

**International
Institute of
Social Studies**

Erasmus

**ASSESSING THE ROLE OF SOCIAL SUPPORT IN ADULT
DISCLOSURE OF CHILD SEXUAL ABUSE: A CASE OF
UNDERGRADUATE STUDENTS OF THE UNIVERSITY OF
LAGOS IN NIGERIA**

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Nigeria**

Disclaimer:

This document represents part of the author's study programme while at the International Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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List of Acronyms

COVID-19	Coronavirus Disease
CSA	Child Sexual Abuse
DSVRT	Domestic and Sexual Violence Response Team
HIV	Human Immunodeficiency Virus
ISS	Institute of Social Studies
NGO	Non-Governmental Organizations
PTSD	Post-Traumatic Stress Disorder
STI	Sexually Transmitted Infections
UN	United Nations
UNDP	United Nations Development Programme
UNILAG	University of Lagos
WHO	World Health Organization

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Abstract

Child sexual abuse (CSA) is a violation of the rights of the child and it remains a major concern in many countries of the world across diverse social, economic and racial groups. In Nigeria, the prevalence of CSA despite government regulations and policies against it shows that there are still existing gaps in the implementation of these laws. While some research works have been done on the nature of sexual abuse, prevention, treatment and disclosure, little is known about the role of social support systems in the disclosure tendency of adult victims of CSA.

While there have been several efforts to curtail this menace, cases continue to rise due to the negative treatments that victims get when they disclose their experiences. The fear children face from their abusers and their immaturity also contribute to why they choose to remain silent. However, the choice of the disclosure may become more attractive as an adult. Yet, there have to be incentives to encourage disclosure of child abuse experience for adults. The social support system is intended to create an enabling environment for adults to express their feelings and share their experiences without fear of rejection or attack.

This study assessed the role of social support services in adult disclosure of child sexual abuse by exploring the case of undergraduate students at the Lagos State University. The study found that adult disclosure of CSA is necessary for survivors to access critical support services towards their complete healing. The findings from this research suggest that strengthening the social support services in Lagos is needed to curtail the menace of CSA in Lagos while also implementing interventions that would address the stigmatization of victims and that justice is served against perpetrators.

Relevance to Development Studies

The study will form a basis also for the cooperation of the school management and the Lagos state government towards implementing legal policies and interventions to curb child sexual abuse. Also, the findings of the study will help policymakers, NGOs to design and implement policies and social supports to tackle the menace of child sexual abuse in Nigeria. Finally, the study will also contribute to capacity building in advocating for the rights and the protection of the child especially sexually abused children.

Keywords

Child sexual abuse, adult disclosure, social support services, perpetrators, revictimization, child protection

Chapter 1 INTRODUCTION

1.0 Background

Child sexual abuse (CSA) is the ‘involvement of a child in sexual activity that he or she does not understand, cannot give informed consent to, or for which the child is not developmentally prepared, or that violates the laws or social taboos of society’ (David *et al.*, 2018). Meanwhile, CSA is known to contribute to ill-health particularly mental health risks (Jonzon, 2006), this is because of the immediate and long term impacts which may affect children physically, mentally, socially and psychologically. Abused children carry the after-effects of abuse often expressed through anxiety, eating disorders, suicidal thought, aggressiveness, defensive avoidance, depression, panic attack, dysfunctional sexual behaviour, alcoholism, and social isolation into adulthood (Draper *et al.*, 2008; Haileye, 2013). Despite studies that have linked mental health or post-traumatic stress disorder (PTSD) to CSA, most victims do not disclose the abuse for many reasons.

Child sexual abuse is a violation of the rights of the child and is a social and public health concern that occurs in every country in the world across diverse social, economic and racial groups. Mitchell (2015) argues that female students from school age are among the groups with the highest risk of sexual abuse. Elayyan (2007) found that about half of children have been abused at least once by family members, school teachers and administrators while about a third are abused by neighbours and older children. In a survey of 1400 university students in Jordan, Shennaq (2011) found that more than 50% of university students are victims of CSA. Factors such as poverty, ignorance, poor education, and unstable home environments have been found to exacerbate CSA (Ng'ondi, 2015). This research seeks to assess the role of social support in adult disclosure of child sexual abuse by exploring the case of undergraduate students at the University of Lagos in Nigeria.

1.2 Problem statement

Child sexual abuse is not new in Nigeria and the rest of the world. While there have been several efforts to curtail this menace, cases continue to rise due to the negative treatments that victims get when they disclose their experiences. The fear children face from their abusers and their immaturity also contribute to why they choose to remain silent. However, the choice of the disclosure may become more attractive as an adult. Yet, there have to be incentives to encourage disclosure of child abuse experience for adults. The social support system is intended to create an enabling environment for adults to express their feelings and share their experiences without fear of rejection or attack. To what extent is the social support system contributing to adult disclosure of child experience?

Does a social support system available to a cluster of young adults such as the undergraduates' students at the University of Lagos influence adult disclosure of CSA? This research is intended to produce outcomes that will contribute to the knowledge of the role that social support plays in adult disclosure of CSA.

Growing up in Lagos, I have had countless opportunities to hear the stories of victims of CSA. The pain they express is often exacerbated by the negative reactions that trail disclosure or the emotional trauma of seeing their abuser walk free while they keep mute for fear of those reactions. Assessing the role that social support plays in adult disclosure of CSA might unlock the level of the influence they may have in shaping a new narrative in the study area. This study draws more attention to the impact of social support in the case study in order to enhance the system to benefit more victims towards their healing and better health.

1.3 Justification and relevance of this research

The findings of the study are important to victims of child abuse in two folds. Firstly, it will help victims to express their emotions freely as their views represent the lived experiences and may inform how they solve the challenges they confront. Secondly, the findings of the study are relevant to civil society groups, human rights organizations, who are advocating for the rights of children to be protected. The study provides a basis also for the cooperation of the school management and the Lagos state government towards implementing legal policies and interventions to curb child sexual abuse. The study also contributes to the need for capacity building in advocating for the rights and the protection of the child especially sexually abused children. Finally, the findings of the study support the need for policymakers, NGOs to design and implement policies and social supports to tackle the menace of child sexual abuse in Nigeria.

1.4 Research objectives and question

The study is based on the hypothesis that improving the social support services in the study area will encourage more adults to disclose their child sexual abuse experiences in order to get needed help towards complete healing or getting justice. In line with this, the following research objectives and research questions were drawn.

1.4.1 Research objectives

The main objective of the study is to assess the role that existing social support play in adult disclosure of child sexual abuse cases at the University of Lagos, Nigeria. To achieve this goal, the following objectives were addressed:

1. Review of Nigeria's Federal legislation and Lagos State's legislation relating to child sexual abuse.
2. Review of existing social support systems at the University of Lagos.

3. Review cases of adult disclosure of child sexual abuse at the University of Lagos and consequent criminal justice or lack of it.
4. Analyse the institutional roles of the social support systems in promoting adult disclosure of child sexual abuse cases at the University of Lagos, Nigeria.
5. Identify the key stakeholders and discuss their roles and responsibilities in the disclosure of child sexual abuse at the University of Lagos.

1.4.2 Research questions

The main research question of the research is, how does **social support systems** influence **adult disclosure** of **child sexual abuse**?

Other research sub-questions include:

1. How do victims of CSA become aware of social support and what perceptions do they have about them?
2. How does the victim's perception affect their decisions to engage in social support?
3. What factors relating to the social support system contributes to the decision-making process of disclosure for victims of CSA?
4. How effective are the existing social supports for victims of CSA in the case study area and what are their limitations?
5. How does the **child right act policy** influence **adult disclosure** of **child sexual abuse** at the University of Lagos, Lagos State?

1.5 Scope and delimitation of the study

The thesis focused on assessing the link and interrelationship between social support systems and disclosure of child sexual abuse experienced by adults. Meaning that the research addressed the interplay of remembering and reporting cases of sexual abuse by adults who had such experiences when they were below 18years of age (the age of adulthood in Nigeria). The research explored cases of child sexual abuse as it affects both genders. The types and components of social support systems were explored as well as their characteristics which distinguishes the good support system from the bad. A look into how the system operates in different contexts such as socio-cultural or religious backgrounds was also explored.

The research also discussed which components of the social support systems help adults to remember and make decisions to report their experiences of sexual abuse as a child, as a way to deal with the culture of silence as commonly observed in difficult disclosure of CSA by both genders. However, the role that disclosure play in dealing with the healing and recovery of victims are not within the scope of this research. Similarly, the details of the impact of non-disclosure on the lives of the victims are also beyond the scope of this study.

The limitation of this study is bounded by the limited time available for a masters research. Also, a lack of statistical data may limit the possibility of extending the research to areas beyond the intended scope that is defined above.

1.6 Chapter outline

The thesis consists of five chapters which are further described below. Chapter 1 introduced the definitions of child abuse and related concepts and. Chapter 2 reviewed existing literature on the topics to provide information on the status of research in the field of study. Chapter 3 gave the background information of the study area and elaborated on the research methodology that the study adopted and the discussed limitations of the study. Chapter 4 elaborates on the research outcomes. And finally, Chapter 5 provides a conclusion of the study and recommendations for further study.

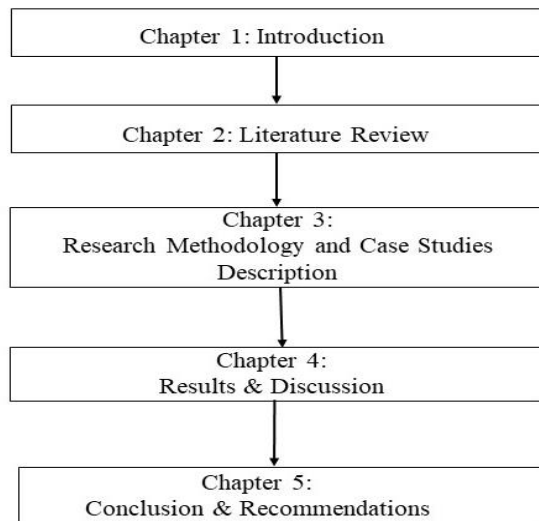


Figure 1.1 Chapters outline

Chapter 2 LITERATURE REVIEW

2.1 Rights of a child

The United Nations Convention on the Rights of the Child defines a child as a human being below the age of 18 years (UNCRC, 2009). A child can also be defined as anyone between birth and puberty. Above all these definitions, children globally have rights that are protected to safeguard their lives. The 1990 United Nations Convention on the Rights of the Child, therefore, sets international standards for child-care and protection and also recognizes children as bearers of rights and active participants in defining and claiming their rights.

In Nigeria, Children's Rights are protected by law which stipulates punishment for adults who take advantage of children or seek to negatively influence them. Specifically, the Nigerian constitution states; "the law seeks to prevent cruelty against children while stating the rights and obligations of the Nigerian Child" (FGN, 2003). Among the many several rights of a child is the right to protection of a child from all forms of abuse. However, CSA is not just a violation of the human rights of children but is also a crime in Nigeria. This is because child sexual abuse is one of the most traumatizing forms of violence against children, usually committed by a person in a position of power and trust in the child's life (Radford, Allnock and Hynes, 2015). Statistics have shown that 95 per cent of child sexual abuses go unreported because of fear of stigmatization and 90 per cent of child abuse victims know their abuser (Oluwatosin et al., 2019).

