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Examining Childhood Sexual Violence: An African Womanist Analysis of Childhood Sexual
Violence in Nigeria

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Doctor of Philosophy

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Abstract

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By Abidemi Omolara Fasanmi

Africa, particularly West Africa, reveals a scarcity of theoretical, ethnographic or qualitative work on childhood sexual violence (CSV). Feminist theorizing of sexual violence has been generated overwhelmingly in the Global North. Most of the work on sexual violence in Africa is conducted on contemporary legal and medical issues from a public health perspective, and this is important work. However, we need insights provided by an explicitly African feminist/womanist lens which draws our attention to age grades, dual sex systems, and the importance of different cultural understandings of sexual violence. My dissertation, therefore, brings sexual violence against Nigerian children into focus calling for a critical examination of the medico-legal system and underlying socio-economic, cultural and religious practices within Nigerian society that foster sexual violence against children.

My methodology is interdisciplinary and applies feminist, African womanist, and public health lenses to explore definitions of family and community by interrogating framings of sexual violence, redress, and justice for child sexual violence survivors. The dissertation examines the co-optation of medical intervention within an unresponsive legal system. It also analyzes the intersections, interactions and implications of governmental and communal understandings of and approaches to childhood sexual violence. Furthermore, it explores childhood sexual violence and the significance of social networks - hierarchical and inter-generational relationships while paying attention to cultural, religious and economic influences. Second, it employs public health mixed methods to evaluate associations between emotional violence, socio-economic, and cultural factors and childhood sexual violence in Nigeria.

I determine that an African womanist/socio-ecologic framework is required for illuminating how social relations and the need for 'social belonging' in a child's socialization process enable or dis-enable current childhood sexual violence intervention efforts in Nigeria. An African womanist/socio-ecologic framework also enables childhood sexual violence intervention programmers to re-vision, diffract and design contextually transformative and actionable solutions. Thus, this dissertation contributes to understandings of sexual violence in an African country and to fields such as women's gender and sexuality studies, public health, religion, and law.

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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

PHI- Personal Health Information

PHC- Primary Health Centre

SESF- Socio-economic factor

SNF-Socio-Normative factor

NPoPC - National Population Commission, Nigeria

VACS- Violence Against Children Surveys

INTRODUCTION

It has been five years since I began this journey of researching childhood sexual violence. This topic has been captivating, challenging, insightful and problematic. It has pulled me in many different directions, and I still do not have solutions, only recommendations. Transversing the terrains of epistemology, methodology and disciplinary ethics of writing has been an adventure, similar to that of Alice in Wonderland. Every time, I feel as if I have a solid perspective on the subject, it quickly becomes a quagmire as I read other scholars' perspectives on childhood sexual violence. This study has exposed me to the debates on this centuries-old problem. Sometimes it seems daunting, and I know the journey has just begun. Thus, my contribution is to stimulate a critical examination of current approaches and interventions on childhood sexual violence with a call for attention to sensitivities and contextual peculiarities among peoples in different historical, geographic, political, economic, and social positions.

Growing up in Nigeria, living in the UK and now in the USA has been a life-changing experience for me. It has helped me see, understand, and appreciate the contextual differences and similarities that exist between and within societies and how *simple solutions* are not always simple. This is the case with the subject that I have devoted the last five years of my life studying. I became interested and concerned about the problem of sexual violence against children when I started medical school and began my clinical postings. In the emergency room, we observed cases of sexual violence a few times, and at that time, I recall that the residents on duty were often reluctant to invest in seeing and examining a case of sexual assault because of the administrative procedures of legal documentation involved, which was time-consuming. A decade and counting post-graduation, there is little change. The constraint of medical resources (human and material) is undeniably evident in most facilities. Sometimes, one had to use a

lantern while suturing a patient because there was no electricity. Medical commodities were often not readily available, even accessing stationery for documentation was often a challenge. A pediatric emergency room is a busy place and sexual violence survivors, presented there first, most of the time. Documenting a case of child rape involved a lot of paperwork in a busy emergency room where one had to actually find the paper to take notes; look for an orderly who was often busy and overworked with several priority assignments; get a consult sent to the resident police officer (if there was one assigned to the facility) to witness; and sign the police report and start the required legal documentation. A pediatric emergency resident also attends to life-threatening cases in which every second counts for saving a child's life. Almost everything is manually done, endotracheal tube feeding, periodic controlled medications/ injections, etc., and with very few hands.

It was chaotic! And although I understood the dilemma and need to triage patients, I felt an anxious child who had been sexually abused, too, deserved attention. Often it is the lingering physical wound as well as the psychological and emotional trauma that requires attention. There are typically no counselors available to counsel the child or parent. Rather, guidance comes from the solace of religious inclinations. The basic services rendered at the facility level were: examine and treat for any tears, investigate for STIs and HIV, give PEP (Post-exposure prophylaxis if HIV status of the perpetrator cannot be ascertained) and get the police involved. As a student and subsequently an intern, I had no obligatory responsibilities since I reported to a supervising physician. I did not have to deal with the deep ethical aspects of managing a child sexual violence case.

After graduation, I worked in an underserved suburban health facility, and there I attended to cases of sexual assault. The chief medical superintendent, however, handled all the

administrative and legal appointments related to each case. This was to enable us—the medical officers—time to attend to inpatients and outpatients. Then, I completed my service and worked in a private clinic. This was when I was confronted starkly with the ethical dilemma of the responsibilities of addressing the multiple ramifications of the challenges that an attending physician faces when confronted with a case of child sexual violence and the dilemma of the survivor.

From this experience, I recall a case of a child about six years who presented to the clinic with symptoms of profuse foul-smelling vaginal discharge of some weeks' duration. She presented with a young woman who was her mother, probably around 22 years. The presenting complaint was “My daughter has vaginal discharge, it's a lot and foul smelling”, said the 22-year-old mother of the six-year-old girl (whom I will refer to as O). O's mother sat across my consulting table with her daughter, who actively engaged me by answering my questions and probes. Her mother, on the other hand, was uncomfortable and didn't seem to want to entertain further questions, as she quickly informed me, she was mainly concerned about treating her daughter's discharge. She appeared pained, yet it seemed to me she was frightened about what truths would be revealed by her daughter and the repercussions of identifying her child's molester. In my years of clinical practice, O's case was not my first encounter with this type of presenting complaint and scenario. However, it became one of the cases that continues to confound me and that motivated my quest for answers to the salient sexual violence epidemic in Nigeria.

Cases like O's created an ethical dilemma for me: Should I follow the Standard Operating Procedure (SOP) of bringing in the police and reporting and foreclose the opportunity of treating the girl patient, knowing the mother will likely exit treatment and not return her daughter for

follow up? missing the opportunity to provide the needed medical care, which is crucial and my primary responsibility to the child? Or, should I circumvent the legal route and care for her and risk the loss of my license for not reporting the abuse of a minor which is legally standard procedure? My alternate plan included reporting, but this would be after I secured the confidence of the mother and developed a joint plan with the daughter and mother to access the help they need after reporting.

In one of my key informant interviews, I was told the story of a nine-year-old girl who presented to the primary health care center with symptoms of HIV/AIDS. After history taking, the mother disclosed that the child had been sexually abused by her paternal grandfather. She had intended to make it public, but a family meeting was called, and she was advised not to go public because the girl would be stigmatized as 'broken' and it would become an intergenerational stigma for the family, whose future generations would be regarded as child molesters. At the time, the girl had no obvious symptoms like bleeding that necessitated a hospital visit. They did not want to call the police on her grandfather. "He is family" they explained. Thus, they chose to have a community spiritual leader (the "Baale" also regarded as the "Magaji") handle the matter by putting the grandfather under family surveillance, removing the girl from that environment to live with an acceptable and agreed upon family member and offering spiritual counseling and cleansing rites to the grandfather and girl. It was believed that an abomination (eewoo) had occurred and they and the family needed spiritual cleansing to free their spirits and ward off the evils associated with the act. This way they preserved the girl and family from the shame and stigma they would have had to endure in that small community. The police were also kept out of the matter too to avoid the unnecessary monetary demands they could make.

In this community, there is no doctor on duty permanently assigned to take calls so that sexual violence cases can be addressed. According to the Standard Operating Procedure (SOP), doctors are the only ones authorized to examine, collect forensic evidence and document a case since they will be the testifying physician should the case be brought to court. There is no policeman resident assigned or trained. Even the health personnel have not been specially trained to handle cases of child sexual assault. Although they can provide basic resuscitative care when needed, they always refer to a secondary facility, miles away.

There is often no electricity; specimens cannot be stored and preserved; there are no planned mechanisms for transporting or storing forensic evidence collected in place. The facilities focus more on managing acute illnesses and providing primary resuscitative care. Cases like this were referred to the larger secondary facilities several miles away. Police personnel are mostly untrained in handling cases of child sexual assault. There is also no social protection system, referral system, or safe houses for the children to be sent. This is the reality in this community and in almost every part of Nigeria with regard to access to health and justice for a child that is sexually violated. The medical and legal systems are far from being able to address the problems of a child who is sexually assaulted. There are societal taboos and beliefs that are centuries old and strongly preserved. Most childhood sexual violence is perpetrated by a familiar person and not a stranger perpetrator.

I find Adeeko Adélékè's 'civic public' and 'primordial public'¹ an important way of conceptualizing the differences between the workings of government institutions in Nigeria and the customary lives of people. Adeeko's categories resonate with the concept of 'uneven

¹ Adéèkó, Adélékè (2005) 's insights into the moral framework in Nigeria in *Ko Sohun ti Mbe ti o Nitán (Nothing Is that Lacks A [Hi] story)*. He illustrates using Yoruba linguistic patterns, the differences that exist in moral understandings within the "civic public" (public space influenced by British colonial operations in Nigeria) and the "primordial public" (the traditional moral obligations that still operate in the private realm).

modernization’ (Ballarino, Panichella, & Triventi, 2014; Sam Ashman, 2012; Michael Lowy, 2012), a Marxist notion first introduced by Trotsky² that explains the disparities observed among populations and geographic regions using historical, political, and socio-economic trajectories of events. Modernization is described on the basis of a number of factors, i.e., education, mass communication, ideology, values and attitude, and the growth of knowledge and science. These factors have been historically influenced by certain forms of civilization in different parts of the world at different times.

The idea of uneven modernization can be applied to Adeeko’s concept of the ‘civic public’ and ‘primordial public’ and similarly translates to the issue of childhood sexual violence interventions in Nigeria. Within this framework, we can appreciate how the science of the medico-legal system appeals to the elites, often Western-educated people with power and in places of authority within government (civic public). However, it has *no teeth* among ordinary citizens due to the differences that exist in the realities of their lived experiences (materiality).

My recommendation is that conceptualizing the issue of childhood sexual violence as a multi-dimensional intersection of the social, economic, political and historical realities of nations can enable interventionists to critically examine the current framings of childhood sexual violence within mainstream health development work and consider solutions that are contextual, realistic, time sensitive (at said point in time) and able to effectively provide recourse for survivors of childhood sexual violence. The question I know activists for sexual violence justice will ask is: Should we then abandon current procedures of handling childhood sexual violence

² Leon Trotsky observed, that different countries “developed and advanced to a large extent *independently* from each other, in ways which were *quantitatively* unequal (e.g. the local rate and scope of economic growth and population growth) and *qualitatively* different (e.g. nationally specific cultures and geographical features). In other words, countries had their own specific national history with national peculiarities” Michael Lowy, 2012. *The Politics of Uneven and Combined Development*. London: Verso.

involving the medico-legal system? My answer is not to discard the medico-legal approach to addressing childhood sexual violence. It is all we have currently until it is critically examined and found to be ineffective and better solutions can be proffered since the world is moving with speed into a technologically advanced state. The reality currently is that most of the world's population is far from the technological and material capabilities that make the medico-legal approach feasible. Thus, solutions need to be contextualized in every specific environment, so that survivors of sexual violence, especially children, will not continue to be *invisible* and neglected because they have no power of their own to make their own choices about what is most important to them.

Interdisciplinary scope of work

This project is informed by women's studies, religious studies (African womanist) perspectives, feminist legal studies, public health, and is interdisciplinary in its theory, methods, and discussion. The women's studies perspective pays attention to the role of gender, sexuality, and power when exploring issues of inequality with the goal of unveiling implicit values, and underlying assumptions. It also seeks to trouble these assumptions in the bid to create a conscientious consciousness raising, re-thinking, protesting, and mitigation of the structural factors which keep vulnerable subjects and other oppressed groups from participating fully in the world in which they live. An African womanist perspective holistically caters to communities by addressing issues from a "healing" perspective that seeks not just to find remedies that are short-term and singular (individualistic) but also holistic, with attention to the spirit, soul, body, and community which in this context is applicable to the socio-ecologic framework, a health behavior change model. The feminist legal theory imbues the discussions with a legal angle that suggests that laws are a reflection of a society's moral values and norms. Public health principles

and empirical research methods identify and address population-based factors that predispose children to sexual violence. This perspective focuses more on the *material* (body) health and physical environmental health; however, in recent times there are more efforts to consider the *immaterial*, intangible, incorporeal such as the spiritual, the soul in matters regarding health. Many of the world's populations have belief systems that incorporate the *immaterial* as part of their ways of seeking and maintaining physical, social, and emotional wellbeing. People's belief system also guides their moral values, norms, and ethics about life. Therefore, this project engages these perspectives in relation to childhood sexual violence (CSV) in order to unravel aspects of human existence with critical and intentional thoughts to provoke scholars and policymakers into an appreciation of the implications of how we produce, use and adopt epistemologies (theories, concepts) and research methodologies that eventually guide policy making and CSV interventions. In this introduction, I intentionally use the words survivor/victim to invoke the realities of children who have experienced sexual violence because they are victims as well as survivors, separating the two in my view obliterates the social circumstances that made them vulnerable and, thus, victims. This position is shared by other scholars (Guerette & Caron, 2007; Stringer, 2014; Marcus, 2013).

The interdisciplinary nature of my project does not permit me to be overly specific in epistemological and methodological approach pertaining to discipline. Thus, I use a mixed methods approach that engages various disciplinary epistemologies and methods and endeavors to simplify terminologies. I proceed this way because the ultimate intention of my project is to demonstrate the connections between disciplines and how concepts and theories can be connected to create relevance to a social problem. In this project, public health data provide insights into the material reality of childhood sexual violence in Nigeria. This project

demonstrates that information on a complicated social phenomenon such as childhood sexual violence can be collected and analyzed to draw from knowledge across disciplines that are useful for making inferences about the causes of a problem through analyzing associations. What lies herein, then, addresses how individual, social and economic factors are associated with childhood sexual violence. The project specifically determines that childhood sexual violence is best understood not only by engaging public health scholarship and demographics but also by considering sociological, feminist, legal, religious theories, and research findings. For example, I provide a critique of the medico-legal system by demonstrating the challenges survivors/victims of CSV face when they enter the legal process, the challenges with the co-optation of the medico-legal intervention, and how socio-normative issues constrain survivors/victims of CSV. One of the limitations of this study is that I did not conduct a direct study with survivors/victims of CSV, which I consider vital and a postdoctoral project. This project demonstrates the possibilities that lie in an interdisciplinary approach but also recognizes the methodological challenges to researching, due to disciplinary norms for research and the application of epistemologies. There is limited research conducted with actual child survivors/victims of CSV, due to the complex ethical and practical challenges in sexual violence research (Duma, Khanyile, & Daniels, 2009) and access to minors. Research with childhood sexual violence survivors/victims is, however, important so that their voices and views on the subject can be heard because it can also yield vital information.

Outline of the Dissertation

My dissertation is comprised of four chapters, divided as follows. Chapter one introduces the research location and provides context about childhood sexual violence, with a focus on related issues such as the medico-legal system, family structure, sexuality, child rights

frameworks, and the Violence Against Children survey (VAC). Chapter two provides a literature review of childhood sexual violence and feminist analysis of sexual violence theories. Chapter three uses a mixed methodology for the research design and methods, including a description of the data source and the rationale for choosing it, descriptive statistics, the specific multivariate logistic analysis used, and the rationale for measures chosen. Chapter four concludes the study using analysis from previous chapters to explore epistemologies, with an eye for decolonizing methodologies and re-examining sexual violence framing using an African womanist lens. Finally, the chapter makes recommendations for a finding way forward to address sexual violence against children in Nigeria. Ultimately, theorizing sexual violence is important to this study because, in our contemporary times, changes in policy at the government or national levels are often influenced by objectively researched and analyzed data, which can ground theories on specific issues and inform/justify the rationale for intervention.

Therefore, the chapters of this dissertation: (1) present the issue of childhood sexual violence within the Nigerian context with the aim of illustrating the disparate ‘civic public’ and ‘primordial public’, which is based on the ‘moral philosophies of the people; (2) examine the feminist frameworks and concepts as well as the debates on sexual violence and the opportunities, challenges, strengths, and weaknesses of the medico-legal approach; and (3) uses a mixed methods approach in analyzing data collected to illustrate the complexity that lies not only in interpreting results based on different epistemological and methodological paradigms but also the contentions that result in the struggle for scientific objectivity;³ and (4) invites us to consider the origins of epistemologies, how they gain value, how the knowledge(s) produced impact

³ The struggle for scientific objectivity in defining social phenomena is consistently apparent within academia, considered an ‘elitist- bourgeoisie group’ by those in the ‘primordial public’—‘ordinary citizens’ who may consider social phenomena, more in terms of moral ethics.

people. The chapters also indicate the need to revisit methodological approaches in researching indigenous populations, considering the disparate realities of the historical impact and influences different civilizations have had in creating 'uneven modernization' through the production of knowledge, values and constraining scientific approaches.

CHAPTER ONE

Background

This dissertation uses Nigeria as a basis for analyzing the social, political, religious, cultural and economic factors contributing to childhood sexual violence in Africa. Nigeria is a culturally, socially and religiously diverse country, wrought with divisions in perspectives by child sexual violence actors. Sadly, these perspectives are often not from children themselves, which is important, given the nature of the subject being examined, which is childhood sexual violence. These *invisible* perspectives are very important because Prout & James (2003) assert in *Constructing and Reconstructing Childhood*, the experience of childhood is diverse and contextual based on intersections of many factors such as cultural, social and economic systems, natural and man-made physical environments. There is ample research on the association of physical and emotional violence with sexual violence against children (Devries, et.al., 2018), and in the context of intimate partner and non-partner violence (Abrahams, et., al., 2015; Lundgren & Amin, 2015). Sexual violence in intimate partner relationships in public health scholarship has also been examined in the context of sexual intimacy (Yount, et., al., 2016; Yount, et. al., 2015; Dunkle, et al., 2004; Abrahams and Jewkes, 2005). It is, however, important to observe that non-sexual relationships can also be intimate particularly with regard to children who are emotionally involved with their perpetrators. These emotionally intimate relationships are said to occur within social networks such as families and among community members and have been associated with a sense of identity and social belonging (Wong, Hall, Justice, Wong, 2014; Ribbens, Doolittle, Sclater, 2012; Derlega, 2013). Examining childhood experience of emotional violence and its association with sexual violence within the context of the intimate relationships that occur in the family and with familiar persons in the community who are non-

partners is also critical for effective intervention. Furthermore, there is little knowledge from research concerning the agency and power that children can exert (Prout, & James, 2003)⁴ because most of the literature on sexual violence, agency, and power concerns sexual violence against women.

The violence against children survey is currently the most wide-spread study done to provide broad-spectrum insight at a national level on violence against children including sexual violence. It is, therefore, a useful tool for obtaining estimates on the degree of violence children experience and for assessing in a sweeping context, probable causes of vulnerabilities. Nevertheless, there is still the need for ethnographic and local research on violence against children, particularly sexual violence, and the way that different communities understand and address it (Lewis, 2017; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009; Singh, 2014; Finkelhor, 1984). This project, within the limitations of being able to take on this enormous but important ethnographic task, builds on existing literature and seeks to use existing data to examine associations between parameters linked to childhood socialization such as emotional violence, socio-economic resources, and social belonging. In so doing, this project will help identify why there appears to be a missing gap in childhood sexual violence policy and intervention efforts.

⁴ See Prout, A., & James, A. (2003). *Constructing and reconstructing childhood: Contemporary issues in the sociological study of childhood*.

Sexual Violence

The World Health Organization describes sexual violence as an epidemic, stating that in some countries close to “one in four women may experience sexual violence by an intimate partner and up to one-third of adolescent girls report their first sexual experience as being forced” (Krug, Mercy, Dahlberg, & Zwi, 2002, p.149). Sexual violence around the world is not only a social problem but also one of health importance due to its effects on individuals’ physical, social, emotional and mental health as well as the long-term consequences. Studies have shown that it has a direct impact on the health and social well-being of people through experiences of stigmatization and/or ostracization by family members and others (World Health Organization, 2003, p. 149). Other documented social and health impacts are, for example, the stigma of being ostracized by family members and others, and death, which can result following sexual violence due to suicide, HIV infection or murder occurring either during a sexual assault or a subsequent “honor killing” (Grose, Roof, Semenza, Leroux, & Yount, 2019; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009; Krug 2002). The prevalence of this social problem is also evident in industrialized nations. The U.S. Department of Justice's National Crime Victimization Survey states that there is an average of 237,868 victims (age 12 or older) of sexual assault and rape each year, implying that an American is sexually assaulted every two minutes (RAINN). American girls ages 16–19 are four times more likely than the general population to be victims of rape, attempted rape, or sexual assault (RAINN).

Although a specific national database for collation of sexual violence data in Nigeria does not exist, surveys such as the National demographic health and the violence against children surveys and other studies on violence indicate that sexual violence is pervasive. These surveys are used to estimate the prevalence of sexual violence in Nigeria. For example, for young adults,

the National Demographic Health Survey (NDHS) was conducted and more recently, the first survey to assess violence prevalence in children was conducted in 2014. It is referred to as the Violence Against Children Survey (VACS) but there is currently no national registry for the collation of sexual violence-related incidences. Research on sexual violence in Nigeria indicate that sexual violence is pervasive, occurs in familiar spaces, e.g. schools, homes, neighbors' homes, or the houses of relatives and that perpetrators are often known to their victims (Achunike & Kitause, 2014; Akinlusi et al., 2014; Ige & Fawole, 2012; Akhiwu, Umanah, & Olueddo, 2013). Reports also indicate that, due to the familiarity of the assailants, under-reporting of incidences of sexual violence is common and the task of providing evidence for conviction is difficult (Ige & Fawole, 2012; Akinlusi et al., 2014). Under-reporting is attributed to several factors such as fear of stigma, distrust of law enforcement, poor legislative and judiciary interventions, and poverty (Bejide, 2014; Audu, Geidam, & Jarma, 2009; Nguyen, et al., 2018).

Additional obstacles include health workers' reluctance to be part of the legal process that requires the attending or designated medical officer to be a witness during a rape trial. In a medical personnel resource scarce facility, repeated appearances in court are time-consuming and hinder the medical doctor from rendering services to other patients. In addition, the survivor's parent/guardian may request that they want only the medical problems of the child resolved and refuse any legal option suggested based on fears that undesired publicity can harm the child (Ige & Fawole, 2012). Rape survivors are often stigmatized making disclosures of rape by victims or their guardians difficult because it impairs the survivor's personhood within the society (Bejide, 2014; Aderinto, 2010; Ilika, 2005; Oyediran & Isiugo-Abanihe, 2005; Busari, 2016; Akinlusi et al., 2014; Ige & Fawole, 2012; Akanle, 2011; Akhiwu, Umanah, & Olueddo, 2013).

Furthermore, disclosure of rape of a minor is psychologically traumatic to the minor and the family because of the social culture that “extols the virtues of the virgin bride and a court case will publicize the victim’s violation and may, in fact, stigmatize her” (Akhiwu, Umanah, & Olueddo, 2013, p. 379). Moore, Madise, and Awusabo-Asare (2012), also point to problems of understanding what sexual violence is because of gendered differences in experiences, cultural perceptions, and attitudes towards sexual violence. Female children are more vulnerable to sexual abuse and sexual abuse of male children is often ignored or overlooked (Bejide, 2014; Aderinto, 2010; Ilika, 2005; Oyediran & Isiugo-Abanihe, 2005; Busari, 2016).

In recent years in Nigeria, and in Africa in general, there has been increasing attention by activists, lawmakers, medical personnel, and women’s studies scholars to draw attention to childhood sexual violence and its effects. However, much of the discourses on sexual violence and rape in Africa, particularly in Nigeria, have been rooted in a medico-legal and activist perspective and few of the conversations have occurred within scholarly spaces or led to efforts at theorizing sexual violence and rape. Moreover, several studies in Nigeria, mostly institutionally based (at hospitals or schools) reported that victims of sexual violence in Nigeria are children under the age of 18 (Akinlusi, Rabi, Olawepo, Adewunmi, Ottun, & Akinola, 2014; Ige & Fawole, 2012; Akhiwu, Umanah, & Olueddo, 2013; Achunike & Kitause, 2014; Ezechi, et. al., 2016), women, and vulnerable groups, such as widows (Akanle, 2011) and orphans (Ige & Fawole, 2012). The vulnerability status of groups identified as at risk of sexual violence, therefore, requires action by the state.

The Nigerian Law and Sexual Violence

Nigeria

Nigeria provides a rich site, within West Africa, for the study of 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. It is the first West African country to conduct a national survey on violence against children (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016). Therefore, the study of this country provides an important basis for understanding the disconnect between research study findings, policy, and interventions geared toward mitigating and/or eliminating sexual violence against children, particularly in Africa. Nigeria also has one of the largest populations of youth in the world (Library of Congress – Federal Research Division, 2008).⁵ There are over 500 ethnic groups in the country, the main three being the Hausa, Yoruba, and Igbo, all with historical connections to nations spread [all] around Africa and the Diaspora.

