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Selected College Students' Perceptions, Knowledge and Awareness of Sexual Abuse
of Children

By

Farhiya Aweys Muse

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Science

In

Community Health Education

Minnesota State University

Mankato, Minnesota

May 2013

Selected College Students' Perceptions, Knowledge and Awareness of Sexual Abuse
of Children

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This thesis has been examined and approved by the following members of the thesis
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Abstract

Selected College Students' Perceptions, Knowledge and Awareness of Sexual Abuse of Children

Farhiya Muse, M.S. Minnesota State University, Mankato, May 2013

The purpose of this research was to assess and evaluate selected college students' perception of and knowledge and awareness about sexual abuse of children. In order to collect data a 29-item survey was developed and administered to students in selected classrooms in Minnesota State University, Mankato campus regarding their perception, knowledge, awareness, and prevention strategies of sexual abuse of children; as well as demographic information. The findings from the quantitative analysis for each research question are presented in this study. The findings of the study indicated there were college students who do have much knowledge and awareness about sexual abuse of children. However, finding also showed that there were number of college students who lacked knowledge and awareness about sexual abuse of children. Recommendations for further study included conducting the study with other college students at other universities, investigating barriers that prevent college students from knowledge or awareness about sexual abuse of children. To conclude, health educators can provide educational child sexual abuse prevention strategies to college students by incorporating information about sexual abuse of children into general education health related classes taken by undergraduate students and campus educational campaigns.

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Omary Lyimo, thank you for welcoming me into your life. You truly are a blessing from Allah (s.w.t). I know you are my number fan in everything I do! Much love, always.

To my niece Sahra and nephews Jibrill and Jaylani, auntie loves you from the moon and back.

"When pride rolls me down, Humbleness pulls me up; When lie cracks me down, Truth builds me up; When sins makes me dark, Forgiveness make me light; When world push me away, My Allah (swt) pulls me near." Unknown

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Chapter One: Introduction

According to the Centers for Disease Control and Prevention (CDC) (2007), sexual abuse is the involvement of any sexual activities with a child where consent is or is not given by the child. This includes sexual contact with a child that is undertaken by force or threat of force, no matter the age of the participants, and any sexual contact or behavior between adult and child, even if the child has an understanding of the sexual activity. Sexual contact between an older individual can also be considered abusive if there is a major difference in size, age and development (CDC, 2007). “The sexually abusive acts may include sexual penetration, sexual touching, or non-contact sexual acts such as exposure or voyeurism” (CDC, 2007, p. 1).

Over recent years, the number of reported cases of sexual abuse in children has decreased, but that doesn't mean that there aren't children being sexually abused every day. And, the true prevalence may also be higher since there are many incidents that are not reported by children, parents or guardians. According to The National Center for Victims of Crime (2012), as many as 40 million Americans, one in six people have experienced sexual abuse as children. Also, the Child Molestation Research and Prevention Institute (2012) estimates that at least two out of every ten girls and one out of every ten boys are sexually abused by the end of their 13th year. Research over the last two decades has found childhood history of sexual abuse may be associated with mental health concerns (Brick, 2005). Further, according to Tripp and Petrie (2001), women with a history of

sexual abuse reported more symptoms of anxiety, distress in social situations, and posttraumatic stress disorder than women without have history of sexual abuse.

Statement of the Problem

Approximately 300,000 children in the U.S are sexually abused every year (American Psychological Association, 2012). However, it is believed the actual number is greater since many cases are unreported (American Psychological Association [APA], 2012).

According to National Sexual Violence Resources Center (2005), child sexual abuse violates the trust, safety and age-appropriate development that should be a natural part of each child's life. Even worse, this especially offensive crime is most commonly committed by adults' known to the child, in fact, often by those very people entrusted with the child's care. Its frequency and deeply harmful impact make it one of our most heinous social problems with heartbreaking long-term costs and consequences for individuals, families and communities. (National Sexual Violence Resources Center, 2005, p.3)

It is estimated one in six boys and one in four girls are sexually abused before the age of 18 (Darkness to Light, 2012). Sexual abuse affects psychological, emotional, physical, and social domains, which increase the risk of depression, guilt, fear, post-traumatic stress disorder (PTSD), dissociative and anxiety disorders, eating disorders, poor self-esteem and many other health impairments (APA, 2012). Behavior problems in sexually abused children include suicide and suicide attempts, substance abuse, school and learning problems, sexual dysfunction in adulthood, sexualized behaviors (which may result sexually transmitted infections) and many other behavioral problems (APA, 2012).

There is a limited amount of research that focused exclusively on college students' perception of sexual abuse of children in America. There is a need for more research that focuses on college students' understanding of this major health issue related to awareness and prevention of child sexual abuse. Research findings on college students' perception of sexual abuse of children may increase accurate awareness that is necessary to prevent this devastating health consequence for our children.

Significance of the Problem

The need for this study is to understand college students' perception and knowledge of sexual abuse in children and how they perceive associated psychological problems and disorders. Increasing college students' knowledge and awareness about sexual abuse in children and educating them on sexual abuse prevention strategies may help them in their future parenting. Further, increasing college students' knowledge and awareness about sexual abuse in children can decrease the number of children sexually abused in their lifetime. It may also decrease the number of children who have emotional and academic problems throughout their school years related to sexual abuse. Furthermore, being a victim of sexual abuse often results in children developing many health issues (The National Child Traumatic Stress Network, 2009). Findings from this study may be used to help improve both physical and psychological health of children.

Research Questions

1. What are selected college students' perceptions about sexual abuse of children?
2. What are selected college students' knowledge and awareness of sexual abuse of children?
3. What are sexual abuse prevention strategies health education professionals can implement to stop or reduce sexual abuse of children?

Limitations

1. Respondents may not be knowledgeable about sexual abuse in children.
2. Since sexual abuse is a sensitive topic, some of the selected sample might not want to participate in the research.
3. Study sample is limited to MSU, M students.
4. There is limited published research regarding college students and their perception of consequences of sexual abuse for children.

Delimitations

1. This study will be delimited to college students enrolled at MSU, M in Spring Semester 2013.
2. Data will be collected by printed survey that contains questions that focus on sexual abuse of children.

Assumptions

1. It is assumed that some participants may be uncomfortable answering questions regarding child sexual abuse.
2. It is assumed that all participants will honestly read and understand the survey instrument questions.
3. It is assumed that all participants will ask any questions they may have about the survey instrument.

Definition of terms

The following terms are defined for this study.

Child sexual abuse. Inappropriately exposing or subjecting a child to sexual contact, activity, or behavior (Prevent Child Abuse America, 2012).

College students. A student enrolled in a college or university.

Health education. “A continuum of learning experiences that enables students, as individuals and as members of society, to make informed decisions, modify behaviors, and change social conditions in ways that are health enhancing and increase health literacy” (California Department of Education, 2009, p. 3).

Mental health. “A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organization [WHO], 2011, para.1).

Chapter Two: Review of Related Literature

Introduction

The purpose of this research was to identify college students' perceptions of sexual abuse of children and potential health consequences for those children. Another purpose was to classify sexual abuse prevention strategies health education professionals can implement to eliminate or reduce this health issue. This chapter reviews literature regarding sexual abuse in children, health risks of child sexual abuse, mental disorders and issues associated with sexual abuse; characteristics of perpetrators, general perceptions of child sexual abuse; college students' perceptions of sexual abuse of children; factors that influence their perceptions; and, strategies to prevent sexual abuse of children.

Health education strategies that increase knowledge and awareness of sexual abuse of children among college students can potentially improve their skills as future parents. The health belief model is an applicable health education model, which will be applied in this research. Since this research partly focuses on understanding and identifying college students' perceptions of sexually abused children, this theoretical model can help to explain college students' perceptions of sexual abuse in children.

Sexual Abuse in Children

Deblinger, Behl, and Glickman (2006), define child sexual abuse as an adult or an older child interacting with a child for sexual stimulation of the perpetrator or another person. Child sexual abuse includes exposing children to age-inappropriate sexual interactions, which include showing children adult sexual acts, simulated

intercourse, fondling, oral-genital contact and digital or penile penetration of the vagina or anus (Deblinger et al., 2006).

Because child sexual abuse is a health issue that is often not reported, the prevalence of children sexual abuse is difficult to determine. Many experts believe that prevalence of child sexual abuse is far greater than what is reported to authorities (The National Center for Victims of Crime, 2012). According to American Psychological Association (2012), regardless of race, culture, or economic status, children and adolescents happen to have equal risk for sexual victimization. Compared to boys, girls are sexually abused more often. According to Darkness to Light (2009), before the age of 18, one in four girls are sexually abused and one in six boys are sexually abused. Sexual abuse can occur at any age, however, nine years of age is the average. Before the age of eight, more than 20% of children are sexually abused and 30-40% of girls and 13% of boys experience sexual abuse during childhood (Douglas & Finkelhor, 2005).

