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ADETOLA IBIWUMI OGUNJIMI

CHILD AND ADOLESCENT SEXUAL ABUSE: PERCEPTION OF HEALTHCARE PROFESSIONALS IN NIGERIA

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Thesis presented to the University of São Paulo, at Ribeirao Preto College of Nursing, to obtain the title of Doctor in Sciences, Public Health Nursing Graduate Program.

Area of Research: Child and Adolescent Care

Supervisor: Prof. Dr. Marta Angélica Iossi Silva

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DEDICATION

To all victims of child sexual abuse.

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ABSTRACT

OGUNJIMI, A. I. **Child and Adolescent Sexual Abuse: perception of healthcare professionals in Nigeria.** 2019. 155p. Thesis (PhD.) – College of Nursing in Ribeirao Preto, University of São Paulo, Ribeirão Preto, 2019.

Sexual experiences of Nigerian Children and adolescents remain underrepresented in both professional practices and academic literatures despite international initiatives and policies against sexual violence. Thousands of Nigerian children have been subjected to sexual violence and discrimination yearly within the family and social settings, and their human rights as citizens have been cruelly disrespected. This understanding thus points to the need to analyze theoretical frameworks that can lead to understanding this phenomenon within today's specifics and its different forms of manifestation, and finally the recognition of the existing link between violence, it's social and cultural aspects of a given society. To solve and prevent this problem, it is necessary to understand vulnerability factors (individual and collective factors) influencing the occurrence of sexual abuse among Nigerian children and adolescents, and its consequences. The aim of this study was to understand the perceptions that healthcare professionals' attribute to child and adolescent sexual abuse and its consequences as experienced by their clients in Nigeria. The study is a qualitative study carried out in Lagos State University Teaching Hospital (LUTH) in Lagos State, Nigeria. The group of participants consisted of 14 healthcare professionals working with sexually abused children and adolescents in Nigeria including Medical Doctors, Nurses and Psychologists, between ages 22 and 50 years old. Data was collected through a semi-structured interview. The analysis was performed by means of thematic content analysis using CAQDAC resource, Atlas.ti 8. The result presented six thematic Nuclei: (1) The child victim of sexual abuse and their individual vulnerability, (2) Sexual abuse and its relation to the perpetrator, (3) Intrafamily vulnerabilities and sexually abused victims, (4) Indissociability between sexual abuse and socio-economic vulnerability factors, (5) Sexual abuse and the programmatic structures and lastly, (6) Sexually abused victims and immediate, short-term and long-term sufferings. The study shows the complexity of child and adolescent sexual abuse occurrences and argues that all factors are significantly important in understanding the health issue. In conclusion, to positively improve the health conditions of children and adolescents in relation to sexual violence, it is necessary to proffer a solution that collectively solves child and adolescent sexual abuse with all these identified factors. Future studies that will use the same approach but focus on the perceptions of other groups of individuals in the same community such as parents/guardians of child victims, convicted perpetrators and/or sexual victims are highly recommended.

Keywords: Violence. Sexual Abuse. Children. Adolescents. Vulnerability.

RESUMO

OGUNJIMI, A. I. **Abuso Sexual Infantil e Adolescente: percepção dos profissionais de saúde na Nigéria**. 2019. 155p. Tese (Doutorado) - Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, 2019.

As experiências sexuais das crianças e adolescentes nigerianas permanecem sub-representadas nas práticas profissionais e na literatura acadêmica, apesar das iniciativas e políticas internacionais contra a violência sexual. Milhares de crianças nigerianas são submetidas anualmente à violência e discriminação sexual dentro da família e em ambientes sociais, e seus direitos humanos como cidadãos foram cruelmente desrespeitados. Este entendimento, portanto, aponta para a necessidade de analisar quadros teóricos que possam levar à compreensão deste fenômeno dentro das especificidades atuais e suas diferentes formas de manifestação, e, finalmente, o reconhecimento do vínculo existente entre a violência, seus aspectos sociais e culturais de uma dada sociedade. Para resolver e prevenir este problema, é necessário entender os fatores de vulnerabilidade (fatores individuais e coletivos) que influenciam a ocorrência de abuso sexual infantil entre crianças e adolescentes nigerianas e suas conseqüências. O objetivo deste estudo foi compreender as percepções que os profissionais de saúde atribuem ao abuso sexual de crianças e adolescentes, e suas conseqüências, conforme experimentadas por seus clientes na Nigéria. Este é um estudo qualitativo realizado no Hospital Universitário do Estado de Lagos (LUTH), Lagos, Nigéria. O grupo de participantes consistiu em 14 profissionais de saúde que trabalham com crianças e adolescentes abusadas sexualmente na Nigéria, incluindo médicos, enfermeiros e psicólogos, com idades entre 22 e 50 anos. Os dados foram coletados por meio de entrevista semiestruturada. A análise foi realizada por meio de análise de conteúdo temática utilizando o recurso CAQDAC, Atlas.ti 8. O resultado apresentou seis Núcleos temáticos: (1) A criança vítima de abuso sexual e sua vulnerabilidade individual, (2) Abuso sexual e sua relação com o agressor, (3) Vulnerabilidades intrafamiliares e vitimas abusadas sexualmente, (4) Indissociabilidade entre abuso sexual e fatores de vulnerabilidade socioeconômicos, (5) Abuso sexual de crianças e as estruturas programáticas e, por último, (6) Vitimas abusadas sexualmente e sofrimentos imediatos, de curto e longo prazo. O estudo mostra a complexidade das ocorrências de abuso sexual infantil e adolescentes, e que todos os fatores são significativamente importantes para a compreensão do problema de saúde. Em conclusão, para melhorar positivamente as condições de saúde de crianças e adolescentes em relação à violência sexual, é necessário oferecer uma solução que trabalhe coletivamente o abuso sexual infantil e adolescentes com todos esses fatores identificados. Estudos futuros que utilizem a mesma abordagem, mas focalizem as percepções de outros grupos de indivíduos na mesma comunidade, como pais / responsáveis de crianças vítimas, perpetradores condenados e / ou vítimas sexuais, são altamente recomendados.

Palavras-chave: Violência. Abuso Sexual. Crianças. Adolescentes. Vulnerabilidade.

RESUMEN

OGUNJIMI, A. I. **Abuso Sexual Niño y Adolescente: percepción de los profesionales de salud en Nigeria**. 2019. 155p. Tesis (Doctorado) - Escuela de Enfermería de Ribeirão Preto, Universidad de São Paulo, Ribeirão Preto, 2019.

Las experiencias sexuales de los niños y adolescentes nigerianos permanecen sub-representadas en las prácticas profesionales y en la literatura académica, a pesar de las iniciativas y políticas internacionales contra la violencia sexual. Miles de niños nigerianos fueron sometidos anualmente a la violencia y discriminación sexual dentro de la familia y en ambientes sociales, y sus derechos humanos como ciudadanos fueron cruelmente irrespetuosos. Este entendimiento, por lo tanto, apunta a la necesidad de analizar cuadros teóricos que puedan llevar a la comprensión de este fenómeno dentro de las especificidades de hoy y sus diferentes formas de manifestación, y, finalmente, el reconocimiento del vínculo existente entre la violencia, sus aspectos sociales y culturales de una sociedad dada. Para resolver y prevenir este problema, es necesario entender los factores de vulnerabilidad (factores individuales y colectivos) que influencian la ocurrencia de abuso sexual infantil entre niños y adolescentes nigerianos y sus consecuencias., El objetivo de este estudio fue comprender las percepciones que los profesionales de la salud atribuyen al abuso sexual de niños y adolescentes, y sus consecuencias según lo experimentado por sus clientes en Nigeria. Este es un estudio cualitativo realizado en el Hospital Universitario del Estado de Lagos (LUTH), Lagos, Nigeria. El grupo de participantes consistió en 14 profesionales de la salud que trabajan con niños y adolescentes abusados sexualmente en Nigeria, incluyendo médicos, enfermeros y psicólogos, con edades entre 22 y 50 años. Los datos fueron recolectados por medio de una entrevista semiestructurada. El análisis se llevó a cabo a través de análisis de contenido temático con el uso del CAQDAC, Atlas.ti 8. El resultado presentó seis núcleos temáticos: (1) El niño víctima de abuso sexual y su vulnerabilidad individual, (2) Abuso sexual y su relación con el agresor, (3) Vulnerabilidades intrafamiliares y víctimas abusados sexualmente, (4) Inseparabilidad entre abuso sexual y factores de vulnerabilidad socioeconómicos, (5) Abuso sexual de niños y las estructuras programáticas y, por último, (6) Víctimas abusados sexualmente y, sufrimientos inmediatos, de corto y largo plazo. El estudio muestra la complejidad de las ocurrencias de abuso sexual niños y adolescentes, y todos los factores significativamente importantes para la comprensión del problema de salud. En conclusión, para mejorar positivamente las condiciones de salud de los niños y adolescentes en relación a la violencia sexual, es necesario ofrecer una solución que trabaje colectivamente el abuso sexual niño y adolescentes con todos estos factores identificados. Los estudios futuros que usarán el mismo enfoque, pero que se centren en las percepciones de otros grupos de individuos en la misma comunidad, como padres/responsables de niños víctimas, perpetradores condenados y/o víctimas sexuales, son altamente recomendables.

Palabras clave: Violencia. Abuso sexual. Niños. Adolescentes Vulnerabilidad.

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LIST OF ABBREVIATIONS

WHO	WORLD HEALTH ORGANIZATION
NWG	NATIONAL WORKING GROUP
HIV	HUMAN IMMUNODEFICIENCY VIRUS
AIDS	ACQUIRED IMMUNODEFICIENCY SYNDROME
SARC	SEXUAL ASSAULT REFERRAL CENTER
NCRA	NIGERIAN CHILD RIGHTS ACT
CRC	CONVENTION OF THE RIGHT OF CHILD
CRCW	CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD
OAU	ORGANIZATION OF AFRICAN UNION
CRA	CHILD RIGHTS ACT
CPS	CHILD PROTECTIVE SERVICES
PSTD	POST-TRAUMATIC STRESS DISORDER
NGO	NON- GOVERNMENTAL ORGANIZATIONS
LUTH	LAGOS UNIVERSITY TEACHING HOSPITAL
WARIF	WOMEN AT RISK INTERNATIONAL FOUNDATION
DSVRT	DOMESTIC AND SEXUAL VIOLENCE RESPONSE TEAM
CAQDAS	COMPUTER-AIDED QUALITATIVE DATA ANALYSIS SOFTWARE
ATLAS ti	ARCHIVE OF TECHNOLOGY, LIFE WORLD AND LANGUAGE - TEXT INTERPRETATION
EERP	ESCOLA DE ENFERMAGEM DE RIBEIRÃO PRETO
USP	UNIVERSITY OF SAO PAULO
NHREC	NATIONAL HEALTH RESEARCH ETHICS COMMITTEE OF NIGERIA

CEP COMITÊ DE ÉTICA EM PESQUISA

HRH HUMAN RESOURCE FOR HEALTH

ILO INTERNATIONAL LABOR ORGANIZATION

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PRESENTATION

PRESENTATION

My interests, goals and desires to contribute positively to the advancement of my society/community influenced my academic path as a doctorate student at the University of Sao Paulo and as a researcher.

As a Nigerian, I grew up in a diversified environment with different cultures, religions and ethnicity groups. My experiences as a youth opened my eyes to the way children are treated within the family setting and the society. The cultural roles of children were clearly specified and different from those of adults, and due to this, many children experience violence of different kinds and as well, have their human rights violated.

Thus, in my pursuit of knowledge, I developed a constant concern about understanding human behaviors, differences in human nature and human complexity. This motivated me to pursue a bachelor's and master's degree in psychology. During this period, my research interest focused on "stress", as I sought to understand the psychosocial factors that causes stress and the effect of stress on human commitment. However, during my master's program, I was privileged to privately coach some children whose parents were concerned about their safety and their advancement academically. Thus, I developed so much concern for the safety of vulnerable children who may be subjected to different forms of violence within the family and society. Part of my concerns includes the reason why children are an object of abuse/violence, what are the forms of violence experienced by these children, what are the causes and effect of abuse/violence on victims and the society.

After the completion of my master's program at Obafemi Awolowo University, Nigeria (OAU), I moved with my family to Ribeirão Preto, Brazil, a completely different environment in terms of

beliefs, culture and neighborhoods. My experiences in Nigeria and new insights into Brazilian culture about the social identity of children in the face of violence inspired me to advance my knowledge by venturing into the research area “child and adolescent care”.

My interest in understanding the complex nature of violence experienced by Nigerian children and the quest to learn from distinguished scholars led me to participate in the postgraduate selection process of Public Health Nursing Doctoral Program of the Ribeirão Preto College of Nursing, University of São Paulo (EERP/USP).

After a rigorous selective process, I joined the program and immersed myself into the new academic environment by purposefully studying, interacting with colleagues and professors, producing scientific contents and seeking knowledge to understand and support theories on the risk factors and consequences of sexual violence among children. And here, I present my doctoral thesis, prepared in conjunction with my supervisor.

The research study was organized into seven chapters;

The first chapter introduced the study by examining the contextualization of child sexual abuse while the second chapter described the objectives of the study. Chapter three of the dissertation presented the current state of literature on the topic of interest which included national and international scientific productions on child sexual abuse. Chapter four described the theoretical frameworks adopted for the study which included Vulnerability theory, Ecological model and Traumagenic dynamic model of child sexual abuse. Materials and methods used for the study was presented in chapter five while chapter six and seven focused on results, discussion and study conclusions respectively.

1 - INTRODUCTION

1. INTRODUCTION

Childhood is a developmental stage starting from infancy to adolescence. It is a social group stage characterized by similar attributes, experiences, and of course, same social conditions that may have possible future effects on a child's life and relationships (RUBIN et al., 2008; SAMEROFF, 2010). According to World Health Organization (2013a), age may not be the only factor but is an important factor to identifying the period of development. A child may include an infant of about 1 year of age, a young child between the ages of 2 years and 10 years or most especially below the age of puberty, and/or an adolescent of ages 10 years and 19 years age group (WHO, 2013a; MIHALYI, 2019). Although each nation have rights to decide the legal age of a child in their country, making the legal age of a child differs between countries (UNICEF, 2009; HART, 2013).

Biologically, a child describes individuals between birth and puberty; it is divided into 3 different groups which are; early childhood, adolescence and late adolescence (SAWYER et al., 2012). Early childhood is characterized by ignorance, misbehavior, innocence, lack of emotional control, being unaware of actions and surroundings, and complete immaturity cognitively and emotionally. Adolescence is characterized by perceived emergence of cognitive maturity including analytical, reflective and discriminative abilities, reported tendencies for forceful assertion of personal opinions and need for privacy. Late adolescence constitutes many matured attributes which are mostly cognitive and socially related, involves understanding and following social norms, having a sense of responsibility, strong individuality and strong decision-making skills (SAWYER et al., 2012).

Socially and sometimes culturally, children are considered a passive object in the society, meant to be cared for and as passive objects of charity. However, the United Nation Convention

on the Rights of the Child (UNCRC), 1989 changed the perception about children, making it clear that children are human beings with distinct set of rights and are to be treated as such (SMITH, 2007; SMITH, 2015). Generally, children are extra-susceptible and vulnerable to negative influences from the environment, especially when they are denied their rights such as the right to live and right to education. These rights also include the right to health, right to freedom of expression and to seek information, and particularly, right to protection from all forms of violence be it physical, mental, sexual, neglect, negligence, maltreatment and exploitation. These rights, when allowed, helps a child to develop personal skills such as individual judgmental abilities, decision making, sense of moral and social responsibilities and as well, makes a child an active member of the society (BISHT, 2008; KLUEGEL; SMITH, 2017).

The world health assembly declared violence as a leading worldwide public health problem, as well as an inevitable part of human condition. It is a universal scourge that affects communities and threatens life, health, and happiness of people in communities. Defining violence is very complex because meaning attached to it differs individually and culturally. The variety of existing moral codes makes violence one of the most challenging and sensitive topic to be addressed in global context (MINAYO, 2006; GOSTIN, 2007; WRONKA, 2016).

The World Health Organization (WHO) defined violence as "*the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or as a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation"* (KRUG et al., 2002 p.4). The encyclopedia of psychology defined it as "*an extreme form of aggression, such as assault, rape or murder that infringed on one's life or the other"* (KAZDIN, 2000). Violence is among the

leading causes of death for people aged 15 - 44 years worldwide, accounting for about 14% of deaths among males and 7% of deaths among females (KRUG et al., 2002; LOPEZ et al., 2006).

Irrespective of its definition, violence is a human and social fact that involve the use of force, power and privileges to subdue, dominate or even harm others including oneself. Understanding and confronting it need a thorough analysis of the problem in relation to health, conditions, situations and lifestyles (MINAYO, 2006). While violence could be intrapersonal, being self-inflicted such as self-mutilation, suicidal thoughts, it could also be interpersonal wherein it is inflicted by someone on others as it is mostly found within family cycles, among intimate partners and in community or institutional settings such as schools. In addition, violence could also be collective in which a group inflict violence against another politically, economically, socially, culturally or religiously as found in genocides and terrorism among others (KRUG et al., 2002; MINAYO, 2006; RUTHERFORD et al., 2007).

Aside understanding violence from an individualized perspective, violence can be discussed through the manner it occurs as described in Figure 1. The nature of violence can be described as physical, which may involve the use of physical force, assault or threat with weapons, deliberate exposure to inappropriate climate or temperature, resulting in pain, discomfort, injury or death (KRUG et al., 2002). Sexual violence involves any form of forceful or unwilling sexual act, non-consensual contact or non-contact of sexual nature including but not limited to rape, voyeurism, sexual harassment and/or child sexual abuse. Psychological violence involves the use of threat to cause fear to gain control of a person, such as socially isolating an individual, bullying, disallowing an individual from making personal decisions. In addition, deprivation or neglect could be a form of violence which may occur when someone

denies another care, provision and assistance when it is within his/her capacity to provide or his/her responsibility to do (KRUG et al., 2002; MINAYO, 2006).

Other forms of violence that has been described includes intimate partner violence, domestic violence, verbal abuse, financial abuse, spiritual violence, emotional violence, gender-based violence, family violence, workplace violence, racial discrimination, elder abuse, youth violence, child maltreatment among others (KRUG et al., 2002; MINAYO, 2006; REICHENHEIM et al., 2011; GRASSO et al, 2019).

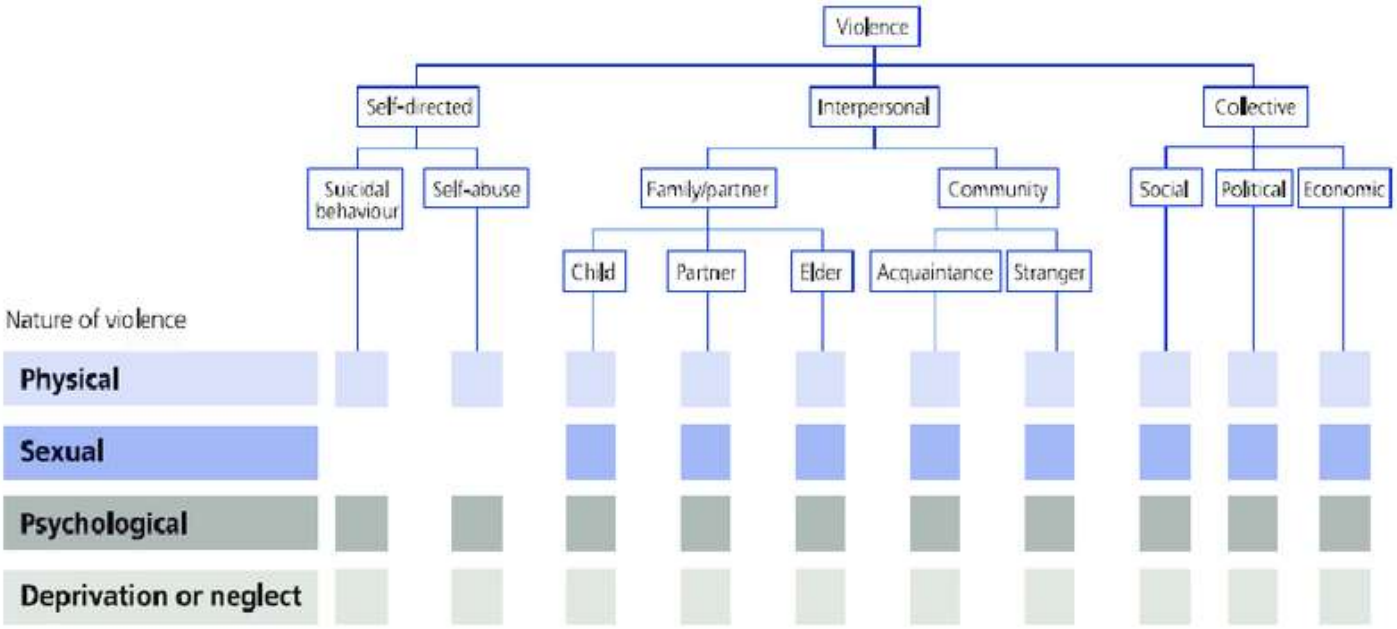


Figure 1. Typology of Violence

Source: Krug et al., 2002

Of these violence types, sexual violence is the most common form of violence experienced by women, men and particularly children at one point in their lifetime. It is described as an unwanted sexual activity that is usually non-consensual. This form of violence could be non-contact or may involve contact, which may be penetrative or non-penetrative. It is

a societal problem, mostly perpetrated by someone well or generally known such as family members, friends and intimate partners, acquaintances or someone just known by sight such as neighbor and few times by an unknown person.

An estimated 12.5 % of women and 5.8 % of men has reported sexual coercion, while more than one-quarter of women (27.3 %) and approximately 1 in 9 men (10.8 %) have experienced some form of unwanted sexual contact. About 1 in 5 women and nearly 1 in 59 men have experienced an attempted or completed rape; approximately 1 in 15 men (6.7 %) reported that they were made to penetrate someone else during their lifetime and nearly one-third of women (32.1 %) and 1 in 8 men (13.3 %) experienced some types of non-contact, unwanted sexual experience in their lifetime (BASILE et al., 2007; NSVRC, 2010). Today, sexual abuse against children and adolescents has become the most trending form of violence. It is an interesting and important aspect of violence because of the nature and characteristics of the victims - their innocence, immature skills and poor decision-making ability. Children that experience sexual abuse in most cases do not have any understanding of the situation - they feel it is part of life - not until they start battling with the effects especially when it occurs repeatedly (RAINE, 2014).

