# Gabriel –Job N Alikor EAD Akani NA

# CC -BY Prevalence of child sexual abuse among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State, Nigeria

DOI:http://dx.doi.org/10.4314/njp.v46i4.1

Accepted: 26th September 2019

Gabriel –Job N ( )
Alikor EAD
Akani NA
Department of Paediatrics,
University of Part Harcourt
Teaching Hospital, Port Harcourt
Rivers State
Email:
ngabrieljob2014@gmail.com

Abstract: Background: The traumatic impact of experiencing sexual abuse as a child can be long lasting and span into adulthood; it is a contributory factor to poor academic performance, suicide, depression, high prevalence of HIV/AIDS and transmission of abusive characters to the younger generations. The crime permeates all cultures, gender, and socioeconomic classes. This study evaluated the prevalence of child sexual abuse (CSA) and sociodemographic risk factors among adolescents in Obio/Akpor LGA, Rivers State, Nigeria

Methodology: Using multi-staged sampling technique, 1558 adolescents aged 10-19 years were studied in a cross-sectional, schoolbased survey from January to May 2013, to determine the prevalence of child sexual abuse among adolescents in Obio/ Akpor. Ethical clearance was obtained. Confidentiality and anonymity was ensured. Data was collected using a semi-structured pretested questionnaire completed by students. Descriptive statistics was used for data analysis, test for association between subgroups was carried out using Chi-square test while the difference between means was determined using the Students t-test.

Results: The subjects comprised

of 739 males (47.4%) and 819 females (52.6%) with a male female ratio of 1:1.1. 572 of the 1558 subjects had experienced CSA giving an overall prevalence of 36.7%. The proportion of females and males that were sexually abused were 47.4% and 24.9% respectively. Girls were 2.7times more likely to be victims of CSA compared to their male counterparts. (OR: 2.714; 95% CI: 2.188 -3.37) The gender difference was statistically significant (p= 0.001). The highest prevalence of CSA of 39.8 % occurred within the age range of 14-16 years. The age at the time of CSA ranged from 7 - 18 years with a mean age of 12.6  $\pm$ 2.9 years. The prevalence rate increased with low social class, living in a single family set up and the presence of more than 4 children in the family.

Conclusion: The prevalence of child sexual abuse among adolescents in secondary school in Obio/Akpor LGA is high. It is recommended that a stable home with adequate monitoring of children especially the girl child as well an increased public enlightenment on the risk factors and prevention of CSA can reduce its occurrence

**Key words:** Child sexual abuse, adolescents, secondary schools, Obio/Akpor

# Introduction

Following the World Health Organization (WHO) conference on child abuse and prevention in 1999, the WHO 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 consent to, or for which the child is not developmentally prepared or which violates the laws and social taboos of society'.

Sexual abuse of a child in any of its forms is an infringement of the child's fundamental human right. Given that sexual abuse of minors is often enshrouded in secrecy, only a minute fraction of the crime is reported or documented hence, the true prevalence is unknown, although it has been reported to occur in all parts of the world. The United Nation (UN) Convention on the Childs Rights to which Nigeria is a signatory forbids CSA. It clearly declared that such sexual acts are offences and

that the perpetrators are punishable by law. It avows the child's right to be protected against all forms of sexual abuse and exploitation including being forced or enticed to engage in sexual activities, prostitution and pornography. Regardless of the fact that there have been some considerable improvement in recent years with regard to the protection and promotion of the rights of children through the passing of child-friendly laws, the prevalence of this social crime still remains high.

Sexually transmitted infections (STIs) as well as HIV/ AIDS and viral hepatitis are recognized consequences of CSA.<sup>3</sup> STIs does not only present a significant disease burden on the society at large but also aids in the spread of HIV/AIDs.4,5 CSA has also been linked with severe consequences like physical injuries, unwanted pregnancies and pelvic infections, all these can impair the physical and psychological development of the victims. 1,6,7 Others are reduced academic performance, 7,8 rejection by the family, family conflicts especially if the perpetrator is a close family member, <sup>6,7</sup> poor parenting and abusive behaviours later in life. <sup>4,6</sup> Studies have shown that persons who were sexually abused as children are more likely to repeat such acts on other children therefore spreading abusive behaviour to the later generations.<sup>7,9</sup> These grave consequences could jeopardise the future self-actualization of victims if the society remains aloof to crimes like CSA.

