

ORIGINAL RESEARCH ARTICLE

Trends and pattern of sexual assault in North Central Nigeria

DOI: 10.29063/ajrh2021/v25i5.8

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Abstract

Sexual assault is assuming an alarming status and usually leaves a devastating effect on women and girls who fall victim. The aim of this study was to determine the trend and pattern of sexual assaults. This was a retrospective cohort study. Case notes were retrieved from gynaecological emergency unit from January 2016 to December 2018. A total of 45 Case folders were collected. The information from the case notes were entered into a structured proforma. A total 2250 gynaecological emergency cases were seen and out of these 45 were victims of sexual assault, giving the prevalence of sexual assault to be 2.0%. A large proportion 84.4% were noted in children less than 16 years of age. There was delay in presentation as only 40% did so within 24 hours of the incidence. In 84.4% of the cases, the victim had a relationship with the alleged assailant and the assault was said to have occurred most times in the home of the assailant. In 95.5%, vaginal penetration was the commonest and threat of violence was the commonest method of overcoming the victims. About 42.2% victims did not have a human immunodeficiency virus screening test done for various reasons. In conclusion, gender-based violence and other practices that affect the health of women and children negatively, and sexual assault against children and adolescence are still prevalent in our clime as seen from this study. (*Afr J Reprod Health 2021; 25[5]: 79-83*).

Keywords: Sexual assault, assailants, victims, children North Central Nigeria

Résumé

Selon les données disponibles, seulement 2,1 % et 1,2 % des adolescents mariés (ou unis) au Nigéria utilisent toutes les méthodes et méthodes modernes de contraceptifs respectivement. Cela a contribué à l'estimation de 1,2 million d'avortements induits chaque année, dont 60 pour cent étaient dangereux. L'étude a examiné les données de l'Enquête démographique et santé nigériane 2013 et 2018 sur les tendances relatives aux connaissances et à l'utilisation des contraceptifs par toutes les femmes, qui sont mariées et sexuellement actives entre 15 et 19 ans. Il y a eu une augmentation de 144 % ($p < 0,05$) des discussions sur la planification familiale (PF) lors de la visite des établissements de santé, une augmentation de 50 % du taux d'utilisation de la PF ($p < 0,05$), une augmentation de 97 % de la demande de PF satisfaite par les méthodes modernes ($p < 0,05$) et une réduction de 7 % du besoin total non satisfait ($p > 0,05$) chez les femmes actuellement mariées de 15 à 19 ans. On constate également une réduction de 50 % ($p < 0,05$) et de 86 % ($p < 0,05$) de l'utilisation actuelle de contraceptifs et des besoins non satisfaits chez les femmes célibataires sexuellement actives de 15 à 19 ans, respectivement. Aucun des adolescents n'a adopté des méthodes d'action longue (MLD), dispositifs intra-utérins (DIU) et des méthodes contraceptives de stérilisation féminine. Nous recommandons un service de contraception et d'information à l'intention des adolescents, axé sur les jeunes, et ce, malgré leur état matrimonial. (*Afr J Reprod Health 2021; 25 [5]: 79-83*).

Mots-clés: Contraceptifs, adolescents, santé sexuelle en matière de reproduction, Nigéria

Introduction

The abhorrence of sexual offence is deep rooted and appears to be enshrined in culture and religion¹. Sexual assault is a severely traumatic experience that disproportionately affects women and girls². Sexual assault is any sexual act performed by one person on another without the person's consent³. Sexual assault includes genital, oral, or anal penetration by a part of the accused's body or by an

object³. This may be achieved through the use of force, the threat of force either on the victim or another person, or the victim's inability to give appropriate consent. In the United States, Rape and sexual assault are commonly used interchangeably and the legal meaning of both terms vary from one jurisdiction to another. Rape as defined by the United States's federal bureau of investigation in 2013, is the 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 victim⁴.

In southern states of Nigeria, rape is punishable under Section 357 of the Criminal Code, while in the northern states section 282 of the penal code part is providing for a sentence of life imprisonment with or without whipping⁵. Sexual assault is a pandemic crime that is characteristically under reported, more especially in the low income countries⁶. According to the world health organization, one in every five women is a victim of sexual assault⁷ and globally, 35% of women have experienced either physical and/or sexual intimate partner violence or non partner sexual violence⁸. Additionally, 12.3% of women were age 10 or younger at the time of their first rape/victimization, and 30% of women were between ages 11 and 17⁹.

In spite the legal provisions of life jail with or without canning for sexual assaulters in Nigeria¹³, this is not serving as a deterrent to sexual assault since a significant prevalence rate continues to be reported. This may be as a result of the fact that most cases of sexual assault are not reported for fear of stigmatization, as well as failure of prosecution of alleged perpetrators. Negative health consequences from sexual victimization can be short term and long term¹⁵. Studies have also shown that 81% of women and 35% of men report significant short term and long term impacts such as post traumatic stress disorder⁹ while health care is 16% higher for women who were sexually abused as children¹⁶.

