



**COUNSELLORS’
PERCEPTION ON
COUNSELLING
STRATEGIES TO
ADDRESS SEXUAL ABUSE FOR
MAINTAINING REPRODUCTIVE
HEALTH AMONG FEMALES IN NIGER
STATE: COUNSELLING IMPLICATIONS.**

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Abstract

Consequences of sexual abuse among females affect their physical, physiological, social and psychological well-being of victim perpetrators. The present study investigated the counsellors' perception on counselling strategies to address sexual abuse among females in Niger State. The study adopted descriptive survey research design. This was to provide an accurate description of the phenomena. The target population were all the counsellors in the state. Simple random sampling technique was used to select 200 Muslim and Christian counsellors from both private and public schools. The study developed questionnaire titled

“Counsellors’ Perception on Counselling Strategies to Address Sexual Abuse among Females” (CPCSASAF) and was administered to the

school counsellors. The questionnaire consists of

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two sections A and B. Two research questions and two hypotheses were raised and tested using mean, mean score and t-test statistical tool at 0.05 level alpha level with reliability of 0.88. The findings revealed that there were no significant difference in the counsellors’

perception on counselling strategies in Niger State, on the basis of school type and religion. The findings revealed among other things, that individual and group counselling, rehabilitative and reconciliatory counselling, cognitive restructuring, community – based counselling were found to be adoptable to impact on sexual abuse victims among females. Conclusion and Recommendations were proffered that counsellors should sensitize students and parents on the consequences of sexual abuse and the need for counsellors to enlighten students on sex education and by organizing debates, drama in the school and talks on sexual abuse by adolescents during P.T.A meetings and through community-based advocacy campaign against sexual abuse and how to maintain reproductive health among females.

Introduction

Sexual abuse, also referred to as molestation, is usually undesired sexual behaviour by one person upon another (Wikipedia, 2017). Sexual abuse is the actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions. (Fareo, 2017).The World Health Organization (WHO) WHO (2001) and WHO (2019) defined child sexual abuse as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or that violates the laws or social taboos of society. It is evidenced by pressuring a girl child to engage in sexual activities, indecent exposure of the genitals, female nipples with intent to gratify sexual desires. According to American Psychological Association (APA, 2017) sexual abuse is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent. Health of females particularly, sex organs which are related to reproductive health is a matter of concern to all. Reproductive health, according to Nwaoba (2017), is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity; in all matters, he added, relating to the reproductive system and its functional process. According to Action Health Incorporate AHI(2003), reproductive health is the ability to have a satisfying and safe sex life, capability to

reproduce and freedom to decide it, when and how often to do so. According to Hail, Morea and Trussel (2012) reproductive health addresses reproductive processes, functions and system at all stages of life. It implies that men and women have responsible, satisfying and safe sex life. This is why this study attempted to investigate perception of counsellors on counselling strategies to address sexual abuse so that females can maintain their reproductive health, exercise their rights and contribute to the development of the society.

Some forms of sexual abuse include; exhibitionism or exposing oneself to a minor, fondling, intercourse, masturbation in the presence of a minor, of forcing the minor to masturbate, obscene phone calls; text messages or digital interaction, or sharing pornographic images or movies of children. Others include; sex of any kind with a man or, including vaginal, oral, or anal, sex trafficking, and any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare. (Chika, 2017). According to Rape, Abuse & Incest National Network (RAINN) (2017), physical warning signs, of perpetrators of child and sexual abuse include; bleeding, bruises or swelling in genital area, blood, torn, or stained underclothes, difficulty of walking or sitting, frequent urinary infections, pain, itching or burning in genital area. (Seto, 2015). Behavioural signs are changes in hygiene such as refusing to bathe or bathing excessively, develops phobias, depression, expresses suicidal thoughts, especially in adolescents, poor academic performance, inappropriate sexual knowledge or behaviours, nightmares or bed-wetting. Others are return to regressive behaviours such as thumb sucking, run away from home. (RAINN, 2017).

Child sexual abuse is evidenced by activity between a child and an adult or another child who by age or development is in a relation of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. It is the involvement of a child in sexual activity that he or she does not fully comprehend and is unable to give informed consent to. It involves inappropriate sexual solutionarian, genital touching or fondling, exposure of a child by an older person, intercourse through oral, anal or vaginal penetration and attempted intercourse (Seto, 2015).

