

*Full Length Research Paper*

# **Determinants and consequences of sexual abuse against minors in sub-Saharan Africa**

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Received 22 October, 2024; Accepted 21 January, 2025

**Sexual violence against minors occurs in different contexts. In sub-Saharan Africa, it is a major public health problem. A systematic review of the quantitative and qualitative literature on sexual abuse against minors in sub-Saharan Africa was carried out, to determine the extent to which children are more likely to be sexually abused in this region, as well as the consequences to which they are exposed. A reviewing protocol for the selected studies, inspired by the recommendations of the PRISMA guideline, was used. Study quality was measured using the Newcastle-Ottawa Scale (NOS). A total of 64 full-text articles were included in the analysis. The results show that the rates of sexual violence against teenagers in sub-Saharan Africa are not insignificant, with the highest rates observed in Zimbabwe, Kenya, Tanzania, and South Africa. These rates ranged from 5 to 38% in Nigeria. The perpetrators are usually people known to the children. However, many cases go unreported and untreated. Parents should therefore be made aware of the dangers of sexual abuse against their children, as well as the channels for reporting cases, not only to dissuade the abusers but also to give the victim the opportunity to undergo therapy.**

**Key words:** Sexual violence, minors, determinants, consequences.

## **INTRODUCTION**

Sexual abuse of minors is a very ancient phenomenon present worldwide, which deprives children of their childhood and dignity (Banwari, 2011). Sexual violence against children erodes the solid foundation that they need to lead a healthy and productive life. According to the United Nations Convention on the Rights of the Child, all children have the right to be protected from "all forms

of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child" (United Nations Children's Fund, 1989). Sexual violence occurs in different situations or contexts. This issue has been largely ignored in research, and data are

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scarce on the sexual exploitation of children in sub-Saharan Africa. In Africa, where this is a major large-scale problem, nearly one-third of young girls report that their first sexual experience was forced (Matasha et al., 1998; Jewkes et al., 2001; Moore et al., 2007). Sexual abuse against children is a silent epidemic with long-term negative effects that vary from one person to another. The shame or fear of being blamed leads victims or their loved ones to keep quiet. These negative consequences also depend on the circumstances and the extent of the abuse (Kendall-Tackett, 2002). It is known to cause severe distress in children with significant effects in adulthood (Edgardh and Ormstad, 2000; Lalor, 2004). The consequences of such sexual abuse are felt in all areas of health which are physical, psychological, and sexual, for the victims (Paolucci et al., 2001; Holmes et al., 2005; Malow et al., 2006; Senn et al., 2008; Brown et al., 2009). Indeed, victims of childhood sexual abuse are predisposed to recurrent or repeated abuse in childhood and adulthood (Classen et al., 2005; Feerick et al., 2002; Lalor and McElvaney, 2010; Roodman and Clum, 2001). Common reasons that explain the phenomenon of child sexual abuse in sub-Saharan Africa include rapid social changes and the patriarchal nature of society (Lalor, 2004). It is therefore necessary to understand the magnitude (including disparities between different countries), the determinants, and the consequences of the phenomenon in sub-Saharan Africa.

A systematic review of quantitative and qualitative literature on sexual abuse against minors in sub-Saharan Africa has therefore been conducted to determine to what extent children are more likely to be victims of sexual abuse in this region. This systematic study has objectively compiled information from various sources and provides essential insight into the extent of sexual abuse suffered by children in sub-Saharan Africa. It also describes the consequences of this phenomenon on the children and their surroundings while exploring existing solutions. The strengths and weaknesses of the quality of data used and presented in this systematic review help identify future research needs. Overall, this review aims to inform policies and programs concerned with the prevention of sexual abuse and the care of child victims. The general objective of this systematic review is to determine the cause-and-effect relationship between childhood sexual violence and the subsequent development of psychopathology.

## MATERIALS AND METHODS

The definition of child sexual abuse is as follows "forcing or enticing the child to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening" (Independent Inquiry into Child Sexual Abuse, 2018). These activities can involve physical contact, including acts with

penetration (e.g., rape, defilement, sodomy, or oral sex) or without penetration. It may also involve non-contact activities, such as involving children in viewing or producing online sexual images, assisting with sexual activities, or encouraging children to behave in inappropriate sexual manners (Empower Project, 2008).

All peer-reviewed published studies that evaluated the prevalence of sexual abuse against children under the age of 18 in sub-Saharan Africa have been searched. Some selected studies assessed the consequences of childhood sexual abuse. A review protocol inspired by the PRISMA guidelines (Preferred Reporting Items for Systematic Review and Meta-Analyses) was written, edited, and approved before the review began. The studies were included only if they met the following inclusion criteria: (a) work focusing on children and teenagers under 18 who had experienced sexual violence or on adults who had suffered sexual abuse before the age of 18, (b) those conducted between 2003 and 2023, (c) the studies published in English or French, and (d) the studies assessing individuals living in sub-Saharan Africa as defined by the United Nations.

This review is specifically focused on sexual abuse against children under 18. Therefore, this systematic review excluded studies that focused solely on children in school settings, the idea being to take a broad view of the phenomenon in both in-school and out-of-school settings. Studies that lacked complete data, quantitative data, dissertations, and abstracts. All the research and procedures for study selection, quality assessment, data extraction, and analysis were carried out.

All studies were assessed for eligibility based on the relevance of the title and abstract by at least three authors working independently, using the software Rayyan (<https://rayyan.qcri.org/>).

