



## **Review of Child and Adolescent Sexual Abuse in Nigeria: Implications for 21<sup>st</sup> Century Counsellors**

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**Abstract:** Child and adolescent sexual abuse (CSA) represent sexual abuse with children and adolescents, and it remains a global concern. Though prevalent in Nigeria, there is still a dearth of research on its prevention, treatment and disclosure, causing a threat to the achievement of Sustainable Development Goals (SDGs); a threat to the education of young children; a threat to the psychosocial functionalities of children and adolescents and ultimately weakening the strength of the nation. This paper reviewed the literature on child sexual abuse in Nigeria. The focus was to identify research gaps which could lead to further researches as a way of bringing the menace to its much-reduced form, if not complete eradication. Nigerian-authored, peer-reviewed papers cited in International Journals were examined. Reports from international and local NGOs and U.N. agencies were also considered. Findings from the review indicate there are fewer published studies on sexual abuse of children compared to the magnitude of the problem in Nigeria. It is mostly underreported, and not many authors explored the causes, effects, and possible strategies to prevent non-disclosure. Nation/region-wide surveys or studies on CSA in Nigeria are also very scarce. Not much on the roles of the counselling profession as a way of helping to prevent, create awareness, as well as providing psychosocial healing for CSA victims in Nigeria has been explored. In the light of fulfilling SDGs, it is recommended that researches that can inform proper counselling in this area, be conducted. Also, the need for nationwide or region-wide surveys which will throw to light the current realities of CSA in Nigeria so that a well-directed approach to its eradication can be explored was emphasized. Furthermore, the need for stricter and well-enforced policies that respect no persons, tribe or religion was also noted.

**Keywords:** Child, Adolescent, Sexual Abuse, Counselling, Counsellors, 21<sup>st</sup> Century

## **Introduction**

Child and adolescent sexual abuse (CSA) are a 21st-century reality, and it remains a cause for concern to parents, teachers, Government of nations as well as researchers all over the world. An annual estimation of 73 Million boys and 150 Million girls are involved in one form of sexual abuse or the other before their 18<sup>th</sup> birthday (East, Central and Southern African Health Community (ECSA\_HC), 2011); bringing global prevalence rates between 3-17% in boys 8-31% in girls (Barth, Bermetz, Heim, Trelle & Tonia, 2013). This study adopts the definition of the United Nations Convention for the Rights of a Child (UNCRC, 2008), which identifies a child as any individual between birth and age 18. This age grouping accommodates both children and adolescents. In Nigeria, one in four girls and one in ten boys are said to be sexually abused before age 18 (UNICEF 2015). Although boys are also affected by CSA, evidence abounds of a higher prevalence among girls than boys, with most perpetrators being the masculine gender and primarily known to the victim (Bugaje, Ogunrinde, & Faruk, 2012). This fact could be responsible for the low disclosure rates of CSA in Nigeria as the adolescent is fearful of the outcomes of disclosure (Adeosun, 2015).

The outcome of this reality plays out in the myriad of consequences the problem presents which include self-blame, anxiety, low self-esteem, low academic motivation, maladaptive behaviours, school dropout and even suicide, among others (Ali & Ali, 2014; Adigeb & Mbua 2015; Adeosun, 2015). When pupils and students who ought to be leaders of tomorrow continue to stand at risk of their future, it becomes

a threat to the achievement of Sustainable Development Goals (SDGs) and that, should not be taken for granted.

To achieve the SDGs, however, the United Nations (U.N.) has remained at the forefront of driving relevant researches and strengthening collaborations among member nations. Most African countries, including Nigeria, have however not taken sufficient advantage of the research opportunity in this area (Lalor, 2004; Worku, 2011) to bring Africa's prevalence rate of 34% (Pereda, Guilera, Forns, & Gomez-Bernto, 2009) to the barest minimum, if not complete eradication. It appears that the number of researches conducted in Nigeria, for instance, is not comparable to the magnitude of the problem. There may, therefore, be the need to find out what studies are available, what areas of the issue have been covered and what areas need to be explored.

