Intra-familial Child Sexual Abuse among Adolescents in Rivers State, Nigeria: Analyzing contributing factors and victim-perpetrator characteristics.

Abstract

Background: The global prevalence of intra-familial child sexual abuse (IF CSA) is uncertain because only a fraction of the incidence is ever reported. This study investigated the prevalence and characteristics of IF CSA among adolescents in Rivers State, Nigeria.

Methods: Thiscross-sectional retrospective study was done in 2013 usinga modified self-administered questionnaire adapted from a previous study. Participants were adolescents attending secondary schools in ObioAkpor Local Government Area in Rivers State, Nigeria. A multistage sampling technique was employed to identify 573 victims of CSA aged 10-19 years. Descriptive and inferential statistics were carried out using SPSS version 25, the level of significance was set at ≤0.05.

Results: Results showed that572 adolescents reported thatthey had experienced sexual abuse. This number comprised 183 (32.0%) males and 389 (68.0%) females giving a male-to-female ratio of CSA of1:2. Of the 572 victims, 408 (71.3%) reported being victims of IF CSA, with the majority (55.4%) of them aged between 10-13 years.The mean age of the victims at the time of occurrence was 13.3 ± 1.2 years, with younger adolescents more likely to experience IF CSA. The males were slightly younger than the females at the time of abuse (p=0.04). The majority of perpetrators of IF CSA were females (75.0%) and most were students. The rate of disclosure of IF CSA was low, reasons for non-disclosure include fear, shame and the relationship with their perpetrators.Risk factors for IF CSA included low socio-economic class, living status of the participant and younger age.

Conclusion: The prevalence of IF CSA is high, risk factors include lower social class, younger age and living status of the child. Females are the major perpetrators; the level of disclosure is low. There is a need for targeted prevention and intervention programmes to alert parents and guardians of these crimes.

Keywords: Intra-familial Abuse, Child Sexual Abuse, Adolescents, Socio-demographic Factors, Perpetrators, Disclosure

Introduction:

Sexual abuse is defined as sexual contact of any kind that takes place without the consent of the individual involved[1]. It may also be viewed as a violation of one's sexual rights infringed

on a vulnerable person by someone of a higher power or authority[2]. CSA is sexual activity involving an individual less than the age of 18 years who does not fully comprehend such an act and is therefore not able to give informed consent to it or may not be developmentally prepared for it and thus cannot consent to it.The abuse may be from adults, including family members and close relatives (incest) or older adolescents, and could be either the same or of the opposite sex as the victim[3,4].

CSA could involve physical or non-physical contact.Physical contact may include fondling of the minor's genitals or breasts, mutual masturbation, intimate kissing, oral-genital contact, penetration with the digits, having anal and/or vaginal intercourse with the child.Non-physical contact includes observing the child bath, and undress, exposing the childto pornography, exhibitionism, adults engaged in sexual activities and making the child watch the act, or simply gaining sexual pleasure from watching the child naked or engaged in sexual activity[5,6].

The effects of CSA are far-reaching, affecting the survivor adversely with psychosocial and behavioural consequences[7]. Research has shown that young women who had experienced sexual abuse between the ages of 12-16 years had higher rates of teenage pregnancies, sexually transmitted infections, unprotected sex, and early sexual intercourse[8]. In addition, survivors of CSA face a triple chance of experiencing future physical/sexual abuse or becoming potential perpetrators themselves[9].

When the sexual abuse of children involves a close family member (siblings, relatives, parents, step-parents, or grandparents), any other person who lives in the same house (a maid or a caregiver), or someone close to the family (intimate friends) and is perceived as family by the child, it is referred to as Intra-familial Child Sexual Abuse[1].This is emphasized in a

study by Magalhães et al[10]where it was stated that intra-familial sexual abuse cases most often involved younger victims who had a close relationship with their perpetrators.

Worldwide, the prevalenceof Intra-familial Child Sexual Abuse (IF CSA) is not knownasonly a fraction of these cases are reported to the authorities[11].However, a study carried out in Peru among adolescents[1]showed that majority of sexual assaults (74%) occur in the victim's familial environment.A study in Turkey reported a prevalence of 23.6%[12] and another in Canada reported a prevalence of 44%[13].

IF CSA has become a widespread issue that significantly affects the lives of the victims, their families and society at large. Despite its untoward effect, this type of abuse is underestimated, under-reported, concealed, not addressed, and not getting the deserved attention. This is especially common in low- and middle-income countries (LMIC) such as Nigeria[14]. The victims are usually made to promise or sometimes threatened to secrecy by their perpetrators.The difficulty associated with detection where there was no physical contact makes it a huge challenge to detect[15,16]. Various studies have shown that adolescents who experience IF CSA hardly disclose such abuse until adulthood[17], therefore, the true prevalence may not be readily apparent.

