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International Journal of Nursing and Health Care Science

Review Article

Ifayomi M and Ali P. J Int J Nurs & Healt Car Scie 03: 2023-291

Strategies and Approaches to Mitigate Challenges Facing Healthcare Professionals Supporting Sexually Abused Children in Nigeria

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Abstract

The issues and challenges faced by healthcare professionals in the role of supporting sexually abused children in Nigeria result from the constant and complex interplay of many practice-dimensional factors, including individual and contextual factors. Current evidence on mitigating challenges is limited by unidimensional approaches and focus on individual factors. This study aims to explore the perspective of healthcare professionals on real-life strategies to mitigate these challenges, carefully considering the dimension of practice, and individual and contextual factors.

Using a qualitative approach, five focus groups were conducted with 36 participants, and the data were analysed using thematic analysis. Five key areas were identified to mitigate challenges, improve healthcare experience, prevent CSA and revictimisation. Inculcating basic CSA training in the professional curriculum to better prepare them for CSA practice, mandatory training need analysis, and continuous professional development for professionals in practice. Holistic care for children, using medico-legal and biopsychosocial approaches, and collaborating effectively with professionals from all disciplines. Creating awareness programs, child-friendly policies, and leveraging technology to transform future care. To this end, these strategies provide a sound foundation for policymakers, educational institutions, and authorities to implement a holistic and comprehensive child safety framework.

Keywords: Child sexual abuse; Healthcare professionals; Issues and challenges; Strategies; Way forward and Nigeria

Introduction

Child Sexual Abuse (CSA) is a term used to describe sexual abuse and violence against children. CSA is a major social and public health problem affecting thousands of children and adolescents globally, with long-lasting impacts on the victims, their families and society. It refers to:

‘The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.’[1].

Healthcare professionals (HCPs) play a vital role in ensuring victims of child sexual abuse receive medico-legal care, psychosocial support, access to justice, and protection from re-victimisation [2-4]. HCPs possess a wealth of knowledge, skills, and experience to identify and manage CSA victims [5]. By virtue of their role, HCPs are well-positioned to identify and respond to victims of CSA. By developing trust and empathy, they create a safe space for children, which facilitates CSA disclosure [3,6] and signposting children to necessary specialist care [3,5]. However, evidence shows that HCPs experience a wide range of challenges that undermine their professional practice in identifying cases and supporting victims and their families.

In Nigeria, HCPs with the mandatory roles of identifying and responding to sexually abused children experience challenges as they navigate the child’s micro and wider systems. Supporting sexually abused children in Nigeria is difficult due to the complex interaction of many practice-dimensional factors, individual factors, and contextual factors [2,7,8]. While these challenges greatly undermine CSA practice, little effort has been made to explore ways in which to mitigate these challenges and improve services for victims and their families. Additionally, narratives regarding interventions have been framed from a unidimensional perspective, and emphasis has been merely directed to training professionals in practice [9], without consideration of the micro and wider systems of the child.

For example, training for HCPs has primarily focused on the development of specific assessment and intervention skills, rather than aiming to develop an understanding of the broader systemic context of CSA. However, there is a need to move beyond these approaches and focus on ways to build collaborative partnerships with key stakeholders, develop effective policies and procedures, and enhance community engagement and involvement in CSA practices. Also, theoretical evidence to develop and implement policies, legislation, and practices to mitigate these challenges rarely exists. Therefore, there is an immediate need to explore the way forward from the perspectives of practitioners, directors, policymakers, and stakeholders. Since the current study focuses on exploring challenges to mitigate specific challenges previously identified, it becomes necessary to present a synopsis of these challenges. This will help the reader understand the context that frames the participants' ideas, views, and recommendations.

Challenges Faced by Hcps Supporting Sexually Abused Children in Nigeria

According to Ifayomi [2], sexual abuse is more prevalent in Nigeria because of the vulnerability, oppression, and social invisibility of children. For sexually abused children, recovery is a personal journey that requires support from their social network, empowerment, and autonomy, yet victims of sexual abuse are silenced, stigmatised, branded, blamed, or stigmatised. Social support systems were not provided to CSA victims in a way that benefited their general mental health and well-being, and resources are channelled by society to support perpetrators. Even though professionalism and competence remain the most important standards and principles of practice, HCPs frequently feel underequipped, and inefficient, and their performance and expertise are being called into question, robbing them of a sense of accomplishment.

HCPs face challenges when treating sexually abused patients, including hesitancy to share, refusal of treatment, and denial of abuse. Likewise, HCPs are faced with discrepancies or inconsistencies in the victim's story, especially as it represents crucial evidence to confirm the CSA incident. In spite of the fact that HCPs provide numerous reasons for these discrepancies, relying on these fragmented or disjointed pieces to initiate treatment, apprehend the perpetrator, or even obtain justice became increasingly challenging. Children who have been sexually abused may not realise they need help, struggle to seek assistance, and lack awareness of available services. Despite the child's family being one of the primary social support systems, the interference they bring to the process of identifying, treating, and obtaining justice for victims significantly complicates the work of healthcare providers. In spite of the evidence, HCPs face an astounding level of family ignorance and an attitude that disbelieves or disregards victims' accounts of sexual victimisation, even in the face of evidence. Family refusal of treatment remains a strong barrier to detecting and responding to sexually abused children in Nigeria. Aside from treatment refusal, abrupt withdrawal of cases becomes an opposing factor, severing HCP's effort and practice of supporting victims and resulting in a direct waste of CSA service resources. More disturbingly, families have been found to prioritise protecting the perpetrator rather than protecting and focusing on the victim's recovery and well-being.

