EXPERIENCES OF CHILD SEXUAL ABUSE AND CHALLENGES OF DISCLOSURES AMONG JUNIOR SECONDARY SCHOOL STUDENTS IN OGUN STATE, NIGERIA

BY

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CERTIFICATION

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DEDICATION

This thesis is dedicated to God, Barrister Samuel Oladele Olaniyi (my husband) and Miss Morianugba Olamide Olaniyi (my daughter).

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ABSTRACT

Child Sexual Abuse (CSA), which is a form of sexual activity with a minor, is not only a global social problem but also a major risk factor that affects the physical, social and mental well-being of affected children particularly in Nigeria. Previous studies on CSA have largely focused on its causes and prevention among children. However, there is little attention given to the experience, and its disclosure, among students in Junior Secondary Schools (JSS), who are more at risk considering their school-age bracket, (10-17 years), especially in Ogun State. This study was, therefore, designed to investigate the knowledge of, experience, disclosure rate and challenges of disclosure, as well as consequences of, and coping strategies of CSA among JSS students in Ogun State, Nigeria.

Ecological Systems Theory provided the framework. A cross-sectional survey design was adopted. Using multi-stage sampling technique, Ogun State was divided into East, Central and West senatorial districts, and 11 Local Government Areas were randomly selected. Stratified purposive sampling was used to select 22 Public JSS. A total sample of 976 respondents was drawn using Lemesho's (1990) sample size determination formula. Simple random sampling was used to proportionately administer a structured questionnaire to students of JSS consisting of Ogun East (344), Central (325) and West (307). Twelve in-depth interviews were conducted with victims of CSA, and 18 key informant interviews were conducted with School Counsellors (4), Medical Officers (6) and Police Officers (8). Quantitative data were analysed using descriptive statistics, Logistic Regressions and One-way ANOVA at $P \leq 0.05$, while the qualitative data were content-analysed.

The respondents' age was 13.18±1.36, 52.2% were male and 61.3% resided in urban centres. Knowledge about CSA was moderately high (50.7%); and significantly associated with students in Junior Secondary (JS) II (OR=1.59), JS III (OR=1.55), male students (OR=0.76) and those who resided in urban centres (OR=1.37). About 30.6% had CSA experiences. The experience of CSA was significantly associated with those who were in JS II (OR=1.41), JS III (OR=1.16), aged 13-15 (OR=1.59), ≥16 years (OR=3.23) and those in urban centres (OR=1.22). The disclosure of CSA rate was low (17.1%); and significantly associated with those who were in JS II (OR=0.18), JS III (OR=0.12), aged 13-15 (OR=2.34), ≥16 years (OR=4.08) and urban residence (OR=1.79). Behavioural disorder (39.1%), re-experiencing (41.2%), anxiety (47.0%), marital dissatisfaction (25.2%) and sexual dysfunction (3.0%) were the consequences of CSA. There were significant differences between age ($F_{(2, 973)} = 11.87$), ethnic group ($F_{(3, 972)} = 2.455$) and the consequences of CSA. Counselling (58.5%), dissociation (7.4%), denial (6.4%) and rationalising (4.0%) were the various coping mechanisms for CSA. The fear of threats, beating, shame, stigmatisation, prosecution of familial perpetrators or offenders and ignorance affected disclosure of CSA among victims and relatives. Experience of CSA resulted in excessive body pains, bruises, unwanted pregnancy and sexually transmitted diseases.

The socio-demographic characteristics of Junior Secondary school students influenced the knowledge, experience, disclosure, consequences, and coping strategies of child sexual abuse in Ogun State. These should be factored into Junior Secondary school students' experience and disclosure of child sexual abuse.

Key words: Experience of child sexual abuse, Junior Secondary school students in Ogun State, Sexual abuse disclosure

Word count: 500

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ANOVA	Analysis of Variance
AOR	Adjusted Odds Ratio
APA	American Psychological Association
CS	Child Sexual
CSA	Child Sexual Abuse
CWIG	Child Welfare Information Gateway
EST	Ecological Systems Theory
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
JSS	Junior Secondary Schools
KII	Key Informant Interview
NBS	National Bureau of Statistics
NCTSN	National Child Traumatic Stress Network
NGO	Non-Governmental Organisation(s)
NPC	National Population Commission
NSPCC	National Society for the Prevention of Cruelty to Children
OR	Odds Ratio
PTSD	Post-Traumatic Stress Disorder
SDGs	Sustainable Development Goals
STDs	Sexually Transmitted Diseases
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Education Fund
US	United States
WHO	World Health Organisations

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Child Sexual Abuse (CSA) remains a global public social challenge. It is one of the major causes of depression, Sexually Transmitted Diseases (STDs) and teenage pregnancy among early and middle adolescence (World Health Organisation, WHO, 2010). It is endemic worldwide with about 12.7 per cent of all children being sexually abused, and affecting 18 per cent of girls and 7.6 per cent of boys (Stoltenborgh, Van Ijzendoorn, Euser, and Bakermans-Kranenburg, 2011). Among the girls and boys victims, estimates further revealed that between 8% and 31% (girls) versus 3% and 17% (boys) were sexually abused before the age of 18 (Barth, Bermetz, Heim, Trelle, and Tonia, 2013; Townsend, and Rheingold, 2013). Although there is scarcity of data on the actual reported cases of CSA in Nigeria, studies have estimated that it varies between 5 per cent and 38 per cent across various parts of the country (Odu, Falana, and Olotu, 2014). For instance, in the South West Nigeria, CSA is estimated at 25.7 per cent with over 80 per cent of victims still in school (David, Ezechi, Wapmuk, Gbajabiamila, Ohihon, Hebertson, and Odeyemi, 2018). Due to the prevailing ‘culture of silence’ on issues related to CSA in African setting in general and Nigeria in particular, the true statistics of its incidences and prevalence are difficult to determine.

Despite this, according to the WHO's (2020) report, 1 in 5 women and 1 in 13 males worldwide report having experienced sexual abuse when they were between the ages of 0 and 17. In North American and Australian girls, the average prevalence rates were 20.4% (13.2% to 33.6%) and 28.8% (17.0% to 40.2%), respectively. The highest percentages are seen in the African continent, ranging from approximately 25% in Ethiopia to 47% in Uganda (Moody, Cannings-John, Hood, Kemp, and Robling, 2018). Given the nation's growing instability, the situation in Nigeria is even more worrisome (Onyishi, 2022). For

instance, according to a 2015 UNICEF report, one in four girls and one in ten boys in Nigeria suffered sexual abuse before the age of 18 (UNICEF Nigeria, 2015). In a survey conducted by Positive Action for Treatment Access, more than 31.4% of girls reported that their first sexual experience had been rape or some other form of forced sex (Kawu, 2013).

Studies conducted in Nigeria show that the majority of reported assault incidents in hospitals involve young girls as the victims. Out of 287 documented occurrences of sexual assault, 83% of the victims were under the age of 19 according to a four-year study of the cases at the Lagos State University Teaching Hospital that began in 2008 and ended in December 2012 (Akinlusi, Rabiu, Olawepo, Adewumi, Ottun and Akinola, 2014). In a one-year survey conducted between 2012 and 2013 at the Enugu State University Teaching Hospital, it was discovered that 70% of sexual assault victims were under the age of 18. The majority of the victims in the Enugu survey knew their perpetrators, and the assault took place inside incomplete buildings that were also the dwelling of either the victim or the perpetrator (Ohayi, Ezugwu, Chigbu, Arinze-Onyia, and Iyoke, 2015).

Thus, studies have associated the low reported cases of its prevalence with non-disclosure among children below the age of 18 as they have attributed it to fear of further threats and/or harm from the perpetrators, feeling of shame, stigmatisation and some cultural inhibitions in their respective communities (David *et al.*, 2018). Also, evidences from the few reported cases of CSA incidences have revealed that its (CSA) incidences and prevalence cut across all socio-economic and demographic groups where the perpetrators ranged from the members of the family to neighbours or people outside the family of the victims (Turner, Vanderminden, Finkelhor, Hamby, and Shattuck, 2011). Hence, most cases of CSA remain under-reported partly due to many of the victims never come forward to report to law enforcement agents or rather delay before disclosing its incidences for lack of cogent corroborating evidences.

Specifically, studies have suggested that CSA incidences are more common among the girls than the boys, and usually occur in familiar settings where the victims live with most perpetrators being known by the victims (children) before the incidence or onset of CSA (Ng'ondi, 2015). Similarly, non-disclosure, low reportage and delay in the report of its

incidences have been identified to aid continuous perpetuation of CSA among adolescence and children under the age of 18 years (Conklin, 2012; Batool, and Abtahi, 2017).

Nonetheless, despite the increase in anecdotal reports from the media over the incidences of CSA in Ogun State in recent time among children whose ages are below 18 years and still in Junior Secondary Schools (JSS); the empirical analysis of their experiences and challenges associated with its disclosure are still limited. This could be as a result of low rate of its reportage and prosecution of perpetrators. In view of this, there is a need to provide empirical data on the experiences and challenges associated with the disclosure of CSA perpetration which has remained under-research. Against this backdrop, this present study, therefore, attempted to investigate the experiences of CSA and the challenges associated with its disclosure among Junior Secondary School (JSS) students in Ogun State for future policy interventions purposes.

1.2 Statement of the Problem

Child Sexual Abuse (CSA) has devastating consequences on the well-being of the affected children. It usually results in post-traumatic stress disorder (PTSD), depression, anti-social and suicidal behavior, alcoholism and substance abuse, sexual dysfunction, sexually transmitted diseases (STDs) and sexual re-victimization among others (Allagia, Collin-Vezina and Lateef, 2017). Despite the devastating consequences on the affected children, its disclosure by the victims has become a serious challenge partly due to fear of stigmatization and shame among other cultural inhibitions.

On the occasions where the incidences of CSA are disclosed and reported, there is usually delay at disclosure. This implies that delay disclosure or reportage of the incidences of CSA could serve as inhibitions for the identification of corroborating evidences that could be used to prosecute the perpetrators (Conklin, 2012; David *et al.*, 2018). This, however, aggravates the psychosocial and emotional state of the victims, while also making them more susceptible to other abuse such as alcoholism and suicide.

Existing studies have suggested that having the knowledge of CSA and prompt disclosure of its incidences among children/adolescence could be instrumental at reducing the

prevalence and warding off the risk of exposure to CSA (Collin-Vézina, De La Sablonnière-Griffin, Palmer, and Milne, 2015; Nlewem, and Amodu, 2016). In spite of this, there is a dearth of empirical studies documenting the knowledge levels about CSA and disclosure rate of its incidences among JSS students in Ogun State. Investigating these become imperative for policy issues at curtailing the occurrences of CSA among children in the state.

Nonetheless, previous studies have documented the knowledge and experiences of CSA, challenges associated with its disclosure, treatment for CSA, effects, as well as coping strategies among school age children (World Health Organisation, 2010; Manyike, Chinawa, Aniwada, Udechukwu, Odutola, and Chinawa, 2015; Nlewem, and Amodu, 2016; Lemaigre, Taylor, and Gittoes, 2017; Batool, and Abtahi, 2017; Witkin, and Overholtz, 2019; Joleby, Landstrom, Lunde, and Jonsson, 2020). Take for example, Manyike *et al.* (2015) studied the knowledge of CSA among secondary schools in the South-Eastern region, and found that the knowledge rate about CSA was 34% prior to disclosure. Eke, Ofori and Tabansi (2011) explored the knowledge and the experiences of CSA among secondary school students in PortHarcourt, and discovered that while 78% understood what constituted rape, only 23% of them was aware that sexual activity with any under aged (children below 18 years) without consent constitute rape or sexual abuse. Conklin (2012), on the other hand, studied the rate of discourse of CSA, and found that there were usually delay at disclosure except by accidental detection or need for medical examinations among school age children. Newsom and Bowman (2017); and the WHO (2010) reported that many victims and survivors usually have negative experiences after the incidence of CSA which ranged from physical, social, psychological to behavioural. Witkin and Overholtz (2019) , on the other hand, examined the coping mechanisms for victims and survivors of CSA and revealed that their coping strategies ranged from rational/problem solving, emotional, avoidance to dysfunctional strategy.

Although these previous studies have highlighted the knowledge, experiences, disclosure, and coping strategies of CSA among school children/adolescence, particularly in other parts of Nigeria; sufficient attention has not been given to the empirical analysis of the knowledge, experiences, disclosure rate and coping strategies for CSA among Junior

Secondary School (JSS) students in Ogun State (Nigeria), where there have been high anecdotal reports on the media over the incidences of CSA among secondary school age children. This study attempts to bridge the gap in knowledge in order to provide an evidence-based data that would identify and respond appropriately to issues surrounding experiences and challenges of CSA among JSS students in the state. Providing empirical analysis for this category of people, however, will also be essential for the realization of Target 16.2 of the United Nations' (UN) Sustainable Development Goals on the protection of children from all forms of violence and to end all forms of violence against children agenda by 2030 (United Nations, 2015).

1.3 Research Questions

The following research questions guided this study:

1. What is the level of knowledge about child sexual abuse in Ogun State?
2. What are the experiences of child sexual abuse among Junior Secondary School students in Ogun State?
3. What is the rate of disclosure of child sexual abuse among Junior Secondary School Students in Ogun State?
4. What are the consequences of the experiences of child sexual abuse on the Victims?
5. What are the coping mechanisms by victims of child sexual abuse?

1.4 Objectives of the Study

The broad objective of the study is to examine the experiences of child sexual abuse and the rates of disclosure among Junior Secondary School in Ogun State.

The specific objectives are to;

1. Examine the level of knowledge about child sexual abuse among Ogun State Junior Secondary School Students.
2. Investigate the experiences of child sexual abuse among Ogun State Junior Secondary School Students.
3. Examine the rate of disclosure of child sexual abuse among the Junior Secondary School Students in Ogun State.

4. Examine the consequences of the experiences of child sexual abuse on the victims among Ogun State Junior Secondary School Students.
5. Investigate the coping mechanisms for child sexual abuse among Junior Secondary School Students in Ogun State.

1.5 Justification/Significance of the Study

Research evidence on CSA incidences in Nigeria is still scanty, despite the few available reports of its incidences that call for serious concern. Hence, the results from this study would add to the existing knowledge base of CSA in various dimensions. First, it will add to the knowledge base of CSA in other parts of Nigeria and crime prevention and control. Ogun State data on CSA will also add to the national outlook of CSA. Second, it will add to the theoretical and methodological knowledge base of criminology, as well as providing baseline data for researchers and academic community who may want to carry out related studies in the future.

Additionally, the children affected by the social problem are a significant segments of the society. Hence, the need to intervene in the rescue mission as the study uncovers the barriers associated with under-reporting of CSA for necessary actions will be necessitated. This further means, if the children are made to speak out based on the outcomes of this study, they will stop suffering in silence and perpetrators of abuse would be brought to book so that other children will not be at risk.

Addressing the challenges associated with underreporting or non-disclosure are fundamental to the extrication of cultural or social obstacles affecting CSA disclosure. While several studies have focused more attention on the cultural or social obstacles influencing CSA non-disclosure, an identification of strategies to overcome these obstacles among JSS students become necessary. It is, therefore, hoped that identifying these strategies will facilitate prompt disclosure of CSA incidences.

Finally, the recommendations from this present study, if implemented, is expected to serve as policy framework for school administrators, government and stakeholders to provide a

lasting solution to the menace of CSA, especially among all categories of school age students in the country.

1.6 Scope of the Study

This study focused on CSA among students in public Junior Secondary School (JSS) in Ogun State who are below the age of 18 years. The study mainly set to examine the experiences of CSA and the rates of disclosure among JSS in the state, while the specific focus of the research are to document the knowledge level about, experiences of, rate of disclosure, the consequences of the experiences of, and the coping mechanisms for CSA among the JSS students in Ogun State.

1.7 Summary of Chapters

The final report of this study is divided into five chapters. Chapter One deals with the general background to the study, statement of the problem, research questions, objectives, justification/significance of the study, scope of the study and conceptual clarifications. Chapter Two focuses on a review of the literature on the theme of discourse in relation to the specific objectives of the study, including the theoretical framework on which the study is anchored. The Chapter Three of this research presents the methodology, which will cover the details of the study area, study population, sample size, sampling technique, methods of data collection, method of data analysis and ethical considerations. While the Chapter Four of the study presents the results and discussion within the backdrop of the specific objectives; Chapter Five presents the summary of findings in accordance with the specific objectives, conclusion and recommendations.

1.8 Conceptual Clarifications

Child Sexual Abuse-: Sexual abuse according to the American Psychological Association (APA, 2019) is defined as any form of forced or deceptive sexual activities perpetrated by an adult on a victim below the age of 18 years. It can also be referred to any form of child abuse where an adult or older adolescent uses a child for sexual stimulation, which include indecent exposure (of the genitals, female nipples, etc.) or child sexual exploitation such as using a child to produce child pornography.

Child Abuse:- Child Abuse means any deliberate act perpetrated to cause serious physical (or emotional harms), sexual exploitation, or death to a child less than the age of 18 years by either the parents, caregivers or other adults.

Contact Child Sexual Abuse:- Refers to any activity that requires physical contact between the abused and the perpetrator. It involves the use of threat or coercion and may include oral and virginal penetration with body parts or objects. It also includes fondling of private part, kissing, touching, vaginal or oral penetration.

Non-Contact Child Sexual Abuse:- This refers to non-physical contact between the abused and the perpetrator. It may include erotic exchange of harmful pictures such as exposure to pornography, sexual exploitation, voyeurism, etc.

Coping Mechanism:- It is a means of adjusting to an unpleasant situation arising from any unwanted circumstances. It also means conscious and adaptable use of social, cognitive and behavioral skills to deal with adverse or traumatic circumstances resulting from CSA.

Child Sexual Abuse Disclosure:- This refers to the reportage of incidences of child sexual abuse either promptly or at the later day by the victims of CSA to the parents, guardians or those in authorities.

Child Sexual Abuse Non-Disclosure:-It is the reluctance of the victim to tell anybody about the CSA experience early or later even when ask, after the incidence occurred.

Social Support:- It means when victim seek for sympathy, moral support or understanding especially, by creating support family system.

CHAPTER TWO

LITERATURE REVIEW

This section reviewed related literature on the concept of Child Sexual Abuse (CSA), level of knowledge about CSA, experiences of CSA, rate of disclosure of CSA, reasons for non-disclosure of CSA, the consequences of CSA and coping mechanisms for CSA. While conceptual and empirical reviews were used to guide the review of related literature, the Ecological Systems Theory (EST) was also examined and used as the study's theoretical compass. In general, the purpose of a literature review was to compile information about earlier research in the field in order to identify the knowledge gaps that the current study would cover. On the other hand, the theoretical framework that the study is led by was provided by using EST as the theoretical compass.

2.1 Concept of CSA, Disclosure and Non-Disclosure of CSA

Sexual abuse according to The American Psychological Association (APA, 2019) is defined as any form of sexual activities forced or unwanted where the perpetrators used force, or threats or take advantage of the victim without seeking consent of the victim. It may also be viewed as a sort of child molestation or abuse that stunts the child's development and wellbeing. The American Psychological Association's definition of CSA has the implication that while it is conceivable for some of their children to consent to sexual behaviours in America, it is also possible that some of their children would not. Whatever the case, any forced or deceptive contact or non-contact sexual activity with a juvenile (under the age of 18) would be considered CSA for the purposes of this study. Additionally, there are instances where sexual assault is committed while the victims and the perpetrators are familiar. Other times may exist where neither party is familiar with the other. CSA has manifested itself in any way where there is coercive or dishonest behaviour between a child and an adult.

Scholars have also attempted to distinguish between spousal sexual abuse and child sexual abuse (Lemaige *et al.*, 2017; Mahoney, 2018). While spousal sexual abuse or marital rape is typically viewed as the most prevalent or recognized form of sexual abuse between people in marriages, CSA happens when the child and the person engaging in sexual activity are not married (Lemaige *et al*., 2017; Mahoney, 2018). However, compared to marital rape, there have been various reports that show that child sexual abuse is becoming more commonplace in society (WHO, 2010; Lemaige *et al.*, 2017).

Due to scholarly and legal implications, there are several definitions of child sexual abuse, Mathews and Collin-Vezina (2017) noted that there is no consensual definition of child sexual abuse. They noted that in explaining or defining child sexual abuse, different concepts have been used interchangeably "child sexual assault, child sexual victimization, child sexual exploitation, unwanted sexual experience, child rape etc. these concepts to them, have not to capture in-depth the nuance of child abuse. This assertion is equally supported by Murray, Nguyen and Cohen (2014) who equally noted that lack of a consensual definition have led to implications for policies and services to assist victims and curb child sexual abuse. These ambiguities poses questions or what is the most appropriate definition such as, are adults the only perpetrators of child sexual abuse? Can child sexual abuse occur only in the form of sexual contact? Or can child sexual abuse occur in other form such as child pornography, child or early marriage?

Rainn (2020) gave a simplified definition by defining child sexual abuse as any activities that include sexual activities with any child under the age of 18 years (18 years is seen as the age of consent) irrespective of using force or threat. This is predicated on the fact that any child cannot give consent to sexual activities. The British child rights society National Society for the Prevention of Cruelty to Children (NSPCC) defined child sexual abuse in legal terms by defining it as any "criminal and civil offences" which a minor is involved any sexual activities with an adult or a minor is exploited by an adult for sexual gratification (NSPCC, 2017). The US National Child Traumatic Stress Network (NCTSN) extended this definition to include others apart from adults by defining child sexual abuse as any interaction between a child and an adult or any other child used for the sexual gratification of the perpetrator or observer (NCTSN, 2018).

UNICEF (2010) definition of child sexual abuse is based on subjective cultural and National legal interpretation on age of consent, this is aptly captured in its definition of child abuse as any activity which involves a child under legal age as provided by national law which include sexual activities with children that may also include force, abuse of trust or influence, exploitation of a dependent or vulnerable child. This definition also identified those who falls under the age of consent, who are legally not able to give consent or are unable to resist to due to dependency or threats. Nonetheless the most apt definition is given by the WHO (1999), which defined child sexual abuse as:

> The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent or that violates the law and social taboos of the society. This is evidenced by any activity between a child and an adult or another child who by age or development is in a position of authority, the activity being intended to gratify or satisfy the needs of the other person (WHO, 1999, p. 3).

Based on these definitions, acts of child sexual abuse identified include- exploiting a child to engage in prostitution, child pornography, inducing or forcing a child to engage in unlawful sexual activities, sexual grooming and child sex tourism common in Asia among others. Nevertheless, WHO (2010) noted that one out of every child sexual abuse occur through incest or intra-family sexual abuse. Generally, there are two forms of child sexual abuse- contact and non-contact CSA (Guziak, 2020). Contact CSA refers to any activity that requires physical contact between the abused and the abuser. It involves the use of threats or coercion and may include oral, anal and vaginal penetration with body parts or objects; it also includes fondling of private parts and sexual intercourse. While, non-contact CSA may be sexual in nature but does not include physical contact between the abused and the abuser. It may include exhibition of private parts, exposure to pornography, sexual exploitation and voyeurism among others. Although the majority of CSA incidents don't include violence or threats, they might be subtle, like "accidentally" touching a child's genitalia or exposing genitalia in a way that the child is aware of.

While there are no accurate official statistics of the rate of CSA globally due the less rate of disclosure, Mathews and Collin-Vezina (2017) revealed that an estimated 150 million girls and 73 million boys have been subjected to CSA globally in the last five years. This included 1.8 million children who were exploited through pornography or prostitution and 1.5 million children who were victims of trafficking. Allagia *et al.* (2017) also revealed that Australia have the highest rate for female with 21.5% while Africa have the highest rate for male with 19.3%. Asia has the lowest rates for both gender with 11.3% for female and 4.1% for male. However, this dire statistics can be observed in developed countries with high prevalence of disclosure compared to developing countries where there are low rates of reporting and disclosure.

In fact, CSA is a global problem that affects all nations, regardless of socio-economic, educational, or geographic distinctions; approximately one in ten children experience sexual abuse before reaching adulthood (Townsend and Rheingold, 2015). According to estimates, 7.9% of adult males and 19.7% of adult females worldwide had experienced sexual abuse before becoming adults (Reitsema and Grietens, 2016; Lemaige, Taylor and Gittoes, 2017). Despite the global prevalence of CSA, one of the major obstacles to reducing its occurrences is the lack of disclosure, with only 25% of victims disclosing or reporting cases of CSA (WHO, 2014).

However, rates are higher in developing nations like sub-Saharan Africa than in developed nations and the United States, with child marriage rates in Sub-Saharan Africa and South Asia being the highest (roughly 77% in Niger and 66% in Bangladesh), which is generally viewed as a form of child sexual abuse. This is predicated on the idea that having sex with a virgin can cure HIV/AIDS, which is typically the myth that having sex with a virgin will cure HIV/AIDS, is another common risk factor for the growth in CSA. This is particularly true in some Southern African nations like Zambia and Zimbabwe (Murray *et al*., 2014). Reuters (2015) attributed the rise of child sexual abuse in the Eastern part of the Democratic Republic of Congo and North-East Nigeria to the ongoing violent conflicts in these regions. Artz, Ward, Lesochut, Kassanjee and Burton (2018) revealed that South Africa have one of the highest rate of child rape in Africa, with Hsiao, Fry, Ward, Ganz, Casey, Zheng and

Fang (2018) revealing that about 9% of rape cases were against children aged 9 and younger, while 15% were against children 12 years younger.

In the same vein, various scholars are unanimous that the perpetrators of child sexual abuse are known to the victims (Allagia *et al*, 2017; Castro, Ibanez, Mate, Esteban and Barrada, 2018; Matthews and Collins-Venza, 2017; Middleton, Sachs and Dorahy, 2017). Singh, Parsekar and Nair (2014) revealed that 90% of the victims are familiar with their abusers. They can be seen within the social environment often interacting with these children. Townsend and Rheingold (2015) argued that 30% of victims of CSA were family members, for children under 6, 50% of their abusers were family members and caregivers while for children age 12-17, 23% of the abusers were family members. An indication of this is that the younger the victim, the more likely for the perpetrators to be family members. While it is always viewed that adults are the perpetrators of CSA, recent studies have revealed that significant number of abusers are children as well especially older children (Lemaige *et al*, 2017; Townsend and Rheingold, 2015).

A 2007 study conducted in South Africa revealed that 60% of the respondents aged 10-19 do not see forced sex as violent while 11% of the boys and 4% of the girls have admitted to forcefully have sex with someone (Reuters, 2015). While there are no accurate rates of child sexual abuse in Nigeria due to dearth of data and non-disclosure, UNICEF (2015) estimated that six out of ten children had suffered from sexual abuse before age 18 while one out of every four female children and one out of every ten female children had experience sexual violence in Nigeria. A survey conducted by Kawu (2013) in Nigeria also reported that 31.4% of women between ages 21 and 25 had their first sexual encounter before age 17 and it was done via rape. According to David et al. (2018), it ranges from 5% to 38% depending on the region of Nigeria, but is often higher in the northern than the southern regions. Akin-Odanye (2018) reported a rate of 77.8% in the conflict region of North-Eastern Nigeria, while the South-Eastern region show a rate of 60% for girls under 12 years. In a survey on CSA done by Manyike *et al*. (2015) in selected secondary schools in South-East Nigeria, it was discovered that 39.3% of the respondents had experienced at least one type of CSA.

While all of these studies show varying prevalent rates, different methodologies applied in the studies may likely be the reasons for these different rates. Nevertheless, children and adolescents under 18 are less likely to provide information on CSA if the researchers conduct the studies in open locations where the respondents are less likely to express themselves (Okagua *et al*, 2020). This is affected by different cultural practices that do not see certain forms of child sexual abuse such as child marriage as CSA.

The dynamics of child sexual abuse differs from that of adult sexual abuse in various forms (NSPCC, 2017). Unlike adult sexual abuse, physical violence or force is not often used rather the abuse tries to manipulate the victims through various means such as giving gifts or money, taking the victims out for treats, etc. (APA, 2019; WHO, 2010). This according to Townsend and Rheingold (2015) is a gradual process; hence child sexual abuse may occur for a long period time through the process refers to as "grooming" (NSPCC, 2017).

There are several risk factors that may lead to vulnerability of children and prevalence in certain regions. WHO (2010) and (NSPCC, 2017) identified some risk factors most of which social, physical and psychological. These risk factors include- children in violent or armed conflict zones are susceptible, children from broken or single parent homes, children with disabilities, unaccompanied children, children in foster care, orphans or step children, poverty, children in families with history of abuse, female children (especially in Sub-Saharan Africa), poverty, children who are socially isolated, children with parents who have history of mental illness, alcohol and drugs issues, location etc. Cultural practices and beliefs such as child marriage, female genital mutilation and virgin cleansing myths are also risk factors (Okagua and Hart, 2020; Singh *et al*, 2014).

Townsend and Rheingold (2015) noted that children with single parents or living with divorced families are ten (10) times likely to be abused than children who live with both parents available in the same space. They also noted that children who live with single parents who have partners living with them are more at risk than any other category of children because they are 20 times more likely to be sexually abused than those who lived with those in marital union. Female children are 5 times more likely to be abused than male children (Singh *et al.*, 2014). As male children, age is a risk factor, the younger the child,

the more vulnerable the child is. Townsend and Rheingold (2015) noted that 86% of male victims in their study are under the age of 12. They also revealed that the age range of the most vulnerable children fall between age seven and 13, however 20% in their study are under age seven. Okagua and Hart (2020) study revealed that children who are from age 6-12 are the most vulnerable children.

Socio-economic status of parents is also a major risk factor of CSA. David *et al* (2018) also revealed that children whose parents have low socio-economic status are more at risk than other children. This is equally supported by Townsend and Rehingold (2015) who revealed that these children are three times more likely to be victims of CSA. The low economic status may push many of the children to be engaged in child labour. Mohd and Amuda (2011) also argued that children who engage in street hawking and other forms of child labour are more likely to be victims of CSA than other categories of children. They stated that seven out of ten children suffer from sexual abuse, which is implies that girls who are engaged in child labour are more likely to experience CSA than girls who do not. In a study by Mohd and Amuda (2011) and Usman's (2018) study in Kano State, Nigeria, it was shown that between seven and nine out of every 10 female minors engaged in child labour have experienced sexual abuse. These studies imply that girls who engaged in child labour are more vulnerable to CSA compare to those who do not.

While extant studies in Nigeria revealed that children in conflict ridden zones such as the North-Eastern part of Nigeria where terrorism attacks have created impunity for criminal activities (Manyike *et al*, 2015) and the North-Central where perennial herdsmen and farmers conflicts have rendered many parts ungovernable, are vulnerable to child sexual abuse (Chinawa *etal*, 2013; Okagua and Hart, 2020). Townsend and Rehingold's (2015) study on CSA in South Carolina (USA) found that children in rural areas are two times more likely to experience CSA than children in urban areas, despite the fact that no studies have documented an urban-rural discrepancy in CSA in Nigeria. They also noted that children who witness crimes being perpetuated or are victims of other crimes are more likely to be victim of sexual abuse. The mental and emotional state of the child is also a risk factor. Townsend and Rehingold (2015) revealed that abusers often look for children who are

lonely, depressed or socially isolated or children who seeks for validation from others especially adults.

Middleton *et al.* (2017) noted that abusers provide these children validation and build trust with them before committing the act and this in turn enable acts becoming continuous for both parties involved to the extent when the victims find themselves unable to extricate themselves from the vicious circle. This also affects disclosure of CSA to relevant authorities. Allagia *et al* (2017) see disclosure of CSA as a dynamic process; an interactive process that involves victims informing others especially authorities and those in the position to help about incidence and acts of child sexual abuses they face.

Despite the alarming figures showing how pervasive child abuse is globally, it is important to note that the incidence and prevalence of child abuse at the national and local levels have not been sufficiently reflected by these statistics (Middleton *et al*, 2017; Shackel, 2019). Due to low disclosure rates between 2000 and 2016, Allagia *et al*. (2017) found low rates of CSA in the US and Canada. However, they found that the official reports do not match the findings of prevalence surveys conducted at the same time. The large incidence of child sexual victimization, which Shackel (2019) refers to as "the hidden dimension of secrecy" or the non-disclosure of child sexual abuse," is the cause of these low official statistics. She suggested that CSA typically takes place in private spaces and is infrequently observed in public spaces. According to Middleton *et al*. (2017), cultural norms and societal structures, such as child or early marriage, actively support or encourage acts of CSA in public spaces. Since the abuse continues for years and is kept hidden for a very long time, the factor of secrecy or non-disclosure becomes crucial. It is also the reason why there are rarely witnesses in to CSA and in many legal cases only the victim statements backed by medical and social services reports often serve as evidences during trials.

Nonetheless, providing timely treatment, support and justice for victims requires victims reporting or disclosing incidences of child sexual abuse to relevant authorities as early as possible (Lemaigre *et al.*, 2017). Yet there is prevalence of delayed disclosure as Collin-Vezina *et al.* (2015) noted that many victims and survivors are more likely to disclose incidences of CSA in adulthood. While for many who were able to get treatment and support

was as a result of external factors who assisted these children to report early. As Allagia *et al* (2017) noted there are consequences for delayed disclosures. The more there is a delay in disclosure, the longer the victims have to live with serious psychosocial and emotional issues such as anxiety disorder, depression, addictions etc. it also makes them susceptible to other abusers and create rationale to delay disclosure.

Allagia *et al*. (2017) see disclosure of CSA as a dynamic process; an interactive process facilitated by discussion of abuse or prevention forums which provides the platform that encourage victim disclose incidences and provide information on sexual abuse. On the other hand, McElvaney, Greene and Hogan (2012) argued that disclosure occur due to a combination of internal factors and external "motivators" which all combine to create a sort of drive or what they called "pressure" that push to exposing the secret. However if this is not managed, it may eventually result into non-disclosure.

According to the description of Lanning (2002), Figure 2.1 provides a vivid description of how disclosure occurs. As seen in Figure 2.1, disclosure is a process. At one extreme, disclosure is voluntary or unprompted and the victim or survivor speaks up on their own initiative. Depending on what they can remember, they can vividly describe what they went through for other people. When the victim or survivor is unwilling to disclose all the specifics of the abuse at a later time, incomplete or partial disclosure may also occur. This might be the result of barriers put up by the victim(s), abuser(s), or social setting in which the abuse took place. Abuse may be identified at a different stage or process by being observed by other parties, such as during a medical examination or the submission of evidence that may be audio-visual or other types of proof. The lack of proof to back up the disclosure with symptoms and indicators may be the cause of some difficulties. Again, the child can be reluctant to discuss it out of concern about being threatened or stigmatized. While some social factors may have an impact on non-disclosure, other factors would undoubtedly have an impact on how the abuse was discovered. Depending on the severity of the symptoms or evidence of the abuse, the process continues if the discovery is incomplete and lasts until the offender is apprehended.