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). These data underscore the importance of studying children’s experience of sexual violence in the nation. In Nigeria, men are more likely to be literate (defined as being able to read all or part of a sentence) than women; 53% of Nigerian women age 15-49 are literate, compared with 75% of men (ibid). Younger women (15-19) are also more likely to be literate (63%), compared to their older (45-49) counterparts (36%). This is important to note because educational status is often linked to better access to social services. Although literacy

⁵ See also Central Intelligence Agency 2013. *CIA World Fact Book 2014*. New York: Sky horse Publishing, Inc.

has often been associated with increased access to redress, the relevance of this claim is, however, yet to be proven.

Nigeria is a secular state and operates three distinct systems of law: common/civil law, customary law, and Sharia law. Civil law is derived from Nigeria's British colonial past and developed after independence. Customary law is derived from indigenous traditional norms and practice, including the dispute resolution meetings of pre-colonial Yorubaland secret societies and the Èkpè and Òkónkò of Igboland and Ibibioland and Sharia law is used only in the predominantly Muslim northern states (Zamfara, Kano, Katsina, Niger, Bauchi, Borno, Kaduna, Gombe, Sokoto, Jigawa, Yobe, and Kebbi) of the country. A 2012 Pew Research Center report on religion and public life indicates that 49.3 percent of Nigeria's population was Christian, 48.8 percent was Muslim, and 1.9 percent practiced indigenous and other religions or were unaffiliated with a religion (Lugo & Cooperman, 2010).

Nigeria's judicial system is based on three different legal traditions: Civil, Sharia and Customary laws, and each interprets sexual violence or rape differently. The definition of sexual violence within the Nigerian legal context tends to align most with the notion of forced or coerced penetration, i.e. "rape," compared to the spectrum of actions considered sexual violations in Western countries. There, the spectrum of sexual violence can range from sexual harassment (physical and emotional) to rape; however, in Nigerian law, spectrums of non-contact sexual violence, are not as clearly addressed as rape. Furthermore, the Nigerian civil law system is divided into the penal code (northern states) and criminal codes (Southern states) (Nmehielle, 2004). While there is a difference in definitions of rape within these two codes based on the age of the survivor and description of the sexual activity, both the penal and criminal code agree and define defilement as penetration of a *girl* child under 13. Nonetheless, there are differences with

respect to how rape or sexual violation in these two codes is viewed. Within Section 357 of the Criminal Code Act of Nigeria, Rape is defined, (as derived from the Latin word “rapere,” meaning to steal, seize or carry away) as the:

Unlawful carnal knowledge of a woman or girl, without her consent, or with consent if the consent is obtained by force, or by means of threats or intimidation of any kind, or by fear of havoc or by means of false and fraudulent representation as to the nature of the act or in the case of a married woman by impersonating her husband (Criminal Code Act-Tables - Nigeria-Law Home Page, n.d.).

Thus, the section on “sexual offenses” in Nigeria’s Criminal Code of 1990 identifies forms of sexual violence, acknowledges that consent and how it is obtained is important, and the penalty for rape is life imprisonment. Other sections of the criminal code (218 and 221) go further to address the rape of minors by describing it as ‘defilement,’ which is having unlawful carnal knowledge of a girl under the age of 16. The customary law is, however, ill-defined in this area.⁶

A major difference in the description of rape that has conviction and sentencing implications is that rape in the penal code refers to acts of penetration but the criminal code defines it as “carnal knowledge”⁷ of any girl or woman. Interestingly, both codes exclude instances that can occur within marriage. Another difference is that the penal code defines sexual violation of girls under age thirteen as defilement and those above thirteen as rape. The criminal code, however, regards sexual violation up to the age of sixteen as defilement. Chapters 21 and

⁶ Words such as “unlawful” (what then is “lawful carnal knowledge of an underage child”?) as used in this law create loopholes that allow ambiguity and the opportunity for survivors to be deprived a of justice.

⁷ Carnal knowledge within the criminal code refers to any act of forced or coerced sex that involves penetration of the vagina in any way.

30 of the Criminal Code of 1990 Act also refers to major punishable sexual acts as rape, defilement, and ‘unnatural’ sexual conduct.⁸ Thus, these three different legal systems in Nigeria: civil, Sharia, and customary create complexities in addressing sexual violence because of the differences in the definitions of sexual violence or rape.⁹ These differences in penal/civil, customary, and Sharia codes of law in relation to sexual violence make prosecutions arduous. Moreover, the legal definition of “rape” is silent about males’ rape, signaling within the Nigerian society that sexual violation or rape of a male child has not received equal legal attention.

Consequently, Akinlusi et. al. assert that “Rape is not a medical diagnosis, but a legal terminology reserved for cases of penile penetration of the victim’s vagina, mouth, or anus without consent” (2014, p.1) [if proven]. This insight is relevant in examining the benefits and disadvantages of coupling the medical with legal intervention. It also provides a justification for un-hinging medical service provision from legal options such that survivors are not coerced into police reporting but rather provided with adequate counseling so they can make an informed decision based on available legal redress options. The separation of medical and legal services allows the survivor to be free from feeling *coerced* into the legal route as part of the services provided in medical care based on a protocol. Furthermore, the proof of sexual assault (rape) is determined based on legal framings of sexual violence within the three different legal arenas (civil, sharia, customary) mentioned above. The varying contextual interpretations of the law (civil, sharia and customary), support Akinlusi et al.’s assertion (2014) that within the current context of defining rape, rape is actually legal terminology that can only be proved in a court of law. It also troubles the meaning of consent and how we understand what is lawful or unlawful.

⁸ See also The Criminal Code Laws of the Federation of Nigeria 1990. Cap 77.

⁹ See also “Nigeria, Rape - the Silent Weapon,” <http://www.refworld.org/pdfid/45a2479c2.pdf>.

The Medico-Legal System

Grace, an Ogoni human rights defender in her 40s, described how soldiers had gang-raped her, and also provided Amnesty International with photographs of injuries sustained by her child as a result of torture. "I was raped by three army men. They carried guns and they had uniforms. They kicked in the door and one man shouted to me 'if you move, I'll move you', as he hit me in the face. He threw me on the bed and raped me using his gun. Other persons came and also raped me. Another woman had a miscarriage because of being raped too. There were no witnesses to the rape. No doctor was available, I treated myself with boiling water and salt and opened my private parts to burn germs in the uterus, I also got herbal drugs [to treat the injuries]. I didn't report [the rape] to the police, there is no police in Ogoniland, [but] I testified for the Oputa Panel, had my face covered by a black cloth. I have no money, so I can't go to court" (Nigeria: Rape-The Silent Weapon, 2014).

Grace's horrific story of rape illustrates some of the challenges of adopting a medico-legal approach in a low resource and poor social protection environment. Her experience signifies the dilemma of seeking redress where even the state is culpable (the law enforcement agents are perpetrators) and where there is no doctor. Does the absence of proof of rape through medical evidence collection annul an experience? What happens when a survivor refuses to comply with the protocol, especially in the case of minors? What happens when the law demands that cases be reported to law enforcement (child sexual abuse is a mandatory reportable case),

even if guardians just want to seek medical care for the child and prefer not to go through a legal process that will expose the child and family to stigma.

Medico-legal processes have been shown to be grossly under-utilized in resolving sexualized violence in Africa in general and across nations such as Nigeria (United Nations Economic Commission for Africa (UNECA); African Centre for Gender and Social Development (ACGSD); Cyril, 2013). There are indications, however, that the use of non-legal arenas such as customary or traditional, religious spaces, and other social networks are valued in the Nigerian society (Ilika, 2005). Consequently, within a medico-legal framework, the medicalization of evidence to support the claim of sexual assault puts an enormous burden of proof on the survivor and diverts attention from a focus on medical care. Thus, co-opting the medical systems as an entry point for legal redress has become a double-edged sword (a police report requires a medical report with documentation of medical evidence or claims of assault) (Chauraya, 2013; Jenkins, 2007; Hodgkins, 2011). In a positive sense, due to the need to prevent sexually transmitted diseases and other medical complications in survivors, the medical component of the medico-legal framework is an important element of managing survivor's post-sexual violence. Conversely, within feminist discourses and within African communities, there are reservations about the legal processes involved in addressing sexual violence and bringing perpetrators to justice (Akinlusi et al., 2014; Ige & Fawole, 2012; Daru et al., 2011; Akhiwu, Umanah, & Olueddo, 2013; Mardorrossian, 2002).

Studies show that Nigerian rape survivors are often so stigmatized that disclosures of sexual violence are precluded (Kullima, Kawuwa, Audu, Mairiga, & Bukar, 2010; Boudreau, Kress, Rochat, & Yount, 2018), especially for minors whose future marriageability may be

permanently compromised, as they can be regarded as “broken”¹⁰ (Kullima, et al., 2010; Akinlusi et al., 2014; Ige & Fawole, 2012; Akanle, 2011; Akhiwu, Umanah, & Olueddo, 2013, p. 379).

Although the legal option is recognized as one of the ways of seeking redress, it is believed also to lead to the stigmatization of survivors. Akinlusi et al are right in pointing out that, while the peculiarity of rape requires medical forensic evidence ascertaining the penetration of a victim, rape is still “not a medical diagnosis” because it is legally determined.¹¹ Therefore, even though forensic evidence collection is done, the determination of a case of rape will still be within legal framings of rape. Thus, this legal intervention should not supersede adequate medical service provision to survivors. Currently, intervention efforts on childhood sexual violence use a medical protocol¹² that mandates attending health personnel to immediately engage the police once a childhood sexual violence survivor presents at a health facility (Ige & Fawole, 2012). This requirement has resulted in patients absconding because survivor(s) or guardian (s) do not trust the judicial system and are afraid of police involvement (Ige & Fawole, 2012) and stigma (Nguyen, et., al. 2018). This mandatory provision is, therefore, counterproductive for providing medical care and disrupts the processes of patient – health care provider trust and making an informed decision for redress based on adequate counseling¹³. And subsequently, the medical care needs of childhood sexual violence survivors will be disrupted by absconding due to fear of police involvement as cited above.

¹⁰ The term “broken” in this context is a colloquial word referring to something incomplete.

¹¹ See *Medical Protocol for sexual assault management in World Health Organization: Guidelines for Medico-legal Care for the Victims of Sexual Violence*. 2003, Geneva: WHO, 12-77.

¹² See Medical protocol (ibid).

¹³ I am not suggesting here that medical protocol should not be followed to collect forensic evidence where consent is obtained in a ‘non-coerced’ atmosphere but that involving the police should be after adequate medical care and counselling have been received. My experience of child sexual violence in practice and literature review shows there have been instances where a child survivor was not returned to the clinic for continued care because of fear of police involvement only for the child to develop progressing illnesses such as STIs, HIV or depression. This I believe is an ethical dilemma for health care providers.

Thus, the medical protocol in the present form impacts the health decisions and choices of childhood sexual violence survivors. Police involvement also exposes a sexual assault/rape survivor to undesired societal scrutiny and stigma (Ige & Fawole, 2012). Examples of this undesired scrutiny are apparent in Sharia-compliant northern states in Nigeria where the Sharia penal code stipulates, first, that extramarital sex is an offense punishable by stoning to death, regardless of consent between the parties.¹⁴ Thus, under the Sharia law, if rape cannot be proven, survivors are believed to have had extramarital sex. Second, in places where religious and traditional customs permit girls as young as nine years to be married—in most cases to older men, without their consent, filing for rape or sexual violence is contentious, especially in the absence of evidence of physical violence or harm (De Jong, 1991). Finally, there are contentions over whether *marital rape* is indeed rape.

Presently, the Nigerian social protection system is rudimentary and poorly resourced for regulating and dispensing child-related services (Jones, Presler-Marshall, Cooke, & Akinrimisi, 2012; Olarinmoye, 2012). The inefficient social protection infrastructure makes addressing childhood sexual violence in Nigeria, legally arduous and stigmatizing for the child (Ige & Fawole, 2012). These challenges of engaging in the legal route of redress make guardians of childhood sexual violence survivors prone to abscond from their professional duties of treating their ward (ibid). In these contexts, I assert the need to re-examine the co-optation of medical intervention within an unresponsive legal system. Moreover, the medico-legal co-optation indirectly limits the ability of medical professionals to provide ethically the needed medical interventions to a survivor. This is because survivors genuinely fear the ordeal of engaging the legal system and coping with the stigma that ensues from the trial (De Jong, 1991). Hence, the

¹⁴ See Shariah Law of Zamfara State Nigeria, 2000.

urgent need to examine and investigate contextually applicable means of intervening by exploring conversations on complementary avenues of redress that are amenable to survivors. One of these avenues is the family/community. According to studies that examined violence in Nigeria such as the NDHS and VAC survey, family resolution is the preferred form of settling most cases of violence (sexual) inclusive in Nigeria (National Population Commission of Nigeria, U. N., and the U.S. Centers for Disease Control and Prevention. (2016; National Population Commission [Nigeria] and ICF International. (2014).)

Family

Family Structure in Nigeria

The Nigerian family structure is a *mixed cultural one*. On the one hand, it adopts a Western colonial nuclear definition in its functional *formal secular state*; on the other hand, it retains an *informal traditional* model of the family often referred to within the formal secular state definitions as “extended family.” Thus, in Nigeria, the operational word for family differs in meaning and settings. Consequently, family secular jurisdiction and practice are nuclear but may mean “extended” within non-secular spaces.

Delving further into these conceptual definitions of family is important in understanding and addressing the issue of childhood sexual violence. First, the family unit is known to be the primary unit of socialization (Schneider, 1984, p. 182; George & Ukpong, 2013, p. 52) for a child’s social, economic, physical, psychological, mental, spiritual, emotional growth, and development. This unit serves as a space for the nurturing and protection of children, as well as for production and reproduction (Wolf, 1982, p. 92; Young, Wolkowitz, & McCullagh, 1984, p. 138). Accordingly, scholars, define family as the basic feature of the social organization

responsible for transmitting “traditional norms and values, beliefs, knowledge and practical skills to the members of the society for their future survival” (Ojua, Lukpata, & Atama, 2014., p. 45).

It is important, therefore, to first note that within the African-Nigerian context, family members’ functions are valued with reference to the individual’s or family’s future survival (Olutayo & Omobowale, 2006; Ojua, Lukpata, & Atama, 2014, p. 45). Second, the family is the “socio-biological unit that ensures orderly reproductive continuity” of humans (Ojua, Lukpata, & Atama, 2014, p. 45; Shyam, 2009; Young, Wolkowitz, & McCullagh, 1984, p.138). Therefore, a clear understanding of what family means is important for policy considerations and development of sustainable interventions that can address childhood violence.

The definition of family has historically undergone several modifications and changes for cultural and economic reasons (Vaughan, 1983). Earlier anthropological and sociological definitions of the family were associated with relations by "blood" (Schneider, 1984, p. 182). This definition is most acceptable with Africans to this day. However, due to modernization, urbanization, and economic changes, other social definitions of family are being adopted by groups of people in Africa. Thus, the family is defined as a group of people affiliated either by consanguinity (by recognized birth), affinity (by marriage or other relationship), or co-residence (as implied by the etymology of the English word "family" by Harper 2015), or any combination of the above. Immediate family members may include spouses, parents, brothers, sisters, sons, and daughters while the extended family may include grandparents, aunts, uncles, cousins, nephews, nieces, and siblings-in-law. Family is also defined based on organizational structure, organizations as matrifocal (a mother and her children); conjugal (a wife, her husband, and children, also called the nuclear family); avuncular (for example, a grandparent, a brother, his

sister, and her children); or extended (parents and children co-reside with other members of one parent's family) (Rajendra, 2015, p. 173; Holland, 2012).

In most Western societies, the definition of family is often about a “nuclear family” structure and this definition is used within the Nigerian secular circles and defined as comprising the husband, wife and their biological or adopted children living together in the same household (Rajendra, 2015; Holland, 2012)¹⁵. This type of family system is commoner among people in industrial countries of Europe and America (Rajendra, 2015; Holland, 2012). Oyewumi (2002, p.3) further asserts that the relationship structure within the nuclear family influences how gender roles and hierarchy are established among family members and that “the nuclear family is a gendered family par excellence” (Lamanna, 2002). She emphasizes that the context of a single-family household (the nuclear family) is “centered on a subordinated wife, a patriarchal husband, and children, this conjugal unit structure also promotes “gender as a natural and inevitable category because within this family there are no crosscutting categories” (Oyewumi 2002, p.3). Oyewumi concludes that “in a gendered, male-headed two-parent household, the male head is conceived as the breadwinner and the female is associated with home and nurture” (2002, p. 3).

This definition has serious implications in thinking about the functional role of persons in a family because it signifies a strictly gendered structure of the division of labor which is not complementary within the home/family relationship. In the Nigerian context, the nuclear family structure organizes the functional roles of individuals such that the girl child is *domesticated*¹⁶ and groomed to produce labor that is linked to childbearing, rearing, and sex. These are all activities that do not have significant economic value as they are considered informal labor. The

¹⁵ By “secular”, I mean the public/formal administrative sphere or spaces.

¹⁶ to cause to become adapted to life in a household : to make fit for domestic life (Domesticate. (n.d.). Retrieved October 25, 2018, from <https://www.merriam-webster.com/dictionary/domesticate>)

socialization of girls in this way makes them subsequently vulnerable to exploitation compared to their male counterparts who are groomed differently and considered economically dominant. This gendered way of socializing children encourages and supports males to aspire to be future “breadwinners,” and household heads and re-enforces gender norms that promote male dominance, privileges, and control of economic power. Furthermore, the adoption of the “nuclear family” concept by the Nigerian secular social domain is historically linked to the colonial influence of the British, which enforced certain Western norms and customs for the purpose of “ordering” Nigerian society for the benefit of governance, law enforcement, and administration during British rule (Olutayo and Omobowale, 2006).¹⁷ Thus, the nuclear family became an administrative unit for easy governance and a legal unit that forms the basis or building block for a larger institutional and social network system.

Postcolonial African secular/formal sectors continued to recognize and adopt the nuclear family as the basic unit for institutional recognition of the smallest unit for social interactions. In African informal spaces, however, “culture does not recognize a nuclear family structure but rather cherishes and practices an extended family system whose membership includes not only the man, his wife or wives and children but also blood relations of a common descent such as grandchildren, grandmothers and fathers, nephews, nieces, cousins and aunts” (Ojua et al., 2014, p. 45).¹⁸ Consequently, scholars insist that the “family” in the African *sense* must be defined within this African context, and the importance of communal belonging for individual fulfillment acknowledged. Thus, I assert that the definition of family is very relevant for human survival, growth and flourishing in African society. For example, it is often said that “an African becomes

¹⁷ Read also Kavita “*civilizing cultures*” and Foucault, “*governmentality*”.

¹⁸ By informal spaces, I refer to homes, rural areas, and settings that are still greatly influenced by customary traditions and norms.

fulfilled in life only in relation to the fulfillment of other members of the family” (Ojua et al., 2014, p. 45). Thus, within the African context the concept of individuality, which is rife in some Western societies, is almost nonexistent because “a person is an individual to the extent that he is a member of a family, a clan or community” (ibid).

Furthermore, to be recognizable within the society as a *human* is to belong or be linked to other members of one’s community or clan. Ogbonmwan offers a rich description of an African family as

a system whereby everybody is linked with all the other members, living or dead, through a complex network of spiritual relationship into a kind of mystical body.” Consequently, it is not just “being” that the African values; “being-with-others” or “being rooted in kinship” is an equally important existential characteristic of the African. He is never isolated since several persons are assimilated into one parental role.... A person is an individual to the extent that he is a member of a family, a clan or community (2008, p.3).

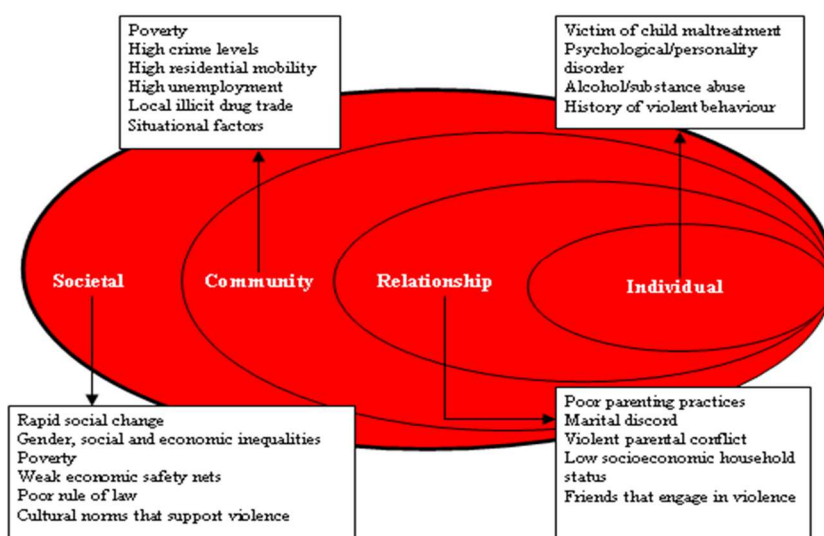
Thus, I emphasize that based on an *African world sense*, the *Nigerian family* within the private sphere still values the place of kinship in communal relationships (Imouokhome Obayan,1995).

Conceptualizing the Nigerian family in this broader way has great significance for understanding how social relationships, social economy, and self-realization are acquired, expressed and embraced. It also enables an exploration of childhood violence beyond an individualistic human rights framework and allows for a more situated analysis of childhood sexual violence in communities. This dissertation will therefore in subsequent sections apply the

socio-ecologic model, utilize the African concept of family and social relations in the analysis of social interactions and how these interactions can predispose children to sexual violence.

Thereby, unraveling the paradoxes and conundrums that exist in current childhood sexual violence interventions, with the aim of making visible resources that are hidden in untapped local communities.

Figure 1a: Socio-ecological framework



Source: WHO 2018 ¹⁹

The figure above represents the socio-ecologic framework for the prevention and control of diseases and illnesses. Although this framework exists and is being promoted by the WHO, numerous childhood sexual violence intervention actors still focus on using the human rights framework for addressing violence. Unfortunately, because the human rights framework utilizes

¹⁹ WHO 2018, *The Ecological framework*, Violence Prevention Alliance. Retrieved on 28th March 2019 from <http://www.who.int/violenceprevention/approach/ecology/en/>.

an individualistic medico-legal approach to childhood sexual violence interventions, I argue that without incorporating the socio-ecological framework,²⁰ it loses the opportunity for engagement with families and communities in finding sustainable solutions (Wirtz, Alvarez, Guedes, Brumana, Modvar, & Glass, 2016) to childhood sexual violence. Furthermore, adopting a socio-ecologic framework, instead of a human rights framework alone will prove useful because this framework considers the intricate connectedness of individuals to their community, the peculiarities of *the African family*, and the importance of social belonging in the African context²¹. Therefore, the need to combine the individualistic, community and structural approach based on the socio-ecological framework responds to the African womanist approach for addressing childhood sexual violence in Nigeria. I, therefore, maintain that childhood sexual violence interventions using a human rights framework will benefit from addressing not only the individual level issues but also the community and structural level issues. A combined approach creates a cohesive and holistic response that ultimately addresses the rights of a survivor and motivate actions that address childhood sexual violence in communities.

The socio-ecologic framework is important in two key ways: first, it signifies the importance of the factors that may promote or mitigate vulnerability and demonstrates how these factors exist in domains beyond the individual. Second, it can be used to show how specific communal and structural factors that may be beyond the individual's control, as in the case of children create challenges in childhood sexual violence interventions. For example, poverty makes a family encourage its children to hawk goods and this economic activity has been found to expose children to sexual predators (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016). Other associated

²⁰ See socio-ecologic model figure above.

²¹ See the WHO Socio-Ecologic framework below.

factors include domestic violence, which has been shown to be associated with economic power relations and impact a child's self-esteem and feelings of self-worth negatively (Miller, et., al., 2018). Thus, the question of how to intervene and decrease children's vulnerabilities in societies is, therefore, very important and should not focus on the child alone but the community as well.

Furthermore, studies show that the various forms of violence observed in our societies are borne out of social norms attributable to specific practices in communities (Last, 2000; Wood, Lambert & Jewkes, 2007; Herman, 1981; Boakye, 2009; Burt, 1980). The subsequent section will, therefore, explore norms, social networks, and relationships that exist in the Nigerian society with an eye toward providing context for how they relate to sexual violence in children. An example of a negative social norm is a community that thrives in the sexual exploitation of female children. The social norm of the community emphasizes class, so people are motivated to move from a poor to a rich status, so they can become valued and respected²². The need to attain higher social status has caused girls to be socialized with a sense of responsibility to facilitate the family's exit from poverty by any means, including sexual labor (Miller, et., al. 2015; Howard, 2012). In certain instances, girls are groomed to provide sexual services for favors or exchange sex for money. This makes them vulnerable or otherwise exposed to sexual exploitation. Thus, the exploitation of female children for goods or services is normalized in this setting (Olaniyi, 2011). Consequently, the use of a purely human rights framework to address the sexual exploitation of the girl child can be problematic because the community through its values and norms, is also responsible for promoting sexual exploitation of their girl children.

