
Original Research Article

Open Access
Online Journal

Prevalence and Nature of Sexual Assault among Female Students in a Tertiary Institution in Maiduguri, Nigeria – A Cross Sectional Study

Abstract

Purpose: Sexual assault is a violent crime against both the individual and society but is largely underreported. The objective of this study was to determine the prevalence and nature of sexual assault among female students in the University of Maiduguri.

Methods: A cross-sectional descriptive study using a close ended, self-administered questionnaire administered to female students of a tertiary institution in Maiduguri was used to survey 400 female students in University of Maiduguri.

Results: Most of the respondents were single 349 (87.3%) and in the age range of 20-24 {202 (50.5%)}. 205 (51.3%) of them reported to have been sexually assaulted. In 154 (87.2%) of the cases, the respondents had a close relationship with the assailant. The commonest location of the assault was in a party 101 (49.3%), which was followed by classroom 45 (22%). Most of the sexual assault reported (57.6%) occurred in the evenings and nights. In 35.6% of the cases, the respondents sustained extra-genital trauma, while others had psychological (24.9%) and genital trauma (15.6%).

Conclusion: Sexual assault rate among female students in the University of Maiduguri is high and is associated with physical and psychological traumas.

Keywords: Sexual assault, Physical trauma, Psychological trauma, Maiduguri.

Ado D Geidam*

Anthonia E Njoku

Babagana Bako

Department of Obstetrics and Gynaecology,
University of Maiduguri Teaching Hospital,
Maiduguri, Nigeria.

***For correspondence:**

E-mail: adogeidam@yahoo.com

This article is available in Embase, Index Corpenicus, Scopus, PubSHub, Chemical Abstracts, Socolar, EBSCO, African Journal Online, African Index Medicus, Open-J-Gate, Directory of Open Access Journals (DOAJ) databases

Introduction

Sexual assault may include rape, forced vaginal, anal or oral penetration, forced sexual intercourse, inappropriate touching, forced kissing, child sexual abuse, or the torture of the victim in a sexual manner [1,2,3]. It is a gender based

issue and a violent crime against both the individual and the society. Although it was estimated that about 300,000 women are raped and 3.7 million are confronted with unwanted sexual activity annually [1], the actual magnitude of female sexual assault world over is unknown because it is one of the offences most under

reported. In Nigeria, a traditional and culture bound non-permissive society, studies have shown that female sexual assault is prevalent. Only 10-50 per cent of female victims report sexual assault [4]. In USA, estimates of one in every four women and in Nigeria four out of every ten women were reported to be victims of sexual assault [5-7]. Okoro et al found a high prevalence of 83% in a study done in Benin-city, Nigeria [8]. This crime crosses all races and spans all ages. All females of all age groups are at risk of sexual assault but the most vulnerable are the adolescents, children and the physically handicapped [8,9] including those in educational institution.

In Nigeria, most victims of sexual assault will not face up to the hazards of reporting because of stigmatisation [10]. Under reporting of cases of sexual assault is mainly due to social stigma, prejudice with regards to chances of marriage, being considered promiscuous and responsible for incidence, attendant humiliation and shame. Also there is the embarrassment caused by appearance and cross examination in court, publicity in press, risk of losing the love and respect of society, friends and that of husband, if married [11].

Sexual assault in the main is perpetrated by men who abuse a position of trust, authority and power. The assailant usually ranges from a person close to the victim like a relative, neighbour, friend, school mate, teacher, caregiver, husband or guardian to a stranger [12]. It has been found that women are more likely to be raped by someone they know than by someone they do not know [13,14]. Greenfield et al [15] found that roughly two-thirds of sexual assaults occur between 6:00 pm and 6:00 am. Most of the sexual assaults occur in the residence of the victim, the assailant or another individual residence; other prevalent location are street, commercial building, and inside a school building or property.

Up to 40% of victims who are sexually assaulted sustain injuries; while most injuries are minor, about 1% of the injuries require hospitalisation and major operative repair [16,17]. The psychological sequelae of sexual assault can be

profound; approximately 50 per cent of victims experience depression [18,19].

Few studies have been done to describe the prevalence, nature and complication of sexual assault in northern Nigeria, yet this is becoming a common gynaecological condition with legal implications. The objective of this study was to determine the prevalence and nature of sexual assault among female students in the University of Maiduguri in north-western Nigeria.

