

IMPACT OF CHILD SEXUAL ABUSE ON CHILDREN WITHIN INTERNALLY DISPLACED PERSONS HOST COMMUNITIES: A MIXED-METHODS STUDY IN MAIDUGURI METROPOLIS, NIGERIA

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ABSTRACT: Child sexual abuse (CSA) has severe and lasting impacts on victims, particularly among vulnerable populations such as children in internally displaced persons (IDPs) communities. This study examined the multidimensional impacts of CSA on children within IDP host communities in Maiduguri Metropolis, Borno State, Nigeria. A mixed-methods design combining quantitative surveys (N=331) and qualitative Key Informant Interviews (N=15) was employed. Structured questionnaires assessed psychological, health, and social impacts of CSA. Descriptive statistics and correlational analyses were used to identify associated impact factors, while thematic analysis explored qualitative narratives. The study identified significant psychological impacts including depression and sleep disturbance (36.6%), shame and stigma (26.3%), disappointment and frustration (22.7%), fear and anxiety (10.0%), and anger (4.5%). Health impacts included HIV/STD (29.3%), emotional disturbance (27.8%), infertility (22.7%), and mental instability (20.2%). Social impacts comprised stigmatization (36.6%), low self-esteem (26.3%), alcohol consumption (22.7%), drug consumption (10.0%), and interpersonal relationship difficulties (4.5%). A descriptive correlational analysis revealed that most identified consequences showed significant associations with overall CSA impact severity ($p < 0.05$), though depression approached but did not reach statistical significance ($p = 0.076$). The model accounted for 67% of the variance ($R^2 = 0.67$). Child sexual abuse has profound and multifaceted impacts on children in IDP host communities, affecting psychological well-being, physical health, and social functioning. These findings underscore the urgent need for comprehensive, survivor-centred interventions addressing the complex sequelae of CSA in displacement contexts.

Keywords: Child Sexual Abuse, Internally Displaced Persons, Psychological Impact, Health Outcomes, Social Consequences, Maiduguri, Nigeria

INTRODUCTION

Child sexual abuse (CSA) represents one of the most severe forms of child maltreatment with devastating consequences that extend far beyond the immediate experience of abuse (Kendall-Tackett et al., 1993). The impacts of CSA are multidimensional, affecting victims' psychological well-being, physical health, and social functioning across the life course (Browne & Finkelhor, 1986). For children in conflict-affected and displacement settings, these impacts are often amplified by pre-existing trauma, disrupted family structures, and limited access to support services (Murray et al., 2014).

The global burden of CSA is substantial, with an estimated 20% of women and 8% of men experiencing sexual abuse during childhood (World Health Organization, 2006). In Nigeria, prevalence rates of 25.7% have been reported, with first abuse commonly occurring between ages 9-12 years (Nkiruka et al., 2018). However, the true magnitude of CSA impacts is likely underestimated due to pervasive underreporting and limited longitudinal research tracking long-term consequences.

Psychological impacts of CSA include depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation (Pine, 2010). Victims often experience shame, guilt, and low self-esteem that persist into adulthood (Kennedy & Prock, 2018). Health consequences encompass sexually transmitted infections (STIs), including HIV, reproductive health problems, and chronic conditions linked to trauma-related stress (World Health Organization, 2023). Social impacts involve stigmatization, interpersonal difficulties, substance abuse, and intergenerational transmission of abuse (Yadav & Shrivastava, 2021).

The Boko Haram insurgency in northeastern Nigeria has created conditions of extreme vulnerability for children, with over one million internally displaced persons (IDPs) living in camps and host communities in Maiduguri Metropolis (National Human Rights Commission, 2015). Displacement disrupts protective structures, separates children from caregivers, and exposes them to multiple forms of exploitation and abuse (Human Rights Watch, 2016). For children who experience CSA in these contexts, the impacts are compounded by the trauma of displacement, loss, and ongoing insecurity.

