

Some Perceived Parental Undesirable Behaviours Predicting Child Sexual, Physical and Emotional Abuse: A Study Among a Sample of University Students in South Africa

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ABSTRACT This is an investigation into some perceived parental undesirable behaviours that may predict child sexual, physical and emotional abuse among a sample of university students in South Africa. 722 undergraduate students of psychology at the University of the North, South Africa, filled in a retrospective self-rating questionnaire in a classroom setting. The questionnaire asked questions about perceived parental undesirable behaviours during childhood, and childhood sexual, physical and emotional abuse. Logistic Regression Analysis shows that among all the participants, 'parent haven gone into a psychiatric hospital for psychiatric problems' and 'parent haven had problems with drugs or alcohol' predict child sexual abuse. 'Participant's feeling of being mistreated because of parental psychiatric problems' and 'parent hitting or beating up the other parent' predict child physical abuse. Again, 'Parent hitting or beating up the other parent' predict child emotional abuse. Mental health and social workers, educators and law enforcement agencies dealing with prevention and protection against child abuse in the province should take note of the above identified risk factors while designing programmes for the eradication of child sexual, physical and emotional abuse.

INTRODUCTION

Child abuse is one of the major problems that demand urgent attention in South Africa. The Child Protection Units of the South African Police Services identified during the first six months in 1996 19805 cases of crimes against children less than 18 years; of which child sexual abuses were 7968 (40%) (rape: 7363, sodomy: 480 and incest: 125) (Piennar, 1996).

Bayley and Kings (1990) explained child sexual abuse to be when an adult or person

significantly older or in a position of power interacts with a child in a sexual way for the gratification of the older person. This study limits itself to any contact (i.e., actual or attempted intercourse, oral or manual genital contact, sexual kissing, hugging, or touching) form of sexual abuse (among the university students) which took place before the completion of the age of 17 years. The perpetrator must be an adult or a person at least five years older than the child or a person in a position of power.

Also for the purpose of this study, child physical abuse is here to be understood as purposeful nonverbal parental or adult care-taker's behaviour towards a child, which are typically associated with physical pain and/or fear of physical injury to the child (see also Ross, 1996; Briere and Runtz, 1988). These may be in form of hitting, punching, cutting, pushing, which may result in bruises, scratches, broken bones or teeth, bleeding, or hurting that demanded medical attention (Briere, 1993).

Lachman (1996) explains child emotional abuse to be an injury to a child's psychological self; its intent and effects are punitive and it is generally experienced as parental or adult care-taker's hostility or rejection, such as verbal criticism, harassment or criticism of a child's failure to meet unrealistic expectations or standard for his or her performance. For this study, child emotional abuse is to be seen as those parental or adult care-taker's behaviours which primarily involve physical actions or threat of physical harm, directly or indirectly to a child (see Briere, 1993).

Parental undesirable behaviours in this study refer to inappropriate parental behaviours, like involvement in psychiatric problems, alcohol or drug abuse, and partner battering (see Briere, 1993).

In many parts of the world, some authors

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have tried to find out the risk factors for child sexual abuse in the society (for example, in Malaysia: Kassim and Kasim, 1995; in Australia: Fleming, Mullenin, and Bammer, 1997; in North America: Finkelhor, 1979, 1980, 1993, 1994; Finkelhor and Baron, 1986; Finkelhor et al., 1990; Bergner et al., 1994), but most of their findings are not unanimous with each other. For instance, in North America, out of the eight risk factors found by Finkelhor 1979 (parental occupation, income, and education; religion; ethnicity; presence or absence of the father at home; presence of a stepparent; degree of violence at home; and the quality of parental marital home), only one factor (family income less than \$10,000) was confirmed by Bergner et al. 1994. In South Africa, Collings (1991) found punitive or emotional rejecting parents and separation from the natural father as significant factors.