Due to the non-prosecutorial nature of SARCs, HCPs cannot prosecute cases themselves and are required to rely on judges and other public officials considered incompetent and corrupt by the HCPs. They become incapacitated, especially when judicial officials are not proactive or ineffective in prosecuting the case. When litigation occurs, they cannot assess the impact of the legal proceedings on the child and his or her family. HCPs operate in a capital-constrained environment, with no sufficient funds to recruit qualified professionals, constraining existing low staffing levels and relying on volunteer workers. Additionally, the lack of national medico-legal guidelines to direct, coordinate, and improve the quality of care and services provided to victims of gender-based violence and CSA in Nigeria remains a problem. With no blueprint, HCPs depend on their personal experience, which was previously described as limited. The socio-cultural challenges in Nigeria are deeply rooted in the sociocultural practice of being a patriarchal society with a high level of discrimination, prescriptive gender roles and expectations, and objectification of women and children.

Having identified these issues, the current projects aim to explore from the perspective of experts, practitioners, stakeholders, and policymakers the strategies, approaches, and practices to mitigate these challenges, minimise the impacts of these challenges on HCPs, and improve the quality of care received by sexually abused children and their families in Nigeria.

Methods

Settings

This exploratory research study was conducted in two selected tertiary hospitals and networks of SARCs in Nigeria. These centres provide integrated and specialist medical, forensic, psychological, social, legal and rehabilitative services to victims of CSA, sexual assault and other gender-based violence at no cost to all victims. Experts, practitioners, directors, stakeholders, and policymakers in the field of child sexual abuse participated in this study.

Research Design

This is a qualitative study that employed both purposive and snowball sampling methods, which facilitated the identification and selection of research settings and participants. We conducted five focused groups, with each group having a practitioner, director, stakeholder, and policymaker. The goal was to explore providers' perspectives on how to minimise identified challenges and how to improve current practices and the experiences of victims and families of healthcare and social services. This design allowed us to explore this subject across these four areas of expertise in CSA. Practitioners directly caring for and supporting sexually abused children and directors, stakeholders, leaders, and policymakers whose decisions and perspectives have a greater impact on improving practices, procedures, and policies. This can start to develop a framework for best practice, mitigate the identified challenges, build confidence within the workforce and professional competence, and perhaps lead to the writing of formalised procedures for tackling CSA in Nigeria.

Study Population

This study's participants consisted of practitioners (n=10), directors (n=12), stakeholders (n=7), and policymakers (n=7). Participants-practitioners, directors, and stakeholders- were recruited with the help of the gatekeepers - the two tertiary hospitals and networks of SARCs. Additionally, policymakers who were not directly working in the selected healthcare and social care systems but had a significant influence on issues of CSA and HCPs practice were recruited with the help of gatekeepers. Regarding participants' sociodemographic characteristics, most practitioner groups were female, as opposed to policymakers, who were mainly male. Participants were between the ages of 35 and 60. All participants had at least five years of experience, and the majority had vast experience in their mandatory roles.

Procedures

The study was approved by the Ethics and Governance Committee of the University of Sheffield and obtained ethical approval from the ethical committees of each institution involved in the research. From March-May 2023, five focus groups were conducted with 5-8 participants each (n = 36). Prior to conducting the focus group, participants were sent invitation letters, information sheets, consent forms, participant demographics, a summary, and highlights of issues and challenges. The focus groups included at least one individual who is a practitioner, director, stakeholder, or policymaker. The lead researcher facilitated each focus group discussion. The interview guide was adapted from the previous study conducted in Nigeria [2] and included questions that specifically looked into identified challenges and explored ways, approaches, and strategies to mitigate them. Participants were made aware that participation was voluntary prior to providing informed consent. Identifying information was not collected from participants. Each focus group was approximately 60-90 minutes in duration. All sessions were conducted online, audiotaped, and transcribed.

Analysis

A thematic analysis was conducted according to the principles outlined by Braun and Clarke [10]. It allows researchers to understand what is going on underneath the surface as well as reflect the realities of research participants [10]. Through thematic analysis, participants' subjective realities were revealed, as well as subject-directed interventions that could drive change across all levels of influence. Inductively I identified the themes, which means that (a) the data were developed specifically for this study (through interviews) and (b) the themes were closely related to the data. After reading the transcripts, one of the research teams developed an initial list of codes and shared codes and themes with peers to review, refine, and refute. As soon as we reached consensus on the final list of themes, we examined the meaning of each theme, the pattern, divergent and convergent, and how the themes might be woven together [10] Biases and assumptions were acknowledged and challenged during the analytic process through memoing [11]. Participants were sent themes to check the accuracy of the themes, and feedback was incorporated into the findings. Pseudonyms were used to protect the anonymity of the participants, and the specialities provided context for readers on how the unique experiences of each participant may have contributed to the findings.

