

**Original Article**

## **Reported Cases of Sexual Assault (Rape) In Selected Hospitals in Ibadan, Oyo State, Nigeria: A Six Years Retrospective Study**

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### **Abstract**

Rape is an unwanted sexual activity in which the perpetrator uses force, threats or takes advantage of victim without their consent. Therefore, this study aimed to review the prevalence of rape reported in the selected hospitals in Ibadan. Hospital records of all reported gynecology emergencies cases of rape in Ibadan, Oyo State, Nigeria from 1st January 2011 to 31<sup>st</sup> December 2016 was reviewed using a structured proforma to determine the prevalence of rape by utilizing a retrospective descriptive study design. Data were analyzed using Statistical Package for Social Sciences version 22.0. The patients' age ranged from 2 to 38 years. Out of 142 respondents only 13 (9.2%) were married and 95(66.9%) were in the school age bracket. 141(99.3%) of the sexual assault were through vaginal and 49(34.5%) occurred in the night. The majority of the assailant were strangers 66(46.5%), friends 25(17.6%) and neighbor 25(17.6%). Rape affects victims in every facet of their life, and it remains a public health issue and a violation of basic human right.

**Key words:** Sexual assault, rape, vaginal, perpetrator, violation, human right

### **Introduction**

Violence against women ranging from wife inheritance, forced marriage and forced engagement, rape by intimate partner or strangers continues to be on increase daily (Ashimi, Amole & Ugwa (2015). It also include sexual assaults which is beginning to

take its toll and is seen as a major public health problem and violation against women's right as they constitute part of the most vulnerable group in the society. Sexual assault is any type of sexual activity, including rape that someone forces or manipulates someone else into unwanted sexual act without their consent.

(Women's health, (2017): RAINN (2016), and National Sexual Violence Resource Center, (2010).

Rape is a penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim (RAINN, 2016). It is seen as a violation of basic human rights (European Union Agency for Fundamental Rights 2014) and it remains a public health issue that affects victims in every facet of life, such as social life e.g. individuals may be stigmatized and ostracized by their families and others as consequences.

It is estimated that 1 in 3 (35%) women worldwide have experienced either physical or sexual intimate partner violence or non-partner sexual violence in their lifetime (WHO, 2016). According to the UN Women (2013) and UNICEF (2014), around 120 million girls worldwide (slightly more than 1 in 10) have experienced forced intercourse or other forced sexual acts at some point in their lives and up to 70 per cent of women worldwide experience sexual violence in their lifetime and the perpetrators is their husbands, intimate partners, or someone else they know with few cases involving strangers. In the United States, nearly 1 in 5 (18.3%) women and 1 in 75 (1.4%) men reported experiencing rape at some time in their lives (Centers for Disease Control and Prevention 2012). In a national survey conducted in United State of America by Tjaden & Thoennes (2000), 14.8% of women over 17years of age reported having been raped in their lifetime with an additional 2.8% having experienced attempted rape and 0.3% of the sample reported having been raped in the previous 5 years.

Several studies done in Africa on sexual violence also revealed varying reported incidences of 16% in the Democratic Republic of Congo ,49% in Uganda, Ethiopia 33.3% and in south Africa 127 people per

100,000 of the population with evidence of epidemiology of adolescent sexual abuse showing rate of 1.6-60%.(Peterman, Palemo, & Bredenkamp (2012), Fitaw, Haddis, Million & G/Selassie (2005), Sendo & Meleku (2015), Bill & gate foundation (2013) and Meinsk, Cluuer, Boyes, Loening-Voysey, 2016). Forced first sexual experience was also reported in rural Tanzanian 17%, 24% in rural Peru, and 30% in rural Bangladesh (WHO, 2012),