Child and /or adolescent sexual abuse is the exposure of a child or an adolescent to sexual behavior by a more matured individual or their mates previously exposed to such an experience. It is a complex negative experience, which could have severe mental, psychological, emotional, behavioral and social impact on children, adolescents and even adults. Sexual abuse can happen to children of both sexes at any age regardless of tribe, race, ethnicity or economic background. It has been proven to be a serious problem within our society and occurs more frequently than people realize (GRECO; DAWGERT, 2007; FONTES; PLUMMER, 2010). The National Child

Traumatic Stress Network (NCTSN, 2009) defined it as any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer which may include both touching and non-touching behaviors. CSA includes a range of behaviors from obvious contact offences such as touching or fondling a child's genitalia, to less obvious non-contact offences that include exposing a child to sexually explicit material (CCP, 2014).

Child and/or adolescent sexual abuse is the involvement of a child or an adolescent 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 laws or social taboos of a society (WHO, 2004). In line with WHO's definition, United Nations International Children's Emergency Fund (UNICEF), defined child sexual abuse as any form of sexual activity with a child by an adult or by another child who has power over the child and mostly involves body contact (UNICEF, 2012). This includes kissing, touching, and oral, anal or vaginal sex.

However, not every sexual abuse involves body contact. Forcing a child to witness rape and/or other acts of sexual violence, forcing children to watch pornography or show their private parts, showing a child one's private parts "flashing", verbally pressuring a child for sex, and exploiting children as prostitutes or for pornography falls within the purview as acts of sexual abuse (MOHLER-KUO et al., 2014; SELMINI, 2016). The National Working Group (NWG) for sexually exploited children and young people described child and adolescent sexual abuse as sexual exploitation of children and young people under 18 years of age (NWG, 2008). It involves exploitative situations, contexts and relationships in which young people (or a third person or

persons) receive 'something' (food, accommodation, drugs, alcohol, cigarettes, affections, gifts, money) for performing and/or others performing sexual activities.

Thus, child and adolescent sexual abuse involves a willing behavior from a person, which may involve the use of force or trick to lure another, particularly immature ones to either a contact or non-contact sexual act. Non-contact abuse encompasses a range of acts that includes inappropriate sexual solicitation or indecent exposure. It also includes exposing a child to sexually explicit material and acts, luring a child online for sexual purposes, inviting a child to sexual touching online or offline, voyeurism “Peeping Tom”, child pornography, asking sexually intrusive questions or making sexually explicit comments to a child, encouraging or forcing a child to masturbate or watch others masturbate, “Flashing” or exposing genitals to a child. Contact abuse however include touching or fondling of child’s genital area or child’s breast, encouraging or forcing a child to touch another’s genital area and intercourse, which may include oral, anal or vaginal sex, and vaginal or anal penetration of a child with object or finger (FINKELHOR, 2009). While sexual abuse can happen to any child, certain circumstances can increase a child’s vulnerability; especially previous sexual abuse or a disrupted home life often lead to a child being more susceptible to sexual abuse. Some abusers target children neglected by their parents or children who do not keep friends, as they are more likely to be receptive to the attentions of an adult (FINKELHOR, 2009; MCKIBBIN et al., 2017). A disrupted home life, poverty and domestic violence have also been identified as factors that may push children out of the home and make them susceptible to people who seems kind and show them affection (CHAVEZ AYALA et al., 2009; GOODYEAR-BROWN, 2011). While sexual abuse can occur in different places and scenarios, reports have shown that child and adolescent sexual abuse mostly occur within the family, in schools, neighborhood, religious

grounds, migrants, refugee camps and among internally displaced people (FARR, 2009; ZETTER; BOANO, 2009; DIXON; SLEP, 2017).

In Sub-Sahara Africa, particularly Nigeria, child and adolescent sexual abuse has become a major menace and threat to the livelihood of children as reports of the act has significantly increased in the past few years. In Nigeria, a country located in west Africa, child and adolescent sexual abuse has been consistently reported, particularly in national dailies, but has been consistently ignored by the social system; a situation described as "Nigerians choose to remain mute about rape" (NAN, 2015; OGUNBADEJO, 2015). Due to the socio-cultural norms of Nigeria, lack of rehabilitation system and lack of system that punishes offenders, victims are always silent to avoid shame, and stigmatization; as such, several child victims live the rest of their lives with socio-cultural problems that affects their psyche, education, self-esteem and social trust among others. The menaces of child and adolescent sexual abuse in Nigeria and Sub-Saharan Africa is enormous and despite the increasing number of organizations rising to support such victims, much more new cases are being reported daily.

A major socio-cultural problem directly linked to child and adolescent sexual abuse was identified, and it is particularly related to female child victims dropping out of school (DAIGNAULT; HEBERT, 2009), which makes them to be a vulnerable target for trafficking if help does not come in earnest. Several of these young girls may be trafficked to different countries around the world including countries like Italy, Russia, Spain and Brazil; a situation which could be further complicated by the high rate of HIV/AIDS infection in sub-Sahara Africa (PANDE, 2014; BLAY-TOFEY; LEE, 2015), which may pose threats to citizens of such countries. Other vulnerability factors that have been identified for its immense effect on the occurrence and continuous increase in cases of child and adolescent sexual abuse in Nigeria are

poverty, poor enforcement of laws, lack of policies, poor and slow judicial process, lack of awareness, negative attitudes of parents and guidance (OLUSEGUN; IDOWU, 2016).

For several decades, studies have been conducted on child and adolescent sexual abuse, its occurrence, perception and prevention in different countries including developed, developing and under-developed countries (FINKELHOR, 2009). However, it has progressively increased over the past years without real efforts directed towards understanding and stopping the menace, particularly in Nigeria. Child and adolescent sexual abuse demographics are much more worrisome as prevalence rates of various forms of sexual abuse in childhood keep increasing (ACHUNIKE; KITAUSE, 2014).

Although, child and adolescent sexual abuse has been reported in several parts of Nigeria, its increasing incidence in Lagos, a city and state, the former capital of Nigeria, one of the top business destinations in Africa and one of the most populous urban agglomerations in the world is alarming. Asides the non-existent of provisions or processes that punish offenders, one major problem that has impeded understanding and proffering ways to stem this dastardly act is the stigmatization of victims due to our cultural and religious believes that mostly predisposes victims and their family to hiding the ‘shame’ instead of finding help. This has also impaired academic and scholarly research into this menace, further reducing the possibility of experts making informed suggestions on how to curb this problem through firsthand information from victims and their families. In extremely few instances, some victims have been attended to, catered for or helped by healthcare professionals or caregivers including Doctors, Nurses, and Counsellors among others.

With little or no access to victims due to stigmatization and from a public health point of view, Nigerian healthcare professionals could be very pivotal in child and adolescent sexual

abuse rehabilitation programs. They could be part of any successful endeavor that may help victims regain normal life and reduce this menace through perceptions based on experiences with victims and their families. Interestingly, there is no study that has extensively focused on the professional caregivers´ perceptions of child and adolescent sexual abuse, vulnerability factors and its association with mental-psychological and socio-emotional consequences in representative child and adolescent victims in Nigeria.

Thus, this study aims to elucidate and understand the perception of health professional concerning vulnerability of individuals to child and adolescent sexual abuse, developmental changes that may occur after such abuse (mental-psychological and social-emotional) and other possible consequences of sexual abuse particularly among Nigerian children and adolescents with a view to proffering ways to curb this menace.

1.1. Definition of Terms

Child and Adolescent Sexual Abuse

Sexual abuse occurs whenever one person dominates and exploits another by means of sexual activity or suggestion. Child and adolescent sexual abuse are defined as any form of sexual act (overt or covert), between a child/adolescent and an adult (or older child), where the younger child's participation is obtained through seduction or coercion (FINKELHOR, 2010). The set of people who engages and enjoys sexual relationship with children are referred to as pedophiles.

Child Development

Early childhood is the most rapid period of development in human life. The period from conception through birth to adolescence are critical to a complete and healthy mental, cognitive,

emotional and physical growth of children. It involves increase in body size such as height and weight generally termed growth, in addition to acquisition of skills and abilities known as development. Development are of different types and categorization and include physical development, emotional and social development, intellectual and cognitive development (HOOPER; UMANSKY, 2009; LABOUVIE-VIEF, 2015).

Vulnerability

Vulnerability is a word derived from Latin noun “vulnus” which means “to wound”. It is something interpreted to mean susceptibility to health problems, harm or neglect as well as a danger or threat to an individual’s life, which is based on individual’s perception and also situational (HEASLIP; RYDEN, 2013). This is a diminished capacity of an individual or group to anticipate, cope with, resist and recover from the impact of natural or man-made disaster; a defenseless situation in the face of risk**.**

2 - OBJECTIVES

2. Objectives

2.1. General Objective

To understand the perceptions that health professional's attribute to child and adolescent sexual abuse, and its consequences as experienced by their clients in Nigeria.

2.2. Specific Objectives

- To understand health professional's opinions about both internal (individual) and external factors (social, cultural, economic, political, programs and policies) that makes victims vulnerable to child and adolescent sexual abuse.
- To identify health professional's perception of the effects of child and adolescent sexual abuse as experienced by their clients.

3 - LITERATURE REVIEW

3. Literature Review

3.1. Nigeria, a brief history

Nigeria is a federal republic located in the western coast of Africa; it took her present territorial shape through the amalgamation of the southern and northern Nigeria protectorate in 1914 by Lord Frederick Lugard during the British colonial era. Nigeria shares her border with four countries namely the Republic of Chad in the northeast, Republic of Niger in the north, Republic of Cameroon in the east and Republic of Benin in the west, and with the Atlantic Ocean in the south (Figure 2). Generally known as the "Giant of Africa" because of its large population of over 200 million, making it the most populous country in Africa, 7th most populous in the world with an equivalence of 2.57% of the world's population and the 3rd largest youth population in the world. It has 36 states and a state capital called Federal Capital Territory (FALOLA; HEATON, 2008).

Figure 2: Map of Nigeria

Source: www.google.com

Before the European colonization of West Africa in the late 19th and early 20th centuries, Nigeria practiced many indigenous polities that is comprised of different regional empires such as the Yoruba, Benin, Fulani, Kanem, Borno Empires and the Kingdom of Nri among others. These empires were ruled differently and had their roots in the agricultural economies of the indigenous African community. After colonization and amalgamation, a single governor-general resident in Lagos governed the amalgamated protectorate within a 2-tier government involving a central government overseen by the governor-general and local governments governed by the traditional rulers or emirates and subjected to the European officer's guidance. Colonization brought significant changes to Nigeria including language (English), education (Western), and religion (Christianity, particularly in the south). Nigeria gained independence on October 1, 1960 through series of protests and political activities.

Religion in Nigeria has evolved overtime with ethnic and region based traditional religion dominating before the British rule. Islam flourished in northern Nigeria through the influence of the desert Muslim traders while Christianity got to southern Nigeria through the Portuguese missionaries. Western education and Christianity were strongly resisted by Muslim leaders in northern Nigeria, a situation that is believed to be one of the major contributing factors to the slower development of northern Nigeria as compared to southern Nigeria in terms of trade and education.

Nigeria is a multilingual nation with English as its official language. Nevertheless, Nigeria is home to over 520 indigenous languages classified into three main language families; Afro-Asiatic Language family, Nilo-Saharan language family mostly spoken by the Hausas and Kanuris in northern Nigeria and the Niger-Congo language family spoken in the southwestern,

southeastern and central part of Nigeria. Of these languages, the most spoken are Hausa, Yoruba and Igbo which simultaneously depicts ethnicity or tribal affiliation.

Culturally, Nigerians historically raise large families through monogamous or polygamous family settings. Families mostly work on farmlands or family-inherited trade skills. Today, the population of Nigeria is estimated to be about 200 million and still rising. Being the most populous black nation, the United Nations has predicted that Nigeria's population may exceed that of United States by 2050. According to statistics, children and adolescents, especially those below 15 years of age have the highest percentage (42.45%) of the country's total population and age group 15 to 19 years also have a very high percentage of the population (NATIONAL POPULATION COMMISSION, 2010). Children generally face many societal problems including quality education, with over 10 million out of school children and 60 % of them are from northern Nigeria. Majority of early dropouts or out of school children are girls and one determinant factor that has been identified is low perception of education values and early marriages for girls (FEDERAL OFFICE OF STATISTICS, 2003). Nigerian children face unprecedented hardships including healthcare related issues, environmental and societal problems such as abuses and violence (NATIONAL POPULATION COMMISSION, 2010; WELCOME, 2011).

Child and adolescent sexual abuse have been a major abuse that has been highly underreported among Nigerian children and particularly the girl child, although the game is changing through efforts from the media, which brings this menace to public view, scientific researchers interested in ways to stem down the menace and organizations stepping up effort to stop sexual abuse among children and adolescents. Statistics released by one of the leading non-governmental organization dealing with sexual and domestic violence, Mirabel sexual assault

referral center (2016) in Nigeria shows that children have the highest number of sexual abuse cases between July 2013 and September 2016. Of a total of 1879 cases handled, 78.4 % (1473) are children between 0 and 17 years, 70.8% (1331) involved child defilement cases. Majority of the cases handled during this period were provided with both medical and counselling services, however only 2 evidences out of 1879 cases were provided in court (Personal information).

Nigeria and Brazil share historical relationships including but not limited to culture, religion and trade. The first recorded repatriation of African people from Brazil to current Nigeria was a government-lead deportation in 1835 as an aftermath of a Yoruba and Hausa led rebellion in the city of Salvador known as the *Malê Revolt* (FIGUEIREDO, 2009). After slavery abolishment in Brazil by 1888, several returnees moved to what is now called Lagos, Nigeria, making up about 9% of the population. The returnees and their present-day descendants are referred to as Agudas, a word derived from *'Agudão'*. In terms of culture and religion, the 'Agudas' were predominantly Catholics, with some worshipping African Orishas, while some are also Muslims with common family names including Da Silveira, De Silva, De Souza, and Moreira. In relation to trade, the returnees traded with Brazil through sales of cotton, traditional artifacts and kola-nuts to Africans in Bahia, a trade that declined gradually through the 19th century.

Today, Nigeria and Brazil still enjoy a great deal of bilateral relationships as displayed in the recognition of Nigeria's independence in 1960, where Brazil was the only South American country invited to Nigeria's proclamation of independence event. Bilateral and diplomatic relationships between the countries continued through the establishment of Brazilian embassy in Lagos by 1961 and the resident Embassy of Nigeria in Brasilia by 1966. Nigeria remains the only West Africa country maintaining a memorandum of understanding on the establishment of

bilateral strategic dialogue mechanism with Brazil which was signed by President Dilma Rousseff in 2013, and it focuses on agriculture, energy, trade and defense. They both have maintained cooperation project on vocational training and education.

3.2. The Nigerian Child Right Act (NCRA)

Child right in Nigeria is a hotly debated topic that spans through cultural, ethnic, religious and legal bias. The NCRA was established based on two international precedencies, the Convention of the Right of Child (CRC) which was adopted by the United Nation's general assembly on 20th November 1989 and African Union Charter on the Rights and Welfare of the Child (CRCW), adopted by Organization of African Union's (OAU) assembly of Head of States and Governments in July 1990. The NCRA was drafted in the early 90s and passed into law, only in September 2003 and was called Child's Rights Act 2003 (TOYO, 2006). However, despite the heated debates by the parliamentarians in ensuring it becomes a law 10 years after its initial drafting, only 15 states in Nigeria have promulgated it into law till date, while others refused to pass it in their states due to its cultural sensitivity, especially its relation to child marriage (TOYO, 2006; AKINWUMI, 2010; BRAIMAH, 2014).

The CRA 2003 was structured to provide legislation that incorporates both rights and responsibilities of a child, while duties and obligations of parents, governments, bodies, organizations and other authorities are well specified. According to the Act, a child is anyone below 18 years and his/her best interest is paramount in all situations, with rights to necessary care and protection for a child's well-being, rights to be registered at birth, rights to be given a name, survival and development of every child well enshrined in the Act. This Act also provides for freedom from discrimination of any form and any kind of abuse including physical, mental, sexual, emotional, neglect, torture, maltreatment, child trafficking, employment, drug abuse,

criminal activities among others. Others include high prohibition of betrothal and marriage of children, tattoos, marks or female genital mutilation, buying and selling of children, in addition to entitlement to rest, leisure and enjoyment of the best attainable state of physical, mental and spiritual health.

While the act explicitly states its contents, limits and processes for punishment of violators, several factors have impeded the applicability of the act due to cultural, ethnic and religious diversity in Nigeria. Most times, abuses and violations experienced by children are culturally or religiously motivated and may be believed to be a form of training that instill discipline into these children. These abuses include neglect, exploitation, physical assault, threat and most alarming, sexual abuse and violence, which is the main discuss of this research study.

3.3. Scientific Studies

A total of 18 studies were analyzed, the studies were searched using key phrases such as "effect of child and adolescent sexual abuse ", "vulnerability factors related to child and adolescent sexual abuse" and "perception of health professionals and caregivers on child and adolescent sexual abuse". They were sourced from scientific publications published between 2000 and 2017 in both national and international databases. The studies analyzed were in English language and Portuguese language, 3 studies from Brazil, 1 from Colombia, 2 from United States of America, 1 from United Kingdom, 3 from South Africa, 1 from Kenya and 7 studies from Nigeria. In relation to the methodological approach of the studies, 11 (61.1%) were Quantitative Studies, 5 (27.8%) were qualitative studies and 2 (11.1%) applied triangulation method called quanti-qualitative study. The studies thoroughly examined child and adolescent sexual abuse in the aspect of its prevalence and pattern of occurrence and communication, its effect on mental-psychological and socio-emotional life of victims as well as family members and vulnerability

factors such as family characteristics, treatments offered to victims and preventions methods. Some also investigated the relationship that exist between the abuse and child labor especially in Nigeria.

These scientific studies were grouped into 3 parts; the first part treated studies related to vulnerability factors associated with child and adolescent sexual abuse, the second part focused on effects of child and adolescent sexual abuse while the third part examined the prevention patterns applied by victims who have once had the experience of sexual abuse. Nevertheless, some studies that investigated the prevalence of child and adolescent sexual abuse were also presented in this part.

3.3.1. Vulnerability factors of child and adolescent sexual abuse

Twelve studies treated under this part identified individual factors including age, gender and relationship with perpetrators, socio-cultural factors and economic factors as most vulnerability factors associated with the experienced of child and adolescent sexual abuse by its victims. A Brazilian study carried out in the State of Paraiba, analyzed both demographics and epidemiological profile of child victims of sexual violence at the Forensic Medicine unit of the State. The descriptive and retrospective study reported age and sex as one of the most common vulnerability factors to the participants. Out of 421 reports gathered, 313 (74.3%) were analyzed after they met the study criteria because they were below 18 years of age and there was absence of consensual sexual intercourse. The most affected age group presented was age 10 to 13 (36.7%) years and 81.2% of cases treated were female (TRINDADE et al., 2014).

A study carried out in United Kingdom (ROGERS; JOSEY; DAVIES, 2007) assessed the effect of victim’s age, victim’s attractiveness, victim’s abuse history and respondent gender on

attribution of blame and credibility towards a female victim. The study used hypothetical child sexual abuse cases in which respondents were presented with a manipulated scenario of child sexual abuse cases that reflect victim's age as either 10 or 15 years, victim's attractiveness was manipulated using an electronic means to produce an attractive colored photograph and an unattractive photograph, and history was based on the frequency of sexual abuse experienced by victims. After the completion of a 16-item attributed questionnaire by the respondents and statistical analysis, the study concluded that victim's age and respondent's gender played an important role in blame attributions towards both victim and perpetrator. The study found that a 10-year-old victim was concluded to be less culpable and blameworthy than a 15-year-old while male respondents attributed more culpability to victims than female respondents. Both attractiveness and history of sexual abuse were found not to be significant in relating culpability to child sexual abuse victims (ROGERS; JOSEY; DAVIES, 2007).

A Nigerian study reported a high prevalence of sexual abuse among young children. In a review of demographic features of those involved in sexual abuse and the case presentation pattern at one of the highly patronized public health facilities in the metropolitan area of Suleja, Niger state, 77 (95.1%) of 81 case records treated cases related to child and adolescent sexual abuse while the remaining 4 (4.9%) cases represented adult of 28 years and above. The age range of the victims was between 3 and 18 years with the most affected age group being 3 to 5 years (35.1%), followed by age group of 11 to 15 years (ABDULKADIR et al., 2011). The study reported all victims to be female and their perpetrators male and known to their victims. In all sexual abuse cases recorded during the period of the data collection, there was no documentation of incidence of the abuse except in two cases that were reported to be street hawking during the occurrence of the abuse. There was no documentation of evaluation, management and medical

screening conducted for the victims, and no existing protocol or guidelines for follow-up of sexual abuse victims (ABDULKADIR et al., 2011).

Another medical care evaluation study from Nigeria reported all records treated for the study involved female victims with age range of 3 to 17 years and 33.3% of victims had reached menarche. Familiar persons (62.5%) were mostly the perpetrator and the abuse mostly occurred in the perpetrator's residence (IGE; FAWOLE, 2012). According to the study, perpetrators were reported to be mostly known by victims and were described as stepfather, father, other relations such as uncle, Aunts partner, grandmother's partner and friends of the family. The authors of this study thus concluded that perpetrators used the presence of possible trust of victims and their families to abuse the victims (IGE; FAWOLE, 2012; TRINDADE et al., 2014).

In relation to social vulnerability associated with child and adolescent sexual abuse, a South African study pointed out four other risk factors associated with sexual abuse. These factors were identified as "Ethnicity not Northern Sotho", employed parents or working parents, presence of step parents and violence at home (MADU; PELTZER, 2000). In South Africa, ethnicity is a significant risk factor of child and adolescent sexual abuse where black victims represented 76.4% population of all victims reported in the study. Parental absence such as parents working far away from their children, leaving them in the custody of others like relatives or nannies, and only coming home on weekends and month-ends to attend to families were identified as situations that occur within this ethnicity. Early pregnancy among teenagers were also reported as a factor because children born through this process were reported to experience a form of sexual abuse by their step-fathers after their mothers got married to another man or are abused by others (relatives or neighbors) when their mother are back to school to continue their education (because most teenagers are in-school children). Also, abandoned children who beg

for food and shelter, those with very poor economic and medical conditions are also mostly exposed to the risk of sexual abuse in the process of seeking for assistance (MADU; PELTZER, 2000).

