

Child victims of sexual violence aren't heard or understood, finds Nigerian study

March 14 2023, by Steven Kator Iorfa, James Edem Effiong and Tanya Johri



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Violence against children is a global problem. A [2020 Global Status Report](#) revealed that every year, almost one billion children globally encounter some form of violence, such as neglect, physical abuse and sexual abuse.

All forms of [violence](#) affect [children](#) in different ways, but [sexual violence](#) in particular [embodies trauma that lasts for a long time](#).

It is linked to [negative health consequences such as](#) reproductive health issues, impairments in brain functioning, poor immune system and higher risks of sexually transmitted diseases. Beyond the poor physical health outcomes, it also leaves victims with a wide range of psychological problems including [trauma](#), [depression](#) and [anxiety](#).

The [World Health Organization reports](#) that one in five women and one in 13 men report having been sexually abused as a child.

The Nigerian government has [policies](#) aimed at addressing the varying forms of violence against children, as well as strategies to provide care, rehabilitation and reintegration of victims. Protection for children is legislated in the [Child's Rights Act 2003](#).

But a [UNICEF report](#) based on 2014 figures says one in four Nigerian girls and one in 10 Nigerian boys have been sexually abused.

[Our study](#) explored the subjective experiences of female adolescent survivors of child sexual violence who tried reporting their experiences to adults. We found that they were sometimes discouraged from speaking out, and were even blamed for what had happened to them. Adults should learn to give children safe spaces where they can be heard, understood, believed and supported.

What we did

We interviewed 11 female adolescents who had experienced at least one episode of [sexual abuse](#) or molestation. Participants for this study were part of a larger study in which participants were randomly selected by trained research assistants during a child sexual violence awareness

campaign and asked if they were willing to participate in the study. Those who accepted were told about the nature and purpose of the study. They were also assured of confidentiality and told they were free to withdraw from the study at any point, without any consequences. Consent was equally given by school authorities, and informed consent to participate was obtained from the participants.

The researchers decided to focus on female adolescents aged 15 to 17 who had experienced at least one incident of sexual abuse or molestation and who could communicate in English. The types of abuse included in the study ranged from kissing to fondling genitals and vaginal intercourse. The responses from 11 survivors were included in the present study. Eleven responses are considered adequate as studies exploring lived experiences do not require a large sample. The interviewees were students from different secondary schools in Benue State, north-central Nigeria, who were attending a child sexual violence awareness program. Consent to undertake the study was obtained from their parents.

The students were informed about the nature and purpose of the study and those who agreed to take part were interviewed in sessions which lasted around six to 13 minutes for each participant.

The interviewees discussed issues around their experiences of sexual abuse and opening up about it. Audio recordings of the interviews were transcribed and analyzed. Here we highlight the themes that recurred.

What we found

We wanted to understand what happens within the primary environment of the victim and how front line health and social workers as well as parents and others can extend support to victims.

We found that parents, teachers, siblings and other relatives were implicated in decisions not to speak up about abuse. Because of the reactions that some victims received in the process of speaking out, eight of them concluded that it was better to stay silent.

All the participants reported they had begged the abusers to stop, to no avail. Some had cried. One interviewee said she "screamed silently".

The interviewees said that after the abuse incidents they began to look for people they could talk to, people who would understand them. They reported experiencing trauma in this process, followed by feelings of stigma.

They also reported that they were blamed for the events. They experienced verbal abuse, were called names by parents and in some instances were ignored.

Coupled with the shame they already felt, some had no option but to withdraw and keep to themselves.

These findings agree with previous [studies](#). They also go further, to show that children are not listened to by parents and other people significant to them at the time of abuse. Even when adults hear them, the children are not understood; they are rather blamed.

What we need to do

While children are the primary victims, the physical and psychosocial health effects of abuse will be felt by families and the community at large. Families, communities and governments should combine their efforts to tackle this problem.

Governments need to enforce policies that criminalize child sexual

violence. More importantly, adults who are within the primary environment of abuse (like parents, wardens, teachers and [religious leaders](#)) must learn to listen and make meaning from the voices of abused children. Families and all front line health, education and welfare professionals need to be trained to respond to violence against children, listen therapeutically and offer tailored interventions.

Children should be encouraged to speak up, be provided with safe spaces to do so and be assured of protection. Children can also speak out more promptly if they experience, see or hear any abuse situations.

Even though the patterns may be similar, every sexual [abuse](#) case is unique. It is only in listening to the individual stories that collective and meaningful progress can be made.

There is very little children can do. However, if they are given safe spaces, they will speak up.

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Provided by The Conversation

Citation: Child victims of sexual violence aren't heard or understood, finds Nigerian study (2023, March 14) retrieved 4 May 2024 from <https://medicalxpress.com/news/2023-03-child-victims-sexual-violence-heard.html>

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