In Nigeria, studies conducted in the north shows prevalence of sexual assault to be 13.8% among female students and 78.5% among employed girls in Maiduguri, 5.6% of gynecological consultations in Jos (Kullima, Kawuwa, Audu, Mairiga & Bukar (2010), Daru (2011) and Audu, Geidam & Jarma, 2009) with prevalence of rape among paediatrics as seen in a pediatric outpatient consultations in northern Nigeria to be 0.06% in Zaria and 0.2% in Minna. ( Bugaje, Ogunrinde, & Faruk 2012 and Ameh 2000).In the southwestern part of the country, prevalence rate ranges from 2.1% in Calabar (Ekabua, Agan, Iklaki, Ekanem, Itam & Ogaji 2006) to as high as 69.9% in Anambra state among juvenile female street hawkers (Ikechebelu, Udigwe, Ezechukwu, Ndinechi & Joe-Ikechebelu 2008). Moreover, a facility based studies shows a prevalence of 2.1% in osogbo and 15% in Ibadan among young females with reported case of forced penetrative sexual experience (Adeleke 2012 and Ajuwon 2005), a low prevalence is however experienced in most of the health facilities (0.76% ) in Lagos(Akinlusi, Rabi, Olawepo, Adewunmi, Ottun & Akinola 2014) although, a very high prevalence of sexual assault was reported in a community based study (14% ) among out of school adolescents in an urban slum in Lagos( Kunnuji & Esiet 2015).

Nevertheless, it was observed that true incidences are not accurate in Nigeria, because most cases of sexual assault are under-reported

by the victims for fear of stigmatization and reject among colleagues and the society (Kullima, 2010). Victims that manage to attract legal attention are thrown away in the law courts due to lack, distortion of evidences by law enforcement agents and inadequate exhibits for prosecution. This is evident in a report by Ngozi Okonjo-Iweala (NOI Polls) in July 2016 in a situational assessment of internally displaced people (IDPs) in the northeast exposing the ill human act of camp officials who sexually abused 66 percent of women and girls of the 400 displaced people in Adamawa, Borno, and Yobe states ( Human Right Watch, 2016) which eventually did not see the light of the day as justice was not served.

Although, according to federation of Nigeria criminal code law (1990) sexual assaulters in Nigeria are sentenced to life jail with or without whipping. Despite this legal provision, the incidence of sexual violence in community based studies across the country remains high due to the fact that most cases of rape are unreported by the victims out of fear of stigmatization, rejection by the society, and safety concerns, coupled with the fact that even for cases that are reported, the perpetrators are rarely prosecuted (Ashimi, Amole & Ugwa 2015). It was opined by Akinade, Adewuyi & Sulaiman (2010), that enduring culture of male dominance, female social and economic non-empowerment, and lack of synergy in civil society initiatives are responsible for the high prevalence of sexual violence in Nigerian.

Despite several reports on sexual assault in southwest Nigeria, there is paucity of information on the prevalence of rape in Ibadan metropolis. This is likely due to unreported cases of such act which could be attributed to fear of consequences that come mostly with societal discrimination. Hence, this study reviewed reported cases of rape in selected tertiary and secondary health facilities in Ibadan in order to identify the prevalence

and nature of rape. This will help to raise public awareness and assist in planning interventions to reduce the incidence. Rape can be directed against both men and women but the main focus of this study will be on rape against women, female adolescent and female children as they constitute the most vulnerable population in the society and hence, prone to sexual abuse.

**Materials and Methods:** The study is a retrospective descriptive survey, designed to review the prevalence of rape in Ibadan, Oyo State, Nigeria. The study reviewed hospital records of all reported gynecology emergencies cases from 1st January 2011 to 31<sup>st</sup> December 2016 using a structured proforma to extract information on patient's socio-demographic data, route of assault, type of assault, identity of the assailant, time of occurrence, place of assault and type of injury sustained.

The study was conducted in two major referral hospitals in Ibadan, which include a tertiary facility and a secondary facility in Ibadan. The facilities selected are at the core centre of the town, closer to the grass root and serves as referral centres for cases of rape from other secondary facilities and primary healthcare centres. Data obtained was analyzed using Statistical Package for Social Sciences version 22.0 and p-value at  $p < 0.05$  was accepted as significant and the results were presented as descriptive and inferential statistics. Ethical approval was obtained from the Ethical review Committee boards of the study settings.