In 1993, based upon weighted estimates, 300,200 children were sexually abused, an incidence rate of 4.5/1,000 children. The incidence rate for males was 2.3/1,000 and for females it was 6.8/1,000 (Bolen, 2001). Comparing sexual abuse rates of children between 1986 and 1993 research showed that the rates of sexual abuse in children increased (Bolen, 2001). In addition, according to Wurtele (2009) in the United States in 2003 an estimated 78,188 children were victims of sexual abuse. This number exemplifies a rate of 1.2 per 1,000 United States children. However, the number of sexual abuse cases in children has decreased 47% in the past decade (Wurtele, 2009). Similarly, Douglas and Finkelhor (2005) found in the

2001 National Crime Victimization Survey, which covered only youth between the ages 12 to 17 years, that 1.9 per 1,000 children were raped or sexual assaulted. Additionally, the United States Department of Health and Human Services (2011) reported that 88,656 children, or 1.2 per 1,000 children were victims of sexual abuse in 2002. However, there are many cases that are not reported to official agencies. Therefore, sources underestimate the true prevalence of child sexual abuse victims (Wurtele, 2009).

Since determining the scope of child sexual abuse can be challenging, asking adults about their childhood experience is an alternative approach that can assist with determining the scope of child sexual abuse (Wurtele, 2009). National surveys of adults found that 9-28% of women stated they experienced some type of sexual abuse or assault during childhood (Douglas & Finkelhor, 2005).

Health Risks, Mental Disorders, and Behavioral Issues Associated With Sexual Abuse

Child sexual abuse can affect children psychologically, emotionally, physically, and hinder social domains of their lives. Some behavioral problems that a sexually abused child can experience include the following: school learning problems, substance abuse, destructive behavior, sexual dysfunction in adulthood, suicide, criminality in adulthood, and engaging in unhealthy sexualized behaviors, which can increase their chances of contracting sexually transmitted infections and diseases (APA, 2012). Children with sexual behavior problems also have the tendency to act before actually thinking about it, have difficulties following guided rules and listening in schools, and experience problems with making friends of their

own age (The National Child Traumatic Stress Network, 2009). It can be very expensive to address the health issues associated with sexual abuse. In 1996 the United States spent \$1.5 million in medical expenses and \$23 billion total annually in treating rape and sexual abuse of children (Wurtele, 2009).

Sexual abuse increases risk for depression, guilt, fear, PTSD, dissociative and anxiety disorders, eating disorders, poor self-esteem, and chronic pain (Deblinger et al., 2006). Children and adults who have experienced child sexual abuse often show symptoms of psychopathology and weakening in many areas of functioning. Developmentally, child sexual abuse can interfere with normal social, emotional, and sexual developmental paths. Further, sexual abuse may affect a child's ability to develop appropriate affect regulation and social support networks. Among children, symptoms can include poor self-esteem, heightened self-blame, reduced interpersonal trust, school and learning difficulties, and behavior problems (Deblinger et al., 2006).

Feerick and Snow (2005) researched the relationships between childhood sexual abuse, social anxiety and symptoms of posttraumatic stress disorder. In their study of a sample of 313 undergraduate women, thirty-one percent reported some form of sexual abuse in their childhood. The women with a history of sexual abuse reported more symptoms of anxiety, distress in social situations, and posttraumatic stress disorder than women with no history of sexual abuse. Similarly, Dubner and Motta (1999), examined how childhood PTSD was associated with sexual abuse in children. This research found sexually abused children showed a more severe level of PTSD compared to the non- abused groups. Additionally, Hart-Johnson and

Green (2012) found that men with childhood or adulthood molestation reported higher rates of post-traumatic stress disorder than women.

As well, there has been research aimed at understanding the impact of sexual abuse beyond clinical impressions and case studies. These statistics report that children who are sexually abused can experience the following: traumatic sexualization, stigmatization, betrayal and powerlessness (United States Department of Health and Human Services [HHS], 2011). Traumatic sexualization is the psychological result which includes antipathetic feelings about sex, overvaluing sex and sexual identity problems. Traumatic sexualization can also result in the developmental of hypersexual behaviors linked to avoidance of sexual intimacy or negative sexual encounters (HHS, 2011). Stigmatization is known to be a very common effect for children who have been sexually abused. It includes feelings of guilt and believing that he or she is responsible for the occurrence of the abuse (HHS, 2011). Those feelings can be linked to abusing chemical substances, engaging in risk taking actions, performing self-mutilation, and having suicidal thoughts (HHS, 2011). People who have been sexually abused can develop a devastating feeling of betrayal. This is known to be the most fundamental damage from sexual abuse (HHS, 2011). For some victims sexual abuse causes them to not trust in the people who are supposed to be their protectors and nurturers. Betrayal is linked to behaviors including manipulating others, re-enacting the trauma through subsequent involvement in exploitive and damaging relationships, avoiding interaction with others, and engaging in angry behaviors (HHS, 2011). A feeling of powerlessness is another psychological impact of trauma victims of

sexual abuse can develop. It is a trauma that is linked to behavioral manifestations of anxiety, phobias, sleep problems, elimination problems, and eating problems (HHS 2011).

Characteristics of Perpetrators of Child Sexual Abuse

According to APA (2012), most children are sexually abused by someone they might know and trust. An estimated 60% of perpetrators of sexual abuse are known to the child but are not family members, but are family friends, babysitters, childcare providers, or neighbors. Family members including fathers, brothers, uncles, cousins, make up about 30% of perpetrators. It is estimated that just about 10% of perpetrators are strangers to the child. Male tend to be, in most cases, the perpetrator regardless of whether the victim is a boy or girl. Heterosexual and gay men are equally likely to sexually abuse children. Some perpetrators are female -- in about 14% of cases reported among boys and 6% of cases reported among girls it is estimated that women are the abusers. Child pornographers and other abusers who are strangers may make contact with children through the internet. Not all perpetrators are adults – it is estimated that 23% of reported cases of child sexual abuse are committed by individuals under the age of 18 years (APA, 2012).

Additionally, according to Bolen (2001), 29% of sexual abuse in children was committed by birth parents, 25% was committed by other parental figures, and another 45% was committed by other caretakers, including relatives other than parents in 1996. However, someone other than the caretaker commits child sexual abuse in the majority of the cases. In addition, parental abuse is more traumatic, and severe than abuse by a babysitter. Further, parental abuse is perceived as

relatively more likely to occur and reoccur over time (Bornstein, Kaplan, & Perry, 2007).

In addition, in one study, parents who had attended an educational program about child sexual abuse thought that 25% of child sexual abuse was committed by strangers (Berrick, 1988). Similarly, Wurtele, Kvatemick, and Franklin (1992) found that although most parents warned their children about strangers (90%), only a few parents described child sexual abuse perpetrators as known adults (61%), adolescents (52%), relatives (35%), parents (22%), or siblings (19%). Additionally, a survey of adult respondents living in a rural community discovered that 18% of the 246 (total sample) people surveyed believed that a stranger was the most likely perpetrator of child sexual abuse. In addition to perceiving perpetrators as strangers, one third of parents surveyed believed offenders were “unmarried, immature, and socially inept” (Fuselier, Durham, & Wurtele, 2002, p. 272).

General Perceptions of Child Sexual Abuse

According to Maynard and Weiderman (1997) understanding public attitudes regarding child sexual abuse is important, because attitudes can affect reporting of sexual abuse, prosecution of perpetrators, and provision of clinical services. The sex and age of an adult are very important variables when it comes to decisions and attributions about sexual abuse. In addition, “understanding the influence of the adult's sex as well as the child's sex may help explain varying reactions to child sexual abuse” (Maynard & Weiderman, 1997, p. 834). Female respondents usually believe that the sexually abused child is not to blame and view adult-child interactions as representative of child sexual abuse. However, men tend

to blame the child, and rate adult-child sexual interactions as less abusive (Broussard & Wagner, 1988; Finkelhor & Redfield, 1984; Jackson & Ferguson, 1983; Waterman & Foss-Goodman, 1984).

Dolezal and Carballo-Diequez (2002) explored the perceptions of child sexual abuse among men who had experienced such behaviors. The research included 100 Latino men, predominately gay, who experienced childhood sexual abuse with an older partner. In the study the 100 participants were asked if they considered their experiences to be sexual abuse with 41 responding no and 59 responding yes. Participants who said yes, felt that they were young, physically forced, physically hurt, threatened, and emotionally hurt when the event happened to them. Also, they were more prone to having unprotected anal sex, drinking more alcohol and having more sex partners (Dolezal & Carballo-Diequez, 2002).