Sex trafficking of the girl child is common all over the world and is often associated with poverty (Ibraheem, 2014; Ogwokhademhe, 2013). This child rights abuse will, therefore, require

²² See article Olaniyi, R. O. (2011). Global Sex Trade and Women Trafficking in Nigeria. *Journal of Global Initiatives: Policy, Pedagogy, Perspective*, 6 (1): 6, on the social context of sex trade and trafficking of women.

more than an individualistic human rights framework but a society-wide re-examination of its moral and social values. Furthermore, the scenario of sexual exploitation and /or sex trafficking of children indicts the whole community and goes beyond collecting medical forensic specimens to educating communities on the long-term effects of these practices. Preventing sexual exploitation and sex trafficking of children also entails advocating for policy changes that can improve the economic realities of people in these communities such that these sexually exploitative practices become unattractive. (Dube, et al., 2005; Abdulkadir, 2013).

In most cases of child sex trafficking, a familiar person, benefactor or family/guardian is involved; thus, litigation is difficult because of fears that the benefactor who is a perpetrator will be arrested and charged. It is at this crossroads that the ethics of interweaving the medical and the legal within the childhood sexual violence prevention and control approach, a criminalizing process, becomes counterproductive and can further *silence* the exploited child (Pinheiro, 2006), especially in instances where the survivor does not consider his/her experience an exploitation depending on how he/she has been socialized about sexual norms. Studies have also shown survivors and their guardians have absconded or fallen through the gaps for medical treatment when the legal options of finding the perpetrator were introduced, especially in cases where the perpetrator is perceived to be a close family relative or benefactor (Miller, et al., 2015). The ethical dilemma for a health practitioner is in choosing to report over securing the health of the survivor by building trust. Furthermore, addressing childhood sexual violence in poor resource communities is never a clear-cut issue, because children are vulnerable and subject to their benefactor. The instinct for survival that survivors and their guardians often experience can create a dependence on a benefactor/perpetrator for basic needs causing them to adopt alternative mechanisms to circumvent the law in order to sustain the flow of materials provided by the

perpetrator. This consequently makes exploitative practices invisible, further predisposing children to violence (Ibid).²³

Therefore, this dissertation proposes an African womanist approach to addressing childhood sexual violence.²⁴ An African womanist approach agrees with 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, 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 childhood sexual violence survivor lives there must be a re-evaluation of their moral and social values which is as important as the healing of the individual. The healing of the individual and the community, therefore, is not found in a solely criminalizing approach to childhood sexual violence.²⁵ With this perspective of what to do with childhood sexual violence, the law and community in poor resource environments, the next section will examine family, community and social belonging in Nigeria.

Family, Community, and Social Belonging in Nigeria

Social norms are strongly associated with perceptions of sexual violence in Nigeria. It is, therefore, pertinent to identify the social, economic, cultural and religious factors that predispose or make children vulnerable or resilient to sexual violence. Identifying the predisposing factors

²³ For example, the sugar daddy phenomenon where there is some consenting on the part of the girl to exchange sex for goods or services (Miller, et al., 2015).

²⁴ See Phillips, Layli (2006). "Introduction. Womanism: On Its Own". In Phillips, Layli. *The Womanist Reader*. New York and Abingdon: Routledge. pp. xix–liv (xx). 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.

²⁵The term 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 MS, Vos B, Coates RB, Lightfoot EJCJCR, 2006). Restorative justice focuses on the needs of the victims and the offenders, as well as the involved community. Restorative justice contrasts to more punitive approaches where the main aim is to punish the offender or satisfy abstract legal principles. See (MacKinnon, 2006), also (Koss, Bachar, Hopkins, & Carlson, 2004; Koss, Bachar, & Hopkins, 2003; McGlynn, Westmarland, Godden, & Society, 2012; Mercer, Sten Madsen, Keenan, & Zinsstag, 2015).

mentioned above will also help us assess appropriate interventions. It is also necessary to identify *sustainable* and *efficient* forms of interventions that can help prevent and mitigate sexual violence towards children, given its social stigma in the Nigerian context.

In Nigeria, familial social relations are highly regarded and valued. “family” and “community” are so intertwined that “to exist is to live in the group, to see with the group, to do things with the group” (Achunonu, 2012, p. 28). Thus, individuality is understood within the context of social relations, such that “only through [their] relationship with others” (Achunonu, 2012; Ilogu, 1974, p. 22) and in terms of “being with, living with and belonging -to” (Achunonu, 2012, p. 28) do individuals consider themselves a part of society. This deep sense of family and community is expressed in various ways in Nigeria. For example, this way of existing is expressed in West African Yoruba (Southwestern Nigeria) culture with names such as *Omolará* (a child is family), *Omolewa* (Children are my beauty), *Ibironke* (family will love this child). Similarly, in the Igbo culture (Southeastern Nigeria), examples of names that express communal consciousness include *Igwe bu ike* (community is strength), *Nwanneameka* (Kinship is beautiful), *Ihe adi ka oha* (there is nothing as good as community), *Ubadimma* (population might is good), and *Ihejiako* (wisdom lies in the community) (Achunonu, 2012, p. 27). Furthermore, even poverty is addressed within this familial and communal framework. For example, the poor are referred to in Igbo as *Ogbenye*- meaning community gives (Achunonu, 2012, p. 32). This practice thus idealizes “family ties that bind individuals to the family, extended family,” clan, and society as an asset for social belonging and commonality (Achunonu, 2012, p. 28; Ilogu 1974).

Accordingly, family and community as avenues for the socialization of a child are integral to the child’s development and survival. Therefore, the practice of socializing children in

Nigeria involves, what Nnaemeka (1998) refers to as “multiple and collective parenting.” The “predominant cultural belief [and practice] in the Nigerian society is that children must be submissive” to those in positions of authority- elders, parents, teachers, etc. and “behavior not in conformity with this is punished” (Ajayi & Owumi, 2013; National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016). In other words, the upbringing of a child is both the responsibility of the biological parents or guardians and his/her community (Olutayo & Omobowale, 2006). This form of normative childhood socialization, therefore, has implications for a child’s development, social belonging, and experiences of violence.

Therefore, defining violence alone is not enough. Examining the socio-ecological context in which the act is conceptualized, perpetuated and sustained is also imperative. For example, in Nigeria, as in many other societies, classifying physical punishment as a form of physical violence is both controversial and highly contested (WHO, 2010). The disparate understandings of violence in relation to forms of punishment, therefore, has implications for how violence is understood. As Twum -Danso (2010) states, “in societies around the world physical punishment is a key component of the childrearing process” (p. 64; Last, 2000; Levinson, 1989; Ember & Ember, 2005; Ripoll-Nunez & Rohner, 2006).

Studies in Ghana, Turkey, and Tonga also indicate that the ideology and practice of child punishment in these societies are linked to “wider philosophies of socialization and ideas about the correct relationship between people” (Montgomery, 2009, p. 161; Twum- Danso, 2010). This idea about “correct relationship between people” is also “embedded within a more general theory of personhood,” in which the virtue of filial and elderly respect is critical for *good* socialization and development (Twum- Danso 2010, p.7; Okere, 1996; LeVine & Levine 1963). Several

studies have shown the relationship between experiences of violence in the family and childhood violence (Krug, et al., p. 2002; Ehrensaft, et al., 2003; Jewkes, 2002; Yount, Miedema, Martin, Crandall, & Naved, 2014). There are still controversies and gaps in identifying forms of discipline in certain cultures and religious practices. Most studies that demonstrate that parents' use of spankings as a form of parenting have negatively affected children have been done primarily in Western countries (Gershoff, 2013; Durrant, 2008). In other 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).

This dissertation argues that understanding sexual violence against children needs to be embedded in a larger appreciation of the specific community's socio-cultural dynamics than is currently acknowledged. We need to understand what constitutes violence in local settings. We need to explore cultural understandings and interpretations of violence, particularly with regard to women and children. Violence and sexuality are social constructs that are informed by culture, and these constructs are often normalized in societies and sustained in societies differently through cultural traditions passed from one generation to another. Thus, the next section will explore child sexuality, community and how they are influenced by culture.

Sexuality

Child Sexuality, Culture, and Community

Societies are bound by traditions, customs, and beliefs that guide human behaviors, attitudes, and practices (Ibraheem, 2014) (Maticka-Tyndale, Tiemoko, & Makinwa-Adebusoye, 2008). Therefore, the social construction of sexuality is guided by the norms of any given society and informs how the social network is formed, sustained, and transformed (Amadiume, 2015). In the African context, specifically Nigerian society, this is a reality (Lalor, 2004; Miller et al, 2015).²⁶ However, there is a paucity of research around sexuality in general, particularly about childhood sexuality by African scholars (Jewkes & Abrahams, 2002; Lalor, 2004; Graeme & Walker, 2005; Arnfred, 2004). Thus, understanding childhood sexuality within the context of the social and cultural environment in which children are born, raised and socialized is very important for addressing childhood sexual violence and more studies in this area are needed. As the figure above (p. 30) shows in the socio-ecological model for addressing childhood sexual violence, that the problem of childhood sexual violence needs to be addressed within the four domains of a child's socio-ecologic environment: individual, relationship, community, and society.

The World Health Organization has recently defined sexuality as:

a central aspect of being human throughout life that encompasses sex, gender identities, and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires,

²⁶ Also read about drivers of the HIV epidemic in Nigeria (see Adeokun, L. (2006). Social and cultural factors affecting the HIV epidemic.)

beliefs, attitudes, values, behaviors, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed because sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors (WHO Draft working definition, October 2002, p. 3).

Through this definition of sexuality, the World Health Organization creates opportunities to emphasize the relevance of research and discussions on childhood sexuality and violence because of the centrality of sexuality to humans in general and how socio-ecological factors can expose, mitigate, or prevent childhood sexual violence. For example, by defining sexuality with attention to attitudes, values, behaviors, roles, relationships, and beliefs, we can explore how these factors contribute to or prevent childhood sexual violence. Accordingly, the World Health Organization acknowledges the relevance of socio-ecological factors such as cultural, political, legal, historical, and spiritual factors in discussions of childhood sexual violence, as referenced in the sections above. Therefore, a focus on the socio-ecological factors is pertinent to exploring the contextual beliefs, norms, customs, traditions, and practices that are related to sexuality within local contexts that influence how children are sexually viewed. Furthermore, cultural understandings of childhood sexuality can mitigate childhood sexual violence.

Within the medico-legal framework, childhood sexual violence analysts adopt an individualistic and human rights approach which often ignores the complexity of social relationships and the role of relational bonds in influencing the social and economic well-being

of this vulnerable population. This is particularly true in poor resource environments with little or no government investment in social protective services as is the case in Nigeria (Jones, 2012; Olaore, Ogunlade, & Aham-Chiabuotu, 2016). The persistence of the individualistic/human rights approach without a reconceptualization of better ways to support a childhood sexual violence survivor has in some ways been detrimental because childhood sexual violence survivors are again re-traumatized by the ordeal of going through the legal process and confronting social stigma (ibid). Taking the issue of childhood sexual violence beyond the domain of human or sexual rights and putting it within a *womanist* context allows us to envision childhood sexual violence intervention approaches beyond an individualistic one. Much of the current medico-legal framing of sexual violence fails to create avenues to engage and collaborate with existing community institutions or hold the community accountable because of “culture suspicion”²⁷ (Graeme & Walker, 2005). Within a womanist approach, there is greater interest in engaging the community in dialogue as a way of creating sustainable change. Thus, this approach offers an opportunity for addressing the socio-ecologic factors that promote and/or hinder sustainable community interventions in childhood sexual violence (Miller, et. al., 2015). The concept of childhood sexuality in sub-Saharan Africa in general, with South Africa as an exception, is also under-researched by African scholars and requires more attention (Lalor, 2004). The paucity of knowledge in the area of childhood sexuality in Africa makes it difficult to design effective intervention, as reflected in existing childhood sexual violence prevention frameworks and intervention strategies. The next section, thus, examines existing relevant childhood sexual violence frameworks.

²⁷ Scientist and interventionist often hold culture suspect in societal problems.

Relevant Childhood Sexual Violence Frameworks

International Frameworks on Violence Against Children: Together Protecting Children

Over the years, there has been a tremendous response to violence against children at the international level, with the involvement of national, state, and local actors. Much has been done in drawing the attention of global actors to the issue of violence against children—particularly, sexual violence—with the enactment of laws, legislation, and calls to global actions through various international conventions. For example, the United Nations Convention on the Rights of the Child has been ratified by all African countries except Somalia (Miller et al., 2015; United Nations, 1989). Furthermore, several countries have adopted various frameworks and human rights laws.

So much has been done in framing the problem and constituting laws, building institutions, and related structures, however, there is still an evidential gap between policy, legislation, and intervention at the community level (Miller et al., 2015, Ennew et al., 1996). Some of the failures of the human rights framework seem to be its central focus on the criminalization of perpetrators, its individualistic approach and its avoidance of the importance of community and cultural responses to childhood sexual violence. Although the human rights framework is a strong rallying point at the international level, it fails to gain traction and has yielded slow or poor results at local community levels. Thus, there is a need to reconsider factors impeding the potency of the human rights framework. The medico-legal system, on the other hand, is the institutional tool for achieving human rights goals with regards to childhood sexual violence. These disappointments in enforcing the human rights framework can be attributed partly to the paucity of research geared specifically at identifying or defining contextual problems that relate to childhood sexual violence (Lalor, Kevin, 2004; Ennew et al., 1996). This

is specifically true in Nigeria, where there is an apparent inability to grapple with the paradoxes that exist in translating human rights into human contexts and realities. The case of childhood sexual violence thus represents the conundrums associated with a conceptual framework that does not adequately address the vulnerabilities inherent in the socio-ecological environment in which people live, work, and play.

Human rights vs Socio-Ecologic Framework

The Convention on the Rights of the Child (UNICEF, 1989) articulates that children are also holders of human rights and emphasizes the right of the child to freedom from violence. The convention also addresses protection against violence within the family and under the responsibility of caregivers. Furthermore, Article 19 of the Convention (1989) states parties are required to protect the child “from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” It is crucial to examine the framing of this human rights declaration because, as much as it addresses actors and actions, this concept appears divorced from the factors in the socio-ecological domains that influence child abuse. For example, state actors/parties belong to a social system and benefit from or partake of that social or cultural system within their society. Hence, the perception, attitude, and actions taken towards violence by state actors are often based on the socio-cultural norms within their socio-cultural group. Also, state actors are subject to the political interpretation of their actions within their communities/society. I assert that in belonging to a social group, state actors can be constrained in their actions against childhood sexual violence. An example is child marriages, some policymakers in Nigeria marry teenage girls

based on claim that it is allowable in the Sharia law and debate the National age for child marriage because they adhere to the beliefs and norms of the people they represent.

Perhaps, using the socio-ecological framework rather than a human rights framework alone will encourage an acknowledgment of such biases and promote reflections by state actors on their positionality. A socio-ecological framework also will provide an opportunity to step away from and consider the impact of child marriages and possible child abuses in this context. I suggest that this self-reflective action by actors within the childhood sexual violence discourse serves to, first, create a window of opportunity to be an *insider* with an understanding of the socio-cultural norms and context but act as an *outsider* in pushing for positive changes in childhood sexual violence actions. Second, acknowledging that state actors and parties are in fact members of social groups rather than operators of an “institution,” will help transform how childhood sexual violence interventions are developed and implemented and will create opportunities for promoting new insights on the consequences and prevention of childhood sexual violence.

Disparate understandings of childhood violence, particularly, childhood sexual violence, are indeed a major challenge to realizing the goal of preventing or mitigating sexual violence in communities, as articulated by the Convention on the Rights of the Child’s goal (Collings, 2002). The case of Nigeria, with its disparate legal, cultural, social and educational systems is a good example. Therefore, the need to identify within communities the drivers of “negative norms” that promote the abuse and sexual violation of children coupled with positive communal response structures that enable dialogue within the communities will bring about sustainable changes at the grassroots level regarding childhood sexual violence (Miller et al., 2015). In addition,

engaging a human right framework, the World Congresses against the Commercial Sexual Exploitation of Children (Stockholm, 1996; Yokohama, 2001) assert that

Respect for human dignity is the foundation of human rights. Sexual exploitation of children is a gross violation of their right to respect for their human dignity and physical and mental integrity. Fulfillment of States' human rights obligations under international law requires effective protection for all children from all forms of sexual exploitation (UNICEF Innocenti Research Centre, 2008).

The use of the human rights declaration such as the one above, fails to capture the full range of social and environmental factors impacting childhood sexual violence because it considers rape and other forms of sexual violence as violations of a person's rights and even asserts that, in times of conflict, states are responsible for protecting women and prosecuting sexual violence as a *crime against humanity* but fails to demonstrate how this will be done (Harris & Freccero, 2011; International Criminal Court, "Rome Statute," 1998).²⁸ Although this declaration holds the state accountable for sexual violence crimes, it fails to acknowledge that the state, in fact, is the people who are governed by laws enacted by the people, based on their norms and traditions. The irony is that, although this declaration identifies the role of the state in protecting women from sexual violence in times of conflict, it, assumes that sexual violence survivors are only in a state of powerlessness in times of conflict. This framing is problematic because, in trying to emphasize the vulnerability of women or children in times of conflict, it overlooks and undermines the vulnerability of these groups of people even in times of "*peace*" and creates a

²⁸ International Criminal Court, "Rome Statute" (1998). See background paper on jurisprudence of sexual violence.

dichotomy in state responsiveness. Thus, within this framework, human right is couched as *'helplessness requires state defense'* signaling that the state need not actively intervene in cases in which conflict or physical injury indicating helplessness is not demonstrated. Research, surveys, and studies, however, show that women and particularly children always remain vulnerable to sexual abuse (Lalor, 2004).

African Child Rights, Childhood Sexual Violence, and Gender-Based Violence Framework

To address childhood sexual violence, the rights of the African child and gender-based violence are therefore inextricably linked and imperative (Miller, et. al, 2015). Furthermore, studies have shown associations between socio-cultural norms such as male aggression, male dominance, and gender-based violence (Dunkle, et al., 2004; Abrahams and Jewkes , 2005), such as physical violence and emotional and sexual violence perpetrated by men towards women (Yount et al., 2014,2015; Dunkle, et. Al, 2004). Studies by Dunkle, et. al, (2004) in South Africa also show that childhood sexual assault and forced first intercourse are associated with the risk of violent revictimization in adulthood. Consequently, an international framework on childhood sexual violence must provide possibilities for creating interventional linkages between the human rights framework, which currently focuses on medico-legal measures, and the socio-ecologic framework, which addresses both the individual and the whole community.

Surveys

Violence Against Children (VAC) Survey

Appreciating the severity of a problem for policy changes, requires numbers, therefore, national quantitative surveys are vital to providing a rough estimate of the severity or prevalence of childhood sexual violence because of the diverse health, social, and economic consequences it

has on children. The Violence Against Children survey is a national survey carried out to provide representative insights into the severity of the occurrence of childhood sexual violence in the African countries surveyed, Nigeria inclusive. However, since surveys mainly provide information in numbers and do not often answer the “why” questions which are peculiar to communities and may not be generalizable, there is a need to follow up these surveys with qualitative studies that can provide the cultural or normative context that promotes childhood sexual violence in specific communities. Scholars argue that a denial of the childhood sexual violence epidemic in Africa is deeply associated with the cultural stigma associated with the act (Miller et al., 2015; Ige & Fawole, 2012; Jewkes et al., 2002, 2005). Moreover, several scholars have also documented that there is a cultural “desensitization” to the effects of this form of childhood violence due to the economic and social repercussions the individual or family may face (Lalor, 2004, p. 12; Jewkes et al., 2005; Lalor, 2008; Mbagaya, Oburu, & Bakermans-Kranenburg, 2013; Miller et. al, 2015, p. 840). Lalor (a la Armstrong) presents an example of how humanitarian aid workers trade commodities for sex and how such arrangements impact the girl and family, “a girl who has had sexual intercourse, whether consensual or not, has less chance of contracting a marriage that will contribute lobola to the family. Thus, the sexual abuse of a girl has grave economic consequences for the family” (Lalor, 2004, p. 12, Armstrong, 1998 p. 144). Miller, et al. (2015), suggests that a community’s perception of and response to CSV is influenced by the economic benefits to the family.

The economic decisions that predispose children to sexual violence and exploitation are also influenced by the *gendered roles* of individuals in the family and society. These roles are equally “influenced by patriarchal and age-based hierarchies that create opportunities for CSV such that customarily children are ‘raised to unquestioningly obey any adult’s commands out of

respect for their elders” (Jewkes et al., 2005; Lalor, 2008; Mbagaya, Oburu, & Bakermans-Kranenburg, 2013, Miller, et. al, 2015: 840). It is within this context of communal or socio-economic and political environments that acknowledging the limitations of using quantitative surveys to analyze childhood sexual violence or violence, in general, is important. Furthermore, violence against children survey tools are designed to generate single responses to sets of questions often: a “yes” or “no”, “I do not know”, or other pre-set answer from an array of choices are predetermined based on existing research, most often conducted in other countries where there are differing contextual understandings of violence.

Several researchers and studies have pointed out the huge methodological challenges involved in studying childhood sexual violence across cultures, suggesting that participants’ responses to the survey questionnaire are limited in scope and context, and ascertaining the degree of any type of violence across cultures and nationalities is difficult (Benjet and Kazdin, 2003; Baumrind, 1996; Koss, 1992; Koss1993; Koss 1996; Jewkes & Abrahams, 2002). Consequently, Fisher (2004) asserts that the critical issue is “how to develop measurement strategies that would reveal the real extent of not only rape but also other forms of sexual victimization” (p.144). For example, if the definition of physical violence in the survey document conflicts with how the society to which the tool is applied views it, this can influence how the questionnaire is answered, affect the findings, or has implications for interpreting the findings, which can impact the formulation of relevant child violence policy (Hyman,1996). Fisher (2004), further explains that the words used in eliciting rape or sexual violence within the survey questionnaire are so “broadly or poorly phrased that they ‘pick up’ and count as rape a wide range of conduct, most of which could hardly be considered criminal in a legal sense.”(p.143) As a result, it is clear that some questions create confusion for the respondent who

“answer “yes” to questionnaire items purporting to measure rape [but] do not, when asked subsequently in the same survey, report that they have been raped” (Fisher, 2004, p.143). This is similarly applicable, for example, in the violence against children survey instrument used in the 2014 Nigerian survey, physical violence is classified as the following actions such as “....., whipped, or beat you with an object,” “used or threatened you with or other weapon.”²⁹ Defining violence in this manner has been controversial and answers are subject to the cultural understanding of these words and actions (Hyman, 1996).

Despite these challenges, surveys still provide some insights on issues of violence in countries. For example, the Nigerian 2013 National Demographic Health Survey (NDHS) reports that 16% of ever-married women age 15-49 have experienced spousal violence (physical or sexual violence), this report provides a basis for further exploring the causes and/or norms that promote or inhibit domestic violence. There are also peculiar socio-economic demographics associated with the prevalence of violence to women. For instance, according to this survey, divorced, separated, or widowed women are twice as likely to have experienced physical or sexual spousal violence as women who are married or living together (32% versus 15%, respectively). Furthermore, the survey indicates that help-seeking efforts to stop violence among the ever-married women age 15-49, who have ever experienced sexual violence by their husband/partner were very poor. Only 26% sought help to stop the violence, 8% never sought help but told someone, and 51% never sought help and never told anyone. Moreover, more than 70% of women who sought help did so from their own family, close to 30% of women seek help from their husband/partner’s family, and as few as 2% sought help from the police. This finding has implications for childhood sexual violence intervention because it provides insights into the

²⁹ See Nigerian VAC survey instrument section on Physical violence.

environment in which children are socialized in Nigeria. However, a generalization of this result for intervention designs in different communities can be problematic if not contextualized.

Results from findings in the Nigerian VAC survey and the violence section of the Nigerian NDHS demonstrate high levels of violence in homes (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). These corroborative findings suggest associations between domestic violence and childhood violence, sexual inclusive. However, my postulation for the Nigerian context, will require further research to prove because it has implications for policy and intervention design, and particularly, because understandings and perceptions of sexual violence are strongly influenced by societal values and norms – including those related to legal policy and redress institutions (Ashiru, 2010; Fagbongbe, 2010; Alemika & Alemika, 2005; Ekhaton, 2015). It is therefore important that more studies and research in this area be conducted as I am attempting to do in this dissertation by utilizing various methodological approaches to analyze and unravel the issues behind childhood sexual violence intervention failures particularly in socially complex and resource-poor environments. While one can speak to large-scale data, there is much work to be done beyond the capacity of this dissertation, to learn more about sexual violence as it plays out in very different contexts. Providing context to numbers is very important because an inadequate understanding and lack of sensitivity to societal norms by intervention programmers based on quantitative data alone, often impede or interrupt communal practices that have been useful in preventing and mitigating sexual violence, violence in general or improving sustainable redress mechanisms that may be present in non-childhood sexual violence prevalent communities³⁰.

³⁰ See previously cited articles on restorative justice.

Therefore, theorizing sexual violence is important in our contemporary times, because the policy at the governmental or national levels is often influenced by findings from research and grounded theories and subsequently, inform the course of the intervention. However, due to a paucity of Nigerian or wider African scholarly material that theorizes childhood rape. The next chapter examines theories of sexual violence, and rape, among scholars from the Global North and related theoretical underpinnings of sexual violence within the African context, which centers mostly on conflict situations and unstable environments.

