

Gender differences in childhood sexual abuse among undergraduates at the University of Port Harcourt

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Abstract

Introduction: Childhood sexual abuse is a global public health and human rights problem that calls for great concern and attention. It is associated with negative psychosocial outcomes and health-risk behaviors in adults. This study, which was carried out between December 2025 and March 2026, seeks to assess the gender differences in childhood sexual abuse and its long-term psychological effects among 400 undergraduates at the University of Port Harcourt

Methods: A semi-structured and self-administered questionnaire was used for this study, and a multistage sampling method was used to obtain data from respondents. Data obtained was analysed using the Statistical Package for Social Sciences (SPSS) version 22.0. Associations between categorical variables were tested using the Chi-square test of significance and Fisher's exact test.

Results: Out of the 400 undergraduates, 105 (26.2%) had experienced CSA. A much greater proportion of the students who were sexually abused in childhood were females (67, 63.8%) than males (38, 36.2%). There was a significant difference between CSA and sexual orientation ($p = 0.015$), CSA and watching pornographic films and magazines ($p = 0.006$), and CSA and having had an STI in the past 12 months (0.037). In addition, there was a significant difference between gender and CSA ($P = 0.030$), and the upbringing of respondents and CSA ($P = 0.028$). Likewise, there was a significant difference between gender and excess alcohol intake ($p = 0.000$); cigarette smoking ($p = 0.000$); use of electronic vapor product ($p = 0.000$); and use of illicit drugs ($p = 0.000$). Furthermore, living status was significantly associated with cigarette smoking ($p = 0.023$) and illicit drug use ($p = 0.027$).

Conclusion: The prevalence of CSA in this study is 26.2%, confirming its presence among undergraduates. The findings from this study show that more undergraduates engage in various risky health behaviors; hence, health promotion activities are necessary in the University environment to educate students on how to live healthily.

Keywords: Alcohol; Substance Abuse; Health Risk Behavior; Victim

1. Introduction

Health-risk behavior can be defined as any activity undertaken by an individual that increases the risk of mortality and morbidity [1]. According to the Centers for Disease Control and Prevention (CDC), the six priority health-risk behaviors are: alcohol and drug abuse; behaviors that contribute to unintentional injuries and violence, including suicide; tobacco use; unhealthy dietary behaviors; physical inactivity; and sexual behaviors that contribute to unintended teen pregnancy and sexually transmitted infections, including HIV [2]. Risky health behaviors are generally acquired during early adolescence, and their consequences are reflected in adulthood [3].

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Child Sexual Abuse (CSA) can lead to a range of illnesses and disabilities, like hypertension, chronic fatigue, malnutrition, as well as problems with reproductive systems and childbirth [4]. Additionally, CSA can result in risky health behaviors affecting not only the child but also the family and society at large [3] [5] [6]. Also, CSA may cause lacerations, bleeding, and damage to internal organs like the cervix, uterus, ovaries, and fallopian tubes, and in severe cases, may lead to death [5].

Substance use problems are prevalent and widespread among victims of CSA, and the use of alcohol, tobacco, and illicit drugs has been identified by WHO as among the top 20 risk factors for ill health [6]. Globally, 12.6% of deaths are attributable to substance abuse, and tobacco alone causes almost one in eight deaths among adults aged 30 years and above. Substance use disorders are a major cause of health and social problems worldwide [7] [8].

Smoking experimentation in adolescence confers an increase in the risk of becoming a smoker in adulthood when compared to non-smoking adolescents [9] [10]. Drugs are supposedly claimed among adolescents to provide pleasure, relaxation, surges of excitement, or prolonged sensation and at the same time, affect the users directly or indirectly, regardless of age, sex, culture, ethnicity, education, or socioeconomic status [10]. Furthermore, Alcohol consumption among adolescents is considered a sign of maturity or adulthood to them and has been associated with major behavioral problems, such as aggressiveness or violent behavior, impaired/unsafe driving with subsequent police arrests and dangerous events, the majority of which are due to motor vehicle crashes, self-injuries, and suicide [10].