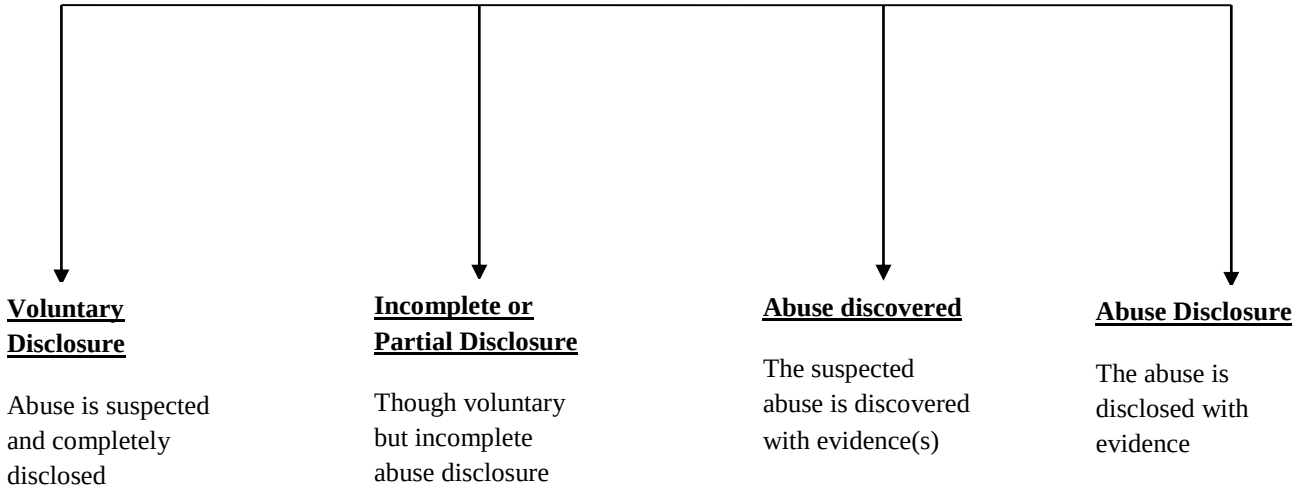

Figure 2.1: The Process of Disclosure
Source: Lanning (2002)

2.2 Knowledge about CSA among Victims or Adolescent Children

The extant studies on the knowledge about child sexual abuse among the victims are not in consensus if the victims have knowledge about the abuse they face. This is also influenced by age, availability of sex education facilities in schools, sex cultural beliefs and an interplay of these factors (Latzman, Casanueva, and Dolan, 2017; Lemiagre *et al.*, 2017). These will be discussed subsequently.

Manyike *et al* (2015) study of selected secondary schools in the South-Eastern region of Nigeria revealed a low rate of knowledge of child sexual abuse, while 39.2% of the respondents agreed they have been sexually abused; only 34% had knowledge about CSA prior to disclosure and spoken to others about what they experienced. This is consistent with the study by Manyike *et al*. (2015) in Nigeria and the study by Dzimadzi and Kooper (2007) in Malawi, which found that while 93.6% of respondents who were female adolescents enrolled in school knew about CSA, only one out of five respondents could give examples of child sexual abuse. A study conducted in Port Harcourt, Nigeria by Eke, Ofori and Tabansi (2011) revealed differentials in secondary school students' knowledge about CSA. While 78% of the respondents understand what constitute rape, only few (23%) of the respondents were aware of sexual activity with any under the age of consent constitute rape or sexual abuse.

Another study conducted by Nlewem and Amodu (2016) in Aba city, part of South-East, Nigeria indicates a high prevalence (87%) of knowledge about CSA among female adolescents of selected secondary schools in Aba. However, findings from the study also indicated 73% of the respondents were of the opinion that sexually abused children are mainly abused by people outside the family which is inconsistent in the findings of some of the studies reviewed in the previous sections (Mc-Elvaney, 2014; Collins-Vezina *et al.*, 2015; Allagia *et al.*, 2018). The study also revealed that the source of information about sexual abuse is mainly from the school, an indication of the availability of sex education in the selected schools. The study also indicated that children from monogamous families are more well-informed about CSA than children from polygamous or single parent households; an indication that family size also determines how well-informed a child may be about CSA.

A study conducted by Ngoc-Do, Nguyen, Nguyen *et al.* (2019) in selected schools in different parts of Vietnam indicated that many children of school age do not have enough knowledge about CSA. The study revealed 99% of the respondents indicated insufficient knowledge while 80% do not agree male children are victims of sexual abuse. This is consistent with high rate of non-disclosure among male victims of sexual abuse as identified by scholars (Allagia *et al*., 2015; David *et al*., 2018). This is due to the study by Ngoc-Do *et al*. (2019), which found that 75% of respondents thought that most CSA perpetrators are strangers rather than known individuals. Despite the fact that previous research has consistently shown that homes and other familial settings are the most likely places for CSA to occur (Collins-Vezina, 2015; Lemaigre et al., 2017), Ngoc-Do *et al*. (2019) added that homes, schools, and families are safer settings for CSA to have occurred. This demonstrates how little knowledge there is among Vietnamese schoolchildren regarding the CSA.

A study conducted by Hurtado, *et al* (2014) in El-Salvador revealed that high rate of knowledge about CSA from children aged 6-14 years. 90% of the children were able to correctly identify both gender private parts while 88% understand what inappropriate touching of private entails. Just about two-third of the respondents revealed they will disclose if they are sexually abused. An indication of this is that children in El-Salvador are taught sex education in their respective schools. McKibbins, Humphreys and Hamilton (2017) reveal that many adolescents who watch and share pornography (a form of child sexual abuse) see it as normal.

Insufficient knowledge about CSA according to Ngoc-Do *et al.* (2019) is due to cultural beliefs prevalent in rigid patriarchal societies where male children are taught not to express their feelings due to fear of vulnerability and stigmatization; where open discussion on sexual behavior are highly discouraged. This is also supported by Hurtado *et al.* (2014) who noted that discussions on sexuality are seen as taboo in Latin America culture, while premium is placed on virginity and chastity. Latin America societies are more likely to blame victims of CSA and limit disclosure of CSA.

In the northern part of the Nigeria, knowledge about child sexual abuse from the victims and adolescent maybe skewed and inconsistent, this due to the high prevalence of child

marriage in this part of the country (Aderinto, 2010; UNICEF, 2015). With over 22 million child brides in Nigeria (Ujam, 2019), Nigeria has the 11th highest prevalence of child marriage (39% of female children age 18) in the world (UNICEF, 2020; Ujam, 2019). While child marriage is illegal under the Child Rights Act (2003), in the North where it is predominant, child marriage is vital part of the culture especially in the rural parts of the region. Hence studies conducted in the North on the perception of child sexual abuse maybe at variance with studies conducted in the other parts of the country. While other forms of CSA may be identified, sexual activities between a child and an adult in a culturally recognized marriage will not be seen as CSA in self-report studies.

While majority of the studies reviewed under this stream of literature focused more on adolescents and children 10 and above, Hurtado *et al.* (2014) revealed that children under 8 may not be able to discern what constitute CSA and does not. This is consistent with findings in the previous sections that younger children are not likely to disclose CSA voluntarily except it is detected by eyewitnesses or accidentally due to limited knowledge about CSA. Conclusively, findings from the studies reviewed in this stream of literature indicate that sex education is vital part of knowledge about child sexual abuse. Due to cultural factors female children are likely to have more knowledge than their male counterparts.

2.3 Experiences of CSA among Victims or Adolescent Children

Many victims and survivors of CSA have negative experiences after incidence of CSA and these experiences have reverberating effects on their behaviour, social relationship with significant others, mentality and actions of the victims and survivors. This body of research review indicates complicated experiences for CSA victims that fall into four categories: physical, social, behavioral, and psychological experiences (WHO, 2010; Newsom and Bowman, 2017; MacGinley, Breckenridge and Mowill, 2018; Joleby, Landstrom, Lunde and Jonsson, 2020).

First and foremost, it is challenging to determine the physical experiences of CSA victims or survivors without disclosure, whether it be prompted, voluntarily, or as a result of accidental identification and medical examinations (Conklin, 2012). This according to

WHO (2010) is due to the fact that CSA hardly leads to physical harm. Hence there are limited studies of the physical experiences of victims or survivors of CSA. Nevertheless, Batool and Abtahi (2017) revealed that at the onset of the abuse, victims are faced with trauma, which is due to forced molestation they face. Many of the younger children especially age 0-6 who are victims of CSA would likely not be able to understand what happened to them at that time (MacGinley *et al.*, 2018). Batool and Abtahi (2017) also noted the victims experience physical pain; continuous abuse by either the same perpetrators or others, may result into blank and numb response to continuous abuse by some children. Older children tend to respond by being physically resistant at the onset of the abuse but as the abuse persist; they tend to move to a state of passive acceptance (Joleby *et al.*, 2020).

WHO (2010) identified some physical experiences of victims after abuse which affects the health of the victims, they include- inexplicable genital injuries, frequent occurrence of vaginal or penile discharge, frequent bedwetting or soiling beyond the normal age, sexually transmitted diseases, urinary tract infections, intentional blunt penetrative injuries pregnancy for females etc. there might also be swelling and bruise around the genitals. However, it should be noted that the experiences may be felt immediately after the abuse have occur. If disclosure does not occur immediately, medical examinations may not find any of these physical symptoms. WHO (2010) also noted that non-contact CSA are not likely to produce physical harm or health issues for victims, while some forms of contact CSA penetration may not produce much injuries if little force was applied while the acts were being carried out. However, those who might suffer from physical harm are younger children below the age of puberty; adolescent victims are less like to have evidence of injuries compare to younger children.

Social experiences occur due to interactions victims/survivors have with other people after incidents of CSA have occur or after disclosure or incidences are exposed (Joleby *et al*, 2020). Kennedy and Prock (2016) revealed that victims of CSA are often victimized and stigmatized by family and others in the society, they may also experience victim blaming as well. Sooner or later the victims internalize this stigma by accepting it. This is prevalent in societies with strict social norms on sex and sexuality. However, these negative experiences vary across gender and rate of familial and communal support. Joleby *et al.*

(2020) noted female victims are more likely to be stigmatized and self-blame than male victims while in societies with strict patriarchal/masculine values, female victims are likely to speak about their experiences. On the other hand, male victims are less likely to speak about their experience while at the same time, they are more likely to internalize the pains they felt while being abused. Generally due to issues of stigma and discrimination, victims are less likely to disclose or report to the appropriate agencies (Bejide, 2014; Schaeffer *et al.*, 2011).

Batool and Abtahi (2017) revealed that shame and guilt after incidence of CSA often shatter the victim's interpretation of world, this lead to a withdrawn relationship from others especially significant others. Cashmore and Shackel (2013) argued that they often resort hating others and having the perception that other hate them. This creates a sort of alienation from social relationship and interaction with others. Batool and Abtahi (2017) noted female victims may develop contempt or hatred for the abuser especially if the abuser is of the opposite sex, this may result to hatred or contempt for opposite sex. Schaeffer, Leventhal and Asnes (2011) noted that younger children who undergo through long period of grooming often tend to develop closer relationship with abusers. This may affect the relationship these children have with others within their social environment.

Batool and Abtahi (2017) also revealed that if family members are the perpetrators, victims are likely lose trust for people especially family members. There is to tendency for these victims to withdraw and envy other children for living normal lives. They also revealed that often the desire have a narrowed circle, distance themselves from loved ones and have the perception that the world are after them. WHO (2010); Schaeffer *et al.* (2011); Kennedy and Prock (2016); MacGinley *et al.* (2018) and Joleby *et al.* (2020) are unanimous that these negative social experiences if not properly controlled may result into long term negative consequences for the victims/survivors.

Batool and Abtahi (2017) argued that while experiencing incidence of abuse, behaviour exhibited by often range from shock, resistance passively or aggressively, react by being scared, silence, confusion to disassociation. However, this relates to children and adolescents aged 9-18. For younger children who did not undergo grooming, it ranges from

shock to confusion. Children who have undergo grooming often show passive acceptance and trust for the perpetrators. This will limit their propensity for disclosure. Fontes, Conceicao and Machado (2017) also revealed that older children are likely to indulge in self-harm behaviour if ignored or lack parental or significant others support. However, this more common in female victims than male female victim; they often indulge in self-harm behaviour such as suicidal tendencies, inflicting injuries oneself, carrying out risky actions. Hall and Hall (2011) argued that survivors who suffer intra-familial CS abuse are likely to experience more CSA than survivors of extra-familiar CSA. They are also likely to have their first CSA at a younger age than others.

MacGinley *et al.* (2018) revealed that victims of CSA more specifically the older ones and adolescents often experience shame at the time of the incidence or after the incidence. This according to them is a response to their perception that if this act becomes known they will be condemned by the society. Shame occurs more for victims of intrafamilial CSA in societies where incest is seen as taboo. MacGinley *et al.* (2018) identified two types of shame victims of CSA feel- mild and extreme shame. They made distinction between the two of them. Mild shame is subtle, may be mere form of embarrassment. Victims who have the feeling of mild shame often see CSA as just being trivial- a social transgression that may have happen but "disassociated form". Extreme shame on other hand is characterised by feeling of being degraded, violated or defiled. Victims with extreme shame often unworthy and they are likely to be more traumatic than mild shame and this have the likelihood of having huge negative impacts on the victims' life and development (Deyoung, 2015).

Grooming is a subtle process that may not be noticed or detected often done in secrecy. WHO (2010) provided apt description of how grooming is conducted for younger children. Abusers often take children to where they are likely not to be supervised, places such as beaches, long drive with the potential victims etc. This is done to create opportunities for the child to be away from familial people that can rescue the child. Abusers usually and deliberately study hobbies or other stuff that will garner the child's interests, and they apply these to the children. It could come inform of taking them out to buy toys or small gifts items they can appreciate. This is done to earn the trust and loyalty of the child. Sometimes

the abuser may show keen interest in how the child looks. This they do by gifting the child cloth items and jewelries, requesting them to wear these special outfit when the meet.

For intra-familial CSA, the abuser tends to favour the potential victim more than children by buying gifts, being lenient when child does wrong. All of these are done to earn the trust of the child; the victim may then be seen as the 'favourite' of the abuser who in this case is either of the parents or caregiver. The victim is then made to become emotional dependent on the abuser, while the child is made to see the relationship as special and should be kept secret. After earning the child's trust, the child is exposed to non-contact CSA in preparation for contact CSA. Some acts of Non-contact CSA have been described in previous sections- to include exposure to pornographic materials, being naked or wearing underwear in the presence of the victims etc. To reduce apprehension before contact CSA, seemingly 'innocent' behaviour which might also being as signs of affection such as piggyback, tickling, bathing the child, etc. are introduced. After all of these have been done, contact CSA such as penetration takes place; the child might to feel that such act as normal and the child is matured enough for such acts.

2.4 Disclosure Rate of CSA among Victims or Adolescent Children

Globally, there are low rates (25%) of disclosure of CSA according to WHO (2014). Townsend and Rheingold (2015) revealed low rates of reporting child sexual abuse in the developed countries in the last two decades. They argued that the declining incidences of CSA are due to declining rates of disclosures in these countries; however they are not an indicator of the prevalence of CSA. Collin-Vezina *et al.* (2015) and Lemaigre *et al.* (2017) supported this assertion by arguing that as many as 60%-70% of survivors delay disclosure till they reach adulthood. An implication of this delay in disclosure will be there will be no accurate prevalence of child sexual abuse from official reports. Therefore many victims may continue to be abused while abusers will remain unknown and free to abuse children. Nonetheless, Allagia *et al.* (2017) contended that this might not be so, as many studies tend to focus more sampling adult population rather than children. Nevertheless, Middleton *et al.* (2017) argued that one out of every three victims is likely to disclose during childhood. Sawrikar and Katz (2017) noted that as many 80% of child sexual abuse goes unreported. McElvaney, Moore, O'Relly, Turner, Walsh and Guerin (2020) revealed that rates of

disclosure in childhood are between 31% and 41% while rates of disclosure in adulthood ranges between 58% and 72%. This is an indication that victims/survivors are more likely to disclose as adults than when the incidence took place.

There is a consensus among scholars that demographic variables such as age, gender and disabilities play determining roles in rate of disclosure (Collin-Vezina *et al.*, 2015; Allagia *et al.*, 2017; Lemaigre *et al.*, 2017). Lemaigre *et al.* (2017) suggested that younger children are less likely to disclose than older children; however they are more likely to disclose to adults while adolescents and older children disclose to their friends. This assertion is supported by Allagia *et al.* (2017) who revealed that rates of disclosure increases with age. McElvaney *et al.* (2012) also argued that older children are more likely to disclose after first time of being abused than younger children. Allagia *et al.*, (2017) noted that survivors are more likely to disclose at adulthood rather than as children, while for younger children detection by external parties rather than purposeful disclosure are often the norm. This is equally supported by Collins-Vezina *et al.* (2015) who revealed that about two-third of disclosures for younger children are through accidental or eyewitness detection. McElvaney *et al.* (2020) also revealed that younger children are more likely to disclose on impulse while older children and adolescents are likely to disclose purposefully. McElvaney *et al.* (2014) equally noted that younger children who disclose are likely to do that when interviewed or any situation where questions about sexual abuse are asked.

However, there have been inconsistencies in the association between age and CSA disclosure. Lahtinen, Laitila, Korkman, and Ellonen's (2018) study in Finland shows that there is a meaningful relationship between the age of the victim and disclosure rate, in contrast to Swingle, Tursich, Cleveland *et al.* (2016) study on disclosure of CSA in the United States, which found no pattern between age and disclosure. The findings show that while most children (80%) had reported someone, generally a friend (48%), they had also informed adults (26%) and even someone in authority (12%). The findings showed that both the age of the perpetrators and the age of the victim at the time of abuse were associated with disclosure, with those who were younger at the time of the incidence being more likely to disclose than those who were older. The reasons given for non-disclosure included their

ability to not consider their experiences of CSA as serious enough for reporting (41%), not to be self-label (50%) and lack of courage to disclose it (14%).

Furthermore, until recent studies in the last one decade, most researches have tended to focus on female children sexual abuse, hence leading samples on male children underrepresented. This according to Lemaigre *et al.* (2017) may be due to the bias perception prevailing in feminist studies that women are the victims while men are the abusers. Allagia *et al.* (2015) noted that while female are more at risk than male children, the ratio of female to men are not a representative of rate of disclosure for both genders. However studies which focus on both genders have indicated that female victims are more likely to disclose than male children who tend to delay disclosure (Allagia *et al.*, 2017; McElvaney *et al.*, 2014; Collins-Vezina *et al.*, 2015). Lemaigre *et al.* (2017) revealed that children with disability or special needs are not only more vulnerable, they are also less likely to disclose or delay disclosure compared to other children. However extant studies on disability being a determinant of the rate disclosure are inadequate and it remains under-researched.

There is also a significant gap on disclosure of child sexual abuse in studies conducted in Nigeria. However, in study conducted by in Southwest Nigeria, David *et al.* (2018) revealed a low rate of disclosure (34%) for victims of child sexual abuse among the study's respondents. The study also revealed that victims are less likely to disclose at first incidence of CSA, if it occurs once or there are incidence of contact CSA. Generally extant studies in Nigeria do not indicate age, gender and other factors that may increase or decrease rate of disclosure.

2.4.1 Reasons for Disclosure and Non-Disclosure of CSA

According to Townsend and Rheingold (2015), one of the reasons for the prevalence of CSA is the low rate of reporting and disclosure. Various studies have identified factors that may affect disclosure and non-disclosure of CSA. Allagia *et al.* (2017) and Lemaigre *et al.* (2017) revealed that there is the likelihood for increase in the rate of disclosure if the abusers do not live the victims, however the perpetrators lives with abuser or is a family member, it

is likely the victims will not speak out or disclose. Lemaigre *et al.* (2017) noted further that victims are likely to disclose if incidence of CSA takes place outside the family.

Sawrikar and Katz (2017) argued that emotional factors such as guilt, embarrassment, fear of not being believed may not allow victims to disclose. In supporting this assertion, Lemaigre *et al.* (2017) noted that one of the reasons for the low rates of disclosure among male victim are due to fear and shame which may result to secrecy as many of the male victims indulge in self-blame. Allagia *et al.* (2017) further asserted that fear of negative consequences on self and the family such as family disruption may limit some from reporting CSA. McElvaney *et al.* (2014) also supported this assertion by arguing that family dynamics such as the relationship between the abuser and the child may be barriers to disclosure. Munzer, Fergert, Ganser, Loos, Witt and Goldbeck (2016) noted that the love the victim has for the abuser and the need to protect abuser may lessen the likelihood of disclosure. This usually occurs if the abuser is one of the parents of the victim. Lemaigre *et al.* (2017) also argued that anticipation of negative social reaction may prevent victim from disclosure.

Societal norms and family values may also serve as barriers for underreporting CSA. Allagia *et al.* (2017) noted that families with rigidly fixed gender roles where domestic violence is the norm, rigid discipline, lack of communication flow and children are socially isolated; victims who are members of these families are less likely to disclose CSA. Likewise McElvaney *et al.* (2014) revealed that parental sanctions, losing family support, fearing of dishonoring the family or being killed may limit disclosure. Perhaps this may be the reason why victims whose family members are the perpetrators are less likely to disclose than when the perpetrators are outside the family. Victim's especially male children who live in societies with strong patriarchal structure and hyper masculinity are less likely to disclose (Allagia *et al.*, 2017; Sawrikar and Katz, 2017). Societies with values that reflects objectification and sexualisation of women and girls may hinder female victims from disclosing (Allagia *et al.*, 2017). Sawrikar and Katz (2017) also noted that lack of support from parents or communities may limit disclosure. Likewise societal norms such that reflect emotional suppression may lead to non-disclosure. They also argued that for women in

patriarchal societies or societies with rigid and fatalistic religious beliefs, fear of being blamed for CSA and subsequently social exclusion may result into non-disclosure.

In the same vein, Collins-Vezina *et al.* (2015) noted prevalence of stigmatization, sexual rigidity; negative labeling of abused victims and social exclusion in the society may discourage disclosure. Sawrikar and Katz (2017) supported this by arguing further children who grew up in environment where discussion on sexual activities are discouraged or there are strict taboos on sexual behavior are less likely to disclose incidences of CSA. Allagia *et al.* (2017) also argued that environmental factors such lack of supportive community members, family or community lacking trainings on perceiving or understanding sensitive issues may hinder disclosure. David *et al* (2018) argued that when victim perceive or anticipate that people will not believe their stories or who grows up in societies where children are discourage from being expressive may not disclose incidence of CSA. This is what Sawrikar and Katz (2017) refers to as "lower social power of children". It is a common phenomenon in Nigeria and it is perhaps why there is a low rate of disclosure in Nigeria. Sawrikar and Katz (2017) also noted argued that adherence to religious beliefs that encourage silence, tolerance and perseverance may also hinder disclosure.

David *et al.* (2018) noted that one of the reasons for non-disclosure in Nigeria is the ambiguities in the legal process to deal with CSA and lack of strict legislations at the federal and state levels to deal with CSA. Despite the passing of the child rights Act in 2003, only 19 out of 36 states have domesticated the Act. Only few states have specific legislations that deal with sexual abuses in Nigeria. Nonetheless, the recent spike in CSA due to the coronavirus and measure taken by government to reduce the spread of the virus has led to the different states establishing specialized domestic violence and sexual offence response and investigating teams to deal with the rising spate of sexual abuse. In the same some states such as Ekiti and Kano states have passed into laws strict legislations that deals with offenders.

Nevertheless, despite the high rates of non-disclosure, there are also factors that facilitate disclosure. These factors are subsumed under family and community, internal and circumstantial, environmental, age, gender and legal-governance procedures (Allagia *et al.*,

2017; David *et al*, 2018; Lemaigre *et al*, 2017; Munzer *et al.*, 2016; Sawrikar and Katz, 2017). While age and gender factors have been extensive discussed earlier under the rate of disclosure, other factors will be extensively reviewed subsequently.

Lemaigre *et al.* (2017) argued families that ensure open communication and provides emotional support to children would facilitates disclosure for children. In the same vein, communities where there are people with listening ears or members who are able to observe the signs of CSA would encourage disclosure, do not judge the victims. Families and communities that provide opportunities for children to express themselves or given opportunities to talk will facilitates disclosure and encourage positive responses from the victims. Allagia *et al.* (2017) also noted the nature of CSA victims face can also facilitates disclosure. For instance, extra-familial CSA can encourage victims and family members to disclose while intra familial CSA may lead to no or delayed disclosure.

Internal factors that facilitate disclosure identified by Allagia *et al.* (2017) and Collins-Vezina *et al.* (2015) includes- victims reaching adulthood and realizing that what they face during childhood is a crime, this frees them from the shackles of not speaking, increasing rate of CSA for the victims which makes the it unbearable for the victims to cope with. Circumstantial factors identified include- the availability of evidence and eyewitnesses or when a report was made, this will encourage the child to speak out.

Environmental factors identified by Allagia *et al.* (2017) and Lemaigre *et al.* (2017) including providing interview and counseling sessions, educational programmes that encourage children to disclose. These include educational forums and workshops on sexual abuse, informative activities that provide educational information for victims, families and communities to facilitate disclosure. There is the need to promote supportive environment that will encourage victims and survivors to speak out.

David *et al.* (2018) noted that societal with strict laws and articulated legal procedures on child sexual abuse will encourage early disclosure by children and parents of victims. There is also the need to remove stigma and discrimination associated with disclosure. Mc-Elvaney *et al.* (2020) noted anger may serve as a driving force for disclosure for adolescents. While younger children involvement in educational programmes especially sex-related

programmes may motivate them to disclose. This equally supported by empirical study conducted by Hurtado, Katz, Ciro, Guttfreund and Nosike (2014) which revealed that involvement in educational programmes provide opportunities for younger children to learn CSA and preventive methods.

2.5 Consequences/Effects of the Experiences of CSA among Victims

Child sexual abuse is traumatic for victims and survivors. According to Fontes *et al.* (2017), child sexual abuse has short and long term effects on not just the victims but also on the society. For the society it has negative impacts on the costs of criminal and legal proceedings as well as increase in costs of medical care for the victims. Victims and survivors of CSA are risks of developing various different disorders with implications on their physical health, social, mental/emotional and physical wellbeing (Batool and Abtahi, 2017; McKibbin *et al.*, 2017; Herbert, Langevin and Oussiad, 2018). Extant studies reviewed under this section have indicated some dimensions of the consequences of child sexual abuse on the victims/survivors. They are- physical, psychological, behavioural, social and academic, these will be discussed subsequently.

Hall and Hall (2011) argued that victims and survivors of CSA suffered from eating disorders and this may make them feel they have body issues. After incidences of CSA any of the victims/survivors have the perception or feeling of being ugly or dirty. This discontent with their physical appearance may result eating disorders especially anorexia, binge eating and bulimia. Other somatic issues identified include gastro-intestinal issues such as irregular bowel movements caused incidence of penetrative CSA, this affects younger children, chronic abdominal pain, non-ulcer dyspepsia and having difficulty swallowing (Irish, Kobayashi, Delahanty, 2010; WHO, 2010). WHO (2010) also identified some gynecological issues such as irregular menstrual issues, chronic pelvic pain, irregular menstrual cramps. According to Child Welfare Information Gateway (2018), children who suffered from CSA tend to suffer from regular headaches caused by the trauma. Irish *et al*. (2010) also revealed that cardiopulmonary health issues are common among victims/survivors of CSA, such as high blood pressure occasioned by memories triggers.

Irish *et al.* (2010) also noted that patients who have experienced child sexual abuse are 1.7 times likely to suffer from gastrointestinal disorders than those who have not experienced it. They also revealed that 53% of patients suffering from non-organic gastrointestinal disorders have experienced CSA. In the same vein, Leeb, Lewis and Zolotor (2011) and Olasfon (2011) revealed that there is a 10% prevalence of HIV and STDS, teenage pregnancy and motherhood for victims/survivors of CSA. They also revealed a 9.1% prevalence rate of injuries and permanent scars for victims of CSA. Townsend and Rheingold (2015) also revealed that male survivors of CSA have two times HIV infection rate than males with no history of CSA. They equally noted that female victims/survivors of CSA are twice likely to have teenage pregnancy than those with no history of CSA.

Hailes, Yu, Danese and Fazel (2019) noted CSA is a risk factor of obesity. This is due to traumatic experiences of the victims/survivors which will lead to eating disorders as a means of coping with trauma. Townsend and Rheingold (2015) revealed that young women who are victims of CSA are four times likely to have eating disorder than those with no history of CSA. While women with history of CSA are two times likely to suffer from obesity than those with no history of CSA. Irish *et al.* (2010) revealed that women with history of CSA report more issues of chronic pelvic pain than women with no history of CSA. In the same vein, victims/survivors of CSA are at greater risk of musculoskeletal pain such as headaches, back aches, joint pain and muscle pain in comparison with those with no history of CSA. They are likely to suffer more from irregular heartbeat, shortness of breath, chest pain and ischemic heart disease than those with no history of CSA.

Cashmore and Shackel (2013) also revealed that victims/survivors of CSA are likely to get sick more and go for surgery more. Townsend and Rheingold (2015) also revealed the enormous burden CSA places on healthcare cost. They revealed that CSA place a lifetime healthcare cost of $210,012 on a victim. There are also unintended health consequences such as aborted pregnancies and death. Likewise due to interplay between health related consequences and other biopsychosocial consequences, studies have revealed increasing relationship between CSA and stress (Fontes *et al.,* 2017). Neurological issues such as onset of disability, stunted brain development in younger children have also been identified

(Cashmore and Shackel, 2013). These neurological disorders have led psychological and behavioural consequences.

WHO (2010) identified some psychological consequences of child sexual abuse, they include-depression, increasing substance abuse, post-traumatic stress disorder (PTSD) which include avoidance, insomnia, hyper-arousal, etc. anxiety, low self-esteem. There might also be behavioural issues such as loss of social competence, inappropriate sexual behaviour, increased aggressiveness, suicidal behaviour, avoidance, re-experiencing etc. The stream of this review will be divided to mental and behavioural issues.

Cashmore and Shackel (2013) revealed that one of the risk factors of depression in children and young adults is incidence of child sexual abuse. Thus, victims/survivors of CSA are likely to suffer from depressive symptoms than children with no history of CSA. They also revealed that the contact CSA can also be seen as a major risk for increasing psychotic and schizophrenic disorders among children and adolescents. Townsend and Rheingold (2015 revealed that female survivors are twice more likely to suffer from depressive symptoms than female with no history of CSA. Townsend (2013) noted that tend to have feelings of low self-worth and often blame themselves, this makes them vulnerable to more manipulation by abusers. Hall and Hall (2011) revealed that victims/survivors often suffer from tensions; anxiety attacks and phobia even for years after the CSA have ended. Some survivors often have feelings of confusion, disorientation, nightmares and difficulty expressing themselves. Some even suffer from childhood amnesia by repressing memories which remind them of their past experiences of CSA (Cashmore and Shackel, 2013).

Fontes *et al.* (2017) revealed that CSA is a major risk factor for increasing prevalence of substance abuse among adolescents. They noted that abused adolescents are more prone to used illegal drugs or alcohol and they are more likely to have friends who do the same. They also revealed that victims of CSA suffer from alienation, loneliness and insomnia, however female victims have more prevalence of loneliness and insomnia than males. Being alone is a means of coping with shame and embarrassment they felt after incidence of CSA. Bejide (2014) also noted that alienation and loneliness is a mechanism used to 'internalised' the feeling of stigma and guilt the victims felt after incidences of CSA. Townsend and

Rheingold (2015) also reveal high rates of suicidal tendencies than others. They revealed that survivors of CSA are twice more likely to report suicidal attempts than others. There is also a high prevalence of suicidal attempts in male survivors than female survivors. Bejide (2014) noted that male survivors are twice likely to report suicidal tendencies. Townsend and Rheingold (2015) also noted that 70% of male survivors reported for attempted suicide and suicidal thoughts.

Fontes *et al.* (2017) noted that the inappropriate behaviour carried by victims/survivors of CSA is an indication of their mental state and a reaction to the social relationship/interaction they share with significant others in the society. Generally this stream of literature review revealed two distinct but interrelated forms of behaviour as a consequence of CSA; overtly sexualized behaviour and general behaviour (Townsend, 2013; Cashmore and Shackel, 2013; Townsend and Rheingold, 2015; Fontes *et al*, 2017; McKibbin *et al*, 2018). These will be discussed subsequently.

O'Leary, Easton and Gould (2015) noted that victims/survivors especially male are generally aggressive and more likely to resolve violence when attacked or abused or when they are stigmatized than those with no history of CSA. This they argued is due to perception that they suffered from "compromised masculinity" as kids, hence they are wont to use overt aggression or violence to show their masculinity; in their words-"needing to prove that I am a man". This is supported by Townsend and Rheingold (2015) who asserted that aggression and non-compliance are common among victims/survivors of CSA than others. O'Leary *et al.* (2015) also argued that they tend to be involved in risky behaviour and self-harm, often defiant to established rules. Fontes *et al.* (2017) also linked loneliness, withdrawal and lack of interpersonal interaction with increasing aggressive and violent behaviour. They also argued that this may be caused by low self-esteem and bullying many victims of CSA face. McKibbin *et al.* (2018) revealed that younger victims are likely to experience regressive behaviour or stunted mental-emotional development as adult due the "loss" of cherished childhood experience.

Townsend and Rheingold (2015) and Fontes *et al.* (2017) also argued that tend to be more involved in delinquent acts and crimes than those with no history of CSA. Townsend and

Rheingold (2015) further noted that adolescents with history of CSA are three to five times likely to be involved in delinquency, they are 4 times likely to be arrested than non-abused adolescents and they are nearly twice likely to be run away from home if they are victims of intra-familial CSA. They noted that the challenges they face in adjusting to the new found experiences of CSA may be responsible for emotional and behavioural difficulties they face, hence they resort anti-social behaviour as a means of coping with their experiences of CSA. This also pushed them to illicit drug and alcohol abuse. In the same vein, survivors of CSA are two likely to be involved in property-related crime and they are almost twice likely to be arrested for committing violence crimes than the general population. An understated behavioural consequence of CSA is people with history of CSA are four times likely to be perpetrators of CSA than those with no history of CSA (Townsend and Rheingold, 2015; McKibbin *et al.*, 2018) this according to Townsend and Rheingold (2015) is as a result of the fact that many victims/survivors of CSA live a severely impaired life. These abusers who were once CSA victims are implicitly continuing the cycle created by their abusers who are likely victims of CSA as well (Bejide, 2014).

Townsend and Rheingold (2015) revealed that male victims/survivors of CSA are likely to impregnate a teen than those with no history of CSA. They also noted that victims/survivors are four times likely to be promiscuous than others with CSA incidence. However, Labadie *et al.* (2018) noted that victims/survivors of CSA are likely not follow appropriate sexual behaviour, instead they are two ends of the "spectrum". In other words, they are likely to be promiscuous or they are likely to be sexually frigid or avoid sex. Sexual frigidity according to them is caused by emotional needs repression which is itself a consequence of CSA and coping mechanism for victims of CSA. Therefore due to the loss of attachment or feelings, victims of CSA especially may become sexually frigid or "avoidant". However, they also noted that due to the need for trust and intimacy lost during childhood due to CSA and the need for reassurance, some victims/survivors may become sexually compulsive or overly sexually active.

