

CHILD SEXUAL ABUSE: CONSEQUENCES AND THE WAY FORWARD

Afolabi, Comfort Yemisi (PhD)

Centre for Gender and Development Studies

Ekiti State University, Ado Ekiti, Nigeria

PMB 5363, Ado Ekiti

Zip Code: 360211

ABSTRACT: *Child sexual abuse has become a common occurrence in the society. This has become a high risk problem for the victims or survivors. The social media is filled with incidents of sexual abuse of young children by adults within the family and without. Incest committed by fathers, other relations and people known to the victims are on the increase in countries of the world. Sexual abuse has made young children to be unsafe in their communities and this portends ills for these children especially the girl child. This paper therefore takes a look at the overview of child sexual abuse, survivors and perpetrators of sexual abuse, girl child and sexual abuse, consequences of child sexual abuse and the way forward to curbing child sexual abuse in the society. The way forward to curbing it include prompt reporting of incidents of sexual abuse to appropriate authorities for adequate intervention, policy instruments and laws forbidding the evil act and indicating sanctions against perpetrators, medical and psychological treatment/counseling for survivors, public enlightenment against acts of child sexual abuse among others. The study utilized secondary data drawn from existing literature, journals, books and libraries.*

KEYWORDS: Child sexual abuse, consequences, way forward.

INTRODUCTION

The term sexual abuse which is also referred to as molestation or assault is abusive sexual behaviour by a person upon another person. Sexual abuse is usually perpetrated using force or by taking advantage of someone (American Psychological Association, 2018). When force is sudden, short in duration or infrequent, it is called sexual abuse. The offender or perpetrator is referred to as a sexual offender or molester. Sexual abuse also involves any behaviour by an adult or older adolescent towards a child to stimulate any of the involved sexually. The use of a child or other individuals younger than the age of consents, for sexual stimulation is called child sexual abuse or child rape. According to Merriam-Webster Legal Dictionary (2020), sexual abuse is the infliction of sexual contact upon a person by forcible compulsion and engaging in sexual contact with a person who is below a specified age or physical incapacity. It is the crime of engaging in or inflicting sexual abuse on another person. Moreover, sexual abuse may be domestic, if it occurred in the victim/survivor's home and perpetrated by someone in the family. It may constitute rape, depending on the jurisdiction (Mahoney, 2018). In its broad sense, child sexual abuse is when an older person forcibly engages in sexual activity with a child. The definition of the terms sexual abuse on children or child molestation vary in different legal jurisdictions. Sexual abuse is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent. Most victims and perpetrators know each other. Immediate

reactions to sexual abuse include shock, fear or disbelief. Long-term symptoms include anxiety, fear or post-traumatic stress disorder. Sexual abuse statistics indicated that 1 in 4 girls and 1 in 6 boys will be sexually abused before they turn 18 years old. Over 58,000 children were sexually abused yearly; 8.3 % of reported child abuse cases were sexual abuse (Mead, 1963). Sexual abuse of any body is unacceptable and an act of disrespect for the abused.

Certain factors categorise child sexual encounters as abuse according to the World Health Organisation. The definition of sexual abuse also includes the misuse of a position of authority by the adult which then leads to sexual acts. The victim/survivor must also be unwilling to participate in such acts even if he or she did not offer resistance. Child sexual abuse involves the attempt to touch the genitals or breasts of a child or make a child touch the ones of the adult. It also involves adult's attempts to touch a child by exposing himself or undressing a child or made to, as well as the attempt to seduce or tempt to take the child to another place whilst psychologically threatening the child (Makinde, & Olaleye, (2015).). Sociological definitions of child sexual abuse differ from the clinical or legal ones and whilst some are universally acknowledged, some are less so, even though equally important and influential. One of the definitions widely accepted by child protection services is that of Schechter and Roberge and it states that sexual abuse is the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not truly comprehend, to which they are unable to give informed consent (Schechter & Roberge, 1976). Child sexual abuse is an offence committed against a person who is too young and unable to give consent.

Sexual abuse is definitely not a new or modern phenomenon, though it was not necessarily acknowledged before the 1800s, this does not mean that it did not exist before then. Historically, documentation about sexual abuse had existed before Greek and Roman civilizations as well as in colonial America and Europe (Bolen, 2002). A study by Jean-Claude Chenais indicated attitude changes in Western societies over the issue of sexual abuse over the last 100 years. The study showed that due to a number of different contributing factors in some European countries like Germany and France, sexual abuse was so frequent that it was considered normal (Bagley and King, 2004). Because of radiology, physical abuse and child neglect were officially recognized in the 1960s. But it took another decade for sexual abuse to be acknowledged. It wasn't until the 1980s and 1990s that emotional child abuse was recognized (Gelles, 1993). The history of child sexual abuse has been a nightmare from which people have begun to awaken. Child sexual abuse is a phenomenon of the patriarchal system in history, where children were regarded as property of the father. In Talmudic law of Greece, it was the tradition that a female daughter could be betrothed by her father by means of sexual intercourse after the age of three (Bagley & King, 2004; Leserman, 2005). Even though not encouraged, sexual acts, including intercourse with a child younger than three years was not a crime. Such sexual activity with young girls was also not discouraged by the Catholic Church either in history, as in a Papal decree of the sixth century which stated that for a marriage to be valid, copulating was the overriding factor and consent only desirable. The age of the girl was then taken into consideration for the purpose of betrothal, if the girl was less than seven years old was considered invalid.

Also, through history, sexual abuse was not limited only to girls. In Greece, it was popular to use boys for sex. It was also common to castrate young boys and buy or sell them as sex slaves (ibid). Child sexual abuse (CSA) has been found to be widespread in all nations. Substantial adverse health, behavioral, and social sequelae have been identified, with studies using different definitions of CSA. Evidence of the etiology, prevalence, and sequelae of CSA has grown considerably since the late 1970s. There is a general consensus that CSA is a complex phenomenon occurring for multiple reasons, in various ways, and in different relationships within families, peer groups, institutions, and communities (Edward, Freyd, Dube, Anda & Felitti, 2012 ; Barth, Bermetz, Hein, Trelle & Tonia, 2015). Child sexual abuse could be traced to ancient Greece and Raman.

Concerns over child sexual abuse emerged in Britain around the 1870s driven by the Social Purity Movement, the media and drew attention to the exploitation of girls by wealthy white men, but increasingly, the focus shifted towards race. In 1909, Glasgow Parish Council published a report that drew attention to a seething gulf of sexual depravity through the seduction of young girls, many of school age. The report conducted was based on a decade of personal investigations and criminal proceedings brought to court by the Parish under the Children's Act of 1908 (WCM Project, 2015). It detailed the extent of sexual exploitation of young girls by wealthy men from the city's district office, in hotels frequented by the middle classes, in middle-class suburbia and in taxis paid for by wealthy men. Young girls were seduced by men who offered them relatively large sums of money for sex. The Parish also uncovered sex grooming operations, one run by local men, involving up to twenty girls, many under twelve years of age. The girls were lured by flattery, small sums of money and even bread and jam. These men were prosecuted but those from the district office and the wealthy more generally were not. It was believed that their conduct, performed in private could not be confirmed as Scottish law requires two forms of corroborated evidence (ibid). A common misperception about child sexual abuse (CSA) is that it is a rare event perpetrated against girls by male strangers in poor, inner-city areas. To the contrary, CSA is a much too common occurrence that results in harm to millions of children, boys and girls alike, in large and small communities, and across a range of cultures and socioeconomic backgrounds (Murray, Nguyem & Cohen, 2014). It is worthy of note that child sexual abuse was perpetrated mostly by rich men not only in large cities but also in small ones.

Forms of child sexual abuse include engaging in sexual activities with a child, indecent exposure, child grooming, child sexual exploitation or using a child to produce child pornography. Child sexual abuse can occur in a variety of settings, including home, school, or work. Child marriage is one of the main forms of child sexual abuse (WHO, 2001). Rape which is a form of sexual abuse is not a medical diagnosis. It is a legal terminology reserved for cases of penile penetration of the victim's vagina, mouth, or anus without consent. Other types of sexual abuse include forced or coerced vaginal or anal penetration by any other body parts or object; breast or genitalia fondling; or being forced or coerced to touch another person's genitalia. It involves lack of consent; the use of physical force, coercion, deception or threat; and/or the involvement of a victim that is mentally incapacitated or physically impaired (due to voluntary or involuntary alcohol or drug consumption), asleep or unconscious (Kilpatrick, Ruggiero, Acierno, Saunders, Resnick & Best, 2003). The causes of child sexual abuse appears to be linked with the perpetrators desire to gratify his/her sexual urge and desire to satisfy his/her sexual satisfaction. Others indulge in the act due

to influence of drug addiction and the desire to violate the weaker sex. This paper however, looks at overview of child sexual abuse, survivors and perpetrators of sexual abuse, girl child and sexual abuse, consequences of sexual abuse and the way forward in curbing sexual abuse in the society.