In a study byFayaz[18], participants who had been survivors disclosed that several reasons were responsible for the non-disclosure of such abuse, including the fear of the perpetrator, the fear of being doubted, and others. Due to the social stigma and shame that the victim and the family are likely to experience, perpetrators of such acts are hardly brought to book as family members would rather have it settled quietly within the household when discovered[5,19]. This is also expressed in a study by Gencer et al[12] where delays in identifying and addressing inter-familial abuses were noticed, and claims were withdrawn if ever reported.

Some factors contributing toIF CSAas outlined by Black et al.[20]include proximity as well as access to the victim as a result of a familial relationship, a dysfunctional home; usually, the perpetrator will have the advantage of authority and power over the victim, and there will be a level of trust that the victim has for the perpetrator.However, the personality displayed by the perpetrator may include:Manipulative and deceitful traits exhibited to gain the confidence and compliance of the victim;Awkward views on relationships;Excessive closeness to the victim; and lack of empathy. From varying literature, most perpetrators of IF SA were males[13,21,22].

In most of the literature, familial dynamics have shown that the victims of intra-familial CSA were mainly younger adolescents who were females[23]and of a lower socioeconomic class[16].However, studies have also shown that boys were more averse to disclosing IF CSA than girls[24], which could explain why girls had a greater prevalence than boys and not necessarily because they were more affected.

A community-based study by David et al[25] on CSA and disclosure in South-Western Nigeria reported 7.5% of intra-familial cases with 2.1% of them being incest.A literature search indicated that there might be a paucity of studies on IF CSA in the south–south region of the country.Hence, there is aneed for a study to aid the understanding of the contributory factors, the characteristics of both the victims and perpetrators, to provide effective preventive and intervention strategies in the region.Therefore, the present study aimed to determine the risk factors associated with IF CSA among adolescents, the socio-demographic characteristics of perpetrators and victims, and the relationship between perpetrators and victims in Rivers State.

Material and Method

Study design: This is a cross-sectional retrospective school-based study conducted among adolescents aged 10–19 years in 2013.

Setting: This study was carried out in Obio Akpor Local Government Area (LGA), Rivers State, Nigeria. Most of the companies and industries are located in the LGA whichis also a residential area for their staff as well as civil servants.The LGA is also a home for a diverse population of residents from different cultures, religions, socioeconomic backgrounds and family structures. There are over 100 secondary schools in the LGA, however 13 co-educational schools were selected for this study.

Sample Size Calculation: The following factors were considered when determining the minimum sample size, which was determined using the Cochran formula for sample size for proportion.[26] Prevalence of 36.0% was used from a previous Nigerian study on sexual abuse[27] while a 95% Confidence Interval (CI), 2.5% error margin, and 7.5% non-response allowance were used.Consequently, a total of one thousand five hundred and fifty eight adolescents participated in the study.

Selection of participants: Using a multi-staged sampling technique, thirteen co-educational secondary schools were selected.From the selected schools, one thousand five hundred and fifty eight adolescents participated in the study.However, five hundred and seventy two adolescents aged 10-19 years who responded that they had experienced sexual abuse, irrespective of any form, were selected for the final study.All participants who were 18 years old and above gave a written consent while those that were less than 18 years in addition to assenting to the study, a written consent was also obtained from their Parents before participating in the study.

Study instrument: A self-administered questionnaire modified from the Halperin et al. questionnaire on CSA[28]was used.Socio-demographic information, family structure, and history of sexual assault were gathered through the questionnaire.A total of one thousand five hundred and fifty-eight questionnaires were distributed.Only participants who responded to YES to the question have you ever experienced sexual abuse?were selected for the final study.Oyedeji's socioeconomic classification was utilized to determine each participant's socioeconomic class[29].

Data Analysis: Data were analyzed using the Statistical Package for Social Sciences, version 25.Descriptive statistics were performed, with the results presented as graphs, frequency tables in simple proportions, and charts.The student's t-test was used to compare means, whereas the test for association between two groups was performed using the chi-square test. A p-value of less than or equal to 0.05 was considered significant in all cases.

RESULTS

Five hundred and seventy-two victims of CSA participated in this study.Their ages ranged from 10-19 years, with a mean age of 13.28± 2.14 years. The mean age for the males was 14.01±2.08 years, while that of the female was 13.75±2.18. There were no significant differences in mean age according to sex.Three hundred and thirteen of them (55.4%) were between 10-13 years when they experienced sexual abuse.

One hundred and eighty-four (32.0%) were male, and 388(68.0%) were female, giving a ratio of approximately 1:2.

Concerning the social and living status of the participants, 263(46.0%) and 215(37.6%) were from the lower and middle social classes, respectively. Fifty-three percent of the participants lived with both parents, while 93 (16.3%) lived with their mother only.