Results

Overview of Themes

We analysed participant data and found clear recommendations for minimising challenges and improving work impact. The report covers individual to national-level approaches for a progressive path forward. Data analysis yielded five themes: (1) professional training and personal development, (2) awareness and sensitisation programs, (3) developing and implementing national policies and child protection protocol and services, (4) multidisciplinary and multidimensional approach: integrated and collaborative partnerships, and (5) Transforming care with technology

Theme 1: Professional Training and Personal Development

According to participants in this study, training institutions for health and social practitioners should collaborate and ensure that greater emphasis is placed on the teaching of specific aspects regarding CSA. Participants highlighted the importance of inculcating CSA and other forms of child abuse-specific subjects into HCPs pre-registration training curriculum. Participants suggested diverse basic and advanced forms of training on safeguarding children, screening, body and bruise mapping, case management, psychosocial and forensic counselling, forensic interviewing, child protection, forensic interviewing, legal proceedings, and understanding the psychological and emotional effects of trauma on the victim. With this face to face and online pre-registration training, participants believed that health and social care professionals would have basic knowledge and understanding of CSA to build competencies with clinical experience. Participants are of the opinion that rather than prioritising qualifications, it is crucial to focus on building individual skills, knowledge and building capacity. Discussing training and retraining as the main way to address the deep-rooted issues and challenges of limited skills, experience and incompetence:

I think the first action is to include certain training and courses for students training to become nurses, counsellors, psychologists, and social workers. Training on how to interview children, what is CSA, managing it, safeguarding, forensic examination, the available policies regarding CSA, and overall case management. So at least they can possess significant knowledge to build on, rather than being inexperienced. We should refrain from valuing papers (certificates) more than we value competence, experience and capacity.'

(Mrs Jackson, Director of SARCs)

Participants believe that it is imperative that practitioners in the field of child protection and CSA identify their own training and developmental needs and keep up with the latest research, practice, and policy on CSA. Participants emphasised education and health institutions placing mandatory training needs analysis on both students and practitioners in the health and social care fields. Furthermore, participants opined that it is essential that professionals in child protection receive continuous training and education to ensure they are equipped with the most current knowledge and expertise. This should include training on how to recognise and respond to signs of abuse and neglect, how to assess risk, and how to ensure strategies are in place to protect children from harm. Given the outrageous incidence and devastating consequences of experiencing CSA in Nigeria, HCPs need training to properly detect, assess, and treat victims and should possess a clear understanding of the process of victimisation. Discussing the importance of professional training and personal development, a participant said:

'I will continue to say this again and again, schools that train these professionals should make CSA training important and a must for everyone. Everybody must say what they do not know and need to know, the area they need to develop skills, and training should be made available for them. Every practitioner must know how to handle a case, assess risks, respond and report it.'

(Mr Kayode, Policymaker)

According to the participants, mandatory training and continuous professional development were considered key investments in building the competence of multi-professional teams already in the health and social care industry. They believe that this constant retraining increases their chance of broadening their scope of knowledge, improves competence, and plays a critical role in ensuring a high level of care for victims of CSA in Nigeria, as shown in the below excerpt:

'Every centre mapping was done. In fact, it was a huge disappointment that you walk into a health facility and some of them do not know what post-exposure prophylaxis is. There are other best practices training that most of us working here have yet to unravel. It will help us and broaden our scope of knowledge, and other medical practitioners, police, security personnel, child handlers, stakeholders, and volunteers.'

(Mrs. Johnson, director of SARC)

Abuse-related policy and training were another recommendation. There are concerns that merely encouraging practitioners to ask about abuse and demonstrate professional curiosity is not enough in the absence of training. Most of the participants believed that capacity building could only be achieved through the training and retraining of current practitioners and volunteers. Having good knowledge of individual mandatory responsibilities in suspected or reported cases of CSA is quite important in carrying out those interventions and providing timely and effective intervention to sexually abused children and their families:

'Grants can be allocated to support training, staff must complete the training themselves and be supervised, and volunteers can also be trained to take the stress off professionals. If a police officer understands what his duties are, but all those capacities are not there. Oftentimes, you hear questions like, "Where were you? What were you wearing? What were you doing?'

(Mrs. Kudirat, Director of SARC)

Participants in this study suggested that understanding normal sexual behaviour and child development is an important part of their practice to identify CSA cases. It was discussed that their practice should not be viewed solely through the prism of abnormality. Besides direct practice skills, practitioners needed analytical skills, reflective skills and emotional resilience, and the ability to advocate for children during multi-agency investigations. Asserting that CSA practitioners must understand child development, normal sexual behaviour, and acquire higher level skills, she said:

For us, I think we need to start learning child development, not just when there is a problem. If we know the normal child behaviour, we can put one and two together, check those indicators thoroughly, and compare and thoroughly check those indicators to make a critical professional judgement and identify cases.