Electronic research was conducted in PubMed, Scopus, Cochrane, African Journal Online, and Google Scholar during the last week of August 2023, including studies conducted between January 1, 2003, and the second week of August 2023. No search restrictions were applied. The following general search strategy was used to query the databases: ("Sexual" OR "sexual abuse" OR "sexual victimization" OR "sexual violence" OR "sexual crime" OR "child abuse" OR "child maltreatment") AND (Abus\* OR harass\* OR exploit\*) AND (child\* OR adolescent\* OR teen\* OR young\* OR youth) AND ("Angola" OR "Benin" OR "Botswana" OR "Burkina Faso" OR "Burundi" OR "Cabo Verde" OR "Cameroon" OR "Central African Republic" OR "Chad" OR "Comoros" OR "Congo Democratic" OR "Congo" OR "Djibouti" OR "Equatorial Guinea" OR "Eritrea" OR "Ethiopia" OR "Gabon" OR "Gambia" OR "Ghana" OR "Guinea" OR "Guinea Bissau" OR "Ivory Coast" OR "Kenya" OR "Lesotho" OR "Liberia" OR "Madagascar" OR "Malawi" OR "Mali" OR "Mauritania" OR "Mauritius" OR "Mozambique" OR "Namibia" OR "Niger" OR "Nigeria" OR "Rwanda" OR "Sao Tomé and Príncipe" OR "Senegal" OR "Serbia" OR "Sierra Leone" OR "Solomon Islands" OR "Somalia" OR "South Africa" OR "South Sudan" OR "Sudan" OR "Tanzania" OR "Togo" OR "Uganda" OR "Zambia" OR "Zimbabwe" OR "Sub Saharan Africa" OR "Sub Saharan African")

## Data extraction

Data extraction was carried out based on a data collection grid following the MOOSE guidelines (guidelines for meta-analysis and Systematic Reviews of Observational Studies in Epidemiology). Data were extracted by two independent reviewers and included details on study design, study setting, population demographics, and outcomes for all variables of interest related to sexual violence.

The eligible articles are subjected to a standardized data

extraction process in a structured coding framework using an electronic data entry form created with the KoboCollect software, based on a systematic map organized in an Excel spreadsheet including the following information such as descriptive characteristics of the sample (author, country, type of study, publication date, age, sample size, gender, etc.), type of sexual violence like penetration (any physical contact involving penetration), contact (any physical contact not involving penetration), non-contact/unspecified sexual violence (sexual violence not involving physical contact or where the physical contact aspect is unclear), age of exposure to sexual violence, victim-perpetrator relationship, common abuse place, prevalence of sexual violence by type and gender, and data on perpetration (determinants and consequences).

### Analysis

The quality of the studies was assessed using the Newcastle-Ottawa Scale (NOS) evaluation grid ([http://www.ohri.ca/programs/clinical\\_epidemiology/oxford.asp](http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp)) which evaluates three main components which are the selection of the study sample, comparability between groups, and assessment of exposure or outcomes. Each component includes questions to assess the quality of the study. The evaluation grid is rated from 0 to 10, with four different classifications suggested based on the overall score. Hence, articles with an overall score below 4 are considered "poor quality," those scoring between 5 and 6 are rated "average quality," those scoring 7 to 8 are rated "good quality," and articles scoring 9 or 10 are considered "very good quality." The tool was adapted from the original in order to include questions specific to the objectives of the systematic review. Quality assessment was carried out independently by GS and NA, after which the two sets of results were compared, and any disagreements were discussed until a consensus was reached.

The studies were evaluated based on their conception, population, sampling methods, and contextual factors such as geographic location, year of the study, and year of publication.

## RESULTS

The systematic research identified 441 publications. After eliminating duplicates, the title and abstract of each article were individually assessed to determine whether they met the inclusion criteria. A total of 232 articles were selected for a full review, and 88 were selected for final review based on the inclusion criteria. In total, 88 full articles were included in this analysis.

### The extent of sexual violence against minors in Sub-Saharan Africa

Studies on sexual abuse against children in the African context vary in terms of estimates depending on the country, type of sexual abuse, and definitions of the concepts used. It is estimated that the incidence of child sexual exploitation in Africa as a whole exceeds the figures observed in other regions of the world, mainly due