2.2 Incidence and forms of sexual abuse

Finkelhor (1984) developed the Four Preconditions Model to explain the occurrence of CSA. In his model, the following four conditions precede any event of CSA; (1) there is the motivation of the offender to abuse the child for sexual gratification; (2) overcoming internal inhibitors that may prevent the perpetrator from committing the act; (3) overcoming external environmental factors that may hinder the perpetrator from abusing the child; and (4) overcoming the child's resistance. The picture below illustrates the Finkelhor Four Preconditions Model for CSA incidents.

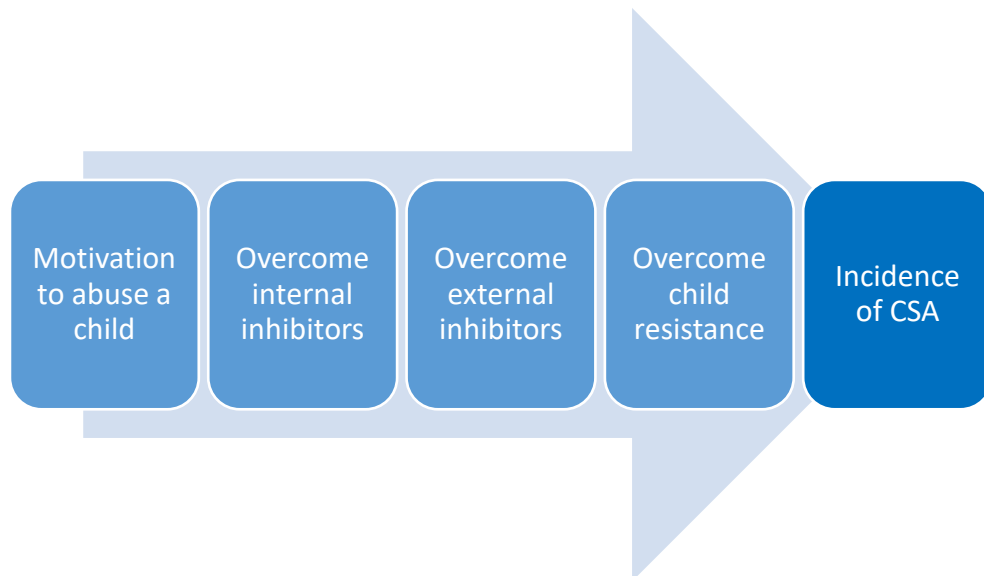


Figure 2.1 Finkelhor Four Precondition Model for CSA Incident.

When discussing sexual abuse, most people think of the common scenario of a male abusing a female. However, studies have revealed that abuse could occur in varieties of forms such as male on female abuse, male on male abuse, female on male abuse and female on female abuse. Examples of these different forms of sexual abuse in Nigeria are highlighted below;

- *Male on Female Abuse:* This is the most common type of abuse and it is usually perpetrated by older males on their female victims as in the case of Uncles, Teachers, Instructors, Lecturers or even spouses but may also involve male and female counterparts of the same age group as found among school pupils.
- *Male on Male Abuse:* This is common in boarding schools and some religious settings where older males abuse young male kids in placed in their care.
- *Female on Male Abuse:* This sometimes happen when older females employed as the domestic staff takes advantage of young boys or between a female boss and a male subordinate at work. *“I think she took advantage of me because she was older and I was young and naïve...”*
- *Female on Female Abuse:* Cases of female on female abuse are also common in female hostels in secondary schools where older girls in senior classes may take advantage of younger girls who are in junior classes. Sometimes it may also occur among the same age group.

Researchers have studied parental knowledge of CSA (Ige & Fawole, 2011; Pullins & Jones, 2006). Zhang et al., (2013) reported that mothers’ knowledge about CSA effectively helps to safeguard their children. Other studies have also revealed that the limitation of a mother’s definition of sexual abuse to rape often leads to inappropriate responses to cases of abuse. Certainly, children exposed to underestimated milder forms of abuse like inappropriate touching, kissing and

non-penetrative abuse may not get help (Chen & Chen, 2005; Ige & Fawole, 2011; Mathoma et al., 2006).

2.3 Disclosure and its challenges

Disclosure is considered a stressful psychological process involving sharing vital health and private information with other people. Consequently, disclosure can be a daunting experience due to the associated fear of the stigmatization that individuals may face because of it (Adeoye-Agboola *et al.*, 2016). Nonetheless, disclosure has clear positive outcomes as it grants access to necessary healthcare and support towards their healing. The support may include counselling, prayers, healthcare and thus may vary from financial to medical, emotional, spiritual and psychological depending on who is providing the support. Some studies have shown that victims of sexual crimes disclose to family members, close relatives, friends, religious leaders, partners, health professionals or social workers. Adeoye-Agboola *et al.*, (2016) argued that the expectation of getting support promotes disclosure tendencies.

The prevalence of child abuse has been difficult to ascertain due to many factors such as different definitions and perceptions on what constitutes sexual abuse in children (Lalor, 2004). Child sexual abuse is also generally under-reported due to lack of or delayed disclosure by the victims which may be as a result of the inability of the child to understand that the behaviour is inappropriate or harmful, poor communication skills especially in the very young or disabled, feelings of guilt and shame by the victims or fear of the perpetrator (Paine *et al.*, 2002). Another challenge is that children are not often believed as many say that children are influenced by stories they hear and may thus imagine unreal stories and recount them as their own experiences. Chen et al. (2007) and Zhang et al. (2013) showed similar findings. However, doubting children when they are telling the truth may subject them to further abuse.

Elayyan (2007) found that children who lack education on CSA do not have the confidence to disclose. In addition to the stigma associated with child abuse, victims may also experience short and long-term adverse health effects of the abuse such as the transmission of HIV and other STIs, unwanted pregnancy, obstructed labour. Child sexual abuse is also associated with high-risk behaviours such as prostitution, multiple sexual partners, substance abuse and may impact individual mental health (Mitchell, 2015).

In Nigeria, child sexual abuse is considered a serious crime, but victims often go unpunished as most cases are never reported. Studies have shown that the prevalence of child sexual abuse is often, not reported because of societal perspective to the issue (Murray et al., 2014). Besides the negative reactions that trail disclosure, lack of trust and fear of punishment rank among the main reasons young girls do not attempt to report cases of sexual abuse. Logically, the risk of stigmatization and other negative reactions may simply outweigh the need

to tell for many victims. In many instances, these often continue for a prolonged period until certain situations may prompt disclosure. Jonzon (2006) opined that delayed disclosure is usually due to closeness of victims to perpetrators, multiple occurrences of abuse by the same or other abusers, the naivety of victims, the severity of abuse which is all often related to intrafamilial abuse. Btoush (2007) added that children suffer significantly as disclosure also becomes more difficult when the perpetrator is a close family member or relative. In such cases, children are discouraged from disclosing except where there is strong evidence or when they have left the vicinity of the family member and started living on their own. For some, this is when they left home for school gaining some sort of freedom from the perpetrator.

In her research on disclosure, social support and subjective health in adulthood, Jonzon (2006) stated that social support strongly influences abuse sequelae, either directly or indirectly. More so, evidence exists that social support help to handle negative disclosure reactions to promote recovery for victims. This highlights the importance of social support in victims' post-trauma adjustment. However, understanding the right disclosure strategy is also very paramount in aiding support for victims of CSA. Jonzon (2006) found that the option of an active disclosure strategy often results in more physical and severe abuse. In addition, although social support is known to be a proven recovery factor for victims of CSA, it is also known that victims seek and get social support in different ways and at different times. Beverly Lovett (2004) believed that the disclosure process should be unique to individuals as it may be affected by physical and sociocultural factors peculiar to the individuals and added that the society's response can influence behavioural patterns of victims and can often be responsible for recantation.

Ultimately, the experience of sexual abuse usually follows victims from childhood into adulthood with the dilemma of deciding to speak or conceal (Tener & Murphy, 2015). Sometimes convictions for disclosure often become stronger as victims age and become mentally strong enough to handle the negative consequences or reactions that follow disclosure. Nevertheless, the consequences of delayed disclosure for victims may be far more reaching than expected. Even though adult disclosure is often influenced by unattended attempts at disclosure or negative reactions to early disclosure, adult disclosure may be met by new challenges and dilemmas such as discrimination, social marginalisation, the accusation of infidelity, fear of not getting married, loss of employment, and fear of not getting needed support after disclosure (Ratrout, 2002; Adeoye-Agboola et al., 2016). Thus the need to assess the role of social support in helping adults who are victims of CSA reach the point of disclosure and consequently attain recovery is imperative.

2.4 Impact of sexual abuse

Sexual abuse leaves a major traumatic experience that impacts the lives of adult victims physically, socially and psychologically. Sexual abuse involves any act without consent, using physical force, threats, deception or coercion, or an act involving mental unawareness such as the voluntary or involuntary consumption of alcohol or the use of drugs. It is a form of menace that dehumanizes, humiliates, molests, oppresses, traumatizes and incapacitates its victims (Aina-Pelemo *et al.*, 2021).

Sexual abuse is not peculiar to any race or country but occurs everywhere in the world with a long history of occurrence. The WHO in its report suggested that 20% of women have experienced violence at least once. However, the same report pointed out that there are prevalent cases of sexual abuse in Africa, the Middle East and Southeast Asia. Al-Amer (2011) found that cases of CSA more than doubled in Bahrain from 2000 to 2009. Similarly, in a study conducted by Aboul-Hagag and Hamed (2011) among 450 students, it was reported that 37.8% of the females and 21.2% of the males had experienced CSA while growing up. In Nigeria, previous studies reported a 15% incidence of forced sexual penetration amongst young females in Ibadan while 13.8% was reported for young females in Maiduguri. Lagos State, being the most populated city in Nigeria with a population of about 20 million people predisposes its female demography to higher risks of sexual violence amongst other crimes.

Negative impacts of sexual abuse or a violent attempt at it can be immediate or delayed often with long-term health consequences for survivors. This may vary from physical injuries to unwanted pregnancies, unsafe abortions and sexually transmitted diseases including HIV and may have significant socio-economic effects. In the short term, victims often show signs of agitation, shame, guilt and even anger. However, if not well managed, these may lead to cases of post-traumatic stress disorder, depression, suicidal tendencies, lack of sexual enjoyment and panic in the long term (Akinlusi *et al.*, 2014).

Addressing sexual abuse cases in the hospital usually begins with a report of any type of non-consensual sexual activity whether attempted or completed. Upon presentation, initial assessments including vital signs are often conducted by the nurses before referring the case to a Doctor who identifies emergent needs, provides comfort and explains services. According to Akinlusi *et al.*, (2014), a detailed assessment may be necessary and this may include obtaining detailed case history, carrying out a thorough physical examination, conducting testing for sexually transmitted infections, pregnancy and HIV, and/or obtaining forensic evidence. Other forms of treatment include treatment of injury and post-exposure prophylaxis.

2.5 Common forms of social support

Social Support services are usually rendered for victims of sexual abuse or other forms of abuse in society. They include all kinds of measures that help the victim to remember the incident which may be necessary for the purpose of redress. It also entails the provision of medical care in the case of physical injury, counselling for psychological support, legal aid to prosecute the offenders and other kinds of support towards wholesome recovery. These services may exist in both traditional setups and conventional systems. However, a recent study in Jordan showed that more than 50% of women in Jordan do not know of organizations providing social services to children suffering from sexual abuse (Alzoubi *et al.*, 2018). Similarly, many victims of CSA in Nigeria were mostly unaware of available social services at the time they were abused.