Some researchers looked at child physical abuse from the point of view of parental factors and identified history of abuse (Christmas et al., 1996; Hlady and Gunter, 1990), psychiatric illnesses (Christmas et al., 1996), low self-esteem (Christmas et al., 1996; McCurdy, 1995; Jason and Andereck, 1983), social isolation (Christmas et al., 1996; Whipple and Wilson, 1996; McCurdy, 1995), teenage parenthood (Christmas et al., 1996; Wekerle and Wolfe, 1993; Jason and Andereck, 1983), low economic status (McCurdy, 1995; Jason and Andereck, 1983; Hlady and Gunter, 1990), maternal hypothyroidism (Brethier and Oriot, 1994), family violence (Milner, 1994; Hotaling et al., 1998; Whipple and Richey, 1997), residential instability (Brent et al., 1994), step-parenthood (Wekerle and Wolfe, 1993) male perpetrators (Jason and Andereck, 1983), black perpetrators (Jason and Andereck, 1983) as correlates. Some looked at the correlates from the point of view of social demographic variables of the physical abuse child and identified the following as correlates: not growing up with both biological parents (Brent et al., 1994), presence of a stepparent during childhood (Brent et al., 1994), low family income (Hotaling et al., 1998; Whipple and Richey, 1997; Nevid et al., 1997), poor rural white family and poor urban black family (Jason and Andereck, 1983), and parental stress and alcohol or substance abuse (Nevid et al., 1997; Miam et al., 1996). Knutson and Sullivan (1993) identified children's communication disorders (e.g. hearing, speech or language impairment) and enrollment in residential

(school) programmes as correlates for child emotional abuse.

It is important to find out whether perceived parental undesirable behaviours can predict child sexual, physical and emotional abuse, because, in many societies, many people are not always willing to report all forms of child abuse to the appropriate law enforcement agencies. For example, research has shown that child sexual abuse has very adverse effects on the victims, and the effect can be on long-term or short-term basis (Finkelhor and Browne, 1986; Bergner, 1990; Collings, 1993, 1995, 1997). In spite of that, child sexual abuse is still often associated with shame, threat, fear or taboo by many families and societies. Thus many of the cases are not reported to the mental health workers, social workers, or to the law enforcement agencies (Bagley and Ramsey, 1985; Gutheil, 1991; Wolf, 1995; Steele, 1991; Goodwin, 1988; Kraemer, 1988). With the above attitude, the perpetrator continues to go about unreported, and all the possible psychological, social, and psychiatric short-term and long-term effects of such childhood abuses (as indicated by Frommuth and Burkhart, 1987; Briere and Runtz, 1988; Kluft, 1985; Leavitt, 1994; Sanders and Giolas, 1991; Terr, 1992) continue to perpetuate themselves.

The above situation poses a problem for the mental health workers, social workers and the law enforcement agencies. Is a child whose parent is suffering from a psychiatric illness likely to experience child sexual, physical or emotional abuse as a result of the parental undesirable behaviours? Is a child whose parent abuses drugs likely to experience child sexual, physical or emotional abuse? Is a child whose parent often hits or beats up the other parent, likely to experience child sexual, physical or emotional abuse? These are questions on parental undesirable behaviour and child abuse that would interest psychologists, educators, social and other mental health workers who are confronted with the problems of child abuse for proper planning of preventive and therapeutic strategies. Thus, there is the need to find out whether certain perceived parental undesirable behaviours can predict child sexual, physical and emotional abuse.

The Northern Province has a population of 5.4 million inhabitants. Among them, 97.1% are blacks, 0.1% are coloured, 0.1% are Indians/Asians, and 2.7% are whites; 45.7% of them are

males and 54.3% are females; and many of the inhabitants live under poor economic and medical conditions (Statistics South Africa, 2000; Health Systems Trust and Department of Health, 1997). No study has been carried out in the Province to find whether perceived parental undesirable behaviours can predict child sexual, physical and emotional abuse among university students.