A United States of America study pointed out that majority of child sexual abuse victims came from single-parent families (67%), were poor (64%, with an income of $25,000 or less) and majority of them were from African American ethnic group (SIMON; FEIRING; CLELAND, 2016). In relation to the socio factors associated with child and adolescent sexual abuse, the result of a 2017 study on family characteristics and structure as determinants of sexual abuse among female secondary school students in Nigeria showed that respondents whose parents live together were two times less likely to experience sexual abuse than those whose parents did not live together, while those who live with both parents were two times less likely to be abused than those who live with guardians (NLEWEM; AMODU, 2017).

Communication that promotes good parent-child interaction was identified as a contextual predictive factor of child and adolescent sexual abuse in Colombian coast (RAMÍREZ; PINZÓN-RONDÓN; BOTERO, 2011). The study was a cross-sectional household study of Colombia mothers on their roles as a parent. It also reported that the affection and negative treatment of children are not in any way associated with child sexual abuse, but the presence of intimate partner violence and community violence increases the chance of children being abused sexually (RAMÍREZ; PINZÓN-RONDÓN; BOTERO, 2011).

Evidence of culturally related vulnerability factors of child and adolescent sexual abuse was shown by set of Kenyan professionals who worked in child abuse intervention and treatment. It was a qualitative study that described the risk factors of child and adolescent sexual abuse and professional perspectives of tribal culture impact on sexual abuse of children. The 36

healthcare professionals from seven different ethnic groups who participated gave some remarkable similarities and few differences on ethnic groups and risk factors associated with child sexual abuse. The risk factors were identified as patriarchy (male dominance and violence), foreign influences, social changes, lack of children rights, the role of children, sexual norms, gendered roles and practices, individual risk factors (orphaned, have a step-parent), a culture of silence and cover-ups, and poverty (PLUMMER; NJUGUNA, 2009).

A study on risk influences that rendered South African adolescent girls vulnerable to becoming a victim and adolescent boys to becoming a perpetrator of sexual abuse was conducted by Petersen, Bhana and Mckay, (2005). The qualitative study concluded that cultural/environmental influences of traditional notion of masculinity and unequal gender relation, including rape supportive attitude and curing HIV/AIDs through sexual relation with a virgin increased the risk of child and adolescent sexual abuse. Parental responsibility to children and poor assertiveness among girls were also identified as social and intra-personal risk factors of child and adolescent sexual abuse in the study (PETERSEN; BHANA; MCKAY, 2005).

The aspect of economic status of sexually abused children was analyzed through a survey research conducted in Maiduguri, northeastern part of Nigeria in 2009, which analyzed the relationship between child labor and sexual assault among girls in the area. Young girls (n = 350, 7 - 18 years) were randomly selected for the study in their place of employment (on street hawking, in shops as shop keepers and houses as housemaids) but only 316 were successfully interviewed. Logistic regression analysis was used to analyze the information gathered, about 50.6% of the girls reported their fathers as petty traders and mothers as unemployed housewives. 33.4% of the respondents have no formal education, 88.8% reported that they would like to go to school but 78.5% were out of school when the study was conducted. About 193 girls (61.1%)

reported to have had sexual intercourse while 150 girls out of them experienced a forceful sexual act with 58 of the forceful act done by their customers, while 109 girls never reported the case to anyone (AUDU et al., 2009).

In addition to economic factors associated with child and adolescent sexual abuse, a descriptive study on juvenile female street hawkers examined the size and type of sexual abuse problems encountered by juvenile female street hawkers and the consequences of unprotected sex. According to the study, sex while hawking is any involvement in sexual intercourse during the hours of hawking irrespective of the place where it was performed. The study reported that participants of the study were recruited randomly from two urban towns in Anambra state, Nigeria. All participants are girls of age 7 - 16 years and data was collected with semi-structured, interviewer administered questionnaire which was administered in Vernacular and/or English language depending on the level of education and understanding of participants. The study respondents were encountered on the street while hawking and those who agreed to participate were interviewed. The pattern of abuse reported are penetrative sexual intercourse under which some were forced, and others occurred after willful submission of the victims. Inappropriate touches and verbal abuses are other cases reported by participants. Sexually transmitted diseases and pregnancy were reported as consequences of the abuse by respondents. The highest incidence of sexual abuse occurred within 13 - 14 years age group and majority of the victims first reported the case to their friends rather than their parents, siblings and guidance, while some kept it as a secret to themselves. About 56.2% of victims took no action after the occurrence of the sexual abuse, 31.5% did self-medication by patronizing a chemist for drug, 9.4% visited the hospital and only 3.1% case was reported at the police station (IKECHEBELU et al., 2008). Moreover, wealth disparity among adolescent boys that regard the poor as not being a suitable

partner because of their financial status was identified to increase aggression towards sexual abuse (PETERSEN; BHANA; MCKAY, 2005).

However, the presence of increasing number of risk factors i.e. being exposed to more than one sexual abuse risk factor means increased chance of being sexually abused. Victims who were exposed to just one risk factor out of the four factors have about 58.4% probability of sexual abuse, two risk factors portend about 69.8% probability of being abused, three risk factors have about 89.5% probability of being abused and the presence of all four significant risk factor means a 100% chance of sexual abuse (MADU; PELTZER, 2000).

3.3.2. **Consequences of** child and adolescent sexual abuse

With increased sexual violence among children and adolescents, studies have demonstrated the possible short-term and long-term effects it could have on victims. A qualitative study carried out at a women reference center in the heart of Pernambuco, Brazil investigated child sexual abuse within the family context and its repercussion in adulthood, using unstructured interview and data collection from 9 participants. The result showed sexual abuse repercussions involving difficulties in family life such as separation between family members where the abuser is closely related to one of the family members, presence of functional and behavioral changes in the life of older girls and adolescents that were once exposed to an abusive situation. Such behavioral changes included hypersexual behavior which resulted mostly in early pregnancy, aborting the unborn child or abandoning the child after giving birth, prostitution, gender and sex contradiction, difficulties to have orgasm, drug use, low self-esteem, depression, self-destructive behavior, suicidal ideation and homicide (LIRA et al., 2017a).

A path analysis (an extension of multiple regression) study of the effects of sexual abuse as a child on the risk of mothers physically abusing their children carried out in United States of America identified multiple harmful cause and effect of child abuse including ontogenic factors (depression, substance abuse, locus of control); microsystems factors (family functioning, and domestic violence) and ecosystem factors (social support, neighborhood, and Family income) (MAPP, 2006). Family status was also reported as a possible associating factor to the traumatic experience (maternal depression and locus of control) of sexual abuse that impacted the mother's risk of physical abuse (MAPP, 2006).

A retrospective descriptive study of medical effects of child sexual abuse was reported by investigation of case notes of all patients seen with the history of sexual abuse between August 2008 and October 2009 in a Nigerian public health institution for child care. The study was conducted in 2012, and a total of 20 case notes of 3 boys and 17 girls were seen out of a total of 33,313 case notes. Medically, multiple peri-anal bruises and fissures were seen in male victims while female victims showed absent hymen and vaginal discharge. Sexually transmitted disease such as *Staphylococcus aureus*, *Pseudomonas* species and *Candida* species were found in vaginal swap cultures (BUGAJE; OGUNRINDE; FARUK, 2012). Concurrent physical abuse was also suggested as an associating effect of sexual abuse following burn wounds found on a patient's arms and legs. Although, majority of the cases were reported to police, but little outcome was known, also, none of the victims were referred to receive psychotherapy or psychiatric evaluation/ psychological intervention (BUGAJE; OGUNRINDE; FARUK, 2012).

A longitudinal study of consequences of child sexual abuse carried out in the Unites States examined how youth process experiences of child sexual abuse. Eligible youth between 8 and 15 years with confirmed cases of sexual abuse based on specific medical findings,

confession by the offender, abuse validated by an expert, or conviction of the offender in family or criminal courts was included in the study. Their identification was based on referral from Child Protective Services (CPS) offices or regional child abuse medical clinics working with CPS. The result presented a significant increase in persistence of abuse stigmatization, higher levels of post-traumatic stress disorder (PTSD) symptoms which significantly increased the chance of having an Absorbed (experiencing difficulty in making an incisive story of an abused experience) versus Constructive (an effortful processing of child sexual abuse memories, affects and cognitions) strategy and the persistence of perceived negative reactions increased the chance of an Absorbed versus Avoidant (restrict of attention to an abuse related memories) strategy. Results further validated prior works identifying distinct child sexual abuse processing strategies and suggest the persistence of abuse-specific disruptions over the years after abuse discovery may be associated with subsequent problems processing child sexual abuse experiences (SIMON; FEIRING; CLELAND, 2016).

3.3.3. Child and adolescent sexual abuse, and its prevention

This part focuses on prevention strategies, mostly protective strategies that have been used by researchers. In a study, these factors/strategies were identified according to the cultural community level of Kenyan healthcare professionals as gender separation, modesty, harsh deterrents, religious beliefs, sex and gender taboos, adult guidance and supervision, family ties, and valuing children (PLUMMER; NJUGUNA, 2009). Qualitative study of resistant methods used by children and adolescent victims of sexual abuse identified acting/pretending, disguise, participating in volunteer work, music, sports to keep them away from home have also been reported as individual strategies mostly used by victims in preventing other occurrences of sexual abuse among children and adolescents (LIRA et al., 2017b).

A study of parents' perceptions of child sexual abuse as well as prevention practices and responses to child sexual abuse in an urban slum community of southwest Nigeria was conducted in 2011. Parents and caregivers of children below 15 years were included in the study, with majority of respondents being female. Four different scales measuring socio-demographic characteristics, child sexual abuse's perception, recognition and parent-child communication practices were used to obtain information from participants. Many parents were reported to perceive child sexual abuse as a common problem in the society, but most parents disagreed with common sexual abuse myths. In addition to this, majority of parents engage in communication about stranger´s danger and supervised their children, others believed that their children could not be abused. Finally, no significant variations in the perception of child sexual abuse and communication practices were reported (IGE; FAWOLE, 2011).

3.3.4. Other aspects of CSA

Other aspects discussed in the literature are the types of violence experienced by victims, disclosure methods and medical care provided to the victims. Rape of vulnerable persons including anal and vagina rape were identified as types of sexual violence mostly suffered by victims. Expert reports also pointed out that most cases treated in the forensic medical unit were presented with absence of traces of violence on the body of victims; however, it was concluded that those with untraceable signs could be a form of non-contact form of sexual abuse (TRINDADE et al., 2014). Kisses, touches and intercourses were identified as common elements of sexual abuse in children and adolescents reported in a South African study (MADU; PELTZER, 2000).

In addition to the forms of sexual abuse reported in literature, genital penetration was greatly experienced and almost all perpetrators were known to their victims, where a higher

percentage of the perpetrators are mostly of parental figure, a relative, and familiar person who was not a relative, but very few were strangers. Participants often lived with the perpetrator at the time of the abuse while use of force and threat were reported (SIMON; FEIRING; CLELAND, 2016). A qualitative study explored disclosure process of child sexual abuse among female children and their caregiver in Cape Town, South Africa (MATHEWS; HENDRICKS; ABRAHAMS, 2016). The study concluded that disclosure was greatly influenced by multiple factors including parental style such as fear of disbelief or negative reaction by caregivers, the relationship between the abused and the perpetrator was also said to determine when and how a victim will disclose an abuse.

4 - THEORETICAL FRAMEWORKS

4. Theoretical Frameworks

This chapter reviewed existing theoretical frameworks with emphasis on understanding the roots of sexual violence and consequences of child sexual abuse. Three theories reviewed in this study are Vulnerability theory by Ayres et al. (2003), Ecological model for roots of violence by Krug et al. (2002) and Traumagenic dynamic model of child sexual abuse by Finkelhor and Browne (1985).

4.1. Vulnerability theory

The concept of vulnerability is derived from a Latin word which means, “to cause damage or injure”. It is a degree of risk exposure often caused by a natural disaster, threat or adverse effect experienced by a given population (NICHIATA et al., 2008). It is used to identify a population that is prone to nutritional deficiencies and diseases, especially those who suffer the most during disaster due to peculiar characteristics identified with them, or unavailability of multiple choices in avoiding such vulnerable state. Such population are often called vulnerable, and it includes children, pregnant or nursing women, handicapped persons, elderly and homeless people (NICHIATA et al., 2008).

The vulnerability theory explains new strategies deployed in reducing risk asides known, old traditional methods of reducing epidemic risk experienced in our environment. These strategies have been used severally in areas of pandemic prevention, such as in HIV/AIDS prevention and also in the prevention of all epidemics experienced or which may be experienced in our environment through proposing methods aimed at understanding individual, collective and contextual exposure to illnesses and infections (AYRES, 2014).

Vulnerability is a concept like health promotion, coined in the field of public health and preventive medicine in the process of formulating disease prevention practices and promoting healthy living. This concept was motivated by the critics of concept insufficiency and traditional prevention strategies in the wake of AIDS epidemic of the late 20th century. At the commencement of HIV/AIDS epidemic, researchers were concerned about investigating the risk factors associated with the epidemy, and in the process of their investigation, the causes of the disease, characteristics of affected population and disease transmission methods were identified. The affected people were isolated from the general populace; they abstained from sex, blood transfusion and injectable drugs, and at the end, positive results were reported (AYRES et al., 2003). This process of understanding risk factors among AIDS epidemic populace proffered new possibilities for public health practices including early diagnosis of diseases, tracking realization, establishment of clinical sentinel, vaccine investigation and specific drug investigations (AYRES et al., 2006).

However, after the successful isolation laboratory practice of AIDS populace, the profile of the epidemy changed radically, affecting predominantly social groups with less social power, the very poor ones, women and blacks. The perception of this shift and its social implication motivated researchers at the School of Public Health, Harvard University, with the support of Fracois-Xavier Bagnoud Center for Health and Human Rights to define a new "Vulnerability" concept. The new concept being an instrument to understand and intervene in the AIDS epidemic by proposing pandemic diagnostic methods and discussion of human rights (MANN; TARANTOLA; NETTER, 1993). The first study published in 1993 analyzed strategies that differentiate individual and collective vulnerability through scaling and ranking (high, medium and low). The second publication by the same group of researchers in 1996 however had the two

dimensions (individual and collective) substituted into three referential concepts, which are individual, social and programmatic, without scaling and ranking for deeper understanding of the concept. They also analyzed human right as a fundamental term, passing it as a constitutive element to analyze vulnerability (MANN; TARANTOLA; NETTER, 1996).

In alignment with the new health promotion idea, the concept was a social and political determinant of processes and multi-causal relation of natural history of disease and prevention level. It focused on pre-clinical and clinical characteristics, pre-pathogenic and pathogenic, preventive actions and socio-historical aspects such as biological, physical, chemical, affective, cognitive and behavioral aspects (AYRES, 2014). Brazil is one of the countries where the concept of vulnerability has emerged strongly, with the impacts of the concept discovered during its practical application in clinical works. The strong adoption of vulnerability in the country was influenced by the citizen response to the HIV/AIDS epidemic (AYRES, 2014).

The study of vulnerability is composed of three elements namely individual, social and programmatic, and they are dimensions that orient the identification, recognition and response to health challenges (AYRES, 2016; 2014). The individual component is understood as anything that has to do with the personality of a person; natural mode or personal identity of an individual, internal biological forces, the degree and quality of information that an individual has concerning a health problem, psychosocial process, daily interactive process with others, actions, reactions, expectations, thoughts and repertoires. It is the motivation and ability to process available information, ability to incorporate the information into one's daily practices with the interest of transforming the practices into protective factors against violence.

The social component has been an interaction context of individual and the environment. It focuses on experiences that revolve around social powers, normative, material, economic

structure, cultural traditions, judicial, political organizations and moral aspects that give respect to life in the society. Other aspects include government rules and law, racial, sexuality attitudes, religions and beliefs meant to better understand individual practices and their relation to disease processes. Free communication system, access to formal education, power to influence political decisions, resource material availability, and absence of coercive acts, and the possibility of confronting cultural barriers are dimensions that can help deal with individual and societal epidemics. This aspect is always carefully treated because of differences in meanings and feelings attributed to health vulnerabilities in the society (AYRES, 2016).

The programmatic component covers mediating elements between human life and diverse social institutions. It justly evaluates social circumstances and institutions with the aims to reducing vulnerability conditions of individual in contextual interaction. The degree of commitment to services and programs are fundamental in this aspect. It manages social resource needs of an individual in a way that it will not expose them to epidemic and create ways on how their social resource needs will protect them from harms through the existence of effective programmatic efforts. This component includes public services such as health, educational, economic and legal services. The formulation of policies that guide such services, and the commitment of government in sustaining the policies may help to prevent the occurrence of health hazards. In addition, intersectoral activities and multisectoral articulation of both public and private sectors, quality of services and access to services can reduce health hazards in the society (AYRES, 2016).

4.2. Ecological Model

Ecological model is a conceptual tool that explains violence as the result of some associated risk factors. Ecological model of child abuse was first introduced in 1978 to

understand violence against children (GARBARINO; CROUTER, 1978), and later applied to other areas of violence like youth violence and intimate partner violence (GARBARINO, 1985; HEISE, 1998). It emphasized that there is no single risk factor that explains a manner of violence, but an interaction of many factors such as biological, social, cultural, economic and political (KRUG et al., 2002). The WHO used this model in a world report on violence and health to analyze multi-causal factors associated with violence. It contributed greatly in examining factors that influence behavior of being a victim of violence or behavior that greatly increase the risk of committing a violent act. Ecological model identified 4 different levels which are individual, community, relationship and societal (KRUG et al., 2002).

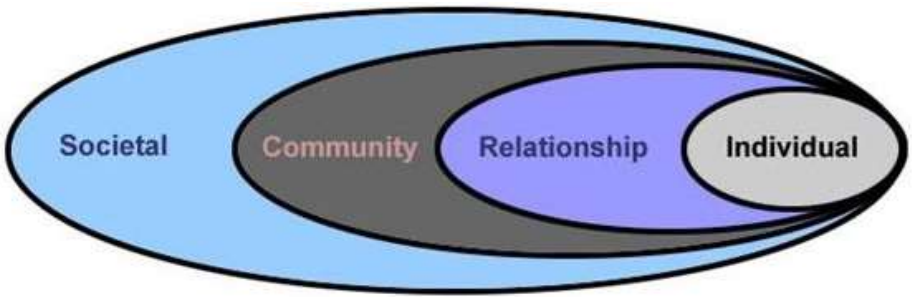
The individual level covers both personal history and biological factors that affect behavior and possibly increase the chance of becoming a victim of violence or a perpetrator of violence. It includes factors like individual demographic characteristics such as age, education and income; personality, personality disorder, psychological, substance abuse, aggressive behavior history or an abuse history. The relationship level identifies individual's close relationships that could be a source of violence in a person's life. It could be relationship among family members, friends, intimate partners and peers, which influences exposure of victim to violence or influence a perpetrator to cause havoc. For example, being around parents or siblings that engage or encourage a violent act can easily expose a young child to violence by learning and/or by being a victim of it (KRUG et al., 2002).

The community level focuses on avenues through which social relationships occur; environments, settings or social gatherings that give opportunity to violence. Some examples are neighborhoods, schools and workplaces. The characteristics of each settings can greatly increase risk factors associated with violence. Such characteristics include population density, high level

of joblessness or unemployment, local drug trade areas. The social level identifies the broad societal factors that create situations of encouragement and inhibition of violence. This is a societal and cultural weapon, which gives priority to some social groups over others. This may include parental rights over a child's welfare, men dominance over women and children, political leaders that support the use of military forces and political powers against citizens. In addition, unavailability of policies or non-functioning policies relating to health, education, economic, social life, and/or expansion of social inequality among social groups can be listed as factors within this level (KRUG et al., 2002).

The ecological model is illustrated as an overlapping ring of factors (Figure 3), strengthened and modified by the presence of other factors. Example of this is that an aggressive person may have a high tendency of acting violently in a conflict environment or unsettled environment than an aggressive person in a peaceful or calm environment (KRUG et al., 2002).

Figure 3: Ecological model of Violence



Source: Krug et al., 2002

This model suggests that acting across several different levels at the same time can help to increase the chance of identifying and preventing violence. In the context of addressing

individual risk factors, there is a need to first empower healthy family environment, give support to dysfunctional family professionally, take advanced steps to address public place problems and promote equality in the society (KRUG et al., 2002).

4.3. Traumagenic Dynamics Model

Traumagenic dynamic model of child sexual abuse was proposed in 1985 by Finkelhor and Browne; it is a model that analyzed the consequences of sexual abuse experience in four trauma-causing factors (FINKELHOR; BROWNE, 1985). This model was developed as an alternative to the post-traumatic stress disorder (PTSD) formulation model. The PTSD model is one of the most frequently mentioned models when it comes to giving explanation to trauma of sexual abuse before the invention of the four traumatic dynamics of sexual abuse. It was defined by the American Psychiatric Association (DSM III) in 1980 as “a presence of a recognizable stressor that evoke symptoms of distress, re-experiencing of the trauma as well as feeling of diminished interest in activities, feeling of estrangement from others, hyper alertness, survival guilt, avoidance of activities, sleep problems, lack of concentration or memory problem”. At least two or more of the above-mentioned symptoms must be present before PTSD can be diagnosed (CZARNOCKA; SLADE, 2000; PETERSON; PROUT; SCHWARZ, 2013). Finkelhor greatly criticized the lapses of post-traumatic stress disorder model especially when it comes to sexual abuse in children by giving lesser importance to cognitive trauma and other possible traumas. These critics led to the invention of four Traumagenic dynamics of sexual abuse by Finkelhor and Browne (1985).

Traumagenic dynamics of sexual abuse is a comprehensive model of different symptomatic dynamics of sexual abuse in children, although it is not unique to only children but some generalized dynamics that can occur in all kinds of trauma (FINKELHOR; BROWNE, 1985). It is an experience that alters a child's lifestyles and orientations cognitively or emotionally, and causes trauma by distorting the child's self-concept, abilities, skills, worldview, affective capacities and interpersonal relation (FOUCHÉ; WALKER-WILLIAMS, 2016). However, living one's life through a distortion caused by trauma may give a more serious behavioral problem in the future (FINKELHOR; BROWNE, 1985). This model allows sexual abuse to be conceptualized as a situation or a process rather than an event. It incorporates both PTSD and non-PTSD elements and proposed four Traumagenic dynamics that account for the impact of sexual abuse to be traumatic sexualization, betrayal, stigmatization and powerlessness.

Traumatized sexualization is a result of sexual abuse in the life of a child victim in which victim's sexuality including feelings and attitudes are shaped in a developmentally inappropriate and interpersonally dysfunctional fashion. It occurs in an inappropriate, repeated and continuous sexual relation that is far beyond the victim's level of development. It involves the use of material resources in exchange for sexual behavior, with the child develops to learning how to use sexual behavior as a strategy of manipulating others to satisfy one's needs. This results in a distorted importance of sexual behavior, distorted meaning attached to sexual relation, misconception, confusion, immorality, frightened memories and events attached to sexual behavior, being transmitted to a child by a sexual offender (FINKELHOR; BROWNE, 1985).

