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Associations between childhood experience of emotional violence, socioeconomic and socio-normative factors, and childhood experience of sexual violence in Nigeria.

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An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in the Hubert Department of Global Health
2019

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Abstract

Introduction: Sexual violence against children remains a global public health issue that has received attention from policymakers around the world. In Nigeria, about 1 in 4 girls and 1 in 10 boys experience sexual violence before the age of 18.¹

Objective: The aim of this study is to explore associations between factors within a child's socio-ecologic environment in Nigeria and sexual violence against children.

Methods: This study used a sequential exploratory mixed method approach to assess associations between childhood experience of emotional violence, parental presence (social factor) and gender attitudes (GA); both combined and assessed as a socio-normative factor (SNF); work, sexual exploitation and education (combined as a socio-economic factor (SESF)) and experience of any form of sexual violence against children involving contact (cSV). SAS statistical software - 9.4 (Cary, NC) was used to analyze the secondary data from the Violence Against Children Survey (VACS) in this study. VACS is a nationally representative cross-sectional study of 4203 participants. Respondents were 1766 females and 2437 male individuals aged 13 to 24 years. Children were defined as individuals below 18 years of age. A chi-square test of association and logistic regression was conducted.

Results: Findings in this study show that the experience of CSV differed significantly between females and males (34% and 20%, respectively) and the odds of females experiencing cSV was 2.293 times more likely than males. This is contextualized using quotes from the Key Informant Interviews (KIIs) that explains the role that resources, stigma, shame, relationships and silence play in sustaining practices that are associated with CSV in Nigeria. This study showed that social and gender norms, as well as emotional violence, are associated with sexual violence against children, especially girls in Nigeria.

Conclusion: There is a need to further research the ways in which these social and gendered norms and emotional violence predisposes children to sexual violence. It is also important to create a sustainable social protection system, provide efficient legal systems and a safe social environment for children to live and grow in Nigeria.

KEYWORDS

Africa; gender-based violence; childhood violence; sexual violence; qualitative and quantitative methods; Nigeria; violence prevention; mixed methods

¹ (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016).

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Acknowledgments

Thank you to all the key informants who were so enthusiastic to give me their uncensored opinions about childhood sexual violence and for their time. To all the children victims/survivors of childhood sexual violence, your silence is a reminder of the insensitivities of the world we live and a motivation for us to keep doing the work we do to make a change.

Many thanks to Professor Vincent Marconi for your unflinching support, encouragement, and advice. Flavia and Angela, your support and encouragement are deeply appreciated. To my family and friends, I cannot mention you all but you made this possible and I am grateful for your support.

My thanks to the PEO sisters, the gift of the International Peace Scholar Scholarship made this dream come true. To the North Carolina chapter, your support, and encouragement as a chapter and individually on this MPH journey, is truly amazing. I will always remember your wonderful notes, gifts, and cards. And, even though I haven't met you, your warmth and love lighted my world.

Remembering you Professor Philip Brachman, I still remember your golden words of wisdom!

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Abbreviations

CDC-Centre for Disease Control

CSV- Childhood sexual violence

CSA- Childhood sexual abuse

cSV- Contact sexual violence

CSO- Civil Society Organization

EVhistory- Emotional violence history

GA- Gender attitudes

IRB- Institutional Review Board

KII- Key Informant Interview

PHI- Personal Health Information

PHC- Primary Health Centre

SESF- Socio-economic Factor

SNF-Socio-Normative factor

National Population Commission, Nigeria- NPoPC

VAC- Violence Against Children Surveys

PLW- Living with a parent

CHAPTER I

Introduction and rationale

A 2012 World Health Organization (WHO) sexual violence around the world report, defined sexual violence as, “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” (Krug EG et al., 2002, p.149). The perpetration of sexual violence against children remains a global health issue (Krug, Mercy, Dahlberg, & Zwi, 2002). The high prevalence of sexual violence against children prompts policymakers to develop policies and laws aimed at addressing sexual violence against children. Despite these efforts, sexual violence against children remains pervasive. The World Health Organization (WHO) describes sexual violence as an epidemic, stating that in some countries close to “one-third of adolescent girls report their first sexual experience as being forced” (Krug EG et al., 2002, p.149). The perpetuation of sexual violence against children² thus, remains a global health issue (Ige & Fawole, 2012; Krug, Mercy, Dahlberg, & Zwi, 2002; (Krug EG et al., 2002; Lalor, 2004; Ogunyemi, 2000; Olusanya, Ogbemi, Unuigbe, & Oronsaye, 1986; Omorodion & Olusanya, 1998; Sumner et al., 2016). Although across the world and in Africa, policies and laws have been revised and bills ratified, poor reporting, silence by survivors, and poor redress systems, remain barriers to adequately address childhood sexual violence (CSV), both at local and global levels (Boudreau, Kress, Rochat, & Yount, 2018; Kilonzo et al., 2009). These barriers are influenced by culture, attitudes, and perceptions around sexual violence which make it difficult to ascertain specific drivers of sexual violence against children (Jewkes & Abrahams, 2002; Korbin, 1991; Sanday,

² In this study, I will use sexual violence against children and childhood sexual violence (CSV) interchangeably to mean the same thing.

1981). Studies also show that various forms of violence observed in societies are as a result of their social and cultural practices (Boakye, 2009; Jewkes, 2007; Last, 2000; Wood, Lambert & Herman, 1981; Burt, 1980). In Nigeria, the apathetic policing and alternative legal systems are suggested hinderances to response to CSV through adjudication by the law of sexual violence crimes. Furthermore, due to poor financing of comprehensive care and protective systems for children and adolescents, access to sexual violence-specific healthcare for victims of assault is inadequate (Akinlusi et al., 2014; Akinade, Adewuyi, & Sulaiman, 2010; Ige & Fawole, 2012). In Africa, children and adolescents depend on social networks such as family and community to thrive since social protection systems are either poor or non-existent. (Jewkes et al., 2002). Thus, utilizing the social impact theory and the socio-ecologic model in this study, helps in understanding how a child's social environment, experience, decisions, and actions are influenced by factors such as the importance of the group to the child, the closeness to him/her, and the size of the group (Aronson, Wilson, & Akert, 2005). This theory and model enable an exploration of the social influence of relationships within social networks such as family, community, and society in which children are socialized and *belong* and can suggest how interactions within these social environments influence the child's experience of sexual violence.

CHAPTER II

Background and Literature review

Nigeria provides a rich site, within West Africa, for the study of sexual violence against children due to its multi-cultural, ethnic, and religious diversity, as well as its political and socio-economic (rural/urban; conflict/non-conflict) dynamics. The Nigerian population is 140,431,790; it is the 7th most populous country in the world, with four out of every ten Africans being Nigerian (“What do you think of Nigeria?” BBC News, 2006). Forty-two percent of Nigeria’s population is aged between 0-14 years (United States Library of Congress, 2008). Numerous studies, surveys (National Demographic Health Survey), and research on violence indicate that sexual violence is pervasive in Nigeria, although a specific national database for collation of sexual violence data in Nigeria does not exist. Studies related to childhood sexual violence in Nigeria, mostly institutionally based (at hospitals, legal institutions or schools), report that victims of sexual violence in Nigeria were mostly children under the age of 18 (Akinlusi, Rabi, Olawepo, Adewunmi, Ottun, & Akinola, 2014; Ige & Fawole, 2012; Akhiwu, Umanah, & Olueddo, 2013). Victims of sexual abuse were also vulnerable, for example, particularly, widows (Akanle, 2011) and orphans (Ige & Fawole, 2012), others scholars emphasize that vulnerability is also due on other societal factors (J. Nichols et al., 2014).

The Violence Against Children Survey (VACS) conducted in 2014 in Nigeria reveals that 24.8% of girls and 10.8% of boys are sexually abused by familiar perpetrators. VACS participants, females 48% and males 55% reported that their first incidence of CSV occurred between 16-17 years. Approximately one-third of females who experienced CSV before age 18, had their first incident between 14 and 15, and about 29% of all male participants had

their first incident at age 13 years and below. The report also showed that among 13-17-year old participants, 55.9% of females and 57.8% of males believe females should tolerate violence to keep her family together. Females not adhering to gendered sexual norms was cited by males as the second most common reason for a husband to beat his wife (15.1% among 18-24-year old; 16.8% among 13-17-year old). Physical violence against children within the Nigerian population is also higher for males compared to females (50% and 52% for girls and boys respectively).

Furthermore, the National Demographic Health Survey in Nigeria in 2014 show that domestic violence in Nigeria is high; 30% of women 15 years and above have experienced physical violence since age 15, and 7% have experienced sexual violence. Moreover, 25% of ever-married women report that they have experienced physical, sexual, or emotional violence by their husband/partner (National Population Commission [Nigeria] and ICF International, 2014). Also, 35% of women and 25% of men believe that wife beating is justified for non-conformity to assigned gender roles. The 'Gender in Nigeria', National Demographic Health Survey (NDHS, 2014) in Nigeria, report substantiates this showing that only 31% of women who have ever experienced physical or sexual violence have sought help to stop the violence, and greater than 70% of women who sought help to stop violence used family mediation processes (Macro & Commission, 2014; National Population Commission of Nigeria, 2016). Recent studies also show that there is under-reporting of incidences of sexualized violence in Nigeria using the medico-legal system and reported childhood sexual violence are mainly those associated with trauma (Ige & Fawole, 2012; Ige & Fawole, 2011). The findings in both the VACS and the NDHS corroborates studies that show that in certain male-dominated environments, males are socialized to manifest masculinity through violence (James-Hawkins, Salazar, Hennink, Ha, & Yount, 2016; Yount

et al., 2016; Yount et al., 2014). Studies have also shown the critical impact of colonization on masculinity in Africa. The history of masculinities in most African countries, “is directly marked by the colonial conquests which altered their forms (Hodgson 1999), particularly by destabilizing existing power systems and weakening the power of the elders (Rich 2009; McCullers 2011), or more widely through the subordination of black men” (Broqua & Doquet, 2013, p. 3). In some cultures, certain forms of physical engagements are symbolic acts that demonstrate “virtues” of strength and as such children are groomed in line with those practices. For example, in the Fulani culture in Nigeria and parts of sub-Saharan Africa, there is a practice called “sharo,” where manhood initiation rites and the choice of brides occur in a ritual that entails being flogged or whipped (Sounon, et al. 2012).

It is, therefore, important to note the gendered nature of these experiences, and numerous studies show that the family is the institution through which children are exposed to ideas about gender relations, normative masculinities, normative femininities, and violence (Hearn, 1998; Hearn, 1999; James-Hawkins, 2016; Yount et al., 2015). Furthermore, the deeply gendered socialization of children in families is shown to perpetuate violence against women (Hearn, 1998, 1999; James-Hawkins et al., 2016; Yount et al., 2015). Hearn, therefore, argues that children groomed in these deeply gendered and hierarchical spaces consider violence as part of *normal* family relations (Hearn, 1998; Hearn, 1999). Subsequently, boys learn violent behaviors through their experience of violence by senior men and observing domineering male behaviors that encourage violence against women (James-Hawkins, 2016; Yount et al., 2014). Even though these studies have contributed immensely to the understandings of socialization and violence within families, there is still a gap in understanding what constitutes violence from the perspectives of the cultures being studied. This kind of research is important because it can demonstrate how relationships of power

are maintained through socialized norms and the way power relations govern how structures are maintained in all societies. Definitions of violence in relation to child discipline are, therefore, contextual in different settings and need to be explored and understood within those specific contexts that address its social, physical, emotional, and economic impact (Durrant, 2008; Crouch & Behl, 2001; Pinheiro, 2006).

Thus, males are expected to demonstrate their masculinity by exerting power and control through physical violence. Consequently, children perceive violence as normal within relationships particularly when it occurs among familiar persons (Singleton, Winskell, McLeod, et al., 2018; Winskell, Hill, & Obyerodhyambo, 2011; Yount et al., 2016).

