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Prevalence and psychological outcomes of child sexual abuse in Nigeria

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Abstract---Child Sexual Abuse (CSA) is a global social problem at the forefront of worldwide social policies and practices, having its highest prevalence rate in Africa. However, many studies have produced inconsistent results and conclusions regarding the nature of child sexual abuse prevalence and the associated psychological impacts, especially in Nigeria. This article provides a scoping review of the empirical studies investigating the prevalence and psychological impacts of child sexual abuse. Seven databases were searched, supplemented with a hand search of reference lists from retrieved papers. Results from prevalence studies showed a prevalence of 33.57% in the average population and 0.48 in hospital care patients. The psychological impacts recorded included difficulty experiencing feelings, drug abuse, delinquency, theft, prostitution and dropping out of schools, peer problems, posttraumatic stress disorder, depression, anxiety, [suicidal ideation](#), loss of concentration, confusion, disorientation, nightmares, reduced self-esteem. All the impacts were grouped into four primary dimensions: Psychosocial outcomes (including difficulty experiencing feelings, drug abuse, delinquency, theft, prostitution and, dropping out of schools, peer problems); Psychopathological outcomes (e.g., posttraumatic stress disorder, depression, anxiety, and [suicidal ideation](#)); Psycho-emotional outcomes (loss of concentration, confusion, disorientation, nightmares); and Impaired sense of self (e.g., reduced self-esteem). It was concluded that child sexual abuse is on the increase and has many adverse effects on the children's overall wellbeing. The implication is that the government, families, schools, and society, in general, should help to curb the occurrence of child sexual abuse.

Keywords---child sexual abuse, psychological impacts, Nigeria, wellbeing, prevalence.

Introduction

Despite the increasing burden of child sexual abuse (CSA) in Nigeria, there remains a dearth of nationally represented studies on its prevalence and psychological impact among primary school children and its implications for education. From most research, it is evident that there are fewer published studies on the sexual abuse of children compared to the magnitude of the problem in Nigeria. CSA is mostly underreported, and not many authors explored its impacts and its implication for childhood education and counseling. Child Sexual Abuse (CSA) is a universal travesty against the most vulnerable section of humanity, children, and can have a lifelong negative impact on the victims and their caregivers (Zimba et al., 2015). It can be defined as any use of a child for sexual gratification by an adult, an older or more developmentally advanced child, or even a child of the same age if coercion is present (David et al., 2018b; Olafson, 2011; Oluwatoyin Akin-Odanye, 2018).

CSA is a global social problem at the forefront of worldwide social policies and practices, having its highest prevalence rate in Africa (Ezugwu, 2017; David et al., 2018; Oseni et al., 2016; Singh et al., 2014;). Sub-Saharan African countries have also high records of CSA cases (Yahaya et al., 2012). Universally, it is predicted that about 95 million children are sexually victimized every year (Moody et al., 2018). According to World Health Organization (WHO, 2020), 1 in every 5 women and 1 in 13 men worldwide report having been sexually abused as a child aged 0-17 years. Average prevalence rates of 20.4% (13.2% to 33.6%) and 28.8% (17.0% to 40.2%) have been found respectively in North American and Australian girls. African region record the highest rates, ranging from about 25% in Ethiopia and 47% in Uganda (Moody et al., 2018). The case of Nigeria is more alarming with the increasing insecurity across the nation (Finkelhor et al., 2013). For instance, about 38% of females and 28 % of males who participated in a community based study in two Nigerian urban centers reported being sexually abused before age 18 (Chinawa et al., 2013). Furthermore, pieces of evidence tend to suggest a high prevalence rate of CSA among school children in Nigeria (David et al., 2018; Balogun & Adenowuro, 2020; Chinawa et al., 2013; Leeb et al., 2011) leaving a good number of the such victimized children at risk of psychological problems associated with trauma (Shrivastava et al., 2017; Springer et al., 2003).

Increasing research-based data show that child victims of CSA stand two times at risk of developing psychological problems in later life compared to their peers who did not have CSA experience (Briere & Elliott, 1994; Rhode, et al, 2000). The putative trauma associated with CSA tends to be enmeshed by the child's inability to understand the actions being taken against them at the time of perpetration. As the victims continue to grow and develop in social standards and emotions, they eventually encounter the reality of the crime perpetrated against them (Rhode et al., 2000). Consequently, such victims develop psychological distresses, ranging from posttraumatic stress disorders to anxiety and depression (Al-Fayez et al., 2012), which collectively translate to poor school performance and negative adulthood outcomes (Trickett et al., 2011).