Immediate injuries of sexual assault may be in the form of bruises and scratches. The injuries sustained by some victims are more incapacitating and include fractures, facial injuries, gun shot wounds, or in some cases death. Victims of sexual assault may have vulva or vagina lacerations requiring surgical treatment. The risk of injury increases for adult female rape survivors in the following situations: the perpetrator is a current or former intimate partner; the rape occurs in the victim's home; the rape is completed; the perpetrator threatens harm to the victim or another; a gun, knife, or other weapon is used during the assault; or the perpetrator is using drugs or alcohol at the time of the assault¹⁷. Undesired pregnancies and infections are among the dreaded complications of sexual assault. The aims/objectives of this retrospective study are to document the current trend and pattern of sexual assault and the management received in the

university of Abuja Teaching Hospital so as to improve outcome in subsequent cases.

Methods

Study location

This study was done at the Department of Obstetrics and Gynaecology of the University of Abuja Teaching Hospital, Gwagwalada, Abuja. The hospital is a Federal government owned tertiary institution situated in Gwagwalada, a high population density area in Abuja, Nigeria's Federal capital territory. It provides health care services to the inhabitants of Abuja and neighbouring states including Niger, Kaduna, Kogi and Nassarawa States.

Study design

This was a retrospective cohort study of all cases of alleged sexual assault managed at the gynaecological emergency unit of the University of Abuja Teaching Hospital between January 2016 to December 2018. A total of 45 case folders were retrieved from health record which took about 3 months and all the victims were 3 to 28 years and relevant information obtained and analyzed. During this study period, a total 2250 gynaecological emergency patients were seen and 45 of the patients were victims of sexual assault. All patients that presented during the study period were included as sexual assault is not commonly reported. The information from the case notes were entered into a structured proforma designed for this purpose.

Study population

The sample population included all cases of sexual assaults that presented during the study period.

Data analysis

The information from the case notes were entered into a structured proforma designed for this purpose, and these were analyzed using simple frequency and percentage.

Results

During this study period, a total 2250 gynaecological emergency patients were seen and 45 of the patients were victims of sexual assault,

Table 1: Age distribution of victims of sexual assault

	FREQUENCY	PERCENT
AGE		
0-6	11	24.4
7-11	12	26.7
12-16	15	33.3
>16	7	15.6
DURATION		
<24 hours	18	40
25-72 hours	8	17.8
73-120 hours	3	6.7
>120 hours	16	35.6
PLACE OF ALLEGE SEXUAL ASSAULT		
Assailants home	26	57.8
Victims home	6	13.3
Uncompleted building	3	6.7
Assailants Friends home	1	2.2
Neighborhood	4	8.9
School	3	6.7
Church	1	2.2
Bush	1	2.2
METHOD OF OVERCOMING		
VICTIMS	29	64.4
Threat of violence	9	20.0
Physical force	5	11.1
Deceit	2	4.4
Drugs		
PERSON INVOLVED IN SEXUAL ASSAULT	26	57.8
Neighbors	9	20.0
Friends	1	2.2
Policeman	3	6.7
Teachers	2	13.3
Unknown	45	100
TOTAL		

representing 2.0% of the total cases. The age range of the victims was from 3 to 28 years, with a mean of 11.68 ± 6.1 years. Table 1 shows the age distributions of the victims where most of the victims (33.3%) were within the age group of 12-16 years. All the victims were females and singles except one. Thirty nine of the cases (86.7%) were reported to the police and an at least a police personnel was present at the time of presentation in 37 cases (82.2%). The assailant were arrested in 33 (73.3%) of the cases.

The time that elapsed from the attack to presentation in our facility varied widely from 1 hour to 1 month. Table 1 Shows in detail the time interval before presentation following the incident. There was a varying number of assailants involved from 1 to 3. Vagina penetration alone was the commonest route as seen in 43 case (91.5%) while the anus was reported as route of penetration in 2 cases. The usual organ of penetration was the penis

in 40 cases (88.8 %) while the finger was used in 5 cases. The day to night time ratio of occurrence was 2.5:1. Threat of violence was most commonly used to overcome the victims resistance. The breakdown is as contained in table 4. In 84.4 % of the cases the assailant were known to the victims. Table 1 shows persons involved in the alleged sexual assault.

Discussion

This study revealed a sexual assault prevalence rate of 2%. This corellates with other studies in Nigeria^{1,16,18} and India¹⁹ but is at variance with studies from Lagos^{20,21}, Sokoto¹⁴ where lower rates were reported. The relatively high prevalence rate recorded in this study is probably due to a high population in the federal capital territory. High population especially in developing countries has been associated with increased crime rate¹⁶. It might also be a reflection of the fact that Abuja being an urban city is inhabited by enlightened individuals with better health seeking behavior.