College Students' Perceptions of Sexual Abuse of Children

There have been research studies regarding college students' perceptions of the consequences of sexual abuse children. A study of men and women undergraduate students from two universities in the southwestern United States showed that women subjects predicted that peers disclosing history of child sexual abuse had a poorer health and interpersonal and adjustment, but had strengths in coping and likeability (Harter, Harter, Atkinson, & Reynolds, 2009).

Additionally, there have been many studies published that focused upon understanding college students' perceptions of sexual abuse of children. A study by Bornstein and others (2007) included one hundred and ninety participants (99 university students from a midwestern university and 100 non-students). All of the

students were psychology majors and received extra course credit for participating in the study. The purpose of this research was to explore the effects of victim and perpetrator gender, type of abuse, and victim-perpetrator relationship on university students' and non-students' perceptions of different types of child abuse. The researchers found the sample had stereotypes about the circumstances and consequences of child sexual abuse. Participants believed that sexual abuse, whether mild or severe, was perceived drastically more traumatic when committed by a parent than a babysitter. Also, participants considered that "perpetrator gender by victim gender interaction indicated that the effect of victim gender was statistically significant when a perpetrator was a female" (Bornstein et al., 2007, p. 272). The gender of the perpetrator had a statistically significant effect on both male and female student subjects' perceptions. In addition, participants perceived abuse to be least traumatic when a sexual abuse involved a female perpetrator and a male victim than male perpetrator and a female victim. Also, participants viewed the abuse as more severe for females than male victims (Bornstein et al., 2007).

Similarly, Fuselier and others (2002) examined college students' beliefs and attitudes concerning perpetrators of child sexual abuse. The student sample was composed of 203 undergraduate students enrolled at the University of Colorado at Colorado Springs (141 females and 79 males, mean age of 22.7 years). Eight-one percent of the study sample believed that child sexual abusers were predominantly male and Caucasian. Additionally, the students' sample believed that perpetrators used force or violence to get the child to engage in sexual activities. Additionally, 13.3% of the student sample reported they had been sexually abused as a child.

Thirty-three percent indicated they knew someone who sexually abused children and 63% reported they knew someone who was sexually abused as a child. Also, 23.5% of the respondents believed that a large percentage of abusers are strangers and authority figures (Fuselier et al., 2002). Similarly, Lev-Wiesel (2004) examined twenty Israeli male university students studying social work and psychology in two universities and found the students perceived rapists in general as aggressive, mentally disturbed, impulsive individuals and viewed that rapists plan the act of rape before performing it.

Influences on College Students' Perception of Sexual Abuse of Children

College students' perception of sexual abuse of children can differ in many ways. And, the factors that influence their perception of sexual abuse of children differ as well. It has been observed that the news media often dramatizes and perpetuates myths about child sexual abuse. Therefore, individuals' attitudes about child sexual abuse can be biased because of media influences (Cromer, 2006).

Additionally, Tamarack (1986) identified 50 myths about child sexual abuse in 1986, which may be applicable in this study identifying influences on college students' perception. These myths were developed by activist pedophiles who that believe child sexual abuse is not harmful and women and children lie about sexual abuse. Two main themes in these myths are:

- 1) Child sexual abuse is not abusive. According to Collings (1997) the first commonly known myth in child sexual abuse is that it is not actually abuse and it doesn't bring harm to the sexually abused child. In addition, Tamarack (1986) stated the victims of incest are often placed in myths that put positive spins on child

sexual abuse such as the children experience love, pleasure, and physical affection. Despite much research that provides evidence that shows child sexual abuse is harmful, there are some scholars who support the myths of harmlessness (Cromer, 2006).

2) Women and children lie about abuse sexual abuse. Rape myths often claim since women tend to lie about rape, therefore, children tend to lie about child abuse (Collings, 1997; Olafson, 2002). For example, in many cases, media reports and newspaper coverage on child sexual abuse are always intensified in society in divorce and custody cases (Brown, Frederico, Hewitt, & Sheehan, 2001).

Strategies to Prevent Sexual Abuse of Children

Sexual abuse of children is a major health issue that negatively affects victims, families, communities and society (Wurtele, 2009). And, as a nation and individuals we have the immediate responsibility to prevent sexual abuse of children (Wurtele, 2009). Strengthening child abuse prevention programs and services that support children and families can be a first step in accomplishing prevention of sexual abuse in children. Addressing the risk factors and promoting research about child sexual abuse are some other ways to protect children from becoming victims of child sexual abuse (Prevent Child Abuse America, 2012).

Child sexual abuse prevention programs or services mainly focus on improving knowledge and skills about child sexual abuse. According to Wurtele (2009) school settings are the understandable choice to teach children about sexual abuse since their focus is informing and educating. And, school systems have the ability to reach a large population of children of every race, ethnic and

socioeconomic group in a relatively cost effective fashion. Therefore, in the United States many school-based personal safety programs were speedily implemented in late 1970's to early mid-1980s in response to the growing scope and consequence of child sexual abuse. Two thousand young people between the ages of 10 and 16 were telephone surveyed in 1993, and 67% of the respondents reported having partaken in a school-based victimization prevention program some time in their educational careers (Wurtele, 2009).

Similarly, survey data gathered from a nonrandomized sample of 110 of the largest public school districts in Texas, which had over 5000 school attendances daily. The final sample consisted of 89 of the original 110 school districts. The study found that 58 of the 89 districts addressed child sexual abuse as a formal prevention and awareness program. Therefore, researchers concluded that effective child sexual abuse prevention programs in elementary schools are needed (Lanning, Ballard, & Robinson, 1999).

In another study of prevention efforts, Walsh and Brandon (2012) researched a sample of 30 Australian adults who were a parent or caregiver of a child or children aged birth to five years, and explored their parents' knowledge about child sexual abuse prevention. The child sexual abuse prevention messages parents or caregivers provided to the children reflected their attitudes towards child sexual abuse prevention education in schools and preferences for content. The study found that by helping school authorities and providers of child sexual abuse prevention programs assist parents to better understand child sexual abuse, parents could contribute to child sexual abuse school-based prevention educations.

Application of Health Belief Model to College Students' Perceptions of Sexual Abuse of Children

The health belief model was developed in the 1950's to clarify why medical screening programs, mainly for tuberculosis, that were being offered by the United States Public Health Service, weren't achieving successful results (Hayden, 2009). The health belief model developed by Hochbaum and colleagues is the oldest and most used social cognition health behavioral model (Wheeler, 2010). Consequently, the health belief model has become a productive framework to explain and predict preventive health behaviors (Tanner-Smith, 2010). This model is most appropriate for my study because in health education and health promotion, the health belief model is a theory that is commonly applied to understanding health behaviors. Health belief model concepts include beliefs, attitudes, and behaviors. "The belief component pertains to what the individual assesses as the true situation, while the attitude component pertains to how the individual feels about the situation" (Wheeler, 2010, p. 25). Therefore, it is a health behavior model that proposes that behaviors are in some way determined by personal beliefs or perceptions (Edberg, 2006). Many studies have used health belief model since it is a model that offers inclusive scope to explain direct decision-making behaviors (Wheeler, 2011). In my study, this model can, in many ways, be beneficial to explain the perception of college students about sexual abuse of children. The health belief model consists of six key components. These components, that is perceived threat, perceived susceptibility, perceived benefits, perceived barriers, cues to action and self-efficacy are specific factors that the

individual must deliberate about whenever deciding to adapt to an endorsed health behavior (Wheeler, 2011). The following are four foundational variables in the health belief model:

Perceived severity. Individual's evaluation of seriousness of or perception of, contracting an illness if there aren't any behaviors change actions taken to prevent it from occurring.

Perceived susceptibility. Unless an individual believes he/she is at risk for a health-related behavior, he/she is not willing to make any changes to that behavior.

Perceived benefits. Individual's willingness to acknowledge and understand the positive outcome of changing a health related behavior.

Perceived barriers. Individual understands the potential complications and challenges that can get in the way of changing a health-related behavior (Niefeld, 2010; Wheeler, 2010).

