

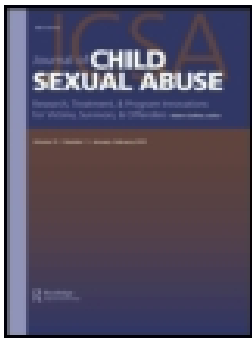
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# Knowledge and Experience of Sexual Violence among Female Adolescents in Public Schools in Enugu State during the Covid-19 Pandemic

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## ABSTRACT

Sexual violence among female adolescents is a pervasive problem. This is even worse in periods of unrest such as the COVID-19 pandemic, which heighten the vulnerability of these female adolescents' victims to the potential perpetrators of sexual violence. This study assessed the knowledge and experience of sexual violence amongst female adolescents in public schools in Enugu State, Nigeria, during the COVID-19 pandemic. Three hundred twenty-five adolescents (aged 10–19 years with a mean age of  $12.8 \pm 2.8$ ) female school students were purposively recruited in this cross-sectional study to complete a scale designed to measure the knowledge and experience of sexual violence among female adolescents. Findings showed a high (90.8%) knowledge level of sexual violence among adolescents. The majority of the perpetrators were their uncles (40.4%) and cousins (28.6%). Among 9.8% of the participants who had forced to have sex, about two-thirds (65.6%) have been raped 2 to 5 times. A significant difference was noted only between the respondent's class levels and their knowledge of sexual violence ( $p < .05$ ) with higher classes having better knowledge. Female adolescents showed a good knowledge level about sexual violence, which might explain the low prevalence of sexual violence in the sample population. The study also provides evidence that females are most at risk of sexual violence from closer relations during times of crisis. Thus, these study findings add evidence to the literature that would guide policy-makers, health, and social workers toward making campaigns and interventions that would prevent female adolescent sexual violence.

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Knowledge; experience; adolescent; sexual violence; child sexual abuse; Nigeria

## Introduction

The world report on violence and health described sexual violence as “any attempt to obtain a sexual act against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work”. In Nigerian law, rape is defined

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as “rape is when any person has sexual intercourse with a woman or girl, without her consent, or incorrectly obtained consent”(Lawpadi, 2021, p. 2). Several forms of sexual violence classification include: rape, unwanted sexual advances or harassment, demanding sex in exchange for favors, sexual abuse of vulnerable people, forced marriage or cohabitation as well as child marriage, forced abortion, forced prostitution as well as other violent acts against the sexual integrity of women (Dartnall & Jewkes, 2013).

Sexual violence occurs all over the world, but it is mostly unreported. Previous research has found that up to one-third of adolescent girls in Africa report having their first sexual experience because of coercion (Verelst et al., 2014; Yahaya et al., 2012). Similarly, the United Nations’ global study on violence against children found that while the extent of violence against children is impossible to accurately measure because most assaults take place in secret, an estimated 150 million girls and 73 million boys have been sexually abused (United Nations, 2006, p. 65). Correspondingly, a report by the United Nations International Children’s Emergency Fund (UNICEF), approximately 120 million girls under the age of 20 worldwide (roughly one in ten) have experienced forced intercourse or other forced sexual acts (The United Nations Children’s Fund (UNICEF), 2020). UNICEF previously reported that 1 in 3 ever-married adolescent girls aged 15–19 (84 million) have been victims of emotional, physical, or sexual violence committed by their husbands or partners (The United Nations Children’s Fund (UNICEF), 2006). The incidence of this violence varies between 4.3 and 76.4% in sub-Saharan Africa, with studies finding rates of sexual coercion and abuse among adolescent females in Nigeria ranging between 11 and 55% (Beyene et al., 2019; Folayan et al., 2014).

While the Nigerian Demographic Health Survey reported a prevalence rate of 6.6% for girls (ages 15 to 19) experiencing sexual violence in 2009, subsequent research indicates that approximately 18% of adolescent girls who were not enrolled in school had engaged in unwanted sex (Kunnuji & Esiet, 2015) and 64% of those who were enrolled had been sexually assaulted, with college students reporting a higher prevalence rate (74%) than the population of secondary school students (54.8%; Chimah et al., 2016). A cross-sectional study conducted by Elias et al. (2015) among students in three secondary schools in the Nigerian states of Enugu and Ebonyi to examine the prevalence of child sexual abuse revealed that 40% of the respondents had experienced abuse, with the most prevalent form being exposed to pornographic images, drawings, movies, videotapes, or magazines. In addition, 11.5% of teenagers reported having experienced abuse, with the average age of the first incident being between 7 and 12 years old.