Sexual abuse including rape, defilement, incest, forced sodomy (anal rape), coerced anal intercourse and genital intercourse are all criminal acts that perpetrators carry out using their own overwhelming influence, power intimidation and even betrayal of trust to impose on them by their victims to gain personal gratification to the detriment of the female. There are incidences of these acts at home among family members, brothers, cousins and uncles. Sexual abuse occurs in schools by teachers in the neighborhood, family friends, caregivers and other supposedly trusted individuals. (Chika, 2017).

The World Health Organization (WHO) (2001) estimated that about 15 million girls experienced sexual abuse with physical contact in 2002. Most perpetrators of sexual abuse were males, were often known to their victims. It is a pervasive act in all countries and at all levels of society. In 2013 the police and government official in Kano city, (Nigeria), reported an upsurge incident of child rape and that young girls were unsafe in the city because of 70 year old man raped a 30 year old girl. In 6 months, police recorded 54 cases of child rape and the same report revealed that the number of cases is two or three times higher than the number recorded in the previous 6 months. That this figure is only the tip of the iceberg as many cases within the families were not recorded since some parents want to save the honour of their families. Also in Lagos, it was reported in 2013 that 678 cases of child rape was recorded. (IRIN Humanitarian, 2013). According to Chika (2017), an independent research organization called Tophrie carried out a research in Nigeria on child rape and it revealed that almost 7 in 10 adult Nigerians (67%) perceived that there is a high prevalence of child rape in the country while 3 in 10 (31%) personally know of a victim of child rape in their local communities. That 4 in 10 (36%) adult Nigerians representing majority, claim that most often, the offenders involved in the incident of child rape are close family relatives and neighbours. Also, almost half (49%) of those that personally know a victim claim that they involved children aged between 7-12 years and 78% of this group who mentioned these cases were 13-14 years and 4.52% in the age group of 5-12 years. Further, in depth analysis of data on sexual assault of children within different age groups

revealed that 16.48% of children were in the age of group of 6-10 years. This abnormally high percentage of sexual assault of very young children is a matter of concern and needs immediate counselling intervention. Hence, it is what has prompted this unique study.

Statement of the Problem

The United States Administration for Children & Families (USACF) (2005) reported that in the United States, 78, 188 children who were sexually abused in 2003 was based on national aggregation of cases that were investigated and submitted by the State Child Protection Agencies. It further stated the number equals 1.2 children per 1,000 U.S. children. It also reported that a very thorough investigation revealed that estimate of 217,700 cases of sexual abuse encompassed abuse by family members and caretakers, but exclude a lot of abuses and assaults committed by acquaintances and strangers. (USACF, 2005).

RAHI International (2007) reported that 4% of severe sexual abuse involved penetrating anus or vagina and 2% were oral sex among adults while 15% of street children aged between 8 and 10 years were involved. Of all the children reporting sexual assaults 54.4% were boys and 45.6% were girls. Out of the total number of children reporting sexual assaults, 37.82% were in the age group of 15-18 years, 36.53% in the age group of 5-12 years and the remaining 25.64% in the age group of 13-14 years. Studies conducted by Ajuwon (2003) in Ibadan (Oyo State), and Ojo and Bidemi (2008) in South Western Nigeria revealed that 15% and 27% of young females reported cases of forced penetrative and attempted rape, respectively while 44% reported that they faced unwanted touches. In another research conducted by Tinam (2008), in Ondo State, (Nigeria), the study revealed that 27% of school girls mentioned that their teachers pressured them for sex and 79% stated that they were sexually harassed by male classmates. Illiyasu, Abubakar, Aliyu, Galadauchi and Salihu (2011) conducted a research on prevalence and correlates of gender-based violence among female University Students in Northern Nigeria. They found out that nearly a quarter of the respondents (22.2%) had been sexually abused since joining the University. Jekayinka

(2010) indicated that sexual abuse in form of prostitution and genital mutilation is still been practiced in Nigeria in an alarming rate. That over 60% of the children often trafficked from African to Europe for sex exploitation are Nigerians. The children are often deceived by syndicates who pretend to help secure jobs for them, but only to transport them to Europe and use them as prostitutes.

