

**CHILD SEXUAL ABUSE PREVALENCE AND TEACHERS' INVOLVEMENT IN ITS  
MANAGEMENT AMONGST IN-SCHOOL ADOLESCENTS IN OSUN STATE**

**BY**

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the Study**

Child sexual abuse (CSA) includes a variety of sexual offenses, including: sexual assault, rape, sexual exploitation and sexual grooming. World Health Organization (1999) defined child sexual abuse as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse (CSA) includes the entire spectrum of sexual crimes and offenses in which children up to age seventeen are victims (Finkelhor, 2009). This definition includes offenders who are related to the child victims as well as those who are strangers.

There are many aspects of child sexual abuse (CSA) that make determining the actual magnitude of the problem difficult. First, the term child sexual abuse (CSA) incorporates a variety of activities, ranging from “noncontact” offenses (e.g., intentionally exposing one’s sexual organs to a child) to acts of varying physical intrusiveness (e.g., from fondling to vaginal or anal intercourse). Second, sexual abuse can be seen as a secretive offense, typically occurring in private and leaving no physical signs, which makes detection very difficult. Third, the victims are children who are at different stages of cognitive and language development, which affects whether and how well they disclose the sexual victimization. Finally, because this type of child maltreatment involves sex, addressing the problem has been difficult (Sandy, 2009).

Child sexual abuse (CSA) is a significant public health problem (Satcher, 2001). Although estimates vary depending on the participant sample and definition of sexual abuse used, studies conducted internationally confirm that child sexual abuse (CSA) is a widespread problem. For instance, according to a recent meta-analysis of child sexual abuse (CSA) prevalence studies conducted in 65 countries, one in five women and one in 12 men report suffering some form of sexual abuse before the age of 18 (Pereda *et al.*, 2009).

In United Kingdom, for example, it was estimated at about 8% for boys and 12% for girls (Baker and Duncan, 1985) while in North America, approximately 15% to 25% of women and

5% to 15% of men were sexually abused when they were children (Gorey and Leslie, 1997). Child sexual abuse (CSA) is considered a significant problem in many African countries, yet few studies actually document incidence or prevalence rates, or examine the unique dynamics in specific African cultures. In South Africa, for instance, over 20, 000 cases of child sexual abuse (CSA) are reported each year, one school sample suggests that 54% of the respondents had experienced child sexual abuse (CSA) with a person at least 5 years their senior (Madu & Peltzer, 2000). UNICEF reports that 40, 000 Kenyan youth (aged 12–19) are exploited in commercial sex every year (United Nations Children’s Fund, 2006). Melesse and Kessie, (2005) posited that among children, sexual abuse is increasing and the girl child is more at risk. An earlier study on female street adolescent in Nigeria found that more than 15.4 % of female adolescent hawkers had procured abortion at least twice; had been pregnant without knowing who was responsible; had experienced rape and also contracted sexually transmitted infections (including HIV) (Osinowo. 1992). A more recent study showed that 30% of the violence experienced by girls on the street is sexual in nature (Fawole, Ajuwon and Osungbade, 2003). This indicates the spread of child sexual abuse (CSA), and this is an issue of great importance because in the traditional Nigerian society, the concept of sexuality is enshrouded in secrecy. In traditional Nigerian society (with poorly developed social network and intervention), many of the girls accept it as their lot and fear of being stigmatized if they should report (Fawole, Ajuwon and Osungbade, 2004).

Various theoretical explanations are available on the causes of child sexual abuse (CSA), among which include incest, attribution theory, moral development theory, feminist theory and recently family system theory. In response to the growing body of knowledge regarding the scope and consequences of child sexual abuse (CSA), many prevention programs were developed in the late 1970s and widely disseminated in the early to mid-1980s. A universal primary prevention strategy eliminates the stigma of identifying specific children or families as being at risk for sexual abuse and thus avoids costly and intrusive interventions into family privacy. Therefore, recommendations for a comprehensive approach to primary prevention of child sexual abuse (CSA) were introduced and these involve children, parents, professionals as well as the general public in the precautionary process (Sandy, 2009).

There has been a long-standing call to involve parents in child sexual abuse (CSA) prevention efforts (e.g. Reppucci *et al.*, 1994). Several surveys have found that parents lack crucial information about child sexual abuse (CSA) and often adhere to many common myths. For example, studies have found that parents underestimate the prevalence of child sexual abuse (CSA) (Elrod and Rubin, 1993; Olsen and Kalbfleisch, 1999; Tutty, 1993). While the depth and effectiveness of parent-focused efforts are unknown, it will be difficult to eliminate child sexual abuse (CSA) unless parents get involved. Increased concern about high rates of child sexual abuse (CSA) has led to the demand for more prevention programmes, particularly those aimed at parents. For instance, there is an increasing recognition in child protection practice that parents and other adults should be actively engaged in the primary prevention of child sexual abuse (CSA) (Anderson *et al.*, 2004; Reppucci *et al.*, 2005; Resofsky, 2007). In order to develop effective programmes for parents, it is important to understand how parents perceive and respond to the risk of child sexual abuse (CSA), that is, what their knowledge, attitudes and practices are in regard to the risk of sexual abuse to their children. These knowledge, skills, practices and perceptions of parents are all product of cultural beliefs. This is the main aim of this research work “investigating child sexual abuse prevalence and teachers involvement in its management amongst in-school adolescents in Osun State”.

## **1.2 Statement of the Problem**

Child sexual abuse (CSA) has gained public attention in the past few decades and has become one of the most high-profile crimes. Since the 1970s, child sexual abuse (CSA) and child molestation has increasingly been recognized as deeply damaging to children and thus unacceptable for society as a whole. While sexual use of children by adults has been present throughout history, it has only become the object of significant public attention in recent times.

This abusive act (sexual abuse) has been prevalent in all spheres of social institutions. For instance, lots have been known within the family in which a brother sexually abuses his sister. From the report of a Confused Niger Girl, she stated that:

*“...My abuse started around 1985 (I was 4+) ... This abuse went on for 5+ years and I grew to enjoy the acts.... The abuse was not just in my house –the neighbors were in it too. ...I started having sex ‘officially’ when I was 17.... My*

*1st abuser... let's call him Main Pedophile (MP) is my dad's younger brother.... He is 13 years older than I am. My earliest memory that haunts me till date is him dragging me to a corner and using his dick to brush my teeth every morning before I do the normal brushing up. I knew what 'cum' looked like at a very early age and I knew how to give a good head and hand job by the time I was 8 (a bit of humor – all my 'ex's will testify to these skills... ok it is not funny).” (Confused Naija Girl, 2007).*

The abuse story is similar to many other unreported cases for several reasons among which include stigma, cultural beliefs and fear of being blamed, parents and children that are victims often choose to keep mute than taking proactive steps at seeking for redress through legal means.

Apart from the psychological consequences of child sexual abuse (CSA) on the child, the long term consequences on the personality and sexual health of the child cause for urgent and focused attention. However, to achieve this, stakeholders like parents are not just relevant but critical in initiating and sustaining protective and preventive measures against child's susceptibility to sexual abuse. Some practices initiated by parents have the capacity to enhancing their children's susceptibility to sexual abuse; an instance is hawking and child labour. Walking across the street in various cities and towns in Nigeria, one would find a substantial number of boys and girls (who are supposed to be in school) engaged in menial or odd jobs such as food vending, truck pushing, or other forms of forced labour (Ikechebelu; Udigwe; Ezechukwu; Ndinechi and Joe-Ikechebelu, 2008). Most often, the girl child is sent onto the street to hawk all kinds of wares because of poverty related issues and to help supplement family income. This however, does not obviate the fact that the juvenile hawkers on the street are exposed to numerous hazards ranging from physical violence to loss of wares, risk of accident, robbery, kidnapping and even murder for ritual purposes (Ikechebelu et al, 2008). The most troubling perhaps is the fact that some are sexually exploited and forced into prostitution with the risk of unintended pregnancies and contracting sexually transmitted infections (including HIV). Some of these girls wake up as early as 4 a.m. to prepared bean balls or articles for sale and proceed to hawk often without breakfast. This state of hunger makes them vulnerable to manipulation or exploitation by men (casual observation).

An earlier study on female hawkers among children in Anambra State, Nigeria found that the total number of female street hawkers who had experienced at least one form of sexual abuse while hawking was 130 (69.9%) out of 186 (Ikechebelu et al, 2008). Street hawking is a common form of child labour in most developing countries like Nigeria and the female child is usually involved. The child on the street is exposed to malnutrition, respiratory tract infection, mental illness and substance abused (Sherman, 1992) and the young female hawkers are in addition particularly vulnerable to all forms of violence including sexual exploitation by men (Daniel, 1976). Child sexual abuse (CSA), with its enormous negative consequences, has spread to all social institutions and is gaining acceptance as days go by and future coming to reality. Hence, understanding how cultural beliefs influence child sexual abuse prevalence and teachers' involvement in its management amongst in-school adolescents will be necessary.

### **1.3 Research Questions**

The following are the questions that will be at the back of the researcher's mind while carrying out the research work:

1. What is the prevalence of child sexual abuse (CSA) among in-school adolescents in two Yoruba communities (Ile-Ife and Modakeke)?
2. What is the level of teachers' (who are also parents) involvement in the prevention and management of Child sexual abuse (CSA)?
3. What factors do teachers, parents and adolescents believed to be responsible for child sexual abuse (CSA)?
4. What are the various practices that can be adopted in order to prevent or manage child sexual abuse (CSA)?

### **1.4 Objectives of the Study**

The objectives of this study are to:

1. Assess the prevalence of child sexual abuse among in-school adolescents in two Yoruba communities (Ile-Ife and Modakeke).
2. Inquire about the level of teachers' (who are also parents) involvement in the prevention and management of child sexual abuse (CSA) in two Yoruba communities.

3. Examine the factors that teachers, parents and adolescents believed to be responsible for child sexual abuse (CSA).
4. Investigate various practices that can be adopted in the prevention and management of child sexual abuse (CSA) in two Yoruba communities.

### **1.5 Significance of the Study**

This research work is aimed at investigating “child sexual abuse prevalence and teachers’ involvement in its management amongst in-school adolescents in Osun State”. Looking into cultural beliefs and teachers’ (who are also parents) perceptions to this high-profile crime (sexual abuse), as well as its causes, will go a long way in finding workable solution(s) that will, if followed, restrict children’s involvement in sexual abuse and encourage parents’ involvement in its prevention.

This paper will also identify potential barriers to parents’ involvement in the prevention and management of sexual abuse among their children. Recommendations for parents’ education programmes will be offered, including improving parents’ confidence and skills in educating their children about child sexual abuse (CSA).

### **1.6 Scope of the Study**

This research work will cover two Yoruba communities (Ife and Modakeke) in Osun State, Nigeria. The landmass will be investigated by administering questionnaires to in-school adolescents and by interviewing teachers (who are also parents) on their dispositions, as well as finding what cultural beliefs are, towards prevention and management of child sexual abuse. This will be achieved by random selection of in-school adolescents and teachers in their various schools, within these two Yoruba communities (Ife and Modakeke) in Osun State of Nigeria.

### **1.7 Limitations of the Study**

Looking at the world population and the Nigerian population, this study will only cover a minute part of the general population. This study will cover the city of Ife and Modakeke, in Osun State of Nigeria – a West African country in Africa continent due to inadequate finance and time frame given for its completion. Also, the problem of generalization as posited by Karl Popper on inductive science is something that cannot be left out of this study.

## 1.8 Definition of Terms

This is an attempt to provide meaningful explanation or concise definition to some terms that can be commonly found in this study for better clarity and vivid comprehension for the readers. Some of the terms are:

- ❖ **Child Sexual Abuse (CSA):** is when a person engage a child or young person in sexual talk, touching, or other activities which may include fondling a child's genital, penetration, incest, rape, sodomy, indecent exposure and exploitation through prostitution, use of the child in the production of pornographic materials or allowing the child to have access to such materials (Tokunbo Dada, 2007).
- ❖ **Hawking:** This is the process of selling goods and rendering services in public places usually by carrying them around (Advanced Learner's Dictionary, 2005).
- ❖ **Pedophile:** This is a person with pedophilia attraction ". (*The American Heritage Dictionary of the English Language*, 2008).
- ❖ **Pedophilia:** The term "pedophilia" refers to persistent feelings of attraction in an adult or older adolescent toward prepubescent children, whether the attraction is acted upon or not (American Psychiatric Association (2000).
- ❖ **Sexual Abuse:** This is the undesired sexual behaviour by one person upon another and also any behaviour by one person towards another to stimulate the person sexually (Peer Commentaries on Green, 2002 and Schmidt, 2002).
- ❖ **Sexual Abuser:** This is the person that sexually abuses another person.
- ❖ **Sexual Assault:** This refers to an offense in which an adult touches a minor for the purpose of sexual gratification; for example rape (including sodomy), and sexual penetration with an object. It also includes any penetrative contact of a minor's body, however slight, if the contact is performed for the purpose of sexual gratification.
- ❖ **Sexual Exploitation:** This is a term defining offenses in which an adult victimizes a minor for advancement, sexual gratification, or profit; for example, prostituting a child, and creating or trafficking in child pornography.
- ❖ **Sexual Gloomy:** It is a type of sexual abuse which involves the social conduct of a potential child sex offender who seeks to make a minor more accepting of their advances, for example in an online chat room.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

The research work focuses on child sexual abuse prevalence and teachers' involvement in its management among in-school adolescents in Osun State. This chapter examines the various works of scholars that have been done which are relevant to this topic and is thereby presented under the following themes:

- 2.1 Definition of Child Sexual Abuse (CSA)
- 2.2 Nature and Types of Child Sexual Abuse (CSA)
- 2.3 Prevalence of Child Sexual Abuse
- 2.4 Aetiology of Child Sexual Abuse (CSA) (Theories of CSA)
- 2.5 Effects of Child Sexual Abuse (CSA)
- 2.6 Preventing Child Sexual Abuse (CSA)
- 2.7 Managing Child Sexual Abuse (CSA): Legal provision and Parental involvement
- 2.8 Cultural Beliefs as Impediments to Child Sexual Abuse (CSA) Prevention and Management
- 2.9 Cultural Beliefs and Risk Construction
- 2.10 Theoretical Framework

#### **2.1 Definition of Child Sexual Abuse (CSA)**

To define child abuse (especially in an African context) is very difficult and controversial, since, as Lachman (1996) explained, cultural attitudes towards child abuse vary a great deal, the distinction between (for example, child physical) abuse and discipline is blurred, the perception of child abuse as “private” still prevails among many families (see also Kelley, 1996; Kaplan, 1996; King & Yorker, 1996; Putman, 1991) and emotional abuse is often considered inherent to other types of abuse (Glaser & Prior, 1997). It can be very difficult to talk about sexual abuse and even more difficult to acknowledge that child sexual abuse (CSA) of all ages including infants happens every day. Sexual abuse of children has become the subject of

great community concern and the focus of many legislative and professional initiatives. This is evidenced by the expanding body of literature on sexual abuse, public declarations by adult survivors and increased media coverage of sexual abuse issues. As a result of this complexity in defining child sexual abuse (CSA), different people or organizations have given non-standard definition of child sexual abuse (CSA); and these have in turn made research findings on child sexual abuse (CSA) often not comparable across studies (Haugaard, 2000).

Bayley and King (1990) defined child sexual abuse (CSA) to be when an adult or person significantly older or in a position of power interacts with a child in a sexual way for the gratification of the older person. These acts are those morally unacceptable to the community that may endanger the well being of the child, although the child may or may not perceive these acts as abuse. Child neglect is the denial of the basic rights and needs of the child by parents, school, peers, governments and cultural community, occurring as acts of omission and or commission” (Ebigbo, 1989, p. 404).

Child sexual abuse (CSA) is a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation (APA Board of Professional Affairs, 1999). Forms of child sexual abuse (CSA) include asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent exposure of the genitals to a child, displaying pornography to a child, actual sexual contact against a child, physical contact with the child's genitals (except in certain non-sexual contexts such as a medical exam), viewing of the child's genitalia without physical contact (except in nonsexual contexts such as a medical exams), or using a child to produce child pornography (Martin et al, 1993).

World Health Organization (1999) defined child sexual abuse (CSA) as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse (CSA) is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.

Finkelhor (2009) defined child sexual abuse (CSA) to include the entire spectrum of sexual crimes and offenses in which children up to age seventeen are victims. The definition includes offenders who are related to the child victims as well as those who are strangers. It includes offenders who are adults as well as those who are themselves children and youth. It includes certain kinds of non-contact offenses, such as exhibitionism and using children in the production of pornography, as well as statutory sex crime offenses, in addition to the sexual fondling and penetrative acts that make up a majority of the cases. As against the definition given by WHO (1999) which consider the involvement of a child based on the level of knowledge such a child has, Finkelhor focuses on the spectrum or length of sexual crime. These however have not touched the level of force involved in sexual act.

A recent definition by CAPTA (2011) stressed the process or level of force involved in the sexual offence. CAPTA (2011) defined the term “child sexual abuse (CSA)” as: “the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.”

Considering who a child is, Ilene et al (2007) defined child sexual abuse (CSA) as a type of sexual abuse that first occurs before age 15. Although there is no universal definition of child sexual abuse (CSA), a central characteristic of any abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity. Child sexual abuse (CSA) is not solely restricted to touching offenses (like fondling, making a child to touch an adult’s sexual organs, penetrating a child’s vagina or anus no matter how slight with a penis or any object that doesn’t have a valid medical purpose) as American Humane Association (2011) explained, but also include non-touching sexual offences (like engaging in indecent exposure or exhibitionism; exposing children to pornographic material; deliberately exposing a child to the act of sexual intercourse; and masturbating in front of a child (CAPTA, 2011 & Finkelhor, 2009).

## **2.2 Nature and Types of Child Sexual Abuse (CSA)**

There are many aspects of child sexual abuse (CSA) that make determining the actual magnitude of the problem difficult (Wurtele, 2009). First, the term child sexual abuse (CSA) incorporates a variety of activities, ranging from “non-contact” offenses (e.g., intentionally exposing one’s sexual organs to a child) to acts of varying physical intrusiveness (e.g., from fondling to vaginal or anal intercourse). Second, child sexual abuse (CSA) is a secretive offense, typically occurring in private and leaving no physical signs, which makes detection very difficult. Third, the victims are children who are at different stages of cognitive and language development, which affects whether and how well they disclose the sexual victimization (Wurtele, 2009).

Child sexual abuse (CSA) may include, but is not limited to, the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances and materials (World Health Organization, 1999). The following are some of the types of child sexual abuse (CSA):

### **2.2.1 Sexual Assault**

This is a form of child sexual abuse (CSA) in which an adult touches a minor for the purpose of sexual gratification; for example, rape (including sodomy), and sexual penetration with an object (Finkelhor and Ormrod, 2001). Most U.S. states include, in their definitions of sexual assault, any penetrative contact of a minor’s body, however slight, if the contact is performed for the purpose of sexual gratification (National Clearinghouse on Child Abuse and Neglect Information, 2002).

### **2.2.2 Sexual Exploitation**

This is a type of child sexual abuse (CSA) in which an adult victimizes a minor for advancement, sexual gratification, or profit; for example, prostituting a child, (Finkelhor and Ormrod, 2004) and creating or trafficking in child pornography (Massachusetts Child Exploitation, 1995). UNICEF (2006) brought a more succinct view of sexual exploitation by

explaining that sexual exploitation is a form of gender-based violence that is all too frequently a characteristic of warfare which can include engaging a child or soliciting a child for the purposes of prostitution; and using a child to film, photograph or model pornography. Commercial or other exploitation of a child refers to use of the child in work or other activities for the benefit of others, this includes, but is not limited to, child labour and child prostitution (World Health Organization, 1999). These activities are to the detriment of the child's physical or mental health, education, or spiritual, moral or social-emotional development (World Health Organization, 1999).

### **2.2.3 Child Molestation**

Child molestation is an act of a person—adult or child—who forces, coerces or threatens a child to have any form of sexual contact or to engage in any type of sexual activity at the perpetrator's direction (American Humane Association, 2011).

### **2.2.4 Sexual Victimization**

This is a type of child sexual abuse (CSA) that involves damage or even killing during sexual offense as a result of the action of the other partner (Advanced Learner's Dictionary, 2005). Sexual victimization can result in a broad array of difficulties, including emotional disorders (e.g. depression, anxiety), cognitive disturbances (e.g. poor concentration, dissociation), academic problems, physical problems (e.g. sexually transmitted diseases, teenage pregnancy), acting-out behaviours (e.g. prostitution, running away from home) and interpersonal difficulties (Berliner and Elliott, 2002; Kilpatrick *et al.*, 2003; Noll *et al.*, 2003; Paolucci *et al.*, 2001; Roberts *et al.*, 2004; Tyler, 2002).

## **2.3 Prevalence of Child Sexual Abuse (CSA)**

Although estimates vary depending on the participant sample and definition of sexual abuse used, studies conducted internationally confirm that child sexual abuse (CSA) is a widespread problem. Several studies from around the world document that between 7% and 36% of women report that they experienced some type of sexual abuse in childhood (Finkelhor, 1994; Jewkes, Sen, & Garcia-Moreno, 2002). According to a recent meta-analysis of child sexual abuse

(CSA) prevalence studies conducted in 65 countries, one in five women and one in 12 men report suffering some form of sexual abuse before the age of 18 (Pereda *et al.*, 2009).

