ABSTRACT

The objectives of the study were to assess the prevalence of child sexual abuse (CSA) in a nation-wide representative sample of 14–17 year old Israeli adolescents, and to examine the associations between CSA, socio-demographic correlates and various measures of physical and mental health. The study population consisted of 906 mother–adolescent dyads, belonging to a community based, representative sample of Israeli 14–17 year olds, interviewed in 2004–5. Response rate was 68%. Subjects provided demographic data, and information about CSA, physical symptoms, body image, well-being and use of mental health services. DAWBA was used to obtain information regarding mental disorders and suicidality. SDQ was used to obtain data on bullying. Statistical analyses were conducted using an SPSS-17 complex sample analysis module and multivariate analyses were conducted to assess the associations between CSA and risk factors and social and health related correlates. Findings show that CSA was reported by 3.3% of adolescents. Higher risk of exposure to CSA was found among girls, among adolescents living in a one-parent household and among adolescents with a chronic disability. In multivariate models adjusting for gender, learning disabilities and depression, CSA was associated with suicidal attempts, stomach ache, dizziness, sleep problems, well being at home and bullying behaviors. No association was found with suicidal ideation or other physical symptoms. Our findings confirm that the associations between CSA and different outcomes vary depending on the socio-psychological context, and underline the importance of addressing the complexity of variables associated with CSA.

Introduction

Data on the prevalence of child sexual abuse (CSA) in Israel, as reported by adolescents living in the community, are scarce. A study on Arab adolescents reported that between 15% and 20% revealed that they had been physically attacked at home (Haj-Yahia & Ben-Arieh, 2000), but specific data on CSA were not presented. A study that was carried out among school children showed that 8% reported at least one sexually inappropriate behavior by a staff member in school (Benbenishty,

☆ This survey was supported by the Israel National Institute for Health Policy and Health Services Research, the Association for Planning and Development of Services for Children and Youth at Risk and their Families (ASHALIM), the Englander Center for Children and Youth and the Brookdale Institute in Jerusalem, Israel, and the Rotter Foundation of the Maccabi Health Services, Israel. The authors wish to thank Irina Radomislensky for statistical advice.
* Corresponding author.

http://dx.doi.org/10.1016/j.chiabu.2014.11.014
0145-2134/

Zeira, & Astor, 2002). More recently, a study carried out among nearly 10,000 Israeli school children aged 12–17 found that 18% reported being victims of CSA, as defined by a variety of behaviors that ranged from sexual harassment to rape (Eisikovits & Lev-Wiesel, 2014, unpublished results). Retrospective studies with adult-recall data are also scant. Gal, Levav, and Gross (2011) found that 8.1% of adult women and 2.4% of men recalled sexual molestation and rape before age 18. Furthermore, Schein et al. (2000) found that 25% of adult Israelis presenting to family practice clinics for routine health care reported being sexually abused as children.

Discrepancies in reported prevalence of CSA are common worldwide. Finkelhor (1993) reported a range of 6–62%, especially among females, and Sapp and Vandeven (2005) reported a range of 11–32% for females and 4–14% for males. A meta-analytic review of prevalence studies carried out in North America concluded that 30% of girls and 15% of boys had experienced some form of sexual abuse during their childhood (Bolen & Scannapieco, 1999), and the Isle of Wight follow-up study reported an estimated CSA prevalence rate of 7.8% (Collinshaw et al., 2007). An Australian study found that 5.4% of girls and 2% of boys reported an experience of sexual abuse (Martin, Bergen, Richardson, Roeger, & Allison, 2004), and a longitudinal study carried out in New Zealand found that 5.1% young adults of both genders reported contact sexual abuse not involving sexual penetration and 6.3% reported attempted or completed sexual penetration before 16 years of age (Fergusson, Boden, & Horwood, 2008).