The circumstances and consequences of sexual abuse being faced by the girl victims are very disturbing and therefore calls for counselling approaches Children who have been sexually abused are emotionally tormented, they displayed a range of physical, physiological, psychological and behavioral reactions. These include anxiety, harm to genital organ, depression, nightmare, sleeping difficulties, withdrawn behaviour, anger, outbursts, promiscuity and sexual transmitted diseases. It is on record, for instance, that globally, 64% of people living with HIV are in sub-Saharam Africa and that majority, 54% of those infected are women (Chika, 2017) The United Nations Reliefs ad Worker Agency (UNRWA) (2012) submitted that the physical, physiological, economic, psychological, social, behavioural, biological negative effects of sexual abuse requires ardent attention by authorities to address the situation.

Upon all these, sexual abuse among females is increasing at astronomical progression. The studies by Ajiwen (2003), Ojo and Bidemi (2008) Tinam (2008) Jekayinka(2010) Seta (2015) and Chika (2017) only reported on the types, causes and consequences of sexual violence, marital and family violence. This current study was prompted to investigate perception of counsellors on counselling strategies to address sexual abuses among females in Niger State. It is aimed at making females maintain their reproductive health since reproductive health is a state of complete physical, mental and social well-being and to make females cope with diseases and infirmity relating to reproductive organs.

Purpose of the Study

The purpose of the study was to investigate the counsellor's perception on counselling strategies to address sexual abuse among females in Niger

State. Particular attention was given to counsellor's views whether or not school type and religious affiliation have significant impact on their perception.

Research Questions

Based on the literature review and the statement of problem, the following research questions were raised.

- What are the counselling strategies as perceived by counsellors to address sexual abuse among females on the basis of school type?
- What are the counselling strategies as perceived by counsellors to address sexual abuse among females on the basis of religion?

Research Hypotheses

HO₁: There is no significant difference between counselors' perception on counselling strategies to address sexual abuse among females on the basis of school type.

HO₂: There is no significant difference between counsellors perception on counselling strategies to address sexual abuse among females on the basis of religion.

Significance of the Study

The outcomes of this study would be significant to students, teachers, counsellors, sexual abuse male and female victims, perpetrators, of females human trafficking and the general public. It would enlighten them on human value, reproductive organs, negative consequences of sexual abuse and importance of female's education. It would principally equip counsellors on counselling strategies to address sexual abuse among females so as to mitigate the escapade in Nigeria and the world over.

Methodology

The study adopted a descriptive survey design. This design seeks or uses the sample data of an investigation, to document, describe and explain what is existing or not existing on the present status of a phenomenon being

investigated. The method of descriptive survey design adopted that of Ali (2006) as described above. It is considered relevant to be adopted since data can be collected, analyzed and can be used to answer research questions and also test the hypothesis. Furthermore, there is no need for any manipulation.

Population and Sample

The population for the study comprised of all the counsellors in Niger State including those in private and public schools, rural and urban cities. To arrive at this, the schools were written for the purpose of deep and pick where various schools in rural and urban centers were presented. Moreover, Muslim and Christian respondents were also stratified to ensure that the investigations is free from religious bias, among the counsellors that made up the clusters.

Instrumentation

A self-design questionnaire titled “Counselling Perception on Counselling Strategies of Address Sexual Abuse among Females” (CPCSASAF) was utilized to obtain data concerning the counselling perception on counselling strategies to be adopted to address sexual abuse among females. The questionnaire comprises of two sections. Section A. elicited information on the demographic data of the respondents. Section B contained items designed to serve as counselling strategies to address sexual abuse among females in Niger State. The validity of the instrument was obtained by subjecting it to scrutiny by two experts in the areas of measurement and evaluation and counselling psychology. The reliability was ascertained through the use of split half method. The co-efficient of 0.88 which was obtained was considered high enough and reliable for it to be used for the study.

Procedure for Data Collection

The researcher sought the permission of the school principals to administer the questionnaire to the counsellors. The researcher was present when the

questionnaire were being administered so as to explain the details about the study, the contents of the questionnaires and how to respond to the items. The researcher was given audience by the respondents for proper discussion. A total of two hundred (200) copies were finally found to be useable for data analysis for the study.

Method of Data Analysis

The data collected for this study were analyzed using mean, mean score and ranking to answer the research questions. The study also used independent sample t-test to test the hypotheses.