METHOD

Participants

The participants for this study were all the undergraduate students at the University of the North (South Africa) who registered for psychology in 1999. (The university had an undergraduate student enrolment of about 7000 in 1999). The total number of participants composed 244(33.8%) males and 465(64.4%) females, with 13(1.8%) who failed to indicate their gender. The collective mean age was 23.8 years ($SD=5.14$) and the age range was 15-47 years. Twenty-six (3.6%) did not indicate their ages. Six hundred and eighty-nine (95.4%) were black, 5(0.7%) were white, 7(1.0%) were coloured, with another 21(2.9%) who did not indicate their skin colour. (Skin colour is here to be understood as a demographic marker only.)

Instrument

The instrument used for this study was derived from an anonymous, retrospective, and self-rating Child Maltreatment Questionnaire (Briere, 1993), and it has the following components:

1. Questions on the demographic variables of the participants (gender, age, skin colour, and place of residence).
2. Questions on the following aspects of parental undesirable behaviours: Before the respondent was 17 years old, whether any of the parents or stepparent or foster parent
 - ever had to go into a psychiatric hospital for psychiatric problems,
 - other than being in a psychiatric hospital, ever received psychotherapy or psychiatric medication,
 - ever had problems with drugs or alcohol, and if yes, whether the drug or alcohol problem ever resulted in either parent having

medical problems, getting divorced or separated, being fired from work, or being arrested for intoxication in public or while driving, and whether the respondent ever felt maltreated because of the parent's drug or alcohol problems;

- whether the respondent ever felt being mistreated because of the parent's having psychiatric problems,
 - whether he or she ever saw his or her parent beat up or hit the other parent, and if yes, how many times can the respondent recall this happening; whether the father ever hit the mother; whether the mother ever hit the father, and whether any of the occasions resulted in someone bleeding, needing medical care, or the police being called.
3. Questions on the (physical) contact forms of sexual abusive experiences of participants before the age of 17 years, with an adult or a person at least five years older or a person in a position of power. The patterns of contact sexual abuse considered were sexual kisses, touches, and oral, anal, or vaginal intercourse.
 4. Questions on child physical abuse asked the respondents to indicate (by ticking "yes" or "no") whether a parent/stepparent/foster-parent/other adult in charge of him or her as a child (i.e. before the age of 17 years) ever did something on purpose to him or her (e.g. hitting, punching, cutting or pushing him or her down) that gave him or her bruises or scratches, broke bones or teeth, or made him or her bleed; and whether in any of the above cases the respondent was so badly hurt that he or she had to see a doctor or go to a hospital.
 5. Questions on child emotional abuse asked the respondent to indicate (by ticking "yes" or "no") whether a parent/stepparent/foster-parent/other adult in charge of him or her as a child (i.e., before the age of 17 years) ever locked him or her in a room or closet or small space; ever tied him or her up or chained him or her to something; ever threatened to hurt or kill him or her; ever threatened to hurt or kill someone he or she cared about; ever threatened to leave him or her somewhere that frightened him or her or where he or she would not be able to get back home; ever threatened to leave and never to come back.
- The Cronbach Alphas for the instrument

among all the respondents were 0.71, 0.77, 0.73, 0.75, and 0.70 respectively.

Procedure

A research assistant obtained permission from three lecturers teaching 100, 200 and 300 level psychology students to administer the questionnaire during their class periods. On the agreed dates and time with the lecturers, the research assistant went to administer the questionnaire to the students in their classrooms. The research assistant, first of all, explained the purpose of the research to the students. It was also made clear to them before hand that any of them who do not want to participate in the study should feel free to decline. They were then allowed to ask questions about the research, before filling-in the questionnaires to the best of their knowledge. A total number of 8(1.1%) students did not fill-in their questionnaires. The questionnaires were collected the same day they were distributed to the participants. English, was the language of the questionnaire and also the language of its administration. All the participants completed the questionnaires within 30 minutes even though one hour was allocated for the whole exercise.