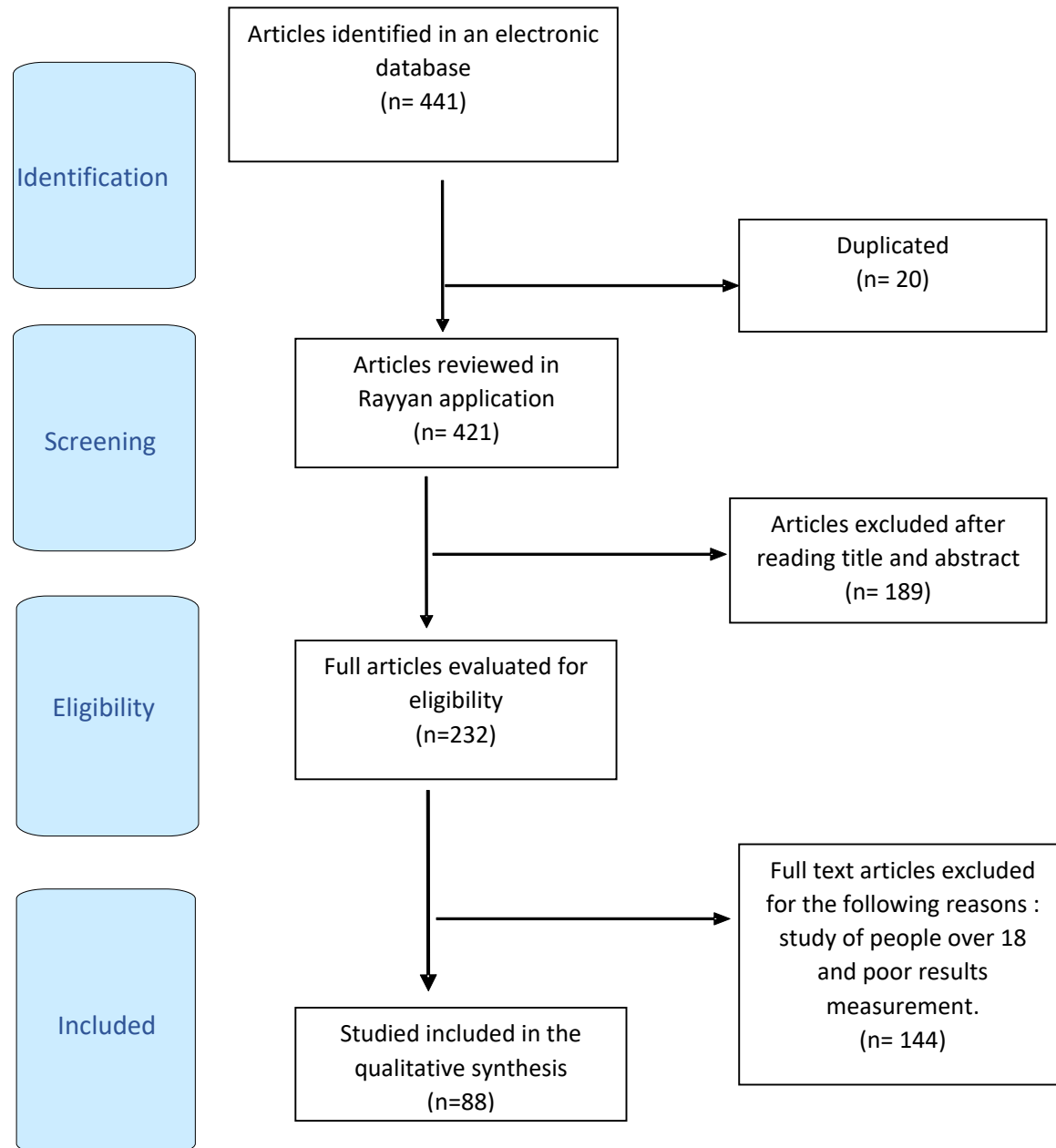
to rapid social changes and the patriarchal nature of African society (Martin and Silverstone, 2022). Teenaged girls in sub-Saharan Africa experience high rates of sexual violence (Pereda et al., 2009). The highest recorded prevalence rates of child sexual abuse in sub-Saharan Africa are found in Zimbabwe, Kenya, Tanzania, and South Africa (Martin and Silverstone, 2022). However, these data do not systematically mean that these countries are the most affected. As a matter of fact, an increasing number of researches, particularly in sub-Saharan Africa, suggests that a girl's first sexual experience is often unwanted and coercive (Yahaya et al., 2012). Several other countries have also reported significant rates of sexual violence against children. It is the case in Ghana, where the statistics on rape and humiliation are so high that they sometimes rank alongside countries with more recent histories of violent conflict (Sierra Leone or the Democratic Republic of the Congo), according to data compiled by UNICEF (United Nations Children's Fund, 2014a). Even though the true extent of child sexual violence in Nigeria is unknown, it is estimated to range between 5 and 38% in different regions of the country (Ogunyemi, 2000). In many parts of Sub-Saharan Africa, teens aged from 10 to 19 face high levels of sexual violence, often perpetrated by known members of their family and community (Lalor, 2005).

The main forms of sexual abuse children are exposed to include kissing, touching intimate body parts, viewing pornographic material, and engaging in sexual relations (Bimbolakemi et al., 2014).

The psychosocial impact of COVID-19 has also severely disrupted children's living conditions, limiting their access to basic needs such as food and healthcare. As a result, children in some sub-Saharan African countries lack social support, significantly increasing their risk of suffering various forms of violence, namely sexual violence. Since the implementation of the COVID-19 lockdown system in Uganda, the incidence of sexual abuse against children has risen. An increase in cases of sexual abuse against children has been reported in various parts of the country (Decker et al., 2022).

### Factors associated with sexual violence against minors in sub-Saharan Africa

The majority of child victims of sexual abuse are girls. Unwanted sexual acts (that is forced or coerced penetrative sexual acts) are more common among girls than boys (United Nations Children's Fund, 2014b). These acts include forced vaginal intercourse, forced anal intercourse, forced oral intercourse, and vaginal penetration with fingers (Ward et al., 2018). Additionally, the lifetime rate of sexual violence is higher among



**Figure 1.** PRISMA flow chart for the selection of 88 articles.

teenagers over the age of 15 than those aged 10 to 14 (Hills et al., 2016).

Several studies have highlighted the role of family structure and dynamics in influencing vulnerability to sexual abuse. Yahaya et al. (2013) found that communities with disconnected families tend to report higher incidences of sexual violence. Orphanhood and separation from biological parents have also been

identified as risk factors. For example, Kidman and Palermo (2016), Nyamukapa et al. (2010), and Pascoe et al. (2010) demonstrated that orphans and separated children in sub-Saharan Africa are particularly vulnerable to abuse, with these children being at higher risk than their non-orphan peers. In addition, the study by Lee et al. (2014) reported that 15% of orphans in Kenya were double orphans, which was associated with an increased

risk of sexual abuse. These findings are consistent with a broader body of research showing that family instability, including the loss of parental figures, is a significant factor contributing to vulnerability.