In Nigeria, many victims of sexual abuse do not report to the police, in the first instance. Many victims would rather disclose such an event to NGOs who continuously engage in public enlightenment on these issues. Non-disclosure to the police may be due to a lack of trust in the institution to prosecute the offender. Also, in Nigerian society, the police are perceived to be interested in inducement before taking action as they sometimes request money from complainers to provide logistics to arrest the offender or for administrative paperwork. Another reason which may account for the reasons why victims do not disclose to their immediate family members is the fear of stigmatization. Also, children may fear that no one would believe them. Hence the NGO has become like a safety valve for victims of CSA in Nigeria. Another contributing factor is the socio-cultural contexts of the country where cultural and traditional beliefs may contribute to the culture of silence among female victims. The figure below shows the number of reported cases of abuse in Lagos in March 2020 and the types of abuse. The high number of reported cases (390) may have been exacerbated by the COVID-19 lockdown during this period as partners were forced to spend more time together at home while dealing with the mental and financial stress of the imposed lockdown.

Sexual and domestic violence cases reported
 Cases reported to The Domestic and Gender Violence Response Team in Lagos in March 2020. A total of 390 cases were reported.

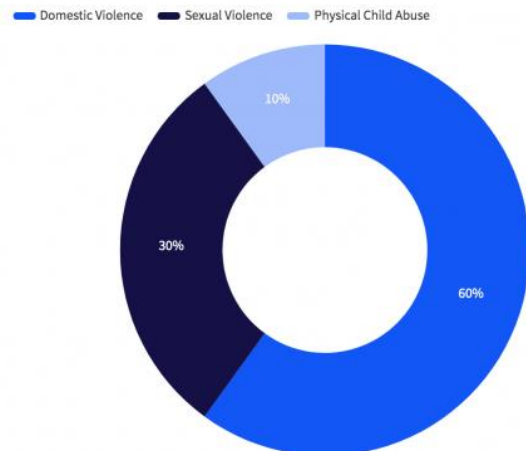


Figure 2.2 Reported cases of sexual and domestic violence in Lagos in March 2020. (Source: DSVRT, Lagos)

Generally, the kinds of services provided through social support systems tend to create trust and thus serve as a solace for victims of CSA. For instance, many young persons may fear that the police system may be more interested in how their actions predisposed them to the event than in the actual pursuit of justice. Sometimes, victims are also more concerned about their state of health and thus disclosure is targeted towards health practitioners in such instances. The different kinds of support systems available to victims of sexual violence provided for free by the Lagos State Government can be summarised as follows;

- **Clinical examination:** This may include a physical examination of the victim to identify any physical injuries, conducting testing for sexually transmitted diseases and pregnancy. This may also extend to the thorough examination to obtain evidence.
- **Medical services:** This includes all treatments of injuries and post-exposure prophylaxis.
- **Legal aid:** This includes the necessary support for the arrest and prosecution of the offender. The establishment of special family courts to expedite justice and the family support unit in the Nigerian Police Force with special training on arresting perpetrators and prosecuting cases are also examples of this type of service.
- **Psychosocial support:** These are supports provided by a clinical psychologist, child psychologist, social worker and other professionals towards healing and total recovery of the victim and may include counselling on legal procedures and other actions that may help the victim heal up.
- **Children and women empowerment:** These are programs targeted towards the child or a woman to educate them on their rights and obligations and to help them understand their roles towards their own protection. They include capacity building programs that help them understand what abuse is and what to do in the incident of abuse. Educating mothers have proven to be an effective strategy towards CSA prevention through monitoring, reduction of risk factors, providing

guidance and education on preventive strategies to their children (Chen & Chen, 2005; Chen et al., 2007, Collins, 1994, Ige & Fawole, 2011; Okoroafor & Clara, 2012).

2.6 Social support as an impetus for adult disclosure

Adult decision to either disclose or conceal an abuse has been described as an intentional and deliberate act based on a well-processed thought (Alaggia, 2004; Draucker & Martsof, 2008). According to studies on adult disclosure of CSA, there are some factors that can facilitate disclosure. It is important to note that the disclosure process in childhood or adolescence differs considerably from that of adulthood. Roesler and Wood (2014) studied two groups of survivors, one group disclosed during childhood while the other group disclosed during adulthood. Their study revealed that different motivations exist for disclosure between these two groups although it remains unclear whether some were common to specific age groups. While children's disclosure may be motivated by needed protection from the abuse, adults may have other reasons such as the need to disclose to an intimate partner they have built trust with or an attempt to prevent other young girls from suffering abuse from the same perpetrator (Tener & Murphy, 2015). Similarly, the psychological trauma victims may have suffered as a child may prompt disclosure when they become adults just to avoid dealing with keeping secrets. Again, elicited disclosure as encouraged by a professional caregiver might be another reason for disclosure amongst adult groups in expectation of a positive reaction that would lead to healing. It should be noted that non-disclosure or delayed disclosure may have more grievous consequences in some adults. Ullman's (2017) study revealed that survivors show more symptoms of posttraumatic stress when they delay disclosure while Draucker and Martsof (2008) showed that positive responses to the disclosure improved survivors' well-being and reduced traumatic experiences. Conversely, Sinclair and Gold (1997) found that survivors who desire to disclose but could not suffer symptoms of traumatization.

In examining when, how and to whom adults disclose, studies reveal that adults choose to disclose to persons they have trusting relationships such as doctors, caregivers, counsellors or other professionals. Chouliara *et al.*, (2011) described it as a search for a 'safe and trusted place' to confide in. Social support can be a safe place for adult survivors to tell their stories without fear of negative reactions. Studies conducted by Crowley & Seerey (2011) agrees with Mize *et al.*, (1995) that high levels of social support during adulthood promotes disclosure tendencies. In the same vein, Jonzon and Lindblad (2004) reported that women who received high levels of social support usually have multiple disclosures of their experiences within their social networks. In general, the perceived ability to provide good support that tends towards healing (physically, mentally, emotionally or psychologically) are triggers that promote disclosure amongst adults. Hence, building trusted relationships with survivors through professional social support services that provide unconditional care for victims may serve as a critical impetus for adult disclosure of CSA.

Chapter 3 **METHODOLOGY**

3.1 Methodological approach

This chapter describes the methods adopted by the research by highlighting the needed information to provide answers to the research questions in order to achieve the objectives of the study. Then a description of methods used in collating this information is also described whilst also providing an explanation of how the data was analysed to form a position of the assessment of social support services in adult disclosure of child sexual abuse in the study area. Overall, the study balanced the review of literature on the topic with the analysis of the information from primary and secondary sources to take its position on the role of social support in promoting adult disclosure of child sexual abuse at the University of Lagos.

3.1.1 Exploratory methodology

The research adopted an exploratory research method by reviewing existing journals, articles, books, legislation, policy documents and other relevant publications bothering on child sexual abuse, adult disclosure and support systems for victims of CSA. Table 4.1 below provides details of the materials reviewed using this approach. These materials provided the secondary data used for the research work.

Table 1 Objectives and materials for exploratory research method

S/N	Objective	Key Material	Source
1	Review of Nigeria and Lagos State legislation on CSA	Child Rights Act (2003) Child Rights Law (2007)	https://lawsofnigeria.piacng.org/ https://dsvrtilagos.org/
2	Review of existing social support systems at the University of Lagos	Sexual Harassment Policy for the University of Lagos, guidelines and reports.	https://unilag.edu.ng/
3	Review of cases of adult disclosure of CSA at the University of Lagos and consequent criminal justice or lack of it	Review of case files at police stations in proximity to the study area, published news and articles.	Case notes and relevant websites
4	Analyse the institutional roles of the social support systems in promoting adult disclosure of CSA at the University of Lagos	Organisational mandates and policy documents	Websites and libraries of organizations.

3.1.2 Empirical methodology

Bedford (2014) portrayed a qualitative research method as an approach that is suitable to provide answers to the questions ‘how’ and ‘why’ in order to grasp a good understanding of a concept. Hence, this research also adopted a qualitative research approach where a semi-structured interview method was utilized to help create an understanding of the role of social support in adult disclosure of child sexual abuse cases at the University of Lagos, Nigeria. Informed consent was obtained through a carefully designed consent form which was administered on-site and through email in some instances. A set of pre-determined questions was formulated to guide the conversation, but the interview protocol was flexible enough to allow informants to respond only to questions they were comfortable with. Generally, the questions focused on the role existing social support have played in impacting adult disclosure of sexual abuse for the selected informants and the responses collected served as the primary data for the research. Table 4.2 presents the details of primary data used for the research and their sources.

Table 2 Details of primary data and their sources

S/N	Respondent	Organization	Role
1	Mrs. Titilola Vivor-Adeniyi	Lagos State Domestic and Sexual Violence Response Unit	Stakeholder and Key Informant
2	Juliet Itoro Eze-Anaba	Mirabel Centre, Lagos State	NGO and Critical Stakeholder
3	Ayodeji Osiwobi	Stand to End Rape Initiative	NGO and Critical Stakeholder
4	File_2109001	Volunteer from DSVRT Survivor forum	Adult Female Victim of CSA
5	File_2109002	Volunteer from DSVRT Survivor forum	Adult Female Victim of CSA
6	File_2109003	Volunteer from DSVRT Survivor forum	Adult Male Victim of CSA
7	File_2109004	Volunteer from DSVRT Survivor forum	Adult Female Victim of CSA

3.1.3 Analytical methodology

All findings from the primary and secondary data were collated and analysed after observations using the content analysis method to arrive at a representative conclusion that describes the role of the social support system in promoting the adult disclosure of CSA at the University of Lagos, Nigeria.

3.2 Sampling method

The sampling method adopted a population study of key stakeholders within the study area while based on their institutional. According to Tansey (2007), this approach of the careful selection of stakeholders is described as the '*purposive non-probability sampling*', which supports the selection of authorized sources for sampling in order to get the needed information that answers the research questions. Preliminary studies revealed some organizations that have been involved in encouraging disclosure and promoting support for victims. These organisations assisted in contacting volunteers victims for interviews. Information from these sources formed the primary data that was used for the research. Secondary data from relevant reports, websites, and articles also contributed information for the study. The sampling population for the study comprised victims, parents/caregivers, and staff of selected NGOs that are prominent stakeholders working on sexual abuse cases in the study area.

3.3 Data analysis

The primary focus of the study was to understand how social support influences adult disclosure of CSA. Semi-structured interviews were conducted for volunteer CSA survivors (3 females and 1 male) and 3 key stakeholders who served as key informants for the study with informed consent. Transcripts of semi-structured interviews were reviewed for completeness and then analyzed to identify related themes.

The study was guided by the conceptual framework of Dafna & Sharon (2015) where the following six domains were conceptualized; (1) the decision to disclose, (2) barriers for disclosure, (3) facilitators for disclosure, (4) process of disclosure, (5) responses to disclosure, and (6) the impact of disclosure on survivor's well-being. Based on this framework and the 2nd, 3rd & 4th domains, this research explores factors of social support that act as facilitators for disclosure. The Social Support Survey Instrument (SSSI) by Sherbourne & Stewart (1991) which consists of 19 items that measure the presence of emotional/informational tangible, and affectionate support, as well as positive social interaction and other types of support was used to assess the support system in the study area. The survey consists of a Likert scale (1-5) where the subscales represent the overall support index.