Prevalence of intra-familial sexual abuse among the victims: Of the 572 adolescents who experienced sexual abuse, 408 (71.3%) experienced intra-familial sexual abuse. One hundred and thirty-three(72.3%) of the 187 adolescent male victims reported intra-familial sexual abuse compared to 275 (70.9%) of the 388 female victims.This sex-based difference was not statistically significant. χ^2 0.12, p 0.73 (OR 1.07, CI 0.73-1.58) Table II.

The youngest age of the victims of IF CSA at the time of occurrence was 7 years, while the oldest was 16 years. The mean age at occurrence was 13.3 ± 1.2 years. There was a significant sex difference in mean age at occurrence.The mean age for males was 12.3 ± 2.2 years, while that of the females was 11.2 ± 1.2 years. (t= 2.15, p = 0.04)

Table III, lists the characteristics of the perpetrators.Their ages ranged from 15 to 46 years, with a mean age of 22.0±4.4 years. The mean age for the males was 21.8± 5.5, while that of the females was 18.7±3.4 years. This sex difference was statistically significant (t = 1.96, p = 0.01).

The majority (75.0%) of the intra-familial perpetrators of sexual abuse were females, and most of them were students.

A total of 134 (23.4%) victims disclosed the abuse; however, 16.2% of those who experienced intra-familial sexual abuse disclosed their abuse compared to 41.5% of those who experienced extra-familial sexual abuse.These differences were statistically significant. P < 0.0001, χ^2 41.63 (Fig.1)

Reasons for non-disclosure include fear, that no one will believe them, shame, relationship with the perpetrators- if related by blood or not, and self-blame.

Concerning the victim perpetrators' relationships, 23% were cousins, 16.2% were uncles/aunts, and 14% were family friends. (Fig 2)

Table IV shows the relationship between intra-familial sexual abuse and socio-demographic variables.More adolescents (81.8%) within the younger age range (10-14 years) had experienced intra-familial sexual abuse compared to 120 (54.6%) of the 220 adolescents aged (15-19 years). Adolescents within the younger age group were three times more likely to have experienced intra-familial abuse compared to the older ones. This was significant $p < 0.001$, OR 3.75, 95% CI 2.57-5.47. There was no significant difference in the age at which the abuse occurred.The socioeconomic class of the victims and their living status significantly predicted the odds of experiencing intra-familial sexual abuse.

Table I: Characteristics of participants

Variables	Frequency	Percentages
Age(years)		
10-14	352	61.5
15-19	220	38.5
Sex		
Males	184	32.2
Females	388	67.8
Social class		
Upper	94	16.4
Middle	215	37.6
Lower	263	46.0
Living status		
Lives with mother	93	16.3
Lives with father	74	12.9
Lives with both parents	301	52.6
Lives with relatives	80	14.0
Non-relatives	24	4.2
Intra familial abuse		
Yes	408	71.3
No	164	28.7
Age at the time of abuse		
< 10 years	90	15.7
10-13 years	317	55.4
≥14 years	165	28.9
Total	**572**	**100.0**

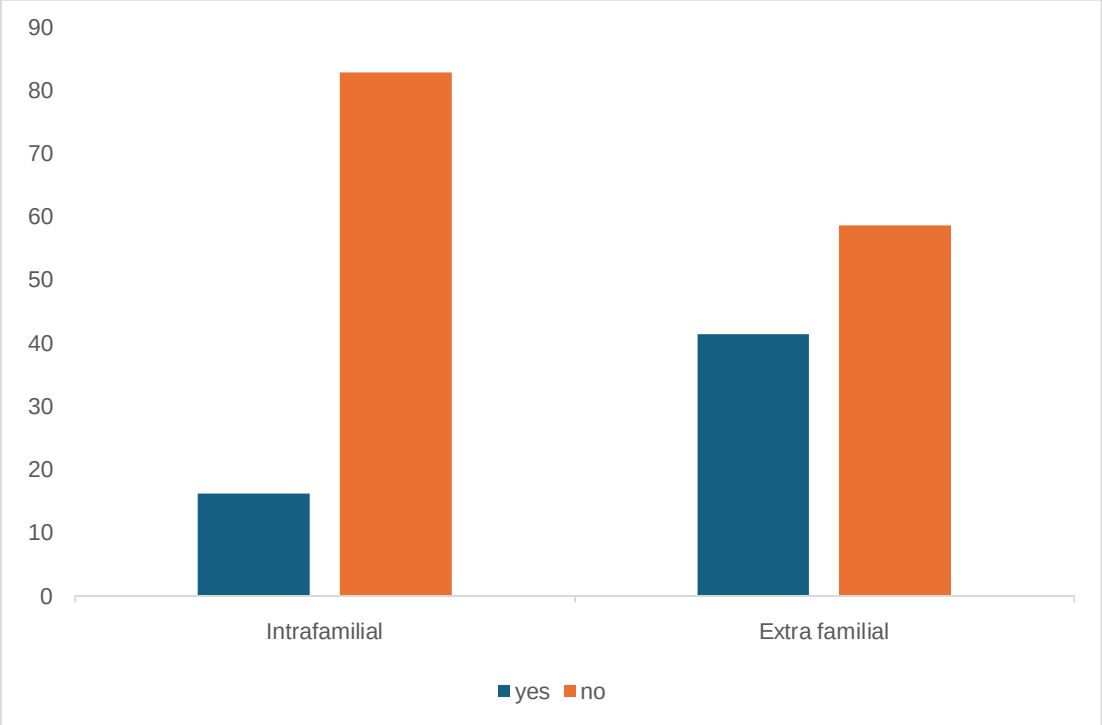
Table II: Prevalence of intra-familial abuse among study participants