The health belief model has been used in many research studies that have focused on college students' health beliefs about several different health issues. Wdowik, Kendell, Harris and Auld (2001) used the health belief model to identify characteristics of people who successfully manage their diabetes. In this study, the health belief model was applied to help measure college students' attitudes and behaviors appropriate for diabetes management and college life. The researchers used a cross-sectional research design consisting of 83 respondents with Type I diabetes, 56.6% were females and 43.4% were males. The researchers found that

for these college students', their situational factors and emotional responses were substantial barriers to optimal diabetes self-care. Most of the college students sampled had high intentions to engage in the recommended self-care behaviors to manage diabetes but lacked resources to exercise these behaviors (Wdowik et al., 2001). Similarly, Zak-Place and Stern (2004) used the health belief model in their study to measure college students' intentions regarding STD and HIV prevention. The study participants consisted of 93 male and 109 female undergraduate students. In this study, the participants were sexually active, heterosexual students of usual college age of 18-22 years. Restricting the participants to only sexually active undergraduate heterosexual students meant that this population would have different sexual attitudes and behaviors than older students. Some of the study measurements included: STD and HIV vulnerability and severity, intentions and self-efficacy to use condoms, and intention to obtain STD and HIV testing. The researchers found that HIV severity was significantly and uniquely related to intended HIV testing. Neither perceived vulnerability nor severity of STDs and HIV were significant predictors of intended condom use. And, perceived vulnerability and severity of STDs were nonsignificant predictors of intended STD testing (Zak-Place & Stern, 2004).

Summary

Literature regarding college students' perceptions of sexual abuse in children and the potential health consequences for those children was reviewed and explained in this chapter. Literature reviewed included research regarding sexual abuse in children, health risks of child sexual abuse, mental disorders and issues associated with sexual abuse, college students' perception of sexual abuse of children and factors that influence their perception, and strategies to prevent sexual abuse of children. Also, in this chapter, how the health belief model may help better understand and identify college students' perceptions of child sexual abuse children was discussed.

Chapter Three: Methodology

Introduction

The main purpose of this study was to assess college students' perceptions of and knowledge and awareness about sexual abuse of children. A second purpose was to identify health education strategies for future college students that might help to prevent sexual abuse of children. This chapter describes this study's research design and rationale for choice, subject selection, data collection instrument, data collection procedures, data processing and analysis, and pilot test that were used to collect data and to gain answers for my research questions.

My Research Questions

1. What are selected college students' perceptions about sexual abuse of children?
2. What are selected college students' knowledge and awareness of sexual abuse of children?
3. What are sexual abuse prevention strategies health education professionals can implement to stop or reduce sexual abuse of children?

Description of Research Design and Rationale for Choice

This quantitative descriptive study was designed to identify college students' perception, knowledge and awareness of sexual abuse of children. In this research, data from selected MSU' M students was collected by written survey instrument in order to gain answers for the three research questions about sexual abuse of children. Therefore, the research design was descriptive. The independent variables

that were studied include: age, year of college, gender, marital status, and ethnicity. Dependent variables that were studied include: perception and knowledge of child sexual abuse, awareness of child sexual abuse and prevention strategies.

Participants Selection

Participants for the study included selected Minnesota State University, Mankato female and male undergraduate students. Eight general education courses offered spring semester 2013 were selected to recruit students as study participants. I obtained permission of instructors of the selected courses to distribute my survey to students in their classes in spring semester 2013. Three hundred and thirty nine subjects were surveyed.

Instrumentation

I developed the survey instrument used to collect data. Some of the questions that were included in the survey instrument were gathered from two other published surveys. North Dakota Statewide Child Abuse (2002) and Prevalence of child sexual abuse among adolescents in Geneva: Results of a cross sectional survey (1996). The instrument covered a variety of aspects of college students' perceptions, knowledge and awareness of sexual abuse of children. The survey instrument included instructions for participants and a cover letter for informed consent for subjects who chose to participate. A five page printed survey with 29 questions was administered to 339 undergraduate students at MSU, M. The printed survey collected information about: 1) demographics including age, gender, ethnicity, marital status; 2) perception of child sexual abuse 3) knowledge of child sexual abuse, and 4) awareness of child sexual abuse. (See Appendix A). The

survey instrument was reviewed by my three thesis committee members to determine face validity of questions on the survey and clarity and appropriateness of the instrument.

Pilot Test

A pilot test to improve and enhance my survey instrument was conducted. This helped in organization of the questions asked and readability of the survey. The pilot study was performed on a group of 25 students enrolled in a general education health course at MSU, Mankato. The survey completed by the 25 students was printed. The printed survey required about five minutes to be completed by the students. Information received from pilot test was used to improve the survey. The majority of the students who participated in the pilot testing suggested no changes to the survey. They mentioned that the questions asked on the survey were “very clear and straight to the point”, “great survey”, and “all good questions, made me think.” However, there was one student who suggested questions “#22 If children who are sexually abused are more likely to sexually abuse children” and “#26 If children who have been sexually abused are more likely to sexually abuse their children when they become adults” were the same question. I didn’t make any changes to question # 22 and # 26 because only one pilot study participant suggested it. Participants in the pilot study were asked the following questions about the survey: 1. Were there any questions on this survey that you did not understand? Please note the question number and identify what is unclear. 2. Are there any questions that you think should be deleted? Please note the question and explain why the question(s) should be deleted. 3. Do you

have any suggestions for improvement of the survey? However, I didn't make any changes based on the pilot test.

Data Collection

Data collection for this study was conducted February 27, 2013 - March 1, 2013 spring semester 2013. The survey was in printed form selected professors of eight general education courses were sent emails requesting permission to collect data from students in their classes. Permission to administer the survey was obtained from the Minnesota State Institutional Review Board MSU, Mankato for approval for the Conduct of Research involving Human Subjects (See Appendix B). I distributed the survey instrument in the eight selected classes. It took 5-10 minutes for subjects to complete the survey. For each of the eight classes, surveys were placed in a yellow envelope to maintain confidentiality. Along with the survey, a participant consent form was included in the yellow envelope. The participant consent form specified who has access to the survey instruments to protect the respondents' privacy. Also, the consent forms contained information on the purpose of the study, potential risks to the participants and his or her rights regarding participating in the research. Finally, the consent form informed participants where they could get answers if they had questions about the survey instrument. (See Appendix C)

Participants were instructed to read and keep the informed consent form. Once participants completed the survey they were told to place it back into the yellow envelope. Data collected will be stored in a locked filing cabinet at MSU, Mankato and destroyed 3 years after data collection.

Data Analysis

Data for this study were collected from February 25, 2013 to March 1, 2013. Once the data collection period was complete, data were analyzed by using descriptive statistics (frequency counts, percentages, means and standard deviations) using Statistical Package for Social Sciences (SPSS) software program.

Summary

This chapter described the methodology used in this descriptive and quantitative research design to assess selected college students' perception, knowledge and awareness of sexual abuse of children.

Chapter 4: Findings and Discussion

Introduction

The purpose of this research was to assess and evaluate selected college students' perception of and knowledge and awareness about sexual abuse of children. In order to collect data a 29-item survey was developed and administered to students in selected classrooms in Minnesota State University, Mankato campus regarding their perception, knowledge, awareness, and prevention strategies of sexual abuse of children; as well as demographic information. The findings from the quantitative analysis for each research question are presented in this chapter.

After IRB approval was attained, 339 printed surveys were distributed to eight selected undergraduate general education classes at Minnesota State University, Mankato. Because of the nature of this research, descriptive statistical analysis was used to answer the presented research questions.

The total number of overall response rate for the selected college students at Minnesota State University, Mankato aged 18-25 was n=339. Twenty-three surveys were disregarded from analysis because respondents were over the age of 25 or under the age 18. By completing the survey instrument and keeping the consent form, participants provided consent. Responses from the remaining 316 participants were coded and entered into a database using SPSS.

Respondents' Demographics

Demographic data collected from respondents included age, gender, education, race, and marital status. The key findings from the demographic data collected revealed that 35.8% (n = 113) were males and 64.2% (n = 203) were females. Regarding racial status 8.0% (n = 25) were African American, 6.7% (n = 21) were Asian American, 3.2% (n = 10) were Hispanic/American, 79.9% (n = 250) were White/Caucasian, and 2.2% (n = 7) were biracial. There weren't any participants who were Native American. The marital status distribution of the sample was 96.2% (n = 301) never married, 2.6% (n = 8) married, .6% (n = 2) divorced and .6% (n = 2) stated they were in a relationship (See Table 4.1)

Table 4.1
Demographic Data of Participants

Characteristics M (SD)	Frequency	%
Gender		
Male	113	35.8
Female	203	64.2
Total Responses	316	100
Age		
18	62	19.6
19	96	30.4
20	84	26.6
21	40	12.7
22	22	7.0
23	6	1.9
24	4	1.3
25	2	.6
Total Responses	316	100
Education		
Freshman	119	37.8
Sophomore	105	33.3
Junior	62	19.7
Senior	29	9.2
Total Responses	315	100
Ethnicity		
African American	25	8.0
Asian American	21	6.7
Hispanic/Latino	10	3.2
White/Caucasian	250	79.9
Native American	0	0
Biracial	7	2.2
Total Responses	313	100
Marital Status		
Never married	301	96.2
Married	8	2.6
Separated	2	.6
Divorced	2	.6
Total Responses	313	100

Research Question 1: What are selected college students' perceptions about children who have been sexually abused?