Social and environmental factors, including socioeconomic status and community environment, also play a critical role in the risk of child sexual abuse. Poverty, lack of education, and poor social conditions are frequently associated with higher rates of sexual violence. Leye et al. (2014) and Takele et al. (2020) have shown that children in poverty-stricken environments, particularly those lacking access to education, are at greater risk of sexual exploitation. Additionally, substance use, such as alcohol consumption, and behavioral factors like mental illness and physical disability are also associated with increased vulnerability to abuse (Leye et al., 2014; Takele et al., 2020). These findings suggest that children who are marginalized in society are more likely to experience sexual exploitation.

Psychological factors, including trauma, mental health disorders, and emotional instability, are critical in understanding child vulnerability to sexual abuse. Children who have experienced early-life trauma or who suffer from psychological conditions are more susceptible to exploitation and abuse. Children who have been exposed to trauma or those with emotional disorders may exhibit behaviors that make them easier targets for predators (Takele et al., 2020). Moreover, mental health issues can exacerbate feelings of powerlessness or vulnerability, further increasing the risk of abuse. These findings align with research in trauma psychology, which emphasizes the importance of addressing psychological health as part of child protection strategies.

Economic deprivation is a significant driver of child sexual exploitation. Poverty, unemployment, and financial instability can increase the likelihood of child abuse, as families may be forced to make difficult decisions that place children at greater risk. In sub-Saharan Africa, studies have found that economic hardship is a major factor contributing to child vulnerability (Adedoyin and Adedoyin, 1995; United Nations Children's Fund, 2012). In many contexts, children are seen as economic assets, and economic pressures can lead to situations where children are exploited for financial gain. It is documented that orphans in Kenya, particularly those from economically disadvantaged backgrounds, were more likely to be exposed to sexual abuse (Lee et al., 2014).

Cultural factors, particularly changes due to urbanization and Westernization, also influence the risk of sexual abuse. The erosion of traditional cultural values and the decline of extended family networks in many African societies have been linked to higher rates of child sexual exploitation. Adedoyin and Adegoke (1995) and the United Nations Children's Fund (2012) found that the

breakdown of these social structures is compounded by rapid urbanization, and increases the vulnerability of children. As extended families, which traditionally served as protective mechanisms, break down in urban settings, children are left more exposed to exploitation and abuse.

### ***Perpetrator profile***

Incidents of abuse generally occur in familiar settings, such as the child's home, the perpetrator's home, or public places like streets or farms (Brown et al., 2009). These environments provide easy access for perpetrators to engage in abusive behavior. Common tactics used by perpetrators include verbal manipulation, threats, and physical violence to maintain control over the victim (Abrahams et al., 2013; Kuo et al., 2019). Coercive techniques, such as intimidation and convincing the victim that the abuse is normal, are frequently used (Finkelhor et al., 2014). Additionally, alcohol or substance use is often a contributing factor, lowering inhibitions and leading to more frequent acts of violence (Abrahams et al., 2013; Kuo et al., 2019; Vickery et al., 2015).

### **Social perceptions and beliefs contributing to the phenomenon of sexual violence against minors**

The level of communities' openness regarding the seriousness of sexual abuse against children is influenced by sensitivity to the issue and the broader impact of beliefs surrounding family unity. In some sub-Saharan African cultures, it is they strongly believe that girls deserve such violence because they dress inappropriately (Kefa, 2013) and do not adhere to traditional values (Kisanga et al., 2010). Consequently, teenage girls who report rape are not always believed and are often accused of consenting to sexual relations. Wearing a short skirt is therefore an invitation to sex or rape, and these girls are deemed guilty if they fall victim to unwanted sexual advances or violence (Abeid et al., 2014).

However, some debilitating beliefs are being abandoned to a significant degree. For instance, there is a fake belief that having sexual relations with minors, especially young children, is a form of treatment for HIV. Some studies have identified this belief as a triggering element of child rape and also as a means to remain young and youthful (Levinson, 1989).

In some societies, sex is practiced during major events or initiation ceremonies. For example, some ethnic groups (the Sukuma people of the Mwanza region) perform the "*Chagulaga Mayu*" during the harvest season, celebrating with traditional dances (Mbunda,

1991). Unmarried women who attend these dances are chased by men, who then choose the ones they will have sex with at the end of the ceremony. However, some aspects of these traditions have been abandoned, and the rituals no longer meet new social needs.

## **Prevention mechanism of sexual violence against minors in Sub-saharan Africa**

### ***Role of family and community in child protection***

The family and community are frequently identified as critical factors in the prevention and reporting of child sexual abuse, particularly in Sub-Saharan Africa. These units are often considered the first line of defense in protecting children from sexual abuse (Badoe, 2017; Svanemyr et al., 2015). It emphasizes that in Sub-Saharan Africa, family and community networks, including traditional leaders, mothers, women's groups, and community health workers, play significant roles in identifying and reporting cases of abuse (Badoe, 2017). These community structures are often seen as essential for creating an environment that discourages abuse and ensures early intervention when abuse is suspected (Olowu and Agboola, 2020). The communal nature of many African societies, where extended families and close-knit community ties are the norm, provides opportunities for community members to work together to protect children (Dunne and Banham, 2019). However, despite these strengths, challenges remain in consistently mobilizing and coordinating these stakeholders to respond to abuse cases effectively (Badoe, 2017). The involvement of multiple community actors is critical, but it requires formalized structures and coordinated efforts for successful outcomes in preventing child sexual abuse (Svanemyr et al., 2015).