Child sexual abuse (CSA) in Central America is clearly a problem with the prevalence between 5% and 8% (Speizer et al, 2008). A study conducted by Speizer et al (2008) revealed that prevalence of child sexual abuse (CSA) varied from 7.8% in Honduras to 6.4% in El Salvador and 4.7% in Guatemala (the three are Central American countries). In all these countries, the overwhelming majority of women who reported child sexual abuse (CSA) first experienced the abuse before age 11. From these studies by Speizer (2008), it can be estimated that the average rate of child sexual abuse (CSA) in Central America is 6.3%. This is in contrast with North America which has approximately 15% to 25% of women and 5% to 15% of men being sexually abused when they were children (Gorey, Leslie, 1997). The estimates for the United States vary widely. A literature review of 23 studies found rates of 3% to 37% for males and 8% to 71% for females, which produced an average of 17% for boys and 28% for girls (Rind; Tromovitch; & Bauserman, 1998) while a statistical analysis based on 16 cross-sectional studies estimated the rate to be 7.2% for males and 14.5% for females (Gorey & Leslie, 1997). A study conducted by UNICEF (2001) in the United States revealed that one in five children who go online regularly are approached by strangers for sex. A separate study revealed that an estimated 104,000 children become victims of sexual abuse each year. In Mexico also, a study of six cities (Acapulco, Cancún, Ciudad Juarez, Guadalajara, Tapachula and Tijuana) estimates that a total of 4,600 children are sexually abused in these cities. At the national level in Mexico, some 16,000 children are believed to be exploited (UNICEF, 2001).

Also, the report of child sexual abuse (CSA) in Asia varied tremendously. In India, for instance, where 19% of the world's children live, which also constitutes 42 percent of India's total population (Ministry of Women and Child Development, 2007) a study conducted in 2007 by "Ministry of Women and Child Development" on "Study on Child Abuse: India 2007" which comprise 12, 447 children, 2, 324 young adults and 2, 449 stakeholders across 13 states revealed that 53.22% of children reported having faced sexual abuse. Among them 52.94% were boys and 47.06% girls. 21.90% of child respondents faced severe forms of sexual abuse, 5.69% had been sexually assaulted and 50.76% reported other forms of sexual abuse.

Child sexual abuse (CSA) has become an increasingly publicized phenomenon in developed continent like Europe. Adshead (1994) posited that child sexual abuse (CSA) occurs frequently in Western society and Goldman et al (2000) claimed that the rate of prevalence can be difficult to determine. In the UK, for instance, it is estimated that child sexual abuse (CSA) is about 8% for boys and 12% for girls (Baker and Duncan, 1985).

Child sexual abuse (CSA) is considered a significant problem in many African countries, yet few studies actually document incidence or prevalence rates, or examine the unique dynamics in specific African cultures (Andersson et al., 2004). In a review article of child sexual abuse (CSA) in Sub-Saharan Africa, Lalor (2004) accounted that between 3.2% and 7.1% of all respondents reported unwanted or forced sexual intercourse before the age of 18 years. Additional research suggests that the prevalence of child sexual abuse (CSA) in Sub-Saharan Africa is similar to other countries across the world (Lalor, 2004). In South Africa, over 20,000 cases of child sexual abuse (CSA) are reported each year, one school sample suggests that as many as 54% of the respondents had experienced child sexual abuse (CSA) with a person at least 5 years their senior (Madu & Peltzer, 2000). Furthermore, Jewkes et al (2002) surveyed 11, 735 South African women between the ages of 15 and 49 years about their history of rape during childhood. Overall, 1.6% reported unwanted sexual intercourse before the age of 15 years of age. 85% of child rape occurred between the age of 10 and 14 years and 15% between the ages of 5 and 9 years. A more recent South African survey found that 24% of teens had been sexually assaulted at their school (National Youth Victimization Study, 2005). From 1996 to 1998, girls aged 17 and under constituted approximately 40% of reported rape and attempted rape victims in South Africa (UNICEF, 2001). 20% of young women surveyed in southern Johannesburg reported a history of sexual abuse by the age of 18 (UNICEF, 2001).

The empirical findings that exist in Kenya, as in much of the rest of Africa, are unpublished in the international literature or exist only in the form of reports (Lalor, 2004). The availability of data from other countries, though useful, does not address dynamics of child sexual abuse (CSA) that may be unique to Kenya. However, a report by UNICEF claimed that 40, 000 Kenyan youths (aged 12–19) are exploited in commercial sex every year (United Nations Children's Fund, 2006). In a study in Zimbabwe, Birdthistle et al (2008) reported that among unmarried, sexually active adolescents, 52.2% had experienced forced intercourse at least one

time. 37.4% of first sexual intercourse acts were forced. In a study of 487 university students in Tanzania, 11.2% of women and 8.2% of men reported unwanted sexual intercourse. The average age at the time of abuse was 13.6 years (McCrann, Lalor & Katabaro, 2006)

In West Africa, an estimated 35, 000 children are sex workers (UNICEF, 2001). There is a dearth of studies on childhood sexuality in Nigeria, except for isolated case studies of child sexual abuse (CSA) by adults (Obisesan et al, 1999), thus, there is little information available on how widespread child sexual abuse (CSA) is in the Nigerian society. The reason for this paucity of information is not difficult to understand. Interviewing children on sexual issues is often difficult and virtually not permissible because of the cultural and ethical issues involved (Obisesan et al, 1999). Generally, discussion on sex is a 'taboo' and most especially with children. However, a study on street children found that more than 15.4 % of female adolescent hawkers had procured abortion at least twice; had been pregnant without knowing who was responsible; had experienced rape and also contracted sexually transmitted infections (including HIV) (Osinowo O. A. 1992). Also, a study conducted by Obisesan et al (1999) revealed that 5% of respondents (196/3937) admitted to having had sexual intercourse between the ages of 6 and 10 years. Of these, 104 (2'6%) had sex once, 43 (1'1%) had sex twice and the remaining 49 (1'2%) had sex three or more times. There was no difference between the proportion of males that had sex (4'8%) and the proportion of females that had sex (5'1%)

Accurate statistics on the prevalence of child sexual abuse (CSA) are difficult to collect because of problems of underreporting and the lack of one definition of what constitutes such abuse. However, there is general agreement among mental health and child protection professionals that child sexual abuse (CSA) is not uncommon and is a serious problem.

## **2.4 Aetiology of Child Sexual Abuse (Theories on CSA)**

Three primary theoretical models have been presented to explain child sexual abuse (CSA): psychopathological, sociological and ecological (Roscoe, Callahan & Peterson, 1985). Some of the factors that fuel the occurrence of child sexual abuse (CSA) are briefly explained below and are summarized under the three theoretical models:

- **Culture:** Some cultures have long-standing practices, such as child marriage, that make child sexual abuse (CSA) permissible. More often, though, the breakdown of cultural



taboos raises the risks enormously. Long-held cultural mores can be weakened by media influences, tourism and the promotion of materialistic pursuits, making behaviour once considered inappropriate appear normal (UNICEF, 2001). Mejiuni (1991) addresses child abuse in Nigeria and the way that abuse seems to have escalated there. He argues that, although particular political and economic factors are implicated in the physical and sexual abuse of children in Africa, these find a fertile base in cultural settings or ideological facets of African patriarchal traditions of family life, which facilitate the sexual abuse of women and girls.

- **Family Dysfunction and Breakdown:** Sometimes parents cannot cope with the stress in their lives and become physically, emotionally or sexually abusive. Divorce and re-marriage can also place a strain on family relationships, as can children with unresolved conflicts of sexual identity. When families become homeless, or are forced to move from place to place, parents' abilities to care for and protect their children are also severely limited (UNICEF, 2001). Sometimes children run away; other times, they are left to fend for themselves. In addition, homes where children are being raised by single mothers are often targeted by molesters. Some authors have indicated that some aspects of parental physical absence can contribute to child sexual abuse (CSA). Some of those aspects are parental divorce (Rickards, 1997; Henning et al, 1997), the presence of a foster parent (Landy & Munro, 1998; Lipton, 1997), placing a child in a group home (Bosch, 1997; Anolik & Stevens, 1998), and placing a child in juvenile detention (Grossman, 1997; Dembo et al, 1993).
- **Gender Discrimination:** Since in many societies men are held in higher esteem than women, women and girls are often treated as property and denied a voice and a right to protection against violence. Families who don't value female children may choose to keep them from school or marry them off early, dramatically limiting their life opportunities and increasing their vulnerability to sexual abuse (UNICEF, 2001).
- **Globalization:** The greater movement of people and goods occurring as a result of globalization has made it much easier for traffickers to transport children across borders and has increased the number of destinations where paedophiles can seek sex with children (UNICEF, 2001).

- **HIV/AIDS:** Many exploiters are under the mistaken notion that younger children don't carry HIV. Yet children who are not fully grown are more likely than adults to be injured by penetrative sex, making it easier for the virus to enter their bodies. Children are also unlikely to be able to insist on safe sex practices or to even have information regarding risks of infection or access to condoms. HIV/AIDS has resulted in a massive rise in the number of orphans and child-headed households in which children must be wage earners. This vulnerability, along with the social stigma associated with AIDS in many parts of the world, leaves these children with few defences against sexual abuse (UNICEF, 2001).
- **Lack of Confidence and Self-esteem:** Child sexual abusers also target children who lack confidence and self-esteem (Elliott et al., 1995), suggesting the need to facilitate parent-child attachment. Given the increase in online sexual solicitation of youth (Mitchell, Finkelhor, & Wolak, 2001), it is critical that parents be informed about safe Internet use.
- **New Communications Technology:** New technology can help to protect children, but it can also be used to sexually abuse them. The Internet, for example, knows no national boundaries and is almost without regulation. Today, text, images, and audio and video files can be sent around the world in seconds. Child pornography, sex tourism information and mail-order brides are offered openly on the Internet, while forums on the Internet have become meeting grounds for sexually abusing children and pimps selling women (UNICEF, 2001).
- **Poverty:** Procurement agents thrive in urban slums and poor rural villages, where poverty severely blunts educational and employment opportunities. These agents bribe, coerce and lie to families, promising marriage or employment, often as domestic servants, to obtain children. Then they transport the children long distances, sometimes across borders and along well-worn clandestine drug routes. Families may also willingly send children to areas where there are better chances of a good job, inadvertently exposing the children to the risk of being sexually abused (UNICEF, 2001). Every national incidence study of child sexual abuse (CSA) has shown that poor families are disproportionately involved with child welfare services (Barth, 2009). Zuravin (1989) found that strong predictors of child sexual abuse (CSA) and neglect are families with poverty indicators and that the pattern of co-variation between economic stress indicators and inadequate social support indicators is consistent with the ecological hypothesis.

- **Relatives or Acquaintances (Incest):** It has been estimated that 70–90% of child sexual abuse (CSA) is perpetrated by someone known to the child (Finkelhor, 1994), including relatives (siblings, cousins, aunts/uncles), friends of the family, and caregivers in the home (fathers, stepfathers, mothers' boyfriends, babysitters). Incest between a child or adolescent and a related adult has been identified as the most widespread form of child sexual abuse (CSA) with a huge capacity for damage to a child (Courtois, 1988). Another researcher stated that about 30% of all perpetrators of sexual abuse are related to their victim, 60% of the perpetrators are family acquaintances, like a neighbor, babysitter or friend and 10% of the perpetrators in child sexual abuse (CSA) cases are strangers (Julia (2007).

## **2.5 Consequences of Child Sexual Abuse (CSA)**

Child sexual abuse (CSA) has generated a great deal of research in recent years. This section of the research work is aimed at shedding light to the negative short-term and long-term effects of child sexual abuse (CSA) as well as make significant contributions to the understanding of child sexual abuse (CSA) victims.

Women who were sexually abused as children have been found to be more likely to experience early (voluntary) sexual activity, have an unintended pregnancy, have multiple sex partners, experience depression, experience reproductive tract infections, and have sexually transmitted infections compared to women who were not sexually abused (Chen et al., 2006; Heise, 1994; Jejeebhoy & Bott, 2003; Olsson et al., 2000). A small number of studies demonstrate that women who experience child sexual abuse (CSA) are at an increased risk of being in a physically or sexually violent intimate relationship in adulthood (Arias, 2004; Heise et al., 1999). For example, a summary report from the Centers for Disease Control and Prevention showed that child sexual abuse victims were three to five times more likely to experience adult physical or sexual victimization than were those who had not experienced any type of abuse during childhood (Arias, 2004). Findings from Latin America are consistent with those from other regions of the world in having determined that women who experience child sexual abuse (CSA) are more vulnerable to subsequent non-consensual sex, increased risk of subsequent unsafe consensual sex, and poor mental and psychosocial health (Morrison, Ellsberg, & Bott, 2004).

Child sexual abuse (CSA) also affects families, communities and entire societies (Wurtele, 2009). In the United States (US), child sexual abuse (CSA) victims account for more than half of all individuals who receive mental health counselling or therapy (Cohen and Miller, 1998). Based on the magnitude of the problem and its association with a range of health problems, child sexual abuse (CSA) has been identified as a significant public health problem by the US Centers for Disease Control and Prevention (Hammond, 2003), and its prevention has been listed as a public health priority by the World Health Organization (Krug *et al.*, 2002).

Depending on the age and size of the child, and the degree of force used, child sexual abuse (CSA) may cause internal lacerations and bleeding. In severe cases, damage to internal organs may occur, which, in some cases, may cause death (Anderson; Mangels and Langsam, 2004). Herman-Giddens et al (1999) found six certain and six probable cases of death due to child sexual abuse (CSA) in North Carolina between 1985 and 1994. The victims ranged in age from 2 months to 10 years. Causes of death included trauma to the genitalia or rectum and sexual mutilation. Child sexual abuse (CSA) may cause infections and sexually transmitted diseases (De Jong (1985). Depending on the age of the child, due to a lack of sufficient vaginal fluid, chances of infections are higher. Vaginitis has also been reported (De Jong, 1985).

Research has shown that traumatic stress, including stress caused by sexual abuse, causes notable changes in brain functioning and development (Maia and Perry, 2006). Various studies have suggested that severe child sexual abuse (CSA) may have a deleterious effect on brain development. Ito et al (1998) found "reversed hemispheric asymmetry and greater left hemisphere coherence in abused subjects;" Teicher et al. (1993) found that an increased likelihood of "ictal temporal lobe epilepsy-like symptoms" in abused subjects; Anderson et al. (2002) recorded abnormal transverse relaxation time in the cerebellar vermis of adults sexually abused in childhood; Teicher et al (1993) found that child sexual abuse (CSA) was associated with a reduced corpus callosum area; various studies have found an association of reduced volume of the left hippocampus with child sexual abuse (CSA); Teicher (2002) and Ito et al (1993) found increased electrophysiological abnormalities in sexually abused children.

Navalta et al (2006) found that the self-reported math Scholastic Aptitude Test scores of their sample of women with a history of repeated child sexual abuse (CSA) were significantly lower than the self-reported math SAT scores of their non-abused sample. Because the abused

subjects verbal SAT scores were high, they hypothesized that the low math SAT scores could "stem from a defect in hemispheric integration." They also found a strong association between short term memory impairments for all categories tested (verbal, visual, and global) and the duration of the abuse.

Sexually abused children may also develop the following: unusual interest in or avoidance of all things of a sexual nature, sleep problems or nightmares, depression or withdrawal from friends or family, seductiveness, statements that their bodies are dirty or damaged, or fear that there is something wrong with them in the genital area, refusal to go to school, delinquency/conduct problems, secretiveness, aspects of sexual molestation in drawings, games, fantasies, unusual aggressiveness, and/or suicidal behavior (AACAP, 2008).

## **2.6 Preventing Child Sexual Abuse (CSA)**

Child sexual abuse (CSA) is a widespread social problem that negatively affects victims, families, communities, society, etc and is an extremely complex social problem that will require comprehensive solutions to eradicate (Wurtele, 2009). In response to the growing body of knowledge regarding the scope and consequences of child sexual abuse (CSA), many prevention programs were developed in the late 1970s and widely disseminated in the early to mid-1980s (Wurtele, 2009). Unlike efforts to prevent the physical abuse or neglect of children, the focus of child sexual abuse (CSA) prevention efforts has been primarily to alter the knowledge and skills of children through group-based instruction on personal safety, usually conducted in educational settings. This school system evolved as the obvious choice for teaching children about sexual abuse, given that their primary function is to inform and educate, and also because of their ability to reach large numbers of children of every racial, ethnic, and socioeconomic group in a relatively cost-efficient fashion.

Stagner and Lansing call for a new framework, with prevention efforts focusing on investments in children, families, and communities (Christina, 2009). They cited many possible approaches to the prevention of child sexual abuse (CSA) and these are:

1. **Community-Based Programs:** This is to coordinate prevention services and build communities that support families. This intervention programmed has two key goals

which are to foster community-wide norms of positive parenting and to manage the patchwork of individualized family service in most communities.

2. **Parent Education Programs:** This is aimed at improving the care children receive in their homes. Parenting programs are also offered as “stand-alone” services to families that sexually abuse their children or are at high risk of doing so. Positive Parenting Programme has perhaps the best evidence of actually preventing child sexual abuse (CSA) (Christina, 2009).
3. **Home Visiting Programs:** This is to deliver services to vulnerable families. It is a highly popular strategy for delivering a range of family services is home visiting. Although home-visiting programs do not focus exclusively on preventing abuse and neglect; some do not even include child sexual abuse (CSA) prevention as a goal, it nevertheless offers services, such as social support, referrals to community resources, parenting “coaching,” health information, and educational materials, that may help prevent child sexual abuse (CSA) (Christina, 2009).

Finkelhor (2009) suggested two broad strategies to preventing child sexual abuse (CSA) and these approaches have focused on two primary strategies— school-based educational programs and offender management. Unlike the previous approaches suggested by Stagner and Lansing, these approaches suggested by Finkelhor included Children, apart from the general community, in the preventive process.

1. **School-Based Educational Programs:** It focuses on education and primarily targeted to children themselves (Finkelhor, 2009), these efforts have also been aimed at families, teachers, youth service workers and others who may in position to intervene (Harriet, MacMillan and others, 1993). It teaches children such skills as how to identify dangerous situations, refuse an abuser’s approach, break off an interaction, and summon help and also aim to promote disclosure, reduce self-blame, and mobilize bystanders. Wurtele (2009) presented three main objectives of this programme:
  - It helps children to recognize potentially abusive situations or potential abusers;
  - It teaches children to try to resist by saying “no” and removing themselves from the potential perpetrator; and
  - It encourages them to report previous or ongoing abuse to an authority figure.

One central goal has been to impart skills to help children identify dangerous situations and prevent abuse—identifying boundary violations, unwanted forms of touching and contact, and other ways in which offenders groom or desensitize victims—as well as to teach them how to refuse approaches and invitations, how to break off interactions, and how to summon help (Finkelhor, 2009). The clear secondary goals have been to short-circuit and report ongoing abuse as well as to mitigate the negative consequences of abuse among children who may have been exposed by helping them not to feel guilty or at fault. The educational programs have been most successfully delivered through schools, but have recently also been adopted by religious education programs and youth-serving organizations (Finkelhor, 2009).

2. **Justice system strategy:** The second broad strategy suggested by Finkelhor (2009) is that which centered on tertiary strategies and this applied after the harm has already occurred. This he called “justice system strategy”. Justice system approaches prevention to child sexual abuse (CSA) have captivated public attention and, for that reason alone, cannot be ignored. Practitioners committed to this application believe that justice strategy system have “primary prevention” effects, because in theory the fear of swift, certain, and serious punishment by the justice system will deter the abuse before it happens (Finkelhor, 2009). Recent major offender management initiatives used by justice system approach as suggested by Finkelhor have included community notification, residency restrictions, sentence lengthening and civil commitment, registering sex offenders, community reintegration and supervision, controlling where offenders can live, enhancing detection and arrest and imposing longer prison sentences. Despite wide implementation of these strategies, however, researchers have formally evaluated few of them. Still, some evidence about their success exists, and certain extrapolations can be made from similar policies in other crime domains (Finkelhor, 2009).

One major goal of this strategy is to allow more rapid apprehension of re-offenders; another is to prevent crime by deterring existing and future offenders. Some observers, though, argue that registration, like a lot of offender management practices, makes it harder for offenders to reintegrate into society and violates the rights of those who have already paid their debt to society, particularly those forced to register retroactively (Finkelhor, 2009). Their strongest justification is that they are widely seen by the public as part of a system that holds people

accountable for serious crimes and provides a measure of justice for victims and their families. Such justifications may even trump evidence eventually showing that the strategies fail to reduce risk. Since prevention and increased safety are key objectives of these strategies, researchers should establish a broader foundation and tradition of program evaluation to help guide the strategies in the most favorable direction (Finkelhor, 2009).

During the late 1980s however, child sexual abuse (CSA) prevention programs have faced a “backlash” stemming from criticisms of and arguments against education programs (Wurtele, 2009). One criticism to School-based educational programs has been that the concepts taught in these programs are much too complex and complicated for children to understand (Melton, 1992). A major concern has been whether children can learn about sexual abuse and its prevention without becoming upset, frightened, or suspicious of nurturing touch. Critics also contend that child sexual abuse (CSA) prevention programs might harm children’s normal sexual development (Finkelhor, 2009). Although justice system strategy has won approval from both the public and policy makers, little evidence exists that they are effective in preventing sexual abuse (Finkelhor, 2009). This strategy is based on an overly stereotyped characterization of sexual abusers as pedophiles, guileful strangers who prey on children in public and other easy-access environments and who are at high risk to re-offend once caught (Tracy, 2008; Finkelhor, 2009). It only focuses on child and not adults; some recommit sexual offences and some were not caught in the act. In reality, the population is much more diverse, most sexual abusers are not strangers or pedophiles; many (about a third) are themselves juveniles (Finkelhor, 2009). He recommends using law enforcement resources to catch more undetected offenders and concentrating intensive management efforts on those at highest risk to re-offend.

A recent review of effective prevention programs for youth emphasized the need to target an array of settings, including schools, homes, and communities (Nation et al., 2003). As a result of this, Wurtele (2009) recommended four populations that need to be targeted for a comprehensive approach to child sexual abuse (CSA) prevention. These include (a) children/youth, (b) parents, (c) professionals, and (d) the public.

Apart from children education, child sexual abuse (CSA) prevention programmes that involve parents have a number of distinct advantages. The more knowledge parents have about child sexual abuse (CSA), the greater likelihood they can create safer environments for their



children and thus prevent the occurrence of sexual exploitation. Research has demonstrated that parents lack crucial information about CSA and can benefit from even brief educational efforts (Wurtele & Maureen, 2010). This lack of information is mostly traced to cultural barrier and negative attitudes posed towards sexually abused children (Wurtele, 2009).