(Dr. Ogun, practitioner)

Attention was drawn to continuous professional development for HCPs to separate personal values from professional responsibilities and thus avoid conflicts. Participants believed that this would improve professional competence, professionalism and ease the professional differences that exist among the multi-disciplines involved in the care of sexually abused children. More importantly, participants highlighted that having the necessary knowledge about the concept of CSA, will help individuals demonstrate the professionalism and competence required without re-victimising the victims, as shown in the below excerpt:

'Continuous training and having the necessary knowledge will help resolve all these conflicts, all people can work together, and there will be no bias in helping the child, no matter how much we feel we want to query the child and the victim will not experience more trauma from some professionals, especially the police officers.'

(Mrs Sanusi, Director of SARC)

Participants did not only emphasise the importance of training, ways to provide sustainable training programmes were also recommended in these.

Theme 2: Awareness and Sensitisation Programmes

Sustainable awareness and sensitisation programmes were also highly recommended by participants when discussing ways to address the challenges encountered in supporting CSA victims. Participants believed that the social construction of childhood and societal attitudes toward masculinity and victimhood act as powerful predisposing factors to CSA, deterrents to disclosure, and help-seeking for survivors. This family-driven attitude towards CSA must be addressed through greater awareness-raising and educational interventions, to ensure that victims receive the care they need to rebuild their lives. To reduce stigma and misinformation and raise public awareness about the sexual abuse of children, educational media campaigns could be developed and modelled using public health initiatives. Participants identified important targets at the grassroots for awareness and sensitisation, which include parents, communities, schools, law enforcement, judiciary and government officials, of indicators of child sexual abuse, how to respond and the available support. Participants stressed the importance of the family as the smallest unit of socialisation, hence targeting parents on sex education and CSA can enlighten the parents, who can in turn educate their children. Discussing the need for awareness and sensitisation programme that target mechanism of changes at all levels:

'We have to start developing campaigns and awareness programmes that align with the public initiative framework. We have to create awareness and sensitisation programmes within family, schools, and communities. Targeting family is quite important as the child learns the majority from home. Furthermore, there is often a lack of awareness of the problem among law enforcement and government officials, which leads to inadequate responses to victims of abuse.'

(Mrs Kunuji, Practitioner)

According to the participants, the issues at hand were contextual in nature. To address these issues, they suggested that awareness and sensitisation programs should be tailored to different social contexts, including religious and cultural groups. This means involving education, religious, and traditional leaders in creating awareness. It was thought to extend beyond the child's immediate microsystem and encompass a broader socioeconomic environment. Also, the use of both audio and visual media outlets and child's oriented catchy phrases for creating awareness as narrated in the expert below:

'The awareness campaign should focus on churches, social groups and use all forms of media. Working with pastors, imams, and the kings and monarchs to start letting them know that this is wrong. They sure have an influence on their members somehow, using both audio and video and using it as jingles-a very catchy and easy phrase for a child.'

(Mrs Edun, Director of SARCS)

Participants believed that children should have a proper understanding of their body parts and be able to classify which parts are private in order to increase their ability to identify and disclose incidents of inappropriate touching. To prevent children and young people from being sexually exploited, there would also be a focus on primary prevention to educate them and build their resilience. Massive awareness and education were also considered beneficial by the participants, as they hoped that this would help society understand the severity and consequences of CSA, and that public enlightenment would change negative societal attitudes and harmful cultural practices:

'With good awareness, children will know better about their bodies. I think our people will better understand how severe this subject is. The focus should be on massive awareness and education. Some people still believe that the perpetrator made the mistake of having sex with the child, without considering how many children he/she must have been sexually victimised. Society needs to understand how it affects children, people need a basic understanding. Even at the community level, there is a lot of sensitisation needed.'

(Dr. Ajao, policymaker)

By educating and informing families, schools, and communities, we can create an environment in which victims feel safe to report abuse and are encouraged to seek help from professionals, government, and law enforcement.

Theme 3: Developing and Implementing National policies and Child Protection protocol and Services

Participants explained that national policies and child protection protocols in Nigeria should be revisited and evaluated to identify the gaps where specialised services are needed. Developing and implementation of existing dormant laws and the making of new child- or victim-friendly mandatory policies and systems was considered an essential action in addressing and tackling the menace of CSA and the associated issues in Nigeria. In this theme, the most prominent aspect was the mandatory adoption of the Child's Right Act (2003), which prohibits child marriage, violence, and abuse against children in all 36 states of Nigeria. Enforcing mandatory adoption of the Child Right Act (2003) will negate the use of multi-legal systems and laws that encourage child marriage:

'Every state should adopt the Child Right Act (2003), because I think we still have 11 state that rejected it and somehow legalise child marriage. Because we have customary and Sharia law. I will say these law need to be relegated and abolished, and all state should accept child right act', which will protect the children and help stop the legalisation of child marriage. It is essential to provide children with the rights they deserve and ensure they can reach their full potential.'