Sex	Intra-familial Sexual Abuse		Total
	Yes	No	N (%)
	N (%)	N (%)	
Males	133(72.3)	51(27.7)	187(100.0)
Females	275(70.9)	113(29.1)	388(100.0)
Total	408 (71.3)	164 (28.7)	572(100.0)

χ^2 0.12, p 0.73

Table III: Characteristics of perpetrators of IF CSA

Variables	**Frequency**	**Percentages**
Age		
15-19	108	26.5
20-24	193	47.3
25-29	97	23.8
≥ 30	18	4.4
Unknown	20	4.9
Sex		
Females	306	75.0
Males	102	25.0
Married		
Yes	98	24.0
No	310	76.0
Occupation		
Students	295	72.3
Civil servants	56	13.7
Farmer	3	0.7
Trader	24	5.9
Artisan	9	2.2
Unemployed	21	5.1
Total	408	100.0



$P < 0.001$, χ^2 41.63

Fig. 1: Disclosure of sexual abuse.

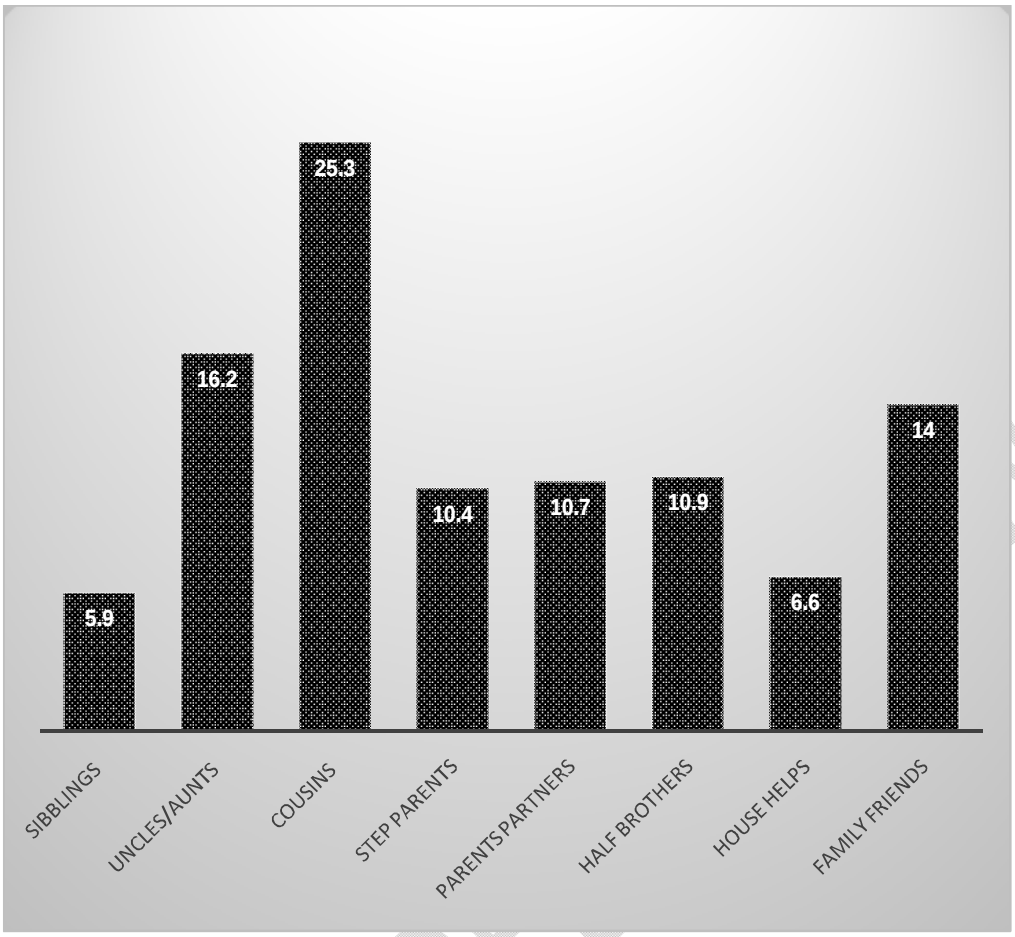


Figure 2: perpetrators of IF CSA

Table IV: Relationship between intra-family sexual abuse and some socio-demographic variables