Recent scholarship has increasingly focused on the intersection of displacement, conflict, and child protection in sub-Saharan Africa. Research by Ager et al. (2015) demonstrated that displaced children face heightened vulnerability to sexual violence due to the breakdown of community protection mechanisms. Similarly, Betancourt et al. (2020) documented the compounding effects of war-related trauma and sexual abuse on child mental health outcomes in conflict-affected populations. The ecological framework proposed by Bronfenbrenner (1979) provides a useful lens for understanding how multiple levels of influence individual, familial, community, and societal interact to shape CSA experiences and outcomes in displacement settings. This framework has been applied effectively in studies of child protection in humanitarian contexts (Wessells, 2015).

Despite growing recognition of CSA as a public health priority, limited research has systematically examined the multidimensional impacts of CSA on children in host communities in northeastern Nigeria. This study addresses this gap by comprehensively assessing the psychological, health, and social impacts of CSA among children in IDP host communities in Maiduguri Metropolis.

Objectives

The study objectives were to:

- i. identify and describe the psychological consequences of CSA among children in IDP host communities;
- ii. examine the health consequences of CSA, including sexually transmitted infections and reproductive health problems;
- iii. assess the social consequences of CSA, including stigmatization and relationship difficulties;
- iv. describe the associations between various consequences and overall CSA impact severity.

Theoretical Framework

This study was guided by Bronfenbrenner's ecological systems theory (1979), which conceptualizes child development as influenced by multiple interconnected environmental systems: the microsystem (immediate family and peer relationships), mesosystem (interactions between microsystem elements), exosystem (broader community and institutional influences), and macrosystem (cultural and societal values). In the context of CSA among displaced children, this framework illuminates how individual-level impacts (psychological trauma, physical injury) interact with family dynamics, community responses (stigmatization, support), and broader societal factors (displacement, conflict, cultural norms) to shape outcomes. The ecological perspective has been widely applied in child protection research in humanitarian settings (Wessells, 2015; Ager et al., 2015) and provides a comprehensive lens for understanding the multiple levels at which CSA impacts manifest and interventions must operate.

METHODS

Study Design and Setting

A mixed-methods descriptive cross-sectional design was employed, combining quantitative surveys with qualitative interviews. This design was chosen to capture both the prevalence of CSA impacts through standardized measurement and the contextual nuances of survivor experiences through in-depth narratives. The study was conducted in seven wards of Maiduguri Metropolis, Borno State, Nigeria, hosting significant IDP populations displaced by the Boko Haram insurgency.

Participants and Sampling

The target population comprised children in IDP host communities across seven wards, totalling 8,442 individuals (International Organization for Migration, 2021). A sample of 367 respondents was calculated using Krejcie and Morgan's (1970) formula. Multi-stage sampling (cluster, proportionate, purposive, and simple random) was employed. Eligibility criteria included: (a) age 9-17 years, (b) residency in IDP host communities for at least six months, and (c) self-identification or caregiver confirmation of CSA experience. Of 352 questionnaires administered, 331 were retrieved (94% return rate). Additionally, 15 Key Informant Interviews were conducted with community leaders, religious leaders, women leaders, NGO staff, security personnel, and judicial officers.

Data Collection

Structured questionnaires assessed three domains of CSA impacts: psychological (depression, sleep disturbance, shame, stigma, fear, anxiety, disappointment, frustration, anger), health (HIV/STD, infertility, mental instability, emotional disturbance), and social (stigmatization, low self-esteem, drug consumption, alcohol consumption, interpersonal relationships). Items were adapted from validated instruments (Nkiruka et al., 2018). The questionnaire was pilot-tested with 30 IDP children in a non-participating ward to assess clarity, comprehension, and cultural appropriateness; minor modifications were made based on pilot feedback.

Identification of CSA survivors within the broader IDP population was accomplished through collaboration with community-based organizations, healthcare providers, and social workers who maintained confidential case records. Community health workers and trained field assistants conducted household visits to identify eligible participants, ensuring privacy and sensitivity throughout the recruitment process.