Research Questions

6. What are the counselling strategies that can be adopted to address sexual abuse among females as perceived by counsellors in Niger State on the basis of school type.
7. What are the counselling strategies that can be adopted to address sexual abuse among females as perceived by counsellors in Niger State on the basis of religion?

Table 1: Mean and Standard Deviation of the Respondents on Counselling Strategies to Address Sexual Abuse Among Females.

S/N	Outselling strategies	Means	SD	Remark	Ranking
1.	Government should make counsellors to intervene in female trafficking to abolish the escape of sexual abuse.	3.55	.561	Accepted	5 th
2.	Counsellors should adopt individual and group counselling in schools to address sexual abuse among females	3.68	.935	Accepted	1 st
3.	The use of rational emotive therapy by counsellors to address victims of sexual	3.50	.478	Accepted	7 th

	abuse and to seek prophylactic solution				
4.	Counsellors should make students to dramatize consequences of sexual abuse to enable students reflect on its hazards	3.59	.953	Accepted	2 nd
5.	Counsellors should give talk on consequences of sexual abuse on school assembly on regular basis	3.49	.630	Accepted	8 th
6.	School counsellors should sensitize parents on sexual abuse by females and the need for effective parenting during the P.T.A	3.36	.555	Accepted	11 th
7.	School counsellors should act as models and continuously guiding students on how to protect their sexual organs	3.38	.871	Accepted	10 th
8.	The use of cognitive restructuring to re-educate and re-adjust the social and psycho-emotional disorders of victims of sexual abuse	3.51	.488	Accepted	6 th
9.	The use of community based counselling to mobilize, and educate community members on negative effects of sexual abuse and the need for adequate parenting of children	3.46	.628	Accepted	9 th
10.	Counsellor should appeal to religious leaders to embark on pastoral counselling and to highlight spiritual and	3.56	.888	Accepted	4 th

	moral implications on sexual abuse among females				
11.	Make referrals of victims of sexual abuse to the appropriate therapists to treat the manifested ailments	3.58	.991	Accepted	3 rd
12.	The use of media and local language for advocacy	3.35	.545	Accepted	12 th
	Aggregate means a standard deviation	49.77	10.03		

Table 1 shows the mean scores and standard deviation of respondent's perception on the counselling strategies that could be adopted to address sexual abuse among females. The mean scores range from 3.35 to 3.68. Specifically, item 2 had the highest mean score of 3.68, while item 6 had the lowest mean scores of 3.35. The mean score were above the criterion mean of 2.50. Therefore, all the items were accepted to address sexual abuse among females in Niger State.

Hypotheses One: There is no significant difference between the perceptions of counsellors on the counselling strategies to address sexual abuse among females on the basis of school type

Table 2: Means, Standard Deviations and t-value on Counsellors Perception on Counselling Strategies to Address Sexual Abuse among Females

School	N	Mean	SD	Df	Cal. tvalue	Cal. critical	P. value
Private	102	48.92	4.66	210	.238	1.96	.914
Public	98	47.61	4.11				

Table 2 shows a calculated t-value of .238 and critical t-value of 1.96 since the calculated p-value of .914 is greater than the alpha (α) level of 0.05, the hypothesis is accepted. Hence, there is no significant difference between the perceptions of counsellors on the counselling strategies to address sexual abuse among females on the basis of school type.

Hypothesis Two

There is no significant difference between the perceptions of counsellors on the counselling strategies to address sexual abuse among female on the basis of religion

Table 3: Means, Standard Deviations and t-value on Counsellors Perception on Counselling Strategies to Address Sexual Abuse Among Females

Muslim	N	Mean	SD	Df	Cal-t-value	Cal. cri. t-value	P.Value
	102	50.22	5.19	210	1.27	1.96	3.55
Christians	98	47.61	4.41				

Table 3 shows a calculated t-value of 1.27 and critical t-value of 1.96. Since the p-value of .335 is greater than the alpha (α) level of 0.05, as such, the hypothesis was accepted. Hence, there is no significant difference in the counsellor perception on strategies to address sexual abuse on the basis of religion.

Discussion

Result of the findings revealed that the perception of all the school counsellors on the counselling strategies which could be adopted to address sexual abuse were positive. Table I shows the mean scores ranging from 3.36 to 3.68. The mean scores against each item in the questionnaire were all above the criterion mean of 2.50. Therefore, all the items were accepted on the basis of school type and religion which has answered the two research questions raised for the study.

