

## Faith, Family, and Vulnerability: Religious and Ethnic Dimensions of Childhood Sexual Abuse in Nigeria

Onipede Wusu<sup>1\*</sup>, Olabusoye Olupooye<sup>2</sup>, Afolasade Sulaiman<sup>3</sup>, Shakiru Olarotimi Raji<sup>4</sup>, Kadijat E. Olateju<sup>5</sup>, Ibrahim Rotimi Aliu<sup>6</sup>, Moa-Liberty Waheed Alausa<sup>7</sup>, Olufunsho Omobitan<sup>8</sup>

<sup>1</sup> Lagos State University, Nigeria; e-mail: onipede.wusu@lasu.edu.ng

<sup>2</sup> Lagos State University, Nigeria; e-mail: busoyelaguda@yahoo.com

<sup>3</sup> Islamic University in Uganda, Uganda; e-mail: sulaaa@yahoo.co.uk

<sup>4</sup> Lagos State University, Nigeria; e-mail: sakiru.raji@lasu.edu.ng

<sup>5</sup> Lagos State University, Nigeria; e-mail: adijat.olateju@lasu.edu.ng

<sup>6</sup> Lagos State University, Nigeria; e-mail: ibrahim.aliu@lasu.edu.ng

<sup>7</sup> Lagos State University, Nigeria; e-mail: liberty206@gmail.com

<sup>8</sup> Lagos State University, Nigeria; e-mail: abayomi.omobitan@lasu.edu.ng

\* Correspondence

Received: 2024-09-02; Approved: 2024-12-29; Published: 2024-12-21

**Abstract:** This study investigates the influence of ethnicity and family structure on childhood sexual abuse (CSA) experiences among women in Nigeria, with a particular focus on the moderating role of religious affiliation. Recognising the alarming national prevalence of CSA—estimated at 35%—the study addresses critical gaps in understanding how socio-cultural and familial variables intersect with religion to shape vulnerability. Using a cross-sectional, quantitative design, data were collected from 2,757 women across rural and urban areas in Nigeria's six geopolitical zones through a multistage probability sampling method and structured electronic interviews. Descriptive, bivariate (Chi-square, Cramer's V), and multivariate (logistic regression) analyses were conducted to assess the relationship between CSA, ethnicity, and family dynamics. Findings reveal that women from Igbo, Yoruba, and minority ethnic groups—particularly within Muslim and Christian communities—are significantly more likely to report CSA, especially those raised in polygynous households or by single parents or grandparents. Notably, Christians reported a higher prevalence of CSA than Muslims, suggesting religious variations in disclosure or exposure. These findings underscore the need for culturally and religiously sensitive interventions, policies, and child protection strategies that address ethnic and familial vulnerabilities. The originality of this study lies in its intersectional and nationally representative approach, offering a nuanced understanding that transcends the limitations of prior localised studies and contributes meaningful insights for policy and practice in child protection.

**Keywords:** Childhood sexual abuse; ethnicity; family structure; Nigeria; religious affiliation.

**Abstract:** Penelitian ini menyelidiki pengaruh etnis dan struktur keluarga terhadap pengalaman pelecehan seksual pada masa kanak-kanak (*childhood sexual abuse*-CSA) di kalangan perempuan di Nigeria, dengan fokus khusus pada peran moderasi afiliasi agama. Menyadari prevalensi nasional CSA yang mengkhawatirkan - diperkirakan mencapai 35% - penelitian ini membahas kesenjangan kritis dalam memahami bagaimana variabel sosial-budaya dan keluarga bersinggungan dengan agama dalam membentuk kerentanan. Dengan menggunakan desain kuantitatif *cross-sectional*, data dikumpulkan dari 2.757 perempuan di daerah pedesaan dan perkotaan di enam zona geopolitik Nigeria melalui metode pengambilan sampel probabilitas bertingkat dan wawancara elektronik terstruktur. Analisis deskriptif, bivariat (*Chi-square*, *Cramer's V*), dan multivariat (regresi logistik) dilakukan untuk menilai hubungan antara CSA, etnis, dan dinamika keluarga. Temuan menunjukkan bahwa perempuan dari suku Igbo, Yoruba, dan kelompok etnis minoritas-khususnya dalam komunitas Muslim dan Kristen-secara signifikan lebih mungkin melaporkan CSA, terutama mereka yang dibesarkan dalam rumah tangga poligini atau oleh orang tua tunggal atau kakek-nenek. Khususnya, umat Kristen melaporkan prevalensi CSA yang lebih tinggi daripada Muslim, yang

menunjukkan adanya variasi agama dalam pengungkapan atau pemaparan. Temuan ini menggarisbawahi perlunya intervensi, kebijakan, dan strategi perlindungan anak yang peka secara budaya dan agama yang menangani kerentanan etnis dan keluarga. Keaslian penelitian ini terletak pada pendekatannya yang bersifat lintas sektoral dan representatif secara nasional, yang menawarkan pemahaman bernuansa yang melampaui keterbatasan studi lokal sebelumnya dan memberikan kontribusi wawasan yang berarti untuk kebijakan dan praktik perlindungan anak.

**Keywords:** Pelecehan seksual terhadap anak; etnisitas; struktur keluarga; Nigeria; afiliasi agama.

## 1. Introduction

Childhood sexual abuse (CSA) is a pervasive global problem and a major public health concern that transcends social, cultural, religious, and geographical boundaries. It involves sexual activities imposed on children below 18 years of age, often without informed consent and usually by older individuals, leaving lasting health, psychological, and social consequences for victims (Mathews & Collin-Vézina, 2019). In Nigeria, this issue has become increasingly alarming, with female children being particularly vulnerable. Recent empirical data report CSA prevalence rates ranging from 33.6% to as high as 69% in different Nigerian regions (Gabriel-Job, Alikor, & Akani, 2019; Onyishi, 2022; Uvere & Ajuwon, 2021). These numbers not only exceed the global average of 24% (Qu et al., 2022) but also highlight a pressing social crisis that demands immediate academic and policy attention. The seriousness of CSA lies not only in its physical and psychological impact but also in its long-term effect on the victims' ability to form relationships and live productive lives. Therefore, understanding CSA within Nigeria's religious and cultural context is essential for effective prevention.

While global research has explored various predictors of CSA—including gender, socioeconomic background, and family dynamics (Assink et al., 2019; Bebbington et al., 2011; Jones, Merrick, & Houry, 2020)—literature focusing on ethnic and religious dimensions remains limited. First, studies on the prevalence and forms of CSA in Nigeria have reported wide-ranging estimates depending on location and population group (Amole et al., 2021; Chime, Orji, Aneke, & Nwoke, 2021; David et al., 2018), but most are geographically limited and hospital-based. Second, research on family-related risk factors such as single parenthood, divorce, or living arrangements has found associations with CSA (Gabriel-Job et al., 2019; Mekuria, Nigussie, & Abera, 2015), yet these findings are rarely contextualised by religion. Third, studies addressing ethnicity and religious affiliations as structuring forces in CSA experience are even scarcer. Although ethnicity has been shown to play a role in social vulnerability (Reed & Mberu, 2015), its direct influence on CSA—particularly in Nigeria's complex religious context—has received little scholarly attention, with only one notable study highlighting ethnic disparities among hawkers in Kano (Amole et al., 2021). The lack of nationally representative data examining the intersection of ethnicity, family, and religion in CSA risk presents a critical gap in the literature.