## Results

**Prevalence of Sexual Assault :** There were 28,231 gynecological emergencies cases presented in the selected study settings, with 6,987 in the tertiary facility, and 21,244 in the secondary facility during the period under review. Total numbers of 225 sexually assaulted cases were extracted from both study settings, given a prevalence of 0.79%, out of

which 142 case files were available for data collection with 83 missing files.

**Socio-demographic characteristics:** All the cases were females with age ranged from 2 to 38 years. The majority of the victims fell within the age range of 2-25 years. A larger proportion of the victims were single (88.0%), fell within the school age bracket (66.9%),

with (7.7%) preschool children aged 5 years and below as indicated in Table 1

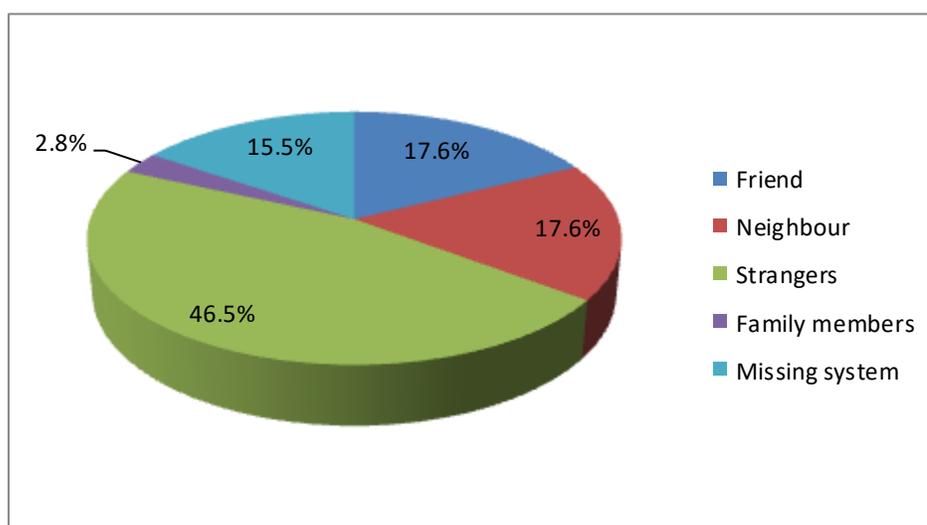
**Time of Occurrence:** The assault almost equally happen during the day (29.6%) and night (34.5%), while 35.9% of the file reviewed did not indicate the time of occurrence as shown in **Table 2**