3.4 Case study description

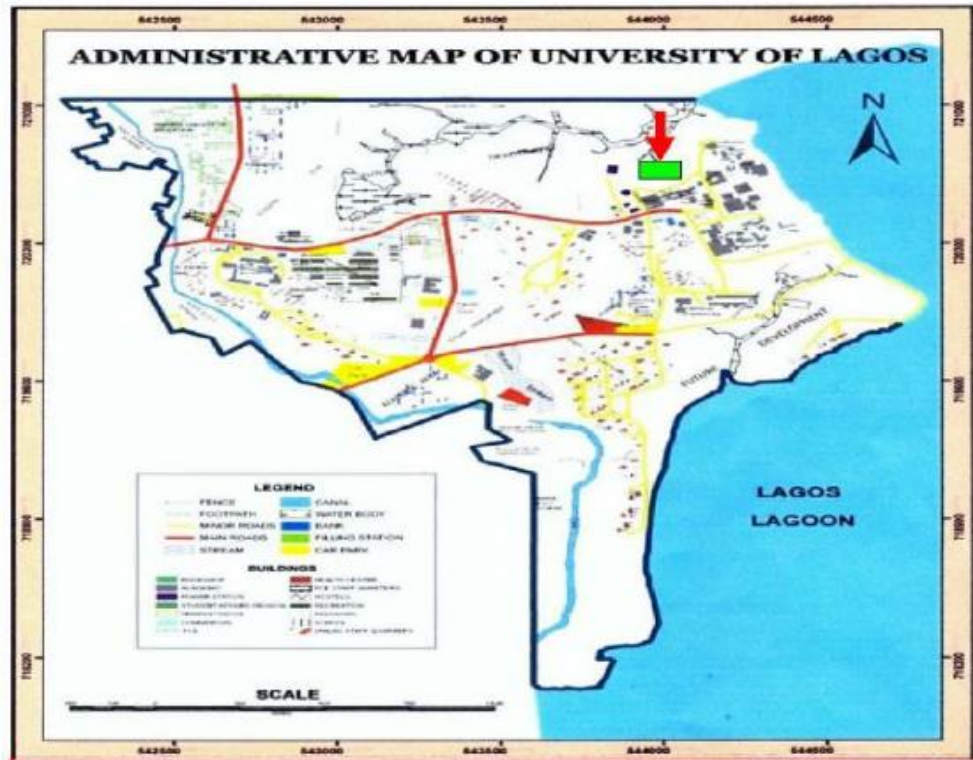
The University of Lagos state (UNILAG) is located in the Lagos state of Nigeria. Lagos State is one of the 36 states in Nigeria and houses the city of Lagos, which is the most populous city in Nigeria and only the second-largest city in Africa, with a population of about 14.8 million within the city and 21.3 million around the metropolitan area. UNILAG was founded in 1962 and

currently has over 40,000 students and 3,365 staff. The figure in Map 1 shows the administrative map of the University of Lagos.

The University of Lagos has a high prevalent case of adult disclosure of child sexual abuse in Nigeria. Although the 2019 ‘sex-for-grade’ scandal revealed by the investigative series of the British Broadcasting Corporation (BBC) was not the first time the institution would appear in the news for sexual harassment cases, the incident brought global attention to cases of sexual exploitations of female students by Lecturers which called for a review of its sexual harassment policy to institute effective strategies to prevent future occurrence. Following this, the University management adopted a ‘Sexual Harassment, Sexual and Romantic Relationships Policy’ on the 30th of August 2017 as part of its commitment to providing a safe and secure environment for all, protecting the core values of human dignity and reassuring the public of its unwavering commitment to academic integrity (UNILAG, 2017). To further encourage students to seek help or redress in case of abuse, the University facilitated the access of students to social support services available within the state. Thus, organisations offering support services started partnering with the institution to promote disclosure amongst students. However, despite the frantic efforts that have been made to provide social support for victims in the University, little has been done to assess the support systems to proffer solutions to motivating factors for success.

The rampant cases of abuse that some lecturers of the institution have been accused of make it an attractive option for this study. Similarly, the existence of support services with records of years of operations would allow for access to relevant information that will guide the research. As a citadel of higher learning, UNILAG also provides a unique opportunity to study various age groups of students who are victims of CSA and assess the impact that existing social support may have had on their disclosure tendencies.

In 2014, the Lagos state government expressed its commitment to fighting sexual abuse and domestic violence by launching the Domestic and Sexual Violence Response Team (DSVRT). The DSVRT is an organization under the Lagos state government that is mandated to ensure the total eradication of sexual and gender-based violence in the state. The DSVRT and some other NGOs such as the Mirabel Centre, Women’s Right and Help Project (WRAHIP), Lagos State, and Women at Risk International Foundation (WARIF), Lagos State, provide social support for victims of CSAs in Lagos, including the undergraduate students at the University of Lagos. Table 4 in section 4.2 provides a list of all support organizations in the study area with details of their institutional mandates.



Maps 1 Administrative map of the University of Lagos.

3.4 Limitations of the method

The research method was not without its challenges, some of which include;

- Considering the few numbers of respondents in this study, it is difficult to generalize the findings of the study to a larger population. Also, cultural differences may create a bias in the study and as such the norms and beliefs from place to place may affect how disclosure is perceived in different settings.
- The retrospective nature of the study meant that there was reliance on the ability of the respondents to retrieve memories that may have been distorted or inaccurate. Also, considering the sensitive nature of the research, interactions with respondents on the sexual abuse experience was avoided to avoid traumatizing emotions that will require professional assistance in handling.
- Male victims of CSA were difficult to find within the short period of the research study. This may not be unconnected with the cultural dominance of the male gender which may promote the culture of silence amongst the male gender.
- The COVID 19 regulations prevented the possibility of travelling for an on-site assessment and therefore, a digital fieldwork method was adopted and there was a need to rely on the inputs of a Research Assistant in conducting the fieldwork successfully.
- There was a generally low response rate to the interviews while reaching some other stakeholders also proved very difficult.

Chapter 4 RESULTS AND DISCUSSION

4.1 Social support system in the study area

Social support systems for victims of CSA has existed for a long time in Nigeria, however, in different forms. The different types of social services can be simply categorised as formal and informal social support systems. Informal social support systems are those provided by family members of victims, neighbours, relatives, religious centres and other non-professionals as in the case of File_2109003 (2021) who stated that *“I was abused as a little boy (about 5years) by our housemaid who was an older lady. At some point, I told my brother who later told my Mum who then counselled me personally and that was how I was able to move on from the matter and never brought it up again particularly because the lady had already moved away from our house long before I disclosed”*. While formal social support systems are provided by trained professionals such as clinical psychologists, medical practitioners, child psychologists, registered caregivers, social workers, officers in public institutions, etc. However, the culture of silence and the fear of being stigmatized have prevented several people from engaging in informal services creating a need to strengthen social support systems in Nigeria.

In Lagos State, the formal social services have been greatly improved largely due to huge investments that have been made in reshaping the perceptions of people towards the social support services available within the state. For instance, the Lagos State Domestic and Sexual Violence Response Team revealed that the organization uses the following communication channels for continuous enlightenment and awareness campaign programs within the state;

- Community engagements where critical stakeholders and community gatekeepers such as traditional and religious leaders are encouraged to support and promote a safe environment for children and women.
- Social media campaigns with well-crafted messages encourage victims of CSA to speak out and disclose sexual abuse experiences. Content of such messages targeted at adult disclosure could include statements like “even though it happened when you were young, you can still seek redress and you can receive psychosocial support towards healing at no cost”.
- Traditional media campaigns to promote a tailored video and audio messages on popular radio and TV stations.

These campaigns seem to have greatly improved the level of public awareness in the state as confirmed by File 2109003 (2021) who said, *“I first found out about the social support services in Lagos state through the social media when I came across an advert by Mirabel Centre on Facebook. And recently, I have been seeing so many adverts on billboards and in the newspaper. I see they now have hotlines as well which makes it easy to provide mental health services quickly to victims helping them to heal up”*.

The following perception statements on sexual abuse represent the views of the volunteer victims of CSA interviewed in the study area showing a trend

of perception remodelling within the group in line with the campaign efforts of the DSVRT;

- Children can be sexually abused by older children, adults or by children of the same age.
- Most abusers are close people to the victims such as relatives, friends, family members, teachers, neighbours even though there are fewer cases of abuse by a total stranger.
- Children can be abused even in their homes, schools, religious centres and not necessarily in dark or isolated places.
- Both boys and girls are victims of sexual abuse and abuse can happen to anyone regardless of age, gender, financial or social status.
- Perpetrators of sexual abuse can be of the same gender or different gender as the victims.
- Many children are victims of sexual abuse and many cases of sexual abuse in Lagos are not reported.
- Most perpetrators do not have prior medical or mental challenges that predisposed them to the act. Rather, it was a deliberate and planned act.
- Something can be done about the case of abuse even if reported long after it occurred, particularly the provision of psycho-socio support for the victim as justice may be difficult where there is no strong evidence which is difficult to obtain in cases of prolonged disclosure. *“The first time I received help was in 2018 when I disclosed my experience after 22years, I was referred to a psychologist for therapy sessions”- (File_2109001, 2021).*
- The abused child is never to be blamed.

4.2 Legal and institutional framework

The major legal instrument for the prevention of child sexual abuse in Nigeria is the Child Rights Act which was enacted by the Federal Government in 2003 to prevent cruelty against children and to identify the rights and obligations of children. In 2007, the Lagos State House of Assembly adopted the law and domesticated it as the “**Child Rights Law (2007)**”. This was amended in 2015 and is currently undergoing some amendments at the Lagos State House of Assembly.

In 2016, the Lagos State House of Assembly established the Lagos State Domestic and Sexual Violence Agency. The Agency facilitated the formulation of the Lagos State Safeguarding and Child Protection Policy which was signed into law by the then Lagos State Governor, Mr. Akinwumi Ambode on the 16th December 2016. Commenting on the need for the policy, Gov. Ambode stated that “one of the rising challenges in the country that demands urgent intervention concerns the incidents of child abuse, defilement, rape and other forms of sexual violence, evident in the increasing reports of such cases in Lagos State through both formal and informal means”. He further explained that Lagos

being a densely populated state and a cosmopolitan city could allow the quick spread of such activities if not firmly dealt with which may continue to damage the physical, emotional and psychological wellbeing of the children (Domestic and Sexual Violence Response Team, 2016).

The explicit and exclusive aim of the policy is to “provide clear direction for reporting disclosures of abuse and commitment to the development of good practice and sound procedures to keep children safe and that child protection concerns are identified, referrals are handled sensitively, professionally and in ways that support the needs of the child’s wellbeing” (The DSVRT Child Protection Policy, 2016). The policy prescribes management systems that will help to create and maintain a safe environment for children and mandated all Lagos State child-centred institutions to adopt the safeguarding and child protection policy to guarantee that the rights of children are safeguarded and adequately protected. The implementation of the policy is anchored by the Lagos State Child Rights Law Implementation Committee and the Lagos State Domestic and Sexual Violence Response Team (DSVRT).

