Prevalence and long-term impact of child sexual abuse among a sample of male college students in Jordan

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معدل انتشار الانتهاك الجنسي للطفل، وآثاره على المدى الطويل في عيِّنة من الأطفال الذكور

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خلاصة: تمت دراسة معدل انتشار الانتهاك الجنسي للطفل بالملامسة لدى عيِّنة من الطلبة الأردنيين، كما تم تقييم العلاقة بين الانتهاك الجنسي في الطفولة وبين الصحة النفسية للبالغين. وقد تم تقييم التجارب التي مرّ بها مئة من الطلاب الذكور الذين تتراوح أعمارهم بين 18 و20 سنة، بشكل فردي، باستخدام نوعين من الاستبيانات هما الصيغة العربية للاستبيان حول الصحة العامة والترجمة العربية للاستبيان الذاتي الأداء، للانتهاك الجنسي للطفل بالملامسة. وقد تبيَّن أن 27 % من الطلاب لديهم سوابق للانتهاك الجنسي للطفل قبل سن الرابعة عشرة. وأن أولئك الذين تعرضوا للانتهاك الجنسي في الطفولة، قد عانوا من مشكلات في الصحة النفسية أكثر ممن لم يتعرضوا للانتهاك.

ABSTRACT The prevalence of the contact form of child sexual abuse (CSA) among a sample of male college students in Jordan was examined. The relationship between CSA and adult mental health was also assessed. The experiences of 100 male college students 18–20 years of age were assessed individually with two questionnaires, the Arabic version of the General Health Questionnaire and the Arabic translation of a self-administered questionnaire for the contact form of CSA. Regarding prevalence, 27% of the students had a history of CSA before 14 years. Those who had experienced CSA had more mental health problems than those who had not

Prévalence et impact à long terme des abus sexuels sur enfants dans un échantillon d'étudiants en Jordanie

RESUME La prévalence de la forme d'abus sexuels sur enfants impliquant un contact a été étudiée dans un échantillon d'étudiants en Jordanie. La relation entre les abus sexuels sur enfants et la santé mentale des adultes a également été évaluée. Les expériences de 100 étudiants âgés de 18-20 ans ont été examinées individuellement à l'aide de deux questionnaires : la version arabe du Questionnaire général sur la santé (GHQ) et la traduction en arabe d'un questionnaire à remplir soi-même pour la forme d'abus sexuels sur enfants impliquant un contact. En ce qui concerne la prévalence, 27 % des étudiants avaient des antécédents d'abus sexuels avant l'âge de 14 ans. Ceux qui avaient subi des abus sexuels pendant l'enfance avaient davantage de problèmes de santé mentale que ceux qui n'en avaient pas subi.

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Introduction

A large number of cases of child sexual abuse (CSA) began to be reported in the late 1970s in the West, and there was great interest in establishing the extent of the problem. It was thought to be rare, but a sudden flood of cases prompted real concern on the part of professionals and policy-makers to know its real prevalence. Finkelhor, in the source book on CSA [*1*], stated that studies about the prevalence of child molestation had been undertaken as far back as 1929. Such studies had clearly shown child molestation to be not uncommon in the lives of children.

Prevalence studies have operated on the premise that because most sexual abuse is unlikely to be reported, official statistics usually underestimate the problem. This has necessitated the use of surveys with interviews or questionnaires among various segments of the population.

Reported rates of CSA range from 6% to 62% for females and from 3% to 31% for males [*1*]. Several factors could account for variations in prevalence rates. Variations may reflect differences in the definitions of the sexual abuse in various studies. Furthermore, discrepancies may reflect true differences in the prevalence of the problem. Variations in rates are also the result of variations in methodological factors: how respondents were recruited, how they were interviewed, who interviewed them, or how the questionnaires used were worded.