Despite the variety of reports on the negative health effects of smoking, tobacco consumption remains the leading cause of preventable death worldwide, causing approximately 5 million deaths annually [11] [12] [13]. Studies have shown that most adult daily smokers have smoked their first cigarette before the age of 18, which affects their current health status [14]. However, childhood sexual experiences may result in anti-social behavior, health risk, or psychological problems like severe depression, suicidal behavior when not properly managed in undergraduates [15]. This study aims to determine the prevalence and pattern of health risk behaviors among undergraduates of the University of Port Harcourt. This is the first study to examine CSA-linked risk behaviors among Nigerian undergraduates.

1.1. Statement of the Problem

Childhood sexual abuse (CSA) remains a major public health and social problem globally and in Nigeria, with serious long-term psychological, emotional, and behavioral consequences among victims. Although several studies have established that CSA contributes to risky health behaviors such as substance abuse, smoking, alcohol consumption, unsafe sexual practices, depression, and psychological trauma, there is still limited evidence on how these experiences differ between male and female undergraduates in Nigerian universities. Existing studies in Nigeria have focused largely on the general prevalence of CSA among adolescents and young adults, with little emphasis on gender-specific patterns, reporting practices, and long-term psychological effects among university students.

University undergraduates are particularly vulnerable because many engage in unhealthy coping mechanisms such as alcohol intake, cigarette smoking, illicit drug use, and risky sexual behaviors, which may be linked to unresolved childhood trauma. Findings from this study showed high levels of risky behaviors among respondents, including alcohol use, smoking, drug abuse, and multiple sexual partnerships. Despite these concerns, CSA often remains underreported due to stigma, fear, shame, cultural silence, and gender stereotypes, especially among male victims who may avoid disclosure because of societal expectations.

Furthermore, inadequate local data is comparing the experiences of male and female victims of CSA and how these experiences influence their psychological well-being and health-risk behaviors in adulthood. This gap in knowledge limits the development of gender-sensitive interventions, policies, counselling services, and prevention strategies within tertiary institutions. Therefore, this study seeks to examine gender differences in childhood sexual abuse and its long-term psychological effects among undergraduates at the University of Port Harcourt in order to provide evidence-based information for effective prevention and management programmes.

1.2. Critical Knowledge Gaps Obstructing Targeted Interventions

Several critical knowledge gaps continue to hinder the development of effective and targeted interventions for childhood sexual abuse (CSA) among undergraduates in Nigeria. First, there is limited gender-specific evidence on the prevalence, patterns, and long-term psychological effects of CSA among university students. Most studies in Nigeria focus on the general occurrence of CSA without adequately comparing the experiences of male and female victims. This lack of gender-disaggregated data makes it difficult to design interventions that address the unique needs of both sexes.

Secondly, there is an inadequate understanding of the relationship between childhood sexual abuse and risky health behaviors among undergraduates. Although studies have linked CSA with behaviors such as alcohol abuse, smoking, illicit drug use, unsafe sexual practices, and mental health disorders, few studies have explored how these behaviors differ by gender within Nigerian tertiary institutions. This gap limits the ability of health professionals and university authorities to implement evidence-based prevention and rehabilitation programmes.

Another important gap is the underreporting of CSA cases due to stigma, shame, fear of discrimination, cultural silence, and societal stereotypes, especially among male victims. As a result, the true burden of CSA and its psychological impact may be underestimated. Limited information also exists regarding reporting patterns, coping mechanisms, and help-seeking behaviors among victims, making it difficult to establish effective support systems and counselling services in universities.

Furthermore, there is insufficient local data on the long-term psychological consequences of CSA among Nigerian undergraduates, particularly in the University of Port Harcourt. Most available literature originates from Western countries whose sociocultural settings differ significantly from those of Nigeria. Consequently, interventions developed from foreign studies may not adequately address the realities, beliefs, and environmental factors influencing Nigerian students.

Finally, there is a scarcity of institution-based research that integrates childhood trauma, mental health outcomes, and risky behavioral patterns among undergraduates. This lack of comprehensive data obstructs policymakers, counsellors, educators, and public health practitioners from developing targeted, gender-sensitive, and culturally appropriate interventions aimed at preventing CSA and reducing its long-term psychological and behavioral effects.

1.3. Justification of the Study

This study is justified because childhood sexual abuse has continued to pose significant psychological, social, and public health challenges among young adults. Victims of CSA often experience long-term effects such as depression, anxiety, substance abuse, risky sexual behaviors, low self-esteem, and poor academic performance, which may persist into adulthood and negatively affect their quality of life. Understanding the relationship between CSA and these outcomes among undergraduates is important for improving student health and well-being.