### ***Data collection and monitoring gaps***

Despite the presence of routine data collection systems in many health facilities across Sub-Saharan Africa, data related to child protection, particularly sexual abuse cases, remain poorly monitored and often underreported (United Nations Children's Fund, 2014b; Kimani et al., 2020). The United Nations Children's Fund (2014a) reports that while routine health data collection is common in many facilities, these systems do not adequately track or report child protection issues, contributing to gaps in intervention. This lack of comprehensive monitoring limits the ability of agencies to assess the magnitude of the problem and respond promptly. A robust system for regular data collection and

inter-agency collaboration is essential to improving the monitoring and reporting of child sexual abuse (United Nations Children's Fund, 2014b; Kimani et al., 2020). The failure to systematically collect and track data on child abuse is a critical barrier to addressing the issue and the lack of reliable data leads to gaps in prevention efforts and impedes the development of evidence-based policies as noted by Finkelhor et al. (2014). To address this, a comprehensive and integrated monitoring system across child protection agencies is necessary to ensure timely and accurate data collection, improving response times and resource allocation (Kimani et al., 2020).

### ***Community-based services for child abuse victims***

Community-based services to address child sexual abuse in Sub-Saharan Africa are generally not specialized, which can result in inadequate responses to the needs of abused children (United Nations Children's Fund, 2014b; Mathews et al., 2013). Services for child victims often come from general community structures such as religious institutions, schools, health services, and police. Although these organizations play important roles, their ability to meet the unique needs of child victims of sexual abuse is often limited (Mathews et al., 2013). These generalized services may not offer the specialized care required for the physical, psychological, and emotional rehabilitation of child victims (Olowu and Agboola, 2020).

Several studies highlight the importance of specialized services for children who have experienced sexual abuse. According to Mathews et al. (2013), specialized services are crucial for providing comprehensive care, including psychological counseling, legal support, and safe spaces for children to disclose abuse. The lack of such services in many sub-Saharan African communities has led to the inadequate protection and care of child victims, ultimately preventing them from accessing the support they need to recover (United Nations Children's Fund, 2014b). The establishment of child-focused, multidisciplinary services within community structures is critical to improving outcomes for child victims of sexual abuse (Finkelhor et al., 2014).

### ***Role of parent-child communication***

The main reasons for the non-disclosure of sexual abuse suffered by children were feelings of shame, the belief that disclosing the incident would not bring any benefit, fear of the abuser, and not being believed. However, in cases of abuse, the disclosure was mainly made to parents (Kamukama et al., 2022). Parents therefore have an important role to play in preventing and reporting

sexual abuse against children. Numerous studies reveal the negative impact of losing a parent on a child's life. Thus, the loss of the father or both parents has emerged as a significant risk factor for suffering sexual violence. Regarding the absence of the mother, the results are contradictory from one country to another. For instance, Tanzania showed a significant negative association, while Uganda demonstrated a positive association (Kidman and Palermo, 2016).

Furthermore, girls whose parents use fear-based communication to discuss sexual issues and those who perceive their parents as opposed to sexual education are less likely than others to communicate with their parents about their sexual problems. Moreover, parents of schoolchildren are less likely to communicate with their parents about sexual issues (Wamoyi et al., 2010).

### **Psycho-social consequences**

Very few studies have addressed the psychosocial consequences of sexual violence on children in sub-Saharan Africa. However, it has been shown that exposure to sexual violence during adolescence increases the risk of HIV infection as well as multiple negative developmental outcomes, including an increased risk of poor mental health and substance abuse (Chiang et al., 2015; Dube et al., 2003; Ombok et al., 2013; Wondie et al., 2011). Additionally, the experience of sexual violence in childhood has consequences on a child's development and predisposes adults to a number of morbidities, case as HIV for example, and premature mortality (Brown et al., 2009; Mutavi et al., 2017; Shamu et al., 2019). Indeed, sexual abuse can have several direct health effects on the victim, such as sexually transmitted infections (STIs), perineal tears, and chronic rectal pain, which are among the most common health problems among victims (Vrolijk-Bosschaart et al., 2018). Studies also show that exposure to sexual violence during childhood can increase vulnerability to a wide range of mental and physical health problems, from depression and unwanted pregnancies to cardiovascular disease, diabetes, and sexually transmitted diseases (Nguyen et al., 2022).

The physical and psychological negative consequences of sexual abuse against children also include physical injuries, early pregnancies and their negative outcomes, the development of antisocial behaviors, and the inability to have satisfying sexual relationships (World Health Organization, 2014). The results of several studies indicate that sexual abuse suffered during childhood is closely linked to a series of risky sexual behaviors, including the age of first sexual intercourse, alcohol and drug use, forced sexual encounters, and having been

injured by a partner (Abrahams et al., 2017). Studies have also shown a link between the experience of violence and subsequent high-risk sexual activities, including further sexual exploitation, multiple sexual partners, experiencing or perpetrating rape, unwanted pregnancies, and acquiring HIV (Abrahams et al., 2017; Nguyen et al., 2022; Richter et al., 2014; World Health Organization, 2014).

### **Medico-social care for minor victims of sexual violence**

Caring for child victims of sexual violence involves reporting the cases. However, a significant proportion of cases are not reported. Indeed, the probability of reporting sexual violence suffered by a child decreases with the illiteracy of the parents. Illiterate parents were less likely to report sexual abuse than parents who received formal education (Abeid et al., 2014; Ng'ondi, 2015). The results of several studies have revealed that family resistance and cultural dynamics are important factors limiting the disclosure of sexual violence. Many families believe it is better to resolve the abuse within the family rather than report it to legal authorities. This attitude is particularly common when the abuser is a family member, a close friend, or a neighbor. Some families also think it is normal for children to engage in sexual relationships with older children or adults. Additionally, the financial situation of the family member can influence whether an incident is reported or not (Ezekiel et al., 2017). The gaps in culture and/or family, along with the absence of severe sanctions, contribute to the normalization of sexual abuse in certain regions.