Under the third prevention efforts identified by Wurtele (2009), three groups need to be identified. Wurtele claimed that informed teachers and child care providers not only enhance the impact of child-focused programs, but they also play important roles by identifying signs and symptoms of sexual abuse, responding appropriately to disclosures, and reporting abuse. Secondly, health care providers (e.g. pediatrician) are untapped resources for educating parents about child sexual abuse (CSA) (Wurtele 2009), hence greater need to collaborate with them (Socolar1996; Wurtele, 1999). Finally, more input from researchers and clinicians is needed along with more effective collaboration between those professionals who treat victims and those who treat offenders (Wurtele, 2009). For example, descriptions of typical ploys used by offenders to gain access to children and to ensure their silence can inform prevention work (e.g., Kaufman et al., 1998).

Also, there are many opportunities to target prevention efforts at the broader level of the macro-system. For example, the media can be used to transform child sexual abuse (CSA) from a shameful individual secret to a more public issue, and to shift it from an exclusive focus on stranger-danger to recognizing incest (Kitzinger, 2004). Public messages (e.g., television, radio, outdoor, and print ads) could also be used to address the norms that promulgate sex between children and teenagers/adults by emphasizing that child sexual abuse (CSA) is a crime, it is wrong to have sexual contact with children, children are not property to be used for one's sexual gratification, and children get hurt when you have sex with them, etc (Wurtele, 2009).

The advantages of these integrated approach are that it would tie together many stand-alone programs that focus on unhealthy relationships like child sexual abuse (CSA) and that it also recognizes that children who are at risk for sexual exploitation also tend to be at risk for other types of victimization (Finkelhor, Ormrod, Turner, & Hamby, 2005).

In conclusion, no strong scientific evidence points as yet in the direction of one strategy or program to prevent child sexual abuse (CSA). Considerable evaluation research exists about

these programs, suggesting that they achieve certain of their goals and have set back of their own. Finkelhor (2009) pointed to evidence that supports counseling strategies both for offenders, particularly juveniles, to reduce re-offending, and for victims, to prevent negative mental health and life course outcomes associated with abuse. Also, increase concern about high rate of child sexual abuse (CSA) has led to the demand for more prevention programmes, particularly those aimed at parents. For example, Anderson et al (2004); Repucci et al (2005); and Resofsky (2007) recognized a protection practice that should actively involve parents and adults in the primary prevention of child sexual abuse (CSA). This calls for situational strategy.

## **2.7 Managing Child Sexual Abuse (CSA): Legal Provision and Parental involvement**

The occurrence of child sexual abuse (CSA) has spread and gained ground all over the world and its psychological, ecological and social effect cannot be overlooked. This calls for not only prevention of the future occurrence but also management of already sexually abused children as well as child molesters. This section provides two ways of managing sexually abused children: Legal provision and parental involvement. Finkelhor (2009) posited a management strategy which he called criminal justice management strategy. Criminal justice management strategy is applied after the harm has already occurred, and is often expensive. Justice system management approach to child sexual abuse (CSA) has captivated public and policy attention and for that reason alone cannot be ignored (Finkelhor, 2009).

This strategy emphasizes the improvement of ways of integrating and supervising sex offenders when they return to the community to prevent re-offending. An innovative program originating in Canada called the Circles of Accountability and Support recruits and trains five community volunteers for each offender; one meets with the offender daily (Finkelhor, 2009). This has been evaluated for over four and a half years and had found that offenders paired with Circles volunteers had a 70 percent lower rate of offending than those not so paired (Wilson; Picheca, and Prinzo, 2005)

Finkelhor (2009) advised that this management strategy should cultivate some low-intensity strategies appropriate for relatively low-risk offenders, including youth and family offenders. Educational, mental health and volunteer recruitment programs for the family and friends of such offenders could minimize re-offense potential and detect signs of relapse. Given

the strong appeal and likely efficacy of early intervention to short-circuit offending careers, special attention should be paid to assessing and intervening in sexually inappropriate behavior among juveniles.

Furthermore, the study of parental involvement in the management of child sexual abuse (CSA) has gained considerable interest for professionals in the helping fields. Researchers and clinicians conclude that parental support plays an important role in ameliorating the negative effects of child sexual abuse (CSA) (Finkelhor, 2009). Parental emotional support has been positively and significantly related to the sexually abused child's post-abuse functioning (Spaccarelli, 1994). For example, support of a child is significantly diminished when he/she is not believed or is blamed by the non-offending parent for the sexual abuse. This can have immediate and long-term negative effects on the victim and may result in recantation (Summit, 1983).

It is however important that parents respond positively to their children upon disclosure of their sexual abuse act. Children who received supportive responses following disclosure had less traumatic symptoms and were abused for a shorter period of time than children who did not receive support (Gries et al, 2000 and Kogan, 2005). Also, negative social reactions to disclosure have actually been found to be harmful to the survivor's well being (Ullman, 2003). A study reported that children who received a bad reaction from the first person they told, especially if the person was a close family member, had worse scores as adults on general trauma symptoms, post traumatic stress disorder symptoms, and dissociation (Roesler, 1994).

## **2.8 Cultural Beliefs as Impediments to Child Sexual Abuse (CSA) Prevention and Management**

The role of culture when providing services for families in the wake of child sexual abuse (CSA) disclosure is a charged issue although surprisingly little attention has been given in the research literature to this (Alaggia, 2001). Several surveys have found that parents lack crucial information about child sexual abuse (CSA) and often adhere to many common myths. This lack of information is mostly traced to cultural barrier and negative attitudes posed towards sexually abused children (Wurtele, 2009; Wurtele & Kenny, 2009). Several studies have found that parents underestimate the prevalence of child sexual abuse (CSA) (Olsen & Kalbfleisch, 1999;

Tutty, 1993). Others have found that parents are unaware that boys can be sexually abused (Chen and Chen, 2005; Chen et al., 2007; Tang and Yan, 2004). Parents of preschool-aged children often believe that their children are at low risk of being sexually abused (Collins, 1996; Reppucci et al., 1994; Tang and Yan, 2004), even though children are especially vulnerable to sexual abuse during the preschool years.

Advancing cultural competence and taking culture into consideration are proposed in the assessment and treatment of child sexual abuse (CSA) (Gomez, 1992; Heras, 1992; Thomas, 1992), but it is more accurate to say that these are cautionary guidelines rather than models of intervention. Despite the growing body of knowledge in the area of child sexual abuse (CSA), there has been little investigation into cultural factors that influence parents' level of information and their involvement in the prevention of child sexual abuse (CSA). The few studies that have been conducted have relied on case file analysis and caseworker records (Alaggia, 2001). The present day is an attempt to address this paucity in the research and clinical literature by asking mothers directly about their responses. The findings suggest that together with relationship and ecological considerations, cultural factors figured prominently in how the mothers understood the sexual abuse of their children and influenced their actions in the aftermath of disclosure. Through grounded theory method, the process of contextualizing maternal response helps elucidate factors that enhance or impede supportive parental involvement. Findings from analysis of the interview data point to practice directions for helping professionals who provide services for intra-familial child sexual abuse (Alaggia, 2001).

Garbarino (1992 and 1995) recommended that practices viewed as acceptable by one culture can be viewed as abusive or neglectful in another culture. However, while cultures vary in their definitions of child sexual abuse (CSA) and neglect, each group nevertheless has criteria for identifying behaviors that are outside the realm of acceptable child training.

## **2.9 Cultural Beliefs and Risk Construction**

In many parts of the world, some authors have tried to determine the risk factors for child sexual abuse (CSA) in a particular society (for example, in Malaysia: Kassim & Kasim, 1995; in Australia: Fleming, Mullen & Bammer, 1997; in North America: Finkelhor, 1979, 1980, 1993, 1994; Finkelhor & Baron, 1986; Finkelhor, Hotaling, Lewis & Smith, 1990; Bergner, Delgado &

Graybill, 1994), but most of the findings have not been replicated across all studies. For instance, in North America, out of the eight risk factors found by Finkelhor (1979) (parental occupation, income, and education; religion; ethnicity; presence or absence of the father at home; presence of a step-parent; degree of violence at home; and the quality of parental marital home), only one factor (family income less than \$10,000) was confirmed by Bergner et al. (1994). In South Africa, Collings (1991) found punitive or emotional rejecting parents and separation from the natural father as significant factors.

Studies of risk factors for sexual abuse show girls victims outnumbering boys. For girls, risks rise with age; for boys, they peak around puberty (Finkelhor, 1994). Other risk markers for child victimization include not living with both parents and residing in families characterized by parental discord, divorce, violence, and impaired supervisory capacities. Histories of sexual abuse are strongly associated with adverse social, psychological, and health outcomes in both retrospective and prospective studies (Elizabeth et al, 2001). Offenders are overwhelmingly male, ranging from adolescents to the elderly. There are two life-stage peaks in onset for offending, one during adolescence, when delinquent behavior rises generally, and one during the thirties, when access to children again becomes more common (Stephen et al, 2004).

Wulczyn identifies a number of risk factors for sexually abuse children; the first is a child's age. In 2000, for example, the victimization rate for infants (under age one) was 16 per thousand children, higher than the rate for children of any other age. The second-highest rate, that for one-year-olds, was less than half that for infants. Wulczyn also presents evidence that poverty and race are risk factors for child sexual abuse (CSA), with poor children having markedly higher rates of sexual abuse than non-poor children and black children having higher rates than white children. Although there is no simple explanation for racial differences in sexual abuse rates, the evidence suggests that black children have higher rates in part because of the interweave between poverty and race. Children in families with substance abuse problems are also at a sharply elevated risk of having maltreatment cases substantiated and are also more likely to be placed in foster care than other maltreatment victims. Overall, these findings suggest that prevention efforts may be best targeted toward families with infants living in impoverished communities, especially if the parents have substance abuse problems (Paxson and Haskins, 2009).

## **2.10 Theoretical Framework**

Some theories have been proposed to explain why and how children are sexually abused and also why people (perpetrator of sexual abuse) find delight in committing such a “crime”. The theories underpinning this study are derived mainly from sociological and psychological explanations of the causes of and reasons for human behaviour as well as how it can be controlled. The theories are attribution theory, social constructionism, moral development theory and family system theory.

### **2.10.1 Attribution Theory**

Attribution theory is a concept in social psychology referring to how individuals explain causes of behavior and events. This theory was first proposed by Fritz Heider in his book titled “*The Psychology of Interpersonal Relations*” (1958). It was further developed by others such as Harold Kelley and Bernard Weiner. Heider argued that, as an active perceiver of events, the average person continuously or spontaneously makes causal inferences on why the events occur (Heider, 1958). Eventually, these inferences become beliefs or expectations that allow the person to predict and understand the events that they observe and experience. Heider used this theory to study the nature of interpersonal relationship, and espoused the concept of what he called "common sense" or "naïve psychology". In his theory, he believed that people observe, analyze, and explain behaviors with explanations.

#### **2.10.1.1 Assumptions of Attribution Theory**

Attribution theory is concerned with how individuals interpret events and how this relates to their thinking and behavior. Attribution theory assumes that people try to determine why people do what they do. A person seeking to understand why another person did something may attribute one or more causes to that behavior. Although people have different kinds of explanations for the events of human behaviors, Heider found it is very useful to group explanation into two categories:

1. Internal attribution: This makes inference that a person is behaving in a certain way because of something about the person, such as attitude, character or personality.
2. External attribution: This generalize that a person is behaving in a certain way because of the situation he or she finds him or herself.

Our attributions are also significantly driven by our emotional and motivational drives (Daly, 1996). Blaming other people and avoiding personal recrimination are very real self-serving attributions. We will also make attributions to defend what we perceive as attacks. We will point to injustice in an unfair world. We will even tend to blame victims (of us and of others) for their fate as we seek to distance ourselves from thoughts of suffering the same plight. We will also tend to ascribe less variability to other people than ourselves, seeing ourselves as more multifaceted and less predictable than others (Daly, 1996). This may well be because we can see more of what is inside ourselves (and spend more time doing this).

### **2.10.1.2 Limitations of Attribution Theory**

While people strive to find reasons for behaviors, they fall into many traps of biases and errors. As Fritz Heider says, “our perceptions of causality are often distorted by our needs and certain cognitive biases” (Forsyth, 1987). The following are examples of attributional biases.

The fundamental attribution error is a cognitive bias in which people put too much emphasis on internal, dispositional factors in explaining people’s behaviors rather than explaining them in terms of situational factors. For example, when a child is sexually abused, more knowledgeable orders (MKO) assume that the child is indecent or immoral without sufficiently taking into account the situation that the child finds himself or herself.

Attribution is culture bias. Research shows that culture, either individualist or collectivist, affects how people make attributions (Hongyin, 1993). People from individualist cultures (e.g. North American and Western European societies) are more inclined to make fundamental-attribution error than people from collectivist cultures (e.g. Asia, Latin America, and Africa). Individualist cultures tend to attribute a person’s behavior to his internal factors whereas collectivist cultures tend to attribute a person’s behavior to his external factors.

Self serving bias is attributing dispositional and internal factors for success and external, uncontrollable factor, for failure. For example, if a person is sexually abused, it is because of the way the person dresses and her manner of behaving (internal factor) and if otherwise, it is because his/her neighbour dislike him/her (external uncontrollable factor).

### **2.10.1.3 Relevance of Attribution Theory**

We all have a need to explain the world, both to ourselves and to other people, attributing *cause* to the events around us. This gives us a greater sense of control. When explaining behavior, it can affect the standing of people within a group (especially ourselves). When the perpetrator of child sexual abuse (CSA) will explain the action of the victim, he/she will often use internal attribution, saying it is due to internal personality factors (for instance, because she is beautiful or the way she dresses). When the perpetrator will explain his/her action, he/she will more likely use external attribution, attributing causes to situational factors rather than blaming himself/herself (for instance, it happened because she came to my house). We will attribute our successes internally and our failure or regret to external factor. Our attributions are also significantly driven by our emotional and motivational drives. Blaming other people and avoiding personal recrimination are very real self-serving attributions. We will also make attributions to defend our errors by saying, for instance, “it is the devil’s act”. We will even tend to blame victims for their fate as we seek to distance ourselves from thoughts of suffering the same plight. This theory has really helped in explaining why perpetrator of child sexual abuse (CSA) often attributes the cause to external or situational factors.

### **2.10.2 Social Constructivism**

Social constructivism emphasizes the importance of culture and context in understanding what occurs in society and constructing knowledge based on this understanding (Derry, 1999; McMahon, 1997). This perspective is closely associated with many contemporary theories, most notably the developmental theories of Vygotsky and Bruner, and Bandura's social cognitive theory (Shunk, 2000). This theory has been applied by Jensen in the year 2005 to study children’s perspective of sexual abuse and the context for disclosure (Jensen et al, 2005)

Some social constructivists discuss two aspects of social context that largely affect the nature and extent of the learning (Gredler, 1997). On the one hand, a historical development is inherited by the learner as a member of a particular culture. Symbol systems, such as language, logic, and mathematical systems, are learned throughout the learner's life. These symbol systems dictate how and what is learned. On the other hand, the nature of the learner's social interaction



with knowledgeable members of the society is important. Without the social interaction with more knowledgeable others (MKOs), it is impossible to acquire social meaning of important symbol systems and learn how to use them. Young children develop their thinking abilities by interacting with adults.

#### **2.10.2.1 Assumptions of Social Constructivism**

Social constructivism is based on specific assumptions about reality, knowledge, and learning. To understand and apply models of instruction that are rooted in the perspectives of social constructivists, it is important to know the premises that underlie them.

- **Reality:** Social constructivists believe that reality is constructed through human activity. Members of a society together invent the properties of the world (Kukla, 2000). For the social constructivist, reality cannot be discovered: it does not exist prior to its social invention.
- **Knowledge:** To social constructivists, knowledge is also a human product, and is socially and culturally constructed (Ernest, 1999; Gredler, 1997; Prawat & Floden, 1994). Individuals create meaning through their interactions with each other and with the environment they live in.
- **Learning:** Social constructivists view learning as a social process. It does not take place only within an individual, nor is it a passive development of behaviors that are shaped by external forces (McMahon, 1997). Meaningful learning occurs when individuals are engaged in social activities.

#### **2.10.2.2 Relevance of Social Constructionism**

According to this theory, there is no meaning in the world until we construct it and the meaning we make about social phenomenon is affected by our social interpretation of it. This theory emphasizes that children interact with more knowledgeable orders (MKOs) in order to find meaning of social phenomenon, e.g. love and affection. In the process of finding meanings to social phenomenon, children engage in social activities. Their engagement make them to be susceptible or vulnerable to any dangerous activities like fondling genitals or genital exposure that might be presented to them during the process. Hence, without engaging in social activities

(which is not possible for human being, even a day old child interact through 'crying' to gain mother's attention), children cannot be sexually abused.

### **2.10.3 Moral Development Theory**

Moral development theory is a modified form of cognitive development theory of Piaget and it was developed by Lawrence Kohlberg (1958). Consistent with Piaget, he proposed that children form ways of thinking through their experiences which include understandings of moral concepts such as justice, rights, equality and human welfare. On the basis of his research, Kohlberg identified six stages of moral reasoning grouped into three major levels. Each level represented a fundamental shift in the social-moral perspective of the individual.

At the first level, the pre-conventional level (0-9 years old), a person's moral judgments are characterized by a concrete, individual perspective. Within this level, the first stage heteronymous orientation focuses on avoiding breaking rules that are backed by punishment, obedience for its own sake and avoiding the physical consequences of an action to persons and property. As in Piaget's framework, the reasoning of stage one is characterized by ego-centrism and the inability to consider the perspectives of others. At stage two there is the early emergence of moral reciprocity. Here, orientation focuses on the instrumental, pragmatic value of an action. Reciprocity is of the form, "you scratch my back and I'll scratch yours." The Golden Rule becomes, "If someone hits you, you hit them back." At this stage, one follows the rules only when it is to someone's immediate interests. What is right is what is fair in the sense of an equal exchange, a deal, an agreement. At stage two, there is an understanding that everybody has his (her) own interest to pursue and these conflict, so that right is relative (in the concrete individualist sense).

Individuals at the conventional level of reasoning (9-20 years old), however, have a basic understanding of conventional morality, and reason with an understanding that norms and conventions are necessary to uphold society. They tend to be self-identified with these rules, and uphold them consistently, viewing morality as acting in accordance with what society defines as right. Within this level, individuals at stage three are aware of shared feelings, agreements, and expectations which take primacy over individual interests. Persons at this stage define what is

right in terms of what is expected by people close to one's self, and in terms of the stereotypic roles that define being good - e.g., a good brother, mother, teacher. Being good means keeping mutual relationships, such as trust, loyalty, respect, and gratitude. The perspective is that of the local community or family. There is not as yet a consideration of the generalized social system. Stage four marks the shift from defining what is right in terms of local norms and role expectations to defining right in terms of the laws and norms established by the larger social system. This is the "member of society" perspective in which one is moral by fulfilling the actual duties defining one's social responsibilities. One must obey the law except in extreme cases in which the law comes into conflict with other prescribed social duties. Obeying the law is seen as necessary in order to maintain the system of laws which protect everyone.

Finally, the post conventional level (20 and above) is characterized by reasoning based on principles, using a "prior to society" perspective. These individuals reason based on the principles which underlie rules and norms, but reject a uniform application of a rule or norm. While two stages have been presented within the theory, only one, stage five, has received substantial empirical support. Stage six remains as a theoretical endpoint which rationally follows from the preceding five stages. In essence this last level of moral judgment entails reasoning rooted in the ethical fairness principles from which moral laws would be devised. Laws are evaluated in terms of their coherence with basic principles of fairness rather than upheld simply on the basis of their place within an existing social order. Thus, there is an understanding that elements of morality such as regard for life and human welfare transcend particular cultures and societies and are to be upheld irrespective of other conventions or normative obligations.

#### **2.10.3.1 Criticisms of Moral Development Theory**

This theory has been criticized by Domain Theory which posits that moral development theory only emphasize on morality and not also on convention. Within domain theory, a distinction is drawn between the child's developing concepts of morality, and other domains of social knowledge, such as social convention. According to domain theory, the child's concepts of morality and social convention emerge out of the child's attempts to account for qualitatively differing forms of social experience associated with these two classes of social events. While

Morality is structured by concepts of harm, welfare, and fairness, concepts of convention are structured by the child's understandings of social organization.

A second major critique of Kohlberg's work was put forth by Carol Gilligan, in her popular book, *"In a Different Voice: Psychological Theory and Women's Development"* (1982). She suggested that Kohlberg's theories were biased against women, as only males were used in his studies. By listening to women's experiences, Gilligan offered that a morality of care can serve in the place of the morality of justice and rights espoused by Kohlberg. In her view, the morality of caring and responsibility is premised in nonviolence, while the morality of justice and rights is based on equality.

#### **2.10.3.2 Relevance of Moral Development Theory**

This theory has helped to explain human behaviour at different stage of life. For instance, a child at pre-conventional level (0-9 years old) is likely to follow whatever he/she is being told to do by more knowledgeable others (MKOs) in order to avoid punishment or to gain reward. This has helped to account for the cause of the prevalence of sexual abuse at this stage of life. For instance, a study by Finkelhor (1993) concluded that the risk of being sexually abused increased dramatically for children below the age of 10. A later study by Robin et al (1997) confirm the mean age for the onset of sexual abuse for both boys and girls at 6 to 9 years. Parents at this stage should be more meticulous about their children. Also, human behaviour at the conventional level (9-20 years old) emphasizes the gaining of approval and avoiding disapproval from the society. This has helped to explain the reason why disclosures of sexual abuse are common at this stage because individual don't willingly want to be reprimanded of their behaviour; hence they try to find a good means to achieve this. For instance, a study by Jensen et al (2005) reported that majority of the participants reported their cases of child sexual abuse (CSA) between the ages 9 and 12. The reason for this is that they want to gain approval or avoid blame from close relatives.

#### **2.10.4 Family Systems Theory**

Family systems theory is a theory of human behavior that views the family as an emotional unit and uses systems thinking to describe the complex interactions in the unit. Dr.