The study is also important because there is limited empirical evidence in Nigeria on gender differences in CSA experiences and their long-term psychological consequences among university students. Most available studies focus on prevalence alone without adequately comparing how male and female victims experience, report, and cope with abuse. This research, therefore, contributes to existing knowledge by providing gender-based evidence that may help health professionals, counsellors, educators, and policymakers develop targeted interventions for both male and female survivors.

Additionally, the findings of this study will help create awareness about the hidden burden of childhood sexual abuse among undergraduates and encourage early identification, counselling, and psychological support services in tertiary institutions. The study will also provide useful information for university management, public health practitioners, and government agencies in designing policies and health-promotion programmes aimed at reducing risky health behaviors associated with CSA.

Finally, this study will serve as a reference material for future researchers interested in childhood sexual abuse, mental health, behavioral health, and gender-related public health issues in Nigeria and beyond

1.4. Specific Objectives

- To compare the incidence of CSA between male and female undergraduates.
- To explore gender-specific patterns in CSA regarding types of abuse and perpetrators.

1.5. Research Questions

- What is the prevalence of childhood sexual abuse among undergraduates at the University of Port Harcourt?
- Is there a significant difference in the occurrence of childhood sexual abuse between male and female undergraduates?

2. Materials and methods

The study was conducted using a descriptive cross-sectional study design among undergraduates University of Port Harcourt, Rivers State, Nigeria.

2.1. Study Area

The study took place in the University of Port Harcourt, Rivers State, Nigeria.

2.2. Study Design

The study design is a descriptive cross-sectional study design. This design is appropriate because the study aims to assess the prevalence of childhood sexual abuse (CSA), compare gender differences, and examine associated long-term psychological and behavioral effects among undergraduates at a specific point in time.

2.3. Data Sources and Collection

The study population consists of both male and female undergraduates of all faculties in the University of Port Harcourt, and these faculties include: Humanities, Social Sciences, Education, Management Sciences, and Natural and Applied Science. The estimated population of undergraduates in the University of Port Harcourt is 50,000.

2.4. Inclusion Criteria

Undergraduates within the UPH who are 18 years and above. The age consideration of less than eighteen years for a child was adopted in keeping with the Child Rights Act (2003) of the Federal Republic of Nigeria.

2.4.1. Undergraduates running a full-time programme at the University.

Undergraduates within levels 200 to 400, hence level 100, were not included. The reason is that Undergraduates who have not stayed in the University for up to a year are not yet influenced by the school environment and are fresh in the University and still under parental control and supervision; hence, year one will not be included

2.5. Exclusion Criteria

Undergraduates who are seriously sick and unable to partake in the study.

2.6. Sample Size Determination

Sample size was calculated using the formula

$$n = \frac{z^2 p.q}{d^2} \text{ (Mohamad, 2013)}$$

Where

n = the desired sample size.

z = the standard normal deviate, usually set at 1.96, which corresponds to a 95% confidence level.

p = the estimated percentage or prevalence of the attribute that is present in the population. The population includes undergraduates of the University of Port Harcourt who have been sexually abused in their childhood, while the attribute of interest is childhood sexual abuse (CSA).

q = 100 - p

d = degree of accuracy desired, usually set at 0.05.

The prevalence of child sexual abuse is 38% in Nigeria ^[15]. We have,

q=100-p

q=100-38

q= 62%

$$n = \frac{z^2 p \cdot q}{d^2} \text{ (Mohamad, 2013)}$$

$$n = \frac{1.96^2 \times 38 \times 62}{5^2}$$

$$\frac{9051.752}{25} = 362$$

Making a provision for a non-response rate of 10%

$$\text{Adjustment} = 10\% \times 362 = 36.2$$

Therefore;

Sample size = Desired sample size + adjustment size

$$n = 362 + 36.2 = 398.2$$

Approximating to the nearest tens, we have 400.

2.7. Sampling Technique

The multistage sampling technique was used.

Stage 1: The University of Port Harcourt is made of 12 faculties which include Humanities, Social Sciences, Education, Engineering, Management Sciences, College of Health Sciences, Basic Medical Sciences, Natural and Applied Sciences, Dentistry, Pharmacy, Agriculture and Law. Out of these faculties, simple random technique of balloting without replacement was used to select 4 faculties. The 4 selected faculties are: Education, Management Sciences, Engineering and Basic Medical Sciences.