Furthermore, sexual violence can occur at any place, including the home, school, roadside, bush path, religious institutions, and the community. Parents, guardians, uncles, aunts, cousins, neighbors, friends, and strangers

can be responsible for violence in the home (World Health Organization, 2020). Disadvantaged children such as children living on the streets, disabled children, and orphans tend to be more vulnerable in the community (Palermo et al., 2014). The risks of sexual violence surge in emergency contexts; during the pandemic period, armed conflict, natural disasters, and other humanitarian emergencies, making women and children vulnerable to sexual violence (The United Nations Children's Fund (UNICEF), 2020). United Nations Children's Fund (2020) explained that such surge is due to many armed groups who use sexual violence as a tool of warfare to advance military or political aims, and because girls and women are often forced to trade sex for food, money, and other resources they need to survive. As a result, this study hypothesizes that adolescent sexual violence might surge during the COVID-19 pandemic as kids were at home more, and were not going to school, whereas parents may be trying to maintain household while other family watches over their kids. Also, it is clear that perpetrators of adolescent sexual violence are close relatives (Wekerle et al., 2013). Across the lifespan, only 13.8% of females and 15.1% of males report sexual violence by a stranger, while most victims of sexual violence knew their perpetrators (Black et al., 2011). Most times the perpetrators are usually known by the victims but they tend not to report due to many factors such as ignorance, fear, threats, stigmatization, and not being aware of organizations that can handle such cases, as the such act was done by a close relative (Cohn et al., 2013). Sexual violence has a profound impact on physical and mental health; it is associated with an increased risk of a range of sexual and reproductive health problems with both immediate and long-term consequences including HIV and other sexually transmitted infections, pain, illness, unwanted pregnancy, social isolation, and psychological trauma (World Health Organization, 2021). Most victims resorted to risky behaviors like substance abuse to cope with trauma (The United Nations Children's Fund (UNICEF), 2020). Most children who face sexual abuse experience other violence, including exploitation, trafficking, and torture (World Health Organization, 2020). Deaths following sexual violence may be caused by suicide, HIV infection, or murder; the latter occurring either during a sexual assault or as a murder of "honour" (Mercy et al., 1993). However, sexual violence was reported to cause a profound effect on the social well-being of victims; individuals may be consequently stigmatized and ostracized by their families and others (Mollica & Son, 1989).

Moreover, evidence shows that rates of sexual violence increase during states of emergency, including natural disasters, active conflict, and health crises (Al Mamun et al., 2021; Rockowitz et al., 2021; Stevens et al., 2021). For instance, Rockowitz et al. (2021) examined patterns of sexual violence against 317 adults, and 224 children in Kenya during the COVID-19 pandemic and showed that children were more likely than adults to be attacked during daytime (59% vs 44%,  $p < .001$ ) in a private location as opposed to a public

location and by someone known to the child. In Nigeria, the pandemic was seen to have contributed to an over 50% increase in the number of reported cases of sexual violence at the UNICEF office (The United Nations Children's Fund (UNICEF), 2020).

Adolescence is a period of transition between childhood and maturity age (Casey et al., 2010). It is a period between ages 10 to 19 involving physical, psychological, and social changes (World Health Organization, 2006). This stage can be confusing with increased peer pressure as many decisions concerning sexuality are required; hence, they often need proper guidance especially, on sexual health, and any traumatizing experience at this stage can lay a foundation for adolescents in the future (Ciranka & van den Bos, 2019). Furthermore, studies have proven that an adolescent who is sexually abused during childhood years tends to be re-victimized later in life (Widom et al., 2008). Previous studies on sexual violence among adolescents in Nigeria had often focused on the experience of sexual violence among female adolescents (Babatunde & Sanusi, 2019) and detailing the forms of child sexual abuse (David et al., 2018). However, there is a dearth of knowledge and understanding of the experience of sexual violence among adolescents in southeast Nigeria during crisis period like the pandemic. Given the sensitive and context-specific nature of sexual violence, as well as its short- and long-term effects on its victims, these warrant research efforts. Assessing the knowledge and experiences of adolescents is imperative in gathering baseline data that would aid appropriate intervention program that is aimed at primarily preventing sexual violence incidence in such period as the COVID-19 pandemic and for drawing out interventions for the victims where they occur, in a context of a developing country like Nigeria. This study, therefore, aims to determine the knowledge and experiences of sexual violence among female adolescents in secondary schools during the COVID-19 pandemic.