Variables	Intra family abuse Yes N (%)	No N (%)	Total N (%)	χ^2	p-value	OR 95% CI
Age range						
10-14	288(81.8)	64(18.2)	352(100.0)	49.2	< 0.001	3.75
15-19	120(54.6)	100(45.5)	220(100.0)			2.57-5.47
Age at abuse						
7-14	290(71.3)	117(28.7)	407(100.0)	0.004	0.95	0.99
15-19	118(71.5)	47(28.5)	165(100.0)			0.65-1.47
Sex						
Males	133(72.3)	51 (27.7)	184(100.0)	0.12	0.73	1.07
Females	275(70.9)	113(29.1)	388(100.0)			0.73-1.58
Social class of subjects						
Upper	52(55.3)	42(44.7)	94(100.0)	14.07	<0.001	0.42
Lower	356(70.7)	122(25.5)	478(100.0)			0.27-0.67
Living status						
Both parents	281(93.4)	20 (6.6)	301(100.0)	150.5	< 0.001	15.9
Not with both parents	127(46.9)	144(53.1)	271(100.0)			9.5-26.6
Total	**408(71.3)**	**164(28.7)**	**572(100.0)**			

Discussion:

IF CSA can cause lifetime trauma and untoward effects on the victims.This study aimed to analyze the contributing factors as well as the victim-perpetrator characteristics and relationships among adolescent victims of IF CSA in Rivers State.

The present study showed that 71.3% of the abused adolescents had experienced IF CSA, a finding that was higher than the 5.4% reported by Valle et al.[1], 7.5% from the study by[25] David et al[25], and 44.8% reported by Loinaz et al[16].Several factors may have been responsible for the higher prevalence observed in this study. For example, the present study was a school-based one, which may have ensured an increased awareness and education regarding CSA, thus aiding the respondents to answer accordingly; the school environment may have also encouraged a willingness to disclose abuse; the data collection methods in the studies were different; the present study had a larger sample size compared to the other studies; in addition, the variations in social structures, cultural norms, and family dynamics across the different study regions may have influenced the prevalence and reporting of IF CA

significantly. Furthermore, a very low prevalence of 4% was obtained from Turkey by Demirciet al[30].This difference could be because the present study was a school-based study where a self-administered questionnaire was used and confidentiality of obtained information was assured before the study was commenced while the turkey study was the prevalence obtained from forensic cases as only cases that reported to the authority were involved, and due to shame and possible stigmatization, victims may not report to the authority.In addition, the victims may not have preserved the evidence needed for forensic investigation to come out positive.

This study reported a nearly equal prevalence of IF CSA between males and females and that the likelihood of both males and females experiencing IF CSA is almost the same.It is, therefore, important that male children be given the same kind of attention and care as females to reduce the possibility of sexual abuse.However, this finding differs from that of Gekoski,et al[31], who reported that females were more likely to be victims of IF CSA than males.The methodology and the study population used in the two studies could be the reason for this difference. While the present study was a cross-sectional descriptive study among adolescent students, Gekoski, etal[31] employed a rapid evidence assessment method, where previous studies were searched in a given time frame.

In contrast to several previous studies[32,33,] our study revealed that female victims were exposed early to IF CSA compared to males, as the mean age of the female victims was significantly lower than that of the male victims.A possible reason may be that girls commence puberty earlier with an increased growth spurt than boys.In addition, previous studies have focused only on incest, which was not the case in the present study.

Our study revealed that the age range of the perpetrators was 15–46 years, with a mean age of 22.0 ± 4.4 years. This result indicates that most of the perpetrators were either older adolescents or young adults. The results also showed that there was a noteworthy age difference between male and female perpetrators.The average age of the males was 21.8 ± 5.5 years, while for the females it was 18.7 ± 3.4 years.The disparity in age shows that the female perpetrators were younger.This outcome was in agreement with Bourke et al[34]who noted that female perpetrators were likely to be younger than male perpetrators, and their victims were usually male children or young adolescents (9 – 17 years).

Our study also revealed that these female perpetrators constituted a notable number compared to male perpetrators. This finding is significant as it contradicts the common perception that males were the predominant perpetrators of IF CSA as seen in other studies[21,22,35] However, it

collaborates with the conclusions of an investigative report by Gekoski et al[31]. This high percentage of female perpetrators from our study, who were majorly students, may suggest opportunistic abuse within the family as a result of caregiving responsibilities or co-housing.This setting, therefore, signifies a family in which young females are given the role or responsibility of watching over or caring for young children, thereby leading to potential abuse.This is further supported by the results we obtained regarding the victim-perpetrator relationship, showing that 23% were cousins, 16.2% were uncles/aunts, and 14% were family friends.