This study is an attempt to contribute to the Nigerian research space by presenting studies conducted within the Nigerian context. The aim is to identify or bring together what scholars have found to be the prevalence statistics; risk factors and consequences of the menace, within the country. The study also sought to find research gaps which can inform future researches on directions to control the situation further. Furthermore, professional counselling implications which are corresponding to 21<sup>st</sup>-century realities were discussed. It is hoped that this study will not only provide an at-a-glance record for stakeholders to harness for solutions but that counsellors will also find it relevant to provide professional help.

## Review of Literature

### Theoretical Underpinnings

Child sexual abuse theories are required if preventive measure towards CSA must be achieved because theories explain the causes and motivations for the act (Smallbone, Marshall & Wortley, 2008). Using the Integrated Theory of Child Sexual Abuse, Smallbone, et al. (2008), asserted that sexual abuse occurs "as a result of interactions between individual, ecosystemic and situational factors" (p.21). Individual factors could be biological or developmental (Brown & Saied-Tessier, 2015), in which case, the innate nature of humans creates a platform to express sexual relationships. From the onset of puberty, the male testosterone is produced more rapidly, increasing the tendency for sexual behaviour. When biological processes run contradictory, sexual behaviour may be directed towards child-partners. Smallbone, et al. (2008) therefore submitted that the period of adolescence is one of the times an individual is prone to engaging in CSA.

Ecosystemic factors, according to Smallbone et al. (2008), are based on the ecological belief that an individual is a product of his environment. A person's socio-cognitive development affects his attachment style as well as his sexual behaviour. In other words, the ecosystem under which a person lives or grows influences the kind of sexual behaviour he exhibits. This is possible because a person's significant others such as family, peers and community, transfer immediate values, determine a child's protective cover and

ultimately enhance or hinder chances of child sexual abuse.

Situational factors to CSA imply that an individual may find himself in a situation that encourages the crime (Smallbone, 2012). Small bone et al. (2008) have categorized child sexual offenders into three: the antisocial predators, opportunistic offenders and the situational offenders. The antisocial predators are deviants who are the ones who themselves create the opportunity to abuse a child, and they are likely to harm any child, not necessarily within the family setting. The opportunistic offender operates mostly within the family context and simply ceases a window of opportunity to sexually engage a child. These offenders are likely to have had sexual experiences as adolescents. The situational offenders, on the other hand, abuse because of external or environment-induced pressures and stressors. They are often well-behaved older adults whose weakness lies only within CSA. In this review, all the studies express the integrated theory of child sexual abuse model.

### Prevalence of Child Sexual Abuse in Nigeria

Nigeria, as the most populous country in Africa, has almost half of its population (46%), as children below age 15 (Nigeria Demographic and Health Survey, 2013). If the facts and figures of research on child sexual abuse in Sub Saharan Africa are anything to hold unto, one wonders what the Nigerian context of the situation will be.

The Nigerian National Assembly had set the age of sexual consent as 18 (Ezeamalu, 2015), implying that any sexual activity involving a person less than 18 in Nigeria, is tagged child sexual abuse. The Lagos State Domestic and Sexual Violence Response Team (DSVRT) guidelines (2015), has also defined sexual violence as sexual abuse not only including "forcing someone to have sex, but it can also include having sex with someone who is unable to refuse due to disability, illness, intimidation, or the influence of alcohol or other drugs" (P.7). Based on this, the reviewed studies fall within the limits of this definition, describes the experiences of some children and adolescents in Nigerian homes and communities.

Table 1 presents the 20 studies reviewed, and the prevalence details are included. It includes the study authors, years of publication, and research methodology details such as design and sample size. The location of the study, as well as what defines sexual abuse in each study, was also presented. With a sample size of about 39,375 from 17 studies which indicated their sample sizes, only 4,074 cases of CSA were established, giving a prevalence rate of

approximately 10.35%. This rate is quite significant if the number of children and adolescents, which make up this value are considered to be at risk of several consequences.