Processes that contributed to such situation are frequent rewards of inappropriate sexual behavior by sexual offenders, attaching significant meaning to rewards of both appropriate and inappropriate form of sexual behavior that later forms a strategy of meeting needs. It also

includes distorted meanings and importance attached to sexually abused children's anatomy parts, as the children become confused and acquire misconceptions about sexual behavior and sexual morality, and finally, trauma will occur when a child is frightened or experience unpleasant memories of sexual activity.

Other manifestations that are psychologically and behaviorally related to traumatic sexualization are displays of knowledge and interest that are not appropriate for victim's age such as sexual intercourse or genital-oral contact with school age-playmates in addition to confusion about sexual identity. Others include sexual norms and standards, sexual preoccupation, sex play, compulsive sexual behavior (masturbation), sexual aggression, sexual victimization of peer or younger children and for adult victims. Trauma manifestation also include aversion to sex, difficulty with arousal and orgasm, flashback during sex, prostitution, avoidance of or phobic reactions to sexual intimacy and inappropriate sexualization of parenting (sexual and physical abuse of children) (FINKELHOR, 1987; ZEUTHEN; HAGELSKJÆR, 2013; MAKHIJA, 2014). It heightens awareness of sexual issues in which affected victims may not consider sexual issues at the appropriate developmental age.

Betrayal is the second dynamic of the framework, which occurs when children get to know that a trusted person they depended on has more agenda to cause them harm than to protect them. It is a consequence of experience and disappointment children gets from people they depend on or believe in after being tricked through lies and misrepresentations about moral standards. Betrayal is not only a result of sexual activities caused by offenders who manipulated the kids with fake qualities but also non-offenders most times who are family members that have failed to believe the child's story after disclosing to them or blame the child for the act, ostracized undoubtedly and changed their attitude towards the child (FINKELHOR, 1987). The

dynamics of this form of trauma evolve round violation of a child's expectation of provision of care and protection from parents, relative and non-relatives that are in the position of providing care and protection. However, its impact includes antisocial behaviors and delinquency that may be expressed as a form of anger, aggression and hostility towards others or may represent a desire for retaliation of experiences, depression, grief reactions, clinging or extreme dependency and mistrust. In adulthood, those who suffered from betrayal experience have marital problems and discomfort in intimate relationships (FINKELHOR; BROWN, 1985; FINKELHOR, 1987).

Stigmatization occurs from the negative messages, attitudes, moral judgments and other behaviors communicated to sexually abused children, with these negative connotations incorporated into a self-image by the victim. These negative connotations are exhibited in form of shamefulness, guilt, worthlessness and evilness messages passed to the victim, most often from abusers, but mostly become worse when they get same or even more terrible reactions from non-abusers who heard about the act and display attitudes like feeling shocked, hysteria or calling the act a deviant or taboo. The degree and type of stigma experienced by victims differ from one person to the other. Form of stigma experienced by male victims may be different from that of female victims, as male victims may be stigmatized by the homosexual connotation's "queer", while female victims suffer from the "spoiled goods" attribution. Also, the pressure from the offender to make sexual act a secret can pass a powerful message of shame and guilt to the abused. The dynamics of this aspect distort children's sense of self-value and self-worth, feelings of isolation, which may lead to more serious stigmatization levels within the society. Through societal reactions including blaming a child for the act, stereotyping of victim as damaged goods, shaming the child, shock reaction to disclosure and pressurization of secrecy, a child may be led to self-destructive behavior, psychological and behavioral manifestations such

as suicide attempt, guilt, shame, low self-esteem, sense of differentness from others, drug or alcohol abuse, prostitution, isolation, criminal involvement and self-mutilation (FINKELHOR; BROWN, 1985; FINKELHOR, 1987).

Powerlessness, a dynamic of trauma occurs in two main components which are repeated frustration and overrule of child's will, wishes and sense of efficacy, and an experience of threat of injury. This form of powerlessness can be referred to as disempowerment, which involves the invasion of one's personal body space against one's wish. Experience of violence occurrences, threat and coercion for sexual, continuous vulnerability to invasion, inability to convince others to believe your story and continuous inability to protect self all falls within the purview of powerlessness. Due to powerlessness of victims, there is higher risk of later sexual assault on sexual abuse victims whose coping skills have been impaired, while those who suffer from compensatory reaction (need to control and dominate) may become aggressive towards an abuser or a molester in the future (FINKELHOR; BROWN, 1985; FINKELHOR, 1987).

The psychological and behavioral manifestations are clustered into three parts; fear and anxiety with symptoms such as nightmares, phobias, hyper-vigilance, dissociation, somatic complaints, sleep problems and deadness of affect. There is also impairment of a person's coping skills leading to low self-efficacy, translating into learning problems, employment difficulties, school difficulties, running away from responsibilities and more generalized despair and depression. Other compensatory reactions due to desire to be powerful and fearsome as to compensate for the past powerlessness may also occur (FINKELHOR; BROWN, 1985; FINKELHOR, 1987).

5 – MATERIALS AND METHODS

5. Materials and Methods

5.1. Nature of study

This study is a descriptive and exploratory research that employed a qualitative approach, a methodological alternative that helps to understand caregiver's perception of sexual violence against children and adolescents in Nigeria. Qualitative research approach focuses on exploring the symbolic universe of the subjects, seeking the expression of opinions and meanings (ALVESSON; SKÖLDBERG 2017). The idea of exploring opinions and meaning was also supported by Minayo (2010); according to the author, qualitative research approach can incorporate the question of meaning and intentionality as inherent to acts among relations and social structures. The existing relationship of participants and their social interactions with the researcher, results in the generation of fresh and wider information on the topic of interest within the society. This information is normally supported with concrete reality and theoretical frameworks guiding the research study (MINAYO, 2012). This research method is also an inquiry process or method of understanding and exploring social and human problems, and perception of events in a natural setting (YILMAZ, 2013).

Qualitative research has a strength of creating an interactive relationship between researchers and respondents, making way for collection of firsthand data, and creating better chance of collecting more valid and honest data with more time spent together. Qualitative research also fosters a close and indissoluble link between the object and subject, allowing, the emergence of not only the significance of the issue under study, but also the motives, opinions, beliefs and values of reality. These aspects of interaction and consequent understanding of object-subject relationship are hardly unveiled by the option of strictly quantitative approach,

making qualitative research a better tool for meeting the needs that we seek to study without it losing part of its meaning (RICHARD, 2009).

A descriptive and exploratory approach of qualitative investigation through interviewing of professionals and caregivers (Nurses, Medical doctors, social workers, counselor) working with sexually abused children and adolescents may broadened our understanding of child and adolescent sexual abuse. It can help us understand its social and cultural aspects, factors that make children and adolescents vulnerable, proffer the new and potent ways of prevention and create approaches to identify reproductions of sexual violence.

5.2. Field of study

This research study was conducted in Lagos State University Teaching Hospital also known as Ikeja General Hospital. It is located at Ikeja, the mainland part of the Lagos State. The hospital is one of the University teaching hospitals in Nigeria established by the old Western regional government of Nigeria in June 25, 1955 as a cottage hospital that provides just primary healthcare services. It has metamorphosed over the years into a full-fledged general hospital that provides primary and secondary healthcare services for people within the state and surrounding states. With agitation for quality healthcare and need for quality health professionals, it was upgraded to a modern tertiary healthcare facility providing necessary trainings to health professionals and better service to the citizens within and around Lagos state (FILANI, 2011).

Lagos state is located at the southwestern part of Nigeria with territorial land mass of 3,577 square kilometers and an estimated population of 21 million according to the National Population Commission of Nigeria in 2016. It was the capital of Nigeria until 1991 when the capital was relocated to Abuja but remains the main economic and commercial capital of

Nigeria. It is the nation's largest urban area, which was once overseen by an easy government between 1800, and mid 1900s with minimal socio-economic and political problems, but which is characterized today by population explosion, environmental, political and socio-economic problems (AJOSE, 2010).

With these fast changes, in addition to the economical and geographical status of the state, high number of sexual abuse cases are being reported daily, which is a major reason why most sexual violence service centers are located at this metropolitan state. Service centers in Lagos includes Mirabel Sexual Assault Referral Centre, set-up at the Lagos University Teaching Hospital (LUTH), Action Health Incorporated, Women at risk International Foundation (WARIF) center, and State-owned public service centers such as Domestic and Sexual Violence Response Team (DSVRT), a department under the Lagos state ministry of justice, and Social work and Counseling unit of Lagos state government.

5.3. Population identification and selection

The population selected for this study was all healthcare professionals working in the family medicine unit of Lagos state university teaching hospital. The unit provides comprehensive medical care for patients with undifferentiated problems, basic surgical care and management and follow up of patients with chronic diseases as well as training resident medical officers and carry out general research into common health problems. The unit also provide shelter for one of the leading domestic and sexual violence referral centers, a non-governmental organization called Mirabel center, with its staff members providing routine services mainly on sexual violence related issues. The center has a total of 55 medical staff members comprised of 2 consultants, 11 senior registrars, 15 registrars, 20 medical officers including Nurses and counsellors, and 7 administrative staff who have worked with and/or currently working with

sexually abused children and those undergoing trainings to work with sexually abused children and adolescents.

The selected health care professionals for this study were 14 medical staff members comprised of medical doctors, nurses and counsellors. They were purposely selected after meeting the study criteria; thus, the study sample did not seek to favor a numerical representation of a group, but a deepening of the subject and the ability to reflect the totality of the phenomenon in its multiple dimensions (MINAYO, 2010). The number of subjects was considered enough when identifying the recurrence and saturation of information (FONTANELLA; RICAS; TURATO, 2008).

5.4. Inclusion criteria

Three main criteria were put in place before final selection of study participant and these criteria are:

- Healthcare professionals or caregivers must be medical doctors, nurses, counselors and/or social-welfare workers responsible for any child and adolescent clients who have suffered sexual abuse. These group of healthcare professionals were included in this study because of their professional experiences with sexually abused victims and their family members.
- Healthcare professionals or caregivers must have worked in the unit or other health units for at least minimum of 6 months. This criterion is important because it helped study participants to respond adequately and professionally in producing high quality data during interview session.
- Healthcare professionals or caregivers must have been in contact with or treated at least 3 clients (children and/or adolescents) that have been sexually abused. This helped

participants to compare different cases of sexual abuse before establishing their facts during interview session.

However, the successive possibility of subject's inclusion was considered final only when the discussion of research objectives and research questions were made possible.

5.5. Data collection procedure

Data collection was performed with the aid of a semi-structured interview method (Annex A). This research method is always open, allowing new ideas to be brought up but guided in line with the interviewer's interest. It is an in-depth form of interview where participants were asked sets of open-ended questions from a schematic presentation of questions or topics which are further explored by the researcher; it can be used individually or in groups (CORBIN; STRAUSS, 2008; RUŞITORU, 2019). In addition, it allows clarifications, adaptations and corrections so as to become more effective in obtaining the desired information (RUŞITORU, 2019).

It is used in exploring research domain and uncover rich descriptive data from participant's experience and for an optimum result, there is need for an interview time and interview guide to explore systematically and comprehensively through a desired line of action. The interview guide must have a direct link or relation to the central question the researcher intends to ask and for effective and adequate capturing, recording is always the best choice which makes further research procedures like transcription easy (JAMSHED, 2014).

The initial procedure in collecting data was done in 2017 when series of emails were sent to different healthcare units including government and non-governmental organizations, telling them about our interest in child and adolescent sexual abuse and possible ways in which the

healthcare professionals could be of help. However, responses started rolling in through email from the health units telling us how and the level at which they could be of help to the research study. However, in 2018, the researcher decided to collect data from a single government health unit that has multiple links with other non-governmental organizations mostly by voluntary works done by its healthcare professionals. And this is believed to be of added advantage to the study because of the high quality of data that will be produced from their experience.

At the commencement of data collection, a meeting was conducted between the Head of Department of Family Medicine unit of Lagos State University Teaching Hospital, where the objectives of the study were discussed and after the meeting, he was able to give a final approval to the data collection in the health unit. Data collection took place between April and May 2018, involving all healthcare professionals, including male and female who agreed to take part in the study. Informed consent form was presented to each of the participants and the interviewer read out the information sheet which explains the purpose and objective of the research; the risks, benefits, confidentiality and all other information they needed to know before the commencement of the study were well discussed (Annex B). Their reservations about the research study were greatly expressed and the interviewer appropriately provided necessary responses to each doubt.

Data collection took about 20 minutes to one hour depending on the respondent and information obtained was recorded through recording tape which was later transcribed verbatim. Information gathered was treated with high level of confidentiality and finally, there was no provision of incentives for those who participated in the study.

5.6. Analysis of result

The collected data was analyzed qualitatively, adopting analysis technique of content analysis of thematic modality. Content analysis of thematic modality is a scientific technique used in analyzing qualitative studies. It is a unit of meaning that emanates naturally from a text analyzed according to a criterion relating to the theory that serves as a guide to reading, which is linked to an assertion about a subject and can be represented by words, summaries or phrases (BARDIN, 2011). This analysis method also involves a set of communication techniques, using systematic procedures and description of the objectives of the message content, and a meaningful result after it has been classified (BARDIN, 2011).

Thematic analysis as a broader qualitative analysis method that identify significant pattern of data through a rigorous process, has its central concept to be a theme, which is a unit of meaning that is naturally freed from an analyzed text according to the theoretical criteria that guides the reading, with the discovery of frequency and repetitions of meaningful nucleus of communication making it an interesting discussion (BARDIN, 2011).

In this study, the process of organization of the collected information was performed using Atlas.ti 8, a Computer-Aided Qualitative Data Analysis Software (CAQDAS) (FRIESE, 2019), whose general principle is based on the use of qualitative approach in treating qualitative data (SILVER; LEWINS, 2014). “ATLAS” which stands for Archive of Technology, life world and Language, and the “ti” which stands for *text interpretation* is one of the highly recognized CAQDAS in today’s research world. It was first developed in 1989 at the Technische Universität, Berlin and has an excellent means for quality control in the research process (LEGEWIE, 2014).

Collected data were thereafter transferred into the software, analyzed according to thematic content analysis by dividing the process into 3 phases of pre-analysis, material exploration, and treatment of the results obtained, inference and interpretation (BARDIN, 2011). The pre-analysis phase consists of choice of documents used for analysis, formulation of hypothesis and objectives, and elaboration of indicators that are substantial in the final interpretation. This stage involves getting familiar with the transcribed interview contents by having a direct contact and glancing through its contents, followed by the digitalization of transcribed document in Atlas.ti software. All documents obtained were inserted as primary document after which the documents were fluently read (general and comprehensive reading).

The qualitative validity of the material generated was done by having a deep understanding of material, the material were organized considering exhaustivity criteria (all element of the research material were important and all were presented), representativeness (it contains the essential characteristics of the intended universe), homogeneity (a single criterion of choice was used to treat the terms) and relevance (adequate document that can give response to research objective and purpose were all accommodated in this process).

The second phase, exploration of material, has the objective to reach the central aspect of understanding the text. According to Bardin (2011), it is a "long and tedious phase that explores, codifies, classifies and aggregates the themes of data collected. Coding is the major endeavor of this phase which happens by selecting the registration Units and Quotations that were used according to the selection of expressions or significant words referred to in the study. The frequency of codes, regions and the intensity with which they were reinforced by participants were also put into consideration. The criterion of intensity was based on the participants' support in what they considered as the reason for vulnerability and consequences of child and adolescent

sexual abuse. Also, the choice of categories, generated by semantic order, aimed to group codes in families (thematic nuclei) was based on the empirical findings and was responsible for term specification. In this stage the codes were constructed according to the proposed research objective, based on quotations segments from each primary document in the software,

The last stage, treatment of result obtained, inference and interpretation identify the real understanding and meaning of the thematic nuclei; it was a moment of intuition, inference, reflexive and critical analysis according to study objectives and theoretical frameworks. The gross results were treated in a way that was meaningful and valid “allowing establishment of tables of results, diagrams and figures" (BARDIN, 2011). This phase involves interpretation, critical evaluation and presentation of results by making an interface between the theoretical content of the study and main findings by the researcher. Although the analysis is fragmented in nature and involves different analytical steps, however, these steps were done simultaneously based on cyclical triad, namely, empirical data, theoretical foundation and researcher's perception about the phenomenon studied.

5.7. Ethical Aspect

Ensuring adequate respect for the dignity of a person has been the main objective of research ethics. Applying this respect in all moments of the research was strictly adhered to by the researcher. After complying with all internationally recommended ethical standards regarding human research by ensuring rights and duties of research participants, the study was approved by the National Health Research Ethics Committee of Nigeria (NHREC) with approval number NHREC/01/01/2007-08/05/2018 (Annex C), and thereafter, the consent of the Head of Department, Family medicine unit of Lagos State University Teaching Hospital (LASUTH) was solicited physically before data collection in the health unit. However, the research proposal was

not presented to the Research Ethics Committee of the College of Nursing in Ribeirão Preto, the University of São Paulo at Ribeirão Preto (CEP/EERP/USP) because the research data collection was done outside Brazil and it is only necessary to submit this research project to the committee if the data were collected within Brazil.

All research participants received detailed information about the research, its objectives, methodology, presentation of results and entitlement through a well clarified informed consent form and certificate of consent was signed by each participant.

6 - RESULTS AND DISCUSSIONS

6. Results and Discussions

This section presents the results of the research, discuss and supported it with theoretical frameworks adopted for the study. The participants' profile and its relevance in the study were all identified.

6.1. Participant's description

The sociodemographic characteristics of the professional healthcare providers that participated in the research study were adequately presented in the section. In adherence to research ethics, study data were treated anonymously, and each participant's document were assigned codes. The description attached to each code are as presented in Table 1 below.

Table 1: Participants codes and their descriptions, Lagos, Nigeria, 2018.

Code	Description	Code	Description
D1-fc	Document 1 is a female counsellor	D8 -md	Document 8 is a male doctor
D2-md	Document 2 is a male doctor	D9-fd	Document 9 is a female doctor
D3-md	Document 3 is a male doctor	D10 -fc	Document 10 is a female counsellor
D4-fd	Document 4 is a female doctor	D11-fc	Document 11 is a female counsellor
D5-fd	Document 5 is a female doctor	D12-fn	Document 12 is a female nurse
D6 -fd	Document 6 is a female doctor	D13-fn	Document 13 is a female nurse
D7-fc	Document 7 is a female counsellor	D14-fn	Document 14 is a female nurse

(Source: Study data, 2018)

A total of 14 professionals healthcare providers who have gained experience in working with sexually abused children and adolescents gave their responses to the interview questions in this study. Their socio-demographic characteristics according to the inclusion criteria of this study are as presented in Table 2.

Table 2: Socio demographic data of research participants, Lagos, Nigeria, 2018.

Participant's code	Gender	Age range (years)	Education	Designation	Years of experience	Number of clients
D1-fc	Female	30-39	MSc. Clinical Psychology	Counselling Officer	3 years	Over 50
D2-md	Male	30-39	MBBS	Medical Doctor	5 years	Over 50
D3-md	Male	40-49	MBBS	Medical Doctor	$3^1/_2$ years	Over 100
D4-fd	Female	30-39	MBBS and MSc. Public Health	Medical Doctor	6 years	Over 20
D5-fd	Female	30-39	MBBS	Medical Doctor	3 years	Uncountable
D6-fd	Female	40-49	MBBS	Medical Doctor	3 years	Uncountable
D7-fc	Female	30-39	MSc. Clinical Psychology	Clinical Psychologist	3 years	Over 100
D8-md	Male	30-39	MBBS	Consultant/Medical Doctor	3-5 years	Uncountable
D9-fd	Female	40-49	MBBS	Medical Doctor	2-3 years	Uncountable
D10-fc	Female	30-39	Bachelor of Laws (LLB)	Counselling Officer/Administrator	10 years	5 or more
D11-fc	Female	30-39	PhD. Educational administration	Intervention/Counselling Officer	10 years	Uncountable
D12-fn	Female	20-29	B.Sc. Nursing	Nursing Officer	7 months	3
D13-fn	Female	20-29	B.Sc. Nursing and PGD Public Health	Nursing Officer	14 months	5
D14-fn	Female	50-59	B.Sc. Nursing	Matron/Nursing Officer	8 months	Very few

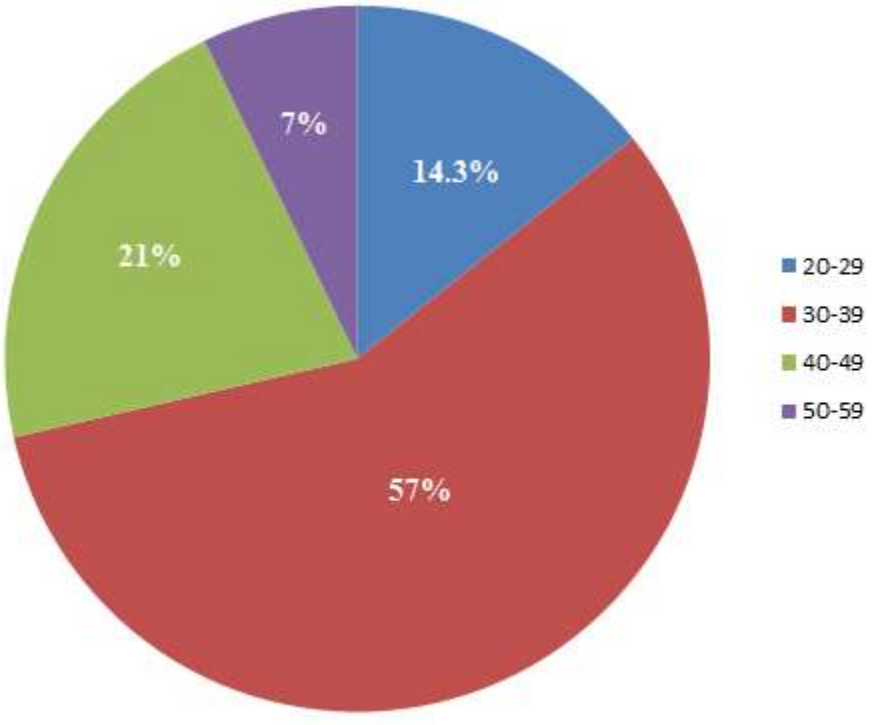
Source: Author, 2018

Note: MBBS - Bachelor of Medicine, Bachelor of Surgery

Evidence from the study shows that majority of participants are females; this is not a new phenomenon, as studies have reported an increase in the number career women in health sectors (DOMENICO; JONES, 2006; BRUSCHINI, 2007).