On the other hand, it is observed that CSA culprits did not seem to be aware of the psychological damage that their victims suffered. Yet, these interactions often

put the child at immense risk of not only psychological disorders, as earlier mentioned, but also put them at increased risk of physiological problems including sexually transmitted infections, unwanted pregnancies, eating disorders and other somatic concerns (Hall & Hall, 2011; Oseni et al., 2016). It also increases their vulnerability to emotional problems such as guilt, shame, and self-blame (Hall & Hall, 2011), which may account for problems in interpersonal relationships such as dissociative patterns, sexual problems, relationship problems, and suicidal attempts (Finkelhor et al., 2013; Hall & Hall, 2011; Leeb et al., 2011; Oseni et al., 2016).

Studies show that across the world, CSA accounts for about 7% and 13% panic disorders; and about 21% and 33% for PTSD in males and females respectively (Gavin Andrews et al., 2013). Also, about 11% of suicidal attempts in youth and children populations have been attributed to CSA (Gavin Andrews et al., 2013). These psychological disorders emanate from the feelings of guilt, shame, self-blame, and the associated undermined self-worth (Abayomi, 2014; Adeosun, 2015) that keep them in a recurrent state where they keep wishing they could do something differently the occurrence from taking place retrogressively. CSA also causes children to develop maladaptive behaviors, poor self-esteem, and poor school motivation (Adigeb & Mbua, 2015; Ali & Ali, 2014).

These translate to unrestricted negative implications for child development, health and education. CSA has been a significant educational problem, as child victims generally experience educational issues. For instance, extant literature indicates that child victims of rape are at increased threat of dropping out of school, high school absentee rates, more grade retention, increased need for special education services, and difficulty with school adaptation (Reyome, 1994). Other literature suggests that emotional dysregulation (emotional instability) negatively affects the victims' academic achievements. For instance, 39% of 7 to 12-year-old girls with a history of child sexual abuse had academic difficulties (Daignault & Hebert, 2009). 7 to 12-year-old girls with a history of child sexual abuse were 50% more likely to display cognitive ability below the 25th percentile (Daignault & Hebert, 2009). 26% of 7 to 12-year-old girls with a history of child sexual abuse reported dropping their grades after being abused, and 48% had below-average grades (Daignault & Hebert, 2009). A history of child sexual abuse significantly increases the chance of dropping out of school and performing poorly in social situations (Saundeers et al., 1999; Reyome, 1994; Daignault & Hebert, 2009; Rice & Miller, 1996). Considering the menace of CSA, the study of the prevalence is necessary for surveillance and service delivery.

Although the prevalence of CSA has been well-researched, there is still a lack of substantial evidence regarding the psychological, academic, and physiological dimensions of impact on children in Nigeria. Sexual abuse prevalence data follow inconsistent differences in conceptualization (Finkelhor, 1994; Meinck et al., 2016) and cultural orientations and religions (Okunlola, Odukoya, & Gesinde, 2021). Notwithstanding the non-inconsistent data limitations, an overall prevalence of CSA ranging from 8% to 31% for girls and 3–17% for male children have been recorded (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; UNICEF, 2017). Studies have presented data on the incidences of child sexual abuse in different locations in Africa (Okunlola, Odukoya, & Gesinde, 2021; Ward, Artz, Leoschut,

Kassanje, & Burton, 2018) and around the world (Office of National Statistics (2020), with outrageous statistics. CSA prevalence data in Nigeria has consistently shown a high prevalence in different locations. For instance, community-based surveys among in-school and out-of-school adolescents in Nigeria have consistently indicated high levels of CSA among school children. In a study from Maiduguri, North-East Nigeria, a sexual assault rate of 77.7% was reported among female children, with sexual assault being more likely in girls younger than 12 years (Audu et al., 2009). Also, it was reported that about 14% and 35% of out-of-school adolescents in an urban slum in Lagos had been victims of rape and statutory rape, respectively (Kunnuji & Esiet, 2015). Similar studies reported a prevalence rate of 55% and 40% among in-school adolescents in Southwest and South-East Nigeria, respectively (Manyike et al., 1969; Olley, 2008).