(Mr. Jarule, Policymaker)

In addition, while others hammered on implementing existing laws, other participants advocated the development of new laws and policies relating to CSA that would include effective safeguarding of children, child-friendly mandatory reporting, investigation and litigation processes without bias, and severe punishment for perpetrators. There are concerns that existing laws are vague, and greatly influenced by the unhealthy cultural practice, social values and tradition that predisposed children to sexual abuse and make identifying and responding to sexually abused children extremely difficult: As reflected in a participant's narratives:

'I know people here will say we should first implement the law we have, but you can bear me witness that the laws currently are vague, not clear and degrade the children more. You see our unsafe way of life and law and current constitution is not helpful. So if we want to tailor our actions on these ones, it is like building on a poor foundation.'

(Mrs Abiodun, Practitioner)

Other participants emphasised that Nigerian legal documents and policies should explicitly review the current legal definition of a child in Nigeria and develop a consensus definition that aligns with the UN definition. The participants argued that there is an urgent need to review and reform existing laws and policies related to the protection of children, in order to ensure that all children are adequately protected and that any legal documents that are created are in line with the United Nations definition of a child.

'What is defined as a child, is no longer the UN definition of a child here. Is now what the state defines as a child and what's the problem. So in some of those northern states, they reduce it to 15, some reduced to 13, using puberty as yardstick. Right now, the definition and rights of the child is what they should be looking into. We need to review CRA and make new laws and policies that apply to all states in Nigeria.'

(Mrs Wonuola, Practitioner)

All provinces should make available specialised services for child victims, ensuring the 'best interest of the child' and addressing re-victimisation. Establishing sustainable and effective SARCs was another recommendation, since the few available ones are less equipped and even lack basic medical supplies, which undermines HCPs' ability to provide enhanced victim care. Participants opined that establishing sustainable SARCs can contribute to enhanced investigation and enable practitioners to reach victims in a supportive environment in a timely manner. This can help ensure victims receive timely and appropriate medical and psychosocial support, legal advice and support, appropriate referrals, and access to specialist services that are tailored to their individual needs.

'Establishment of sexual assault, referral centers, that have all the clinical requirements, at least to attend to a victim or a survivor. We need to have appropriate equipment for medical care, surgical care and prophylactic care. Good forensic care and referral system. This will help ensure that victims receive the necessary medical and psychological help they need in a timely manner, as well as access to the appropriate legal advice and support, access to specialist services and referrals.'

(Mrs Kitan, Director)

Apart from establishing sustainable SARCs, participants emphasised the importance of establishing sustainable gender-based violence units in the police department. The police department should be equipped with a dedicated gender-based violence unit in order to provide specialised services for victims of gender-based violence and to ensure that perpetrators are brought to justice. This unit should be staffed with officers who are properly trained in gender-based violence and have the necessary skills and expertise to effectively investigate cases. Emphasising the need for a dedicated, well-resourced gender-based violence unit in the police department, a participant said:

'I will recommend that the police force have a dedicated unit. I know they will tell you, they have their gender units, and their juvenile units. Let there be dedicated units where there will be police officers trained as professionals to interface on this issue so that they will know when a child's or even any victim's survival is at risk.'

(Mrs. Johnson, Practitioner)

In Nigerian society is patriarchal, so when it comes to police, male culture is not only pervasive but hegemonic. The masculine culture of policing also has a negative impact on police responses to gender-based violence. Instead of traditional masculine policing practices, participants suggested women-led police stations explicitly designed to receive women victims of gender violence. They believed this may offer promising practices that could be useful in reimagining the policing of gender violence including CSA in Nigeria:

'More importantly, I think the traditional way men dominate the police force in Nigeria is also a problem. Others might not agree, but this issue is grossly affecting women in this country, so if we try an alternative of a female led police force, that will work in some way, I think.'

(Mr. James, Policymaker)

Participants emphasised the need for developing national medico-psychosocial-legal care protocol and guidelines for practitioners on CSA, providing a guide to practitioners of CSA, rather than domesticating international guidelines unsuitable for the social structure and context of practice in Nigeria. It was suggested that such protocol and guidelines should take cognisance of the cultural and social milieu of the Nigerian context, and provide clear definitions for sexual abuse, rape, and other forms of CSA, as well as provide practical guidelines on how to respond to CSA and support survivors. Without strong political will and active government participation the development of comprehensive protocols and guidelines to address CSA in Nigeria will remain a distant goal:

'My colleagues here may disagree with me, but I think using international guidelines or policy is not the right idea for Nigeria at this time. We need to develop a national framework that represents us, where and how we work. We need strong political will, active involvement of the government and their stakeholders, the state government and other well-meaning international donors, local donors, and providing mandatory child right law in all the states, we have to implement all these dormant laws, and stop childhood marriage.'

(Mrs. Agun, Director)

Emphasising on the need for developing context-sensitive and culturally responsive national guidelines for practitioners. Another participant said:

'We have to look into what works for us, the children, family, and our society in making this guideline we are talking about. What works here, because you see even cases differ from one another already, so let's look into something we can do based on the services available to us.'