Chapter two explores feminist theorizing of rape, childhood sexual violence and a critique of the Medico-Legal framework for redress. The third chapter of this dissertation will use both quantitative and qualitative methods. First, the qualitative methods part will analyze findings from informant interviews conducted with key persons from community-based organizations and primary health care centers. Second, the quantitative methods will seek to find associations between identified variables and experience of sexual violence in the last 12 months among 13-18 year-old respondents and history prior to 18 years among 18-24 year-old respondents by analyzing secondary data from a 2014 Nigerian survey of violence against children. Findings from both analyses in chapter three are used for later discussions in chapter four. Chapter four will conclude the study using analysis from previous chapters to explore epistemologies and sexual violence framings with an eye for “decolonizing methodologies” and re-examining sexual violence framing, using an African womanist lens, and finally make recommendations on a way forward to address sexual violence against children in Nigeria.

CHAPTER TWO

Introduction

The World Health Organization (WHO)'s definition of sexual violence emphasizes consent as a crucial factor in determining if an individual is sexually violated (Krug et al., 2002). Although this concept is encompassing and ideal in theory, several factors influence people's decisions and actions. This understanding, though broad, is being adopted and modified in this interdisciplinary public health and women's, gender and sexuality studies dissertation to include locally adjudged forms of sexual violence. The call for new ways of re-thinking sexual violence intervention and redress, particularly as they relate to women and children, is central to this chapter's argument. Within the medico-legal framework of addressing sexual violence, there is a prioritization of the need to produce evidence.

I argue that the race for evidence is a blind spot in the medico-legal framework because it prioritizes the physicality of material evidence above a person's or community's "*world sense*," that is, the ways of "*being*" or existing in society that subjects people to experiences that are non-tangible and, therefore, "invisible" within sexual violence legal frameworks. One's "*world sense*" or social location is an important concept that is omitted in discussions within the sexual violence medico-legal framework. Therefore, this chapter will explore feminist theoretical stances on sexual violence with an emphasis on rape, problematize the sexual violence medico-legal framework especially as prescribed by international institutions; analyze African feminist responses to sexualized violence based on gender, personhood, womanhood and cultural perceptions of violence and justice; and explore alternative or complementary ways of

addressing sexualized violence in Nigeria, such as potentials within religious and traditional structures³¹.

Sexual Violence, Social Norms, and the Legal Constructs

Much of the discourse on sexual violence remains within the legal, medical, and public health domains and still focuses very much on physical sexual assault. More recently, some of the focus on sexual violence has evolved and moved beyond the physical aspects of sexual assault such as rape to non-physical forms of sexual violence (G. E. Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). The expanded notions of sexual violence include verbal abuse and harassment, as well as context-driven instances and cultures of sexual violence, such as war or civil unrest. Consequently, those addressing sexual violence in public discourse has moved towards analyzing and confronting power relations that create vulnerable subjects and advocating for sustainable socio-economic and cultural norms that will help protect vulnerable subjects. Mackinnon in, *Defining Rape Internationally: A Comment on Akayesu* (2005), confirms, “that communities are constantly redefining rape laws depending on the degree to which ‘the actualities of raping and being raped are embodied in the law’” (p. 940). Historically, much of the documentation regarding scholarly and legal discourses on the conceptualization of rape is mainly in the Global North. However, in recent years and due to the need to find peculiar ways to address issues of sexual violence within differing contexts internationally, various conceptualizations of sexual violence and justice are gradually emerging, particularly in the legal arena.

³¹ Medico-legal is defined as of or relating to both medicine and the law. medicolegal. (n.d.) *American Heritage® Dictionary of the English Language, Fifth Edition*. (2011). The medico-legal framework for addressing sexual violence is one that ties medical services provided to sexual violence (particularly- assault cases e.g. rape) to the justice system such that the two are inter-related in a survivor’s access to seeking redress and vice versa. Also see World Health Organization. (2003). Guidelines for medico-legal care of victims of sexual violence. Geneva: World Health Organization. <http://www.who.int/iris/handle/10665/42788>.

In the 1970s, with the second wave of feminism, writers began to address rape as a public issue. Brownmiller's *Against Our Will: Men, Women, and Rape* argued that rape was not the victim's fault and described rape as "a conscious process of intimidation by which all men keep all women in a state of fear" (1975, p. 15). Brownmiller particularly asserts that "rape is a crime not of lust, but of violence and power," (p.15). The work of feminist legal theorists further exposes the failure of the legal sphere's distinction between the public and the private which "makes the 'private,' not the 'law's concern," although most sexual violence occurs in this space (Graycar, 2000, p. 199). Brownmiller, in *Against Our Will: Men, Women, and Rape* draw attention to various forms of sexual violations (e.g. marital, date, and/or acquaintance rape) and, significantly, issues regarding consent in the 1970s. Since then, various theorists have worked to illuminate the connection between consent, culture, and power. Thus, MacKinnon (1989) argues that laws against sexual violence are shaped by ideas of masculinity and power. Dworkin (1976) also maintains that "rape is not committed by psychopaths or deviants from our social norms—rape is committed by exemplars of our social normsRape is no excess, no aberration, no accident, no mistake—it embodies sexuality as the culture defines it" (p. 45-46). And Marcus (1996) argues that rape is embedded in socially generated "rape scripts" that also paradoxically enable victims to resist rape.

More than a decade later, MacKinnon's "Rape: On Coercion and Consent," in *Towards a Feminist Theory of the State* (1989) analyzes the concept of rape through the lens of feminism and critiques the way rape is construed and used by the state and society. She argues that in conceptualizing rape within the context of consent, the state fails at identifying sex and violence as mutually definitive rather than mutually exclusive. (i.e. instead of seeing sex as a form of violence (mutually definitive), the state considers 'sex' and 'violence' to be two separate/

unconnected events- mutually exclusive). For example, the state presumes that for an event to be considered 'rape', it must be non-consensual and violent (Brownmiller, 2013; Buss, 2009; Brison, Brison, & Brison, 2002; Brookover Bourque, 1989; Bumiller, 1987).

Legal framings of rape are problematic, and both Brownmiller and Mackinnon's work draws attention to the construct of and attitudes about rape in societies and the need to reconsider changing the public outlook on rape. Consequently, the public outlook on sexual violence (rape) has been examined and re-defined based on historical and contemporary events. For example, du Toit's article on "*Shifting-meanings-of-post conflict-sexual violence in South Africa*", draws attention to the political and historical impact of societal violence (Du Toit, 2014); the emergence of HIV in public health drew attention to rape as a public health issue that requires greater attention (McKinnon & Vandermorris, 2019) particularly with regards to childhood sexual violence and age of consent and cases of intimate and partner sexual violence (Jewkes, 2002; Jewkes & Abrahams, 2002; Jewkes, Levin, & Penn-Kekana, 2003; Lundgren & Amin, 2015); the meaning of consent is re-examined in conflict and unstable environments (Buss, 2009; Card, 1996; MacKinnon, 2005); in non-conflict environments, the ways in which structural inequalities, such as race, class, patriarchy influence perception of who is a *true rape victim* in legal proceedings is examined Brison, Brison, & Brison, 2002) and how their status as victims and their ability to recognize their problems in medical and psychological term is established (Bumiller, 1987; Bumiller, 2009). These re-examinations of the legal framing of consent as a defining factor for *legal rape* are very important because understandings of rape and consent overlook a child's or woman's inability to consent or exercise her will in a patriarchal society, where sex is assumed to be the entitlement of men or anyone that assumes a dominant masculine position or identity. They also asserts that women's [survivors] index of presumed consent is

dependent on the man [or dominating person] who wants her/[him] and not what the survivor says or does.

Using the framework of consent to sex rather than a focus on the exploitation of vulnerabilities of the survivors, and the violation of the survivors' personhood can absolve a perpetrator of the violence committed. The consent framework also allows for the materiality of the human body within the context of rape to be negotiated on a hierarchical basis making some females "rapeable" (i.e. a virtuous young female virgin is "untouchable," and if violated can be considered "raped") and others "unrapeable" (i.e. wives and sex-workers who, based on societal values, are thought to be in a sexual contract through consent by marriage or transaction and, therefore, cannot be raped by their partner/client) (MacKinnon, 1989, p.175). In other words, wives and sex-workers are believed to be in a sexual contract with their partners or clients and rape cannot occur in such a relationship, while young girls/women who should be "virtuous" or "virgins" can be raped.

This hierarchical classification of bodies based on the materiality of their existence is problematic and, I argue, imposes a gap through which the justice system fails all survivors of rape. It also produces a gender, class, social, and age divide that justifies sexual violence under "*societally permissible*" circumstances as referenced above in the illustration of "*rapeable*" and "*unrapeable*" bodies. MacKinnon's perspective is helpful in evaluating childhood sexual abuse as a complex issue because, within this framework, it is possible to envision the contradictions in the legitimacy of male access to certain bodies. The dichotomy concerning who can and cannot be raped legitimizes the need for a show of resistance to prove rape and limits the scope of imagining rape as possible given circumstances where survivors acquiesce to their perpetrators for varied and complex reasons. Therefore, a teenager who has not maintained the social norm of

being “*chaste*” can be considered “*unrapeable*” since she does not fit into the societally acceptable script of a virtuous virgin that needs to be protected. Hence, the proof of rape must be accompanied by evidence of force and physical injury, but only for those who fit into the classification of “*rapeable*”.

MacKinnon further maintains that a focus on consent and the mutual exclusivity of sex and rape in common perception and in the logic of the state makes the proof of rape difficult in circumstances where there are power imbalances, vulnerabilities, and subtle coercion with no obvious use of brutal force. She points out that force and desire are not mutually exclusive as conceived in law because the law overlooks the power dynamics that exist between the survivor and the perpetrator. In many instances, the survivor may endure coercive sex rather than face the hazard of brutal injury due to resistance (MacKinnon, 1989, p.175). Therefore, rape often perpetuated by known or familiar persons becomes difficult to prove under the law, especially if the perpetrator is a partner, friend, relative, date, or colleague because familiarity is often equated with inferred consent. Mackinnon’s argument, consequently, provides a useful theoretical basis for exploring the implicative roles of the social, economic, and religio-cultural circumstances that expose children to sexual violence because it can allow considerations for the survivors’ social location, network and how power relations in the survivors’ network predispose the survivor to sexual violence. This is very important in childhood sexual violence intervention.

Adding to the conversation, Patricia Hill Collins (1989) argues that social deterioration manifests through social problems such as rape that is often historically subtle. Collins also draws attention to the need to re-examine the underlying factors that create social problems and avoid focusing only on the problem of rape. In other words, a problem created by the social structuring of societies cannot be solved by merely addressing it at an individual level. In the

1990s, theorizations shifted focus from rape to other forms of sexual violence and definitions of sexual violence expanded from just rape to include other types of assault that are sexual in nature.

Mardorossian's (2002) research likewise offers an insightful angle on the discourse on rape and underscores Helliwell's critique of the "universalizing tendencies of western feminists" (Mardorossian, 2002, p. 744). In critiquing this universalizing tendency, Mardorossian cites Helliwell's (2000) study on the absence of rape in the Dayak community of Gerai in Indonesian Borneo and Janet Jacobs' (1990) work on incest and the practicality of the child's subjective experience. Herewith, Mardorossian signals that within a psychological framework of dealing with victims and perpetrators of certain forms of rape such as incest and sexual aggression, studies such as Helliwell's suggest that a universalized experience can streamline sexual assault experiences into sets of definable events. These definable events, then, form the pre-determined patterns that undermine the complexities in sexual encounters which cannot be diagnosed or understood solely through a medico-legal lens. Consequently, Mardorossian suggests the need for research to re-examine the conflicting meanings of rape in the hope that conceptually understanding how rape is *constituted* can provide insightful solutions to address the gaps within the medico-legal framework and develop new ways of thinking about rape. Mardorossian also points out that the historical characterization of victimhood and perpetrators has been evolving over time—an indication of the need for culturally normative means of addressing sexual violence within local context frameworks.

Additionally, Mardorossian and Cahill showed that the relationship between sexual violence and all violence is in some way sexualized, rendering much of women's experience shaped by fears of violence. Ann Cahill, in *Re-thinking Rape* (2011), emphasizes that there is an

embodiment of the threat of sexual violence in women's everyday life and Stanko asserts that rape is a “pervading atmosphere of sexual threat to women” (Cahill, 2011, p. 1-3; Stanko, 1993, p.157) Each of these scholars, again, points to rape as being synonymous with societal constructs of power and control in which its threat causes fear in the subjugated. Cahill, Mardorossian, and Dworkin’s conceptualizations of rape provide an avenue to explore childhood sexual violence in Nigeria given the context of a high rate of various forms of violence identified in the VAC survey. Moreover, Cahill’s and Mardorossian’s theories of rape beg us to look beyond the definitions of rape as either sex and/or violence and to examine instead the wider social constructs that lead to its occurrence.

Both Cahill’s and Mardorossian’s arguments about the significance of embodiment and the inherently sexualized nature of violence are invitations to explore representations of sexuality in relation to social networks, hierarchical, and generational relationships in Nigerian society. These invitations also enable us to examine contentions around the definitions of childhood sexual violence and abuse based on studies of its prevalence in various cultures that have shown that the contact forms of childhood sexual violence are more widely accepted.³² Although Calder (1999; 2005) indicates that consent is key in such interpersonal sexual behavior, Tomison maintains that the criterion of consent may not be applicable in cases of individuals that are dependent and/or developmentally immature children or adolescents. Again, the subject of consent introduces questions about the age of consent as well as issues of power relations that are culturally embedded in societal, social and gender norms (Townsend & Dawes, 2005, p. 58-59). Guma and Henda (2005) assert that “differences in age, gender, and social status continue to

³² In this project, I regard sexual violence and abuse is synonymous; both words are often used interchangeably in many related studies. Several scholars indicate that there is a lack of consensus on definitions of child sexual violence/abuse due to cultural variations and social role definitions in societies. For example, see: Milner 1998; Calder, 1999; Finkelhor & Korbin, 1988, p.7; Nhundu & Shumba, 2001; Tomison 1995 in Townsend & Dawes, 2005, p. 58-59.

sanction the imbalance of power in decision-making processes between adults and children, men, and women, boys, and girls, husbands and wives, sons and daughters, brothers and sisters” (p. 101). Thus, it is within the given “cultural script for child-adult and male-female relationships, that many cases of sexual abuse of children take place in the intra-familial context” (Guma & Henda, 2005, p. 101). Moreover, Becker and Kaplan’s model on childhood sexual violence argues that sexual violence results from a combination of individual attributes, family variables, and socio-cultural and economic factors embedded within contexts of interpersonal relationships (Townsend & Dawes, 2005, p. 61-67).

Kimberlé Crenshaw’s concept of intersectionality helps to explore the combination of attributes mentioned in the preceding paragraph, how combinations of social and economic variables impact access to justice and also, how the construct of the law in societies are influenced by the societal norms and values. This is particularly vital to discussions about access to medical and legal services by a child who is sexually violated. Crenshaw’s intersectionality concept enables the exploration of childhood sexual violence beyond the violence to the ‘body’ of a child to consider how the violence is enabled and sustained by the child’s social location (social and economic status). Crenshaw’s (1990) “Mapping the margins: Intersectionality, identity politics, and violence against women of color” asserts the importance of identity in the sexual violence discourse. This insight is vital to how childhood sexual violence is framed within legal constructs particularly as definitions of childhood in different cultural contexts differ. Hence, these theories help us enter the discourse of childhood sexual violence in Nigeria and explore how social location and networks influence childhood agency and gendered vulnerability of the Nigerian child.³³ While this research is informed by Western feminist theory, outstanding

³³ “Vulnerability is conventionally conceived as a dynamic, multidimensional concept that relates to the choices that people can exercise and the capabilities they can draw on in the face of shocks and stresses.” Naila Kabeer (2014), “Violence against

questions to be analyzed during the study ask how these theories complicate understandings of sexual violence within scholarship and practice, especially in an African context. Using a Western sexual violence frame can produce understandings of sexual violence paradoxical to the realities of survivors as well as practitioners in relevant fields. Therefore, adopting an African sexual violence frame that moves beyond Western epistemologies of sex, rape, gender, and law that have constrained public health practice and sexual violence intervention is important. African feminist theorists like, Oyeronke Oyewumi and Ifi Amaduime in their respective works, “Visualizing the body: Western Theories and African Subjects” and *Male Daughters, Female Husbands: Gender and Sex in an African Society*, maintain that we must pay attention to societal arrangements such as generation, cultural, religious and economic factors, as much as gender or sex.

Theories on sexual violence in children are sparse and most studies on child sexual abuse occur within the medical, legal, and public health field. In doing a literature search for childhood sexual violence, it is hard to find theorizing about history, sexuality, and violence which is not captured through public health frameworks. Furthermore, perceptions of African feminists not engaging in the theorizing of rape are formed arguably because African feminists have often contested Western feminist frameworks on rape which take on an individualistic gendered approach to sexual justice, asserting that using a gender analysis alone is inadequate for addressing inequalities experienced by African women and children that make them vulnerable. This difference will be explored in the section below because much of the research is useful and there is an urgent need for feminist research on the subject of rape, especially in western Africa.

Problematizing the Medico-Legal System for addressing sexual violence and rape

Seidman and Vickers' analysis of the "hierarchy of rape victims' legal needs" provides a useful way of thinking about the reasons why sexual violence survivors do not consider medical documentation and engaging the police a priority at the time of reporting to a health facility for treatment (Akinlusi et al., 2014; Ige & Fawole, 2012; Daru et al., 2011; Akhiwu, Umanah, & Oluhetto, 2013). In their analysis of survivors' legal needs, Seidman and Vickers assert, "Maslow's theory...suggests that unsatisfied needs exist in a predictable, sequential and universal hierarchy that motivates humans to act" (Seidman, & Vickers, 2005, p. 470). Maslow's model includes a first level: placing physiological needs such as air, food, shelter, warmth, sex and sleep as vital; a second level: safety, security, protection from elements, order, law, limits and stability; a third level: belongingness, love, work group, family, affection, and relationships; a fourth level: social esteem, self-esteem, achievement, mastery, independence, status, dominance, prestige, and managerial responsibility; and a fifth level, the highest level of need in the hierarchy: self-actualization, which includes realization of personal potential, self-fulfillment and the seeking of justice and personal growth (Maslow, 1943). Consequently, Seidman and Vickers conclude that the criminal justice process does not meet rape victims' primary need and the legal process may not protect them from the traumatic consequences to their wellbeing (first to third levels of the hierarchy of needs) after an assault. Furthermore, Bumiller asserts that essentializing the criminal law with regards to sexual violence allowed the state greater control over women and children through welfare policies that increased the surveillance role of social-service bureaucracies (Bumiller, 2009).

Seidman and Vickers (2005) and Bumiller (1987), therefore, argue that the essentialization of criminal law as a critical path for addressing rape victims' right to

compensation removes civil remedies and civil rights, such as privacy, from the social domains of the victims, thereby creating more harm than good. There are also challenges within the medico-legal framework for managing the emotional, psychological, and mental trauma faced by the survivors of sexual violence in Africa because the framework prescribes forms of management of these kinds of trauma based on medically recognized procedures, such as clinical psychotherapy and counseling. Such procedures are not valued forms of treatment in the African setting because their epistemology and methodology of practice are derived from a white dominant culture (Sue, 2008, p. 34). Furthermore, the medical examination of the victim of sexual violence requires consent. This process is a vital component of the medico-legal framework's pathway to "justice."

Although it is implicit that a victim gives consent to the medical processes of examination post-sexual assault, this consent can be arguably considered *coerced* because assumed "consent" is a requirement for a medical examination prior to collecting *material* evidence (an arduous and intrusive process).³⁴ A refusal to consent denies the survivor the opportunity for evidence collection and the survivor misses a vital aspect of "entering responsibly" into the legal pathway to justice. Thus, consent is part of the process of becoming a "responsible victim" without which the victim cannot commence "responsibly" on the path to justice. It is at this juncture that the marriage of the medical and the legal paths for managing victims becomes problematic. In effect, the legal process for prosecuting sexual violators co-opts medical protocols, ideally designed to freely assist survivors in enduring another intrusive ordeal in order to get justice. In support of Sherene Razack's view, I assert that this form of management can be considered imperialistic and racially biased because the legal [and medical]

³⁴ See especially the "Exam and Evidence Collection Procedures" section of the *National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents* by the U.S. Department of Justice Office on Violence Against Women, April 2013.

system does not consider peculiarities of the experiences of women of color (Mardorossian, 2002, p.154); neither does it account for what Seidman and Vickers describe as the “hierarchy of rape victims’ legal needs” (Seidman & Vickers, 2005, p. 472).

Also, the medico-legal process as argued by some feminists often violates the survivor again due to its process of obtaining legal proof. Scholars argue that this process forces the survivor to relive the experience repeatedly and, thus, the victim is re-victimized. Consequently, this process can be considered a form of sexualized violence by the state also because it puts the weight of proof of violation on the victim and results in psychologically re-traumatizing the survivor. This argument also ties in with MacKinnon’s perspective on consent in the sense that a victim’s capability for consent is tied to basic human needs such as food, shelter, and safety. It then becomes problematic to unravel the thin line between consent and coercion, willful sex, and willful acceptance of sexual violence due to a will to survive or acquire basic human needs. Conceptualizing sexual violence (rape), therefore, requires considering the reality that coercion does not have to be necessarily *explicit* but can also be *subtle* and can occur where social, political, and economic instabilities constrain vulnerable subjects to “consent” to undesired sexual encounters in order to acquire or sustain basic human needs. This way of conceptualizing sexual violence provides a broader perspective on sexual violence and frees us from earlier constructions of rape as a predatory act associated with force or physical coercion. Thus, it allows us to appreciate the culpability of society in its failures to address inequities that create *opportunistic sexual violence*. It is in this space of what I term *opportunistic sexual violence*, this gray area, that the medico-legal system fails to provide justice to survivors.

Ironically, both local (Nigerian) and internationally driven legal and medical processes and guidelines³⁵ are set within the criminal justice medico-legal framework based on Western constructs of society, norms, and order that often excludes religious, traditional and/or locally acceptable means of restitution and redress peculiar to a given society or community.³⁶ Consequently, adopting the framework of opportunistic sexual violence presents an immense appreciation of different factors and aspects of society that can create vulnerable subjects and allows us to explore sustainable solutions that are not individualistically focused (as with the medico-legal approach). Rather, this more flexible, holistic framework caters not just to justice for *bodily harm* but addresses *societal maladies* which a medico-legal framework alone cannot address.

Sexual Violence and Justice: African Critiques

Of Gender and Why They Matter

It appears that African feminists have not been visible in the theorizing of rape. This perception, however, is conceivable because African feminists have often contested Western feminist frameworks regarding gender, which they view as inadequate for addressing inequalities experienced by African women. Ifi Amadiume, in *Male Daughters, Female Husbands*, illustrates the fluidity of gender among the Nnobi people in southeastern Nigeria, demonstrating how conceptualizations of gender among the Nnobi challenge the ethnocentrism of Western social

³⁵ “Forensic evidence collection and DNA testing are increasingly viewed as a primary part of sexual violence legislation; However, most sub-Saharan African countries lack the requisite facilities for testing.” Criminal data banks and offenders’ registries” (Kilonzo et al, 2009, p. 16).

³⁶ Sociological studies indicate that the framing of shame or trauma differs from person to person and one society to another and is based on a societal value system. Thus, the introduction of external concepts can alter existing value systems and eventually result in the shaming of actions otherwise considered normal. Whether this shaming supports an overall good in dealing with the actions considered evil by this new value could arguably be dependent on how well the victims and perpetrators have fared after the adjudged intervention.

anthropologists and feminist imperialistic approaches to issues regarding women in Africa. Consequently, Nnaemeka (1991) using Amadiume's ethnographic account of the Nnobi problematizes the failure of the strict private and public divide of Western frameworks and their inability to grasp the "immense power and autonomy exercised by women in stateless societies where power was once more diffuse and decentralized." (p.610)

Nnaemeka further points to Amadiume's critique of binary gender roles ascribed to individuals based on sex within Western society, asserting that gender ideas in the Nnobi society "grew out of ecological factors and modes of production, male-female social relationships mediated by flexible gender ideologies and a linguistic system with certain genderless aspects that allowed the possibility for both sexes to assume the same roles and status" (p. 611).

Perhaps, if a genderless approach to sexual violence is retained, the script that imposes the need to prove conformity to the prescribed social virtue of "sexual respectability" would then become pointless in demanding redress or arguing for conviction of an assailant.³⁷

Adoption of a genderless, race-less, and classless approach to sexual violence offers the possibilities for re-framing and re-imagining sexual violence as a violation of someone's personhood. Thus, redress is designed to meet the needs of the victim, as well as tackle the social issues that breed perpetrators. As Oyewumi (2005) argues, "Western interpretations of the social world is a cultural discourse and cannot be assumed uncritically for other cultures" (p. 2). Therefore, Jenkins, Chauraya, and Hodgson conclude that African cultures and perspectives are pertinent in discussions on gender, sexual violence, and justice in African communities (Oyewumi, 2005, p. 2; Seidman & Vickers, 2005). Moreover, the work of African feminists,

³⁷ I use this in describing the socially acceptable sexual virtues required of women and girls in order to fit into the category of a victim that is inscribed within the medico-legal system's processes of proof or evidence of sexual violation, which is linked again to the gender identity or conformity, class, and race.

such as Oyewumi's (2005) critique of Western views of the body and social order, proves helpful in understanding the differences that exist between how Western and African feminists conceptualize the body and, by inference, gender (p. 4). She maintains that the "gaze of difference" is historically linked to the "gendered gaze" that bodies receive and argues that social order in the West is constructed based on this perceived difference whereas, African cultures, e.g. the Yoruba privilege senses other than just the visual (Oyewumi, 2005, p. 4).

