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# **Injury Prevention Information Centre**

# Child sexual abuse in New Zealand

## Findings from the New Zealand Violence Against Women Study

## Background

This fact sheet summarises the findings of a survey conducted by researchers at the School of Population Health, The University of Auckland, as part of the New Zealand Violence Against Women Study<sup>1</sup>, (a replication of the WHO Multi-Country study<sup>2</sup>).

A random sample of women aged 18–64 years was obtained from two geographic regions in New Zealand: Auckland and north Waikato, a rural region. From the 3,770 households with eligible women, 2,855 women aged 18–64 years were interviewed. An 88.3% household response rate, and 75.8% eligible woman response rate was obtained, resulting in an overall response rate of 66.9%.

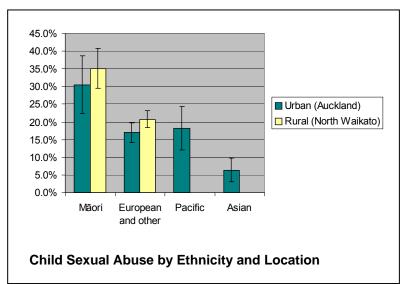
## Prevalence

23.5% of women in Auckland and 28.2% in Waikato reported having been sexually touched, or made to do something sexual that they did not want to do prior to the age of 15 years. Rates in the rural region were significantly higher than rates reported in the urban region (p = .008). In total, 573 women reported having experienced child sexual abuse.

# Prevalence by Ethnicity

Significant differences in experiences of child sexual abuse by ethnicity were found in both locations, even after controlling for socio-demographic and income related factors. In Auckland,

Māori were more than twice as likely report having been sexually touched as a child than those of European or other ethnicity. No significant difference was found for Pacific versus those of European and other ethnicity. In north Waikato, Māori were nearly twice as likely to report having been sexually touched as a child than European or other ethnicities. It was not possible to assess rates for other ethnic groups in the north Waikato due to small numbers. No indicators of economic status (SES) were found to be significantly associated with child sexual abuse in either location.



# Characteristics of the child sexual abuse

The median age of victims at the time of first sexual abuse in both regions was 9 years, with perpetrators having a median age of 21 years or older.

Half of all victims experienced the sexual abuse once or twice, approximately one-quarter experienced it "a few times," and one-quarter experienced it "many times."



Most of the victims (83%) were abused by a single perpetrator. The majority of perpetrators were male family members of the victim, with uncles being the most frequently reported perpetrator.

## Discussion

The finding of the high prevalence of child sexual abuse, particularly in Māori communities, indicates that child sexual abuse affected a substantial proportion of women in this study The rates of child sexual abuse reported in this study are midway between those reported by a previous New Zealand cohort study $^3$  (18.5%) and a previous NZ community-based study $^4$  (32%).

Comparison of the prevalence results obtained by the WHO Multi-Country Study Violence against Women<sup>1</sup> indicates that rates of child sexual abuse reported by New Zealand women were higher than those reported by the 10 other countries that participated in that study (Auckland: 23.5%, Waikato: 28.2%, WHO Multi-Country Study Range: 1% in Bangladesh, province - 21% in Namibia, city). While it is possible that these high rates are because of a truly higher prevalence of child sexual abuse in the New Zealand population, it is also possible that they result from a greater willingness to report child sexual abuse in New Zealand.

#### Limitations

The primary limitations of this study are the reliance on retrospective reports and the use of only two questions to ascertain the occurrence of child sexual abuse. Both of these factors may contribute to under-reporting. Additional limitations of this study include the fact that other measures of childhood adversity (e.g., child physical abuse and neglect) were not included in the study and failure to ascertain the degree of overlap between first sexual experience under the age of 15, forced first sexual experience and child sexual abuse.

### Recommendations

Documentation of the high prevalence of child sexual abuse is an important step towards developing prevention-oriented policy and practice. Effective prevention activity is likely to require the active engagement of families and communities and the wider society.

Action to prevent child sexual abuse is urgently needed. These findings support calls for the widespread implementation of primary prevention efforts, as well as the need for appropriate follow-up support for victims and rehabilitation of perpetrators.

## Acknowledgements:

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### References

- 1. Fanslow JL, Robinson EM, Crengle S, Perese L. (2007). Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women. *Child Abuse & Neglect 31*, 935-945.
- Garcia-Moreno, C. Jansen HAFM, Ellsberg M, Heise L, Watts, C. (2005). WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. Geneva: World Health Organization. Online at: <a href="http://www.who.int/gender/violence/who-multicountry-study/en/index.html">http://www.who.int/gender/violence/who-multicountry-study/en/index.html</a> (accessed 1/10/2008)
- 3. Fergusson DM, Horwood LJ, Woodward LJ. (2000). The stability of child abuse reports: A longitudinal study of the reporting behavior of young adults. *Psychological Medicine*, *30*, 529–544.
- 4. Anderson J, Martin J, Mullen P, Romans S, Herbison P. (1993). Prevalence of childhood sexual abuse experiences in a community sample of women. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 911–919.