Key Informant Interviews used semi-structured guides exploring experiences and perceptions of CSA impacts. Interview guides were developed based on the ecological systems framework, probing impacts at individual, family, community, and societal levels.

Data Analysis

Quantitative data were analysed using descriptive statistics (frequencies, percentages). Additionally, a descriptive correlational analysis was conducted to explore associations between thirteen impact consequences and an overall measure of CSA impact severity. CSA impact severity was operationalized as a composite measure reflecting the frequency and severity of reported abusive experiences. Thirteen impact variables (stigmatization, low self-esteem, drug consumption, alcohol consumption, interpersonal relationships, depression, fear and anxiety, disappointment and frustration, anger, shame and stigma, mental instability, emotional disturbance, infertility, HIV/STD) were entered as independent variables to examine their associations with CSA impact severity. It is important to note that this analysis was descriptive and correlational in nature; the regression model was not intended to establish causality but rather to descriptively identify which consequences tended to co-occur with higher overall impact severity. Qualitative data were transcribed, coded, and analysed thematically using a framework approach incorporating deductive codes derived from the ecological systems framework and inductive codes emerging from the data. Two independent coders analysed a subset of transcripts (20%) to establish inter-rater reliability ($\kappa = 0.82$); discrepancies were resolved through discussion. Member checking was conducted with four key informants to validate interpretation of findings.

Ethical Considerations

Ethical approval was obtained from the Department of Sociology and Anthropology, University of Maiduguri. Informed consent was obtained from all participants, with parental consent for minors and child assent. Assurances of confidentiality were provided, including use of pseudonyms and secure data storage. Participants were informed of their right to withdraw at any time without

consequence. Special care was taken to minimise distress when discussing sensitive topics; counselling referrals were available for participants experiencing emotional difficulty.

RESULTS

Psychological Impacts of Child Sexual Abuse

Table 1 presents the psychological impacts of CSA identified in this study. The most common psychological consequences were depression and sleep disturbance (36.6%), followed by shame and stigma (26.3%), disappointment and frustration (22.7%), fear and anxiety (10.0%), and anger (4.5%).

Table 1: Psychological Impact of Child Sexual Abuse

Psychological Impact	Frequency	Percentage
Depression and sleep disturbance	121	36.6
Shame and stigma	87	26.3
Fear and anxiety	33	10.0
Disappointment and frustration	75	22.7
Anger	15	4.5
Total	331	100

Qualitative findings elaborated on these psychological impacts. Security personnel described the emotional toll:

"Victims of child sexual abuse experience deep depression. They cannot sleep at night. They feel ashamed, stigmatized, and afraid. Many are disappointed and frustrated with life, and some develop anger issues. These psychological problems affect their daily functioning and relationships" (KII, Security Personnel, January 10, 2023).

A community leader elaborated on the persistent nature of these impacts:

"The shame does not go away. Even years after the abuse, children carry this burden. They withdraw from others, they cannot concentrate in school, and some even attempt suicide.

We have seen children who were once lively and playful become silent and fearful" (KII, Community Leader, January 12, 2023).

The thematic analysis revealed that psychological impacts were often interconnected, with shame and depression reinforcing each other in a cycle of distress. Informants noted that the displacement context exacerbated these effects, as children lacked the extended family networks that traditionally provided emotional support.

Health Impacts of Child Sexual Abuse

Health impacts of CSA included HIV/STD (29.3%), emotional disturbance (27.8%), infertility (22.7%), and mental instability (20.2%) (Table 2).

Table 2: Health Impact of Child Sexual Abuse

Health Impact	Frequency	Percentage
HIV/STD	97	29.3
Infertility	75	22.7
Mental instability	67	20.2
Emotional disturbance	92	27.8
Total	331	100

An NGO staff member explained the health consequences:

"Perpetrators often drug victims before abuse. These drugs affect brain function and mental health. Many victims require hospital treatment for physical injuries and infections. Some contract HIV or other STDs that affect them for life. For girls, infertility is a devastating consequence in our culture; a woman's worth is often tied to her ability to bear children" (KII, NGO Staff, January 16, 2023).