Medical doctors are a major workforce in this study sample frame. The reason for this is not far-fetched from the impact of wage increase on labor participation, as higher wages can have more effect on labor supply in a profession. Medical doctors are one of the highest paying profession in Nigeria both in public and private sectors. This is supported by a WHO report on Human Resource for Health (HRH) which analyzed unequal access to health worker and reported that there is more access to medical doctors than other health professions in African urban cities (DAL POZ et al., 2006; MCCOY et al., 2008). Participant's age distribution is as illustrated in Figure 4.

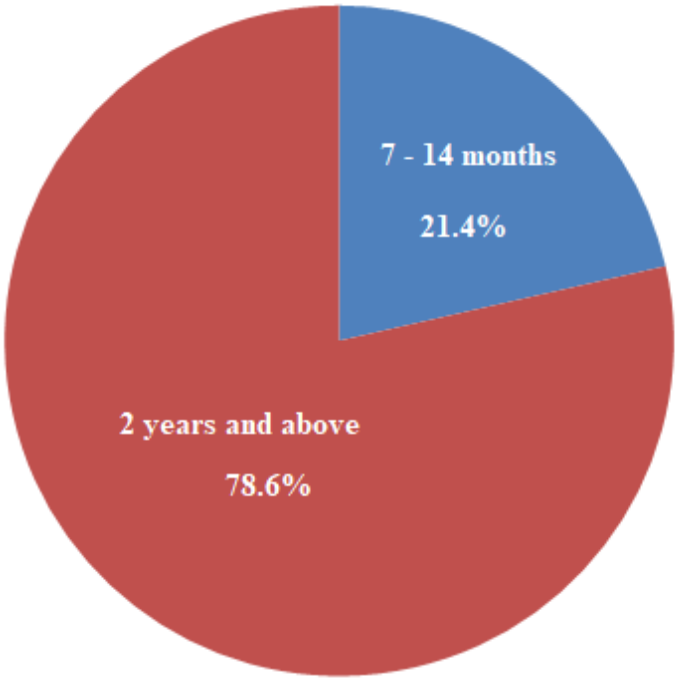
Figure 6: Distribution of participants according to their age group



Source: Study data, 2018

The distribution shows that majority of study participants are between ages 30 and 39 years; this ageing work force is a universal phenomenon that shows the influence of delays in Nigeria's education system on average work age. This finding is supported by the International Labor Organization (ILO) 2010, as reported by Onyejeli (2010), that most men in Nigerian work force are between the ages of 30 to 49, while the majority of women are between the ages 50 to 54. Finally, the participants years of experience are categorized into 2 groups including 7 - 14 months experience and 2 or more years of experience as shown in Figure 5.

Figure 7: Distribution of participants according to their years of experience



Source: Study data, 2018

Participant's professionalism

Professional health caregivers that participated in this study reported that the information provided was based practically on their experience and knowledge of child and adolescent sexual

abuse as shown by their clients that presented in their medical units and none of it was based on personal intuition of how they feel about clients. Their level of professionalism was summed up by close observation of their clients and an in-depth investigation of sexual abuse cases through understanding the history of the abused or any of his/her relatives that showed support in getting medical treatment and justice for the victim presented to them. Other services rendered include provision of adequate medical services and psychological services such as counselling.

> *So, we noticed based on observation, when they come to our office, what we see and then we now raise questions, so with that we will be able to understand that sexual abuse is the cause for their actions… D10 -fc*
>
> *I think she was about 3 .... 4 years and the complaints were she was peeing blood, ... you understand and of which that mother found it strange and of course she brought her for evaluation. seeing that presentation of course your mind would…. because it is not a usual thing for a child to be..... you know..... to have blood in urine ..... so.....of course I have to excuse ..... in fact, it was the mom and dad that came so I had to excuse them. And, you know.... interacting with the child personally, so I discovered the cousins, they came for holidays and all of that and so the cousin and the elder brother just about 1year difference, they have been sleeping with the girl, they are all small anyway, but they have been having sexual intercourse and all of that, so that was what we found out. D5-fd*
>
> *I counselled her the way I could and referred her to another counsellor D14-fn*
>
> *the lowest I have examined is a .... an infant of 9 months or there about, 9 -10 months or so who was already defiled and in the cause of clerking, I tried to probe who was the perpetrator..... D3-md*

6.2. Thematic nuclei

After achieving the first stage of the thematic content analysis, which constituted the pre-analysis stage, exploration of material followed by identifying keywords, phrases and theoretical concepts. Data were organized into 30 categories, grouped under 6 thematic nuclei and 2 theoretical concepts as presented in Table 3.

Table 3: Construction of Thematic Nucleus

Theme	Category	Thematic Nucleus	Register Unit	Theoretical concept
1. Vulnerability of victim	Age, Innocence and trust Lack of information Personality Early development	The child victim of sexual abuse and their individual vulnerability *"they are innocent"*	Individual Vulnerability	Ecological Model (WHO, 2002) and Vulnerability theory (Ayres, 2003)
2. Abuse and the aggressor	Past abuse experience Unemployment, Cheap work force, Peer group	Sexual abuse and its relation to perpetrator *"some people are really sick in their mind"*		
3. Intrafamily relationship of the victim	Dysfunctional Family, Parental neglect, Parent-child conflict, Lack of care Lack of communication	Intrafamily vulnerabilities and sexually abused victims *"there is a problem with the structure of the Family"*	Collective vulnerability	
4. Abuse is a social and economic element	Low socioeconomic -status Low parental - education Culture, Religion	Indissociability between sexual abuse and socio-economic vulnerability factors *"sexual abuse is more where people have low living conditions"*		
5. Programmatic policies and sexual violence	Weak judiciary system Non-Implementation of health and education policies (related to information and knowledge of victims to report and protect themselves)	Sexual abuse and the programmatic structures *"and again I will say poor judicial or poor ehm ehm ... I do not know how to put this now, the system, the system of government, the law on the land ..."*		
6. Consequences on victims	Death, Medical, Academic Mental-psychological Socio-emotional, Behavioral Physical growth, Conjugal	Sexually abused victims and immediate, short-term and long-term sufferings *"there are many negative consequences, ... one of them is the sense of worthlessness ..."*	Consequences	Traumagenic Dynamics Model of child sexual abuse (Finkelhor and Browne, 1985)

Source: Author, 2018

6.2.1. Thematic Nucleus 1: The child victim of sexual abuse and their individual vulnerability: *"they are innocent"*

The first thematic nucleus - the child victim of sexual abuse and their individual vulnerability - narrates the characteristics of a child, including the ability, capacity, experience and history as a source of vulnerability as perceived by healthcare professionals. It is described under 5 categories of age, innocence and trust, lack of information, personality and early development. Its registered unit is individual vulnerability of a child victim and aggressor and was conceptualized theoretically under ecological model and vulnerability theory.

The professional healthcare providers revealed that the identity of a child is of most importance in understanding and dealing with the exposure factors of sexual abuse among children and adolescents. This identity varies from one child to another, and it includes age factor which was commonly identified and biologically related factors such as personality of the child was also identified by the respondents in this study.

The age of a child is one of the determinant factors of child and adolescent sexual abuse. Group of people that are below 18 years are generally categorized as either a child or an adolescent according to world health organization and the Nigerian Child Right Act, 2003 (WHO, 2013a; TOYO, 2006). At this early period of life, these children are known to have a very poor understanding of situations because they are still growing; their brains are not well developed to correctly process all activities around them, and because of this poor understanding and processing skills, there is high probability of not being able to discern and defend themselves during an abusive situation or reporting an abusive circumstance to necessary people and institutions who could render help.

Participant D4-fd, a female medical doctor, identified most victims that were reported at the medical unit as small (young) children whom were taken advantage of because they are a minority group having little or no capacity to defend themselves when approached sexually. Likewise, participant D8-md, a male medical doctor, reported that children's low capacity in reporting because of their poor understanding of what sexual abuse is, it's impact on their personality and criminality nature in the society.

> *"it's just has to do with the fact that... ok, this people are small, they can't probably defend themselves and ehm.... somebody just takes advantage of that" ... (D4-fd)*
>
> *"that they are less likely to report... ehm to report the perpetrator, the fact that children don't really understand what is going on, the fact that they are been sexually assaulted" .... (D8-md)*

This finding corroborates studies that investigated the demographic pattern of child victim of sexual abuse (ABDULKADIR et al., 2011; BUGAJE; OGUNRINDE; FARUK, 2012; IGE; FAWOLE, 2012; TRINDADE et al., 2014). The main vulnerability factor as related to the victim was identified as age. Also, in support of this finding are studies that reported association of child's age to the occurrence of violence including sexual and physical violence (HILLIS et al., 2016). While some reported conflicting results on the association between the victim's age and sexual abuse experienced b children and adolescents (MEINCK et al., 2015), SNYDER (2010) affirmed that more than half of the juvenile victims were under 12 years; however, the largest proportion of the sexual assault victims were age 14. Nevertheless, at age 4, the risk of being a victim of forcible sexual abuse was reported to be the highest. Also, the age profile of sexual assault victims was reported to be varied with the nature of the crime (SNYDER, 2010).

The reason for this situation among children in Nigeria may be because of their low level of understanding of human relation, inability to identify sexual abuse red flags "signs" as well as

low decision-making skills. Furthermore, the children in this age group are characterized with innocence and trust which was confirmed by the professional healthcare providers who participated in this study. The high level of innocence and easy trust skills exhibited by the victims may be associated with their unconsciousness of activities around them. The young child victim is innocent and may never feel the guilt of an assault if it happens just once in a life time, but when an assault happens over a long period of time and at different occasions, victims may then comprehend it as an assault. A child's ability to trust bothers around people's reliability, show of affection and generosity in terms of gifts, making them to easily put their faith and trust in people. Participants narrate the characteristics of the victims below;

> *"They are innocent, (innocence in what sense?) if you look at their age range, they feel free with anybody, you won't believe that "Uncle Tunji" that I have been playing with can do this, Uncle Tunji that is my brother's friend", out of their innocence, feel free to Uncle Tunji's room, sit down and do whatever they want to do and even when Uncle Tunji starts, they might not know where Uncle Tunji is going. Most of them don't know, they don't even think around that area" ... D11-fc*

> *"So most of the time, most children fall prey to known faces especially when they show a gesture that brings them close making them feel that oh this is a trusted person, and unfortunately by the time a child takes a step further, the child suddenly discover that no, this is not a friend actually. and most of them don't know how to even handle it and the sexual assault continues until maybe something happens that brought the whole thing into" D6-fd*

> *"Now The truth is that a perpetrator most of the time, most of the, more than if I will look at it, more than 70 - 80 % of time are people known to these children. Before you see a perpetrator that is a stranger, if I will look at all the data we have in Mirabel center, the ones from strangers are maybe less than 30%, most of them are family members, neighbors, people that are known to those children, and so you know children generally, they can fall in love with anybody especially when you show them a little care or you show them a little attention"..... D6-fd*

Innocence and trust identified by the respondents as a vulnerable factor was related to the immature sexual nature, sexual naivety, low decision-making skills and sexual consent incapability possessed by these young children.

In previous studies on child sexual abuse, much attention was put on victim's age in determining the credibility and blame attributions for an offence. Victim's age was reported to be significantly relevant in determining who is accountable for child sexual abuse; here, perpetrator's culpability is higher among younger children than older children (adolescents). This implies that younger children are likely not to be blamed or faulted in sexual abuse cases because of their low sexual maturity level than older children (adolescents) who are teenagers and are already in their puberty stage (ROGERS; JOSEY; DAVIES, 2007). In the same view, participant's information, based on their perceptions of victims was consistent with reports where incapability of sexual consent and lack of sexual maturity are found in younger children, while older children (adolescents) are believed to be physically better in defending themselves and probably be blamed for sexual abuse (JÚNIOR, 2006). In addition, studies examining internet/online child molestation also confirm this ascertains, as they suggested that children who are naïve and inexperienced are often vulnerable to online child molestations (BOSS, 2007; MANOLATOS, 2007).

However, the study of Wolak et al. (2010) disagreed that innocence plays a role in exposing a child to sexual abuse but agreed that immaturity, inexperience and impulsiveness in responding and exploring sexual urges may play an important role in victimization. Maturity and experience gained from biological changes in the body, psychological and cognitive changes, social changes experienced during puberty can determine sexual debut and culpability of sexual abuse (MEINCK et al., 2015; MURPHY, 2017).

This finding, differentiating older children from young children could be because older children may have access to substantial information about personal self, body's functionality and most especially their body's reproductive system. The presence of biological changes in the body

such as puberty and menarche, and social influences which includes relationship with parents, family members and peer groups at early puberty stages may make older children to understand what sexuality is, its importance and dangers. At this age (older children), parents and caregivers discuss sexual related issues with their children to avoid sexual criminality among boys and unwanted pregnancies among girls, while experiences shared with friends or peer groups increases their sexual maturity. Data gathered from this study also reported absence of valuable information that can improve their decision making in abusive situations is a risk factor to many victims. This factor may not be too significant to young children who are below 3 years as described in previous paragraph but is significant to older children whose levels of understanding are already developing. Often, Nigerian children are denied right to information due to the traditionally conservative nature of our society such as the cultural believe that children may be too young for some sensitive information like sex education and thus do not need such information at certain age. Educational level, exposure and communication skills of family, close relations and caregivers may also reduce the amount of information provided to them, which may later make them vulnerable to a sexual assault as opined by the participants.

> *"Of course, ehm… especially for children usually, let me say from age 3 and above. I believe that if they have a better knowledge about sex education, probably it will help and erm… but or a child 3month, 1 year…. It doesn't really make any difference. In fact, for those children, we've seen some that they grew up to become perpetrators themselves because they never knew it was wrong, it was probably those that live in their house and has been doing that since they were 6month and it continues since the child was 3 or 4, and he didn't even know this thing was wrong until maybe he started practicing on other children"… D6-fd*

> *"they have poor communication with their kids so there is no time to talk to them about anything even if their kids ask question, generally in Africa, in Nigeria most parents don't communicate with their kids but I think its worst of among the illiterate but the illiterate, it is just this cultural thing that they grew up with whereby they even believe that you are not supposed to ask your parents questions, not to talk of how to ask sexual questions, you are not supposed to discuss anything. so, even when some of these children are going through some of these abuses, they don't even have anyone to talk to*

> *because parents don't give avenue to any of such conversation. so, I say they are uneducated because their children tend to be the victim of abuse because they just go in the morning, come back in the night and there is no even forum where they talk and if at all they want to talk, I don't think they want to discuss anything as relate to sexual education"... D2-md*

Corroborating individual risk factor of child and adolescent sexual abuse victims, research findings stated that lack of information on the part of the victims may expose them to sexual abuse. This result is in line with the findings of Finkelhor (2010) that stated that children who received inadequate sex education may be easily manipulated by potential perpetrators. In same view, cultural environment believe that suppresses sexuality discussion significantly influence child and adolescent sexual abuse occurrence and revictimization as well as affecting disclosure by victims (FONTES; PLUMMER, 2010).

Personality of the children was also identified by participant D2-md as a risk factor by the respondents. This kind of personality is mostly of the extreme, either the very extroverted kind of person who is generally very outspoken and very energetic or a very introverted child who is generally quiet and keeps secret.

> *"And also, the… I will describe this... the .... you know we have these kids who are very outspoken, who does, who are very energetic, maybe I should call their... who are sanguine in terms of temperament, who are just all over, they can jump, they can do everything, sometimes you see these perpetrators see them as people who wants to be touched, have seen a lady told me that the way I play everything, some people thought I want sex and the next thing they are... ah, I thought the way you are doing, I thought you wanted sex and she will say ah No, this is just me. The ladies that are really reserved, sometimes people don't want to go for them but she, you see her she is always jumping on peoples laps, if you see uncle, she is always jumping and you see the one that nobody is even questioning her and she is just innocent, she doesn't know anything and most of these people, the next thing they will tell her is the way you are doing, we thought you wanted it and she will say "wanted what, I don't know what you are trying to do to me". So, i would say to some extent, such category of children, the ones that grow fast, the ones that are big, the ones that are very outspoken, who plays, who are very... very...*

such ones I think to some extent, they tend to be more abused and like I said, even the ones that doesn't speak too, whoever wants to abuse still abuse them"... D2-md

Early development of some children especially those who are girls may expose them to perpetrators. Children grow differently, when some are dealing with underdevelopment, others may be facing rapid growth which might make them a point of attraction to child sexual offenders. Healthcare professional, D5-fd emphasized on this early growth and development in children as an influencing factor that may attract sex abuse perpetrators to children.

"My daughter is just four, she is beginning to bring out the seed of her breast, maybe because of ..... maybe she is getting fat and all of that, so I understand but .... you know we have pedophiles around, those are the things they look out for. In fact, if you look at my daughter.....she has a bum and then am seeing seeds coming and all of that..... so you know..... There is so many men that are pedophiles..... just seeing that, that is what turns them" D5-fd

"let's even forget about the pedophile, a..... a teenager, a male teenager carrying her.... that of course, they have hormones flowing in them, they can explore..... either way.... in fact, I don't..... in fact, no male comes to visit my house and sleeps over.... yes, ... I have two girls, I have to protect them [ok....ok...smiles] so..... so"... D5-fd

We perceive the same understanding in the discussion of professional healthcare provider D2-md below.

"oh, yeah, sometimes you know the children that are on the big side tends to be more abused, in short, most of my survivors who are on the big side told me, in fact one of them was telling me that I have always being big from childhood, so every man, every person that comes around easily sees her and you see the small ones who are tiny, people don't reckon with them so you see a 9, 6, 7 year old who is already big, some of them are already having little burden of breast tend to be more sexually abused, so I won't call it pre-causal puberty, they just tend grow, nutritional value, grow faster, so the bigger ones even though their age they are still young but they are tend to be more abused"... D2 – md

This perception of early development and personality as a vulnerability factor was supported by the findings that stated that culpability of perpetrator was judged by the victimization of an attractive girl in first time abusive cases than in revictimization cases (ROGERS; JOSEY; DAVIES, 2007). In same view, children who are matured and are physically developed possess higher risk of being sexually abuse as well as older adolescents with well-developed body features are at higher risk of being a rape victim (WURTELE; KENNY, 2011).

A community survey of child sexual abuse in relation to life history, social and family background was carried out in comparison between victims and non - victims of child sexual abuse. It was reported that earlier reproductive behavior debut was conspicuously identified among victims who experienced child sexual abuse (VIGIL; GEARY; BYRD-CRAVEN, 2005). Likewise, presence of behavioral problems, disorder, adiposity and disabilities may endanger children to sexual risk (WHO, 2013b). In contrary to this findings, individual characteristics and its relation to child sexual abusewas described as non-associable; although, the result was described inconclusive by the author because of its generalized nature to analyzing children's characteristics rather than individual child (RAMÍREZ; PINZÓN-RONDÓN; BOTERO, 2011).

While older children (adolescents) were earlier suggested to possess more quality information and better understanding of sexual abuse than younger children because of biological and physical changes in body, which make parents and caregivers educate them sexually to avoid unwanted teenage pregnancies and sexual criminality, these changes in body features may also make them a target to sexual abuse perpetrators. In same context, individual victim's factors were associated with the theoretical frameworks of ecological model and vulnerability theory of violence adopted for this study. In exploration of the first thematic nuclei, victim's identity, i.e., the chronological age factor of children characterized with innocence and

trust, body features, psychological changes, cognitive changes, biological changes and social changes due to development, personality and availability of sexuality information are important factors identified in managing, understanding the effect and preventing child and adolescent sexual abuse in our society as emphasized by this study result.

6.2.2. Thematic Nucleus 2: sexual abuse and its relation to perpetrator: *"some people are really sick in their mind"*

The second thematic nucleus - sexual abuse and its relation to perpetrator - discusses the characteristics of perpetrators of sexual abuse as a vulnerability factor of child and adolescent sexual abuse. This thematic nucleus is categorized into three namely past abuse experience, unemployment and cheap work force. Its registered unit is also individual vulnerability of child victim and aggressor; and was conceptualized theoretically under ecological model and vulnerability theory.

Perpetrators of both intrafamilial (incest) or extrafamilial (pedophilia) sexual abuse are people that have been reported to have been through some forms of sexual victimization in the past and often have high tendency to replicate same personal experience on others. The effectiveness of the past sexual experience by perpetrators was associated with health, economic and societal factors. Healthcare professionals that participated in the study disclosed that lack of medical and psychological assistance by professionals and family members in improving victim's health challenges may significantly increase the effect of their childhood sexual abuse. In some situation, some victims had the opportunity to live with people who perpetrate sexual abuse on others and from these people, they learn the abusive behavior, and grow up with the

believe that the kind of sexual act they experienced or saw others doing is a norm within the society. The interrelation of the unconscious and conscious forces (mental, emotional and behavioral) determines their motivation towards an abuse and forms their personality.

Respondents D1-fc and D12-fn in similar manner identified perpetrators who had similar sexual abuse experience, who grew up to becoming an offender themselves, probably due to lack of support services, making the behavior grow into their sub-consciousness.

> *"in our society,... well, I will just say most of the time psychologically, most perpetrators have been abused at a time ..... because they have been abused so in expense it's like a fore-running, so these are people that have been abused while they were growing and there was no psycho-social support of any kind because in the environment, people are still trying to accept the benefit of psychological effort of counselors, they feel we are excellent, we can deal with it, so now not even addressing those issue repressing them, they come out as to express themselves in this kind of abusing a vulnerable children" ...D1-fc*

A similar view was also reported by D12-fn

> *"Most times, it's usually the perpetrators mindset and if you really look at the perpetrators, some of them, they have been abused while growing up and they never got to leave that phase of abuse, they've never got someone to help them out. So, in their mind, it doesn't seem that something is wrong with them. So, they have tendency of doing it and because they didn't explore it with anybody… so, they didn't even know if it is wrong or right. They just basically do whatever they want to do and some of them … some are pedophiles basically… they are attracted to children but some people will tell you that it is their sexual orientation but for me sometimes I don't see why they are attracted to a child but to some people, they are like that"… D12-fn*

In support of perpetrators sexual personality being shaped by past sexual abuse experiences and unavailability of medical and/or psychological assistance in healing them, studies (VIZARD, 2013; LEWIS et al., 2016) concluded that a victim of either pedophilia and incest form of sexual abuse has the tendency of being a perpetrator, as the result showed that all

reported victims of child sexual abuse later perpetrated the act. The study further suggested that, although pedophilia victims have higher potential of sexual aggression than incest victims, but experience of both may have more powerful effect on potential perpetrator. In addition, studies also showed that adult men who were previously exposed to child sexual abuse, but never had any support in healing may show tendency to be forceful in their sexual relationships and may perpetrate sexual abuse with victims of younger age group (VIZARD, 2013; WIDOM; CZAJA; DUTTON, 2014; VAILLANCOURT-MOREL et al., 2015).

