

Factors associated with child sexual abuse in Tanzania: a qualitative study

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Abstract

Background: Child sexual abuse (CSA) is one of the most pervasive occurrences which are reported all over the world. It often goes unnoticed and undocumented due to surrounding taboos; its sensitivity in nature and affects the less powerful population. Anecdote information is available on the nature and extent of sexual abuse among children in Tanzania. The aim of this study was to explore factors, forms, context of abuse and perpetrators of child sex abuse in selected regions of Tanzania.

Methods: Key informant interviews were conducted among adults including parents of the victims to explore factors associated with sexual abuse of children under 10 years old in Tanzania. The interview guide centred on factors for child sexual abuse, the type of perpetrators and the context into which these abuses take place.

Results: There were incidences of child sexual abuse in Tanzania and the major forms were anal and vaginal penetration, and the most affected were girls. The abuses were rarely reported due to shame and embarrassment faced by the affected children and parents. The causes of child sexual abuse were poverty, ambitions and moral degradation, myths and beliefs, urbanization, foreign culture and poor parental care. Incidents of CSA were reported to occur in perpetrators' homes and in semi-finished housing structures, *madrassa* and recreational venues where children can freely access entertainment by watching movies. These acts were committed by people in position of power, close relationship and trusted by the children. Contexts where child sexual abuses occur included overcrowded living spaces and social activities that go on late into the night.

Conclusion: We recommend for strengthened interventions at different levels within the society to address the root causes and different contexts in which child sex abuse occurs. Increased awareness of the root causes should go hand in hand with measures to encourage parents and survivors to report incidents to relevant authorities timely as they occur.

Keywords: child, sexual abuse, factors, perpetrator, Tanzania

Introduction

Sexual abuse is defined as a violation perpetrated by someone with power over someone who is susceptible. This violation takes a sexual form and can include physical, verbal and emotional components. It includes rape, date-rape, domestic violence, sexual assault, sexual harassment, incest and sexual molestation (Kidman, 1993). Child sexual abuse (CSA) has been defined as the engagement of a child in sexual activities for which the child is developmentally unprepared and cannot give knowledgeable consent (AMA, 1995). In the Tanzanian context, child sex abuse includes forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This may include physical contact or involving children in looking at or in the

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production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (URT, 2009).

Globally, it is estimated that between 14% and 25% of adult women have been raped and the prevalence of CSA varies between 2% and 62% (Heise *et al.*, 1994; Weiss & Zverina, 1999). CSA is a big problem and has undesirable effects (Roberts *et al.*, 2004; Steel *et al.*, 2004) and has been reported all over the world (Finkelhor, 1994; Back *et al.*, 2003; McGee *et al.*, 2003). In a review of 16 studies, Gorey & Leslie (1997) found 22.3% and 8.5% occurrence rate of CSA among women and men, respectively. In another review of 30 studies by Fergusson & Mullen (1997) found an incidence of CSA of 3-30% among males and 6%-62% among females. Studies about CSA conducted in developing countries are anecdotal and erratic. CSA has been identified in Brazil (Farinatti *et al.*, 1990), India (Segal & Ashtekar, 1994; Patel & Andrew, 2001), El Salvador (Barthauer & Leventhal, 1999), Palestine (Haj-Yahi & Tamish, 2001) and the South Africa (Jaffe & Roux, 1988; Levett, 1989; Haffejee, 1991; Collings, 1995; Madu & Peltzer, 2001). Although there are few studies on CSA done in sub-Saharan Africa (Okeahialam, 1984; Meursing *et al.*, 1995; Lema, 1997; Lalor, 2004a; Shumba, 2004), the problem seems to be growing. The available studies on CSA confirm the high prevalence of intra-familial abuse and the fact that many perpetrators are known or closely related to their victims can be overshadowed where there is an emphasis on commercial forms of CSA.