Current domestic and global policy-making attention emphasizes increasing the reporting rate of offenders using the medico-legal system (Krug, 2002; Richter, Richter, Dawes, & Higson-Smith, (Eds.), 2004). Despite these concerted efforts to increase reporting rates for childhood sexual violence, reporting rates remain poor. This has been attributed to factors such as familiarity with the perpetrator, intra-familial perpetrator, community gender norms (Boudreau, Kress, Rochat, & Yount, 2018; Jewkes, Penn-Kekana, & Rose-Junius, 2005). Finkelhor (2009) asserts that offender management and school-based education programs/initiatives though widely approved by the public and policymakers have shown little evidence of being effective in preventing childhood sexual abuse. Examples of offender management initiatives referenced by Finkelhor include registering sex offenders, notifying communities about their presence, conducting background employment checks, controlling where offenders live and imposing longer prison sentences. While these initiatives serve as checks, Finkelhor argues that these initiatives characterize sexual abusers as ‘pedophiles, strangers who prey on children in public and easy access environments’ and often high risk-

repeat offenders (ibid). Finkelhor asserts that this stereotype does not represent sexual abusers' true characteristics who are in fact familiar perpetrators (ibid). Moreover, studies indicate that convictions for sexual abuse of younger children were poor due to inadequate 'verbal evidence and effectiveness of victim's testimony' (Jong & Rose, 1991). These findings suggest the need to explore the associations of emotional abuse and occurrence of sexual violence particularly in cases where familiar persons are the perpetrator and this familial relationship may be the reason for the failure to report sexual abuse. Furthermore, due to the possibilities of emotional connections between victims and familiar perpetrators, it is necessary to recognize that emotional connections are not devoid of the exercise of power (Furman & Buhrmester, 1985) as in the case of childhood sexual violence survivors. Therefore, making the associations between emotional violence and childhood sexual violence is vital to designing appropriate and effective help-seeking initiatives/interventions and needs to be further explored. Studies have also shown that emotional relationships are vital components of social networks and power relations (Furman, & Buhrmester, 1985; Marano, 2014), particularly between children and adults. Furthermore, the social-emotional norms within social networks determine an individual's experience of social belonging which is important for self-esteem and wellbeing and influence the individual's decisions and actions (Aronson, Wilson, & Akert, 2004; Cohen, 2006; Davis, 2003).

In a review of the literature, however, childhood sexual violence interventions and research have been shown to occur mostly in clinical settings, schools or legal institutional settings (Jong & Rose, 1991) with little research or interventions at the household or community levels. These studies examined the association of childhood exposures to physical and sexual violence and later manifestations of major psychological and personality disorders in adult life such as social and interpersonal relationship problems, greater sexual

dissatisfaction, high-risk sexual behavior, and a greater tendency toward revictimization through adult sexual assault and physical partner violence (Polusny & Follette, 1995); Beitchman, et. al., 1992; Beitchman et al., 1992; Browne & Finkelhor, 1986; Finkelhor & Browne, 1985). Presently, little studies show the economic cost of childhood violence, as it relates to hospitalizations and adverse health outcomes and there is a need to focus on childhood sexual violence research in settings other than formal institutions such as homes and communities which are also part of an individual's socio-ecologic environment. This type of research is important for providing context because familiar spaces are where childhood socialization processes begin and where emotional, social interactions and attachments and values are developed and resources for thriving are acquired.

Studies have, therefore, shown that the odds of experiencing childhood sexual violence is highly associated with poverty (Miller, Chiang, & Hollis, 2018; Ogwumike & Ozughalu, 2018; Olusanya, Ogbemi, Unuigbo, & Oronsaye, 1986; Omorodion & Olusanya, 1998), orphanhood (Kidman, & Palermo, 2016), if they lack a strong relationship with their mother (Ramashwar, 2011) with childhood sexual violence. For example, a recent study, based on evidence from thirteen countries in sub-Saharan Africa, shows the relationship between parental presence and childhood sexual violence. The study also asserts that orphans are more likely to be sexually victimized during childhood and suggest that the 'lack of a father in the home (due to death or absence) places girls at heightened risk for childhood sexual abuse' (Kidman, & Palermo, 2016: 172). These authors still encourage more studies to establish the vulnerability pathways for these findings. Likewise, childhood sexual violence scholars assert that the persistence of childhood sexual violence prompts the need for a deeper analysis of associated factors, contextual meanings and understandings of childhood sexual violence as a way of identifying root causes of the problem and finding better

interventional solutions (McCartan, Kemshall, & Tabachnick, 2015; Finkelhor, 2009; Jewkes et al. 2015, Hawkins).

Problem Statement - Nigerian Context

Research findings show that understanding and perceptions of violence by children are based on values and norms in which they are socialized, and numerous studies show that children socialized within environments where adult intimate partner violence occur are vulnerable to experiencing or perpetrating violence, sexual inclusive (Glowacz, Goblet, & Courtain, 2018; James-Hawkins et al., 2016; Last, 2000; Levinson, 1989; Moore, Madise, & Awusabo-Asare, 2012; Singleton, Winskell, Nkambule-Vilakati, Sabben, & Medicine, 2018; Twum-Danso, 2010; Kate Wood, Lambert, & Jewkes, 2007; Katharine Wood, Maforah, & Jewkes, 1998). The VACS in Nigeria, reports that various forms of violence against children is normative in settings such as families/homes, schools and familiar environments (usually considered as *safe havens*). The 2014 VACS result also show that in recent years, there is yet to be a demonstrable positive impact on reporting patterns of sexual violence incidences, despite increasing efforts at awareness creation and promotion of medico-legal interventions with the aim of reducing sexual violence against children in Nigeria.

Purpose statement

This study will analyze the associations of factors in a child's individual, familial, communal and societal experiences with childhood sexual violence using the socio-ecologic model as the analytic framework (Dahlberg LL, Krug EG., 2002; Bronfenbrenner, 1989). It will do so by applying a sequential exploratory mixed-method approach to explore the associations between factors such as emotional violence, social relationships, socio-economic factors, and

gender norms/attitudes with experience of childhood sexual violence. This analysis will culminate in a conceptual framework for childhood sexual violence in Nigeria.

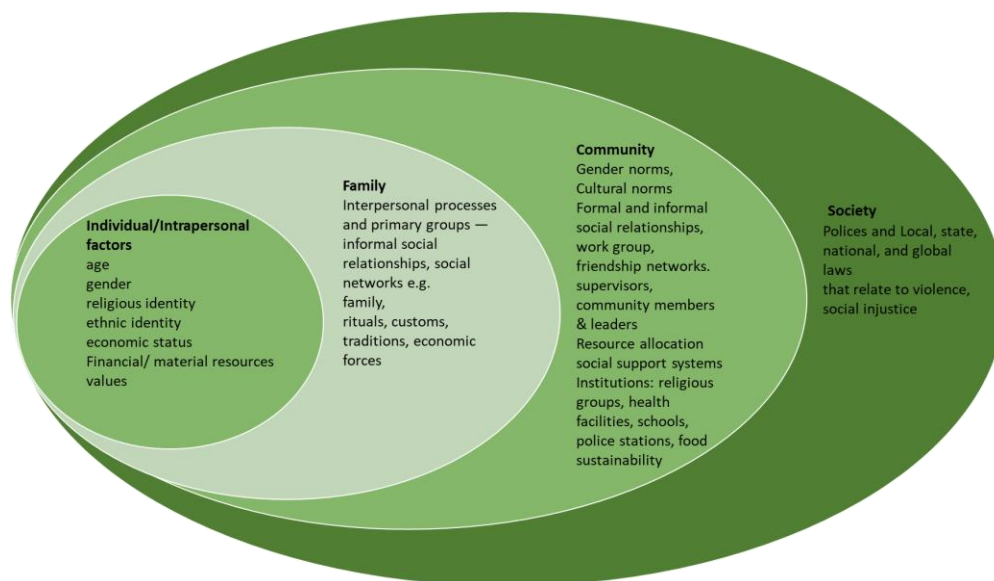
Significance Statement

This study's analysis of the associations of factors in a child's individual, familial, communal and societal experiences with childhood sexual violence using the socio-ecologic model, will ultimately provide insights into the complex interplay between individual, dyadic relationship, community, and societal factors by explaining how social relations and the need for 'belonging' enable or dis-enable current childhood sexual violence intervention efforts. Currently, there is sparse research in this area.

The sense of belonging is defined as the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment (Hagerty, Lynch-Sauer, Patuskay, Bouwsema, & Collier, 1992). Social belonging in the context of this study is, therefore, the emotional, social and economic experiences and factors that create a sense of identity and relationships with others, particularly between children and/or adolescents, family, community and the society within which they live. Although several studies have established the associations between discreet factors such as socioeconomic status, physical violence and sexual violence (Miller, Chiang & Hollis, 2018), the complexity of these interactions has been difficult to validate. Scholars have suggested the need to determine the complex associations of emotional violence, socio-economic and social relationships, normative factors and sexual violence (Vogel, Moser, Kasperson, & Dabelko, 2007). This study used a mixed method approach to demonstrate

social belonging as a pathway for determining vulnerability to sexual violence, through a set of associations (emotional violence, socio-normative factors, and socio-economic factors).

Figure 1: **Socio-ecologic model**



Adapted from McLeroy, K. R., Steckler, A., and Bibeau, D. (Eds.) (1988).³

The theoretical framework for this study is based on the socio-ecologic model (see fig.1) which asserts that several factors associated with individual, familial, communal, and societal factors, such as norms, policies, and laws predispose children to sexual abuse and promote non-disclosure (Shearer-Creman, 2004; Singleton, Winskell, Nkambule-Vilakati, Sabben, & Medicine, 2018; Wood, Lambert, & Jewkes, 2007; Yount et al., 2016; Yount et al., 2014). Studies have also shown that children are not a homogeneous group and that children's lived

³Adapted from McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988). The social ecology of health promotion interventions. *Health Education Quarterly*, 15(4):351-377. Retrieved May 1, 2012, from http://tamhsc.academia.edu/KennethMcLeroy/Papers/81901/An_Ecological_Perspective_on_Health_Promotion_Programs. and WHO 2018, *The Ecological framework*, Violence Prevention Alliance. Available from <http://www.who.int/violenceprevention/approach/ecology/en/>.

experiences and vulnerabilities can be based on many factors associated with their individual and social environment (Corrales et al., 2016; James, Jenks, & Prout, 1998). This study uses qualitative research to identify and understand how the need for “social belonging” within the social networks of their family, community, and society makes children vulnerable to sexual violence.⁴ It also uses quantitative data to test for associations between socio-economic factors, social relationships, gender norms, experiences of emotional violence and childhood sexual violence.

Research Questions

The qualitative research questions are:

- How is CSV understood or perceived in the community?
- How do relationships influence the experiences of CSV in the community?
- How do the socio-ecologic determinants explain the findings from the statistical tests using the KII?

The quantitative study guiding questions are:

- Is there an association between childhood experience of emotional violence and childhood sexual violence in Nigeria?
- Is there an association between socio-economic factors and childhood sexual violence in Nigeria?

⁴ for abbreviations see pages viii

- Are socio-normative factors (parental presence and gender sexual norms attitudes) associated with the experience of childhood sexual violence in Nigeria?
- Are there significant differences in odds of experiencing childhood sexual violence in relation to the demographic status of a child in Nigeria?

This project, therefore, explores two hypotheses as follows:

- H0: Childhood emotional violence is not associated with sexual violence (contact) in Nigeria.
- Ha: Childhood emotional violence is associated with sexual violence (contact) in Nigeria.
- H0: Childhood sexual violence (contact) vulnerability is not associated with socio-economic and socio-normative factors in Nigeria
- Ha: Childhood sexual violence (contact) is associated with socio-economic and socio-normative factors in Nigeria

Definition of terms

The VACS study in Nigeria elicited from all respondents a history of a lifetime and past 12 months' experiences with violence (physical, emotional, and sexual violence), based on WHO definitions (Krug et al. 2002; World Health Organization 1999).