Other studies were based on newspaper accounts indicating a high incidence of CSA in different parts of Nigeria. In Benin City, victims of sexual molestation comprised children aged 6-12 years and adolescents aged 13-19 years (Olusanya et al., 1986). Another study showed that 58% of rape cases reported in hospitals in Benin City concerned child victims (Omorodion & Olusanya, 2017). Although female children were reported in the literature as predominantly being sexually abused, the Incidence of sexual abuse on male children is currently on the increase as well (Bejide, 2014). Furthermore, Anyasor & Adeniran, (2017) carried out a descriptive survey among undergraduate students in a higher institution in Ogun State, Nigeria, and discovered that 94.3% agreed that sexual abuse causes loss of concentration in class; eighty-five percent agreed that sexual abuse could cause victims to have low grades in their class assessment while sixty-four percent agreed that it makes victims drop out of school. This has triggered the concerns of parents, counselors, teachers, psychologists, researchers, and the government.

Limited systematic review studies address the prevalence and psychological impact of CSA on school children in Nigeria. Most of the studies that reported prevalence are either community-based or based on hospital data. This research, therefore, aimed to systematically review studies focusing on child sexual abuse presented in Nigeria, with the specific objectives of determining the prevalence of this phenomenon and the psychological impacts on children. The findings could give more valuable information to policymakers to improve short and long-term measures for the prevention of CSA and childhood education and counseling to CSA victims and their families.

Methods

This scoping review involved an analysis of scientific journals articles reporting sexual abuse prevalence and impacts in Nigeria. Based on this, empirically sound studies were retrieved from Google Scholar, Scopus, and Web of Science databases. Abstracts of all relevant articles were examined. The same selection criteria were applied to check the selected publications' references to identify further reports not found by database searching. The search terms included 'sexual abuse' OR 'sexual assault,' OR 'child rape' AND 'prevalence of child sexual abuse, the impact of sexual abuse, effects of child sexual abuse, the psychological

impact of sexual abuse, and child sexual abuse with the terms 'Nigeria, southeast, southwest northwest and not east, were followed. Only studies published from 2010 to 2020 were considered.

Studies that met the following inclusion criteria were included in the review: (i) focus on the impact of sexual abuse (psychological, academic, and physiological). (ii) provides prevalence data on childhood sexual abuse cases in Nigeria; (iii) provides details retrospective experience of CSA; (iv) provides data on the impact of CSA on the victims and not on the caregivers. Studies that did not meet the inclusion criteria were excluded from the review. Based on these criteria, ten studies were included: five reported data on prevalence, while five reported data on the psychological impacts of CSA on victims.

The search for data in this study was systematic, and 3,234 study abstracts were retrieved. Only ten retrieved abstracts met the inclusion criteria and were retained for synthesis. Five (5) out of the ten studies included addressed prevalence (Manyike, Chinawa, Elias A, Udechukwu, Odotola, Awoere, 2015; David, Ezechi, Wapmuk, Gbajabiamila, Ohihoin, Herbertson, Odeyemi, 2018; Chinawa, Ibekwe, Ibekwe, Obi, et al., 2013; Kunnuji, & Esiet, 2013; Bugaje, Ogunrinde, & Faruk, 2012), while five (5) investigated the psychological impacts (Anyasor, & Adeniran, 2017; Omole, Olatunji, Oyero, Okorie, Adesina, 2019; Yohanna, Muhammad, 2018); Bankole, & Arowosegbe, 2014; Adeosun, Ogun, Adegbohun, Jejeloye, & Ogunlowo 2014). The overall characteristics of included studies are presented in Tables 1 and 2. Data extracted included the author, year of publication, study location/ Nigeria's geopolitical zone, study design, sample size, measures of study variables (sexual abuse, psychological impact), and the study result. In addition, contents were analyzed in order to identify: 1) Prevalence of CSA cases among children; 2) Impact of CSA sexual abuse (psychological). Each study was analyzed using variables' absolute (n) and relative (%) frequency.

Results

A summary of all sexual abuse cases, prevalence, and impacts of CSA with respect to all sexual abuse cases drawn from all the studies included in this review are shown in Tables 1 and 2. Figure 1 shows that the prevalence rate of sexual abuse varied across studies in this review. All sexual abuse cases among victims ranged from 0.06% to 40% in Owerri.