(Mr. Hali, Practitioner)

In order to develop context-based guidelines for practice, participants prioritised the active involvement of frontline practitioners with mandatory roles of identifying and responding to cases of DVA in the development of the guideline. This approach could ensure the guidelines are informed by current practice in Nigeria, and are therefore more likely to be adopted, as well as ensure that the most up-to-date evidence-based strategies are used. It also increases the likelihood that the guidelines will be tailored to the specific context of each organisation, thereby maximising the likelihood of successful implementation. As seen in participant's narratives:

'My concern is that our policymakers do not usually include us. We are at the forefront of doing the job. We know the issues we face when it comes to identifying cases, managing cases, and referring sexually abused children for other services. I am saying this because I think it is the best way to develop a guideline that will be relevant to our practice. With that, HCPs will want to use it more practitioners can use it and we are likely to get the result in this way.'

(Mrs. Chioma, Practitioner)

Participants explained that to implement existing laws and develop new children safeguarding policies, there is a need for strong political will.

Theme 4: Multidisciplinary and Multidimensional Approach: Integrated and Collaborative Partnerships

Using a multidisciplinary approach was believed by participants to allow for the integration of multiple viewpoints, expertise and resources in addressing child sexual abuse cases. Through this approach, all stakeholders will be involved in the decision-making process, ensuring the best outcome possible. Collaboration among professionals is essential in addressing these cases and providing the best care for the victims. This kind of collaboration helps to ensure that all stakeholders are aware of the resources available and are working together to get the best outcome for the child. It also helps to ensure that the child is receiving the best possible care, as all stakeholders have their own perspectives and different areas of expertise. Participants emphasised the need to effectively collaborate with agencies of influence at the microsystem and wider system of the child in order to ensure that all stakeholders are involved in the decision-making process and that the best possible outcome is achieved and that all involved hold a high level of standard of care and safety:

'We have to work with all organisations working with children, attending to children or the organisations that have contact with the children. We need to look into both the micro and wider systems of the child to ensure that any person, is held to the same standards of care and safety.'

(Mrs Jare, Director)

Emphasising creating awareness through effective partnership, a significant number of participants prioritised working with the family. They believed that the family plays an essential role in the socialisation of the child and in creating awareness for the child to develop better life skills and knowledge as previously indicated. Working with family will help to target those systematic factors that can predispose children to abuse and debar disclosure. Although participants were unsure how to go about targeting and working with families, they believed active involvement of the family would be helpful in preventing abuse, early identification of cases and case management. Emphasising the importance of meaningful involvement and interaction with the family for prevention, early identification and response:

'My colleagues may know better in terms of how to involve the family and how to go about this. By partnership with family, we will teach the family, to identify those things that make a child predisposed to abuse, how to protect their child, resources and how to seek help. But how can we tell them all these if we are not in agreement? We will provide them with resources on child abuse prevention, signs of potential abuse, and how to seek help if they suspect their child is being abused. We will also work to help them identify behaviours and situations that could be putting their child at risk. I don't know how to go about it.'

(Mrs Ojo, Practitioner)

Participants emphasised the importance of partnership with the school and active involvement of education staff, counsellors and pastoral officers to ensure that children and families receive the help and support they need. There will be better support for teachers and school leaders to recognise sexual harassment and abuse and teach with confidence about issues of consent, online pornography, and healthy relationships. Teachers will also receive enhanced safeguarding guidance to enhance their ability to identify and respond to such incidents. They will be responsible for protecting the children, receiving reports, harnessing all resources to help the child and family, and continuing to train the staff. They will be responsible for implementing a comprehensive, evidence-based safeguarding strategy that is tailored to each school's needs and which takes into account the changing landscape of safeguarding and the increasing prevalence of online abuse and harassment between children:

'You see, we need to work with the schools. Help the teacher to identify cases, and understand normal child sexual behaviour and abnormal ones. They will have good training and feel confidence. We have to work with them. Another thing is that there should be a designated person that will overlook safeguarding these children and help the staff and take all cases on board and involve every discipline that can support the child.'

(Mr James, Policymaker)

Discussing effective partnerships, participants highlighted the importance of working with social and cultural groups and leaders. Many of the elements associated with CSA are socially and culturally inclined, hence the need for working collaboratively with leaders. Participants highlighted the essentiality of partnership and networking with other child protection systems, children safeguarding organisations tackling CSA, both nationally and internationally. At the national level, they recommend partnership with many social-support, cultural, religious and educational groups, including schools. Some of the groups cited include child protection networks, community committees, traditional rulers and faith-based organisations. These key stakeholders and gatekeepers are the core components of the child's wider support system; the traditional and religious leaders. They expressed the importance of collaborating with these personnel as they are decision-makers and influencers, holding powerful positions with great significance to the public. First, collaborating with this organisation may end child marriage, and increase HCPs chance of identifying and responding to the victims of CSA. Also, it will help in adopting a systemic approach, looking at the child and wider system, and not just the individual, hence, providing holistic care to victims. Moreso, working with traditional and religious leaders will help to target harmful practices predisposing to and reinforcing sexual abuse of children, positively influence society's attitude, and minimise victim blaming and shaming, thereby facilitating disclosure. Below is the excerpt that cited areas and personnel that can positively influence their practice of supporting the victim of CSA:

'Work with the Child Protection Network, the coalition of civil societies to end child marriage. Partnership with many local and international organisations and groups and networks that have the mandate of addressing sexual violence against children, including faith organisations, churches, traditional communities, including gatekeepers as they hold power to influence society.'