The predisposing factors to CSA in Sub-Saharan Africa, include poverty, low socioeconomic status, family structure, poor parental supervision, child labour, and harmful cultural practices like child marriages. <sup>8,9,10</sup> Other factors include the belief that sex with a virgin can cure certain illness or fetch riches as well as the tendency for adult in an attempt to prevent HIV/AIDS choose to have sex with children. <sup>8,10</sup>

Whereas public outcry has necessitated a substantial interest in research work in many countries of the world, 8-10 CSA may not have been considered a priority compared to the burden of communicable diseases, malaria, HIV and malnutrition 8,9 in sub Saharan Africa as well as Nigeria. Many of the studies 6,8,11 on CSA were based on adult recollection of their experiences several years, after the abuse, which may be complicated by the vagaries of memory recall and the way in which an individual's traumatic events are processed. 8,9

Given the sensitivity arising from sexual abuse in general and its perpetration on adolescents in particular, available works on the prevalence of CSA remain sparse, particularly in Nigeria, where most cases without physical injuries are not reported and abuses by close relatives are covered up. <sup>12</sup> In a police clinic in Southern Nigeria study revealed that 75% of the rape victims were adolescents aged 13-19 years, and it was mainly those who sustained physical injuries that presented. <sup>12</sup>

Akani<sup>13</sup> in her hospital based study spanning over a short period of six months reported that children aged 6 - 12 years of age constituted 83.3% of victims seen within the period. Being a hospital based study; many of such cases may have gone unreported and unnoticed in the

community as only few actually presents in hospital. In another study it was reported that it was mostly children who had physical trauma following the abuse that were brought to the hospital. <sup>14</sup> Though there are few school based studies <sup>15,16</sup> in Rivers state most focused on rape among secondary school students and did not include the other forms of sexual abuse while others focused on the adult population in higher institutions.

In Nigeria, regardless of the child protective laws that have been enacted CSA has remained high. Understanding the prevalence, demographic and social risk factors are imperative. This study is aimed to determine the prevalence of CSA and the socio-demographic risk factors among adolescents in Rivers State.

#### **Materials and Methods**

**Ethics** 

Ethical clearance was obtained from the Research and Ethics Committee of University of Port Harcourt Teaching Hospital while authorization to carry out the study was also obtained from the Rivers State Ministry of Education. Consent was obtained from the parents/guardians of students who were less than 18 years that assented to the study while the students who were 18 years and above signed the consent forms. All aspects of the survey was explained on the consent form and clarified to the students. Numbers were assigned to identify each participant's form therefore none of the information collected was linked to any of the study subjects

Study design This is a school based cross sectional study Study area

This study was conducted in 13 coeducational secondary schools among adolescents aged between 10 years to 19 years attending secondary school in Obio/Akpor Local Government Area of Rivers State.

Obio / Akpor is one of the 23 Local Government Areas in Rivers State. It was carved out of the former Port Harcourt LGA in 1989. And the LGA is considered as the second richest LGA in Nigeria, next to Lagos Island. The LGA harbours majority of the industries and oil servicing companies and provides residential area for them. It is a cosmopolitan LGA with diversity in the culture of the dwellers, different socio-economic classes and family structure.

# Selection and description of participants

The minimum sample size was calculated using the Cochran formula<sup>11</sup> for calculating sample size for proportion and the following parameters were considered. The prevalence of child sexual abuse of 36.0% as reported by a study in Nigeria<sup>17</sup> was used, 95% Confidence Interval (CI), error margin tolerated at 2.5% and allowance for non-response of 7.5%. Therefore, a minimum sample size of 1530 adolescents was calculated for the study.

#### Study population

The study subjects were adolescent males and females aged 10-19 years attending junior and senior secondary schools in Obio/Akpor Local Government Area of Rivers State.

The list of public and private schools in Obio/Akpor LGA obtained from Post-primary Schools Board and the Universal Basic Education Board (UBEB) respectively was used as the sampling frame.

Thirteen secondary schools were selected through a multistage sampling method. The proportionate numbers of subjects were recruited from each of the 13 schools. In schools with more than one arm of a class, an arm was chosen by simple balloting to represent the others, while in schools with only one arm of class, that arm was chosen. Twenty students were selected from each class by simple balloting. In all a total of 1558 students participated in the study.