Nonetheless, they reveal that male victims/survivors are more likely to show overly sexual behaviour while female victims/survivors are more likely to show sexual avoidance. Hall and Hall (2011) revealed some sexual related issues; victims/survivors are likely to face

which may affect their sexual functioning. They include- experiencing disgust or anger when touched by intimate partners, having issues with arousal, feeling emotionally distant for women, erectile dysfunction, low sexual desire, and premature ejaculation for men (Bejide, 2014). They may have difficulty entering into and keeping intimate relationship. While both gender are likely to experience frequently disturbing or "fetish" sexual thoughts. Still yet, there is still a significant gap in literature on the sexual behaviour of victims/survivors of CSA, other studies on the consequences of CSA have refuted or supported the assertion made by Labadie *et al* (2018). Nonetheless, Fontes *et al.* (2017) also noticed the phenomenon in their study. Castro *et al.* (2018) and Labadie *et al.* (2018) revealed a huge prevalence of sexual re-victimitisation among adolescents and youths with history of CSA. Castro *et al.* (2018) female victims/survivors of CSA are 3 to 5 times likely to suffer from sexual assault those with no history of CSA. They revealed that minors and adolescents with history of CSA are less likely to be less assertive in refusing sexual advances.

CSA often result into loss of interest in social interaction/relationship for people with history of CSA. Saha, Chung and Thomas (2011) revealed that victims of CSA are likely to have feeling disconnecting with larger society by applying avoidance coping strategies and huge distrust/suspicion of people around them. Middleton *et al.* (2017) also noted that they are likely to have disruption with their peers; they are less likely to move/interact with before CSA occur. For victims of intra-familial CSA, Peterson (2013) argued that CSA may affect negatively the relationship the victims/survivors share with non-offending parents and family members. MacGinley (2018) noted that men have difficulties with their sexual identity and orientation, and likely to avoid intimate relationship. This is equally supported by Bejide (2014) who linked the rise of homosexuality in Nigeria with CSA as she argued that it occur due to male victims questioning their sexuality. According to MacGinley (2018), social consequences of CSA are caused by internalizing shame which then shapes how they interact or relate with others within the socio-cultural sphere.

CSA have significant impacts on the academic performance of victims/survivors as well. While Fontes *et al.* (2017) did not link rate of school dropout with CSA, they revealed that victims and survivors of CSA are likely to have a drop in their academic performance due

to the emotional and behavioural issues they face. On the other hand, Townsend and Rheingold (2015) noted that increasing rate of school dropout among adolescents could be linked to CSA among other factors. There is also an increasing need of special education services among victims/survivors of CSA; they are also likely to have difficulty adjust back to school. In their study, they also noted that 39% of females age 7-12 with history of CSA have academic problems, they are likely to show below average cognitive abilities while 72% of the of these girls had significant drop in their grades after incidence of CSA. Townsend and Rheingold (2015) also revealed that children with history of CSA are likely to perform poorly in psychometric tests than their counterparts with no history of CSA.

2.6 Coping Mechanisms for CSA among Victims or Adolescent Children

Child abuse is a traumatic event for victim and survivors. Therefore, coping is an important element in understanding and ensuring the rehabilitation of return to normal functioning of victims/survivors of child sexual abuse (Walsh, Fortier and DiLio, 2010). Coping provides the victims and survivors resilience to deal with the consequences of CSA and minimize its effects on them. It also play great as mediator in the relationship between victims and significant others around (Fortier, DiLillio, Messman-Moore and DeNardi, 2009; Witkin and Overholtz 2019). Amiot (2019) noted that coping with CSA emerges from the feelings the abused have towards CSA rather from the abuse itself. Hence, it also serves as a means of adjusting to the unpleasant situation arising as a result of the being sexually abused (Clearly, 2016). It implies conscious and adaptable use of social, cognitive and behavioural skills to deal with adverse or traumatic conditions caused by CSA (Sherrod, 2018). Extant studies revealed four dimensions of coping strategies adopted that by victims/survivors of CSA, they include - rational/problem solving strategy, emotional coping strategy avoidance coping strategy and dysfunctional strategy (Walsh *et al.*, 2010; Clearly, 2016; Aljnazra, 2016; Romeo, Otgaar and Landstrom, 2018; Sherrod, 2018; Witkin and Overholtz, 2019).

Rational or problem-focused coping strategy is also called detached coping. In this approach, individual is mentally or emotionally ‘detached’ from the problem so as to be able to deal with rationally while at the same time reduce the probable effects of emotion (Walsh *et al.*, 2010). It involves direct active actions to lessen demands and improve abilities to manage demands. It also involves actively dealing with the source of the negative

conditions by altering it. Carver, Scheier, and Weintraub (1989) identified five forms of rational or problem solving coping strategy. They are will be explained subsequently.

1. **Active coping**: This entails taking positive actions to either reduce or eliminate the source of the problem. It could come inform of seeking or going for treatments and therapies. Sherrod (2018) noted a high prevalence of active coping (87%). However this high prevalence is related to those who disclose either voluntary or being prompted. Walsh *et al.* (2010) also revealed that those who disclose early or during childhood are likely to use active coping as means of dealing with CSA.
2. **Planning**: This involves making series of planed strategy to cope with the negative conditions. It can be seen as a form of secondary appraisal rather actually coping. Extant literature did not reveal the prevalence of this method.
3. **Suppression**: This entails the individual involving in other activities which might be distractions to deal with the situation. This is equally common for victims and survivors who disclose. Amiot (2019) noted that male victims accept and adapt to these negative conditions by involving in other activities such as art, meditation, etc. as a means of escape or suppressing the negative conditions
4. **Restraint coping**: The individual restraint by waiting until there is a chance to act. In this case, the victim/survivor instead of disclosing to other restraint from doing so until a given opportunity to act is provided. This form of coping is common among victims of intra-familial CSA and others who have disclosed to those around them but felt ignored or those they disclosed to refuse to believe them (Fortier *et al*, 2009).
5. **Seeking social support**: This entails the individual seek the support of others for advice, information or assistance. This is the most common form of coping mechanism used by victims of CSA. Amiot (2019) noted low prevalence of social support among male victims of CSA and high prevalence among female victims, argued male victims may be affected by self-perception of "masculinity' as dictated by the social-cultural factors. This may limit male victims from seeking social support to help cope with CSA. Okech, Hansen, Howard, Anarfi and Burns (2018) social support is a vital element for reintegration of victims into the society. The more social support available for them, the more they are able to reintegrate back

into the society. Nevertheless seeking social support may not be effective due to the fact that significant others prone to be judgmental worsening the fragile conditions instead of provide succor for the victims. This may be attributed to lack of understanding for the precarious consequences of CSA by significant others within the social environment of the victims.

Emotional coping strategy deals with emotional issues that may occur due to the negative situation. It also involves reacting or coping with the situation with the aid of cognitive or emotional reaction. It can either hinder resolution or elimination of the crises or situation by either giving it a new label or new interpretation. Carver *et al.* (1989) identified four forms of emotional coping, they include:-

i) ***Seeking social support for emotional reasons***: this may come in form of seeking for sympathy, moral support or understanding especially by creating support family system. Okech *et al.* (2018) noted a high prevalence of this form of support system among the female victims. Romeo *et al.* (2018) also revealed that one of the factors responsible for of disclosure among children and adolescents is due to the moral support they got from family members. However this is predicated on the form of CSA they are victims of. Intra-familial CSA are less likely to be given this kind of support. Instead the family will do everything possible to discourage disclosure. Out of options they child will adopt less effective means of cope with CSA. Clearly (2016) asserted that seeking social support plays vital roles in survivors of CSA having access to positive coping patterns. Amiot (2019) noted that joining support groups help provide moral and emotional support for the abused

ii) ***Positive reinterpretation***: this entails the individual viewing the situation from a positive view. However this is less likely with the negative impacts of CSA, its victims are less likely to use positive re-interpretation as a means of coping with the abuse. InsteadBatool and Abtahi (2017) noted they are more likely to use negative or ineffective coping mechanisms. Nonetheless, Amiot (2019) asserted that there are some victims who refused being labeled as ‘victims’, these people have the perception that CSA does not have influence or negative consequences in the life. This is common among victims who were abused as adolescents irrespective of the

gender. She argued further that they perceived CSA during this period as a part of the normal sexual development in adolescent phase; hence there are no negative experiences. Sherrod (2018) refers to this coping method as "constructing benefits"- a situation where the victims accept the trauma caused by the abuse and they take positive actions to improve the conditions.

iii) ***Denial and Repression***: this is situation whereby the individual denies the 'reality' or block memories of the negative conditions of childhood sexual abuse they face (Harris, Block, Ogle *et al.*, 2015) noted that many adults who were victims of CSA often adopt this strategy by repressing memories about their negative experiences of CSA as children. Aljnazra (2016) revealed that denial coping strategy leads to more psychological distress for victims of CSA. In the same vein, the repressed memories may be resuscitated by experiencing or observing incidence of CSA/SA leading more emotional and mental consequences for the survivors (Townsend and Rheingold, 2015; Middleton *et al.*, 2017). Sherrod (2018) refers to this as minimization- where the victims minimize the abusive experiences to the barest minimal level. she noted that denial and repression are more common among younger children than adolescents

iv) ***Acceptance***: this is a situation whereby the individual accept the reality and endeavor to accommodate or adapt the conditions. Walsh *et al.* (2010) revealed that survivors of CSA who use this method less likely to experience long term negative impacts of CSA. They are also more likely to be reintegrated back into the society.

Avoidance/disassociation coping strategy refers to situation whereby the individual avoid dealing with the negative conditions or physically/socially distancing oneself from the environment where CSA incidence took place (Harris *et al.*, 2015). It could also refers to a situation where the victim/survivor disconnect themselves "mentally and emotionally" from the negative conditions in this case, the abuse they face (Witkin and Overholtz, 2019). Walsh *et al.* (2010) noted that while avoidance and disassociation make work short term, as it reduces level of emotional distress victims face as a result of the trauma. However in the long run, there might be increased distress for those who adopt this method. However Amiot (2019) in her study revealed that male victims are use disassociation strategy or escape in a positive way to rebuild themselves

Another coping strategy identified by Carver *et al.* (1989) and Carver (1997) is dysfunctional coping strategy. A form of coping that does help the individual in a positive way in short term but when used for long term may result into more negative consequences of CSA for the victims. Several forms of dysfunctional coping were identified in this stream of literature review will be discussed subsequently.

a) ***Venting***: This entails the individual aggressively expressing his emotions as a reaction against the negative conditions. In this case, the victim uses aggression as a means of coping with CSA. O'Leary *et al.* (2015) noticed a high prevalence of venting or aggression among males than female. Witkin and Overholtz (2019) revealed that venting is a short term means of coping with CSA effectively but in the long run, connotes negative consequences for the victim. Batool and Abtahi (2017) argued that venting is common among older children and adolescents than younger children. Townsend and Rheingold (2015) revealed that venting or aggressive actions always used when victims/survivors are misunderstood by significant others with their social environment. Amiot (2019) also noted that as a means of coping with the trauma of CSA and their inability to disclose due to socio-cultural factors, men often resort venting and aggression as well as behaviour that are seen as excessively masculine (destructive tendencies). This is perhaps one of the reasons why there is a high rate of abused male involvement in violent crimes as identified by Townsend and Rheingold (2015).

b) ***Behavioural disengagement:*** this connotes a sense of helplessness from the victim. An indication that the individual has given up. Behaviour and actions that reflect this include non-resistance towards the abuser, supporting and defending the abuser, self-neglect which eventually leads to depression (Olsen, 2017). Behavioural disengagement often leads to unwanted behaviour. Amiot (2019) also revealed that females are more likely to use this coping strategy than men.

c) ***Mental disengagement:*** This entails several attempts by the individual to distract himself from the negative situation by indulging in drugs or alcohol, sleeping or daydreaming (Sherrod, 2018). Townsend and Rheingold (2015) and Fontes *et al.* (2017) revealed a high prevalence of substance abuse among victims/survivors of CSA as a succor for the abuse they face. Amiot (2019) noted high prevalence among

male victims. Male victims/survivors often indulge in substance abuse as a means of coping with the trauma. She noted further substance abuse may be a means of coping with separation between the abuser and the abused. This occur when there is strong bond between abuser and abused as a result of intense grooming or when CSA have been occurring for a long time between both parties without disclosure on the part of the abused or the abuser breaking up the relationship abruptly. This can push the victims into substance abuse as a means of coping with the loss of 'strong bond' or end of the relationship. In the same vein, Amiot (2019) noted that substance abuse as a coping method is adopted at the onset of the abuse or toward the end of the abuse.

Witkin and Overholtz (2019) revealed that silence or non-disclosure can be used as a coping strategy and can be as a result of being forced not to speak out. It could also be a means used to avoid further harm from the abusers and within the social environment of the victims/survivors especially when the abused lacks social support from the social environment. Amiot (2019) also revealed that silence is a tool used by male victims to protect themselves especially when the perpetrator is family member. In the same vein, lack of social awareness and socio-cultural constraints limit male victims from speaking out. However, silence leads to internalizing negative feelings which will result to self-destructive behaviour and depression for the victims. Witkin and Overholtz (2019) also argued that female victims/survivors also used silence as a coping strategy. When they are not allowed to expressed themselves, abused females often resort to silence and this also leads to destructive and self-harm behaviour and implication of negative feelings as well.

Amiot (2019) also see risky sexual behaviour as coping strategy. She noted different reasons for its usage as a coping strategy some which include low self-esteem among victims of CSA, especially among females. For the male victims, it serves as a means of regaining lost masculinity occasioned by CSA. In the same vein, the inability to maintain emotional attachment among victims of CSA paves way for risky sexual behavior.

A lesser known coping mechanism not extensively discussed in literature is Spiritual form of coping; this was identified by Gall, Basque, Damasceno-Scott and Vardy (2007). It refers

to a situation whereby the individual turn religion or spirituality as a means of coping with the negative conditions caused by CSA. Gall *et al.* (2007) argued that victims of CSA who resort to spirituality as a means of coping with the abuse they face perceive spirituality as means of social support and acts as protection against depression interpersonal difficulties and indignity they may face. According to them, spirituality or connection to God provides the enabling opportunity for victims/survivors to adapt to the negative conditions and even apportion less blame or their abusers. It allowed them reach attainment of positive outlook or 'positive reinterpretation' and improves their self-esteem. This makes them receptive to other positive or action oriented coping strategies. Nonetheless, they revealed that females are more likely to used spirituality as a coping mechanism than male victims.

2.7 Theoretical Framework

Several theories have underpinned the fact that child sexual abuse is embedded in complexities of factors that influence and determines the child's development. One theory that encapsulates these complexities in a child development is the Ecological System Theory (EST) originally propounded by Bronfenbrenner (1976; 1979). The theory combines different levels of human interaction within with broader environmental context. The theory sees the child as the centre and requires the environment to ensure his/her development. As the child develops, different levels of interactions and systems merges within the system to ensure proper development of the child. The theory is also called social ecological theory

The theory postulated that the environment is consisted of different interrelated and interactive social systems that linked to each other which have major influence on the child's development. These interactive systems allow the child to interpret their own experiences and create their own social reality. Bronfenbrenner (1979) initially identified five levels of interaction/systems within the environment- microsystem, mesosystem, exosystem, macrosystem and chronosystem all in a concentric cycle. A new system- individual was later added by Bronferbrenner and Morris (2006).

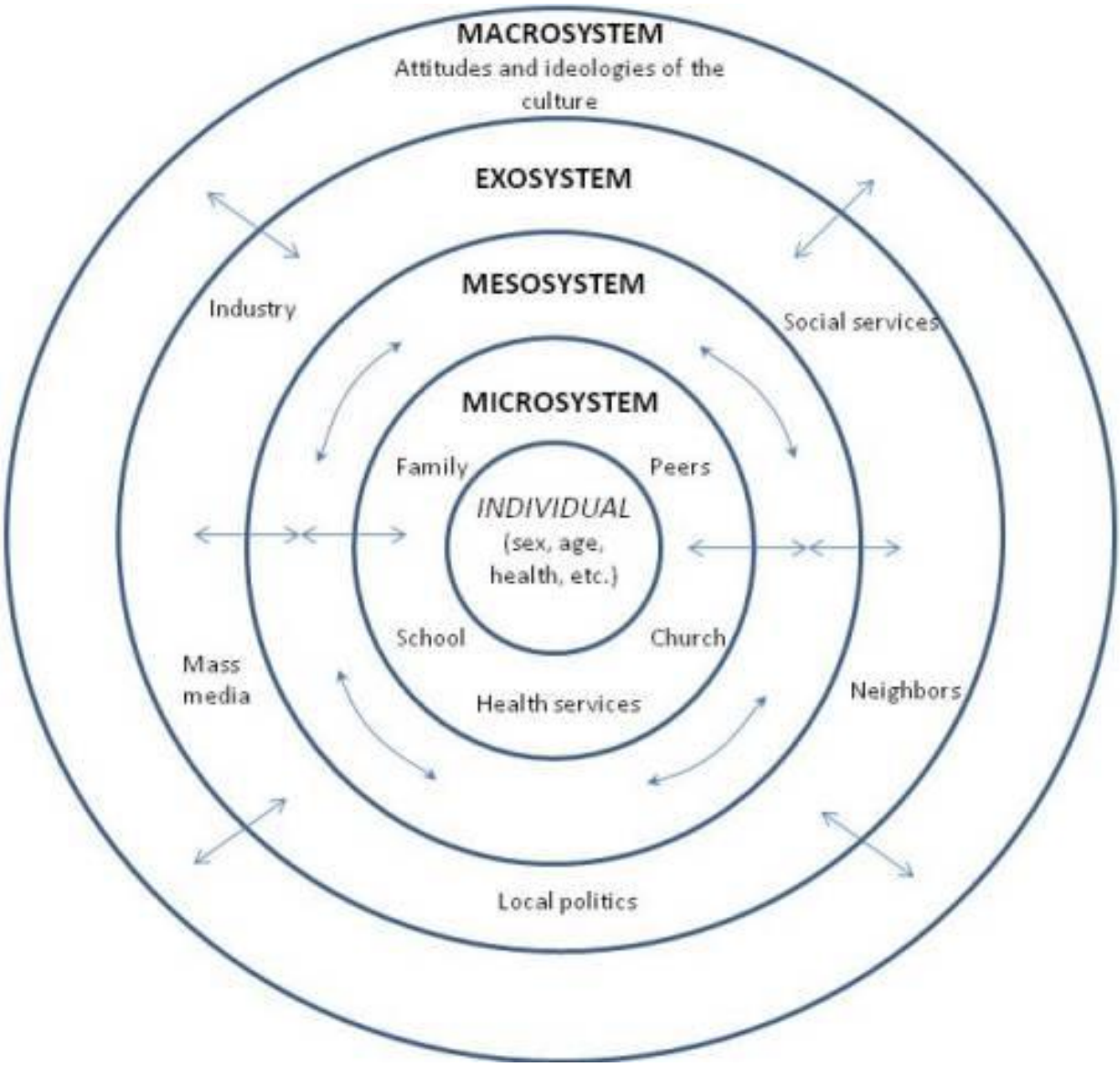

Figure 2.2: Concentric Cycle of the Ecological Systems Theory
Source: Bronferbrenner and Morris (2006).

At the individual level, the child characteristics such age, gender, the child's location plays major role in the child's development. These individuals' characteristics can also pose risks for the child as well within the environment. Thus, a child socio-economic background determines the child's susceptibility to child sexual abuse. At the microsystem level, significant others who have direct interaction with the child such as the family, schools, peers, religion, neighbours, etc. within the immediate geographical location of the child,. These significant others can create stressful events for the child which may be detrimental to the child's development. The child also observes the behaviour and interaction these significant others share and this may affect the child's perception and behaviour as he/she grows.

Mesosystem indicates the interaction and interconnection that exists between the different Microsystems and this affects the child development. It also places emphasis on the how the child interacts with the different Microsystems, therefore it accentuate the roles the child play as she moves from one microsystem to another. The mesosystems does not have any structure or elements on its own, instead it relies on the dynamic interplay between structures in the microsystem, these are institutions and structures outside the homes that the child interacts with and also influences the child. For instance the child friends who also either directly or indirectly interacts with the child's parents.

Interaction in the exosystem indicates a social setting where the child has no direct interaction with others within this system. The exosystem functions independently of the child's life yet still influences how the child develops. It is a combination of different mesosystems where the child has direct interaction with one system while this system has interaction with other systems. This includes the work place, mass media For instance parents who had stressful experiences at work or got sacked may transfer the trauma to the child by sexually abusing the child. Another example is parents who are more career oriented tend to the leave children with caregiver making the susceptible to being sexually abused by the caregiver.

The macrosystem consists of cultural values and norms that have overarching influence on the child's development. It also affects the microsystem and the mesossystems of the child

and determines what roles the two systems play in the development of the child. On the other hand, the chronosystem consists of environmental events and major transitions that occur in a child' life over a lifetime. It includes changes and events that influence the child's development and contributes to how the child turns out to be as an adult. According to Bronfenbrenner (1994) it influences the changes in the social conditions in the life of the child and within the immediate environment of the child over time.

2.8 Application of the Theory to CSA

The theory provides succinct theoretical explanation of why and how child sexual abuse occurs within the context of the child's social environment. It also explains how the social relationship between the child and significant others may result into stressful events such as child sexual abuse for the child. The theory posits that child sexual abuse occur due to four major factors and the prevalence of CSA can be attributed to these factors- the individual, Family, the Community where the child belongs to and the Culture

Based on this theory, it can then be assumed that individual characteristics such as socio-economic status, age and gender are determinant of CSA. Extant studies revealed that children from poorer background are more at risk of being sexually abused than children from other socio-economic status (UNICEF, 2015). While children are at risk of being sexually abused irrespective of age, gender plays major as female children are more at risk than male children (Collins-Vezina *et al.*, 2015). While male children are less likely to disclose due to complexities of other factors which will also be mentioned later (Allagia *et al.*, 2017).

In the same vein, the family which exemplifies the microsystem is one of the factors that causes child sexual abuse. Lemagrie (2017) noted that a high rate of CSA is caused by family members and caregivers rather than strangers. In the same vein, non-supportive family may not encourage disclosure, as victims are likely to keep mum rather disclose (David *et al.*, 2018). The child may also disassociate himself/herself from the family while becoming more proactive in school and become much closer with friends.

In the same vein, peers can also pose risk for the child by tacitly encouraging CSA via grooming which may be done consciously or unconsciously. For instance, friends exposing the child to pornographic materials. Likewise family with poor parental practices, single parent families, parents who are unemployed or underemployed are risk factors for children to be sexually abused (Townsend and Rheingold, 2015). On the hand, family who are emphatic, that is able to establish open communication between the child and the parent will encourage early disclosure and enhance active coping for the child.

Within the mesosystem, children who are sexually abused are likely to have a disconnection from the community and this may affect their coping capacity. In the same vein, this may also cause dissonance with peers resulting into loneliness for the child (Bejide, 2014). In the same vein, community where communication between parents and children are not encouraged may not empower children to disclose. Amiot (2019) noted that such communities who lack facilities to provide social support to abused children may push the children to use non-coping strategies and risky behaviour.

Within the exosystem, there are some cultural norms, myths and practices that may subtly or openly encourage child sexual abuse and may also define what constitute child abuse in that system. For instance, in culture where child marriage is the norm, thus it will be not be seen as a form of CSA. Likewise, there are some societies with cultural myths that sleeping with virgin can cure HIV/AIDS (UNICEF, 2011). Such societies will encourage widespread sexual assault of female children. In the same vein, traditional cultural values such hyper masculinity and patriarchy may force male children who are sexually abused to keep silence about their experiences or situations. Likewise, lack of political will from government to enforce laws and policies on child sexual abuse as well as inadequate media coverage may result into low disclosure rates. CSA may also be seen as a silent but deadly situation within the society

Within the chronosystem, the appellate the ‘cycle of abuse’ applies widely with this level of interaction. The cycle of abuse exemplifies the assumption of Townsend and Rheingold (2015); Allagia *et al.* (2017) and David *et al.* (2018) that children who are sexual abused

and resort to ineffective coping techniques are likely to become abusers as well, therefore perpetuating the cycle of abuse over time.

Conclusively, the ecological system theory sees the child as an integral part of the micro-, meso, macro-, exo-, and chrono- systems. It posited that child sexual abuse is embedded within a boarder socio-cultural context that shape the behaviour of the child and significant others around the child. Therefore, it emphasis the need to study the factors that influence CSA holistically within the context of the child' social environment.

CHAPTER THREE

METHODOLOGY

This chapter focuses on the details of methods utilised in gathering data from the field of the study, as well as the analytical strategies employed. It further explains the reliability and validity of the data used, as well as the ethical consideration of the subject of investigation. Specifically, the chapter covers the research design of the study, study area, population of study, sample size, sampling technique, instrument of data collection, reliability and validity of instruments, method of analysis, variable definitions and measurement, and ethical consideration of the research.

3.1 Design

The study adopted cross-sectional survey design. This design was adopted for this research because the study was conducted at one point in time. In other words, the samples for the study were drawn from the three senatorial districts just at one point in time for the purpose of analysing the data without necessarily considering the trends of the subject of investigation. Additionally, the design allows for systematic gathering of quantitative and qualitative data, which would still be representative enough for generalizability of the findings of the study.

This follows that cross-sectional survey design provides robust opportunity for simultaneous collection and analysis of quantitative and qualitative data which may not be achieved when other research designs are employed for this research. However, the design allowed for accurate management of data at minimum cost which other research designs would not permit.

3.2 The Study Area

Ogun State served as the study setting. It is purposively selected on the basis that it has the third highest population of school-age children of 1, 792, 277 (age 0 – 19) in the South-west (after Lagos and Oyo State) according to the National Population Census and National Bureau of Statistic (2022) population estimate in Nigeria. Additionally, the state continues to be a significant economic centre in South-West Nigeria, where regular anecdotal media reports indicate that, in the absence of rigorous studies, child sexual abuse is rising among school-age children.

Administratively, Ogun State is a state in southwestern Nigeria, and was created on February 3, 1976 from the defunct Western Region. Geographically, the state is located between latitude 6.9098 and longitude 3.2584. It shares boundaries with the states of Ondo to the east, Lagos State to the south, Oyo and Osun to the north, and the Republic of Benin to the west. Ogun State has Abeokuta as its capital. According to projections from NPC and NBS (2022), the state has a total population of 6,379,500 and an annual population change of 3.4%. Ogun State is the 24th largest state in Nigeria by land area, with a total area of 16,667 km^2 (NPC and NBS, 2022).

In consideration of the secondary school education for administrative purposes by Ogun State Ministry of Education, the state has four educational zone, namely; EGBA, YEWA, IJEBU AND REMO. It is on this basis, all the educational zones cut across the twenty Local Government Areas (LGAs) in the state. The educational zones, are therefore, detailed according to the existing LGAs in Table 3.1.

Table 3.1: Local Government Areas in the Educational Zones of Ogun State

S/N	LG Name	Educational zones
1	Ikene	Remo
2	Remo North	Remo
3	Sagamu	Remo
4	Ijebu East	Ijebu
5	Ijebu North	Ijebu
6	Ijebu North-East	Ijebu
7	Ijebu – Ode	Ijebu
8	Odogbolu	Ijebu
9	Ogun waterside	Ijebu
10	Ado – Odo	Yewa
11	Imeko – Afon	Yewa
12	Ipokia	Yewa
13	Egbado (Yewa) North	Yewa
14	Egbado (Yewa) South	Iyewa
15	Abeokuta North	Egba
16	Abeokuta South	Egba
17	Ewekoro	Egba
18	Ifo	Egba
19	Obafemi/Owode	Egba
20	Odeda	Egba

3.3 Study Population

The study population focused on the Junior Secondary School Students (JSS) in Ogun State Nigeria. Therefore, it is all students in the selected Local Government Areas (LGAs) who were between JSS I and III, either rural or urban and who are less than 18 years old (specifically aged 10-17 years) in age that were focused in this research.

3.4 Sample Size

The determination of the sample size for this study was based on the two approaches adopted for the study. The first approach was the use of quantitative method, while the second approach was based on the use of qualitative method. On the quantitative method, the total sample size for the survey was derived from the use of Lemeshow *et al*. (1990) sample size determination formula as stated thus;

$$n = \frac{Z^2 * P[1-P]}{d^2} \quad (3.1)$$

Where;

n = Sample size

z = Level of significance 1.96 at 95% or 5%.

p = The estimated proportion or prevalence rate of the factor to be studied.

d = Sampling error that can be tolerated (3% or 0.03) or £ the error term.

Note: n= sample size; z = 1.96; p = 0.5 or 5% (where the estimated proportion of the factor to be studied is unknown, 0.05 or 5% is used to get the maximum sample size; q = 1.05, =0.5; and d = 0.03 which is the sampling error.

Then,

$$n = \frac{Z^2 * Pq}{d^2} \quad (3.2)$$

$$n = \frac{1.96^2 * 0.5 * 0.5}{0.03^2}$$

$$n = \frac{0.9604}{0.0009}$$

n = 1067 subjects

In order to fairly represent the three senatorial districts (Ogun West, Central, and East) in the study, 1067 copies of a structured questionnaire were administered to respondents across the three senatorial districts. However, due to the loss and attrition of some components from the structured questionnaire administered to the respondents, only 976 copies were retrieved and found eligible for inclusion in the study. As a result, the retrieved copies of the questionnaire yielded 91.5% response rate. Given this percentage of response rate, it means the retrieval rate is a good-fit for the analysis of this study.

In addition to the quantitative approach adopted for the study, a qualitative method was adopted as a complement. In this, qualitative data were generated from 12 in-depth interviews and 18 key informant interviews among victims of child sexual abuse, school counselors, police officers and medical officers. Table 3.2 shows the analysis of the sample size by approach and senatorial districts.

Table 3.2: Distribution of Sample Size by Senatorial Districts

Senatorial Districts	Quantitative Approach	Qualitative Approach	
	Structured Questionnaire	In-Depth Interview	Key Informant Interview
Ogun West	307	4	6
Ogun East	344	4	6
Ogun Central	325	4	6
***Total**	**976**	**12**	**18**

3.5 Sampling Techniques

This study adopted a multi-stage sampling technique. It was also probabilistic and non-probabilistic in nature. While the probabilistic sampling was used for the administration of structured questionnaire, non-probabilistic was used to generate qualitative data from key informant interview and in-depth interview. The following stages were deployed in the sampling process.

Stage One:

This stage involved a-two-stage cluster sampling technique where eleven (11) LGAs were randomly selected in the three senatorial districts of Ogun State. These LGAs were Abeokuta South, Boripe, Igbara, Obafemi Owode (Ogun Central – n=325), Sagamu, Ijebu-Ode, Remo North, Odogbolu, Irolu (Ogun East – n=344), and Yewa North and Adokun (Ogun West – n=307).

Stage Two:

Stage two of the selection employed stratified sampling technique for the selection of Public Secondary Schools in rural and urban centres. This was necessary in order that respondents from rural and urban settings were included in the study.

Stage Three:

This stage adopted simple random sampling technique for the selection of two public schools each, from rural and urban settings of the selected LGAs. This selection was carried by randomly selecting two public secondary schools from each of the selected rural and urban secondary schools.

Stage Four:

The third stage of the selection adopted simple random sampling technique, which involved the actual selection of respondents in JSS I-3 from the randomly selected secondary schools.

Table 3.3: Table Showing the Summary of the Sampling Processes

Stage	Technique	Implication
One	Two-stage cluster sampling	Ogun State was clustered/sub-divided into three senatorial districts according to the Federal Government of Nigeria sub-divisions of the state before 11 LGAs were selected for the study.
Two	Stratified sampling	The selected LGAs were stratified into rural and urban centres.
Three	Simple random sampling	In each of the selected rural and urban centres, two public schools were randomly selected.
Four	Simple random sampling	In each of the schools selected, respondents randomly selected for the quantitative data, while participants were purposively selected for the study.

3.6 Method of Data Collection

Data collection was undertaken using both quantitative and qualitative methods which included structured questionnaire, in-depth interview (IDI) and key informant interview (KII).

3.6.1 Structured Questionnaire

Structured questionnaire was used to gather numerical data from respondents in the JSS classes. This also comprised six sections in accordance with the objectives of the study. More specifically, Section "A" focused on socio-demographic information of the respondents which included sex, age, Local Government Areas (LGAs), class, religious affiliation and ethnic group. Section "B" addressed issues on awareness/knowledge of child sexual abuse using 13-measured variables coded yes/no. Section "C" of the structured questionnaire captured information about the experiences of child sexual abuse. Section "D" addressed disclosure rate of child sexual abuse, while Section "F" was made to focus on the coping strategies of the victims. Details of the variables and indicators captured in the structured questionnaire are highlighted in Table 3.5.

3.6.2 In-depth interview (IDI)

Twelve sessions of in-depth interviews (4 from each of the senatorial district) were held with the victims of child sexual abuse. This enabled the researcher to gather first-hand information that enhanced the results from the numerical data relative to the social reality of the subject of investigation as well as to draw more insights on the social phenomenon that quantitative data could not be ascertained quantitatively using guides.

3.6.3 Key Informant Interview (KII)

Eighteen key informants were recruited (6 from each senatorial districts) to collect non-numerical data related to the subject of investigation. The key informants that were interviewed included four (4) School Counselors, six (6) Medical Officersfrom health centers and eight (8) Police Officers. These were purposively selected from the three

senatorial districts because of their experiences relative to cases of child sexual abuse reports which have been handled by the participants using guides.

3.7 Method of Data Analysis

The analytical strategies deployed in this study were both quantitative and qualitative in nature.

3.7.1 Quantitative Data Analysis

The quantitative method of data analysis adopted were descriptive and inferential statistics (univariate, bivariate and multivariate analysis) at $P \leq 0.05$ using Statistical Package for Social Sciences (SPSS Version 21.0). In specific terms, the following are the details of analytical strategies adopted for the study.

Univariate Analysis: Univariate analysis was adopted to analyse single variables in order to describe the variables in respect to their means, frequencies and percentages as appropriate. Frequency distribution tables and charts were used to present variables that were analysed using this statistical tool.

Bivariate Analysis: Bivariate analysis was performed in order to analyse two categorical variables (attributes) simultaneously. It was used to report association between two variables putting into considerations the values of their chi squares for the purpose of establishing statistical significance between the two categorical variables. This was also presented in tables and charts as appropriate in the findings.

Multivariate Analysis: Binary logistic regression was performed to predict the magnitudes of influences of independent variables on dependent variables such that variables that have more predictive power than the others on the dependent variables could be ascertained. In this study, binary logistic regression was performed to establish relationship between the class of the students, confounding variables and the experience of child sexual abuse as well as disclosure rate of child sexual abuse.