Furthermore, the studies reveal that most of the samples indicated, were from clinical records from hospitals. For example, in the review of Bugaje, et al. (2012), the number of cases was reported to be 33, 313, meanwhile, only 20 of them were actually sexually abused. This shows that hospital records do not necessarily present the accurate picture of CSA prevalence because most abuse victims do not disclose (Adeosun, 2015). It appears those that get to the clinic are often cases of rape were tears and lacerations (Ige & Fawole, 2011) have occurred and the parents of the victims are so concerned that they could not but visit the clinic. This implies that if more non-clinical studies are conducted, a more accurate picture of actual prevalence may be revealed. Furthermore, the studies reviewed in this paper represent the situations from the six geopolitical zone of Nigeria, implying the presence of CSA in every part of the country.

Table 1: Summary of Data from reviewed studies

| Author  | Year | Location       | Setting | Design                              | Case definition  | Mean age (Years) | Cases | Sample | Prev (%)   | Risk factors  | Consequences   |
|---|------|----------------|---------|-------------------------------------|--|------------------|-------|--------|------------|---|--|
| Abdulkadir, I., Umar, L.W., Musa, H.H., Musa, S., Oyeniyi, O.A., Ayoola-William, O. M., and Okeniyi, L. | 2011 | Suleja         | Urban   | Retrospective study                 | Involvement of a child in sexual activity that he or she does not give informed consent to such as vaginal penile penetration or oral sex.   | 9                | 77    | 81     | 95.1       | Education (illiteracy), psychological street hawking, Sexual ignorance, Parent        | HIV/STIs   |
| Ezeh, L.N., Abamara, N.C., Ndukaihe, I.L & Ikwagwu, U.R   | 2013 | Awka           | Urban   | Exploratory study                   | Unwanted sexual activity with force, threats or taking advantage of a child's inability to give consent.   | 7.2              | 9     | 66     | 13         | sexual ignorance, parent, street hawking, poverty                                     |  |
| Morhason Bello I.O., Oladokun, A., Enakpene C.A., Fabamwo, A.O., Obisesan, K.A & Ojengbade, A.O         | 2005 | Ibadan         | Urban   | Prescriptive Cross-Sectional Survey | not defined  | 15               | 695   | 716    | 28.3       | peer pressure, parents, media,  | HIV/STIs, reproductive health,   |
| Olaleye, O.S & Ajuwon, A.J  | 2012 | Ibadan         | Urban   | Cross Section Survey                | unwanted touch of breast/backside, an unwanted kiss, attempted rape  | 22.7             |       | 594    | not stated | Cigarette smoking, alcohol consumption, peer group influence                          |  |
| Akinlusi, Fatimat. M, Kabiru A. Rabi, Olawepo, T.A, Adewunmi, A. A, Ottun, T.A & Akinola, O.I           | 2014 | Lagos          | Urban   | Retrospective study                 | any person irrespective of age reporting any type of non-consensual sexual activity whether attempted or completed   | 17               | 287   | 304    | 83.6       | the threat, physical violence   | HIV/STIs, unwanted pregnancy   |
| Ikechebelu, J.I, Udigwe, G.O, Ezechukwu, C.C, Ndinechi, A.G & Joe-Ikechebelu, N.N                       | 2008 | Awka & Nnewi   | Urban   | Descriptive Study                   | Various forms of sexual expressions such as touching of breasts, buttocks, verbal sexual talks and actual sexual intercourse with a child, age 16 and below  | 13               | 130   | 186    | 69.9       | Parent, child Labour, poverty, street hawking   | HIV/STIs   |
| Abdulkarim I, Musa, H.H, Umar, L.W, Musa, S, Jimoh, W.A, Aliyu N.M                                      | 2011 | Niger (Suleja) | Urban   | Retrospective                       | fondling, caressing or kissing   | 9                | 32    |        | 90.1       | sociological factors, a neighbourhood resident  | HIV/STIs, unwanted pregnancy   |
| Manyike, P.C, China, J.M, Aniwada, E, Udechukwu, N.P, Odutola, O.I & Chinanwa T. A                      | 2015 | Enugu & Ebonyi | Urban   | Cross Sectionary Study              | Forcing adolescence to watch pornographic pictures, drawings, films, videotapes or magazines; perpetrators exposing their nakedness and genitals for picture taking or filming, perpetrators forcing the victims to watch the masturbating act as well as engaging in full sexual intercourse with penetration | 17               | 199   | 506    | 40         | disturbed and disrupted families, sexual ignorance, exposure to pornographic material | prostitution, mental illness, sexual dysfunction, substance abuse, suicide |
| Age, O.K & Fawole, O.I  | 2012 | Ibadan         | Urban   | Retrospective Cross-Sectional study | Various forms of forced penile intercourse   | 12               | 72    | 90     | not stated | SES, Street hawking   | HIV/STIs, vaginal laceration and bleeding                                  |