## **Methods**

### ***Study design and setting***

This study utilized a descriptive cross-sectional design carried out among 325 female adolescent students (aged 10–19 years with a mean age of  $12.8 \pm 2.8$ ) in Secondary Schools in Enugu, Nigeria. This study was carried out during the second phase of the COVID-19 pandemic in March 2021. The participants were recruited through purposeful sampling techniques to proportionately distribute the questionnaire across all the classes in the two selected schools.

### **Sample size estimation**

The sample of 346 was determined from the total population of 3,438 female adolescent students from junior secondary school (JSS1, aged 10–13 years) to senior secondary school (SS3, aged 14–19 years) of both schools using the finite population formula of Krejcie and Morgan (1970). Which is quoted as sample size  $(s) = \frac{X^2 NP(1-P)}{d^2(N-1) + X^2 P(1-P)}$ . Here,  $X^2$  = the table value of chi-square for 1 degree of freedom at the desired confidence interval (3.841);  $N$  = the population size (3,438);  $P$  = the population proportion, which is assumed to be 0.5 as it would give the maximum sample size;  $d$  = the degree of accuracy (0.05). The computation gave 344 as the estimated sample size. However, all the respondents that filled out all the sections of the questionnaire appropriately and turned them in were considered for the data analysis. Therefore, 325 responses were obtained at the end of the data collection, giving a response rate of 93.9%.

### **Inclusion and exclusion criteria**

The participants recruited for this study were students in both junior and senior female government secondary schools that have reached menarche with psychological aptness and were available at the time of data collection. While those that have not attained menarche and were not willing to participate were excluded from the study. Attainment of menarche was used as the criteria to ensure that girls the appropriate sexual development to attract sexual attentions were included.

### **Study instrument**

Data were collected using a researcher-developed questionnaire. The questionnaire contained 33 close-ended questions divided into six sections. Section A, comprising six questions captured the socio-demographic characteristics of the respondents while Section B, which had three questions assessed the level of knowledge on sexual violence by respondents, and Section C, comprising eight questions, assessed the respondent's experience of sexual violence by family members, while Section D, comprising of six questions, assessed the respondent's experience on sexual violence by teachers, coaches, and trusted person, while Section E, comprising of five questions, assessed the respondent's experience on sexual violence by neighbors, while Section F, comprising of five questions, assessed the respondent's experience on sexual violence by strangers. Most of the questions in each section were set on a 2-point scale of "Yes" scored as 2 and "No" scored as 1.

To establish validity for the instrument for data collection under study, face and content validation were done by giving the questionnaire to two nursing professors who are expert in the subject made the needed corrections by

evaluating the relevance of the content and clarifying the statement. The researcher adjusted by making the necessary suggestion from the supervisor. This obtained independent judgment from the expert was meant to indicate the degree to which the item question met the face-to-content validity.

For the reliability of the instrument and data collection for the present study, a pilot testing of the instrument was carried out at one of the Girl's Secondary Schools, Enugu State. Twenty copies of questionnaires were administered to 20 Female students who met the inclusion criteria, and the scores were subjected to Cronbach's reliability test, which gave a value of 0.7889, which confirmed that the instrument had good internal consistency.

### ***Ethical considerations***

This study was approved by the Enugu State Federal Ministry of Health ethical committee who issued an ethical clearance letter with approval No: MH/MSD/REC21/207. Verbal consent was obtained from each respondent before the questionnaire was administered. They had the freedom to decline to participate in the research at any point in time. For confidential purposes, the questionnaire made no provision for the respondent's name, phone number, or residential address.

### ***Procedure for data collection***

Ethical clearance was obtained from the Federal Ministry of Health Enugu State ethical committee, the clearance certificates and letters for permission to carry out the research were sent and permissions were obtained from the gatekeepers of each selected school. Data were collected from the respondents by administering the questionnaire through a proportionate stratified sampling technique that ensured that proportional number of the female students from the two selected secondary schools and from the junior and senior categories who were available and willing to participate. An administered questionnaire was retrieved at the spot after the respondents has filled them. For this purpose, three research assistants were trained who were involved in the collection of data. The questionnaires took an average of 20 minutes to fill and were collected immediately after the questions are answered.