Lalor (2004a) categorizes three widespread explanations for child sexual abuse in sub-Saharan Africa: Rapid social change; HIV cure and avoidance strategy and the patriarchal myth – which is linked inextricably to the later two explanations, that is, the belief that intercourse with a virgin can cure disease or otherwise bring good fortune. For instance, Ecker (1994) in Nigeria has reported that “old men are advised to have sexual contact with virgin girls in order to cure sexually transmitted diseases”. Studies in South Africa have reported that the belief that HIV/AIDS is one of the possible factors in the increase of rape among babies and children in South Africa (Jewkes & 2000; Leclerc-Madlala, 2002). Furthermore, the Tanzanian Media Women’s Association (TAMWA, 1998) found that sixty members of the Tanzanian parliament believed witch doctors, or traditional healers, were responsible for cheering men to defile and sexually abuse children in the chase of health and wealth.

In Tanzania nearly 1 in 3 females and approximately 1 in 7 males have experienced sexual violence and almost three quarters of both females and males have experienced physical violence prior to the age of 18 (URT, 2011). The most common reported type of childhood sexual violence was unwanted touching (16% and 8.7% of females and males, respectively) followed by attempted unwanted intercourse (14.6% and 6.3% of females and males, respectively). Almost 6.9% of girls and 2.9% of boys were physically forced into sexual intercourse before the age of 18 (URT, 2011). More than 60% of girls who did not disclose incidences of sexual violence to anyone gave family or community reasons – most common reason being fear of abandonment or family separation. For boys, 58% gave personal reasons (with the most common reason being not thinking it was a problem), while 36% gave family and community reasons (not wanting to embarrass their families, afraid of being beaten, did not think people would believe them) [URT, 2011]. Only about 1 out of 5 girls and 1 out of 10 boys seek legal or health services after experiencing sexual abuse. Of those, only 1 in 10 girls and 1 in 25 boys who experienced sexual violence received any kind of service [URT, 2011]. A study by Mdingi & Mhagama (2000) in Tanzania revealed that CSA by fathers or other close male relatives occurs in the society and is dealt with in the family. Many studies, including an analysis of newspapers reports by the Tanzania Legal and Human Rights Centre (November, 1997), have shown that the vast majority of perpetrators are adult men who are close to the children they abuse. More often than not they are fathers, uncles, teachers, employers and neighbours who have access to and power over children's lives. In the developed world, case registration and screening of suspected cases of child abuse using standard definitions are employed to document the magnitude and nature

of child abuse (International Herald Tribune Magazine, 2006). In African continent, child advocates say, perpetrators are shielded by the traditionally low status of girls, a common view is that sexual abuse should be dealt with privately, coupled with justice systems that constitute an obstacle for victims (International Herald Tribune Magazine, 2006). Poverty is frequently noted as the primary cause for CSA. Mdungu & Mhagama (2000) showed that some parents indirectly send their children to engage in commercial sex by telling them to go and 'look around' and when a child brings in money, she/he is not questioned. The powerless positions of girls in Tanzania expose them more to CSA. It can be surmised that Tanzania might not be very different from other countries where the problem of CSA has been adequately investigated and characterized. Generally, the reports and studies described above shed some light into the nature and occurrence of CSA in Tanzania. However, there is no study on CSA showing factors for CSA, types of CSA, context of CSA, kind of perpetrators and extent of this problem in Tanzania. Therefore, this study intended to fill in this knowledge gap by exploring factors, forms, context of child sex abuse and the perpetrators in selected districts of Tanzania with a specific focus on children less than ten years.

Materials and methods

Study area and design

The study was done in Dar es Salaam, Kagera, Manyara, Dodoma, Tabora, Ruvuma, Iringa and Zanzibar. However, in Zanzibar no one was interviewed (Table 1). Interviews were conducted in both urban and rural settings of Tanzania mainland based on the proportion of cases and acceptance of informants in sharing their sexual abuse experiences. This was a cross-sectional study involving triangulation of three research approaches: Sample survey of rural and urban residents with an interview schedule consisting of closed and open ended questions; review of medical, police and court records of cases of child sexual abuse handled by those institutions; and in-depth interviews with household members and neighbours of the cases of child sexual abuse identified through the survey. However, in this article, we present findings from the qualitative component of the study only.