Survivors and Perpetrators of Child Sexual Abuse

Survivor as a term is usually used for a living victim of sexual abuse, including victims of usually non-fatal harm, to honour and empower the strength of an individual to heal, in particular a living victim of sexual abuse or assault. All victims of gender based violence and abuse who did not die during the process are called survivors. Children with developmental disabilities are most vulnerable victims of sexual abuse. They are at greater risk for victimization of sexual assault or sexual abuse due to lack of understanding (Sobsey & Varnhagen, 1989). Children with disabilities are also sexually abused. Majority of cases of child sexual abuse are committed by men. Women commit about 14% of offences reported against boys and 6% of offences reported against girls. Most sexual abuse offenders known as perpetrators are acquainted with their victims. About 30% are relatives of the abused child, most often, fathers, uncles or cousins; 60% are acquaintances such as family friends, babysitters or neighbours. Strangers are most often the perpetrators in about 10% of child sexual abuse cases. Child sexual abuse offenders are not pedophiles unless they have a primary or exclusive sexual interest in prepubescent children (Whealin, 2007 & Seto, 2008). Perpetrators of child sexual abuse are called pedophiles. A pedophile is generally an individual who for no less than a period of six months fantasies about having sexual encounters with young children or is sexually aroused by the thoughts of such fantasies. Usually, the sexual urges of such individuals are focused on children younger than thirteen years of age. Pedophiles can be frustrated from these urges and often suffer from interpersonal difficulties because of these sexual impulses. However, even if not necessarily always the case, some pedophiles will act upon such fantasies and are usually only apprehended or brought to attention because of this. Most pedophiles are usually not necessarily disturbed enough about such fantasies and as a result do not seek voluntary medical help (Hall & Hall, 2007). The key factor in the assessment of pedophilia is the age of the children for whom interest is shown. In its most strong forms, exclusivity is shown towards prepubescent children with no sexual urges or interest in other adults. Not all pedophiles however commit sexual offences with child victims and not all sex offenders with children are pedophiles (Seto, 2004). It is worthy of note that perpetrators of sexual abuse are not mainly men, women can also abuse underage children.

Objective

The objective of the study was to investigate issues of child sexual abuse, survivors and perpetrators, consequences of sexual abuse, the way forward in preventing and reducing the dastardly act from the society.

METHODOLOGY

Existing secondary data from libraries, journals, books, dailies, bulletins and other relevant literature were utilized for the study.

Overview of Child Sexual Abuse

Child sexual abuse (CSA) is a global and universal problem with grave life-long outcomes for the abused child irrespective of the gender. The estimates of the abuse vary from country to country. The prevalence of child sexual abuse was found to be high in India as well as throughout the world (Singh, Parsekar & Nair, 2014). Child sexual abuse is a form of maltreatment that is recognized globally as a serious human rights violation and a major public health concern. There is a general consensus that CSA is a complex phenomenon occurring for multiple reasons, in various ways, and in different relationships within families, peer groups, institutions, and communities (Collin-Vézina & Milne, 2019). The World Health Organisation (WHO) estimated that 73 million boys and 150 million girls under the age of 18 years had experienced various forms of sexual violence. The Center for Disease Control and the US Department of Justice conducted a study in the US and reported prevalence of being forced to have sex at some point in time in their lives as 11% and 4% of the high-school girls and boys, respectively. A meta-analysis conducted in the year 2009 analyzed 65 studies in 22 countries and estimated an overall international figure (Wihbey, 2011). The main findings of the study indicated that an estimated 7.9% of males and 19.7% of females universally faced sexual abuse before the age of 18 years; the highest prevalence rate of child sexual abuse was seen in Africa (34.4%); Europe, America, and Asia had prevalence rate of 9.2%, 10.1%, and 23.9%, respectively; with regards to females, seven countries reported prevalence rates as being more than one fifth that is, 37.8% in Australia, 32.2% in Costa Rica, 31% in Tanzania, 30.7% in Israel, 28.1% in Sweden, 25.3% in the US, and 24.2% in Switzerland. The lowest rate observed for males may be imprecise to some extent because of under reporting (Wihbey, 2011; Behere & Mulmule, 2014).

In a study conducted in Ethiopia among boys studying in high schools, the lifetime burden of sexual abuse was 68.2% and that of rape was 4.3% (Haile, Kebeta & Kassie, 2013). A study in Hong Kong among college students on recurrence of sexual abuse before 17 years of age reported the prevalence of various forms of child sexual abuse to be 6%; these rates were higher in females. Majority of the participants reported being abused during their teens; the average age being 11 years (Tang, 2002). A study conducted in Mexico, reported prevalence of child sexual abuse to be 18.7% (58% in girls and 42% in boys). Physical abuse was involved in 75% of the cases (Pineda-Lucatero, Trujillo-Hernandez, Millan-Guerrero & Vasquez, 2009). In a study done in Croatia, 10.8% of the children reported as having faced some form of child sexual abuse during childhood (Ajdukovic, Susac & Rajter, 2013). A review conducted by Martin *et al.* reported that nearly 4% and 2% of girls and boys, respectively, experience child sexual abuse every year. In the age-group of 2–17 years, nearly 15% of girls and 6% of boys face severe consequences of child sexual abuse (Martin & Silverstone, 2013). A study in China, found that about 33% of the participants reported sexual abuse. The lifetime burden of which was 41% for girls and 29.5% for boys (Song; Ji & Agardh, 2014). Another study among urban Chinese population reported the prevalence of CSA before the age of 14 years to be 4.2% (males: 5%, females: 3.3%) (Luo, Parish & Laumann, 2008). In a study done in Boston, the burden of CSA was 26.7% and 16.7% in girls and boys, respectively (Chiu, Lutfey, Litman, Link, Hall & McKinlay, 2013). A review conducted by Townsend *et al.* reported burden of CSA to be 7.5–11.7% (girls: 10.7–17.4%, boys: 3.8–4.6%) (Townsend &

Rheingold, 2013). A study conducted by Verelst *et al.* reported more than one third of the participants experienced sexual violence (Verelst, De Schryver, Broekaert & Derluyn, 2014).

In a 2013 systematic review and meta-analysis of recent studies worldwide, CSA prevalence rates were found to be 8 to 31% for girls and 3 to 17% for boys. Forced intercourse was self-reported by 9% of girls and 3% of boys (Barth, Bermetz, Heim, Trelle & Toni, 2013). Incidents of CSA reported annually to formal, official bodies such as child protection services was drastically low, about 43% in Canadian child protection systems (Collin-Vézina, Hélie & Trocmé, 2010); 2.4% in U.S. child protection and community agencies) (Sedlak, Mettenburg, Basena, Petta, McPherson, Greene et al, 2010). Clearly, official reports to authorities underestimated the extent of CSA; in another worldwide CSA prevalence meta-analysis, rates were more than 30 times higher in self-report than official-report studies (12.7% versus 0.4%) (Stoltenborgh, IJzendoorn, Euser & Bakermans-Kranenburg, 2011). A study conducted on 200 female adolescents in tertiary institutions in Ekiti State, Nigeria discovered that 13% of the participants had experienced certain forms of sexual abuse; 57.5% of the perpetrators were lecturers who were known to the survivors; 2.5% were family members of the abused while 13.2% were strangers. However, majority, 56.5% of the incidents were not reported (Afolabi, 2019). Child sexual abuse is common occurrence worldwide with a high prevalence.

Girl Child and Sexual Abuse

The girl child is mostly sexually abused by adults. Child sexual abuse is a form of child abuse in which a child who is below age 18 is abused for the sexual gratification of someone older than the child especially girls. Sexual abuse of a female child is termed, girl child sexual abuse (Acuff; Bisbing; Gottlieb; Grossman; Porter; Reichbart; Sparta & Walker, 1999). Girl child sexual abuse involves a direct sexual contact with a girl, the adult or otherwise older person engaging in indecent exposure (of the genitals, female nipples) to a girl with intent to gratify their own sexual desires or to intimidate or groom the girl child, asking or pressuring her to engage in sexual activities, displaying pornography to her or using a girl to produce child pornography (Martin; Anderson; Mullen; O'Shea (1993); Whiffen & MacIntosh (2005). By adulthood, 26% of girls experience sexual abuse. A meta-analysis of 217 publications has reported a global prevalence of 12% on the basis of 331 independent samples comprising about 10 million individuals (Stoltenborgh; Van IJzendoorn; Euser & Bakermans-Kranenburg, 2011). Sexual abuse of the girl child is a problem in urban and rural communities. Baker & Duncan (1985) claimed that a girl child under aged is sexually abused when another person, who is sexually mature, involves her in any activity which the other person expects to lead to their sexual arousal. Girl child sexual abuse occurs when she is subjected to a sexual activity that she cannot understand, with which she has an incompatible development, cannot consent or that violates society laws or rules (Kempe, 1978). In a 7-year period study of 489 child sexual abuse reports, 369 corresponded to female victims and 120 male victims. The most affected age group was 10-15 years in girls and 2-6 years in boys. Residence was the most frequent place of abuse and perpetrators were mostly men, who in 66.5% of the cases were known to the victims. Recurrent abuse was more frequent in male victims. In 3.5% of the cases, there was a legal interruption of gestation and 1.0% carried the pregnancy to term (Platt, Back, Hauschild & Guedert, 2019). Both girls and boys could be victims of sexual abuse, but girls

are more victims. A variety of nonspecific symptoms of sexual abuse of the girl child include but not limited to pain, anogenital bleeding, vaginal/urethral discharge, dysuria, urinary tract infection, sexualized behavior, and suicidality are possible. It is also common for the initial presentation to be suspected sexual abuse in the absence of any physical symptoms. In such cases, it is important to be mindful that the assailant is often an individual that is close to the victim, such as a close relative or even the parent (Bounds, Edinburgh, Fogg and Saeywc, 2019; Romano, Moorman, Ressel & Lyons, 2019). The girl child is usually sexually abused by their close relatives and family members.