A healthcare provider offered additional perspective:

"We see young girls with chronic pelvic infections, some as young as 12. The physical damage is often irreversible. And the mental health consequences we simply lack the resources to address them adequately. Parents bring children with

nightmares, with aggression, with withdrawal. We treat the infections, but the psychological wounds remain" (KII, Healthcare Provider, January 15, 2023).

Qualitative analysis revealed that health impacts were particularly concerning due to limited access to healthcare in IDP host communities. Barriers included financial constraints, stigma preventing disclosure, and inadequate specialized services for paediatric sexual assault victims.

Social Impacts of Child Sexual Abuse

Social impacts included stigmatization (36.6%), low self-esteem (26.3%), alcohol consumption (22.7%), drug consumption (10.0%), and interpersonal relationship difficulties (4.5%) (Table 3).

Table 3: Social Impact of Child Sexual Abuse

Social Impact	Frequency	Percentage
Stigmatization	121	36.6
Low self-esteem	87	26.3
Drug consumption	33	10.0
Alcohol consumption	75	22.7
Interpersonal relationship difficulties	15	4.5
Total	331	100

A judicial officer discussed stigmatization:

"When children are abused, they face stigmatization from the community. They often isolate themselves and seek treatment secretly. Many cases go unreported because victims fear judgment and rejection. The community sometimes blames the victim rather than the perpetrator" (KII, Judicial Officer, January 13, 2023).

A women's leader provided additional insight:

"The social consequences are devastating. Girls who have been abused are often considered 'damaged' and may struggle to find marriage partners later in life. Families are

ashamed and may hide the child away. This is why many cases never come to light the family would rather suffer in silence than face the community's judgment" (KII, Women's Leader, January 14, 2023).

Thematic analysis of qualitative data identified substance abuse as a coping mechanism, with informants describing how children turned to alcohol and drugs to manage trauma-related distress. The displacement context was noted to exacerbate substance use due to reduced parental supervision and increased exposure to substance-using peers.

Correlational Analysis of CSA Consequences

A descriptive correlational analysis was conducted to explore associations between thirteen consequence variables and overall CSA impact severity. The model accounted for 67% of the variance ($R^2 = 0.67$), indicating that these factors were substantially associated with impact severity in this sample. Variables showing statistically significant associations at the 1% level included low self-esteem ($\beta = -0.399$, $p < 0.001$), alcohol consumption ($\beta = -0.651$, $p < 0.001$), fear and anxiety ($\beta = -1.318$, $p < 0.001$), disappointment and frustration ($\beta = -0.875$, $p < 0.001$), shame and stigma ($\beta = -1.685$, $p < 0.001$), mental instability ($\beta = -2.430$, $p < 0.001$), infertility ($\beta = -1.572$, $p = 0.001$), and HIV/STD ($\beta = -0.457$, $p = 0.001$). Depression approached but did not reach conventional statistical significance ($\beta = -0.911$, $p = 0.076$). Several other variables, including stigmatization, interpersonal relationships, and anger, showed associations significant at the 5% level (Table 4).

Table 4: Correlational Analysis of CSA Consequences

Variable	Coefficient	Standard Error	t-value	p-value
Stigmatization	-0.212	0.087	-2.433	0.015
Low Self-esteem	-0.399	0.067	-5.948	<0.001
Drug Consumption	-0.723	0.152	-4.757	<0.001
Alcohol Consumption	-0.651	0.054	-12.090	<0.001
Interpersonal Relationship	-1.060	0.400	-2.651	0.008
Depression	-0.911	0.146	-6.239	0.076
Fear and Anxiety	-1.318	0.129	-10.233	<0.001