Murray Bowen, a psychiatrist, originated this theory. He formulated the theory by using systems thinking to integrate knowledge of the human species as a product of evolution and knowledge from family research.

#### **2.10.4.1 Assumptions of Family Systems Theory**

A core assumption is that an emotional system that evolved over several billion years governs human relationship systems. People have a "thinking brain," language, a complex psychology and culture, but people still do all the ordinary things other forms of life do. The emotional system affects most human activity and is the principal driving force in the development of clinical problems. Knowledge of how the emotional system operates in one's family, work, and social systems reveals new and more effective options for solving problems in each of these areas.

The family systems approach is based on several other basic assumptions:

- Each family is unique, due to the infinite variations in personal characteristics and cultural and ideological styles;
- The family is an interactional system whose component parts have constantly shifting boundaries and varying degrees of resistance to change;
- Families must fulfill a variety of functions for each member, both collectively and individually, if each member is to grow and develop; and
- Families pass through developmental and non-developmental changes that produce varying amounts of stress affecting all members.

#### **2.10.4.2 Relevance of Family Systems Theory**

It is the nature of a family that its members are intensely connected emotionally. Often people feel distant or disconnected from their families, but this is more feeling than fact. Family members so profoundly affect each other's thoughts, feelings, and actions that it often seems as if people are living under the same "emotional skin." People solicit each other's attention, approval, and support and react to each other's needs, expectations, and distress. The connectedness and reactivity make the functioning of family members interdependent. The emotional

interdependence presumably evolved to promote cohesiveness and cooperation families require to protect, shelter, and feed their members. This cohesiveness and corporations have created other negative experiences like sexual abuse among members of the family system. For instance, in a study by Jensen et al (2005), all the sexually abused children who participated in the study (22 children in 20 families) were described as having close emotional ties to the suspected offenders. A change in one person's functioning is predictably followed by reciprocal changes in the functioning of others. Families differ somewhat in the degree of interdependence, but it is always present to some degree.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This chapter explains the research methodology of this study. The chapter includes discussions on the study location, research design, the study population, the sampling frame and sampling procedure, data collection instruments, timeline for data collection, pre-test of research instruments, data analysis and finally informed consent and confidentiality.

#### **3.1 Study Location**

Ile-Ife and Modakeke are ancient Yoruba cities, located in Osun State, South Western part of Nigeria. Ile-Ife, in particular, is believed to be the source or the origin of the entire Yoruba race and it is generally referred to as the religious home of the Yoruba people throughout the world. Ooni of Ife is the paramount traditional ruler in the city, he is a first class “Oba” and there are also other traditional heads in the city with the duties of seeing to the peaceful co-existence of the people of Ile-Ife.

The cities comprised of Christians, Muslims and Traditional religious practitioners, of which they all live together peacefully without any religious crisis recorded. The major infrastructural developments in these cities include, Obafemi Awolowo University, which is regarded as the most beautiful campus in Africa in terms of its architectural design and a private polytechnic– named The Polytechnic Ife, which is owned by an indigene of Ile-Ife.

The major health institutions in the cities are the Obafemi Awolowo University Teaching Hospitals Complex (OAUTH) and Seventh Day Adventist Hospital while there are two state hospitals located at Aderemi road and Oke-Ogbo with several primary health units owned by both Ife Central and Ife East Local Governments. Other notable infrastructures include some commercial banks located in Lagere area which is the commercial centre of the cities, two micro finance banks; the Ife city hall built by Ife Development Board is located at Ile-Ife near the palace of the Ooni.

There are three major markets in the cities, the New Market (Oja tuntun), Ife Market (Oja Ife) and Modakeke market (Oja Modakeke) but there are other smaller markets located at different areas of the cities. There are several satchet/table water factories located in different parts of Ile-Ife and Modakeke, several Cocoa stores and other small scale industries. It should however, be noted that most roads linking the cities are in poor conditions with a handful of fairly good ones. Nevertheless, the cities lead to Lagos for those who are coming from Ilesa and transportation for those who are going direct to Abuja by Bus is available.

Conclusively, there is a very slow rate of socio-economic and infrastructural development in Ile-Ife and Modakeke considering its position as the cradle of the Yoruba race (Ile-Ife in particular).

### **3.2 Research Design**

This research work is exploratory in nature and it conducted a mixed research design consisting of survey among in-school adolescents and in-depth interviews among teachers who are also parents. Mixed research design was considered relevant as the study is focused on child sexual abuse prevalence and teachers' involvement in its management among in-school adolescents in Osun State.

Both survey and exploratory research design were adopted. Survey design was used because of its ability to make inferences and to gather vast amount of data within short period of time. The survey was cross-sectional, with the data collected at one point in time. Also, exploratory research design was used in order to help bring to light the hidden experiences of teachers (who are also parents) which cannot be obtained through other methods. This was carried out through the use of in-depth interview by asking about their involvement in the prevention and management of child sexual abuse (CSA).

### **3.3 The Study Population**

The population of this study consisted all the in-school adolescents in Ile Ife and Modakeke secondary schools as well as teachers who are also parents within the specified vicinity. The total number of secondary schools in Osun State is two hundred and eight (208). These secondary schools were shared among thirty (30) Local Governments and one (1) Area Office; out of



which, four were located in Ile-Ife town of Osun State. Due to limited resources (in term of time and money), the study was carried out in two Local Governments (Ife Central and Ife East Local Governments) in Osun State.

### **3.4 Sample Size and Sampling Procedure**

The sample size for this study is 450 respondents and 10 participants. The sample of 450 respondents (students) was selected from 8 secondary schools in two Yoruba communities (Ile-Ife and Modakeke). The selection of these eight secondary schools was decided purposively after these secondary schools have been stratified into eight strata (one from each stratum). The names of the secondary schools are:

1. Moremi High School III, Ile-Ife
2. Seventh Day Adventist Grammar School, Ile-Ife
3. St. David Grammar School, Ile-Ife
4. Oluorogbo High School, Ile-Ife
5. The Apostolic Grammar School, Modakeke
6. St. Timothy Model Academy, Modakeke
7. Modakeke High School, Modakeke
8. Our Ladys Girls High School, Modakeke

Also, 10 teachers (who are also parents) were interviewed in-depth in order to understand their involvement in the prevention and management of child sexual abuse (CSA) and their disposition towards sexually abused children.

Multi-stage (two stage) sampling was employed for this study. This involves a sampling procedure of more than one stage. The first consist of breaking down the population into sets of distinct groups, from these a number of groups are selected. Each group selected is broken down into units from which a sample is taken. This continues depending on the number of stages involved. With this method in researcher's mind, all the secondary schools the two Yoruba communities were divided into eight groups of secondary schools. From each group, one secondary school was selected. This selection was based on purposive sampling technique. Furthermore, from each secondary school out of the eight selected secondary schools, a number

of between 50 and 70 respondents (in-school adolescents) were selected; this was based on the number of students in each school as well as the size of their halls so as to provide enough space that will help affirm their confidentiality. The method for selecting these students was based on judgmental or purposive sampling technique. Judgmental sampling technique refers to the judgment of the researcher based on who can provide best information to achieve the objective of the study. Furthermore, in selecting 10 teachers who are also parents, a non-probability purposive sampling technique was adopted.

### **3.5 Data Collection Instrument**

The forms of data collection instrument used for this study are self administered questionnaires and in-depth interview on child sexual abuse (CSA) prevalence and teachers' involvement in its management amongst in-school adolescents in Osun State. These instruments were purposely developed and designed by the researcher based on the information derived from the literature. However, over some times, some modifications were made on the questionnaire and the interview guide as a result of respondents'/participants' misunderstanding of some questions; this was done in order to ascertain the reliability and validity of the research instrument. On the one hand, the questionnaire consisted five sections; section one aimed at generating respondents' socio-demographic data, section two was to measure the standard of living of the respondents, section three was devoted at investigating the prevalence and nature of child sexual abuse (CSA) among in-school adolescence as well as the knowledge of the perpetrators, section four set to inquire the prevalence and nature of how respondents had victimized others as well as the knowledge of the victims, and the final section (section five) was designed to examine adolescents' perceptions of child sexual abuse (CSA). On the other hand, in-depth interview was used as a complementary to the quantitative method of data collection in order to check and balance its deficiencies (such as its inability to investigate teachers' involvement in the prevention and management of child sexual abuse). Also, the interview guide was structured in such a way that the objectives of the research study will be achieved.

### **3.6 Timeline for Data Collection**

On the whole, three months was used to administer the 450 questionnaire as well as conduct the in-depth interview by the investigator. For each school, the researcher first went to

the school principal (or vice principal) who later directed him to the class teachers in charge of students before the exercise were carried out. In addition to this, the process was repeated in order to interview 10 participants (teachers who are also parents). During these three months, the researcher only went to the field once or twice in a week (especially Thursdays or/and Fridays) due to academic workloads and other extra curriculum activities.

### **3.7 Pre-test of Research Instrument**

The pre-test of the research instrument was conducted on a set of 20 Junior Secondary Students 3 (JSS3) who are not part of the study and the results were analyzed using statistical Package for Social Sciences. The pre-test was conducted so as to make certain that the questions in the main research instrument are not ambiguous. To achieve this aim, some questions which the students misunderstood or avoid answering due to the way it was asked were modified so as to get appropriate responses in the main study and to avoid, to a large extent, missing responses.

### **3.8 Data Analysis**

The data obtained from the respondents were properly cleaned, coded, scored and analyzed using simple percentages of all the sections in the quantitative research instrument. The Statistical Package for Social Sciences (SPSS) was used to analyze the collected data. The researcher determines the level of standard of living using variables that have direct effect to it. These variables were given value from '0' upward depending on the scale of each variable. The final result grouped respondents into low, medium or high standard of living. In addition, cross tabulations of child sexual abuse (CSA) with socio-demographic characteristics was analyzed so as to determine the prevalence of child sexual abuse (CSA) among in-school adolescents across socio-demographic data. Furthermore, Pearson Correlation Analysis was performed so as to find out the level (high or low) of correlation between child sexual abuse (CSA) and standard of living.

Also, in organizing and analyzing the results of the participants from in-depth interview session, content analysis was adopted. The results of the findings were interpreted in line with the objectives of the research work. The researcher broke each participant's response into smaller component units before developing relevant categories for analyzing the data. The units were coded in line with each category and the frequency with which these units occurred were

counted. The participants' responses were finally analyzed in term of the frequency of the units and their relationship with other units that occurred in their responses. The presentation of participants' responses were looked into carefully and proper selection as to which particular response(s) best explain the question at hand was/were selected for presentation in the main study. This was done in order to avoid haphazard work and to remove irrelevant responses which are not in line with the aims and objectives of this research study.

### **3.9 Informed Consent and Confidentiality**

As a result of many problems that researchers do face when collecting data, especially the one that is based on the knowledge about the research topic, which have rendered many collected data invalid, the investigator gave full informed consent (knowledge) to respondents and participants about the research topic –child sexual abuse prevalence and teachers' involvement in its management amongst in-school adolescents. In doing this, a period of between three and six minutes was set aside to give detail information about the research topic and its essence to this generation as well as incoming generations.

Also, looking at the sensitivity of this research topic, the respondents and participants were assured of the confidentiality of their responses. To support this assurance, no respondent or participant were asked to respond to any of the questions under duress and any respondent or participant that did not feel safe to disclose any relevant information were allowed (at his/her choice) not to do so. This means that the autonomy of the respondents and the participants were put into consideration and the researcher was honest to abide by this.

## CHAPTER FOUR

### ANALYSES, PRESENTATIONS, INTERPRETATIONS AND DISCUSSIONS OF RESEARCH FINDINGS

#### 4.0 Introduction

This chapter analyzes, presents and interprets the data generated for this study alongside with appropriate discussions of the research findings in relation to theoretical framework and relevant literature. In all, 443 questionnaires (out of 450 administered questionnaires) were generated and ten interviews were conducted with teachers who are also parents. It starts by analyzing, presenting and interpreting the socio-demographic characteristics of the respondents. It further measures the standard of living of the respondents according to the information generated from them. In addition, this chapter presents, analyzes and interprets the prevalence and nature of child sexual abuse (CSA) among in-school adolescents as well as knowledge of the perpetrator. Moreover, it analyzes, presents and interprets the prevalence and nature of child sexual abuse (CSA) that in-school adolescents have caused as well as the knowledge of the victims. Furthermore, it presents, analyzes and interprets the perceptions of child sexual abuse (CSA) among in-school adolescents, cross tabulate child sexual abuse (CSA) with socio-demographic data of the respondents and tests the hypothesis between standard of living and child sexual abuse (CSA). The chapter finally analyze (content analysis) the data from the in-depth interview and discuss the research findings comprehensively.

#### 4.1 Analyses, Presentations and Interpretations of Socio-Demographic Data

**Table 4.1: Percentage distribution of respondents based on their socio-demographic data**

Variables	Freq.	%	Variables	Freq.	%
<b>Gender</b>			<b>Place of Residence</b>		
Male	178	40.2	Ile-Ife	232	52.4
Female	265	59.8	Modakeke	211	47.6
Total	443	100	Total	443	100
<b>Age</b>			<b>Religion</b>		
9-12 years	14	3.2	Christianity	330	74.5
13-16 years	359	81.0	Islam	111	25.1
17-20 years	70	15.8	Traditional	2	0.5
Total	443	100	Total	443	100

**Source:** Field Survey, 2011

The table 4.1 shows the percentage distribution of respondents based on their socio-demographic data (such as gender, place of residence, age and religion). The questions on socio-demographic data were asked in order to determine the kind of people who were represented in this research work in term of their gender (whether male or female); place of residence (whether they reside in Ile-Ife or Modakeke – the two Yoruba communities used for this study); age range (whether young or old adolescents); and their belief system (whether Christianity, Islam or Traditional religion).

The results reveal that approximately three-fifth (59.2%) of the respondents were females while the remaining 40.2% were males. This indicates an approximate ratio of 3:2. On the basis of place of residence, a little more than half (52.4%) of the respondents resides in Ile-Ife while 47.6% reside in Modakeke. Based on their age range, the mean age of the respondents was 15 years. Majority (81%) of the respondents were between the ages 13 and 16 years. However, while less than one fifth (15.8%) were between 17 and 20 years, just 3.2% of the respondents fell between 9 and 12 years of age. In terms of religion, approximately three quarter (74.5%) of the respondents were Christians while approximately one quarter (25.5%) practiced Islam as their religion.

#### 4.2 Measurement of Standard of Living

**Table 4.2: Percentage distribution of respondents based on their standard of living**

Variables	Freq.	%	Variables	Freq.	%
<b>Father's Level of Education</b>			<b>Mother's Level of Education</b>		
None	1	0.2	None	1	0.2
Primary	46	10.4	Primary	58	13.1
Secondary	233	52.6	Secondary	247	55.8
Tertiary	163	36.8	Tertiary	137	30.9
Total	443	100	Total	443	100
<b>Father's Occupation</b>			<b>Mother's Occupation</b>		
Self Employed	243	54.9	Self Employed	316	71.3
Employed	189	42.7	Employed	113	25.5
Unemployed	11	2.5	Unemployed	14	3.2
Total	443	100	Total	443	100
<b>Father's Monthly Income</b>			<b>Mother's Monthly Income</b>		
Below ₦10, 000	145	32.7	Below ₦10, 000	207	46.7
₦10, 000 – ₦49, 999	123	27.8	₦10, 000 – ₦49, 999	131	29.6
₦50, 000 – ₦99, 999	81	18.3	₦50, 000 – ₦99, 999	45	10.2
₦100, 000 and above	81	18.3	₦100, 000 and above	42	9.5
I don't know	13	2.9	I don't know	18	4.1
Total	443	100	Total	443	100

<b>Do you receive pocket money?</b>			<b>Who owns your residence?</b>		
Yes	366	82.6	Parents	284	64.1
No	76	17.2	Family House	41	9.3
Sometimes	1	0.2	Rent	118	26.6
Total	443	100	Total	443	100
<b>If yes, amount per month</b>			<b>Type of accommodation</b>		
Not applicable	76	17.2	Room & parlor	174	39.3
Below ₦1, 000	239	54.1	Self contain	88	19.9
₦1, 000 – ₦4, 999	53	12	Flat	165	37.2
₦5, 000 – ₦9, 999	21	4.8	Duplex	16	3.6
₦10, 000 – ₦19, 999	25	5.7	Total	443	100
₦20, 000 and above	28	6.3			
Total	442	100			
<b>Are parents living together?</b>			<b>How many wives</b>		
Yes	375	84.7	One wife	300	67.7
No	68	15.3	Two wives	97	21.9
Total	443	100	Three wives	19	4.3
			Four wives	17	3.8
			Five wives and above	10	2.3
			Total	443	100
<b>How many children?</b>			<b>Position</b>		
One to three children	88	19.9	First to third born	303	68.4
Four to six children	263	59.4	Fourth to sixth born	103	23.3
Seven to nine children	60	13.5	Seventh to ninth born	21	4.7
10 children and above	32	7.2	Tenth born and above	16	3.6
Total	443	100	Total	443	100
<b>Any relative(s) with you?</b>			<b>If yes, relationship</b>		
Yes	207	46.7	Not applicable	218	49.2
No	236	53.3	Family friend	96	21.7
Total	443	100	Uncle	40	9.0
			Cousin	78	17.6
			Family e.g grandma, aunty, etc	11	2.5
			Total	443	100

**Source:** Field Survey, 2011.

The results presented in the table 4.2 shows the percentage distribution of respondents based on their standard of living (parents' highest level of education, parents' monthly income, monthly allowance of respondents – if any – and the type of accommodation respondents live in were used as indicators). This section was introduced in order to measure the level of respondents' standard of living (high, medium or low).

The table 4.2 reveals that a little more than half (52%) of the respondents' fathers had secondary school as their highest educational qualification. While a little more than one third

(36.8%) of the respondents' fathers attended tertiary institution, it was approximately one tenth (10.4%) of the respondents who claimed that their fathers had just primary education as their highest level of educational qualification. Comparatively, majority (55.8%) of the respondents said their mothers had secondary education as their highest educational qualification. Also, while 30.9% of the respondents affirmed that their mothers obtained tertiary educational certificate, only 13.1% of the respondents stated that their mothers' highest level of educational qualification was primary school. In terms of educational qualification, fathers are better off and this might be as a result of the patriarchy nature of the Yoruba society, a reflection of what obtains in many African communities. In the second half of the 20th century, it was preferable to expose male children to Western education than their female counterparts. Similarly, boys were encouraged to participate in public than the private sphere (Rodney, 2005).

With respect to monthly income, a little below one third (32.7%) of the respondents' fathers receive below ₦10, 000 per month while a little above one quarter (27.8%) of the respondents declared that their fathers receive between ₦10, 000 and ₦49, 999 per month. Moreover, the same percentage (18% each) of the respondents maintained that their fathers receive between ₦50, 000 and ₦99, 000 as well as between ₦100, 000 and above. However, 2.9% of the respondents claimed that they do not know how much their fathers receive per month. Comparing this to mothers' income, almost half (46.7%) of the respondents affirmed that their mothers receive below ₦10, 000 and this was followed by 29.6% of the respondents who said their mothers receive between ₦10, 000 and ₦49, 000. Lower percentage were found beyond this level, that is, while approximately one tenth (10.2%) of the respondents stressed that their mothers receive between ₦50, 000 and ₦99, 999, a little below one tenth (9.5%) of the respondents aver that their mothers only receive ₦100, 000 and above. Nonetheless, 4.1% of the respondents did not know how much their mothers receive on monthly basis.

Additionally, information on respondents monthly allowance – if any – shows that while a little above four-fifth (82.6%) of the respondents maintained that they receive pocket money every month, a little below one fifth (17.2%) of them claimed that they do not receive pocket money every month. Still, only 0.2% of the respondents said they sometimes receive pocket money every month. From the percentage of the respondents who receive pocket money every month, more than half (54.2%) of them said they only receive below ₦1, 000 per month



(approximately below ₦33 per day) while a little above one tenth (12%) claimed that they receive between ₦1, 000 and ₦4, 999 per month (approximately between ₦33 and ₦167 per day). In addition, while 6.3% of the respondents stated that they receive ₦20, 000 and above in a month (approximately above 667 per day), 5.7% and 4.8% of the respondents maintained that they receive between ₦10, 000 and ₦19, 999 (approximately between ₦333 and ₦667 per day) as well as between ₦5, 000 and ₦9, 000 (approximately between ₦167 and ₦333 per day).

In relation to the type of accommodation they live in, majority (39.3%) of the respondents said they live in room and parlor while similar percentage (37.2%) of them stated that they live in a flat. Moreso, while a little below one fifth (19.9%) of the respondents asserted that they live in a self contain, only 3.6% of the respondents maintained that they live in a duplex. Respondents' place of residence could be an objective indicator of their standard of living. Majority (84.7%) of the respondents stated that their parents were living together, only minority (15.3%) of them declared that their parents were not living together. Also, majority of respondents claimed that their relatives do not live with them while the remaining percentage (46.7%) claimed they were.

**Table 4.3: Percentage Distribution of Respondents based on their level of Standard of Living**

Variables	Frequency	Percent
Low standard of living	160	36.1
Medium standard of living	263	59.4
High standard of living	20	4.5
Total	443	100.0

**Source:** Field Survey, 2011.

The table 4.3 reveals the percentage distribution of respondents based on their level of standard of living (low, medium or high). The researcher determine this level from table 4.2 by making use of variables that have direct effect on standard of living, these variables are father' and mothers' educational level, fathers' and mothers' monthly income, amount of pocket money receive in a month (including those who did not receive) and type of accommodation in which they (respondents) live in. These variables were given value from '0' upward depending on the scale of each variable (for instance, highest scale in monthly pocket money is 5). This scales were added up with the addition of '1' to the final result and the final result is divided by '8' –

this produce the maximum value of '3' and minimum value of '1'. This final result grouped respondents into low, medium or high standard of living. Therefore, from the table 4.3, approximately three-fifth (59.4%) of the respondents obtain a medium standard of living while a little above one third (36.1%) of the respondents fall within low standard of living. However, just 4.5% of the respondents have a high standard of living.

