Impact of Socio Economic Status and Gender on Sexual Abuse among Children

Pratibha¹, Anjali Mathur², Anshu³, Nisha Chacko²

¹Research Scholar, Ethelind School of Home Science, Sam Higginbottom Institute of Agriculture Technology and Sciences, Deemed University, Allahabad (U.P.-211007, India

²Assistant Professor, Ethelind School of Home Science, Sam Higginbottom Institute of Agriculture Technology and Sciences, Deemed University, Allahabad (U.P.-211007, India

³Associate Professor, Ethelind School of Home Science, Sam Higginbottom Institute of Agriculture Technology and Sciences, Deemed University, Allahabad (U.P.-211007, India

Abstract: Sexual abuse is one of the most common forms of child maltreatment. Research shows that 1 in 4 girls and 1 in 6 boys may be sexually abused before adulthood (Centers for Disease Control and Prevention [CDC], 2005). Sexual abuse includes both direct sexual contact, such as touching a child’s genitals, breasts, and other private areas, and oral or sexual intercourse, and indirect behaviors, such as exposing a child to inappropriate sexual content. Most sexual abuse is perpetrated by someone the child knows and perhaps trusts, such as the child’s parent, caregiver, or other relatives (USDHHS, 2009). The present study aims at assessing the impact of socioeconomic status and gender disparities in sexual abuse among children. A total sample of 300 children comprising of 100 children each (50 boys and 50 girls) from lower, middle and upper socio economic groups were selected using stratified random sampling technique for the study. Socio Economic Status scale by Kuppuswamy (1962) revised by Kumar and Tiwari (2014) was used for ascertain the socio economic status of the selected respondents. To assess the sexual abuse a self made questionnaire was administered on the selected children in the age group of 7-12 years. The study revealed a highly significant gender variation in sexual abuse among respondents belonging to lower, middle as well as upper socio economic groups, wherein girls were subjected to higher level of sexual abuse in case of all the three socio economic groups.

Keywords: Child abuse, sexual abuse, maltreatment and socioeconomic status

1. Introduction

It can be very difficult to talk about sexual abuse and even more difficult to acknowledge that sexual abuse of children of all ages including infants happens every day. Sexual abuse of children has become the subject of great community concern and the focus of many legislative and professional initiatives. At the extreme end of the spectrum, sexual abuse includes sexual intercourse or its deviations. Yet all offenses that involve sexually touching a child, as well as non-touching offenses and sexual exploitation, are just as harmful and devastating to a child’s well-being.

The subject of child sexual abuse is still a taboo in India. There is a conspiracy of silence around the subject and a very large percentage of people feel that this is a largely western problem and that child sexual abuse does not happen in India. Part of the reason of course lies in a traditional conservative family and community structure that does not talk about sex and sexuality at all.

As defined by the World Health Organisation, child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.

Many forms of child abuse and neglect are treatable and avoidable, and many severe consequences of child maltreatment can be diminished with proper attention and assistance.

Researches on child abuse provides insights and knowledge that can directly benefit victims of child abuse and their families as well as it can reduce long-term economic costs associated with treating the consequences of child maltreatment. Thus, the present study aimed at providing empirical evidence to recognize the need for having strong legislation for combating sexual abuse and playing a key role in informing social policy decisions concerning the services that should be made available to children and their families to reduce the stress caused by the incidence of abuse.

2. Methodology

Exploratory research design was adopted for the present study and cross sectional survey method was used for collecting the data. 300 children (age group of 7-12 years) comprising of 100 children each (50 boys and 50 girls) from lower, middle and upper socio economic groups respectively were selected using stratified random sampling technique from different schools of Allahabad city, Kuppuswamy (1962) Socio Economic Status Scale revised by Kumar and Tiwari (2014) was used to ascertain the socioeconomic status of the sample and a self made questionnaire on child abuse was used to assess the sexual abuse among children.

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3. Results and Discussion

The above table furnishes information regarding sexual abuse among children belonging to different socioeconomic status. The data represented in the above table indicates that 50 percent girls and 34 percent boys belonging to lower socioeconomic status are subjected to very high level of sexual abuse followed by 24 percent girls and 18 percent boys indicating high level of sexual abuse. Only 4 percent girls and 18 percent boys belonging to lower socioeconomic status reported to have experienced very low sexual abuse.

In case of respondents belonging to middle socioeconomic status it is clear from the table that maximum number of girls i.e. 46 percent reported to have experience very high level of sexual abuse followed by 22 percent boy reporting high abuse and only 8 percent girls reported to have experienced very low level of sexual abuse, whereas, in case of boys belonging to middle socioeconomic status 30 percent responded to have experienced very low level of sexual abuse and 22 percent reported to be subjected to very high level of sexual abuse.

Among the respondents belonging to upper socioeconomic status it was seen that 30 percent girls experienced very high sexual abuse followed by 26 percent reporting average level of sexual abuse and 8 percent reported to have experienced very low level of sexual abuse. In case of boys belonging to upper socioeconomic status it is seen that 14 percent reported to have experienced very high level of sexual abuse and 32 percent reported to have experienced very low level of sexual abuse.