Methods

Setting

University of Maiduguri, located in the Borno State in Nigeria, was established in 1975 by the Federal Government of Nigeria as part of the Third Development Plan. The university now has about 32,591 students out of which 10,810 are females [20]. The University operates as a campus which is residential for both staff and students; although privately arranged off-campus accommodation is increasingly being sort after by many prospective candidates.

Study design

This was a cross sectional study in which a 15 item close-ended, self-administered questionnaire was completed by female students. The questionnaire enquired about socio-demographic characteristics of the participants, previous sexually assaulted experience, type and number of assaults, relationship with assailant, and place and time of occurrence of assault. Questions pertaining to perception and feelings about the assault as well as complications sustained and if any action was taken (such as seeking medical help) were also contained in the questionnaire.

Prior to the administration of the questionnaire to the participants, sample size of 400 was determined with standard technique using a sexual assault rate of 50% at 95% confidence level extra 10% to account for possible loss, having added. Based of the calculated sample size, The questionnaire was pretested for content validity using 10 female students. The Ethical

and Research Committee of the University of Maiduguri Teaching Hospital approved the study and verbal consent was obtained from each participant before administration of the questionnaire.

Data analysis

The data collected was analysed using SPSS version 15 (SPSS, Chicago, Ill USA) and presented using descriptive statistics (numbers and percentages).

Results

All the 400 questionnaires administered were returned giving a response rate of 100%. The mean age of the respondents was 21.6 years with majority of them being in the age group of 20-24 (Table 1). Prevalence rate of sexual assault in the study was 51.3%. Majority of the assaults (49.3%) occurred in parties while others occurred in lecture room, hostels or in the bushes around the University campus (Table 2). Most of the sexual assaults occurred in the evenings and nights (57.6%).

Table 1: Age distribution of the study population

Age (yr)	Number	Percent
<20	81	20.3
20 – 24	20	50.5
25 – 29	99	24.8
30 – 34	10	2.5
>35	8	2.0
Total	400	100

Table 2: Place of occurrence of the sexual assault among the study population

Location	Number	Percent
Hostel	29	14.1
Classroom	45	22
In a party	101	49.3
In the bush	30	14.6
Total	205	100

Figure 1 shows the type of sexual assault perpetrated against the victims. In 41.9% of the cases, the assault involved unwanted touch to

private parts while actual forced penetrative sex occurred in 14.6% of the cases.

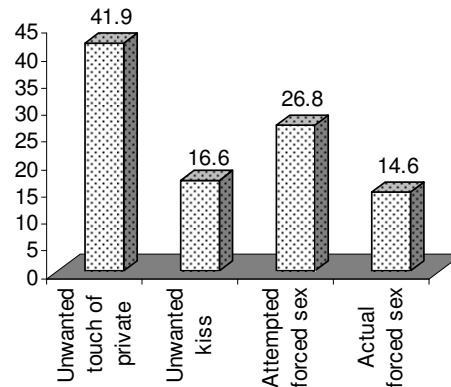


Figure 1: Type of sexual assault among the study population

In 75.1% of the cases, the victims were previously acquainted with their assailants with some being boyfriends (33.2%), classmates (14.6%), teachers (16.1%) and administrators (11.2%). Strangers were involved in 23.9% of cases. Extra-genital trauma occurred in 35.6% of cases, while psychological trauma and genital trauma occurred in 24.9% and 15.6% of cases, respectively.

Only 1.3% of victims made formal reports (usually to the police). In 24.8% of cases, the assaults were not reported to any body and the remainder told their peers or friends (12.5%), teachers (1.3%) and religious leaders (5%). In 34.6% of cases, the victims viewed the assault as normal while 27.8% were upset and 26.6% were angry at themselves and 19.8% of the victims felt either defiled or threatened. The action taken by the victim after the assault are presented in Table 3. No medical help was sought in 57.1% of respondents compared with 19.0% that sought medical help. Self medication was done in 23.9% of respondents.