Stage 2: The Faculty of Education is made of 8 departments which include: Educational Management and Planning, Educational Psychology, Guidance and Counselling, Curriculum Studies and Educational Technology, Human Kinetics and Health Education, Adult and Non-Formal Education, Library and Information Sciences, Early Childhood and Primary Education. The Faculty of Management Sciences is made up of 5 departments which include: Accounting, Marketing, Management, Banking and Finance and Hospitality Management and Tourism. The Faculty of Engineering has 7 Departments which Include: Petroleum and Gas Engineering, Mechanical Engineering, Environmental Engineering, Electrical Engineering, Electrical/Electronic Engineering, Civil Engineering and Chemical Engineering. The Faculty of Basic Medical Sciences is made of 8 departments which include: Anatomy, Physiology, Pharmacology, Anatomical Pathology, Chemical Pathology, Haematology, Blood Transfusion and Immunology, Medical Microbiology and Medical Biochemistry.

Simple random sampling of balloting was used to select two departments from each of the 4 faculties. In the Faculty of education, the two departments selected were Educational Psychology, Human Kinetics and Health Education while in faculty of Management Sciences, Accounting, Finance and Banking were randomly selected; for Faculty of Engineering, the two departments selected were Civil Engineering and Chemical Engineering whereas for Faculty of Basic Medical Sciences, the two departments selected were Medical Biochemistry and Medical Microbiology. In total 8 departments were selected.

Stage 3: Equal allocation of the sample to the 8 selected departments was done. The sample size for this study is 400. i.e $\frac{400}{8} = 50$, hence 50 undergraduates were recruited from each department.

Stage 4: This stage involved stratification of the departments into the three levels i.e 200, 300 and 400 levels. The sub-sample of 50 for each of the departments was evenly divided to the 3 strata i.e 200 level- 16; 300 level- 17; 400 level- 17.

2.8. Data Collection Process

Data for this study were collected by a team of 4, comprising the researcher as the team leader and three other research assistants. Before the commencement of data collection, the research team was trained on the objectives of the study and the content of the questionnaire, as well as the ethical issues involved. The training lasted for two days. A semi-structured questionnaire was used for this study, it comprises of three broad sections:

- Socio-demographic characteristics of respondents.
- Childhood Sexual Abuse (CSA).
- Health risk behavior.

2.9. Data Analysis

Data entry was done using the Microsoft Excel spreadsheet (Version 2013) for data cleaning. The sorted data were then exported to the Statistical Package for Social Sciences (SPSS) version 22.0 for analysis. Summary (descriptive) statistics for categorical variables were explored using proportions and presented as frequencies and percentages in tables or graphs as was considered appropriate for the data type. Numerical variables (age, weight, height, and BMI) were explored for their distributions and summarized accordingly. That is, normally distributed variables were analyzed using the parametric test statistics, whereas variables with non-normally behaving distributions.

2.10. Validity/Reliability of Instrument (if required)

The questionnaire was face validated by professionals in public health and an expert in mental health. The reliability of the questionnaire was confirmed by a pre-test with 30 undergraduates of River State University of Science and Technology who are not part of the study population. Reliability was confirmed (Cronbach's $\alpha = 0.78$)."

2.11. Ethical Considerations

The study was carried out in accordance with the ethical principles guiding the use of humans in research. Ethical approval was obtained from the UNIPORT ethical committee (UPH/CEREMAD/REC/MM115/111). Respondents gave their consent to partake in the study and were informed that participation is voluntary and each respondent is free to withdraw from the study at any time they want. Every participant remained anonymous as numbers were used to identify them rather than names. All information collected was strictly used for the research. The results obtained will serve academically as a guide for future research, it will contribute to the national data on childhood sexual abuse, and also provide policy makers with insight into the respondents' childhood experiences and create awareness that would elicit the implementation of effective laws to reduce child sexual abuse and different forms of health risk behaviors.