Globally, the prevalence of girl child sexual abuse ranges from 5%–36% (Barth, Bermetz, Hein, Trelle & Tonia, 2015). Studies in sub-Saharan Africa have also shown similar prevalence rates (Yahaya, Soares, Ponce De Leone & Macassa, 2012). The true magnitude of the problem however remains difficult to determine. This is as a result of the culture of silence around the issue of child sexual abuse, especially in the African setting where sexual matters are not discussed in public. Non-disclosure of abuse by the victims, especially very young girls, arising from fear of further harm from the perpetrator or of being blamed; feelings of shame, and cultural inhibitions also help to mask the true burden of girl child sexual abuse. Ineffectual prosecution of offenders in reported cases also contributes to non-disclosure of abuse (UNICEF, 2016 & WHO, 2014b). The prevalence of sexual abuse especially of the girl child appears aided by low reporting of cases.

Girl child sexual abuse is not an uncommon problem in Nigeria (Bugaje, Ogunrinde & Faruk, 2012; Makinde, & Olaleye, (2015). Although the true burden of girl sexual abuse in Nigeria is unknown. It is estimated to vary between 5% and 38% across different parts of the country (Odu, Falana & Olotu, 2014). In a study on girl child abuse in Zaria, the age range was 3-13 years, with a mode of 7 years. Majority (95%) were aged 12 years and below. Eleven cases (55%) attended school, while three (15%) were hawkers. Twelve (60%) of the children reported the case more than 72 hours after the abuse. Twelve (60%) cases were abused more than once, and there was evidence of genital trauma in 60% of cases. The assailants were all males, and identified in 70% of the cases. Of those identified, 55% of them had previously been suspected of committing sexual abuse. In 55% of cases, the assailants were either household members or neighbours. Only 12 (60%) of incidents were reported to the police. Legal outcome was not known in any of the cases. All the cases were not followed-up (ibid). Sexual abuse and rape are taboo topics in northern Nigeria, but that has since changed. In the Nigerian State of Kaduna, this is how most sexual abuse/rape cases were dealt with — without any kind of investigation or convictions. Many female children who came forward in recent time have also experienced a fierce backlash, including attacks on their reputations and accusations that they have lied about the abuse. While their critics said they were merely applying appropriate skepticism to unproven allegations, their supporters said that the hostile reaction revealed just how difficult it was for females in the region to speak out about abuse (Akinlusi, Rabi, Olawepo, Adewumi, Ottun & Akinola, 2014).

Conditions that increase the risk of girl-child sexual abuse in Nigeria can be found in schools, baby factories and the practice of child labour. Some studies conducted in Nigeria disclosed that young girls were victims in majority of reported abuse cases in hospitals. A four-year review of sexual abuse cases at Lagos State University Teaching Hospital that began in 2008 and ended in

December 2012, showed that out of a total 287 reported cases of sexual abuse, 83% of the victims were below the age of 19 (ibid). A one-year survey conducted at Enugu State University Teaching Hospital between 2012 and 2013 revealed that 70% of sexual abuse victims were under the age of 18. In the Enugu survey, majority of the victims knew the perpetrators and the abuse occurred inside uncompleted buildings and the victims' or perpetrators' residence (Ohayi, Ezegwu, Chigbu, Arinze-Onya, & Iyoke, (2015). In another study, out of the 39,770 new gynaecological cases, 304 were alleged sexual abuse giving an incidence of 0.76% among hospital gynaecological consultations. Only 287 case notes had sufficient information for statistical analysis. Of these, 83.6% of the victims were below 19 years, 73.1% knew their assailants (majority were neighbours), most of the sexual abuse (54.6%) occurred in the neighbours' homes and over 60% of victims reported incidents after 24 hours of abuse. Although 77.3% were abused at daytime, teenage girls were likely to be abused during the day and non-teenagers at night. Threat and physical violence were mostly used to overcome victims. (Akinlusi; Rabi; Olawepo; Adewunmi; Ottun & Akinola, 2014). Sexual abuse is a common occurrence in Nigeria, however, majority of the cases were not reported and perpetrators left unpunished. In Nigeria, fathers are impregnating their under aged daughters, brothers impregnate their female siblings while pastors defile and impregnate underage female children of their church members. Cases of sexual abuse are increasingly reported in the country. Lagos, like other world megacities, over predisposes the girl child population to higher risks of sexual abuse amongst other crimes. Despite this, many Nigerian researchers have not given adequate attention to this subject especially in terms of the evaluation of care given to survivors (United Nations, 2016). News in the dailies and internets are filled with the gory stories. Sexual abuse can also occur online. The age of consent for sex is also different from one country to another. However, it is commonly understood, that children especially girls are not able to understand or willingly consent to sexual experiences with older persons. It is also acknowledged that there existed sexual experimentation between young people and therefore molestation charges are only enforced when the older person is sixteen or eighteen and that the child is three or five years younger (Department of Health, Social Services & Public Safety, 2017; Department for Education, 2018; Wales Safeguarding Procedures Project Board, 2019). The higher reported cases of sexual abuse could call attention of stakeholders to the issues involved. It is worthy of note that girl child sexual abuse anywhere in the world is evil against the survivors whether it is an incest within the family or committed by strangers.

Consequences of Child Sexual Abuse

Sexual abuse can have both short and long term effects on the girl child. The impact of sexual abuse can last a lifetime. Children, young people and adults may live with anxiety and depression; eating disorders; post-traumatic stress; difficulty coping with stress; self-harm; suicidal thoughts and suicide; sexually transmitted infections and pregnancy (Maniglio, 2009). There does not appear to be a specific pattern of consequences from sexual abuse experienced in childhood. In fact, the sequelae or after-effects of child sexual abuse vary from one child to the next (Baril & Tourigny, 2009). Victims of child sexual abuse can face immediate psychological consequences as well as chronic effects that can impact their adjustment throughout their development (Polucci, Genuis & Violato, 2001; Putnam, 2003). According to Whiffen & MacIntosh (2005) and Maniglio (2011), the effects of child sexual abuse include shame, self-shame, depression, post-traumatic

stress disorder, low self-esteem, sexual dysfunction, chronic pelvic pain, addiction, self injury, borderline personality disorder and propensity to re-victimisation in childhood. Much of the harm caused to female victims of child sexual abuse becomes more evident several years after the incident (Teitelman, Bellamy, Jemmott, Icard, O'Leary, Ali, Ngwane & Makiwane (2017). Also, Regier, Monge, Franklin, Wetherill, Teitelman, Jagannathan, Suh, Wang, Young, Gawrysiak, Langleben, Kampman, O'Brien & Childless (2017) noted that sexual abuse by a family member, a form of incest, could result in severe long-term psychological trauma, especially in the case of parental incest. A study reported that child sexual abuse alone is accountable for about one per cent of the global burden of disease, but it is likely to be a risk factor for several other conditions like alcohol consumption, illegal drug usage, development of mental disorders, and spread of sexually transmitted diseases, which when pooled, are accountable for over 20% of the global burden (Bassani, Palazzo, Beria, Gigante, Figueiredo, Aerts & Raymann, 2009).

Immediate psychological consequences of child sexual abuse include shock, fear, anxiety, nervousness, and guilt, symptoms of post-traumatic stress disorder, denial, confusion, withdrawal, isolation and grief. Research has also established a strong, albeit complex relationship between child sexual abuse and adverse mental health consequences for many victims (Fergusson & Mullen, 1999; Walsh, Fortier, & DiLillo, 2010). Noteworthy is a series of twin studies conducted over the last decade, which have consistently revealed a link between child sexual abuse and adverse mental health and related outcomes for survivors. The effects were strongest for drug and alcohol dependence and bulimia nervosa (Australian Institute of Family Studies (2020). However, some research findings suggested that male victims of child sexual abuse may experience different and, in some respects, more adverse mental health outcomes than female victims. Childhood sexual abuse is associated with a broad array of adverse consequences for survivors throughout their lifetime. As a result of more rigorous research studies in this field, the understanding of the impacts of childhood sexual abuse is becoming more nuanced and a robust body of research evidence now clearly demonstrates the link between child sexual abuse and a spectrum of adverse mental health, social, sexual, interpersonal and behavioural as well as physical health consequences. The strongest links have been found between child sexual abuse and the presence of depression, alcohol and substance abuse, eating disorders for female survivors, and anxiety-related disorders for male survivors. An increased risk of re-victimisation of survivors has also been demonstrated consistently for both male and female survivors. Some more recent researches have also revealed a link between child sexual abuse and personality, psychotic and schizophrenic disorders, as well as a heightened risk for suicidal behavior (ibid).