Sexual violence: including all forms of sexual abuse and sexual exploitation of children. This encompasses a range of acts, including completed nonconsensual sex acts (i.e., rape), attempted non-consensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual

harassment) (National Population Commission of Nigeria [NPoC], UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention (US CDC), 2016).

Emotion: a mental state variously associated with thoughts, feelings, behavioral responses, and a degree of pleasure or displeasure (Cabanac, 2002; Ekman & Richard, 1994).

Emotional violence: a pattern of verbal behavior over time or an isolated incident that is not developmentally appropriate and supportive and that has a high probability of damaging a child's mental health, or his/her physical, mental, spiritual, moral, or social development.

The survey specifically asked questions about emotional acts of violence perpetrated by parents, adult caregivers or other adult relatives based on the following question(s). Has a parent, adult caregiver or another adult relative ever: 1. told you that you were not loved, or did not deserve to be loved? 2. said they wished you had never been born or were dead? 3. ever ridiculed you or put you down, for example, said that you were stupid or useless?

(National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016; World Health Organization 1999).

Children: individuals below 18 years of age, as stipulated in the Convention on the Rights of the Child (UN General Assembly, 20 November 1989), ratified by Nigeria in 1990.

Adolescents were defined as individuals between 18 and 24 years, as defined by the World Health Organization (World Health Organization 2014b). The VACS received ethics approval from the Ministry of Health of Nigeria and the US CDC institutional review board in 2013.

Vulnerability: a concept that links the relationship that people have with their environment to social forces and institutions and the cultural values that sustain and contest them (Bankoff, Greg; et al., 2004). Social vulnerability is regarded as one dimension

that includes multiple stressors such as abuse and social exclusion, whose impact are inherent in social interactions, institutions, and systems of cultural values (Ballesteros, 2009).

Socio-ecologic model: Based on the Center for Disease Control (CDC), this study used a four-level social-ecological model to explore CSV. The socio-ecologic model considers the complex interplay between individual, relationship, communal, and societal factors (Krug EG., 2002; Bronfenbrenner, 1989).

Social networks: the network of individuals (such as family, friends, acquaintances, and coworkers) connected by interpersonal relationships (Faust, 1994).

Social belonging: Belongingness is defined as the human emotional need to be an accepted member of a group. It is argued that belongingness is such a fundamental human motivation that we feel severe consequences of not belonging⁵. (Baumeister, & Leary, 1995; Wentzel, & Caldwell, 1997; Stillman, & Baumeister, 2009; van Prooijen, van den Bos, & Wilke, 2004; Roy, 1977; MacDonald & Leary, 2005).

African Womanism: An African womanist approach seeks to promote catering to the whole community. It emphasizes the need to sustain and ensure the thriving of all members of that society through its focus on community building, economic empowerment, education, and restorative justice. A womanist approach seeks to cater to communities (male and female), as well as the environment and spirituality with a focus and attention to culture. Hence, by applying an African womanist perspective, it is possible to realize that the healing of an individual must be a communal experience.

CHAPTER III

Background

Nigeria is signatory to several human rights treaties to protect children, such as the Convention on the Rights of the Child (1989), the African Charter on the Rights and Welfare of the Child (1990), the Optional Protocol on the involvement of children in armed conflict (2000), and the Optional Protocol on the sale of children, child prostitution, and child pornography (2000) (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016). Due to the increasing visibility of recognizing violence against children as a public health challenge and grave human rights issue in Nigeria, the Federal Government of Nigeria also acted through the enactment of the Child's Rights Act No. 26 of 2003 (CRA) which was particularly important because it marked the domestication of the 37 Convention on the Rights of the Child. The Child's Rights Act incorporates existing laws relating to children's rights and specifies the responsibilities and obligations of government, parents, and other authorities and organizations by providing an implementation framework of key principles relating to children's rights. Currently, twenty-three of Nigeria's states have domesticated the CRA (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016). As a follow-up plan to the National Plan of Action for Orphans and Vulnerable Children (2006–2010), the National Priority Agenda (NPA) for Vulnerable Children in Nigeria 2013–2020 was developed; however, for the Nigerian Government to be able to achieve the goals in this plan it was important to conduct a Nationwide survey (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016).

Thus, the Nigeria Violence Against Children Survey (VACS) was conducted to provide a baseline for the NPA, so that strategically effective and sustainable interventions can be developed and “in response to the global call for countries to undertake their own surveys” (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016). The Nigerian government conducted a national survey in 2014 and Nigeria became the first West African country to conduct a National VACS in 2014. The Nigerian VACS 2014 results provide “for the first time, comparable, national population-based estimates that describe the magnitude and nature of the problem experienced by children in Nigeria” (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016).

The study was a cross-sectional household survey of 13-to-24-year-old females and males designed to generate national-level estimates of experiences of physical, sexual, and emotional violence in childhood (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016). The survey was conducted by the Federal Government of Nigeria, led by the NPoPC, in collaboration with UNICEF Nigeria and the CDC, with financial support from PEPFAR, the European Union and UNICEF, and technical assistance from UNICEF and the CDC (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016). The survey aimed to determine the extent of violence against children and to study the patterns of risk factors for violence (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016).

Ethical considerations

This study was reviewed by Emory University's Institutional Review Board (IRB) and determined to be IRB-exempt because it does not meet the definition of "research" with human subjects or "clinical investigation" with identifiable information, as it is an analysis of secondary data and all identifiable data were de-identified prior to analysis. For the qualitative primary data in this study, key informants' personal identifiers were not collected, and personal narratives were not provided. This study is also based on the analysis of secondary data with all participant identifiers removed. The survey procedure and instruments used received ethical approval from the National Ethics Committee in the Federal Ministry of Health of Nigeria and the Ethics Committee of the Opinion Research Corporation Macro International, Inc. (ORC Macro Inc, Calverton, MD; USA). Permission to use the VAC survey data in this study was obtained from the National Population Council, Nigeria, and Together for Girls. (See appendix for IRB approval).

Study design

The mixed-method study design used is a sequential exploratory mixed-methods design (Tashakkori & Teddlie, 2003; Schoonenboom & Johnson, 2017). The qualitative primary data was collected using key informant interviews (KII) through purposive recruitment. The quantitative data is secondary data from a Violence Against Children Survey (VACS) conducted in Nigeria in 2014. In this study, both the quantitative (secondary data) and qualitative data were analyzed sequentially, the qualitative findings, informed the selection of quantitative variables used and findings are discussed in a combined way at the results stage of the research process, so the research findings can be better understood (Creswell, 2002). Combining these two methods and analysis also enable triangulation and

contextualization of findings from both qualitative and quantitative analysis (Agee, 2009; Brannen, 2005; Onwuegbuzie, 2012; Onwuegbuzie & Leech, 2005; Ruark & Fielding-Miller, 2016). The rationale for this is that neither quantitative nor qualitative methods can be enough on their own to capture the details of the situation that is as complex as childhood sexual violence in Nigeria. A combination of quantitative and qualitative methods enabled a more complete analysis by complementing each other (Green, Caracelli, & Graham, 1989). The study design consists of two distinct phases (Creswell, 2002, 2003; Creswell et al., 2003). A qualitative data collection phase (KIIs) conducted prior to the analysis of the quantitative data and the analysis of the two-data occurred sequentially. There was initial familiarization with the KII through listening to the audio recordings, transcriptions, memoing, and coding. This process led to coding that enabled me to not just label, but link, “It leads you [*led me*] from the data to the idea, and from the idea to all the data pertaining to that idea” (Saldana, 2015, p. 8; Richards & Morse, 2007, p. 137). Table 2 p. 31-32 below illustrates how the KII codes guided the selection of variables for the quantitative analysis, so the qualitative analytical process was very important in providing direction and contextualizing the study, compared to the quantitative method that provided the numerical data and tests for associations between selected variables (Charles & Mertler, 2002).

The quantitative data is secondary data that was collected during a national VAC survey in 2014, in Nigeria. The data was cleaned and coded by the CDC, in the U.S., with collaboration from the Nigerian counterpart (NPoPC), and permission to access data was obtained from the NPoPC through the Atlanta CDC office. Using data directly from the Violence Against Children Survey, alone provide limited reasons for the associations established. The quantitative finding, therefore, gave a general picture of the research

problem and associated factors. And, the qualitative data helped to explain how these associations exist in real life situations based on the values the participants perceive for their world which “produces an understanding of the problem based on multiple contextual factors” (Miller, 2000). The qualitative findings were used to triangulate, contextualize, and complement the quantitative findings (Hennink, Hutter, & Bailey 2010).

Method

In this research, I use a mixed-method study design to explore and analyze, the topic of childhood sexual violence (CSV), using Nigeria as the study site. The KII explored how social relations and the need for “social belonging” enable or dis-enable current CSV intervention efforts. Social belonging in this context is defined based on factors that create a sense of identity and relationships with others, particularly between children and/or adolescents and their adult caregivers. Key codes identified as inductive codes in the qualitative analyses and considered possible factors that can predispose children to sexual violence within the four domains of the socio-ecologic framework based on previous studies cited below guided the choice of variables for the quantitative analysis done using the VAC survey data. The identified inductive codes influenced the decision to use emotional violence history, factors relating to social relationships, social and gender norms, and socioeconomic status as analytical variables. Relevant variables were then selected from the VAC survey data to derive new composite variables and factors that were tested for association with CSV. The quantitative study was used to test the hypothesis of associations among emotional violence history, socio-economic, and socio-normative factors with CSV in the Nigerian context, which is critical for CSV interventions, using data from the Nigeria 2014 Violence Against

Children survey (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016).

Studies have shown that parental presence, particularly of the father, is protective against sexual abuse in children in Africa (Furman & Buhrmester, 1985; Miller, Chiang, & Hollis, 2018, Omorodion, & Olusanya1998). While several studies on CSV in numerous countries have established a link between childhood work status, sexual exploitation, and educational status (Yahaya, Soares, De Leon, & Macassa, 2012; Reed, Gupta, Biradavolu, Devireddy, & Blankenship, 2010 ; Miller et al., 2018; Meursing et al., 1995) . Findings from the initial review and notes from the KII transcripts are used to determine the variables from the VAC survey that was used in the quantitative analysis. New variables are derived from the existing variables in the VAC survey to form new variables and factors that can be analyzed using binary measures (Yes/No or 1/0). For example, newly derived variables, such as emotional violence history, socioeconomic (SESF), and socio-normative (SNF) factors were used as factors of analysis in the regression model.

Qualitative study

The summer research trip was sponsored by the Henry Luce Foundation summer research grant for the pioneering cohort of the Communities of Practice Project at the Laney Graduate School of Emory University. The summer research trip took place in Nigeria, during the months of June and July of 2017 (3 weeks in duration). My field sites in Nigeria were Gwagwalada (suburban, Federal Capital Territory and Ilorin (suburban and rural locations)- Kwara State. The qualitative research was undertaken to explore child sexual violence in Nigeria by conducting key informant interviews with organizational representatives. The key informant interviews were conducted with representatives of two

Civil Society Organizations (CSOs) and three Primary Health Centers. The objective of the interviews was to explore CSV in their communities of practice in order to gain depth into the issues of CSV from CSO/PHC key informants' perspectives at the community level. I conducted 5 Key informant interviews with organizational representatives. The KIIs were conducted using similar but not identical discussion guides based on the same key constructs. (see appendix for KII interview guide) Participants for the KII were representatives of their organization or institution. There was a total of 6 key informants from 5 organizations/ institutions (see table below) Participating organizations and representative were recruited through personal contacts – a Consultant pediatrician and the Director of PHC Ilorin. Key informant participation was capped at 3 for the CSO and 3 for PHC because it was determined that saturation was achieved because of the repetitiveness in the key themes across groups and similar responses gotten repeatedly on questions asked in key areas such as government support, capacity building, stigma, and silence about CSV by guardians and community members to mention a few.