#### 4.3: Prevalence and Nature of Child Sexual Abuse (CSA): One

**Table 4.4: Percentage distribution of respondents according to the prevalence and nature of child sexual abuse (CSA)**

Variable	Yes	No	Total
	Freq. (%)	Freq. (%)	Freq. (%)
Have you been sexually abused before?	265 (59.8)	178 (40.2)	443 (100)
<b>As any adults person involve you in any unwanted incidents such as</b>			
Inviting or requesting you to do something sexual	140 (52.8)	125 (47.2)	265 (100)
Watching “blue film” or sexual movie with you	107 (40.4)	158 (59.6)	265 (100)
Kissing or hugging you in a sexual way	111 (41.9)	154 (58.1)	265 (100)
Showing their sex organs to you	96 (36.2)	169 (63.8)	265 (100)
Making you touch them in a sexual way	92 (34.7)	173 (65.3)	265 (100)
Attempting or having sexual intercourse with you	87 (32.8)	178 (67.2)	265 (100)
Touching or fondling your private part	105 (39.6)	160 (60.4)	265 (100)

**Source:** Field Survey, 2011.

Table 4.4 shows the percentage distribution of respondents (in-school adolescents) according to the prevalence and nature of their victimization. This section was included in the research work mainly to assess the prevalence and nature of child sexual abuse (CSA) among in-school adolescents in the two Yoruba communities under study. Generally, the table reveals that more than half (59.8%) of the respondents said they have been sexually abused while approximately two fifth (40.2%) of the respondents stated that they have not been sexually abused. From these findings, it is vivid that the ratio of child sexual abuse's victims to that of innocent child is approximately 3 to 2. Hence, the need to suggest appropriate solutions and implement them in order to safe the incoming generations from this menace.

From those who have been sexually abused, more than half (52.8%) of the respondents said adult persons have involved them in unwanted incidents such as inviting or requesting them to do something sexual while 47.2% emphasized that they have not been sexually abused through that means. While 40.4% declared that adult persons have involved them in unwanted

incidents such as watching “blue films” or sexual movies with them, approximately three-fifth (59.6%) maintained that they have not been sexually abused in such a way. In determining the percentage distribution of those who have been sexually abused through incidents such as kissing or hugging, 41.9% of the respondents asserted that they had fallen victim of it while 58.1% said they have not. Also, while more than one third (36.2%) stated that adult persons have involved them in unwanted incidents such as showing their sex organs to them, 63.8% claimed that they have not been sexually abused in that way. More to this point, while a little above one third (34.7%) of the respondents affirmed that adult persons have involved them in unwanted incidents such as making them (respondents) touch them (adults) in a sexual way, 65% avow that they have not touch any adult in a sexual way before. Besides, while a little below one third (32.8%) claimed that adult persons have involved them in unwanted incidents such as attempting or having sexual intercourse with them, more than two third (67.2%) of them said they have not been sexually abused through that means. Lastly, while approximately two fifth (39.6%) maintained that adult persons have involved them in unwanted incidents such as touching or fondling their private part, 60.4% said they have not touch or fondle any adults’ private part before.

**Table 4.5: Knowledge of the perpetrator and the abused child**

<b>Variable</b>	<b>Freq.</b>	<b>%</b>		<b>Variable</b>	<b>Freq.</b>	<b>%</b>
<b>Link with the perpetrator</b>				<b>Contact with the perpetrator</b>		
Father	43	(16.2)		Living together	67	(25.3)
Mother	64	(24.2)		Neighbour	58	(21.9)
Parent’s friend	17	(6.4)		Visitation	23	(8.7)
Other relatives	47	(17.7)		School	75	(28.3)
Acquaintances	34	(12.8)		Unexpected contact	42	(15.8)
Stranger/unknown	49	(18.5)		Total	265	(100)
Multiple choices	11	(4.2)				
Total	265	(100)				
<b>First experience</b>				<b>Last experience</b>		
0-6 years	18	(6.8)		Less than 6 months ago	129	(48.7)
7-11 years	74	(27.9)		6-12 months ago	60	(22.6)
12-16 years	173	(65.3)		Above 12 months ago	76	(28.7)
Total	265	(100)		Total	265	(100)

**Source:** Field Survey, 2011

The outcome of table 4.5 shows the distribution of respondents based on their relationship with the perpetrator as well as how they came in contact with the perpetrator. It

further reveals when first and last they experience any form of these sexual abuse. The table starts by presenting the relationship of the victim with the perpetrator; it shows that mothers are the major perpetrator of child sexual abuse (CSA) with 24.2% of the respondents affirming this position. This was followed by stranger/unknown persons with 18.5% of the respondents taking this position and other relatives with 17.7% of the respondents supporting this fact. In addition, of the remaining respondents, 16.2%, 12.8%, and 6.4% of them stated that their father, acquaintances, and parents friends were the major perpetrator of child sexual abuse (CSA) respectively. However, 4.2% of the respondents maintained that the perpetrators of child sexual abuse (CSA) are not one of the above but multiple of them.

The table further shows the distribution of respondents based on how they came in contact with the perpetrator. More than one quarter (28.3%) of the respondents said they met the perpetrator in school while similar percentage (25.3%) declared that they were living together with the perpetrator of child sexual abuse (CSA). In addition, while a little more than one fifth (21.9%) of the respondents maintained that the perpetrators were mainly their neighbours, 15.8% of the respondents posited that they met the perpetrator unexpectedly. It was only 8.7% of the respondents who stated that the perpetrator only came for visitation.

In determining the first time the respondents who have been sexually abused experience any form of these sexual abuse acts, the researcher put forward this section. While the findings reveal that majority of the sexual abuse acts took place between 12 and 16 years old with 65.3% of the respondents affirming this view, a little above one quarter (27.9%) of the respondents first experience child sexual abuse (CSA) at the age of between 7 and 11. However, only 6.8% of the respondents maintained that they first experience any form of this child sexual abuse (CSA) act between 6 years and below. This is an indication that the perpetrator of child sexual abuse (CSA) targeted early teenagers (12-16 years).

Furthermore, the table shows that almost half (48.7%) of the respondents experienced any form of these sexual acts in less than 6 months. In addition, while 28.7% of the respondents maintained that they had experienced any form of these sexual acts since above 12 months, 22.6% of the respondents said they experienced these sexual acts in between 6 and 12 months ago. This signified that these victims experience these sexual acts not long ago and this demands appropriate remedy before they (the victims) were introduced fully into this act.

#### 4.4: Prevalence and nature of child sexual abuse (CSA): Two

**Table 4.6: Prevalence and nature of child sexual abuse (CSA): Two**

Variable	Yes	No	Total
	Freq. (%)	Freq. (%)	Freq. (%)
Have you sexually abused anyone before?	224 (50.6)	219 (49.4)	443 (100)
<b>Have you involved any younger person in any incidents such as</b>			
Inviting or requesting him/ her to do something sexual	88 (39.3)	136 (60.7)	224 (100)
Watching “blue film” or sexual movie with him/her	88 (39.3)	136 (60.7)	224 (100)
Kissing or hugging him/her in a sexual way	95 (42.4)	129 (57.6)	224 (100)
Showing your sex organs to him/her	68 (30.4)	156 (69.6)	224 (100)
Making him/her to touch you in a sexual way	78 (34.8)	146 (65.2)	224 (100)
Touching or fondling his/her private part	72 (32.1)	152 (67.9)	224 (100)
Attempting or having sexual intercourse with him/her	81 (36.2)	143 (63.8)	224 (100)

**Source:** Field Survey, 2011.

Unlike the table 4.4 which determines the prevalence and nature of how in-school adolescents have been sexually abused, table 4.6 shows the percentage distribution of respondents according to how in-school adolescents have sexually abused other persons. The researcher included this section in order not to look at sexual abuse in one-way (normative approach) – adults sexually abusing children; rather, that we should adopt an interpretative approach to it – that is, the ability of adolescents to also sexually abuse others such as younger ones. The results show that approximately half (50.6%) of the respondents said they have sexually abused others in one way or another while approximately half (49.4%) of them declared that they have not sexually abused others.

The findings further reveal the distribution of respondents based on whether they have involved any younger person in any sexual incidents. 39.3% of them claimed that they have invited or requested others to do something sexual while 60.7% of them said they have not done such. While 39.3% stated that they have involved younger persons in any incidents such as watching “blue films” or sexual movies with them, approximately three-fifth (60.7%) maintained that they have not sexually abused others in such way. Moreover, 42.4% asserted that they have involved younger persons in incidents like kissing or hugging them in a sexual way, 57.6% of them said they have not done such in a sexual way to others. Also, 30.4% said they have involved younger persons in any incidents such as showing their sex organs to them, 69.6% of them claimed that they have not sexually abused other in that way. In adding to this, although a

little above one third (34.8%) affirmed that they have involved younger persons in any unwanted incidents such as making them (the victims) touch them (respondents) in a sexual way, 65.2% said they have not asked any other person to touch them in a sexual way. While a little below one third (32.1 %) claimed that they have involved younger persons in unwanted incidents such as attempting or having sexual intercourse with them, more than two third (67.9%) said they have not sexually abused others through that means. Lastly, while 36.2% maintained that they have involved younger persons in unwanted incidents such as touching or fondling their private part, 63.8% said they have not touch or fondle any younger person's private part before.

**Table 4.7: Knowledge of the perpetrator and the victim of child sexual abuse**

Variable	Freq. (%)	Variable	Freq. (%)
<b>Link with the perpetrator</b>		<b>Contact with the perpetrator</b>	
Father	33 (14.7)	Living together	56 (25.0)
Mother	43 (19.2)	Neighbour	47 (21.0)
Parent's friend	16 (7.1)	Visitation	23 (10.3)
Other relatives	54 (24.1)	School	61 (27.2)
Acquaintances	32 (14.3)	Unexpected contact	36 (16.1)
Stranger/unknown	38 (17.0)	Multiple choices	1 (0.4)
Multiple choices	8 (3.6)	Total	224 (100)
Total	224 (100)		
<b>First experience</b>		<b>Last experience</b>	
0-6 old	34 (15.2)	Less than 6 months ago	101 (45.1)
7-11 old	59 (26.3)	6-12 months ago	61 (27.2)
12-16 old	108 (48.2)	Above 12 months ago	62 (27.7)
Above 16 years old	23 (10.3)	Total	224 (100)
Total	224 (100)		

**Source:** Field Survey, 2011.

The results of table 4.7 show the distribution of respondents based on their relationship with the victims as well as how they came in contact with the victim. It further reveals when first and last they sexually victimized any younger persons. The table starts by presenting the relationship of the victim with the perpetrator; it shows that other relatives are the major victims of sexual abuse acts with approximately one quarter (24.1%) of the respondents supporting this view. This was followed by 19.2% claiming that mothers were the major victims of these sexual acts – this might be as a result of children fondling their mothers breast or touching their mothers private part while they were young. Furthermore, while 17% maintained that stranger/unknown persons were the major victims of these sexual acts, 14.7% and 14.3% claimed that father and

acquaintances were the major victims of these sexual acts respectively. Lastly on this question, while 7.1% declared that parents' friends were the major victims of sexual abuse, 3.6% claimed that the victims were not directed to one category but to different sets of people.

In addition, while a little more than one quarter (27.2%) of the respondents said they came in contact with the victims in school, exactly one quarter (25%) of them stated that they were living together with the victims. Also, while 21% claimed that they were neighbours to the victims, 16.1% affirmed that they came in contact with the victim unexpectedly. Nonetheless, while approximately one tenth (10.3%) declared that the victims came for visitation, 0.4% maintained that the victims were not just one category of people but different sets of people.

The researcher included this section in order to investigate the first time the respondents sexually abused other persons through any form of the sexual abuse acts. The findings reveal that majority of the sexual abuse act first took place between 12 and 16 years old with almost half (48.2%) of the respondents supporting this opinion. Moreso, while a little more than one quarter (26.3%) said they first sexually abused other ones between the ages 7 and 11, 15.2% maintained that they first sexually abused others at the age of 6 or less. This indicated that it is young adolescents (12-16 years old) who were mainly found to be sexually abusing other others.

Lastly, almost half (45.1%) of the respondents sexually abused others in less than 6 months ago; however, while 27.7% maintained that they sexually abused others in above 12 months ago; similar percentage (27.2%) said they sexually abused others between 6-12 months ago. These findings further show that these perpetrators of child sexual abuse (CSA) started not long ago and this demands urgent attention before it goes out of hand.

#### 4.5 Perceptions of Child Sexual Abuse (CSA)

**Table 4.8: Percentage Distribution of Respondents based on their Perceptions of Child Sexual Abuse (CSA)**

Variable	Freq. (%)	Variable	Freq. (%)
<b>Views of CSA's victims</b>		<b>Responsible factors of CSA</b>	
Parents don't care for them	209 (47.2)	Insecurity of children	96 (21.7)
They are immoral	136 (30.7)	Sexual desire	103 (23.3)
Their desire to earn a living	87 (19.6)	Low standard of living	118 (26.6)
They are ignorant	4 (0.9)	Lack of love and care	86 (19.4)
Civilization	1 (0.2)	Facial outlook	9 (2.0)
They are not careful	1 (0.2)	Multiple choices	29 (6.5)
Multiple choices	5 (1.1)	Lack of sex education	2 (0.5)
Total	443 (100)	Total	443 (100)
<b>Suggestions to CSA's victims</b>		<b>Do you know sexually abused girl/boy?</b>	
Go for counselling	191 (43.1)	Yes	269 (60.7)
Inform parents	102 (23.0)	No	174 (39.3)
Inform friends	52 (11.7)	Total	443 (100)
Expose the perpetrator	32 (7.2)		
Keep it to himself/herself	60 (13.5)		
Multiple choices	6 (1.4)		
Total	443 (100)		
<b>If yes, how many do you know?</b>		<b>Will you inform friends if you are sexually abused?</b>	
1-5 people	152 (56.5)	Yes	148 (33.4)
6-10 people	29 (10.8)	No	293 (66.1)
Above 10 people	88 (32.7)	Indifferent	2 (0.5)
Total	269 (100)	Total	443 (100)
<b>Who else can you inform</b>		<b>Will you keep it to your self?</b>	
Parents	145 (32.7)	Yes	131 (29.6)
Siblings	22 (5.0)	No	311 (70.2)
Doctor	114 (25.7)	Indifferent	1 (0.2)
Nobody	135 (30.5)	Total	443 (100)
Pastor and God	7 (1.6)		
My best friends	6 (1.4)		
I don't know	3 (0.7)		
Counselor	5 (1.1)		
It can never be possible	2 (0.5)		
Multiple choices	4 (0.9)		
Total	443 (100)		
<b>Will you go for counselling?</b>		<b>How frequent is CSA</b>	
Yes	281 (63.4)	Always	37 (8.4)
No	161 (36.3)	Frequently	38 (8.6)
Indifferent	1 (0.2)	Occasionally	90 (20.3)
Total	443 (100)	Rarely	55 (12.4)
		Not at all	223 (50.3)
		Total	443 (100)

**Source:** Field Survey, 2011.



The results presented in the table 4.8 shows the perceptions of in-school adolescents to child sexual abuse (CSA). It starts by presenting the views of the respondents towards sexually abused children; the results shows that almost half (47.2%) of the respondents said they view those who are sexually abused as those who had no care from parents. Furthermore, while 30.7% claimed that those who are sexually abused are immoral, approximately one fifth (19.6%) maintained that children who were sexually abused were as a result of their eagerness to earn a living. Nevertheless, 0.9%, 0.2% and 0.2% of the respondents affirmed that those who were sexually abused were ignorant, sexual abused was as a result of civilization, and that those who were sexually abused were not careful respectively. However, just 1.1% maintained that those who were sexually abused were as a result of multiple factors such as the ones mentioned above.

In addition, the findings reveal that while more than one quarter (26.6%) supported that low standard of living was the major factor that was responsible for child sexual abuse (CSA), a little below one quarter (23.3%) maintained that child sexual abuse (CSA) was caused by sexual desire due to early exposure. Moreso, a little more than one fifth (21.7%) stated that sexual abuse was caused by insecurity of children compare to approximately one fifth (19.4%) who said lack of love and care from family was the factor that was responsible for child sexual abuse (CSA). However, just 6.5%, 2.0% and 0.5% maintained that multiple factors, facial outlook, and lack of sex educations were the factors that were responsible for child sexual abuse (CSA) respectively. Also, majority (43.1%) suggested that sexually abused children should go for counselling. Although 23% said sexually abused children should inform parents, 13.5% stated that they should keep it to themselves. Also, while 11.7% advised that sexually abused children should inform friends, just 7.2% claimed that the sexually abused children should expose the perpetrator. Only 1.4% said sexually abused children should take multiple actions.

A question on whether respondents know of a girl or boy who has been sexually abused was asked to know the kind of people the respondents move with. The findings show that more than half (60.7%) said they know of girl/boys who has been sexually abused, while 39.3% stated that they don't know of a girl/boy who has been sexually abused. Of the respondents who know those who have been sexually abused, more than half (56.5%) said they knew between 1 to 5 people. While approximately one third (32.7%) stated that they knew more than 10 people who have been sexually abused, approximately one tenth (10.8%) said they knew between 6-10

people who have been sexually abused. It is to be noted that the percentage of those who have been sexually abused (59.8%, see table 4.3) is similar to those who knew sexually abused children (60.7%, see table 4.7). This is an indication that peer groups has a great influence among adolescents; parents are therefore advice to be careful of who their children will move with or will form peer group with. In addition, approximately two third (66.1%) of the respondents affirmed that they will not inform their friends if they are sexually abused while approximately one third (33.4%) of the respondents maintained that they will inform their friends if they are sexually abused. However, almost none (0.5%) of the respondents were indifferent to these answers.

In determining who the respondents can as well open up to in case they are sexually abused, the researcher put forward this section and it reveals that 32.7% can inform parents if they are sexually abused while 30.5% cannot inform anyone else. Also, while approximately one quarter (25.7%) maintained that they can as well inform doctors, only 5% said they can also inform their siblings if they are sexually abused. However, almost none (les than 2% each) claimed that they can further inform their pastors or God; their best friends; more than one category of people; counselor; etc. Moreso, while 0.7% said they do not know who they can inform, 0.5% said it can never be possible for them to be sexually abused. This indicates that majority of the adolescents had form the habit of keeping things (secretes) to themselves even at the detriment of their lives.

Moreover, the results reveal that majority (70.2%) will not like to keep it to themselves if they are sexually abused while 29.6% maintained that will like to keep it to themselves if they are sexually abused. Nevertheless, 0.2% claimed that they were indifferent to whether they will like to keep it to themselves or not – this is contingent upon situations. Almost two third (63.4%) said they will go for counselling if they are sexually abused while a little above one third (36.3%) stated that they will not go for counselling if they are sexually abused. However, 0.2% were indifferent to this question. Approximately half (50.3%) claimed that the occurrence of child sexual abuse (CSA) is not at all in existence. In addition, while approximately one fifth (20.3%) stated that child sexual abuse (CSA) only occur occasionally in their neighbourhood, a little above one tenth (12.4%) said child sexual abuse (CSA) occur rarely in their neighbourhood. Moreover whereas 8.6% affirmed that child sexual abuse (CSA) occur frequently in their

neighbourhood, 8.4% asserted that child sexual abuse (CSA) always occur in their neighbourhood. This can be concluded that the occurrence of child sexual abuse (CSA) in the respondents' neighbourhood is rare because the mean value is 2.12 which is closer to the 'rarely' value (2) and not "occasional" value (3).

#### 4.6 Cross tabulations between child sexual abuse (CSA) and socio-demographic data

**Table 4.9: Cross tabulations between child sexual abuse (CSA) and gender**

		Have you ever been sexually abused before	
Variables		Yes	No
<b>Gender</b>	Male	117 (44.2)	61 (34.3)
	Female	148 (55.8)	117 (65.7)
	Total	265 (100)	178 (100)
<b>Age</b>	9-12 years	11 (4.2)	3 (1.7)
	13-16 years	203 (76.6)	156 (87.6)
	17—20 years	51 (19.2)	19 (10.7)
	Total	265 (100)	178 (100)
<b>Religion</b>	Christianity	188 (70.9)	142 (79.8)
	Islam	75 (28.3)	36 (20.2)
	Traditional	2 (0.8)	0 (0)
	Total	265 (100)	178 (100)
<b>Place of Residence</b>	Ile-Ife	155 (58.5)	77 (43.3)
	Modakeke	110 (41.5)	101 (56.7)
	Total	265 (100)	178 (100)
<b>Standard of Living</b>	Low	108 (40.8)	52 (29.2)
	Medium	143 (54.0)	120 (67.4)
	High	14 (5.3)	6 (3.4)
	Total	265 (100)	178 (100)

The results presented in the table 4.9 shows the cross tabulation between child sexual abuse (CSA) and gender. It reveals that more than half (55.8%) of the respondents who have been sexually abused are female while the remaining percentage (44.2%) of those who have been sexually abused are male. This indicates that child sexual abuse (CSA) is more prevalent among female than among male counterpart. Therefore, while proposing preventive measures to child sexual abuse (CSA), more should be directed to females than to males.

The findings further reveal the cross tabulation between child sexual abuse (CSA) and age groups. It shows that child sexual abuse (CSA) is very rampant among 13-16 years age group with more than three quarter (76.6%) being sexually abused at this age. Furthermore,

while approximately one fifth (19.2%) between 17 and 20 years old stated that they have been sexually abused, only 4.2% between the ages 9 and 12 said they have been sexually abused. This is to suggest that preventive measures to and management of child sexual abuse (CSA) should be directed mainly to early teenagers (that is, between 13 and 16 years old children) and in turn to children between ages 17 and 20. However, proper sex education should be given to children less than 13 years of age so as not to fall victims of child sexual abuse (CSA).