A pretested self administered questionnaire was adapted from a child sexual abuse questionnaire by Halperin *et al.*<sup>18</sup> The questionnaire was used to obtain information on the socio-demographic, history of sexual abuse and family structure while the socio-economic class of the subjects was derived based on the socioeconomic classification described by Oyedeji.<sup>19</sup>

Data were entered and analyzed using the Statistical Package for Social Sciences program (SPSS), version 20. A descriptive statistics was used and results were presented as tables, graphs and charts in simple proportions. Comparison of means was done using the Student's t-test while the test for association between two subgroups was carried out using the Chi square test. In all cases, a p value of 0.05 or less was regarded as statistically significant.

# Results

Of the 1558 students studied, 739 (47.4%) of them were males and 819 (52.6%) were females, giving a male to female ratio of 1: 1.1. The ages of the subjects ranged from 10 - 19 years with a mean age of  $14.7 \pm 2.4$  years. The mean age for males was  $13.8 \pm 2.5$  years while it was  $13.7 \pm 2.3$  years for females. This difference was not statistically significant (t= 2.148, p = 0.47)

| Table 1: Age and sex distribution of the study subjects |               |                 |                |
|---|---------------|-----------------|----------------|
| Age range (years)                                       | Male<br>N (%) | Female<br>N (%) | Total<br>N (%) |
| (ycars)   | 14 (70)       | 14 (70)         | 14 (70)        |
| 10-13   | 335 (45.4)    | 403 (54.6)      | 738 (100.0)    |
| 14-16   | 288 (46.4)    | 333 (53.6)      | 621 (100.0)    |
| 17-19   | 116 (58.3)    | 83 (41.7)       | 199 (100.0)    |
| Total (%)   | 739 (47.4)    | 819 (52.6)      | 1558 (100)     |

Prevalence of CSA

Of the 1558 subjects involved in the study, 572 (36.7%) of them had been sexually abused. Among the 819 females, 388 (47.4%) were abused compared to 184

(24.9%) of the 739 males. The observed gender difference is statistically significant with p = 0.001 (Table 2) Also the female subjects were 2.714 times more likely to be sexually abused as children compared to their male counterparts. (OR: 2.714R; 95% CI: 2.188 - 3.37).

| <b>Table 2:</b> Prevalence of Child Sexual Abuse |            |            |             |  |
|--|------------|------------|-------------|--|
| Gender   | Abused     | Not Abused | Total       |  |
|  | No (%)     | No (%)     | No (%)      |  |
| Male   | 184 (24.9) | 555 (75.1) | 739 (100.0) |  |
| Female   | 388 (47.4) | 431 (52.6) | 819 (100.0) |  |
| Total (%)  | 572 (36.7) | 986 (63.3) | 1558 (100)  |  |

 $<sup>^2</sup>$  = 84.464, df = 1, p = 0.001

Prevalence of Child Sexual Abuse by Age group

Table 3 shows the prevalence of Child Sexual Abuse according to age range. It shows that 247 (39.8%) of subjects between the ages of 14-16 years reported that they had been sexually abused, this was closely followed by 36.3% among the 10-13 year age while the lowest proportion of 28.6% was found among the 17-19 year age group. The difference within the age groups was statistically significant ( $^2$ = 8.133, df = 2, p 0.017).

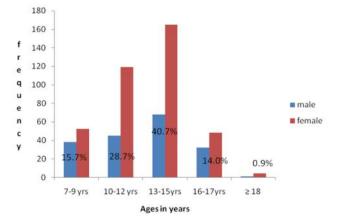
| <b>Table 3:</b> Prevalence of CSA by Age group |                   |                       |                  |  |
|--|-------------------|-----------------------|------------------|--|
| Age range (years)                              | Abused<br>No. (%) | Not Abused<br>No. (%) | Total<br>No. (%) |  |
| 10-13  | 268 (36.3)        | 470 (63.7)            | 738 (100.0)      |  |
| 14-16  | 247 (39.8)        | 374 (60.2)            | 621 (100.0)      |  |
| 17-19  | 57 (28.6)         | 142 (71.4)            | 199 (100.0)      |  |
| Total (%)                                      | 572 (36.7)        | 986 (63.3)            | 1558 (100)       |  |

 $<sup>^2</sup>$  = 8.133, df = 2, p = 0.017

Age at the time of Child Sexual Abuse

Figure 1 below show the age at the time of sexual abuse. The ages at time of abuse ranged from 7-18 years with a mean age at occurrence of  $12.6 \pm 2.9$  years. The mean age was  $12.5 \pm 3.1$  years for males while it was  $12.6 \pm 2.8$  years for females. This difference was not statistically significant.