Table 1. Description of Key informant Interview participants

Data type	Sex	Institution	Location
Interview	Male	CSO I	Abuja
Interview	Female	CSO II	Ilorin
Interview	Male	CSO II	Ilorin
Interview	Female	PHC I	Ilorin
Interview	Male	PHC II	Ilorin
Interview	Female	PHC III	Ilorin

KII's were conducted in office spaces identified by the respondents within their organization, all interviews were recorded, and notes were taken with the verbal consent obtained from the respondents for recording the interview. The interviews were conducted in English and Yoruba. The interviewer is a native Yoruba speaker. The audio recordings were transcribed directly into English and analysis of the KII was conducted using MAXQDA 2018. The KII transcripts were reviewed and explored and segment that had similarities were memoed, and initial codes were derived, some of the codes were taken directly from what the respondents said such as "silence," "resources," "stigma," "shame" and are placed in quotation marks – this is called an in vivo code. Codes were reviewed and revised or combined into themes in a cohesive manner (Saldana, 2015).

I also used information from existing literature on childhood sexual violence (a deductive approach) and respondents' words such as "intergenerational stigma," "silence," "shame," and resources to help determine initial codes. Using the matrix of codes strategy⁶ (Hennink, Hutter, & Bailey 2010), codes were defined to elicit factors related to and in the context of CSV at the individual, family, community, and societal level. The identified codes were described in a codebook and used for identifying relevant segments within the transcripts.

Qualitative Analysis

Phase I: Using the matrix of code strategy

Initial coding in MAXQDA was based on identified codes linked with identifying segments in the transcripts grouped into four categories in figure 2 below, associated with individual, family, community, and society. See an illustration of the analysis matrix below- figure 2).

⁶ The "Qualitative Coding Matrix" enabled a systematic way of achieving the discrimination between data sources and various interpretations of the different parties (the researcher, perceived wisdom of the academic community and the respondents themselves" (Graham, year, p. 355; Lowe, 1991).

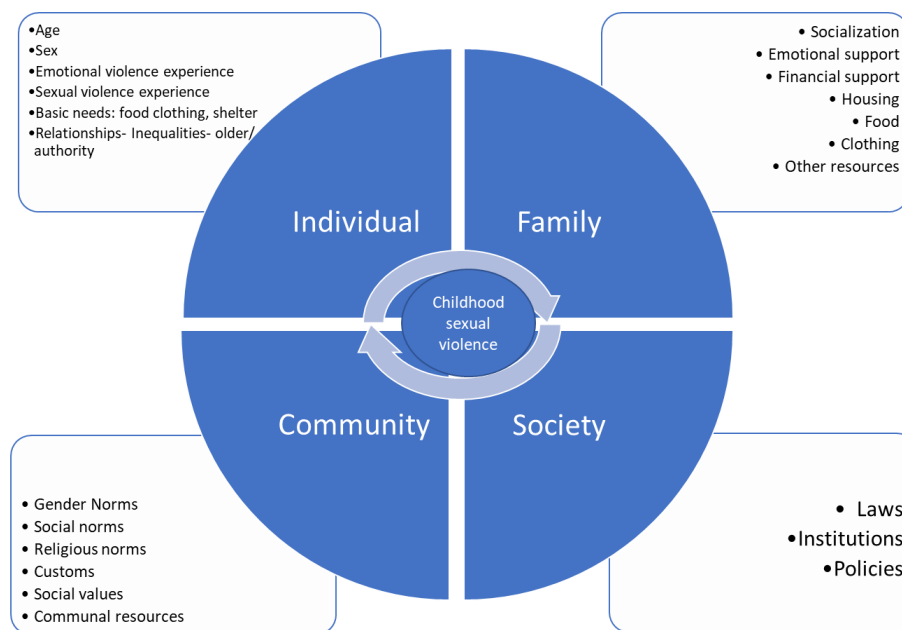


Figure 2: *Matrix of codes*

Phase II

I identified key codes and examined groups of codes for intersections and patterns, see figure 3 below. Codes were re-grouped to fit into broad groups, such as forms of SV (forced, coerced, ritualistic, stranger rape, incest), context of sexual event (by a family member-incest, stranger rape, by a neighbor or friend), nuances (understandings of cultural scripts about interactions between individuals); survivor/victim's positionality (social networks, relationships, socio-economic status, sex, affiliations religious, class); location (rural or urban), social norms (acceptable interactions among people of different gender orientations), and power/agency (manifestations of adult/child relationships). In different societies, social networks, such as school, family of origin, and religious affiliations influenced if and how participants reported sexual violence and the actions taken (Boudreau, Kress, Roachat, & Yount, 2018).

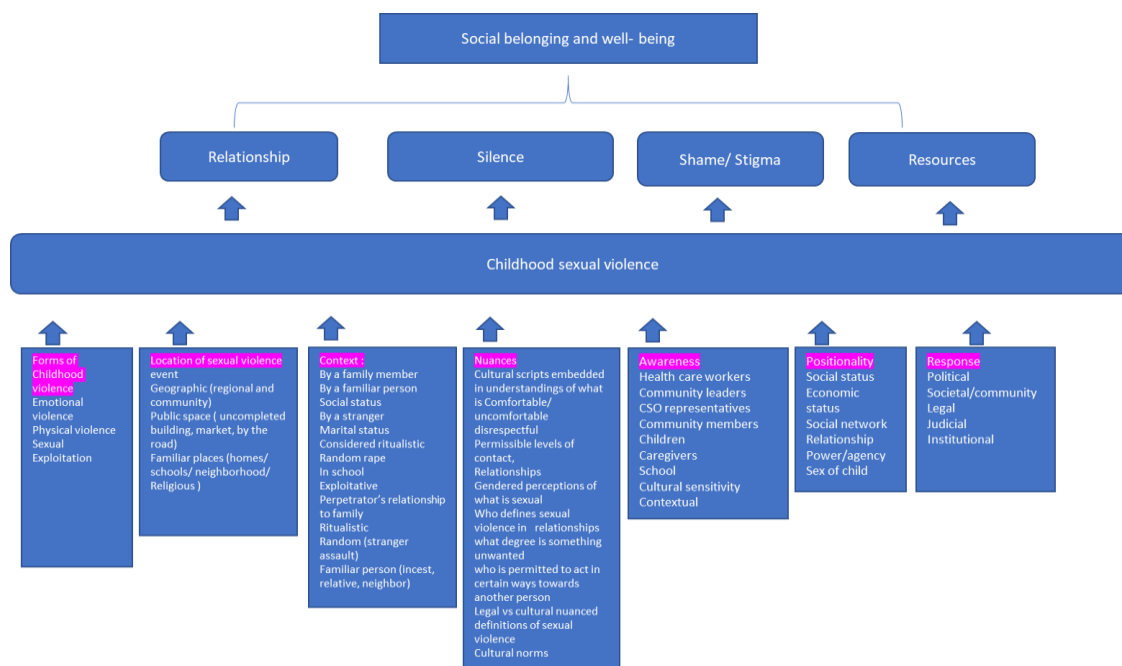


Figure:3- *schema of the qualitative analysis process*

These categories helped to determine the variable selected from the VAC survey for quantitative analysis (see table 2, p.31 below, also see figure 3 above for the four categories). The selection of variables from the VAC data was also guided by findings from existing studies on CSV, such as parental presence (living with parent and parent alive), and gender sexual norms. These variables were combined into a composite factor - socio-normative factor- SNF. Variables within the VAC data that were considered relevant to the resource code were work, educational status, and history of sexual exploitation. These were combined to derive a socio-economic factor- SESF. The three types of emotional violence asked were merged into one variable—emotional violence history (EVhistory)—to form one composite variable. All newly derived variables/factors were analyzed as binary measures/ scores (Yes/No= 1/0). Emotional violence history was considered valuable in establishing links to the “need for sexual belonging.” All these variables are measures that determine an

individual's acceptability in their social network—family, community, and society (Ostrove & Long, 2007).

Quantitative study

Sample

The Nigeria VACS data was collected using a multi-stage cluster design, a total of 4203 individuals aged 13 to 24 years participated in the Nigeria VACS with 1,766 girls and young women and 2,437 boys and young men interviewed. The combined response rate for the household and eligible respondent was 93% with separate estimates for rates of violence among both sexes. Data estimates of the prevalence of violence ever experienced in childhood were obtained from females and males aged 18-24, while data from the 13-17-year-olds estimate the prevalence of violence experienced in the 12 months prior to the survey. Primary data was collected using quantitative survey methods. The survey asked questions about experiences of physical, emotional, and sexual violence, socio-economic demographics and networks, religious affiliations, and forms of redress. The complex sample design thus, necessitated that clustering, stratification, and sample weights be considered in the data analysis in order to obtain proper point estimates and variances. The files were also analyzed using statistical software packages such as SAS and Stata because they have specific analytic procedures for complex survey designs. The stratification, cluster, and sample weight variables are GP, PSU, and Finalwgt, respectively.

The secondary data obtained from the 2014 Nigerian VAC survey were analyzed using SAS statistical software - SAS® 9.4 (Cary, NC). This statistical package contains complex sample procedures that incorporate the weights and cluster stage design that

considers the complex sample design. Accurate standard errors were produced for each estimate to ensure that adequate population estimates are made in the analysis. This study uses probability-based, country representative data to assess the association between experiences of emotional violence and socioeconomic status as a vulnerability marker for the occurrence of childhood sexual violence. These results will enhance our understanding of how socio-ecologic determinants, such as childhood emotional violence and low socioeconomic status, can increase the vulnerability of children to sexual violence. The study seeks to underscore both why evidence-based violence prevention work with children must account for social, cultural, and economic vulnerabilities and the importance of using qualitative studies in identifying specific protective or risk factors for sexual violence among children, families, and communities.

In this analysis, lifetime prevalence estimates of childhood violence are based on responses from participants aged 18 to 24 reporting on their experiences prior to the age of 18. Estimates of current childhood violence are based on responses from participants aged 13 to 17 years reporting on experiences occurring in the 12 months preceding the survey which enables the examination of current patterns and contexts of childhood violence in Nigeria (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016; Boudreau, Kress, Rochat, & Yount, 2018; (Nguyen, Kress, Villaveces, & Massetti, 2018). The findings of survey data analyses are triangulated with findings from qualitative interviews to provide context and identify discrepancies or similarities between quantitative data and interview narratives.

Measures

Dependent variable

Sexual violence is defined as “including all forms of sexual abuse and sexual exploitation of children. This encompasses a range of acts, including completed nonconsensual sex acts (i.e., rape), attempted non-consensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment)” (National Population Commission of Nigeria, UNICEF Nigeria, & the U.S. Centers for Disease Control and Prevention, 2016).

Experience of various types of sexual acts involving contact was scored according to their level of violence. For example, unwanted sexual touching⁷ was scored as either 1 (any experience of violence ever) or 0 (no experience of violence ever). Likewise, experiences of attempted unwanted sexual intercourse pressured intercourse, and or physically forced sex- or rape⁸ was scored as either 1 (any experience of violence ever) or 0 (no experience of violence ever). Experience of sexual violence was elicited to obtain only the experiences of sexual violence prior to 18 years. Among 13-17 participants, it was based on the last 12-month recall of sexual violence experience and among 18-24-year-old participants, it was based on lifetime experiences of sexual violence prior to 18 years. A composite variable of contact Sexual violence (cSV) was derived from scoring responses to all four forms of sexual violence and coded as 1=Yes (or any experience of sexual violence ever for all four forms of contact sexual violence) and 0=No (or no experience of sexual violence ever for all four forms of cSV).

⁷ Has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching you on or around your sexual body parts

⁸ Has anyone ever physically forced you to have sex and did succeed?