In order to identify selected college students' perceptions about children who have been sexually abused; participants were asked to indicate their agreement with the statement, "Most of the time children are sexually abused when they are alone, at night, and outside their home." Of the 311(98.4%) participants who answered this question; 9.3% ($n = 29$) participants reported *strongly agree*; 42.4% ($n = 132$) participants reported *agree*; 40.8% ($n = 127$) participants reported *disagree*; 7.4% ($n = 23$) participants reported *strongly disagree* (See Table 4.2).

Table 4.2

Most of the Time Children are Sexually Abused When They are Alone, at Night, and Outside Their Home

Responses	Frequency	%
Strongly agree	29	9.3
Agree	132	42.4
Disagree	127	40.8
Strongly Disagree	23	7.4
Total Responses	311	100

Participants were asked to indicate their agreement with the statement, “Children who are sexually abused are more likely to sexually abuse children.” Of the 310(98.1%) participants who answered this question, 13.9% ($n = 43$) participants reported to *strongly agree*; 50.0% ($n = 155$) participants reported *agree*; 31.9% ($n = 99$) participants reported to *disagree*; 4.2% ($n = 13$) participants reported *strongly disagree* (See Table 4.3).

Table 4.3

Children who are sexually abused are more likely to sexually abuse children

Reponses	Frequency	%
Strongly agree	43	13.9
Agree	155	50.0
Disagree	99	31.9
Strongly Disagree	13	4.2
Total Responses	310	100

Participants were asked to indicate their agreement with the statement, “Most perpetrators of child sexual abuse do not belong to the child’s family.” Of the 307(97.1%) participants who answered this question; 2.3% ($n = 7$) participants reported *strongly agree*; 12.4% ($n = 38$) participants reported *agree*; 67.4% ($n = 207$) participants reported *disagree*; 17.9% ($n = 55$) participants reported *strongly disagree* (See Table 4.4).

Table 4.4

Most perpetrators of child sexual abuse do not belong to the child’s family.

Reponses	Frequency	%
Strongly agree	7	2.3
Agree	38	12.4
Disagree	207	67.4
Strongly Disagree	55	17.9
Total Responses	307	100

Participants were also asked to identify the most common/frequent perpetrators of child sexual abuse. Of the 200(63.39%) participants who answered this question; 60.0% (n = 120) participants reported *family members* are the most common/frequent perpetrators; 15.5% (n = 31) participants reported *family friends* are the most common/frequent perpetrators; 22.0% (n = 33) participants reported *male adults* are the most common/frequent perpetrators; and 2.5% (n = 5) participants reported *strangers* are the most common/frequent perpetrators (See Table 4.5).

Table 4.5

Who are Most Common/Frequent Perpetrators of Child Sexual Abuse

Responses	Frequency	%
Family members	120	60.0
Family friends	31	15.5
Male Adults	44	22.0
Strangers	5	2.5
Total Responses	200	100

Participants were asked to indicate their agreement with the statement, “In sexual abuse cases the child is never responsible.” Of the 308(97.5%) participants who answered this question; 49.4% ($n = 152$) participants reported *strongly agree*; 35.1% ($n = 108$) participants reported *agree*; 13.3% ($n = 41$) participants reported *disagree*; and 2.3% ($n = 7$) participants reported *strongly disagree* (See Table 4.6).

Table 4.6

In Sexual Abuse Cases the Child is Never Responsible

Reponses	Frequency	%
Strongly agree	152	49.4
Agree	108	35.1
Disagree	41	13.3
Strongly Disagree	7	2.3
Total Responses	308	100

Participants were asked to indicate their agreement with the statement “Children who have been sexually abused are more likely to sexually abuse their children when they become parents.” Of the 305(96.5%) participants who answered this question; 7.2% ($n = 22$) participants reported *strongly agree*; 41.3% ($n = 126$) participants reported to *agree*; 43.0% ($n = 131$) participants reported *disagree*; and 8.5% ($n = 26$) participants reported *strongly disagree* (See Table 4.7).

Table 4.7

Children Who Have Been Sexually Abused are More Likely to Sexually Abuse Their Children When They Become Parents

Reponses	Frequency	%
Strongly agree	22	7.2
Agree	126	41.3
Disagree	131	43.0
Strongly Disagree	26	8.5
Total Responses	305	100

Participants were asked to indicate their agreement with the statement, “Most sexual abuse of boys is committed by homosexual males.” Of the 308(97.5%) participants who answered this question; 3.6% ($n = 11$) participants reported *strongly agree*; 42.4% ($n = 115$) participants reported *agree*; 40.8% ($n = 151$) participants reported to *disagree*; and 7.4% ($n = 31$) participants reported *strongly disagree* (See Table 4.8).

Table 4.8

Most Sexual Abuse of Boys is Committed by Homosexual Males

Responses	Frequency	%
Strongly agree	11	3.6
Agree	115	42.4
Disagree	151	40.8
Strongly Disagree	31	7.4
Total Responses	308	100

In response to the statement, “Boys sexually abused by males must be homosexual or will become homosexual.” question. 6% ($n = 2$) participants indicated *strongly agree*; 5.2% ($n = 16$) participants indicated to *agree*; 50.0% ($n = 155$) participants indicated *disagree*; and 44.2% ($n = 137$) participants indicated to *strongly disagree* for total of 310(98.1%) participants (See Table 4.9).

Table 4.9

Boys Sexual Abuse by Males Must be Homosexual or will Become Homosexual

Responses	Frequency	%
Strongly agree	2	.6
Agree	16	5.2
Disagree	155	50.0
Strongly Disagree	137	44.2
Total Responses	310	100

Research Question 2: What are selected college students' knowledge and awareness of sexual abuse of children?

In order to assess selected college students' knowledge about sexual abuse of children; participants were asked to indicate their assessment of the statement, "The majority of sexual abuse perpetrators are retarded or mentally ill." Of the 315 (99.7%) participants who answered this question, 21.0% ($n=66$) participants responded *not at all*; 37.5% ($n = 118$) participants responded *not really*; 10.2% ($n=32$) participants responded *undecided*; 27.0% ($n=85$) participants responded *somewhat*; and 4.4% ($n=14$) participants responded *very much* (See Table 4.10).

Table 4.10
Perpetrators are Retarded or Mentally Ill

Responses	Frequency	%
Not at all	66	21.0
Not Really	118	37.5
Undecided	32	10.2
Somewhat	32	27.0
Very Much	14	4.4
Total Responses	315	100

Participants were asked to indicate their assessment of the statement, “Sexual abuse of children only happens in low socio-economic classes.” Of the 316 (100%) participants who answered this question, 48.3% ($n = 152$) participants responded *not at all*; 41.9 ($n = 132$) participants responded *not really*; 4.1% ($n=13$) participants responded *undecided*; and 5.7% ($n= 8$) participants responded *somewhat* (See Table 4.11).

Table 4.11

Sexual Abuse of Children Only Happens in Low Socio-economic Classes

Responses	Frequency	%
Not at all	152	48.3
Not Really	132	41.9
Undecided	13	4.1
Somewhat	18	5.7
Total Responses	316	100

Participants were asked to indicate their agreement with the statement, “Very few children are victims of sexual abuse.” Of the 316 (100%) participants who answered this question, 37.0% ($n = 117$) participants reported *not at all*; 38.0% ($n = 120$) participants reported *not really*. 13.0% ($n = 41$) participants reported *undecided* very few of children are victims of sexual abuse. 10.1% ($n = 32$) participants reported *somewhat*; and 1.9% ($n = 6$) participants reported *very much* very few of children are victims of sexual abuse (See Table 4.12).

Table 4.12

Very Few Children are Victims of Sexual Abuse

Reponses	Frequency	%
Not at all	117	37.0
Not Really	120	38.0
Undecided	41	13.0
Somewhat	32	10.1
Very Much	6	1.9
Total Response	316	100

Participants were asked to indicate their agreement with the statement, “Only girls are victims of sexual abuse.” Of the 316 (100%) participants who answered this question, 72.5% ($n = 229$) participants responded *not at all*; 23.1% ($n = 73$) participants responded *not really*; 1.9% ($n = 6$) participants responded *undecided*; 2.2% ($n = 7$) participants responded *somewhat*; and .3% ($n = 1$) participants responded *very much* only girls are victims of sexual abuse (See Table 4.13).