### ***Data analysis***

Data collected were tallied and analyzed using descriptive (i.e., frequency, percentage) and inferential statistical methods (Chi-square ( $X^2$ ) test). Percentages and frequency were used on a 2-point scale of yes and no (for those who have experienced sexual violence or not, respectively) to analyze the knowledge of the participants. The cumulative positive options were 4 and



scores of 3–4 were indicated as good knowledge while scores < 3 were indicated as poor knowledge. Similarly, the cumulative negative options were 4, and scores of 3–4 were indicated as poor knowledge while scores < 3 were indicated as good knowledge. Inferential statistics of the Chi-square( $X^2$ ) test were used to determine the association between the knowledge of sexual violence and some socio-demographic variables of the respondents. All statistical tests were considered significant at the 95% confidence level if the p-value was less than 0.05. All analyses were done effectively with the aid of the Statistical Package for the Social Science (SPSS) version 25.

## Results

### *Socio-demographic characteristics of the participants*

Table 1 shows that greater proportions of the participants were aged between 13 and 15 years (46.8%), followed by those aged 10–12 years (30.2%). Almost all the participants (98.5%) were Christians with only 1.5% represented as Muslims. The majority of them were of the Igbo ethnic group. About two-thirds (65.2%) of the participants were from queens college. Also, within average proportions (50.8%) of the participants lived with their parents (father and mother). Only 4.9% and 4.6% lived with their father only and step-parents, respectively. Meanwhile, up to 16.8% lived only with their mothers, 13.8% with their relatives, and 9.5% with their guardians.

**Table 1.** Socio-demographic characteristics of the participants (n = 325).

Category	Options	Frequency	Percentage (%)
Age (years)	10–12	98	30.2
	13–15	152	46.8
	16–19	75	23.1
Religion	Christianity	320	98.5
	Islamic	5	1.5
Tribe	Ibo	266	81.8
	Hausa	4	1.2
	Yoruba	10	3.1
	Others	45	13.8
Name of school	School one	212	65.2
	School two	113	34.8
Class	JSS 1	30	9.2
	JSS 2	54	16.6
	JSS 3	56	17.2
	SSS 1	61	18.8
	SSS 2	54	16.6
	SSS 3	70	21.6
Who do you live with	Father only	16	4.9
	Mother only	53	16.8
	Both parents	165	50.8
	Relatives	45	13.8
	Step-parent	15	4.6
	Guardian	31	9.5

**Table 2.** Knowledge of sexual violence amongst adolescent females (n = 325).

Category	Yes (%)	No (%)
*Heard of Sexual violence	314(96.6)	11(3.4)
What is Sexual violence?		
* The act of forcing me to have sex	295(90.8)	30(9.2)
Shouting at me	35(10.8)	290(89.2)
*Touching my breast	258(79.4)	67(20.6)
*Touching my buttocks	195(60.0)	130(40.0)
Asking me to read my books	-	325(100.0)
Forcing me to sleep	54(16.6)	271(83.4)
Source of information		
Parents	210(46.6)	115(35.4)
School	281(86.5)	44(13.5)
Tv/ Radio	55(16.9)	270(83.1)
Friends	42(12.9)	283(87.1)
Internet	34(10.5)	291(89.5)
Books	25(7.7)	300(92.3)
Overall Level of knowledge		
Good	251	77.2
Poor	74	22.8

Yes to \* means a positive response.

### ***Knowledge of sexual violence amongst adolescent females***

In Table 2, the knowledge of sexual violence amongst adolescent females is presented. Almost all the participants claimed to have heard of sexual violence (96.6%) with the majority accepting it as the act of forcing them to have sex (90.8%), touching their breasts (79.4%), and touching their buttocks (60.0%). All of them rejected that sexual violence means asking them to read their books while most of them equally rejected it as shouting at them (89.2%) and forcing them to sleep (83.4%).

Major sources of their knowledge of sexual violence included parents (46.6%) and school (86.5%). The summation of the participant's level of knowledge of sexual violence revealed that the majority (77.2%) of them had good knowledge.