The policy was drawn up on the basis of these existing child protection regulations which form the legal framework for the policy as shown in Table 5.1 below;

Table 3 Legal Framework for Child Protection Policy (Source: The DSVRT Child Protection Policy, 2016)

SN	Regulation	Year
1	Convention on the Rights of the Child	1989
2	African Charter on the Rights and Welfare of the Child	1999
3	Child’s Rights Act	2003
4	Lagos State Child’s Rights Law	2007
5	Prevention Against Domestic Violence Law	2007
6	Criminal Law of Lagos State	2011
7	The Family Court of Lagos (Civil Procedures) Rules	2012
8	EO/BRF/005OF2014, Lagos State Sex Offenders Monitoring Programme and Mandated Reporting	2014

The Safeguarding and Child Protection Policy also identified key stakeholders and their roles in addressing child sexual violence in the state. Table 5.2 below showing the key stakeholders in Lagos state provides the institutional framework for the policy.

Table 4 Institutional Framework for Child Protection Policy (Source: The DSVRT Child Protection Policy, 2016)

SN	Organization	Institutional Mandate	Category
1	Nigeria Police Gender Desk Office	Child abuse and domestic violence	Federal Government
2	Ministry of Youth and Social Development	Child protection, counselling and shelter	State Government
3	Lagos State Ministry of Education	Child protection	State Government
4	Lagos State Quality Education Assurance Bureau	Safeguarding and child protection	State Government
5	Private Education Department	Safeguarding and child protection	State Government
6	Lagos State Ministry of Health	Child right to health	State Government
7	National Agency for the Prohibition of Traffic in Person	Trafficked children and rehabilitation	Federal Government
8	Office of the Public Offender	Legal representation of children in conflict with the law, child protection	State Government
9	One Stop Child Justice Centre, Directorate of Citizen's Rights	Legal representation of children in conflict with the law, child protection	State Government
10	Lagos State Safety Commission	Ensures safety of lives and property	State Government
11	Child to Child Network	Child Protection and counselling	NGO
12	Mirabel Centre	Counselling, health and medical services, legal support	NGO
13	UNICEF	Child Protection Specialist	NGO
14	Lagos State Domestic and Sexual Violence Response Team (DSVRT)	Provides holistic response to sexual and gender-based violence	State Government
15	Women's Right and Help Project (WRAHIP), Lagos State	Promoting and protecting of women's rights	NGO
16	Women at Risk International Foundation (WARIF), Lagos State	Protecting women's rights	NGO

4.3 Survivors' knowledge and their perception of CSA and social support system

The study reveals that survivors of sexual abuse were generally uninformed about CSA as children or teens. Their knowledge of CSA came during adulthood mostly after the events of sexual abuse had occurred. 75% of the participants reported that they were never educated on CSA as a child. The participant that was educated as a child by both of his parents happened to be male while the rest who were uninformed were females. This may be associated with the fear that exposing female children to sex education may trigger sexual practices at an early age which may bring heavier consequences (such as pregnancy or inability to marry in the future) for females than males. This is consistent with the findings of Alzoubi et al., (2018) who noted that Jordan parents believe that exposing children to sex education may attract their attention to sexuality issues.

Just 25% of the participants were told that abusers may be relatives, teachers, friends or neighbours and was encouraged to disclose to an adult if it ever happened. Interestingly, the study found that educating children to disclose that private organs should not be touched by others and to disclose when this happens can help to prevent further exposure to CSA. This is congruent to the findings that educating children to tell their parents or a trusted adult if exposed to sexual abuse can prevent further abuse (Ige & Fawole, 2011).

All the participants were never educated about CSA as a child in school or at religious centres. Parents, teachers and religious leaders should be aware that the school and religious centres provide the opportunity for children to interact with older children who may have sexual interests, thereby increasing their risks to CSA. Knoll (2010) shared similar concerns. Lastly, all the participants were not informed of any organization providing support to victims of sexual abuse. Table 1 provides the summary of survivors' knowledge about CSA.

Table 5 Survivors' Knowledge of CSA

Survivors' Knowledge of CSA (n = 4)		Yes	No
1	Did your parents ever talk to you about sexual abuse as a child?	1	3
2	Did they explain that children may be abused by family members, friends, teachers or strangers?	1	3
3	Did they tell you to let an adult know if it happened to you?	1	3
4	Were you ever told about sexual abuse at school or in church?	-	4
5	Were you ever told about organizations providing support to victims of sexual abuse as a child?	-	4

The study implies that many survivors of CSA have gained knowledge about CSA and the available social support services possibly through their disclosure experience or awareness campaigns. This points to the fact that there has been a remarkable increase in the level of awareness on CSA issues in Lagos State through the media and social networks. Most participants believe that children can be abused by older children which can be explained by Finkelhor's fourth

precondition that the offender must be able to overcome the child's resistance (Finkelhor, 1984).

Contrary to a recent study by Alzoubi et al (2018) that perpetrators are mostly not known to the child and the family which is also supported by the findings of Chen et al (2007) and Walsh & Brandon (2011), participants believe that most perpetrators are close family members or relatives which makes disclosure even more difficult. They also unanimously agree that both boys and girls are victims of sexual abuse. Their views expressed the belief that abuse can happen to anyone regardless of financial or social status, age or gender.

All participants agree that cases there is a prevalence in cases of CSA in Lagos State and they think most children who disclose are not necessarily placed in foster care. File 001 explained that most perpetrators do not have a history of medical challenges and that they often know what they were doing which is consistent with the views of other participants that perpetrators are usually not retarded or mentally ill but could be well-respected, educated, or highly placed individuals in the society.

Participants argue that it is always better to disclose early as it is easier to obtain evidence for the prosecution in fresh cases but they think it is still possible to do something about a reported case of sexual abuse even when it happened a long time ago. *"I spoke out for the first time about my CSA experience in 2018 after 22years of keeping mute when I disclosed to my ex. It took me that long because there was no one to guide me or tell me about what kinds of support I could get and the organizations providing such services. I felt alone and didn't know who to talk to or what to do. It was after my disclosure I was introduced to DSVRT where I was offered some psychological help for about 2 months to cope with the trauma I was going through at that time"* – File 001.

Another common agreement amongst the participants was to never blame the child in a sexual abuse case. The study reveals that most participants now have knowledge of organizations providing social support to victims of sexual abuse to help them heal or get justice. However, they think that most cases of CSA are still under-reported and as such CSA perpetrators go unpunished. This is similar to the study conducted by Tang & Yan (2004) where they revealed that feelings of shame discourage most people from reporting CSA crimes.

Table 6 Survivors' Perception of CSA

Survivors' Perception (n=4)		I agree	I disagree
1	Some children are sexually abused by older children	4	-
2	Most people who sexually abuse children do not belong to the child's family	-	4
3	Most of the time children are sexually abused when they are alone, at night, and outside their home	1	3
4	Only girls are victims of sexual abuse	-	4
5	Children from reputable families are not victims of sexual abuse	-	4
6	Children who report being victims of sexual abuse are not necessarily placed in foster care following these revelations	4	-
7	Few children are victims of sexual abuse	-	4

8	Boys are not sexually abused	-	4
9	A majority of sexual abuse perpetrators are retarded or mentally ill	-	4
10	Even if one lets a year go by before talking about a sexual abuse situation, it is still possible to do something about it	4	-
11	In sexual abuse cases, the child him/herself is never responsible	4	-
12	Some organizations provide social support to victims of sexual abuse to help them heal or get justice	4	-

4.4 Challenges facing social support system

Despite the commendable progress that has been recorded in the available social support system in Nigeria, there are still some challenges militating against its improvement. However, most of the challenges are related to inadequate funding while some are also due to sociocultural beliefs. “*Ultimately, inadequate funding is the major limitation to social support systems in Nigeria as funding is required for the recruitment of professionals and to provide adequate logistics to ensure that victims of CSA get the help they need*” – Titilola (2021). Some of the challenges are described below;

4.4.1 Sentiments

Some believe that the victim may not get married in the future once such a story of abuse is disclosed and allowed to spread around the community. This is consistent with the findings of Ratrout (2002) who reported that sexually abused girls rarely get married in the future. While some argue that most victims only use the story of abuse to try to punish a man and that many cases are unfounded as there may have been implied consent from the victim through indecent dressing or collection of gifts or money from the perpetrators.

4.4.2 Community pressure

People still live in denial to protect the image of the victim, the perpetrator and their families. In some communities in Lagos, the victim may feel unsafe in their community as the community may interfere in such cases requesting that the case be dropped. They may even threaten to excommunicate the victim from the community to prevent confronting such situations.

4.4.3 Ignorance

Despite the frantic efforts that have been made by the major actors in the state to create awareness on available social services for victims of CSA, some people are still not aware that the services exist, especially people living in the suburbs. This is consistent with the findings of Alzoubi et al (2018) where less than half of the women in Jordan are aware of the support available to children suffering from abuse.

4.4.4 Manipulations and bribery

There are situations where the victims are intimidated, threatened or offered a bribe by the perpetrators or their family members to dissuade them from disclosure or to beg them to drop charges against the offenders.

4.4.5 Social norms

Some people believe that once a female starts developing the physical features of a woman then she is old enough for sexual activity or even marriage regardless of her age. These beliefs are sometimes aided by religious or cultural ideas that support such claims.

4.4.6 Distance to service centres

Most social support services are located within the city centre and people staying in far places from the city may not be able to access care due to the distance they may have to travel and the transportation cost they may incur.

4.4.7 Financial constraints

Although the social support services provided by the Government and NGOs are offered for free to victims of CSA, some who may be unable to access them may visit private hospitals for instance for medical care which have some financial implications.

4.4.8 The culture of impunity

It is often said that justice delayed is justice denied. Since the option of bail is available for suspected perpetrators, they may continue to walk freely around while the case continues to drag in the court. Victims seeing such perpetrators, perhaps in the same area may tend to lose faith in the system and often get tired of appearing in the court for further proceedings.

4.4.9 Inadequate shelter

Lagos is a very densely populated city in Nigeria has a housing shortage for its teeming population. Some cases of abuse may require rescuing the victim. In such instances, providing shelter for them after rescue becomes another challenge.

4.4.10 Funds

There are instances where the police may request money from the victims before they can pick up offenders claiming that they need funds for logistics and paperwork. Similarly, more investments are needed to provide more foster homes for rescued victims and to ensure that victims continue to access care while legal actions are facilitated against perpetrators.

4.5 How social support can aid disclosure

This research explored the social support systems available in the study area to identify the key aspects of the system that can promote adult disclosure of CSA experiences. It was found that they relate to the right principles of case management as described as follows;

4.5.1 Confidentiality

Assuring victims that their identities would be protected is very important in promoting disclosure. If victims understand how animosity would be maintained it may help them feel safe to disclose. *“When people are sure that you will not release their information or any information that directly points to them or their activities, they can feel encouraged to disclose”* (Juliet, 2021).

4.5.2 Informed consent

Victims must be allowed to effectively and voluntarily participate in the process even though the service being offered to them may be free of charge. *“We ensure we do not force anything of them and we seek their informed consent at every stage”* (Ayo, 2021).

4.5.3 Respect

The opinions and choices of victims must be respected at all times and there must not be any form of discrimination against the victim regardless of their personal, cultural, religious or sexual choices. And there shouldn't be a bias because of their age, race, gender, etc.