Table 1. Prevalence of Child Sexual Abuse in Nigeria

S/N	Author/Year	Topic	Study design	Sample Size	Area	Result on Prevalence
1.	Manyike et al. (2015)	Child sexual abuse among adolescents in southeast Nigeria: A concealed	Cross-sectional study	506	South East (Enugu and Ebonyi), Nigeria	40 %

		public health behavioral issue				
2.	David et al. (2018)	Child sexual abuse and disclosure in South-Western Nigeria: a community-based study	Cross-Sectional	398	South Western Nigeria	25.7%.
3.	Chinawa et al. (2013)	Prevalence and pattern of sexual abuse among children attending Ebonyi State University Teaching Hospital, Abakiliki, Ebonyi State	Retrospective study	3750	South East (Abakiliki, Ebonyi State)	0.9%.
4.	Kunnuji & Esiet, (2013)	Prevalence and Correlates of Sexual abuse among Female Out-of-School Adolescents in Iwaya Community, Lagos State, Nigeria	Cross-sectional study	480	South-west, (Lagos, Nigeria)	35%
5	Bugaje, Ogunrinde, & Faruk (2012)	Child sexual abuse in Zaria, Northwestern Nigeria	Retrospective study	33, 313	Northwestern Nigeria	0.06%.

Among the five selected studies that investigated the prevalence, 60% (n=3) adopted a cross-sectional survey, while 40% (n =2) adopted a retrospective design (See Table 1). The prevalence of the cross-sectional survey design suggests that

most studies were cross-sectional. Studies investigating the psychological impacts of CSA (n=5) were 80% (n=4) server, and 20% (n=1) cross-sectional.

Table 2: Psychological Impacts of Child Sexual Abuse in Nigeria

S/N	Author/Year	Topic	Study design	Area	Sample	Result on impact
1.	Anyasor & Adeniran (2017)	Perceived Effects of Child Sexual abuse on Psychological wellbeing and academic performance among undergraduate students in a higher institution at Ogun State, Nigeria	Survey design	Ogun State, Nigeria	411	Posttraumatic stress disorder and depression, loss of concentration in class, and drop out of school.
2.	Omole et al (2019)	Use of Information Sources and Knowledge of Child Sexual Abuse in Ogun State, Nigeria	Survey	Ogun, Nigeria	300	Confusion, disorientation, nightmares, and difficulty experiencing feelings.
3.	Yohanna & Muhammad (2018)	Effects of Child Abuse on Primary Education. A Case Study of Some Selected Primary Schools in Zuru Local Government	Survey	Kebbi state	60	Truancy, absenteeism, drug abuse, delinquency, theft, prostitution, and dropping out of schools
4	Bankole & Arowosegbe (2014)	Effect of child abuse on self-esteem among secondary schools students in	Survey	AdoEkiti Nigeria	150	Reduced self-esteem

		Ekiti state				
5	Adeosun et al. (2014)	EPA-0886- The relationship between sexual abuse and mental health problems among secondary school students in Lagos, Nigeria	Cross-sectional	Lagos	230	Depression, anxiety, peer problems, and suicidal ideation

Data regarding the prevalence of sexual abuse were collected using diverse instruments, including hospital case records (Chinawa et al., 2013), child sexual abuse questionnaire (Manyike et al., 2015), semi-structured interviewer-administered questionnaire (David et al., 2018), standardized interview schedule (Kunnuji et al. 2013) and information extracted from cases reported at the Institute of Child Health (Bugaje et al., (2012). On the other hand, data regarding the psychological impacts of sexual abuse were collected using a questionnaire with close-ended questions (Anyasor, 2017), information sources (Omole et al., 2019), structured questionnaires (Yohanna et al., 2018). Among all the reviewed studies, only Bankole et al., (2014) used two standardized instruments Child Abuse Self Report Scale (CASRS) developed by Mohammadkhal (2003) and the Coopersmith self-esteem inventory developed by Coopersmith (1967). This means that there are non-uniform measures for sexual abuse, which is a significant limitation in respect of sexual abuse research (Lalor & McElvaney, 2005).