Some researchers have questioned whether sexual abuse is really increasing in prevalence with time. According to some reports, it appears that increased reporting is due to changes in legislation and social climate rather than to a true increase in prevalence [*2*]. There is also debate whether sample characteristics such as age, educational level, social class, gender, ethnicity or nationality might be related to the prevalence of CSA. Finkelhor [*1*] and Anderson et al. [*3*] concluded that the prevalence of CSA was quite consistent across age groups and that the prevalence rate was not affected by education and socioeconomic status. Priest [*4*] and Wyatt [*5*] found that rates of CSA were similar for both the African–Americans and the white United States (US) population. Pope et al. studied CSA in three countries, (America, Austria and Brazil) and found that CSA was reported by 24%–36% of women in the three countries and there were no significant differences between countries for rates of abuse [*6*]. Segul conducted a study of child abuse in India and compared it to the US [*7*]. He found that the mean overall rating in the categories of sexual abuse, fostering delinquency and level of education was relatively equal, and that the only differences were those of perception of the severity of the forms of abuse. Finkelhor also reviewed the international prevalence of CSA in large non-clinical samples from at least 19 countries, in addition to the US and Canada, and concluded that sexual abuse was an international problem [*8*].

In Jordan, the local reported rates are low mainly because the topic remains taboo. Denial is a common reaction even when cases are identified because of the secrecy surrounding the topic. It may be that Jordanians, because of the close relationships within their families and because of the extended family system, traditionally have more secrets within family circles than do Western families.

There is a need for basic data on the prevalence of CSA in developing countries that could help shed light on both etiological factors and the long-term consequences of CSA. Such data could also help to

support the development of clinical services and preventative measures.

Methods

A one-stage retrospective questionnaire survey with a narrow definition of contact sexual abuse was used. It included the Arabic version of the general health questionnaire (GHQ30), which has good reliability using split half (0.92) and an internal consistency of 0.91. The questionnaire has content validity [*9*].

The definition of CSA used in the current study was: all forms of contact sexual experiences (including child's genitals touched, child touched abuser's genitalia, episodes of attempted or full intercourse) before the age of 14 years with a person at least 5 years older.

The questionnaire included the following questions: has anyone ever touched or fondled your private parts; has anyone ever made you touch them in a sexual way; has anyone ever had full intercourse with you or attempted to do so? The participants were asked to indicate never, once or more than once. Basic information about the participants was also gathered, including age at the time of the survey.

A class of 100 male students at an intermediate college in Amman was chosen as the sample. Females were excluded from the study because of ethical and social difficulties. The dean of the college introduced me to the class and I spoke to the students about CSA and its long-term consequences. I explained to them that all responses were confidential, that names were not needed on the questionnaire, that all questionnaires were to be put in a box before they left the class, and that there was to be a distance of at least 10 metres between each respondent to ensure each felt comfortable to write and answer as he wanted. All the students answered the questionnaire without hesitation.

The sample was small due to a large number of considerations, including administrative concerns such as acceptance for such a project, financial concerns such as the cost of photocopying and ethical concerns about male and female participation. Accordingly, I found it suitable to enlist a small group of intermediate male college students in a single class at a single time in order to avoid social and ethical problems. For the same reasons, the victim's relationship to the abuser was not identified.

The one-stage retrospective questionnaire survey procedure was chosen for the study. Several previous studies and reviews have compared methods such as self-administered questionnaires (SAQ) and face-to-face interviews (FFI). Neither method appears to be superior for surveying CSA and that most intrusive episodes of abuse indicating genital contact were likely to be reported by either method [*1,10*]. FFI was not used in the current study because CSA in Jordan is associated with shame, guilt and secrecy. Using an FFI would therefore be difficult and participants might fail to disclose CSA if they were afraid of being identified and contacted again.