4.5.4 Justice

Government commitment to ensuring that offenders are punished gives confidence to victims that such an act is not condoned in society. *“If victims know that the perpetrators are behind bars, they will ensure others to speak out and assure them that perpetrators will get punished”* (Juliet, 2021). Titilayo (2021) added that *“Justice means getting needed help and ensuring that the perpetrator is brought to book”*.

4.6 The Lagos state social support system

In Lagos State, the social support system is governed by the Child Protection Policy and the implementation of the policy is coordinated by DSVRT, a state government agency under the Lagos State Ministry of Justice. However, there are several organisations, both public and private, that provide social support services to victims of CSA in Lagos State but only 16 of these organisations are duly registered in the directory of the DSVRT as shown in Table 4. The public institutions may further be categorised as federal or state institutions as described below;

4.6.1 Federal Institutions

These are organisations established by the federal government and have central administrative functions coordinated by designated Ministry or Agency of the Federal Government. They operate in the 36 states of the country, including Lagos State. Examples include the Gender Desk office of the Nigerian Police Force that attends to gender-based violence issues, and the National Agency for the Prohibition of Traffic in Person (NAPTIP) which is under the supervision of the Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development. These organizations are funded through the annual budgetary allocations from the federal government for personnel administration and project implementation.

4.6.2 State institutions

The state institutions are organisations established by the Lagos state government and supervised by different state government ministries or agencies. Although the DSVRT is also a state government institution, it has the responsibility for coordinating all efforts on sexual and gender-based violence within the Lagos state as empowered by the Lagos State Child Rights Law (2007). The directory of DSVRT indicated that there are 9 registered state institutions providing one form of social support or the other in Lagos state. State government annual budgetary allocations make provisions for funds to be allocated to these institutions towards the implementation of their programs.

4.6.3 Non-Governmental Organisations

There are several NGOs in Lagos that provide social support services. Some of these include international organisations such as UNICEF. Others include NGOs set up by private individuals or a group of persons such as Mirabel Centre, Child to Child Network, WARIF and WRAHIP. Most of the NGOs rely on funds from donor organisations to support their programs. Sometimes they may have to also explore other fundraising options for sustainability since donor projects are time-bound. The figure below shows the central coordination role of DSVRT among the responder agencies.

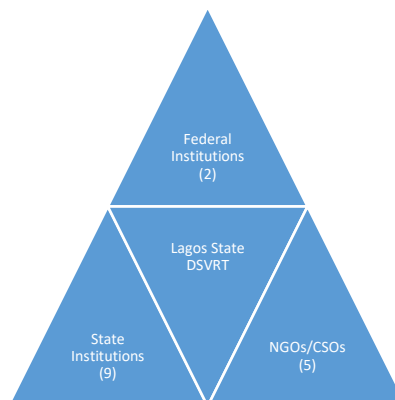


Figure 4.1 Institutional relationship of responders to sexual abuse in Lagos state.

4.7 Domestic and Sexual Violence Response Team support services

This research focuses on assessing the social support system of the DSVRT being the organisation with the institutional mandate for coordinating all efforts of the social support system in Lagos state. Since the success of any organisation depends on the quality of its workforce, the study attempts to explore the capacity of the team at the DSVRT to understand competency issues that may contribute to the achievement of the organisational mandate. The organisation currently has 30 workers, 28 of whom are paid workers in full employment while 2 are volunteer staff. As common to all state government agencies, the minimum requirement for employment in the organisation is a first-degree qualification in relevant fields. However, support staff with lower qualifications like Higher National Diploma (HND), Ordinary National Diploma (OND) and Secondary School Certificate (SSC) can also be employed in positions such as cleaner, driver, etc.

The organisation gets subvention from the state government and donor funding. However, the information about how much funding the organisation has was not disclosed as the respondent claimed they were confidential information. The DSVRT utilize its funds for the implementation of activities such as advocacy, counselling, medical services, legal representation, coordination, training and empowerment. The interaction between DSVRT and the victims often vary depending on the specific situation but may last for as long as the case subsists. These activities are further expatiated below;

4.7.1 Advocacy

In line with the belief that preventive measures are the most efficient ways of addressing sexual abuse, DSVRT partners with community-based organisations to engage primary and secondary school students on the increasing menace of rape through the College Acquaintance Rape Education Workshop. This workshop creates awareness on the issue for students, propagates rape prevention methods and promotes safety consciousness for school students. The organisation also engages in grassroots advocacy targeted at traditional rulers, market women, artisans and religious leaders on what sexual violence entails, its impacts on society and their roles as responders when such acts are reported to them. To reach the middle class, companies are invited for town hall sessions where DSVRT uses these fora to discuss sexual abuse challenges and the need to stop the culture of silence in society. Finally, the use of print and audio-visual media campaigns are adopted to gradually alter society's perception about sexual violence and create awareness for the public on the available services at DSVRT.

4.7.2 Legal representation

DSVRT creates a good working relationship with relevant Divisional police officers across the state so that when cases are reported, they can follow up to ensure that investigation is done and that perpetrator is charged to court where necessary. The organisation also works with a pool of legal professionals through the Lagos Public Interest Law Partnership who help victims to

prosecute the offenders at the court of law and also assign a volunteer to accompany a victim to the police station and the court, if necessary.

4.7.3 Counselling and medical services

DSVRT workforce includes a pool of clinical and child psychologists and therapists who provide cognitive, interpersonal, humanistic, behavioural, and psychodynamic or a combination of these therapy methods towards helping victims of CSA heal and deal with PTSD. When a case of sexual abuse is reported, victims are referred to the primary health care centre for necessary medical examination and treatment where applicable. These health care centres have been equipped with sexual assault evidence collection kits and samples collected are forwarded to the Lagos State DNA forensic centre for analysis. The story of File_2109002 (2021) corroborates this. *“I was abused when I was 18 years as a student at the University of Lagos by a male friend. It was a depressing time but I was eventually able to tell my close female friend after 2 weeks who took me to Mirabel Centre. They counselled me and thereafter took me to the hospital for a check-up. I realized that keeping to myself was damaging to my mental health as I felt so much better after my therapy sessions with the psychologist. Although, I lost touch with the perpetrator and so nothing was done to him but I feel much better myself and was able to move on from the experience after my disclosure”.*

4.7.4 Empowerment

Survivors of sexual violence often remain in abusive relationships if they have no source of income and in cases where their partners are the breadwinners of the family and they may be unable to take care of themselves and their children on their own. Other financial difficulties come from an inability to foot medical bills and legal services. To ameliorate this situation, the Lagos State government through DSVRT pioneered a domestic and sexual violence trust fund to provide necessary financial assistance to victims and their families. The fund helps the victims to access necessary help for free thereby restoring their physical wellbeing and mental health. It also helps to replace lost income of victims who cannot work or those without an income and who are solely dependent on their abusers. The case of File_2109004 comes to mind here. She made the following remarkable statement which points to the need for empowerment. *“I was 7 years the first time I was abused and it continued until I was 13 years. All my abusers were older men who didn't really threaten me but reminded me of how I was going to suffer and not get any help from them again if I told anyone. My first attempt at disclosure was when my sister saw some money with me and asked me for some but I told her to go and sleep with our Uncle if she wanted money”.*

4.7 The gap between cultural norms and state services

This research pointed out a major gap between cultural norms and state services in limiting adult disclosure of CSA. Despite legal backings for voluntary disclosure and the existence of support services, many adults still delay disclosure despite the risk of suffering from posttraumatic stress due to the stereotypes society places on them. For instance, women fear that reporting abuse to state services especially when it is an abuse that happened during childhood may not get any attention or her story may be refuted. There is also the tendency to doubt

her memory and the ability to recall the event accurately. To improve adult disclosure, there will be a need to bridge the gaps existing between the social, cultural and legal fronts.

Besides, some have also chosen not to disclose as cultural norms of protecting men and sexualizing women still put women at risk. Again, there are cases of distrust in the ability of the police systems to adequately protect victims and assure them of care. This gap prevents early disclosure as disclosure is influenced by a level of trust. Overall, it is clear that there are still existing tensions between the social norms, cultural norms and legal standings in terms of promoting adult disclosure of CSA.

Chapter 5 CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The research found that social support plays a key role in helping victims disclose sexual abuse experiences and to overcome the trauma associated with CSA. A comprehensive list of support organizations in the study area and their mandates are provided in Table 4. The support organizations engage both traditional media and social media such as radio jingles, banners and posters, to promote awareness of the available services they offer. Most victims of CSA in the study area became aware of available social support services through contact with any of these campaigns or through a friend.

The study found that victims' perception of social support as a way to deal with traumatic experiences of CSA impact their decisions to engage the services or not. The research revealed that participants in a good trusting relationship with professionals offering support services disclose more than those who are not.

The existing social support services as evaluated using the Social Support Survey Instrument (SSSI) showed some inadequacies in the system. Limitations of the existing system are due to internal and external barriers. Internal barriers such as lack of funding and inadequately trained professionals exist, while cultural hindrances constituting a barrier to the disclosure of CSA thereby undermining social support can be traceable to societal norms, stereotypical mindsets, community pressure.

A major conclusion from the study is that the proper management of a CSA disclosure by a professional creates trust that encourages more disclosure. Other factors contributing to the decision-making process of CSA victims in adult disclosure are the assurance of confidentiality, respect for personal choices, and the possibility of getting justice served to the perpetrator.

The child rights policy in Lagos state has not shown any verifiable influence on adult disclosure of CSA in Lagos. Conversely, there are still increasing cases of sexual violence within the study area. Perhaps, more efforts should be targeted at promoting warning messages to deter offenders or evaluating the mental state of prosecuted offenders to understand the underlining behaviours contributing to sexual offence tendencies. More so, cases of prosecution ought to get more attention to serve as deterrence and give assurance to society that cases of sexual violence are not tolerated in society. For instance, future research could explore the publicity given to prosecuted cases of sexual violence and the link that this may have in curtailing its spread in a location.

5.2 Recommendations

It is recommended that the dissemination of information during awareness campaigns and community outreaches be carefully designed to influence social behavioural change. More attention should be paid to the

introduction of organisations offering social support services through TV and print media to increase the utilization of these services. This may include simplifying laws into pictorial forms and catchy phrases that will enhance clear understanding. The establishment of a youth-friendly social support service centre at the University of Lagos is also recommended where trained and young professionals can build trust with victims towards encouraging disclosure. Availability of hotlines and shortcodes for reporting can thus be very effective in promoting adult disclosure amongst the students.

Health and social workers should be trained regularly on how to handle confidentiality and respect for individuals' privacy which would help to build trust for disclosure. This follows the recommendation that improving services offered by the counselling professions can help to prevent CSA, create awareness as well as psychosocial healings for victims in Nigeria (Okunlola et al., 2020).

Additionally, more funds should be invested in recruitment, training and capacity building of caregivers providing social support to increase institutional capacity and thus prevent ill-handling of cases. The paper also identified child and women empowerment programs as an important element aiding adult disclosure. Empowered women often understand their rights and can help train up their children on how to identify signs of an abuser and report any attempt of abuse.