Because of ethical reasons, the participants were told to feel free to contact the researcher or his assistant (physically or telephonically using their numbers and addresses written out for the students on the black board in front of them) in case of questions, counselling and/or psychotherapy. They were also told that, alternatively, any clinical psychologist, psychotherapist or counsellor available (e.g., at the Students Counselling Centre of the university) could be consulted. This is in view of the fact that the questionnaire may have aroused some emotions especially among sexually victimised participants. Moreover, it was also agreed with the Directors of the Provincial Department of Health and the Students Counselling Centre of the university, that the result of the research shall be made available to them for use in planning preventive health care services.

The administration of the whole questionnaire was completed within three weeks in March 1999.

Data Analysis

For the questions of parental undesirable behaviours (except where the respondents are to indicate the frequency of occurrence), any positive response of a participant was coded as 1, while a negative response was coded as 0. Also for sexual, physical and emotional abuse, any positive response of a participant was coded as 1, while a negative response was coded as 0. Any indicated incidence of abuse was regarded as an abuse in the respective category. The data was analysed using the Statistical Package for Social Sciences (SPSS).

RESULT

Frequency and Valid Percentages

Table 1 shows the frequency and valid percentages for the parental undesirable behaviours.

Table 1: Frequency and valid percentages for the parental undesirable behaviours

<i>Parental undesirable behaviour</i>	<i>Frequency (valid %)</i>
Respondents indicated that any of their parents or stepparent or foster parent had to go into a psychiatric hospital for psychiatric problems.	24 (3.3%)
Other than being in a psychiatric hospital, parent received psychotherapy or psychiatric medication.	26 (3.6%)
Parent/stepparent/foster parent has ever had problems with drugs or alcohol.	82 (11.4%)
The problem (of drug/alcohol) resulted in either parent having medical problems, getting divorced or separated, being fired from work, or being arrested for intoxication in public or while driving.	40 (5.5%)
Respondent ever felt maltreated because of the parent's drug or alcohol problems.	43 (6.0%)
Respondent has ever felt being mistreated because of the parent's having psychiatric problems.	21 (2.9%)
Respondent has ever seen his or her parent beat up or hit the other parent.	137 (19.0%)

The parental undesirable behaviour with the

highest frequency is 'respondent has ever seen his or her parent beat up or hit the other parent'. Among the respondents have ever seen his or her parent beat up or hit the other parent, the number of times this happened ranged from 1 to 18 times (Mean = 4.01, SD = 3.51). 159 (22.0%) respondents indicated that the father has ever hit the mother, 14 (1.9%) indicated that the mother has ever hit the father. Thus, more fathers beat up the mothers than the mothers do to the fathers ($\chi^2 = 18.72$, $df=1$, $p < 0.05$). 63 (8.7%) participants indicated that the violence resulted in someone bleeding, needing medical care, or the police being called.

The valid number of respondents who indicated any form of (physical) contact sexual abuse is 166 (25.6%). The number of male victims is 53 (21.7%), while that of the female victims was 110 (23.7%). 125 (18.2%) participants indicated that they were kissed in a sexual way. Among them are 39 (16.5%) males, 84 (19.1%) females. 93 (13.6%) participants indicated that they were touched in a sexual way or that they were made to touch another's sexual parts. Among them are 29 (12.6%) males and 62 (14.1%) females. 56 (8.7%) participants indicated that someone has ever had oral, anal, or vaginal intercourse with them or has placed their fingers or objects in the participant's anus or vagina. Among them are 14 (6.5%) males, 40 (9.5%) females.

110 (15.2%) respondents indicated that they have ever been physically abused by parent/

stepparent/foster-parent/other adult in charge of the respondent as a child. 105 (14.5%) of the respondents indicated that they were purposely hit or punched or injured, and 36 (5.0%) needed medical attention thereafter.