Variable	Coefficient	Standard Error	t-value	p-value
Disappointment and Frustration	-0.875	0.122	-7.191	<0.001
Anger	-0.431	0.153	-2.817	0.017
Shame and Stigma	-1.685	0.464	-3.631	<0.001
Mental Instability	-2.430	0.435	-5.586	<0.001
Emotional Disturbance	-0.596	0.154	-3.875	<0.001
Infertility	-1.572	0.457	-3.439	0.001
HIV/STD	-0.457	0.139	-3.288	0.001
Constant	0.049	0.050	0.970	0.333

Note: Dependent Variable = Child Abuse Impact Severity; $R^2 = 0.67$

The negative beta coefficients observed should be interpreted with caution. In this model, the dependent variable (CSA impact severity) was operationalized as a summary score of abuse characteristics, while the independent variables represented the consequences experienced. The negative coefficients suggest that as the number or severity of consequences increases, the summary abuse measure may decrease an artifact of the variable construction. The analysis was descriptive and intended to identify which consequences commonly co-occurred with higher impact severity in this sample.

DISCUSSION

This study provides comprehensive evidence of the multidimensional impacts of child sexual abuse on children in IDP host communities in Maiduguri Metropolis, Nigeria. The psychological impacts identified in this study including depression, sleep disturbance, shame, stigma, fear, anxiety, disappointment, frustration, and anger are consistent with established literature on CSA sequelae. Browne and Finkelhor (1986) documented similar psychological consequences, emphasizing that fear is the primary emotional reaction among victims. The high prevalence of shame and stigma (26.3%) reflects the social nature of CSA, where victims internalize societal judgment and blame (Kennedy & Prock, 2018). In displacement contexts, where family and community support may be disrupted, these psychological impacts may be particularly severe.

The finding that 36.6% of respondents identified depression and sleep disturbance as impacts aligns with research linking CSA to mental health disorders. Recent studies in conflict-affected populations have similarly documented elevated rates of depression and sleep disruption among child survivors of sexual violence (Betancourt et al., 2020; Tol et al., 2013). McCrory et al. (2010) demonstrated that trauma from child abuse affects brain development, with long-term implications for emotional regulation and mental health. For IDP children, who have already experienced conflict-related trauma, the additional burden of CSA may be particularly devastating.

Health impacts, including HIV/STD (29.3%) and infertility (22.7%), represent serious physical consequences with lifelong implications. These findings are consistent with global data indicating that CSA survivors are at increased risk for STIs and reproductive health problems (Sexually Transmitted Disease Evaluation and Care, 2019). The association between CSA and HIV is particularly concerning in contexts where HIV prevalence may be elevated and access to testing and treatment is limited. The identification of infertility as a significant impact (22.7%) reflects the cultural importance of fertility in Nigerian society and the profound social consequences of abuse-related reproductive health problems.

Mental instability (20.2%) and emotional disturbance (27.8%) emerged as significant health impacts, supporting research documenting the psychological sequelae of CSA. The American Psychiatric Association (2013) recognizes PTSD, anxiety disorders, and dissociative disorders as common outcomes of childhood trauma. In displacement settings, where resources for mental health care are scarce, these conditions often go untreated, perpetuating cycles of suffering.

Social impacts, including stigmatization (36.6%) and low self-esteem (26.3%), reflect the social consequences of CSA. Kabwe et al. (2018) found that victims of CSA in Zambia faced stigmatization that discouraged disclosure and help-seeking. The finding that alcohol consumption (22.7%) and drug consumption (10.0%) are significant impacts aligns with research documenting substance abuse as a coping mechanism for trauma-related distress (Singh et al., 2014). Interpersonal relationship difficulties (4.5%) reflect the challenges CSA survivors face in forming trusting relationships (Bala, 2009).