This study seeks to address the above gap by examining how ethnicity and family dynamics influence the experience of childhood sexual abuse among women in Nigeria, particularly within the country's two dominant religious affiliations—Christianity and Islam. Unlike previous research that focuses either on general prevalence or isolated risk factors, this study employs a nationally representative sample to explore the interplay between ethnic identity, family structure, and religious context. By doing so, the research aims to provide nuanced insights that can inform context-specific prevention strategies and policies, especially in a culturally and religiously diverse society such as Nigeria.

This study is guided by the hypothesis that ethnic background and family-related variables—such as the type of household, parental marital status, and child-rearing arrangements—significantly influence the likelihood of experiencing CSA, and that these effects vary across religious affiliations. Specifically, it is posited that women from minority, Igbo, or Yoruba ethnic groups, those who were raised in polygynous or non-nuclear families, and those whose parents were separated or deceased are

at higher risk of CSA. Additionally, these vulnerabilities may manifest differently across religious contexts, potentially due to variations in cultural norms surrounding disclosure and interpretation of childhood experiences. The study sample included women aged 18 to 86 to ensure adequate cognitive maturity for reflecting on early life experiences. Given the sensitive nature of CSA, the study adhered strictly to ethical guidelines, ensuring informed consent, confidentiality, and the right to withdraw at any stage of participation.

## 2. Method

The unit of analysis in this study comprised adult women aged 18 years and above residing in rural and urban communities across the six geopolitical zones of Nigeria. The study focused on their experiences of *Childhood Sexual Abuse* (CSA), taking into account ethnic background, childhood family structure, and religious affiliation (Bolarinwa, Ahinkorah, Okyere, Seidu, & Olagunju, 2022). Adult respondents were selected based on the premise that they could better recall and reflect on their childhood experiences, including potentially having processed or overcome any trauma associated with CSA (O S Agbaje et al., 2021; Olaoluwa S. Agbaje et al., 2019).

This study adopted a quantitative approach employing a *cross-sectional survey* design, which was deemed suitable for identifying prevalence patterns and statistical relationships between social variables (ethnicity, family structure, religion) and experiences of CSA (Aina-Pelemo & Olujobi, 2024). The quantitative method was appropriate for producing objective, numerical data that allow for broader generalisation. The cross-sectional design enabled the researchers to capture a snapshot of conditions at a specific point in time, aligning with the exploratory and correlational goals of the study (Bode-Okunade & Taofeeq, 2020).

Primary data were obtained from a nationally representative survey conducted between June and July 2022, involving 3,023 women across Nigeria. For the present analysis, a subsample of 2,757 adult women was selected based on predefined inclusion criteria. Respondents with incomplete responses or those who did not meet the eligibility requirements—such as being under 18 years of age or providing inconsistent demographic data—were excluded from the final analysis. The data were drawn from 12 states randomly selected from Nigeria's six geopolitical zones. The target population reflected diverse social, ethnic, and religious backgrounds, thereby enriching the dataset and ensuring national representativeness (Amole et al., 2021).

Data were collected using a structured electronic questionnaire developed and validated by the research team, known as the *Questionnaire Easily Done (QED)*. A *multistage probability sampling* technique (a method in which samples are selected through several stages using randomisation) was employed due to the absence of a reliable sampling frame. This process began with randomly selecting two states from each geopolitical zone, followed by one rural and one urban Local Government Area (LGA) in each selected state. Subsequent stages involved randomly selecting Wards (administrative districts), streets or villages, and finally, dwelling units using a systematic sampling procedure (sampling fraction = 1/5). Field supervisors coordinated the sampling procedure and assigned trained research assistants (RAs) to conduct face-to-face interviews with eligible respondents. Introductory letters were used to gain community leaders' approval and respondents' consent. Confidentiality was maintained throughout, and participants were informed of their right to withdraw at any stage. Responses were electronically recorded and uploaded immediately to a secured server using Android smartphones. The QED instrument was piloted among 210 eligible respondents in Lagos State (excluded from the main survey) to enhance its reliability and validity through iterative revisions.

The analysis was conducted in three stages: univariate, bivariate, and multivariate. The univariate analysis utilised descriptive statistics to outline participants' background characteristics and distributions of the independent (ethnicity and family structure) and dependent (CSA experience) variables. CSA was measured by asking: "*Did you experience any of the following during your childhood?*" Responses included: *None, someone touched my breast, someone fingered my vagina, someone fingered my anus, someone pushed penis into my vagina, someone pushed penis into my anus, and others*. For analysis, "None" was coded as '0' (No), while all other responses were coded as '1' (Yes). The bivariate analysis

used the Chi-square test ( $\chi^2$ ) to explore associations between CSA and the independent variables by religious affiliation. Given that the variables had more than two categories, Cramer's  $V$  was applied to measure the strength of association. To interpret effect sizes, Cohen's  $d$  guidelines were used: for tables with  $(r - 1)(c - 1) = 1$ , small effect = 0.1, medium = 0.3, large = 0.5; for  $df = 2$ , small = 0.07, medium = 0.21, large = 0.35; for  $df = 3$ , small = 0.06, medium = 0.17, large = 0.29 (Pallant, 2007). The multivariate analysis involved logistic regression modelling to further test the hypothesis. Four models were constructed: Model 1 (ethnicity among Christians), Model 2 (ethnicity among Muslims), Model 3 (unadjusted effect of ethnicity and family variables), and Model 4 (adjusted for age and place of residence). Results are presented using Odds Ratios (ORs), 95% Confidence Intervals (CIs), and effect sizes, with Cohen's  $d$  conversions for ORs: OR = 1.46–1.68 (small effect), OR = 2.0–3.47 (medium), OR = 4.14–6.71 (large) (Chen et al., 2010). All statistical tests were evaluated at a 0.05 significance level.

### 3. Results

#### *Prevalence of Childhood Sexual Abuse (CSA) in Nigeria*

Understanding the prevalence of Childhood Sexual Abuse (CSA) is crucial to identifying its social determinants and formulating effective interventions. In the Nigerian context—marked by ethnic, religious, and familial diversity—examining CSA through a representative lens helps uncover patterns that are often overlooked in smaller, localised studies. This subsection outlines the distribution of CSA experiences among adult women across key socio-demographic variables such as ethnicity, place of residence, family structure, and religious affiliation. The analysis also highlights the common types of CSA reported and the extent to which these vary across rural-urban settings and religious groups.