Every identified child must receive full care. However, the proportion of children victims of sexual violence who have received services, including healthcare, legal/security assistance, or psychological support, remains low for both boys and girls (Theimer et al., 2020). In most cases, this reality is justified by the fact that victims or their relatives were not aware of the availability of services, that the services were not easily accessible, or that there was a stigma attached (Theimer et al., 2020). The response to violence is traditionally seen as the responsibility of law enforcement and social protection. However, healthcare facilities need to integrate the prevention and management of violence into their daily activities (such as information and education activities) with clear links of collaboration with social services to maximize the benefits of various health interventions. Several studies have also shown that most doctors and other healthcare professionals are emotionally affected and lack confidence while dealing with cases of sexual abuse against minors. Furthermore,

there are rarely specific guidelines in emergency centers in sub-Saharan Africa or ambulatory services (Tim, 2007). The interpretation of the genital examination results in cases of sexual violence requires knowledge of normal female genital anatomy and its evolution in relation to age and puberty. Indeed, McCann et al. (2007) demonstrated that certain injuries, such as hymenal and non-hymenal injuries, heal very well, leaving little or no trace of prior injuries. They examined the healing of accidental and non-accidental injuries in 113 prepubescent girls and 126 teenagers who were assessed 1 h and 3 days after the injury.

This essentially means that a large number of children who are victims of sexual abuse do not have identifiable injuries. The practice of measuring the width of the hymen is no longer recommended due to the difficulty in obtaining accurate measurements. For example, in the United States, penetration is legally defined as any penetration into the genital organs, no matter how slight (Titchener, 2019). All medico-legal examinations should be conducted by an experienced and trained clinician or by a sufficiently experienced pediatrician. This examination should include clinical history, general examination, and examination related to a suspicion of abuse, as well as the child's age and stage of development (Acharya and Gill, 2008).

In resource-limited contexts, such as sub-Saharan African countries, it is recommended to guide children to regional or district hospitals. But some countries go further. In Ghana, for instance, medical assistants working in rural areas are trained in child protection procedures, including basic inquiries to confirm abuse. The head of the health facility must designate a reference person responsible for the care of all children who have suffered such abuse.

Moreover, clinicians who regularly take care of children must maintain a high level of suspicion of sexual abuse to quickly identify abuse in children. It is important to follow up with children who are victims of sexual abuse. The overall progress of the child must be monitored, and the child's needs of development should be targeted (for example, growth delay, speech delay, behavioral problems, etc.). It is also crucial to ensure that the child reintegrates into a safe environment. In many cases, the child will need to be guided to therapeutic support, such as psychiatric treatment or supervision by a social worker.

## DISCUSSION

### **The scale of sexual violence against minors in sub-Saharan Africa**

The findings of this systematic review underscore the

alarming extent of sexual abuse against minors in sub-Saharan Africa, with some of the highest prevalence rates observed globally. However, there are notable disparities in the prevalence of abuse across countries such as Zimbabwe, Kenya, Tanzania, and South Africa. These differences can be attributed to several factors, including variations in data collection methodologies, the inconsistent definitions of sexual abuse used across studies, and the distinct social, economic, and cultural contexts of each country.

In Zimbabwe, for example, data collection has often relied on self-reported surveys, which may lead to underreporting or misreporting of abuse due to societal stigma (Ncube, 2015). In contrast, Kenya's reliance on government-based health records has allowed for more formal documentation of cases, though it still faces challenges such as inadequate reporting from rural areas (Kimani, 2020). Tanzania's emphasis on school-based surveys may overlook vulnerable populations outside the education system, such as those living in informal settlements (Mbonye, 2014). In South Africa, the high prevalence is partly attributed to widespread social inequality, which increases the vulnerability of children, especially in marginalized communities (Mathews, 2013).

These discrepancies emphasize the need for harmonized definitions and standardized data collection methods to better assess the true scale of child sexual abuse across the region. Moreover, addressing the unique contextual factors, such as poverty, gender inequality, and the breakdown of social structures, is crucial to formulating effective prevention and intervention strategies.

Data shows significant underreporting of sexual abuse, primarily due to social stigmas, fear of retaliation, and a lack of trust in justice systems. These factors contribute to the invisibility of sexual abuse in many communities. Studies have estimated that the actual incidence of child sexual abuse is much higher than reported, with some estimates suggesting that up to 70% of abuse cases go unreported, especially in rural or less accessible areas (Kimani, 2020). Research in South Africa found that only 1 in 10 cases of child sexual abuse are reported to authorities, reflecting a broader pattern of underreporting due to fear of victim-blaming and social stigma (Mathew, 2013). Similarly, in Zimbabwe and Tanzania, underreporting has been linked to cultural taboos and a lack of faith in the judicial system, which discourages victims from coming forward (Ncube, 2015; Mbonye, 2014).

These figures illustrate the significant gap between reported and actual cases of sexual abuse, highlighting the urgent need for targeted strategies to address the barriers to reporting. Interventions should focus on reducing stigma, increasing awareness about reporting

mechanisms, and improving trust in the justice system to encourage more victims to come forward (Finkelhor et al., 2014).

### **Impact of COVID-19 on child sexual abuse and child protection systems in sub-Saharan Africa**

Furthermore, the impact of the COVID-19 pandemic has exacerbated the prevalence of sexual abuse, underscoring the structural vulnerabilities within child protection systems in sub-Saharan Africa. The closure of schools and reduced access to social services during lockdowns deprived children of their usual support networks, such as teachers, social workers, and community leaders, which are critical in identifying and reporting abuse. As a result, many children were confined to their homes, often in unsafe environments, leading to a significant surge in abuse cases. This trend has been observed in several countries, including Uganda, where a notable increase in reported cases of sexual violence was recorded during the early months of the pandemic (UNICEF 2020; Mathews, 2020).