Sexual abuse in childhood or adulthood impacts not only the victim, but also the victim's family and friends as well as society as a whole. In this regard, sexual abuse is a public health problem that concerns everyone. Also, it has numerous potential consequences that can last a lifetime and span generations, with serious adverse effects on health, education, employment, crime, and the economic well-being of individuals, families, communities and societies (World Health Organization (WHO, 2010). Sexual abuse that occurs during a child's development can have adverse effects on certain developmental processes, such as emotional regulation, cognitive style, and coping mechanisms, and thus entail long-term consequences. Sexual abuse in childhood is known to be a major risk factor in the development of long-term psychological and social

adjustment problems that can carry over into adulthood and affect married life and parenthood (Baril, & Tourigny, 2009 & World Health Organization (WHO), 2010). The most common effects of sexual abuse in children are symptoms of post-traumatic stress disorder, psychological distress and inappropriate sexual behavior (Baril, & Tourigny, 2009 ; Wolfe, 2007). Roughly one third of sexually abused children do not display symptoms deemed problematic (symptoms that have reached the clinical threshold) (Baril, & Tourigny, 2009). According (Wolfe, 2007; Baril, & Tourigny, 2009), the consequences of abuse exhibited in childhood by survivors are neurobiological changes; depressive symptoms; developmental delays; anxiety, fear distrust of others; anger; aggression; maladjustment in schools; sexual behavior problems; social isolation behavior; symptoms of post-traumatic stress disorder; somatic problem of enuresis; behaviour problems; dissociative symptoms and low self-esteem among others. In the same vein, the consequences of sexual abuse exhibited in adolescence by victims/survivors are neurobiological changes; delinquency; depressive symptoms; homelessness; running away from home; anxiety; fear; distrust of others; alcohol and drug use; symptoms of post-traumatic stress disorder; gang involvement; self-mutilation and self-destructive behaviour; high-risk sexual behaviour; teen pregnancy; suicidal thoughts or attempted suicide; early sexual initiation; eating disorders (anorexia, bulimia); sexually transmitted and blood-borne infections (STBBI); social isolation behaviour; multiple sex partners; strained relationships with family; lack of emotional commitment in romantic relations; behaviour problems; sexual revictimisation offences; dating victimisation and abuse (ibid).

Child sexual abuse can cause difficulties in forming intimate and trusting relationships. Relationships can remind victims and survivors of the sexual abuse, and there may be emotional barriers that make it difficult to talk about sexual abuse with partners (Truth Project, 2017). One of the most profound effects of child sexual abuse is the damaging impact it can have on the ability to form and maintain close, loving relationships – both intimate and platonic. It can affect the relationships that victims and survivors have at the time of the sexual abuse and for the rest of their lives. They may find it difficult to talk to partners, family and friends about the sexual abuse, preventing others from being able to help and offer support. Victims and survivors have said that child sexual abuse has adversely affected the relationships they have with others (ibid). Sexual abuse is a severely traumatic experience that disproportionately affects adolescent and young adult women and is often associated with psychological, physical and social distress (Eastgate, 2005; Danielson & Holmes, 2004). These effects of sexual abuse spell doom for the abused, especially, the girl child.

Studies have reported associations between childhood sexual abuse and many psychosocial and health-related outcomes especially in the girl child, including psychosocial problems, self-harm, psychiatric disorders, physical health diagnoses such as HIV and obesity (Arriola, Loudon, Doldren & Fortenberry, 2005). These reports have raised important questions about the extent of association between childhood sexual abuse and long-term outcomes in adulthood, the relative effects of childhood sexual abuse on different outcomes. For example, the long-term effects of sexual abuse on psychiatric outcomes might be stronger than that on physical health ones because of possible over-reporting of symptoms in individuals with psychiatric disorders (Lloyd & Operario, 2012; Danese & Tan, 2014; Amado, Arce & Herraiz, 2015; Liu, 2018). Previous

attempts to synthesise the large number of meta-analytical reviews in the field have mostly considered solely mental health outcomes or a single outcome, such as depression, anxiety disorders, suicide and self-injury, or substance misuse (Hailes, Yu, Danese & Fazel, 2019). These among others are the effects and consequences of sexual abuse on any abused child irrespective of the gender. The consequences of sexual abuse on the girl child are enormous and damaging. Hence, all efforts should be put in place by all stakeholders to prevent sexual abuse of underage children, especially the girl child because the gravity of these abuses on them could be unimaginable on their future development. Apart from the broad range of deleterious health and social impacts of CSA, the lifetime economic costs have been estimated to be \$9.3 billion (Letourneau, Brown, Fang, Hassan & Mercy, 2018). To address this major public health problem, development of strategies to prevent sexual abuse from happening in the first place should be prioritised and the barriers to disclosure and reporting be addressed. Although the taboo of CSA might not be as prominent as it was a few decades ago, stigma as well as difficulty in accessing services may still prevent victims from receiving necessary resources.

The Way Forward in Curbing Child Sexual Abuse

Majority of cases of sexual abuse were not reported. In view of this, efforts should be made to educate children and their parents on various ways to reduce child sexual abuse and its consequences (David, Ezechi, Wapmuk, Gbajabiamila, Ohihoin, Herbertson & Odeyemi, 2018). All patients reporting within 72 hours of the suspected abuse or with any concerning symptoms should be evaluated early, preferably by a sexual abuse health practitioner or child abuse pediatrician if available. In those reporting without symptoms and later than 72 hours following the suspected abuse, specialized outpatient examination should be arranged for further evaluation and treatment. A good understanding of state-specific legislation regarding consent and treatment of minors is essential when treating victims of sexual abuse especially, in relation to girls (Fish, Baams, Wojciak & Russell, 2019; Reed, Kenedy, Decker & Cimino, 2019). An efficient initial assessment is essential to ensure reliable outcomes for the patient and families affected by sexual abuse. Involving relevant specialists including physicians, nurses, social workers, and mental health professionals is important to providing optimal treatment. Specific treatment should be based on the individual clinical presentation and relevant findings. In emergent settings, it is vital that all victims of child sexual abuse have a medical and psychological follow-up in place irrespective of gender (Melmer & Gutovitz, 2019). Once survivors show enough courage to report sexual abuse, their cases should be promptly addressed.

Various policy instruments, events and treaties that have been developed by several countries and the United Nations to pursue and promote gender equality, empower girls/women and protect the girl child from discrimination, misuse including sexual abuse and violence need to be fully implemented. These policy instruments include the 1995 Beijing, China Platform for Action in all its 12 thematic areas developed at the Fourth Women Conference; Convention on the Elimination of Discrimination against Women (CEDAW) of 1979 in its 30 Articles; the year 2000 Millennium Development Goals that intersect with girls and women equality issues in its 8 goals; the Post 2015 Development Agenda and Goal 5 of the Sustainable Development Goals; the ECOWAS 2003 Gender Policy; African Charter on Human and Peoples' Rights of 1981; the Convention on the

Rights of the Child of 1989 and the 2063 Agenda Policy. All these international instruments condemned sexual abuse in its entirety especially as it affects the girl child. Modalities for intervention, prevention and protection of the rights of the girl child, are equally stated in these documents that were endorsed by many countries of the world including Nigeria.

In Nigeria, there are policy instruments denouncing the abuse of the girl child. These include the National Gender Policy of 2006; the Nigeria Child Rights Law; 1978 Children and Young Person's Law that have been domiciled in many State to protect the rights of the girl child and save her from any harm especially, sexual abuse such as Ekiti State of Nigeria Child's Rights Law, 2006 and Child's Rights Law of Lagos State, 2007. Some States including Ekiti State also developed Ekiti State Gender and Development Policy of 2011; Ekiti State Gender-Based Violence Prohibition Law in 2011 which was revised it in 2019 among others. These documents in addition to identifying incidents of girl child sexual abuse in the Nigerian society, condemned the evil act and went further to stipulate sanctions, punishments and fines for offenders of sexual abuse (Federal Republic of Nigeria, 1978; Federal Ministry of Women Affairs & Social Development, 2007; ; Lagos State Government Ministry of Women Affairs & Poverty Alleviation, 2007; Ekiti State Ministry of Women Affairs, Social Development & Gender Empowerment, 2006; 2011a; 2011b; 2019). If these international, National and States policies/documents/laws for the well being of the girl child are implemented, her interests would be protected and sexual abuse of the girl child would be prevented or reduced.

The most important prerequisite for intervention programme for the prevention of girl child sexual abuse, is reporting the abuse cases to the appropriate authorities such as parents/guardians, the police, health professionals (New Nigerian Newspaper (2008). Every country has its own set of laws governing how and whom a report regarding suspicion of child sexual abuse should be made. Many countries also have a mandatory reporting structure for professionals working with children in many jurisdictions. Failure to report child sexual abuse should constitute a crime (Tharinger, Horton, Millea, 1990; WHO, 2014a; 2016). The girl child should adequately be protected from any form of sexual abuse and the like.

Follow up treatment is another necessary intervention for any abused child in order to free him/her from any sociological and psychological traumas that might result from the incident. If findings were present at the time of the initial examination, a follow-up examination should be made. The timing of follow-up examinations is dependent on the nature of the injuries and the conditions being treated and health care workers are advised to use their own judgment when determining how soon after the initial visit, a follow-up examination should be done, allowing for the fact that injuries in the genital area heal very quickly in children (WHO, 2014a). In some cases, a follow-up examination can be viewed more as a psychosocial follow-up measure to ensure that the appropriate counselling referrals have been made and that there is adequate support for the child and family. Some centres, use follow-up appointments as an opportunity to provide prevention and safety teaching to the survivor and families involved in sexual abuse. Counselling and social support are typical intervention programmes for a girl child abuse. While the initial medical assessment may not reveal any immediate psychological problems, it is important that a further assessment be conducted to ensure that any issues that may arise are addressed and dealt with

appropriately. Counselling services should be provided in a coordinated fashion and considered in conjunction with similar services provided by schools and other support groups. Thought must also be given to providing support and/or counselling to those caring for the girl child. This may be required even if the child itself is not assessed as needing therapy (ibid). Adequate medical examination and counselling are necessary in cases of sexual abuse of the girl child.