**Table 1: Socio demographic data**

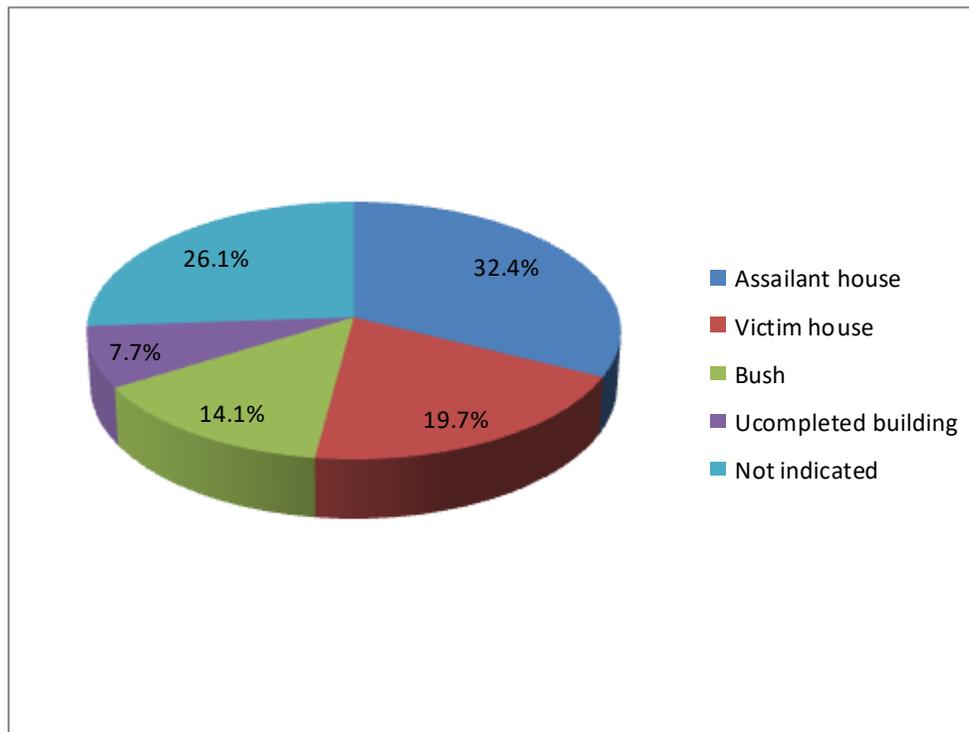
Variable	Level	Frequency	Percentage (%)
Marital Status	Single	125	88.0
	Married	13	9.2
	Missing System	4	2.8
Occupation	Preschool	8	7.7
	Students	90	66.9
	Trader	14	9.9
	Unemployed	2	1.4
	Civil servant	4	2.8
	Undergraduate	16	5.6
	Missing System	8	5.6
Age (years)	0-5	8	5.6
	6-10	18	9.2
	11-15	47	10.6
	16-20	33	8.5
	21-25	17	7.7
	26-30	11	5.6
	31-35	5	3.5
	36-40	2	1.4
	Missing System	68	47.9

**Table 2: Rape History**

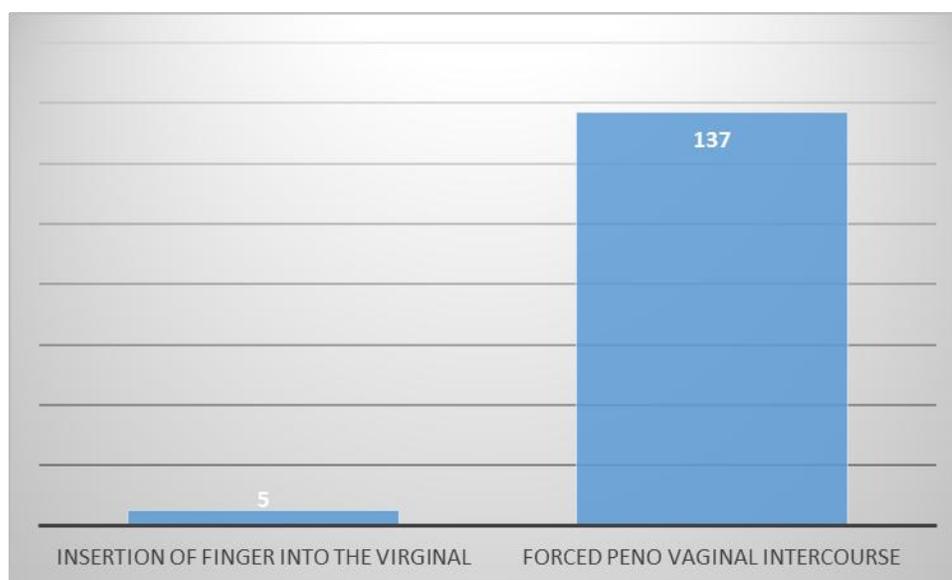
Variable	Level	Frequency	Percentage (%)
Route of Sexual Assault	Vaginal	141	99.3
	Vaginal and anal	1	0.7
Time of occurrence	Day	42	29.6
	Night	49	34.5
	Not indicated	51	13.4
	Missing System	32	22.5
Type of Injury Sustained	Vaginal Laceration	27	19.0
	Specify other injury	20	14.1
	No injury	74	52.1
	Missing system	21	14.8

**Figure 1: Identity of Assailant**

**Figure 2: Venue of Assault**



**Figure 3: Type of Assault**



**Identity of the Assailants:** Out of all the case files reviewed only 28 victims were gang-raped and majority 66(46%), were raped by strangers, 25(17.6%) friends, 25(17.6%) neighbor and 4(2.8%) family members as shown in **Figure 1**.