Study participants

All the interviewees were obtained from Tanzania mainland. In Zanzibar, there was no volunteer to share their abuse story. A total of ten (10) in depth interviews were conducted with selected key informants from some of the regions where CSA was reported (Table 1). Participants included local community leaders and parents or guardians of recently reported cases of CSA. These were identified when administering the household questionnaire on violence against children. Parents who admitted to have had cases of CSA in their families were requested to participate in the in-depth interviews aiming at getting in-depth understanding of the nature, extent, context and factors contributing to the occurrence of such incidents, characterizing the perpetrators and exploring the actions taken after abuse incidents particularly the legal handling of sexual offences.

Parents who accepted to participate in the interviews were briefed on the objectives of the study following which verbal and written consent were obtained. Participants were informed that they were not obliged to answer any questions they felt uncomfortable to address and that they could stop their participation whenever they felt doing so. They were also informed about the confidentiality that what they tell will remain confidential to researchers and no names were taken. Lastly they were informed that the interviews will be written and audio taped by a research assistant which they accepted. Informed consent was solicited before each interview.

Table 1: Informants' and survivors' characteristics

Region	Reported cases N=122	N ^o of In-depth Interviews	Informants				Survivors		
			Age (years)	Sex	Marital status	No of children	Age	Sex	Nature of offense
Dar es Salaam	57%	6	25	F	Married	3	7	F	Vaginal sex
			30	F	Married	3	9	M	Anal sex
			35	F	Married	4	8	F	Vaginal sex
			45	M	Married	4	10	M	Anal sex
			47	F	Married	5	6	F	Vaginal and anal sex
Kagera	18.4%	1	50	M	Married	3	7	F	Vaginal sex
			46	F	Widow	6	10	F	Vaginal sex
Manyara	4%	1	38	M	Married	6	4	F	Vaginal sex
Dodoma	17.9%	1	34	M	Married	5	5	M	Anal sex
Tabora	2.4%	1	46	F	Divorced	6	6	F	Vaginal sex
Ruvuma	20.6%	0	-	-	-	-	-	-	-
Iringa	7.4%	0	-	-	-	-	-	-	-
Zanzibar	4.3%	0	-	-	-	-	-	-	-

Data collection

In-depth interview guide was used as a checklist of the points to be covered during data collection. Interviewees were requested to identify the most private settings within their households where they felt comfortable talking about the abuse without being heard by other members of the household. Almost all interviews were conducted in a confidential place around their homes where no one could hear or interfere. Interview guide was used to collect information from the informants. The interview guide focused on the factors associated with the occurrence of CSA, context of CSA, kind of perpetrators and measures taken towards CSA. In depth interviews were audio-recorded and transcribed verbatim and translated from Kiswahili into English.

Data analysis

Transcribed data were manually analysed thematically. From the text, meaning units were developed. The themes were derived by focusing on the meaning units, codes that were developed as well as sub-categories and categories. We went back and forth through the meaning units, codes, sub-categories and categories in order to have an exhaustive list of themes and sub themes. Through constant comparison of information at the various stages we derived at four main themes namely: Extent of CSA, factors associated with child sexual abuse, context of CSA, types of perpetrators, beliefs related to CSA and recommended measures to address the problem.

Ethical considerations

Ethical clearance was sought from the Muhimbili University of Health and Allied Health Sciences Institutional Review Board prior conducting the study. Permission to conduct the study was also sought from the Ministry of Health and Social Welfare (MoHSW) both in mainland Tanzania and Zanzibar. In Zanzibar the Vice President's Office, gave the Ministry of Home Affairs and the Registrar of Zanzibar High Court mandate to permit the research team to conduct the research in police stations and courts, respectively. In addition to that because this study centred on child sexual abuse which is very sensitive in nature we ensured informed voluntary participation. The participants of this study received a detailed oral explanation of the objectives and procedures of the study. They were told how confidentiality would be protected and were also clearly informed about the possible risks and benefits of their participation into the study (see Watts et al., 2001).