To understand the scope and background of Childhood Sexual Abuse (CSA) in Nigeria, it is essential to examine the socio-demographic composition of the study participants. The following table presents the distribution of respondents by key background characteristics and variables relevant to the study, including CSA exposure, family structure, religious affiliation, and ethnic identity.

**Table 1. Percentage distribution of respondents by selected characteristics**

Factors	n=2,757
<b>Place of residence</b>	
Rural	47.9
Urban	52.1
<b>Median age</b>	31
<b>Ethnicity</b>	
Hausa/Fulani	24.2
Igbo	22.3
Yoruba	21.0
Minority groups	32.5
<b>Education</b>	
None	9.5
Primary	14.0
Secondary	55.3
Tertiary	21.1
<b>Religious affiliation</b>	
Christianity	68.4
Islam	31.1
Others	.5
<b>Childhood family background</b>	
Monogamy	59.9
Polygyny	37.3

Others	2.9
<b>Growing up, lived with</b>	
Both parents	64.4
Single parent	18.8
Grandparent	6.5
Others	10.3
<b>Childhood family situation</b>	
Parents lived together	75.0
Parents separated/divorced	16.0
Lost one/both parent(s)	9.1
<b>Exposure to childhood sexual abuse</b>	
No	64.9
Yes	35.1
<b>Childhood sexual abuse experience</b>	
None	64.9
Someone touched my breast	26.5
Someone fingered my vagina	4.5
Someone fingered my anus	.5
Someone pushed penis into my vagina	2.4
Someone pushed penis into my anus	.3
Others	.9

Moreover, most of the participants indicated they grew up in monogamous families, and almost two-thirds lived with both parents while they were growing up. Three-fourths of the study participants also grew up in family situations where both parents lived together. The distribution of the study participants by CSA experience indicates that 35% (national prevalence) of the respondents reported sexual abuse during childhood. Figure 1 illustrates that 35% and 36% of rural and urban study participants, respectively, reported CSA experience during their childhood.

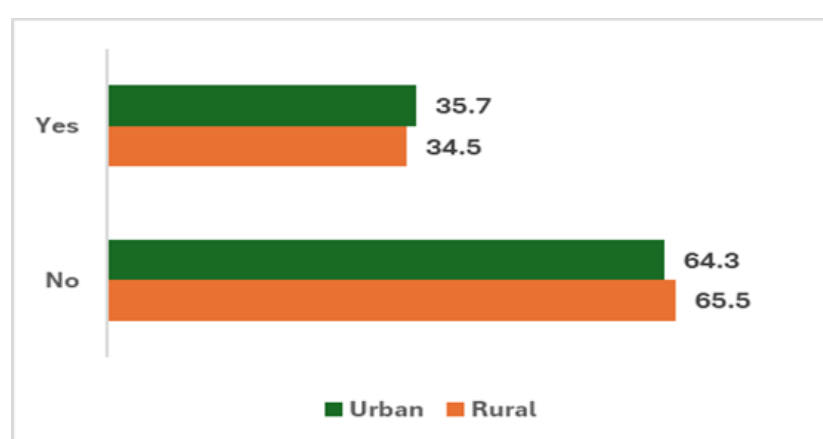
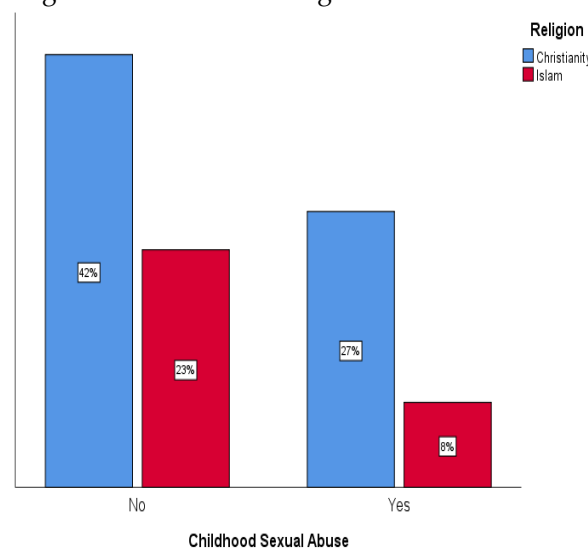


Figure 1. CSA prevalence by rural-urban residence among adult women in Nigeria

As shown in Table 1, the three most common forms of childhood sex-related abuse that the sample reported include an unapproved touch of the breast (26.5%), fingering of vagina (4.5%) and vagina penetration with penis (2.4%). Also, religious context of CSA experience is presented in Figure 2. The figure shows that 27% of Christians and 8% of Muslims reported CSA experience. The data presented in the figure show that there is a wide gap between the two dominant religious groups in terms of reported CSA experience. This data suggest that CSA experience is a serious issue in Nigeria, and the

rate is relatively high among female children in urban and rural communities and reporting was significantly higher among Christians than among their Muslim counterparts.



**Figure 2. CSA prevalence by religion among adult women in Nigeria**

The survey data revealed that 35.1% of respondents reported experiencing at least one form of CSA. The prevalence was nearly equal across rural (35%) and urban (36%) areas. The three most reported forms were breast touching (26.5%), vaginal fingering (4.5%), and vaginal penetration with a penis (2.4%). Religious affiliation analysis showed higher reporting among Christians (27%) than Muslims (8%).

The findings show that childhood sexual abuse is a significant national concern in Nigeria, affecting more than one-third of adult female respondents (Chen, Cohen, & Chen, 2010). The reported rates of CSA are strikingly similar between urban and rural areas, suggesting that geographic location does not shield children from the risk. Furthermore, the most commonly reported form of abuse was inappropriate touching of the breast, followed by vaginal penetration—either manually or by penis. These types of violations indicate that CSA manifests in both non-penetrative and penetrative forms, with serious implications for victims' physical and psychological wellbeing (Breiding et al., 2011).

These findings confirm that CSA is a serious national issue in Nigeria. The similarity in rural-urban prevalence underlines that no region is immune. Furthermore, the disparity in reported CSA between Christians and Muslims may reflect differences in disclosure norms or actual risk exposure, necessitating contextual religious investigation.

#### *Influence of Ethnicity and Family Variables on CSA Experience*

To further explore the socio-cultural determinants of Childhood Sexual Abuse (CSA) in Nigeria, this section examines how ethnic identity and family-related variables intersect with religious affiliation to shape the risk of experiencing CSA. Given Nigeria's diverse cultural landscape, differences in family structure and ethnic norms may influence both the occurrence and reporting of abuse. Understanding these relationships is crucial for identifying vulnerable subgroups and developing culturally responsive prevention strategies. The analysis begins with bivariate associations between CSA and selected variables, disaggregated by religion.