In each of the binary logistic regression analyses, there were two models. While the first model(s) of the binary logistic regression factored in the class of the respondents, the second model(s) included the socio-demographic variables of the respondents as confounders. The details of the measurements and codes are highlighted in Table 3.4.

In addition to the multivariate analysis performed in this study, Analysis of Variance (ANOVA) was utilized to explore associations between independent variables (socio-demographic characteristics) and the consequences of child sexual abuse measured at ordinal scale (poor, worse, worst). This was found necessary in order to test whether there are statistically significant differences between the means of consequences of child sexual abuse among groups of respondents according to their socio-demographic groupings.

Table 3.4. Definitions and Measurement of Variables

Variable name	Definition of variable	Measurement
DEPENDENT VARIABLES		
KNOWLEDGE OF CHILD ABUSE	Showing of pornographic materials to a child against the child's will (YES = 1; NO = 0). Touching of a girl's breast, buttocks, etc. as a form of play against the will of the girl (YES = 1; NO = 0). An adult having intercourse through oral or virginal penetration with an under aged against the child's will (YES = 1; NO = 0). An elderly person exposing his/her body to a child or visa-visa against the child's will (YES = 1; NO = 0). An adult engaging in sex talk over the internet with a 10 year old against the will of the child (YES = 1; NO = 0). An adult masturbating in the presence of a child or getting a child involved in the act (YES = 1; NO = 0). Engaging a child in exhibitions, modeling or posing for sexual arousal against the child's will (YES = 1; NO = 0).	KNOWLEDGE LEVEL 1 = Low knowledge {1 – 2} 2 = Moderate knowledge {3 – 4} 3 = High knowledge {5 – 7} Dummy variable of knowledge level 0 = Low knowledge {0 – 4} 1 = High knowledge {5 – 7}
EXPERIENCED SEXUAL ABUSE	Have you ever experienced unintentional sexual activities with anyone? (YES = 1; NO = 0) Have you ever experienced anybody showing you pornographic materials against your will? (YES = 1; NO = 0) Have you ever experienced anybody touching your breast, buttocks or kiss you as a form of play against your will? (YES = 1; NO = 0) Have any of your relatives had any form of sexual activities with you? (YES = 1; NO = 0) Have you ever experienced an adult exposing his/her nakedness deliberately in your presence? (YES = 1; NO = 0) Have you ever experienced an adult asking you to touch his/her genitals? (YES = 1; NO = 0) Have you ever experienced any form of oral sex with an adult unintentionally? (YES = 1; NO = 0) Has any adult engaged in sexting (phone sex) with you? (YES = 1; NO = 0)	EXPERIENCE SEXUAL ABUSE {DUMMY} 0 = No experience of child sexual abuse {0} 1 = Experience child sexual abuse {1-8}
RATE OF DISCLOSURES CHILD SEXUAL ABUSE	Do you disclose or heard of anyone disclosing child sexual abuse in your area?	DISCLOSURE {DUMMY} 0 = NO 1 = YES
CONSEQUENCES OF CHILD SEXUAL ABUSE	General descriptions of the consequences of child sexual abuse	CONSEQUENCES {CONTINUOUS} 1 = Poor 2 = Worse 3 = Worst
INDEPENDENT VARIABLE		
Class	Class of study (Nominal)	1 = JSS I; 2 = JSS II 3 = JSS 3

CONFOUNDING VARIABLES		
Sex	Male/Female (nominal)	1 = Male; 2 = Female
Age	Age in years (ordinal)	1 = <12 years; 2 = 13-15 years 4 = 16 years and above
Senatorial District	Ogun East/Ogun Central/Ogun East (Nominal)	1 = Ogun West; Ogun East = 2; 3 = Ogun Central
Residence	Rural/Urban (Nominal)	1 = Rural; 2 = Urban
Religion	Religious affiliation (Nominal)	1 = Traditional; 2 = Islam 3 = Christianity
Ethnic group	Membership of ethnic group (Nominal)	1 = Other ethnic groups; 2 = Hausa 3 = Igbo; 4 = Yoruba

3.7.2 Qualitative Data Analysis

The qualitative data generated for this study emerged from the in-depth interview and key informant interviews that were conducted with the participants. They were analyzed through content analysis and verbatim quotations. This was achieved with the use of Atlas ti (version 6.1).

3.8 Data Processing and Management

The quantitative data that were collected from the field of the study were cleaned, edited and stored using SPSS software, while the qualitative data gathered through interviews were stored using record tapes and notes respectively. The data were thereafter transcribed and translated before the themes were extracted for the purpose of narratives in the analysis of this research.

3.9 Validity of Research Instruments

This study was validated using face and content validity. This was adopted in order to ensure that the instruments of data collection measured what they were designed to measure in relation to the specific objectives of the study. In an attempt to validate the instruments, the opinions of experts in the field of criminology were sought to develop the instruments and to determine the extent to which the instruments captured the constructs they were set to measure. Although the instruments of data collection were originally designed in English language, they were also translated into indigenous language (Yoruba) in order to accommodate or facilitate the understanding of the instruments where necessary.

3.10 Reliability of Research Instruments

The reliability of the instruments was determined using Cronbach's Alpha correlation coefficient. The overall reliability coefficient for the quantitative tool was 0.621, suggesting that there was high level of internal consistency. Furthermore, reflexivity of the qualitative data was observed during interview sessions in order to ascertain their consistencies with the subject of investigations. This was achieved systematically by taking into account the

processes of community entry and creating a good rapport with the participants of the study so that the originality of the participants' opinions were not altered.

Table 3.5. Data Analysis Plans/Matrix by Variables and Research Instruments

S/N	Objectives	Indicators	How indicators were examined	Instrument used	Method of Analysis
**	Socio-Demographic Information of the respondents	• Class; Sex; Age; Senatorial Districts; Residence; Religion; Ethnic group	• Socio-demographical characteristics of JSS students • Background information of participants	• Questionnaire (**Que. 01-06)** • KII • IDI	• Percentages and Mean distribution
i.	Examine the level of knowledge of child sexual abuse among Ogun State Junior Secondary School Students.	• Information about child sexual abuse	• Experienced child sexual activities • Heard about child sexual activities • Seen child sexual arousal • Exposure to pornographic materials (All measured at 7-items with yes/no response)	• Questionnaire **(Que.07-13)** • IDI • KII	• Percentage distribution tables and charts • Cross-tabulation and chi square test • Content analysis
ii.	Investigate the experiences of child sexual abuse among Ogun State Junior Secondary School Students.	• Actual experience of child sexual abuse	• Experienced unintentional child sexual activities • Experienced unintentional touch on sexually active body organs • Unintentional exposure to pornographic materials (All measured at 8-items with yes/no response)	• Questionnaire **(Que. 14-21)** • KII • IDI	• Percentage distribution – using table and charts • Logistic regression • Content analysis
iii.	Examine disclosure rate of child sexual abuse among Junior Secondary School Students in Ogun State.	• Rate of child sexual abuse disclosure • Reasons for disclosure or non-disclosure of child sexual abuse experiences	• Disclosure rate of child sexual abuse (Measured with yes/no response) • Reasons for disclosure or non-disclosure of child sexual abuse (Measured in open-ended format)	• Questionnaire **(Que. 22-23)** • KII • IDI	• Percentage distribution – using tables and charts • Logistic regression • Content analysis
iv.	Examine the consequences of the experiences of child sexual abuse on the victims among Ogun State Junior Secondary School Students.	• Consequences of child sexual abuse experiences	• Negative consequences of child sexual abuse • General perception of the consequences	• Questionnaire **(Que. 24-31)** • KII • IDI	• Percentage distribution – using tables and charts • ANOVA Test • Content analysis
v.	Investigate the coping mechanism by victims of child sexual abuse among Ogun Junior Secondary School Students.	• Coping methods of child sexual abuse	• Coping mechanism adopted – counseling, dissociation, alcoholism and drug abuse, splitting, denial, rationalizing, running away, lying among others	• Questionnaire **(Que. 32-33)** • KII • IDI	• Percentage distribution – using charts • Content analysis

KII = Key informant interview; IDI = In-depth Interviews

3.11 Ethical Considerations

Ethical approval was obtained from the Ogun State Ministry of Education, Science and Technology (OGSTMEST) with a Reference Number (Ref: PL.545/Vol.1/111). Other ethical considerations that guided the conduct of the research are as follows:

Informed consents: Because of the involvement of the minors in the research as respondents/participants, informed consents were first sought from the school managements of sampled public schools before the administration of the research instruments. In the similar vein, where participants of the study were minors especially in the conduct of in-depth interviews, consents were sought from either the head of the school, parents of the victims or the school counselors. As a matter of fact, all interviews conducted with the victims were carried out in the presence of the school counselors in order to ensure that minors were not subjected to unnecessary emotional trauma.

Confidentiality: Respondents and participants were assured of the confidentiality of information supplied, while they remain anonymous regarding their identities. All the pieces of information collected in this research were coded with numbers and names of the respondents and participants were not recorded. This was done so that it would not be linked to the respondents or participants selected for this research in any way and the assurance of not including their names in any publication or report from this research were also guaranteed.

Translation of protocol of local language for easy communication: In line with the ethical approval protocol, the survey instruments were translated to languages that were understood by the respondents and participants.

Beneficence: Respondents were enlightened about the basic purpose of the study. Although there was no incentive given to the respondents or participants in order not to get them manipulated in the entire study. They were assured of the benefits they stand to gain from the research, if the expected outcomes would be given due concerned while enlightening them on the need to reduce the spate of child sexual abuse among Ogun State secondary school students.

Non-maleficence to participant: There was no harm (be it social or psychological) to the respondents or participants in the process of administering the questionnaire or conducting the in-depth interview and key informant interviews respectively.

Voluntariness: The participations of the respondents and participants were made voluntary. Could there be any withdrawal in the course of conducting the research, there were also assurances that no respondent or participant would be intimidated. Hence, respondent could choose to withdraw from the research at any time.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter presents the analysis and interpretations of data that were gathered from the field of the study. The presentations of the analysis and interpretations were logically arranged according to the specific objectives of the study. Considering the quantitative and qualitative approaches adopted in the collection of data from the field of the study, the presentations of the analysis and interpretations have been arranged and presented in accordance to the two approaches employed. However, while the quantitative data were presented in tables and charts, the qualitative data adopted verbatim quotations technique in its presentations for the purpose of complementarity. Finally, the chapter engages related studies earlier presented in the literature as discussion of findings.

4.1 Socio-demographic Characteristics of the Respondents

Table 4.1 represents the presentation of background characteristics of the respondents which range from gender, age, senatorial districts, residence, religion and ethnic groups. As the Table reveals, more than half of the respondents across all the classes were males (JSS I - 51.9%, JSS II – 51.4%, JSS 3 – 52.5%) as compared to their female counterparts whose percentages were (JSS I - 48.1%, JSS II – 48.6%, JSS 3 – 47.5%). The age of the respondents is 13±1.36 years. In more specific terms, a majority of the respondents in respect to their classes were less than 12 years in JSS I (65.7%), between 13 -15 years in JSS II (60.1%), and 16 years and above in JSS 3 (77.2%). With regards to the mean age, it means that a majority of the respondents were teenagers.

In terms of the senatorial districts of the respondents, there seems to be proportionately distributions of respondents. On the residence of the respondents, a majority were from urban centres across the three classes which ranged from JSS I (59.3%) to JSS II (57.3%) and JSS 3 (63.3%). In spite the majority of the respondents are from urban centres, there are more proportions of urban respondents in JSS 3 than other class categories in both urban and rural areas.

Table 4.1: Distribution of Respondents by Socio-demographic Characteristics

	Class of the students			
Variables	**JSS I**	**JSS II**	**JSS 3**	**TOTAL (%)**
Sex				
Male	56 (51.9%)	130 (51.4%)	323 (52.5%)	509 (52.2)
Female	52 (48.1%)	123 (48.6%)	292 (47.5%)	467 (47.8)
Age				
Less than 12 years	71 (65.7%)	97 (38.3%)	110 (17.9%)	278 (28.5)
13 – 15	35 (32.4%)	152 (60.1%)	475 (77.2%)	662 (67.8)
16 and above	2 (1.9%)	4 (1.6%)	30 (4.9%)	36 (3.7)
Mean age = 3.18±1.36				
Senatorial Districts				
Ogun West	36 (33.3%)	95 (37.5)	176 (28.6%)	307 (31.5)
Ogun East	39 (36.1%)	73 (28.9%)	232 (37.7%)	344 (35.2)
Ogun Central	33 (30.6%)	85 (33.6%)	207 (33.7%)	325 (33.3)
Residence				
Rural	44 (40.7%)	108 (42.7%)	226 (36.7%)	378 (38.7)
Urban	64 (59.3%)	145 (57.3%)	389 (63.3%)	598 (61.3)
Religion				
Traditional	3 (2.8%)	4 (1.6%)	0 (0.0%)	7 (0.7)
Islam	37 (34.3%)	97 (38.3%)	244 (39.7%)	378 (38.7)
Christianity	68 (63.0%)	152 (60.1%)	371 (60.3%)	591 (60.6)
Ethnic groups				
Hausa	2 (1.9%)	0 (0.0%)	8 (1.3%)	10 (1.0)
Igbo	8 (7.4%)	16 (6.3%)	30 (4.9%)	54 (5.5)
Yoruba	93 (86.1%)	231 (91.3%)	560 (91.1%)	884 (90.6)
Other ethnic group	5 (4.6%)	6 (2.4%)	17 (2.8%)	28 (2.9)

On the religious affiliation of the respondents, a majority were adherents of Christianity ranging from JSS I (63.0%), JSS II (60.1%) to JSS 3 (60.3%), which were closely followed by the followers of Islamic religion as indicated by those in JSS I (34.3%), JSS II (38.3%) and JSS 3 (39.7%). In other words, while majority of the respondents were dominated by those who are adherents of Christianity, followed by the followers of Islam; those who signified that they were adherents of traditional religion are insignificant in proportions.

Regarding the ethnic groups of the respondents, a large percentage of the respondents reported that they were from Yoruba ethnic group as depicted by those in JSS I (86.1%), JSS II (91.3%), and JSS 3 (91.1%). The result also revealed that respondents in JSS I (7.4%), JSS II (6.3%) and JSS 3 (4.9%) were Igbo ethnic groups, while the proportions of those in Hausa are lower compare to other ethnic groups in the state. Expectedly, the study was conducted in the environment dominated by Yoruba ethnic group. However, Yoruba ethnic group has the highest percentage of the respondents when compared to other ethnic groups.

4.2 Level of Knowledge about Child Sexual Abuse

This study examined the level of knowledge about child sexual abuse (CSA). The level of knowledge about CSA was measured by seven-item questions asked from the respondents. In response to each of the seven-item question, any respondent who indicated ‘yes’ scored 1 point and the sum of the scores for each of the respondents was further grouped as LOW (1 – 2), MODERATE (3 – 4) and HIGH (5 – 7) level of knowledge about CSA. However, the categorization of their responses into low, moderate and high knowledge has been detailed in the methodology. Following this categorization, Figure 4.1 reveals the overall knowledge of child sexual abuse that half of the respondents moderately had the knowledge of child sexual abuse (50.7%), which was closely followed by low knowledge with 25.0% and high knowledge with 24.3%.

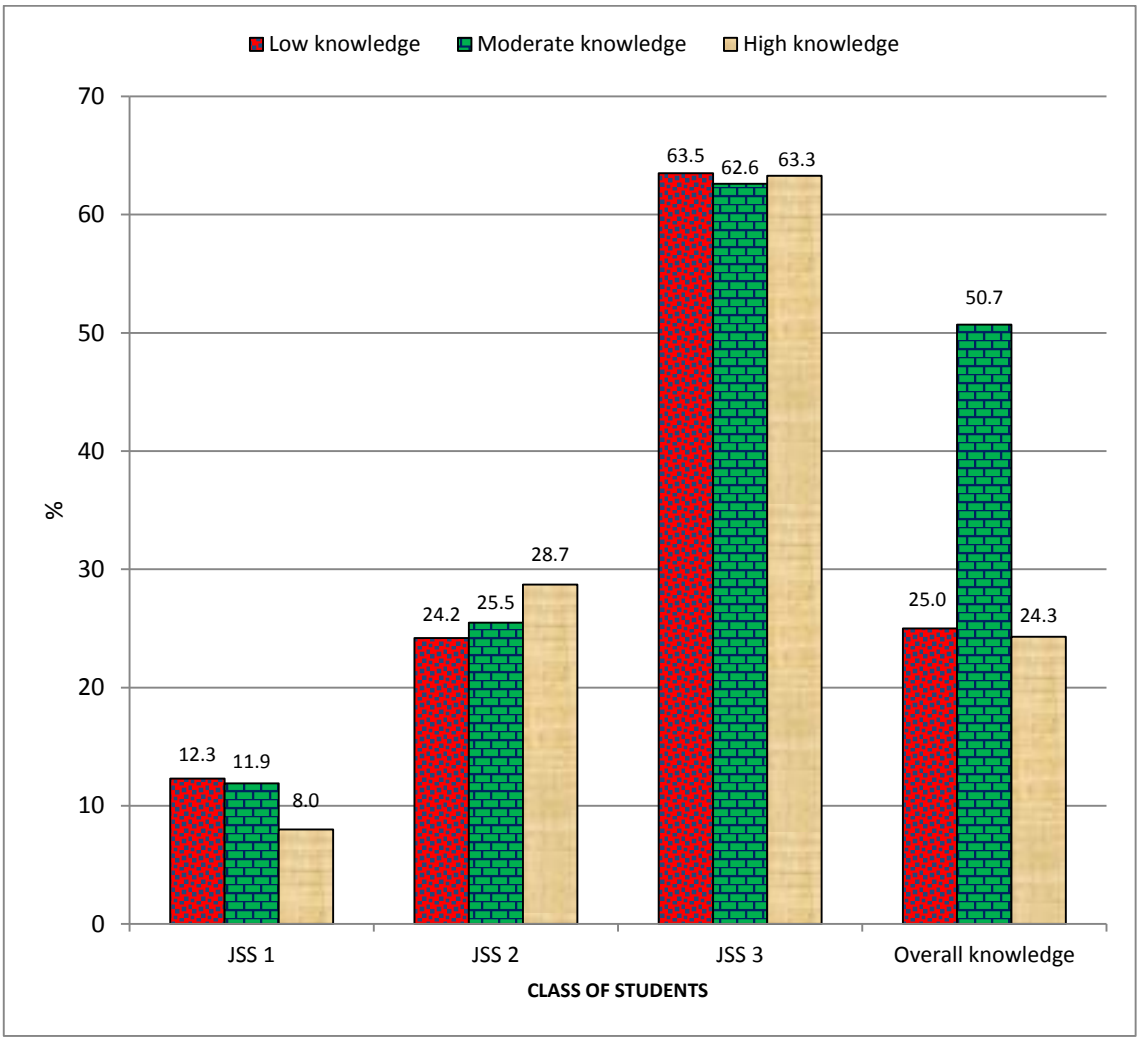

Figure 4.1: Percentage Distribution of Respondents by the Knowledge of Child Sexual Abuse

Furthermore, the level of knowledge about child sexual abuse according to the class of respondents shows that more than half had low (63.5%), moderate (62.6%) and high knowledge (63.3%) about child sexual abuse in JSS 3. Similarly, the knowledge level of child sexual abuse in JSS II indicates that there was proportionate distribution of low (24.2%), moderate (25.5%) and high knowledge (28.7%). While this is observed to be high as respondents advance in the level of their classes, the proportionate distribution of knowledge levels about child sexual abuse, especially in JSS I is lower than those in JSS II and 3. This suggests that class of respondents is directly proportional to the knowledge level about child sexual abuse.

Table 4.2 further shows the percentage distribution of the respondents by the variables constituting knowledge about child sexual abuse. As Table 4.2 reports, more than half across the class of students had the knowledge about '*showing of pornographic materials to a child against the child's will'*. Nearly all respondents indicated that they were fully aware that '*touching of a girl's breast, buttocks among sexually sensitive parts of the body against their wills'* is a form of child sexual abuse.

Similarly, when respondents were asked about their knowledge of child sexual abuse with regards to '*an adult having intercourse through oral or virginal penetration with an under-aged against their will'* as form of child sexual abuse; more than half of them across JSS I (70.1%), JSS II (72.2%) and JSS 3 (70.4%) agreed that they had the knowledge. However, while the knowledge of child sexual abuse was high relative to having intercourse with an under-aged against their will, the knowledge about '*an elderly person exposing his/her body to a child against the child's will'* was low across the three classes – JSS I (27.8%), JSS II (37.5%) and JSS 3 (31.7%).

More so, the knowledge about '*an adult engaging in sex talk over the internet with an under-aged against the will of the child'* reveals that a large percentage had the knowledge across JSS I (58.3%), JSS II (68.0%), and JSS 3 (59.2%). While the percentage of the knowledge about engaging an under-aged in sexual talk over the internet against their will is high across all classes, the knowledge of '*an adult masturbating in the presence of a child or getting a child involved in the act'* is low across their classes which ranged from JSS I (18.5%), JSS II (23.2%) and JSS III (22.9%). In the same vein, the percentage of the knowledge about '*engaging a child in exhibitions, modeling or posing for sexual arousal against the child's will'* is low with

JSS I having 24.1%, JSS II with 31.6% and JSS III with 28.1%. This follows that the knowledge about child sexual abuse varies by class of the respondents.

Table 4.2: Distribution of Respondents by Knowledge of Child Sexual Abuse

Knowledge variables	Class of students			Total (%)
	JSS I	JSS II	JSS III	
Showing of pornographic materials to a child against the child's will	56 (51.9%)	134 (53.0%)	377 (61.3%)	567 (58.1)
Touching of a girl's breast, buttocks, etc. as a form of play against the will of the girl	80 (74.1%)	191 (75.5%)	468 (76.1%)	739 (75.7)
An adult having intercourse through oral or virginal penetration with an under aged against the child's will	75 (70.1%)	179 (72.2%)	430 (70.4%)	684 (70.1)
An elderly person exposing his/her body to a child against the child's will	30 (27.8%)	95 (37.5%)	195 (31.7%)	320 (32.8)
An adult engaging in sex talk over the internet with an under-aged against the will of the child	63 (58.3%)	172 (68.0%)	364 (59.2%)	599 (61.4)
An adult masturbating in the presence of a child or getting a child involved in the act	20 (18.5%)	59 (23.3%)	141 (22.9%)	220 (22.5)
Engaging a child in exhibitions, modeling or posing for sexual arousal against the child's will	26 (24.1%)	80 (31.6%)	173 (28.1%)	279 (28.6)

Table 4.3 presents an association between socio-demographic characteristics and knowledge about child sexual abuse using chi square test of independence. Regarding the association of class and knowledge of child sexual abuse, there is statistically significant association between class and knowledge of child sexual abuse (x^2 = 33.704, p<0.05). This also implies that as the respondents advance in their class levels, they tend to have high knowledge of child sexual abuse. For instance, while those with high knowledge about child sexual abuse in JSS III is 63.3%, only 28.7% and 8.0% of those in JSS II and JSS I had high knowledge of child sexual abuse.

Relative to the sex of the respondents and the knowledge of child sexual abuse, there is no statistically significant association. This also means that being a male-child or female-child does not determine the knowledge level about child sexual abuse. However, there is statistically significant association between age and knowledge about child sexual abuse (x^2 = 10.590, p<0.05). In other words, the age of respondents could explain the knowledge about child sexual abuse. For example, a majority of those within age bracket 13 – 15 years across the three classes had both low, moderate and high knowledge of child sexual abuse when compared to those who are less than 12 years in age as well as those who are 16 years and above.

Further analysis shows that there is no statistically significant association between senatorial districts of the respondents and knowledge about child sexual abuse. This also means that the senatorial districts to which a respondent reside does not determine the level of knowledge about child sexual abuse. Conversely, there is statistically significant association between residence and knowledge about child sexual abuse (x^2 = 7.480, p<0.05). This is indicative that residing in either rural or urban by the respondents strongly determines the knowledge about child sexual abuse among Junior Secondary Students (JSS).

While there are statistically significant association between class, age, residence and knowledge about child sexual abuse, religious affiliation (x^2=3.338, p>0.05) and ethnic group membership (x^2=10.041, p>0.05) have no statistically significant association with knowledge about child sexual abuse. This is by implication suggesting that adherent of individuals to a particular religious group or belonging to a particular ethnic group do not determine whether a respondent has the knowledge of child sexual abuse or not.

Table 4.3: Chi-square Showing the Relationship Between Socio-demographic Characteristics and Knowledge of CSA

Demographic variables	Knowledge of Sexual Abuse			Chi Square; DF; P-Value
	Low Knowledge	Moderate Knowledge	High Knowledge	
Class*				
JSS I	30 (12.3%)	59 (11.9%)	19 (8.0%)	**x^2= 33.704**
JSS II	59 (24.2%)	126 (25.5%)	68 (28.7%)	**DF=4**
JSS III	155 (63.5%)	310 (62.6%)	150 (63.3%)	**P=0.002**
Sex				**x^2=3.357**
Male	133 (54.5%)	244 (49.3%)	132 (55.7%)	**DF=2**
Female	111 (45.5%)	251 (50.7%)	105 (44.3%)	**P=0.187**
Age*				
Less than 12	74 (30.3%)	139 (28.1%)	65 (27.4%)	**x^2=10.590**
13 – 15	159 (65.2%)	338 (68.3%)	165 (69.6%)	**DF=4**
16 and above	11 (4.5%)	18 (3.6%)	7 (3.0%)	**P=0.003**
Senatorial Districts				
Ogun West	76 (31.1%)	161 (32.5%)	70 (29.5%)	**x^2=1.454**
Ogun East	91 (37.3%)	167 (33.7%)	86 (36.3%)	**DF=4**
Ogun Central	77 (31.6%)	167 (33.7%)	81 (34.2%)	**P=0.835**
Residence*				**x^2=7.480**
Rural	99 (40.6%)	205 (41.4%)	74 (31.2%)	**DF=2**
Urban	145 (59.4%)	290 (58.6%)	163 (68.8%)	**P=0.024**
Religion				
Traditional	2 (0.8%)	2 (0.4%)	3 (1.3%)	**x^2=3.338**
Islam	97 (39.8%)	198 (40.0%)	83 (35.0%)	**DF=4**
Christianity	145 (59.4%)	295 (59.6%)	151 (63.7%)	**P=0.503**
Ethnic group				
Hausa	4 (1.6%)	5 (1.0%)	1 (0.4%)	**x^2=10.041**
Igbo	19 (7.8%)	19 (3.8%)	16 (6.8%)	**DF=6**
Yoruba	214 87.7%)	460 (92.9%)	210 (88.6%)	**P=0.123**
Other ethnic group	7 (2.9%)	10 (4.2%)	10 (4.2%)	

Significant at P<0.05*

Further analysis of the knowledge of child sexual abuse by background characteristics of the respondents is presented in Table 4.4 using logistic regression analysis. This was adopted in order to explore the magnitude of the predictive influence of the background characteristics of the respondents on the knowledge of child sexual abuse as represented in model 1 and 2. In model 1, only the categories of class of the respondents were included. As the result reveals, there is no statistically significant association between any category of class of the respondents and knowledge of child sexual abuse.

However, at the inclusion of other background characteristics of the respondents as confounders, there is statistically significant association between categories of class and knowledge of child sexual abuse. For instance, while those in JSS II are 1.6 times more likely to exhibit knowledge of child sexual abuse than those in JSS I, those in JSS III are also 1.6 times more likely to have the knowledge of child sexual abuse than those in JSS I. This implies that at the inclusion of background characteristics of the respondents as extraneous variables, class of the respondents were fundamentally significantly associated with the knowledge of child sexual abuse.

In the categories of senatorial districts of the respondents, it was revealed that there is no statistically significant association with the knowledge of child sexual abuse. This means that there is no significant variation in the magnitude of the knowledge of child sexual abuse in respect to their senatorial districts. On the other hand, while there is no significant association between senatorial districts and knowledge level of child sexual abuse, there is statistically significant association between gender and child sexual abuse. Those who are male respondents are 76.2% less likely to exhibit greater knowledge of child sexual abuse than the female respondents. This also suggests that male respondents may not be as sensitive or vulnerable to child sexual abuse as their female counterparts.

Relative to the age of respondents, there is no statistically significant association between age and the knowledge of child sexual abuse, but there is statistically significant association between residence and the knowledge of child sexual abuse. Those who resided in urban centres (OR = 1.367, $p<0.05$) are significantly associated with the knowledge level of child sexual abuse than those in the rural areas.

4.4: Logistic Regression Showing the Association Between Background Characteristics and Knowledge of Child Sexual Abuse

	Model 1	Model 2
Predictor variables	**OR**	**OR**
Class		
JSS I (Ref)	1.000	1.000
JSS II	1.524	1.587*
JSS III	1.463	1.550*
Senatorial Districts		
Ogun West (Ref)		1.000
Ogun East		0.889
Ogun Central		0.939
Sex		
Female (Ref)		1.000
Male		0.762*
Age		
Less than 12 years (Ref)		1.000
13 – 15 years		0.907
16 years and above		0.913
Ethnic group		
Other ethnic group (Ref)		1.000
Hausa		0.494
Igbo		1.096
Yoruba		0.735
-2 Log likelihood	1327.568	1314.760
Cox and Snell R Square	0.004	0.017
Nagelkerke R Square	0.005	0.022

Significant at p<0.05*; OR = Odds Ratio
Number of observations = 976

In other words, while there is no significant association with the age of respondents and knowledge level of child sexual abuse, those who resided in the urban centers are 1.4

times to have the knowledge of child sexual abuse than their counterparts who resided in the rural areas. Of course, those who resided in the urban centres are more likely to have more knowledge of child sexual abuse than those who resided in the rural areas because of their exposures and access to urban media and other social services when compared to their rural counterparts who may not have such opportunities where child sexual abuse can be shared.

Regarding the membership of ethnic groups by the respondents, there is no statistically significant association between categories of ethnic groups and knowledge of child sexual abuse. It also means that the knowledge level of child sexual abuse does not vary by the membership of any particular ethnic group. It suggests that the knowledge of child sexual abuse cuts across all ethnic groups in the state.

From the qualitative aspect of the knowledge of child sexual abuse, it was further that there was high knowledge of child sexual abuse in Ogun State. For example, a nurse who was interviewed narrated her experience on the knowledge of child sexual abuse that she got to be aware of the incidence of child abuse in the state through the treatments of victims of child sexual abuse. In her narration: "*I have heard child sexual abuse not only on the social media or the close encounter I have had victims, but also had the opportunity to treat some victims. I have heard so many cases of child sexual abuse."*

The knowledge of child abuse was equally ascertained from a secondary school counselor, it was reported that child sexual abuse has become a common phenomenon in the state because of the number of cases reported both in the community she lived in and the school she works. As she explained:

> If you are talking about the knowledge of child sexual abuse in this state generally, child sexual abuse has now become so rampart. Apart from the ones shared on the social media, I have witnessed some cases of child sexual abuse in the community I live; I have handled some of the cases of child abuse even in the secondary school I work. You know as a school counselor, some of these issues are addressed by me in the school. We have handled cases where uncles have affairs with under-aged, we have handled cases where female under the age of 18 years are molested sexually. With all these, everyone has the knowledge of sexual abuse in the community and the state at large. It is no longer a new thing (**KII/School Counselor/Remo North/2019**).

Further examination of child sexual abuse from a victim revealed that before the incidence occurred, there was no adequate knowledge of the acts, but after the incidence occurred, she was able to understand and have the knowledge better. As she put it:

> Before I had the experience of child sexual abuse in my JSS II, I did not know what it means to be sexually abused until when my uncle did it to me and I screamed. My mother intervened and everybody was aware. When my school counselor heard that she started counseling me and explained what this really meant. Since then I have phobia for men because it was a painful experience (**IDI/Female/15 years Old/Sagamu/2019**).

Another victim stated that she had a clear knowledge of CSA but it was a rape by a notorious person in their community. As she stated: *It is not that I don't have the knowledge of child sexual abuse. I did. But it was just the notorious guy in my community that perpetrated the criminal acts. Although he was actually jailed for it. I think he should be in prison now* (**IDI/Female/13 years Old/Remo North/2019**).

From a victim who said it was an attempted rape by boys in her school, she explained that she was aware of their plan because one of them wanted to make her girlfriend but she told them that she was not ready for that until when they ganged up to touched her breast. As she explained:

> I have the knowledge of child sexual abuse before. That was why when the boy wanted to ask me out I said I am still a small girl please. But all of them ganged-up and they touched me after school. I reported the matter to my parents and they brought the matter to our school counselor. The boys (three of them) were punished by the school **(IDI/Female/16 years Old/Ijebu Ode/2019)**.

From the perspectives of law enforcement agents, the knowledge of child sexual abuse was also high. As the one of the participants (Police) explained, child sexual abuse is what occurs and reported in our police stations. As such, we have adequate knowledge of this crime as police officers especially in this state. As he pointed out:

> There is nobody in this community that does not know what child abuse means. They know it and some of them have had the experience either from their relatives or as victims. Although when some are reported, they are not taken to highest level of the law before some of the cases were withdrawn but I can categorically tell you that it is what we know and it happens on regular basis. Some may be in form of rape, while

> some may not even be reported until when a father has impregnated the daughter before the matter is brought to us settle (**KII/Police Officer/Sagamu/2019**).

When participants were asked about the opinions of the community people on child sexual abuse and how it is handled, it was reported that although a majority of the community people are aware of the case of child abuse, the way it is handled largely depend on the age or how matured the victim is. In her own view, as a school counselor it should be handled as a serious thing in the country. As she stated:

> In my opinion, I think it's a very serious issue which should be treated with high sensitivity. It shouldn't be seen as a small or minor problem, even though in some communities in Nigeria that takes it as okay. In those communities, you are matured enough to engage in sexual acts, may be when you are like age 10 or when you can spell your name or when you know who you are, then you are ready for marriage. But for me, it is so wrong and it's a serious issue that should be dealt with (**KII/School Counselor/Abeokuta/2019)**.

In the opinion of a Police Officer interviewed, it was revealed that child sexual abuse should be what everybody needs to frown at. It should be condemned and for it to be condemned in the society in that there is need to educate all the children. As the Police Officer noted:

> My opinion on child sexual abuse is that it is something that must be condemned by the society and all children should be highly educated about it so that they would not fall victim at any point in time. It could be that because they are not adequately educated, most of them fall victims of child sexual abuse (**KII/Police Officer/Ijebu Ode/2019).**

While narrating the perception of community people on child sexual abuse, a school counselor responded that instead of the perpetrator of the act should be punished; the community people always like to shift the blame on the victim. As the school counselor put it:

> … … Most times they blame the victim(s). When you look at it from the community perspective, the victim(s) is always at fault. For instance, if a girl report rape case, the response is like – "what do you too go and look for in the man's house?" So mostly, the blame is always on the victim which is not supposed to be (**KII/School Counselor/Abeokuta/2019)**.