**Venue of Assault:** Majority 46(32.4%) of the assaults took place in the assailant house, 28(19.7%) were assaulted in the victims house and 20(14.1%) in the bush. Eleven (7.7%) of the victims were assaulted in an uncompleted building and 37(26.1%) victims information could not be extracted as shown in **Figure 2**.

**Type of Assault:** There was forced peno-vaginal penetration in majority of the victims 137(96.6%) and 5(3.5%) were fingered by assailant as shown in **Figure 3**.

**Injury Sustained:** Few victims 27(19.0%) sustained vaginal laceration, 20(14.1%) sustained other injuries different from laceration while 74(52.1%) did not have any injury and 21(14.8%) information could not be extracted as shown in **Table 2**.

## Discussion

Women and children are valued hopes and dreams of families of all cultural heritages, thereby making sexual violence among them to be a big concern to the nation. This is a retrospective study of cases of sexual assault (rape) reported in two hospitals in Ibadan, Nigeria between January 2011 – December 2016.

All accessed records of rape victims reviewed were female with vast majority of them being single (88.0%). Such consistency is seen in a study conducted in Osogbo by Adeleke et.al. (2012) where Most 93.2% of victims reviewed were single. An age range of 2 to 38 years was found in this study with the older survivors having a low reporting percentage (Table 1). Also in a study conducted by Akinlusi et.al. (2014) in Lagos the age ranges from 2 to 50 years but in contrast to the findings in Calabar and Benin in Nigeria having 4 to 23

and 3 to 25 years age range respectively. In a study done in India, victims age ranges from 3- 42years (*Malhotra and Sood, 2000*). The disparity seen in the age of the older victims and their percentage of reporting may be due to underreporting by the older survivors to law enforcement agents and health authorities for fear of stigmatization and embarrassment especially in a deep rooted cultural traditional setting and high level of illiteracy in a place like Ibadan.

The study showed that children and young adults less than 20 years old constituted more than half of all the reviewed cases with 7 in ten girls in the school age forming majority of the victims. It may however be so because these age groups are the most vulnerable and at high risk of being victims of sexual assault in the society, because they are defenseless, weak and therefore constitute an easy prey to their assailants. This is comparable with a study conducted in Zimbabwe by Caroline & Richter (1999) and in Nigeria by Omorodion & Olusanya (1998); Collings, (2005) and Bello & Pather, (2008) which buttress the fact that higher incidence of sexual assault among these young people is often attributed to their physical and mental immaturity and their lack of ability to physically defend themselves against their assailants, most of the victims being school age children left in the care of strangers or family members. In addition, 19 in twenty of reported sexual assault was rape by forced peno-vaginal penetration, which is similar to findings from studies carried out by Collings et al 2008; Chesshyre & Molyneux 2009 and Adegoke 2014 where rape through vaginal penetration as a common form of sexual assault was reported.

The study also showed that slightly below half of the perpetrators are strangers and the crime was committed at their residences. This is in accordance with a study by Uchendu & Nwogoh (2014) were 60% of the crimes were committed in the perpetrator's house and in contrast to studies done in Jos, Jigawa and

Osogbo by Daru et.al,2011; Ashimi, Amole & Ugwa, 2015; Adeleke et.al, 2012, where the commonest venue was the survivors' house. The findings from this study could be due to the fact that the perpetrators believe it is safer to execute their criminal act where they have the power, strength and the strongest advantage to dominate their victim. About 1 in five of the respondents had no injury with few having vaginal lacerations. This could be attributed to submission by the victims as a result of emotional manipulation or verbal threats thereby leaving no injury.