Table 2 presents the results of the  $\chi^2$  analysis of the bivariate association between each of ethnicity, family variables and CSA experience reported by religious affiliation in the study sample. The results suggest that ethnicity and family variables were significantly associated with CSA experience among both Christians and Muslims in the study sample, and the Cramer's V test indicated that the strength of the association ranged between small and medium ( $p < .001$ ). While the minority ethnic group Christian women reported the highest prevalence of CSA experience, their Igbo counterparts who were

Muslims reported the highest prevalence of CSA experience. In contrast, the Hausa/Fulani women of both religions reported the lowest level of CSA experience. The evidence indicates that the risk of CSA experience was higher among Christian minority ethnic group members and Igbo Muslims than other ethnic groups.

**Table 2. Chi-square test of bivariate association between ethnicity, family variables and CSA experience by religion among women**

Factors	CSA Experience	
	Religious Affiliation	
Ethnicity	Christianity (n=1,885)	Islam (n=858)
	n=734	n=
Hausa/Fulani	17.9	15.1
Igbo	36.9	57.1
Yoruba	32.3	41.9
Minority groups	47.6	50.0
$\chi^2$	55.5***	99.4**
Cramer's V	.17***SE	.34***ME
<b>Childhood family background</b>		
Monogamy	35.1	20.8
Polygyny	46.9	32.3
Others	32.6	25.0
$\chi^2$	24.6***	14.3**
Cramer's V	.11***SE	.13**SE
<b>Lived with growing up</b>		
Both parents	32.8	18.4
Single parent	50.7	42.2
Grandparent	52.7	50.7
Others	28.0	43.3
$\chi^2$	53.3***	62.1***
Cramer's V	.17***ME	.27***ME
<b>Childhood family situation</b>		
Parents lived together	33.5	20.9
Parents separated/divorced	60.4	50.3
Lost one/both parent(s)	48.7	25.0
$\chi^2$	81.2***	52.5***
Cramer's V	.21***ME	.25***ME

\*Significant at  $p < 0.05$ ; \*\*Significant at  $p < 0.01$ ; \*\*\*significant at  $p < 0.001$

Also, table 2 shows that the three family variables (childhood family background, who the study participants lived with while growing up and childhood family situations) were significantly related to CSA experience ( $p < .001$ ). In addition, Cramer's V results suggest that medium strength of association prevailed between all the family variables and CSA experience in both Christianity and Islam, except for childhood family background, which was small. Women who had their childhood in polygynous family settings reported the highest level of CSA experience among Christians and Muslims. While those in monogamous families indicated the lowest CSA experience in Islam, those whose childhood was in other forms of family (for example, polyandry) reported the least among Christians. The strength of association was small for both religious affiliations (Chime et al., 2021). CSA experience by family background and religious affiliation suggests that there was higher CSA experience among Christians and Muslims in polygynous families than monogamous and other family types in the sample.

In addition, study participants in both Christianity and Islam who lived with grandparents while growing up reported the highest incidence of CSA experience. However, Christians who lived with Others (for instance, elder siblings) and Muslims who lived with both parents indicated the lowest CSA

experience. The strength of association for both religious groups was medium ( $p < .001$ ). In a similar vein, study participants whose parents lived together indicated the lowest rate of CSA experience among both Christians and Muslims while those whose parents separated or divorced reported the highest CSA experience in both religious groups (strength of association was medium). Apparently, study participants who were Muslims, in all categories of ethnicity and family variables, reported a lower level of CSA experience compared to those who were Christians. The results also suggest that the risk of CSA experience is higher in childhood with grandparents, single parents and in family situation where parents separated or divorced in both religious affiliations.

Table 3 shows the OR (with a 95% CI) in Models 1 and 2 in which the logistic regression was used to test association between CSA experience and ethnicity as well as family variables separately among Christians and Muslims. Ethnicity and CSA experience were statistically significantly associated in Model 1 in both religious affiliations, and between family variables and CSA experience in Model 2. The models' Chi-square values indicate that the two models have excellent goodness of fit because the significance values are less than .05.

**Table 3. Odds ratios of unadjusted logistic regression on the influence of ethnicity and family variables on CSA experience by religious affiliation among women in Nigeria**

Factors	Odds Ratios (with 95% CI)			
	Model 1		Model 2	
	Christianity	Islam	Christianity	Islam
<b>Ethnicity</b>				
Hausa/Fulani (ref.)	-	-		
Igbo	2.7(1.6-4.4)***ME	7.5(1.5-34.1)**LE		
Yoruba	2.2(1.3-3.6)**ME	4.1(2.8-6.0)***LE		
Minority groups	4.2(2.6-6.8)***ME	5.6(3.7-8.5)***LE		
<b>Childhood family background</b>				
Monogamy (ref.)			-	-
Polygyny			1.2(1.0-1.5)	1.6(1.1-2.2)**SE
Others			.5(.3-1.1)	1.3(.6-3.2)
<b>Lived with growing up</b>				
Both parents (ref.)			-	-
Single parent			1.1(.8-1.6)	2.6(1.6-4.3)***ME
Grandparent			1.1(.9-2.2)	3.8(2.1-7.2)***ME
Others			1.3(.9-1.8)	1.5(.7-3.2)
<b>Childhood family situation</b>				
Parents lived together (ref.)			-	-
Parents separated/divorced			2.6(1.8-3.7)***ME	1.6(1.0-2.7)
Lost one/both parent(s)			1.6(1.1-2.4)*SE	.6(.3-1.2)
Model Chi-square	57.8***	96.5***	92.6***	77.3***
The Cox & Snell R Square	.03	.11	.05	.09
Nagelkerke R Square	.04	.16	.07	.13



\*Significant at  $p < 0.05$ ; \*\*Significant at  $p < 0.01$ ; \*\*\*significant at  $p < 0.001$ ; SE (Small effect size); ME (Medium effect size); LE (Large effect size); Model 1: Ethnicity as independent variable; Model 2: Family variables as independent variables

Among Christians, minority, Igbo and Yoruba ethnic groups were over four times, about three times and two times, respectively, more likely to report CSA experience than the Hausa/Fulani ethnic group. Similarly, among the Muslims, the Igbo, minority and Yoruba ethnic groups were seven and half times, over five and half times and four times, respectively, more likely to report CSA experience relative to their Hausa/Fulani counterparts. Also, the ORs for Igbo and Yoruba ethnic groups were of medium effect size. The effect size was large for the ethnic minorities (Rinehart, Yeater, Musci, Letourneau, & Lenberg, 2014). However, the effect size of all three ethnic groups was large among Muslim study participants.

In Model 2, family variables were significantly associated with CSA experience with respect to childhood family situation among Christians and childhood family background as well as who the participants lived with while growing up among Muslims. The Christian study participants whose childhood family situation was characterised by parental separation or divorce were over two and half times more likely to report CSA experience relative to their counterparts whose parents lived together. Similarly, those who lost one or both parents were over one and half times more likely to report CSA experience compared to those whose parents lived together (Selengia, Thuy, & Mushi, 2020).

Among study participants who were Muslims, childhood family background and who they lived with while growing up were statistically significantly associated with CSA experience. Although the effect size is small, study participants whose childhood family background was polygynous were over one and half times more likely to experience CSA relative to those in monogamous family. Also, those who lived with single parents while growing up were over two and half times while those who lived with others (such as elder siblings) were almost four times more likely to report CSA experience compared to those who lived with both parents.