The findings of our study showed that the disclosure of abuse by victims of IF CSA was minimal.Fewer victims of IFCSA (16.2%) disclosed abuse than those who experienced extra-familial CSA (41.5%).This finding agrees with Lahtinenet al[36], who reported low rates of non-disclosure.However, another twist to it, as described by Lahtinen et al[36], was that the non-disclosure by these children was towards other adults for fear of being doubted, but they had disclosed their experiences to their friends, which could be a possible reason for the high prevalence of IF CSA noted in this present school-based study.

As reported in this study, the various reasons for non-disclosure included fear, disbelief, shame, relationship with the perpetrator, and self-blame.These reasons are in line with those outlined in the literature[18,37].Studies have shown that an important means of dealing with an experience, such as IF CSA, is to talk about it.Disclosure is therefore a key aspect of healing. Unfortunately, the rate of disclosure remains low in many regions and some of the victims who eventually decide to open up do so after a lengthy period, usually in adulthood [38]. Non-disclosure fosters the continuity of the act by the perpetrator.[13,16]

The findings of this study showed that younger age, lower socioeconomic class, and living status of the child determined the risk of experiencing IF CSA.

Regarding age of IFCSA, we noticed that younger adolescents (10-14 years) had a higher prevalence of IF CSA thanolder adolescents (15-19 years).In addition, we observed that the younger age group was found to be 3.75 times more likely to experience IF CSA. This is consistent with the outcomes of other studies[12,13,39,] which noted that younger children were more vulnerable.Similarly, a previous study showed that, in contrast to abuse that occurs outside the family, CSA within the family typically begins earlier, involves more severe forms over an extended period of time, and almost always takes place in the setting of more complex relationships involving power and control as well as practical and emotional dependency[40].

It may be expected that children living with their parents, compared to those from a single-parent household or living with non-relatives, would be less at risk for IF CSA.This is because children from a single-parent household are likely to be perceived as more vulnerable due to reduced supervision from a parent, whereas those from a home with both parents are shielded from such risks.However, we noted that IF CSA occurred more frequently among children who lived with both parents compared to those who were not living with both parents.This finding is in contrast with the results of Valle et al[1].The high prevalence of IF CSA in our study among children living with both parents suggests that perpetrators are often family members or close friends who parents trust.This result, therefore, implies that living arrangements alone may not be regarded as a strong predictor of risk for IF CSA, but rather to consider the characteristics and behaviour of the members of such a family.

Our study showed that children from lower socioeconomic classes experienced more IF CSA than those from higher social classes.This agrees with the findings of Muratoğlu et al[32] who reported that low levels of education and income are significant factors affecting the prevalence of IF CSA, particularly in cases of incest.

However, the findings of this study showed no significant sex differences in the prevalence of IF CSA, as males and females were equally affected.This finding is not in agreement with previous studies that have reported a higher prevalence among females. They, however, asserted that the lower prevalence among males was probably due to lower rates of reporting the abuse due to the males ego.[32,41]

Conclusion: IF CSA was common, and female family members were the main perpetrators. Low socioeconomic class, living status of the child and young age were factors that increased the risk of IF CSA.These findings, therefore, call for awareness programmes, educational initiatives, as well as protective measures specifically formulated to address these issues as a means of mitigating the risk of such abuse in this age group. There is also a need for targeted prevention and intervention programmes to alert parents of these crimes.

Disclaimer: Part of this study hasbeen previously published[42]:Prevalence of CSA among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State, Nigeria. *Nigerian Journal of Paediatrics, 46*(4), 156–162.

Ethical considerations Ethical clearance was obtained from the Ethics and Research Committee of the University of Port Harcourt Teaching Hospital.Consent and (or) assent

were obtained from the parents/guardians and participants. Discretion and anonymity were ensured throughout the study.

Limitations Our study had some limitations. First, the study was conducted in one Local Government Area only. So,we may not generalize the result for the entire state.

Secondly,the study is a retrospective study which required victims to recall unpleasant events that had happened few years back, this may affect the result because of recall bias and how individuals handle traumatic experiences.

Funds: The authors did not receive any external funds nor financial support for this study.

Conflict of interest: The authorshereby declare that there are conflicts of interest.