|   |      |                          |       |  |  |       |     |        |        |   |  |
|---|------|--------------------------|-------|--|--|-------|-----|--------|--------|---|--|
| Biodun Ogunyemi   |      | Ijebu - Ode (Ogun State) | Urban | Survey questionnaire                         | Showing pornographic to adolescent, touching a girls breast/buttocks, playing with genitals  | NIL   |     | 958    | 66     | date rape   |  |
| Olley, B.O  | 2008 | Ibadan                   | Urban | Questionnaire                                | not defined  | 20.4  | 583 | 841    | 30.8   | Alcohol, drug, need for money   | unwanted pregnancy, abortion                                 |
| Audu, B., Geidam, A., & Jarma, H.   | 2009 | Maiduguri                | Urban | interview using a close-ended questionnaire  | Non-consensual sexual intercourse with an underage girl.   | 14.9  | 316 | 350    | 77.70% | type of job, number of work hours, type of employer, age of employment, number of jobs, place of work, child Labour | HIV/STIs, unwanted pregnancy, substance abuse                |
| Mario Hassan, Kehinde JA, Abubakar A.P, Sadiya Nasir, Karima Tunici, Amina G.U, Constance E.S, Aeron E U, Bilai S | 2016 | Sokoto                   | Urban | retrospective study                          | the use of a weapon to threaten a minor for sexual penetration either by an acquaintance or family members                         | 10.5  | 45  |        | 0.84   | neighbourhood, teachers, parent unawareness of children's movement  | vaginal laceration, death                                    |
| Anochie I C and Ikpeme E E  |      | Port Harcourt            | Urban | self-administered questionnaire              | not defined  | NIL   | 137 | 534    | 25.7   | economic hardship, poverty  | unwanted pregnancy and abortion                              |
| Badejoko O. O, Anyabolu H C, Badejoko OB, Ijarotimi A O, Kuti O, Adejuyigbe E A.                                  | 2011 | Ile Ife                  | Urban | Retrospective Analysis                       | forced peno-vaginal intercourse, forced anal sex, insertion of a finger into the vagina and vaginal impalement with a foreign body | NIL   | 71  | 76     | 5.89   | enticement, inducement, use of a weapon, unguarded visit, verbal threat and firearms                                | vaginal laceration and bleeding, injury/stab wound/fracture  |
| Ige K.O, Fawole O, I.   | 2011 | Ibadan                   | Urban | Questionnaire                                | sexual intercourse with a child (forceful or consensual) by a boyfriends neighbourhood or school mates                             | 31    | 387 | 410    | 78.9   |   |  |
| Owolabi A. T, Onayade A.A, Ogunlana O.I, Ogunniji S.O, KUTI O   | 2012 | Ilesa                    | Urban | Quantitative and Qualitative data techniques |  | 16.26 | 450 |        | 66     |   |  |
| Ajuwon A J, Olley BO, Akin-Jimoh I, Akinola   |      | Ibadan                   | Urban |  | Unwanted kiss, an unwelcome touch of breasts, attempted rape, rape   |       | 564 | 1,025  |        | Verbal threats, deception, drugging, assaults   | HIV/STIs, unwanted pregnancy, abortion.                      |
| Bugaje M.A, Ogunrinde G.O, Faruk J.A  | 2012 | Zaria                    | Urban | Retrospective Study                          | Sexual activities involving physical force with a child.   | 8     | 20  | 33,313 | 0.06   | Street Hawking,   | Genital trauma, Virginal discharge, Infections, burn wounds, |