Results

Myths and beliefs associated with CSA

Respondents were of the view that perpetrators abuse children due to various reasons like cruelty, beliefs about becoming rich, developing their businesses and getting healed from their diseases. One participant described the causes as individual weaknesses and cultural/tribal intermingling, lack of humanity and lack of parental guidance. There was also overwhelming agreement among participants that beliefs about HIV/AIDS could explain why adults engage in sexual encounters with children who are thought to be HIV free. However, for some this belief appears to be diminishing due to the perceived increase in children infected and affected by HIV within the community. Some of the respondents had these to say: *Yes, there is a belief that children are safe, but nowadays we are also seeing an increasing number of children affected by HIV (IDI, Tabora). It is possibly due to people own personal weaknesses. In this street there is a huge population concentration, and overcrowded housing. CSA might happen because of intermingling of people of different origins, tribes and cultural backgrounds. You have people with different culture. Bear in mind that CSA are kept as secrets in many families and rarely reported (Victim's parent IDI, DSM).*

Ambitions and moral degradation

Other participants blamed both the victims and perpetrators for the occurrence of sexual abuse. They felt that CSA could be a result of some children from poor families admiring good things that they cannot afford. Others perceived that a combination of both lust and men's lack of morals. Some participants further reported that lack of parental monitoring and guidance were likely a cause for children being sexually abused. Some participants mentioned excessive alcohol consumption as one of the reasons leading to lack of parental guidance of young children. A respondent in Tabora said: *First of all, CSA is caused by moral degradation..., people no longer abide to religious teachings. Secondly, the victims also admire good things from men; this may lead to abuse of children (IDI, Tabora).*

Lack of parental guidance

The findings further revealed that lack of parental monitoring and guidance were mentioned as likely causes for children ending in the hands of perpetrators. Alcohol consumption was cited as one of the reasons leading to lack of parental guidance of young children. It was observed that cases of child abuse mostly occur at homes and often at night when parents were out for a drink. *Yes! Parents leave children alone at home; these may go out to the neighbours' houses. The neighbours may know that in that particular family the parents won't come home until after midnight and they normally come back drunk. These behaviours offer some opportunity to abuse children who are left alone (IDI, Dar es Salaam).*

Context of CSA

Incidents of CSA were reported to occur in perpetrators' homes and in semi-finished housing structures, *madrassa* and recreational venues where children can freely access entertainment by watching movies.

Poverty and household sleeping patterns

Poverty was raised as a topic of discussion during interviews especially lack of adequate sleeping space within the households. The sleeping of adults and children in the same room was cited as a risk factor that could drive adults into sexually exploiting children. Some respondents pointed out that even when household members have a bigger house, they rent most of the rooms to tenants for

income generation. This causes children to share rooms with adults hence the risk of CSA. Also some participants described 'indecent' or attractive clothing worn by young girls as one factor that could fuel CSA. *There is a common phenomenon which allows sharing of sleeping places for children and adults, to me is problematic... sometimes children share a room with an older brother or uncle, or with the housemaid. This is the real situation here due to poverty and lack of adequate housing. A person owning a house will rent most rooms out to tenants, only to remain with one or two room(s) for him and his family. In such a situation a child is compelled to share a room with adults and it is in this context that cases of CSA occur (Victim's parent IDI, DSM).*

Perpetrators

Most participants reported that perpetrators of CSA were mainly men. However, perpetrators of CSA come from all walks of life. Some respondents were of the view that in most incidents the perpetrators were ordinary people or drug addicts. Religious leaders were also mentioned as potential perpetrators. In addition, some thought that perpetrators were people known and trusted by the abused children. Describing the characteristic of perpetrators, a victim's parent in Dar es Salaam said: *The perpetrators are of different backgrounds and character and mainly are men... you have alcoholics, alcohol can drive someone mad... they may do things out of sadistic intentions and they say, I can decide to give a young girl five hundred shillings and entice her to have sex with me. There are those whose intention is just to hurt the girls' mothers because she did something to them. I think all these are done out of sadistic intentions and cruelty... it has nothing to do with rich people (Victim's parent, IDI, DSM).*