Childhood experience of sexual abuse may also increase the risk of adulthood criminal behaviors like sex crimes, prostitutions and juvenile runaway. Published work on child sexual abuse supported the perception of the participants of this study that the experience can lead to not only a victims-perpetrator cycle, but can also increase victim's sexual promiscuity, sexual dissatisfaction and homosexuality (PAOLUCCI; GENUIS; VIOLATO, 2001; VIZARD, 2013; WIDOM; CZAJA; DUTTON, 2014).

In this current study, the perception of healthcare professionals on child and adolescent sexual abuse was also consistent with characteristics of child sexual perpetrators who were once victims of child sexual abuse (LEWIS *et al.*, 2016). The study reported that psychosexual difficulties, sexual preoccupation, dysfunctions and high level of deviant-offence related attitudes were significantly identified among child molesters who were once victimized sexually (LEWIS et al., 2016). Furthermore, the finding from the current study was also supported by the evidence that sexual perpetrators unlike non-perpetrators have more tendency to respond to stress by perpetrating sexual acts and fantasies (CORTONI & MARSHALL, 2001; WIDOM; CZAJA; DUTTON, 2014; VAILLANCOURT-MOREL et al., 2015). While sexual abuse experienced during childhood may not singly increase the risk of delinquency and criminal sexual behaviors

in adulthood, however, its association with other psychological and emotional stressors like trauma, neglect and other abuse from early childhood experiences, in addition to societal response to such experiences often increase the risk of delinquency and tendency to commit sexual crimes in adulthood (JEWKES et al., 2006; WIDOM; CZAJA; DUTTON, 2014).

Asides childhood sexual violence experienced by perpetrators, participants D9-fd also admitted to social influencing factors like peer group influence, social networking among friends and their social lifestyles as factors that may incentivize sexual perpetrators to commit sexual assault.

> *"yes, they watch all this kind of cartoons, they get their information from these cartoons, some, all this pictograph they see around, some it could be their neighbor, probably they've watched a movie, maybe their parents are watching a movie and forgetting that a child is beside them and they watch it together and some it could be that they saw their parents doing it. Like a case we saw, the boy said that his mother use to dress nakedly in front of him and the mother didn't see it has something bad and when the child was unable to see his mother's nakedness, then if other are bathing he went to look from the hole"... D9-fd*

The economic status of an individual may also increase the possibility of shaping a person to becoming a perpetrator, as perpetrators often see their victims as a form of cheap labor to satisfy their sexual pleasure. In this scenario, perpetrators may spend meager resources on innocent children as opposed to higher charges by professional sex workers for their sexual satisfaction. In like manner, a jobless and low economic status perpetrator may attempt of perform sexual abuse on children within their vicinity, and especially when such children are put under their watch, Petersen, Bhana and Mckay, (2005) also identified that economic factor - poverty - may influence sexual abuse perpetrators. The study showed a trend of affective anger and rape supportive attitudes among male sexual abuse perpetrators whose advances towards

adult ladies were rejected due to their financial status. In addition, socio-economic related factors such as unemployment, desire for cheap sex labor and peer group may influence perpetration of child sexual abuse (UNFPA, 2010; MAINA, 2014; MCCRANN, 2017). Peer-related variables like peer pressure to have sex and gang membership are often associated with non-consensual sexual offences among middle age men (JEWKES et al., 2006). While it was stated that the desire for cheap sexual labor by perpetrators may be linked to child and adolescent sexual abuse, most non-consensual sexual abuse was reported to be common among wealthier and socially advantaged men (JEWKES et al., 2006). The differences in socio-economic status of sexual abuse perpetrators were explained by the focus of each study; studies that significantly linked socio-economic status such as unemployment and cheap labor idea to factors influencing sexual abuse perpetrators were related to child and adolescent sexual abuse while studies that show no significant influence of socio-economic status were related to rape. Rape perpetration is more coerced in nature, has no age limit and always involve vagina penetration while child and adolescent sexual abuse is limited by age and may or may not involve vagina penetration. In the case of Nigeria, socio-economic status was perceived by participant as an important sexual violence vulnerability factor, with reports showing child sexual offenders mostly come from a low socio-economic background. This may not reflect the assertion that sexual violence is common within the wealthier and socially advantaged individuals, probably due to social injustice in Nigeria that may allow wealthier sex offenders to buy their way through the weak judicial system, guaranteeing that their sex offence cases does not see the light of the day.

Other factors associated with child sexual perpetrator's identity are environmental settings and lifestyle by participants. Environmental settings include situations in which different nuclear families live together under the same roof as a big extended family. Potential

perpetrators may use the opportunity of this living condition popularly known as “face me I face you” in Nigeria to perpetrate sexual act on minors in the same building.

> *“personally, I don’t see it that way. I just see that man does not…. I see it has the man feels that if I use this girl I won’t pay her unlike any other adult that if I have to use I will give something. So, he could see it has opportunity that this one will not cost me anything. That is the way I see it”… D9-fd*

> *“apart from their appearances, most of them... when you have overcrowded.... all this joblessness among the people they are living with, they are..... that is another factor that can make them to be .... I mean, unemployed youth for example” … D3-md*

> *“Now obviously in the media, the way sex has been over-amped, the label that has been placed on sex and sexual immorality has been over-amped which can also have effect on perpetrators, things they watch up to the music they are being played. Just over the weekend, I was talking to a couple of friends about the lyrics and almost ... this also have effect, negative effect” … D1-fc*

6.2.3. Thematic Nucleus 3: the intrafamily vulnerabilities and sexually abused victims: *"there is a problem with the structure of the Family"*

The third thematic nucleus - the intrafamily vulnerabilities and sexually abused children - presented the common attributes of the immediate close relations of victims that serve as a source of vulnerability. This was divided into 5 categories namely dysfunctional family, parental neglect, parent-child conflict, lack of care and lack of communication. The registered unit is collective vulnerability and it was conceptualized theoretically under ecological model and vulnerability theory.

Dysfunctional family is one of the major factors identified by professional healthcare providers. The presence of violence or conflict between partners can impact their affections toward their children and can significantly expose them to sexual violence. Often time, sexual violence exposed to by these children may be inflicted by one of their parents or step-parent who may not be psychologically balanced due to lack of affections or abandonment by parent or

partner. An unsettled home may be at risk of incest CSA occurrence, because aside a psychologically and sexually unstable parent finding sexual solace in the poor children, parents might lose interest in their parental responsibilities and be unaware of sexual activities within their children.

Participant D7-fc responded to intrafamily vulnerability factors as parental dispute leading to mothers denying fathers of sexual affection, causing some men to experience psychological problems and thereafter abusing their children sexually in Nigeria.

> *"The predisposing factors will start from the family unit, dysfunctional family, family where by the parents are not settled, they are not together… It could be an unstable father who might have psychological issues, maybe the mother, the wife is starving the man of affection and then before you know it the man may not be psychologically stable or emotionally stable and will begin to do it with the child or even the housemaid in the house" … D7-fc*

Dysfunctional family, presence of domestic violence and parental impairment have been attached to exposure to health and psychological problems, and as well as child and adolescent sexual abuse risk factor (WHO, 2013b; NLEWEM & AMODU, 2017). This study's result was consistent with the outcome of report on domestic violence and mental health problems experienced by adult may result in social consequences for their children in which parents' capacity to meet their children's need may be affected, it may permit children's exposure to unsafe adult and criminal lifestyle, and as well, it may more negative psychologically effect on children (CLEAVER; UNELL; ALDGATE, 2011; ROSSMAN; HUGHES; ROSENBERG, 2013).

A study on the role of parent-child interaction on CSA revealed intimate partner violence as an exposure factor to child and adolescent sexual abuse (RAMÍREZ; PINZÓN-RONDÓN; BOTERO, 2011). Interestingly, parental affection which could be interpreted differently

(affection of loving parent protecting and preventing their children from abuse or affection of an abusive parent to perpetrating sexual abuse on their child) failed to predict child and adolescent sexual abuse due to the conflicting interpretations.

Holt, Buckley e Whelan (2008) reported an increased risk of sexual abuse, other forms of abuse and behavioral problems among children and adolescents exposed to domestic violence. This includes the direct observation of physical abuse, verbal abuse, emotional abuse or sexual abuse of either of the parents by their children, indirect observation like overhearing arguments and/or seeing bruises on the body of one parent because of violence and destroyed properties in the house. Good parenting skill is often compromised when both parents experience marital difficulties, their parenting capacity on the child may be impacted negatively, and the child may be easily subjected to a more serious abuse especially sexual abuse (PETERSEN; BHANA; MCKAY, 2005; HOLT; BUCKLEY; WHELAN, 2008; FINKELHOR et al., 2011). Their developmental perspective and personal ability may be jeopardized, which may affect their reasoning and decision-making skills in the presence of an abusive situation (HOLT; BUCKLEY; WHELAN, 2008).

Participants narrated the effect of parental neglect on increased occurrence of child and adolescent sexual abuse. Parental neglect was viewed as neglect due to parents' separation caused by parents' incompatibility or busy schedules caused by socio-economic status of the family.

> *"the family structure in some of them, although I don't really have statistics, but we've seen that there is a problem with the family structure and we have some numbers where there is a separation between the parents, so the child is actually living with a guardian or some relatives. Of course, we know that the level of care may not be the same as if you have a family" ... D8-md*

> *"Most times, when you know the way Lagos is right now… everybody is busy, parent not having time for the children" … D12-fn*

Parent's carelessness and non-listening habit of parents are forms of neglect that does not only occur among those with low social economic status, but also among the rich people as narrated by participants.

> *"they are very rich, her mom gave them everything apart from attention, apart from being there to know what is happening and once she told me that one day she is going to tell her mom how a failure she was as a mother" … D2-md*

> *"Perhaps, maybe the parents are the working class and they will never have time to talk to them, they will never have to know what they know, give them listening ears, they just feel that they have been given money..... so everything is already provided in the house, there is car, there is driver and at the end of the day, they still need more to learn about life and when they now get into the midst of their peer group, some that are already exposed, sexually exposed, they get influenced"… D3-md*

> *"Yeah! that also from the experience we've had, like I said exposure also I have seen a situation whereby ..... the lowest I have examined is a ..... an infant of 9months or there about, 9-10months or so who was already defiled and in the cause of clacking, I tried to probe who was the perpetrator..... lo and behold, the perpetrator happened to be a 5year old boy and the question is "what did he use" he was caught probing his fingers forcefully into the little girl's vagina which led to laceration and subsequently bleeding. The question now is "how come" what does this little boy understand about the vagina or the anus because he probed into the vagina and he was caught probing into the anus and such a child.... that has not been his first experience..... it must have been just another one, so what caused that? This still boils down to parental care, the people that the child is exposed to"… D3-md*

Absentee parents due to career schedules or family separation endangers a child's life and may expose them to sexual abuse. This result is supported by previous studies on risk factors of child sexual abuse (MADU ; PELTZER, 2000; PETERSEN; BHANA; MCKAY, 2005; SIMON; FEIRING; CLELAND, 2016; NLEWEM ; AMODU, 2017). In the same view, the lack of a father figure in a child's life and absence of parental and economic support are significantly

associated with sexual abuse among children and adolescents (VIGIL; GEARY; BYRD-CRAVEN, 2005). In assertion of this findings, Madu and Peltzer (2001) explained that high prevalence rate of child sexual abuse was caused by the family characteristics and environmental characteristics of their participants. Children in the area are mostly left alone or with other family relatives during week days because their parents are migrant workers that work far away from their home.

Neglect by parent can be of different form including emotional neglect, physical neglect and other situations subjecting the children to make decisions on their own without the support from their parents. Many studies have shown a significant association between parental neglect and different adverse childhood experiences (NEIGH; GILLESPIE; NEMEROFF, 2009; FELITTI et al., 2019). Furthermore, early life abusive experiences and neglect are associated with neurological and cognitive consequences in affected children (NEIGH; GILLESPIE; NEMEROFF, 2009). Thus, a child whose brain development has been affected negatively may lack the ability to make right decisions in a sexually abusive situation and may end up being a victim.

Strong evidence from studies showed that adverse childhood experiences are interrelated. Ten adverse childhood experiences that has been analyzed include childhood abuse (emotional, physical and sexual), neglect (emotional and physical), witnessing domestic violence, parental marital discord, living with substance abusing household member, criminal household members and mentally ill household member. Reports shows that the presence of one of these experiences may significantly increase the occurrence of at least one or more other forms of adverse childhood experience (DONG et al., 2004; COOK et al., 2017).

Parental neglect and poor parental monitoring were also reported to render children vulnerable to sexual abuse and increasing child's violent behavior of perpetrating sexual abuse in others (PETERSEN; BHANA; MCKAY, 2005). Parent-child conflict was revealed as a risk factor of child and adolescent sexual abuse. This was reported to be common among older children or teenagers who have some understanding of their identity and want to be independent. In this case, older children are characterized with lack of trust and believe, as parents seem to be far away from their child's activities.

Participants narrated that changes in behavior of older children who are approaching adolescence may affect their relationship with their parents, as they often portray an uncontrolled behavior that conflict with parents' responsibility.

> *"when they are approaching that adolescent age and then the hormones are being produced, the opposite sex... you know..... are attracted to them and all that. If they are not getting a lot of parental love from home, chances are they fall vulnerable into voice of the opposite sex and want to experiment with them because they think that those ones are their best friends because a lot of parental child conflict during adolescent period, the child's ego consciousness is developing and the child will see himself as "man....you know, this is me, am beautiful" I now have this and during puberty stage, this is the psychological symptoms that accompany adolescent and the parent can't believe that is it not the child i used to call by her name and today, she will now be answering me and putting up attitude , so the parent don't want to believe that this child is going to become an independent personality, to have a mind of her own, they don't have tolerance, they still want to pull that child back under their apron with that strict, they must attend to... so there is friction"... D7-fc*

> *"erm… her family background, she lives with her parent but like there is …. This closeness is not in the family, what is expected to be in a family is not really there. She said her daddy said she purposely slept with the man, so her parents didn't believe her and she said she was thinking of committing suicide, things her things like that"…. D14-fn*

This result is supported by findings that higher levels of parent-child conflict correlates with both behavioral and psychological components of reproductive debut i.e. earlier age at first

sexual intercourse and age at first desire to have a child (VIGIL; GEARY; BYRD-CRAVEN, 2005). However, absence of conflict between parent and child improves family support, parental connectedness, communication and care which were identified as a protective factor for child and adolescent sexual abuse, and the absence of these factors may endanger older children and make them vulnerable to sexual abuse.

Differences in a parent and child's interest may lead to unhealthy relationship between parents and their children. This may create distance between them, thereby forming a great vacuum in the life of a child. This absence of parent-child interaction - lack of good parental care and parent's communication skills - may affect parent's knowledge of their child. Studies have shown that parent-child interaction, especially in relation to parental communication and parenting style were found to be a strong protection factor against child and adolescent sexual abuse (ZIELINSKI; BRADSHAW, 2006; RAMÍREZ; PINZÓN-RONDÓN; BOTERO, 2011). To elaborate this, study participant D12-fn highlighted other intra-family factors that may increase child and adolescent sexual abuse in the society as lack of care and communication. Although, apart from dysfunctional family settings, parental neglect and parent-child conflict that can affect communication and care among family members, parents' communication skills can also affect their presentation to the children.

> *"and most times communication is almost very important and most of the Nigerian parents don't know how to communicate well with their children, so it's a lot difficult to even find out. Just very few that communicate ethics" ... D12-fn*

Good listening and responsive skills by parents, and the presence of quality information for a child increases good personality qualities in tackling life issues and helps parents to identify

potential risk of sexual abuse in children before it materializes (CHEN et al., 2007; RAMÍREZ; PINZÓN-RONDÓN; BOTERO, 2011).

In addition, parent's education and economic status can improve their style of communication with their child. This was asserted by the report that maternal age and occupation were associated with child and adolescent sexual abuse reports. Here, older women and unemployed women are less likely to report the act unlike employed and young women who possess high reporting skills (RAMÍREZ; PINZÓN-RONDÓN; BOTERO, 2011). While many parents engage their children in key communications involving strangers but specific communications focusing on sexual abuse and the possibility of its occurrence within the household or by familiar people are mostly avoided and sometimes parents lack a deep understanding of CSA and the importance of such communications (TANG; YAN, 2004; CHEN; DUNNE; HAN, 2007).

A continuous critic and chastise of children common amidst most Nigerian parents can affect the child's personality such as having low self-esteem and self-worth, and it can expose them to more sexual abusive situations.

> *"A child that is over-criticized, that is over-chastised when he or she is growing up may not have self-esteem which is another predisposing factor, now when you lack self-esteem, by the time you begin to hear from outside that you are confidence, this and that, this person is my friend, my parents are always criticizing me, so basically for children, we still trace it back to the family unit"... D7-fc*

In support of this findings, inadequate social skills such as low self-esteem, low self-efficacy, lack of assertiveness were identified as an influencing factor to falling victim of sexual abuse among girls and perpetrating sexual act among boys (PETERSEN; BHANA; MCKAY, 2005).

As shown in this current study, intrafamily relationship has a strong tide to child's sexual experience. All the factors listed in this thematic nucleus are interconnected with one another, the presence of one often increases the chance of the other. Healthy relationship between both mother and father may help to improve their contributory social interaction with their child, improve communication and care, as well as diminishes family conflicts. Hygienic family atmosphere which preaches love and violent-free relationship within family cycle reduces sexual abusive behaviors and improves disclosure.

6.2.4. Thematic Nucleus 4: Indissociability between sexual abuse and socio-economic vulnerability factors: *"sexual abuse is predominant where people have low living conditions"*

The fourth thematic nucleus - indissociability between sexual abuse and socio-economic vulnerability factors - identifies socio-economic related factors that are attached to CSA. This thematic nucleus is discussed under 5 categories grouped into low socio-economic status, low parental education, culture, religion and peer group, its registered unit is collective vulnerability and was conceptualized theoretically under ecological model and vulnerability theory.

This aspect of the result discusses important human interactions that involve extra familial relationships. These are socially, economically, culturally and religiously related and all have a way of exposing children to sexual abuse. The first vulnerability factor identified by study participants in this nucleus is socio-economic status of their clients. Socio-economic status is a combined measure of economic and sociological level of an individual and it includes their income, education status and occupation.

Thirteen participants identified that socio-economic status contributes to child and adolescent sexual abuse, while only one did not support the idea, but strongly attributed the occurrence of sexual to perpetrator's characteristics and personality alone. The socioeconomic element emphasized was low family income, as majority of clients are from poor family background, and mostly fell prey of sexual abuse while in the process of seeking financial assistance or shelter from relatives and neighbors. Participants D1-fc and D8-md narrated that children from poverty striking family, whose parents cannot provide all their necessary needs may be vulnerable to and experience CSA.

> *"but what could you say of a child whose parent cannot afford to pay her school fees and was asked to stay with an uncle or a family member and the uncle keeps threatening her that I wouldn't pay your school fees unless you do this unless you do that and so the uncle constantly rape her because she wants to go to school and the uncle want to rape her or sleep with her continually so what fault, I mean what has the girl done to deserve such an act"... D1-fc*

> *"Also, there is been a current restructure in terms of poverty, you have erm….. one family that has large number of children, very low socio-economic status, so they have difficulty providing for the children. So that can be a means of opportunity for perpetrators to be able to offer the children things that we might not take as being very significant but for the child, the child that is deprived of things like biscuit and so that could be the problem and then people have this communal living structure, family structure where one person even though is not a family member or someone that stays within the environment takes up the role of a guardian and stay with so many children and uses that opportunity to be able to abuse this children under disguise of taking care of them. Those are the problems" ... D8-md*

Child and/or adolescent sexual abuse was observed to be common in low cost of living areas or a slum commonly called "face me and face you" houses in Nigeria. People living in such houses or areas live as one big family, though they are mostly different families with unrelated origin and sometimes from different part of the country. They however live under the same roof because of their financial capacity and mostly share everything together including toilet,

bathroom, kitchen and corridor, except for only their bedrooms. Furthermore, it is also common that a family including the father, mother and their children all live and sleep in a single room, in which situation, children learn sexual behaviors from their parent who may not have a choice than to engage in sexual act in the presence of these children. And with this experience, a perpetrator may easily convince the child because of the child's curiosity to experiment what he/she have seen from parents.

> *"Of course, the truth about it is that we can talk of low socio-economic background (1) but it's not limited to low socio-economic background. let me come to just the low socio-economic background in that.... space, all live in one room and I have seen situations where the children sleep on the ground, the parents sleep on the bed..... of course to see mom and dad, they are doing something, the children are not sleeping, some are actually opening, peeping and they will be peeping them and they will replicate the same thing. Do you get?? Low socio-economic background being that people live in "face me I face you" apartment ..... and you notice that from that door.... you are entering..... any room you enter, you enter a room and you know kids, they wander a lot, they are restless, if I live in one room, somehow am running into the other room and they run into that room.... they see anybody that..... of course an adult which can take advantage of them while in that room, do you understand?? and mom and dad might just say "oh, you just went to see my neighbor" it is more than that".... D5-fd*

Participant D5-fd identified children with low socio-economic profile are sometimes also involved in providing for the family financially through hawking of goods and serving as house or shop helps. Many of these young children are sexually abused while on the street hawking and trying to make money for the family. Interestingly, parents in this category mostly spend their time seeking financial means to bring food to the table, leaving these children unattended to and with no time to discuss what their children have been through all day long.

> *"Then again.... yes, children that hawks, they are all prone to all these kinds of things because somebody calling them to say... "come and I want to buy something", oh, come inside and they lure them" ... D5-fd*

Petersen, Bhana and Mckay (2005) reported a corroborating idea through an ethnographic study which revealed the direct role of poverty in increasing a child's vulnerability to sexual abuse. Likewise, several other studies identified low income status of unemployed and single parents may contribute to vulnerability of a child to sexual abuse (BODEN; HORWOOD; FERGUSSON, 2007; BREZO et al., 2008; PETER, 2009). The urge for financial satisfaction by a child can also make perpetrators trick them into sexual relation, which may later be metamorphosize to a transactional sexual relation. Interestingly, some parents may keep mute of about this abuse when it is beneficial to them, as they see it as relieving them of their household financial expenses.