Source: Researchers' desk research 2020

**Risk Factors of CSA in Nigeria.**

Risk factors are those characteristics or causal relations that intensify the chances of a disease or menace occurring (WHO, 2009). Based on the articles reviewed in this paper, some

risk factors possibly responsible for the prevalence of CSA in Nigeria have been identified (and indicated in table 1). They include the societal view that discussions of sexual matters in public are a taboo (Obisesan et al. 1999;

URL <http://journals.covenantuniversity.edu.ng/index.php/cijp>

Adeosun, 2015); poverty (Ikechebelu et al. 2008; Adigeb & Mbua, 2015); poor sex education (Okunola & Ojo, 2012; Manyike, Chinawa, Aniwada, Udechukwu, Eke & Chinawa 2015), child factor such as indecent dressing (Mfrekemfon & Nwakwaola (2015). Other factors include ignorance of possible outcomes such as HIV/AIDs, STIs (Ikechebelu et al. (2008), poor protective child right policies (Ikechebelu, et al. (2008), Child trafficking (Onwe, 2014), early child marriage (Adigeb and Mbua 2015), vague legislation of sexual abuse on the guise of early marriage (Report of Review of Women Status in Nigeria. 2015).

In their review, Cichetti and Toth (2008) (cited in Okunola & Ojo, 2012), identified three risk factors that could enhance CSA: the neighbourhood in which the child lives, the support system the child has access to, as well as the life experiences and stresses the family members go through. According to the authors, once these factors are present, an abuse is probable. Also, Olaleye and Ajuwon (2012) discovered from their cross-sectional survey that the influence of an adolescent's peer group, as well as consumption of alcohol, are risk factors to the perpetration of sexual abuse among adolescents.

The Report of Review of Women Status in Nigeria (2015) had also highlighted the Nigerian Government's inconsistency in stating clear and unambiguous limits for CSA, as a risk factor in itself. According to the report, Nigeria's 1999 constitution section

29(4) declares the age of maturity and consent for marriage as 18 but also adds in section 29(4)(b) that a girl child comes to maturity once married irrespective of her age. Such laws if not urgently reviewed inadvertently places Nigeria at risk of the consequences of child sexual abuse.

### **Consequences of Child Sexual Abuse in Nigeria**

The consequences of CSA on the Nigerian child cannot be overemphasized. These implications may be because most CSA is non-consensual, i.e. against the child's will. The child is often left with trauma, depression, guilt, self-blame, mental health disorder (Omorodion, 2009, Abayomi, 2014, Adeosun, 2015), juvenile delinquency (Abayomi, 2014), secrecy and lack of trust (Adeosun, 2015), unwanted pregnancy, abortion, Sexually Transmitted Infections (STIs), HIV/AIDS (Ikechebelu, et al. 2008), enhanced sexual risk behaviour (Olley, 2008) and a reduced interest in school, truancy and ultimately thwarted academics (Adigeb & Mbua, 2015). This list is by no means exhaustive, it is simply based on the twenty Nigerian-authored reviewed articles, yet it aligns with consequences some other studies (Lalor, 2004; Worku, 2011; Singh et al., 2014) have previously identified. Singh et al. (2014) categorized these consequences into Psychological (trauma, low self-esteem, depression, guilt, self-blame and mental health disorder), physical (unwanted pregnancy, STIs and HIV/AIDS); behavioural (truancy, juvenile delinquency, sexual risk behaviours)

and interpersonal (secrecy, lack of trust).

The type of consequences CSA leaves on the victim is grievous and differs from child to child and may also depend on the kind of support system he or she has from the immediate family and others around (Okunola & Ojo, 2012). Some scholars think that the grievous consequences of CSA on a child may be because most sexual abuse perpetrators are persons close to the victim (Obisesan et al., 1999; Abdulkadir et al., 2011; Akhiwu, Umanah, Olueddo, 2013; Abayomi, 2014) and may include neighbours, siblings, parent to child, stepparents, step-siblings including persons of authority to the child such as teachers.