Fig 1: Age at the time of Child Sexual Abuse



$$t = 5.559$$
,  $p = 0.717$ 

Relationship between child sexual abuse and social class of the child

Table 4 shows the distribution of sexual abuse relative to social class of the subjects. Sexual abuse was found in children of all social classes. However, the prevalence of sexual abuse increased as the social class decreased. This trend was statistically significant ( $^2$  for trend= 30.999, df = 1, p = 0.000)

| Table 4: Relationship between CSA and social class |                   |                          |                  |
|--|-------------------|--------------------------|------------------|
| Social class                                       | Abused<br>No. (%) | Not<br>Abused<br>No. (%) | Total<br>No. (%) |
| Class I  | 94 (29.3)         | 227 (70.7)               | 321 (100.0)      |
| Class II   | 86 (33.9)         | 168 (66.1)               | 254 (100.0)      |
| Class III  | 129 (33.5)        | 256 (66.5)               | 385 (100.0)      |
| Class IV   | 124 (41.2)        | 177(58.8)                | 301(100.0)       |
| Class V  | 139 (46.8)        | 158 (53.2)               | 297 (100.0)      |
| Total (%)  | 572 (36.7)        | 986 (63.3)               | 1558 (100)       |

 $^{2}$ for trend 30.999, df 1, p = 0.000

Relationship between CSA and the Family size

Table 5 shows the relationship between CSA and number of children in the family at the time of abuse. Among the 863 subjects from families with four children or less, 267(30.9%) of them were abused compared to 305(43.9%) of the 695 subjects who came from families with more than four children. The observed difference was statistically significant. ( $^2$ = 27.752, p = 0.000) Also, subjects who were from families of five or more children were1.746 times at odds of being sexually abused as children than those from smaller sized family. (OR: 1.746R; 95% CI: 1.418 - 2.149).

| <b>Table 5:</b> Relationship between CSA and the Family size of the respondents |            |            |              |
|---|------------|------------|--------------|
| Family size   | Abused     | Not Abused | Total        |
|   | No. (%)    | No. (%)    | No. (%)      |
| Four children > Four children   | 267 (30.9) | 596 (69.1) | 863 (100.0)  |
|   | 305 (43.9) | 390 (56.1) | 695 (100.0)  |
| Total (%)   | 572 (36.7) | 986 (63.3) | 1558 (100.0) |

 $^{2} = 27.752$ , df 1, p = 0.000

CSA and who the respondents lives with

Of the 996 subjects who lived with both parents, 301 (30.2%) reported that they were sexually abused compared to 167/310 (55.5%) of those who lived with a single parent and 104/252 (41.3%) of those who lived with none of their biological parent as shown in Table VI. The difference in the prevalence of sexual abuse among the three groups was statistically significant. ( $^2 = 59.598$ , df =2, p = 0.000)

| Table 6: CSA and who the respondents lives with |                  |                    |                  |  |
|---|------------------|--------------------|------------------|--|
| Who the respondents<br>Lives with               | Abused<br>NO.(%) | Not abused NO. (%) | Total<br>NO. (%) |  |
| Both parents                                    | 301 (30.2)       | 695 (69.8)         | 996 (100.0)      |  |
| Single parent                                   | 167(53.9)        | 143 ( 46.1)        | 310 ( 100.0)     |  |
| None of the parents                             | 104 (41.3)       | 148 (58.7)         | 252 (100.0)      |  |
| Total   | 572 (36.7)       | 986 (63.3)         | 1558 (100.0)     |  |

 $<sup>^2</sup>$  = 59.598, df = 2, p = 0.000

#### Discussion

The prevalence of sexual abuse among adolescents in Obio/Akpor L.G.A of 36.7% as found in this study compares favourably with reports from U.S.A by Kenny *et al*<sup>20</sup> and from China by Chen *et al*<sup>21</sup> who reported prevalence of 36% and 27.2% respectively. Furthermore, it is also comparable to that of Ajuwon *et al*<sup>17</sup> in their study in Nigeria which reported a prevalence of 36% among secondary school students in three of the six states of North Eastern Nigeria.