Table 4.13

Only Girls are Victims of Sexual Abuse

Responses	<i>Frequency</i>	<i>%</i>
Not at all	229	72.5
Not Really	73	23.1
Undecided	6	1.9
Somewhat	7	2.2
Very Much	1	.3
Total Responses	316	100

In order to assess selected college students' awareness about children who have been sexual abused, participants were asked, "In your opinion, in the United States, how much of a problem is childhood sexual abuse?." There were 315 (99.7%) participants who answered this question of who .6% (n = 2) participants believed childhood sexual abuse *not a problem*; 8.9% (n = 28) participants believed childhood sexual abuse to be a *minor problem*; 41.0% (n = 129) participants believed childhood sexual abuse to be a *moderate problem*; 44.1% (n = 139) participants believed childhood sexual abuse to be a *serious problem*, and 5.5% (n = 17) *did not know* how much of a problem is childhood sexual abuse (See Table 4.14).

Table 4.14

In Your, Opinion, in the United States, How Much of a Problem is Childhood Sexual Abuse

Response	Frequency	%
Not at all	2	.6
Minor Problem	28	8.9
Moderate problem	129	41.0
Serious Problem	139	44.1
Do not know	17	5.4
Total Reponses	315	100

Participants were asked to identify the rate of childhood sexual abuse in the United States over the past two decades. There were 316 (100%) participants who answered this question with 6.6% (n = 21) participants responding *lower than two decades ago*. 50.9% (n =161) participants responding *higher than two decades ago*. 9.2% (n = 29) participants responding *about the same as two decades ago*; and 33.2% (n = 105) participants responding *did not know* the rates (See Table 4.15).

Table 4.15

The Rate of Childhood Sexual Abuse in United States is

Reponses	Frequency	%
Lower than two decades ago	21	6.6
Higher than two decades ago	161	50.9
About the same as two decades	29	19.2
Do not know	105	33.2
Total Responses	315	100.0

Participants were asked, “How do you describe your awareness of child sexual abuse?” Of the 315 (99.7%) participants who answered this question, 5.1% (n = 16) participants selected *not at all*; 39.0% (n= 123) participants selected *a little*; 41.0% (n = 33) participants selected *undecided* awareness of child sexual abuse; 44.1% (n =130) participants selected *somewhat*; and 5.4% (n= 13) participants selected *very much* (See Table 4.16).

Table 4.16

How do You Describe Your Awareness of Child Sexual Abuse

Responses	Frequency	%
Not at all	16	5.1
A Little	123	39.0
Undecided	33	41.0
Somewhat	130	44.1
Very Much	13	5.4
Total Responses	315	100

In response to the question, “Are you aware of what are the behavioral and physical signs of child sexual abuse?” of the 314 (99.4%) participants who answered the question, 8.0% (n = 25) participants chose *very much*; the 57.3% (n= 180) participants chose *somewhat*; 5.7% (n=18) participants had chose *undecided*; 22.9% (n = 72) participants chose *not really*; and 6.1% (n= 19) participants chose *not at all* (See Table 4.17).

Table 4.17

Are You Aware of What are the Behavioral and Physical Signs of Child Sexual Abuse?

Responses	Frequency	%
Very Much	25	8.0
Somewhat	180	57.3
Undecided	18	5.7
Not Really	72	22.9
Not at all	19	6.1
Total Responses	314	100

In response to the question, “Where did you learn about child sexual abuse?” the largest percentage of participants, 85.1% (n= 268) indicated that they learned about child sexual abuse at school. And, the second largest percentage of participants 83.5% (n = 263) indicated they learned about child sexual abuse from the media (See Table 4.18).

Table 4.18

Where Did You Learn About Child Sexual Abuse (CSA)? Please Check all That Apply

Responses	Frequency	%
<i>School</i>		
Yes	268	85.1
No	47	14.9
<i>Media</i>		
Yes	263	83.5
No	52	16.5
<i>Home</i>		
Yes	124	39.4
No	191	60.6
<i>Books</i>		
Yes	116	36.8
No	199	63.2
<i>Friends</i>		
Yes	99	31.4
No	216	68.6
<i>Neighbor</i>		
Yes	31	9.9
No	283	90.1
<i>Others</i>		
Yes	22	7.0
No	292	93.0

Table 4.18 (continued)

“Figures” listed by respondents.

Child Safety Course
Classes (3)
Documentaries (2)
Family (2)
Interviews
Internet (2)
Internet articles
Law and Order
Personal Experience (2)
Magazines
Sunday School
Traveling
Teaching prep school
Television
Work (3)

Survey question #15 asked participants, “How many cases of child sexual abuse do you think are reported in the United States?”

The range responses to this question was 0-3,300,000

The most frequent responses by participants were 1000 cases 12.2% (n=33) with the second most frequent cases were 10000 cases 9.6% (n=26).

Survey question #17, asked participants “At what age do you think a child is most likely to be sexually abused?”

The range of ages participants reported was 1-16.

The most frequent ages mentioned by participants 16.8% (n=46) was ten years of age. The second most frequent age reported by participants 13.1% (n=36) was eight years of age. And, the third most frequent age reported by participants 12.4% (n = 34) was seven years of age.

This table shows the number of participants who answered question #15 (cases) and #17 (age) on the survey.

Table 4.19

For Sexual Abuse of Children Cases and Ages

Scale	# of Responses	M (SD)
Cases	270	42252.18(238243.07)
Age	274	8.69(3.21)

This table shows the number of participants who answered question #16 (cases) and #29 on the survey. Survey question #16 stated, “Which of the following consequences are associated with history of child sexual abuse?” Survey question #29 asked participants, “Using a 1 to 5 scale, with one being “not at all” and five being “a great deal”, to what extent do you think childhood sexual abuse contributes to depression, violence, substance abuse, eating disorders and problem at school.” (See Table 4.20)

Table 4.20

Cronbach’s Index of Internal Consistency (a) for Means Scores and Standard Deviations (SD) for Sexual Abuse of Children Perception and Knowledge Scale and Subscales

Scale	# of Responses	M (SD)	a
Knowledge	312	5.8 (1.1)	.66
Perception	312	20.2(2.97)	.70

Research Question Three: What are some sexual abuse prevention strategies health education professionals can instrument to stop or reduce sexual abuse of children?

This research question was addressed by survey question number nineteen and twenty. Survey question #19 asked participants if state government should be more involved in preventing childhood sexual abuse while question #20 asked if state government is actively involved in preventing childhood sexual abuse. The largest percentage of the participants, 43.9% (n = 138) indicated that state governments should be more involved in preventing childhood sexual abuse; and 26.8 (n = 83) participants *agreed* that government is actively involved in preventing child sexual abuse (See Table 4.21).

Table 4.21

Responses	<i>Frequency</i>	<i>%</i>
<i>State government should be more involved in preventing childhood sexual abuse</i>		
Total Responses	314	100
Strongly Disagree	16	5.1
Disagree	5	1.6
No opinion	27	8.6
Agree	138	43.9
Strongly Agree	124	39.5
Do not Know	4	1.3
<i>The state government is actively involved in preventing childhood sexual abuse</i>		
Total Responses	314	100
Strongly Disagree	6	1.9
Disagree	60	19.4
No opinion	82	26.5
Agree	83	26.8
Strongly Agree	4	1.3
Do not Know	75	24.2

Summary:

Data analysis indicates patterns regarding selected college students' knowledge and awareness about sexual abuse of child, which was the purpose of this research. Even though the findings showed there were college students who were very aware about sexual of children their still were others who weren't very aware about sexual abuse of children. This research found most college students learned about sexual abuse of children at home, school, and media. Also, these findings indicate that college students have more knowledge and from awareness about sexual abuse of children than they think they actually do. To include, data analysis indicates that majority of college students, who participated in this research, weren't aware about the number of cases that are reported in the United States each year.

Chapter Five: Summary, Discussion, and Recommendations

Introduction

The main purpose of this study was to assess selected college students' perceptions of and knowledge and awareness about sexual abuse of children. A second purpose was to identify health education strategies for college students' that might help to prevent sexual abuse of children. This study explored the perception, knowledge and awareness of selected students at Minnesota State University, Mankato about sexual abuse of children to identify ways to help reduce or prevent children becoming victims of sexual abuse. The following research questions were investigated in this study:

1. What are selected college students' perceptions about sexual abuse of children?
2. What are selected college students' knowledge and awareness of sexual abuse of children?
3. What are sexual abuse prevention strategies health education professionals can implement to stop or reduce sexual abuse of children?