Accurately from a survey of sexual abuse in Minna, Abulkadir et al. (2011) reported that all their participants (boys and girls) had adult male perpetrators who were neighbours to the victims. The study of Akhiwu et al. (2013) also highlighted that out of 1028 cases treated at the Police medical Centre, Benin, 88.8% of the victims, indicated their perpetrators, were known to them. Most perpetrators were said to be either neighbour, acquaintances, blood relations, figures of authority, e.g. teachers (Akhiwu, et al. (2013); Adeleke, Olowokere, Hassan, Komolafe & Asekun-Olarinmoye, 2012, cited in Akinlusi, Rabi, Olawepo, Adewunmi, Ottun & Akinola, 2014).

### **Observations, Identified gaps and Suggestions for further research**

In the light of the reviewed Nigerian articles, the following observations and

gaps have been highlighted and are therefore suggested for further research.

1. There are generally few published articles compared to the magnitude of the problem in Nigeria. It is therefore suggested that more research be carried out to identify further ways to forestall the menace.
2. Most of the studies were clinically reported cases of CSA in one hospital or another across the country. Very few of the studies reviewed were from Government and other non-clinical settings, presenting a lacuna for cases that may never get to the clinic.
3. Some of the studies were retrospective studies, for which the participants may have suffered memory bias.
4. Out of the six geopolitical zones of Nigeria, most published articles are from the South-eastern and western parts of the country. Only a few exist from the South Southern and North-western regions, while almost none can be traced to the North-eastern and central areas.
5. Issues on prevention of CSA were not well explored in most researches done in Nigeria
6. Even though most authors consider CSA in Nigeria as underreported, not many have explored the causes, effects, and possible strategies to prevent non-disclosure in Nigeria.
7. Not much on the roles of the counselling profession as a way of helping to prevent, create awareness, as well as providing



psychosocial healing for CSA victims in Nigeria has been explored.

### **Implications for Professional Counselling**

In the light of the foregoing, CSA is not only prevalent in Nigeria, but the risk factors and consequences are also empirically evident. The following are, therefore, implications for counselling practice in Nigeria.

1. Observations from this study provide counsellors with information that can aid awareness creation to all and sundry they find around them.
2. This study exposes an area in which counsellors can build their capacity- trauma counselling. This will help them to provide the right intervention for CSA victims. This can be achieved by ensuring that the trainee-counsellor curriculum in universities covers such sensitive issues.
3. This study helps to see the need for school and family counsellors to train adolescents within their sphere of influence on how to be assertive.

### **Recommendations**

Based on the observations from the Nigerian-authored studies reviewed in this paper, the following are recommendations relevant to the Nigerian context.

1. More CSA research by academic institutions, Government, NGOs and other professionals outside of the public health sector should be conducted so that findings can help to direct interventions appropriately.

2. The Government should be more proactive in its response to CSA in Nigeria by sponsoring public enlightenment campaigns to create greater awareness of all and sundry and ultimately aid prevention.
3. The Government should ensure stricter policies and enforcement of same on CSA matters, to deter perpetrators.
4. The Federal Ministry of health in every state should give free access and treatment to victims of CSA so that disclosure could be more encouraged.
5. Victims should be provided quick medical interventions, including forensic examinations (where necessary) and such opportunity be made possible in every state of the federation.
6. The counselling profession in Nigeria should build the capacity of her members to be able to respond to CSA issues adequately.
7. Parents, teachers and counsellors should train children and adolescents on assertiveness training.

### **Conclusion**

CSA as a public health issue is as real in Nigeria as it is in other parts of the world, yet insufficient research regards it has been done in Nigeria. The few existing peer-reviewed articles from Nigeria are from clinical cases, leaving out studies around the many situations that never got to the clinic. It leaves out evidence that may be present among in-school adolescents from both secondary and tertiary institutions. There is, therefore, an urgent need for researches

to be conducted in this area including nationwide surveys which will throw to light the current realities of CSA in Nigeria so that a well-directed approach to its eradication can be explored. The need for stricter and well-enforced policies that respects no person, tribe or

religion is also important. The need for the counselling profession in Nigeria, to harness their helping skills to help victims recover from their traumatic experiences, as well is highly recommended.

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