Independent Variables

a) Emotional violence (EVhistory), the variable of interest, was assessed as a composite dichotomous “yes” or “no” variable made up of responses to three questions about whether a parent, adult caregiver, or other adult relative ever did the following to the respondent: 1) told you that you were not loved or did not deserve to be loved? 2) said they wished you had never been born or were dead? 3) ever ridiculed you or put you down, for example, said that you were stupid or useless? Respondents who responded “yes” to one or several of the emotional violence questions formed one group of the dichotomy 1, and the respondents that responded “no” to all the emotional violence questions formed the other group of the dichotomy 0. A composite variable EVhistory was derived from scoring responses to all four forms of sexual violence and coded as 1=Yes (or any experience of sexual violence ever for all three forms of emotional violence history) and 0=No (or no experience of sexual violence ever for all three forms of emotional violence history). Studies have shown the interrelatedness of multiple forms of childhood abuse (such as physical and emotional) and sexual abuse (Anda et al., 2006; Dong et al., 2004).

b) Measures that were included in the socioeconomic status factors (SESF) are as follows: A sexual exploitation composite variable derived from responses to a single question, have you ever received food, favors, or any gifts in exchange for sex? Question on work, did you engage in any work of at least one hour during the past week? As an employee, self-employed or unpaid family worker? And the question on educational status- are you currently attending school? Respondents who responded “yes” to one or more of these factor questions formed one group of the dichotomy 1 and respondents who responded “no” to all the questions formed the other group of the dichotomy 0.

c) Measures that are socio-normative (SNF) included: i.) social relations (parental presence). Do you live with your biological mother and/or father? Is your biological mother and/or father still alive? Responses were transformed into a single dichotomous “yes” or “no” variable (1 and 0, respectively). Other measures of social norms’ influence on gender sexual attitude included ii) autonomy in sexual decisions, a composite variable assessed as a dichotomous “yes” or “no” variable derived from responses to six belief statements on perceptions about to gender sexual norms. Men, not women, should decide when to have sex; Men need more sex than women; Men need to have sex with other women, even if they have good relationships with their wives; Women who carry condoms have sex with a lot of men; A woman should tolerate violence to keep her family together. Respondents who responded “yes” to one or several of these attitude questions formed one group of the dichotomy 1, and respondents who responded “no” to all the attitude questions formed the other group of the dichotomy 0. Studies have shown the associations between parental presence (Kidman, & Palermo, 2016), cultural norms and experience of gendered violence, and intimate partner violence (sexual inclusive) in the family or community is based on cultural perceptions of gender and power, which influences children’s perceptions of violence as normal (Roscoe, 1994; Twum-Danso, 2010; Yount et al., 2016; Yount et al., 2014).

d) Variables reflecting demographic differences were analyzed as confounders, e.g. sex, education and age group. All the analyzed variables were disaggregated by sex and age group, and the respondent’s education was categorized as no education, primary education, and secondary or higher education.

Table 2: Variable and factor creation based on Qualitative codes

Socio-ecologic framework domains	Qualitative Code(s)	Selected relevant questions from VAC survey	Composite Variable name	Derived variable/factors used in quantitative analysis
Individual/ Family/ Community/ society	Stigma/ Shame	Any form of cSV: Has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? experiences of attempted unwanted sexual intercourse pressured intercourse, and or physically forced sex- or rape	Contact Sexual Violence	Contact Sexual Violence (cSV)
Individual/ family	Relationship Silence	Has a parent, adult caregiver or another adult relative ever: 1. told you that you were not loved, or did not deserve to be loved? 2. said they wished you had never been born or were dead? 3. ever ridiculed you or put you down, for example, said that you were stupid or useless?	Emotional violence history	Emotional violence history (EVhistory)
Individual/ family	Resources	Social relations (parental presence). Do you live with your biological mother and/or father? Is your biological mother and/or father still	Parental presence (PLW)	Socio- normative factor (SNF)

		alive?		
Individual/ family/ community/ society	Relationship	Men, not women, should decide when to have sex; Men need more sex than women; Men need to have sex with other women, even if they have good relationships with their wives; Women who carry condoms have sex with a lot of men; A woman should tolerate violence to keep her family together	Gender Attitude (GA2) sexual norms	
Individual/ family/ community/ society	Resources	Are you currently attending school?	Educational status	Socio- economic status factor (SESF)
		Have you ever received food, favors, or any gifts in exchange for sex?	Sexual exploitation	
		Did you engage in any work of at least one hour during the past week? As an employee, self-employed or unpaid family worker?	Childhood work status	

Quantitative analysis

Initial analysis entailed descriptive statistics of the variables used in this study and included demographic and socioeconomic characteristics, such as the respondent's age, respondent's education, and work. Missing data were excluded from the analyses. Cross-tabulation was used to examine the association between sexual violence (dependent variable) and the key variables (independent variable), using a chi-squared test. Using multivariate logistic regression analysis, the association of emotional, socio-economic status, socio-normative

factors, and childhood sexual violence among 4203 respondents aged 13-24 years old were determined. Multivariate logistic regression analysis was used to examine the association between dependent and independent variables (CSV and variables/factors derived from existing VAC survey variables (see table 2, p. 31)). The results were presented in the form of adjusted prevalence odds ratios (aOR) and 95% confidence intervals (CI). Covariates were entered, and statistical significance using p-values was set at $p < 0.05$. Data were disaggregated by age because the experiences of cSV were elicited based on different recall periods in each age group. For 13-17 age group, it was based on a 12-month recall and for 18-24 years, it was a lifetime recall prior to 18 years. All other variables were elicited based on the same recall period.

The multiple regression analysis was a block-wise selection, a version of forward selection was achieved using blocks or sets. Thus, each model contained a set of variables that were grouped into blocks based on psychometric consideration or theoretical reasons and a stepwise selection was applied (Lani, 2010). The multiple regression selection process helped obtain a reduced set of variables from a larger set of variables, eliminating unnecessary variables, simplifying data, and enhancing predictive accuracy. The criteria used for the selection included meaningfulness to the situation and statistical significance. Entering the variables into the equation in a given order helped to investigate confounding variables and variables that were highly correlated were combined into blocks (composite scores and factors)(Lani, 2010). In all of the Models, cSV was a constant onto which other blocks of variables were added. The blocks were entered sequentially, and once in the equation, they were maintained. Each of these blocks of variables was stratified by age group

(13-17 and 18-24 age groups). The analyses were performed using SAS Statistics version 9.4. (Cary, NC).

Model 1 contained only participants who had experiences of cSV and EVhistory. Model 2 added variables reflecting gender attitudes (GA2). Model 3 added variables reflecting parental presence (PLW). Model 4 added variables reflecting socio-normative factors (social relationships—parental presence and gender and sexual norms, assessed using gender attitude variables). Model 5 added blocks of variable reflecting socioeconomic factors (transactional sex, educational status, and work).

Results

The results of the qualitative and quantitative analysis are presented sequentially and later combined in the discussion section to provide a comprehensive perspective of CSV in Nigerian society.

Qualitative data findings

Phase III:

Codes within the groups in figure 3 above (forms of CSV, location of CSV, nuance, context, awareness, positionality, and response) were redefined, and comparisons were made based on the meanings and relationships of emergent codes within segments of transcripts among similar and different organizations (CSO and PHCs) to determine which broad categories fit best based on how the category influenced CSV. To conceptualize the qualitative data, subcategories were merged into categories, and eventually developed into a broader theme/concept, e.g. individual and social stigma merged into intergenerational

stigma/shame. Other categories derived were resources, silence, and relationships. These categories were then merged into a broader concept- social belonging. Figure 4 below, illustrates the process of deriving the category on social and intergenerational stigma based on linked segments in the transcripts.

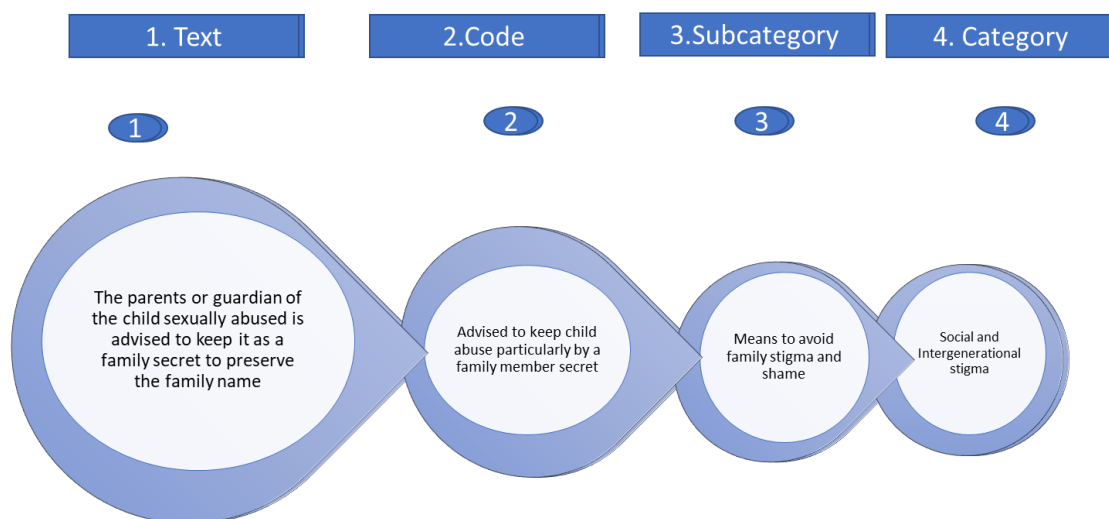


Figure:4- Illustration showing the process of deriving a category

Phase IV

This phase of the qualitative analysis overlapped with the point of interpreting the results of the quantitative analysis. The concept as shown in the conceptual diagram below (figure 5, p. 46) was verified to be well supported by findings in both the qualitative and quantitative analysis. This process using findings from phase III of the qualitative analysis entailed looking at the data from different perspectives, e.g. comparing participant codes within and across CSO and PHCs KII transcripts. Data was also verified using existing research and literature on CSV and by asking colleagues to proof check that the meanings of

codes and categories were representative of what was in the transcript. This process led to several iterations of the conceptual diagram. Four main categories emerged from my qualitative analysis: Relationships, Shame/Stigma (intergenerational), Silence, and Resources are expatiated on below.

Relationship: Respondents revealed that the type of relationships to the perpetrator by the individual, family and the community influenced occurrences of, silence about, and how the individual or family/guardian responded to seeking help for CSV. The intricate connectedness of individuals particularly children in the Nigerian society to their families and community is identified from KII, for example, respondents said: 1) having a family identity was important (*children are asked at the time of marriage which family or clan are you from?*), 2) social stigma in community- KII respondents mentioned that in cases where the perpetrator was a family member, the family would decide to keep it secret to avoid the social stigma, 3) Basic needs –resources- If the perpetrator was responsible for providing material or monetary benefits to the family, the guardians will prefer to settle the CSV quietly and request for restitution instead of reporting to the police or seeking legal recourse and lastly, 4) Survival- KII respondents mention that there is no social protection system in Nigeria, “where will you keep the child?”, children will need to be sent to another relative. Some children live with relatives because their parents are too poor to feed them or send them to school and they get abused. One of the KII respondents said that the need to be able to claim a clan or bear the name of your father was also vital because even when an individual never lived in their natal community, the time of marriage often necessitated finding or producing natal connections for the sake of being thought to have ‘roots’.

Stigma, shame, and Silence: There were references to the importance of ‘from which family’ a person was from. I refer to this, as a *connectedness* identity which is responsible for the silence that pervades childhood sexual violence in the sense that when the perpetrator is a family member, especially a nuclear family member. Speaking out about the sexual abuse confers on all family members a social stigma which is intergenerational. People do not want to “throw it out”, it is “shame”, it is “social stigma”, or if it “happens within the family..., they go back home and settle it”. We all know ourselves so, “to throw it out..., it is social stigma” (KII PHC III). An example given was that if a family is known for a history of childhood sexual violence, future male generations will be referred to as child molesters in that community and families will warn their wards not to marry from that family. Furthermore, stigma is also an individual one, such that the sexually-violated child will be considered ‘*broken*’ – a colloquial term, implying incomplete. There are also spiritual connotations and associations made to this event and in reference to the individual, family, and perpetrator. There was also the spiritual aspect in relation to what respondents referred to as ‘ritual rape’. Respondents said that in some instance children were said to be raped for ritualistic purposes, for money, or other reasons. Many respondents mentioned that it is believed by the community that in these instances particularly and for rape in general, there is a need to seek spiritual intervention which is viewed as even more important than seeking criminal/legal intervention. This is also a reason why, according to respondents, cases are not reported to the police and those that report to the medical facilities were severe cases that required medical interventions. Most cases were even concealed until a major medical event such as vaginal discharge or in one case, symptoms of HIV disease necessitated a hospital visit. All respondents mentioned that sometimes families relocate or abscond medical treatments to avoid the stigma that ensues from the publicity generated by involving the police after they

seek medical or legal intervention. The publicity surrounding exposing the identity of a child who experienced sexual violence/family members often leads to individual and or social stigma which families try to avoid.