The findings also revealed that there is no significant difference between the perceptions of school counsellors on the counselling strategies to address sexual abuse among females on the basis of school type. Table 2 above shows a calculated t-value of .238 and critical value of 1.96. Since the calculated p-value of .914 is greater than the alpha(α) level of 0.05, the hypothesis is accepted. Hence, there is no significant difference between the perceptions of counsellors on the counselling strategies to address sexual abuse among females on the basis of school type. This result is in line

with the findings of Shumba (2001) Menick (2002), Ajiwon (2003) Ojo and Bideni (2008) who reported that counselling strategies such as individual and group counselling, rational emotive therapy, role-playing, drama, shaping modelling imitative counselling, are very effective to rehabilitate victims of sexual abuse and to make them adjust physically, physiologically, socially and emotionally. These strategies are applicable to all students in private and public schools since the negative consequences of sexual abuse exhibited by female in private and private schools has no restriction, and therefore the counsellors in the two clusters can adopt the same or similar therapeutic devices to address sexual abuse among females.

The result of the findings in I table 3 also revealed that there is no significant difference between the perception of school counsellors on the counselling strategies to address sexual abuse among females on the basis of religion. Table 3 above show a calculated t-value of 1.27 and alpha(a) level of 0.05, as such, the hypothesis was accepted. Therefore, there is no significant difference in the counsellors' perception on strategies to be adopted to address sexual abuse among females in Niger State. This result corroborates with the findings by Iliyasu, Abubakar, Aliyu, Galadanchiaud Salihu (2011) Seto (2015), Chika (2017) and Fareo (2017), whose research studies attested that the negative effects of sexual abuse on female victims cut across all cultures, tribe, marital status and religions. not only this therapeutic strategiessuch as pastoral counselling, community-based counselling, appeals to parents and victims through the media and P.T.A forum, and the use of various professional therapists are capable of impacting on victims of sexual abuse and to make them adjust their stress, distress, emotional and imbalance physiological and biological constraints they are contending with

Counselling Implications

The negative effects of sexual abuse tell so much on victims of sexual abuse that the victims cannot exercise their right fully in respect of education, security, protection, health and socio-economic development. Therefore, individual and group counselling strategies such as; cognitive restructuring,

rational emotive counselling, community based counselling through the media are some of the therapeutic devices to make victims of sexual abuse cope with their contending constraints. This is to make females maintain their reproductive health. It should be recalled that reproductive health at any stage profoundly affects health later in life, yet individuals do face inequalities in reproductive health services. These inequalities vary, based on socio-economic, educational level, age, religion, ethnicity, and resources available in people's environment. All should be considered during counselling processes.

Conclusion

The study investigated the perception of counsellors on counselling strategies to cope with sexual abuse among females. The result revealed that there was no significant difference between the perception of school counsellors on counselling strategies. These could be used to address sexual abuse among females on the basis of school type and religion. Therefore, counselling strategies such as cognitive restructuring, rational emotive therapy, pastoral and community-based counselling and the use of media for sensitization and enlightenment, among others, are capable of addressing sexual abuse among females. Counsellors should therefore continue to use these strategies to address students in schools and other females in the community in order to guide females and to make them cope with contending constraints of sexual abuse and to maintain female reproductive health.

Recommendations

1. Parents should be involved in family health education particularly, issues pertaining reproductive health, constraints of sexual abuse and family planning
2. School counsellors should enlighten students in schools on the importance of genital or sex organ and to de-emphasize sexual abuse by using individual and group counselling sessions

3. Counselling strategies should be adopted by counsellors to address sexual abuse among females so as to make them maintain effective reproductive health
4. Counsellors, educators, health workers and associations should organize workshops and for sensitization and should liaise with the federal government to incorporate genetic, gynecology or reproductive health counselling in education curriculum
5. Community-health workers should help community members in non-school settings to support and make referrals of cases of female sexual abuse to the appropriate therapists and to follow up. Counsellors should spare between 5-10 minutes to give talk on the importance of sexual reproductive health in the school assembly.
6. Counsellors should organize students to simulate, role-play or dramatize contending problems of female victims of sexual abuse so as to guide students in their adolescent lives.
7. More health workers should be employed and posted to various communities to intervene in matters pertaining female sexual abuse and reproductive health issues.

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