2.12. Limitations of the Study

Some of the limitation to this studies are;

- **Recall Bias:** Since the study relied on self-reported information about childhood experiences, some respondents may not accurately remember past events related to childhood sexual abuse, especially experiences that occurred many years ago. This may affect the accuracy of the data collected.
- **Underreporting of Childhood Sexual Abuse:** Due to stigma, shame, fear, emotional distress, and cultural sensitivity surrounding sexual abuse, some respondents may have been unwilling to disclose their experiences fully. Male respondents, in particular, may underreport abuse because of societal expectations and gender stereotypes.
- **Cross-Sectional Study Design Limitation:** The descriptive cross-sectional design used in this study only captures information at one point in time and therefore cannot establish a causal relationship between childhood sexual abuse and long-term psychological or behavioral outcomes.
- **Possibility of Social Desirability Bias:** Respondents may have provided socially acceptable answers rather than truthful responses, especially regarding sensitive issues such as sexual abuse, alcohol consumption, smoking, illicit drug use, and risky sexual behaviors.
- **Limited Generalizability:** The study was conducted among undergraduates of the University of Port Harcourt only. Therefore, the findings may not be generalized to all university students in Nigeria or to non-student populations because of differences in culture, environment, and socioeconomic background.
- **Emotional and Psychological Sensitivity of the Topic:** Discussing childhood sexual abuse may have triggered emotional discomfort or psychological distress among some participants, which could influence their willingness to participate fully or respond openly to the questionnaire

3. Result

Table 1 Distribution of marital status, religion and ethnicity of respondents

Characteristics	Frequency(n = 400)	Percent (%)
Marital status		
Single	383	95.8
Married	17	4.2
Religion		
Christianity	388	97.0
Islam	8	2.0
Traditional worship	4	1.0
Ethnicity		
Igbo	157	39.2
Yoruba	31	7.7
Ikwerre	63	15.8
Ijaw	49	12.3
Ogoni	28	7.0
Others (Urhobo, Isoko, Edo, Igala and Hausa)	72	18.0

From Table 1, majority (95.8%) of the respondents are single, with the other 4.2% married. Most of the respondents were Christians (97%), some were Muslims (2%) while others traditional worshipper (1%). The Igbo tribe was the most represented ethnicity among the respondents, contributing 39.2%, while Ikwerre and Ijaw tribes contributed 15.8% and 12.3% respectively. Less represented tribes included Yoruba (7.7%), Ogoni (7.0%), as well as other specified tribes like Isoko, Urhobo, Edo, Igala and Hausa (18.0%).

Table 2 Prevalence of childhood sexual abuse among the respondents

Variable	Frequency (n = 400)	Percent (%)
Yes	105	26.5
No	295	73.8

From Table 2, CSA was experienced by 105 out of the 400 respondents giving an overall prevalence rate of 26.2%. In addition, among the 181 male respondents, 38 (21%) had being sexually abused in childhood. Similarly, among the 219 female respondents, 67 (30.6%) had experienced sexual abuse in childhood.

Table 3 Gender Pattern of Childhood sexual abuse among respondents

Gender pattern of childhood sexual abuse among the respondents	Frequency (400)	Percent (%)
Gender pattern		
Male (n = 181)		
Yes	38	21.0
No	143	79.0
Female(n = 219)		
Yes	67	30.6
No	152	69.4

Table 3 showing Gender pattern of childhood sexual abuse among the respondents. Among the 181 male respondents, 38 (21%) had being sexually abused in childhood. Similarly, among the 219 female respondents, 67 (30.6%) had experienced sexual abuse in childhood.

4. Discussion of findings

4.1. Prevalence/Pattern of health risk behavior

In a study by Chen ^[19], prevalence of CSA for females was 25.6%. ^[20], in 2016 showed that 2.6% of 404 university students studied had experienced CSA. ^[21], study in 2015 showed that 199 (40%) participant had been sexually abused in childhood. Furthermore, a study carried out by McCrann ^[22], the overall prevalence rate for CSA was 27.7%, with rates being higher for females than for males. Also, an overall prevalence rate of CSA was 29.8% in a study by ^[23], with rates being higher for females (37.8%) than for males (21.2%)^[24]. In this present study, the overall prevalence of CSA was 26.2% with rates also higher for females (63.8%) than for males (36.2%).