(Dr Ajayi, Practitioner)

Apart from using a multi-professional approach, participants explained the use of using a multidimensional approach during case management. This approach would involve exploring the child's psycho-social, legal, medical, educational, and environmental context, which could lead to more comprehensive and effective interventions. Multidimensional approaches require professionals to take a holistic view of a child rather than focusing on just one aspect, which would help professionals better understand the child's needs and provide appropriate interventions. It was recommended that HCPs should move from merely medical approaches to medico-legal and biopsychosocial approaches that include active engagement of the parent/guardian, stakeholder, the child's social cycle, school, and community.

'I think we should not forget to use multidimensional approaches in the child's care, here we only take care of the child using a medical approach like treating pains, trauma or wound, we are not focusing on the social, emotional and looking into the child as a whole. I think we have to use the multi-agency approach.'

(Mrs Adelani, Director)

Above all, in prevention, creating awareness, identification, and responding, practitioners should consider the wider context of the child. Active engagement of the parent/guardian, stakeholder, the child's social cycle, school, and community. Multidimensional approaches and interventions include a range of services tailored to the individual and their family, build on existing support, and encourage collaboration and shared responsibility.

Theme 6: Transforming Care with Technology

Participants suggested the use of software and technology, which means cases will be managed using user-friendly application software. With this approach, professionals can share evidence and information and conduct seamless case investigations without the unnecessarily bureaucratic process and public negativity the conventional approach attracts. With technology and software applications, they can organise the best rapid response to victims and even create child sexual abuse response sensor systems so that the child can easily alert and report their abuse to HCPs. HCPs implore the government to launch an active CSA reporting website, for victims who have access to the website or even an alert system on mobiles.

'We should make some technological advancement, this is the other way of identifying, even without the survivor coming to the office. Reporting through the website. We have our WhatsApp platform, Facebook. The government should fund that and see to it maintenance and sustainability.'

(Dr Latoya, Practitioner)

Technology can assist in facilitating the disclosure of sensitive information, such as using dolls to help children label areas of their bodies that have been touched. It can also offer remote counselling and video-conferencing options for survivors, particularly useful in rural areas where services may be scarce. These services provide a confidential and secure way to access help and support:

'Technology can help us go a long way, we can have dolls that will help children to explain where they were touched. We can counsel and provide emotional support for victims, without coming to an office. I know the cost of these might be expensive, but it is worth it. Especially with those children in remote areas that HCPs do not have access to.'

(Mrs Moses, Director of SARC)

Technology can be used for effective communication and collaboration among multi-agency with mandatory roles and responsibilities of identifying and responding to sexually abused children without raising negative societal attitudes, victim blaming and shaming and family stigmatisation, while also providing a safe and secure environment for victims and families to receive support. This approach is said to be effective in facilitating disclosure and encouraging victims and family to be more accepting of available professional services. This approach involves providing victims of trauma and their families with a safe space to talk about their experiences and expressing their feelings without fear of judgement or consequences. A participant analyse the benefits of using technology to manage information without causing shame and while protecting the identity of the victims:

Using technology to gather information from other agencies can be a child and family-friendly approach that ensures no information is missed and avoids shaming or blaming. However, it may pose challenges for those who are not computer literate. Despite this, we should not overlook the benefits and opportunities technology can provide.

(Mr. Morris, Director of SARC)

With technology, professionals can share information, assess, manage cases and signpost sexually abused children to good services while maintaining the confidentiality, privacy and safety of the sexually abused victim, hence encouraging disclosure.

Discussion

The aim of the study was to explore real-life strategies to mitigate those challenges experienced by HCPs in their roles of identifying and responding to sexually abused children in Nigeria. Several reports have shown that HCPs have a legal, ethical, and moral responsibility not only to identify, report and manage cases of CSA but also to acquire and demonstrate competence at all stages of management. This study supports evidence from previous studies [2,12-15], which emphasises the importance of training and continuous professional development as well as identifying context-sensitive approaches to making effective sustainable approaches to improving HCP competence and capacity. Such initiatives will ensure that HCPs are equipped with the right knowledge and skills to identify, intervene, and prevent CSA cases, as well as act in the best interests of the children in their care.

Additionally, by becoming more aware of the issue of CSA, HCPs can create a safe and supportive environment for children who may be at risk of or have experienced sexual abuse. HCPs need training, professional development, and manageable workloads to provide quality care to CSA survivors. Transferable skills such as risk assessment, management, and counselling are essential for competence performance. Policy-makers and managers must ensure adequate staffing, increase supervision, and motivate employees [14].