Victims and forms of abuse

Most respondents pointed out that victims of CSA were mostly girls and these were perceived to be at a high risk of contracting HIV/AIDS. *Vaginal and anal sex was reported to be the common forms of CSA. Other incidents of abuse reported include kissing and touching. These incidents were not reported to the responsible authorities. The reasons for underreporting or not reporting CSA cases to responsible authorities varied. Among them is the 'perceived weaknesses of law enforcement, legal and administrative structures'. However, some few incidents of CSA were reported to the police. A few were reportedly handled by local leadership before being forwarded to the police. Some respondents felt that reporting of CSA cases from household level skipped the local government system as many issues are settled by this organ. Most of the time it is out of fear... because they know that if they report it a person responsible would likely face the music..., these events occur among close family members causing the dilemma of whether or not to report the case to relevant authorities. Like the case I told you before pertains to a person and an aunt, now they consider the repercussions due to the fact that if found guilty this person may go to jail for a long time. Therefore, it is that kind of fear...but there are courageous members who take the matters to the police... Sometimes it is a combination of fear and lack of awareness of children's rights that discourages them from reporting incidents (Victim's parent, DSM).*

Weak Laws, by-laws and regulations at the community level

Most people know that if a person commits CSA, she/he may be sentenced to thirty years or life imprisonment. Regarding by-laws governing conduct at the community level, findings revealed weaknesses in monitoring of social activities particularly in urban areas. Video shows came up as a case in point where clear censorship and monitoring of the content is lacking hence children accessing video shows not meant for them. The sexually obscene contents of some of the video shows have been implicated as a factor which put children at risk of CSA. *"Video shows have been on the increase lately; the people who organize the video shows are primarily interested in earning money*

only. They have no concern with who is allowed into the video halls nor do they care about the type of movies being shown. We also don't know other things that are happening in the video halls" (Victim's parent, IDI, DSM)

Generally, participants mentioned social events and gatherings were likely to pose risk of CSA due to their context and timing. These include religious ceremonies like 'maulid', Christmas, weddings and confirmation. They commented that ceremonies are usually associated with music, alcohol consumption and ending late at night. For instance, a famous music style among coastal inhabitants popularly known as 'rusha roho'- a fusion of 'taarab' and pop music was implicated as a potential context for CSA to occur as it is equally attended by adults as well as young children. Describing the situation, one of the participants said: "In most social functions 'rusha roho' must be included. There is no age segregation in these activities... you find young children at these functions after midnight, and what do you expect might happen to them? These events are usually accompanied by alcohol consumption... to some alcohol goes with sex, now this depends on the child, if the child is ambitious for good things, he/she may be easily tempted" (Victim's parent, IDI DSM). Some participants were of the view that events which usually go beyond midnight are considered to be potentially risky in terms of CSA and are sanctioned by local authorities. This finding highlights lack of enforcement or monitoring of duration and timing of such social events.

Generally, the study participants recommended actions/strategies to address child sexual abuse. These included: need to establish a special institution to deal with CSA cases; to enforce existing sexual offence laws; community sensitization and education about the need to identify and report cases of CSA; and sensitization and capacity strengthening of the policy and legal personnel for handling of CSA cases.

Discussion

Our findings reveal that there are CSA incidents in Tanzanian. These acts were associated with a number of factors ranging from 'myths and beliefs', 'introduction of foreign culture', 'poverty', 'moral decay' and 'poor parental care'. This is in the same line with Abeid *et al.* (2014) who found that participants perceived rape of women and children to be a frequent and hidden phenomenon and that, such incidents were associated with erosion of social norms, globalization, and poverty, vulnerability of children, alcohol/drug abuse and poor parental care. Participants perceived the need for educating the community to raise their knowledge of sexual violence and its consequences, and their roles as preventive agents.