Resources: Although the CSO respondents appeared to be very knowledgeable on all the laws and treaties related to childhood sexual violence, the Primary health care facility respondents did not have as much knowledge because they all said no one was trained specifically on how to address childhood sexual violence and they were not mandated to handle child sexual assault cases except provide minimal resuscitative care when needed and then refer to the general hospitals: “even the doctors are helpless”, “we treat them and send them home”, “they use that something to make money, they use that something to kidnap people”, “people want to have money by fire by force” (KII PHC III). They all asserted that there was poor political will by the government to tackle the issues of poor resources, financial, manpower, and material for effective intervention. Often resources are supported through individual donations, philanthropists, international NGOs. Most families that report childhood sexual violence were too poor to afford legal and police report fees. Respondents indicated that there was no social protection system that was effective beyond the family, relatives or communal one. Respondents mentioned that in some cases of CSV, the family or guardians were dependent socially, economically or politically on the perpetrator or someone related to the perpetrator and because the police too were not helpful and the CSO cannot afford the legal costs, the family may prefer communal, religious, or family mediation to resolve the case. For example, the case of a 12-year-old girl who ran away and was kept in police custody to avoid an early marriage. “because the child rights act does not say anything about it,...., that was what attracted me to it because we went to the anti-human trafficking

for our monthly another case entirely, that was when we saw the girl come who was a victim of child marriage, the girl ran, so the police picked her up and she had spent like a month there” (KII CSO II). “We wrote to the wife of the governor, the father was invited, but the man insisted that she’s my daughter, I want her to get married at age 12. Now we brought in the religious leader from Ojoku, it was long before I noticed that the man will not be able to help us because the man also married the girl’s immediate elder sister at that age” (KII CSOII). The CSO respondent said they could not handle the case because the resources within their project were not specifically assigned to that type of legal matter.

Quantitative data findings

Table 3a

Characteristics and distribution of study sample in Nigeria, by age group and sex

Characteristics and distribution of variables disaggregated by age group and sex		
Sample size	Female n, %	Male n, %
	1766 (42.0)	2437 (58.0)
Age group	1766 (42.0176)	2437 (57.9824)
13-17	797 (18.9626)	1050 (24.9822)
18-24	969 (23.0550)	1387 (33.00020)
EVhistory (Emotional violence composite variable)	388 (9.2315)	685 (16.2979)
13-17	160 (8.6627)	315 (17.0547)
18-24	228 (9.6774)	370 (15.7046)
cSV (Contact sexual violence composite variable)	609 (34.4847)	484 (19.8605)
13-17	202 (58.21)	145 (41.79)
18-24	407 (54.56)	339 (45.44)
Education (yes/ no)	942	⁴ 1357
13-17	^{3a} 497 (82.0132)	^{3b} 781 (83.2623)
18-24	^{3c} 245 (32.0261)	^{3d} 576 (47.1744)
⁵Education (level)	741 (35.3531)	1355 (64.6469)
Less than primary	7 (0.3340)	11 (0.5248)
Primary	126 (6.0115)	190 (9.0649)
Secondary	491 (23.4256)	929 (44.3225)
Higher than secondary	117 (5.5821)	225 (10.7347)
⁶PLW	1764 (42.0501)	2431 (57.9499)
living with mother and father	805 (19.1895)	1576 (37.5685)
living with father	127 (3.0274)	180 (4.2908)
living with mother	193 (4.6007)	291 (6.9368)
living with neither of parents	639 (15.2324)	384 (9.1538)
**Sexual exploitation	41 (0.9755)	45 (1.0707)
13-17	9 (0.4873)	7(0.3790)
18-24	32 (1.3582)	38 (1.6129)
**Work	1766 (42.0176)	2437 (57.9824)
Yes	812 (19.3195)	1670 (39.7335)

No	953 (22.6743)	767 (18.2489)
7 GA2 (Gender attitude composite variable)	1718 (42.8109)	2295 (57.1891)
Positive	317 (7.8993)	481 (11.9860)
Negative	1401 (34.9115)	1814 (45.2031)
13. Do you live with your biological mother?	998 (23.7449)	1867 (44.4207)
13-17	580 (31.4023)	889 (48.1321)
18-24	418 (17.7419)	978 (41.5110)
19. Do you live with your biological father?	933 (22.1984)	1757 (41.8035)
13-17	533 (28.8576)	840 (45.4792)
18-24	400 (16.9779)	917 (38.9219)

*missing 10; 1 Frequency Missing = 3; 2 Frequency Missing = 7; 3a Frequency Missing = 191; 3b Frequency Missing = 112; 3c Frequency Missing = 204; 3d Frequency Missing = 166; 4 Frequency Missing = 278; 5 Frequency Missing = 2107; 6 Frequency Missing = 8; 7 Frequency Missing = 190. ** lifetime experience history, same questions on these variables for both age groups.

Table 3b

Chi-Square test of association between selected variables and factors and experience of cSV disaggregated by age group and sex				
Characteristics	Total (N)	Female (n, %)	Male (n, %)	Chi-square test statistic /P-Value
	4203	1766(42.02)	2437 (57.9824)	
cSV (Contact sexual violence composite variable)		609 (34.48)	484 (19.86)	113.8075, <.0001
13-17		202 (58.21)	145 (41.79)	
18-24		407 (54.56)	339 (45.44)	
EVhistory (History of Emotional violence composite variable)		227 (37.27)	227 (46.90)	199.0903, <.0001
13-17		77 (38.12)	75 (51.72)	-
18-24		150 (36.86)	152 (44.84)	-
Work		295 (48.44)	246(71.49)	0.2128, 0.6446
13-17		81 (40.10)	86 (59.31)	
18-24		214 (44.49)	260 (76.70)	
**7 GA2- (Gender attitudes composite variable)	4203	1718 (42.81)	2295 (57.19)	107.1237, <.0001
0= positive		317 (39.72)	481 (60.28)	
1= negative		1401 (43.58)	1814 (56.42)	

**7 Negative gender attitudes by cSV by age group and sex (GA2-- composite variable)		549 (39.19)	433 (23.87)	
13-17		^e 182 (31.33)	^f 126 (17.62)	
18-24		^g 367 (44.76)	^h 307 (27.93)	
Education	*3530	ⁱ 274 (49.64)	280 (60.87)	+++1.5472, 0.2136
13-17		139 (78.98)	116 (82.27)	
18-24		135 (35.90)	164 (51.41)	
**Sexual exploitation		35 (1.9819)	33 (1.3541)	96.8270,<.0001
13-17		8 (1.0038)	4 (0.3810)	
18-24		27 (2.7864)	29 (2.0908)	
Living with Parent (PLW)	*b4195	^k 609 (34.52)	1483(19.87)	60.6434, <.0001
PLW 1- living with mother and father;		247 (40.56)	272 (56.31)	
PLW 2- living with father;		42 (6.90)	37 (7.66)	
PLW 3- living with mother;		100 (16.42)	72 (14.91)	
PLW 4- living with neither of parents		220 (36.12)	102 (21.12)	
SESF (Socio- economic factors - composite score)	4203	446 (73.23)	437 (90.29)	27.2839, <.0001
13-17		161 (79.70)	139 (95.86)	
18-24		285 (70.02)	298 (87.91)	
Socio-normative factors (SNF- composite score)	4203	1766 42.02	2437 57.98	107.1237, <.0001
13-17		183 (90.59)	126 (86.90)	
18-24		367 (90.17)	307 (90.56)	

^e Frequency Missing = 44; ^f Frequency Missing = 108; ^g Frequency Missing = 4; ^h Frequency Missing = 4; ⁱ Frequency Missing = 395; ^j Frequency Missing = 278; ^k Frequency Missing = 2; ^l Frequency Missing = 6; ^t 33% of the cells have expected counts less than 5. Mantel-Haenszel Chi-Square used. Frequency Missing = 673; ^{*b} Frequency Missing = 8; +++ Mantel-Haenszel Chi-Square . N.B. Missing variables were answers based on declined and don't know responses. cSV (contact sexual violence (experience of any form of contact sexual violence); EVhistory (experience of any form of emotional violence); GA2 (Gender Attitude): positive=0, negative= 1; Living with Parent (PLW): PLW 1- living with mother and father; PLW 2- living with father; PLW

3- living with mother; PLW 4- living with neither of parents; Socio-economic status factor (SESF)- work, education and sexual exploitation variables Socio-normative factor (SNF).

Table 4a

Age Group 13-17: Adjusted odds ratios with 95% confidence intervals for Childhood Emotional violence, Socio-economic risk factors, Socio-normative factors, and exposure to Childhood Sexual violence.

Odds Ratio Estimates			
Effect	Point Estimate	95% Confidence Limits	
EVhistory yes vs no	2.709	1.959	3.745
GA2 1 vs 0	1.694	0.691	4.154
PLW 2 vs 1	1.143	0.591	2.209
PLW 3 vs 1	1.675	1.035	2.711
PLW 4 vs 1	1.750	1.107	2.766
SNF yes vs no	1.901	0.660	5.478
SESF yes vs no	1.363	0.730	2.546

NOTE: The degrees of freedom in computing the confidence limits is 1425.

Gender Attitude (GA2): 0= positive, 1= negative; Living with Parent (PLW): PLW 1- living with mother and father; PLW 2- living with father; PLW 3- living with mother; PLW 4- living with neither of parents; Socio-economic status factor (SESF)- work, education and sexual exploitation variables Socio-normative factor (SNF)- includes GA2 and PLW; yes means- Yes to one or all the variables in the block; no means - No to all the variables in the block. The same legend applies to table 4b below.

Table 4b

Age group 18-24: Adjusted odds ratios with 95% confidence intervals for Childhood Emotional violence, Socio-economic risk factors, Socio-normative factors, and exposure to Childhood Sexual violence

Odds Ratio Estimates			
Effect	Point Estimate	95% Confidence Limits	
EVhistory yes vs no	2.677	2.058	3.483
GA2 1 vs 0	2.056	1.100	3.844
PLW 2 vs 1	1.080	0.696	1.675
PLW 3 vs 1	1.588	1.126	2.240
PLW 4 vs 1	1.456	1.064	1.992
SNF yes vs no	0.807	0.383	1.699
SESF yes vs no	1.099	0.790	1.529

NOTE: The degrees of freedom in computing the confidence limits is 1951.

a) Emotional violence only; b) Added other measures -GA c) Included PLW d) Further included socio-normative factor e) added socio-economic factors and calculated aOR after each block variable was added.

Findings from this study indicate that among 13-17-year-old participants, 38.12% females and 51.72% males who reported having been exposed to at least one form of emotional violence had also experienced sexual violence. Also, among the 18-24-year-old participants, 36.86% females and 44.84% males reported experiencing both emotional

violence and sexual violence prior to 18 years. Within each age group, there was a significant association between emotional violence and experience of cSV ($p < .0001$) for both sexes (males and females). The odds of female children experiencing cSV in Nigeria among 18-24 (experience prior to 18 years) was 2.29 times greater than for male children. Studies in North America found the rate of abuse for males to females to be 3 to 112 (Finkelhor, 1994).