Oyewumi's analysis provides a basis to assert that the conceptualization of gender and sexual violence in Africa is different from that of the West. Western feminists and the civil justice system (patterned after Western constructs of social order) centralize the body as the object of discourse and violation, i.e. violence in relation to a "body," stratified by gender and differentiated by hierarchical statuses such as class and race (Bumiller, 1987). It is pertinent to observe, however, that African feminists insist that the center of the discourse on sexual violence resides in the social location of the individual and the nuances of the society in which the individual exists, regardless of its biologically ascribed gender. Consequently, I take seriously Oyewumi's (2005) argument that, in theorizing the body based on Western constructs of gender, "biological explanations appear to be especially privileged over other ways of explaining gender, race, and class" (p. 3). This privileging of the biological obscures the complexities of human relationships, which are not biologically defined by the physicality of a body but are powerful in negating the ability of individuals to determine or assert their rights. Furthermore, the Western medico-legal framework in addressing sexual violence presents a perception of human existence that prioritizes an appreciation for the materiality of evidence that force physicians to document accounts of survivors and examination findings and collect evidential specimens in order to "effectively" prove and prosecute sexual violence.

The essentialization of the materiality of evidence is a blind spot in the medico-legal framework because it prioritizes the physicality of material evidence above the “world sense,” i.e. the ways of “being” and existing in society that subjects people to experiences that are non-tangible and, therefore, “invisible” within sexual violence legal frameworks. Hence, this “world sense” or *social location* is an important concept that is omitted in discussions within the sexual violence medico-legal framework because biological determinism, a bedrock for science, subtly informs the basis for the collection of DNA evidence. In the current medico-legal framework, such verifiable evidence is a requirement for securing uncontested criminal convictions in cases of sexual violence. Although a good and logical intervention, especially for repeat offenders, evidence collection is itself an indictment of a society’s social norms because this method creates a permissive environment for actions of sexual violence to thrive if they cannot be evidentially proven.

Oyewumi and Amadiume’s argument that the conceptualization of the body in African culture is not based on the biological constitution but on the socio-cultural (world sense) understanding of the materiality of the individual, allows us the reflexivity of considering the social location of survivors of rape as very important for legal proceedings and deliberation. On this basis, I argue that addressing sexual violence in Africa (and Nigeria, in particular) should be geared more towards proof of a secure and safe environment (mentally, physically, emotionally, psychologically, socially, and economically) and not merely proof of injury to a *body*. This approach will help rehabilitate both the survivor and perpetrator and address societal ills.

Of Personhood and Womanhood

Most contemporary debates within feminism on gender-based violence in reference to women and girls are enmeshed in debates on what counts as childhood and womanhood. Several

scholars assert that both childhood and womanhood have different meanings in different cultures and is a continuum (McCartan, Kemshall, & Tabachnick, 2015; Prout & James, 2003; Rumble et al., 2018). Regardless of this continuum, the central issue in gender-based violence especially, sexual violence, is consent (Bumiller, 1987, MacKinnon, 1989). In using consent as a point of analysis, it is easy to appreciate how the debates on female genital cutting and sex, have been associated with establishing a difference between who counts as a child and woman, who is an appropriate sexual subject and the age of consent. In Western societies, childhood and womanhood are defined based on biological constructs and phases of development but in some cultures, these two stages occur as a continuum and is a social construct (Prout, 2004; Prout & James, 2003). Take for example, the womanhood initiation rites, to transit from a child to a woman in some parts of the world, particularly Africa, are so vital to a child because they are also tied to social capital (marriageability) of being a woman and female personhood (Delaney, 1995; Althaus1997). The disparate world views regarding childhood and womanhood among Western liberal feminist and African ‘feminist’ scholars are also responsible for the differences in opinions regarding how best to address sexual violence due to questions of when a child becomes a woman and can give consent. The concepts of childhood and womanhood also have implications for how rape is viewed in societies where there is conflict. Within this context, the societal perception of the rape of a child is different from that of a woman, especially if she is married, and rape is perceived as ‘a weapon of war’ (Card, 1996; Buss, 2009). Therefore, in addition to the law, an examination of the socio-cultural and economic or political context in which this violence occurs is also needed (Bumiller, 1987; Toit, 2014).

In the African worldview, the highest value of life lies in the interpersonal relationship between humans, hence there is oneness between humans and nature. On the contrary, in the Eurocentric worldview, there is separateness between nature and humans. Thus, while the survival of the group holds the utmost importance, making one's self-complementary to others in an African view, it is the survival of the fittest that matters in Eurocentric circles, making one's self-distinct from others. (Chauraya, 2012, p.254)

Chauraya (2012) captures how “cooperation, collective responsibility, and interdependence are key values of which all, men and women should strive to achieve in an African worldview” (p.254). However, in co-opting the medical within the legal pathway for resolution and redress, the survivor is deprived of the space for healing, privacy, and choices. Consequently, the personhood of an individual often dissolves within the medico-legal framework that individualizes both the victim and the perpetrator and removes them from conditions that speak to their personhood within their community. Personhood, therefore, becomes absorbed into policies relating to sexualized violence that are far removed from the survivors' realities.

Pamela Scully's concept of the long “suffering African woman”(Scully 2011:18) within the arena of sexual violence and the Western medico-legal framework in Nigeria underscores the convergence of external political forces upon the individual (Bjurstrom, 2013, p. 153). Scully argues that applying a Western framework to an African woman's case removes the African woman from her own agentic narrative and reconstructs her into a racialized, gendered, and individualistic identity requiring protection based on women's rights, which has been

counterproductive (Bjurstrom, 2013, p. 153; Scully, 2011). Bjurstrom echoes Scully's perspective that though (Western liberal feminist) discourses of rights succeed in parliaments, they fail in communities, especially in communities in which their own conceptualizations of success are still being defined. This is true for current Medico-legal practices relating to sexual violence, not only in Nigeria but also in Africa, generally, and the world (Seidman & Vickers, 2005; Kilonzo et al., 2009; WHO). Within this framework, the legislature sets out clear Medico-legal policies for addressing sexual violence through laws framed within a state apparatus structure, such as the arms of the judiciary (police, courts) and hospitals. This framework overlooks local or traditional processes that are pertinent to a holistic approach that addresses communal norms in African-Nigerian societies. Thus, an endorsement of a medico-legal framework alone that ignores other local institutional means of redress, such as religious, traditional or customary structures acceptable by society and survivors of sexual violence, can be problematic in an African-Nigerian context. The medico-legal framework encourages conformity to an individualistic approach and fails to appreciate the communal, agentive persona of the survivor. To address the framework's limitations, I will explore the use of customary or traditional and religious means as complements to the legal means of achieving justice for victims.

Complementary Approaches to Sexual Violence Justice in Nigeria: Unexplored Spaces (Religious and Traditional) for Addressing Sexual Violence in Nigeria

In proposing a complementary non-legal approach to the current medico-legal system for victims of sexual violence, I anticipate resistance to the idea and a huge debate about the gains of women's movements in compelling the state to address issues of women's rights violations. However, adopting a complementary non-legal approach, in my view, would not contradict the need for women's protection against sexual violence by the state as asserted by activists and liberal feminist frameworks. Indeed, my approach will open up opportunities to explore a more robust, culturally sensitive, and sustainable solution to addressing sexual violence. It will also enable further exploration of legal approaches in arguments regarding sexual violation of children, specifically those in child marriages, which are especially relevant and remain a gray area within the Nigerian legislative framework. Therefore, the proposal to consider the non-legal approach, is not meant to discredit the worthy cause for the rights of children and women in general and especially those in early and forced marriages, but it is to open up discussions of what is workable and enforceable through communal responses within different cultures, traditions, and societies.

I approach this task cautiously as well because, as Salma Maoulidi warns, I also am mindful that "as external forces destabilized the nation's culture," women "became the ultimate cultural icons through which society would resist cultural intrusion and assimilation" (Bjurstrom, 2013, p. 154). Thus, I choose not to explore this subject solely based on African womanhood. I realize, like Bjurstrom (2013) that there is a danger in ascribing last residues of cultural validity to women because it is "women who remain situated in externally reinforced cultural stasis even as society itself evolves" (p. 154). This means that shifting emphasis from analysis of African

womanhood to how societies can use the facts pertaining to sexual violence to modify and even overhaul their own communal values so that they offer a protective environment to all is key in this discussion. This discussion is also necessary now due to an undoubtedly increasing amount of research showing that there are ethnographic differences in how issues of sexual violence are handled not only in Western but also in non-Western countries (Bjurstrom, 2013, p. 154; Ilika, 2005, p. 80-86). The demonstrated inability of the medico-legal system to adequately address cases of sexual violence indicates even more, that other forms of redress that are less financially burdensome, emotionally, and psychologically traumatizing need to be explored (Ige & Fawole, 2012, p. 22-25; Kilonzo et al., 2009, p.10-19).

Akinlusi et al. observe that “Survivors want justice as evidenced by the proportion of those who had made police reports” (Akinlusi et al., 2014, p. 6). There is no gainsaying that justice is a need for survivors. The question of what type of justice and how justice can best be attained is dependent on being able to navigate the conflicting meanings of rape and justice in different societal contexts. According to Nnenna Nwogu (2007), “the question of justice is how we define justice” (p.10). She goes on to argue that justice is contestable and that “while we agree on abstract notions of justice, its application inevitably involves endless disputes about their proper use” (p. 10). She points out that justice can be prospectively or retrospectively conceptualized, but either way, it operates in the context of social relations (ibid). Social relations are, however, ascribed to the culture of a people and inform the law, just as the law informs the culture. Therefore, Bjurstrom (2013) argues that it is important not to discount cultural differences in justice, resolutions, and peacemaking. An important question is, what would adoption of cultural relativity mean for current universalistic human rights claims about the nature of sexual violence?

Akyeampong and Obeng (2005) indicate that within African societies, the Asante specifically, spirituality structures the interpretations of the material world. The Pew Research Forum (2010) notes this is also true in Nigeria: 87% of Nigerians, in general, consider religion important and 80% of Christians consider religion important to their lives. Adeeko (2005) also offers insights into the moral framework in Nigeria in *Ko Sohun ti Mbe ti o Nitán (Nothing Is that Lacks A [Hi] story)*. He asserts, using illustrations from Yoruba linguistic patterns, that differences exist in moral understandings within the “civic public” (public space influenced by British colonial operations in Nigeria) and the “primordial public” (the traditional moral obligations that still operate in the private realm).

Following these two African world senses—Akan and Yoruba—it can be argued that the place of religion and traditions fall within the “primordial space” while the medico-legal instruments for seeking justice in the event of sexual violence exists in the “civic public.” There is, however, a need to bridge the divide between the two publics. I argue that the failure of the medico-legal system, by bringing about the needed justice for sexual violence survivors, is tied to the exclusion of the role of the “primordial public.” In Nigeria, there are indications that appealing to non-legal (“primordial public”) arenas such as customary or traditional, religious spaces, and other social networks to address sexual violence is valued. This is also true in other societies around the world. For example, Britt Herstad (2009) highlights the essential role of religious leaders in addressing gender-based violence, including sexual violence. I anticipate at this point that the critical question will be, how do we align such distinctly different world views—the primordial public and the civic public— and how might such an alignment eradicate structures (patriarchy) that institute these imbalances in the first place?

I argue that it is in separating these worldviews that violent structures of power (patriarchy) are operationalized, dichotomies are created, and people's lives are fractionalized. It is also by limiting the interactions of these two spaces that living the *truth* and a *lie* becomes possible for the same individual. The strength to allow an authentic and flexible interaction of ideas, I suggest, will eventually produce better outcomes that are sustainable and productive. We might proceed by exploring the meaning of personhood and womanhood as understood and expressed in African ideas of communal belongingness, such as the concepts of *Ubuntu* or *Arami* in South Africa and Yoruba-Nigeria, respectively, literally meaning "my body," but figuratively meaning, "my people." Pairing the use of contextually authentic understandings of personhood, womanhood and belongingness, with an examination of what justice is and the failures of the medico-legal system to address the needs of survivors, according to Mardorossian's application of Maslow's theory, provides a justification for examining the potential that lies in the inclusion of religious and traditional spaces for addressing sexual violence.

Conclusion

The World Report on Violence and Health by Krug, Etienne G. et al. (2002) shows that there are several factors such as individual, relationship, community and societal realities that predispose individuals to either be victims or perpetrators of sexual violence. Therefore, efforts to improve processes in sexual violence litigation need to be holistic enough to deal with other factors external to but influencing the victim or the perpetrator. In a relevant case, for example, a family experienced incest and refused to disclose it to the "civic public," but chose to use other non-legal means, including elders and religious leaders to effectively reprimand and condemn a perpetrator's action. This framework can also work to nurture the survivor by providing

protection, spiritual, and emotional support that enhance their psychological well-being and ensures acceptance and belonging. The community can become the watchdog and function to deter future actions by providing the needed rehabilitative support to the perpetrator without being destructively judgmental of both the survivor and the perpetrator. Such measures afford the society the opportunity to accept societal culpability and thus nurture both the perpetrator and survivor by addressing the underlying factors that create the victim and perpetrator. This approach also provides an enabling environment for survivors to speak up without being silenced out of fear of litigation, particularly when a familiar person is involved.

CHAPTER THREE

Associations Between Socioeconomic and Socio-Normative Conditions, Emotional Violence, and the Experience of Childhood Sexual Violence in Nigeria

Childhood sexual violence is a global public health issue. Although it has generated the interest of policymakers and led to the enactment and review of numerous policy declarations and laws aimed at addressing the problem, there remain barriers to adequately addressing this issue both at local and global levels. These barriers are attributed to differences in culture, attitude, perceptions, and silences around sexual violence in different countries that make it difficult to ascertain the drivers of sexual violence toward children (Jewkes, Abrahams, & Medicine, 2002; Korbin, 1991; Sanday, 1981). In addition, apathetic policing and differing laws in some countries, including Nigeria, hinder adjudication in cases of sexual violence. Studies also show that children and adolescents are particularly vulnerable because they are dependent on social networks embedded within structures of socialization that may predispose them to sexual violence (Jewkes et al., 2002). Researching this population group can also be challenging because of ethical considerations regarding research on vulnerable populations. Therefore, there is a need for novel approaches to research on childhood sexual violence so that relevant and useful information for policy and decision making can be gathered in order to develop sustainable interventions.

This chapter uses an interdisciplinary, sequential mixed methods approach to explore, analyze, and understand the topic of childhood sexual violence (CSV) in Africa, using Nigeria as the study site. This study aims to explore how social relations and the need for “social belonging” enable or dis-enable current childhood sexual violence intervention efforts. Findings

from the analysis of qualitative and quantitative data showed that there are strong associations between emotional violence, socio-normative factors, and CSV, compared to the association between socioeconomic factors and CSV. The quantitative analysis also shows that emotional, social, and normative factors are important features associated with CSV in Nigeria and qualitative findings indicate that the need to “belong” or maintain social relationships sustains the silence, stigma, *and* shame around CSV for children in Nigeria. The KII findings also indicate that economic benefits are very important drivers of CSV, for example, the ritual rape of children as a means of gaining money and wealth.

Children in Nigeria are dependent on social connections (belonging) to a family or community to access resources. Consequently, to “belong” to a family, community, and society, children conform to negative social and cultural gender norms within relationships. Studies in this area are needed to explain CSV pathways and develop successful interventions.

Introduction

Statement of Problem - Nigerian Context

The perpetuation of sexual violence among children remains a global health issue (Ige & Fawole, 2012; Krug, Mercy, Dahlberg, & Zwi, 2002; Lalor, 2004; Ogunyemi, 2000; Olusanya, Ogbemi, Unuigbo, & Oronsaye, 1986; Omorodion & Olusanya, 1998; Sumner et al., 2016). Findings from the 2014 Violence Against Children (VAC) survey in Nigeria demonstrate that children (24.8% of girls and 10.8% of boys) are often sexually violated by familiar perpetrators and reported incidences of sexual violence by Nigerian children are still poor (National Population Commission of Nigeria, UNICEF Nigeria and the U.S. Centers for Disease Control and Prevention, 2016). The VAC survey findings in Nigeria, also showed that half of females and males experience their first incidence of CSV between ages 16 and 17 (48% and 55%

respectively) and approximately a third of females who experienced CSV before age 18, had their first incident between ages 14 and 15. Similarly, about 29% of males had their first incident at age 13 and below. Furthermore, the survey indicated that among 13-17-year old, 55.9% of females and 57.8% of males believe women should tolerate violence to keep their families together. Gendered sexual norms, were 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) (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016). Moreover, in Nigeria, gender attitudes are maintained through various forms of violence occurring within the family and community setting (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016). Physical violence against children within the Nigerian population is high (50% and 52% for girls and boys, respectively), despite improvements in child abuse related awareness campaigns, policies, management, and litigation (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016).

The 2014 Nigerian National Demographic Health Survey shows that domestic violence in Nigeria is high: 30% of women 15 years and above have experienced physical violence since age 15, 7% have experienced sexual violence, and 25% of ever-married women reported that they have experienced physical, sexual, or emotional violence by their husband/partner (National Population Commission [Nigeria] and ICF International, 2014). Also, 35% of Nigerian 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) report also corroborates this, showing that only 31% of women who have ever experienced physical or sexual violence have sought help to stop the violence (National Population Commission

[Nigeria] and ICF International, 2014). In addition, recent studies show that incidents of sexualized violence in Nigeria are under-reported and those reported are mainly sexual assaults that are associated with physical assault. Furthermore, greater than 70% of women who sought help to stop violence used family mediation processes. These findings from Nigerian surveys indicate that social and gendered roles are strictly enforced through various forms of violence (National Population Commission [Nigeria] and ICF International, 2014). This study aims to explore how social relations and the need for “social belonging” enable or dis-enable current childhood sexual violence intervention efforts. Thus, it explores how factors such as the social, economic, and gender practices which are components of experiencing social belonging, make children vulnerable to childhood sexual violence in the Nigerian context.

The findings above are relevant to this research because the studies show that understandings and perceptions of violence against children often center societal values and norms. The Nigerian VAC survey reports that various forms of violence against children are normative in settings such as families/homes, schools, and familiar environments (normally considered “safe havens”). Furthermore, research has shown links between sexual violence in children, childhood physical violence, and HIV, as well as other health and criminal related activities, such as sex trafficking (Dube, et al., 2005; Senn, Carey, Venable, Coury-Doniger, & Urban, 2007; Norman, et al., 2012). Consequently, violence against children in Nigeria is now gaining the attention of the Nigerian government, policymakers, and health practitioners as an important policy issue. Nevertheless, in recent years there is yet to be a demonstrable positive impact on reporting patterns of sexual violence as shown by the 2014 VAC survey results, despite increasing efforts aimed at awareness creation and promotion of medico-legal interventions to reduce sexual violence against children in Nigeria. Hence, there is a need to

explore and pay attention to socio-ecologic factors in the lives of survivors, such as social networks, cultural norms, and its role in promoting childhood sexual violence and the silence that surrounds it. However, there is sparse research in this area, particularly on how social relations and the need for “social belonging” in a child’s socialization process enable perpetrators, silence survivors/victims of CSV and their guardians, and/or hinder current CSV intervention efforts in African settings.

CSV interventions are currently implemented based on the human rights legal framework, but there is also a need to focus on the socio-ecologic determinants that make children vulnerable to sexual abuse. The emphasis is often on increasing the reporting rate of offenders at the domestic and global level; thus, this form of intervention has gained global policy-making attention (Krug, 2002; Richter, Richter, Dawes, & Higson-Smith, 2004). Despite concerted efforts to increase reporting rates for CSV, these rates remain low and this has been attributed to factors such as familiarity with the perpetrator, intra-familial perpetrators, and community gender norms (Devries, et.al., 2018; Boudreau, Kress, Rochat, & Yount, 2018; Jewkes, Penn-Kekana, & Rose-Junius, 2005). Finkelhor (2009) asserts that offender management and school-based education programs and initiatives, though widely approved by the public and policymakers, have shown little evidence of being effective in preventing CSV. 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 they characterize sexual abusers as “pedophiles, strangers who prey on children in public and easy access environments” and often high-risk repeat offenders (2009: 169). Finkelhor asserts that this stereotype does not represent sexual abusers’

actual profiles, who are, in fact, familiar perpetrators (2009). 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 demonstrate the need to explore the associations of emotional abuse and occurrence of sexual violence, particularly in cases where familiar persons are the perpetrator, especially as this may be responsible for the failure to report sexual abuse. A study by Devries et al., (2018) showed that among younger children emotional violence by household members was more common while among 15-19-year-old girls, perpetrators of sexual violence were mostly by intimate partners. 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 as in the case of childhood sexual violence survivors (Furman & Buhrmester, 1985). Therefore, making the associations between emotional violence and CSV is very important and vital to designing appropriate and effective help-seeking initiatives/ interventions and needs to be explored further.

A review of the literature shows that CSV interventions and research involve mostly educational, health facilities, or legal institutional settings (Jong & Rose, 1991; Yount, Krause, & Miedema, 2017) with little research or interventions at the household or community levels (Meursing et al., 1995; Morah, 2016; Rumble et al., 2015). Unfortunately, CSV research in spaces such as homes and community are sparse in Nigeria (Ige & Fawole, 2011). These types of research are very important for providing context because familiar spaces are where childhood socialization processes begin and where emotional, social interactions, attachments, and values are developed. Studies have demonstrated the association of poverty (Miller, Chiang, & Hollis, 2018; Ogwumike & Ozughalu, 2018; Olusanya, Ogbemi, Unuigbo, & Oronsaye, 1986;

Omorodion & Olusanya, 1998; Paolucci, Genuis, & Violato, 2001), orphanhood (Kidman, Palermo, & neglect, 2016), and closeness of mother (Ramashwar, 2011) with childhood sexual violence. Studies have also shown that emotional relationships are vital components of social networks and power relations, particularly between children and adults (Furman & Buhrmester, 1985; Marano, 2014). Furthermore, the social-emotional norms within social networks determine an individual's experience of social belonging, which is important for self-esteem and wellbeing (Cohen, 2006; Davis, 2003). Belongingness may also be influenced by implicit "associations with groups, as well as by one's construal of, or relationships with, objects, animals, nature, ideologies, and the spiritual—thereby transcending interpersonal relationships" (Malone et al., 2012, p. 312 Hagerty, et., al., 1992). Numerous studies have even examined the association of childhood exposures to physical and sexual violence and later manifestations of major mental health, psychological and personality disorders, 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 in adult life (Grose, Roof, Semenza, Leroux, & Yount, 2019; Polusny & Follette, 1995; Beitchman, et. al., 1992; Browne & Finkelhor, 1986; Finkelhor & Browne, 1985). However, there is sparse research on CSV in Africa that demonstrates the pathway through which this phenomenon sustains CSV.

The notion of a 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, Patusky, Bouwsema, & Collier, 1992). Although several studies have demonstrated the associations between discreet factors, such as socioeconomic status, physical violence, and sexual violence, the complexity of these interactions is yet to be demonstrated (Miller, Chiang & Hollis, 2018). Ostrove & Long (2007) assert that social rejection

leads to negative emotional states. And the links between social and economic status, cognition, emotion, behavior, health, parental caring, gender, well-being, and the sense of belonging to social networks has also been extensively established (Ostrove & Long, 2007; Hagerty, Williams, & Oe, 2002; Baumeister & Leary, 1995; Stewart & Ostrove, 1993). Scholars, therefore, suggest the need to demonstrate the complex associations of emotional violence, socio-economic factors and sexual violence (Vogel, Moser, Kasperson, & Dabelko, 2007). Studies demonstrating how the associations between childhood emotional violence and socioeconomic factors, which is a feature of social belonging and sexual violence, are connected to social networks and belonging is again sparse (Ostrove & Long, 2007).

A recent study, based on evidence from thirteen countries in sub-Saharan Africa, shows the relationship between parental presence and CSV. The study asserts that orphans are more likely to be sexually victimized during childhood and suggests 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, p. 172). The authors encourage more studies that can establish the vulnerability pathways related to these findings. Moreover, CSV scholars assert that the persistence of CSV prompts the need for a deeper analysis of associated factors, contextual meanings, and understandings of CSV 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; James-Hawkins, Salazar, Hennink, Ha, & Yount, 2016). Numerous studies and surveys demonstrate the prevalence of all forms of childhood violence (emotional, physical, and sexual) but research that explains vulnerability pathways emerging from social relationships and networks that promote sexual violence in Africa is sparse (Devries et. al., 2018; Krug et al., 2002; National Population Commission of Nigeria, 2016; National Population

Commission [Nigeria] & ICF International, 2014; World Health Organization (WHO) Regional Office for Africa, 2010).

Purpose of the study

The goal of this study is to explore how social relations and the need for “social belonging” enable or dis-enable current childhood sexual violence intervention efforts. Thus, it explores how factors such as the emotional violence experience, social relationships, economic, and normative gender practices which are components of experiencing social belonging, make children vulnerable to childhood sexual violence in the Nigerian context. The study is among Nigerian children and young adults ages 13–24 who reported sexual violence (SV) experience before age 18. Studies on SV are mostly in high-income countries and continents, although there are a few studies on SV and economic factors in Africa (Miller et al., 2018). Currently, there is sparse research in the area of CSV and “social belonging”.