The bivariate analysis showed that ethnicity and all family variables significantly correlate with CSA experience among both Christians and Muslims ( $p < .001$ ). Notably, Christian women from minority ethnic groups reported the highest CSA prevalence (47.6%), and among Muslims, Igbo women reported the highest (57.1%). Logistic regression models confirmed ethnicity and family variables significantly predicted CSA.

The results of the analysis demonstrate several key patterns in CSA exposure. First, ethnic background plays a substantial role, with minority and Igbo women—across religious affiliations—reporting the highest levels of CSA. Second, women raised in polygynous households were more vulnerable to abuse than those from monogamous families. Third, living arrangements during childhood significantly influenced CSA risk (Fleming, Mullen, & Bammer, 1997): living with grandparents or a single parent was associated with markedly higher reports of abuse. Finally, CSA was more frequently reported among women whose parents had separated or divorced or who had lost one or both parents during childhood.

The data suggest that both structural (ethnicity) and familial (living arrangements, marital status of parents) conditions shape CSA vulnerability (Mobolaji, Fatusi, & Adedini, 2020). Cultural dynamics tied to ethnicity and traditional family systems likely interact with socio-economic risk factors to increase CSA exposure (Prentiss, 2020).

#### *Multivariate Analysis of Ethnicity and Family Variables on CSA*

While the bivariate analysis provided initial insights into the relationships between ethnicity, family background, and CSA experience, a multivariate approach is necessary to account for the influence of other potentially confounding factors. This section presents the results of logistic regression models designed to test the independent and combined effects of ethnicity and family variables on the likelihood of experiencing CSA, disaggregated by religious affiliation. By including covariates such as age and place of residence, the analysis offers a more robust understanding of which factors remain significant predictors of CSA when considered simultaneously.

Tabel 4 shows the logistic regression ORs in Models 3 and 4. Model 3 included ethnicity and family variables as independent variables while Model 4 adjusted for age and place of residence (along with ethnicity and family variables). Model 3 reveals that ethnicity and childhood family situation significantly predicted CSA experience with medium strength of association. The ORs show that the minority, Igbo and Yoruba ethnic groups who were Christians were over three and half times, over two and half times and two times, respectively, more likely to report CSA experience compared to the Hausa/Fulani ethnic group. Among the Muslims, the Igbo study participants were over ten times more likely, while the minority and Yoruba ethnic group were over six and half times and four times, respectively, more likely to report CSA experience compared to the Hausa/Fulani study participants.

**Table 4. Odds ratios of adjusted and unadjusted logistic regression on the influence of ethnicity and family variables on CSA experience by religious affiliation among women in Nigeria**

Factors	Odds Ratios (with 95% CI)			
	Model 3 (Unadjusted)		Model 4 (Adjusted)	
	Christianity	Islam	Christianity	Islam
<b>Ethnicity</b>				
Hausa/Fulani (ref.)	-	-	-	-
Igbo	2.7(1.6-4.4)***ME	10.4(2.2-49.8)**LE	3.2(1.9-5.3)***ME	15.3(2.9-79.2)**LE
Yoruba	2.0(1.2-3.3)*ME	4.3(2.8-6.5)***LE	2.3(1.3-3.8)**ME	3.9(2.5-6.0)***LE
Minority groups	3.6(2.2-5.8)***ME	6.6(3.6-8.7)***LE	4.0(2.5-6.7)***ME	5.1(3.2-7.9)***LE
<b>Childhood family background</b>				
Monogamy (ref.)	-	-	-	-
Polygyny	1.1(.9-1.4)	1.4(1.0-2.0)	1.2(1.0-1.6)	1.4(.9-1.9)
Others	.6(.3-1.1)	.8(.3-2.0)	.6(.3-1.2)	.9(.3-2.2)
<b>Lived with growing up</b>				
Both parents (ref.)	-	-	-	-
Single parent	1.2(.8-1.6)	2.4(1.4-4.1)**ME	1.2(.8-1.7)	2.4(1.4-4.2)**ME
Grandparent	1.5(.9-2.3)	4.2(2.1-8.4)***ME	1.5(.9-2.3)	4.7(2.3-9.4)***LE
Others	1.2(.9-1.7)	1.8(.9-4.0)	1.2(.3-1.2)	1.9(.9-4.3)
<b>Childhood family situation</b>				
Parents lived together (ref.)	-	-	-	-
Parents separated/divorced	2.5(1.8-3.6)***ME	1.8(1.0-3.1)	1.3(.8-1.7)	1.8(1.0-3.2)
Lost one/both parent(s)	1.5(1.0-2.2)	.4(.4-1.3)	1.5(.9-2.3)	.8(.4-1.5)
Age			1.0(1.0-1.0)***	1.0(1.0-1.0)***
<b>Place of residence</b>				
Rural	-		-	-
Urban			1.0(.8-1.2)	1.5(1.0-2.2)*SE
Model Chi-square	134.2**		165.9***	186.5***
The Cox & Snell R Square	.07	.17	.08	.20
Nagelkerke R Square	.09	.26	.11	.29

Model 3: Unadjusted; Model 4: Adjusted; \*Significant at  $p < 0.05$ ; \*\*Significant at  $p < 0.01$ ; \*\*\*significant at  $p < 0.001$ ; SE (Small effect size); ME (Medium effect size); LE (Large effect size)

Moreover, who the study participants lived with while growing up was only statistically significantly related to CSA experience among the Muslims. Those who lived with grandparents while growing up were over four times and those who lived with single parents were almost two and half times more likely to report CSA experience relative to those who lived with both parents while growing up. In a similar vein, Christian study participants whose childhood family situation where parents separated or divorced were two and half times more likely to report CSA experience relative to those whose parents lived together. It is obvious that the ORs for study participants in Islam broadly exhibited large effect size while their Christian counterparts ORs show medium effect size across ethnicity and significant family variables.

When we adjusted for age and place of residence of study participants in Model 4, ethnicity statistically significantly predicted CSA experience among members of both religious affiliations. In contrast, who participants lived with while growing up was only statistically significantly associated with reported CSA experience among Muslims. Like what was obtained in Model 3, ethnicity remained significantly associated with CSA in both religious affiliations. Moreover, among Christians, minority groups (four times) Igbo (over three times) and the Yoruba (over two times) ethnic groups were more likely to report CSA compared to the Hausa/Fulani ethnic group (with medium strength of effect size all through). Also, the ORs indicate that the Igbo, minority and Yoruba ethnic groups were over 15 times, over five times and almost four times, respectively, more likely to report CSA experience relative to the Hausa/Fulani ethnic group. In addition, living with grandparents (OR=4.7) and single parents (OR=2.4) was likely to increase the likelihood to experience CSA among Muslims in the study setting.