While socio-economic status has been linked to sexual abuse vulnerability, some studies reported family income and poverty not to be significantly related to child and adolescent sexual abuse (PUTNAM, 2003). They stated that low socio-economic status has much less impact on child and adolescent sexual abuse but a powerful risk factor for physical abuse and neglect (PUTNAM, 2003; FREISTHLER; MIDANIK; GRUENEWALD, 2004). Some parents keeping mute or creating avenue for their children's abuse may not necessary signify that these parents have low socio-economic status, but ignorance may play a significant role in these scenarios. This situation may be linked to parental educational level, as most parents in within this socio-economic class are often uneducated or with low education status, school drop-outs (due to financial crisis or teenage pregnancy) and mostly unexposed. Because of this, they seem not to understand the reality of life, the discomfort signals in their child and they also lack effective communication and relationship with their children. Participant D2-md identified parent's ignorance as narrated by a client as a vulnerable source of abusive experience for children.

> *"somebody told me her story that the person that sexually abused her that it was even her mom that used to push her to that person "go and help uncle buy Suya" and Uncle is always coming to ask her to... and the mother will say don't you want to run errand for uncle and it was the mom, and each time this person goes, Uncle is always fingering her, she comes home she cannot talk to anybody, she just withdraw herself and till date she still doesn't have a courage to tell her mom that do you know you are the one pushing me to the person that was abusing me, so, such people get away and everything. So I think all of these things combine to make a girl child vulnerable"... D2-md*

As mentioned earlier, parent's low educational level may be associated with child and adolescent sexual abuse, and this has been reported in some studies on parent education being a risk factor. Paternal education was strongly linked to childhood sexual abuse (PETERSEN; BHANA; MCKAY, 2005; BREZO et al., 2008), and this finding may be because of the patriarchy system mostly practiced in the society. This societal system may often fail to prevent child and adolescent sexual abuse when the head of the family (often father or eldest male child) who makes final decision in the house lacks rightful information and educative style of protecting children against the abuse. In same view, parent education or availability of useful information about child and adolescent sexual abuse may motivate parents to communicate with their children on sexual related issues. However, some parents communicate wrong information, others may communicate little information, mostly because of general misconception of the abuse or unobservant of symptoms and/or unavailability of information on child and adolescent sexual abuse. All these has been linked to parents' educational level (DEBLINGER et al., 2010; WHO, 2013b).

Experience improves parent's understanding and can reduce chances of an abuse on a child. With experience, parents may not be completely ignorant of happenings and are always ready to efficiently tackle violent situations around their family by providing necessary and adequate information for their children at every stage of their lives and prepare them for unseen

dangers. This support the report that experience of parents with sexual abuse will determine how they educate their children (DEBLINGER et al., 2010). Parents with direct child sexual abuse experience or indirect experience (possibly happened to a person know to them) are often motivated to educate their kids than those who had no experience, either direct or indirect.

Nigeria's cultural values and practices such as male dominating beliefs and respect for older people were also identified by study participant as a possible contributing factor to child and adolescent sexual abuse vulnerability. In this view, women and children are always stereotyped to be completely dependent on the father. Thus, if a father is nurturing a hidden agenda on perpetrating sexual abuse on a child or experiencing psychological problems that could bring thoughts of sexual abuse, they may endanger the child's sexual life without the child getting justice. Also, in protecting the culture, child and adolescent sexual abuse is an abominable act and is often kept secret within family members and community, to prevent shame and stigmatization. Religiously, sexual issue may be regarded as an offence when done outside marriage; therefore, many parents and elderly ones purposely do not discuss it in other to avoid early sexual exposure to their kids. However, not communicating sexual issues due to religious beliefs could make these children fall victims, as they might not be able to handle a sexually abusive situation.

Participants did identify the culture of respect and patriarchy, religious and secrecy in the society as a factor they may contribute to child and adolescent sexual abuse vulnerability.

> *"because in our society, in our culture we advise respect. exactly, if an elder call and say do this for me, we can't easily say no, we should respect… so I mean, elders or male perpetrators use, take the advantage of that to perpetrate" … D1-fc*

> *"before women are property to men where they can do and undo, you can do whatever you like to them because men are placed over women, so we are in a patriarchal society, but I think things are changing now" … D10-fc*

> *"Then again, when it comes to sex, sexuality, anyway in Nigeria in general, parents will never want to hear, and they will never want to believe that a child…. I don't know why But it happens like that, but most times its always someone around them that they will not believe it will happen to but usually happen that way and most times communication is almost very important and most of the Nigerian parents don't know how to communicate well with their children, so it's a lot difficult to even find out. Just very few that communicate ethics" … D12-fn*

> *"we found that Nigeria is highly conservative and that is why you will see a child that is been abused yet…. our society is not harsh especially with anything that tends to expose the family structure or what we call the sacredness of the society. So, the society has not helped because (number 1) it's not giving victims voice, it's not giving victims voice and at the same time its hiring perpetrators" … D13-fn*

Patriarchy system is masculinity domination of the society which gives men the decision-making power over others. Some mothers who are aware of their child's sexual abuse experience finds it difficult to disclose them because of the fear of causing dispute between family members, especially if the abuse is caused by the father or any of the father's relative. Of major concern to most women is the fear of being sent out of their matrimonial home which is related to the idea of separation and divorce that is wrongly tagged by cultural and religious beliefs. Mothers who finds themselves in this situation are often given negative names such as being irresponsible.

This view is supported by studies on rigid patriarchy norms that makes mothers to experience intense struggle regarding family preservation, loyalty that binds the family and anxiety of being alienated, which may inhibit mothers' actions against child and adolescent sexual abuse (ALAGGIA, 2002; LOVETT, 2004). While cultural and religious factors do not only expose victims to sexual abuse, it may also encourage the continuous sexual abuse perpetration by the offender (PETERSEN; BHANA; MCKAY, 2005; WARD & BEECH, 2006; SIMON; FEIRING; CLELAND, 2016). The thirst of promoting family harmony, maintaining unity, continuity and preserving family reputations were reported among Asian American

families, with low reports of child and adolescent sexual abuse cases to necessary agencies, as these situations were often dealt with within the family system (FUTA; HSU; HANSEN, 2001). A strong conviction about forgiveness was also identified as a content of religion that makes many mothers (religious ones) not to act on resolving sexual abuse matters, as they often belief that a perpetrator might turn a new live (ALAGGIA, 2002).

The historical cultural role of children may also support occurrence and reoccurrence of child and adolescent sexual abuse. Children are mostly expected to obey, and respect commands, wishes and interests of parents and elderly ones even if not a family relation (FONTES; PLUMMER, 2010). Consistent with this is a high level of inequality in the society such as gender and age inequality as reported by WHO (2013b). This is supported by Futa, Hsu and Hansen (2001) who reported that Asian culture supports children sacrificing their feelings and interest for the good of the family. This report on culture and religion was however conflicted by other research findings that stated that cultural and religious factors can serve as both risk and protective factors (PLUMMER; NJUGUNA, 2009).

In addition, environmental and community settings or presence of violence in the community environment may increase chances of child and adolescent sexual abuse (FREISTHLER; MERRITT; LASCALA, 2006; RAMÍREZ; PINZÓN-RONDÓN; BOTERO, 2011). Freisthler (2004) reported that neighborhood with high percentage of poverty social disorganization have higher rate of child maltreatment; although, negative relationship was reported within this neighborhood population and child maltreatment.

In totality, a child's socio-economic status including family income, family educational level and parent's occupation are significant factors that can influence child and adolescent sexual abuse vulnerability. Other social contributing factors noted include cultural, environment

and religion. Nigeria is one of the countries that is known for high level of cultural and religion diversity and its conservative traditional nature was indicated as an associating factor of sexual abuse vulnerability.

6.2.5. Thematic Nucleus 5: sexual abuse and its programmatic structures: *"I will say poor judicial or poor ... … the system of government, the law of the land ..."*

The fifth thematic nucleus - sexual abuse of children and its programmatic structures - identifies weak judiciary system and non-implementation of health and education policies as the two major categories for this thematic nucleus, and its registered unit is collective vulnerability.

Theoretically, frail, disarticulated and low funding policies, low capacity of organization and participation in services, non-sensitive and ineffective health, education and judicial systems can promote sexual abuse of children in the community. This research study analyzed public services that are related to childhood sexual experiences, and professional healthcare providers who participated disclosed that the country's judicial system is very weak when it comes to dealing with sexual abuse cases. The system creates an avenue to hire more perpetrators in the society because those who once committed sexual offences often get away with the act, thereby encouraging them to do more while others learn, and act like them. Interestingly, those who are mostly affected are the poor ones because they lack financial strength to engage in legal battles, and due to high corruption levels, the rich offenders were often acquainted.

Participant D2-md disclosed that victims from rich home get adequate justice unlike victims from poor home.

> *"and again i will say poor judicial or poor ehm ehm... i don't know how to put it now, the system, the government system, the law in the land, we rarely have cases of conviction so people, perpetrators get away if they are rich, they pay their bail, it is only if a daughter of a rich man is being abused is when they get justice"... D2-md*

Also, the procedure of legal cases was identified by participant D11-fc as time consuming.

> *"Yes, it's just a long process, it takes courage, the faith of our clients will drop down at the middle of it and sometimes, you yourself, you get tired going to court today, going to court tomorrow so those ones need encouragement"... D11-fc*

This is consistent with the findings of earlier reports on justice systems. European report on child maltreatment identified weak legislation as sexual abuse exposing factor mostly found in some countries (WHO, 2013b). Child protection laws were found not to be effective because of traditional justice systems administered by community elders which often time do not favor victims (HYDER; MALIK, 2007).

In developed countries, intimidation and delay in the justice system for complainant in both institutional and society level have affected the rate of sexual violence reporting by victims and have increased sexual revictimization cases. A study conducted on the experience of child complainants of sexual abuse in criminal justice systems showed that many complainants (both children and parents) identified that the cross-examination conducted by the defence counsels are mostly damaging in nature. The cross-examination mostly involve offensive and oppressive tactics, in addition to confusion and intimidation of child victims, and long delay of trial, which makes non-supportive and non-encouraging to report sexual abuse cases (EASTWOOD, 2003). Consistent with this are other reports emphasizing on delays experienced while awaiting trial and inappropriate questioning in the courtroom that may affect children's comprehension and accuracy, making the sexual assault more traumatic for victims (CASHMORE & TRIMBOLI, 2005; COSSINS; GOODMAN-DELAHUNTY; O'BRIEN, 2009; HANNA *et al.*, 2010). In relation to the age of a child, there is also the possibility of inaccurate believe (under believe or over believe) by jurors and judges (QUAS *et al.*, 2005).

In Africa, inadequacy, intimidation and slow justice system has been linked to increase in revictimization and reduction in disclosure of sexual abuse cases. Incapability of providing effective legal response to sensitive sexual cases, inadequate legal framework and lack of trust that affect access to justice has also been identified (KISANGA et al., 2010; LIEBLING; SLEGH; RURATOTOYE, 2012). While deficiencies in the judicial system negatively affect child and adolescent sexual abuse as narrated by the participants, policies supporting medical and educational systems are also labelled inadequate and ineffective. There are government policies that support the health and educational improvement of children. These policies were designed to increase knowledge of violence, illnesses and diseases prevention in the society; however, they lack implementation which is often a result of corruption and bad leadership in the country.

Participant D13–fn described poor policy implementations that are financially related as factors affecting child and adolescent sexual abuse.

> *"Nigeria, Lagos have policies, excellent, beautiful policies. Yes, but the implementation is the problem and implementation needs funding… for the private sectors and for the public sectors because the public sector, the way Nigerian public sector is meant to function, there will be no place for abuse on its own. It's usually more of a social service so they can only see the social-service, what about the health part and this sexual abuse case is a sensitive case, so their evidences are crucial, so, if you go to a center where they call a safe space and it's not a one-stop shop, there is a problem… so I think the government can have a one-stop shop, a safe space for a girl in terms of accommodation and when I say accommodation, that is where she can put herself till the whole place is safe enough for her to go back to….. where she will be taken care of psychologically and even health wise, protected from illness and disease that can come out as a result of this sexual abuse" … D13-fn*

Unavailability of preventive healthcare for infants and children, weak social welfare system, disruptive criminal justice system and social protection systems are factors that may contribute to child vulnerability to CSA (KRUG et al., 2002). Researcher also reported limited

social services support, including publicly subsidized or free health care, education, welfare and legal protection services in support of violated victims and their family (HYDER; MALIK, 2007), while access to public utilities was reported to be a protective factor against sexual abuse. Ramirez, Pinzon-Rondon and Botero (2011) presented a trend showing families with access to public utilities have less reported cases of child and adolescent sexual abuse within their community. Community risk factors also includes characteristics of a community's environment such as lack of services to support institutions to meet up with specialized needs, inadequate policies and programs within institutions that reduces violence occurrence (PALA; ÜNALACAK; ÜNLÜOĞLU, 2011).

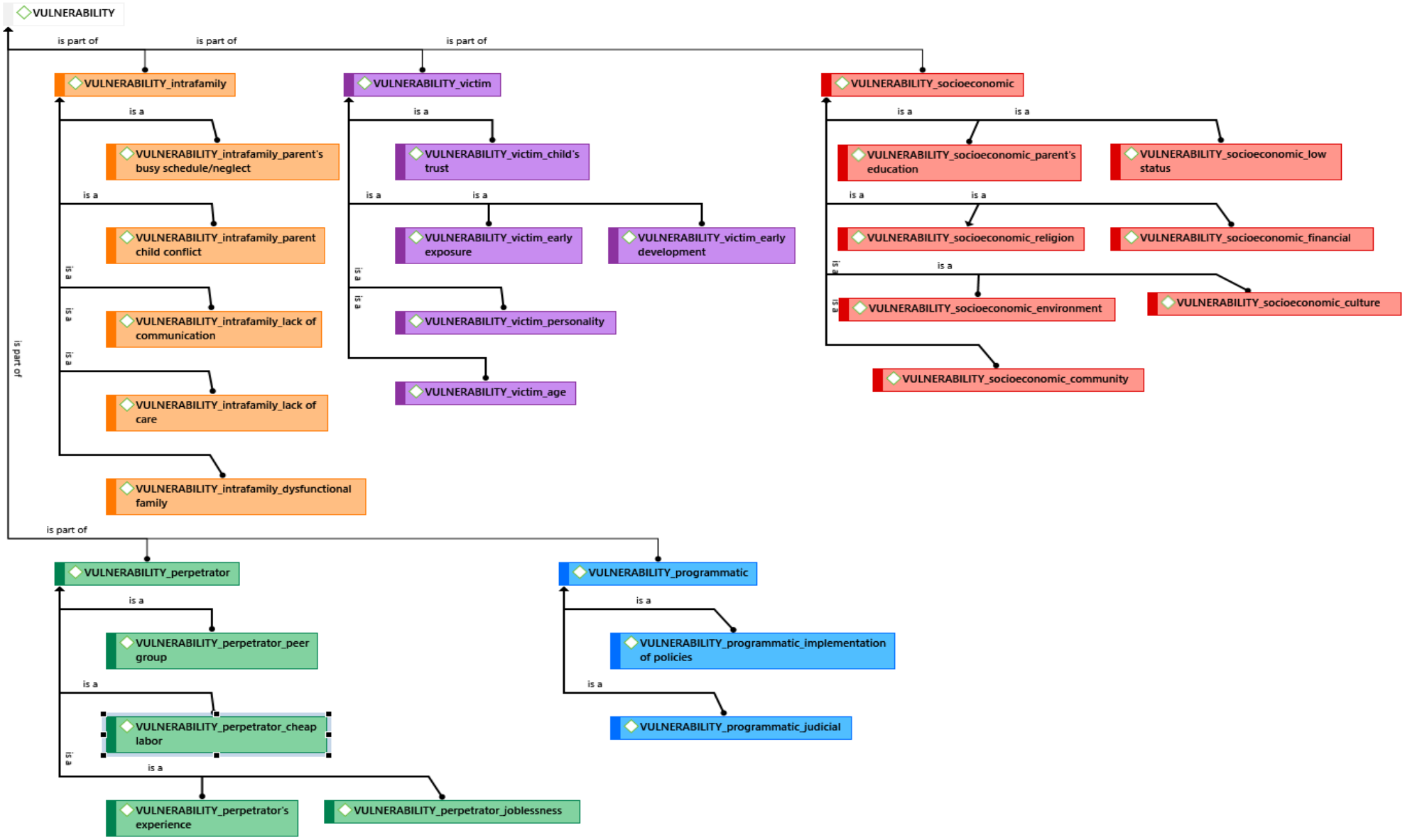
Government policies targeted at improving the characteristics of external environment and community, including prevention of community violence, better access to health and education can reduce child and adolescent sexual abuse. These formal forms of support - medical, educational and legal - were not identified by some survivors as most helpful; however, other community social support such as provision of shelter, food and financial assistance as well as religious and spiritual counselling were classified as most helpful in helping sexual assault victims (POSTMUS et al., 2009). However, there is need for everyone to collectively contribute positively to a safe environment, government also need to re-examine policies supporting child abuse management (TILLMAN et al., 2010).

Programmatic structures described in this study are mediating factors that support prevention of CSA in the society. They give victims and their family support medically, psychologically, socially, educationally and legally. They also help to prevent occurrence and revictimization of CSA situations. When these structures are however imbalanced, lacks

sustenance and implementation, they become a vulnerable source of sexual abuse to children and empowers perpetrators.

Figure 8 below showed a network of vulnerability factors influencing child and adolescent sexual abuse as narrated by participants. The figure was created base on the theoretical idea of vulnerability by Ayres (AYRES, 2016; 2014).

Figure 8: Vulnerability factors associated with child and adolescent sexual abuse



(Source: Study Results, 2019)

6.2.6. Thematic Nucleus 6: Sexually abused victims and their immediate, short-term and long-term sufferings: *"there are many negative consequences, ... one of them is the sense of worthlessness"*

The sixth thematic nucleus - sexually abused children and their immediate, short-term and long-term sufferings - is divide into 8 categories namely death, medical, academic, mental-psychological, socio-emotional, behavioral, physical growth and marital. Its registered unit is consequences and theoretical concept is Traumagenic Dynamics Model of child and adolescent sexual abuse.

This present study identified immediate effect of sexual abuse as negative medical symptoms such as laceration, vesicovaginal fistula, sexually transmitted diseases, early unwanted pregnancies and death in some situation. There was a case of a Nigerian teenage girl who died due to continuous sexual abuse by her aunt's husband (uncle) and son (cousin) living under the same roof with her while seeking shelter and educational assistance from the Family (ALAKE, 2018).

Negative medical symptoms were identified as the immediate and physical effect of sexual abuse on some survivors while victim's death has also been identified as eventual effect of child and adolescent sexual abuse.

> *"Now am taking the immediate, a child that was abuse can die, I have seen cases, have read news whereby a child, a baby was abused and the baby passed out"... D2-md*

Multiple reports on neonaticide, infanticide and other sudden infant death syndrome (DAHLBERG; KRUG, 2006; JENNY; ISAAC, 2006) supported this idea. The consequence of childhood sexual abuse especially when there is an infection or damage to the intestine can cause a child's death (ISSAHAKU, 2018). History of child sexual abuse in young mothers has also been related to sources of neonaticide (CDCP, 2002; NCHS, 2003).

Psychological symptoms of child and adolescent sexual abuse such as depression and suicide thoughts, risk taking behavior among children has been reported as a leading cause of child maltreatment death (YSTGAARD et al., 2004). Although, physical abuse was reported to have the highest death risk, death due to sexual abuse was also statistically significant, with children under age 1 having high subsequent death risk (JENNY & ISAAC, 2006).

Professional healthcare providers that participated in this study also narrated that immediate medical symptoms shown by the victims are often reactions to physical touch on the affected body parts of the survivors. These symptoms could be severe pains, bruises and injuries.

> *so often time, it's the way she walks, often time, they will be having dripping of blood, blood stain, their pant get stained, often time even when their mother is bathing them, if she touch that part of the body, you see them 'they shout", you will see unusual reaction, they are withdrawn and these are some of the things that we encourage parents to do, to watch out for of which some of them do it and ehm..... disclosure often time for the minors is not.... D2-md*

> *Maybe due to injury, they come out with pain, some might even come out with infection at the end of the day if they are not being treated (ok). They come out with pain and you know.... and you know when infection sets in, it can set up cascade of inflammatory conditions, swelling, redness and fever and the likes. So, those are the basic obvious symptoms that we see (ok) D3-md*

The victims get infected medically, often with sexually transmitted diseases

> *sometimes you don't see physical signs at all but for some that come out with bruises, yes, we've seen bruises, we've seen laceration, we've seen sexual transmission diseases, we've seen all sorts of injury but for some you don't see any injury especially if it is not the first time because some people are actually.... D4-fd*

Other studies have reported lacerations and abrasions, fractures, burns and scald, bruises and welts, brain and central nervous system injuries, sexually transmitted diseases including HIV/AIDS, unwanted pregnancies and sexual dysfunctions as effects of sexual abuse on child and adolescent victims, which was consistent with the reports from participants in this study (KRUG *et al.*, 2002; DAHLBERG; KRUG,

2006; PALA; ÜNALACAK; ÜNLÜOĞLU, 2011; BUGAJE; OGUNRINDE; FARUK, 2012; LIRA et al., 2017a). In some part of Africa, an existing cultural believe that having sexual intercourse with a young child can cure HIV/AIDS has been shown to endanger the life of children by opening them to chances of contracting sexually transmitted diseases (LALOR; 2004).

Healthcare professionals in this study listed the major short-term effect of sexual abuse on a child as mental-psychological, which could have a link to their socio-emotional life, behavioral life, physical growth and academic performances. Victims experience personality disorder which cause disorientation in their pattern of thinking, functioning and behaving.

> *"And psychologically, in that the person maybe depressed like this girl, she was withdrawn, she was psychologically withdrawn as in she was not (ok!) now the outgoing person, playing with her friends, of course all look like .... somebody just .... you would think this person is easygoing whereas that is not just her normal personality" ... D5-fd*
>
> *"Now there are lots of psychological effects attached associated with child abuse, we've seen children going from being depressed to even getting to having suicidal ambitions, we've seen such (here??) yeah, even going to the extent of wanting to kill themselves" ... D6-fd*
>
> *"In an abnormal cases, it is the child that actually reaches out and this is the child that has been abused in the past and want to be abusing other children or abuse.... you know something like that"... D7-fc*

Previous exposure to child and adolescent sexual abuse can cause multiple types of mental, social, health and behavioral negative outcomes in both adult men and women (BANYARD; WILLIAMS; SIEGEL, 2004; DUBE et al., 2005). Among consequences found are suicide attempts, current marital and family problems which were identified to be associated with child and adolescent sexual abuse, and are similar in both male and female victims (DUBE et al., 2005). Experience of child and adolescent sexual abuse can progressively increase suicidal thoughts and behaviors in survivors, with this effect being greatly influenced by the presence of other factors like identity of the abuser, frequency of the abuse and relationship with the abuser (BREZO et al., 2008; FERGUSSON; BODEN; HORWOOD, 2008).