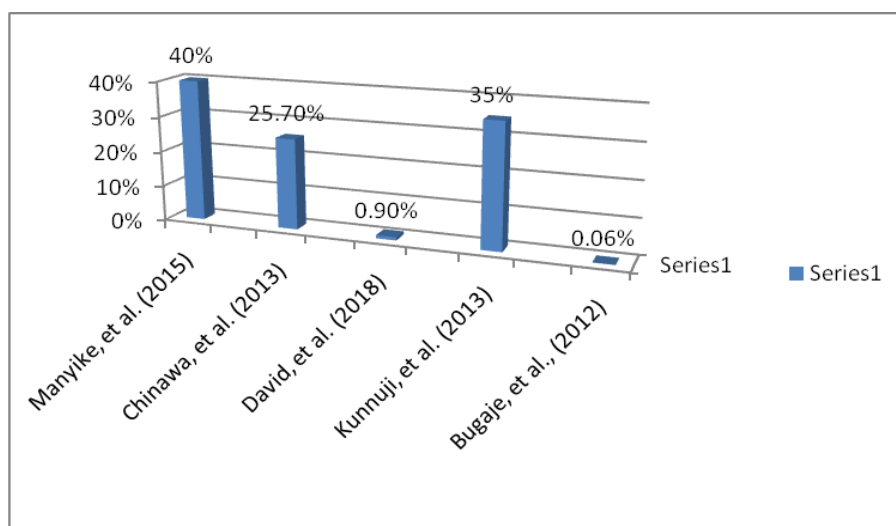


Figure 1: Prevalence studies on CSA in Nigeria

Figure 1 shows that three prevalence studies found a high prevalence of 40%, 35%, and 25.70%, respectively, while 2 indicated low prevalence (.90 and 0.06 percent). Thus, the prevalence of CSA in the normal population in Nigeria can be calculated as the mean percentage of the three population studies, giving a prevalence rate of 33.57%, about 0.48 in-hospital care patients. The study that reported the lowest prevalence collected data from primary care patients and not from the normal population (Bugaje et al., 2012). This limits the generalisability of the outcome as it may have been underestimation, given that many CSA incidences go unreported. Further, the second study with low prevalence (David et al., 2018) also collected data from children attending a Teaching Hospital, showing that it has not covered the children population. All the studies that were carried out among standard samples found a high prevalence. More specifically, in a sample of 1384 participants in the normal population studies, 456.72 were survivors of CSA.

Table 2 shows the outcomes of the psychological impacts of CSA. Some of the prominent findings of the reviewed studies recorded difficulty experiencing feelings, drug abuse, delinquency, theft, prostitution and dropping out of schools, peer problems, Posttraumatic stress disorder, depression, anxiety, suicidal ideation, loss of concentration, confusion, disorientation, nightmares, Reduced self-esteem. We grouped all the psychological impacts into four major psychological dimensions: Psychosocial outcomes found include difficulty experiencing feelings, Drug abuse, delinquency, theft, prostitution and dropping out of school, peer problems. Psychopathological outcomes were also posttraumatic stress disorder, depression, anxiety, and suicidal ideation. Other impacts were grouped under Psycho-emotional Outcomes and include loss of concentration, confusion, disorientation, nightmares, and impaired sense of self: reduced self-esteem (See Figure 3).