### ***Perpetrators of sexual violence: family member***

Table 3 shows that 29.2% of sexual violence attempts were from family members. Majority of family members that have attempted violating these participants were their uncles (40.4%) and cousins (28.6%). Among those that had been forced to have sex, about two-thirds (65.6%) have been raped between 2–and 5 times. Yet, 37.5% had reported the abuse. More than an average number (58.3%) of those that reported were helped to overcome the situation, whereas 41.7% were told to keep it a secret, and did not report.

In most cases, the forms of these sexual attempts were by forceful touching (32.0%) with some (14.6%) that had sexual intercourse with penetration of sexual organs.

**Table 3.** Experiences of adolescent females on sexual violation by a family member (n = 325).

Category	Options	Frequency	Percentage (%)
Has any family member ever tried to have sex with you by force	Yes	95	29.2
	No	230	70.8
If Yes Which among these have ever tried to have sex with you by force (Multiple responses)	Stepfather	8	5.0
	Brother	10	6.2
	Uncle	65	40.4
	Nephew	32	19.9
	Cousin	46	28.6
Has any family member ever had sex with you by force	Yes	32	9.8
	No	293	90.2
If Yes, How often did the family member have sex with you by force	Once	11	34.4
	2–5 times	21	65.6
Did you talk to anyone about it	Yes	12	37.5
	No	20	62.5
If Yes, What happened	I was helped	7	58.3
	Was told to keep it a secret	5	41.7
Has any family member ever forced you to do any of these (multiple responses)	To look at his private part	60	27.4
	To undress and show him your private part	45	20.5
	To look at pornography e.g., naked videos	12	5.5
	Touched your body by force	70	32.0
	Sexual intercourse with penetration of sexual organ	32	14.6
Still experiencing any of these things now by force from a family member	Yes	60	63.2
	No	35	36.8

***Perpetrators of sexual violence: teachers, coaches, and trusted person***

The information presented in Table 4 above shows that 7.4% of the respondents experienced sexual violence from their teachers, coaches, and trusted persons. Specifically, the majority of the victims were forced into the act by their school teachers (41.7%) and home lesson teachers (25.0%).

Many of the victims reported having been forced while in the house of the perpetrators (30.3%), the majority were promised marriage (45.5%), some were induced to sleep using narcotic substances (15.2%) and some did it in school (9.1%). Among these victims, only 16.7% reported to the law enforcement agencies, or the school authority.

***Perpetrators of sexual violence: neighbors***

In Table 5, there was minimal experience of sexual violence by neighbors as only 8.6% of the participants have been forced to have sex by their neighbors. These incidents happened among them as 64.3% went to the house of their neighbors, 21.4% of them were kept in the custody of their neighbors by their mothers and 14.3% were specifically left in their neighbor’s houses. Most of them (50.0%) have been violated between 2 and 5 times, and many of them (71.4%) have reported the violations and despite these, relevant actions such as

**Table 4.** Experiences of adolescent females on sexual violence from teachers, coaches and trusted person (n = 325).

Category	Options	Frequency	Percentage (%)
Been forced to have sex by your teacher, coach or someone you trusted so much, who is not a family member	Yes	24	7.4
	No	301	92.6
If Yes,	Schoolteacher	10	41.7
	Home lesson teacher	6	25.0
	Sports coach	2	8.3
	Dance coach	2	8.3
	Others	4	16.7
	Once	5	20.8
How often did it occur	2–5 times	16	66.7
	More than 5 times	3	12.5
	He forced me while in his house	10	30.3
Where or which of these happened when you were forced to have sex (Multiple responses)	He put something into my drink	5	15.2
	It was in school	3	9.1
	He promised to marry me	15	45.5
	Were relevant actions taken	Yes	4
	No	20	83.3

**Table 5.** Experiences of adolescent females on sexual violence by neighbors (n = 325).

Category	Options	Frequency	Percentage (%)
Ever been forced to have sex with any of your neighbors	Yes	28	8.6
	No	297	91.4
If Yes, How did it happen	He asked me to come over to his house	18	64.3
	He raped me when my mother left me in their house	4	14.3
	My mother asked him to watch over me	6	21.4
How often did it occur	Once	10	35.7
	2–5 times	14	50.0
	More than 5 times	6	14.3
Did you report	Yes	20	71.4
	No	8	28.6
Were relevant actions taken	Yes	6	21.4
	No	22	78.6

reporting to the law enforcement agencies were taken only in 21.4% of the cases.