194 (26.9%) respondents indicated that they have ever been emotional abuse as a child by parent/stepparent/foster-parent/other adult in charge of them. The emotional abuse with the highest frequency was 'threatening to leave the child and never to come back' (N=70, 9.7%), followed by 'threatening to leave the child somewhere frightening' and 'threatening to hurt/kill the child' (N=59, 8.2% respectively), 'threatening to hurt/kill someone the child cared about' (N=56, 7.8%), 'locking the child in a room/closet/small space' (N=52, 7.2%), threatening to hurt/kill the child's pet (N=42, 5.8%), and tying up/chaining the child to something (N=25, 3.5%).

Predictors

Table 2 shows Multiple Logistic Regression Analysis (Method = Forward: Wald) for the relationship between perceived parental undesirable behaviours and child sexual, physical and emotional abuse among all the participants.

The table shows the following: When sexual abuse was the dependent variable, the significant parental undesirable behaviours (independent variables) that were added in the final equation are 'parent haven gone to a

Table 2: Multiple Logistic Regression Analysis (Forward) showing the relationship between parental undesirable behaviours, and child sexual, physical, and emotional abuse.

Dependent Variables	Independent Variables in the Equation								
	Parental undesirable behaviour	B	S. E.	Wald	df	Sig	R	Exp (B)	Overall % predicted
Sexual abuse (n = 166, 25.6%)	D1	0.9896	0.4453	4.9401	1	0.03	0.06	2.69	75.48
	D4	0.7464	0.2152	12.0354	1	0.00	0.12	2.11	
Physical abuse (n = 110, 15.2%)	D3	0.9503	0.4783	3.9468	1	0.04	0.06	2.59	83.69
	D5	0.9795	0.2338	17.5495	1	0.00	0.16	2.66	
Emotional abuse (n=194, 26.9%)	D5	1.4574	0.2051	50.4886	1	0.00	0.25	4.30	73.48

D1 = 'parent haven gone to a psychiatric hospital for psychiatric problems'

D3 = 'participant haven felt mistreated because of parental psychiatric problems'

D4 = 'Parent having problems with drugs or alcohol'

D5 = 'parent hitting or beating up the other parent'

psychiatric hospital for psychiatric problems' and 'parent haven had problems with drugs or alcohol'. Therefore, the presence of the two variables predict the presence of child sexual abuse. The R values show that the two variables account for 6% and 12% (respectively) of the variance in sexual abuse. The overall prediction is 75.48% correct.

When physical abuse was the dependent variable, the significant parental undesirable behaviours (independent variables) that were added in the final equation are 'participant haven felt mistreated because of parental psychiatric problems' and 'parent hitting or beating up the other parent'. Therefore, the presence of the two variables predict the presence of child physical abuse. The R values show that the two variables account for 6% and 16% (respectively) of the variance in physical abuse. The overall prediction is 83.69% correct.

When emotional abuse was the dependent variable, the significant parental undesirable behaviour (independent variable) that is added in the final equation is 'parent hitting or beating up the other parent'. Therefore, the presence of the variable predicts the presence of child emotional abuse. The R value shows that 'parent having problems with drugs or alcohol' accounts for 25% of the variance in emotional abuse. The overall prediction is 73.48% correct.

DISCUSSION

'Parent haven gone to a psychiatric hospital for psychiatric problems' and 'parent having problems with drugs or alcohol' are identified in this study as factors predicting child sexual abuse. These two factors have not been identified in any other study in South Africa as predicting child sexual abuse. Marshall and Herman (1998) identified contextual conditions for child sexual abuse in South Africa as follows: (1) legacy of apartheid (e.g., labour system forced families apart, family and community support systems broke down); (2) institutionalized patriarchy (e.g., boys are socialized to have more power, male perpetrators are protected by state and families); and (3) the notion of children as property with a culture of domination and power which denies children recognition and rights (e.g., child abuse becomes normalized, laws and court procedures discriminate against children). Magwaza (1997) identifies the following

external disinhibitors that could promote child sexual abuse: Lack of bonding with parent or parents, as in the case of the South African migrant labour system, which fragments family life and makes it difficult for fathers to bond with their children; absence of the mother from the family and lack of supervision, common in Black families due to domestic work away from the family and poor childcare facilities; unemployment, which is highest among Blacks; and overcrowded household conditions (such as family members sleeping in one room) common among squatter and township families.