Closely related to the narratives above, a participant interviewed explained that most times, the cases of child sexual abuse are handled with levity by community people. As the participant explained, community people handle the case by punishing the victim or divert their attention to the victim(s) rather than punishing the perpetrator. As this participant stated:

> I will say such cases (child sexual abuse) are handled with levity in this community. Reason was that not much attention is paid to the case. Instead of tackling the case, they would instead punish the victim or try to take away their attention from the culprit. They might insult the child's mother for not keeping a watch over her daughter, they might even say things like "I have always noticed that this girl will be promiscuous, so probably that was why the man approached her (**KII/Nurse/Remo North/2019)**.

In line with this, a Police Officer interviewed also narrated that:

> Well, in this community what I can say about them is whenever there is a case like that, and the police come into the matter, they will always come into the matter, they will always come back to the police that it is just within their community. They wouldn't want to go further with the matter, they would always want to go back home and settle it (**KII/Police Officer/Abeokuta/2019**).

From all the narratives so far, it implies that community people may hold different views on child sexual abuse as reported by the participants. Most strikingly however, are the views some of the community are holding against the victims especially once the victim is a girl. For instance, the view that "what is the girl looking for in a man's house" seems not to be in line with what other participants have narrated. The diversion of people's attention from the perpetrator(s) to the victims also suggests that while some of the community people would frown at the menace in their communities, some may not; they rather shift the blame to the victims.

4.3 Experiences of Child Sexual Abuse

This study examined the experiences of child sexual abuse among the study population as measured by eight different constructs of sexual abuse. In these constructs, each of the constructs was scored 1 point as indicated in the methodology. However, any of the constructs of child sexual abuse experienced by a respondent implies that there was child sexual abuse. If none of the constructs of child sexual abuse was experienced, it then

means that there was no child sexual abuse experienced by the respondents. Figure 4.2 presents the experiences of child sexual abuse by class of the respondents. It was revealed that respondents from JSS III has the highest percentage of child sexual abuse (64.2%), which is far above the overall experiences of child sexual abuse (30.6%) among the study population. Although those in JSS II (27.4%) and JSS I (8.4%) experienced child sexual abuse, their experiences of child sexual abuse are far below their counterparts in JSS III.

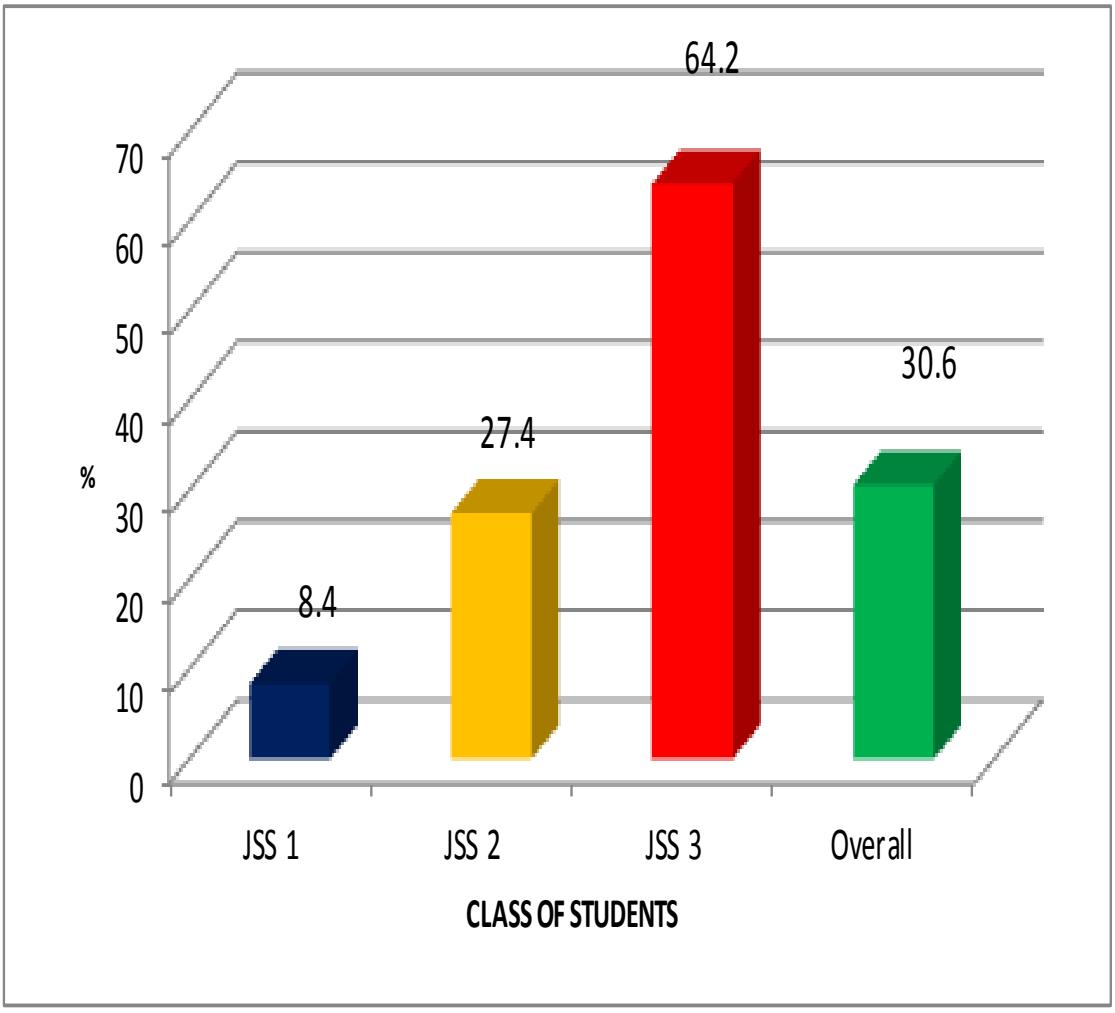

Figure 4.2: Distribution of Child Sexual Abuse Experiences by Class of Students

Furthermore, Table 4.5 shows various experiences of CSA by class of respondents as measured by the eight different constructs of child sexual abuse. When respondents were asked about their experiences of child sexual abuse on '*ever experienced unintentional sexual activities'* it was indicated that 4.6% of those in JSS III among the respondents had the highest experience of the acts, while there seems to be proportionate distribution of such experience among respondents in JSS II and 1 with 2.8% respectively.

In addition, respondents were also asked of whether they have '*ever experienced anybody showing them pornographic'* or not, 11.5% of the respondents in JSS III have the highest percentage, followed by 9.3% of those in JSS I and 8.7% of those in JSS II. These results suggest that higher percentage of those in JSS III had the experiences of child sexual abuse relative to unintentional sexual activities and pornography.

Another experience of CSA was ascertained through '*ever experienced anybody touching breast, buttocks or* kisses; 8.7% of the respondents in JSS II indicated that they have experienced it; 8.5% of those in JSS III have experienced it, and 4.6% of those in JSS I have experienced it. Similarly, respondents were also asked whether they have *'ever experienced relatives had any form of sexual activities with respondents';* the result shows that 2.8% of those in JSS I had had the experience, 1.6% of those in JSS II had had similar experience, and 1.3% of those in JSS III had had such experience. This means that at least certain proportions of respondent in all categories had had the experience of child sexual abuse through touching of sexually sensitive parts of the body as well as through unintentional sexual activities with relatives.

More so, respondents were asked whether they have '*ever experienced an adult exposing his/her nakedness deliberately against their will'*; it was indicated that at least 0.9% of those in JSS I had had such experience, followed by 2.4% of those in JSS III, and 2.8% of those in JSS II had had such experience. It was also ascertained among respondents whether they have '*ever experienced an adult asking them to touch his/her genitals'* or not; 1.9% of those in JSS I signified that they have had such an experience, followed by 2.0% of those in JSS III, and 4.0% of those in JSS II. This follows that at least one of the respondents has experienced one form of child sexual abuse through these constructs at one time or the other.

Table 4.5: Percentage Distribution of Respondents by Experience of Child Abuse

Experiences of child sexual abuse	Class of students			Total (%)
	JSS I	JSS II	JSS III	
Ever experienced unintentional sexual activities	3 (2.8%)	7 (2.8%)	28 (4.6%)	38 (3.9)
Ever experienced anybody showing you pornographic	10 (9.3%)	22 (8.7%)	71 (11.5%)	103 (10.6)
Ever experienced anybody touching your breast, buttocks or kisses against your will	5 (4.6%)	22 (8.7%)	52 (8.5%)	79 (8.1)
Ever experienced relatives had any form of sexual activities with you	3 (2.8%)	4 (1.6%)	8 (1.3%)	15 (1.5)
Ever experienced an adult exposing his/her nakedness deliberately in your presence	1 (0.9%)	7 (2.8%)	15 (2.4%)	23 (2.4)
Ever experienced an adult asking you to touch his/her genitals	2 (1.9%)	10 (4.0%)	12 (2.0%)	24 (2.5)
Ever experienced any form of oral sex with an adult unintentionally	1 (0.9%)	5 (2.0%)	9 (1.5%)	15 (1.5)
Ever experienced any adult engaged in sexting (phone sex) with you	0 (0.0%)	2 (0.8%)	2 (0.4%)	4 (0.4)

Further analysis on respondents '*ever experienced any form of oral sex with an adult unintentionally'* shows that 0.9% of those in JSS I had had the experience, followed by 1.5% of those in JSS III, and 2.0% of those in JSS II. Indeed, those who have '*ever experienced any adult engaged in sexting (phone sex)'* with respondents' were found among JSS II (0.8%) and JSS III (0.4%) with no response in JSS I. This is indicative that at least one of the respondents has ever had the experience of unintentional sexting as a form of CSA among the study population.

In order to establish relationship between background variables of the respondents and their experiences of child sexual abuse, logistic regression analysis was performed to examine the magnitude of influence of these background variables on experience of child abuse. As Table 4.6 presents the logistic regression analysis showing the relationship between background variables and experience of child sexual abuse in MODEL 1 and 2; it is clear that there is statistically significant relationship between class of respondents and the experience of child sexual abuse at MODEL 1. This implies that there is positive relationship between class and experience of child sexual abuse. In other words, as respondents progress in the level of their classes, the more likely they experience child sexual abuse. Indeed, both respondents in JSS II and JSS III are 2 times more likely to experience child sexual abuse than their counterparts in JSS I.

At the inclusion of background variables to the class of respondents, there is still significant relationship between class and the experience of child sexual abuse. While those in JSS II are 1.4 times more likely to experience child sexual abuse, those in JSS III are 1.2 times more likely to experience child sexual abuse than those in JSS I.

In the same MODEL (2) where socio-demographic background of the respondents has been included, sex is significantly related with the experience of child sexual abuse. For example, male respondents have been found 70.9% less likely to experience child sexual abuse than their female counterparts.

Among other background variables of the respondents, age is statistically significant with the experience of child sexual abuse. While those within the age group of 13-15 years are 2 times more likely to experience child sexual abuse than those in the reference group (less than 12 years), those who are 16 years and above are 3 times more likely to experience child sexual abuse than those in age group less than 12 years. This result

suggests that the older a child becomes, the more likely he/she experienced child sexual abuse. This may be due to rapid physical and biological growth of sexual organs such a child is bound to experience during puberty at that age category when compared to those in younger age groups.

Although there is no significant relationship between senatorial districts and the experience of child sexual abuse among the study population, residence and the experience of child sexual abuse are significantly related. For example, those who are in urban centres are 1.2 times more likely to experience child sexual abuse than those in rural areas. This may be due to the fact that urban population are more exposed to modern facilities than the rural population or the urban respondents are more vulnerable to child sexual abuse than those in the rural areas.

On the religious affiliation of respondents and membership of ethnic groups, there is no statistically significant relationship between religion, ethnic group and the experience of child sexual abuse. In other words, adherents to a particular religion or membership of an ethnic group have nothing to do with the experience of child sexual abuse. This also means that membership of either traditional, Christianity or Islamic religion does not determine the magnitude of respondents experiencing child sexual abuse. Similar trends can also be observed in membership of ethnic group – whether a respondent belongs to Hausa, Igbo or Yoruba ethnic group does not really matter in the experience of child sexual abuse.

Table 4.6: Logistic Regression Showing the Association Between Demographic Variables and Experience of Child Sexual Abuse

VARIABLES	MODEL 1 OR	MODEL 2 AOR
Class		
JSS I (***Ref***)	**1.000**	**1.000**
JSS II	1.592 (0.465)*	1.414 (0.347)*
JSS III	1.507 (0.410)*	1.156 (0.145)*
Sex		
Female (***Ref***)		**1.000**
Male		0.709 (-0.344)*
Age		
Less than 12 years (***Ref***)		**1.000**
13 – 15 years		1.587 (0.462)**
16 years and above		3.226 (1.171)*
Senatorial Districts		
Ogun West (***Ref***)		**1.000**
Ogun East		1.045 (0.044)
Ogun Central		1.152 (0.142)
Residence		
Rural (***Ref***)		**1.000**
Urban		1.219 (0.198)*
Religion		
Traditional (***Ref***)		**1.000**
Islam		1.112 (0.106)
Christianity		1.122 (0.115)
Ethnic group		
Other ethnic group (***Ref***)		**1.000**
Hausa		2.303 (0.834)
Igbo		1.512 (0.414)
Yoruba		1.506 (0.409)
-2 Log likelihood	1199.254	1178.433
Cox and Snell R Square	0.004	0.025
Nagelkerke R Square	0.005	0.035

Significant at P<0.05 P<0.01***
Number of observations=976
OR=Odds Ratio
AOR= Adjusted Odds Ratio

From the narratives of child sexual abuse, it was revealed that a number of cases of child sexual abuse have been recorded among victims. For example, a sixteen-year old girl narrated that although it was not really penetration she experienced but touching of breast was what she experienced from three member gang. As she stated:

> The experience of child sexual abuse I have had was just touching by three-member gang after closing in my school. It was not really penetration. I thank God because they did not rape me that day. And I am sure that nobody will do that in our school again. They were dealt with by the principal and our school counselor after I have reported them**(IDI/Female/16 years Old/Ijebu Ode/2019)**.

From another victim who was raped, she explained that: *It was not a good experience for me. Because the guy actually raped me where there was nobody to rescue me. He pleaded so that I will not report but I reported him to my mother and my mother came to our counselor to report* (**IDI/Female/13 years Old/Remo/2019**).

Another participant who had the experience of rape from a close relative narrated that:

> It was my uncle that did that to me. But he is no longer staying in our house. It was when I was just 13 years old that he did it to me. He came to stay with us and when nobody was around he would be touching my body until when he forced me and did it. I screamed but nobody came in that time. It was later I told my mum and they asked him to leave our house (**IDI/Female/14 years old/Abeokuta/2019**).

In an attempt to buttress the understanding of the experiences of child sexual abuse from the perspective of community people, qualitative aspect of the study reports that there were victims of child sexual abuse based on the experiences gathered from the key informant interviewees. For example, one of the participants narrated the experience of child sexual abuse she had and noted that it is a common phenomenon that occurred especially between a child and close relatives. As she explained when asked about those who have experienced the incidences of child sexual abuse and sought for medical attention:

> Let me make use of two experiences. In the first experience, the victim stays with her mother and her step father, while the mother had 3or 4 children. I think the victim (a girl) was the third born or so, and the step father was just molesting her (victim). She (victim) had no other family to go to because her father was late and the mother does not want to leave the man's house. You can now see that it was a serious issue that

> needed urgent attention. When the mother eventually got to know this, she (mother) did not want to leave the man's house. She rather told the child to leave home very early for school and come back home late in the night in order to avoid such molestation. The second case was that of the uncle. Although they were not related but he stays with them. From what I heard, he always ask the girl to sit on his laps and whenever the girl noticed that his penis is erect, she will say uncle I want to stand up but he insist that she still sits on, although there was no penetration yet (**KII/Nurse/Ijebu Ode/2019**).

In addition to the above reports, another medical officer (nurse) stated that actual penetration of penis into the genitals is the commonest child sexual abuse she deals with. And most of these incidences were perpetrated by close relatives of the victims. She narrated three instances of child sexual abuse that she has treated:

> With what you have just asked, I can give you three instances I have personally handled and treated. One of them was associated with a neighbour who had sex with a nine-year old girl. And I am sure the neighbour was an adult. There were tears at the private part of the small girl, and we have to get the girl treated. Although the matter was taken to the police. The second one was by a step-father of the girl which has caused the girl not to be able to walk properly. It was the mother that realized that the daughter was not walking properly before she was brought to the clinic and we asked questions before she told me that it was her step-father that had intercourse with her and pleaded not to tell anybody. The third one was a rape that everybody took seriously and the girl was brought to the clinic for treatment. Although it is not something that occurs on regular basis, but it is not morally acceptable to do that (**KII/Nurse/Abeokuta/2019**).

In another experience, which was sourced from the newspapers by a nurse, child sexual abuse is a common social problem with different tactics being employed by the perpetrators. As the nurse explained:

> Child sexual abuse is now common in the society. To tell you, up till yesterday, I was listening to a radio programme where a father was accused of sexually abusing his 13-year old daughter and he was calming that he was trying to protect her. Another incidence of a teacher at Lagos, who invited a 17-year student to the laboratory that he wanted to teach her some topic in biology and then raped the girl (**KII/Nurse/Sagamu/2019).**

From another participant, it was explained that rape was a common phenomenon of child sexual abuse. As such about 70% of these cases are usually common among those who

are closely related with the victims. As a school counselor interviewed narrated her experience with victims:

> Hmmnn … … I will say most of the experiences I have had were incidences associated with rape. I can categorically tell you that 70% of child sexual abuses were associated with rape. I have cases of children staying with their parents and were being raped by their own fathers. I have also handled cases of those perpetrated by uncles, neighbors' and that of house maids who were being raped by their boss's husband. You can now see that the incidence of child sexual abuse is not always from outside of the child homes (**KII/School Counselor/Ijebu Ode/2019**).

In support of the above statement, another school counselor explained that child sexual abuse is what occurs almost on daily basis among the students. As she explained, child sexual abuse cuts across all forms of sexually related abuse such as touching sensitive parts of the body. She further noted that although cases of rape or penetrations into the genitals of females illegally were usually reported by the parents of the students (victims) before this time, quite a number of incidences reported by the students in her office were touching of breasts and buttocks mostly by their male counterparts or seniors in the school. In her precise narrations:

> I don't want to say actual penetration into the genitals are not reported in my office especially by the parents of the victims when I was in my former school, but we have more of the reports of touching breasts and buttocks by their mates in the class even by the senior colleagues. These are also child sexual abuses. Indeed, we frown at it in our schools. It has gone down to the bearest minimum now especially in this school I am. Or may be the victims are now feeling ashamed to report some of these cases to me as the counselor. But I want to say, we did have some of these reports and complaints in my former school before I was posted to this school (**KII/School Counselor/Abeokuta/2019**).

From the view of another participant (Police Officer) who was interviewed, it was reported that although there were reports of child sexual abuse especially in their police station after the incidences must have occurred, the perpetrators were not usually from parents rather from strangers or neighbours of the victims. As the officer reported:

> The incidences of child sexual abuse were usually reported after the act. Those that we have handled so far were the ones perpetrated by stranger and neighbor. We have not handled those that were perpetrated by the biological fathers of the victims or had any report of biological father(s) molesting their own children. Not that I have not heard about such

> cases, I have heard it and I have seen it only that I have not handled such cases in my office **(KII/Police Officer/Abeokuta/2019**).

Contrary to the views of other participants on child sexual abuse, a school counselor interviewed added that forceful sex with partner(s) can be termed to as child sexual abuse. In her experience with one of the victims of child sexual abuse, it was a boyfriend that had a forceful intercourse with his girlfriend which she narrated that it could as well be termed to as child sexual abuse. When the researcher asked whether having intercourse with intimate partner by under-age can be termed to as child sexual abuse or not, she stated:

> Yes, it's an abuse. To tell you, there are wives that are being abused by their husbands. There was a girl that shared with me sometimes ago that she used to be a virgin when she met the guy (boyfriend) and then, the normal intimate things went on and on, and when it was time for sex she said no, but the guy forced her to have the sex. What I mean is this, anything that is against ones consent especially in sexual matters; it is an abuse regardless of the relationship or whatever. So I will not entirely blame her (**KII/School Counselor/Remo North/2019)**.

This is by implication suggesting that child sexual abuse is common phenomenon among the study population which may not necessarily mean that actual penetration into the genitals occurred. Indeed, unnecessary touching of opposite sex especially in sexually sensitive parts of the body, is a serious child sexual abuse since there was no mutual consents before the acts.

4.4 Disclosure Rate and Non-Disclosure of Child Sexual Abuse

This study also explored the rate of child sexual abuse disclosure among the study population. the rate of disclosure was measured by whether those who have experienced child sexual abuse reported to law enforcement agencies or others relevant authorities or whether they have heard colleagues reporting the incidence of child abuse to any authority or not. As the report is shown in Figure 4.3, only 17.1% of the respondents have reported or heard their colleagues reporting child sexual abuse to either law enforcement agencies, parents or otherwise. The Figure also presents the rate of disclosure by class of respondents. It was revealed that those in JSS III has the highest percentage of disclosure rate with 48.5%, followed by those in JSS I with 28.1%, while

those in JSS II had disclosure rate of 23.4% as the lowest percentage. In overall, it means that the disclosure rate of child sexual abuse is low among the study population.

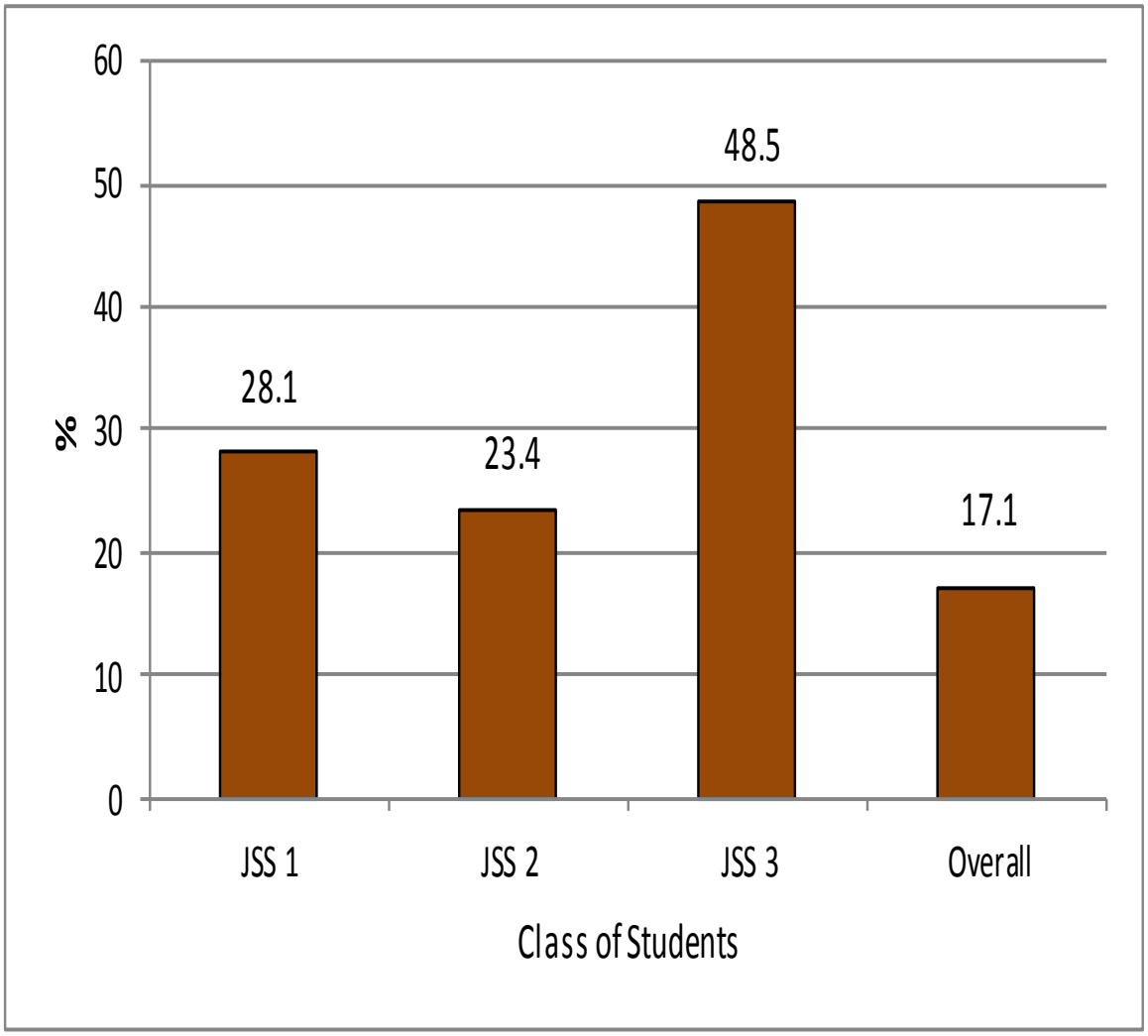

Figure 4.3: Percentage Distribution of the Rate of CSA among victims

As part of the measure to examine those who are likely to disclose the child sexual abuse, a logistic regression analysis was performed while taking all background variables of the respondents into considerations as presented in Table 4.7. The regression analysis was run at three models (MODEL 1, 2 and 3). While MODEL 1 of the regression examined the relationship between the class of the respondents and disclosure rate, MODEL 2 included the knowledge of sexual abuse in order to explore the predictive power of knowledge on disclosure rate. MODEL 3 on the other hand, systematically included all background variables so as to examine the extent to which disclosure rate are predicted.

At MODEL 1 however, there is significant relationship between class of respondents and rate of disclosure. While those in JSS II are 23.7% less likely to disclose child sexual abuse, those in JSS III are 19.7% less likely to disclose child sexual abuse. This suggests that there is an inverse relationship between class of respondents and disclosure rate of child sexual abuse.

At MODEL 2 where the knowledge of child sexual abuse was included, there is still significant relationship between class of respondents and disclosure rate, but there is no significant relationship between knowledge of sexual child abuse and discourse rate. Take for example, while those who are in JSS II are 23.7% less likely to disclose child sexual abuse, those in JSS III are still 19.7% less likely to disclose child sexual abuse. This is indicative that even with the inclusion of knowledge of child sexual abuse, the rate of child sexual abuse remain unchanged among the study population.

At MODEL 3 where all background characteristics have been included, there seems to be a drop in the likelihood of disclosure rate by class of respondents. For example, those in JSS II are 17.6% less likely to disclose child sexual abuse, and those in JSS III are 12.1% less likely to disclose child sexual abuse.

Furthermore, knowledge of child sexual abuse and sex of respondents have been found not to significantly influence child sexual abuse among the study population. But age of the respondents is significantly related to the rate of disclosure of child sexual abuse. While those within the age bracket of 13 and 15 years are 2.3 times more likely to disclose child sexual abuse, those who are 16 years and above are more likely to experience child sexual abuse than those who are less than 12 years in age.

Table 4.7: Logistic Regression Predicting the Rate of Disclosure of CSA

Variables	Model 1	Model 2	Model 3
Class			
JSS I (***ref***)	**1.000**	**1.000**	**1.000**
JSS II	0.237**	0.237**	0.176**
JSS III	0.197**	0.197**	0.121**
Knowledge of sexual abuse			
Low knowledge (***ref***)		**1.000**	**1.000**
Moderate knowledge		0.695	0.696
High knowledge		0.774	0.737
Sex			
Male (***ref***)			**1.000**
Female			0.914
Age			
Less than 12 years (***ref***)			**1.000**
13 – 15 years			2.338**
16 years and above			4.079**
Senatorial Districts			
Ogun West (***ref***)			**1.000**
Ogun East			0.526*
Ogun Central			0.467*
Residence			
Rural (***ref***)			**1.000**
Urban			1.794*
Religion			
Traditional (***ref***)			**1.000**
Islam			3.037
Christianity			4.281
Ethnic group			
Hausa (***ref***)			**1.000**
Igbo			5.284
Yoruba			2.126
Other ethnic groups			1.603
-2 Log likelihood	844.631	841.582	813.705
Cox and Snell R Square	0.049	0.052	0.078
Nagelkerke R Square	0.081	0.086	0.131

Significant at p<0.05*p<0.01**

Number of observation = 976

ref = Reference category (always at constant 1.000)

This follows that age of the respondents determines the extent to which the incidences of child sexual abuse is disclosed among the study population. Put differently, those who are older are more likely to disclose child sexual abuse than those who are younger in age.

In an examination of the senatorial districts of respondents and disclosure rate, there is significant inverse relationship between senatorial districts and disclosure rate. While those who are in Ogun East are 52.6% less likely to disclose child sexual abuse, those who are in Ogun Central are 46.7% less likely to disclose child sexual abuse. Although the senatorial districts of respondents are inversely related to the rate of disclosure among respondents, there are still variations in the likelihood of disclosure by senatorial districts.

The residence of respondents is also significantly related to the rate of disclosure. Those who resided in urban centres are 2 times more likely to disclose child sexual abuse than those who resided in rural areas. This may be as a result of the variations in the likelihood of their exposures to those in authorities in urban settings compared to rural settings.

While there has been significant relationship between some background variables at MODEL 3, religion and ethnic group membership have been observed not to have had significant relationship with the rate of disclosure of child sexual abuse among the study population. These suggest that religion and membership of ethnic group have no influence on the rate of child sexual abuse disclosure among the study population.

The qualitative findings further reveal that although there were a number of child sexual abuse disclosed among victims, there delays at disclosure for others while some were not even disclosed until the manifestations of the side effects of the acts. For example, one of the victims interviewed explained that she did not want to say it until she started complaining about body pains to a nurse during treatment due to the threat of battery from the perpetrator. As she shared her experience when asked whether she reported the matter or not:

> I found it difficult to share it with anybody when the incidences happened. This was because, before it happened I was always beaten and threatened not to tell anybody. So I used to be afraid to tell anybody until when my mother took me to a nurse for treatment that the nurse

> asked started asking me some questions and I told her what I have been experiencing (**IDI/Female/14 years Old/Remo North/2019**).

From another participant who shared it but delay at sharing with people indicated that immediately the incidence started occurring, she wanted to share it but she was afraid of telling her mother or any other person until when she eventually shared it with her school counselor. In her narratives when she was asked about her experience:

> It was my uncle that made me not to have shared it earlier because there was no penetration then. But when my school counselor got to know about it, my mother was called and they asked my uncle to stop it and he was asked to leave the house too. He always asked me to sit on his laps and the prick will start coming up. And if I say I want to stand up he will not allow me. For me to tell my mum, I found it difficult until I later shared it with our school counselor (**IDI/Female/13 Years Old/Sagamu/2019**).

On the contrary, a participant who had similar experience stated that although she did not report the incidence to anybody when it started but when it was out of hand, it was shared and the perpetrator was asked to leave their house. As the victim noted when asked whether the matter of rape was reported:

> I shared it with my mum when he forced me to do it. As I have said, it was my uncle but no longer staying with us. I didn't share it when he used to touch me because I thought he was just playing with me that time until one day nobody was around and he forced me to do it and that experienced was painful and disappointing. I told my mother (**IDI/Female/14 Years old/Abeokuta/2019**).

From another participant who had similar experience, she narrated that the matter was reported immediately to her mother before the school counselor intervened. As she reported:

> Immediately it happened, I told my mum when I got home before my mother came to report to our school counselor. Despite the fact that he (guy) pleaded I reported it because it was against my will and he forced me when nobody was around (**IDI/Female/13 years Old/Remo/2019**).

This is by implication suggesting that the disclosure of child sexual abuse by the victims is closely related to the kind of relationship existing between the victims and the perpetrators of the acts. It is therefore sufficed to state that when the perpetrators are

relatives of the victims, there used to be delay in sharing or reporting the incidence to appropriate authority when compared to those who were not relatives.

4.4.1 Reasons for Delay or Non-Disclosure of Child Sexual Abuse

In a further analysis of the rate of disclosure from the qualitative data, one of the participants explained that disclosure of child sexual abuse is low. From her experience, as a nurse, she noted that the victim could not share the experience of her child sexual abuse even though when she was in pain until when there was a need to treat her properly. As the participant explained when she was asked whether the cases of child sexual abuse were reported at the clinic for medical attention or not, she responded that they only report when the issues required medical attention. As she stated:

> I will say as per reporting or disclosing the matter in the community is not common until when it requires medical attention. For example, the one I treated sometimes ago had no physical injury, but there was emotional trauma. What I did was to ask questions from the victim, I got to realize that the victim had no physical injury but always complaining of body pains. When I probed her further, she made us to know that somebody somewhere have been molesting her and will always beat her anytime he wants to have sex with her. That was how we got to know that she was been abused sexually (**KII/Nurse/Remo North/2019**).

This implies that even though they (victims) have had negative experience of child sexual abuse, they (victims) feel reluctant at disclosing the acts for immediate actions. However, when the issue of disclosure was raised with another participant (School Counselor), especially on how she got to know about cases of child sexual abuse in their communities or schools, it was stated that she has been trained to handle such cases and they usually come to report some of the cases for her to handle at school. As she stated:

> … … ehm, well, as a counselor specializing on Psychology, people are entitled to come to me. Most times, cases they see as serious cases were brought to me and I handle them appropriately. So with that, I get to know somehow. As in they come to me to report. Therefore, people walk up to me for advice on that (**KII/School Counselor/Sagamu/2019**).

When the school counselor was further asked whether the students reported such cases at school, she noted that her detection may not come out right rather they come to report:

"*my detection does not come out right. The ones I know of, they came to tell me*". This is indicative that the report of the cases of child sexual abuse is dependent on the professionalism of the personality especially for a counselor.

From the responses of a Police Officer interviewed, disclosing child sexual abuse is said not to be a common phenomenon in most communities in Ogun State except when the matter has gone out of hands that they needed legal interventions. And again, with the interventions of police, when the matter seems to be treated as court case, the relatives of the victims would rather seek for alternatives options for its resolution. As the Police Officer stated:

> Disclosing child sexual abuse to the police in particular is not common in this community. The only time they call for police intervention would be when it is reported at the police station for legal steps to be undertaken. And even some times when the matter is taken to a more complex legal steps especially court matters, the relatives of the victims rather seek for alternatives for its resolutions. You can see that it would be difficult for such acts to be eradicated in most of our communities (**KII/Police Officer/Abeokuta/2019**).