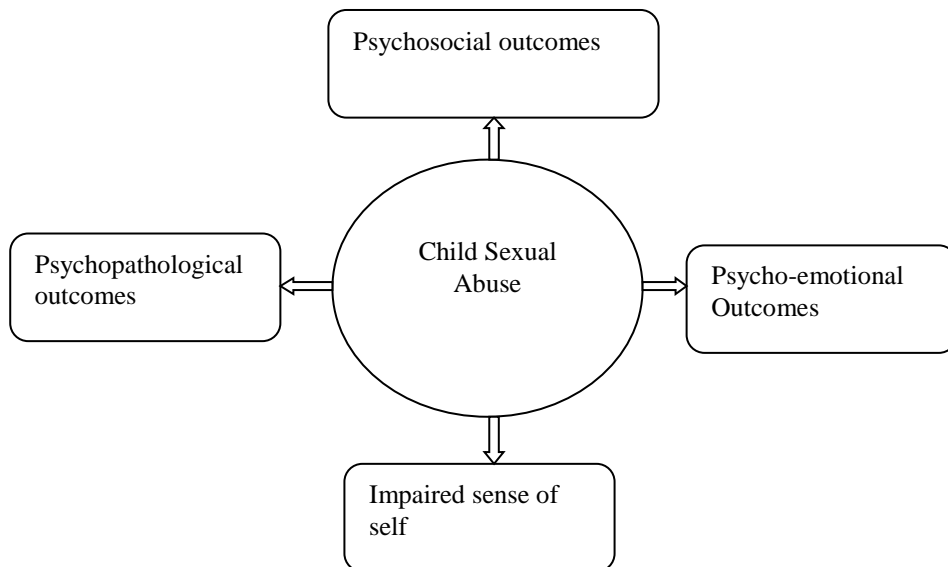


Figure 2: Outcomes of Child Sexual Abuse in Victims

Discussion

This study sought first to explore the prevalence and impacts of CSA on school children using a systematic review approach. Out of the five studies that reported prevalence, two were hospital-based and therefore were conducted on only children receiving special health care; the three other studies were conducted among regular samples. Studies conducted among regular samples gave an average of 33.57% prevalence, suggesting high incidences of CSA among children. This aligns with other prevalence estimates (e.g., Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Moody, Cannings-John, Hood, Kemp, & Robling, 2018; Singh et al., 2014), which further proves that sexual abuse as a global reality. In a review of fifty-five studies from 24 countries, Barth et al. (2013) found sexual abuse prevalence that ranged from 8 to 31 % for girls and 3 to 17 % for boys.

Additionally, the results also validate the claim that many individuals are sexually abused before the 18 years of sexual consent in Nigeria (Ezeamalu, 2015). Generally, most adults report being sexually victimized before the age of puberty (Booker, 2013; Jemal, 2012; Kim, Cho, Choi, Lee, & Lee, 2017), with most victimized by family members (Devries, Knight, Petzold, Merrill, Maxwell, Williams,... & Abrahams, 2018). Hence the increased sexual abuse incidences are perpetrated among children within the school-age (Murray, Nguyen, & Cohen, 2014).

The dept of sexual abuse among children could also be learner when estimated on an individual basis instead of mere percentages. In the current study, it was seen that out of 1384 participants in the regular population studies, 456.72 were CSA victims, who constituted the percentage under discussion. This implies that 456.72 in every 1384 school children are assaulted sexually in Nigeria. These suggest that participants who are may have experienced different adverse psychological outcomes. However, one tends to wonder what the consequence results of children's psychosocial psycho-emotional outcomes and development of psychopathological conditions and a negative sense of self.

The study's second aim was to find out the psychological consensus on the sexual abuse of children. The findings of the study show that CSA has immediate and lifelong psychological impacts, which manifest in different dimensions of the psychological wellbeing of the child. All the five (5) works exploring the psychological impacts show that CSA accounts for diverse psychological disarray grouped under four dimensions (psychosocial, psycho-emotional, and psychopathological outcomes and reduced sense of self).

In respect of psychosocial outcomes, results indicated that psychosocial outcomes of CSA are drug abuse, delinquency, theft, prostitution and, dropping out of school, peer problems. This outcome of this study support prior studies that identify social problems among survivors of CSA. For instance, Tonmyr and Shields (2017) found that CSA was linked with hazardous drinking and the use of marijuana and off-label drugs. Similar studies (McGrath, Nilsen, & Kerley, 2011; Papalia, Ogloff, Cutajar, & Mullen, 2018) found that survivors of CSA are at increased risk of involving in all kinds of criminality, including violence, sexual,

and other offending. Other studies recorded peer problems (Thomas, Phillips, & Gunther, 2013) and school dropouts (Narang, 2018).