4.2. Gender of the victim of CSA

In this study, a much greater proportion of respondents that were sexually abused at childhood were females (63.8%) and male respondents with a history of CSA were 36.2%. The findings from this study agrees with the study according to ^[25], which showed that gender is a major factor in sexual abuse and females are five times more likely to be abused than males; 8% of victims between 12 to 17 years were males and 26% of victims under the age of 12 years were females. This goes on to show that younger girls were more prone to sexual abuses

5. Conclusion

This study assessed gender differences in childhood sexual abuse (CSA) and its long-term psychological and behavioral effects among undergraduates of the University of Port Harcourt. The prevalence of CSA was found to be 26.2%, indicating that childhood sexual abuse remains a significant public health concern among university students.

The findings further revealed that a higher proportion of females experienced CSA compared to males, highlighting a notable gender disparity. CSA was also significantly associated with several risky health behaviors, including alcohol consumption, cigarette smoking, illicit drug use, and use of electronic vapour products. Additionally, there were significant relationships between CSA and sexual behaviors such as pornography use and history of sexually transmitted infections.

Overall, the study demonstrates that childhood sexual abuse is linked to increased engagement in risky health behaviors among undergraduates, emphasizing its long-term psychological and behavioral consequences. This underscores the need for targeted interventions within university settings to address both prevention and support for affected individuals.

Recommendation

Based on the findings of this study, the following recommendations are made:

- **Strengthening Health Promotion Programmes:** Universities should establish and intensify health promotion and awareness campaigns aimed at educating students on the dangers of risky health behaviors and the long-term effects of childhood sexual abuse.
- **Integration of Health Education into Curriculum:** Compulsory health education courses should be incorporated into university general studies programmes to promote healthy lifestyle choices and improve students' decision-making skills.
- **Provision of Psychosocial Support Services:** Institutions should strengthen counselling and mental health services to support survivors of childhood sexual abuse and reduce the likelihood of maladaptive coping behaviors such as substance use.
- **Early Identification and Intervention:** University health centres should implement routine screening mechanisms to identify students at risk of substance abuse and other related risky behaviors, particularly those with histories of CSA.
- **Parental and Community Involvement:** Parents, guardians, and community stakeholders should be sensitized on the importance of child protection, supervision, and early reporting of abuse cases.

- **Policy Enforcement and Protection Laws:** There should be strict enforcement of child protection laws and university policies that discourage sexual abuse and promote safe learning environments.
- **Further Research:** Longitudinal and qualitative studies are recommended to better understand the causal pathways between CSA and risky health behaviors among young adults.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] Omotowo, B.I., Ndu, A.C., Agwu, U.O. R., Ezeoke, U.E., Idoko, C.A. &Umeobieri, A.K. (2017). Assessment of Health Risk Behavior among secondary school students in Enugu, South East, Nigeria. *Global Journal of Health Science*, 9(7) doi: 10.5539/gjhs.v 9n7p57
- [2] Centers for Disease Control and Prevention. (2009). The National Youth Risk Behavior Survey (YRBS) in the USA.
- [3] Ilo, C. I., Onwunaka, C. &Nwimo, I. O. (2015) Personal Health Risks Behavior Profile among University Students in the South East Nigeria: Implication for Health Education. *Journal of Education and Practice*, 6(14):56.
- [4] Fisher, C., Goldsmith, A., Hurcombe, R. & Claire, S. (2017). Child Sexual Abuse: The impacts of child sexual abuse: a rapid evidence assessment. Independent Inquiry into child sexual abuse. <https://www.iicsa.org.uk/publications/inquiry/interim/nature-effects-child-sexual-abuse/effects-child-sexual-abuse>.
- [5] Aboul-Hagag, K.E. &Hamed, A.F. (2012). Prevalence and pattern of child sexual abuse reported by cross cross-sectional study among the University students, Sohag University, Egypt. *Egyptian Journal of Forensic Sciences*, 2(3), 89-96<https://doi.org/10.1016/j.ejfs.2012.05.001>
- [6] Manyike, P.C., Chinawa, J.M., Aniwada, E., Odutola, O.I.&Chinawa T.A. (2015). Child sexual abuse among adolescents in southeast Nigeria: A concealed public health behavioral issue. *Pak J Med Sci.*, 31(4), 827-832.
- [7] World Health Organization. (2009) Global Health Risks: Mortality and burden of disease attributable to selected major risks. Bull World Health Organ. 87,646. Available from:http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf
- [8] Kiburi, S.K., Molebatsi, K., Obondo, A. &Kuria, M.W. (2018). Adverse childhood experiences among patients with substance use disorders at a referral psychiatric hospital in Kenya. *BMC Psychiatry*, 18(197).
- [9] Forza, G., Buja, A., Tognazzo, F., Vinelli, A., Baldo, V. &Amadori, A. (2012) Smoking in early and mid-adolescence. *J DevBehavPediatr.* 33:449-455.
- [10] Thornton, C.P., Veenema&Tener, G. (2015). "Children seeking refuge: A review of the escalating humanitarian crisis of child sexual abuse and HIV/AIDS in Latin America". *Journal of the Association of Nurses in AIDS Care.* 26 (4): 432-442. doi:10.1016/j.jana.2015.01.002.
- [11] World Health Organization (2011). WHO Report on the Global Tobacco Epidemic, Warning about the dangers of tobacco.http://www.who.int/tobacco/global_report/2011/en/
- [12] Filippidis, F.T., Vardavas, C.I., Loukopoulou, A., Behrakis, P., Connolly, G.N. &Tountas, Y. (2013). Prevalence and determinants of tobacco use among adults in Greece: 4-year trends, *Eur J Public Health.* 23,772-776.
- [13] Lazuras, L. (2014). Normative influences on intentions to smoke among Greek adolescents: The moderating role of smoking status. *TobInduc Dis.*, 12, 5.
- [14] Kwan, M. Y., Cairney, J., Faulkner, G. E. &Pullenayegum, E. E. (2016). Patterns of multiple health risk-behaviors in university students and their association with mental health: application of latent class analysis. *Health Promot Chronic Dis Prev Can.*, 36(8), 163-70.