Summary

This study included a sample of 316 respondents who were enrolled at Minnesota State University, Mankato in spring semester 2013. In order for participants to qualify for the study they had to be 18 – 25 of age and enrolled at Minnesota State University, Mankato. Gender respondents were male 35.8% (n =113) and female 64.2% (n =203). The level of college classification demonstrated that 37.8% (n =119) of students were first year, 33.3% (n = 105) were

sophomore, 19.7% (n = 62) were juniors, and 9.2% (n = 29) were seniors. The marital status of the participant showed that 96.2% (n = 301) never married, 2.6% (n = 8) married, .6% (2) separated and .6% (n = 2) divorced. Reported of race the study showed 8.0% (n = 25) of participants were African American, 6.7% (n = 21) were Asian American, 3.2% (n = 10) were Hispanic/Latino, 79.9% (n = 250) were White/Caucasian; and 2.2% (n = 7) were biracial. No respondents identified themselves as Native American. The data collection instrument that was used in this study was a printed survey and participation was voluntary. The print survey instrument included 29 questions for participants to complete. The questions that were included in the survey were structured to collect data about the demographic characteristics of the respondents, and perception, knowledge and awareness of sexual abuse of children.

Discussion

In this study it was found that sampled students at Minnesota State University, Mankato are aware and also have knowledge about sexual abuse of children in the United States. However one of the questions on the survey asked “How do you describe your awareness of child sexual abuse?” and 39.0% (n = 123) participants believed to have little awareness about child sexual abuse, 41.3% (n = 130) believed to have somewhat aware about it; 5.1% (n = 16) participants indicated they did not have any awareness about it; and 4.1% (n = 13) participants had very much awareness about child sexual abuse. In the opinion of the surveyed college students, 44.1% (n = 139) respondent believed childhood sexual abuse to be a serious problem in the United States and 41.0% (n = 129) respondents believed

childhood sexual abuse to be a moderate problem. The United States Department of Health and Human Services (2011) reported that 88,656 children, or 1.2 per 1,000 children were victims of sexual abuse in 2002. However, there are many cases that are not reported to official agencies, so the numbers of cases reported can be higher (Wurtele, 2009). In addition, this study found that respondents were very aware of the consequences commonly associated with history of sexual abuse of children. Specifically, 41.0% (n = 128) of respondents believed that anxiety is a consequence associated with history of sexual abuse; 31.1% (n = 97) of respondents believed that substance abuse is another consequence a victim might face; and 12.5% (n = 39) of respondents believed a history of sexual abuse is associated with posttraumatic stress disorder (PTSD). These findings show that my study is comparable to findings by Deblinger and associates (2006). In their study (2006), it was found that sexual abuse increases risk for depression, guilt fear, PTSD, dissociative and anxiety disorders, eating disorders, poor self-esteem, and chronic pain.

Findings from this study also indicate that some participants did not have much of an awareness or knowledge of sexual abuse of children. Most respondents were not aware of number of child sexual abuse cases reported in the United States each year. The most frequent response for number of cases by respondents was (12.2% (n= 33)) 1,000 cases each year and the second most frequent response was 10,000 by 9.6% (n = 26) respondents. The number of cases listed by the respondents demonstrates that they are not aware of the number of child sexual abuse cases that are reported in the United States each year. According to Wurtele

(2009), in 2003 in the United States estimated 78,188 children were victims of sexual abuse at a rate of 1.2 per 1,000 United States children.

The majority of the participants in this study do have an understanding that sexual abuse of children does not happen only in low socio-economic classes. According to APA (2012), regardless of race, culture, or economic status, children and adolescents happen to have equal risk for sexual victimization. Of the participants, 48.3% (n= 152) believed that sexual abuse of children to not at all happen in low socio-economic statuses and while 41.9% (n = 132) participants believed for sexual abuse of children to not really happen in low socio-economic statuses. Also, the majority of participants 72.5% (n = 229) believed that girls are not the only victims of sexual abuse.

One of the survey questions asked participants, "At what age do you think a child is likely to be sexually abused?" The age most frequently chosen by the respondents (16.8% (n =46)) was ten years and the second most frequently chosen age was eight years by participants 13.1% (n = 36). The respondents' age choice shows that some of them were aware of the ages of children are sexually abused, which is seven through twelve years of age. However, according to Darkness to Light (2009), sexual abuse can occur at any age, however, nine years of age is the average. However, findings of this study show that some respondents are very aware about sexual abuse of children. Nearly half of respondents 49.0% (n= 151) disagreed with the survey questions, "Most sexual abuse of boys is committed by homosexual males" although, 37.3% (n =115) agreed with this statement. Heterosexual and gay men are equally likely to sexually abuse children (APA,

2012). Also, 41.3% (n = 126) respondents believed that a child who had been sexually abused was more likely to sexually abuse their children when they become adults while 43.0% (n = 131) respondents disagreed with this statement.

Limitations and Delimitations

There are a few limiting factors in this research. The first limiting factor was all of the participants of the research were enrolled at one university, Minnesota State University, Mankato. College students at other universities were not included in the sample due to time limitations. Another limiting factor was that the classes surveyed were not randomly selected. Random selection of classes would have allowed a more representative sampling for this study. Rephrasing question number fifteen on the survey response, which was an open ended question, could have allowed better prediction and evaluation of selected college students' knowledge about "How many cases of child sexual abuse do you think is reported in the United States each year?" Also, for research question three "What are sexual abuse prevention strategies health education professionals can implement to stop or reduce sexual abuse of children?" the survey instrument should have included few more questions that focused on gaining answers from the participants for this research question.

Recommendations for Health Education

This research provided findings about selected Minnesota State University, Mankato college students' perceptions, knowledge and awareness about sexual abuse of children. The demographic data reflected the population from which subjects were selected: undergraduate male and females aged of 18-25. Findings

from this research do suggest that there is need for health educators to provide educational prevention strategies to college students, even though the findings did show that some of college students sampled have much knowledge and awareness about sexual abuse of children. Findings of the study show that 268 (84.8%) of students sampled had knowledge of the seriousness of sexual abuse of children is in the United States. Specifically, 41.0% (n = 129) of respondents believed that sexual abuse of children to be a moderate problem in the United States while 44.1% (n = 139) of respondents believed for it to be a serious problem.

In order to increase some college students' knowledge and awareness about sexual abuse of children, it is necessary to incorporate this information into general education health classes curriculums taken by undergraduate students. Another recommendation is to provide information (such as posters, billboards, brochures, presentations and so forth) about sexual abuse of children around college campuses. This will allow college students to take into consideration that sexual abuse of child is a major health issue in the United State and in the world. Creating a health course on campus that only focuses on sexual abuse of children and how college students can protect their children from becoming victims of child sexual abuse is another option to help reduce and eliminate this pervasive and devastating health issue.

Another recommendation is for health educators to use the health belief model when developing sexual abuse of children prevention materials, programs and strategies for college students. This health behavior model may assist health educators identifying perceived severity, perceived susceptibility, perceived benefits

and perceived benefits of sexual abuse of children of college students and the general public. And, since the health belief model is used to understand beliefs, attitudes and behaviors in health education and health promotion, it definitely can be applied to college students and the general public.

Recommendation for Further Study

Based on the findings of this research, there is a need to collect data from students at other universities. A broader sample would enhance the validity of findings concerning perception, knowledge and awareness about sexual abuse of children. There is also a need to investigate barriers that might prevent college students from having knowledge and awareness about sexual abuse of children in the United States. Needs assessment of college students to identify their knowledge and awareness about sexual abuse of children could allow for college students now and in the near future to enhance their awareness and knowledge about sexual abuse of children. Also, further study involving parents and victims of child sexual abuse is another one to consider. This can allow examination of the perception, knowledge and awareness of children who are victims of this devastating health issue and their parents.

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Appendix A

Title: Selected College Students' Perceptions, Knowledge and Awareness About Sexual Abuse of Children.

Please read each question and select the response that best describes you.

Section 1: Demographics?

- 1) What is your age? ____ years.

- 2) What is your gender?
 1. Male ____
 2. Female ____

- 3) In what year of college are you, now?
 1. Freshmen ____
 2. Sophomore ____
 3. Junior ____
 4. Senior ____
 5. Graduate student ____

- 4) Race
 1. African American ____
 2. Asian American ____
 3. Hispanic/Latino ____
 4. White/Caucasian ____
 5. Native Americans ____
 6. Biracial ____

- 5) Marital status
 1. Never married ____
 2. Married ____
 3. Separated ____
 4. Divorced ____
 5. Other _____

Section 2: Knowledge about Sexual Abuse of Children: The following questions will focus on the knowledge you may have about sexual abuse of children. Please choose the best that best reflects your response to each statement.

- 6) The majority of sexual abuse perpetrators are retarded or mentally ill.
 1. Not at All ____
 2. Not Really ____
 3. Undecided ____
 4. Somewhat ____
 5. Very much ____

7) Sexual abuse of children only happens in low socio-economic classes.