Garbarino (1992, 1995), Roscoe et al. (1985), Zuravin (1989), Gillham et al. (1998), Garbarino and Sherman (1980), Reynold (1997) and Scheper-Hughes (1989) agree that social and environmental factors play a role in child abuse situations in different societal contexts.

'Participant haven felt mistreated because of parental psychiatric problems' and 'parent hitting or beating up the other parent' are identified as factors predicting child physical abuse. Milner (1994), Hotaling et al. (1998) and Whipple and Richey (1997) also identified family violence as a risk factor for child physical abuse. Parental alcohol or substance abuse which was identified by Nevid et al. (1997) and Miam et al. (1996) could not be confirmed in this study. 22.0% of the participants indicated that their fathers have ever beaten their mothers; while only 1.9% indicated that their mothers have ever beaten their fathers. Thus, more fathers beat up the mothers than the mothers do to the fathers. This is a serious problem, especially, in the black African families, where many husbands still believe in 'disciplining' their wives through physical violence (see also Lachman, 1996).

'Parent hitting or beating up the other parent' is identified as a factor predicting emotional abuse. The same variable is also identified in this study as predicting physical abuse. This is not surprising, since many authors (e.g., Glaser and Prior, 1997) consider child emotional abuse to be inherent in other types of child abuse.

The perception of child abuse as 'private' still prevails among many African families (Kelley, 1996; Kaplan, 1996; King and Yorker, 1996; and Putman, 1991). With due caution as sounded by Levett (1994), the ideological facets of many African patriarchal traditions of family life have been identified as facilitating child abuse (Mejiuni, 1991). These perceptions and

traditions need to be challenged. The African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) and also the Child Protection Unit of the South African Police Service have this challenge as one of their objectives (see Ebigo, 1989; and Piennar, 1996, respectively). Also in South Africa, if a child indicates that he or she has been sexually touched by an adult, where the adult is known, it is required by law that the information be revealed to the police, or to a Commissioner of Child Welfare or a social worker (Du Plessis, 1996). This law, however, needs to be properly and widely implemented.

The above information is relevant to psychologists, educators, social workers and other mental health workers who are confronted with problems of child abuse. While planning preventive and therapeutic strategies for a victim of child sexual, physical or emotional abuse, they should take the above risk factors into consideration. This would help in preventing or minimising the short-term and long-term health problems associated with childhood abuse (as indicated by Frommuth and Burkart, 1987; Biere, 1988; Kluft, 1985; Leavitt, 1994; Sanders and Giolas, 1991; Terr, 1992; Finkelhor and Browne, 1986; Berger, 1990; Collings, 1993, 1995, 1997).

This study has some limitations. The results of this study have to be taken with caution, since retrospective accounts about childhood experiences are at times biased and incorrect. Only undergraduate psychology students were used as participants for this study. This would limit the external validity of the findings. Focus groups or selected interviews with the sample would have helped to check the validity or to throw more light on the results got from the quantitative study. Non-contact forms of sexual abuse were not considered in this study. The above limitations should be guarded against by future researchers interested in the topic.

CONCLUSION

The mental health and social workers, educators and law enforcement agencies dealing with prevention and protection against child abuse in the province should take note of the above identified predictors (parental undesirable behaviours) while designing programmes for the eradication of child sexual, physical and emotional abuse.

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