However, the reasons for low rate of child sexual abuse's disclosure was ascertained from the participants, different reasons when reported ranging from shame, social stigma on the victims or the perpetrators, close relatives to fear of threats. For example, one of the participants interviewed narrated that there are both feeling of shame, social stigma and fear of threats that a child is sexually abused. As she shared when asked the reasons for non-disclosure or delay in disclosing child sexual abuse:

> In this part of the world, we are very shallow minded. Our hearts are black. They wouldn't speak out probably because of the social stigma that the victim will face. Sometimes, there are things the children will never tell their parents because of the fear of been beaten and sometimes parents ask the children to keep it to themselves. When I heard about a case that happened at a school, where a student raped a student teacher, I was shocked. I ask how it happened. He had already done it to a co-student before this time but the student did not let it out because of the shame. And as a Nigerian, the next question I ask was where the child is now, how he walks around the school. Then my boss laughed and was like, you see, that was why they would not come out to speak. I was just asking like as Africa that I am, how the boy has been doing it, I was perplexed. It was when the student teacher came to inform the school that the boys' mother was asked to come around and he was eventually expelled from the school, but he had already done it to others

> before this time but because of the shame, the social stigma, it may not be now but in future. There is this popular singer that his wife got raped by a pastor. She didn't let it out. And because of emotional suppression, the guy subjected her to more abuse. By the time he is abusing her, he would tell her things that she would remember later like "you should be happy am the one doing this to you, if you tell anybody, I will do this, I will do that" – just to threaten her, which means he must have crushed her spirit at that point. So, they will never tell anybody, they will never, until much later (**KII/Nurse/Ijebu Ode/2019**).

In line with fear of shame and social stigma as reasons for non-disclosure highlighted above, another participant mentioned that social stigma is a factor:

> Yes, the social stigma is there. It affects the disclosure of child sexual abuse. To them, is like, it's very shameful to share it with people. I heard of one case recently of a lady that was raped by armed robbers. They stole from her and also raped her. She reported the case to the police but only reported the theft but not the rape. She was asked if that was all that happened she said that was all. It was the armed robbers when they were caught that disclosed that they even raped her. It was so shameful for the girl to share (**KII/School Counselor/Abeokuta/2019)**.

From another participant who subscribed to the view that there are delays at disclosing child sexual abuse because of fear of threats noted that:

> I think victims delay disclosure as a result of threat. Threat from either the perpetrator or when scared of what the society would say or scared of receiving blames, you know? And I think I understand their reasons for not talking, so sometimes if they don't want to talk, we let them be. But of course, we give them reasons to talk. Threat is what is most common on why they do not speak out. For example, there was a case I handled; it took time before the girl voiced it out. In fact, she did not talk to anyone about it until after 9 months, even though she was older than 13 years, before she was able to summon courage to speak out. So it takes time (**KII/School Counselor/Remo North/2019)**.

From the view of another participant, it was also stated that threat of been humiliated affected disclosure. As he stated:

> Like the one I told you about which resulted into pregnancy, I ask her why she didn't report to her mother or the woman she was working with. She said she was afraid because she was been threatened by the perpetrator. So, most times, they don't tell anybody. She later said just that they are being threatened. That was what they do tell me. They are afraid, they don't want to die. Because that was what the perpetrators

> told them, "If you tell another person you will die". They are afraid of saying it out, believing that something bad would happen to them. Not knowing it all lies (**KII/Police Officer/Abeokuta/2019).**

From another participant:

> Like some of them that say the perpetrator will go as far as threatening them not to say it out, showing them one thing or the other that if you talk this is what will happen to you. I told them it's a mere fallacy that they should not listen to then but should report such cases to the police. I also enlightened their parents how to monitor their children and give them sex education (**KII/Police Officer/Remo North/2019)**.

In addition to the reasons for non-disclosure of child sexual abuse, another participant pointed out that ignorance could be a major factor at not disclosing child sexual abuse as early as possible for action to be taken. As the participant stated when he was asked whether it can be attributed to the belief system of the community or not, he stated thus:

> No I don't think it's a belief. Or would you say that their relationship? Having cordial relationship among themselves is belief? No the relationship between them cannot be a belief. There is no belief in that. They don't have any belief that if they expose either the perpetrator or the victim that so and so things will happen to them. No. it is just their ignorance about all what the victim can pass through later in life. That is it (**KII/Police Officer/Sagamu/2019).**

As another participant added, the relationship between the victims and the perpetrators is a factor at non-disclosing the acts. As she explained:

> The matter is usually complex for the victims especially when it is father-daughter child sexual abuse. And that is why when it comes to father-daughter child sexual abuse is either they are not reported or when reported to the police they withdraw the case immediately and promise to settle it at home. This is a challenge for us to actually curb the menace in our society (**KII/Police Officer/Ijebu Ode/2019**).

Further reasons for non-disclosure as identified by participants were issue associated with the fear of prosecution especially for those that are close relatives. A school counselor interviewed opined that:

> May be the fear of prosecution could be a factor. You know that there are lots of NGOs out there that can take any mater related to child sexual abuse without payment. And because of that they feel reluctant at discussing the matter in the open or even report the case to appropriate

> authority. As a matter of fact, it's also stressful; you know making human beings to talk about what he or she has experienced is very stressful but somehow, they end up getting it (**KII/School Counselor/Sagamu/2019)**.

Another reason found to be related to the fear of prosecution which was pointed out by a police officer was that if reported or disclosed to the police for prosecution, their relationship may be affected negatively as family member especially for those affecting relatives. As the officer noted:

> I think it is just about their relationship with each other, because they don't want their relationship to be sour. But they would think if they should go further with the case at the police station, coming back home will not be something good for them. Their mentality as in the saying that *a kin lo kotu kasi ma do re* – meaning we cannot go to court and still remain friends (**KII/Police Officer/Ijebu Ode/2019)**.

Accepting it in good faith was also found to be a common thing that affects most victims not to disclose it. As a participant noted:

> … … to tell you some will say there is no solution. Let me just accept it, the deal is done already, it's not as if we can undo it, so what the point talking. And some will say; don't tell them that I told you, I don't want to die. Well, that was the major one's I know **(KII/School Counselor/Sagamu/2019)**.

The results from the qualitative findings suggest that only few of the perpetrators were actually brought to book for punishments. In other words, there were series of reasons that could hinder the prosecutions of the perpetrators among the study population. These further points to the fact the fear of prosecution of offenders or perpetrators of the acts may not serve as deterrence for other perpetrators.

4.4.2 Detective Strategies for CSA by Nurses, Counselors and Law Enforcement Agents

Since the disclosure rate was low and the reasons were highlighted by the participants of this study, participants were further questioned that since there are delays or outright non-disclosure of cases of child sexual abuse, what were the strategies they employed to detect the incidences of child sexual abuse among victim? One of the participants who is a nurse explained that treatment of sexually transmitted diseases was the major means of detecting child sexual abuse. As the nurse explained:

> I think there was a time where I was posted from, there was a time a child came in with sexually transmitted diseases (STDs). We were able to differentiate it from a toilet disease. She might have contacted it *via* sexual intercourse which by going by her age, it cannot be consensual. Although she appeared naïve, I tried to probe further but she did not open up, so I didn't probe further. But I later heard, after she had left the area that there was a boy that was perpetrating the act within the school but that he had been expelled (**KII/Nurse/Sagamu/2019)**.

From the report of another participant who was also a nurse, excessive body pain by a female patient can be used as a detective strategy. As she explained:

> As I have told you earlier, the girl did not want to open up that she was being molested by someone, but when I began to ask questions she was able to say it categorically that it was somebody that used to molest her and before the act, she would be subjected to beating. From there I got to know that she has been molested sexually (**KII/Nurse/Remo North/2019**).

When other participants were further asked about the strategies to detect child sexual abuse, one of the school counselors stated that:

> Well, am not a big counselor but have been opportune to have a link with some NGOs that are handling such cases. There is one I work hand in hand with - TDL foundation, if it's a case I could handle I will handle it appropriately, but if it's too much for me to handle, I call the NGO and they take it up (**KII/School Counselor/Abeokuta/2019**).

Another participant who was a school counselor explained that one of the strategies she usually adopts to detect the occurrence of child sexual abuse is by creating good rapport with the victims.

> Well, its stressful like I said to detect child sexual abuse, and it's also easy. Like I said earlier, am not just a counselor am also a trained Psychologist. You just don't sit and start asking, this and that and get biro and start writing down. No! There is more to it; you have to get down with them. As in establish a rapport with them, make friends with them, take them out for a date, and get intimate with them (**KII/School Counselor/Sagamu/2019**).

From these findings, it would be interesting to note that although most of the victims may not have the capacity to share the experiences of their child sexual abuse due to fear of threats and social stigma, there are strategies to which counselors and medical care

providers can deploy to detect that incidence of child sexual abuse have occurred in a victim.

4.4.3 Management Strategies for CSA by Nurses, Counselors, and Law Enforcement Agents

This study explored the management strategies experts employed to manage the incidences of child sexual abuse in their respective locations. As one of the participants noted, separation of the place where victims reside from the environment of perpetrators in the case where they lived together was usually adopted. As this participant explained:

> On the two cases I have spoken about, let me just explained how I advised them to manage the issue. The first case was the one staying with the step father, when I invited the mother, I told her to ventilate her mind. She said she is going to ask one of her sisters staying somewhere around Abeokuta, I think Kajola; that the girl will go and stay with the sister there, while she (the mother) continues to stay with her husband as she is not ready to leave the man as at the time l left the school, the girl has left the school. Probably she made use of that measure. The second case of that of the uncle, we also invited the mother. We told the girl to tell the parents to come to the school which she said that the parents would not come. My boss then collected the mother's phone number and she came. The mother was informed about the development. She promised to call the uncle to order. She said the uncle just came to stay with them for a while, that he will soon leave (**KII/School Counselor/Abeokuta/2019**).

Further analysis showed that counseling was adopted to manage the situation of child sexual abuse. As a counselor opined:

> Like I said, I handed her over to the NGO. But before I handed her over, I put in words into her head. I have to calm her down, like pet talks, to let her see reasons to be alive. I also told her where she was going after she kills herself because am a Christian. I made her to see life in a different perspective and that she can make a living and empower herself and made a life even without her uncle. She said she couldn't achieve all this by herself, but I promised to hand her over to an NGO who will empower her (**KII/School Counselor/Sagamu/2019)**.

However, another participant who was a law enforcement agent had a different pattern of managing victims and perhaps the perpetrators of the act. As the participant narrated settling the matter amicably was adopted. In his statement:

> Managing cases like this is complex a times. However, there were two cases I have handled that I am going to share now. One involved pregnancy, while the other one did not involve pregnancy. The one that involve pregnancy, I handled it by telling the perpetrator to take up the responsibility until the victim puts to bed. After putting to bed, the victim now decides on what to do either to follow the perpetrator or walk away. That was how I handled it because, if I decide to go further to prosecute the perpetrator, the community members would not allow me. We just invited the two families and settle it and tell them to take up the child's need (**KII/Police Officer/Sagamu/2019).**

Regular check on the victim(s) by school authority was also employed as management strategy for child sexual abuse. For example, one of the participants interviewed explained that both the counselor and the head of the school always check on the victim to be sure that she (victim) was in class and not live a secluded lifestyle. As she narrated:

> As per the child that wouldn't stay in the class, we invited the mother. Before I left the school, the class teacher was put intimated of the abuse, so were the principal and some few other teachers. My boss took it upon herself to check the child in the class every other day to see how she was fearing. At interval, there was always someone going to the class to check on her (**KII/Nurse/Remo North/2019**).

This suggests that the ways through which the incidences of child abuse are handled varied significantly by professions of those handling it as well as the community to which the incidence of child sexual abuse had occurred.

4.6 Consequences of the Experiences of Child Sexual Abuse

The consequences of the experiences of CSA were examined in this study. Respondents were first asked which of the areas of life that were affected as a result of their experiences of child sexual abuse. Those that have actually experienced child sexual abuse indicated that they had experience of sexual dysfunction, psychological effects, PTSD, marital effects, and behavioural/relational effects as the consequences of CSA. In a more specific terms, Figure 4.4 reports that 39.1% of the victims had behavioural/relational problems (being the highest percentage), followed by those who had PTSD with 34.8%, and psychological effects with 12.4%. Other consequences included were marital effects (10.7%) and sexual challenge (3.0%). This follows that at least a victim of child sexual abuse had had an experience of the negative consequences of the acts in one form or the other.

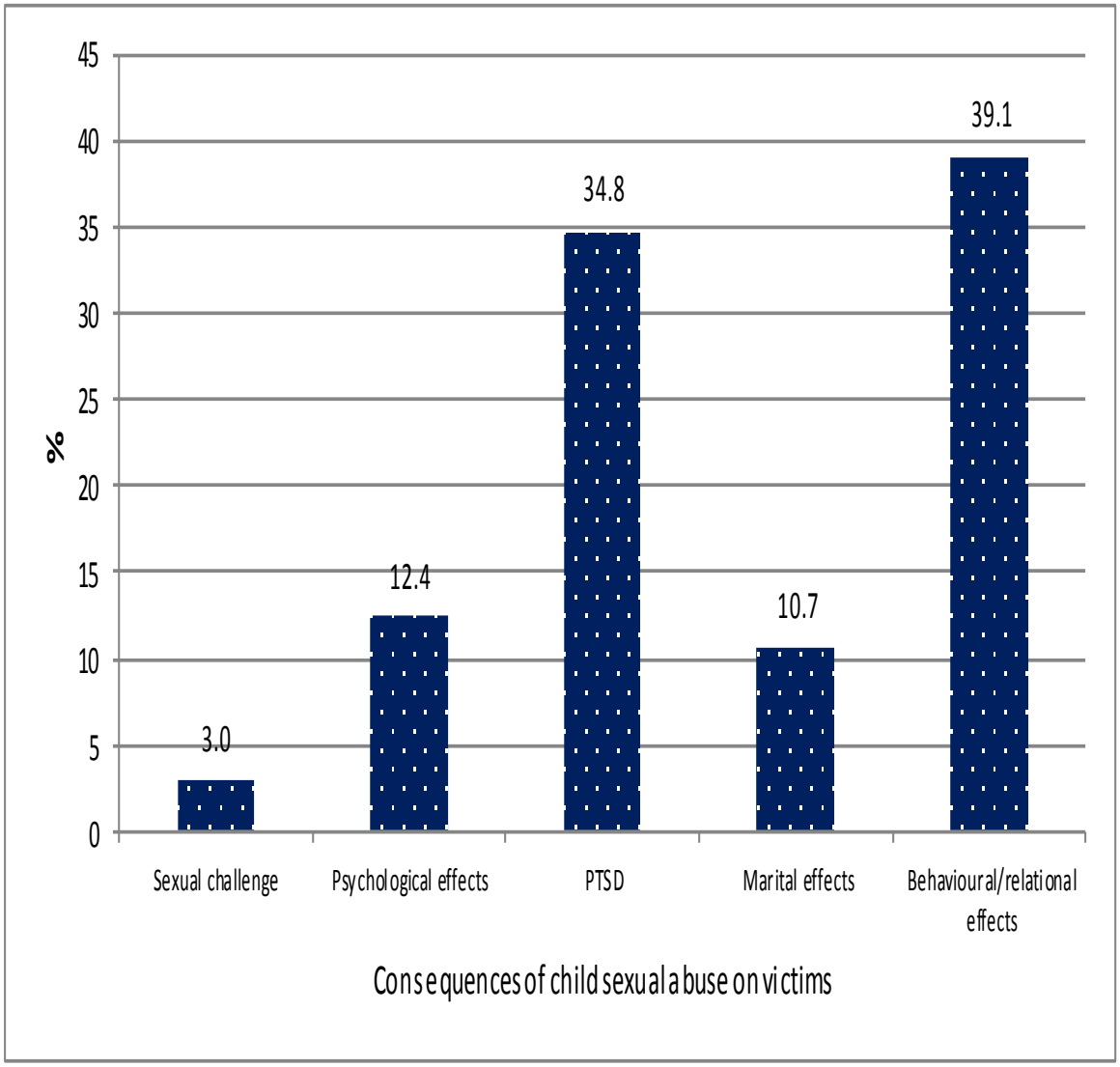

Figure 4.4: Distribution of Respondents by the Specific Effects of CSA on the Victims

PTSD=Post-Traumatic Stress Disorder

The specific perceived consequences of CSA were ascertained from the respondents, Table 4.8 presents the reports on the victims. The specific sexual challenge/health was ascertained from the respondents, it was mentioned that high-risk sexual behaviour (29.1%), risk of contracting STDS/HIV (39.1%), painful sexual intercourse (23.3%), and bleeding and bruises (8.1%) are the specific areas of sexual challenge victims would face. Among others, risk of contracting STDS/HIV has the highest percentage of sexual challenge/health victims are likely to face when compared to other sexual consequences.

On the psychological effects and consequences, dissociation (4.5%), mental health problems (33.7%), suicidal thoughts (4.4%), alcohol use and drug abuse (10.3%) and anxiety (47.0%) were various specific psychological consequences victims may face. This also means that at the occurrence of child sexual abuse, among other specific psychological effects, more respondents are more likely to experience anxiety (47.0%) as psychological consequences when compared to other specific psychological consequences.

In terms of PTSD, re-experiencing (41.2%), avoidance (16.2%) and over-vigilance or hyper-arousal (42.3%) were various PTSD consequences highlighted. This also means that at the experience of child sexual abuse by the victims, they would be more prone to re-experiencing and over-vigilance even at a slight perception of the experience of child sexual abuse within their environment.

The perceived consequences of CSA on marriage was ascertained from the respondents, it was revealed that commitment issues (28.7%), fear of intimacy (37.1%), marital dissatisfaction (25.2%) and spousal violence (9.0%) may be the negative consequences of child sexual abuse. Although all specific areas of marital effects are essential in considering the consequences of child sexual abuse, fear of intimacy has the highest percentage (37.2%) while spousal violence was the least (9.0%).

On the specific areas of consequences by behavioural/relational consequences, it was reported that less trust on others (21.5%), greater family conflicts (26.6%), isolation (21.4%), becoming a run-away (15.5%), and less stable relationship with others (15.0%) were highlighted as the consequences of CSA.

Table 4.8: Specific Perceived Consequences of CSA on the Victims

Consequences	Frequency (n=976)	Percentage (%)
Sexual challenge/health		
High-risk sexual behaviour	288	29.5
Risk of contracting STDs/HIV	382	39.1
Painful sexual intercourse	227	23.3
Bleeding and bruises	79	8.1
Psychological effects	44	4.5
Dissociation	329	33.7
Mental health problems	43	4.4
Suicidal thoughts	101	10.3
Alcohol use and drug abuse	459	47.0
Anxiety		
Post-Traumatic Stress Disorder	402	41.2
Re-experiencing	161	16.5
Avoidance	413	42.3
Over-vigilance/hyper-arousal		
Marital effects	280	28.7
Commitment issues	362	37.1
Fear of intimacy	246	25.2
Marital dissatisfaction	88	9.0
Spousal violence		
Behavioural/relational effects	210	21.5
Less trust on others	260	26.6
Greater family conflicts	209	21.4
Isolation	151	15.5
Becoming a run away	146	15.0
Less stable relationship with others		

However, none of the specific areas of relational consequences is placed above the other, but the experience of child sexual abuse tends to have the highest percentage of greater family conflicts than other specific behavioural consequences.

Moreover, the general perception of respondents on how the consequences of child sexual abuse can be described was ascertained. Figure 4.5 reports that the general perception of respondents varied by class, which ranged from poor, worse to worst. The overall perception based on these descriptions shows that 46.8% of the respondents perceived the consequences of child sexual abuse as worse, 40.5% perceived it as worst, while 12.7% perceived it as poor.

The descriptions of the consequences of child sexual abuse by class shows that 45.7% of those in JSS III perceived it as worse, 40.5% perceived it as worse, and 13.8% of them perceived it as poor. In the JSS II category of the description of the consequences, 49.8% of the respondents perceived it to be worse, 39.5% perceived it to be worst, and 10.7% of them perceived it to be poor. Similarly, in the JSS I category, 46.3% of the respondents perceived it as worse, 42.6% perceived it as worse, while 11.1% of them perceived it as poor. In all however, the descriptions about the perception of the consequences of child abuse suggests that it is not a palatable consequence to the well-being of children in that age category.

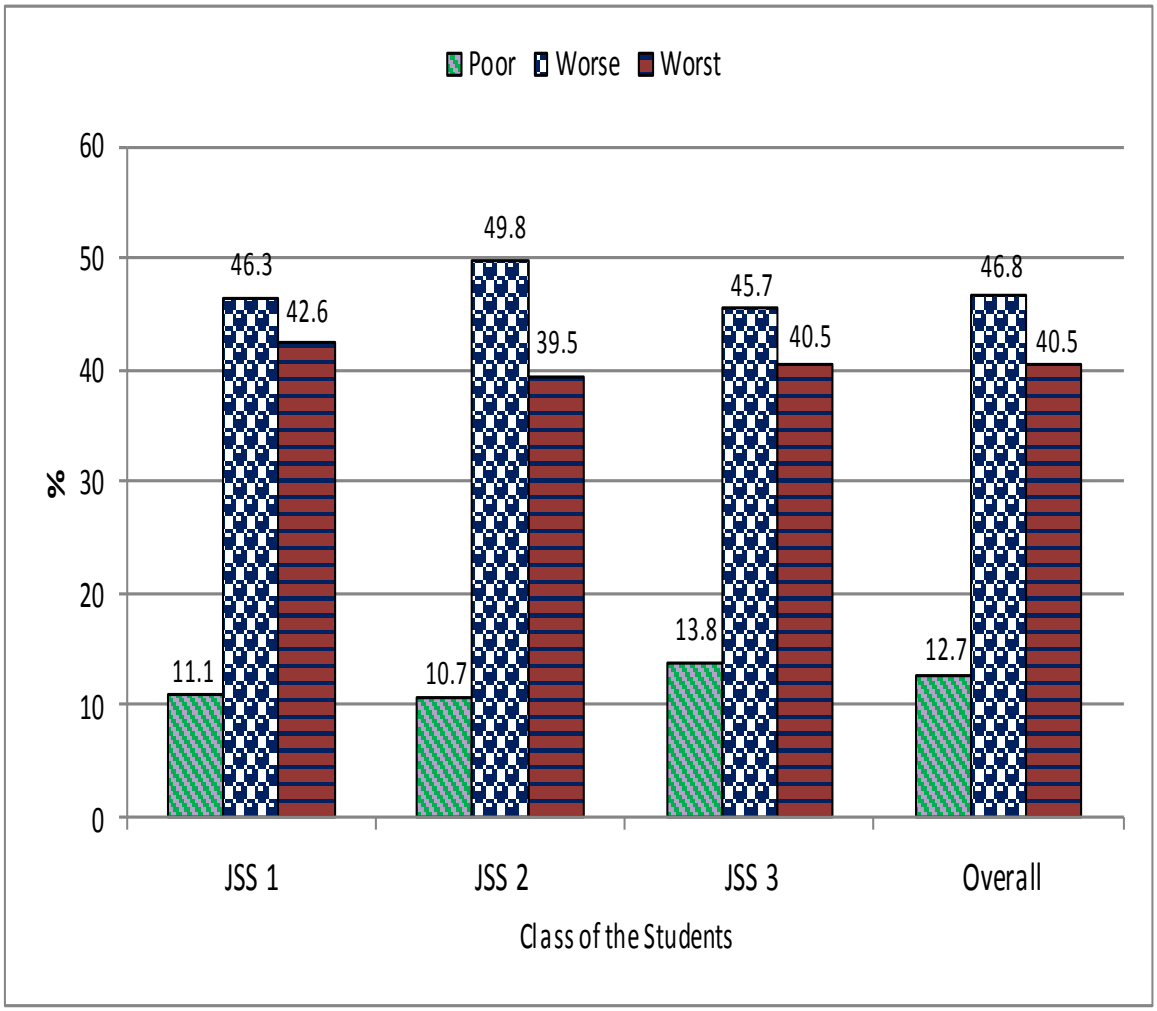

Figure 4.4: Descriptions of the Consequences of CSA by Class of Respondents

In order to examine the differences in the means of the consequences of child sexual abuse experiences among groups, ANOVA was performed at $p<0.05$ significant level across class, sex, age, senatorial districts, religion, and ethnic group of the respondents. It should also be noted that while one-way ANOVA was performed on the groups with three or more categorical groups, ANOVA was performed on variables with two categorical variables.

Table 4.9 indicated that although the result of One-Way ANOVA on the difference in the mean consequences of the class of respondents shows no statistically significant differences, the mean of the consequence of child sexual abuse remains the highest among respondents in JSS I with a mean of 2.31 and standard deviation of 0.665. The mean of the consequences of child sexual abuse among respondents in JSS II is also high with 2.29 and standard deviation of 0.645, while the mean of the consequence of child sexual abuse among respondents in JSS III is 2.27 with standard deviation of 0.688. This is indicative that although there is no statistically significant difference in the means of those in JSS I, 2 and 3 relative to the consequences of child sexual abuse, there are variations in the means of the consequences with those in lower classes experiencing higher consequences than those in the higher class.

Similar observation is made on the means of male and female relative to the consequences of the experiences of child sexual abuse. In that there is no statistically significant difference between the means of male and female relative to the consequences of the experience of child sexual abuse, but the mean of the female respondents (2.27 ± 0.679) is higher than their male counterparts (2.29 ± 0.671).

This implies that despite there is no significant difference in the means of male and female relative to the consequences of child sexual abuse, female respondents have higher mean of the consequences of child sexual abuse than their male counterparts.

While there is no significant difference between the means of the consequences of child sexual abuse on class and sex, there is statistically significant difference in the means of age categories relative to the consequences of child sexual abuse ($F(2, 973) = 11.874$, $p<0.05$). Of course those within the age category 16 years and above had the highest mean (2.67 ± 0.478) of the consequence of child sexual abuse, followed by those in age 12 years and below with the mean of 2.37 and standard deviation of 0.639,

Table 4.9: Test of Differences on the Consequences of the Experiences of CSA among Groups Using ANOVA

Group	Number of Observations	Mean (SD)	F-Ratio	p-value
Class				
JSS I	108	2.31±0.665	(2, 973)	0.757
JSS II	253	2.29±0.645	0.278	
JSS III	615	2.27±0.688		
Sex				
Male	509	2.27±0.679	(1, 974)	0.681
Female	467	2.29±0.671	0.169	
Age*				
Less than 12 years	278	2.37±0.639	(2, 973)	0.000**
13-15 years	662	2.22±0.687	11.874	
16 years and above	36	2.67±0.478		
Senatorial Districts				
Ogun West	307	2.30±0.696	(2, 973)	0.778
Ogun East	344	2.28±0.655	0.251	
Ogun Central	325	2.26±0.677		
Residence				
Rural	378	2.24±0.718	(1, 974)	0.145
Urban	598	2.30±0.645	2.125	
Religion				
Traditional	7	2.43±0.787	(2, 973)	0.494
Islam	378	2.25±0.673	0.706	
Christianity	591	2.29±0.675		
Ethnic group*				
Hausa	10	2.20±0.632		
Igbo	54	2.50±0.575	(3, 972)	0.051*
Yoruba	884	2.26±0.679	2.455	
Other ethnic groups	28	2.39±0.685		

Significant p<0.05*, 0.01**

and those in the age group 13 – 15 years with the mean of 2.22 and standard deviation of 0.687. This is suggestive that age of the respondents has significant impact on the consequences of child sexual abuse.

On the senatorial districts of the respondents, there is no significant difference between the means of the three groups. In spite of this, the mean of the consequences of child sexual abuse in Ogun West remains the highest with 2.30 and standard deviation of 0.696. This was closely followed by Ogun East with the mean of 2.28 and standard deviation of 0.677, and Ogun Central with the mean of 2.26 and standard deviation of 0.677. This suggests that although there is no significant difference between the means of the three senatorial districts, there are variations in the means of consequences of child sexual abuse within this category.

Further analysis revealed that there is no significant difference in the means of the consequences of child sexual abuse between rural and urban residence. Although there is no significant difference between the means of the two categorical variables, the mean of the consequences of child sexual abuse among urban residence is higher than those in the rural areas with mean of 2.30 and standard deviation of 0.677, and the mean of 2.24 with standard deviation of 0.718 for those in the rural areas.

On the religious affiliation of the respondents, the result reveals that there is no significant difference between the means of the consequences of child sexual abuse relative to traditional, Islamic and Christian religion. With regards to ethnic group of the respondents, there is significant difference in the means of the consequences of child sexual abuse ($F(3, 972) = 2.455$, $p<0.05$) relative to Hausa (2.20±0.632), Igbo (2.50±0.575), Yoruba (2.26±0.679), and other ethnic groups (2.39±0.685). This follows that the mean of the consequences of child sexual abuse relative to Igbo is the highest and significantly higher than all other ethnic groups.

The effects of the experiences of child sexual abuse among junior secondary school students was further explored through qualitative approach, bruises, post-traumatic disorder (PSTD) and pain. From the victims, it was reported that:

> It was painful, I had bruises, and for a number of days I was not myself. It was not an experience that can be shared because I don't want to say it again. Thank God that our counselor encouraged me and ensure that it did not affect me much (**IDI/Female/15Years Old/Sagamu/2019**).

From another victim, it was explained that bleeding and emotional trauma was the negative consequences she experienced. In precise:

> When the incidence occurred, I bled until when the nurse attended to me. Although that guy was arrested but that pain in my body was there for a number of days. The problem I also had then was the issue of fear fear fear anytime I see guys around me. Because I will be thinking whether they will want to do me evil again. I don't walk alone now to anywhere. My friend or my brother must go with me **(IDI/Female/13 Years Old/2019)**.

In a similar vein, a victim that was also raped reported that:

> Although there was no penetration at all but the way they touched me was painful and every time I pass by boys I always recall and have the feeling that they might want to touch me. This alone made me not to feel comfortable for a number of days. But thank God for my mother and school counselor that ensured that the boys were punished for that (**IDI/Female/16 Years Old/Ijebu Ode/2019**).

While the victims were of the opinions that they experienced pains, bleeding or bruises including emotional trauma, the key informants were of the views that the consequences of child sexual abuse were beyond bruises or bleed. They added that many of the victims contacted sexually transmitted diseases, experienced post-traumatic disorder (PSTD) and teenage pregnancy among others. For example, one of the participants explained that when a victim came for treatment in the clinic, the victim did not only experience PSTD, but also had bruises on her private part. As the participant stated:

> We may not record high incidences of physical injury among victims as a nurse, but we have more of post-traumatic disorder. That does not mean we have not had bruises especially at the private part of the victim(s) ranging from 30-40%, which we normally treat (**KII/Nurse/Abeokuta/2019**).

In addition to this participant, it was also noted that sexually transmitted diseases (STDs) has affected a victim that received treatment from clinics. As she explained:

> I can still recall that where I was posted from to this place, there was a time a child came in with sexually transmitted diseases (STDs). We were able to differentiate it from a toilet disease. And when we ran a test we discovered that she contacted it from sexual intercourse she had with an uncle. And the girl was just a 13-year old girl, while the uncle was like a man of 35 years (**KII/Nurse/Sagamu/2019)**.

Another effects observed by a counselor was withdrawal syndrome and attitudinal problems. A she narrated:

> I must tell you this, there are different thing that happens to the victims of child sexual abuse. Among it is the withdrawer syndrome. Most times they tend to withdraw from being associated with their friends. They feel that something had been taken from them that they are not ready to give out yet and some end up becoming wild. They feel like, what is life again? What is there again? So they just go wild, some became prostitute, drug addict, they are just wild out there. There is attitudinal problem. They become unnecessarily aggressive, they try to see something and yelled out like what is it, you know people like that, there is something actually wrong with them (**KII/School Counselor/Abeokuta/2019**).

Another participant explained that it can also lead to unwanted pregnancy. As this participant explained when asked whether child sexual abuse has led to unwanted pregnancy or not, she explained that:

> Yes. I currently have one. She works for me. She is barely two weeks old. All of a sudden told me she is no longer interested in the job. I have to interrogate her and try to understand what was wrong because I did all what I was expected to live her so I was wondering what the problem is, she told me she was pregnant and she want to run far away from the town. That is my first client that had gotten unwanted pregnancy. I further probed her, who impregnated her that was when she open up that one boy raped her and she got to realize that she was pregnant after few months (**KII/School Counselor/Remo North/2019**).

Contrary to the above statement, a participant said that: *There have been no cases of unwanted pregnancy. But 1 to 10 cases resulted to pregnancy a times. In most cases it doesn't result into pregnancy. But I have handled many cases that did result into pregnancy* (**KII/Police Officer/Sagamu/2019**).

Narrating the consequences of child sexual abuse, one of the participants explained that bruises are common among victims. As the participant stated:

> … … most of the cases would have happened for a while before reporting to the police. When an elder person descended on someone smaller for sex, because of the age difference at times, there will be bruises. Some without bruises we get to confirm the act was done when we get to the hospital after examining the victim, the doctors

> confirms it. That bruises alone is a great consequence (**KII/Police Officer/Remo North/2019).**

Other consequences of child sexual abuse highlighted by medical practitioner (nurse) interviewed included:

> Most times, the victims of child sexual abuse feel apprehension that is fear. They tend to seclude themselves from others. Like the second example I gave, she will always not want to be in the class among the mates. She is always walking around the school premises. When teachers noticed her and called on her, she usually run to the clinic in pretext of headache today, stomachache tomorrow so that she can remain in the clinic all the day. Just to be alone. Again, because of the sexual abuse, the social trauma they might feel when they tell their mother or what other people around them would say when they eventually get to know they were sexually abused is another source of fear for them. Others may be decline in academic performance or even feel physical trauma (**KII/Nurse/Ijebu Ode/2019**).

These findings are indicative that the incidences of child sexual abuse have detrimental consequences on the victims in terms of their emotional, social and academic performances. These may be said to affect their development in preparedness for adulthood if not curb in the society.

4.6 Coping Mechanism for Child Sexual Abuse Victims

This study explored the coping mechanism for the experience of child sexual abuse among victims. In other words, the study found that different strategies were employed as adjustment techniques for the incidences of child sexual abuse. Figure 4.8 shows that a large majority of the respondents coped with the experience of child sexual abuse by counseling (58.5%). Other coping strategies adopted by those who have experienced child sexual abuse are dissociation (7.4%), denial (6.4%), lying (5.7%), alcohol use/drug abuse (5.0%), running away (4.7%), others coping mechanisms (4.3%), rationalizing (4.0%), and splitting (4.0%). This is suggestive that majority of those who have experienced child sexual abuse go for counseling as coping strategies.