### ***Perpetrators of sexual violence: strangers***

Table 6 shows there was minimal experience of sexual violence by strangers as only 1.2% of the participants have been forced to have sex with a stranger. Such violations happened once to them at night while they were at home. They all reported the incidence but no relevant actions such as reporting to the law enforcement agencies were taken in any of the cases.

**Table 6.** Experiences of adolescent females on sexual violence by strangers (n = 325).

Category	Options	Frequency	Percentage (%)
Ever been forced to have sex with a stranger	Yes	4	1.2
	No	321	98.8
If Yes, How often did it occur	Once	4	100.0
	While at home	4	100.0
When did it happen (Multiple responses)	At night	4	100.0
	Yes	4	100.0
Did you report	Yes	4	100.0
Were relevant actions taken?	No	4	100.0

**Table 7.** Associated factors on the knowledge of sexual violence.

Variables	Knowledge of sexual violence			Chi-Square value	P Value
	Good	Poor	Total		
Name of school				12.79	.053
School one	153	59	212		
School two	101	12	113		
Total	254	71	325		
Class				34.45	.002*
JSS1	16	14	131		
JSS2	38	16	269		
JSS3	43	13	-		
SS1	49	12	-		
SS2	38	16			
SS3	70	0			
Total	254	71	400		
Who do you live with?				24.38	.097
Father only	9	7	16		
Mother only	35	18	53		
Both parents	125	40	165		
Relatives	39	6	45		
Step-parent	15	0	15		
Guardian	31	0	31		
Total	254	71	325		

### ***Associated factors on the knowledge of sexual violence***

In [Table 7](#), a significant difference was only noted between the respondent's class levels and their knowledge of sexual violence ( $p < .05$ ) with higher classes having better knowledge.

## **Discussion**

This study was aimed at assessing the knowledge and experience of sexual violence amongst female adolescents in public schools in Enugu State, Nigeria, during the COVID-19 pandemic. The main study finding support previous reports that adolescent females are most at risk from those with whom they are closest, including family members, friends, acquaintances, and dating partners. As such, this victimization is not only a violation of one's body but also one's trust. Though victims may suffer physical and psychological consequences resulting from sexual violence, they often bear these burdens alone,

remaining silent about the crime perpetrated against them. Discussion of these findings is detailed in the subheadings that follow.

### ***Adolescents' knowledge of sexual violence***

While most previous studies carried out on the adolescent population showed a low level of knowledge about sexual violence (Birungi et al., 2011; Abeid et al., 2015; Stevenson et al., 2013; Udigwe et al., 2021), a general appraisal of the results of our study shows the contrary as the majority correctly identified that sexual violence includes forceful sexual acts and inappropriate touching of body parts such as breast and buttocks. There was a generally good knowledge level about sexual violence among the respondents with a statistically significant difference that was noted between the respondent's school levels and their knowledge of sexual violence, which implied that those higher in the class had better knowledge about sexual violence. However, the finding in this study is not new, since recent studies on adolescent sexual violence outside of Nigeria, have found similar results (Daigneault et al., 2015; Lee et al., 2015). As well, these results were found to be consistent with the work of Nlewem and Amodu (2016) where the majority of their study participants in Nigeria could correctly define child sexual abuse. These variations in findings may be due to the different cultural contexts in which these works were carried out as human sexuality and communications around it are culturally sensitive (Lacey, 2017; Mukoro, 2017).

Moreover, the result showed that a good level of knowledge about sexual violence was not influenced by the school they attended and whether they lived with one or both parents or other significant other, which could mean that interventions designed to improve adolescents' knowledge of sexual violence should target the knowledge base of all categories of adolescents in the same way (Stevenson et al., 2013) as only the respondents' school levels influenced their knowledge of sexual violence with the higher classes having better knowledge. Hence, the class level; and possibly their older ages in the higher classes, was a positive influence on their level of knowledge. Similar findings have been reported by Abeid et al. (2015) where the level of education was associated with good knowledge. This is attributable to the Nigerian educational curriculum which sets out what knowledge should be impacted in each class. As such, public health campaigns aimed at promoting sex education early in the life of the pupils might target and emphasize early sex education in the school curriculum. As this study showed, most of the participants received their awareness about sexual violence from the school lessons.