Moreover, the table reveals that majority of the sexually abused child were Christians while more than one quarter (28.3%) were Muslims. It was only 0.8% of the sexually abused respondents who practiced traditional religion. This is an indication that despite the preaching on holiness by Christianity as a religion, the problem of child sexual abuse (CSA) has not been eradicated; this calls for great attention. Also, regardless of the fact that Islam rejects child sexual abuse (CSA) with passion, it is still found among those who practice the religion. The question is, “which religion is safe?” Traditional religion can be a suggestive one because of its lower rate of child sexual abuse (CSA).

The study reveals that majority (58.5%) of the abused respondents came from Ile-Ife while the remaining parentage (41.5%) came from Modakeke.

Finally, it shows that majority (54%) who have been sexually abused were of medium standard of living. This was followed by 40.8% with low standard of living who claimed that they have been sexually abused. However, very small percentage (5.3%) who live with high standard of living claimed that they have been sexually abused. This is an indication that there is a significant relationship between standard of living and child sexual abuse (CSA) but the direction of this relationship cannot be determined by this table (see table 4.10 for further explanations). This result tells that as the standard of living increases from lower level to higher level, child sexual abuse (CSA) also increases up to a certain point when it starts to be decreasing - this is diminishing marginal theory; this is proved by the above cross tabulation table 4.9.

#### 4.7 Hypothesis Testing

H<sub>0</sub>: There is no significant relationship between standard of living and child sexual abuse (CSA).

H<sub>1</sub>: There is a significant relationship between standard of living and child sexual abuse (CSA).

**Table 4.10: Pearson Correlation Analysis of the Relationship between child sexual abuse (CSA) and standard of living**

Measurement of Standard of Living			Mean	Standard Deviation	Remarks
Have you been sexually abused before?	Pearson Correlation	.085	1.6840	.55420	Not Significant at 0.05 level of significant
	Sig. (2-tailed)	.073			
	N	443			

Pearson P-value (0.073) > 0.05

From the table 4.10, the mean and standard deviation are 1.6840 and 0.55420 respectively. In testing the hypothesis, the respondents' standard of living and child sexual abuse (CSA) were subjected to Pearson product moment correlation coefficient. The P value (2-tailed) using Pearson Correlation analysis is 0.073 at 5% level of significance, this is greater than 0.05; therefore, we reject the null hypothesis which says, "there is no significant relationship between standard of living and child sexual abuse (CSA)" and accept the alternative hypothesis which says, "*there is a significant relationship between standard of living and child sexual abuse (CSA)*" (see explanations on table 4.13 for further verification). This is an indication that there is a correlation between standard of living and child sexual abuse (CSA) and that the relationship is positive and not strong (0.085 for Pearson correlation analysis). This means that as standard of living increases, the chance that child sexual abuse (CSA) will increase is very slim (8.5% probability).

## 4.8 In-depth Interview

**Table 4.11: Distribution of Socio-Demographic Data of Interviewees**

Respondents	Gender	Age (years)	Religion	No. of children	Age of 1st and last child
1	Female	43	Christianity	Four	20 and 7 years
2	Female	49	Islam	Two	19 and 15 years
3	Female	40 +	Christianity	Four	19 and 13 years
4	Female	53	Christianity	Four	25 and 16 years
5	Female	29	Christianity	Two	3 and 1.5 years
6	Male	45 +	Christianity	Three	6 and 1 years
7	Female	35	Christianity	Two	5 and 2 years
8	Male	33	Christianity	One	1 year
9	Male	40	Christianity	Three	12 and 2 years
10	Male	40 +	Christianity	One	1 month

**Source:** Field Survey, 2011.

The findings presented in the table 4.11 reveal the distribution of participants based on their socio-demographic characteristics. The results show that majority of the interviewees are females with 60% while the remaining are males with 40%; this bring the ratio to 3:2 (same as those who are represented in the survey research study). The average age of the participants is approximately 42 years. In relation to their religion, nine-tenth practice Christianity as religion while the remaining one is a Muslim. It further shows that the average number of children that these participants have is three, while the average age of their first and last children is recorded as 10 and 6 years of age respectively.

### 4.8.1 Sexual related offences

All the participants described sexual related offence as a criminal offence, things that society frowns at and is totally ungodly and that it usually takes the form of sexual intercourse. For instance, looking at it from marital perspective, a 53-year old female Christians with four children who reside in Ile-Ife stated as follows:

*“Sexual related offence is a sexual relationship outside marriage or any sexual relationship against our culture; even if you are not married any sexual relation outside marriage is a sexual related offence.”*

Supporting this opinion from a different perspective, a male Christians between ages 30 and 35 with a child said:

*“Sexual related offence is ... having sexual intercourse with the opposite sex in a forceful manner, that is, against the wish of the other partner”*

Explaining this view from religious perspective, a man (above 40 years) who resides in Ile-Ife with a child claimed as follows:

*“Sexual related offences can be defined as criminal offence, it is illegal for somebody to commit such crime because the way Bible put it is that you should keep your body holy until you marry. When you are sexing around it is ungodly and what society frowns at. ... and it usually takes the form of sexual intercourse – whether knowingly or unknowingly.”*

#### **4.8.2 Factors responsible for sexual related offences**

All the participants agreed certainly that sexual related offences did not just happen without cause; rather, there are responsible factors for sexual related offences raging from lack of sex education and counseling, negative media influence, juvenile delinquency, drug addiction/insanity, sexual desire/sexual dissatisfaction, insecurity, societal attitude, poverty and low standard of living. Looking at it from poor parenting, an older female interviewee (43 years old) who resides in Ile-Ife with four children declared as follows:

*“... depends on parents, for example, I have four children and I cannot cater for two, there is no how no how, they will have different characters and they will behave anyhow.”*

In addition, a young Christian woman (29 years old) from Ile-Ife with two children put forward extensively as follows:

*“A lot of factors can contribute to that. ... for example, if a society does not forbid some acts, it depends on what society define as right (or wrong) sexual acts, if sexual offense is not forbidden in a society, children might take it as normal thing. And also, it depends on communication media. For example, the TV, if the*

*programmes are not benefiting the society, what is in there then, the children might take it as part of life. Especially, the films that do not contribute to the society rather creating negative effects on the children. Also, the parenting, if parents is wayward, there is no way the children will not be wayward”.*

In combining further different factors that might be responsible for sexual related offences, a 53-year old female Christian with four children said:

*“When someone is poor (poverty) and need money whether married or not married. A man can also do it (have sexual intercourse) when he is no longer satisfied or out of covetousness. Someone can also do it as a result of not fearing God. When you don’t fear the repercussion because today people don’t care about HIV, they said worse thing is to get one day so they continue to do it. And some people, they take it as fashion, we have different people in the society, it depends on the group someone belong to. If you be a good child, they take it as pride. People have many boy friends”.*

#### **4.8.3 Sexual related offences against children**

Various descriptions of sexual related offences against children were put forward by the participants. Majority of them saw it as enticing children or forcing children to have sexual intercourse with them. However, some only gave examples involving touching and fondly children in a sexual way. For instance in describing sexual related offences against children, a female Christian (above 40 years) living in Ile-Ife with four children said:

*“... is seen as inhuman. It is a very callous; it is something society should frown at and even the government. It is not good at all, it is an animalistic behaviour. It can take the form of rape, that is, forceful sexual intercourse with children. ... at times, it might me using something to entice the children”.*

From those who see it as ignorance, one of them (29 years old female Christian) stated as follows:

*“... if someone just come and have sexual intercourse with a child or ... you know, that one is a sexual offence because the child does not know anything”.*



Moreover, in supporting that it is parents' fault, an above 45 years old male participant, affirmed as follows:

*"It is a situation whereby a male adult decide to involve sexually with children between ages 17 and 14 and children from age of 12 and below. ... we might see that as negligence on the part of the parents whereby parents are not properly taken care of their children".*

#### **4.8.4 Are the factors responsible for sexual offence against children the same with that of adults or adolescents?**

This was asked to really investigate the opinions of parents on whether the factors responsible for sexual offense against children the same with that of adult. Majority of them claimed that these factors are not the same while others maintained that they are the same. For case in point, a male interviewee (above 40 years) from Ile-Ife with just a child proclaimed as follows:

*"No (x7). Against children is quite different from that of one committed against adults. You know, ... one of the major reason for adults to commit sexual related offence, ... is poverty. Look at these prostitutes, that is what they do to earn their living, ... but that of one against children is purely an insult against parents of these children and against the children themselves".*

Affirming this opinion, a 53 year-old female participants with four children stated as follows:

*"... some when they are looking for job, they will be forced to do it (sexual offence), when they are desperate at getting the job. Then, we have adults they don't have any choice other than to do it (this is not the case for the one against children).*

Nevertheless, a 49 years old female interviewee took a different position to whether sexual related offences against children are the same to that of adults without firm proof. She stated as follows:

*“It is the same (x2) but at times it is the parents that caused it. Parents don’t have much time for their children.”*

#### **4.8.5 Ways to recognize a child that has been sexually abused**

All of the participants claimed that there are ways to identify a child that has been sexually abuse. In supporting this position in term of social and psychological factors, a Christian adult female (53 years old with four children) living in Ile-Ife said:

*“A child that is sexually abused psychologically, you will know in her behaviour. She will isolate herself among others because the feeling will be affecting her.... She will have to stay away from them a little beat, seat alone, do all sorts of things alone....”*

Another male interviewee (45 years and above) with three children explained comprehensively while combining physical, psychological and social factors altogether, he stated as follows:

*“Physically, you can recognize a child who is sexually abused especially at that very moment whereby you see the child maybe the child could appear harass, I mean in the child appearance, may be the cloth, especially the underwear, could be turn. Then if one goes into the private area, there could be some element of some forceful entry because the manhood would be much bigger than what the child has as a female private part. There could be lots of evidences that could show that there have been a sought of sexual abuse either in term of rape or manhandling of the child.*

Furthermore,

*Psychologically, you will see the child will be having inferiority complex whenever she is in the midst of her colleagues and at times verbally, she could be*

*altering some words that are beyond her reasoning or even exhibiting such while in the midst of her colleagues. Then, most often, you will see the child crying or weeping by the time the child recollects whatever things that could have transpired between her (the victim) and adult.*

In addition,

*“Socially, the child could be a sought of spoil child in the midst of her colleagues, having been exposed to such negative acts, she could be exhibiting such ....”*

#### **4.8.6 How to identify the perpetrator of child sexual abuse (CSA)**

While majority of the participants said there is no way to identify them because it is not written on their faces, minority identified some factors to recognized the perpetrators of child sexual abuse. For instance, an above 45 years old participant from Ile-Ife with three children affirmed as follows:

*“It’s never written in their faces. You can never ... in fact most of these adults that involve in this act are criminals internally”*

Also, supporting this position, a 35-year old female participant (from Ile-Ife) with two children said:

*You cannot identify them, I don’t think so. ... you cannot suspect anyone unless it happens, that is when you get to know.*

Nonetheless, looking at it from different position, a 49-year old female interviewee (Muslim), residing in Ile-Ife with two children declared as follows:

*“They (the perpetrators) will have close relationship with the children. If it is a girl, the boy will have close relationship with her. Not that anyone who is close is a perpetrator but that the interest will be more, compare to before. The closeness will be more cordial than before. Then, we have to watch out.”*

#### **4.8.7 How to treat perpetrators of child sexual abuse (CSA)**

Almost all the participants were furious concerning the measures to be taking; they affirmed that severe penalty should be brought forth against the perpetrator of child sexual abuse (CSA). However, only one of the participants stated that they should be counseled. For example, a 43-year old female informant who resides in Ile-Ife with four children put forward a moral position as follows:

*“By counselling them, there is no way you can handle them than to counsel them. If you put them in jail, they will just rush there without anything being gained.*

In supporting a radical position rather than a moral one, a 35-year old female interviewee with two children from Ile-Ife said:

*“You arrest them. Then that’s something about stigmatization, even if parents know about them, they will not do anything because they would not want the girl to be stigmatized but I think the normal thing is to get the person arrested.”*

Taking a more radical view, a young Christian woman (29 years old) with two children stated as follows:

*“if such a person is seen, I think its even good because life imprisonment will be better because if the person is left, he might abuse another child. Those people might be insane somehow”.*

#### **4.8.8 How to handle a child that has been sexually abused**

All the participants agreed that sending the child out the house or condemning the child will in no way be a probable action; rather, such children should be counselled, taking to see a psychologist as well as taking to the hospital for medical check up or treatment. For instance, a female interviewee (29 years old) from Ile-Ife with two children claimed as follows:

*“Just try and orient the child because the child might think it is the way of life. If an expert has to handle it, such should try and talk to the child ... and after that try and tell the child that that is not the end of life”.*

Sharing the same opinion, a male participant (33-year old Christian) from Ile-Ife with just a child stated as follows:

*“Any child that fall victim of this act should be taking to hospital for treatment and they should also be counseled, once this is done, you know anyone that is found victim, it affect them psychologically, there should be counseling and medical treatment.”*

#### **4.8.9 The involvement of parents in the sexual issues affecting their children**

All the participants gave a positive view on what parents ought to do but they maintained that parents are not doing such; they (parents) were however, contributing negatively to this sexual abuse acts. While the researcher questioned them on what their (participants) contributions are to the sexual issues affecting their children, they affirmed that they are contributing positively to their own children. The question now is, “who will say they are not having positive impact on their children?” Despite these, we see sexual abuse escalating as the society grows. Nevertheless, in expressing the participants’ view on the involvement of parents in the sexual issues affecting their children, a man (above 40 years) who resides in Ile-Ife with a child claimed as follows:

*“You know in our society, some parents use their children for business. Look at those who sell “akara”, “moimoi”, fruits, those who sell palm wine, etc where people rush to for cafeteria. From there, instead of sending them to school, they engage them in their own business and from there, those who are coming to buy they have interest and by and by, you know, ladies under pressure, can succumb at any time and these ones that really want to have the canal knowledge of these ladies will only want to come in the name of buying something.”*

Sharing similar view, a male of 40 years old who reside in Ile-Ife with three children affirmed as follows:

*“Parents are the most cause of this problem. You know, I said earlier that lack of home training. Some parents indulge their children in this kind of habit.... When the parents see his/her child and caught him/her in that kind of habit, they need to*

*be very furious about the action and counsel him/her very well, but they will just treat it with delicate hand....”*

Another male participant (between 33 and 35 years old) from Ile-Ife with a 1 year old child however stated as follows:

*“There are some parents that give sexual education to their children but some parents don’t do that. Some parents see it as an eye-opener, that is, when you give such child sex education, that will expose the child to it. So some parents are not in support of this sex education.... But left to me, its good because in the course of the education, they will be exposed to danger zone, how to do away with those things that they need to do away with so as not to fall victim”.*

#### **4.8.10 Roles of teachers in the prevention and management of child sexual abuse (CSA)**

This section is devoted to the roles that teachers play in the prevention and management of child sexual abuse (CSA). Majority of the teachers affirmed that they do give them sex education while very small percentage claimed that they have limited time to give them adequate sex education. From the majority perspective, a man (above 40 years) who resides in Ile-Ife with a child claimed as follows:

*“Teachers should sermonize the students often, moral instruction should be entrenched into the curriculum of the school. School management should take it upon themselves to make sure that students are channeled in line with gods facet and let them know the penalty of committing such offence. ... Yes (we do that), assembly period is devoted to that. So we do that”.*

Sharing slightly different opinion, a male interview (45 years old and above) stated as follows:

*“Teachers have limited role to play, you see, most often, the society always see the teachers as the almighty when it comes to the molding and taking proper care of the children. But in the actually fact, it is never so.”*

One of the participants was able to declare that they were not permitted to teach sex education aside their main duty; he however, stated that moral instructions were usually told. He (a 33-year old male informant with one child) expresses himself as follows:

*“We are not allowed (to give sex education), so we can only counsel them to live godly life, live a holy life and they should not use their bodies to be an instrument of the devil. So we sermonize them, that’s the only thing we have been doing – just to sermonize them.*

#### **4.8.11 Practices for the prevention and management of child sexual abuse (CSA)**

All the participants gave various suggestions concerning the practices that can be put in place for the prevention and management of child sexual abuse (CSA) in Nigeria. These practices are inclusion of sex education in the school curriculum, enforcement of severe punishment for the perpetrators, organize enlightenment programmes through media, matrimony should be more institutionalized, children should be made to have God fearing, encourage the youth by providing jobs for them, etc. For instance, a male teacher (40 years old) with three children said:

*“Government should bring out laws on mode of dressing especially in our institutions. If that is done, it can, to a large extent, reduce the occurrence of child sexual abuse (CSA).... Then, prohibition of abortion in private hospitals because they are encouraged by having hope of aborting pregnancy in private hospitals aside public hospitals.... Government should increase the number of girls’ and boys’ only schools and mix schools should be encouraged.... The use of handset by adolescents should be discouraged in secondary schools. Most of these students communicate with perpetrators far beyond our thoughts.”*

Suggesting other practices, a male participant (33 years old) from Ile-Ife with a 1 year child put forward as follows:

*...there should be enactment against child sexual abuse (CSA).... Severe penalty should also be put in place to deal with sexual abusers or perpetrators. Then, whosoever that is caught in such an act should be dealt with according to the*

*law.... Government and parents should also educate and enlighten their children on sexual abuse, dangers involve and how to prevent it. Children should also be protected adequately from sexual abusers. In this case, parents have a lot to do. Parents should make sure that there is adequate protection”.*

Identifying the major practice that should be adopted, a Christian male interviewee (above 40 years of age) with a child stated as follows:

*“I think the major practice is on the parents, they said “charity begins from home. So, the way you behave at home is what these children will display outside. If you behave well, a child who comes from a cultured home – whether Christian or Muslim – definitely, that will radiate out to mix with others. So parents have a lot to do. The same thing with community too, every member of the society should be carried along to make sure that this issue is something that has to be nailed in the bud”.*

#### **4.9 Research Findings and Discussions**

One of the most striking findings involved the gender, age range and standard of living of those respondents who indicated that they had been victims of child sexual abuse (CSA). The study demonstrates that the prevalence of child sexual abuse (CSA) in the two Yoruba communities (Ile-Ife and Modakeke) is 59.8% bringing the ratio of those who have been sexually abused to that of those who have not to 3:2. Females (56%) are more likely to be sexually abused than males (44%) and child sexual abuse (CSA) is commonly found among early teenagers (76.6%) than among late teenagers (19.2%) and pre-pubertal age (4.2%). Also, people of medium standard of living (54%) are more prone to experience child sexual abuse (CSA) than those with low standard of living (40.8%) and those with high standard of living (5.3%). The findings further reveals that parents contribute negatively to the sexual issues affecting their children and that the major factors responsible for child sexual abuse (CSA) are poverty, children insecurity, sexual desires and negative media influence. Suggesting various practices to prevent and manage child sexual abuse (CSA), counselling/sex education, child security, discouragement of the use of handsets among in-school adolescents and severe punishment to offenders were emphasized.



Over half (59.8%) of the two Yoruba communities reported a child sexual abuse (CSA), a prevalence that is considerably higher than the one-third prevalence rate found in previous studies (Romero et al, 1999; Wyatt et al, 1999). The results of the current study are consistent with Madu and Peltzer (2000) who found higher prevalence of child sexual abuse (CSA) among South Africans (54.3%). Many studies have established that incidents of child sexual abuse (CSA) are significantly higher for females than for males (Driver & Droisen, 1989; Levett 1989; DeJong, Hervada, & Emmett, 1983). This study reveals that 56% and 44% have been sexually abused for girls and boys respectively. However, this study is much lower than the incidence rate for Zimbabwe reported by Tichatonga & Almon (2001) and South Africa reported by Jaffe and Roux (1988), where incidence rates for sexually abused girls and boys in their sample consisted of 4 or 5 to 1 and 9 to 1 respectively. Majority (65.3%) of the respondents under study first experience sexual abuse between ages 12 and 16 years; this confirms the studies by Finkelhor (1980) and Russell (1983) who reported that the onset of child sexual abuse (CSA) were before the age 13 and 14 respectively.

The generalizability of the results certainly has limitations. First, the prevalence of child sexual abuse (CSA) may be under-reported; although respondents were highly assured of their confidentiality and were well separated from one another during the data collection, they may still have been reluctant to signify themselves as victims. Second, lack of consensus on what constitute child sexual abuse (CSA) is another limitation to this study; however, this study considers not only physical contact such as penetration through sexual intercourse but also non-physical contact such as watching of sexual movies and invitation to do something sexual. Third, the sample was predominately in-school adolescents of senior secondary school one and two in the Yoruba communities. Finally, respondents may not have experienced any type of sexual abuse highlighted in the question but could have experienced another; and the extent to which respondents have experienced what constitute child sexual abuse (CSA) in this study was not determined because any respondent that signify being a victim of any of these kinds of sexual abuse (both physical and non-physical contact) was considered as being sexually abused.

The implication of this study is that the high prevalence rate of child sexual abuse (CSA) among adolescents' males and females in the two Yoruba communities under study emphasize the need to intervene on a community level on issues of sexual victimization. The issue of gender

as a risk factor needs further exploration to determine whether or not the experience of male victims of child sexual abuse (CSA) substantially differs from the experience of female victims; and once this is confirmed, preventive measures should be more directed to females than males counterpart.

## CHAPTER FIVE

### SUMMARY, CONCLUSION, AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter presents the summary and conclusion of the research topic “*Child Sexual Abuse Prevalence and Teachers’ Involvement in its Management amongst In-School Adolescents in Osun State*”. It, in addition, states relevant suggestions and recommendations on how to prevent and manage child sexual abuse as well as areas for further research studies.

#### 5.1 Summary

To investigate child sexual abuse prevalence and teachers’ involvement in its management amongst in-school adolescents in Osun State, general background to the study was stated before statement of research problems was developed. Specific research questions and objectives were put forward so as to guide the researcher in the process of the research work. Finally in chapter one, significance and limitations to the study were stated and conceptual clarification were made so as to bring to light likely ambiguous terms.

The study proceeds by reviewing existing literature and undertaking relevant theories in the field of sociology so as to examine the theoretical basis of what is child sexual abuse (CSA), nature and types of child sexual abuse (CSA), prevalence of child sexual abuse (CSA) and its aetiology, its effects, prevention and how to manage child sexual abuse (CSA): both legal provision and parental involvement, cultural beliefs as impediments to child sexual abuse (CSA) prevention and management, as well as risk construction. Finally in chapter two, relevant theoretical frameworks were discussed; these include attribution theory, social constructionism, moral development theory and family system theory.

