



# Child Sexual Abuse in the African Context: The African Perception

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## Abstract

Child sexual abuse is a public health issue because of the pervasive nature, the adverse effects upon the health and well-being of victims, their families and the broader community. Its prevalence is high in Africa due to wrong beliefs, misconceptions and taboos. This calls for effective sensitization and communication in all the communities to prevent, identify and manage potential cases and as such curb this detrimental societal ill. This review presents the state of child sexual abuse globally and Africa in particular, the types of child sexual abuse frequently reported in the African context as well as the short and long term consequences on the health of the victims and their primary care givers. Some of the beliefs/perceptions pertaining to child sexual abuse upheld in the African culture are outlined.

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## Introduction

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society [1]. This might be a limiting factor to achieving the Sustainable Development Goals on the continent due to its devastating and psychological long-term effects on the children. Other perpetrators included class teachers, school mates and domestic helps. The major types of sexual abuse experienced by the respondents included kissing (64.5%), touch-

ing of the child's private parts (62.4%), being made to watch pornographic materials (55.9%) and sexual intercourse (32.2%) only 34.4% of cases ever disclosed the abuse [2].

The World Health Organization (WHO) in 2002 estimated that 73 million boys and 150 million girls under the age of 18 years had experienced various forms of sexual violence [3].

A meta-analysis conducted in the year 2009 analysed 65 studies in 22 countries and came out with the following main findings [4]:



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- An estimated 7.9% of males and 19.7% of females universally faced sexual abuse before the age of 18 years,
- The highest prevalence rate of CSA was seen in Africa (34.4%),
- Europe, America and Asia had prevalence rate of 9.2%, 10.1% and 23.9%, respectively,
- With regards to females, seven countries reported prevalence rates as being more than one fifth i.e., 37.8% in Australia, 32.2% in Costa Rica, 31% in Tanzania, 30.7% in Israel, 28.1% in Sweden, 25.3% in the US and 24.2% in Switzerland.

In the African culture, children have low decision making and bargaining power coupled with the fact that sex is a taboo subject for discussion in families the numbers of child sexual abuse cases in the continent may be underreported. However, the prevalence of child abuse in the African continent might still be high due to its numerous beliefs, customs and taboos. We sought in this review to analyse CSA from the African viewpoint to see its perception towards this societal ill, which has far-reaching consequences on children.

### Types of child sexual abuse

The term child sexual abuse includes a range of activities like “intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography and the use of the child for prostitution or pornography [5].

Child sexual abuse could be summarized into two broad groups as contact and non-contact forms of sexual abuse [6]:

- As of contact sexual abuse, we have touching with the hand, mouth or other body part of the victim’s body by the abuser, touching of private parts of the body with something other than the abuser’s hand, rubbing up against the victim in a sexual way, forcing the victim to touch the abuser’s genitals with hands, mouth or other body part, forced sexual intercourse and forced anal intercourse.
- Non-contact sexual abuse include the following, forcing the victim to watch sexual acts, forcing the victim to perform sexual acts whilst being watched by the abuser, forcing the victim to listen to threats and/or sexual details.

In Zambia, the most frequent forms of sexual abuse found was contact sexual abuse of penile penetration and fondling in nature. The most common form of non-contact sexual abuse was exhibitionism all perpetrated solely by males who were persons known to the victims [7].

In South Western Nigeria, a community-based study carried out, noted the most frequent forms of child sexual abuse comprising non-contact abuse with perpetrator subjecting the victim to watching pornographic movies and contact sexual abuse including vaginal and anal sexual intercourse [2].

Unwanted fondling and kissing were the most encountered forms of child sexual abuse from an exploratory study on child sexual abuse in Tanzania. However, unwanted masturbation, oral sex and vaginal sexual intercourse were as well recorded [8].

In Cameroon, penile penetration and fondling were most frequently reported at the Yaounde Gynaeco-Obstetric and Pediat-

ric Hospital as forms of child sexual abuse [9,10].

### Consequences

Child sexual abuse has both short and long term effects on the health of the victims. With the exception of sexualized behaviour (Intrusive, Abusive, Aggressive, Excessive), the majority of short-term effects noted in literature are symptoms that characterize child clinical samples in general. Among adolescents, commonly reported sequelae include sexual dissatisfaction, promiscuity, homosexuality and an increased risk for re-victimization. Depression and suicidal ideation or behaviour also appear to be more common among victims of sexual abuse compared to normal and psychiatric non-abused controls [11]. Frequency and duration of abuse, abuse involving penetration, force, or violence and a close relationship to the perpetrator appear to be the most harmful in terms of long-lasting effects on the child [11].