The definition and the questions for the contact form of CSA before the age of 14 years were chosen for several reasons. First, there is no single, correct definition of CSA; however, there is a need to be as clear and as specific as possible to increase reliability and facilitate comparisons with other studies. Second, it is worth bearing in mind that an upper age limit of 17 years or 18 years cannot be applied to definitions which might be used in Jordan because the age of marriage for girls can be as low as 14 years of age, although this is illegal. Fi-

nally, ambiguity in the definition of sexual experiences is likely to be reduced if the definition of CSA for participants in Jordan is restricted to contact forms only.

Some aspects of the sexual contact (whether it was unexpected by the child, sudden, repeated or declared and discussed by others) and the emotional reaction of the child were not investigated in the current study as the chosen questions were considered more suitable for the initiation of a feasible study that was acceptable to respondents.

Results

Answers to the questionnaire indicated that 27% of the participants had experienced at least one form of contact sexual abuse before 14 years of age with an adult or a person at least 5 years older than themselves. To examine the differences between the CSA group and the non-CSA group as regards mental health state in the GHQ30, the Student *t*-test was used. The CSA group had a mean GHQ score (mean = 12.3, standard deviation = 5.3) that was significantly higher than the non-CSA group score (mean = 8.0, standard deviation = 4.3). Group results ($t(88) = 3.39$, $P < 0.001$) indicated that students who had experienced sexual abuse had more mental health problems. The Spearman–Brown correlation of the scores from the mental health GHQ30 and sexual abuse questionnaires indicated a strong relationship between mental health and CSA ($P = 0.001$).

Discussion

Studies from a variety of countries suggest that sexual abuse is indeed an international problem [*8*]. It is difficult, however, to locate comparative studies of African and Middle Eastern populations.

The Arabic version of the GHQ30 has been used primarily to assess the relationship between CSA and adult mental health. The topics covered by this questionnaire are somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. In this study, CSA was strongly correlated with adult mental health. This has been found before [*11–14*], as there are several related factors that can aggravate long-term consequences on the adult mental health of victims. These include:

- low self-esteem and sense of inferiority;
- guilt from feelings that the individual allowed the sexual abuse to happen and that the individual was seductive;
- possible neglect as families who are unable to protect a child against CSA are likely to neglect other aspects of child upbringing;
- poor school records, poor socioeconomic status and tendency to be unskilled workers;
- social and cultural issues that prevent disclosure and proper intervention.

The long-term impact of CSA is unlikely to be solely due to the abuse itself. Moreover, not all victims of CSA develop problems later in life.

As the sample size of the current study was small, we cannot generalize from these results. Furthermore, all the participants were males and the sample was taken from only one class at one college in Amman. The age of 14 years used in the definition of child sexual abuse was chosen taking into account historical practices. However, the current legal status does not allow marriage at this age. Therefore, future definitions of child sexual abuse used in research may include the upper age limits of 17 or 18 years.

Conclusion

It is justified to conduct such a survey in a non-Western society as the problem of CSA exists in spite of social and cultural restrictions and secrecy. It is clear that CSA exists in Jordan and should be a cause of concern; furthermore, there was a strong relationship between CSA and adult mental health, as evidenced by the high GHQ30 scores for those who had been abused when they were children. I hope that this small study provides basic information for planning for future services; increases awareness among the public and mental health professionals; encourages studies among larger numbers of adults from both sexes and from different social classes; and that sex education will be considered as a subject to be taught in schools in Jordan.

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Mental disorders can begin in teenage years and go untreated for life

Mental disorders are becoming more common, often beginning in the teenage years and afflicting many sufferers for the rest of their lives, according to an international psychiatric study. Almost half of those who are ill do not seek help, most are not treated at all, and often the treatment is inadequate, even though effective therapies exist.

The findings are published in the latest issue of *The Bulletin of the World Health Organization*. The issue, dated April 2000, is devoted to mental health, and in an accompanying editorial, WHO's Director-General Dr Gro Harlem Brundtland says: "Mental illness suddenly bulks very large indeed. All predictions are that the future will bring a dramatic increase in mental problems. It is a crisis of the 21st century."

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