Furthermore, chapter three is devoted to the methodology used in order to achieve the objectives of this study. The chapter focuses on defining the location of the study, the type of research design adopted, the population and sample size for the study, sampling technique, method of data collection, timeframe for the collection of research data, and the pre-test of the

research instrument. The chapter closes by demonstrating how the data from the study will be cleaned, coded, analyzed, presented and interpreted so as to arrive at general conclusion.

Chapter four of this research study focuses on the analyses, presentations, interpretations and discussions of research findings. It started by analyzing, presenting and interpreting the socio-demographic characteristics of the respondents and later measures the standard of living of the respondents according to the information generated from them. In addition, the chapter presents, analyzes and interprets the prevalence and nature of child sexual abuse (CSA) among in-school adolescents as well as knowledge of the perpetrator. Moreover, it analyzes, presents and interprets the prevalence and nature of child sexual abuse (CSA) that in-school adolescents have caused as well as the knowledge of the victims. Chapter four also presents, analyzes and interprets the perceptions of child sexual abuse (CSA) among in-school adolescents, cross tabulate child sexual abuse (CSA) with socio-demographic data of the respondents and tests the hypothesis between standard of living and child sexual abuse (CSA). The chapter finally analyze (content analysis) the data from the in-depth interview and discuss the research findings comprehensively.

The following chapter major on the summary of the research work by giving the overall view and a retrospective evaluation of the research study. It further makes conclusion of the research study in relation to the child sexual abuse prevalence and teachers involvement in its management amongst in-school adolescents in Osun State. Finally in chapter five, suggestions and recommendations for preventing and managing child sexual abuse (CSA) and identifying new directions for further research work were made.

## **5.2 Conclusion**

Looking at the nature and high prevalence rate (59.8%) of child sexual abuse (CSA) in the two Yoruba communities (Ile-Ife and Modakeke) in Osun State, South-Western part of Nigerian, in Western part of Africa, the research findings confirm that more occurrence is found among females (56%) than among males (44) counterpart; among adolescents (77%) than among late teenagers (19%) and pre-rebuttal age (4%); among Christians (71%) than among Muslims (28%) and among Traditionalists (1%); among those who live medium standard of living (54%) than among those who live low standard of living (41%) and high standard of living (5%).

Majority of the respondents (approximately 60%) claimed that the perpetrators (fathers, mothers and other relatives) of child sexual abuse (CSA) have a close relationship with the victims. This findings contribute to the body of knowledge by confirming the family system theory which proposes that emotional system that evolved over several billion years governs human relationship system; however, this emotional system which brought about cohesiveness and cooperation have created other negative consequences like child sexual abuse (CSA).

The major factors responsible for child sexual abuse (CSA) are poverty, children's insecurity, improper dressing, lack of good role model and negative media influence. Therefore, for proper prevention of child sexual abuse (CSA), it is expedient for government, parents and stakeholders to perform their roles in the areas that concern them.

The findings conclude that parents have a lot of roles to play in the prevention and management of child sexual abuse (CSA); there should be change of parents' orientations to contributing positively rather than negatively to the sexual issues affecting their children.

### **5.3 Recommendations**

- All stakeholders should enlighten people (including children) through media. This should be done through programmes organized may be once in a week in order for them to know the consequences of this child sexual abuse (CSA). Publicity through media should be encouraged to enlighten children (and adolescents) concerning the negative effects of child sexual abuse (CSA).
- Children should also be made to have the fear of God, know the right from the wrong, so that children will not walk in the wrong oath; areas that could be detrimental to his/her development either physically or any other form.
- Children should be protected adequately from sexual abusers. In this case, parents have a lot to do; parents should make certain that there is adequate protection.
- Children should be taught what to wear, know where, when and how to move, and also, how to respond to men's proposals is very important for children to be aware of.
- Government should encourage the youth, govern well; motivate people in the society because at times, frustration can lead to child sexual abuse (CSA). This will help prevent

jobless people who think the only way to keep themselves busy is to get involve in this sexual act. As it is said, “idle hand is the devils instrument”.

- Government should appeal to parents that they should not allow their work to affect their children’s training.
- Government should also include sex education into the school curriculum so that throughout Nigeria, awareness will be made and so that we will be able to teach children at home.
- Government should further increase the number of girls’ and boys’ secondary schools and discourage mix secondary schools.
- Government should, in addition, provide enough guardian counselors in school; at times, children will have some things they will not like to discuss with their parents or teachers, they will want to have someone like guardian counselors to share with.
- Moreover, government should seriously reprimand the perpetrators of child sexual abuse; they should be convicted so as to serve as deterrent for others. In other words, they should be treated as serious criminals.
- Parents should be a good role model so that when their fruits manifest outside, they (children) will radiate these good virtues of theirs (parents’).
- Parents should be highly selective in choosing their career job so as not to affect their children’s training
- Furthermore, parents should not see sex education as an eye opener but as a means of exposing children to danger zones so as not to fall victim of child sexual abuse (CSA). They should tell the children the actual names of the private parts of the body; they should be given certain level of socialization.
- Parents should also provide adequately for their children’s needs so that they will not be tried by male perpetrators of child sexual abuse (CSA) or anybody that is trying to have this sexual crime with them. This will prevent children from looking here and there for held that may lure them into any sexual abuse act.
- Teachers should mould children (or students) by educating them about the implications of child sexual abuse (CSA).
- Teachers should not only teach children the subject they specialize in but also teach the children morally in the fear of God, even in the moral instructions.

- In addition to these, teachers should often sermonize the students; moral instructions should be entrenched into the curriculum of the school. School management should take it upon themselves to make sure that students are channeled in line with God's facet.
- The issue of matrimony should be well entrenched or institutionalized. This is the case in which a husband and wife come together and they must not break so that they can have time to take care of their children. This will help the children to learn from the cohabitation of their parents.
- The teachers need to be given lots of orientation in the college of education, they should teach them more on ethics; this will prevent teachers to be having negative affairs with students.
- There should also be total and effective abolition of abortion in private hospitals because this might be another way to avoid disgrace of illegal pregnancy. This will help in reducing sexual abuse act.
- There should be law guiding against mode of dressing especially in our institutions and the use of handsets by adolescents should be discouraged in secondary schools.

## REFERENCES

- Adshead, G. (1994). Looking for clues - A review of the literature on false allegations of sexual abuse in childhood. In Sinason, Valerie. *Treating Survivors of Satanist Abuse*. New York: Routledge. pp. 57–65.
- Advanced Learner's Dictionary (2005), Cambridge University Press. Second Edition. London.
- Alaggia, R. (2001). Cultural and Religious Influences in Maternal Response to Intra-familial Child Sexual Abuse: Charting New Territory for Research and Treatment. *Journal of Child Sexual Abuse*, Vol. 10(2). The Haworth Press, Inc.
- American Academy of Child and Adolescent Psychiatry (AACAP) (2008). Facts for Family: Child Sexual Abuse (9).
- American Humane Association (2011). *Child Sexual Abuse*. Powered by Convio.
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition text revision), § 302.2.
- Anderson, C. M; Teicher M. H; Polcari A. & Renshaw P. F. (2002). Abnormal T2 relaxation time in the cerebellar vermis of adults sexually abused in childhood: potential role of the vermis in stress-enhanced risk for drug abuse. *Psychoneuroendocrinology* 27 (1-2): 231–44.
- Anderson, J; Mangels N & Langsam A. (2004). Child sexual abuse: A public health issue. *Criminal Justice Studies* 17: 107–126.
- Anolik, S. A. & Stevens, R. (1998). Predictors of success within a behavior modification program among male adolescents. *Psychological Report*.
- APA Board of Professional Affairs (1999). Guidelines for psychological evaluations in child protection matters. Committee on Professional Practice and Standards. *The American Psychologist* 54 (8): 586–93.
- Arias, I. (2004). The legacy of child maltreatment: Long-term health consequences for women. *Journal of Women's Health*, 18, 468–473.
- Baker, A. W & Duncan, S. P. (1985). Child sexual abuse: a study of prevalence in Great Britain. *Child Abuse and Neglect* 9 (4): 457–67.
- Barth, R. P. (2009). Preventing Child Abuse and Neglect with Parent Training: Evidence and Opportunities. *The Future of Children*, Volume 19, (2), pp. 95-118. Published by Princeton University.
- Bayley, C. & King, K. (1990). *Child sexual abuse*. London: Tavistock.
- Bergner, R. M., Delgado, L. K. & Graybill, D. (1994). Finkelhor's risk factor checklist: A cross-validation study. *Child Abuse and Neglect*, 18, 331–340.



- Berliner L, Elliott D.M. 2002. Sexual abuse of children. In *The APSAC Handbook on Child Maltreatment*, 2nd edition, Myers JEB, Berliner L, Briere J, Hendrix CT, Jenny C, Reid TA (eds). Sage Publications: Thousand Oaks, CA; 55–78.
- Birdthistle, I. J; S. Floyd, A; MacHingura, N; Mudziwapasi, S; Gregson and Glynn J. R (2008). *From affected to infected? Orphanhood and HIV risk among female adolescents in urban Zimbabwe*, *AIDS*, vol. 22, (6), pp. 759–766.
- Bosch, J. A. (1997). *Behaviour therapy with abused children who have failed placement multiple times*. Dissertation, United States International University.
- Carol Gilligan (1982). *In a Different Voice: Psychological Theory and Women's Development*.
- Catholic Medical Association Task Force (2006). *To Prevent and to Protect: Report of the Task Force of the Catholic Medical Association on the Sexual Abuse of Children and Its Prevention*. pp. 1–58.
- Chen J.Q, Chen D.G. 2005. Awareness of child sexual abuse prevention education among parents of Grade 3 elementary school pupils in Fuxin City, China. *Health Education Research* 20(5): 540–547.
- Chen J.Q, Dunne M.P, & Han P. (2007). Prevention of child sexual abuse in China: Knowledge, attitudes, and communication practices of parents of elementary school children. *Child Abuse & Neglect* 31: 747–755.
- Chen, J. Q, Dunne, M. P, & Han, P. (2006). Child sexual abuse in Henan province, China: Association with sadness, suicidality, and risk behaviors among adolescent girls. *Journal of Adolescent Health*, 38, 544–549.
- Child Abuse Prevention and Treatment Act (CAPTA) (2011). *National Clearing house on Child Abuse and Neglect Information*. 330 C Street, SW, Washington.
- Christina Paxson (1999). Introducing the Issue. *The Future of Children*, Volume 19, (2), pp. 3-17 (Article). Published by Princeton University.
- Cohen M. & Miller T. (1998). The cost of mental health care for victims of crime. *Journal of Interpersonal Violence* 13(1): 93–110.
- Collings S. J. and. Madu S. N (2002). The prevalence and characteristics of child sexual abuse among South African university students: Comments on S.N. Madu, *South African Journal of Psychology*, vol. 32, (3), pp. 62–63.
- Collings, S. J. (1991). Childhood sexual abuse in a sample of South African university males: Prevalence and risk factors. *South African Journal of Psychology*, 21, 153–158.
- Collins M. E. (1996). Parents' perceptions of the risk of CSA and their protective behavior: Findings from a qualitative study. *Child Maltreatment* 1: 53–64.
- Committee for Children (2009). *Talking about Touching: Overview—A Personal Safety Curriculum*.

- Confused Naija Girl, (2007), "*The Past and Present of a Confused Mind*.  
Con4fused@gmail.com
- Courtois, C. A. (1988). *Healing the incest wound: adult survivors in therapy*. New York: Norton.  
p. 208.
- Daly Dennis (1996). Attribution Theory and the Glass Ceiling: Career Development Among  
Federal Employees. *Public Administration & Management: An interactive Journal*.  
[<http://www.hbg.psu.edu/faculty/jxr11/glass1sp.html>]
- Daniel H. J. (1976), *Child abuse: A complex case of Mis-socialization*. In John Travors (ed). The  
New Children: The 1st 6 years. Connecticut. Grey lock publisher. Pg. 67–113)
- De Jong A. R. (1985). Vaginitis due to Gardnerella vaginalis and to Candida albicans in sexual  
abuse. *Child Abuse & Neglect* 9 (1): 27–9.
- De Jong, J. P, Hervada, A. R., & Emmett, G. A. (1983). Epidemiological variations in childhood  
sexual abuse. *Child Abuse & Neglect*, 7, 155–162.
- Dembo, R., Williams, L. & Schmeidler, J. (1993). Gender differences in mental health services  
needs among youths entering a juvenile detention center. *Journal of Prison and Jail  
Health* , 12 , 73–101.
- Denise H. and Finkelhor D. (2007). Statutory Sex Crime Relationships between Juveniles and  
Adults: A Review of Social Scientific Research. *Aggression and Violent Behavior*, 12:  
300–14.
- Derry, S. J. (1999). *A Fish called peer learning: Searching for common themes*. In A. M.  
O'Donnell & A. King (Eds.),
- Driver, E., & Droisen, A. (1989). *Child sexual abuse, feminist perspective*. London: Macmillan.
- Ebigbo, P. O. (1989). Psychosocial aspects of child abuse and neglect in Africa. In K. Peltzer &  
P. O. Ebigbo (Eds.), *Clinical psychology in Africa* (pp. 401–424). Frankfurt: IKO Verlag.
- Elizabeth O. P; Mark L. G; & Claudio V. (2001). A Meta-Analysis of the Published Research on  
the Effects of Child Sexual Abuse. *Journal of Psychology*. A prospective study follows  
children who have been identified as being sexually abused to learn what happens as they  
develop.
- Elrod J.M, Rubin R.H. (1993). Parental involvement in sexual abuse prevention education. *Child  
Abuse & Neglect* 17: 527–538.
- Ernest, P. (1999). *Social Constructivism as a Philosophy of Mathematics: Radical  
Constructivism*.
- Fawole O. I, Ajuwon A. J, Osungbade K. O (2003). Interventions for violence prevention among  
female workers in motor parks in South Western Nigeria: a review of effectiveness.  
*African Journal Reproductive Health*. 7(1): 71–82.

- Fawole O. I, Ajuwon A. J, Osungbade K. O. (2004). Violence and HIV/AIDS prevention among female out of school youths in South Western Nigeria; lessons learned from interventions targeted at hawkers and apprentices. *African Journal Medical Science*. 33(4); 347– 353)
- Finkelhor, D, Hotaling, G., Lewis, I. & Smith, C. (1990). Sexual abuse in a national survey of men and women: Prevalence, characteristics and risk factors. *Child Abuse and Neglect*, 14, 19–28.
- Finkelhor, D. & Baron, L. (1986). High risk children. In D. Finkelhor, S. Araji, A. Browne, S. Peters & G. Wyatt (Eds.), *A sourcebook on child sexual abuse* (pp. 60–88). Beverly Hills CA: Sage.
- Finkelhor, D. & Ormrod, R. (2001). Child Abuse Reported to the Police. *Juvenile Justice Bulletin* (U.S. Office of Juvenile Justice and Delinquency Prevention).
- Finkelhor, D. & Ormrod, R. (2004). "Prostitution of Juveniles: Patterns From NIBRS". *Juvenile Justice Bulletin* (U.S. Office of Juvenile Justice and Delinquency Prevention).
- Finkelhor, D. (1979). *Sexually victimized children*. New York: Free Press.
- Finkelhor, D. (1980). Risk factors in the sexual victimization of children. *Child Abuse & Neglect*, 4, 265–273.
- Finkelhor, D. (1993). Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse & Neglect*, 17, 67–70.
- Finkelhor, D. (1994). Current Information on the Scope and Nature of Child Sexual Abuse. *Future of Children* 4, (2): 31–53.
- Finkelhor, D. (2009). The Prevention of Childhood Sexual Abuse. *The Future of Children*, Volume 19, (2), pp. 169-194 (Article). Published by Princeton University.
- Fleming, J, Mullen, P. & Bammer, G. (1997). A study of potential risk factors for sexual abuse in childhood. *Child Abuse and Neglect*, 21, 49–58.
- Forsyth, Donelson (1987). *Social Psychology*. Brooks/Cole Publishing.
- Garbarino, J. (1992). The meaning of poverty in the world of children. *American Behavioral Scientist*, 35, 220–237.
- Garbarino, J. (1995). *Raising children in a socially toxic environment*. San Francisco: Josey Bass.
- Glaser, D. & Prior, V. (1997). Is the term child protection applicable to emotional abuse? *Child Abuse Review*, 6, 315–329.
- Goldman, J. D. G. & Padayachi, U. K. (2000). "Some methodological problems in estimating incidence and prevalence in child sexual abuse research". *Journal of Sex Research* 37 (4): 305–14.

- Gomez, M.V. (1992). Some suggestions for change regarding culturally appropriate interventions in child sexual abuse: A reaction to Heras. *Journal of Child Sexual Abuse*, 1(3), 125-127.
- Gorey K. M, Leslie D. R, (1997). The prevalence of child sexual abuse: integrative review adjustment for potential response and measurement biases. *Child Abuse & Neglect* 21 (4): 391–8
- Gredler, M. E. (1997). *Learning and instruction: Theory into practice (3rd ed)*. Upper Saddle River, NJ: Prentice-Hall.
- Gries, L; Goh, D; Andrews, M; Gilbert, J; Praver, F. & Stelzer, D. (2000). Positive reaction to disclosure and recovery from child sexual abuse. *Journal of Child Sexual Abuse* 9 (1): 29–51.
- Grossman, G. A. (1997). Effects of childhood trauma and dissociation with substance abusing adolescents. *Dissertation*, Wright Institute., 83 , 723–731.
- Hammond, W. R. (2003). Public health and child maltreatment prevention: The role of the Centers for Disease Control and Prevention. *Child Maltreatment* 8(2): 81–83.
- Harriet L. MacMillan et al. (1994). Primary Prevention of Child Sexual Abuse: A Critical Review. Part II, *Journal of Child Psychology and Psychiatry* 35, (5): 857–76;
- Haugaard, J. J. (2000). The challenge of defining child sexual abuse. *The American Psychologist*, 55(9), 1036–1039.
- Heider, Fritz (1958). *The Psychology of Interpersonal Relations*. New York. Wiley.
- Heise, L. L. (1994). Gender-based violence and women's reproductive health. *International Journal of Gynecology and Obstetrics*, 46, 221–229.
- Henning, K; Leitenberg, H; Coffey, P; Bennett, T. & Jankowski, M. K. (1997). Long-term psychological adjustment to witnessing inter-parental physical conflict during childhood. *Child Abuse and Neglect*, 21, 501–515.
- Heras, P. (1992). Cultural considerations in the assessment and treatment of child sexual abuse. *Journal of Child Sexual Abuse*, 1(3), 119-124.
- Herman-Giddens M. E, Brown G, Verbiest S, et al. (1999). *Under ascertainment of child abuse mortality in the United States*. *JAMA* 282 (5): 463–7.
- Hongyin, Wang (1993). *Introduction to the Cross-Culture Psychology*. Shanxi, Normal University Press.
- Ikechebelu J.I, Udigwe G.O, Ezechukwu C.C, Ndinechi A.G, Joe-Ikechebelu N.N (2008): Sexual Abuse Among Juvenile Female Street Hawkers in Anambra State, Nigeria. *African Journal of Reproductive Health* Vol. 12 No. 2 August, 2008. Nigeria.
- Ilene S. Speizer, Mary Goodwin, Lisa Whittle, Maureen Clyde, Jennifer Rogers (2007).

- International Center for Assault Prevention (ICAP) (2009). *ICAP Website*. [www.internationalcap.org/home\\_aboutcap.html](http://www.internationalcap.org/home_aboutcap.html).
- Ito, Y; Teicher M. H; Glod C. A. & Ackerman E. (1998). Preliminary evidence for aberrant cortical development in abused children: a quantitative EEG study. *The Journal of Neuropsychiatry and Clinical Neurosciences* 10 (3): 298–307.
- Ito, Y; Teicher M. H; Glod C. A; Harper D.; Magnus E. & Gelbard H. A. (1993). Increased prevalence of electrophysiological abnormalities in children with psychological, physical, and sexual abuse. *The Journal of Neuropsychiatry and Clinical Neurosciences* 5 (4): 401–8.
- Jaffe, A. M., & Roux, P. (1988). Sexual abuse of children—a hospital based study. *South African Medical Journal*, 74, 65–67.
- Janis W. et al (2008). Online ‘Predators’ and Their Victims: Myths, Realities and Implications for Prevention and Treatment, *American Psychologist* 63, (2) 111–28.
- Jejeebhoy, S., & Bott, S. (2003). Non-consensual sexual experiences of young people: a review of the evidence from developing countries. *Regional Working Paper*, (16). New Delhi, India: Population Council.
- Jensen, T. K. et al (2005). *Reporting possible sexual abuse: A qualitative study on children’s perspectives and the context for disclosure*. University of Oslo, Norway.
- Jewkes R; Levin J; Mbananga N; & Bradshaw D. (2002). *Rape of girls in South Africa*, *Lancet*, vol. 359, (9303), pp. 319–320.
- John P. et al. (2008). *Enhancing Child Safety and Online Technologies: Final Report of the Internet Safety Technical Task Force to the Multi-State Working Group on Social Networking of United States Attorneys General*. Cambridge, Mass.: Berkman Center for Internet and Society at Harvard University, pp. 1–278;
- Julia W, (2007). *Child Sexual Abuse*. National Center for Post Traumatic Stress Disorder, US Department of Veterans Affairs.
- Kaplan, S. J. (1996). Physical abuse of children and adolescents. In S. J. Kaplan (Ed.), *Family violence: A clinical and legal guide* (pp. 1–35). Washington, DC: American Psychiatric Press.
- Karen Franklin (2009). *Will ‘Revolutionary’ Diana Screen End Pedophile Menace?* (Online blog, cited); available from: <http://forensicpsychologist.blogspot.com>.
- Kassim, K. & Kasim, M. S. (1995). Child sexual abuse: Psychosocial aspects of 101 cases seen in an urban Malaysian setting. *Child Abuse and Neglect*, 19, 793–799.
- Kaufman, K., Holmberg, J. K., Orts, K. A., McCrady, F. E., Rotzien, A. L., Daleiden, E. L., et al. (1998). Factors influencing sexual offenders’ modus operandi: An examination of victim-offender relatedness and age. *Child Maltreatment*, 3, 349–361.

