Sexual violence against children in South Africa: a nationally representative cross-sectional study of prevalence and correlates

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Summary
Background We aimed to complete a nationally representative study of sexual violence against children in South Africa, and its correlates, since we could identify no other such study.

Methods For this nationally representative, cross-sectional study in South Africa, households were selected by use of a multistage sampling frame, stratified by province, urban or rural setting, and race group, and schools were selected on the basis that they were closest to the area in which households were selected. Interviews and self-administered questionnaires in each location inquired into lifetime and last-year prevalence of sexual abuse, and its correlates among children aged 15–17 years, whose parents gave informed consent and they themselves gave informed assent.

Findings The final household sample was 5631 (94·6% participation rate). 9·99% (95% CI 8·65–11·47) of boys and 14·61% (95% CI 12·83–16·56) of girls reported some lifetime sexual victimisation. Physical abuse, emotional abuse, neglect, family violence, and other victimisations were all strongly associated with sexual victimisation. The following were associated with greater risk of sexual abuse (adjusted odds ratio [OR]); school enrolment (OR 2·12, 95% CI 1·29–3·48); rural dwelling (0·59; 0·43–0·80); having a flush toilet (1·43, 1·04–1·96); parental substance misuse (2·37, 1·67–3·36); being disabled (1·42, 1·10–1·82); female (but not male) caregivers’ poor knowledge of the child’s whereabouts, friends, and activities (1·07, 0·75–1·53) and poor quality of the relationship with the child (ie, poor acceptance; 1·20, 0·55–2·60). The child’s own substance misuse (4·72, 3·73–5·98) and high-risk sexual behaviour (3·71, 2·99–4·61) were the behaviours most frequently associated with sexual abuse, with mental health conditions found to be less prevalent than these factors but still strongly associated with sexual victimisation (post-traumatic stress disorder 2·81, 1·65–4·78; depression 3·43, 2·26–5·19; anxiety 2·48, 1·61–3·81).

Interpretation Sexual violence is widespread among both girls and boys, and is associated with serious health problems. Associated factors require multisectoral responses to prevent sexual violence or mitigate consequences.

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Introduction Child sexual abuse and other forms of maltreatment have serious health consequences that can persist into adulthood, including mental health problems, injuries, increased risk for HIV infection, and other consequences associated with poor health behaviours (eg, obesity).1,2 In settings such as South Africa, where child-protection services are both fragmented and overburdened,1 and with high prevalences of potentially related problems such as HIV,3 representative data on the sexual abuse of children are essential for effective service provision.

Violence against children has long been thought to be prevalent in South Africa,7 but estimates vary depending on the methods and location of studies. For instance, one national study7 found a prevalence of 1·6% for rape before age 15 years, whereas another study6 in a rural area and using a broader definition of sexual abuse found prevalences of 39·1% for women and 16·7% for men.2

We could not identify any previous representative study of child sexual abuse that explored the full range of possible abuses (including contact abuse [ie, physical contact between the child and the abuser], exposure abuse [eg, exposure to pornography], and sexual harassment) in South Africa. The Optimus Study South Africa (following on from the Optimus Studies in Switzerland6 and China7) thus aimed to provide this information.

Methods
Study design and participants We did a nationally representative cross-sectional study of sexual abuse of children aged 15–17 years in South Africa. We recruited participants via two mechanisms: a nationally representative household survey and a school survey. We included both locations because the Optimus Study protocol requires participants
Research in context

Evidence before this study
We searched Academic Search Premier, Africa-Wide Information, CINAHL, the Education Resources Information Centre (ERIC), MEDLINE, PsycARTICLES, PsycINFO, SocINDEX, and Google Scholar for papers on child maltreatment (child abuse and neglect), and related terms (physical abuse, corporal punishment, emotional abuse, psychological abuse, sexual abuse) in South Africa. Searches were restricted to publications in English because any relevant literature from South Africa would have been published in English. Inclusion criteria were that the paper should report a quantitative study, some form of child maltreatment, and that it be based in South Africa. We used no other inclusion or exclusion criteria. We did our initial search between April 4, and June 24, 2011, with no start date restrictions, when we were proposing our work to the UBS Optimus Foundation. The search was repeated and updated in June, 2017. Our goal was to assess whether any other nationally representative study had been done in South Africa, and none had (in fact, in no other study was representative sampling used). Previous studies thus all had a high risk of bias.

Added value of this study
This study reports findings from the first (and only) nationally representative study of sexual abuse of children in South Africa. It also reports the correlates of sexual abuse, including other forms of child maltreatment.

Implications of the available evidence
Prevalences reported in this Article will be useful to practitioners in terms of estimating the burden for which services should be prepared. Findings with regard to correlates suggest avenues for prevention. Findings with regard to methods have implications for the methods future studies should use. In brief, we found that sexual violence against children is widespread among both boys and girls in South Africa, and has severe health consequences. Risk and protective factors identified require a multisectoral response to prevent sexual violence, and future studies should focus on samples selected from schools, to maximise the disclosure of abuse, and allow children to complete the questionnaire themselves in a confidential format.
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