Furthermore, the finding showed that CSA was a problem in Tanzania, although rarely reported due to shame and embarrassment faced by the victims and their families. In general crimes are not readily reported, and even the households in which they occur do not want such information to be known to others in avoiding shame and stigma. Consequently, they tend to be dealt with quietly by the elders, and often the perpetrator is freed. The respondents perceived that the system is affected by corruption, and the actual legal practice is marred by many bureaucratic procedures and legalistic niceties which in the end tend to lead to miscarriage of justice, thereby reinforcing the common beliefs about its futility. Our findings corroborate with another study in Dar es Salaam by Kisanga *et al.* (2011) who found secrecy in reporting sexual abuse cases due to shame and embarrassment. Also a study by Abeid *et al.* (2014) revealed that study participants perceived that boys, girls, men, and women could be sexually abused.

Participants in this study were of the opinion that these acts require a response such as reporting the incident to the police or legal measures. In Abeid *et al.* (2014) study rape was perceived to be seldom reported due to several barriers that favour the acceptance and non-disclosure of sexual violence. Rape of a child perpetrated by a known person or relative was not normally

disclosed to legal authorities as reporting it was seen as putting the family's honour and reputation at stake. Fear of being blamed for both reporting rape and the stigmatization of women for the rape they experienced was professed as a powerful hindrance for disclosure of rape in this context. It was also revealed that women reporting rape were not always believed to be telling the truth and could be blamed for having consented to sex.

Our findings have established that CSA perpetrated in Tanzania takes many forms though two most common forms are vaginal and anal sex. More urban respondents were willing to report CSA cases than respondents from rural communities. Acts of CSA tend to be committed by people known and trusted by the children, people in position of power, and close relatives, which is supported by another study in Tanzania (Kisanga *et al.*, 2011). This is in the same vein with the study by Rajan (1998) who found that the majority of the perpetrators are adult males who are close to their victims and who hold positions of respect in society, and he was of the view that CSA is the "expression of power over a child's life".

Furthermore, our findings revealed that poor parental monitoring of children could lead to sexual abuse of those children especially when they are left alone. Similar findings have been reported by another study in Tanzania (Abeid *et al.* (2014). Poverty is yet another factor found in this study to contribute to CSA incidents. In addition, myths were reported by participants to exist in the society for example having sex with children could cure some chronic illness or lead to wealth. This corroborates the study findings by Abeid *et al.* (2014) and Kisanga *et al.* (2010) who reported that poverty and poor parental care make children vulnerable to several risks including sexual abuse. Some participants reported that parents' poor economic status might force girls to engage in risky sexual activities in order to solicit financial support from boyfriends or engage in prostitution.

There are a number of limitations to this study. The secrecy surrounding CSA precluded identifying and meeting with sexually abused children during this study's visit to communities. It was therefore not possible to establish the behavioural and other interpersonal effects of CSA. Some household members where cases of CSA were alleged to have occurred were not willing to admit that such cases had happened in their household, and were not willing to be interviewed. This prevented the study team from obtaining *emic* perspectives of CSA in the community.

This study concludes that CSA exists in Tanzania and the most common forms reported are vaginal and anal sex. CSA incidents are associated with poverty, lack of parental guide, alcohol and myths. Other CSA incidents were not reported to the responsible authorities due to various barriers. There is need for the responsible authorities to design education strategy to sensitize parents and community in recognizing and reporting suspected CSA incidents for legal measures. This may protect children from further abuse. This should go hand in hand with the strengthening of the legal system to ensure appropriate handling of abuse incidents.

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Competing interest

The authors declare that they have no competing interests.

Authors' contributions

ME, IM, AA, SK, RM and EM took part in designing the study, development of tools, data collection, analysis and manuscript writing. FK was involved in writing the manuscript. All the authors approved the final manuscript.

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