The age range of the victims was from 3 to 28 years, with a mean of 11.68 ± 6.1 (mean \pm SD) years. This was found more amongst girls below age 16 and it accounted for 84.4% of the total cases seen in our study. This is comparable to the study in Jos¹ and Sokoto¹⁴ where children less than 16 years formed a large proportion of the victims. This could be attributed to fact that this group of children have little or no form of defence and they easily yield to threats of violence and deception from the assailants.

All the victims were females and singles except one who was a married woman. A study from Lagos reported that males constituted 6.1% of victims of sexual assault²⁰. This may not necessarily mean that cases of sexual assault on males do not occur in our study area but may suggest that the index of suspicion is still low. Vaginal discharges and bleeding which raise the index of suspicion of assault on females do not apply to the males.

Thirty nine of the cases (86.7%) were reported to the police and an at least a police personnel was present at the time of presentation in 37 cases (82.2%) while the assailant were arrested in 33 (73.3%) of the cases. This is in accordance with findings from Sokoto¹⁴ and Zaria²³. This could suggest that campaigns by governmental and non-governmental agencies which encourage victims of sexual assault to seek justice may be achieving a

positive impact. It might also mean that our law enforcement agencies are becoming more alive to their responsibility.

About 84.5% of the victims knew the assailants prior to the incidence and their number ranged from 1 to 3 in this study. This is similar to findings from other studies^{1,14,16}. These included co-tenants, friends or those living in the same neighborhood. A majority of the assault cases occurred at the assailants home (58.8%). The day:night time ratio of occurrence was 2.5: 1. Again, from the age of the victims as seen above, this finding is not surprising as the children might have been left in the care of these adults who turn around to assault them instead. The threat of violence was the most common way of overcoming the victims. This was also found in other studies^{16,23,24}.

The time that elapsed from the period of attack to presentation in our facility varied widely from 1 hour to 1 month. About 57.8% presented within 72 Hours while 64.5% presented within 120 hours the period within which effective HIV prophylaxis and emergency contraception respectively could be achieved. This was similar to findings from Lagos²¹. However only 40% presented within 24 hours. The legal value of this is that the evidence necessary for the prosecution of the perpetrator is lost. Many reasons have been adduced for this delay ranging from lack of knowledge of where to go for services, limited 24 hours rape crisis centres and delay in police stations²¹. Additionally, because of the threat of violence and sometimes inducement, the victims conceal the assault for as long as it takes their parents observe a clue.

Vagina penetration alone was the commonest route as seen in 43 cases (91.5%) while the anus was reported as route in 2 cases. The usual organ of penetration was the penis in 40 cases (88.9%) while the finger was used in 5 cases. About 31.1% of victims had a form of injury at presentation. This was also the finding in some other Nigerian studies^{1,14,21}. In as much as only a few cases of anal penetration were recorded, it calls for concern since there is a higher risk of transmission of infections through this route than the vaginal route. Furthermore, the percentage of the victims that present with injuries may just be a reflection of the late presentation.

Investigation requested for the victims varied from one clinician to the other and also depended on the time of presentation and the scope

of the assault. This is however a reflection of the lack of a laid down protocol for the management of victims of sexual assault. Financial constraint was also noted as a major challenge in carrying out requested investigations. The treatment received ranged from post exposure prophylaxis for HIV, the use of emergency contraception and antibiotics as indicated. Only 11.1% of victims came back for follow up visit making it difficult to determine the effectiveness of these measures. No consultations with a mental health physician were documented in all the cases, sadly this should take a central stage in the treatment of these victims.

The management of sexual assault is hinged on the principles of contraception and prevention of sexually transmitted infections (STIs), administration of prophylactic antibiotics and treatment of complications, as well as psychological rehabilitation. These principles were largely neglected in this study. This might be because of a lack of structured management protocol for these victims.

Ethical Clearance

The study was commenced after obtaining Ethical approval which was sought from the University of Abuja Teaching Hospital Ethical Committee.

Conclusion

In as much as the prevalence in this study may seem low, the devastating effect of sexual assault on even an individual may last a life time more so when the victims are defenceless children. To this end parents and adults in the society should be more vigilant to ensure that this crime does not occur. Health facilities should have laid down protocols in the management of cases of sexual assault to ensure optimal outcome. Additionally, law enforcement agencies must be on top of their game to ensure that perpetrators are brought to book.

Contribution of authors

The study was conceived and designed by NA. Data was collected and analysed by CM, DAI, BS and FOA. The manuscript was developed by NA, CM, DAI, BS, and FOA. All authors extensively reviewed and incorporated their intellectual inputs into this manuscript. All the authors read and approved the final draft of this manuscript.

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