Again, the parents of these adolescents and the school community that they attend played an integral role in the provision of sex education on the reproductive systems and sexual violence to the respondents. Olubukola et al. (2018) reported comparable findings in Nigeria where the sources of

information about sexual abuse were teachers, and mothers. The results were found to be contrary to the submissions of Winchester (2009) who stated that most adolescents in described learning about sexual abuse mostly from media sources, for example, television, magazines, newspapers, and the internet. However, the difference in the report of Winchester (2009) could be due to their use of the internet and social media for their data collection, which could have led to restrictions on the population of adolescents that are not online, especially in Africa where many adolescents are not allowed by their parents to have unlimited access to the internet. Besides, the varied results could mean that more efforts are needed to promote awareness in this population of adolescence to be equipped with the appropriate knowledge that would help them identify yellow and red flags for sexual abuse in crisis times and avoid the risks. Hence, this finding can serve as the bedrock of curbing the menace of sexual violence and its attendant sequelae to this vulnerable age group.

### ***Prevalence of sexual violence***

The results of this study showed that the overall prevalence of attempted sexual violence was 29.2% with 9.8% of the proportion being coerced into sex. This is relatively low compared to that reported by Ajidagba et al. (2015) among adolescents within a tertiary institution in Ile-Ife where 64% of the respondents had experienced some form of sexual violence. As well, it is lower compared to the 64% reported in the work of Chimah et al. (2016) and 40% reported by Elias et al. (2015). Given the age gap in the previously reported findings, the present study could serve as an updated report to reflect on the recent social changes and rise in social media awareness that is helping to reduce ignorance on the part of female adolescents (Plaisime et al., 2020).

Among those that have experienced sexual violence, it was more than a one-time experience for about two-thirds of the respondent. The repetitive pattern of the abuse is an indicator that the abuse can go on and on for years into adolescence or even adulthood. Besides, it is important to note that this prevalence may not reflect the true incidence of sexual violence among the study participants due to the poor reporting and disclosure of cases as indicated by more than half of the respondents. These findings agree with the work of Elias et al. (2015) who reported similar values for overall prevalence and one-time prevalence rates of child sexual abuse among adolescents.

The commonest forms of sexual violence were forceful touching and exposure to the private part of the perpetrator. Others among them were instructed to undress and show the man their private parts among which 14.6% had sexual intercourse with penetration of sexual organs. This conforms to the results of Akinsulire (2017) in which fondling, verbal harassment, unwelcomed kissing, exposure to pornography, and forced sexual intercourse were the most reported type of sexual violence. It, however, contradicts the results

of Manyike et al., (2015) where the commonest form of violence was to look at pornographic pictures, drawings, films, videotapes, or magazines.

### ***Perpetrators of sexual violence: family members and close relatives***

The perpetrators of these acts were mostly the uncles and cousins of these participants. When the perpetrators of sexual violence are categorized as family members, they include not only the immediate family members of the victim such as the father, mother, and siblings but also other members of the extended family, for example, surrogate parents such as a live-in boyfriend or girlfriend, stepparents, grandparents, uncles, cousins. However, due to the nature of the data collection (being only among female adolescents), it was not possible to identify sexual violence directed by females to males, and none was reported as directed by their fellow females. Previous studies on this concept have similarly reported a high prevalence of sexual violence among female adolescents perpetrated by their families and close relatives (Bessa et al., 2019; Finkelhor et al., 2014). This is more heightened during the period of the pandemic as measures such as the lockdown restricted movement and restricted more adolescents to the home environment, exposing them to these categories of perpetrators (Al Mamun et al., 2021; Rockowitz et al., 2021; Stevens et al., 2021).

### ***Perpetrators of sexual violence: teachers, coaches, and other trusted individuals***

Sexual violence can also take place in contexts outside the home. When the perpetrators of sexual violence are categorized as acquaintances, they include trusted individuals such as family friends, neighbors, coaches, religious leaders, peers, and teachers. The results of the study showed a lower overall prevalence of sexual violence experience (7.4%) when compared to family members. Specifically, of this proportion, the majority of the victims were forced into the act by their school teachers (41.7%) and home lesson teachers (25.0%). Sport and dance coaches (8.3% each) and other trusted persons (16.7%) also forced some of the participants into sexual acts.