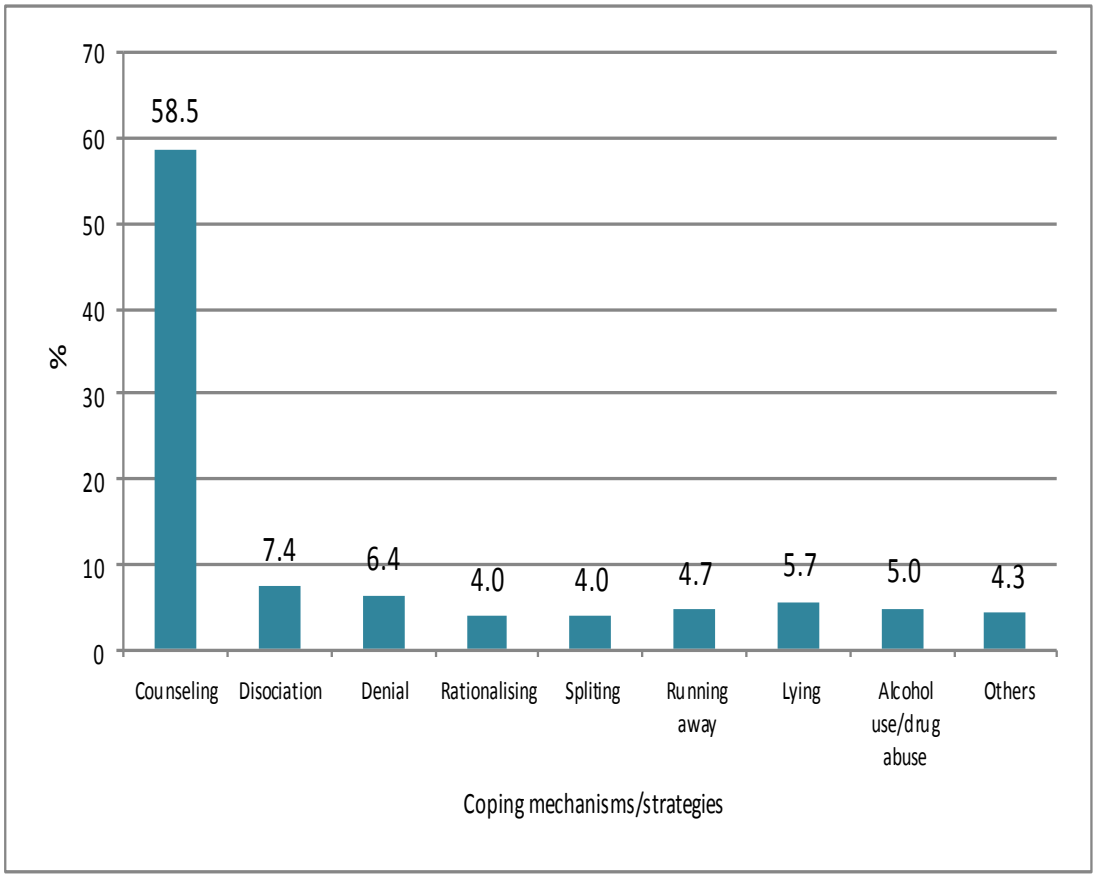

Figure 4.6: Distribution of Respondents by Coping Mechanisms/Strategies

Findings from the qualitative data further show the specific coping strategies for child sexual abuse. From the perspectives of the victims, it was revealed that counseling, denial, dissociation and sometimes they resort to drug abuse as ways of adjusting to child sexual abuse. As one of the victims narrated she coped with the situation:

> I was able to cope with it through counseling from our school counselor. The moment my school counselor heard it, she started counseling me and following me up. I wanted to stop going to school because I was no longer myself since almost everybody in the street was aware but she started coming to our house to advise me. Ever since then I don't even think about it (**IDI/Female/15 Years Old/Sagamu/2019**).

From another victim of child sexual abuse, both prayers and counseling were adopted as coping strategies. As she narrated: *When people heard about it especially our pastor, they prayed for me and started counseling me immediately. It was even through our pastor the person was taken to police station and he was punished for that* (**IDI/Female/15 Years Old/Remo North/2019**).

In addition to this, a victim who participated in the study also stated that she was able to cope with the situation of child sexual abuse by counseling from her school counselor. As she also narrated when asked:

> When the incidence occurred, my parents and the school counselor started counseling me immediately. Although the boys were punished for what they did, counseling really helped me out. Through that counseling, I was able to know that one cannot trust everybody especially guys that pretend to be good friends. I was also told not to be in lonely place. Once the school has closed, I should also leave the school premises immediately if others are not there **(IDI/Female/16 years Old/Ijebu Ode/2019)**.

Further analysis of the coping strategies of child sexual abuse from the experts revealed that there are various strategies that can be employed to cope with the incidences of child sexual abuse by the victims. It was stated that the coping mechanism for child sexual abuse can range from counseling to rehabilitation centre when the case in beyond counseling. For example, one of the participants interviewed noted that most of them (victims) coped with the incidence of child sexual abuse when you took them to rehabilitation centre. As a school counselor interviewed explained:

> Some of the victims took a long time to cope. Some so not care about their look again. They look tattered. There was a case of one we have to take to a rehab centre, it was a rape case. We took her to ARO, because she was not just fitting into the system again. So we have to take her for rehabilitation home to stabilize her so she can live a normal life once again. So far, there are actually no one way to manage such. Most of the victims are not strong enough to manage the crisis until they speak out, they continue in that dilemma. Just as in the case of the experience I shared beforehand, she did not speak out until after 20 years, even to her husband. She did not tell her husband the person that raped her at tender age until last year and the husband said that while she was recounting it, she was still weeping. So if they don't speak up, they are not coping, even if you try to suppress it, the memories are still there with you (**KII/School Counselor/Abeokuta/2019**).

Another coping mechanism mention was to resort to smoking or taking alcohol. As this participant stated:

> I don't have a direct client with such cases, but I remembered visiting the prison sometimes and I saw a few grownups who were prisoners. We asked what brought them there. In fact, as one was talking to me, he was smoking, she said "what is there again" that she was enjoying herself in the prison. After all, all her years before prison, she was molested and that her eyes have seen a lot of things (**KII/School Counselor/Sagamu/2019)**.

The counselor also mentioned that some even resorted to committing suicide as a coping strategy which may not be the best way of coping with the situation. As she explained when asked whether she had had the experience of any victim committing suicide or not:

> Yes, I have never met this one, she got my contact from the net and she called me. It wasn't sexual abuse case anyway; she was living with her uncle who was maltreating her. She couldn't think of any other option than suicide as she had no other family she can stay with. I have to hand her over to the NGO because I couldn't receive her (**KII/School Counselor/Remo North/2019)**.

This is by implication suggesting that there are ways through which victims coped with child sexual abuse. Although critical cases of coping strategies were available as options for adjusting to child sexual abuse, this was never taken by victims among the study population rather than counseling and prayers.

4.6.1 Suggestions to Curb the Social Milieu

In view of the social menace of child sexual abuse among the study population; participants were asked to give suggestions on how to curb the problem in the society. Seminars, awareness and sex education were suggested by participants. As this participant noted:

> I think seminars should be conducted in every organizations including school, for adult because it is the adults that abuse this children most of the time. So I think seminars should be conducted. Let them see reasons why they should not be doing this and lets the community members know that it's not entirely the fault of the victim and stop blaming the victims all the time. We need to educate them that if anyone is going through such, that it's not a crime to speak out. Before the abuse the perpetrators just don't appear on them, they will flash some signals. Students should be aware of such signals so that when they see such, they should call for help or run away. Better still, they should call for help. I also want to say, anything from age 3, they should talk to them about their private part, tell them which one should not be touched by the opposite sex, even by same sex, and if touched, they should report. And the good thing about this 3 year-old is that they would talk, except they don't know that it is wrong. That is why you have to tell them things like, if anybody touches your buttocks, if anybody touches your breast, tell. They will be aware and they will tell (**KII/School Counselor/Remo North/2019)**.

From the perspectives of a law enforcement agent interviewed, creating intimacy and freedom to share their experiences were found fundamental to curbing the menace in the society. In his precise statement:

> My advice is this, most especially mothers; they should be close to their children. They should know things about their children; they should have time for their children. No matter how late they get back home every night, try to know what happened in your home when you were not around. Let your children be free to tell you anything and also educate them. Tell them those sensitive parts of their body right from when they are very young, that nobody should touch those areas and if any one does, they should report to mummy. Also, try to check mate your children around your neighbors. Tell them not to be entering people's houses anyhow. If someone sends them on an errand, they should go in twos if it is in the night. Like myself, I don't send my girl children out again once it is 7pm. No, I don't do so. Whenever they are going, they should go in pairs so that nobody would harass them. If it does happened, one will be able to raise an alarm. That is my advice for them (**KII/Police Officer/Sagamu/2019**).

This means that in view of the consequences of child sexual abuse, experts have suggested that there is need for parents to educate their wards on child sexual abuse. Also, close monitoring of wards especially the female ones is essentially needed to curb the menace of child sexual abuse of any form in the population.

4.7 Discussion of Findings

The focus of this study was to examine the experiences of child sexual abuse and challenges of disclosures among JSS students in Ogun State, Nigeria. To start with, findings indicated that more than half of the respondents across all the classes were males when compared to their female counterparts. This suggests that the likelihood of male students responding to the subject of investigation was higher than their female counterparts in the study area. It also shows that the response rate for male participants were higher than those who were females. This could be attributed to the 'culture of silence' raised by Awosusi and Ogundana (2015) on matters related to sexual violence among women in Nigeria where the female ones prefer to remain silent when issues related to sexual violence are discussed in public places. The findings also revealed that the average age of the respondents was 13±1.36 years. This is true of the school age bracket of the students in JSS classes in Nigeria. This also means that majority of those who were in JSS classes to which the study was carried out were at the early adolescent age groups as put forward by the World Health Organisation.

Additionally, while the senatorial districts of the respondents seemed to be proportionately distributed in Ogun State, a vast majority of the respondents were from the urban centres. This suggests that there were more urban centres in the study areas when compared to those in rural areas. This suggests that due to the expansion of industry and the consequences of urbanization in the state, many of the state's rural areas have grown increasingly urbanized. Few of them are consequently regarded as rural areas. Furthermore, it was found that the majority of the respondents were adherents of Christianity compared to other religious affiliations. Although it may not be concluded that the study areas were dominated by the followers of Christianity, yet within the context of this study, those who were adherents of Christianity were almost two times more likely to be higher than those who were adherents of Islam. However, both Christians, Muslims and Traditionalists could have the experience of CSA as well as faced its challenges.

This study found that the majority of the respondents were Yoruba by the membership of ethnic groups. This may not be surprising as the study areas were predominantly Yoruba region which may not affect the outcome of the subject of focus pertaining to the experiences and challenges of CSA in the area.

Findings on the knowledge of CSA revealed that half of the respondents had moderate knowledge of CSA, while the knowledge of CSA increases as the class increases. As a matter of fact, the knowledge of CSA was observed to be significantly associated with the class of the respondents despite the fact that it has no significant association with age of the respondents. It then means that most of the respondents seemed to gain more knowledge about CSA as they progress in their studies. It certainly implies that most of the school curriculum and extra-curriculum activities of higher classes tend to expose students to the knowledge of CSA when compared to those in the lower class that may not be exposed to such knowledge at the earlier stage of their education. This result seems to contravene Manyike *et al.* (2015) study of the selected secondary schools in the South-Eastern region of Nigeria which reported a low rate of knowledge of CSA.

Previous studies have shown that there is gender difference in risky behaviour between females and males about CSA (Abajobir, Kisely, Maravilla, Williams, and Najman, 2017). Findings from this study further revealed that there is significant association between gender and the knowledge of CSA. Those who were male respondents exhibited lower degree of knowledge about CSA. This finding is found to be consistent with Nlewem and Amodu's (2016) study in Aba city (Nigeria) that there was a high prevalence of knowledge about CSA among female adolescents of selected secondary schools in the city of Aba. This suggests that female respondents exhibited greater knowledge of CSA than their male counterparts as majority of the respondents indicated touching of a girl's breast, buttock among other sensitive parts of the body is referred to as CSA. This finding corroborates David *et al.* (2018) study that touching of private parts or sexually sensitive parts of the body is common among children in the South West Nigeria. However, the reason for this may not be far-fetched. Existing studies have shown that females are more likely to be vulnerable to CSA than their male counterparts (AlRammah *et al.*, 2018; Alzoubi, Flah, and Alnatour, 2018); because of their possessions of more attractive sexual organs than the males.

Latzaman, Casanueva and Dolan (2017), and Lemiagre *et al.* (2017) studies pointed out that knowledge about CSA is generally influenced by age, availability of sex education facilities in schools, sex cultural beliefs and the interplay of these factors. From the qualitative findings in this study, it was added although the knowledge of CSA is known to most children below the age of 18 years, the attitudes of the community people towards the acts are handled with levity. In fact, it was indicated that the cases of CSA were usually reported not to have been taken to the highest level of the law in spite of the high knowledge and awareness of its incidences.

The increase in the knowledge of CSA may be attributed to Lemaige *et al.* (2017) study on their report of an increasingly prevalence of CSA in the society where awareness of the incidences of CSA would be created to all categories of people in the society. This finding is in contrary to the earlier study on the knowledge about CSA among children of school age, which suggested that many of them do not have adequate knowledge about CSA (Ngoc-Do, Nguyen, Nguyen *et al.*, 2019). Although it is expected that mothers who are more knowledgeable about CSA teach their children through sex education, there have been reports of not putting the knowledge about CSA into practice by mothers (Alzoubi *et al.*, 2018). This suggests that in spite of the high knowledge of the community people about CSA, drastic measures that will curb the reoccurrence of the incidences of the acts were low.

Findings on the actual experiences of CSA was high among the study population with at least 3 in 10 children having such experiences and more than half of those in JSS III being more vulnerable to cases of CSA. This result is in consonant with the work of David *et al.* (2018), and Townsend and Rhengold (2015) that 25.7% of CSA occurred in the South West Nigeria, and that about 1 out of every 10 children have been sexually abused before adulthood.

In spite of the prevalence of CSA among the study population, there were differentials in the patterns of CSA among the respondents. Indeed, it was discovered that most of the respondents experienced non-penetrative CSA compared to those who had experienced penetrative CSA. This suggests that although CSA was high among the study population, the patterns varied significantly among sample population subgroups. For example, findings indicated that there was statistically significant association

between the class of respondents and CSA experiences. The higher the class of the respondents the higher the more the likelihood of the experience of child CSA.

Similarly, there is statistically significant association between gender and the experience of CSA. This is by implication suggesting that females are more likely to experience CSA than their male counterparts. This finding is similar to Abajobir *et al*. (2017), who discovered that female exhibited greater risky sexual behaviour than the males.

Among the non-penetrative CSA experienced by the respondents, it was found that most of them had the experience of showing pornographic pictures by the adults. While extant literature had consistently showed that adolescents who watch and share pornography see it as normal (McKibbins, Humphreys, and Hamilton, 2017), this study discovered that exposing the adolescence to pornographic pictures were actually forceful and against their willful desires. Thus, it is a form of non-penetrative CSA which may ultimately lead to penetrative CSA in the long run.

Previous studies have persistently revealed that that children aged 6-14 years were able to understand what inappropriate touching of private entails (Hurtado *et al*., 2014). In this study, it was found that about two-third of the respondents had the experience of breasts and buttocks touch as well as seldom kisses. In fact, an adult exposing his/her nakedness deliberately in the presence of under-age against their 'will' were also reported. Although the WHO (2010) was in the opinion that non-contact CSA are not likely to produce physical harm or health issues for victims, except when little force was applied while the acts were being carried out; it should be noteworthy that some of the non-penetrative forms of CSA as part of non-contact may also lead to penetrative form of CSA in the long run, while posing a lot of danger to the health of adolescents.

In terms of the most vulnerable groups to CSA, this study found that those in JSS II and JSS III were 2 times more likely to experience CSA than their counterparts in JSS I. Similar to this is that the risk of CSA was higher in female students than their male counterparts. In line with this findings, most of the cases that were reported to those in authorities were usually reported by the girls and few of them by the boys. This implies that cases or incidences of CSA were more prevalent among females than the males. Again, those within the age group of 13-15 years were found to be 2 times more likely to experience CSA than those who were less than 12 years, and those who were 16 years

and above were found to be 3 times more likely to experience CSA than those in age group less than 12 years. This result suggests that the older a child becomes, the more likely he/she experienced CSA. And this could be attributed to the fact that majority of the respondents were in the puberty age brackets where rapid physiological and sexual organs' growth are expected and more attractive to the opposite sex. Further findings on the CSA experience revealed that the risk of CSA among those who resided in urban centres was higher than those who resided in the rural areas. This means that those who resided in the urban centres are more predisposed to the risk of CSA than those in rural areas. These findings, however, corroborate the work of Cromer and Goldsmith (2010) that socio-demographic variables are part of the predictive factors of CSA among adolescence.

Findings on the rate of CSA's disclosure among the study population indicated that less than one out of every five respondents had heard or reported cases of CSA. This seems to be too low based on the intensity and consequences of CSA on the victims. This is found consistent with the global report on disclosure rate of CSA by the WHO (2014), who submitted that there were low rates of report cases of CSA with 25% worldwide. This further supports Townsend and Rheingold's (2015) research work that low rates of reporting CSA is typical of developing countries in the last two decades. It also confirms Collin-Vezina *et al.* (2015), and Lemaigre *et al.* (2017) studies that most survivors of CSA always delay the reports of its occurrence till they reach adulthood. Be that as it may, the findings on the disclosure rate of CSA contravenes the works of Middleton *et al.* (2017), and McElvaney *et al.* (2020) who had reported that there were high reports of victims/survivors that disclosed the occurrence of CSA during childhood.

Several studies have reported that demographic variables of victims predicted the disclosure of CSA among other child abuses (Collin-Vezina *et al*., 2015; Allagia, Collin-Vezina, and Lateef, 2017; Lemaigre *et al.*, 2017). This study revealed that the reportage of CSA varied significantly by socio-demographic variables. For example, the rate of disclosure by class of respondents indicated that those in JSS II and JSS III were 23.7% and 19.7% less likely to disclose CSA than those in JSS I respectively. This is suggestive that there is an inverse relationship between class of respondents and disclosure rate of CSA. It also means that both those who were in higher classes and lower classes perceive

the incidence of CSA differently, thus imply strong interpretive decisions by the victims before reporting the case of CSA.

Furthermore, the findings indicated that those within the age bracket of 13 – 15 years were 2.3 times more likely to disclose CSA than those who were less than 12 years in age. This suggests that as the respondents advance in ages, the more likely they tend to disclose or report any act of CSA against them in their communities. This affirms the works of Lemaigre *et al.* (2017) that younger children are less likely to disclose the incidences of CSA than those who are older. Put differently, the rate at which CSA against victims are disclosed are positively related to age. This could mean that the younger victims easily give in to the threats of not reporting the incidences by the perpetrators than those who are adults who may not want to subject themselves to the threats of non-disclosure.

While it was observed the disclosure rates varied significantly by the senatorial districts of respondents such that those who were in Ogun East and Central were 52.6% and 46.7% less likely to disclose the incidence of CSA than those who were in the West; the residence of the respondents and victims was found to be a strong predictor of CSA disclosure. For example, it was found that those who resided in urban centres were 2 times more likely to disclose CSA than those who resided in rural areas. This suggests that the 'culture of silence' is more prevalent in the rural areas than in the urban centres. And again, the exposures of children in the school age brackets to their fundamental human rights could be more in the urban centres than in the rural areas. Thus, the likelihood of reporting or disclosing the incidences of CSA may be higher than in the rural areas.

Findings from the qualitative findings revealed that although there were a number of CSA disclosed among victims, there were delays at disclosure or reporting until when the negative consequences of CSA begin to manifest various side effects. It was revealed that most victims delayed the disclosure of the acts until when they began to experience body pains, physical injury, emotional trauma, and all other side effects. This alone could result in high incidences of CSA since no victim reported or disclosed its occurrences that would have led to the punishment of the perpetrators and deterrence to other intending perpetrators (Lemaigre *et al.*, 2017).

Extant literature have identified various reasons or factors that may affect disclosure or non-disclosure of CSA among adolescence, especially in the developing countries (McElvaney *et al.*, 2014; Goldbeck, 2016; Allagia *et al.*, 2017; Lemaigre *et al.*, 2017; Sawrikar, and Katz, 2017). In this study, it was found when the perpetrators of CSA were relatives of the victims, it affect the disclosure of the incidences of CSA. This may be due to the fear of prosecution or taking a legal steps on the perpetrators by other relatives. As the findings further revealed, in the occasion where it was perpetrated by familial individuals, relatives or victims were said to even prefer alternative ways of resolving the issues to taking further legal interventions. This findings, therefore, is consistent with the earlier findings of McElvaney *et al.* (2014), Allagia *et al.* (2017) that the family dynamics such as the relationship between the abuser and the victims may serve as barriers to disclosure, as well as the fear of the negative consequences on self and the family such as family disruption, which may limit victims from reporting the incidences of CSA.

Additionally, previous studies have suggested that the prevalence of stigmatization, sexual rigidity and the negative labeling of the abused among others usually affect the disclosure of CSA among victims (Collins-Vezina *et al.*, 2015; Sawrikar, and Katz, 2017). This study has also found that the reasons for low rate of CSA's disclosure were issues related to shame, social stigma and fear of threats from the perpetrators to the victims. This confirms the work of Sawrikar and Katz (2017) that children who grow up in the environment where the discussion on sexual activities are strongly discouraged or there are strict taboos on sexual behaviour were less likely to report or disclose the incidences of CSA. This simply implies that there majority of children in the study locations grow up in the environment where issues related to sexual matters are not discussed in the public. As such, even though CSA occurs in their respective communities or environment, the likelihood of its reportage or disclosure will be very low.

In more specific terms, it was found that the fear of threats and humiliation either by the perpetrators or the fear of the victims receiving the blame of the incidences of CSA through a magical or diabolic means affected its disclosure. This is because most participants and victims noted that there were occasions that they were threatened after

the incidences that if they share it with another person, they will die mysteriously. And because of this, they prefer to remain silent to avoid being sent to early grave mysteriously even though the side effects of the incidences are manifesting on them. This further explains why there is a rise in the incidences of CSA in most communities in the area in this modern era. This finding relates to David *et al.* (2018), who found that when victims perceive or anticipate that people will not believe the share of their experiences, they feel discouraged at disclosing their ordeal in public. In the same vein, the finding corroborates what Sawrikar and Katz (2017) refers to as "lower social power of children" due to the discouragement meted on them by the tradition not be expressive even though they experience an unpalatable incidences of CSA.

Sawrikar and Katz (2017) further stated that adherence to religious beliefs which encourage silence, tolerance and perseverance hinder the disclosure of CSA in Nigeria. This study did not only find out that the belief systems, culture of silence, and tolerance affect the disclosure of CSA but also added that ignorance of the victims and relatives influence non-disclosure of CSA among the study population, especially when they were perpetrated by close relatives. This suggests that the community and relatives of the victims are not yet properly educated on the issues related on CSA, which seems to support David *et al.* (2018) that society with strict laws and articulated legal procedures on CSA are more likely to encourage CSA's disclosure than those without strict laws and articulated legal procedures.

While it was observed that different reasons were accounted for non-disclosure of CSA among the study population, findings indicated that there were strategies used by experts to detect the incidences of CSA. These ranged from an unusual experience of STDs by the victims, unwanted pregnancy or early pregnancy, excessive body pains, through school counsellors and NGOs or creating good rapports with the victims. This is by implication suggesting that even though the victims found it difficult to disclose at the time the incidence of CSA occurred, time will tell when the side effects will force the victims to disclose it.

On the events that the incidences of CSA were perpetrated by close relatives, different management strategies were found through which law enforcement agents and other relatives employ to manage the situations. The management strategies usually employed were: separation of the place where victims reside from the environment of perpetrators

in the case where they lived together,by handing the case over to NGOs or human rights, by settling the matter amicably and regular check on the victim(s) through counselling and prayers. In respect to these strategies, it is believed that the negative consequences of the incidences would not be felt by the victims and the relatives of the victims.

On the consequences of CSA experiences, findings indicated that the negative consequences ranged from sexual dysfunction, psychological effects, post-traumatic stress disorder (PTSD) and marital effects to behavioural/relational effects. In other words, the victims were found to be at high-risk of contracting STDS/HIV, painful sexual intercourse and bleeding or bruises. These effects are in tandem with WHO's (2010) report that victims of CSA usually face some gynecological issues such as irregular menstrual issues, chronic pelvic pain and irregular menstrual cramps. In line with this, it corroborates with the report of Child Welfare Information Gateway (2018) that children who suffered from CSA tend to suffer from regular headaches caused by the trauma. This suggests that on no account can we say CSA, especially the penetrative ones are not inimical to the health of the victims.

Previous studies have found out that CSA has short and long term effects on not just the victims but also on the society (Fontes *et al.,* 2017). Many scholars are of the viewpoints that it has negative impacts on the costs of criminal and legal proceedings as well as increase in costs of medical care for the victims at the societal level, while at individual (victims or survivors) level, they stand the risks of developing various health disorders such as physical health, social and mental/emotional (Batool, and Abtahi, 2017; McKibbin *et al.*, 2017; Herbert, Langevin, and Oussiad, 2018). This study revealed that there were psychological effects and consequences on the victims which include dissociation, mental health problems, suicidal thoughts, risk of alcohol use and drug abuse, anxiety, etc.

Further findings also indicated that the victims stand the risk of Post-Traumatic Stress Disorder (PTSD) as they manifest inform of re-experiencing of the trauma, avoidance and over-vigilance or hyper-arousal. This may have implications on their psychological well-being as noted by the previous scholars (Batool, and Abtahi, 2017; Herbert, Langevin, and Oussiad, 2018) due the slight perception of the experience of CSA within their environment resulting to other negative consequences. The negative effects of these experiences are that they stand the risk of obesity due to the traumatic experiences of the

victims/survivors which will lead to eating disorders as a means of coping with trauma as argued by Hailes, Yu, Danese and Fazel (2019).

In the earlier study of CSA, Townsend (2013), and Cashmore and Shackel (2013) reported that victims of the penetrative sexual abuse exhibit overtly sexualized behaviour and general behaviour. In this study, it was found that the perceived consequences of CSA on marriage would result in problems with marital commitment issues, fear of sexual intimacy, marital dissatisfaction and spousal violence. This could mean that the painful experience the victims had during forceful sexual activities (rape) implied distrust and withdrawal syndrome even at the slightest initiation sexual intimacy when married by their spouses. This also affirms Hall and Hall (2011) study that victims/survivors of penetrative CSA are more likely to show sexual avoidance which may affect their sexual functioning.

It was further discovered that CSA may result in behavioural/relational problems to the victims such that less trust on others, greater family conflicts, isolation, becoming a run-away, and less stable relationship with others set in. These effects are in line with O'Leary, Easton and Gould (2015) work that victims/survivors, especially male are generally aggressive and more likely to resolve violence when attacked or abused or when they are stigmatized than those with no history of CSA. In this case, when married, every little misunderstanding may result in marital conflict in the family due to the earlier experience of CSA one of the spouses may have had. This finding affirms the works of Middleton *et al.* (2017) and Saha, Chung and Thoma (2011) that victims of CSA are more likely to have disruptions with their peers, while also exhibiting negative relationships with non-offending relatives as argued by MacGinley (2018).

Further findings on the consequences of CSA, on the other hand, revealed that there were significant differences between the means of the consequences of CSA and some socio-demographic variables. For example, there was significant difference in the means of age categories and he consequences of CSA, which suggests that the experience of the negative consequences of CSA varied by age of the victims. This follows that the age of the respondents does not determine the risk factor for CSA but could explain the magnitude of the negative consequences experience by the victims/survivors of CSA among the study population.

Moreover, it was found that most of the penetrative CSA do not only lead to STDs as consequences but also result in unwanted pregnancy and even death. This corroborates WHO (2010) who did not only identify physical experiences of victims after abuse which affects the health of the victims (such as inexplicable genital injuries, frequent occurrence of vaginal or penile discharge, frequent bedwetting or soiling beyond the normal age, STDs, urinary tract infections, intentional blunt penetrative injuries) but included unwanted pregnancy as a consequence for the female victims. These findings are indicative that the incidences of CSA have detrimental consequences on the victims in terms of their emotional, social and academic performances. These may be said to affect their development in preparedness for adulthood if not curb in the society.

Findings on the coping mechanism for the experience of CSA among victims indicated that different coping strategies were employed such that a vast majority of the victims noted that they coped with the experience of CSA through counseling, especially from their respective school counselors, religious leaders and the significant others. This finding corroborates the earlier work done by Carver, Scheier, and Weintraub (1989) that counseling is one of the vital elements of social supports victims of CSA sought to manage the negative consequences of CSA among other forms of rational or problem-solving strategies which include active coping, planning, suppression and restraint coping. It further confirms Okech *et al.* (2018) study that seeking social support for emotional reasons among affected females with CSA was more prevalence due to the moral supports and sympathy from their family members and relatives.

Earlier studies have revealed that most survivors/victims of CSA, particularly among the adolescents adopted denial or repression as coping mechanism for CSA (Harris, Block, Ogle *et al.*, 2015; Aljnazra, 2016; Middleton *et al.*, 2017; Sherrod, 2018). This present study has also found that a number of victims of CSA in the study areas adopted denial as coping mechanism for CSA. In that, they seldom denied the 'reality' of the occurrence of CSA by blocking their memories of the negative conditions of their experiences of CSA in the environment they were situated. Although Aljnazra (2016) had noted that denial as a coping mechanism results in more psychological distress for survivors, especially when they are resuscitated (Middleton *et al.*, 2017), yet it has helped the victims to minimized the abusive experiences as opined by Sherrod (2018) to the bearest minimum.

It was further found that most of the victims/survivors of CSA in the study areas adopted dissociation as coping strategy by avoiding anything associated with the negative conditions or maintaining social distancing from the environment where the incidence of CSA had occurred. This finding supports the finding of Amiot (2019) that victims (e.g. male victims) used dissociation or avoidance as coping mechanism to escape in a positive way to rebuild themselves, as well as and Walsh *et al.* (2010) who averred that avoidance and dissociation as a short term strategy reduces level of emotional distress victims faced as a result of the traumatic experience of CSA.

While there seems to be positive coping mechanisms for the victims of CSA as identified by various scholars (Aljnazra, 2016; Okech *et al.*, 2018; Amiot, 2019) which most victims in this study had adopted; there were also negative coping strategies employed by the survivors to adjust to the unpalatable experiences of CSA. It was discovered that most victims/survivors adopted lying (assumed that it did not occur to them), alcohol use/drug abuse (clearing off the emotional stress), running away, rationalizing, attempt to commit suicide and splitting as coping mechanisms. This supports the works of Carver *et al.* (1989) and Carver (1997) who all identified that most of the victims/survivors of CSA adopt dysfunctional coping strategy, which not the individual in a positive way in the short-term but when used for long term may result into more negative consequences of CSA for the victims.

From the narratives of most survivors/victims, it was found that prayers were offered to the victims/survivors by religious leaders as coping mechanism. In that, when the incidences of CSA occurred, it is believed that it was as a result of the influence of demons which also implies spiritual implications or consequences that has to be dealt with immediately through supernatural interventions to limit the negative effects of the acts on the victims/survivors. This finding corroborate Gall, Basque, Damasceno-Scott and Vardy (2007) who identified spirituality as one of the coping strategies for the victims/survivors of CSA as a resort to positive interpretation of the effects of the incidences of CSA, while it cushions its pains.

Conversely, studies have suggested several ways through which the menace of the occurrences of CSA and non-disclosure can be solved (Hurtado, Katz, Ciro, Guttfreund,

and Nosike, 2014; Allagia *et al.*, 2017; Lemaigre *et al.*, 2017; David *et al.*, 2018). In this study, most participants were of the opinions that the social menace of CSA among the study population could be curbed by organizing regular seminars/workshops, creating of more awareness on CSA, sex education and enlightenment campaigns in their respective communities. These findings concur with Noske (2014), Allagia *et al.* (2017), and Lemaigre *et al.* (2017) that providing counselling sessions and educational programmes through workshops to victims, families and communities would go a long way at facilitating the disclosure of the incidences of CSA.

4.7.1 Theory and Findings

Ecological Systems Theory provides theoretical explanations on why and how children are predisposed to CSA within their social environment. Indeed, it explains the child's immediate environment relates the social environment (e.g. family, community and other social capital) as influence of CSA as the proponent proposed in its tenets (Bronfenbrenner, 1976; 1979). This study has found that certainly the socio-demographic variables of children predicted their exposures to CSA as supported by the earlier report of UNICEF (2015). It was observed that those in JSS Two and Three are more likely to experience CSA than those in JSS One. Similarly, those who were older in ages and were also females have been found to be more likely to experience CSA than those who were younger and male in gender.

In the disclosure of CSA, it was also found that socio-demographic variables of the respondents were the determinants of the disclosure of CSA as earlier suggested by Allagia *et al.* (2017) among other scholars. Their exposures to pornographic materials, peer groups who may not be true friends and the prevailing culture of silence may also be factors in the prevalence of CSA and non-disclosure. These findings put together exemplify the microsystem factors related to the causes of CSA and delay in the disclosure of its occurrences by the victims/survivors as put forward by ecological system theory.

However, the deleterious effects suffered by CSA victims could be attributed to macrosystem elements including a culture of silence built on a foundation of stigmatisation and fear. In light of the unfavorable outcomes experienced by the victims, it was discovered that they were exposed to unsafe sexual behavior, STDs, and other

things. The absence of political will on the part of the government to enforce laws and policies on CSA, which has an impact on its low disclosure rates, made it clear that the exosystem—cultural norms, myths, and practices—encourages CSA. Given that it explains the causes, risk factors, and consequences on the victims/survivors among the study population, this shows that ecological systems theory is all-inclusive.

CHAPTER FIVE

SUMMARY, CONCLUSIONAND RECOMMENDATIONS

5.1 Summary

This study focused on the experiences and challenges of child sexual abuse among Junior Secondary School students in Ogun State (Nigeria). Child Sexual Abuse (CSA), has been defined as the form of child abuse that includes sexual activities with a minor or under-aged. It is a global public health challenge with major risk factor that affects the physical, social and mental well-being of the affected children. Specifically, the study was designed to investigate the knowledge, experiences, disclosure rate and reasons for non-disclosure, including the consequences of, and coping strategies for CSA among JSS students (aged 10-17 years).

This study was anchored on ecosystems theory, which is premised on the complexities in a child development and the different levels of human interaction within the broader environmental context. In its application to CSA, it is believed that as the child develops, different levels of interactions exists within the social environment that ensure proper development of the child. This further implies that different interrelated and interactive elements are linked to each other to influence child's development either positively or negatively within the social systems. However, the interrelated and interactive elements of social systems in the child's social environment occur within the environment at microsystem, mesosystem, exosystem, macrosystem and chronosystem as argued by Bronferbrenner and Morris (2006).

The study further employed cross-sectional survey design. In the process of sampling, Ogun State was clustered into East, Central and West senatorial districts, while 11 Local Government Areas were randomly selected. Stratified purposeful sampling was used to select 22 Public JSS. A total sample of 976 respondents was drawn using Lemesho's *et al.* (1990) sample size determination formula. Simple random sampling was used to proportionately administer a structured questionnaire to students of JSS consisting of

Ogun East (344), Central (325) and West (307). Twelve in-depth interviews and 18 key informant interviews were conducted with victims of CSA (12), School Counselors (4), Medical Officers (6) and Police Officers (8) respectively. Quantitative data were analysed using descriptive statistics, logistic regressions and One-way ANOVA at $P \leq 0.05$, while the qualitative data was content-analysed.