Even after controlling for age and place of residence, ethnicity remained a significant predictor of CSA experience for both religious groups. Among Muslims, who respondents lived with (e.g. grandparents or single parents) was also significantly associated with higher CSA reports. Among Christians, family situation (parental divorce/separation) lost significance after controlling for covariates. The multivariate findings reinforce earlier patterns and clarify the weight of various factors. Ethnicity continues to be the strongest and most consistent predictor of CSA experience. Among Muslims, Igbo women had the highest odds (OR=15.3), followed by those from minority ethnic groups (OR=5.1) and Yoruba (OR=3.9). Similar patterns were found among Christians, albeit with slightly lower odds. Family variables also showed significance among Muslims: living with grandparents (OR=4.7) or single parents (OR=2.4) significantly increased CSA risk. For Christians, these associations diminished after adjustment, suggesting other contextual factors may mediate familial influence (Wusu, 2015).

These results affirm the strong and persistent role of ethnicity in shaping CSA exposure, independent of age and residence. Religious context moderates the impact of family variables: among Muslims, extended family living may pose greater risk, whereas among Christians, family disruptions appear less influential when adjusted. This highlights the need for culturally sensitive interventions tailored to ethnic and religious differences in Nigeria (Wusu, 2014).

#### 4. Discussion

This study examined the influence of ethnicity and family variables on childhood sexual abuse (CSA) experiences among adult women in Nigeria, with a focus on religious context. The findings revealed that CSA prevalence stands at approximately 35%, with a marginally higher rate in urban areas compared to rural ones (Mitchell, 2006). The most frequently reported form of CSA was unauthorised breast touching. Prevalence was significantly higher among Christians (27%) than Muslims (8%). Ethnicity and family structure emerged as crucial factors influencing CSA exposure. Women from minority ethnic groups and Igbo Muslims reported the highest rates of CSA, while those from the Hausa/Fulani ethnic group reported the lowest. Additionally, women raised in polygynous families, or by single parents or grandparents, were more likely to report CSA experiences.

The elevated risk of CSA among certain ethnic groups and non-traditional family structures can be attributed to a variety of social and cultural factors. Children raised outside of nuclear families may face reduced supervision and protection, increasing their vulnerability to abuse. Similarly, minority

ethnic groups and religious affiliations may experience marginalisation or limited access to social support, which can exacerbate exposure to harm. In contrast, the relatively low reporting among the Hausa/Fulani population may reflect both cultural silence and the influence of early marriage norms, where sexual activity within child marriage is normalised and rarely recognised or reported as abuse (Veenema, Thornton, & Corley, 2015).

The findings of this study align with and expand upon existing research regarding childhood sexual abuse (CSA) in Nigeria. Prior studies have demonstrated that ethnicity and family dynamics significantly influence CSA prevalence. For example, Nwabunike and Tenkorang (2017) found that Igbo women are more likely to experience sexual and emotional violence than Yoruba or Hausa women, supporting the present study's finding that CSA is most prevalent among Igbo and ethnic minority women. Cultural beliefs that reinforce patriarchal authority and gender-based subordination, as highlighted by Ajayi et al. (2022), further contextualise why CSA may be underreported or normalised, particularly in conservative communities. The novelty of this study lies in its intersectional lens—by jointly analysing ethnicity, religion, and family structure across a nationally representative sample, it offers new insights beyond the scope of previous localised or single-group studies. These findings suggest the need for prevention strategies and policies that are culturally and contextually sensitive to Nigeria's diverse ethnic and religious landscape.

The results of this study underscore the complex interplay between cultural norms, family dynamics, and religious affiliation in shaping CSA risk in Nigeria. The significantly higher reporting among Christian respondents suggests a potential openness to disclosure, or differing cultural interpretations of abuse (Ullman & Filipas, 2005). Conversely, lower reporting among Muslims, particularly from the Hausa/Fulani ethnic group, may reflect social norms that discourage disclosure or define sexual acts within marriage—regardless of age—as legitimate. These dynamics point to deeply embedded socio-religious constructs that shape not only the experience of abuse but also its recognition and reporting.

This study reveals the dual nature of family and ethnic traditions in Nigerian society: while they can provide communal strength, they may also inadvertently perpetuate conditions that increase the risk of childhood sexual abuse (CSA). On one hand, cohesive nuclear families—defined by the consistent presence and shared caregiving of both parents—have been associated with lower rates of delinquency and enhanced child supervision, thereby offering a degree of protection against CSA (Kierkus, Johnson, & Hewitt, 2010). On the other hand, non-nuclear family structures such as polygyny and kinship-based caregiving arrangements, though embedded in communal support systems, often lack cohesive guardianship and may expose children to higher vulnerability (Allendorf, 2013; Hansen, 2005). Moreover, cultural norms that silence discussions around sexuality or equate child marriage with marital legitimacy can obscure the recognition of CSA and hinder its prevention (Jabeen, 2021; Mensah, Abdullah, & Cudjoe, 2024). In many contexts, particularly among ethnic and religious minorities, cultural emphasis on honour and obedience discourages victims from speaking out, contributing to institutional silence (Fekih-Romdhane, Ridha, & Cheour, 2019; Fontes & Plummer, 2010). These traditions—although rooted in social cohesion—can result in systemic neglect of children's rights and protection. Therefore, while acknowledging the protective functions of extended families and ethnic customs, it is vital to recognise that, without critical reflection and reform, such traditions may sustain environments where abuse goes unnoticed or unchallenged. Child protection strategies must strike a balance between respecting cultural frameworks and safeguarding children's dignity and safety (Abdullah, Frederico, Cudjoe, & Emery, 2020; Maitra, 2005). This calls for culturally informed interventions that engage both family systems and religious institutions to challenge harmful norms and promote accountability.

These findings highlight the urgent need for culturally sensitive public health and policy interventions. National CSA prevention strategies must incorporate ethnic and religious contexts to ensure relevance and effectiveness. Education and awareness programmes should involve religious leaders and community elders to challenge harmful norms and encourage open discussions about CSA (Smith, 2024). Policies aimed at strengthening family structures—especially support for single-parent

households and caregivers—could reduce risk. Finally, legislative reforms must ensure that child marriage is recognised unequivocally as a form of abuse and addressed as such in legal and social welfare systems.

## 5. Conclusion

This study has demonstrated that childhood sexual abuse (CSA) remains a critical public health and human rights issue in Nigeria, with a national prevalence of over one-third among adult female respondents. The most affected subgroups include those from Igbo, Yoruba, and minority ethnic backgrounds, as well as individuals raised by grandparents, single parents, or in households where parents were separated or divorced. The study also underscores the consistent pattern of higher CSA prevalence among Christians compared to Muslims, suggesting that socio-religious dynamics shape not only exposure to but also the reporting of abuse. These findings confirm that ethnicity and family variables are significant predictors of CSA in both rural and urban contexts.