Although adolescents' exposure to violence and oppressive gender attitudes is prevalent, comparative knowledge across countries is sparse (Fakunmoju, & Rasool, 2018). The background to sexual violence is important in the understanding of the ramifications of the problem. Some elements that offer the means to the prevention of sexual abuse in the community are important highlights especially where the means - expertise and facilities - for managing cases of sexual abuse is grossly inadequate. For sexual abuse to be prevented, certain responsibilities are imperative; some challenges must be anticipated; and special needs/circumstances should be catered for in its prevention. It can be inferred that sexual abuse, like other medical, social or legal anomalies could be amenable to preventive measures (Eze, 2013).

In Nigeria, street protest is one of the strategies for prevention of girl child sexual abuse. For example, in Osogbo in Osun State, Nigeria and other states in the country including the Federal Capital Territory, Abuja, campaigns against sexual abuse were geared towards creating awareness for the populace to support the eradication of rape/sexual abuse since this has become so rampant in the country. Parents are expected to monitor their children and support governments in efforts at eradicating sexual abuse (Adeleke, Olowookere, Hassan, Komolafe & Asekun-Olarinmoye, 2012; Chiazor, Ozoya, Udume, & Egharevba, 2016). In the country, where a majority of cases of sexual violence go unreported, social media should bring the issue into the open (Akinbobola, 2012). History taking of the incident of sexual abuse is very important in intervention programmes. History taking is to obtain routine background information on medical history of the survivors as well as information about any medical symptoms that have arisen or might result from the abuse. The information must be obtained from someone who is acquainted with the child that was sexually abused. However, history taking about sexual abuse requires specific skills. The prevalence and severe harms of child sexual abuse, together with cross-cultural recognition of its moral un-justifiability, have contributed to the inclusion of child sexual abuse as a specific target for action and prevention in the most recent version of the United Nations Sustainable Development Goals (United Nations General Assembly, 2015). Cases of sexual abuse are increasingly reported. Moreover, Nigerian researchers should give adequate attention to this subject with its attendant social, physical and psychological consequences (Akinlusi, Rabi, Olawepo, Adewunmi, Ottun & Akinola, 2014). Adequate information should be obtained concerning any case of sexual abuse for proper handling.

In order to address the issues of sexual abuse in the African-American communities and the globe, several survivors and civil societies founded non-profit organizations and foundations to support child survivors of reported sexual abuse cases irrespective of sex. Child sexual abuse prevention programmes were developed in the United States of America during the 1970s which was originally delivered to children. Later in 1980s, programmes for parents of abused children were delivered in the form of one-off meetings, two to three hours duration. Web-based

intervention/prevention programmes have been developed for decades. These programmes should continue to be employed for effective prevention of child sexual abuse (Babatsikos (2010); Wurtele & Kenny (2010); Williams (2018a); Williams (2018b)). The contribution of non-profit organizations in preventing sexual abuse is enormous and should be encouraged.

Regular in-service training of health care providers and the utilization of written guidelines for the management of sexually abused victims would prevent omissions. This could ensure prompt and comprehensive post-sexual abuse care. Africans have a shocking attitude to sexual abuse, they pretend it does not happen and that if it does in the case of female victims, it is the female's fault. Debates, investigations and prosecutions of cases of child sexual abuse including those that affect girls, are to be more than welcomed. Women should speak out and loud! However educated they are, they should not just bury their heads in their work or in most case follow their husbands around. First ladies and governors wives heading foundations should do a proper or worthwhile cause to address sexual abuse. Same goes for the professional women. Women leaders should be involved to fight and educate against sexual abuse (Nwosu, 1968 & MacDonald, 1993). All hands should be on deck to reduce incidence of girl child abuse from the society.

Public enlightenment has been shown to be a critical tool in changing behaviour, attitude, beliefs and value system of people (Yeater & O'Donohue, 1999). Therefore there should be intense public enlightenment and education at schools, social clubs, cultural group gatherings, churches, mosques and through the media, to first of all, demystify the myths about sexual abuse. These myths inform the way many people think about sexual abuse, and because they are in the background unconsciously influencing people's thoughts, the false assumptions may be seen as being true. For example, when it is read in the newspaper that a young girl has been sexually abused, perhaps near a nightclub, people often instinctively search for a cause other than the real one (that she was abused because a man with the power to do so decided to). Perhaps other reasons should be proffered for the act other than the place of abuse, or the time of the day, or the clothes she was wearing, or the fact that she was alone. This way of thinking deflects blame from where it rightly belongs, which is the perpetrator of the crime. It is this kind of community disposition and ignorance that forms obstacles to tackling the real cause of sexual abuse, without which preventive efforts will be futile (Bell, 1999; Ojo & Olufemi, 2013). All sexual abuse should not be blamed on the victims; the perpetrators should be denounced for most sexual abuse cases.

It is important that the community in its attempt to provide victim safety and offender accountability, and more importantly in prevention of sexual abuse, should not isolate itself from other relevant stakeholders but rather take into account the criminal justice and treatment efforts to also address sexual offending behaviour (D'amora & Burns-Smith, 1999). Furthermore a coalition of organizations, including women's groups, religious bodies, businesses and trade unions that are speaking out against all forms of sexual violence in a manner reminiscent of the International Day against Violence against Women and International Women's Day could be replicated in every community with active support of the news media (Ramasay, 1999 & United Nations, 2010; WHO, 2016). Regular advocacy events could be organised around the ills of sexual abuse in the society.

Education of children, especially the girl child, goes a long way in boosting the socio-economic and sociocultural status of women in the society. This in the long run will inherently empower women who are often disadvantaged by the undue attention paid to the education of male children over their female counterparts especially in the developing world. This imbalance, coupled with poverty and ignorance, has led to persistent occurrence of sexual abuse in certain parts of the globe, especially, Africa, where children and teenagers, instead of being in the classroom, are used for street hawking of petty wares by their parents or care givers, thus making them vulnerable to sexual exploitation and abuse. Child and women trafficking with the attendant risk of sexual assault and exploitation would be greatly curtailed if equal opportunity and free formal education are provided for all children (UNICEF, nd). Public health education, advocacy and an introduction of sexual abuse prevention education in schools and colleges could be used to reduce the burden and ill health associated with child sexual abuse. Parents and wards could be educated on the dangers of child sexual abuse and encouraged to report cases not only to serve as deterrent to abusers but to make available to the victim of opportunity to receive therapy (Aluede, 2006; Moore, Awusabo-Asare, Madise, John-Langba & Kumi-Kyereme, 2007). Adequate education is vital to the eradication of sexual abuse especially for children and the girl child.

Prosecution and punishing offenders of sexual abuse has the potential to deter other would be offenders (Moore, Awusabo-Asare, Madise, John-Langba & Kumi-Kyereme, 2007). To address the deficiencies of previous laws and statues, Lagos State, Nigeria, parliament passed into law, the sexual Offences Bill 2015. This bill stipulates life imprisonment for persons convicted of sexual violation of children aged 18 years and below. Several other States in the country also legislated and passed laws against sexual abuse. It is hoped that penalty for the offense of sexual abuse would serve as deterrent to those who plan to abuse children. Moreover, the laws would raise the awareness in child sexual abuse in the society.

CONCLUSION AND RECOMMENDATIONS

Child sexual abuse (SA) is truly a global problem, often defying myths, stereotypes, and does not appear to be decreasing over time. There are different definitions of sexual abuse, adding to the challenges of measurement, assessment, and treatment. Globalization and modern technology may increase the risk of child sexual abuse and exploitation. Perpetrators of child sexual abuse are mostly people known to the victims/survivors. The offence was also committed by strangers. Perpetrators could be male or female. Boys and girls could be sexually abused by adult offenders. Some of the consequences of sexual abuse include individual symptoms of posttraumatic stress disorder, depression, anxiety, stigmatization and behavioral problems, as well as family and relationship problems. There are several strategies/measures that could be employed to prevent, eradicate child sexual abuse and provide succour for victims of the abuse.

When all segments of the society use their collective efforts in addressing issues of child sexual abuse, it could be eradicated totally or reduced to the barest minimum in the communities and society. There should be adequate reporting of child sexual abuse. This should be supported through whistle blowing. Future research should focus on developing strategies to facilitate the disclosure and reporting processes of child sexual abuse (CSA), to better identify the needs of

victims, and to develop prevention strategies. All stakeholders such as parents, government, security agents, and media and health practitioners should do all in their power to prevent, treat, eradicate or reduce incidents of sexual abuse in order to make children safe in their domains. Parents should be vigilant and keep their children safe all the time. They should also train their children right. Parents should train their boys as appropriate with fear and respect for humanity in them. The right education should be given to both boys and girls to give them the right empowerment. All relevant sectors of the society, relevant government agencies, the grassroots and religious bodies should advocate against child sexual abuse. There should be adequate training for sectors of the society for the need and ways of protecting children from sexual abuse. The existing policies, legislation and laws against sexual abuse should be implemented by all concerned persons. Perpetrators of child sexual abuse should be punished as appropriate to serve as deterrent to others. More researches need to continue to tease out gender differences in victims' experiences. There should be continuous support for investigative journalism for fight against sexual abuse and other social vices in the society. Investigative journalists could adopt the highest professional standards and ethical conducts in researching, editing and reporting sexual abuse and other social vices in the society. There is need for government to open a sexual abuse/assault register with details and pictures of perpetrators among other punitive measures for offenders. Whistle-blowing policy should be encouraged to involve protection of the people who expose sexual abuse incidents. Sexual abuse referral centres should be established for confidential reporting and treatment of child sexual abuse survivors.