This study used a mixed methods design comprised by both qualitative and quantitative data, including: a) qualitative key informant interviews from five purposefully selected participants who are representative of community, civil society (CSO), and primary health care centers in Nigeria ; and b) quantitative analysis of VAC survey data to assess associations between CSV and emotional violence, socio-normative factors (social relationships and gender sexual norms), and socioeconomic factors (work, sexual exploitation, and education). The qualitative interviews were analyzed to: a) determine the variables to use in the survey data; and b) add context, or *meat on bone* (Dey, 2003; Hennink, Hutter, & Bailey, 2010), to the findings of the quantitative analysis in subsequent discussions.

The mixed method design objectives of this study are to: a) identify relevant variables for quantitative analysis using the qualitative findings; b) explore the associations between

emotional violence, socio-economic status, social relationships and gender norms (socio-normative factor) and the experience of sexual violence by quantitatively analyzing secondary data from the Violence Against Children (VAC) Survey done in Nigeria; and c) 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). This study thus utilizes “multi-analysis” in both classes of analyses (i.e. qualitative analysis and quantitative analysis) to analyze one or more data. (Onwuegbuzie, Johnson, & Collins, 2009: 117; Onwuegbuzie, 2012). The author acknowledges the limitations of using pre-existing quantitative data as described in the limitations section of this chapter. The methodology of this mixed methods study is based on Collins, Onwuegbuzie and Sutton’s (2006:116), 13, interactive, iterative steps of the mixed research process namely: (a) determining the mixed goal of the study; (b) formulating the mixed research objective(s); (c) determining the rationale(s) for mixing quantitative and qualitative approaches; (d) determining the purpose(s) for mixing quantitative and qualitative approaches; (e) determining the mixed research question(s); (f) selecting the mixed sampling design; (g) selecting the mixed research design; (h) collecting quantitative and qualitative data; (i) transforming and analyzing the quantitative and qualitative data; (j) legitimating the data sets and mixed research findings; (k) interpreting the mixed research findings; (l) writing the mixed research report; and (m) reformulating the mixed research question(s). Therefore, the final sets of questions in this study are based on this process and were not the initial questions at the start of this study.

Research Questions

The qualitative research questions are:

- How is childhood sexual violence 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?
- 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: references 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 is inherent in social interactions, institutions, and systems of cultural values (Ballesteros, 2009).

Socio-ecologic model: Based on the Centers for Disease Control (CDC), I use a four-level social-ecological model to explore CSV. The socio-ecologic model considers the complex interplay between individual, relationship, community, and societal factors (Krug EG., 2002).

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 humans feel severe consequences of not belonging³⁸. (Baumeister, & Leary, 1995; Wentzel, & Caldwell, 1997; Stillman, & Baumeister, 2009; van Prooijen, van den Bos, & Wilke, 2004; Roy, 1977; MacDonald & Leary, 2005).

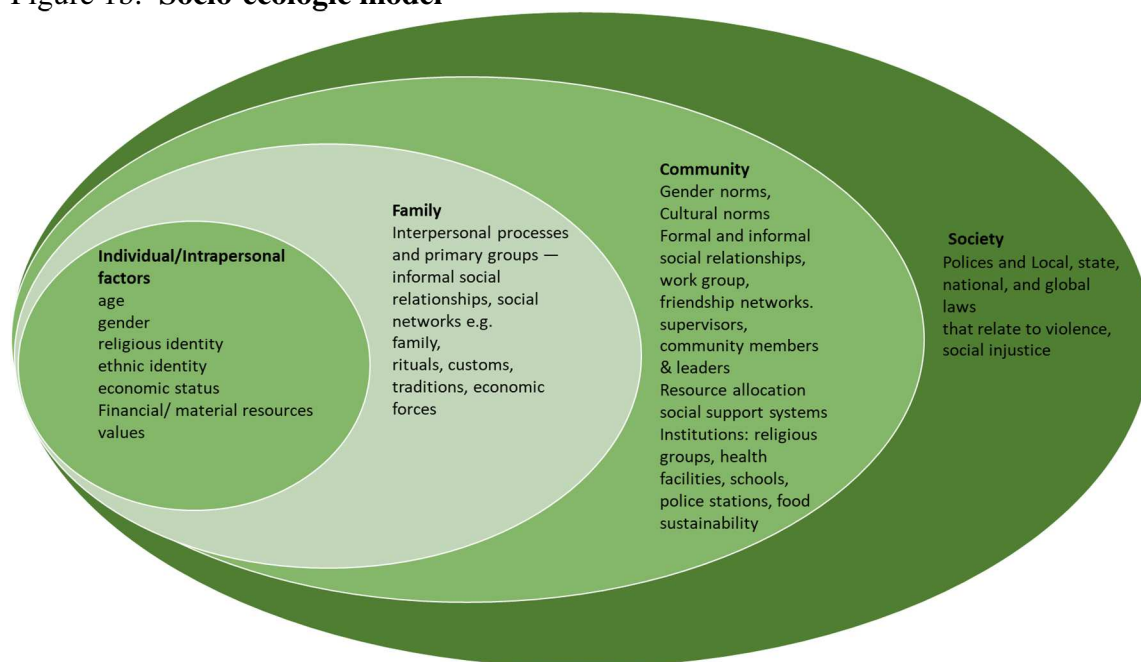
African Womanism: An African womanist approach that seeks to promote catering to the whole community. It emphasizes the need to sustain and ensure the thriving of all members of a given society through its focus on community building, economic empowerment, education, and restorative justice. A womanist approach seeks to cater to communities (male and female), as well as the environment and spirituality with focus on 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.

The significance of the study

This study explored how social relations and the need for “social belonging” enable or dis-enable current childhood sexual violence intervention efforts. It examines the association between factors within the four domains of the socio-ecologic environment of a child (individual, family, community, and society) such as emotional violence experience, social relationships, economic, and normative gender norms and childhood sexual violence in the Nigerian context. This study builds on scholarship about social phenomena such as social belonging (Ostrove & Long, 2007; Hagerty, Williams, & Oe, 2002; Baumeister & Leary, 1995; Stewart & Ostrove, 1993) and childhood sexual violence to explore possible associations between childhood experiences of emotional violence, social relationships and gender sexual norms (socio-normative factors), socioeconomic factors, and experiences of CSV. Findings from the study provide insights on factors beyond the individual domain that are associated with CSV and require further research in the future. This study used a mixed methods approach to demonstrate the association of childhood sexual violence, with a set of variables and factors including emotional violence, socio-normative factors, and socio-economic factors. These sets of variables

and factors are important for maintaining an individual's position within their social networks (Ostrove & Long, 2007). KII's findings were used to identify variables and factors for quantitative analysis, as well as triangulate and provide context to the quantitative findings.

Figure 1b: **Socio-ecologic model**



Adapted from McLeroy, K. R., Steckler, A., and Bibeau, D. (Eds.) (1988).³⁹

The theoretical framework for this study is based on the socio-ecologic model above (fig.1) that displays several factors associated with the individual, family, community, and societal factors, such as norms, policies, and laws which predispose children to sexual abuse and promote non-disclosure (Shearer-Creman, 2004; Singleton, Winskell, Nkambule-Vilakati,

³⁹Adapted 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. Retrieved on 28th March 2019 from <http://www.who.int/violenceprevention/approach/ecology/en/>.

Sabben, & Medicine, 2018; Kate 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 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" predisposes children to sexual violence within the social networks of their family, community, and society. ⁴⁰

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 article 37 of the Convention on the Rights of the Child. The Child's Rights Acts 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

⁴⁰ for abbreviations see page vi

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 the VACS survey in 2014, making Nigeria the first West African country to conduct a survey of this kind. 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).

Methodology

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 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 methods study design used was a sequential exploratory mixed methods design (Tashakkori & Teddlie, 2003; Schoonenboom & Johnson, 2017). The qualitative primary data were collected using key informant interviews (KII) through purposive recruitment. The quantitative data are 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, 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). The rationale for this approach is that neither quantitative nor qualitative methods can be enough on their own to capture the details of a situation 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). The first phase involved the collection of qualitative data using key informant interviews (KIIs), transcription and initial exploration of the data for themes. The second phase involved the exploration of the VACS quantitative data for selection of variables relevant to the themes identified in the KII for analysis. The analysis of the two-data occurred sequentially, starting with the qualitative data.

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, pp. 103-104 below, illustrates how the KII codes guided the selection of variables for the quantitative analysis. The qualitative analytical process was, therefore, 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 were 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 provides limited reasons for the associations established. The quantitative findings, therefore, gave a general picture of the research problem and associated factors. 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 create these new composite variables and factors that were tested for association with CSV. 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), 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.

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, & Olusanya 1998). In addition, 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 created from these VAC survey existing variables to form a new variable and factors that can be analyzed using binary measures (Yes/No or 1/0). For example, newly created 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 childhood 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 representatives were recruited through personal contacts – a consultant pediatrician and the director of PHC Ilorin. Key informant participation was capped at 2 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 received 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	Gender	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 segments 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 strategy⁴¹ (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 and associated with

⁴¹ 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).

individual, family, community, and society. See an illustration of the analysis matrix below-figure 2).

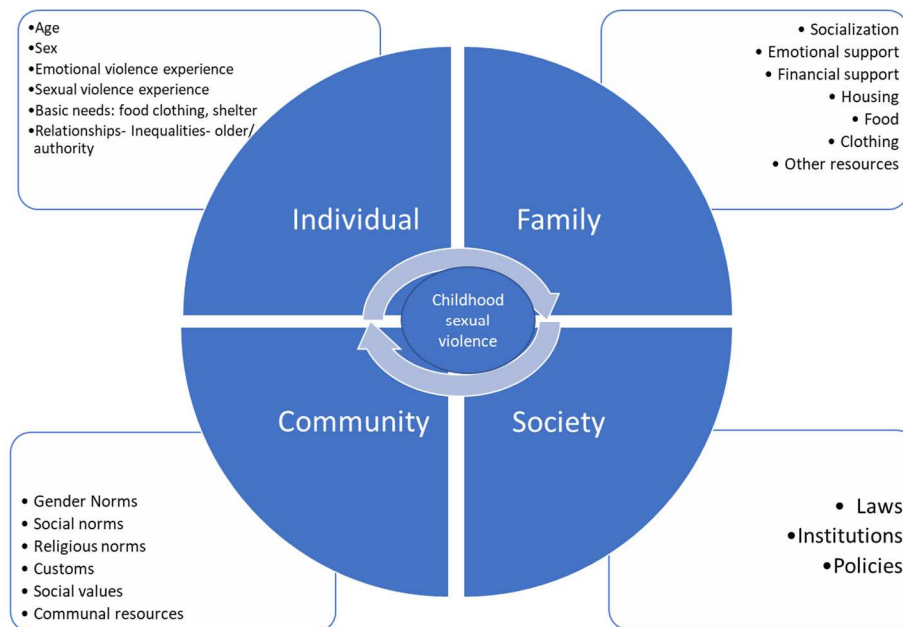


Figure 2: Matrix of codes

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 religion, 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, Rochat, & Yount, 2018).

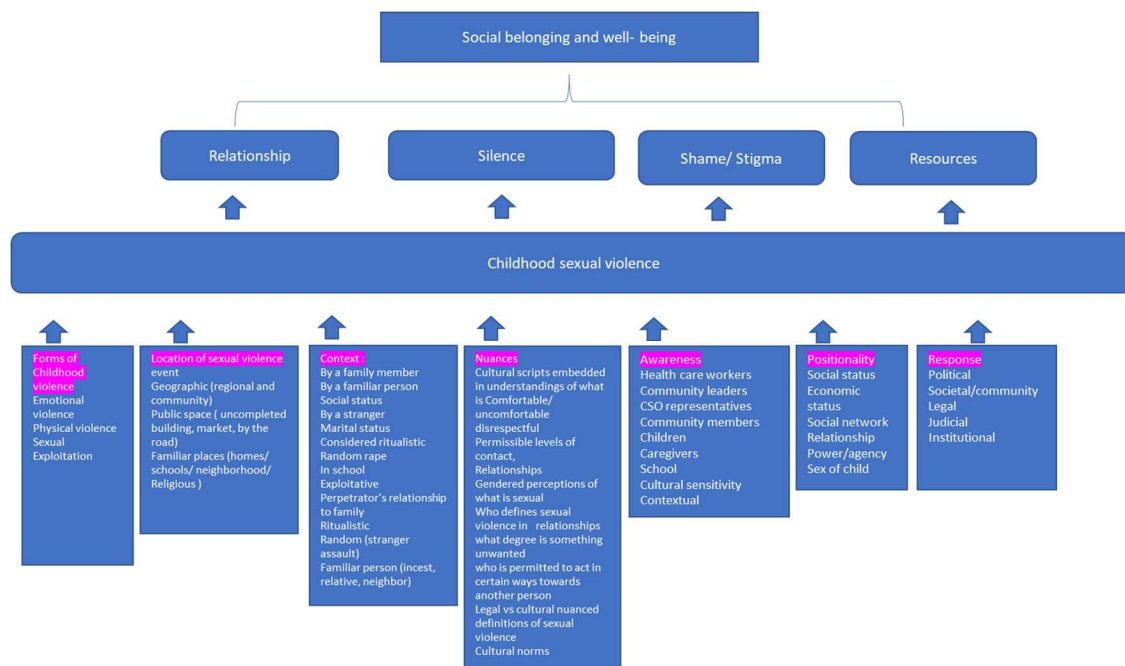


Figure 3- *schema of the qualitative analysis process*

These categories helped to determine the variables selected from the VAC survey for quantitative analysis (see table 2 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 create 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 were 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 were 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 consider 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 socio-economic 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 touching⁴² 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 rape⁴³ 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 contact sexual violence).

⁴² 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

⁴³ 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 factor (SESF) were as follows: 1) 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? 2) a question about 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? 3) a question about educational status: are you currently attending school? Respondents who responded “yes” to one or several 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 were socio-normative (SNF) included: 1) 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: 2) 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 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 are based on cultural perceptions of gender and power, which influence 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. gender, education and age group. All the analyzed variables were disaggregated by gender and age group, and 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 contact sexual violence: 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	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 alive?	Parental presence	Socio- normative factor (SNF)
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 sexual norms	
Individual/ family/ community society	Resources	Are you currently attending school?	Educational status,	Socio- economic 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. 107). 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 the 13-17 age group, it was based on a 12-month recall and for the years 18-24, 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 variables reflecting the socioeconomic factor (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 “bigger picture” appreciation 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 broad categories they best fit into based on how they influence 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.

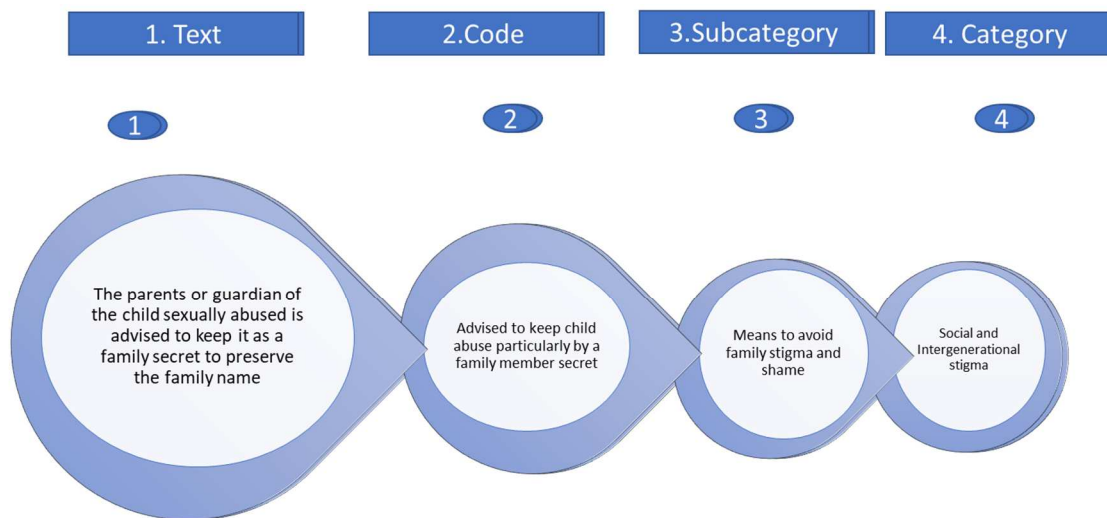


Figure 4- Illustration showing the process of deriving a category

Phase IV

This phase of the qualitative analysis overlapped with the point of interpreting the results of the quantitative analysis. I verified that the concept as shown in the conceptual diagram below (figure 5, p. 122) was 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 were 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 below.

Relationship: Respondents revealed that the type of relationships to the perpetrator by the individual, family and the community influenced occurrences of, silence about CSV and how the individual or family/guardian responded to seeking help. 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 ‘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”, 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 incompleteness. There are also spiritual connotations of and associations 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 instances children were said to be raped for ritualistic purposes, for money or other reasons. Respondents mentioned that generally, it is believed that in these instances, particularly, and rape in general, there is the 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 illness, in a case (HIV symptoms) 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 exposure of the identity of a child who experienced sexual violence 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 [meeting] 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 (see figure 5, p. 122, below).

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)
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)
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)
⁷Gender 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; 5Frequency Missing = 2107; 6Frequency Missing = 8; 7Frequency 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) 4203	Female (n, %) 1766(42.02)	Male (n, %) 2437 (57.9824)	Chi-square test statistic /P-Value
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 1: 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 2: 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) were 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 data 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 purposes 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 counterparts. 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 EVhistory and those who had childhood EV history. Males who had EVhistory 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 EVhistory compared to those with an EVhistory. The odds of experiencing cSV with associated EVhistory 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. 118.

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 that 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’s 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).

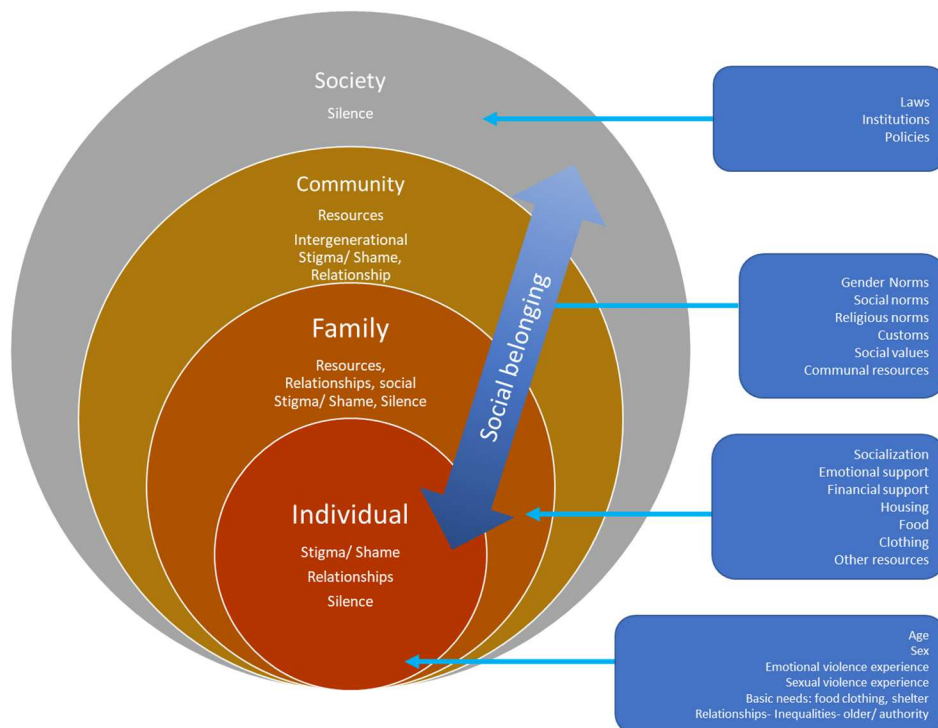


Figure 5 -A conceptual framework for childhood sexual violence in Nigeria

Discussion

Emotional violence and sexual violence are prevalent in Nigeria amidst socio-normative cultural and economic factors that are associated with childhood sexual violence. 26% of the children reported being exposed to at least one form of contact sexual violence, significantly less than that experienced by children in 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*). Thus, children's increased vulnerability to abuse has been associated with poor socio-economic factors and socio-normative factors such as male-dominated gender norms and social order that encourage older adults to exercise control over children through 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 contact sexual violence; consistent with another study (Boudreau, Kress, Rochat, & Yount, 2018; Moore et al., 2012; Kate Wood et al., 2007). The study showed that there was a significant

difference in the experience of contact sexual violence between females and males with 34% and 20% respectively. Gendered sexual norms in Nigeria permit males to feel entitled, decide how and with which females to have sex (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 supports the feminist theorists who 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 by demonstrating that female children are more susceptible to sexual violence than their male counterparts in Nigeria. The socio-economic 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). However other studies (Reed, Gupta, Biradavolu, Devireddy, & Blankenship, 2010); (Miller et al., 2018) show that CSA is more common among children with low socio-economic status. This study also provides evidence that living with one or both parents was protective and living with the father was more protective as demonstrated in other studies (Kidman & Palermo, 2016), than living with the mother, which is more protective than parental absence (Nichols et al., 2014). This finding supports a study that suggests that there are differences in the roles parents play in childhood and the importance of the roles parents 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 interpret the concept. For example, as reflected in my KII, the attribute of shame/stigma is regarded differently in different domains; 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 where 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 the community leaders are implicated in acts that violate a child’s rights. The involvement of community leaders in acts that violate a child’s rights, as referenced in the story of the 12-year-old girl, makes addressing CSV in communities complex. Findings from both the quantitative and qualitative study 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 and needs to be explored further. Figure 5 above (p 122) 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 provide the context in the discussion section and reference to my quantitative findings. I will be using this framework in the subsequent and last chapter—chapter four—in which I adopt an African womanist standpoint.

VACS and Study Design Limitations, Strengths and Future Research

VAC survey limitations

First, although the VAC survey was conducted nationally and thought to be representative, it was conducted using the household as a unit. The definition of household adopted nationally, is based on western constructs of the definition of family and eating arrangements. This has implications for how data are collected, analyzed and interpreted. The use of household as a sampling unit can be problematic in contexts where the western standard is culturally irrelevant. It also excludes an important group of children that is constantly exposed to violence such as children who live on the streets, children in institutions (orphanages), police custody or prison. This is very important for ascertaining the prevalence of CSV and for programming for this ‘at-risk child population’. Future VACS need to address the gap of this ‘missing children’ population, (children on the street and in institutions).

The VACS was also conducted using major language translations which excludes minority language nations, there are close to 500 ethnicities in Nigeria, each has different language nuance/innuendos. The meaning and context of words get lost in the process of translation. Although the use of major language translations in the VACS questionnaire is a fair attempt at overcoming language barriers, there remains the challenge of cognitive understandings of the definitions of words used in asking the questions in the questionnaire to people from different

ethnicities. As an 'insider', a Nigerian, I can say assertively, that there are cognitive differences in the use, meaning, and context of words even from ethnicities within the same region of the country. For example, although the Yoruba language is thought to be universally spoken and understood in the South Western parts of Nigeria. Spoken 'Yoruba' within this region has different dialects where a word in Yoruba, can mean many different things in different dialects depending on the Yoruba subnation and the context of the conversation. The VACS also defines violence based on western constructs of inter-personal relations. For example, touching has different meanings in different cultures depending on the cultural nuance associated with the touch. The use of the word sensual is not directly transferable in that context in every environment. There is, therefore, a need to conduct more contextual studies among the diverse ethnicities in Nigeria considering the diverse cognitive language differences that exist among these populations. Ethnographic research is important in this context.

Secondly, the study design qualitative research relied on a purposive sample of key informants from CBOs that represented mainly the suburban areas, and the primary health care focal persons were suburban/rural. The purposive sampling of key informants who represent certain geographic areas, such as suburban locales, makes the study prone to obtaining perspectives that are based on someone else's interpretation of the experience of a child sexual violence survivor which may be subjective. However, references about CSV in the community though not a CSV survivor's experience, are still valid and are important narratives that provide another perspective about CSV that is useful for analysis and interpretation based on the socio-ecologic model.

Other 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. Nevertheless, the study's implication for understanding the effects of violence on child victims is very crucial (National Research Council, 2014). Causal inference also is hard to determine 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 is 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 incidences may be under-reported or not reported at all because respondents may consider it "not important." Nevertheless, in terms of the definition of emotional violence in the the VAC survey, emotional violence is considered a carefully accurate estimate (Krug, Mercy, Dahlberg, & Zwi, 2002).

Study Design: mixed methods limitations

The strengths and limitations of this study design revolve around the sequential order of use of data within the context of a mixed methods study design, the meaning and interpretation of themes from the KII and how they map onto selected pre-existing quantitative variables. In the context of this study design, there appears to be a mismatch of the identified themes from the exploratory key informant interview and the pre-existing selected quantitative survey variables, detailed in table 2. Although this may be regarded as a limitation, it also demonstrates the strength of the study, in the way that an 'insider' understanding of innuendos/nuances found in the key informant interviews is used to make connections between the identified themes in the KII and pre-existing selected VACS variables based on contextual understanding of the socio-

ecologic environment in Nigeria. Monárrez, e al., (2018) asserts that ‘many of the factors needed for a complete understanding of statistical concepts are rooted in language and many of the details of real-world problems and nuances of statistical problems may get “lost in translation”’ (Lesser and Winsor 2009; Lesser, Wagler, and Salazar 2016). Being able to recognize the nuanced relevance of themes (qualitative) and their connections with existing variables (quantitative) based on ‘native’ understandings of a language when researching socio-cultural phenomenon like CSV is a valuable asset. Articles on mixed methods methodologies also gesture towards the debates and limitations/challenges faced by scholars in this field, particularly in the choice of the order/structure and interpretation of data particularly when analyzing data on cultural and contextual phenomena (Onwuegbuzie, 2012; Onwuegbuzie & Frels, 2013; Brannen, 2005). Thus, in utilizing my ‘insider’ contextual understanding of words, nuances, and innuendos I am able to make these connections between themes and relevant variables. This is in consonance with, Onwuegbuzie, Johnson, & Collins’ (2009) assertion 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).