One of the most challenging methodological issues in studies of the prevalence of CSA, and one that can considerably explain the wide variation in estimates, is the definition employed. Definitions of CSA include a wide and often inconsistent range of behaviors (Roscoe, Strouse, & Goodwin, 1994). Some studies define CSA as including only physical contact, whereas others include non-contact sexual abuse. A common example of how CSA is defined is found in a study carried out among Mexican adolescents who anonymously answered the following question: "Were you ever forced by anyone to have sexual contact in your childhood?" These adolescents reported a rate of 18.7%. Additional questions included age when the abuse occurred, relation to the aggressor, duration of the abuse and whether the abuse was reported (Pineda-Lucatero, Trujillo-Hernandez, Millan-Guerrero, & Vasquez, 2009). A study carried out among women below 18 years of age in six countries in Sub-Saharan Africa, in which CSA was defined as "ever being forced to have sexual intercourse or perform any other sexual act", reported CSA prevalence rates that ranged between 1.0 and 5.8 (Yahaya, Ponce de Leon, Uthman, Soares, & Macassa, 2014). At the opposite end of the spectrum, a rather open definition was used in a longitudinal study with North American 9th grade adolescents, in which sexual harassment was defined as taking many physical forms, such as pulling at clothing, rubbing up against another person, grabbing/pinching, receiving unwanted sexual content, and verbal forms such as sexual comments, jeers, rumor spreading, homosexual slurs for boys or sexual jokes. Not surprisingly, this broad definition yielded high levels of reported CSA, i.e., 42.4% among boys and 44.1% among girls (Chiodo, Wolfe, Crooks, Hughes, & Jaffe, 2009).

An additional methodological challenge is related to disclosure of the abuse. Goodyear-Brown, Fath, and Myers (2011) perceive disclosure of CSA as a process rather than an event, and it is known that reports can be conflicted and unconvincing and that recantation is common, particularly when the victim knows the perpetrator. Concerns about confidentiality and the legal responsibility of interviewers may further decrease the reporting of CSA in community surveys. Thus, reported rates of CSA must be assessed with these and other reservations in mind.

Risk Factors and Correlates of CSA

The risk factors and sequelae of CSA have been extensively studied. Even though a clear model of the antecedents and consequences of CSA is desirable, the cross-sectional nature of most studies makes this task quite difficult. Although it may be assumed that most socio-demographic variables such as gender, parental education and employment status precede the abuse, the path of causality is more difficult to establish for physical symptoms, suicidality and emotional and behavioral problems.

A review of some of the salient findings in the literature follows.

CSA and Demographic Background of Family or Victim. Gender has generally been found to be a risk factor for CSA, with females being approximately 3 times more likely than males to be victims of CSA (Gault-Sherman, Silver, & Sigfusdottir, 2009). However, other studies have found similar rates of CSA in 9th grade boys and girls, although the nature of the sexual victimization differed (Chiodo et al., 2009).

Regarding family functioning, the Isle of Wight follow-up study showed that child abuse was more likely among those who had experienced a parental divorce or separation, parental discord, multiple long-term separations from their mother or low parental care (Collinshaw et al., 2007). Children who live with a single parent with a live-in partner or a step-father have been found to be ten times more likely to be abused than those who live with both parents (Sedlak et al., 2010). The socio-economic status of the family, however, has not been found to be a significant risk factor for CSA (Goodyear-Brown et al., 2011; Putnam, 2003).

CSA and Learning Disability and/or Long-Term Impairment. Studies that have related learning disabilities to abuse, and particularly to physical abuse, have found that children and adolescents with chronic conditions and disabilities are more vulnerable to abuse (McGee, Garavan, deBarra, Byrne, & Conroy, 2002; Svensson, Bornehag, & Janson, 2011). A study carried out among deaf and hard of hearing college students reported rates of sexual abuse that were twice as high among disabled students as among hearing students (Schenkel et al., 2014). Studies on adults with disabilities have found that over half of the women