Child sexual abuse does not only impact the lives of the victims but as well the lives of their primary caregivers. Some of these impacts include anger, deep sadness, anxiety, helplessness, frustration, functional impairment and sometimes shame [12].

Psychiatric disorders that can possibly result are borderline personality disorder, somatisation disorder, major depression (and dysthymia), substance misuse disorders, dissociative identity disorders and related dissociative conditions, bulimia nervosa (and other eating disorders) and Post-Traumatic Stress Disorder (PTSD) [7].

Psychosocial effects have longer lasting repercussions sometimes up to years [13,14]. These may include impulse control, affect regulation, relational problems with peers, attentional problems, delusions, hallucinations, delay in language development, self-injurious behaviour (scratching, hitting, self-laceration, biting, etc) and soiling or enuresis even after they had previously been continent [15,16].

Adverse reproductive health outcomes include gynaecological trauma (perineum tears, vulva and vaginal lesions), unintended pregnancy, unsafe abortion, sexual dysfunction, sexually transmitted infections including HIV, traumatic fistulae [17]. Most common forms of injuries post assault include abrasions, bruises and lacerations at sites such as the posterior fourchette, labia minora and majora, the hymen and perianal folds which are the most predominant and less likely on other body parts [18,19].

### The African perception

Child sexual abuse is not often regarded as something bad in some societies. This could be due to the lack of knowledge on the sexual reproductive health and rights of the girl child. This correlates with the findings of Madu et al, in a study conducted among secondary school students in the Northern Province (South Africa) which stated that many victims of child sexual abuse perceived themselves as not being sexually abused as children [20]. Virginity is seen as something sacred and it is commonly believed that taking a girl’s virginity brings about cleansing and fortune. Such is the belief propagated by traditional practitioners like the case in Tanzania and South Africa [8].

Sub-optimal childcare due to the unavailability of parents as they focus most if not all of their time in search of money to better the living standard of the home. Girl children go as far as keeping unhealthy relationships as a means of acquiring money

to take care of their basic needs [21].

Family integrity is of paramount importance in the African culture. As such, several victims rarely report the abuse, as several opined that no potential husband would marry a lady who was raped as an adolescent or a child [8]. Disclosing a case of rape is perceived to shed shame and dishonour on the family [21]. A community based study was carried out in urban Nigerian and the following beliefs/practices as concerns child sexual abuse were identified. Such beliefs include the following; “It is unacceptable for a male to be a virgin before marriage”, “boys can earn their manhood through sexual conquest”, “boys are supposed to be sexual initiators”. However, male and female respondents tended to differ on whether or not a girl means ‘no’ if she rejects a man’s sexual advances. Majorly males were of the opinion that a girl’s ‘no’ means ‘yes’ [22]. Victims of child sexual abuse will hardly want to report their experience to the police or at the hospital because of social stigma. It is believed that no potential husband would marry a lady who was raped as an adolescent or a child [22].

Such beliefs or perceptions will only further contribute to the increasing prevalence of child sexual abuse in Africa thus the need to further stress on greater sensitization, vigilance and exposure of perpetrators.

### Prevention

Contact and non-contact types of CSA should be considered a significant public health problem that needs to be addressed with appropriate measures of primary, secondary and tertiary prevention.

Primary prevention is about preventing abuse or neglect of children before it occurs. Such measures include organizing programs that educate parents about child care and child development. Offer child care opportunities for those who work outside the home or need respite. Run programs that teach children how to protect themselves from abuse and 24-hour crisis care programs that offer a telephone helpline, childcare support and counselling [23].

Secondary prevention addresses risks among specific groups to prevent child abuse or neglect before it occurs. This consist of measures such as programs that educate parents about interacting with community resources. Government policies that provide free emergency contraceptives, safe medical abortions and post exposures prophylaxis for HIV and ensure the procedures for access to these services are free of stigma and waiting time. Referrals for parents to address depression, substance abuse, or other mental health challenges. Parenting education programs available to parents who are known to their local departments of social or human services as being at risk for child maltreatment specifically child sexual abuse [24].

Tertiary prevention seeks to prevent child abuse and neglect from happening again in families where it has already occurred [23]. This could include referrals for parents to address depression, substance abuse, or other mental health challenges. Provide intensive treatment or therapy for children who have been abused and enhance the care provided by a relative or a non-relative who has an existing relationship with the child, such as a teacher or neighbour [24].

### Conclusion

Child sexual abuse though being a major public health issue plaguing our society, most Africans still view it as a taboo and very few concrete measures have been put in place to curb this societal ill. However, there is need for a collective effort by victims, primary caregivers and every local government authorities to help eradicate this societal ill.

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