Strengths

The survey being nationally representative uses large numbers of respondents and enables the generalization of the results across the country, and variables in the VAC surveys defined similarly across countries—making results comparable across countries—are important strengths of this study (Harzing, Reiche, & Pudelko, 2013).

Another strength of this study is that it demonstrates the feasibility of engaging mixed methods in drawing connections between concepts, theories, and social problems and the value of contextual understandings in interpreting data such that otherwise, unnoticed connections can be drawn from an array of data and concepts. 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 gender attitudes, indicate 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 anti-social 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, grow, and are socialized. The connectedness of individuals through activities that manifest the need to belong, makes social belonging 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 catering to the whole community. It emphasizes the need to sustain and ensure the thriving of all members of a given society through its focus on community building, economic empowerment, education, 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 significance of cultural and religious traditions in African societies. Therefore sensitivities to the cultural and religious differences are important in caring for and healing society (Lartey, 2003) Mucherera, & Lartey, 2017).

It is encouraging to note that there already exists a platform and resources to advance and make sensitivities to cultural and religious differences actionable. The World Health Organization has launched this platform through its INSPIRE⁴⁴ 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

⁴⁴ 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. Implementation and enforcement of laws (for example, banning violent discipline and restricting access to alcohol and firearms); 2. Norms and values change (for example, altering norms that condone the sexual abuse of girls or aggressive behavior among boys); 3. Safe environments (such as identifying neighborhood “hot spots” for violence and then addressing the local causes through problem-oriented policing and other interventions); 4. Parental and caregiver support (for example, providing parent training to young, first time parents); 5. Income and economic strengthening (such as microfinance and gender equity training); 6. Response services provision (for example, ensuring that children who are exposed to violence can access effective emergency care and receive appropriate psychosocial support); and 7. Education and life skills (such as ensuring that children attend school, and providing life and social skills training).

violence and has benefits such as mental health, education, and crime reduction (WHO, 2018). This opportunity can be tapped into but with adequate attention to contextualize intervention efforts.

Conclusion

Childhood sexual violence is a public health problem that requires an understanding of the associated factors at the individual, family, community, and society levels and how such 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.

CHAPTER FOUR

I not only need healing to my body, but I also need healing for my soul and peace with men.

(Author)

Re-visioning Theorizations of Childhood Sexual Violence

Theorizing CSV is wrought with contentions and paradoxes. On the one hand, scholars argue that it must come from a cultural understanding of a society's social and cultural norms. Richter, Richter, Dawes, and Higson-Smith assert that "sexuality and sexual abuse are profoundly cultural matters" (2004, p. 3). They also introduce Finkelhor's (1994) definition of child sexual abuse as an act "intended primarily for the sexual stimulation of the perpetrator, even if it involves attempts to sexually stimulate the child" (Richter, Richter, Dawes, & Higson-Smith, 2004, p. 4). Richter et. al., Korbin, and Finkelhor suggest that to determine if an act is sexual and abusive, the defining factors include first, the nature of intended sexual arousal (Finkelhor, 1994) and second, the purpose of the act. If it is for the arousal of the initiator, it is a sexual act and if "the object of such attention is a child and the act is considered culturally inappropriate, that act is sexual abuse" (Korbin, 1990, p. 44 cited in Richter, Richter, Dawes, & Higson-Smith, 2004, p 4). Richter, Richter, Dawes, & Higson-Smith (2004) conclude by asserting that child sexual abuse is a "disruption of expected roles, relationships and behaviors" acceptable within that culture (p. 4). References have also been made to a number of societies where adults touch a child's sexual organ as part of a ritual practice (Richter, Richter, Dawes, & Higson-Smith, 2004). There are several references to cultural meanings that adult touching of children's sexual organs has in different cultures. For example, a caregiver's touching of

children's genitalia during routine care of young children (Richter, Richter, Dawes, & Higson-Smith, 2004). Olson's ethnographic study in Turkey mentions, "a Turkish practice of kissing and praising a baby's genitalia recognizes the promise of future fertility" (Richter, Richter, Dawes, & Higson-Smith, 2004, p. 4; Olson, 1981, & Korbin, 1990). Also, "grasping the testicles of an adult male was ... a form of non-sexual greeting" (Richter, Richter, Dawes, & Higson-Smith, 2004 in Korbin, 1990, p. 43). Richter, Richter, Dawes, & Higson-Smith (2004) further argue that in these examples these contacts were not considered sexual acts but can it can be labeled as sexual abuse by other communities ignorant of that local practice. They also assert that normative understandings of power relations between men and women are embedded in cultural practices that are "shared with others in social groups and invested with normative expectations and meanings or significances that go beyond the immediate goals of the action" (2004, p. 5).

On the other hand, other scholars assert that using the cultural script is harmful to children because it can obfuscate the rights of a child. Although this argument is true in contexts where harm is being done to a child under the guise of cultural practices, there are methodological challenges in determining a standard for all cultures (Ennew et al., 1996). There will always be an "insider" and "outsider" perspective when a social phenomenon that has cultural relevance is discussed (Richter, Richter, Dawes, & Higson-Smith, 2004; Campbell & Johnson, 1997; Koss, 1993; Singh, Parsekar, & Nair, 2014; Rumble, Ramly, & Dunne, 2018). Numerous studies demonstrate the associations between physical, emotional, and sexual violence and the effects on adult life in the forms of poly-victimization and revictimization, psychological and emotional trauma, aggression, and anti-social behaviors (Hillis, Mercy, Amobi, 2016; Krug, Mercy, Dahlberg, & Zwi, 2002; Ehrensaft et al., 2003; Finkelhor, Ormrod, & Turner, 2007; Mullen et al., 1996; Fergusson, Horwood, & Lynskey, 1997). There are also concerns with

interpretations of the definitions of childhood (Prout, 2004; Prout & James, 2003) and childhood sexuality (Frayser, 1994).

In this section, I reflect on the methodology of the study in this project to explore the epistemological approach to childhood sexual violence within academia. Much of the scholarship on sexual violence have come from Western socio-cultural understandings of sexual relations. I assert that this can be problematic. I also use the examples of cultural interpretations of contact with children's sexual organs in other cultures, such as in Turkey and New Guinea as examples to ask, what would touch in a *sexual* way mean in other cultures? Understanding "touch" as a form of sexual violence against children in the VAC survey, is asked as follows: "has anyone touched you in a sexual way without your permission, but did not try to 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," and pressured sex where the "child is pressured in a non-physical way to have sex against his or her will through harassment, threats or tricks and sex occurred" (National Population Commission of Nigeria, UNICEF Nigeria, and the U.S. Centers for Disease Control and Prevention, 2016, p. 32). What would these mean within different cultural settings? Studies have shown that touch or pressure can have other significant cultural meanings than suggested in the questionnaire ((Boudreau, Kress, Rochat, & Yount, 2018; Glowacz, Goblet, & Courtain, 2018; Moore, Madise, & Awusabo-Asare, 2012; Singleton, Winskell, Nkambule-Vilakati, et al., 2018; Kate Wood et al., 2007; Katharine Wood, Maforah, Jewkes, & medicine, 1998).

What does *sexual* mean and how is it perceived or recognized in every society? Are these cultures' interpretations of what is construed as *sexual*, *touch*, or *pressure* different from those within the international social norm of adult-child interactions? And, if so, is it right to

prescribe an international socio- normative standard as a measure for evaluating actions within other cultures? I, like other scholars (Richter, Richter, Dawes, & Higson-Smith, 2004; Phipps & Alison, 2009) call for further research that explores the meanings and contexts of CSV within different societies' social norms and practices. This may sound like a transgressive call, particularly for some child rights activists, but it is an important one because often new understandings are outcomes of debates on contentious issues. In transgressing accepted epistemologies, it is difficult to avoid asking the transgressive questions (Hooks, 1996). Scholars across disciplines have repeatedly called for the need to transgress in doing, transdisciplinary research (Méndez, 2015; Stewart Diakité and Hucks, 2013). Stewart Diakité, & Hucks, asserts that “the transdisciplinary scholar transgresses all relevant disciplinary boundaries to interlace varied tools, methods, frameworks, and datasets in pursuit of a research problem” (2013:39), responding to the “problem-based questions driving her research as opposed to unidisciplinary questions and predispositions that impose limits upon her conceptual options based upon her principal discipline’s preferred methods, theories, and tools” (ibid). Furthermore, finding answers to transgressive questions can offer insights on how to address the methodological challenges with researching and translating sexual violence interventions.

The problems of homogenization through the discursive practice in the production of knowledge is a concern shared by mostly non-Western scholars. Therefore, I use critical race theory and post-colonial feminist theory lenses to analyze the methodology of surveys. Chandra Talpade Mohanty, in “Under the Western Eyes: Feminist Scholarship and Colonial Discourses, in *Feminism Without Borders: Decolonizing Theory, Practicing Solidarity*” (1984), challenges the hegemony of certain ways of knowing that is prevalent within Western feminist scholarship and warns that these forms of knowing assumes privilege, ethnocentric universality, and

inadequate self-consciousness about the effect of Western scholarship on the “third world” in the context of a world system dominated by the West. In Mohanty’s case, she does this in reference to the categorization of women. In this project, I apply Mohanty’s concerns similarly to scholarship produced about children and acknowledge that I am also entrapped in the circle of creating knowledge that can be generalized and homogenizing because of the constraints of using data gotten in particular spaces, time, and informed by particular ways of knowing that may be different to those environments. I consider an important question to ask prior to conducting research or surveys are “whose interests do these surveys serve?”, understanding the historic as important questions that should form the basis. Studies, mostly from western scholarship, suggest that certain practices are harmful to children and should be outlawed.

Similar research is needed in different environments to ascertain the validity of such claims in that society and to avoid a universalization of assumptions. Questions that have remained largely unanswered, such as what does the rights of a child mean in different societies? Is the right of a child truly universal in appearance and understanding? This is because current childhood sexual violence interventions are based on an individualistic approach within a child rights framework and are largely addressed using formal institutions such as the legal, medical, and educational system. But what does a child’s right mean in communities is a question we must explore as researchers. Furthermore, formal institutions in post-colonial states are fraught with their historical identity as instruments of cultural transformation and governance to attain uniformity within the colonial regime. The space these systems occupy in the modern era is, therefore, still contentious in the memory of nations and within scholarship (Philip, 2004; Mohanty, 2006; Smith, 2012).

Although these structures persist, there remain the problems of translating issues as defined within these formal structures into the private sphere, where customary practices are still upheld and preserved (Smith, 2012) as described in chapter one of this project. Consequently, although scholarship and policies in the Global South frame sexual violence within a human rights framework, it often appears rhetorical and struggles to fit into the local understandings, particularly in areas of contention—for example, sexual touch, early girl marriage, and coercion. This definitional challenge is also evident in implementing sustainable intervention programs on childhood sexual violence in African countries (Richter, Richter, Dawes, & Higson-Smith, 2004).

In my key informant interviews (KII) with Civil Society Organizations working on childhood sexual violence, frustrations were expressed about how they needed to write proposals to access funding in line with specific thematic aspects that relate to experiences of CSV, e.g. child trafficking, and were restricted in utilizing those funds to address other areas that were not indicated as a goal or objective by the funder, even though they felt it was relevant to cases of CSV. For example, in one of my KII, the respondent said that proposals must speak in a certain way, have the correct buzzwords to be intelligible enough to receive a government or development partner funds.

Buzz words like human rights, medicolegal system, social protection services, child trafficking, childhood sexual violence, physical, sexual, emotional violence, etc. have to be reflected and used in the proposals to be considered for funding. What does this mean for civil society organizations, non-governmental organizations and even government staff who work at the community level and have no such exposures on how to write these kinds of proposal to access these funds, but are constantly faced with managing childhood sexual violence in the

forms that they present in the society they live and work? What does childhood sexual violence really mean in these communities? What about poverty alleviation, parental absence due to social circumstances that allow the child to be trafficked for labor or material resources? Child marriages for economic benefits? The broken legal system and non-existent social protection system? How can projects that receive funding that fit into international agendas, such as preventing child labor focus on economically empowering poor parents to prevent them from sending their children to hawk on streets, or work as house helps, which create avenues for sexual exploitation and abuse? Can we divorce social norms from the human need to belong and feel affirmed in a society where they are required to fulfill certain social roles that create needs that must be met and, ultimately, their vulnerability using human rights framework? These are all contextual issues that must be identified and resolved within communities of practice to create an enabling environment that facilitates the transformation of norms that predispose children to sexual violence.

Chapter three findings show that determinants such as sex (females), emotional violence and socio-normative (gender attitudes and parental presence) factors are associated with greater odds of experiencing childhood contact sexual violence. The socio-economic risk factor, which comprised of the history of work, education, and sexual exploitation, did not have as much significant risk for experiencing sexual violence compared to these other three factors mentioned above. Nevertheless, the socio-economic risk factor cannot be disconnected from the other factors because work, education, and sexual exploitation are associated with social relationships.

The findings of the KII also produced four main themes associated with CSV: relationships, silence, social/intergenerational stigma, and resources. More specifically, the issue of resources, which was responsible for child labor, like hawking goods which made children

vulnerable to sexual exploitations and child trafficking while living with a relative and working in exchange for schooling or sustenance of basic needs such as food, clothing, and shelter. The issue of resources was also related to forms of sexual abuse, some children were sexually abused for “money rituals,” as perpetrators believed they will be rich if they sexually abused a child who was a virgin.

These social relationships are guided by social norms and gender attitudes. Therefore, in as much as we draw conclusions based on statistical calculations many of the social contexts still need exploration. For example, the issue of intergenerational stigma elicited in one of my KII showed that knowledge by the community of incestuous or child sexual abuse by someone in a family can prevent people from marrying into that family. This stigma, consequently, promotes the *silence* about this event by family members due to the shared social stigma by virtue of being related to the perpetrator. Thus, the potential stigma may prevent the use of the medico-legal intervention, to the child’s disadvantage. In one of my KII, there was a story of a girl sexually abused by her grandfather. The family prevented the mother from speaking out because, it was said that the whole male clan, including her sons, would share of the *eewoo*, or shame in Yoruba, which would be intergenerational. There is a practice in most Nigerian culture to investigate occurrences of shame or evil in families their ward intends to marry into. The fear of the social stigma of being labeled an incestuous family, silenced family members. Marriage in Nigeria is of kinship and are not individualized, so who your kin are is important.⁴⁵

To re-vision can be likened to the word being “re-born” (*atun-bi-* in Yoruba) used in many cultures to signify a renewing of a thing, state of being, event or even societies. Having spent over five years researching and pondering over the issue of childhood sexual violence, I

have increasingly become optimistic that truly there are ways to address the problem and I have come to understand that lasting solutions lie in creating societal responsibility and accountability, not limited to individual ones. Interventions must be interdisciplinary, multi-sectoral, from the grassroots, and involve societal accountability for CSV, making everyone feel the need to be a change agent. Is there one form of action or a set of fixed methodological approaches? Certainly not! It requires different ways of re-thinking and re-imagining possibilities.

In using a mixed methods approach, I have encountered various methodological challenges, mostly due to disciplinary boundaries of how to write, analyze, interpret and/or present results and even regarding which specific audience I intend to reach so I can tailor my language to that audience. Sadly, this topic is one that people, regardless of discipline or locality have encountered in one way or the other. Thus, I have decided to write this chapter in line with my convictions that until we begin to blur the margins of disciplines and make social problems comprehensible, even to the *unschooled*, we will often miss the big picture in which human lives are a part of.

Clarke and Olesen's chapter, "Revisioning, Diffracting, Acting" (1999, p. 3) in their co-edited book, *Feminist Revisioning Theoretical Speculations and Interventions* is used in this chapter to set the tone of my subsequent discussion, recommendation, and conclusion. In this section, I assert that to theorize, research, and proffer solutions about childhood sexual violence interventions in Nigeria, Africa requires a re-visioning, diffracting and actions that are practical and effective. I find the African Womanist approach, in general, to be applicable in Nigeria and Africa and flexible enough to allow us re-conceptualize childhood sexual violence and to apply otherwise disparate theories, epistemologies, and methodologies, particularly for achieving the holistic well-being of the child and the society in which they live and grow. This re-visioning

provides scholars, researchers, and policymakers the opportunity to revisit, make visible, and address contextual issues with regards to CSV peculiar to various societies so that societal culpability and sustainability can be achieved.

Current feminist frameworks, addressing the problem of childhood sexual violence are centered on justice, criminalization, institutions, and the individual. Decentering the issue of sexual violence from a solely medico-legal and individualistic human rights framework, in my view, presents a productive way to engage the subject. By that, I mean considering specific communal factors, differences, and resources. This chapter employs an African womanist perspective to engage the issue of childhood sexual violence using three doing words, “revisioning, diffracting and acting” (Clark & Olesen, 1999). These terms represent the continuity, disruptions, and continuous efforts required to tackle the problem of childhood sexual violence that has existed for centuries.

Diffractions

“Diffractions can allow tensions to be held simultaneously rather than ‘resolve’ them- because they may not be ‘resolvable’.” (Clark & Olesen, 1999, p. 5)

“Diffraction patterns record the history of interaction, interference, the reinforcement, difference. Diffraction is about heterogeneous history, not about, originals....Diffraction is a narrative, graphics, psychological, spiritual and political technology for making consequential meanings. (Haraway, 1997, p. 273 in Clark & Olesen, 1999)

Clark and Olesen assert that “probably the most common operant framing today in both the academy and society remains the biomedical model” (1999, p. 3). Clark and Olesen point out that “this model centers on concepts of health status, health behaviors and technoscience interventions such that gendered, cultured, historicized, classed, raced and otherwise situated, women [*and children*]⁴⁶ are routinely silenced or erased as actors in the production of health, in both the provision and receipt of health per se as well as in health politics and policy” (1999, p. 3). They also assert that although within the social sciences and humanities there are many thoughts on “fresh ways of conceptualizing multiplicities, multiculturalism, cultural critiques, bodies, identities, marginalities, difference, women, subjects, objects, gender, communities, practices and an array of other elements linked to modernity and postmodernity” (1999, p.3).

There is a need for new approaches, as they have sought to, by seeking to rupture the biomedicalization frameworks of women’s health as feminists have, and, re-theorize -women [child], health and healing. Clark and Olesen, therefore, encourage a “revisioning” meaning “letting go of how we have seen in order to construct new perceptions” (1999, p. 3). In this assertion, they refer to Gloria Steinem’s statement in the early feminism movements that “feminism is not an unmixed blessing” (Clark and Olesen, 1999, p. 4). They stress that there are paradoxes in the “success” of the “social movement” called “feminism,” because of its unintended complications/ consequences such as a “co-adaptation” of feminist interventions in a way that it is shed of their “feminist root and epistemological and even ontological processes” (1999, p. 4). My project is in response to Clark and Olesen’s vision of seeking “fresh approaches and cross-disciplinary pathways” of “rethinking conceptual/theoretical foundations /interventions in women’s health [child health] based on differences and complexities of women’s [children’s]

knowledge, bodies, experiences, and situations” (Clark and Olesen, 1999, p. 4; Lewin and Olesen, 1985). This project is, therefore, aimed at revising the health, healing, and wellbeing of CSV survivors/victims.

The project of fighting childhood sexual violence in Nigeria aims at decentering the health, healing, and well-being of CSV survivors/victims from its long-standing medico-legal cage particularly in poor resource settings. Releasing the entanglement of the medical management of childhood sexual violence survivors/victims from its legal holds through forensic specimen collection enables a re-visioning of how to holistically address the matters of childhood wellbeing beyond bio-medicine and legal framework in settings that are poor resourced and unstable. The medical management of childhood sexual violence survivors/victims is currently linked to constructs of obtaining justice because it is the source of legal evidence for the prosecution of CSV.

Studies have shown some successes and failures as well as frustrations with obtaining the desired justice through this system De Jong & Rose, 1991; Janus, 2006; (De Jong & Rose, 1991; Janus, 2006; MacKinnon, 2005; Schafft, 2012; Shearer-Creman, 2004). In view of these frustrations and unintended consequences that impede the provision of medical services to childhood sexual violence survivors/victims, it is needful to explore ways of managing survivors/victims of childhood sexual violence such that priority attention is given to their medical needs (Clark and Olesen, 1999, p.5). This is not to annul the important work that the forensic evidence collected through medical examination does in helping to identify perpetrators, particularly in highly industrialized societies where the biomedical infrastructure to carry out such analysis exists. Studies over a 12-month period of child sexual abuse criminal court cases also show that physical evidence was neither predictive nor essential for conviction: “Physical evidence was

present in only 23% of all cases that resulted in felony convictions. Felony convictions were obtained in 67 (79%) of 85 cases without physical evidence and in only 20 (67%) of 30 cases with physical evidence” (De Jong & Rose, 1991).

The call to uncouple the medical service provision from the constraints of collecting forensic evidence compulsorily while rendering medical services to survivors/victims of childhood sexual violence is also in recognition of the limitations of health professional personnel and material resources in the Global South or in communities without the resources to conduct such tests, yet which are bound by medical protocol on child abuse to conduct such services to survivors/victims of childhood sexual abuse. In Nigeria, there have been instances that consent to carry out such examination could not be obtained and the child was taken away from their family or unable to receive adequate care due to health professionals’ reluctance to be involved in legal proceedings (Achunike & Kitause, 2014; Akinlusi et al., 2014; De Jong & Rose, 1991; Kilonzo et al., 2009). Furthermore, using Clark and Oleson’s diffraction framework, I can examine childhood sexual violence from an African woman’s standpoint (Nancy Hartsock, 1983) and employ the ‘*situated knowledges*’ (Haraway, 1988) to explore the nexus of the global and the local and its implication on CSV scholarship, policy, and interventions in Nigeria and the African continent.

The aim of this chapter is not to profer a set of directions for addressing CSV in Nigeria, but to sensitize the medical, public health, and even biomedical world to the peculiarities and paradoxes that exist in the African child’s temporality with regards to sexual violence. This project creates “diffractions” to the problem of childhood sexual violence in Nigeria and Africa by engaging varying perspectives and concepts with the aim of enabling a “revisioning” of the existing framing of childhood sexual violence, research methodology, epistemologies, and

solutions. I like the concept of diffraction for this project because of its ability to sensitize and stimulate reflectivity and actions but at the same time allow tensions, to exist recognizing that there is not one way of addressing the issue of CSV, but many.

Revisioning—Old truths revisited: Epistemologies and Methodologies

Epistemologies

How we create knowledge and what kinds of knowledge we create and uphold/maintain is very important. Knowledge within the sciences and social science, though considered objective when certain set principles and guidelines for conducting research are followed, historically, scientific methodologies have been wrought with debates around bias for centuries. Historically, child sexual abuse has been theorized from a socio-cultural context. For example, references to earlier theories of child sexual abuse by Sigmund Freud, such as the “seduction theory,” were discarded and subsequently replaced by the family system theory. In both theories, the sexual abuse victim was made responsible for the act, rather than the offender (Bolen, 2001). “Truths” about child sexual abuse have been shown to be historically relative and time-dependent (ibid). For example, beliefs held true from centuries past used to inform policies that guide people’s lives have changed and been discarded as untrue or have been expanded upon over time (Bolen, 2001). Bolen (2001) gives a good account of the negative impact of the bad theories on child sexual abuse on contemporary understandings and actions on child sexual violence.

The kind of questions researchers find relevant and important also has been proved to be influenced by either a personal interest, the interests of governments, both local and international, or institutions and establishments (National Population Commission of Nigeria, 2016). This means that there are other equally important questions that remain un-asked or un-

answered, either because they have not been thought of or ignored or they have been suppressed. Therefore, the knowledge we create through research is always incomplete in that sense and Foucault asserts that “for knowledge to function as knowledge it must exercise power” (2007, p. 71 cited in Seymour, 2009).

This conclusion brings me to an examination of the production of knowledge within violence framings that do not engage the perspective of the affected group, its epistemic violence, and how it creates power inequality. According to critical theory and postcolonial feminist scholars, knowledge creation can be a source of “power” that is exclusory and becomes an instrument of control (Seymour, 2009). Mohanty’s “Under Western Eyes,” examines the discursive practice in the production of knowledge in some of the Western feminist texts. She uncovers ethnocentric notions and criticizes standardized perspectives and conjectures in relation to non-Western people (2003). In this section of re-visioning epistemologies, I use the work of four scholars—Oyèwùmí, Amaduime, Friere, and Roy—to revision how an appreciation of other knowledge can improve.

First, Oyèwùmí and Amaduime, foremost Nigerian feminists, both use ethnographic research among nation groups in the Nigerian society and assert that within the Nigerian African context, gender is fluid and performative, depending on multiple social and economic factors and is not tied to biological sex or reproductive roles. Oyèwùmí’s, *The Invention of Women: Making an African Sense of Western Gender Discourses* (1997) and *Gender Epistemologies in Africa: Gendering Traditions, Spaces, Social Institutions, and Identities* (2010), as well as, Amaduime’s *Male Daughters and Female Husbands* (2015), offer critiques of Western feminist discourses and its historical misconceptions and prescriptions of gender as monolithic in Africa. They assert that this mainstream discourse of gender and sexualities in Africa has a Eurocentric perspective,

which subsequently impacts the sorts of knowledge generated about peoples of African origin, particularly with regards to sexual representations (Arnfred, 2004). This knowledge caused a historic misrepresentation of peoples, overlooked, ignored, or dismissed other representations of gender that were vital to indigenous communities (Arnfred, 2004). Oyèwùmí and Amaduime both call for a revisiting of the epistemologies produced from the monolithic classification of nation groups in Nigeria in particular and Africa in general. Much of the monolithic assumptions still pervade feminist and public health theory and practice.