The finding in this study however contrasts with a lower prevalence rate of 0.06%,  $^{22}$  0.4% and 1.6% reported from epidemiological studies in North Western Nigeria, Senegal and South Africa respectively. Variations in the definitions used for sexual abuse, the study area and the age of the study population may be contributory to this lower prevalence. For example, the Nigerian study included children aged 3 to 13 years and was carried out in the Northern part of the country where early marriage is a norm. Therefore, what may have passed for CSA might have not been reported. The South African study<sup>8</sup>, involved older females who were made to recall their experiences before the age of 15 years. This recall may be unreliable.

Although prevalence rate of CSA among adolescents as high as 69.9%<sup>24</sup> and 77%<sup>25</sup> have been reported in some parts of Nigeria, these figures were from vulnerable groups consisting of street hawkers and adolescents in paid employment. The present study however, did not explore the relationship between CSA and street hawking.

Opinions have differed concerning the relationship between gender and childhood sexual abuse. Studies 21,26-28 consistently reported that the prevalence was higher in females than in males. The present study supports the higher prevalence of sexual abuse in females (47.4%) compared to males (24.9%) and girls are 2.7 times more likely to be sexually abused than their male counterparts This is not surprising as girls are more vulnerable being used more as domestic servants, in paid employments and other child labour, <sup>29,30</sup> It can be postulated that early sexual maturation in girls may be associated with increased vulnerability to abuse. However, the lower prevalence among males in the present study could be because the perception of sexuality in the conventional African society is enshrined in secrecy and in this society male may not report any form of abuse especially sexual abuse because of possible male ego grip. This

encourages the existence of male sexual abuse in our society. Hence, sexual abuse of the boy child may not be uncommon but perhaps under-recognized and therefore under reported.

Though few studies have examined the age at onset of CSA. 31,32 In this study the age of abuse was in the early and mid-adolescent age groups in 69.4% of the victims. This finding is at variance with two other studies that reported the age of onset of abuse to be before the adolescent age group.

It emerged from this study that there is a relationship between CSA and social class of the subjects as prevalence increased with reducing social class. This is consistent with two previous studies<sup>31,33</sup> where low socioeconomic class was reported as a risk factor. This is however, contrary to finding by Finkelhor et al<sup>34</sup> in another study where he explored the impact of socioeconomic status on CSA. Their finding suggested that socio-economic status of the child was not associated with CSA, hence asserted that CSA was equally prevalent in all social classes. This present study shows that CSA is not restricted to any particular socio-economic class rather it is prevalent in all social classes but children from lower socio-economic groups may be at a greater risk. This higher risk among those from low socio-economic class could be that they are the ones that live in high-risk, unsafe or crowded neighbourhood and may be victims of child labour with decreased parental supervision.

The number of children in a family, as observed in other studies<sup>26,33</sup> was shown to be significantly associated with CSA. The prevalence of CSA in this study increased significantly from 30.9% in those that came from families of four children or less to 43.9% in those from families of more than four children. The present study also observed that children from families with fewer children were less likely to be abused compared to those from larger families (OR 0.573). Although this study did not explore the history of child labour, a possible explanation for this finding could be that with increased number of children there is an increase in the financial burden which may force families to involve their children in child labour and hawking to augment for family needs thus exposing them to abuse. It could also be that these children who came from larger families of more than five children also came from low socioeconomic class

and may be living with neither of their biological parents.

Finkelhor<sup>26</sup> had also reported that the incidence of child sexual abuse increases as the number of children in the family is increased. Similarly Fara<sup>33</sup> who grouped family size into less than four children and greater than four children found an increased incidence of abuse in children from families of greater than four children. Zuravin<sup>35</sup> had also reported that children who were abused were found to come from families who had significantly more children. She further reported that each additional child increases the likelihood of abuse by a factor of 2.5 and that families with three children were 2.5 times more likely to have an abused child than a family with two children.