- Kaveri S. & Patricia G. (2008). Online Communication and Adolescent Relationships, *Future of Children* 18, (1): 119–46.
- Kelley, S. (1996). Stress response to children to sexual abuse and ritualistic abuse in day care centers. *Journal of Interpersonal Violence*, 4, 502–513.
- Kendall-Tackett K. A; Williams L. M. & Finkelhor D. (1993). Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological Bulletin* 113 (1): 164–80.
- Kilpatrick D.G, Ruggerio K.J, Acierno R, Saunders B.E, Resnick H.S, Best C.L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the national survey of adolescents. *Journal of Consulting and Clinical Psychology* 71: 692–700.
- King, G. F. & Yorker, B. (1996). Case studies of children presenting with a history of ritualistic abuse. *Journal of Child and Adolescent Psychiatric Nursing*, 9, 18–26.
- Kitzinger, J. (2004). *Framing abuse: Media influences and public understanding of sexual violence against children*. London: Pluto Press.
- Kogan, S. (2005). The Role of Disclosing Child Sexual Abuse on Adolescent Adjustment and Revictimization. *Journal of Child Sexual Abuse* 14 (2): 25–47.
- Kohlberg, Lawrence (1958). *The Development of Modes of Thinking and Choices in Years 10 to 16*. PhD Dissertation, University of Chicago.
- Krug E. G; Dahlberg L. L; Mercy J. A; Zwi A. B. & Lozano R. (2002). *World report on violence and health*. World Health Organization: Geneva.
- Kukla, A. (2000). *Social Constructivism and the Philosophy of Science*. New York: Routledge.
- Lachman, P. L. (1996). Child protection in Africa: The road ahead. *Child Abuse and Neglect*, 20, 534–547.
- Lalor K. (2004). Child sexual abuse in sub-Saharan Africa: a literature review. *Child Abuse and Neglect*, vol. 28, (4), pp. 439–460.
- Landy, S. & Munro, S. (1998). Shared parenting: Assessing the success of a foster parent program aimed at family reunification. *Child Abuse and Neglect*, 22, 305–318.
- Levett, A. (1989). *Psychological trauma: discourse of childhood sexual abuse*. Unpublished doctoral thesis, University of Cape Town.
- Lipton, M. (1997). The effect of primary caretaker's distress on the sexually abused child: A comparison of biological and foster parents. *Child and Adolescent Social Work Journal*, 14, 115–127.
- Madu S. N (2002). The relationship between perceived parental physical availability and child sexual, physical and emotional abuse among high school students in the Northern Province, South Africa. *Social Science Journal*, 39(4): 639–645, 2002.

- Madu S. N. & Peltzer K (2000). Risk Factors and Child Sexual Abuse among Secondary School Students in the Northern Province (South Africa). *Child Abuse & Neglect*, 24(2): 259–268.
- Madu, S. N. (2003). The relationship between parental physical availability and child sexual, physical and emotional abuse: A study among a sample of university students in South Africa. 44, 311–318. *The Scandinavian Psychological Associations*. Published by Blackwell Publishing Ltd., Oxford, UK.
- Maia, S. & Perry, B. (2006). *The boy who was raised as a dog: and other stories from a child psychiatrist's notebook: what traumatized children can teach us about loss, love and healing*. New York: Basic Books.
- Martin J; Anderson J; Romans S; Mullen P & O'Shea M. (1993). Asking about child sexual abuse: methodological implications of a two stage survey. *Child Abuse & Neglect* 17 (3): 383–92.
- Massachusetts Child Exploitation Network (1995). *Child Sexual Exploitation: Improving Investigations and Protecting Victims*. U.S. Office of Juvenile Justice and Delinquency Prevention.
- McCann D; Lalor K; and Katabaro J. K. (2000). Childhood sexual abuse among university students in Tanzania. *Child Abuse and Neglect*, vol. 30, (12), pp. 1343–1351, 2006.
- McMahon, M. (1997). *Social Constructivism and the World Wide Web - A Paradigm for Learning*. Paper presented at the ASCILITE conference. Perth, Australia.
- Mejuini, C. O. (1991). Educating adults against socioculturally induced abused and neglect of children in Nigeria. *Child Abuse and Neglect*, 15, 139–145.
- Melesse F, Kessie A (2005). Child abuse in urban setting: a one year analysis of hospital information on abuse children at yekakit hospital Addis Ababa. *Ethiop Med. Journal*. 43(4); 223–232.
- Ministry of Women and Child Development (2007) "*Study on Child Abuse: India*". Published by the Government of India, <http://wcd.nic.in/childabuse.pdf>
- Morrison, A., Ellsberg, M., & Bott, S. (2004). *Addressing gender-based violence in the Latin American and Caribbean Region: A critical review of interventions* (World Bank Policy Research Working Paper, 3438). World Bank.
- National Clearinghouse on Child Abuse and Neglect Information (2001). Definitions of Child Abuse and Neglect, *Summary of State Laws*, U.S. Department of Health and Human Services.
- Navalta C. P; Polcari A; Webster D. M; Boghossian A. & Teicher M. H. (2006). Effects of childhood sexual abuse on neuropsychological and cognitive function in college women. *The Journal of Neuropsychiatry and Clinical Neurosciences* 18 (1): 45–53.

- Noll J.G, Trickett P.K, Putnam F.W. (2003). A prospective investigation of the impact of childhood sexual abuse on the development of sexuality. *Journal of Consulting and Clinical Psychology*, 71: 575–586.
- Obisesan k. A, adeyemo A. A. & onifade R. A. (1999). *Journal of Obstetrics and Gynaecology* Vol. 19, (6), 624± 626. Childhood sexuality and child sexual abuse in southwest Nigeria. Departments of Obstetrics and Gynaecology, and Paediatrics, University College Hospital, Ibadan
- Olsen M.E, Kalbfleisch J.H. 1999. A survey of pregnant women's knowledge about sexual abuse. *Journal of Pediatric and Adolescent Gynecology* 12:219–222.
- Olsson, A., Ellsberg, E., Berglund, S., Herrera, A., Zelaya, E., Pena, R., Zelaya, F., & Persson, L. A. (2000). Sexual abuse during childhood and adolescence among Nicaraguan men and women: a population-based anonymous survey. *Child Abuse & Neglect*, 24, 1579–1589.
- Osinowo O. A (1992). Street children and psychological consequences. *International Journal of Rep. Health*, 4; 101–108. 119)
- Paolucci E.O, Genuis M.L, Violato C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *The Journal of Psychology*, 135:17–36.
- Peer commentaries on Green (2002) and Schmidt (2002). *Archives of Sexual Behavior*. Child molester is a pejorative term applied to both the pedophile and incest offender.
- Pereda N, Guilera G, Forns M, Gomez-Benito J. 2009. The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*. 29: 328–338.
- Prawat, R. S., & Floden, R. E. (1994). Philosophical Perspectives on Constructivist Views of Learning. *Educational Psychologist*, 29(1), 37-48.
- Putman, F. (1991). The satanic ritual abuse controversy. *Child Abuse and Neglect*, 15, 175–179.
- Reppucci N; Haugaard J & Antonishak J. (2005). Is there empirical evidence to support the effectiveness of child sexual abuse prevention programmes? In Current Controversies on Family Violence, Loseke D, Gelles R, Cavanaugh M (eds). *Sage Publications: Thousand Oaks, CA*; 271–284.
- Reppucci ND, Jones LM, Cook SL. 1994. Involving parents in child sexual abuse prevention programs. *Journal of Child and Family Studies*, 3:137–142.
- Resofsky V. (2007). Stewards of Children: A primary prevention programme for sexual abuse. *Australian Institute of Family Studies Newsletter*. 15: 12–16.
- Rickards, S. (1997). Attachment and the long-term effects of childhood trauma. *Dissertation*. University of Southern California.



- Rind, B; Tromovitch, P, & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin* 124 (124): 22–53.
- Roberts R, O'Connor T, Dunn J, Golding J and The ALSPAC Study Team. (2004). The effects of child sexual abuse in later family life; mental health, parenting and adjustment of offspring. *Child Abuse & Neglect* 25: 525–545.
- Robin, R. W., Chester, B., Rasmussen, J. K., Jaranson, J. L., & Goldman, D. (1997). Prevalence, characteristics, and impact of childhood sexual abuse in a South Western American Indian tribe. *Child Abuse & Neglect*, 8, 51–61.
- Rodney, W. (2005), *“How Europe Underdeveloped Africa”*. Printed in Nigeria by Panaf Press, arrangement with Howard University Press, Washington D. C.
- Romero, G. J., Wyatt, G. E., Loeb, T. B., Carmona, J. V., & Solis, B. M. (1999). The prevalence and circumstances of child sexual abuse among Latina women. *Hispanic Journal of Behavioral Sciences*, 21(3), 351–365.
- Russell, D. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse & Neglect*, 7, 133–146.
- Sandy K. W. (2009): Child Sexual Abuse Prevention. Preventing Sexual Abuse of Children in the twenty-first century: Preparing for Challenges and Opportunities. *Journal of Child Sexual Abuse*, 18:1–18. Colorado, USA.
- Sandy K. W. and Maureen C. K. (2010). Partnering with Parents to Prevent childhood Sexual. *Child Abuse Review*, Vol. 19: 130–152. John Wiley & Sons, Ltd. USA.
- Satcher, D. (2001). *The Surgeon General’s call to action to promote sexual health and responsible sexual behavior*. Washington, DC: U.S. Department of Health and Human Services. Retrieved 2007, from [www.surgeongeneral.gov/library/sexualhealth/call.htm](http://www.surgeongeneral.gov/library/sexualhealth/call.htm).
- Saul, J. and Audage, N. C. (2007). *Preventing Child Sexual Abuse within Youth-Serving Organizations: Getting Started on Policies and Procedures*. Atlanta, Ga.: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Schunk D. H. (2000). *Coming to Terms with Motivation Constructs*. Contemporary Educational Psychology.
- Sherman D. J (1992). *The neglected health care needs of street youth*. Public Health Rep. 107(4); 433–440)
- Socolar, R. R. (1996). Physician knowledge of child sexual abuse. *Child Abuse and Neglect*, 20, 783–790.
- Spaccarelli, S. (1994). Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review. *Psychological Bulletin*, 116, 340-362.

- Stephen W. S & Richard K. W (2004). Onset, Persistence and Versatility of Offending among Adult Males Convicted of Sexual Offenses against Children. *Sexual Abuse: A Journal of Research and Treatment* 16, (4), 285–98.
- Stephen W. S, William L. M, & Richard K. W. (2008). *Preventing Child Sexual Abuse: Evidence, Policy, and Practice*. Portland, Ore.: Willan Publishing.
- Summit, R. C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect*, 7, 177-193.
- Tang C.S, Yan EC. (2004). Intention to participate in child sexual abuse prevention programs: A study of Chinese adults in Hong Kong. *Child Abuse & Neglect* 28: 1187–1197.
- Teicher M. H; Glod C. A & Surrey J, S. C. (1993). Early childhood abuse and limbic system ratings in adult psychiatric outpatients. *The Journal of Neuropsychiatry and Clinical Neurosciences* 5 (3): 301–6.
- Teicher, M. H. (2002). Scars that won't heal: the neurobiology of child abuse. *Scientific American* 286 (3): 68–75.
- The American Heritage Dictionary of the English Language, Fourth Edition*. (2008). <http://dictionary.reference.com/browse/pedophile>.
- Thomas, J.N. (1992). Cultural considerations in assessment and treatment of child sexual abuse: A commentary. *Journal of Child Sexual Abuse*, 1(3), 129-132.
- Tichatonga J. Nhundu & Almon Shumba (2001). The Nature and Frequency of Reported Cases of Teacher Perpetrated Child Sexual Abuse in Rural Primary Schools in Zimbabwe. *Child Abuse and Neglect*.
- Tokunbo D. (2007). *“An Incarnate” A case of a troubled childhood*. Published by Cedar Productions. Nigeria.
- Tracy V. (2008). *The Pursuit of Safety: Sex Offender Policy in the United States*. New York: Vera Institute of Justice.
- Tutty L.M. (1993). Parent’s perceptions of their child’s knowledge of sexual abuse prevention concepts. *Journal of Child Sexual Abuse* 2: 83–103.
- Tyler K.A. (2002). Social and emotional outcomes of childhood sexual abuse: A review of recent research. *Aggression and Violent Behavior* 7: 567–589.
- U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2007). *Child maltreatment 2005*. Washington, DC: U.S. Government Printing Office.
- UNICEF (2001). *Profiting from abuse: An investigation into the sexual exploitation of our children*. Division of Communication, New York, NY 10017, USA

- UNICEF (2006). *Sexual exploitation and abuse*. Webpage: Trafficking and sexual exploitation
- Wilson R. J; Picheca J. E. & Prinzo M. (2005). *Circles of Support and Accountability: An Evaluation of the Pilot Project in South-Central Ontario*. Ottawa: Correctional Service of Canada, pp. 1–40.
- World Health Organization (1997). *Violence against women. A priority health issue*. Geneva, 1–12.
- World Health Organization (1999). *Social Change and Mental Health: Violence and Injury Prevention*. Report of the Consultation on Child Abuse Prevention, Geneva, Switzerland. pp. 13-17.
- Wurtele S. K.; Cindy L. Miller- Perrin, and Gary B. Melton (1993). “*Preventing Child Sexual Abuse: Sharing the Responsibility*” University of Nebraska Press.
- Wurtele, S. K. (1993). Enhancing children’s sexual development through child sexual abuse prevention programs. *Journal of Sex Education and Therapy*, 19, 37–46.
- Wurtele, S. K. (2009). Child Sexual Abuse Prevention: Preventing Sexual Abuse of Children in the twenty-first century. Preparing for Challenges and Opportunities. *Journal of Child Sexual Abuse*, 18:1–18. Colorado, USA
- Wyatt, G. E., Loeb, T. B., Solis, B., Carmona, J. V., & Romero, G. (1999). The prevalence and circumstances of child sexual abuse: Changes across a decade. *Child Abuse & Neglect*, 23(1), 45–60.
- Zuravin, S. J. (1989). The ecology of child abuse and neglect: Review of the literature and presentation of data. *Violence and Victims*, 4, 101–120.

## APPENDIX ONE

### DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

#### FACULTY OF SOCIAL SCIENCES,

#### OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE

### QUESTIONNAIRE

Dear Respondent,

This questionnaire is designed to collect information on the cultural beliefs, parents' perceptions of child sexual abuse (CSA), and its prevalence among adolescents so as to provide adequate solution for future occurrence and to save incoming generations. Please read the questions carefully and respond as accurately as possible. **Your responses will be treated HIGHLY CONFIDENTIAL.**

Thank you for your cooperation.

#### **Section A: Demographic Data**

1. Name of School: .....
2. Gender:                      Male ( )                      Female ( )
3. Age as at last birthday: .....
4. Where are you living?.....
5. Religion:                      Christianity ( )                      Islam ( )                      Traditional ( )

#### **Section B: Measurement of Standard of Living**

6. What is your father's level of educational?    Primary ( )    Secondary ( )    Tertiary ( )
7. What is your mother's level of educational?    Primary ( )    Secondary ( )    Tertiary ( )
8. What is your father's occupation?    Self Employed ( )    Employed ( )    Unemployed ( )
9. What is your mother's occupation?    Self Employed ( )    Employed ( )    Unemployed ( )
10. What is your father's monthly income?  
Below 10,000 ( )    10,000-49, 000 ( )    50,000-99, 999 ( )    100,000 and above ( )

11. What is your mother's monthly income?  
Below 10,000 ( ) 10,000-49, 000 ( ) 50,000-99, 999 ( ) 100,000 and above ( )
12. Do you receive any pocket money? Yes ( ) No ( )
13. If yes, what is the amount on monthly basis? Below 1,000 ( ) 1,000-4,999 ( )  
5,000-9,999 ( ) 10,000-19,999 ( ) 20,000 and above ( )
14. Who owns your residence? Parents ( ) Family House ( ) Rent ( )
15. Which type of accommodation do you live in?  
Room & parlor ( ) Self contain ( ) Flat ( ) Duplex ( )
16. Are your parents living together? Yes ( ) No ( )
17. How many wives do your father has? 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 and above ( )
18. Your father is blessed with how many children? Please kindly specify .....
19. What is your position in the family? Please kindly specify .....
20. Do you have relative(s) staying in your house? Yes ( ) No ( )
21. If yes, what is the relationship? Uncle ( ) Family friend ( ) Cousin ( )  
Others, specify .....

**Section C: Prevalence and Nature of CSA as well as knowledge of the perpetrator 1**

- |   |         |        |                                      |
|---|---------|--------|--------------------------------------|
| 22. Has any adult person involve you in any unwanted incidents like |         |        | <b>Please<br/>signify<br/>gender</b> |
| (a) Inviting or requesting you to do something sexual?              | Yes ( ) | No ( ) | .....                                |
| (b) Watching “blue film” or sexual movie with you?                  | Yes ( ) | No ( ) | .....                                |
| (c) Kissing or hugging you in a sexual way?                         | Yes ( ) | No ( ) | .....                                |
| (d) Showing their sex organs to you?                                | Yes ( ) | No ( ) | .....                                |
| (e) Making you touch them in a sexual way?                          | Yes ( ) | No ( ) | .....                                |
| (f) Attempting or having sexual intercourse?                        | Yes ( ) | No ( ) | .....                                |
| (g) Touching or fondling your private part?                         | Yes ( ) | No ( ) | .....                                |

23. What is your relationship with him/her? Father ( ) Mother ( )  
Parents' friend ( ) Other relative ( ) Acquaintances ( ) Stranger/Unknown ( )
24. When did you first experienced any form of these?  
0-6 years old ( ) 7-11 years old ( ) 12-16 years old ( )
25. When did you experience it last? Less than 6 months ago ( ) 6-12 months ago ( )  
Above 12 months ago ( )
26. How did you come in contact with the perpetrator(s)? Living together ( ) Neighbour ( )  
Visitation ( ) School ( ) Unexpected contact ( )

**Section D: Prevalence and Nature of CSA as well as knowledge of the perpetrator 2**

**Please  
signify  
gender**

27. Has you involve any younger person in any unwanted incidents like
- (a) Inviting him/her to do something sexual? Yes ( ) No ( ) .....
- (b) Watching "blue film" or sexual movie with him/her? Yes ( ) No ( ) .....
- (c) Kissing or hugging him/her in a sexual way? Yes ( ) No ( ) .....
- (d) Showing your sex organs to him/her? Yes ( ) No ( ) .....
- (e) Making him/her touch you in a sexual way? Yes ( ) No ( ) .....
- (f) Attempting or having sexual intercourse with him/her? Yes ( ) No ( ) .....
- (g) Touching or fondling him/her private part? Yes ( ) No ( ) .....
28. What is your relationship with him/her? Father ( ) Mother ( )  
Parents' friend ( ) Other relative ( ) Acquaintances ( ) Stranger/Unknown ( )
29. When did you first do any form of these?  
0-6 years old ( ) 7-11 years old ( ) 12-16 years old ( ) Above 17 years old ( )

30. When did you do it last?  
 Less than 6 months ago ( )      6-12 months ago ( )      Above 12 months ago ( )
31. How did you come in contact with the perpetrator(s)? Living together ( ) Neighbour ( )  
 Visitation ( )      School ( )      Unexpected contact ( )

**Section E: Adolescents' Perceptions of Child Sexual Abuse**

32. How do you view those who are sexually abused? Parents don't care for them ( )  
 They are immoral ( )      Their desire to earn a living ( )      Others, specify:.....
33. What do you think is responsible for child sexual abuse? Insecurity of children ( )  
 Sexual desire due to early exposure ( )      Low standard of living ( )  
 Lack of love and care from family ( )      Facial Outlook ( )  
 Other(s), specify .....
34. What should a child that is being sexually abused do? Go for counseling ( )  
 Inform parents ( ) Inform friends ( ) Expose the perpetrator ( ) Keep it to him/herself ( )
35. Do you know of a girl/boy that has been sexually abused? Yes ( )      No ( )
36. If yes, how many of them do you know? 1-5 ( )      6-10 ( )      More than 10 ( )
37. Will you inform your friends if you are sexually abused? Yes ( )      No ( )
38. Who else can you inform when you are sexually abused?  
 Parents ( )      Sibling ( )      Doctor ( )      Nobody ( )      Others, specify: .....
39. Would you prefer to keep it to yourself if you are sexually abused? Yes ( )      No ( )
40. Will you be willing to go for counseling if you are sexually abused? Yes ( )      No ( )
41. How frequent is the occurrence of child sexual abuse in your neighbourhood?  
 Always ( )      Frequently ( )      Occasionally ( )      Rarely ( )      Not at all ( )

## **APPENDIX TWO**

### **DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY**

#### **FACULTY OF SOCIAL SCIENCES,**

#### **OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE**

### **IN-DEPTH INTERVIEW QUESTIONS**

#### **General Questions**

What is your **Gender**, your **Age**, your **Religion**, your **Residence**, **Number of children** and your **Child(ren) age**?

#### **Specific Questions**

1. How will you describe sexual related offences?
2. What factors do you think may be responsible for sexual related offences?
3. How will you describe sexual offence against children?
4. Are the factors responsible for such sexual offences against children the same with others like adults, adolescents, etc?
5. Are there ways we can recognize a child that is being sexually abused physically, psychologically and socially?
6. How can those who sexually abuse children be identified?
7. How do you think child sexual abusers or perpetrator of child sexual abuse should be handled?
8. How should a child that is being sexually abused be handled?
9. How will you describe the involvement of parents in the sexual issues affecting their children?
10. What roles do you think teachers should play in the prevention and management of child sexual abuse?
11. What practices will you suggest for the prevention of child sexual abuse in Nigeria?