**Implications for nursing practice:** Sexual assault is a pervasive social problem that occurs worldwide, most particularly in a developing country, leaving the victims with a lifetime effect. Nurses need to be adequately knowledgeable about sexual assault, its socio-legal, psychological, emotional, and physiological effect as survivors present across health institutions. The knowledge is crucial in providing optimal care to the victims which include assessment, post exposure treatments, psychological and social support. The key strategies in curbing the incidence of rape and its life time effect is to ensure individuals, families and communities are fully aware of the prevalence in their communities as well as its prevention. They must be aware of the medico- legal actions for the act and the available supportive services.

There is a need for preventive initiatives, especially among young people population, with special attention on the vulnerable groups because of deficiency in judgment and social skills. It has being reported that children, women with mental retardation/intellectual disabilities and communication deficit are at risk of being sexually abused. This vulnerable group needs the support of parents, guardian and caregivers and the society at large to resist and curb this act.

The prevention begins by addressing the cultural values and norms that support and

tolerate sexual assault e.g. gender inequality, female slavery in the society, in order to reduce the risk factors while enhancing the protective factors. There is a need to incorporating behavior and social change theories into prevention programs so that behavior patterns, cultural values and norms contributing to sexual violence will change over time thereby reducing the incidence of rape in the society. In addition to the prevention initiative, nurses need to get involved in delivering school based primary prevention programme that educate on healthy relationship, training the community on the need for intervention when they see someone engaging in an unhealthy behavior, encouraging people to speak up, create a safe workplace in the school environment, offer support especially to the vulnerable groups, and teach the teens and children on personal protection( They determine who touches them and report inappropriately touch).

The nurses should champion the public enlightenment on rape, even though expertise and facilities for managing rape victims are grossly inadequate and unavailable. Also, researches on sexual assault have been limited by under-reporting due to social stigmatization as evidence by this study and previous studies in different part of the world. In a criminal victimization survey in the United State 2016, it was reported that 80% of rapes and sexual assault go under reported (Kimble, Chettiar, 2018). Reasons behind underreporting may include, fear of reprisal or getting the offender in trouble, the relationship they have with the assaulter, risk of stigmatization, believing that police would not or could not do anything to help, and believing the crime to be a personal issue or too trivial to report.

In addition, it is the role of the nurses to work as an advocate, provide safety for the victims and ensure the offenders are accountable for their actions. The fight against rape should not be in isolation, there is a need to collaborate with other stakeholders, including religious

bodies, trade union, women group, community organization, and other state agency with active support from media. Emphasis should be on women empowerment and education to prevent poverty especially in a low socio economic community. According to (Jewkes, 2017), *poor women and girls may be more at risk of rape in the course of their daily tasks than those who are better off, for example when they walk home on their own from work late at night, or work in the fields or collect firewood alone.* In a national survey conducted in South Africa, women with no or low education were found to be more likely to experience sexual violence than those with higher levels of education (WHO 2019).

Intervention may reduce the incidence of subsequent assaults and may have long term implications for survivors and society. Hence nurses should be involved in all stages of management of rape victims and be aware of available local resources and refer appropriately.

### Limitations of the Study

- A major limitation of this study is unavailability of complete data from the reviewed case notes.
- Also, the scope of the study would have covered wilder settings but it was discovered during the pre-study survey that there is poor record keeping in a most of the centers that were visited.

**Conclusion:** Rape is an unlawful sexual act with either sex without consent. It is the most under-reported crime with serious consequences on the physical, social and psychological life of the victim.

It was observed that rape survivors delay seeking emergency care due to social stigmatization. This call for an urgent need to educate Nigerians about the importance of presenting to hospitals immediately after being assaulted in order to receive prompt and appropriate medical treatment and also for collection of viable

evidences that could facilitate prosecution of perpetrators of such act.

Potential victims must be educated via school health educational programme, TV and radio Jingles, news prints, market places and religious gathering on the importance of reporting sexual assault promptly not minding the societal stigmatization.

Lastly, at risk individuals should be cautious and protect themselves from potential assaulters, also parents and guardians should monitor the movement of their children closely and be aware of signs and symptoms of sexual abuse.

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