References

1. Valle, R., Bernabé-Ortiz, A., Gálvez-Buccollini, J. A., Gutiérrez, C., & Martins, S. S. Intrafamilial and extrafamilial sexual assaults and their association with alcohol consumption.*Rev Saude Publica*, 2018; *52*: 86. https://doi.org/10.11606/s1518-8787.2018052000539
2. Stewart, L., Sebastiani, A., Delgado, G., & López, G. Consequences of sexual abuse of adolescents. *Reproductive Health Matters* 1996; *4*(7):129-134.
3. Ali, S., & Ali, J. Sexual Abuse of Women and Its Impact: Psychosexual Perspectives. *J. Appl. Environ. Biol. Sci*, 2018; *8*(5): 1-1.
4. World Health Organization. *Responding to Children and Adolescents who have been sexually abused* 2017; https://doi.org/https://iris.who.int/bitstream/handle/10665/259270/9789241550147-eng.pdf
5. Assabu, G., Tefera, M., Abebe, A., & Busse, H. The magnitude of sexual abuse and its physical effects among female children seen at Gandhi Memorial Hospital in Addis Ababa, Ethiopia. *Ethiopian Journal of Health Development*, 2019; *33*(3).
6. Gabriel-Job, N. Pattern of Sexual Abuse of Minors in Rivers State, Nigeria:A School-based Study. *West Afr J Med*, *2019;36*(3), 274-279.
7. Papalia, N. L., Luebbers, S., Ogloff, J. R., Cutajar, M., & Mullen, P. E. The long-term co-occurrence of psychiatric illness and behavioral problems following child sexual abuse. *Australian & New Zealand Journal of Psychiatry*, 2017; *51*(6), 604-613. https://doi.org/10.1177/0004867416667232

8. Fergusson, D. M., McLeod, G. F., & Horwood, L. J. Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. *Child abuse & neglect*, 2013; *37*(9): 664-674.
9. Banvard-Fox, C., Linger, M., Paulson, D. J., Cottrell, L., & Davidov, D. M. Sexual Assault in Adolescents. *Prim Care*,2020; *47*(2): 331-349. https://doi.org/10.1016/j.pop.2020.02.010
10. Magalhães, T., Taveira, F., Jardim, P., Santos, L., Matos, E., & Santos, A. Sexual abuse of children. A comparative study of intra and extra-familial cases. *Journal of forensic and legal medicine*, 2009; *16*(8):455-459.
11. Valle, R., Bernabé-Ortiz, A., Gálvez-Buccollini, J. A., Gutiérrez, C., & Martins, S. S. Intrafamilial and extrafamilial sexual assault and its association with alcohol consumption. Rev Saude Publica, 2018; 52, 86. https://doi.org/10.11606/s1518-8787.2018052000539
12. Gencer, Ozlem & Ozbek, Aylin & Ozyurt, Gonca & Kavurma, Canem. A comparison of extra and intra-familial sexual abuse of children and adolescents. Anatolian Journal of Psychiatry. 2014; 17. 1. 10.5455/apd.1419190512.
13. Fischer, D. G., & McDonald, W. L. (1998). Characteristics of intrafamilial and extrafamilial child sexual abuse. *Child abuse & neglect*, *22*(9), 915-929.
14. Maitanmi, B., Awojobi, Z., Adesuyi, E., Maitanmi Phd, J., Chukwuere, P., & Akingbade, O. Knowledge and Perceived Effect of Sexual Abuse Among Adolescents in Selected Secondary Schools in Mushin Local Government. *African Journal of Health, Nursing and Midwifery*, 2021; *4*. https://doi.org/10.52589/AJHNM-54GMEBUD
15. Gupta, S., & Garg, D. Causes and Effects of Child Sexual Abuse. *International Journal of Innovative Science and Research Technology*, 2020; *5*:1867-1870. https://doi.org/10.38124/IJISRT20MAY650
16. Loinaz, I., Bigas, N., & de Sousa, A. M. (2019). Comparing intra and extra-familial child sexual abuse in a forensic context. *Psicothema*, *31*(3), 271.
17. McElvaney, R. Disclosure of child sexual abuse: Delays, non□disclosure and partial disclosure. What the research tells us and implications for practice. *Child Abuse Review*, 2015; *24*(3), 159-169.
18. Fayaz, I. What stops children from disclosing sexual abuse: perspectives from adults. *Journal of loss and trauma*,2023; *28*(1): 96-99.