References

- Acuff, C., Bisbing, S. Gottlieb, M. Grossman, L. Porter, J. Reichbart, R. Sparta, S. C. & Walker, C. E. (1999). Guidelines for psychological evaluations in child protection matters. *American Psychology*, 54 (8), 586-593.
- Adeleke, N. A., Olowookere, A. S., Hassan, M. B, Komolafe, J. O & Asekun-Olarinmoye, E. O. (2012). Sexual assault against women at Oshogbo South-western Nigeria. *Niger Journal of Clinical Practice.*, 15 (2), 190-193. 10.4103/1119-3077.97316.
- Afolabi, C. Y. (2019). Gender Based Violence in tertiary institutions, Ekiti State, South-Western Nigeria. *American Journal of Humanities and Social Sciences Research (AJHSSR)*, 03(08), 135-145. E-ISSN:2378-703X.
- Ajdukovic M., Susac N. & Rajter M. (2013). Gender and age differences in prevalence and incidence of child sexual abuse in Croatia. *Croat Medical Journal*, 54:469–79. Available from: file:///C:/Users/Win%207/Downloads/CroatMedJ_54_0469.pdf.
- Ajuwon, A. (2005). Attitudes, Norms and Experiences of Sexual Coercion among Young People in Ibadan, Nigeria, in S, Jejeebhoy, I. Shah & S. Thapa S. (Eds.) *Sex without Consent: Young People in Developing Countries. Attitudes, norms and experiences of sexual coercion among young people in Ibadan, Nigeria*. London: Zed Book.
- Akinbobola, Y. (2012, January, 16). *Social media stimulates Nigerian debate on sexual violence*. www.un.org/africarenewal.
- Akinlusi, F. M, Rabi, K. A, Olawepo, T. A, Adewunmi, A. A, Ottun, T. A. & Akinola, O. I. (2014, September, 23). Sexual assault in Lagos, Nigeria: a five year retrospective review. *BMC Women's Health*, 14, 115. <https://doi.org/10.1186/1472-6874-14-115>
- Aluede, R. O. A. (2006). Universal Basic Education in Nigeria: matters arising. *Journal Human*

- Ecology*, 20(2), 97–101. <https://scholar.google.com>.
- Amado, B. G., Arce, R. & Herraiz, A. (2015). Psychological injury in victims of child sexual abuse: a meta-analytic review. *Psychological Intervention*, 24, 49-62. <https://www.thelancet.com> doi 10.1016/S225-0366(19)30286-X.
- American College Health Association (2009, May, 4). *Shifting the paradigm: primary prevention of sexual violence*. Toolkit of the American College Health Association. www.acha.org/sexualviolence/docs/ACHA_PSV_toolkit.pdf.
- American Psychological Association (2018, January, 28). *Sexual abuse*. www.apa.org.
- Arriola, K. R., Louden, T., Doldren, M. A. & Fortenberry, R., M. (2005). A meta-analysis of the relationship of child sexual abuse to HIV risk behavior among women. *Child Abuse Neglect*, 29, 725-746. <https://www.thelancet.com> doi 10.1016/S225-0366(19)30286-X.
- Australian Institute of Family Studies (2020). The long-term effects of child sexual abuse: Child family community. CFCA Paper 11, ISBN: 978-1-922038-20-3.
- Babatsikos, G. (2010). Parents' knowledge, attitudes and practices about preventing child sexual abuse: a literature review. *Child Abuse Review*, 19 (2), 107–129. doi:10.1002/car.1102. ISSN 0952-9136.
- Bagley, C. & King, K. (2004). *Child sexual abuse: The search for healing*. UK: Taylor and Francis. , 9780203392591.
- Baker, A. & Duncan, S. (1985). Child Sexual Abuse: A Study of Prevalence in Great Britain. *Child Abuse and Neglect*, 9, 457-467. [https://doi.org/10.1016/0145-2134\(85\)90054-7](https://doi.org/10.1016/0145-2134(85)90054-7)
- Baril, K. & Tourigny, M. (2009). La violence sexuelle envers les enfants. In M.E. Clément and S. Dufour, eds., *La violence à l'égard des enfants en milieu familial* (pp. 145-160).
- Barth, J., Bermetz, L., Heim, E., Trelle, S. & Tonia, T. (2015). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, 58, 469–483. doi:10.1007/s00038-012-0426-1.
- Bassani, D.G, Palazzo, L. S., Beria, J.U., Gigante, L. P., Figueiredo, A. C., Aerts, D. R. & Raymann, B. C. (2009). Child sexual abuse in southern Brazil and associated factors: A population based study. *BMC Public Health*, 9:133. <https://bmcpublichealth.biomedcentral.com/10.1186/1471.2458/9/133>.
- Behere, P. B. & Mulmule, A. N. (2013). Sexual abuse in 8 year old child: Where do we stand legally? *Indian Journal of Psychology of Medicine*, 35:203–5. www.ijpm.info/article.asp?issn=0253-7176.
- Bell, K. (1999). Female offenders of sexual assault. *Journal of Emerging Nursing*. 25(1), 241–243. <https://www.ncbi.nlm.nih.gov/pubmed/10346851>.
- Bolen, R. M. & Lamb, J. L. (2002). Guardian support of sexual abuse children: A study of its predictors. *Child Maltreatment*, 7(3), 265-276. <https://psycnet.apa.org/record.17386-008>.
- Bounds, D. T., Edinburg, L. D, Fogg, L. F. & Saeywc, E. M. (2019). A nurse practitioner-led intervention for runaway adolescents who have been sexually assaulted or sexually exploited: Effects on trauma symptoms, suicidality, and self-injury. *Child Abuse Neglect*, 90, 99-107. <https://www.ncbi.nlm.nih.gov/pubmed/30772751>.
- Bugaje, M. A., Ogunrinde, G. O. & Faruk, J. A. (2012). Child Sexual Abuse in Zaria, Northwestern Nigeria. *African Research Journals Online (Ajol)*, 39(3), 110-114. DOI: <http://dx.doi.org/10.4314/njp.v39i3.4>.
- Chiazor, I. A., Ozoya, M. I., Udume, M. & Egharevba, M E, (2016). Taming the Rape Scourge

- in Nigeria: Issues and Actions , *Gender and Behaviour* 14(3), 7764-7785.
<https://www.core.ac.uk/download/pdf/95550295>).
- Chiu, G. R., Lutfey, K. E., Litman, H. J., Link, C. L., Hall, S. A. & McKinlay, J. B. (2013). Prevalence and overlap of childhood and adult physical, sexual and emotional abuse: A descriptive analysis of results from the Boston area community health (BACH) Survey. *Violence Victory*, 28,381–402.
www.ncbi.nlm.nih.gov/pmc/articles/PMC3718504/pdf/nihms426441.pdf.
- Collin-Vézina D, Milne L. (2019, May). Child Sexual Abuse: An Overview. In: R. E. Tremblay, M. Boivin & R. DeV. Peters, (eds.) H. L. MacMillan, (ed.) *Encyclopedia on Early Childhood Development*.
<http://www.child-encyclopedia.com/maltreatment-child/according-experts/>
- Convention on Elimination of all Forms of Discrimination against Women (1979). *United Nations treaty*. United Nations.
- Crush, E, Arseneault, L., Jaffee, S. R., Danese, A. & Fisher, H. L. (2017). Protective factors for psychotic symptoms among poly-victimized children. *Schizophrenia Bulletin*.
- D’Amora D. A & Burns-Smith, G. (1999). Partnering in response to sexual violence: How offender treatment and victim advocacy can work together in response to sexual violence. *Journal of Sexual Abuse*, 11(4), 293–304. <https://www.ncbi.nlm.nih.gov/pubmed/10597645>.
- Danese, A. & Tan, M. (2014). Childhood maltreatment and obesity: systematic review and meta-analysis. *Mol Psychiatry*, 19, 544-554.
[https://www.thelancet.com/doi/10.1016/S225-0366\(19\)30286-X](https://www.thelancet.com/doi/10.1016/S225-0366(19)30286-X).
- Danielson, C. K. & Holmes, M. M. (2004). Adolescent sexual assault: an update of the literature. *Current Opinion on Obstet Gynecology*, 16, 383-388. 10.1097/00001703-200410000-00005.
- David, N., Ezechi, O., Wapmuk, A., Gbajabiamila, T. Ohihoin, A., Herbertson, E. & Odeyemi, K. (2018). Child sexual abuse and disclosure in South Western Nigeria: a community based study. *African Health Sciences*, 18(2), 199–208. doi: 10.4314/ahs.v18i2.2.
- Department of Health, Social Services and Public Safety (2017, February, 16). *Child protection statistics for Northern Ireland (quarter ending 31st December, 2016)*, Official Research and Statistics. <https://www.gov.uk/gov/statistics/child-protection>.
- Department for Education (2018, October, 25). *Characteristics of children in need: 2017-2018*. UK: Press Office. [assets.publishing.service.gov.uk>attachment_data](https://assets.publishing.service.gov.uk/gov/attachment_data).
- Eastgate, G. (2005) Sex, consent and intellectual disability. *Aust Fam Physician*. 34(3), 163–166. <https://www.ncbi.nlm.nih.gov/pubmed/15799666>.
- Edwards, V., Freyd, J., Dube, S., Anda, R. & Felitti, V. (2012). Health outcomes by closeness of sexual abuse perpetrator: A test of betrayal trauma theory. *Journal of Aggression, Maltreatment & Trauma*, 21,133–148.doi:10.1080/10926771.2012.648100.
- Ekiti State Ministry of Women Affairs, Social Development and Gender Empowerment (2006). Ekiti State of Nigeria Child Rights Law. Ado Ekiti: Government Press.
- Ekiti State Ministry of Women Affairs, Social Development and Gender Empowerment (2011). Ekiti State Gender and Development Policy. Ado Ekiti: Government Press.
- Ekiti State Ministry of Women Affairs, Social Development and Gender Empowerment (2011). Ekiti State Gender-Based Violence (Prohibition) Law. Ado Ekiti: Government Press
- Ekiti State Ministry of Women Affairs, Social Development and Gender Empowerment (2019). Ekiti State Gender-Based Violence (Prohibition) Law. Revised Version.