The multidisciplinary and multidimensional approach remains the backbone of professional practice in supporting sexually abused children as it incorporates a variety of interventions to support children, develop resilience and independence [2,12,13,15,16]. A key finding of this study is the importance of collaborating effectively with agencies that have influence on the child's microsystem and wider system in order to ensure that all stakeholders are involved in decision-making and that the best possible outcome is achieved, along with the highest level of care and safety for all involved. Targeting influence on the child's microsystem and wider system will facilitate creating awareness and sensitisation programmes in the society on CSA, reduce informing them on how to identify cases among children, informing about the need to disclose and how to disclose, and encourage them to seek support and awareness of available services. This study emphasised the importance of strategies for effective partnership with the child's family, school, community, and social system. For example, effective collaborations with schools may result in educators in the school system fostering an environment where children feel comfortable discussing issues such as inappropriate interactions among peers or between adults and children [17], especially in Nigeria, where such discussions remain shrouded in secrecy. By creating awareness, HCP and child families, and society can resolve conflicting ideas, interests, and discrepancies in perspective, and minimise the contextual challenges encountered while interacting with the child's micro and broader environment.

Developing and Implementing National policies and Child Protection protocol and Services [18] can help to ensure that children and young people are safe and protected from violence, exploitation, and abuse. These policies should be developed in partnership with children, families, practitioners and communities, and should be based on a comprehensive understanding of the needs of the children and the contexts in which they live. There is a need for mandatory adoption of the existing Child's Right Act (2003), which prohibits the practice of child marriage and any form of violence or abuse against children in all 36 states of Nigeria. Also, developing context-based guidelines for practice and the active involvement of practitioners in making guidelines and protocols were considered important. Majority of recommendations and suggestions were context-specific, aligning with the practice needs, and perceived challenges within the Nigerian context.

Ifayomi [2] suggests that healthcare providers in Nigeria need training and national protocols to better identify and respond to cases of child sexual abuse. The study also highlights the importance of budgeting controls and interagency reporting to overcome technical barriers to information sharing. The current study did not only identify practical strategies to mitigate these challenges, it analysed the approach for ensuring the sustainability of HCPs' practices. This included making sure that HCPs have access to adequate resources, including the necessary financial and human resources, to sustain their practices. Additionally, the study proposed the introduction of incentives to ensure that HCPs are provided with the necessary support to continue their work and achieve long-term sustainability.

Strengths and Limitations of the Study

The key strength of this study is that it focuses on an innovative issue and conducts a rigorous investigation process. The corresponding author also checked and reflected on how her background, assumptions, values, and preconceptions can affect the research. This study uses a multi-disciplinary approach to enrich and diversify research findings by interviewing various stakeholders- practitioners, directors and policymakers with statutory responsibilities for sexually abused children. Another strength of the analytical work has been the competence of the researcher regarding both methodological and clinical knowledge and practice, with professional experience of working in a similar context with the participants. This pre-understanding has been essential for asking relevant questions both in the focus-group interviews and individual interviews. Because the study's context and period of research are specific, the study is limited. The recommendations put forward by the participants were context-specific; meaning they were tailored to their unique context and circumstances, specific challenges uncovered by previous studies and may not be applicable to other contexts. As a result of the focus group discussion, individual practitioners may have provided socially acceptable or expected responses. Responses may not reflect true opinions, as participants may feel unable to express themselves for fear of judgement/reprisal. Despite these limitations, this study fills a critical gap in providing evidence-based framework for developing comprehensive and real-life strategies to mitigate issues and challenges facing HCPs in their roles of identifying and supporting sexually abused children.

Conclusion

The issues and challenges faced by HCPs in the role of supporting sexually abused children in Nigeria result from the constant and complex interplay of many practice-dimensional factors as well as individual and contextual factors, hence, a similar approach is essential in addressing these challenges. A comprehensive approach is needed to identify and support sexually abused children in Nigeria, encompassing individual and contextual interventions. There should be mandatory continuous training needs analysis and professional training and personal development on CSA-specific subjects. There should be mandatory continuous training needs analysis and professional training and personal development on CSA-specific subjects. A strong collaboration with agencies of influence at the microsystem and wider child system is needed to make sure that all stakeholders are involved in the decision-making process, that the best outcome is achieved, and that all stakeholders maintain a high standard of care.

Awareness and sensitisation programmes should be created and framed with public health initiatives to raise awareness in the local community about the concept of CSA and to provide education on how to report any suspicions or concerns. Developing and implementing national policies and child protection protocols and services should also be done to ensure that the rights and safety of victims of CSA are protected and that they receive the necessary support and care. Technology should be used in a sustainable way to transform care in the future. This approach should incorporate the use of technology, such as artificial intelligence and data analysis, to better understand the underlying complexity of CSA, collect data, network with other agencies, provide better support and resources to survivors of CSA, and create awareness and education around these issues. Policymakers, educational institutions, and authorities will be able to use the insights of this study to ensure the suggested improvements are implemented so that HCPs can respond appropriately to vulnerable children and families when CSA is suspected or reported.

Declaration of Conflicting Interests

As far as the research, authorship, and publication of this article are concerned, the authors declare no potential conflicts of interest.

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