The presence of both parents as a barrier against the perpetration of CSA is undeniable from the research findings of this study. It was established that the likelihood of experiencing sexual abuse were higher among respondents who did not live with both biological parents. In this regard, the finding from this study is consistent with numerous earlier studies 33,36 which reported that not living with both biological parents places a child at a higher risk of CSA.

#### Conclusion

In conclusion therefore, this study established a high prevalence of child sexual abuse among adolescents in Obio/Akpor, which was associated with low socio- economic status, living in a single family set up and higher number of children in the family. The adolescent females are by far the most vulnerable group.

It is recommended that a stable home with adequate monitoring of children especially the girl child as well an increased public enlightenment on the risk factors and prevention of CSA can prevent its occurrence.

Conflict of interest: None

Funding: None

### Acknowledgement

We are grateful to Drs. Nnendah Atata, Isaac Appolosand Nyegibo Douglas for their assistance in the data collection of this study.

# References

- World Health Organization: Report of the Consultation on Child Abuse Prevention, 1999. Geneva: WHO, 1999. Document Number WHO/HSC/ PVI/99.1
- The United Nations Convention on the Rights of the Child (CRC) 1990. Retrieved on June 13<sup>th</sup> 2013 from www.unicef.org/crc/files/Right
- 3. Jenny C. Sexually Transmitted Diseases in Victims of Rape. New England Journal of Medicine 1990; 322:713-16
- Sonkor MD, Gosa E. Sexually Transmitted Infections. Durban, Health System Trust:2003;www.hst.org.za/ upload/files/sti/pdf accessed15/11/2010.
- Wasserheit JN. Epidemiological Synergy, Inter Relationships between Human Immunodeficiency Virus Infection and other Sexually Transmitted Diseases. Sex Transm Dis 1992; 19: 61-77
- Jewkes, R, Sen P, Garcia-moreno C. Sexual Violence. In Krug E.G., Dalilberg LL, Mercy JA, Zwi AB, Lozano R. Eds. World Report on Violence and Health Geneva 2002: World Health Organization Pp.147-82

- Reza A, Breiding MJ, Gulaid J, Mercy JA, Blanton C, Mthethwa Z. Sexual Violence and its Health Consequences for Female children in Swaiziland: A cluster survey Study. Lancet 2009; 373: 1966-72.
- 8. Jewkes R, Levin J, Mbananga N. Rape of Girls in South Africa. *Lancet* 2002; 359:319-20.
- Casey EA, Nurius PS: Trauma Exposure and Sexual revictimization risk Comparisons Across Single, Multiple Incidents and Multiple Perpetrators Victimization. Violence Against Women 2005; 11: 505-30.
- 10. Lema VW. Sexual Abuse of Minors: Emerging Medical and Social Problem in Malawi. *East Afr. Med J 1997*; 74 (11) 743-6.
- World Health Organization Periodical for the study of Interpersonal Physical Abuse of children. Geneva. WHO 1994. Document No. WHO/FHE/ CHD/941.
- 12. Omorodion FI, Olusanya O. The Social Context of rape in Benin City, Nigeria. *African Journal of Reproductive Health* 1998; 2:37-43
- 13. Akani NA. The Sociocultural context of Adolescent Reproductive Health in Rivers State of Nigeria; The Way Forward. Proceedings of a Workshop held at the Integrated Cultural Centre, Port Harcourt, Rivers State October 23-24 2000 Benin city; SOGON, 2000; 52-56.
- 14. Eli S, Anolue M, Mmom C, Ogu R, John O, Akani N, Okeafor C. U.
- Child Sexual Abuse Involving a 6 Year Old Female Victim and a 15 Year Old Male Assailant: A Case Report. Gazette of Medicine. 2015; 3(2):291-95
- 16. Eke GK, Opara PI, Tabansi PN-Perception of Rape among students. Nigerian Health Journal. 2011; 11(1): 23-26
- 17. Mezie-Okoye M.MMI and Folusho F, Alamina FF. Sexual Violence among Female Undergraduates in a Tertiary Institution in Port Harcourt: Prevalence, Pattern, Determinants and Health Consequences. African Journal of Reproductive Health December 2014; 18(4):79