Furthermore, research and scholarship on childhood sexual violence are also based on vestiges of long derived concepts guided by Western understandings of sexuality and gender relations (Oyèwùmí, 2010). Another example of the influence of Western epistemological definitions of social concepts is explained in chapter one of this project, the meaning of family in the Nigerian context in today's contemporary remains different within the civic public and the primordial private domains. Although, this scholarship is important and has helped push for policy changes all over the world the question of its replicability and relevance in other parts of the world with different sets of public health priorities and agenda requires research, adaptation, modification, or change. Therefore, much still needs to be done within local settings in different parts of the world to build on existing research (Decker et al., 2015) and define new research agendas that are contextual in order to understand what childhood means (Prout & James, 2003) and the ways in which sexual violence is represented in particular societies (Singleton, Winskell, Nkambule-Vilakati, et al., 2018; Kate Wood et al., 2007; Katharine Wood et al., 1998). This must be done to avoid the mistake of misunderstanding because of differences in meaning and representations in the society in which they are applied (McCartan, Kemshall, & Tabachnick,

2015; Prout & James, 2003; Rumble, Ramly, & Dunne, 2018). Indigenous research on CSV is very important.

Second, Roy's article, "Asking different questions: Feminist practices for the natural sciences" presents the need to "ask different questions" about the process of knowledge creation (2009, p. 134). Roy's work is used in this project to set the pace for how feminist social scientists can also engage the research they do when confronted with interdisciplinary epistemological and methodological conflicts of choice of approach, which many feminist social scientists face. Building on Roy's work, I draw from standpoint theory, situated knowledges and the methodology of the oppressed to suggest a "new feminist practice of research agenda choice" (ibid). Roy proposes that a researcher (scientist) can also present as an "insider-outsider," which allows the researcher to present as a "knower" and still use "standpoint theory as a communal project of enquiry" (p. 139). In this project, I acknowledge my position as a medical doctor and social scientist. Thus, my research agenda choice uses an African womanist perspective in critiquing the coupling together of medico-legal interventions and survey research methodology. This research agenda choice is born from two medical ethical dilemmas faced: on the one hand, of choosing between following the rape medical protocol and having a patient lost to follow up⁴⁷ due to refusal to engage the police and, on the other hand, ignoring the protocol, in order to retain the patient long enough to complete treatment, while exploring possibilities of interventions in a mutually engaging and sustainable manner.

The medical protocol for managing child sexual violence is prescriptive and offers mandatory guidelines that must be followed by the medical personnel before, during, and in the follow up of a sexually assaulted child. In poor resource settings, this becomes a hindrance to

offering proper care and draws the physician into legal procedures and time-consuming paperwork that prevents the physician from carrying out their primary responsibilities of care for other patients. Thus, the medico-legal intervention is set within an assumed idealistic context where access to health facilities is within a reasonable time in which post-sexual assault specimen collection is possible. It also assumes there is a functional social protection system where the social services, the police, and legal system work together, and where understandings of realities of survivors/victims are not entangled with access to resources for basic needs provided by the endangering social network. This ethical dilemma sparks reflexivity on how knowledge produced by medical personnel and public health researcher in the area of CSV drives social policies, institutional practices, and the unintended effects on the provision of medical services for child survivors/victims of sexual violence in poor resource settings like Nigeria. This reflexive position is important to this work. In doing this project, I also recognize and acknowledge that even within this study there are limitations, but the overall aim of this project is to use Roy's feminist science research methodology of asking different questions based on existing knowledge to stir up new conversations, stimulate new ways of re-visioning the methodology of research and production of knowledge on childhood sexual violence—thus stimulating conversations on new research agenda choices.

Lastly, I consider the use of dialogue as presented by Paulo Friere's *Pedagogy of the Oppressed* (2005), a useful process in working with communities on the issue of childhood sexual violence. In this form of dialogue, knowing is acquired in a cycle of learning and knowing. Dialogue as a research methodology and communication practice in communities on issues that are culturally sensitive, relevant and diverse, such as how children are socialized and what predisposes them to sexual violence, is very important. Certain types of research methods

that encourage engaging the thoughts of the target populations exist. For example, community participatory research, narratives, qualitative methods, all used to appreciate the cultural context. An example is with adolescents living with HIV intervention program in Kenya (Miller, Winskell, Pruitt, & Saul, 2015). However, Freire's pedagogy takes dialogue a step further: it involves an exchange of ideas with those we intend to work with by exchanging views with the intent of learning from the other.

Consequently, Korbin stresses the need for a cross-cultural perspective in researching issues that relate to maltreating children (1991, p. 67). She emphasizes that across cultures there are “legitimate boundaries” in which acts are a violation of acceptable norms with regards to children and give examples relating to contacts with the genitalia of children, beatings, or harsh treatment of children (Korbin, 1991, p. 67; Last, 2000; Olson, 1981). She asserts that to an outsider, these forms of actions may be considered maltreatments but within that society, it has not exceeded the margin of violating the norm in their culture (Korbin, 1991). Korbin also refers to caretaker behaviors, noting “the same acts may have varying meanings and interpretations in different cultures” and used the example of constant physical contact with an infant which can be described objectively across cultures but may have “a meaning of indulgence in societies with low infant mortality while signaling a concern for physical survival in societies with high infant mortality” (Korbin, 1991, p. 71; Levine, 1977; Super, 1984). Therefore, dialogue as a form of learning and knowing provides more context to knowledge gaps surveys cannot provide due to its constraints. In dialogues participants exchange, clarify, and seek to understand the other’s perspective. Moreover, the questions in, for example, the violence against children survey and other national surveys are a product of curated questions thought to be “objectively” effective in eliciting answers in population-based studies for the assessment of health or social issues or risks

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

Surveys are also done at a specific point in time, where individuals with similarities thought to be representative of that population, are randomly selected. Friere points out that groups of persons are not monolithic with precisely the same attributes. However, surveys are used to generate distributions and risks ratios that can speak to prevalence and at risk in populations but may not answer the “why?” question. This is a challenge to the value of surveys because, as mentioned elsewhere in this project, surveys provide insights about the magnitude of the problem in numbers but are unable to provide meaning and context to the findings (Hennink et al., 2010).

The issues of childhood maltreatment, [sexual violence inclusive] gained prominence through research conducted by “outsiders,” particularly in Western scholars’ observation of actions in other cultures that were outside their own culturally acceptable boundaries (Korbin, 1991). Other scholars also refer to the different meaning of acts within different cultural and societal contexts (Stanko 2003, p. 3; Olson, 1981). Therefore, research on CSV requires cross-cultural definitions and understanding of the diverse, intersecting and multidimensional factors to drive functional and sustainable policies and actions. Currently, in most of the Global South, I argue that the issue of CSV assumes relevance for governments based on international pressure, and governments are themselves coerced into fitting into international frameworks to be recognized as compliant nations (Merry, 2009).

This type of response to international pressure, causes governments to focus on international framings of CSV and requirements, yet they often lack adequate local information and/or the political will to effect lasting change (E. G. Krug, Mercy, Dahlberg, & Zwi, 2002);

(Richter, Richter, Dawes, & Higson-Smith, 2004). Findings in this project's KII showed a lack of political will to address CSV. Key informants with civil society organizations and primary health care facilities pointed to lack of clear policy guidelines, poor funding, poor capacity building for relevant personnel, lack of government support for grassroots actions, haphazard program implementation dictated by external donor requirements, and an uncoordinated, nonexistent national monitoring and evaluation system to mention a few. At the community level, there was lack of awareness on how to get help, resources to provide care at the PHC facilities for CSV survivors/victims was lacking, and no social protection system was in place.

Therefore, it is important to have a dialogue about this issue as a nation and in the community, so the challenges and the solutions can be identified since the survey reveals a problem but still leaves many questions unanswered. It is necessary to dialogue with survivors/victims and other identifiable actors with the aim of understanding what CSV is in the local context, the drivers of the social phenomena and identify local resources that can be used to facilitate the transformation of social and gender norms in high CSV prevalent communities and eliminate it in low ones. Thus, using interventions adopted from other environments may not achieve the desired results. For example, some studies have shown mixed results, where women empowerment programs have conversely increased intimate partner violence (Vyas & Watts, 2009).

Methodology

In this section, I utilize the work of two feminist scholars: Linda Tuhiwai Smith (postcolonial theory) and Patricia Hill Collins (critical theory). I too urge for a transdisciplinary and an indigenous approach to analyzing and proffering solutions to problems, thus my choice to adopt an African womanist approach. This method allows issues to be viewed from diverse

perspectives and knowledge to be examined and deconstructed using *multiple ways of seeing and understanding*. This way of engaging problems enables a multifaceted approach, ultimately enabling a re-visioning of problems and possible solutions.

This method can also offset previous ways of knowing to generate new knowledge that is also *subject to change*. Linda Tuhiwai Smith's chapter "Researching through Imperial Eyes," in *Decolonizing Methodologies: Research and Indigenous Peoples* (2012), provides an argument and justification for re-visioning research methodologies and asserts the importance of indigenous ethnographic studies. She argues that "research has centered around the theory of knowledge" which is grounded in a positivist position which "applies views about how the natural world can be examined and understood to the social world of human beings and human societies" (Smith, 2012, p. 44). This view reduces issues to measurements and understanding becomes focused on procedural problems. Consequently, to understand the social world, "operational definitions of phenomena which are reliable and valid" are required (Smith, 2012, p. 44). Smith asserts that "Western research," "academic research," or "outsider research," (based on indigenous people's perception) draws from an "archive of knowledge and systems, rules and values within Western science but also part of a system referred to as the West." (Smith, 2012, p. 44). Smith, therefore, emphasizes that research in this form on indigenous populations thus introduces "a cultural orientation, a set of values, a different conceptualization of such things as time, space and subjectivity, different and competing theories of knowledge, highly specialized forms of language, and structures of power" (2012, p. 44).

As an "insider" (Nigerian), "outsider" (doing Western research), I am faced with this paradoxical position of trying to produce knowledge while being entangled in the *boundaries of using existing knowledge* and figuring out how to adequately conceptualize my findings in ways

that are *legible* to Western readers for which I think is the goal of this academic exercise. Smith argues that Western and indigenous conceptions of the world are in sharp contrast to one another and the latter have historically till this day been viewed as abhorrent and barbaric. This is the tension that exists in researching and designing interventions that address social issues such as CSV in other cultures. Reflecting on these tensions of power, time, and space as a researcher enable one to see the tensions in a positive way and to be open to re-vision the work that I do. Smith proposed that research should be conducted from the indigenous populations' worldview [her direct reference was to the Maori peoples], should be culturally safe, involve "the mentorship of elders," and the ideologies of cultural superiority. Therefore, revisioning the researcher position based on this model means being comfortable with a difference that can enable a deeper appreciation of why things are done the way they are, provides insights to how the community conceptualizes change, produces a sounder analysis of the problem, and creates knowledge that generates locally sustainable policy.

Patricia Hill Collins emphasize that how we come to know what we know is very important (Collins, 2000). An appreciation of this as social scientists helps us know what influences knowledge creation and how that knowledge is socially used. According to Karl Marx, "it is not the consciousness of men that determines their being, but, on the contrary, their social being determines their consciousness" (Marx, 1978, p. 4). Collins likewise asserts that recognizing the intersecting and overlapping layers of social interactions that create oppressive environments is vital for consciousness-raising. In the context of this project, this is an absolutely important factor for explaining the paradoxes observed in CSV survey findings and intervention failures across the world. It can also be used in analyzing the disjuncture between CSV policy and interventional practices, success and failures.

According to Collins, the “ruling material force of society, is at the same time it’s ruling intellectual force” (2000,p. 2), emphasizing Marx’s idea that “knowledge (ideas) is connected to material interest” (2000, p. 2). Thus, knowledge and ideas which are accepted as *truth* are disproportionately controlled by the elite and wrapped up with class position (Collins, 2000). This statement and its preceding one by Collins, allow us to consider askings questions differently. For example, what does CSV mean to a child survivor/ victim or to their guardian or parent? What does justice mean or look like? How do cultural scripts and norms get sustained and reinforced to create vulnerabilities for sexual violence against children? How is society culpable? Can culpability be imposed on a community/ political/ religious leader in order to force or create change? In engaging and dialoguing on these questions, as Friere (2005) suggests, we come to a knowing that may be different from what we have come to know.

The epistemology of CSV requires revisiting and re-visioning in a contextual manner from a survivor/victim, their guardian/ parent (s) and community point of view in order to have meaningful and sustainable solutions. This stance is in line with the standpoint theory, articulated by Nancy Hartsock (1983) and from the tradition that oppressed groups hold unique viewpoints from which to critique and approach structures of power (this theory has a Marxist origin). Although, scholars like Haraway, introduced *situated knowledge* to counter the relativism of the standpoint theory, within the context of this project these two conversations come together to buttress Friere’s assertions that in dialoguing, multiple perspectives can be exchanged so that what is common can emerge and be sustained. The standpoint theory allows for an exploration of CSV from the survivors/victims’ perspective with regards to existing policies and laws and an African womanist perspective speaks to contextualizing sexual violence interventions in ways that are sustainable and practicable. Situating knowledge using transdisciplinary and

participatory methodologies allows for recognizing that “knowing” is not a universal script that is static, but all knowledge is historically fluid, influenced by time, space, and context.

Therefore, standpoints and knowledge are situated at the nexus of many influencing factors that are not dualistic, mutually exclusive, or permanent. Thus, within current practices in childhood sexual violence research and intervention, there is a need to re-vision our understanding of who the expert is, so we can effectively and efficiently serve survivors/ victims of CSV across the world.

This conversation starts at the community level, with survivors/ victims encouraged to speak to power (parents, youth, and community or religious leaders) and community leaders speaking with one another and addressing the government to demand economic or structural changes that will reduce vulnerabilities. This dialogue needs to happen across various levels because, as Korbin (1991) points out, it is needful that narratives and stories of CSV survivors/ victims be researched and made more accessible because even when children are valued in societies, there are many other factors that put both parents and children at risks of exploitations beyond their control, such as poverty. Research methodologies need to give attention to how to elicit actions that facilitate transformation and sustainable change in the long run through an exchange of knowledge. Furthermore, both the researched and the researcher must be engaged to produce knowledge and equipped with a consciousness that solutions to the problems lie in dialogue. This is the reason I endorse the re-visioning of knowledge production and methodological approaches within scholarship, disciplines, and practice in the area of CSV.

Acting

Interventional approaches

The adequacy of a theory conceived as a model is determined by our being able to map some subset of the relations/structures posited in the model onto some portion of the experienced world. . . . Its adequacy is not just a function or isomorphism of one of the interpretations of the theory with a portion of the world but of the fact that the relations it picks out are ones in which we are interested. A model guides our interactions with and interventions in the world. We want models that guide the interactions and interventions we seek. (Longino 1993, p. 115 in Roy, 2008, p. 137)

Haraway's feminist theoretical perspective argues that knowledge stems from the social position. In 1983, Nancy Hartsock coined the concept "standpoint feminism," founded in Marxist ideology. A standpoint is an achieved collective identity or consciousness. This concept has been employed in feminist epistemologies such as black feminist thought and feminist science and technology studies. I build on this notion of standpoint feminism in relation to African womanism, to assert that in employing the standpoint concept within African womanism, this collective identity and consciousness not only includes, involves, or addresses the individuals affected by CSV but the communities in which they live.

Expanding on the understanding of the standpoint concept, I use an African womanist approach that, like the socio-ecologic model, offers a more holistic approach in the application of valuable theories that hitherto existed in separate disciplinary scholarship to do transdisciplinary work. Although this work generates age long tensions of disciplinary authenticity, I assert that this work precisely intends to make visible the tensions in doing work from a singular

disciplinary perspective and encourage the need to be uncomfortable but comfortable at the same time because, in the real-world sense, problems are not unidimensional but multi-dimensional. In this vein, diffraction is productive because it can produce multiple perspectives and solutions to social issues. Thus, Haraway's "situated knowledges," is useful because we recognize the limitations of our disciplines in time, space, and materiality and through dialogical engagement with our populations and communities, we can develop solutions that are practical and sustainable because it allows all parties to function as part of the solution.

Culture, Religion, & Justice

Instead of following predetermined plans, leaders and people, mutually identified, together create the guidelines of their action. In this synthesis, leaders and people are somehow reborn in new knowledge and new action. Knowledge of the alienated culture leads to transforming action resulting in a culture which is being freed from alienation. The more sophisticated knowledge of the leaders is remade in the empirical knowledge of the people, while the latter is refined by the former. (Friere, 2005, p.181)

Nigeria, like other African or colonized countries, still struggles with the historic burden of colonial remnants that remain in their public and private spheres (Sen & Grown, 2013). Thus, postcolonial countries like Nigeria struggle to keep the primordial private in tune with governmental structure's formal interpretations of phenomena or concepts in the civic public. These governmental efforts to mainstream international interpretations of concepts or phenomena is a bid to conform to global framings of issues that requires governments and institutions to adopt a '*uniform/universal standard*' that can be monitored and evaluated. This

standard can be productive because it can force or hold countries accountable, but it can be also counterproductive because it limits the opportunities for self-determination of local solutions to problems (ibid). Furthermore, Sen & Grown, 2013, assert that economic, health, human rights, and justice are all important concerns in all communities and in today's world, these concepts are intertwined at all levels of locally and globally and in international relations (ibid).

This complex inter-relationship among nations and within nations on economics, health, human rights and justice, encourages the need to be part of the global community, and creates a sense of belonging at the international level, but also constrains its internal fabric which is situated in part in a contemporary space that still holds on to fragments of its pre-colonial attributes. Thus, the many intersections and crossroads on a variety of issues create situated knowledge and standpoints in the nation's life and among individuals and communities, that if held in constant opposition will certainly tear the nation apart. So, Nigeria's fabric is like a motif with different parts woven together on many fronts (culturally, religiously, and legally), but the common thread that binds the country together is her history.

Nigeria did not choose her history, it came upon her. Nigerians were not part of the decisions makers who decided to merge the many nations into one country. Likewise, the children who have experienced CSV in Nigeria did not choose to have these experiences, nor were they party to decisions on how programs that relate to their well-being can be implemented. This preceding prologue is a national and individual reality for many countries like Nigeria and children who have experienced CSV therein.

The realities in African societies are very different from those in industrialized nations. Most countries are still highly religious, with growing economies, and their political focus is often on how to create gross income for the country to pay off the mounting economic debts both

as a country and as individuals. (Holmes & Lwanga-Ntale, 2012; Sen and Grown, 2013). There is also the pressure of fitting into the international frameworks as a *responsible* nation based on measurable indicators. Thus, although at the national level, these indicators are adopted and *checked off*, what happens in the communities is very different (Scully, 2014). Therefore, revisiting Smith's emphasis for change in the approach of research methodologies and knowledge production, I argue that the homogenization of nations through policies and frameworks can produce paradoxical realities. For example, while Nigeria has ratified the Child Rights Acts, it is still silent on issues that are locally contentious, such as early girl child marriages, child labor, and trafficking. Consequently, Nigeria appears compliant by adopting a child's right act, but the process of actualizing it is not made practicable at the community level because they are tied to cultural and religious beliefs and inadequate material and human resources. Therefore, defining what a "right" is in the local context is very vital and requires dialogue to be determined. Apart from this, a solution becomes a challenge to actualize.

The biggest fall out from this top-bottom approach is that disparate parties do things and do not speak to each other because they feel accountable to those above and not themselves, as in the case of the CSV interventions in Nigeria. There are several international and state actors who are working on different issues that are connected but focus only on achieving their own goals based on their own issue (s) of interest. However, these actors are targeting the same population who may have intersecting problems. This approach is not holistic and leaves the people frustrated, disenfranchised and confused (Mosse, 2004). For example, using homogenizing knowledge and a solely individualistic human rights frameworks in CSV interventions often divorces survivors/ victims from the realities of factors within his/her environment that made them vulnerable to the experiences in the first place (Richter et al., 2004).

Cultural synthesis for Action

In cultural synthesis—and only in cultural synthesis—it is possible to resolve the contradiction between the world view of the leaders and that of the people, to the enrichment of both. Cultural synthesis does not deny the differences between the two views; indeed, it is based on these differences. It does deny the invasion of one by the other but affirms the undeniable support each gives to the other.

(Friere, 2005, p. 181)

Oil and water don't mix. This is like the stance that bio-medicine historically has towards culture (Taylor, 2003) and religion (Morabia, 2019). Like culture, religion also has its many different perspectives on social and cultural phenomena such as sexual violence against children (Braithwaite, 2014; Gilligan & Akhtar, 2005; Richter et al., 2004). Moreover, there is a historic distrust of traditional religions and culture particularly in non-Western nations with the adoption of religious beliefs and perceptions from Western religious cultures (Christianity in particular) (Horton, 1997; Okeke, Ibenwa, & Okeke, 2017; Ter Haar, 2009).

This adoption of Western religious traditions was also accompanied by the embrace of Western orthodox medicine, which gradually distanced itself from religious traditions of healing (Ter Haar, 2009). Thus, the editorial choice to devote a special issue on “Religion and Public Health” in the March 2019 edition of *American Journal of Public Health* (AJPH), “Faith-Based Organizations and Public Health: Another Facet of the Public Health Dialogue” (Morabia, 2019) is a good development.

The articles in this issue encourage a revisioning of the role of faith-based organizations in public health practice. I think this collaboration is also applicable in CSV interventions

because, although religions may create stigmatizations through their doctrines, religions also have protective functions that can be tapped into in addressing CSV and should not be discarded particularly in the Nigerian/African context (Mucherera & Lartey, 2017; Foege, 2019; Phiri & Nadar, 2012). Interventions engaging religious organizations were very helpful in dealing with infectious diseases during the HIV and Ebola crisis and can still be useful in CSV interventions too (Blevins, Jalloh, & Robinson, 2019) (Kiser & Lovelace, 2019; Phiri & Nadar, 2012).

Health is Justice and Justice is Health: Unhinging “health and Justice” to free access to health

In this framework of diffracting, revisioning, and acting, it is, therefore, advisable to unhinge the medical from the legal and still achieve justice. Justice is not one thing, it is many things to a poor, violated child (Daly, 2005; Hopkins & Koss, 2005; Koss, Bachar, & Hopkins, 2003; Ptacek, 2009; Umbreit, Coates, & Kalanj, 1994; Koss, 2014). It is the child’s basic needs as well as dignity. It is the need to belong and feel accepted as well as the need to experience justice and resolution. I am still haunted by the many children who have fled from treatment because I was constrained to stick to standard operating procedures (SOP) of engaging the police immediately when a child sexual abuse case came to the hospital. I have often wondered whether it would have been better to skip the step of notifying the attending police as in the SOP, give the child the needed medical attention, and subsequently, explored options with the survivor/victim and the guardian. Perhaps maybe, they would have come around to explore the legal route too.

Another concern is what happens if they do not, and although the child receives medical attention at the time, is subsequently exposed to the same perpetrator and sexual assault again. How do we help children and still cater to their social needs at the same time? Are these possibilities? I believe so. I believe this lies in a dialogue with survivors/victims, their guardians,

and communities because rules can be liberating, but they are also constraining. There is the need to revision new solutions, diffract from existing assumptions, but still hold the tensions and work together to find workable solutions.

Conclusion

Maslow's hierarchy of needs describes a pattern for human motivation, which begins with meeting the most fundamental needs: starting with physiological needs, then safety and love/belonging, self-esteem, and finally self-actualization. In children, meeting the fundamental physiological need is wholly dependent on their social network: parents, guardians, friends, or people in their community (Kidman, & Palermo, 2016; Nichols, et. al., 2014; Furman, & Buhrmester, 1985). This dependency state of children for their basic needs can create a state of vulnerability. In the Nigerian context, described in earlier chapters, social networks such as family, friends, or clan conformity are bound by social and cultural norms and children are socialized to conform to these norms to be able to access resources and to belong into that society. Thus, the experiences of a child are determined by the influences of these norms as well as other factors. It is important to recognize this in addressing childhood sexual violence problems in Nigeria.

The findings from this project's quantitative research indicate that emotional violence and socio-normative factors have strong associations with CSV and qualitative research indicates that relationships, resources, intergenerational/social stigma, and silence, respectively, are important themes associated with CSV at the community level. These findings have relevant implications for thinking about how these themes influence the conceptualization and maintenance of social norms, but also how power is sustained within social networks in which

the child is also an agent. Therefore, a child's predisposition to CSV is dependent on the norms upheld within his or her social network.

Acknowledging that there are multiple intricate overlapping and intersecting factors that create diverse and changing statuses which influences a child or guardian or parent's decisions or actions at varying points in time is important for the success of interventions in the area of CSV. An appreciation of these interactions and influences within a child's social network is useful for planning, funding, implementation, and evaluation of behavioral interventions, sexual education, and healthcare delivery for children and adolescents. Ultimately, it is important to explore new ways of doing research, within the local context of the target population, so that "cultural synthesis" is achieved for sustainable CSV interventions.

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