The correlational analysis demonstrated that most impact variables were significantly associated with CSA outcomes, underscoring the multidimensional and interconnected nature of CSA consequences. The high R^2 value (0.67) indicates that these factors collectively account for a substantial proportion of the variance in CSA impacts, suggesting that interventions must address multiple domains simultaneously. However, the non-significant finding for depression ($p = 0.076$) may reflect the complex nature of depression as a consequence of CSA, with measurement challenges or the influence of other mediating variables such as social support or coping strategies.

Qualitative findings enriched the quantitative data by providing contextual understanding of how CSA affects victims. The security personnel's description of victims experiencing deep depression, sleep disturbance, and anger aligns with the psychological impacts identified quantitatively. The NGO staff member's account of perpetrators drugging victims before abuse highlights the physical and mental health consequences that result from these practices. The judicial officer's discussion of stigmatization and underreporting explains the social mechanisms that perpetuate victim suffering.

The ecological systems framework helps to situate these findings within the broader context of displacement, conflict, and cultural norms that shape CSA experiences and outcomes.

Implications for Practice and Policy

The findings have important implications for interventions and policies addressing CSA among IDP populations. First, comprehensive mental health services addressing depression, anxiety, and trauma are essential. Second, health services must include STI testing and treatment, reproductive health care, and mental health support integrated into primary care. Third, community-based interventions that address stigmatization and promote supportive responses to disclosure are critical. Fourth, substance abuse prevention and treatment services should be integrated into CSA support programs. Finally, interventions must be survivor-centred and culturally appropriate, recognizing the specific needs and contexts of IDP communities.

Limitations

Several limitations should be noted. First, the cross-sectional design precludes causal inference and cannot establish temporal relationships between CSA and impacts. Second, reliance on self-report may be subject to recall bias and underreporting due to the sensitive nature of CSA. Third, the study did not include clinical assessments to confirm health impacts. Fourth, the sample was limited to seven wards in Maiduguri Metropolis, limiting generalizability to other displacement contexts. Fifth, the correlational analysis was descriptive in nature, and the negative coefficients observed represent an artifact of variable construction rather than true relationships; these findings should not be interpreted causally. Sixth, the depression finding ($p = 0.076$) suggests the need for larger sample sizes or more sensitive measures in future studies.

Conclusion

This study demonstrates that child sexual abuse among children in IDP host communities in Maiduguri Metropolis has profound and multidimensional impacts on victims' psychological well-being, physical health, and social functioning. Psychological impacts, including depression, shame, fear, and anger, are prevalent, while health consequences encompass HIV/STD, emotional disturbance, and mental instability. Social impacts involve stigmatization, low self-esteem, and substance abuse. These findings make a specific contribution to the literature by documenting the compounding effects of displacement, conflict, and sexual abuse on child well-being in northeastern Nigeria. The application of an ecological systems framework demonstrates how impacts manifest at multiple levels individual, family, community, and societal underscoring the need for multilevel interventions. A descriptive correlational analysis identified associations between various consequences and overall impact severity, highlighting the interconnected nature of these outcomes. Future research should employ longitudinal designs to track the long-term trajectory of CSA impacts, examine protective factors that buffer against negative outcomes, and evaluate the effectiveness of culturally adapted interventions. Investment in mental health services, health care, and community-based support is essential to mitigate the devastating impacts of CSA and promote recovery among IDP survivors.

Recommendations

1. Establish specialized mental health services for CSA survivors in IDP host communities, including counselling, trauma-focused therapy, and psychiatric care for depression, anxiety, and PTSD, with attention to the specific needs of displaced children who have experienced multiple traumas.
2. Integrate CSA survivor care into primary health services, including STI testing and treatment, reproductive health care, and psychosocial support, ensuring culturally appropriate and confidential service delivery.
3. Implement community-based programs to address stigmatization of CSA survivors and promote supportive responses to disclosure, engaging community leaders, religious figures, and families in changing harmful norms.
4. Develop substance abuse prevention and treatment programs specifically for CSA survivors using substances as coping mechanisms, integrated with mental health support.
5. Train health workers, social workers, and community leaders in trauma-informed approaches to CSA survivor care, recognizing the unique needs of children in displacement contexts.
6. Establish long-term follow-up programs for CSA survivors to address chronic health and psychological consequences, given the lifelong impacts documented in this study.
7. Strengthen child protection systems within IDP host communities to prevent CSA and ensure timely identification and referral of survivors.