Combinedly, Model 5 indicates that the odds of experiencing cSV for children is determined by EVhistory, GA, PLW, SNF, and SESF. For 13-17 year old, SNF presents a higher odds of sexual violence experience (OR 1.901, 95% CI 0.660 -5.478) (i.e. the odds of experiencing cSV among participants who have associated SNF is 1.901 times higher than those who do not have SNF for 13-17-year-old), while the role of EVhistory is moderate (OR = 2.609, 95% CI 1.959 – 3.745). For those 18-24, EVhistory and GA is more determinant (OR = 2.677, 95% CI 2.058 – 3.483 and OR = 2.056, 95% CI 1.100 -3.844) than SNF (OR = 0.807, 95% CI 0.383 – 1.699) in association with cSV. Parental presence and Gender Attitude constitute SNF. Living with father is also shown to be protective compared to living with mother in both age groups the 13-18 age group (OR = 1,143, 95% CI 0.591 – 2.209 and OR = 1.675, 95% CI 1.035 – 2.711) and 18-24 age group (OR = 1,080, 95% CI 0.696 – 1.675 and OR = 1.588, 95% CI 1.126 – 2.240). This can be explained from the quotes in the KII by the role that resources, stigma, shame, relationships and silence play in sustaining practices that are associated with CSV in Nigeria. The fact that in this study the socio-economic status factor is not as significant as suggested in findings from other studies in Nigeria also needs to be explored further.

This study assessed the association of EVhistory, SESF, SNF with experience of childhood sexual violence. For the purpose of this study, the analysis is based on cSV 1.) Unwanted sexual touching, 2.) Attempted unwanted sexual intercourse 3.) Pressured

intercourse, 4.) Physically forced sex- rape). The findings support the need to adopt a multidimensional approach to interventions for CSV. This study showed that there was a significant difference in the experience of cSV between females and males with 34% and 20% respectively. The chi-square test statistic, a p-value of 113.8075, $<.0001$ was significant at a 0.05 alpha level. Females were two times more likely to experience cSV in both age groups compared to their male counterpart. The odds of experiencing cSV was 2.293 times as likely for females as males. This odds ratio indicates that being female was not protective. The distribution of cSV is different for those who had no childhood EV history and those who had childhood EV history. Males who had EV history also reported experiences of cSV which were higher compared to females, males =46.90% and females =37.27%.

There was a significant difference between those with no EV history compared to those with an EV history. The odds of experiencing cSV with associated EV history was high in both age groups OR=2.709, 95% CI 1.959 3.745). There was a significant difference between the percentages of those whose GA were positive (i.e. answered no to gender attitude questions Q34A-E mentioned in the description of measures section, p. 29) and those who had negative GA and experienced cSV. More females with negative GA also had experienced cSV (43.58%), compared to females who had positive GA (39.72%). While more males with positive GA reported experiencing cSV (60.28%) compared to males with negative GA (56.42%). The chi-square test statistic, the p-value is also statistically significant at the 0.05 alpha level (107.1237, $p= <.0001$) indicating that there was an association between negative GA and cSV, but there was a difference in these associations based on sex. Analysis of the GA and PLW variables as a factor -SNF factors using composite scores was also a significant difference, chi-square test statistic, p-value (107.1237, $<.0001$). It was observed that greater than 80% of respondents across age group and sex who had

experienced cSV, also had negative SNF scores (participants with both parents absent and they had negative gender attitude scores combined). The findings were also significant for SESF with a chi-square test statistic and a p-value of 27.2839, <0.0001 respectively. This suggested that participants who reported cSV also had responded to a yes on one or more of the variables that make up the SESF.

cSV was also significantly associated with the experience of sexual exploitation ($p=0.001$) and work ($p<0.001$). Association of cSV with Education was, however, not significant with chi-square test statistic, 1.5472, $p = 0.2136$ based on the Mantel-Haenszel Chi-Square.

Results of the multivariate logistic regression analysis using the models 1-5 in this study EVhistory and SNF showed that higher association with childhood sexual violence compared with SESF. See Table 4a &b above in p. 42.

A Conceptual framework for CSV

The emergent themes described in Phase IV of the qualitative analysis above are used in conjunction with findings on childhood sexual violence in literature and associations of variables from the quantitative analysis to conceptualize CSV in relation to “social belonging” within social networks. These themes are used to illustrate the need for social belonging cuts across the four domains of a child’s existence in society. Each domain is influenced by the factors in the blue boxes and the child sense of belonging is manifested through the themes identified in each domain from the individual level to the societal level. These findings were used to adopt a conceptual model for CSV in Nigeria based on the socio-ecologic model (see figure 5, below).

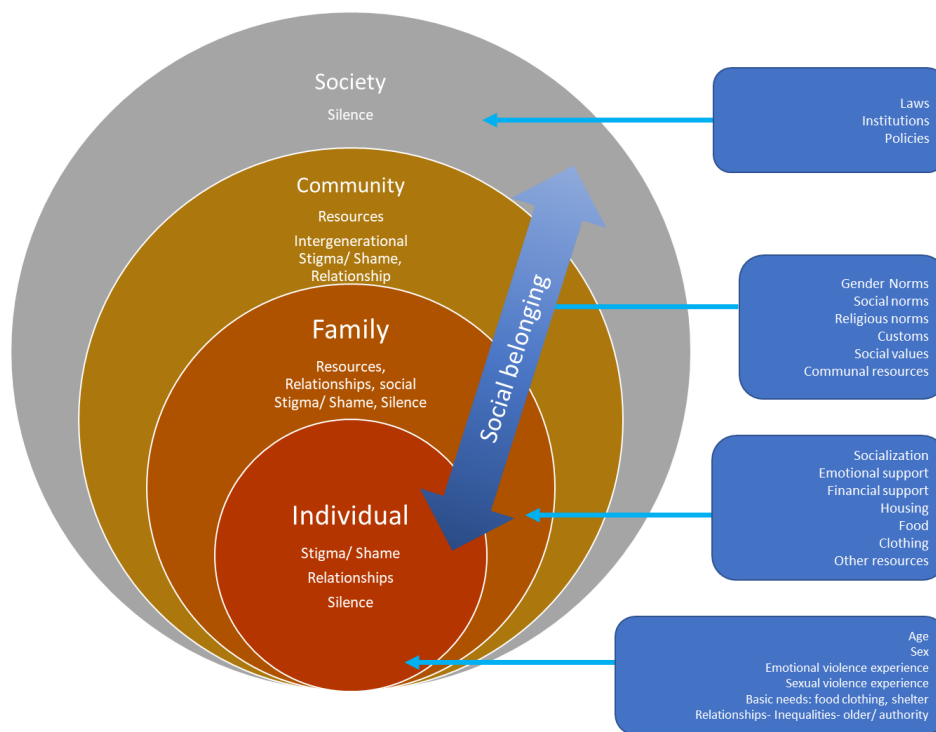


Figure 5- A conceptual framework for childhood sexual violence in Nigeria

CHAPTER IV

Discussion

Emotional violence and sexual violence are prevalent in Nigeria amidst socio-normative cultural and economic factors that are associated with childhood sexual violence. Males manifest masculinity by controlling their spouses through violence, thus females not adhering to gendered sexual norms was cited by males as the second most common reason for a husband to beat his wife (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016). Further ethnographic studies to examine historical and cultural influences on how gender norms have evolved to influence masculine concepts of gender in Nigeria in the post-colonial era will be helpful for intervention design. Nearly 26% of the children reported being exposed to at least one form of cSV, significantly less than that experienced by children 37.8% in Australia, 32.2% in Costa Rica, 31% in Tanzania, and consistent with previous cross-sectional studies in children in the United States 25.3% in the US and 24.2% in Switzerland (Singh, Parsekar, & Nair, 2014).

Emotional violence and socio-normative factors were strongly associated with childhood sexual violence, consistent with study findings from other regions (ibid) and mirrors the increased vulnerability to abuse by children living in societies that have demonstrated poor socio-economic factors, validate socio-normative factors such as male-dominated gender norms, and social order that encourage older adults to exercise control over children using violence. However, the socio-economic factor was surprisingly not as significant, as demonstrated by several studies that show an association between socioeconomic status and experience of sexual violence in children. This insignificance of the education variable is likely responsible for reducing the negative effects of childhood

labor (work) and sexual exploitation. A study by Yahaya, Soares, De Leon, & Macassa (2012) on a “comparative study of the socioeconomic factors associated with childhood sexual abuse in sub-Saharan Africa using data from DHS conducted between 2005 and 2008 in six sub-Saharan Africa countries”, showed that in Nigeria and Zambia working respondents were associated with a higher risk of childhood sexual violence and greater risk of sexual exploitation.

Justification of traditional societal gender norms was an associated factor for childhood cSV; consistent with another study (Boudreau, Kress, Rochat, & Yount, 2018; Moore et al., 2012; Kate Wood et al., 2007). This study showed that there was a significant difference in the experience of cSV between females and males with 34% and 20% respectively. Gendered sexual norms in Nigeria permit males to feel entitled, decide who and how to have sex with females (Smith, 2002). This societal gendered sexual norm influences how female children are socialized, making them vulnerable to emotional (Chaplin, Cole, & Zahn-Waxler, 2005) and sexual violence, and is in support of feminist theorists that assert that rape is a social script and a reflection of societal norms, suggesting that females constantly live under the threat of rape (Cahill, 2001; Brownmiller, 1975). The findings in this study validate the claim made above by demonstrating that female children are more susceptible to sexual violence than their male counterparts in Nigeria. This finding requires further analysis, particularly as sexual norms in the Nigerian society, favors a heterosexual orientation, and for younger children particularly girls, older males are more likely the perpetrators (National Population Commission [Nigeria] and ICF International, 2014; National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016). The socio-economic status risk was associated with

the likelihood of sexual violence, which is consistent with findings from other studies that show that in Ghana, Nigeria, and Uganda, respondents in the highest wealth status were more likely to have experienced CSA (Yahaya, Soares, De Leon, & Macassa, 2012). Other studies, however, showed otherwise (Reed, Gupta, Biradavolu, Devireddy, & Blankenship, 2010; Miller et al., 2018). This study also provides evidence that living with one or both parents was protective and living with the father was more protective as has been demonstrated in other studies (Kidman & Palermo, 2016), than living with the mother which was more protective than parental absence (J Nichols et al., 2014). This finding supports a study that suggests that there are parental differences in the roles parent play in childhood and the importance of the roles parent assume for a child changes over time as the child grows (McCartan, 2015; Kidman & Palermo, 2016; Nichols, et., al., 2014; Furman & Buhrmester, 1985).

Findings from the KIIs show that relationships, shame, stigma, silence, and resources are key to the CSV prevention interventions in Nigeria. These themes appear to cut across all the four domains of existence (individual, family, community, and society). However, they take on different meanings within each domain based on how the actors in the specific domain perceive and interprets the concept. For example, as reflected in my KII, the attribute of shame/stigma is regarded differently in different domains contexts; it is a personal stigma in the individual domain, family/social/intergenerational stigma in the family domain and family/intergenerational stigma in the community domain. These differences are not as direct interpretations of the word but in the symbolic interpretations of stigma as it affects the individual and/or family within the community they belong and have their social network. The ‘silence’ is also based on the need to prevent these forms of stigma. Scholars have identified different forms of stigma such as symbolic stigma in relation

to understandings of health issues such as HIV in different countries (Winskell, Hill, & Obyerodhyambo, 2011).

The case of the 12-year-old girl illustrates a form of connectedness of individuals in the community that prevents childhood violence issues from being addressed. It also shows the complexity of addressing CSV because these connections were the community leaders are implicated in acts that violate a child's right to make dealing with CSV in communities more complex. Findings from both the quantitative and qualitative studies indicate that relationships (parental), shame/stigma and silence associated with social, gender norms and values regarding CSV are very important factors that require attention. The findings support the need to adopt a multidimensional approach to interventions for CSV. In this study, the socio-economic status factor is not as significantly associated with the experience of CSV as suggested in findings from other studies in Nigeria needs to be explored further. Figure 5 above (p 46) is a conceptual product of the KII analysis using both inductive and existing theories and concepts on CSV and the socio-ecologic model as a template. The findings in these KIIs provides the context in the discussion section and reference to my quantitative findings.