The key contribution of this research lies in its use of a large, nationally representative, population-based sample, offering more generalisable and nuanced insights into the intersection of ethnicity, family dynamics, and religious affiliation in shaping CSA experiences. Unlike previous studies, which often focused on hospital-based or urban-specific samples, this study extends the scope of CSA research in Nigeria by highlighting how cultural and familial contexts interact with structural vulnerability. It also offers practical implications for CSA prevention by urging the development of culturally tailored, context-specific advocacy interventions led by governmental and non-governmental stakeholders.

Nevertheless, several limitations must be acknowledged. The CSA indicators may not have captured the full spectrum of abuse forms, particularly those emerging in increasingly globalised and digitally connected societies. Memory bias may have affected recall accuracy among older respondents, and the reliance on self-reported data introduces the potential for underreporting due to stigma. Additionally, the study's cross-sectional nature prevents any causal inference between variables. Future research should consider longitudinal approaches, younger samples, and indirect questioning techniques to enhance data reliability and depth.

## Author Contributions

Conceptualisation: O. W., A. O.; Methodology: O. W., I. R. A., A. A. S.; Writing – Original Draft Preparation: O. W., O. O.; Investigation and Data Collection: O. W., O. O., S. O. R., I. R. A., M. W. A., A. O. O., A. A. S., A. O.; Funding Acquisition: O. W., A. O.; Resources and Project Administration: O. O., A. A. S.; Supervision: O. W. All authors reviewed and approved the final version of the manuscript.

## Acknowledgements

This research was made possible through the generous support of the Tertiary Education Trust Fund (TETFund), Nigeria. The authors gratefully acknowledge the funding received under the National Research Fund (NRF) scheme, grant number TETFund/DR&D-CE/NRF 2020. We also extend our appreciation to all the participants and field researchers whose contributions were vital to the successful completion of this study.

## References

- Abdullah, A., Frederico, M., Cudjoe, E., & Emery, C. R. (2020). Towards Culturally Specific Solutions: Evidence from Ghanaian Kinship Caregivers on Child Neglect Intervention. *Child Abuse Review*, 29(5), 402–415. <https://doi.org/10.1002/car.2645>
- Agbaje, O. S., Nnaji, C. P., Nwagu, E. N., Iweama, C. N., Umoke, P. I., Ozoemena, L. E., & Abba, C. C. (2021). Adverse childhood experiences and psychological distress among higher education students in southwestern Nigeria: An institutional-based cross-sectional study. *Archives of Public Health*, 79(1), 1–15. <https://doi.org/10.1186/s13690-018-0329-6>
- Agbaje, Olaoluwa S., Anyanwu, J. I., Umoke, P. I. C., Iwuagwu, T. E., Iweama, C. N., Ozoemena, E. L., & Nnaji, I. R. (2019). Depressive and anxiety symptoms and associated factors among postnatal women in Enugu-North

- Senatorial District, South-East Nigeria: a cross-sectional study. *Archives of Public Health*, 77(1), 1. <https://doi.org/10.1186/s13690-018-0329-6>
- Aina-Pelemo, A. D., & Olujobi, O. J. (2024). Sexual exploitation and vulnerability of followers in Nigerian religious circles: A legal approach. *Journal of Human Rights and Social Work*, 9(1), 37–46. <https://doi.org/10.1007/s41134-023-00269-w>
- Ajayi, C. E., Chantler, K., & Radford, L. (2022). The Role of Cultural Beliefs, Norms, and Practices in Nigerian Women's Experiences of Sexual Abuse and Violence. *Violence Against Women*, 28(2), 465–486. <https://doi.org/10.1177/10778012211000134>
- Allendorf, K. (2013). Going Nuclear? Family Structure and Young Women's Health in India, 1992-2006. *Demography*, 50(3), 853–880. <https://doi.org/10.1007/s13524-012-0173-1>
- Amole, T. G., Abdullahi, H., Abdullahi, N. I., Abubakah, A. S., Ajayi, A. O., & Tsiga-Ahmed, F. I. (2021). Prevalence, pattern, and predictors of sexual abuse among young female hawkers in Kano metropolis, Nigeria. *Nigerian Postgraduate Medical Journal*, 28(1), 33–38. [https://doi.org/10.4103/npmj.npmj\\_295\\_20](https://doi.org/10.4103/npmj.npmj_295_20)
- Assink, M., van der Put, C. E., Meeuwse, M. W. C. M., de Jong, N. M., Oort, F. J., Stams, G. J. J. M., & Hoeve, M. (2019). Risk factors for child sexual abuse victimisation: A meta-analytic review. *Psychological Bulletin*, 145(5), 459–489. <https://doi.org/10.1037/bul0000188>
- Bebbington, P., Jonas, S., Brugha, T., Meltzer, H., Jenkins, R., Cooper, C., ... McManus, S. (2011). Child sexual abuse reported by an English national sample: Characteristics and demography. *Social Psychiatry and Psychiatric Epidemiology*, 46, 255–262. <https://doi.org/10.1007/s00127-010-0245-8>
- Bode-Okunade, A. S., & Taofeeq, A. O. (2020). Sociological factors influencing child sexual abuse among female adolescents in Ibadan metropolis. *Ifè Psychologia*, 28(2), 79–90.
- Bolarinwa, O. A., Ahinkorah, B. O., Okyere, J., Seidu, A. A., & Olagunju, O. S. (2022). A multilevel analysis of prevalence and factors associated with female child marriage in Nigeria using the 2018 Nigeria Demographic and Health Survey data. *BMC Women's Health*, 22, 158. <https://doi.org/10.1186/s12905-022-01733-x>
- Breiding, M. J., Reza, A., Gulaid, J., Blanton, C., Mercy, J. A., Dahlberg, L. L., ... Bamrah, S. (2011). Factors associated with sexual violence towards girls in Swaziland. *Bulletin of the World Health Organization*, 89, 203–210. <https://doi.org/10.2471/BLT.10.079608>
- Chen, H., Cohen, P., & Chen, S. (2010). How big is a big odds ratio? Interpreting the magnitudes of odds ratios in epidemiological studies. *Communications in Statistics—Simulation and Computation*, 39(4), 860–864. <https://doi.org/10.1080/03610911003650383>
- Chime, O. H., Orji, C. J., Aneke, T. J., & Nwoke, I. N. (2021). Prevalence, pattern and predictors of child sexual abuse among secondary school students in Enugu metropolis. *Malaysian Journal of Medical Sciences*, 28(4), 123–137. <https://doi.org/10.21315/mjms2021.28.4.13>
- David, N., Ezechi, O., Wapmuk, A., Gbajabiamila, T., Ohiohin, A., Herbertson, E., & Odeyemi, K. (2018). Child sexual abuse and disclosure in south western Nigeria: A community-based study. *African Health Sciences*, 18(2), 199–208. <https://doi.org/10.4314/ahs.v18i2.2>
- Fekih-Romdhane, F., Ridha, R., & Cheour, M. (2019). Sexual violence against women in Tunisia. *Encephale*, 45(6), 527–529. <https://doi.org/10.1016/j.encep.2018.07.004>
- Fleming, J., Mullen, P., & Bammer, G. (1997). A study of potential risk factors for sexual abuse in childhood. *Child Abuse & Neglect*, 21(1), 49–58. [https://doi.org/10.1016/S0145-2134\(96\)00126-3](https://doi.org/10.1016/S0145-2134(96)00126-3)
- Fontes, L. A., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse*, 19(5), 491–518. <https://doi.org/10.1080/10538712.2010.512520>
- Gabriel-Job, N., Alikor, E. A. D., & Akani, N. A. (2019). Prevalence of child sexual abuse among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State. *Nigerian Journal of Paediatrics*, 46(4), 156–162.
- Hansen, K. V. (2005). *Not-So-Nuclear Families: Class, Gender, and Networks of Care*. Rutgers University Press.
- Jabeen, T. (2021). Challenges in the Prevention of Child Maltreatment in Pakistan: an Interplay of the Culture and the Context. *International Journal on Child Maltreatment: Research, Policy and Practice*, 4(4), 421–437. <https://doi.org/10.1007/s42448-021-00095-5>
- Jones, C. M., Merrick, M. T., & Houry, D. E. (2020). Identifying and Preventing Adverse Childhood Experiences. *JAMA*, 323(1), 25. <https://doi.org/10.1001/jama.2019.18499>
- Kierkus, C. A., Johnson, B. R., & Hewitt, J. D. (2010). Cohabiting, family and community stressors, selection, and juvenile delinquency. *Criminal Justice Review*, 35(4), 393–411. <https://doi.org/10.1177/0734016810379338>
- Maitra, B. (2005). Culture and child protection. *Current Paediatrics*, 15(3), 253–259. <https://doi.org/10.1016/j.cupe.2005.02.010>
- Mathews, B., & Collin-Vézina, D. (2019). Child Sexual Abuse: Toward a Conceptual Model and Definition. *Trauma, Violence, & Abuse*, 20(2), 131–148. <https://doi.org/10.1177/1524838017738726>