In terms of the findings from the study, it was found that the socio-demographic characteristics of the respondents were almost equally distributed across the three senatorial districts – Ogun West (31.5%), Ogun East (35.2%) and Ogun Central (33.3%). In terms of the age of the respondents, the mean age was 13±1.36 years, while the majority of the respondents were between 13-15 years. It was also found that the majority of the respondents across all the classes were males compared to their female counterparts. Further analysis of the socio-demographic characteristics also revealed that the majority of the respondents were adherents of Christianity as compared to those who were Muslims and traditionalists. Nearly all the respondents were Yoruba by ethnic group and More than half of the respondents resided in urban centres.

On the level of knowledge about CSA revealed that half of the respondents moderately had the knowledge of CSA, followed by those with low knowledge and high knowledge. According to the indicators of the knowledge about CSA, the majority of the respondents indicated that touching of a girl's breast, buttocks, etc. as a form of play against the will of the girl was the main indicator of knowledge about CSA, followed by 'an adult having intercourse through oral or virginal penetration with an under-age against the child's will' and 'showing of pornographic materials to a child against the child's will'.

Furthermore, it was also found that there were statistically significant association between class and knowledge of CSA; age and knowledge of CSA; and between residence and knowledge of CSA. Also, at the level of regression model analysis, those in JSS II and JSS III were found to be 1.6 times more likely to exhibit high knowledge of child sexual abuse than those in JSS I respectively. It was also found that there was statistically significant association between gender and child sexual abuse as the residence of the respondents was also statistically significantly related to knowledge of CSA where those who resided in urban centres were more likely to exhibit greater knowledge of CSA than those in rural areas. From the qualitative findings, it was found that most participants had the knowledge of CSA through the social media, victims, and

relatives of the victims as well as through the victims who reported cases of CSA to the participants.

On the summary of findings on the experiences of CSA, it was indicated that 30.6% of the respondents had experienced CSA in one form or the other in Ogun State. It was further revealed that those in JSS III had the highest experience of CSA, followed by those in JSS II and JSS I. It was further revealed that showing of pornographic was the major aspect of CSA experienced by the respondents and touching of breast, buttocks or kisses against the will of the child. In addition, finding further revealed that those who were in JSS II and 3 were at greater risk of CSA than those in JSS I. However, at the inclusion of background variables to the class of respondents, the risk of CSA dropped by class but age and gender were found to be significantly related to CSA. Those who also resided in urban centres were also at greater risk (1.2 times) of experiencing CSA than those in rural areas. From the qualitative findings, it was revealed that a number of cases of CSA has been recorded among victims such that actual penetration into the genitals by adults, touching of breasts, cases of rape by relatives among others were reported.

On the summary of disclosure rate and non-disclosure of CSA, it was revealed that only 17.1% of the respondents reported cases of CSA among the study population. It was further revealed that the rate of reportage by classes of respondents ranged from 48.5% (JSS III) to 28.1% (JSS I) and 23.4% (JSS II). The findings indicated that those in JSS II and JSS III were 23.7% and 19.7% less likely to disclose CSA than those in JSS I in the first model of the regression. Findings also revealed that those within the age bracket 13-15 years were 2.3 times more likely to disclose CSA than those who were less than 12 years of age.

On the findings based on senatorial districts of respondents and disclosure rate, it was found that those who were in Ogun East and Ogun Central were 52.6% and 46.7% less likely to disclose CSA than those in Ogun West. Again, findings on residence and disclosure rate implied that those who resided in urban centres were 2 times more likely to disclose CSA than those who resided in rural areas. From the qualitative findings, it was revealed that though there were a number of CSA disclosed among victims, yet there were delays at disclosing the incidences of CSA. It was also revealed that there were reasons for the delay at reporting or disclosing the incidences of CSA, which

ranged from fear of threat of battery from the perpetrator, social stigma, ignorance, accepting it in good faith and fear of prosecuting familiar perpetrators.

It was discovered that there were strategies used to detect the occurrences of CSA among the victims. One of the strategies was treatment of STDs, excessive body pains by the victims, through referrals and counseling. It was further discovered that there were management strategies employed by counselors, medical practitioners and police to reduce the negative consequences of CSA. These include separation of the place where victims resided from the environment of perpetrators; referrals to NGO or law enforcement agents and regular checks on the victims.

The findings on the consequences of the experiences of CSA showed that that less than half of the victims had behavioural/relational problems, followed by those who had PTSD and psychological effects. Findings also revealed other consequences of CSA which were marital effects and sexual challenge. Findings on the specific perceived consequences of CSA ranged from high-risk sexual behaviour, risk of contracting STDS/HIV, painful sexual intercourse, excessive bleeding and bruises.

On the specific areas of psychological effects/consequences, it was found that victims usually had problem of dissociation, mental health problems, suicidal thoughts, alcohol use and drug abuse and anxiety. The specific areas of findings on Post-Traumatic Stress Disorder (PTSD) revealed that victims usually exhibited re-experiencing behavior, avoidance and over-vigilance or hyper-arousal. Findings on the perceived consequences of CSA on marriage indicated that there were commitment issues, fear of intimacy, marital dissatisfaction and spousal violence. Findings on behavioural/relational consequences revealed that there were less trust on others, greater family conflicts, isolation, becoming a run-away, and less stable relationship with others. From the qualitative findings on the consequences of CSA, it was discovered that the incidences of rape could lead to excessive bleeding, death, emotional trauma, STDs, withdrawal syndrome and unwanted pregnancy among others.

On the summary of findings on the coping strategies for CSA among the victims, it was indicated that the majority of the respondents coped with the experiences of CSA by counseling. Also, it was found that other coping strategies adopted by those who had experienced CSA which were dissociation, denial, lying, alcohol use/drug abuse,

running away, others coping mechanisms, rationalising, and splitting. Findings from the qualitative data revealed that while counselling, prayers and denial could be regarded as positive coping mechanisms for CSA, dissociation, withdrawal, attempted suicide and sometimes the use of drug abuse and smoking were used as negative coping strategies.

5.2 Conclusion

The premise of this study is on experiences of child sexual abuse and challenges of disclosure among Junior Secondary School Students in Ogun State, Nigeria. This study revealed that despite the high knowledge of CSA as well as some level of experiences of CSA among the JSS students in Ogun State, there were challenges they faced at disclosing what they experienced due to the interplay of some socio-demographic characteristics and socio-cultural environment of the respondents. Among physically abused participants, disclosure was less common and denial more frequent, though recantation remained rare. In other words, there were predictors for the experience of CSA and disclosures among the students in which relying their individual difference predictors (e.g. sex and age) is not likely to be helpful in determining whether disclosure of physical or sexual abuse should be expected. Investigators should also approach the interview with the goal of assessing what happened rather than with the goal of confirming pre-existing beliefs that abuse has occurred.

Therefore, the findings of the present study may have implications in the areas of research and practical application. The strong relationship between social reactions to disclosure and negative outcomes (psychological and mental health) highlights the importance of the role social reactions play on the victims of CSA. As a consequence, this research may evidence a need for educating people about the potentially devastating psychological consequences that may result from their reactions to someone's disclosure of abuse. Considering that CSA victims could potentially disclose to a wide variety of people – law enforcement, social service workers, health care workers, school officials, therapists, parents, and friends – it seems that such an education effort at the public health level might prove beneficial.

5.3 Recommendations

Child sexual abuse is an area that requires more information and knowledge with the aim of developing programs, campaigns, and prevention and intervention plans specifically geared to this target population. These interventions should, therefore, be based on its own specificities and specific risk factors. Therefore, the followings are recommended:

- Professionals who meet young people in different contexts need to be more aware that few sexually abused children and adolescents seek help from professionals or other adults. Further education of professionals on how to support young people who disclose sexual abuse is needed.
- Support offers should be directly addressed not only to the abused young people themselves but also to peers who wish to help a friend. For example, information about sexual abuse and available support for victims and peers should be included in sex education at schools.
- Different disclosure patterns for girls and boys suggest that a gender perspective may be helpful when developing support efforts and education for professionals.
- Sexual abuse should not be regarded as an isolated factor in relation to psychosocial health. Instead, it should be seen in the context of other variables, of which family variables such as parental bonding seem to be especially important for young people.
- Sense of coherence is clearly related to sexual abuse and may be of special interest in clinical assessment and treatment.
- Vulnerable groups such as sexually inexperienced and sexual abused adolescent could not be identified as groups at special risk for discomfort when participating in the research. So far, there is no evidence that young people in general or vulnerable young people in particular as a group need to be protected from participation in research about sensitive issues such as sexual abuse and sexuality. This finding might be useful for ethics review boards, but also for school headmasters, other professionals and parents who are engaged in decisions concerning young people's participation in research.

5.4 Contributions to Knowledge

This study has contributed to knowledge in the following ways:

a. It has revealed the predictors of child sexual abuse and suggested multiple approaches that can form the baseline for policy development in relation to the problem in future.
b. It has unraveled the psychological and health implications of child sexual abuse in Nigeria, and recommended ways through which the problem can be addressed.
c. It has expanded the scope of research to a distinct group of child sexual abuse stakeholders (students, community members and professionals) in Nigeria on whom little information previously existed.
d. Finally, the study of the experiences of CSA and challenges of disclosures in Ogun State is an addition to national data on CSA in Nigeria.

5.5 Suggestions for Further Studies

This study provided rich insights on the experiences and challenges of disclosures of child sexual abuse among Junior Secondary School students in Ogun State, Nigeria. The following are therefore suggested for further studies:

1. It is suggested that studies that would cover the experiences and challenges of disclosures of child sexual abuse among Junior Secondary School students in South-west Nigeria should be carried out.
2. It is also suggested that differentials in the experiences and challenges of disclosures of child sexual abuse among Junior Secondary School students should be investigated across the six geo-political zones in Nigeria.
3. It is suggested that differentials in the experiences and challenges of child sexual abuse among Junior Secondary School students in the three major ethnic groups (Hausa, Igbo and Yoruba) in Nigeria should be carried out.

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APPENDIX I

DEPARTMENT OF SOCIOLOGY
FACULTY OF SOCIAL SCIENCES,
UNIVERSITY OF IBADAN, NIGERIA

QUESTIONNAIRE ON EXPERIENCES OF CHILD SEXUAL ABUSE AND CHALLENGES OF DISCLOSURE AMONG JUNIOR SECONDARY SCHOOL STUDENTS IN OGUS STATE, NIGERIA.

Dear Respondent,

As a postgraduate students in the Department of Sociology, University of Ibadan, am conducting a study on the above mentioned topic. The purpose for this research is to find out why cases of child sexual abuse still remain a thing of secrecy in our society. That is, why the cases of child sexual abuse is not been disclosed. Your honest answers to the questions will help make the study a success and your responses will be treated with utmost confidentiality.

Thanks for your co-operation.

Yours faithfully

Mary I.Olaniyi.

(Researcher)

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

Instruction: please tick () the correct answers and also fill in the appropriate response by giving the necessary details in the space provided

	QUESTIONS	RESPONSES	CODE
1.	SEX	Male [ ] Female [ ]	1 2
2.	AGE	 Please specify	Actual
3.	LOCAL GOVERNMENT AREA	Please specify	Actual
4.	CLASS	JSS1 [ ] JSS2 [ ] JSS3 [ ]	1 2 3
5.	RELIGIOUS AFFILIATION	Christianity [ ] Islam [ ] Traditional [ ] Others [ ] (please specify)	1 2 3 4
6.	ETHNIC AFFILIATION	Hausa [ ] Igbo [ ] Yoruba [ ] Others [ ] (please specify)	1 2 3 4

SECTION B: AWARENESS/KNOWLEGDE OF CHILD SEXUAL ABUSE

Have you heard about the following:

S/N	QUESTIONS	RESPONSES	CODE
7.	Showing of pornographic materials to a child against the child's will	Yes No	1 0
8.	Touching of a girl's breast, buttocks, etc. as a form of play against the will of the girl	Yes No	1 0
9.	An adult having intercourse through oral or virginal penetration with an under aged against the child's will	Yes No	1 0
10.	An elderly person exposing his/her body to a child or visa-visa against the child's will	Yes No	1 0
11.	An adult engaging in sex talk over the internet with a 10 year old against the will of the child	Yes No	1 0
12.	An adult masturbating in the presence of a child or getting a child involved in the act	Yes No	1 0
13.	Engaging a child in exhibitions, modeling or posing for sexual arousal against the child's will	Yes No	1 0

SECTION C: EXPERIENCES OF CHILD SEXUAL ABUSE

S/N	QUESTION	RESPONSE	CODE
14.	Have you ever experienced unintentional sexual activities with an adult outside your home?	Yes No	1 0
15.	Have you ever experienced anybody showing you pornographic materials against your will?	Yes No	1 0
16.	Have you ever experienced anybody touching your breast, buttocks or kiss you as a form of play against your will?	Yes No	1 0
17.	Have any of your relatives had any form of sexual activities with you?	Yes No	1 0
18.	Have you ever experienced an adult exposing his/her nakedness deliberately in your presence?	Yes No	1 0
19.	Have you ever experienced an adult asking you to touch his/her genitals?	Yes No	1 0
20.	Have you ever experienced any form of oral sex with an adult unintentionally?	Yes No	1 0
21.	Has any adult engaged in sexting (phone sex) with you?	Yes No	1 0

SECTION D: DISCLOSURE RATE OF CHILD SEXUAL ABUSE

The following are likely reasons for non-disclosure of child sexual, kindly indicate if you agreed or disagree on the statements below

S/N	QUESTIONS	RESPONSES	CODE
22.	Do you ever report or heard the incidence of the sexual abuse to anybody?	Yes No	1 2
23.	If your response to question 22 above is NO, why did you not report?	Give reasons ……	Actual

SECTION E: CONSEQUENCES OF THE EXPERIENCES OF CHILD SEXUAL ABUSE

S/N	QUESTIONS	RESPONSES	CODE
24.	Are you a victim of any form of child sexual abuse?	Yes [ ] No [ ]	1 2
25.	If YES, which of the areas are you most affected after the incidence?	Sexual health challenges [ ] Psychological effects [ ] Post-Traumatic Stress Disorder [ ] Marital effects [ ] Behavioural/relational effects [ ]	1 2 3 4 5
If NO/YES to Q25 above, respond to the following questions			
26.	How would you describe sexual health effects of victims of child sexual abuse?	High-risk sexual behaviour [ ] Risk of contracting STDs/HIV [ ] Painful sexual intercourse [ ] Bleeding and bruises [ ]	1 2 3 4
27.	Which of the following is most affected when a student experience child sexual abuse?	Dissociation [ ] Mental health problems [ ] Suicidal thoughts [ ] Alcohol and Drug abuse [ ] Anxiety [ ]	1 2 3 4 5
28.	How would you describe the post-traumatic stress disorder (PTSD) experience of victims of child sexual child abuse?	Re-experiencing symptoms [ ] Avoidance [ ] Over-vigilance/hyper-arousal [ ]	1 2 3
29.	What marital effects do you think victims of child sexual abuse would experience?	Commitment issues [ ] Fear of intimacy [ ] Marital dissatisfaction [ ] Spousal violence [ ]	1 2 3 4
30.	What relational effects do you think victims of child sexual abuse would experience?	Less trust on others [ ] Greater family conflicts [ ] Isolation [ ] Becoming a run-away[ ] Less stable relationship with others [ ]	1 2 3 4 5
31.	How would you rate the general consequences of child sexual abuse among victims in your area?	Excellent [ ] Very good [ ] Good [ ] Poor [ ] Worse [ ]	1 2 3 4 5

SECTION F: COPING MECHANISMS BY VICTIMS OF CHILD SEXUAL ABUSE

S/N	QUESTIONS	RESPONSES	CODE
32.	Have you experienced any form of child sexual abuse before?	Yes [ ] No [ ]	1 2
33.	If YES, how do you cope with the effects?	Counseling [ ] Alcohol use/drug abuse [ ] Dissociation [ ] Denial [ ] Rationalizing [ ] Splitting [ ] Running away [ ] Lying [ ] Others [ ] …… specify	1 2 3 4 5 6 7 8 9

B3; REASONS FOR NON-DISCLOSURE OF CHILD SEXUAL ABUSE AMONSGT VICTIMS

S/N	QUESTIONS	RESPONSES	CODE
1	Victims desire to protect the offender's relationship?	Strongly agree Agree Strongly disagree Disagree	1 2 3 4
2	Victims think the police would think it was not serious enough to be bothered with the incidence?	Strongly agree Agree Strongly disagree Disagree	1 2 3 4
3	Victim want to prevent shame and embarrassment and the fear of not been believed by people if reported?	Strongly agree Agree Strongly disagree Disagree	1 2 3 4
4	Victims not wanting to soil the family's name?	Strongly agree Agree Strongly disagree Disagree	1 2 3 4
5	Victims lack of physical proofs that the incidence truly happened?	Strongly agree Agree Strongly disagree Disagree	1 2 3 4
6	Victims' knowledge of the appropriate quarters to report the incidence to?	Strongly agree Agree Strongly disagree Disagree	1 2 3 4

APPENDIX II

IN-DEPTH INTERVIEW GUIDE FOR STUDENTS

Dear participants,

Thanks for agreeing to participate in this study. This study is asking for your opinion on experiences of child sexual abuse and the challenges of disclosure among Junior Secondary School Students in Ogun State, Nigeria. This study is conducted as part of the fulfillment of the requirements for a research project in University of Ibadan your responses will be confidential and you have the right to refuse to answer any questions you so wish.

Thank you.
Mary I. Olaniyi.

Questions

1 Discuss your experiences of child sexual abuse.

Probe:

- The nature of the abuse, as in if it is penetrative sex or touching of private parts.
- Ask who the perpetrators are.
- Ask to know if anyone around them which they know of as ever been abused.
- Ask how they feel about themselves after the incidence

2 What was the effects of the abuse on you?

Probe:

- Emotional behavioral changes
- Sexual behavioral changes
- physical signs noticed
- Psychological changes
- Avoidance of the perpetrator
- Suicide attempt

3 Can you explain the coping mechanism you adopted after the incidence?

Probe:

- How you were able to manage the situation
- Do you take to drugs, smoking etc.?
- Pretended as if nothing happened?

- Did it affect other areas of your life?
- Attempted suicide?

4 After the incidence, did you ever report to anyone about it prior to this interview?

Probe:

- Did you report to your parents?
- Your school counselor's
- A trusted adult?
- Your peers?
- Police?
- Hospitals agencies?

5 If you never reported to any one prior to this interview, what were your reasons for doing so?

Probe:

- Not wanting others to know about if?
- You accepted the blame?
- Trying to protect the perpetrators?
- Fear of shame and embarrassment
- Not knowing the appropriate place to report to?

APPENDIX III
KEY INFORMANT INTERVIEW FOR COMMUNITY MEMBERS

Dear participants,
Thanks for agreeing to participate in this study. This study is asking for your opinion on experiences of child sexual abuse and the challenges of disclosure among Junior Secondary School in Ogun State, Nigeria. This study is conducted as part of the fulfillment of the requirements for a research project in University of Ibadan your responses will be confidential and you have the right to refuse to answer any questions you so wish.

Thank you.
Mary I. Olaniyi.

Questions

1 What are the general perception of child sexual abuse in your community?

Probe:

- Categorical age of who a child is in your community?
- What age can someone could no longer be called a child?
- Age you think a child is ripe for sex?
- The community views on adult/ child sex?
- Who are mostly the perpetrators?

2. How do you get to know about the incidence in your community?

Probe:

- Through the child?
- Through the parents?
- Through an eye witness?
- Through law enforcement agents (police)?
- Through the hospitals?

3 What are the reasons known to you why cases of child sexual abuse are not reported in your community?

4 What are the steps the community members put in place to put an end to cases of child sexual abuse?

Probe:

- As to any punishment for the perpetrators?
- As to precautions put in place for the vulnerable segments of the society?
- As to having special committee that handles such cases?

5 What are your recommendations as to way out of this?

APPENDIX IV

KEY INFORMANT INTERVIEW GUIDE FOR SCHOOL COUNSELORS

Dear participants,
Thanks for agreeing to participate in this study. This study is asking for your opinion on experiences of child sexual abuse and the challenges of disclosure in your Schools.. This study is conducted as part of the fulfillment of the requirements for a research project in University of Ibadan your responses will be confidential and you have the right to refuse to answer any questions you so wish.

Thank you.
Mary I. Olaniyi

QUESTIONS

1 Can you please describe the cases of child sexual abuse in your schools?

Probe:

- How often cases are seen?
- Behavior of community members towards the incidence?

2 How do you get to know that a child has been abused sexually?

Probe:

- Do children tells you willingly?
- Or you noticed in the behavior of the child?
- Was it an eye witness that reported to you?

3 Once you got to know about the incidence, how was it handled by you?

4 What are the likely affects you noticed in a victim of child sexual abuse?

Probe:

- Do you notice a withdrawal syndrome?
- Are there cases of sexually transmitted diseases?
- Are there instances when they engaged their peers in sexual activities that is beyond their age?

5 The victims known to you, how do they cope with their experiences?

Probe:

- Do they engage in harmful practices like smoking, use of hard drugs or drinking?
- Are there any emotional changes noticed?
- Are there any psychological changes in behaviour?

6 Do you ever ask the victims if they ever reported the case to any one before it can to your knowledge?

7 If their answers to question 6 above is no, what are some of the reasons they gave you on why they never told anyone prior to now?

Probe:

- Not wanting others to know about if?
- You accepted the blame?
- Trying to protect the perpetrators?
- Fear of shame and embarrassment
- Not knowing the appropriate place to report to?

8 What are your recommendations as to eradicating this social milieu in our society?

APPENDIX V

KEY INFORMANT INTERVIEW GUIDE FOR MEDICAL OFFICERS (NURSES)

Dear participants,
Thanks for agreeing to participate in this study. This study is asking for your opinion on experiences of child sexual abuse and the challenges of disclosure in your community.. This study is conducted as part of the fulfillment of the requirements for a research project in University of Ibadan your responses will be confidential and you have the right to refuse to answer any questions you so wish.

Thank you.
Mary I. Olaniyi

QUESTIONS

1 Discuss the nature of child sexual abuse.

Probe:

- How familiar are you with the case?
- What are the reactions of community members to the act?
- What is the prevalence of the act in your community?
- Please mention some of the experiences of child sexual abuse, treated in your clinic

2 What were the natures of the case brought to your clinics?

Probe:

- Was it only cases having physical signs?
- Were there cases of those infected with sexually transmitted diseases?
- Were there instances of unwanted pregnancy as a result of the abuse?
- What were the percentages of these cases?

3 How were these cases handled / managed by you?

4 Can you please mention some of the coping mechanism put up by the victims that you noticed?

Probe:

As in symptoms noticed such as :

- Withdrawer syndrome?
- Psychological changes?
- Behavioral changes?

- Pretending as if nothing as happened?
- Were there cases of attempted suicide?

5 Do you ever ask the victims if they ever reported the incidence to anybody before coming to your clinic?

6 If their response to the question in no 5 is no, what are the reasons given for not reporting?

7 How did you manage the cases reported at your clinics?

8 Can you please give us your candid suggestions on how the incidence of child sexual abuse can be curbed in your community and the society at large?

APPENDIX VI

KEY INFORMANT INTERVIEW GUIDE FOR LAW ENFORCEMENT AGENCIES (POLICE)

Dear participants,
Thanks for agreeing to participate in this study. This study is asking for your opinion on experiences of child sexual abuse and the challenges of disclosure in your community.. This study is conducted as part of the fulfillment of the requirements for a research project in University of Ibadan your responses will be confidential and you have the right to refuse to answer any questions you so wish.

Thank you.
Mary I. Olaniyi

QUESTIONS

1 As a law enforcement agents, what are your perception on cases of child sexual abuse?

Probe:

- Is it new to you?
- What would you say about the behavior of the community members towards the act?
- Is the community cooperating with you in carrying out your duties as per handling the cases reported to you?
- What is the prevalence of the incidence in your area?
- Can you please give us an estimated percentage of the cases reported to you?

2 What were the experiences of the cases reported to you like?

Probe:

- Was it penetrative sex?
- Was it the existence of physical signs, such as bleeding, bruises, etc.?
- Was it touching or fondling of genitals?
- What are the others?

3 Were there any noticeable effects of the abuse you noticed in the victims?

Probe:

- Been infected by sexually transmitted diseases?
- Any behavioral changes?
- Cases of unwanted pregnancy?

- Cases of injuries?
- Please can you give us the statistics of theses?

4 Can you please give us some coping mechanisms you noticed in the victims?

5 Do you ever ask the victims if they ever reported the cases of abuse to anyone before coming to the police station?

6 If their answer to question 5 is no, what are some of the reasons given to you as to why they did not report earlier to this time?

7 As a law enforcement officers, what are your candid suggestions as part of the solutions to this social problem in this community and the society at large?

APPENDIX VII

IN-DEPTH INTERVIEW GUIDE FOR THE VICTIMS OF CHILD SEXUAL ABUSE

Dear participant,
Thanks for agreeing to participate in this study. This survey is asking for your opinion on experiences of child sexual abuse and the challenges of disclosure in your communities. This study is conducted as part of the fulfillment of the requirements of a research project in university of Ibadan.

Please provide your own opinion about the issued raised in the interview questions, which might take about 30 to 45minutes. Your response will be confidential and you have the right to refuse to answer any question you so wish.

Thank you
Mary I. Olaniyi

A. Experience of Child Sexual Abuse

1. Have anybody ever told you or someone close to you to undress in their presence?
2. Have any adult/older child ever expose their body naked in your presence?
3. Have any adult/older child touched you or someone close to you on their sensitive pacts of the body such as the buttocks, breast, hips, etc.?
4. Have any adult/older child ever told you or someone close to you to find their penis or virginal?
5. Have any adult/older child ever fond with your penis or virginal or that of someone close to you?
6. Has any adult/older child ever had a penetrative sex with you or any one close to you?
7. Did you willing allow the adult/older child to have penetrative sex with you or were you forced into doing it?
8. After the incidence, did you bother to report their incidence to your parent, friend, school counselor or police officer?
9. Why didn't you report the incidence to any of those mentioned above?
10. After the incidence, how did you free within you? That is what was you experience?

B. Consequences of child Sexual Abuse

(a) Was there any emotional behavioral changes noticed in your or someone close to you after the abuse?

(b) Can you mention some of the emotional behavioral changes you noticed?

(c) After the incident of the sexual abuse, did you noticed that there were changes in your behavior or that of someone sexually?
(Like acting out in sexual ways beyond you age with other peers)

(d) After the incidence of the sexual abuse, were you or someone close to you, still has a cordial relationship with the perpetrator (the person that had sex with you or someone close to you) or you tend to avoid the presence or company of such person?

(e) After the incidence of the Sexual Abuse, do you or someone close to you have some physical signs left behind? (Such as itching, bleeding, bruises, pregnancy etc.)

C. The coping mechanism of victims of Child Sexual Abuse

(a) After the incident of the sexual abuse, how did you manage the situation?
Do you pretend as if nothing has happened so as not to remember the incident?
Were you depressed emotionally and psychologically?
Do you have night mares? Which you do have before the incidence?
Did this experience affect your performance in school?
Did you try to minimize the occurrence so that you feel it is not all that bad?
Is it made you to involve in some harmful practices like smoking, use of drugs, drinking, prostitution etc.?
Did you ever think of committing suicide as an end result to get the memories off you?

D. Reasons for Delay in disclosure

(1) After the incident of sexual abuse, did you report to anybody? (People like you parent, older person, friends, law enforcement agents, or hospital).

(2) If you did reported, what was their reactions and response to the incidence?

(3) If you did not report the incidence to anyone, what were your reasons for not reporting?
For instance, was it because;

- You accepted the blame
- You don't want to let other family members to know about the incidence

- Is it because of shame?
- Are you trying to protect the perpetrator because you love the person, or so that the person will not harm you?
- Is it for fear of not being believed by others
- Is it because the police will not do anything about the incidence if reported to them?
- Is it because you don't know who to report the case to? Etc.

What are your suggestions on how to stop the incidence of Child Sexual Abuse in our society at large.

APPENDIX VIII

KEY INFORMANT INTERVIEW GUIDE FOR SCHOOL COUNSELORS

Dear participant,
Thanks for agreeing to participate in this study. This survey is asking for your opinion on experiences of child sexual abuse and challenges of disclosure in your communities. This study is conducted as part of the fulfillment of the requirements of a research project in university of Ibadan.

Please provide your own opinion about the issued raised in the interview question, which might take about 30 to 45minutes.

Your response will be confidential and you have the right to refuse to answer any question you wish.

Thank you
Mary I. Olaniyi

A. Perception and attitude associated with child sexual abuse

- What is your option on issues of child sexual abuse?
- What can you say about the general belief of the community about the cases of child sexual abuse?
- In your own opinion, the community in which your school is located does it has anything to do with the rate of the incidence in that area?

B. Experience of Child Sexual Abuse

(a) How did you get to know about the incident?

(b) Was the case reported to you by the student or you detected that such things are happening by yourself?

(c) What are some of the experiences that students told you about?

(d) Have the student before telling you ever reported the case to anyone earlier?

(e) How was the reported case handled by you?

C. Consequences of child sexual abuse

(a) Did you notice a withdrawal syndrome in the child that had been sexually abused? Like keeping to one's self

(b) Or was the child acting in a sexual way that is above his age amongst his peers?

(c) Do you have cases of those that have cases of transmitted diseases?

(d) Do you have cases of those children whose encounter with the incidence of child sexual abuse, get them impregnate?

(e) How was the case handled by you?

D. Coping mechanism among victims of child Sexual Abuse

(a) Children whose cases were reported to you, how were they copying with the experiences before your intervention?

(b) Do you have cases of children that resulted into some harmful practices as a result of their experiences? Such as those that got engaged in smoking, use of hard drug, drinking or going as far as into prostitution.

(c) Do you have records of any that try to commit suicide as a way of getting the experience off them?

(d) How was the situation managed by you?

E. Reasons for delay in Disclosure

(a) What was experience like, in handle the issue of Child Sexual Abuse?

(b) Do children willingly disclose the incidence to you or it takes some time?

(c) How easy was it for you to get the needed information from them?

(d) What were the reasons given by them for not disclosing the incident to anyone earlier before you got to know what the case?

(e) What are your recommendations to help in eradicating this social milieu

APPENDIX IX

KEY INFORMANT INTERVIEW GUIDE FOR MEDICAL OFFICERS AT THE HEALTH CENTERS OF THE SELECTED AREAS

Dear participant,
Thanks for agreeing to participate in this study. This survey is asking for your opinion on experiences of child sexual abuse and challenges 0f disclosure in your communities. This study is conducted as part of the fulfillment of the requirements of a research project in university of Ibadan.

Please provide your own opinion about the issued raised in the interview question, which might take about 30 to 45minutes.

Your response will be confidential and you have the right to refuse to answer any question you wish.

Thank you
Mary I. Olaniyi

A. Perception and Attitude towards Child Sexual Abuse

(a) How familiar are you with the incidence of child sexual abuse in your community?

(b) How would you describe the behavior of the community members to the issue of child sexual abuse?

(c) Is child Sexual Abuse, well tolerated in your community?

(d) Are cases of child sexual abuse usually reported to your clinic if there is no physical injury on the victim?

B. Experience of Child Sexual Abuse

(a) How would you rate the incidence of child sexual abuse in your community?

(b) Among the victims that came for treatment in your centers, what were some of their experiences they told you?

C. Consequences of child sexual Abuse

(a) Is it only cases of child sexual abuse that left physical injury on the victim that were directed to you?

(b) Do you have cases of child sexual abuse victims that came to your centers because of the bruises left on them after the incidence?

(c) What is their estimated percentage?

(d) Do you have cases of Child Sexual Abuse victims that came for treatment after contacting sexually transmitted diseases from the act?

(e) What is their estimated percentage?

(f) Do you have instances where the incidence resulted into the victim becoming pregnant?

(g) What is their estimated percentage?

(h) How do you manage the situation?

D. Coping mechanism among victims of Child Sexual Abuse

(a) What are some of the symptoms that you noticed among the victims that were treated in your centers that they resulted to as a mechanism for copying with the incidence of abuse?

(b) Would you categorically state that some of these symptoms noticed in these victims were mainly as a result of their experiences of child sexual abuse?

(c) Do you have any case of anyone brought to your center, who was trying to commit suicide as way of getting off the memories of the experiences?

(d) How did you manage the situation?

E. Reasons for Delay in disclosure

(a) Did you ever border to ask the victims that are brought to your centers if the incidence that brought them was the first contact they ever had with the perpetrators?

(b) What was their response?

(c) If their response was No, did you ask them the reason why they did not inform anybody of the occurrences that led to their responses?

(d) What was their response?

(e) How did you manage the situation?

(f) What are your suggestions on how incidence of Child Sexual Abuse in your community and our society at large?

APPENDIX X

KEY INFORMANT INTERVIEW GUIDE FOR LAW ENFORCEMENT AGENCIES

Dear participant,
Thanks for agreeing to participate in this study. This survey is asking for your opinion on experiences of child sexual abuse and challenges of disclosure in your communities. This study is conducted as part of the fulfillment of the requirements of a research project in university of Ibadan.

Please provide your own opinion about the issued raised in the interview question, which might take about 30 to 45minutes.

Your response will be confidential and you have the right to refuse to answer any question you wish.

Thank you
Mary I. Olaniyi

A. Perception and attitude towards Child Sexual Abuse

(a) As a law enforcement agent, cases of child sexual abuse should not be something new to you. What is your opinion of the issue?

(b) In this community that you are, what can you say about the behavior of the community members towards the act of child sexual abuse?

(c) In your own opinion, would you say that the community accommodates this evil act because of some practices or belief held by the community members?

(d) In your own view, would you say the community supported you or prevented you from carrying out your duties effectively when it comes to issues of handling cases of child sexual abuse?

(e) If the answer to the above is No, what do you think can be done to assist you in carrying out your duties effectively?

B. Experiences of victims of Child Sexual Abuse

(a) What are some of the experiences of Child Sexual Abuse that victims

(b) What was your advice to them concerning further occurrences?

C. Consequences of Child Sexual Abuse

- Do you have cases of Child Sexual Abuse reported at your stations that involve the victim having bruises on them?

Was there case of Child Sexual Abuse reported at your station that involved victim getting impregnated?

Was there case of Child Sexual Abuse reported to your station that doesn't involve victims being injured?

- Can you please state the statistics of 1 – 3 above?
- How was the cases handled by you when it was brought to your notice?

Coping mechanism of victims of Child Sexual Abuse

- Were there instance where cases were reported at your station of victims committing suicide or attempting suicide as one of the mechanism adopted to wade off memories of child sexual abuse?
- How was the case handled by you?
- Reasons for delay in disclosure among the cases reported to your station, did any of the victims told you of ever reporting the incidence to anybody before it was formally reported at your station?
- If they ever told anyone about the incidence, was it immediately the act stated that they told the person, or after the incidence continued for a long time?
- Can you please tell use some of the reasons that the victims told you about which prevented them from reporting to incidence to anyone before it was brought to your knowledge?
- What candid advice, can you as a law enforcement agent give as pact of solution to this social problem in your community and the society at large?