Ado Ekiti: Government Press

- Eze, U. O., (2013). Prevention of sexual assault in Nigeria, *Annals of Ibadan Postgraduate Medicine*, 11(2), 65-70. <http://journals.sagepub.com/28-2158244018817591>.
- Fakunmoju, S. B. & Rasool, S. (2018, December, 10). Exposure to Violence and Beliefs About Violence Against Women Among Adolescents in Nigeria and South Africa, *Sage Journals, Originsl Research*, 1-17. <https://doi.org/10.1177/2158244018817591>.
- Federal Ministry of Women Affairs and Social Development (2007). *National Gender Policy*. Kaduna: Hays Press Ltd. 9789780806392.
- Federal Republic of Nigeria (1978). *Children and young person's law*. Nigeria: Government Press.
- Fergusson, D. M., & Mullen, P. E. (1999). *Childhood sexual abuse: An evidence based perspective*. Sage: London.
- Fourth World Conference on Women (1995). Beijing declaration and platform for action. United Nations
- Fish, J. N., Baams, L., Wojciak, A. S. & Russell, S. T. (2019). Are sexual minority youth Overrepresented in foster care, child welfare, and out-of-home placement? Findings from nationally representative data. *Child Abuse Negl.*, 89, 203-211. <https://www.ncbi.nlm.nih.gov/pubmed/30708335>.
- Hall, Ry. C. W. & Hall, Ri, C.W. (2007). A profile of pedophilia: Definition, characteristics of offenders, recidivism, treatment outcomes and forensic issues. *Mayo Clinic Proceedings*, 82(3), 457-471. <https://www.abusewatch.net/pedophiles/doi:10.4065/82.4.457>.
- Hailes, H. P., Yu, R., Danese, A. & Fazel, S. (2019, September, 10). Long-term outcomes of childhood sexual abuse: an umbrella review. *Lancet Psychiatry*, 6(10), 795-797. [https://www.ncbi.nlm.nih.gov/pubmed/doi.org/10.1016/S2215-0366\(19\)30286-X](https://www.ncbi.nlm.nih.gov/pubmed/doi.org/10.1016/S2215-0366(19)30286-X).
- Haile, R.T, Kebeta, N.D. & Kassie, G.M. (2013). Prevalence of sexual abuse of male high school students in Addis Ababa, Ethiopia. *BMC International Health and Human Rights*. 13:24. <http://www.biomedcentral.com/1472-698X/13/24>
- Jewkes, R. & Abrahams, N. (2002). The epidemiology of rape and sexual coercion in South Africa: An overview. *Soc Sci Med*. 55 (7), 1231-1244. 10.1016/S0277-9536(01)00242-8.
- Kempe, C., H. (1978) Sexual abuse, another hidden pediatric problem: the 1977 C. Anderson Aldrich lecture. *Pediatrics*, 62(3), 382-389.
- Kullima, A. A., Kawuwa, M. B., Audu, B. and Mairiga, A. G. & Bukar, M. (2010). Sexual Assault against Female Nigerian Students. *African Journal of Reproductive Health*, 14(3), 189-193.
- Kilpatrick, D. G, Ruggiero, K. J, Acierno, R. E, Saunders, B. E, Resnick, H. S & Best, C. L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consult Clinical Psychology*, 71, 697-703.
- Lagos State Ministry of Women Affairs, Social Development and Gender Empowerment (2007). *Child's Law*. Lagos: Government Press
- Leserman, J. (2005). Sexual abuse history: prevalence, health effects, mediators, and psychological treatment. *Psychosom Med*. 67, 906-915. <https://www.ncbi.nlm.nih.gov/pubmed/16314595>.
- Liu, R. T. (2018). Childhood maltreatment and impulsivity: a meta-analysis and

- recommendations for future study. *Journal of Abnormal Child Psychol.* (Online publication). DOI:10.1007/s10802-018-0445-3
- Lloyd, S. & Operario, D. (2012). HIV risk among men who have sex with men who have experienced childhood sexual abuse: systematic review and meta-analysis. *AIDS Education Prevew.* 24, 228-241. 10.1016/S2215-0366(19)30286-X.
- Lo, M. K. (2006). *The Medical Management of Sexual Assault.* 6th. Auckland: DSAC. <https://scholar.google.com>.
- Luo, Y., Parish, W. L. & Laumann, E. O. (2008). A population based study of childhood sexual contact in China: Prevalence and Long term consequences. *Child Abuse and Neglect,* 32:721–31. www.ncbi.nlm.nih.gov/pubmed/18614231.
- Mahoney, P. (2018, January, 28th). *The wife rape fact sheet.* National Violence Against Women Prevention Research Centre. [Vawprevention/research/wiferape.shtm](http://vawprevention/research/wiferape.shtm).
- Makinde, O. & Olaleye, O. (2015). Baby Factories in Nigeria Starting the Discussion Toward a National Prevention Policy. *Trauma Violence Abuse,* 18, 98–105. doi:10.1177/1524838015591588. PMID 26209095.
- Maniglio, R. (2009). The impact of child sexual abuse on health: A systematic review of reviews. *Clinical Psychology Review,* 29 (7), 647–657. doi:10.1016/j.cpr.2009.08.003. PMID 19733950.
- Maniglio, R. (2011). The role of child sexual abuse in the etiology of suicide and non-suicidal self-injury. *Acta Psychiatrica Scandinavica,* 124 (1), 30–41. doi:10.1111/j.1600-0447.2010.01612.x. PMID 20946202.
- Martin, J., Anderson, J., Romans, S., Mullen, P. & O'Shea, M. (1993). Asking about child sexual abuse: methodological implications of a two-stage survey. *Child Abuse and Neglect,* 17 (3), 383–392. doi:10.1016/0145-2134(93)90061-9. PMID 8330225.
- Martins, E. K. & Silverstone, P. H. (2013). How much child sexual abuse is ‘below the surface’ And Scan we help adults identify it early? *Frontiers Psychiatry,* 4:58.<https://journal.frontiersin.org/10.3389/fpsyt.00058/full>.
- Mead, M. (1963). Totem and taboo reconsidered with respect. *Menninger Clinic Bulletin,* 27, 185-199.
- Melmer, M. N.& Gutovitz, S. G. (2019, December, 22). Child sexual abuse and neglet. *NCBI.* <http://www.ncbi.nlm.nih.gov/NMK470563/>.
- Merriam-Webster Legal Dictionary (2020, April, 7). *Sexual abuse.* <https://www.merram-webser.com/legal/sexual>.
- Moore, A. M., Awusabo-Asare, K., Madise, N., John-Langba, J. & Kumi-Kyereme, A. (2007). Coerced first sex among adolescent girls in sub-Saharan Africa: prevalence and context. *African Journal of Reproductive Health.* 11(3), 62–82. <https://www.ncbi.nlm.nih.gov/pubmed/18458747/>.
- Murray, L. K., Nguyem, A. & Cohem, J. A. (2014). Child Sexual Abuse. *Child Adolesc Psychiatr Clin N Am,* 23(2): 321–337. doi: 10.1016/j.chc.2014.01.003
- New Nigerian Newspaper (2008, June, 2nd). Nigerians urged to fight against rape. www.newnigeriannews.com/health_medicine.htm.
- Nwosu, I. E., (1986). Mobilizing people’s support for development: an analysis of public enlightenment campaigns in Africa. *Africa Media Review,* 1(1), 48–65.
- Odu, B., Falana, B. A. & Olotu, O. A. (2014). Prevalence of violent sexual assault on South