- Mekuria, A., Nigussie, A., & Abera, M. (2015). Childhood sexual abuse experiences and its associated factors among adolescent female high school students in Arbaminch town, Gammo Goffa zone, Southern Ethiopia: a mixed method study. *BMC International Health and Human Rights*, 15(1), 21. <https://doi.org/10.1186/s12914-015-0059-6>
- Mensah, F., Abdullah, A., & Cudjoe, E. (2024). Unpacking norms shaping disclosure of intrafamilial child sexual abuse. *Discover Psychology*, 4(1). <https://doi.org/10.1007/s44202-024-00286-4>
- Mitchell, C. (2006). The Religious Content of Ethnic Identities. *Sociology*, 40(6), 1135–1152. <https://doi.org/10.1177/0038038506069854>
- Mobolaji, J. W., Fatusi, A. O., & Adedini, S. A. (2020). Ethnicity, religious affiliation and girl-child marriage: a cross-sectional study of nationally representative sample of female adolescents in Nigeria. *BMC Public Health*, 20(1), 583. <https://doi.org/10.1186/s12889-020-08714-5>
- Nwabunike, C., & Tenkorang, E. Y. (2017). Domestic and Marital Violence Among Three Ethnic Groups in Nigeria. *Journal of Interpersonal Violence*, 32(18), 2751–2776. <https://doi.org/10.1177/0886260515596147>
- Onyishi, C. N. (2022). Prevalence and psychological outcomes of child sexual abuse in Nigeria. *International Journal of Health Sciences*, 460–477. <https://doi.org/10.53730/ijhs.v6nS4.5550>
- Prentiss, C. R. (2020). Introduction. In *Religion and the Creation of Race and Ethnicity* (pp. 1–12). New York University Press. <https://doi.org/10.18574/nyu/9780814768372.003.0004>
- Qu, X., Shen, X., Xia, R., Wu, J., Lao, Y., Chen, M., ... Jiang, C. (2022). The prevalence of sexual violence against female children: A systematic review and meta-analysis. *Child Abuse & Neglect*, 131, 105764. <https://doi.org/10.1016/j.chiabu.2022.105764>
- Reed, H. E., & Mberu, B. U. (2015). *Ethnicity, Religion, and Demographic Behavior in Nigeria*. [https://doi.org/10.1007/978-90-481-8891-8\\_21](https://doi.org/10.1007/978-90-481-8891-8_21)
- Rinehart, J. K., Yeater, E. A., Musci, R. J., Letourneau, E. J., & Lenberg, K. L. (2014). The Role of Ethnicity, Sexual Attitudes, and Sexual Behavior in Sexual Revictimization During the Transition to Emerging Adulthood. *Child Maltreatment*, 19(3–4), 178–187. <https://doi.org/10.1177/1077559514551946>
- Selengia, V., Thuy, H. N. T., & Mushi, D. (2020). Prevalence and Patterns of Child Sexual Abuse in Selected Countries of Asia and Africa: A Review of Literature. *Open Journal of Social Sciences*, 08(09), 146–160. <https://doi.org/10.4236/jss.2020.89010>
- Smith, J. (2024). Family and religion in flux: Relationship complexity, type of religiosity, and race/ethnicity. *Journal of Marriage and Family*, 86(1), 268–287. <https://doi.org/10.1111/jomf.12943>
- Ullman, S., & Filipas, H. (2005). Ethnicity and Child Sexual Abuse Experiences of Female College Students. *Journal of Child Sexual Abuse*, 14(3), 67–89. [https://doi.org/10.1300/J070v14n03\\_04](https://doi.org/10.1300/J070v14n03_04)
- Uvere, E. O., & Ajuwon, A. J. (2021). Sexual Abuse among Female Adolescent Hawkers in Selected Markets in Ibadan, Nigeria. *Journal of Child Sexual Abuse*, 30(5), 579–596. <https://doi.org/10.1080/10538712.2021.1931613>
- Veenema, T. G., Thornton, C. P., & Corley, A. (2015). The public health crisis of child sexual abuse in low and middle income countries: An integrative review of the literature. *International Journal of Nursing Studies*, 52(4), 864–881. <https://doi.org/10.1016/j.ijnurstu.2014.10.017>
- Wusu, O. (2014). Correlates of Religion and Childbearing Behavior in Nigeria. In *Yearbook of International Religious Demography 2014* (pp. 111–121). BRILL. [https://doi.org/10.1163/9789004275065\\_005](https://doi.org/10.1163/9789004275065_005)
- Wusu, O. (2015). Religious Influence On Non-Use Of Modern Contraceptives Among Women In Nigeria: Comparative Analysis Of 1990 And 2008 NDH. *Journal of Biosocial Science*, 47(5), 593–612. <https://doi.org/10.1017/S0021932014000352>



Copyright © 2024 by the authors. This publication is subject to the terms and conditions of the Creative Commons Attribution ShareAlike (CC BY SA) license (<https://creativecommons.org/licenses/by-sa/3.0/>).

This page has been intentionally left blank