References

1. Aboul-Hagag, K. E. S., & Hamed, A. F. (2011). Prevalence and pattern of child sexual abuse reported by cross sectional study among the university students, Sohag University, Egypt. *Egyptian Journal of Forensic Sciences*, 2, 86–89.
2. Adeoye-Agboola, D. I., Evans, H., Hewson, D., & Pappas, Y. (2016). Factors influencing HIV disclosure among people living with HIV/AIDS in Nigeria: a systematic review using narrative synthesis and meta-analysis. *Public Health*, 136, 13–28. <https://doi.org/10.1016/j.puhe.2016.02.021>
3. Aina-Pelemo, A. D., Oke, O. A., & Alade, I. T. (2021). Quid pro quo sexual harassment: Comparative study of its occurrences in selected institutions in South-West, Nigeria. *Current Research in Behavioral Sciences*, 2(January), 100031. <https://doi.org/10.1016/j.crbeha.2021.100031>
4. Akinlusi, F. M., Rabi, K. A., Olawepo, T. A., Adewunmi, A. A., Ottun, T. A., & Akinola, O. I. (2014). Sexual assault in Lagos, Nigeria: A five year retrospective review. *BMC Women's Health*, 14(1), 1–7. <https://doi.org/10.1186/1472-6874-14-115>
5. Al-Amer, F. (2011). Reported child sexual abuse in Bahrain: 2000–2009. *Journal of Annals of Saudi Medicine*, 31(4), 376–382. <http://dx.doi.org/10.4103/0256-4947.83218>.
6. Alzoubi, F. A., Ali, R. A., Flah, I. H., & Alnatour, A. (2018). Mothers' knowledge & perception about child sexual abuse in Jordan. *Child Abuse and Neglect*, 75(June 2017), 149–158. <https://doi.org/10.1016/j.chiabu.2017.06.006>
7. Bedford, M. (2014). [Introduction to grounded theory]. *The Journal of Haemophilia Practice*, 59(1), 91–95. <https://doi.org/10.17225/jhp.00004>
8. Boakye, K. E. (2009). Culture and Nondisclosure of Child Sexual Abuse in Ghana: A Theoretical and Empirical Exploration. *Law & Social Inquiry*, 34(4), 951–979. <http://www.jstor.org/stable/40539387>
9. Btoush, M. (2007). Relationship of family violence and psychological tension among abused wives and abused children with some demographic variables unpublished Master's Degree Thesis. Mutah University.
10. 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.

11. Chen, J., Dunne, M., & 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(7), 747–755. China. *Child Abuse Neglect*, 37(9), 623–630.
12. Collins, M. E. (1994). Factors influencing parents' perception and behaviors regarding the threat of sexual abuse. Retrieved from: http://kb.osu.edu/dspace/bitstream/handle/1811/36825/8_Collins_paper.pdf?sequence=1.
13. David, N., Ezechi, O., Wapmuk, A., Gbajabiamila, T., Ohihoin, A., Herbertson, E., & Odeyemi, K. (2018). Child sexual abuse and disclosure in south western Nigeria: A community based study. *African Health Sciences*, 18(2), 199–208. <https://doi.org/10.4314/ahs.v18i2.2>
14. David, N., Ezechi, O., Wapmuk, A., Gbajabiamila, T., Ohihoin, A., Herbertson, E., & Odeyemi, K. (2018). Child sexual abuse and disclosure in south western nigeria: A community based study. *African Health Sciences*, 18(2), 199–208. <https://doi.org/10.4314/ahs.v18i2.2>
15. Draper, B., Pfaff, J. J., Pirkis, J., Snowdon, J., Lautenschlager, N. T., Ian, W., et al. (2008). Long-term effects of childhood abuse on the quality of life and health of older people: results from the depression and early prevention of suicide in general practice project. *American Geriatrics Society*, 56, 262–271. <http://dx.doi.org/101111/j.1532-5415.2007.01537.x>.
16. Elayyan, K. (2007). Violence against children study in Jordan. UNICEF.
17. Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. New York, NY: The Free Press.
18. Haileye, A. (2013). Psychopathological correlates of child sexual abuse: The case of female students in jimma zone: south west Ethiopia. *Ethiopian Journal of Science*, 23(1), 32–38. <http://dx.doi.org/10.1080/10538712.2011.627584>.
19. Ige, O. K., & Fawole, O. I. (2011). Preventing child sexual abuse: parents' perceptions and practices in urban Nigeria. *Journal of Child Sexual Abuse*, 20(6), 695–707.
20. Jonzon, E. (2006). *Child Sexual Abuse – Disclosure , Social Support , and*.
21. Knoll, J. (2010). Teacher sexual misconduct: Grooming patterns and female offenders. *Journal of Child Sexual Abuse*, 19, 371–386.
22. Lalor, K. (2004). Child sexual abuse in sub-Saharan Africa: A literature review. *Child Abuse and Neglect*, 28(4), 439–460. <https://doi.org/10.1016/j.chiabu.2003.07.005>

23. Lovett, B.B. Child Sexual Abuse Disclosure: Maternal Response and Other Variables Impacting the Victim. *Child and Adolescent Social Work Journal* 21, 355–371 (2004).
<https://doi.org/10.1023/B:CASW.0000035221.78729.d6>
24. Mathoma, A. M., Maripe-Perera, D. B., Khumalo, L. P., Mbayi, B. L., & Seloilwe, E. S. (2006). Knowledge and perceptions of parents regarding child sexual abuse in Botswana and Swaziland? *Journal of Pediatric Nursing*, 21(1), 67–72.
25. Mitchell, J. N. (2015). The Role of Social Support in the Disclosure and Recovery Process of Rape Victims. *ProQuest Dissertations and Theses*, 207.
http://search.proquest.com/docview/1674843645?accountid=14553%5Cnhttp://sfx.carli.illinois.edu/sfxuii?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&genre=dissertations+%26+theses&sid=ProQ:ProQuest+Dissertations+%26+Theses+Full+Text&ati
26. Murray LK, Nguyen A, Cohen JA. Child sexual abuse. *Child Adolesc Psychiatr Clin N Am*. 2014 Apr;23(2):321-37. doi: 10.1016/j.chc.2014.01.003. PMID: 24656583; PMCID: PMC4413451.
27. Ng'ondi, Naftali Bernard, 2015. "[Child protection in Tanzania: A dream or nightmare,](#)" [Children and Youth Services Review](#), Elsevier, vol. 55(C), pages 10-17.
28. Ogunyemi, B. (2000). Knowledge and Perception of Child Sexual Abuse in Urban Nigeria: Some Evidence from a Community-Based Project. *African Journal of Reproductive Health*, 4(2), 44.
<https://doi.org/10.2307/3583447>
29. Okoroafor, M., & Clara, N. (2012). Primary prevention knowledge of parents and teachers of Nursery and play group on childhood sexual abuse. *International Journal of Evaluation and Research in Education*, 1(2), 72–78.
30. Okunlola, O., Gesinde, A., Nwabueze, A., & Okojide, A. (2020). Review of Child and Adolescent Sexual Abuse in Nigeria: Implications for 21st Century Counsellors. *Covenant International Journal of Psychology*, 5(1), 71–86. <https://doi.org/10.47231/clmk7148>
31. Paine, M. L., Hansen, D. J., Paine, M. L., & Hansen, D. J. (2002). *DigitalCommons @ University of Nebraska - Lincoln Factors influencing children to self-disclose sexual abuse Factors in fl uencing children to self-disclose sexual abuse. June.*
32. Pullins, L. G., & Jones, J. D. (2006). Parental knowledge of child sexual abuse symptoms? *Journal of Child Sexual Abuse*, 15(4), 1–19.
33. Radford, L. Allnock, D. & Hynes, P. (2015) Preventing and Responding to Child Sexual Abuse and Exploitation : Evidence Review

- New York : UNICEF; Radford, L. Allnock, D. & Hynes, P. (2015) Promising programmes to prevent and respond to child sexual abuse and exploitation, New York: UNICEF
34. Ratrout, S. (2002). Legislation and penalties related to child abuse in the Jordanian society. Jordan River Foundation, Child Protection Program.
 35. Shennaq, S. (2011). Psychological correlation of childhood experience of abuse among university students in Jordan (Unpublished doctoral thesis). Jordan: University of Jordan
 36. Tang, C., & Yan, E. (2004). Intention to participate in child sexual abuse prevention programs: A study of Chinese adults in Hong Kong. *Child Abuse & Neglect*, 28(11). 1187–1197.
 37. Tansey, O. (2007). Methoden der vergleichenden Politik- und Sozialwissenschaft. *Methoden Der Vergleichenden Politik- Und Sozialwissenschaft*, October 2007. <https://doi.org/10.1007/978-3-531-91826-6>
 38. Tener, D., & Murphy, S. B. (2015). Adult Disclosure of Child Sexual Abuse: A Literature Review. *Trauma, Violence, and Abuse*, 16(4), 391-400. <https://doi.org/10.1177/1524838014537906>
 39. Walsh, K., & Brandon, L. (2012). Their children's first educators: Parents' views about child sexual abuse prevention education. *Journal of Child & Family Studies*, 21(5), 734–746. <http://dx.doi.org/10.1007/s10826-011-9526-4>.
 40. WHO (2006). Preventing child maltreatment: a guide to taking action and generating evidence. WHO1–102. http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf.
 41. Zhang, W., Chen, J., Feng, Y., Li, J., Zhao, X., & Luo, X. (2013). Young children's knowledge and skills related to sexual abuse prevention: a pilot study in Beijing,

Appendices

Appendix A – Informed Consent

Appendices 1 Informed Consent

Category: Adult Participants

Information Sheet for the Study “Assessing the role of social support in adult disclosure of child sexual abuse: a case study of undergraduate students at the University of Lagos”

Lead Researcher: Omolara Adams

The objective of the Study

This study intends to assess existing social support services for victims of CSA in the study area, explore the role they play in adult disclosure and understand the limitations of social support for victims of CSA.

How do we proceed?

You will take part in a study which collects information by means of:

- I will ask you some questions while I write your responses in a notebook. Questions that explain what you know about child sexual abuse, society’s perception of it, do victims of sexual abuse get any form of help to heal and many others. After the interview, I will summarize for you what I have recorded.
- I will then organize the responses and complete sentences I might have not completed.
- I will read your responses, together with other participants’ responses who are participating in the study, then make a report of major issues that have been shared.
- Your name will not appear anywhere in the report.
- I will share the findings with relevant offices, starting with the local leaders to the national level in Nigeria. In so doing, the different responsible people can rethink and improve how they handle cases of child sexual abuse. The findings are also part of my MBA program and I will share the findings at my University, The International Institute of Social Studies, Erasmus University Rotterdam.

Potential Risks and Inconveniences

- There are no physical, legal or economic risks associated with your participation in this study. However, I may ask you questions during this study which may be personal due to the sensitive nature of the subject. I only ask these questions in the interest of the study. However, you don't need to answer any questions which you are not comfortable to answer. You are taking part on a voluntary basis and can stop whenever you want to. The discussion will last about one hour.

Payment

You will not receive any financial gains by taking part in this study, but your participation will be rewarding to your community by having a better understanding of Child Sexual Abuse and how to handle them. In the end, responsible stakeholders will have the required information to plan better for young people in your community and country as a whole.

Confidentiality of Information

We will do everything we can to protect your privacy as much as possible. Confidential information or personal data relating to you will not be publicised in any way; no one will be able to trace this information/data back to you since we are not going to associate findings with your name.

The information collected from you will only be used by researchers within the same area of research at the Erasmus University. It will only be used for studies in other areas of research if you consent to this in the Consent Form. You can therefore choose to have your information used only within the same area of research or beyond. Your information will be pseudonymised as much as possible and your data will be rendered anonymous as much as possible before our research data is publicised. We can only do otherwise if you expressly consent to state your name in our Consent Form.