- 18. Ajuwon AJ, Olaleye A, Faromoju B, Ladipo O. Sexual Behaviour and Experience of Sexual Coercion among Secondary School Students in Three States in North Eastern Nigeria. BMC Public Health 2006, 6: 310
- 19. Halperin DS, Bouvier P, Jaffe PD, Mounoud R, Pawlak CH, Laederach J. *et al.* Prevalence of child sexual abuse among adolescents in Geneva: results of a cross sectional survey. *BMJ* 1996; 312:1326
- Oyedeji GA. Socio-economic and cultural background of hospitalized children in Ilesha. Nig J Paed. 1985; 12: 111-7
- 21. Kenny JW, Reinhottz C, Angelini PJ. Ethnic differences in Childhood and Adolescents Sexual Abuse and Teenage Pregnancy. *J Adolesc Health* 1997; 21(1) 3-11
- 22. Chen J, Dunne MP, Han P. Child Sexual Abuse in China: A Study of Adolescents in four Provinces. *Child Abuse Negl.* 2004; 28(11): 1171-86
- 23. FayeDieme ME, Traore AL, Gueye SM, Moreira PM. Sexual abuse: epidemiological, clinical aspects and management at gynaecological and obstetrical department of Dakar University Hospital. *J Gynecol Obstet Biol Reprod 2008; 37* (4): 358-64.
- 24. Bugaje MA, Ogunrinde GO, Faruk JA. Child sexual abuse in Zaria, North western Nigeria . Niger J Paed 2012; 39 (3): 110
- 25. Ikechebelu JI, Udigwe GO, Ezechukwu CC, Ndundi AG, Joe-Ikechebulu NN. Sexual Abuse among Juvenile Female Street Hawkers in Anambra State, Nigeria. *Afr J Reprod Health* 2008; 12(2): 111-19
- 26. Audu B, Geidam A, Jarman H. Child labour and sexual assault among girls in Maiduguri, Nigeria. *Int J Gynaecol Obstet*. 2009;104(1): 64-7
- 27. Finkelhor, D. Current Information on the Scope and Nature of Child Sexual Abuse. *Future of Children*, 1994; 4(2): 31, 46-48

- 28. Fleming J M. Prevalence of childhood Sexual Abuse in a Community Sample of Australian Women. *Med J .Aust* 1997;166(2): 65-8
- 29. Chinawa JM, Ibekwe RC, Ibekwe MU, Obi E, Mouneke VU, Obu DC, *et al*: Prevalence and Pattern of sexual abuse among children attending Ebonyi State University Teaching Hospital, Abaliliki ,Ebonyi State. *Niger J Paed 2013;40(3):227 –31*
- 30. Cawson WC, Brooker S. Children who have experienced victimization. Arch. *Pediatr Adolesc Med 2011; 165(1): 9-15*
- 31. Boyer D, Fine D. Sexual Abuse as Factor in Adolescent Pregnancy and Child Maltreatment. Fam Plann Perspect. 1992; 24 (1): 4-11
- 32. McClellan J, McCurry C, Ronnei M, Adams J, Eisner A, Storck M. Age of onset of sexual abuse: relationship to sexually inappropriate behaviors. J Am Acad Child Adolesc Psychiatry 1996; 35(10): 1375-83
- 33. Schoedl AF, Costa MC, Mari JJ, Mello MF, Tyrka AR, Carpenter LL, Price LH:The clinical correlates of reported childhood sexual abuse: an association between age at trauma onset and severity of depression and PTSD in adults. *J Child Sex Abus 2010*; 19(2): 156-70
- 34. Farah Malik. Determinants of Child Abuse in Pakistani Families. Parental. Acceptance -Rejection and Demographic Variables. *International Journal of Business and Social Science 2010; 1 (1): 67*
- 35. Finkelhor D, Hotaliny G, Lewis IA, Smith C. Sexual Abuse in a National Survey of Adult Men and Women. Prevalence, Characteristics and Risk Factors. *Child Abuse Negl.* 1990; 14: 19-28
- 36. Zuravin S J. Unplanned child-bearing and family size: their relationship to child neglect and abuse. *Fam Plann Perspect 1991*; 23(4):155-61

37. Madu SN. The Relationship between Parental Physical Availability and Child Sexual, Physical and Emotional Abuse: A Study among a Sample of University Students in South Africa. Scand J Psychol 2003; 44:311-8