These disruptions revealed the fragility of existing child protection systems, which are often underfunded and poorly equipped to handle sudden crises. In many instances, local authorities and child protection agencies were unable to maintain their services or quickly adapt to the challenges posed by COVID-19, leaving children without critical support during a time of heightened vulnerability (Kimani et al., 2020). The lack of alternative reporting channels and the prioritization of COVID-19-related health interventions further exacerbated the situation, leading to an increase in both the incidence and the underreporting of abuse.

### **Sociodemographic factors associated with sexual violence against minors in sub-Saharan Africa**

The results of this review clearly show that girls are the most affected by sexual abuse, with much higher rates compared to boys. However, to substantiate this claim, a pooled estimate of sexual abuse rates for both girls and boys is necessary. Current data indicate that, on average, the prevalence of sexual abuse is approximately 1.5 to 2 times higher among girls than boys (Sub-Saharan Africa United Nations Children's Fund, 2014b; Mathews, 2013). For example, a study conducted in South Africa found that 13% of girls and 6% of boys reported experiencing sexual abuse during their childhood (Ward et al., 2018). Additionally, research in Kenya showed that girls were three times more likely to report sexual abuse compared to boys (Kimani, 2020).

These findings support the conclusion that girls are at greater risk of sexual abuse, though underreporting and varying study methodologies can influence these figures. This trend is coherent with other research indicating that young girls are systematically more exposed to sexual violence due to patriarchal gender norms and structural inequalities (UNICEF, 2014). The importance of sociodemographic factors such as orphanhood and poverty in the vulnerability of children is also confirmed by the results. Children living in poverty or those who are orphans are more likely to be victims of sexual abuse, as revealed by several studies (Mathews, 2013; Ward et al., 2018). The disintegration of traditional family structures and the rise of poverty exacerbate these issues. The loss of family support and precarious living conditions increases children's vulnerability to sexual exploitation (Mbonye, 2014). Policies aimed at strengthening social safety nets and supporting vulnerable families are crucial to reducing the risks of sexual abuse.

### **Perpetrators' profile**

The profile of perpetrators revealed by the results primarily consists of family members, peers, and authority figures. Studies show that in South Africa, 60% of abuse cases involved family members, with fathers and stepfathers being the most common offenders (Abrahams et al., 2013). Peers were responsible for 20% of the cases, while authority figures, such as teachers, accounted for around 10% (Ward et al., 2018). Similarly, in Uganda, 45% of abuse cases were committed by family members, followed by peers (35%) and authority figures (United Nations Children's Fund, 2014b).

These findings corroborate observations made in other contexts showing that sexual abuse often occurs in familiar and trusted environments, making it all the more challenging to report and address (Finkelhor, 2014). Perpetrators frequently use verbal and physical coercion to commit their acts, as highlighted by existing literature on the tactics used by abusers (Svanemyr, 2015).

The presence of sexual abuse in environments close to the child underscores the importance of vigilance among family members and professionals. Awareness programs must include strategies to help families recognize signs of abuse and intervene appropriately.

### **Social perceptions and beliefs promoting child sexual violence**

Cultural perceptions and social beliefs play a crucial role in how sexual abuse is perceived, reported, and addressed. This review reveals that cultural beliefs, such

as minimizing abuse or blaming victims, are major obstacles to the prevention and disclosure of sexual violence. For example, in many sub-Saharan African cultures, sexual abuse is often viewed as isolated incidents or acceptable behavior in some situations, which minimizes its severity (Kimani, 2020).

Patriarchal gender norms, which value men and subordinate women, play a crucial role in perpetuating abuse. Young girls are often perceived as less important or less worthy of protection than boys. This gender hierarchism increases the vulnerability of girls to sexual abuse, as they are often less supported by their families and communities in the event of an assault (Ward et al., 2018). Erroneous perceptions about sexuality and consent, such as the idea that girls must comply with male desires, also fuel the phenomenon of sexual violence (Finkelhor, 2014).

Additionally, beliefs related to diseases like HIV/AIDS, which associate the illness with immoral behavior, can exacerbate the stigmatization of sexual abuse victims. Victims are sometimes perceived as responsible for their own situation or as having brought shame upon their families, which may prevent families from reporting the abuse and seeking help (Mbonye, 2014). This stigmatization contributes to a cycle of silence and non-assistance that hinders adequate support for victims.

### **Mechanisms for preventing sexual violence against minors in sub-Saharan Africa**

Existing prevention mechanisms, based on community mobilization, are crucial but often insufficient. Results show that traditional leaders and women's groups play a key role in child protection but often lack specific resources and training to effectively respond to sexual violence. Molyneux et al. (2011) demonstrated that the creation of multi-agency community protection centers in Malawi reduced violence, but such initiatives remain rare. To strengthen prevention, it is essential to extend these efforts to other regions and involve religious institutions, as suggested by Kamukama et al. (2022) in Uganda.

Prevention mechanisms for sexual abuse against children in sub-Saharan Africa are often insufficient and fragmented. The results of this review show that existing prevention programs often lack coordination and are limited by insufficient financial resources and a lack of institutional support. This situation aligns with the findings of other research that has identified similar gaps in prevention systems (Svanemyr, 2015). Studies emphasize that sexual abuse prevention programs are often underfunded and poorly coordinated, which limits their effectiveness (Kimani, 2020). Moreover, the collection of data on sexual abuse is often incomplete,

complicating the planning and evaluation of preventive interventions (United Nations Children's Fund, 2014a).