References

- Ager, A., Stark, L., Akesson, B., & Boothby, N. (2015). The impact of displacement on child protection. *Child Development Perspectives*, 9(2), 78-83.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- Bala, A. (2009). Child labour and sexual assault among girls in Maiduguri, Nigeria. *International Journal of Gynaecology & Obstetrics*, 104(1), 64-67.
- Betancourt, T. S., Thomson, D., Vander Weele, T. J., & Hansen, N. (2020). War-related trauma and mental health outcomes in children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(3), 373-382.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.
- Human Rights Watch. (2016). *Nigeria: Events of 2015*. <https://www.hrw.org/world-report/2016/country-chapters/nigeria>

- International Organization for Migration. (2021). *Flash report: Population displacement North East Nigeria Maiduguri, Jere LGA, Farm Centre (Borno State)*. IOM.
- Kabwe, C., Lonia, M., & Concepta, K. (2018). Perception of the community towards child sexual abuse: A case of Chawama Lusaka, Zambia. *Open Journal of Psychiatry*, 8(3), 251-268. <https://doi.org/10.4236/ojpsych.2018.83026>
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113(1), 164-180.
- Kennedy, A. C., & Prock, K. A. (2018). "I still feel like I am not normal": A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence. *Trauma, Violence, & Abuse*, 19(5), 512-527. <https://doi.org/10.1177/1524838016673601>
- Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30(3), 607-610.
- McCrory, E., De Brito, S. A., & Viding, E. (2010). Research review: The neurobiology and genetics of maltreatment and adversity. *Journal of Child Psychology and Psychiatry*, 51(10), 1079-1095. <https://doi.org/10.1111/j.1469-7610.2010.02271.x>
- Murray, L. K., Nguyen, A., & Cohen, J. A. (2014). Child sexual abuse. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 321-337.
- National Human Rights Commission. (2015). *Human rights annual reports on IDPs in North East Nigeria*. NHRC.
- Nkiruka, D., Oliver, E., Agatha, W., Titilola, G., Aigbe, O., Ebieri, H., & Kofoworola, O. (2018). Child sexual abuse and disclosure in South Western Nigeria: A community-based study. *African Health Sciences*, 18(2), 199-208.
- Pine, P. (2010). *Child sexual abuse: An international and community perspective*. https://www.who.int/violence_injury_prevention/violence/child/ispscan_report_june201pd.pdf
- Sexually Transmitted Disease Evaluation and Care. (2019). *Syndromic management: The HIV/AIDS prevention and control synopsis series*. Family Health International.
- Singh, M. M., Parsekar, S. S., & Nair, S. N. (2014). An epidemiological overview of child sexual abuse. *Journal of Family Medicine and Primary Care*, 3(4), 430-435. <https://doi.org/10.4103/2249-4863.148139>

- Tol, W. A., Song, S., & Jordans, M. J. D. (2013). Annual research review: Resilience and mental health in children and adolescents living in areas of armed conflict. *Journal of Child Psychology and Psychiatry*, 54(4), 445-460.
- Wessells, M. G. (2015). Community-based child protection in humanitarian settings. *Child Abuse & Neglect*, 44, 87-98.
- World Health Organization. (2006). *Preventing child maltreatment: A guide to taking action and generating evidence*. WHO.
- World Health Organization. (2023). *Sexual health children research: Promoting research to prevent child maltreatment*. <https://www.who.int/health-topics/sexual-health> (Retrieved January 15, 2024).
- Yadav, P., & Shrivastava, D. (2021). Child sexual abuse: Causes and consequences. *IIPA Digest*, 12(1), 45-58.