Other mental-psychological effect includes depression, anxiety disorder and anti-social personality disorder (FERGUSSON; BODEN; HORWOOD, 2008; HILLBERG; HAMILTON-GIACHRITSIS; DIXON, 2011; AYDIN et al., 2016). Powerlessness, which is a loss of control over oneself and environment was also considered an effect of childhood sexual abuse (BANYARD; WILLIAMS; SIEGEL, 2004). Different forms of psychopathology, including post-traumatic stress disorder (PTSD), drug and alcohol abuse, sexual and interpersonal dysfunction and parenting problems (HILLBERG; HAMILTON-GIACHRITSIS; DIXON, 2011; AYDIN et al., 2016; HÉBERT; LANGEVIN; DAIGNEAULT, 2016), mood and personality disorders, physical, emotional, and social well-being have all been identified as negative consequences of child and adolescent sexual abuse (HILLBERG; HAMILTON-GIACHRITSIS; DIXON, 2011; GONG; KAMBOJ; CURRAN, 2019). Child abd adolescent sexual abuse has also been related to the experience of borderline personality disorder and complex post-traumatic stress disorder as the symptoms were significantly higher in women with early on-set sexual abuse (MCLEAN; GALLOP, 2003; AYDIN et al., 2016). Also, dissociation, low self-esteem and feeling of worthlessness were all linked to the social-emotion effect on victims (COLLIN-VÉZINA; DAIGNEAULT; HÉBERT, 2013). Participants D1-fc narrates below:

> *"there are lots of negative consequences, one of them is the feeling of worthlessness and these children have to battle with the feeling of worthlessness, they have to battle with fear, battle with their self-esteem, low self-esteem, low confidence because they begin to think that others are better than them and they have just been created for the sexual pleasure of every men"... D1-fc*

These findings are related to a study which suggested that child and adolescent sexual abuse lowers victim's sense of attractiveness and other research that shows a relation between self-evaluations, attributional styles, and the psychological distress that accompanies child and adolescent sexual abuse (COLLIN-VÉZINA; DAIGNEAULT; HÉBERT, 2013). More avoidant behaviors such as withdrawal, fear of certain places and situations, hyperarousal symptoms like irritability, difficulty falling asleep and

concentration problems were suggested as effect of childhood sexual abuse (HORNOR, 2010; COLLIN-VÉZINA; DAIGNEAULT; HÉBERT, 2013).

Dissociation was thus described as a coping strategy in reducing enormous anxiety and other post-traumatic stress disorder experienced from child and adolescent sexual abuse, and this often remains a response pattern until a new response pattern is identified (HÉBERT; LANGEVIN; DAIGNEAULT, 2016).

> *"Most of it affect emotional, we've seen a grown up although we didn't attend to her case..... it was when we heard her case was when her own Niece was raped that she had to share her own experiences and erm... she is also a professor on this campus, and 2 women that belong to this organization had intervened in her matrimonial issues before, it was when she said this that they find out the root cause of the problems both of them had and in the years pass she had never said it to anyone, they will just go and settle the fight and none of them will say this is what caused the fight. (so, she was always having problems with her husband, was the problem sexually related) Yeah, and has faith will have it, she has four girls and you know when you are restricting a father from doing a particular things to his daughters because you are afraid, those are the part of issues that they had..... You know, for us, to start working on a 55year old woman due to what has happened to her when she was 8, 9years. their father (her husband) does not have any right to go into their children's room when they are sleeping, it is a problem, she must not know. And if she is traveling, she takes the children somewhere else.... she says she loves her husband and all sorts but she now said the issue started when she started having girls so we had to call the husband and explain and she never told the man about it. I believe if she had told the man, maybe he will know what to do"... D11-fc*

Short-term and long-term effects were reported to be mostly seen in older children whose level of reasoning and analyzing have developed while younger children below 3 or 4 years mostly experience immediate effects (medical effect or death). However, younger children may experience short and long-term effects if the abuse is continuous over a long period of time. In the same view, if necessary treatment is not administered on time, all the consequences might continue into their future, affecting their marital, emotional and affective life.

> *"if they are not caught on time and counsel properly, they might not..... those are the ones that might now find men and they might not want to marry, they might find men as bully, they might not trust the society, those are the ones that might go into prostitution, those are the ones that might now feel cheated in life"... D5-fd*

In continual support of this findings, suicidal thoughts were identified among older children who understand what an abuse is and were concerned with their sexuality. There are also those who experience anger, rejection, stigmatization and unsupportive reactions from family members after the occurrence of an abuse (KENNEDY; PROCK, 2018).

The study findings also showed a long-term effect of childhood sexual abuse on victim's marital life. The effect involves marital violence, lack of trust and fear of reoccurrence of sexual abuse (WIDOM; CZAJA; DUTTON, 2014). The fear of reoccurrence often happens if the victim of childhood sexual abuse is a female and gives birth to a female child. To corroborate the perception of healthcare professionals in Nigeria, Daignault and Hébert (2009) reported that child and adolescent sexual abuse consistently predict intimate partner violence for women and men, while supporting the fact that it is mostly suffered by women more than men.

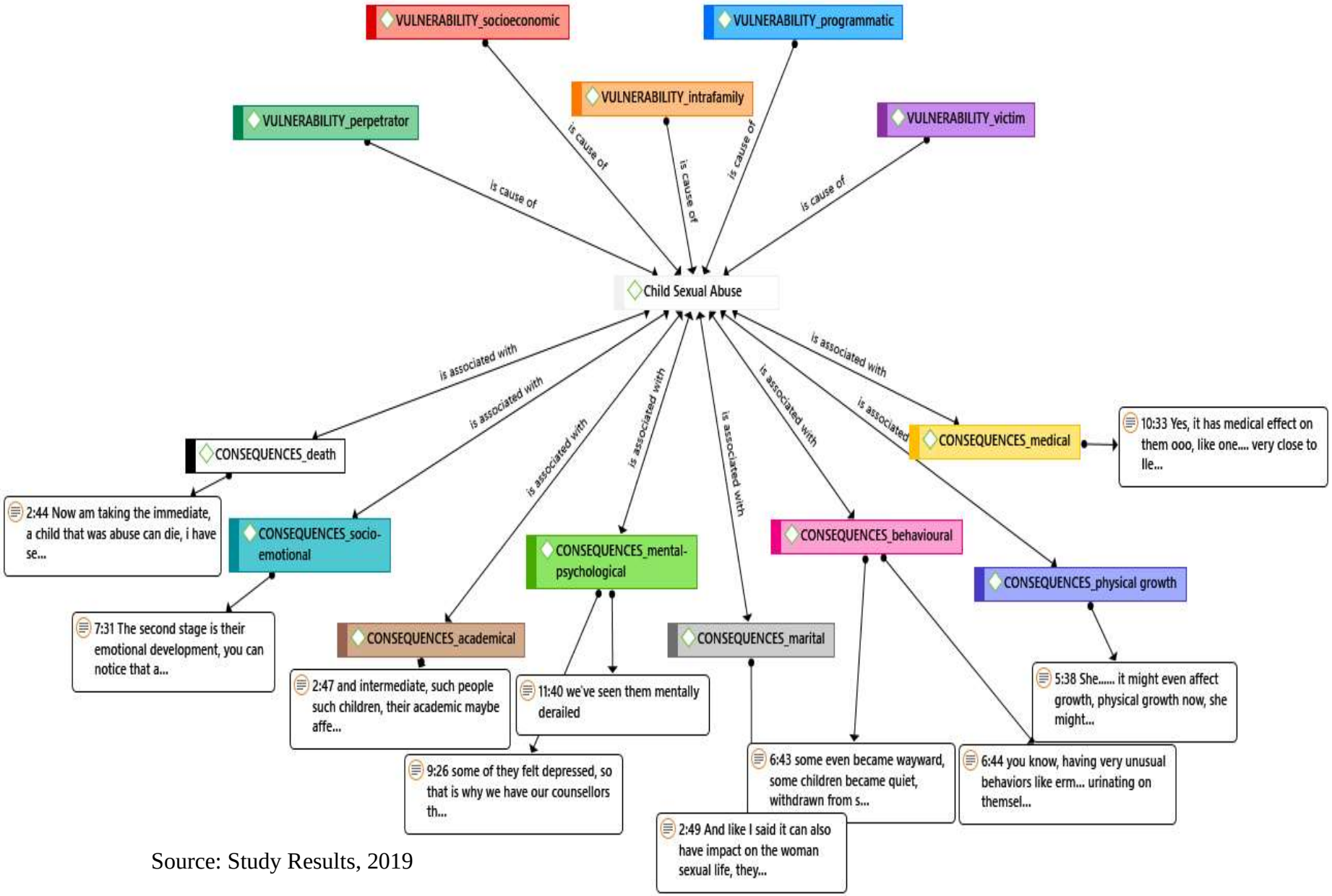
> *"and intermediate, such people such children, their academic maybe affected, they just don't want to do anything again, they just lost interest in life. So, if the child is doing very well in school, you see her not doing well again in school, she doesn't interact again"... D2-md*

In relation to this view, poor relationship quality, difficulty and instability in intimate adult relationships, having sexual relationship with multiple partners and parenting problems were associated with child and adolescent sexual abuse experience (CASHMORE & SHACKEL, 2013; WIDOM; CZAJA; DUTTON, 2014).

Boden, Horwood and Fergusson (2007) reported a significant association between increasing exposure to sexual abuse and physical abuse and decreasing educational achievements including failing to complete high school, inability to attend university and gaining a university degree. Other studies did show significant relationship between child and adolescent sexual abuse and academic achievement, however, they did not independently predict relationship between child and adolescent sexual abuse and academic achievement, but included relationships with intelligence, substance abuse, internalizing or externalizing behavioral problems (SAMUELSON, 2011; GONG; KAMBOJ; CURRAN, 2019).

Child and adolescent sexual abuse often impact lives of survivors negatively and stays for a long time if adequate treatments and supports are not provided at the right time. Apart from the immediate effects of health issues on survivors like vesicovaginal fistula (an abnormal connection such as hole or tract between the bladder that is a vesical and the vagina that allows a free passage or continuous involuntary discharge of urine into the vagina vault), sexually transmitted diseases such as HIV/AIDS and the eventual effect of death, child and adolescent sexual abuse may also affect survivors psychologically, sociologically, mentally, cognitively and behaviorally (RENVOIZE, 2017). Furthermore, child and adolescent sexual abuse can have its indirect effect on the environment and community in general by producing perpetual sexual abuse perpetrators, leading to an unsafe environment for others to live. Figure 7 below showed a network of child and adolescent sexual abuse consequences as experienced by healthcare professionals who participated in the study.

Figure 9: Consequences of child and adolescent sexual abuse



Source: Study Results, 2019

7 - CONCLUSION

Conclusion

The study showed that child and adolescent sexual abuse in Nigeria are significantly influenced by several factors which negatively affects victim's personality and often manifest immediately. The study also demonstrated that these factors do not only affect victim's personality, but also negatively influence their relationship with others. It interfaces with how they perceive themselves, their environments and the thought of what people think of them after the abuse. These factors are centralized under two registered units of individual and collective vulnerability.

The study related vulnerability factors theoretically to Ecological Model of Violence (Krug, 2002) and Vulnerability Theory (Ayres, 2003). While individual vulnerability may involve personal characteristics, which can increase the chance of being a victim or perpetrator. However, healthcare professionals believe that there should be no reason why a person's characteristics should endanger them to becoming a sexual abuse victim. Individual vulnerability factors associated with sexual abuses experienced by children were narrated by participants as victim's age, personality, exposure and non-availability of necessary information while factors that could incentivize perpetrators are suggested by participants to be past sexual abuse experiences. Participants confirmed that perpetrators of child and adolescent sexual abuse are often psychologically imbalanced, often living a normal life but secretly battling with psychologically related issues. They also affirmed that perpetrators could be motivated by social and economic factors such as joblessness, need for cheap labor and peer group influences.

Collective vulnerability focused on existing relationships between a person and his/her environment. The ecological model of violence identified three levels of collectively related relationships; relationship with immediate family members,

community (involving cultures and religions) and society (involving government and public provisions). Vulnerability theory however identified two levels of relationship namely social vulnerability (it re-affirms both relationship and community levels of ecological model) and programmatic vulnerability. The study also showed that poor intrafamily relationship, low family socioeconomic status, low parent's educational level, religious and cultural practices are collective factors that may expose a victim to sexual abuse, in addition to a weak judicial system and non-implementation of policies that influence the occurrence of child and adolescent sexual abuse.

To reduce the occurrence of child and adolescent sexual abuse in Nigeria and the world, the experiences of healthcare professionals are important. Healthcare professionals have enormous knowledge of this type of abuse from their day to day experiences, through observation and investigation of sexual abuse cases. These professionals understand factors that may predispose victims to such a violent act and are a source of information that can help to upgrade the existing and proffer new prevention strategies.

The study showed that child and adolescent sexual abuse affects victims medically, menta-psychologically and socio-emotionally. Healthcare professionals emphasized its long-term effects on academic and marital stability, while also elucidating death as final consideration for victims. Thus, understanding the perception of healthcare professionals on child and adolescent sexual abuse consequences is also very important, as it will prepare caregivers - family and professionals - to adequately respond to victims.

The outcome of this study has implications, as it established the nature of vulnerable factors associated with, and the consequences of child and adolescent sexual abuse in Nigeria.

The limitation of this study includes the fact that qualitative study of a group of professionals in the Southwest region of Nigeria may allow the apprehension of a phenomenon contextually and from a specific point of view, therefore, inclusion of other non-healthcare professionals like Forensic officers, judicial and legal practitioners as well as other professionals in other part of Nigeria in a future study is recommended so as to broaden the outcome of the study. Exploring the perceptions of victims and their family members on their experiences with child and adolescent sexual abuse is also advised because it may be an additional avenue to broaden the understanding of child and adolescent sexual abuse.

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ANNEXES

Annex A – Interview Script

UNIVERSIDADE DE SÃO PAULO
ESCOLA DE ENFERMAGEM DE RIBEIRÃO PRETO

Centro Colaborador da Organização Mundial da Saúde para o Desenvolvimento da Pesquisa em Enfermagem

Avenida Bandeirantes, 3900 - Ribeirão Preto - São Paulo - Brasil - CEP 14040-902
Fone: 55 16 3315-3382 - 55 16 3315-3381 - Fax: 55 16 3315-0518
www.eerp.usp.br - eerp@edu.usp.br

INTERVIEW SCRIPT

A. Personal identification

1. Date of Interview
2. Identification
3. Participant's sex
4. Participant's age
5. Educational backgound
6. Profession
7. For how long have you been working with sexually abused children and adolescents?

B. Considering the prevalence of child and adolescent sexual abuse, please respond to the following questions:
   1. What does child and/or adolescent sexual abuse mean?
   2. In your opinion, what makes victims vulnerable to such an abuse
   3. How do your clients disclose occurrence of child and adolescent sexual abuse?
   4. What are the consequences of child and adolescent sexual abuse shown by your clients?

Annex B – Informed Consent form

UNIVERSIDADE DE SÃO PAULO
ESCOLA DE ENFERMAGEM DE RIBEIRÃO PRETO

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INFORMED CONSENT FOR VICTIMS OF CHILD AND ADOLESCENT SEXUAL ABUSE'S CAREGIVERS

This informed consent form is for child sexual abuse caregivers that will participate in a research titled "**Child and adolescent Sexual Abuse: Perception of Nigerian health professionals**".

Name of principal investigators: Adetola Ibiwumi Ogunjimi and Profa. Marta Angelica Iossi Silva

Name of Institution: College of Nursing in Ribeirao Preto, University of São Paulo, Ribeirao Preto, São Paulo, Brasil.

The informed consent is in two parts;

- Information sheet
- Certificate of consent

Information sheet

Introduction

I am Adetola Ibiwumi Ogunjimi, a PhD student in the College of Nursing, University of São Paulo in Ribeirao Preto, São Paulo, Brazil. I am working on sexual abuse in children and adolescents. Child and/or adolescent sexual abuse is becoming a common trend in our great country Nigeria, as shown by its daily occurrences reported in newspapers, blogs, radio and television stations. I will be providing information about the research and invite you to be part of it (note: participation is 100% voluntary).

This consent form may contain words or information that you do not understand, please, be free to ask me any question if you have doubts as we go through the information and I will take time to explain better.

Purpose of the research

Child and adolescent sexual abuse are any sexual activity between a child or/and adolescent of 18 years and below, which could be either through contact (toughing, kissing, smooching) or non-contact (showing sex scenes, flashing or exposing genital part, pornography) acts. The practice is already common in our society as we see it happening among family members (father and daughter, uncle and niece, cousins), friends, religious groups as well as schools (between teacher and students). Therefore,

there is need to understand what the society belief and know about the act, what factors causes people to engage in it, identify if it can cause damages to the victims' life in the future and finally find means of bringing such act to an end in our society.

We belief that you can help us by telling us what you know about child and adolescent sexual abuse in general, and factors that make victims vulnerable based on your experience and contact with victims without disclosing any personal information about the victims. We would also want to learn about possible future consequences of sexual abuse on the victims behaviour or development based on follow-up you gave to your clients and what can be done to reduce/stop the act in our society.

Type of research intervention

This research will involve an interview section of about thirty minutes to one hour.

Participant Section

You are being invited to take part in this research because we belief that your experience as a caregiver (Medical doctor, Nurse, Counsellor, Social worker) can contribute immensely to our understanding and knowledge of child and adolescent sexual abuse.

Voluntary Participation

Your participation in this research is entirely voluntary, you are to decide whether to participate or not. The choice that you make will have no bearing on your job or any work-related evaluations or reports. You may change your mind later or stop participating if you agreed earlier.

Procedure

This research study is interested in broad knowledge of sexual abuse in children and adolescents; we are inviting you to take part in this project and if you agree, you will only be asked to provide information based on your experience in relation to child and adolescent sexual abuse.

You will participate in an interview with me. This interview will take place at your work place (except if you are on another assignment somewhere else and still wish to grant the interview), you will be allowed to sit comfortably during this section. If it is your wish not to give answer to any of the questions, you may decline and the interviewer will move to the next question. The information provided is strictly confidential and no one else except individuals involved with the research will have access to information documented during your interview. The entire interview will be tape-recorded and no one will be identified by name on the tape. The information provided will only be for this research purpose alone and the tape will be destroyed after the completion of data analysis.

Duration

The research will take place over a period of one month during which the participants will be visited first to inform them about the research and a date will be fixed for the interview. The interview session will last for about 30 minutes to one hour.

Risk

There is a risk that you may feel uncomfortable sharing with us some personal and confidential information by chance or feeling uncomfortable talking about some of the topics. However, we do not wish this should happen. You do not have to answer any question or take part in the interview if you feel the question(s) are too personal or talking about them makes you uncomfortable.

Benefits

There may be no direct benefit to you, but your participation might help us find out more about the causes, consequences, and how to prevent and treat cases of child sexual abuse in our society.

Reimbursement

You will not be provided any incentives to take part in this research

Confidentiality

Any information provided by you will have a number code on it instead of your name, while the information will be kept private and for this research purpose alone. Only the researchers involved will have access to the information. It will not be shared with or given to anyone.

Sharing the result

No information provided will be shared with anybody outside the research team, and nothing will be attributed to your name. The knowledge that we get from this research will be shared with the center as well as the public through research publication for other interested people to learn from the research.

Right to refuse or withdraw

We are re-affirming that participation in this research is voluntary and you can choose to withdraw at any time if you wish to do so. You will be given an opportunity at the end of the interview to review your remarks and you can ask to modify or remove portions of information provided if you do not agree with my notes or if I did not understand you.

Who to contact

If you have any question, you can ask them now or later. If you have any question or information you wish to share with us later, you can contact us through the following e-mails;

Adetola Ibiwumi Ogunjimi – ohtola@gmail.com, adetola.ogunjimi@usp.br

Profa. Marta Angélica Iossi Silva – maiossi@eerp.usp.br

_____

Adetola Ibiwumi Ogunjimi

Part 2- Certificate of Consent

I have been invited to participate in a research Project about child and adolescent sexual abuse.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and questions that I asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of Participant_____

Signature of Participant _____

Date _____

Annex C - National Health Research Ethics Committee of Nigeria (NHREC) Approval

National Health Research Ethics Committee of Nigeria (NHREC)

Promoting Highest Ethical and Scientific Standards for Health Research in Nigeria

Federal Ministry of Health

NHREC Protocol Number NHREC/01/01/2007-30/02/2018
NHREC Approval Number NHREC/01/01/2007-08/05/2018
Date: 8 May 2018

Re: Child Sex Abuse: Perception of Nigerian Health Professionals

Health Research Committee assigned number: NHREC/01/01/2007

Name of Student Investigator: Adetola Ibiwumi Ogunjimi
Address of Student Investigator: Nursing College
Department of Maternal-Infant Nursing and Public Health,
University of Sao-Paulo
Ribeirao Preto, Sao-Paulo
Brazil
Email: adetola.ogunjimi@usp.br

Date of receipt of valid application: 30/02/2018
Date when final determination of research was made: 08-05-2018

Notice of Expedited Committee Review and Approval

This is to inform you that the research described in the submitted protocol, the consent forms, advertisements and other participant information materials have been reviewed and *given expedited committee approval by the National Health Research Ethics Committee.*

This approval dates from 08/05/2018 to 07/05/2019. If there is delay in starting the research, please inform the HREC so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of these dates. *All informed consent forms used in this study must carry the HREC assigned number and duration of HREC approval of the study.* In multiyear research, endeavour to submit your annual report to the HREC early in order to obtain renewal of your approval and avoid disruption of your research.

The National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the Code including ensuring that all adverse events are reported promptly to the HREC. No changes are permitted in the research without prior approval by the HREC except in circumstances outlined in the Code. The HREC reserves the right to conduct compliance visit your research site without previous notification.

Signed

Professor Zubairu Iliyasu MBBS (UniMaid), MPH (Glasg.), PhD (Shef.), FWACP, FMCPH
Chairman, National Health Research Ethics Committee of Nigeria (NHREC)