Strengths and limitations

The survey being nationally-representative uses large numbers of respondents and enables the generalization of the results across the country. Variables in the VAC surveys defined similarly across countries making results comparable across countries are important strengths of this study (Harzing, Reiche, & Pudelko, 2013). The limitations of this study were the use of single forms of abuse in the absence of others, which does not control for the co-occurrence of other types of violence or inability to determine the specific or relative

timing of violence as a single form or in relation to other forms of childhood violence. Nevertheless, its implication for understanding the effects of violence on child victims is very crucial (National Research Council, 2014). Causal inference is difficult to assert due to the cross-sectional nature of the data; for example, it was not possible to determine whether emotional violence occurred before sexual violence and vice versa. This challenge is applicable to all other factors associated with childhood sexual violence survey data that were analyzed. The “antecedent-consequent bias, similar to the chicken and egg question (i.e. “which came first?”)” is a known limitation in cross-sectional surveys for analysis that are meant to elicit predisposition (Alexander, Lopes, Ricchetti-Masterson, & Yeatts, 2015). Finally, defining emotional violence in the African setting is still subject to much-needed research and reports may be under-reported or not reported at all because respondents may consider it “not important.” Nevertheless, in terms of its definition in the VAC survey, it is considered a carefully accurate estimate (Krug, Mercy, Dahlberg, & Zwi, 2002). A strength of this study is that it demonstrates the feasibility of engaging mixed methods in drawing connections between concepts, theories, and social problems. One challenge of qualitative analysis is the fact that “it is very flexible and there is no simple, ‘right’ way of doing it” (Elo & Kyngäs, p. 113, 2008).

Consequently, Onwuegbuzie, Johnson, & Collins (2009) assert that meaning is not a function of the type of data collected (i.e. quantitative vs. qualitative). Rather, meaning results from the interpretation of data, whether represented by numbers or by words. Furthermore, in both methods (qualitative and quantitative), the conclusion is that the meaning of the data is still a derivative of the researcher's interpretation (Brannen, 2005; Onwuegbuzie, Johnson, & Collins, 2009; Agee, 2009). Therefore, my familiarity with the context of the Nigerian society was useful in appreciating the qualitative as well as

quantitative findings. It was also helpful and productive in the reflective and interrogative process that led to the evolution of my research questions over time and the linking of concepts, theories, and phenomenon (Agree, 2009). Thus, my contribution to the discourse of CSV in this process is that I am postulating that social belonging is an important phenomenon connected with emotional experience, SESF, SNF and its role in CSV needs to be further explored in Nigeria.

Policy implications

This study provided evidence that in countries such as Nigeria where emotional violence, economic, social, and gender norms appear to have significant association and odds for childhood sexual violence. The significant association of CSV with emotional violence and socio-normative factors, such as social relationships and GA, indicates that these factors which are linked to a sense of belonging can be responsible for maintaining and sustaining CSV in Nigerian society. The interactions of these factors within several domains in the socio-ecologic environment of children is multidimensional, relative, and dependent on social and cultural contexts, which can be protective or harmful. In this study, a harmful association is demonstrated. Therefore, there is a need to undertake more ethnographic studies in communities to identify socio-normative issues and to engage communities and partner communities for action work to address the social and cultural norms that promote CSV. This author believes like others that in order to mitigate and eliminate CSV, interventions that address emotional violence and socio-normative factors that promote CSV are needed because they foster a holistic approach that involves the individual, families, communities and the society in general. Creating social environments that do not tolerate

childhood sexual violence of any form, particularly emotional violence, are important steps toward eliminating this practice (Finkelhor, 2009; Jones, 2011).

Recommendations

Based on the conceptual framework above the need for social belonging is vital for individuals in the community in which children live and grow and are socialized. The connectedness of individuals through activities that manifest the need to belong, makes this a component of people's existence that is important and impossible to ignore. Therefore, this study proposes an African womanist approach to addressing CSV (Phillips, 2006). An African womanist approach reflects the socio-ecologic model in promoting catering to the whole community. It emphasizes the need to sustain and ensure the thriving of all members of that society through its focus on community building, economic empowerment, education, psychosocial therapy, and restorative justice. Hence, by applying an African womanist perspective, it is possible to realize that the *healing* of an individual must be a communal experience. To heal the community in which the child survivor lives there must be a re-evaluation of their moral and social values, which is as important as the healing of the individual.

This type of healing is not found in a solely criminalizing approach to CSV, rather it comes in the form of restorative justice. Restorative justice applies to programs that view crime as a violation of people and relationships, causing harm for which offenders and communities are accountable and have an obligation to repair (Umbreit, Vos, Coates, Lightfoot, 2006). Restorative justice focuses on the needs of the victims and the offenders, as well as the involvement of the community. This contrasts to more punitive approaches where the main aim is to punish the offender or satisfy abstract legal principles.

(MacKinnon, 2006; Koss et al., 2004; Koss et al., 2003; McGlynn et al., 2012; Mercer et al., 2015). This perspective is an empirically grounded movement with many opportunities and pitfalls. Nonetheless, it is beneficial for addressing CSV problems due to negative social and gender norms, law, silences about CSV, stigma, and the community, particularly in poor resource environments (Bazemore, 1998). It also exemplifies an African womanist approach which seeks to cater to communities (male and female), as well as the environment and spirituality. Being attentive and sensitive to cultural and religious traditions is also very important in addressing CSV stigma based on the cultural and religious significance in African society. Therefore sensitivities to the cultural and religious differences are important in caring for and healing of the society (Lartey, 2003) Mucherera, & Lartey, 2017).

Furthermore, it is encouraging to note that there already exist a platform and resources to advance and make this actionable championed by the World Health Organization through its INSPIRE⁹ Seven strategies for ending violence against children program aimed at achieving the SDG Target 16.2. Its proven efficacy is commendable according to WHO. The program has been shown to prevent different types of violence and has benefits such as mental health, education, and crime reduction (WHO, 2018). This opportunity can be tapped into but with much effort made to contextualize intervention efforts.

⁹ Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*, 137(3), e20154079. The seven strategies consist of 1. **I**mplementation and enforcement of laws (for example, banning violent discipline and restricting access to alcohol and firearms); 2. **N**orms and values change (for example, altering norms that condone the sexual abuse of girls or aggressive behavior among boys); 3. **S**afe environments (such as identifying neighborhood “hot spots” for violence and then addressing the local causes through problem-oriented policing and other interventions); 4. **P**arental and caregiver support (for example, providing parent training to young, first time parents); 5. **I**ncome and economic strengthening (such as microfinance and gender equity training); 6. **R**esponse services provision (for example, ensuring that children who are exposed to violence can access effective emergency care and receive appropriate psychosocial support); and 7. **E**ducation and life skills (such as ensuring that children attend school, and providing life and social skills training).

Conclusion

Childhood sexual violence is a public health problem that requires an understanding of the associated factors at the individual, family, community, and society level and how these factors are intersected through the need for social belonging within social networks. Familiarity with the personal, socio-economic, and socio-normative factors that foster unwholesome practices and create vulnerabilities for childhood sexual violence is, therefore, necessary for successful CSV interventions. Policies and laws need to be tailored to tackle societal and social issues that create an environment for sexual violence to thrive such as poverty, address harmful social and cultural norms and create laws that are actionable and clear. To effectively and ethically protect children, the medical-legal system must have the basic resources and support. Community level action is also very important and should involve accountability by everyone in the community, including the leaders who need to be informed and aware of childhood sexual violence and its short and long-term consequences. There is a need for further ethnographic research among CSV survivors, guardians, and their communities in Nigeria to understand their experiences in relation to seeking justice and medical assistance.

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Appendix A



EMORY
UNIVERSITY

Institutional Review Board

August 31, 2017

Abidemi Fasanmi, MD, MA
Emory College of Arts and Sciences
Department of Women's, Gender, and Sexuality Studies

RE: Determination: No IRB Review Required

Title: *EXAMINING CHILDHOOD SEXUAL VIOLENCE: AN AFRICAN WOMANIST ANALYSIS OF SEXUAL VIOLENCE AGAINST CHILDREN IN NIGERIA Analysis of Violence Against Children (VAC) Survey in Nigeria secondary data.*

PI: Abidemi Fasanmi

Dear Abidemi Fasanmi:

Thank you for requesting a determination from our office about the above-referenced project. Based on our review of the materials you provided, we have determined that it does not require IRB review because it does not meet the definition of "research" with human subjects or "clinical investigation" as set forth in Emory policies and procedures and federal rules, if applicable. Specifically, you will analyze secondary data to determine associations between socio-cultural and economic status and sexual violence in Nigerian children. In addition, you will conduct semi-structured interviews with key representatives of childhood sexual violence related organizations such as representatives of health institutions, government and civil society organizations. These key informants will not provide personal narratives, or identifiable information. These informants will provide recounts of incidences they encountered as health personnel and in their community based activities. Personal identifiers will not be collected. Secondary data will be de-identified prior to analysis.

Please note that this determination does not mean that you cannot publish the results. This determination could be affected by substantive changes in the study design, subject populations, or identifiability of data. If the project changes in any substantive way, please contact our office for clarification.

Thank you for consulting the IRB.

Sincerely,

Anisha Easley

Anisha Easley, MPH
Research Protocol Analyst

Appendix B

KEY INFORMANT INTERVIEW DISCUSSION GUIDE

Introduction

Thank you for taking the time to be interviewed today and thank you for agreeing to participate in this study. My name is Abidemi Fasanmi. I am from Emory University in the United States. I am conducting a research project on childhood sexual violence (CSV) in Nigeria. I am here today to talk with you and others working on this issue to learn about CSV as it relates to your work and community. I am interested in knowing about CSV in your community, how your organization works with CSV survivors in preventing, managing and responding to cases of CSV. I am also interested in learning what you think could be improved and what the opportunities and challenges are.

Your experiences and perspectives are valuable, and I am here to learn from you. Your participation in this interview is voluntary. That means that you are not forced to answer any questions you do not wish to answer. Please let me know if you are uncomfortable answering questions. We can stop at any time.

This is a sensitive topic, and I thank you again for agreeing to speak with me about it. I want to assure you that I am comfortable speaking about any topics that may come up. This conversation is completely confidential. That means that I will only use the information you are providing me for this project. Any research documents relating to this discussion will not mention your name. Also, only I will listen to the recording.

It is important that I accurately capture all that we say today since it is hard for me to write down everything. With your permission, I would like to record our conversation. May I record the discussion?

[Pause for permission.]

Thank you. I have a list of topics I would like us to talk about, but please feel free to bring up any other issues that you feel are relevant. There are no right or wrong answers, and I am most interested in your personal opinions. The interview will last about an hour. Do you have any questions before we start?

[Pause for questions.]

Opening Questions

First, I'd like to learn about you and your organization.

1. Tell me about what you do here at [name of organization].
2. Who do you provide services for? Probe: sex, age-groups, ethnicity, marital status, socio-economic status, location

Organizational involvement

I'd like to learn more about who you serve and what definitions you use.

3. Does your organization see/ handle cases of 'CSV'?

- Sexual violence- Is it a problem in your service area? Probe: What are the drivers?
- Government response
- Local government response
- Civil society response
- Health facility response
- Police and judiciary response
- Community response- major players: community leaders? Role models?
- How many cases handled per week month year
- Commonest cases of sexual abuse- cause?
- Outcomes
- What do the victims/ guardians/relative consider to be sexual assault(rape)?
- How does the community describe rape or perceive rape?

SITE / Representative visit Questions

- Resources- Human, material, and money
- Sustainability plans:
- Capacity building: Training
- Monitoring and evaluation:

Closing Questions

We have talked about several issues regarding CSV and services today.

10. What do you think can be done to address/ prevent CSV?

11. How can your organization be helped to provide services for CVS survivors?

12. Is there anything we have not talked about that you would like to add?

Thank you for taking the time to talk to me. Do you have any final questions for me?

Thank you.