Additionally, psycho-emotional issues were found as outcomes of CSA in school children, which include short and long-term difficulty experiencing feelings, loss of concentration, confusion, disorientation, and nightmares. The result on difficulty experiencing feelings confirms prior studies that found poor emotional regulation in survivors of CSA (Coyle, Karatzias, Summers, & Power, 2014). Further, studies tend to show that compared to those without CSA experience, children who experienced CSA are many times more likely to have psycho-emotional problems like loss of concentration (Narang, 2018), confusion (Jacobs-Kayam, & Lev-Wiesel, 2019), disorientation and nightmare (Al-Fayez et al., 2012; Ensink, Borelli, Normandin, Target, & Fonagy, 202; Hall & Hall, 2011). Such a psycho-emotional state unanimously gives rise to undermined self-esteem. In a literature review, Okunlola, Odukoya, and Gesinde (2021) found an inverse relationship between self-esteem and sexual abuse among adolescents. This sexual indicated that CSA is a risk factor for low self-esteem and other adverse outcomes such as negative self-schemas, self-blame, and self-guilt. (Okunlola et al., 2021). Though only one out of the five studies on the psychological impacts of CSA in this study reported low self-esteem as an outcome of CSA, the result is deemed necessary, given the importance of self-esteem to physical and mental health.

The final dimension is the psychopathological impacts of CSA. This study found some pathological indices of poor mental health outcomes of CSA, including posttraumatic stress disorder, depression, anxiety, and suicidal ideation. These findings are of particular interest as they confirm the prior findings in mental health research. Mustafa et al. (2018) investigated the Incidence of depressive symptoms among sexually abused children in Kenya and found that 14.6% of children who were sexually abused below 16 years old developed minimal-mild depressive symptoms, while 85.4% had moderate-severe depressive symptoms after one month of the Incidence. Another population-based longitudinal study by Easton, Kong, Gregas, Shen, and Shafer (2019) showed that men with CSA histories had greater depressive symptoms than those with no history of CSA. Outcomes of empirical studies also show that CSA is a risk factor for anxiety disorder (Maniglio, 2013; Quarshie, 2021) and suicidal ideation (Wherry, Baldwin, Junco, & Floyd, 2013; Rockhill, Kodish, DiBattisto, Macias, Varley, & Ryan, 2010).

Though the findings of this study are supported by other studies, it is noticed that such grievous impacts can be mediated by both attachment and emotional security. Cantón-Cortés, Cortés, and Cantón (2020) showed that emotional security and strong attachment mediate the relationship between suicidal ideation and CSA. This indicates that children who are sexually abused can be supported to gain positive mental health through emotional security and strong attachment, and trusted relationships. This proposition is only thwarted when the abuse is perpetrated by family members (Wilén, Littell, & Salanti, 2017). Hence, Finkelhor (1994) reported that intrafamilial sexual abuse poses more challenges.

Limitations of Study

A significant limitation of this study is incomplete data existing in most of the retrospective studies reviewed. Also, the age and gender of respondents were not routinely categorized; however, this is compensated for because we reviewed all works that reported being sexually abused before the age of sexual consent. Inadequate reports on the direct impacts of some co-determinants psychological well-being also constituted a limitation. For instance, we did not consider other factors that could have accounted for different psychological outcomes found in this study. Given these limitations, the outcomes of this study should be interpreted within its context.

Furthermore, the majority of the reviewed works were cross-sectional in nature and may not have presented causal relationships. A follow-up or longitudinal study is consequently necessitated as such could potentially provide clearer evidence. The outcome of this study was not based on a benchmark regarding what qualifies as a psychological impact based on the number of works that present the impact. It was a collation of all the outcomes relating to the study variables irrespective of the number of occurrences. Future studies in the area may seek to fill the gap. Some studies on the prevalence may not have given the real picture of the situation as two of the reviewed studies were rather hospital-based than population-based. As such, it is not objective enough to determine prevalence in such hospital-based studies. Future studies should sample only population-based studies. Additionally, this study covered studies conducted within ten years. Increasing the scope leads to more works to review may lead to outcomes on the prevalence and psychological impact of CSA.

Conclusion

From the articles reviewed, the prevalence of CSA cases among children is conclusively high. Child sexual abuse is on the increase and has some adverse effects; therefore, it implies that the government, families, schools, and society, in general, should help to curb its occurrence. There is a need for intensified programs on sexual abuse in order to sensitize the public on its implications on emotional wellbeing and academic performance. Knowing fully well that CSA is common in the communities, with many cases not reported, efforts should be made to educate children and their parents on various ways to reduce child sexual abuse and its consequences. To effectively prevent CSA, global preventive approaches targeting personal, family, and societal conditions, need to be explored and validated so as to protect the next generations of children and youth from sexual victimization. Intervention frameworks should also be put in place to improve the psychological well-being of children victims.

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