19. Thukral S, Rodriguez TD. Child Sexual Abuse. Advances in psychology, mental health, and behavioral studies (APMHBS) book series, 2018, p. 229–58. https://doi.org/10.4018/978-1-5225-3958-2.ch017.
20. Black, D. A., Heyman, R. E., & Slep, A. M. S. Risk factors for child sexual abuse. *Aggression and violent behavior*, 2001; *6*(2-3): 203-229.
21. Craissati, J., McClurg, G., & Browne, K. Characteristics of perpetrators of child sexual abuse who have been sexually victimized as children. *Sexual Abuse: A Journal of Research and Treatment*, 2002; *14*: 221-235.
22. Koçtürk, N., & Yüksel, F. Characteristics of victims and perpetrators of intrafamilial sexual abuse. *Child abuse & neglect*, 2019; *96*: 104122.
23. Hinds, T. S., Giardino, A. P., Hinds, T. S., & Giardino, A. P. (2020). Incidence and prevalence of child sexual abuse. *Child Sexual Abuse: Current Evidence, Clinical Practice, and Policy Directions*, 1-10.
24. Ungar, M., Barter, K., McConnell, S. M., Tutty, L. M., & Fairholm, J. Patterns of abuse disclosure among youth. *Qualitative Social Work*, 2009; *8*(3), 341-356.
25. David, N., Ezechi, O., Wapmuk, A., Gbajabiamila, T., Ohihoin, A., Herbertson, E., & Odeyemi, K. Child sexual abuse and disclosure in South Western Nigeria: a community based study. *African health sciences*, 2018; *18*(2): 199-208.
26. Cochran WG. Sampling Technique. 2nded. New York, USA: Wiley and Sons Inc., 1963
27. Mezie-Okoye M.MMI and Folusho F, Alamina FF. Sexual Violence among Female Under-graduates in a Tertiary Institution in Port Harcourt: Prevalence, Pattern, Determinants and Health Consequences. African Journal of Reproductive Health 2014; 18(4):79
28. Halperin DS, Bouvier P, Jaffe PD ,Mounoud R, Pawlak CH, Laederach J. et al. Prevalence of child sexual abuse among adolescents in Geneva: results of a cross sectional survey. BMJ 1996; 312:1326
29. Oyedeji GA. Socio-economic and cultural background of hospitalized children in Ilesha. Nig J Paed. 1985; 12: 111-7
30. DEMİRCİ Ş, DOĞAN KH, ERKOL Z, DENİZ İ. Konya'da cinsel istismar yönünden muayenesi yapılan çocuk olguların değerlendirilmesi. Turkiye Klinikleri Journal of Forensic Medicine and Forensic Sciences. 2008;5(2):43-9.

31. Gekoski, A., Davidson, J. C., & Horvath, M. A. The prevalence, nature, and impact of intrafamilial child sexual abuse: Findings from a rapid evidence assessment. *Journal of Criminological Research, Policy and Practice*, 2016; *2*(4), 231-243.
32. Muratoglu G, Celikel A, Karbeyaz K. Evaluation of the incest cases in Hatay. Medicine Science International Medical Journal 2018:1. https://doi.org/10.5455/medscience.2017.06.8736.
33. Gunduz T, Karbeyaz K, Ayrancı U. Evaluation of the adjudicated ıncest cases in turkey: difficulties in notification of ıncestuous relationships. J Forensic Sci. 2011; 56(2):438-43.
34. Bourke, A, Doherty S, McBride O, Morgan K, & McGee H. Female perpetrators of child sexual abuse: Characteristics of the offender and victim. Psychology, crime & law, 2014; 20(8): 769-780.
35. Crawford, S. L. Intrafamilial sexual abuse: What we think we know about mothers, and implications for intervention. *Journal of Child Sexual Abuse,1999; 7*(3): 55-72.
36. Lahtinen, H.-M., Laitila, A., Korkman, J., & Ellonen, N. Children's disclosures of sexual abuse in a population-based sample. Child abuse & neglect 2018; 76:84-94
37. Elliott, S. A., Goodman, K. L., Bardwell, E. S., & Mullin, T. M. Reactions to the disclosure of intrafamilial childhood sexual abuse: Findings from the National Sexual Assault Online Hotline. Child abuse & neglect, 2022; 127: 105567.
38. Fuller-Thomson E, Lacombe-Duncan A, Goodman D, Fallon B, Brennenstuhl S. From surviving to thriving: Factors associated with complete mental health among childhood sexual abuse survivors. *Social psychiatry and psychiatric epidemiology*, 2020; *55*: 735-744.
39. Stoltenborgh M, Van Ijzendoorn M. H, Euser E. M, & Bakermans-Kranenburg M. J. A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child maltreatment*, 2011; *16*(2): 79-101.
40. Intra-familial child sexual abuse | CSA Centre. CSA Centre 2024. Retrieved on 16th of August 2024 from https://www.csacentre.org.uk/research-resources/key-messages/intra-familial-csa/.
41. Fis N.P, Arman A.R, Kalaca S, & Berkem M. Psychiatric evaluation of sexual abuse cases: A clinical representative sample from Turkey. Children and Youth Services Review,2010; 32: 1285-1290.

42. Gabriel-Job, N., Alikor, E., & Akani, N. Prevalence of child sexual abuse among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State, Nigeria. *Nigerian Journal of Paediatrics*, 2019; *46*(4): 156–162.