About 79% of the victims indicated that it was a repeated incidence while about 21%, it was a one-time experience. The reason for this is not very clear. However, it may be because of the poor reporting of cases and the threats issued by the perpetrators to the victims, causing repeated occurrences. As many of them were forced while in the house of the man (30.3%), the majority were promised marriage (45.5%), some were induced to sleep using narcotic substances (15.2%) and some did it in school (9.1%). This is to say that other cases of sexual violence take place in areas outside the home environment where the possibility of being caught in the act is quite slim. Among these,



relevant actions were taken only on 16.7% of those violated. These findings are comparable to the study by Nlewem and Amodu (2016) which demonstrated that 72.3% of the respondent's believed that most people who sexually abuse children were not members of the child's family and 89.7% believed that most sexually abused children were vulnerable to abuse at night, when alone or outside their home.

### ***Perpetrators of sexual violence: neighbors***

Neighbors represent another category of perpetrators and the study participants reported having experiences of sexual violence. From the results, the prevalence of sexual violence by neighbors was higher than that found between adolescents and other acquaintances. 8.6% of the participants reported being forced to have sex by their neighbors.

The patterns of sexual violence between the adolescents and their neighbors showed that the incidents happened among them as: the majority went to the house of their neighbors, while a minority of them were kept in the custody of their neighbors by their mothers or were specifically left in their neighbors' house. Over an average number of them (64.0%) have been violated repeatedly (2–5 times and above) while only 35.7% have been violated only once. Many of them (71.4%) have reported that violations with relevant actions were taken only in 21.4% of the cases.

The findings of the present study are comparable to the studies of Akinsulire (2017) who highlighted that neighbors were also implicated as the main perpetrators of sexual violence and more than half of the victims disclosed their sexual abuse experience, mainly their family members and friends. The last disclosure was to the police and their parents. David et al. (2018) also reported that perpetrators were mostly neighbors (16.1%) and only 34.4% of cases ever disclosed the abuse.

### ***Perpetrators of sexual violence: strangers***

Strangers, though often a well-publicized contingent of perpetrators, actually constitute a small percentage of actual perpetrators. Results of the present study revealed that the least implicated perpetrators of sexual violence as reported by the study participants were strangers. They least had experienced sexual violence with strangers as only 1.2% of the participants have been forced to have sex with a stranger. Such violations happened once to them at night while they were at home. They all reported the incidence but no relevant actions were taken in any of the cases. These findings conform to the results of Bouvier et al. (1996) where the victim's peer group did not know 10% of abusers.

## **Limitations**

The major limitation of this study was response bias associated with self-reported data, especially for such a sensitive topic as sexuality. Individuals may give different interpretations of the questions and the responses may have been influenced by the social acceptability of their responses. In addition, they may not be willing to disclose their sexual violence experiences due to the chances of social desirability tendency. Another important limitation in this study is the lack of section-wise validation of the psychometric properties of the scale used in the study instrument as only the overall reliability was checked. These may have affected the prevalence of their experiences resulting in much lower values reported in the study. Further studies are recommended that are aimed at eliciting more accurate data. For instance, attempting participatory research with adolescents, and including the male participants to help explore cases of sexual violence directed by the female folks.

## **Conclusion**

The female adolescent showed a good knowledge level about sexual violence which might explain the low prevalence of sexual violence in the sample population. The study also provides evidence that females are most at risk of sexual violence from closer relations during times of crisis. Thus, these study findings add to the literature on the prevention of female adolescent sexual violence, especially during times of crisis. Clinicians and health advocates dedicated to working with adolescents can play an active part in preventing sexual victimization by influencing research and practice, developing model prevention and intervention programs, and ensuring that public policy takes into account the security of the youth of today.

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## Data availability statement

The data that support the findings of this study are available from the corresponding author upon a reasonable request.

## Author contributions

All authors had full access to the data, contributed to the study, approved the final version for publication, and took responsibility for its accuracy and integrity. Thus, study conception and design were done by IOM, AJO, and OCF. Data collection was done by AJO, IOM, and ESS

Data analysis and interpretation were done by all authors. Drafting of the article: done by ESS, OCF, IOM. Critical revision of the article: done by ESS, OCF, IOM. All authors read and approved the final draft.

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