The table clearly depicts that female respondent to greater level of sexual abuse as compared to their male counterparts and as the level of the socio economic status improve the incidence of sexual abuse becomes less. Lower communities are subjected to more adverse conditions when it comes to providing safety, security and sex education to their children which predisposes the children to higher incidence of maltreatment as well as sexual abuse. The results are in accordance with the study carried out by Kohn (2007) which suggest that children who live in socioeconomically disadvantaged households are more likely than those in more privileged households to grow up with domestic violence. In addition low socioeconomic status has been linked to a higher prevalence of child abuse, although this association may in part reflect the greater case of detecting such abuse in lower income groups. To the extent that low socio economic status is associated with a heightened risk of early experiences with these forms of violence, they may be resulting indirect link between low socioeconomic status and increased vulnerability to sexual victimization later in life. Bolen (2001) studies from 2 to 16 percent for males and from 8 to 30 percent for females with a mean prevalence of sexual abuse across studies of 9 percent for males and 19 percent for females.

Table 2 shows the variation in sexual abuse experienced by the male and female respondents belonging to different socio economic status. The data depicted in the above table clearly shows a highly significant gender difference in the sexual abuse experienced by children as the value of t was found to be 6.71, 3.21 and 8.26 for respondents belonging to lower, middle and upper socio economic group respectively which was highly significant as the p values were 0.000, 0.001 and 0.000 respectively. The table further highlights that as perceived girls experienced higher level of sexual abuse as compared to their male counterparts. In spite of the low reporting of sexual abuse in a society like ours where discussing sexually issue are a taboo respondents did come up with the reporting sexual abuse against them. The results can be supported by the study carried out by Allard (1997) who conducted a study on medical records of children less than 12 years of age referred in 1992 to the Child Protection Clinic at a tertiary care pediatric hospital. Medical evaluation for sexual abuse was carried out on 316 children, 79 percent girls, 21 percent boys, mean age 6 +/- 2.7 years. Among known perpetrators, 39 were less than 16 years and 15 were between 16 and 19 years old. Young aggressors were more likely to abuse older female victims (p = .0009).
Table 3: ANOVA for sexual abuse on the basis of gender and socioeconomic status

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>d.f</th>
<th>S.S</th>
<th>Mean S.S</th>
<th>F - Calculated</th>
<th>F (5%)</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to Socio economic status</td>
<td>2</td>
<td>32.79</td>
<td>16.39</td>
<td>33.79*</td>
<td>F_{2,5}=19.00</td>
<td>Significant</td>
</tr>
<tr>
<td>Due to Gender</td>
<td>1</td>
<td>33.73</td>
<td>33.73</td>
<td>69.55*</td>
<td>F_{1,5}=18.51</td>
<td>Significant</td>
</tr>
<tr>
<td>Due to error</td>
<td>2</td>
<td>0.97</td>
<td>0.48</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>67.49</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 3 depicts the Analysis of Variance in sexual abuse among respondents on the basis of their socioeconomic status and gender. The table clearly shows a significant variance in the sexual abuse of respondents on the basis of their socioeconomic status as the calculated value of F is found to be 33.79 which is greater than the tabulated value of F which is found to be 19.00 at 5 percent probability level which indicates that socio economic status influences the level and intensity of sexual abuse the children are subjected to. In case of gender, it is seen that the F calculated value is 69.55 which is greater than the tabulated value of F i.e 18.51 which indicates the significance of gender in inflicting sexual abuse among the respondents.

According to Dong, et. al, (2003) found sexual abuse is found to be strongly associated with multiple other forms of negative childhood experiences. Sexual abuse is a problem of epidemic proportions in the United States. The U.S. Department of Health and Human Services (2008) states that nearly 80,000 American children were victims of sexual abuse in 2006. Globally, approximately 18–19 percent of women and 8 percent of men disclose being sexually abused when they were children. The gender gap may be caused by higher victimization of girls, lower willingness of men to disclose abuse, or both. Most sexual abuse offenders are acquainted with their victims; approximately 30 percent are relatives of the child, most often fathers, uncles or cousins; around 60 percent are other acquaintances such as friends of the family, babysitters, or neighbors; strangers are the offenders in approximately 10 percent of child sexual abuse cases.

4. Conclusion

It can be concluded from the present study that there is a significant gender difference in the level of sexual abuse among children belonging to upper socio economic group. The study indicates that girls are subjected to more sexual abuse as compared to boys. A significant variation occurs with regard to sexual abuse among children belonging to all three socio economic groups wherein children belonging to lower socio economic group are subjected to higher level of sexual abuse as compared to these belonging to middle and upper socio economic status. The result of the study clearly highlights the gender discrimination and gender inequality prevalent in the Indian society. It also depict the influence of socio economic status which is an important determinant to be considered as an causal factor of sexual abuse among children.

References

[6] Kuppuswamy B. (1962) socioeconomic status scale (urban) and its measurement some experiment psycnet.apa.org/Psycinfe/Vol-12 No 1,pp 197-270