- [15] Oluwagbemiga, O. & Micheal, J. (2018). Childhood Adversity and Factors Determining Resilience among Undergraduate Students. *Int J EmergMent Health*, 20(2), 400 doi: 10.4172/1522-4821.1000400
- [16] David, N., Ezechi, O., Wapmuk, A., Gbajabiamila, T., Ohihoin, A., Herbertson, E., & Odeyemi, K. Child sexual abuse and disclosure in South Western Nigeria: A community-based study, 2018 *Afri. Health Sci.* 18(2), 199-208. <https://dx.doi.org/10.4314/abs.v18i2.2>
- [17] Tsitsimpikou, C., Tsarouhas, K., Vasilaki, F., Papalexis, P., Dryllism, G., Choursalas, A....Bacopoulou, F. (2018) Health risk behaviors among high school and university adolescent students, 3433-3438 <https://doi.org/10.3892/etm.2018.6612>
- [18] Salameh, P., Jomaa, L., Issa, C., Farhat, G., Zeghondi, H. & Gerges, N. (2014). Assessment of health risk behaviors among university students: a cross-sectional study in Lebanon. *International Journal of Adolescence and Youth*, 19(2), 203-216 <https://doi.org/10.1080/02673843.2012.733313>
- [19] Chen, J. Q., Han, P. & Dunne, M. P. (2004). Child sexual abuse: a study among 892 female students of a medical school. *ZhonghuaErKeZa Zhi*. 42(1), 39-43.
- [20] Peltzer, K. & Pengpid, S. (2016). Childhood physical and sexual abuse, and adult health risk behaviors among university students from 24 countries in Africa, the Americas and Asia. *Journal of Psychology in Africa*, 26(2), 149-155 <https://doi.org/10.1080/14330237>
- [21] Manyike, P.C., Chinawa, J.M., Aniwada, E., Odutola O.I. & Chinawa T.A. (2015). Child sexual abuse among adolescents in southeast Nigeria: A concealed public health behavioral issue. *Pak J Med Sci.*, 31(4), 827-832.
- [22] McCrann, D., Llor, K. & Katabaro, J. K. (2006). Childhood sexual abuse among university students in Tanzania. *Child Abuse & Neglect* 30(12):1343-1351 doi:10.5539/gjhs.v9n7p57
- [23] Aboul-Hagag, K.E. & Hamed, A.F. (2012). Prevalence and pattern of child sexual abuse reported by cross sectional study among the University students, Sohag University, Egypt. *Egyptian Journal of Forensic Sciences*, 2(3), 89-96 <https://doi.org/10.1016/j.ejfs.2012.05.001>
- [24] Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A. & Li, S. U. S. (2010). Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary. http://www.acf.hhs.gov/programs/opre/abuse_neglect/natl_incid/index.html.