1. Not at All ___
2. Not Really ___
3. Undecided ___
4. Somewhat ___
5. Very much ___

8) Very few children are victims of sexual abuse.

1. Not at All ___
2. Not Really ___
3. Undecided ___
4. Somewhat ___
5. Very much ___

9) Only girls are victims of sexual abuse.

1. Not at All ___
2. Not Really ___
3. Undecided ___
4. Somewhat ___
5. Very much ___

Section 3: Awareness of Sexual Abuse of Children: The following questions will focus on your awareness of sexual abuse of children. Please choose the answer that best reflects your response to each statement.

10) In your opinion, in the United States, how much of a problem is childhood sexual abuse?

1. Not a problem ___
2. Minor problem ___
3. Moderate problem ___
4. Serious problem ___
5. Do not know ___

11) The rate of childhood sexual abuse in United States is:

1. Lower than two decades ago ___
2. Higher than two decades ago ___
3. About the same as two decades ago ___
4. Do not know ___

12) How do you describe your awareness of child sexual abuse?

1. Not at All ___
2. A Little ___
3. Undecided ___
4. Somewhat ___
5. Very much ___

13) Are you aware of what are the behavioral and physical signs of child sexual abuse?

1. Very much ___
2. Somewhat ___
3. Undecided ___
4. Not Really ___
5. Not at All ___

14) Where did you learn about child sexual abuse (CSA)? Please check all that apply.

1. Home ___
2. School ___
3. Media ___
4. Friends ___
5. Neighbors ___
6. Books ___
7. Other: (please list) _____

15) How many cases of child sexual abuse do you think are reported in the United States each year?

1. Number of cases: _____

16) Which of the following consequences are associated with a history of child sexual abuse? Please check all that apply.

1. Depression ___
2. Suicide thoughts ___
3. Eating and sleeping disorder ___
4. ADHD ___
5. Post Traumatic Stress Disorder ___
6. Anxiety ___
7. Substance abuse ___

17) At what age do you think a child is most likely to be sexually abused?

1. ____ years.

18) How do you rate your awareness of strategies to prevent sexual abuse in children?

1. Very aware ____
2. Somewhat aware ____
3. Not sure ____
4. Not Really aware ____
5. Not at All ware ____

19) State government should be more involved in preventing childhood sexual abuse.

1. Strongly disagree ____
2. Disagree ____
3. No opinion ____
4. Agree ____
5. Strongly agree ____
6. Do not know ____

20) The state government is actively involved in preventing childhood sexual abuse.

1. Strongly disagree ____
2. Disagree ____
3. No opinion ____
4. Agree ____
5. Strongly agree ____
6. Do not know ____

Section 4: Perception of Sexual Abuse of Children: The following questions will focus on your perceptions about sexual abuse of children. Please choose the answer that best reflects your response to each statement.

21) Most of the time children are sexually abused when they are alone, at night, and outside their home.

1. Strongly Agree ____
2. Agree ____
3. Disagree ____
4. Strongly Disagree ____

22) Children who are sexually abused are more likely to sexually abuse children.

1. Strongly Agree ____
2. Agree ____
3. Disagree ____
4. Strongly Disagree ____

23) Most perpetrators of child sexual abuse do not belong to the child's family

1. Strongly Agree ____
2. Agree ____
3. Disagree ____
4. Strongly Disagree ____

24) Who are most common/frequent perpetrators of child sexual abuse? Please select only one response.

1. Family members ____
2. Family friends ____
3. Male adults ____
4. Females adults ____
5. Strangers ____
6. Others _____

25) In sexual abuse cases the child is never responsible.

1. Strongly Agree ____
2. Agree ____
3. Disagree ____
4. Strongly Disagree ____

26) Children who have been sexually abused are more likely to sexually abuse their children when they become parents.

1. Strongly Agree ____
2. Agree ____
3. Disagree ____
4. Strongly Disagree ____

27) Most sexual abuse of boys is committed by homosexual males.

1. Strongly Agree ____
2. Agree ____
3. Disagree ____
4. Strongly Disagree ____

28) Boys sexually abused by males must be homosexual or will become homosexual.

1. Strongly Agree _____
2. Agree _____
3. Disagree _____
4. Strongly Disagree _____

29) Using a 1 to 5 scale, with one being "not at all" and five being "a great deal", to what extent do you think childhood sexual abuse contributes to the following:
Please circle one.

1. Depression _____

1 2 3 4 5

2. Violence _____

1 2 3 4 5

3. Substance abuse _____

1 2 3 4 5

4. Eating disorders _____

1 2 3 4 5

5. Problems at school _____

1 2 3 4 5

Thank you for your time! This completes the survey!

Appendix B



February 18, 2013

Dear Judith Luebke, PhD:

Re: IRB Proposal entitled "[432392-2] Selected College Students Perceptions, Knowledge and Awareness About Sexual Abuse of Children" Review Level: Level [I]

Your IRB Proposal has been approved as of February 18, 2013. On behalf of the Minnesota State University, Mankato IRB, I wish you success with your study. Remember that you must seek approval for any changes in your study, its design, funding source, consent process, or any part of the study that may affect participants in the study. Should any of the participants in your study suffer a research-related injury or other harmful outcome, you are required to report them to the IRB as soon as possible.

The approval of your study is for one calendar year less a day from the approval date. When you complete your data collection or should you discontinue your study, you must notify the IRB. Please include your log number with any correspondence with the IRB.

This approval is considered final when the full IRB approves the monthly decisions and active log. The IRB reserves the right to review each study as part of its continuing review process. Continuing reviews are usually scheduled. However, under some conditions the IRB may choose not to announce a continuing review. If you have any questions, feel free to contact me at irb@mnsu.edu or 507-389-5102.

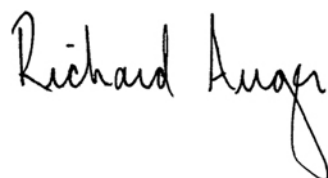
Cordially,

A handwritten signature in black ink that reads "Mary Hadley". The letters are cursive and fluid.

Mary Hadley, Ph.D. IRB Coordinator

A handwritten signature in black ink that reads "Sarah Sifers". The signature is cursive and includes a large, stylized flourish at the end.

Sarah Sifers, Ph.D. IRB Co-Chair

A handwritten signature in black ink that reads "Richard Auger". The signature is cursive and has a long, thin tail on the letter "r".

Richard Auger, Ph.D. IRB Co-Chair

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Minnesota State University, Mankato IRB's records.

Appendix C

Dear Student,

I am a graduate student at Minnesota State University, Mankato currently working on my thesis which is titled, "Selected College Students' Perceptions, Knowledge and Awareness About Sexual Abuse of Children". This research will attempt to identify Minnesota State University, Mankato undergraduate students' knowledge, awareness and perceptions of sexual abuse of children. This survey assesses your knowledge, awareness and perceptions of sexual abuse of children. All of your information will be kept confidential. You will not record your name anywhere on this survey, so information will be anonymous. It can be viewed only by authorized research staff members. The survey takes about 5-10 minutes to complete.

The research will be supervised by Dr. Judith Luebke. You can contact Dr. Luebke at 507-389-5938 or by email judith.luebke@mnsu.edu about any concerns you have about this project. You may contact the Minnesota State University, Mankato Institutional Review Board Administrator, Dr. Barry Ries, at email, barry.ries@mnsu.edu with any questions about research with human participants at Minnesota State University, Mankato.

Participation in this research is voluntary and you have the right to stop at any time by not answering survey questions or turning in your survey. Your decision whether or not to participate will not affect your relationship with Minnesota State University, Mankato. By completing this questionnaire, you agree to participate in this study and state that you are at least 18 years of age. There are no direct benefits to you as a result of your participation in this research. None of your answers will be released and no names will be recorded. The risks of participating in this study are no more than daily life, although possible emotional discomfort answering survey questions may occur. Your participation in this research will help with evaluating undergraduate students' knowledge, awareness and perceptions of sexual abuse of children.

If you are concerned about your mental health after answering the questions, you may contact the Minnesota State University, Mankato Counseling Center. They are located at 245 Centennial Student Union Minnesota State University, Mankato Mankato MN 56001 or by phone at 507-389-1455. You can also contact Minnesota State University, Mankato Student Health Services. They are located at 21 Carkoski Commons Minnesota State University, Mankato Mankato, MN 56001 or by phone at 507-389-6276.

Please keep this copy of this consent form for your records.

MSU IRB LOG # 432392-2

Date of MSU IRB approval: February 18, 2013

Sincerely,
Farhiya Muse

Contact:
Dr. Judith Luebke
Phone: 507-389-5938
judith.luebke@mnsu.edu