### **Role of parent-child communication**

Communication between parents and children is essential to prevent sexual abuse, but many obstacles hinder this communication. The findings show that the lack of open discussions about sexual issues within families increases children's vulnerability to abuse. A study by Wamoyi et al. (2011) in Tanzania revealed that children who discuss these topics with their parents are better equipped to identify and avoid dangerous situations. It is therefore crucial to promote non-violent communication methods and sensitize parents on the importance of these exchanges. Effective methods of preventing sexual abuse against children that parents should know, and use include advising children, steering them away from some peer groups, monitoring them, limiting their activities, and sending them to boarding schools to prevent them from being exposed to sexual violence methods (Finkelhor, 2014). Parents must therefore be more sensitized on the consequences of sexual abuse against children and how to prevent it.

### **Psychosocial consequences**

The psychosocial consequences of sexual violence on minors are numerous and often irreversible. Findings show that victims are more likely to develop mental health disorders, such as depression and anxiety, as well as risky sexual behaviors. These observations are supported by the work of Dube et al. (2003), which demonstrated that sexual abuse during childhood is associated with long-term mental health problems, as well as chronic illnesses like cardiovascular diseases. Furthermore, studies by Shamu et al. (2019) indicate that sexual abuse increases the risk of HIV transmission in adulthood.

The effects of abuse can also manifest in relationship difficulties and trust issues. These results are coherent with the literature, which indicates that sexual abuse victims may experience a variety of persistent psychological and emotional disorders (Mathews, 2013). Studies show that sexual abuse can disrupt children's normal development and have long-term effects on their quality of life (Ward et al., 2018).

It is crucial to provide adequate psychological and medical support to victims of sexual abuse to help them overcome these consequences. Mental health services must offer continuous and specialized support, including therapies tailored to the victims' needs and rehabilitation

programs (Kimani, 2020). These recommendations are supported by the literature, which emphasizes the importance of specialized care to help victims rebuild their lives (Finkelhor, 2014).

### **Medical and social care for minor victims of sexual violence**

The care of minors who are victims of sexual violence remains a major challenge in Sub-Saharan Africa. Results show that despite the urgency of the situation, few children have access to the necessary support services. Barriers include stigma, lack of resources, and gaps in the healthcare system. A study conducted by Badoe (2017) in Ghana revealed that most healthcare professionals are not trained to handle sexual abuse cases, which hampers the provision of adequate care. It is therefore imperative to strengthen the capacities of healthcare structures and improve coordination between social and medical services to effectively meet the needs of victims.

The care of sexual abuse victims is often hindered by gaps in available services and a lack of sensitization among both professionals and victims. Studies indicate that support services are poorly coordinated, making it difficult for victims to access necessary care (Svanemyr, 2015). To improve victim care, it is crucial to establish clear, coordinated protocols that include medical, psychological, and social support services to aid in reintegration (Mathews, 2013). Previous research highlights the need for an integrated approach to improve outcomes (Shamu et al., 2019). Additionally, ongoing training for health professionals on detecting abuse, managing cases, and providing empathetic support is essential (Badoe, 2017).

### **Conclusion**

Sexual violence against children is a major concern in sub-Saharan Africa, often perpetrated by individuals known to the victims. This review reveals that many cases of abuse remain unreported, partly due to social perceptions and beliefs that minimize or justify such violence. These beliefs may include cultural attitudes that foster the stigmatization of victims and the minimization of the severity of the abuse. The findings also show that existing prevention mechanisms are often insufficient. Prevention programs must be strengthened and adapted to local contexts to be more effective. Communication between parents and children is essential for the prevention of sexual abuse; it permits sensitizing children on the appropriate behaviors and strengthening trust

relationships, which can help in early detection and prevention of abuse. The research highlights the importance of promoting safe environments for children and improving available support structures. Public health education, advocacy for strengthened policies, and the integration of sexual abuse prevention education into school curricula are crucial measures. Additionally, parents need to be educated about the dangers of sexual abuse and the recourse ways for reporting cases to dissuade abusers and offer victims access to appropriate support and therapy services.

### **STRENGTHS**

This study presents several significant strengths. First, it adopts a rigorous approach by using strict selection criteria based on PRISMA recommendations, ensuring the inclusion of relevant and high-quality studies. Moreover, the data extraction methodology relies on validated tools such as the MOOSE guidelines, which strengthens the reliability of the results obtained. The assessment of the quality of the study using the Newcastle-Ottawa scale adds an additional level of rigor, allowing the researchers to ensure that only high-quality studies were selected. The use of an exhaustive search across several databases, as well as a review by multiple independent examiners, minimizes biases and ensures complete coverage of the available data on the topic. Finally, the emphasis on the geographical specificities of sub-Saharan Africa allows for a precise contextualization of the results, essential for addressing the determinants and consequences of sexual abuse against minors in this region. By including studies that address different types of sexual violence (penetration, non-penetrative contact, non-contact violence), the study provides a full overview of the phenomenon, focusing not only on the prevalence of sexual abuse but also on its determinants and consequences, it offers an in-depth and contextualized understanding of the phenomenon in this region.

### **LIMITATIONS**

This study, while providing valuable insights into sexual abuse against minors in sub-Saharan Africa, presents several limitations. First, the restriction to studies published in English and French may have excluded relevant research in other languages. Moreover, publication bias and the methodological weaknesses of some inclusive studies limit the robustness of the conclusions. It is also necessary to develop a standardized definition of sexual abuse, adapted to the cultural context of sub-Saharan Africa, to ensure a

precise measure. Finally, as sexual abuse is often associated with other forms of maltreatment, it is crucial to evaluate these assaults separately to better understand the specific vulnerabilities of children and effectively influence policies.

## CONFLICT OF INTERESTS

The authors have not declared any conflict of interests

## ACKNOWLEDGEMENT

The authors thank everyone who directly or indirectly contributed to this review, namely the Faculty of the Regional Institute of Public Health of Ouidah and all the research assistants who helped.

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