We will render data anonymous or use pseudonyms in publications. The sound recordings, forms, pictures, drawings and other documents which will be made or collected for the purpose of this study will be stored in a safe location at the Erasmus University Rotterdam and on the researchers' secured (encrypted) data carriers. The research data will be retained for a period of 10 year(s). The data will be deleted or rendered anonymous by the end of this period so that it can no longer be traced back to anyone.

If necessary, the research data will be made available to persons outside the research group (e.g. to monitor scientific integrity) and only in anonymous form. It can also be made available to relevant programmers and policy makers in Nigeria when need arises.

Finally, this study will be assessed and approved by the Ethics Committee of the International Institute of Social Studies Erasmus University. As a study participant, you have a right to access the Ethical clearance certificate to verify if the study has adhered to Government requirements.

Voluntary Basis

Participation in this study is completely voluntary. As a participant, you can pull out of the study at any time or, without stating reasons, withdraw your permission for the use of your information in the study. If you decide to pull out from the study, this will not have any adverse consequences for you or any other benefits that will accrue out of this study.

If you decide to pull out of the study, the information you submitted before you withdrew permission will be used for the study.

If you wish to pull out of the study, or have any questions and/or complaints, please contact the research leader on Telephone: +2347062564811, Email:

This study will be carried out by the International Institute of Social Studies of Erasmus University Rotterdam (EUR). If you have any specific questions regarding the handling of personal data, you can also submit these to EUR's Data Protection Officer by sending an email to fg@eur.nl. You also have the right to lodge a complaint with the Dutch Data Protection Authority and with the Federal Ministry of Science and Technology of The Government of Nigeria.

Finally, you have the right to submit a request to access, change, delete or modify your data. You can do so by going to <https://www.eur.nl/disclaimer/privacy-statement> and submitting your request via the link of the Electronic Service Desk.

By signing this Consent Form, I acknowledge the following:

1. A separate information sheet has told me everything I need to know about the study. I have read the information sheet and have been given the opportunity to ask questions. These questions have been answered sufficiently.
2. I am taking part in this study voluntarily. I am not under any explicit or implicit pressure to take part in this study. It is clear to me that I can pull out of the study at any time, without stating reasons. I don't have to answer a question if I don't want to.

In addition to the above, it is possible to give consent for specific components of the study below. You can choose to give or withhold consent per component. If you wish to give blanket consent, you can tick the last box below the assertions for this purpose.

NO YES

3. I hereby consent to having the data collected during the study processed in the manner stated in the enclosed information sheet. This consent therefore also applies to processing data regarding my health, religion, culture, education, age and marital status.

4. I hereby consent to having (sound/video) recordings made during the interview and to having my answers transcribed.

5. I hereby consent to having my answers quoted in research publications.

6. I hereby consent to having my actual name stated with the quotes referred to above.

7. I hereby consent to having my research data stored and used for educational purposes and for future research by ISS in other areas of research.

8. I hereby consent to having my data used for planning including for policy purposes by relevant Government bodies of the Federal Republic of Nigeria

I hereby consent to all that has been set out above.

Name of the participant:

Name of the researcher:

Signature/Thumbprint:

Signature:

Date:

Date:

Appendix B – Interview Questions for Different Target Groups

Appendices 2 Interview Questions for Different Target Groups

Volunteer Informant

Hello, my name is Omolara Adams, an MA student at the International Institute of Social Studies, in the Netherlands. I am currently carrying out my thesis research on “*Assessing the role of social support in adult disclosure of child sexual abuse: a case study of undergraduate students at the University of Lagos*”.

The goal of this research is to assess existing social support services for victims of CSA in the study area, understand the role they play in adult disclosure and document the limitations that social support for victims of CSA in the study area may have.

In more detail, I am interested in finding answers to the following specific research questions:

- How do victims of CSA become aware of social support? And what perceptions do they have of them?
- How does the victim’s perception affect their decisions to engage in social support?
- What factors relating to the social support system contributes to the decision-making process of disclosure for victims of CSA?
- How effective and efficient are the existing social supports for victims of CSA in the case study area?
- What are the limitations of social support for victims of CSA?

Many thanks for your attention and assistance.



1. Bio:

Could you kindly provide the following preliminary information, please?

- How old are you?
- Are you a male or a female?
- Are you a student or do you work?
- Where do you school or work?

2. About your place of work (for workers):

Could you kindly provide the following information about your organization?

- What is the mandate of your organization?
- Is there any legislation or law that established your organization?
- How does the Child Rights Act apply to your organization?
- What major activities are peculiar to your organization targeted towards curbing child sexual abuse?

3. Here are some general statements on child sexual abuse. Do you agree or disagree with these statements?

- a) Some children are sexually abused by older children.
- b) Most people who sexually abuse children do not belong to the child's family.
- c) Most of the time children are sexually abused when they are alone, at night, and outside their home.
- d) Only girls are victims of sexual abuse.
- e) Sexually abused boys are usually not homosexual.
- f) Children from reputable families are not victims of sexual abuse.
- g) Children who report being victims of sexual abuse are not necessarily placed in foster care following these revelations.
- h) Few children are victims of sexual abuse.
- i) Only young children are victims of sexual abuse.
- j) Boys are not sexually abused.
- k) A majority of sexual abuse perpetrators are retarded or mentally ill.
- l) Even if one lets a year go by before talking about a sexual abuse situation, it is still possible to do something about it.
- m) In sexual abuse cases, the child him/herself is never responsible.
- n) Some organizations provide social support to victims of sexual abuse to help them heal or get justice.

4. The following interview questions are only for those willing to share their experience on CSA. Remember you may decide which question to answer, and you are at will to opt-out any time.

- a) Have your parents ever talked to you about child sexual abuse?
- b) Which of your parents?
- c) Did they explain that children may be sexually abused by family members or family friends?
- d) Did they tell you to let an adult know if it happened to you?
- e) Were you ever told about sexual abuse at school or in a play, a movie or in church?
- f) Were you told about sexual abuse somewhere else (i.e., outside school or home)?
- g) If so, who told you?
- h) Were you ever told about any organization providing social support to victims of sexual abuse?
- i) If so, who told you and which organization(s) was/were mentioned?

5. Has an adult or an older child ever abused you when you were a Child?

6. If you answered 'Yes' in Question 5, please answer the following questions with the situation that affected you the most in mind.

- a. How old were you when it happened the first time?
- b. Are you still subjected presently to any of these situations?
- c. If not, how old were you the last time it happened to you?
- d. At that time it happened, did you feel in any of these ways....
 - I. Threatened or in danger?
 - II. Unable to say no out of embarrassment/shame/fear?

- III. Forced to go along for other reasons?
 - IV. Neither forced nor threatened?
 - V. Were you ever subjected to physical abuse?
 - VI. Were you able to avoid the situations e.g. by refusing to go along, running away, etc.?
 - VII. What was the gender of the person who got you in this (these) situation/s.
 - VIII. How old would you say s/he was (or they were)?
7. **Was this person (or these people) a.... (*several answers possible*)**
- Stranger
 - Baby-sitter
 - Family friend
 - Neighbour
 - Teacher
 - Instructor
 - Peer
 - Father or mother
 - Stepfather or stepmother
 - Mother's or father's friend
 - Brother or sister
 - Half-brother or half sister
 - Uncle or aunt
 - Grandfather or grandmother
 - Someone else (can you specify without mentioning the person's name)
8. **Did you ever talk to anyone about this (or these) events?**
9. **If you did, which of these happened?**
- I was helped
 - I was believed
 - Nothing changed
 - I asked that it be kept secret
 - I asked that nothing be done
 - Others (please specify)
10. **Who did you talk to about this (or these) event/s? (*several answers possible*)**
- Father
 - Mother
 - Brother or sister
 - Grandparent/s
 - Other family member
 - Teacher/Lecturer/Instructor

- School Nurse/Doctor
- Friend
- Pastor/Imam
- Another person outside the family (specify without providing a name).

11. After disclosing your experience to the person in Question 10 above, what kind(s) of help did you receive?

- I was taken to the hospital
- I was taken to the police station
- I was introduced to a Lawyer
- I was taken to a psychologist
- Others (please specify)

12. What actions did this person take and how did you feel about it?

13. What was done to the person who committed this offence?

If you wish, please add other comments.



This is the end of the interview session.

Thank you once again for your help. Please let me know at any time if you have any other information you like to share that can contribute to this research.

I can be reached at the email/phone number below.

Case Study Key Informant/Stakeholder

Hello, my name is Omolara Adams, an MA student at the International Institute of Social Studies, in the Netherlands. I am currently carrying out my thesis research on “*Assessing the role of social support in adult disclosure of child sexual abuse: a case study of undergraduate students at the University of Lagos*”.

The goal of this research is to assess existing social support services for victims of CSA in the study area, understand the role they play in adult disclosure and document the limitations that social support for victims of CSA in the study area may have.

In more detail, I am interested in finding answers to the following specific research questions:

- How do victims of CSA become aware of social support? And what perceptions do they have of them?
- How does the victim’s perception affect their decisions to engage in social support?
- What factors relating to the social support system contributes to the decision-making process of disclosure for victims of CSA?

- How effective and efficient are the existing social supports for victims of CSA in the case study area?
- What are the limitations of social support for victims of CSA?

Many thanks for your attention and assistance.

.....

14. Bio:

Could you kindly provide the following preliminary information, please?

- How old are you?
- Are you a male or a female?
- Are you a student or do you work?
- Where do you school or work?

15. About your place of work (for workers):

Could you kindly provide the following information about your organization?

- What is the mandate of your organization?
- Is there any legislation or law that established your organization?
- How does the Child Rights Act apply to your organization?
- What major activities are peculiar to your organization targeted towards curbing child sexual abuse?

16. Here are some general statements on child sexual abuse. Do you agree or disagree with these statements? Please explain.

- o) Some children are sexually abused by older children.
- p) Most people who sexually abuse children do not belong to the child's family.
- q) Most of the time children are sexually abused when they are alone, at night, and outside their home.
- r) Only girls are victims of sexual abuse.
- s) Sexually abused boys are usually not homosexual.
- t) Children from reputable families are not victims of sexual abuse.
- u) Children who report being victims of sexual abuse are not necessarily placed in foster care following these revelations.
- v) Few children are victims of sexual abuse.
- w) Only young children are victims of sexual abuse.
- x) Boys are not sexually abused.
- y) A majority of sexual abuse perpetrators are retarded or mentally ill.
- z) Even if one lets a year go by before talking about a sexual abuse situation, it is still possible to do something about it.
- aa) In sexual abuse cases, the child him/herself is never responsible.
- bb) Some organizations provide social support to victims of sexual abuse to help them heal or get justice.

17. Evaluating the impact of social support services for CSA victims.

- a) What kinds of support services are available to victims of CSA in Lagos?
- b) How do victims of CSA become aware of these available social support services?
- c) What perceptions do victims generally have about these services?
- d) How well do victims engage in these services?
- e) What usually happens when victims disclose their experiences?
- f) Do victims ever heal up completely from their experiences?
- g) How do victims eventually heal up from their experiences?
- h) What aspect of social support services can encourage disclosure?
- i) What are the current limitations social support have in Lagos State?
- j) What factors can improve the status of social support services in the state?