- West nigeria girls. *European Scientific Journal*, 10(7):471–481. <https://scholar.google.com>.
- Ohayi, R. S., Ezegwu, E. C., Chigbu, C. O, Arinze-Onya, S. U. & Iyoke, C. A. (2015). Prevalence and pattern of rape among girls and women attending Enugu State University Teaching Hospital, southeast Nigeria. *International Journal of Gynecology and Obstetrics*, 130(1), 10 – 13.
- Ojo, M. & Olufemi, D. (2013). Assessment of acceptance of rape myths among Nigerian University students: Crawford University in Nigeria under survey. *PSBR*, 1(4), 98-104. <https://scholar.google.com>.
- Pineda-Lucatero, A. G, Trujillo-Hernández, B., Millán-Guerrero, R. O. & Vásquez, C. (2009). Prevalence of childhood sexual abuse among Mexican adolescents. *Child Care Health Development*, 35:184–9. www.ncbi.nlm.nih.gov/pubmed/18991975.
- Platt, B. B., Back, I. De C., Hauschild, D. B. & Guedert, J. M. (2019). Sexual violence against children: authors, victims and consequences. SciELO Analytics.
- Polucci, E.O, Genuis, M.L. and Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *Journal of Psychology*, 135(1): 17-36.
- Putnam, F.W. (2003). Ten-year research update review: child sexual abuse. *Journal of the American Academy of Child Adolescent Psychiatry*, 42(3): 269-278.
- Ramsay, S. (1999). Breaking the silence surrounding rape. *The Lancet*. 354. <https://www.ncbi.nlm.nih.gov/pubmed/10636366>.
- Reed, S. M., Kennedy, M. A., Decker, M. R. & Cimino, A. N. (2019). Friends, family and boyfriends: An analysis of relationship pathways into commercial sexual exploitation. *Child Abuse Neglect*, 90, 1-12. <https://www.ncbi.nlm.nih.gov/pubmed/30716650>
- Regier, P. S., Monge, Z. A., Franklin, T. R., Wetherill, R. R., Teitelman, A. M., Jagannathan, K., Suh, J. J., Wang, Z., Young, K. A., Gawrysiak, M., Langleben, D. D., Kampman, K. M., O'Brien, C. P., Childless, A. R. & (2017). Emotional, physical and sexual abuse are associated with a heightened limbic response to cocaine cues. *Addiction Biology*, 22 (6), 1768–177. [doi:10.1111/adb.12445](https://doi.org/10.1111/adb.12445).
- Romano, E., Moorman, J., Ressel, M. & Lyons, J. (2019). Men with childhood sexual abuse. histories: Disclosure experiences and links with mental health. *Child Abuse Negl.*, 89,212-224. <https://www.ncbi.nlm.nih.gov/pubmed/30710773>.
- Schechter, M. D. & Roberge, L. (1976). Sexual exploitation. In R. E. Helfer, & C. H. Kempe, *Child abuse and neglet*. journals.sagepub.doi.
- Seto, M. (2008). *Pedophilia and Sexual Offending Against Children*. Washington, DC: American Psychological Association.
- Sobsey, D. & Varnhagen, C. K. (1989).Sexual abuse of people with disabilities: In M. Csapo & L. Cougen (Eds.), *Special education across Canada: Challenges for the 90's*. Vancouver, British Colombia, Canada: Centre for Human Development and Resaerch. Pp.199-218.
- Song, Y, Ji CY, Agardh A. (2014). Sexual coercion and health-risk behaviours among urban Chinese high school students. *Glob Health Action*, 7:24418. <http://www.dxdoi.org/10.3402/gha.v7.24418>.
- Stoltenborgh, M., van IJzendoorn, M. H., Euser, E. M. & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreatment*, 16 (2), 79–101.

- CiteSeerX 10.1.1.1029.9752. doi:10.1177/1077559511403920. PMID 21511741.*
- Tang, C. S. (2002). Childhood experience of sexual abuse among Hong Kong Chinese college students. *Child Abuse and Neglect*, 26:23–7. www.ncbi.nlm.nih.gov/pubmed/1186016.
- Teitelman, A. M., Bellamy, S. L., Jemmott, J. B. 3rd, Icard, L., O'Leary, A., Ali, S., Ngwane Z. & Makiwane, M. (2017). Childhood sexual abuse and sociodemographic factors prospectively associated with intimate partner violence perpetration among South African heterosexual men. *Annals of Behavioral Medicine*, 51(2):170-178.
- Tharinger, D., Horton, C. B., Millea, S. (1990). Sexual abuse and exploitation of children and adults with mental retardation and other handicaps. *Child Abuse Neglect*, 14(3), 301–312.
- Townsend, C. & Rheingold, A.A. (2013). Estimating a child sexual abuse prevalence rate for practitioners: A review of child sexual abuse prevalence studies. www.D2L.org/1in10.
- Truth Project (2017). The impacts of child sexual abuse: a rapid evidence assessment. <https://www.iicsa.org.uk/key-documents/1534/view/>.
- UK Home Office (2004). Guidance on Part 1 of the Sexual Offences Act 2003. *Home Office Circular*. 021 s.75 (2), <https://www.gov.uk/government/publications/guidance-on-part-1-of-the-sexual-offences-act>
- UNICEF (nd). *Girls' Education in Nigeria*. [www.bellevuecollege.edu/liberalarts/sir / images/Nigeriafinal.pdf](http://www.bellevuecollege.edu/liberalarts/sir/images/Nigeriafinal.pdf) .
- UNICEF (2016, November, 20th). *Child protection from violence, exploitation and abuse*. www.unicef.org.
- United Nations (2016, March, 31). Convention on the rights of the child: Status as at 30 March. *United Nations Treaty Collection*. <https://treaties.un.org/>
- United Nations General Assembly (2015). *Transforming our world: The 2030 agenda for sustainable development*. New York, NY: United Nations.
- United Nations (2010, April). *Twelfth United Nations Congress on Crime Prevention and Criminal Justice*. googlescholar.com.
- Verelst, A., De Schryver, M., Broekaert, E. & Derluyn, I. (2014). Mental health of victims of sexual violence in eastern Congo: Associations with daily stressors, stigma and labeling. www.biomedcentral.com/content/pdf/1472-6874-14-106.pdf
- Vezina, J. & Hebert, M. (2007). Risk factors for victimization in romantic relationships of young women: a review of empirical studies and implications for prevention. *Trauma, Violence, & Abuse*, 8(1):33-66.
- Wales Safeguarding Procedures Project Board (2019, November). *Wales Safeguarding Procedures: Children in Wales*. <https://www.childreninWales.org.uk>.
- Walsh, K., Fortier, M. A., & DiLillo, D. (2010). Adult coping with childhood sexual abuse: A theoretical and empirical review. *Aggression and Violent Behaviour*, 15(1), 1-13.
- WCM Project, 2015, March, 27). *Child sexual exploitation: An historical perspective*. WCM Project Team. <https://www.panafrican-med-journal.com>.
- Whiffen, V. E. & MacIntosh, H. B. (2005). Mediators of the link between childhood sexual Abuse and emotional distress: a critical review. *Trauma, Violence, & Abuse*, 6 (1), 24–39. *CiteSeerX 10.1.1.331.7436. doi:10.1177/1524838004272543. PMID 15574671.*
- Williams, M. (2018a, December, 10). *Four steps to the prevention of child sexual abuse in the home*. NSPCC.
- Williams, M. (2018b, August, 1). *Working with a community to prevent child sexual abuse in*

the home. NSPCC.

- Whealin, J. W. (2007, July, 30). *Child sexual abuse*. National Center for Post Traumatic Stress Disorder, US Department of Veterans Affairs, <http://www.ptsd.va.gov/public/child-sexual-abuse>.
- World Health Organisation (WHO, 2001). *Prevention of Child Abuse and Neglect: Making the links between human rights and public health*. Geneva: WHO.
- WHO (2010), London School of Hygiene and Tropical Medicine. *Preventing intimate partner and sexual violence against women. Taking action and generating evidence*. Geneva: World Health Organization.
- WHO (2014a). *Guidelines for medico-legal care for victims of sexual violence*. Geneva.
- WHO (2014b). Child maltreatment. Geneva: http://www.who.int/topics/child_abuse/en/
- WHO (2016, March, 3). Report of the consultation on child abuse prevention. Geneva, Switzerland. <http://apps.who.int/iris/handle/10665/65900>
- WHO (2013, October, 5). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: World Health Organisation, <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>
- Wihbey, J. (2011). *Global prevalence of child sexual abuse*. Journalist Resource. Journalistsresource.org/studies/.global-prevalence-child-sexual-abuse.
- Wollfe, V. V. (2007). Child sexual abuse. In E. J. Mash & R. A. Barkley, eds., *Assessment of Child Disorder* (4th ed) (pp.685-748), New York: Guilford Press.
- Wurtele, S. K. & Kenny, M. C. (2010). Partnering with parents to prevent childhood sexual abuse. *Child Abuse Review*, 19 (2): 130–152. doi:10.1002/car.1112. ISSN 0952-9136.
- Yahaya, I., Soares, J., Ponce De Leon, A. & Macassa, G. A. (2012). Comparative study of the socio-economic factors associated with childhood sexual abuse in sub-Saharan Africa. *Pan African Medical Journal*. 11:51. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3343679/>.
- Yeater, E., A. & O'Donohue, W. (1999). Sexual assault preventive programs: current issues, future directions, and the potential efficacy of interventions with women. *Clinical Psychological Review*, 19(7), 739–771. . <http://www.ncbi.nlm.nih.gov/pmed/10520434>.