Table 3: Action taken by victims

Action	Number	Percent
Sought medical help	39	19.0
Self medication	49	23.9
No action taken	117	57.1
Total	205	100

Discussion

Sexual assault is a crime of violence that puts the victim at risk for physical injury, psychological disturbance, emotional disturbance, pregnancy and sexually transmitted diseases. The prevalence of sexual assault in this study was 51.3% and is similar to a study conducted in Benin-city, Nigeria [8]. High prevalence rate was also reported in other studies [9,12]. The high prevalence in the study could be due to the fact that often the students are alone without the watchful eyes of parents or guardian and so make them more vulnerable to be assaulted. Also, this study was done in a tertiary institution where you have predominantly young undergraduates; a vulnerable group for sexual assault as majority of the respondents in this study were in the age group of 20-24.

The majority (75.1%) of victims knew their assailants. Strangers were reported in 24.9% of cases, similar to the report of another study [8]. This could contribute to the high rate of under reporting (only 1.3% reported to the police) as victims may be ashamed and feel guilty if they expose the assailant. Some may even be threatened by the assailant. Also, as much as 34.6% of cases viewed the assault as “normal” and possibly did not see the need to make a formal report.

Being in parties increased the risk of being sexually assaulted as was reported by 49.3% of the respondents. Increased use of alcohol and drugs during parties can impair sense of judgment of both the assailants and their victims thereby resulting in sexual assaults. This view is supported by a study by Okonkwo et al [8]. The prevalence of sexual assault occurring in the classroom (22%), hostels (14.1%) and bushes (14.6%) in this study is similar to those reported by Ekabua et al in a study in Calabar, Nigeria [21]. Earlier study by Green et al [15] supports the high proportion of the sexual assault cases in this study occurred in the evening (57.6%).

Extra-genital trauma occurred in 35.6% of cases, similar to study by Ekabua et al [9]. In addition to extra-genital trauma, the survivors of sexual assault may suffer from psychological trauma and genital trauma. In fact victims of sexual assault were found to be 3 times more likely to suffer from depression and 6 times more likely to suffer from post-traumatic stress disorder [22]. In this study, 24.9% suffered from psychological trauma and 15.6% suffered from emotional trauma.

A high proportion of the respondents (57.1%) did not seek medical help possibly as a result of guilt and shame and the stigma attached to sexual assault in the communities. This is disturbing because majority of the cases sustain trauma (physical or psychological) and could have been helped if they had sought medical help. This help could be in the form of wound care, oral contraceptives, medications for sexually transmitted disease, sexual assault counselling, and mental health counselling.

Conclusion

The sexual assault rate among female student in the University of Maiduguri is high and is associated with physical and psychological trauma. Also majority of the victims often fail to seek medical care. There is need to sensitize females to seek for medical examination after sexual assault so that the hazards of sexual assault can be minimized. Counselling units aimed at dealing with sexual assault issues should be set up in various tertiary institutions in Nigeria.

Authors' Contribution

We declare that this work was done by ADG, AEN and BB named in this article and all liabilities pertaining to claims relating to the content of this article will be borne by the authors. ADG conceived and designed the study and also help in data analysis, AEN collected and analysed the data and also help in preparing the manuscript, BB prepared the manuscript and also help in the data analysis. All authors mentioned in the article approved the manuscript before it was submitted for publication.

References

1. Bonnar-Kidd, K. Sexual Offender Laws and Prevention of Sexual Violence or Recidivism. *Am J Publ Health* 2010; 100(3): 412-419.
2. Micheal CL, Jessica SL, Halfin VP. Domestic Violence and Sexual Assault. In: Decherney AH (Ed). *Current Diagnosis and treatment*, 10th Edition. NewYork. McGrawHills Publishers, 2007: 1025 – 1030.
3. Delahunta E, Baram DA. Sexual Assault. *Clin Obstet Gynaecol* 1997; 40(3): 648 – 660.
4. Malhotra N, Sood M. Sexual assault, a neglected public health problem in developed world. *Int J Obstet Gynaecol* 2000; 71: 257-258.
5. Beckmann CRB (eds). *Sexual assault and domestic violence*. Lippincott Williams and Willikins. 3rd Edition, 1998: 576-582.
6. Okonkwo JE, Ibeh CC. Female Sexual Assault in Nigeria. *Int J Gynecol Obstet* 2003; 83 (3): 325 – 326.
7. United states Department of Justice: Uniform crime reports for the United States, 1987. Publication No. 14 Washington DC. Us Government Printing Office, 1987.
8. Okoro FI, Obozokhai O. Sexual Harassment; the experience of out-of-school teenagers in Benin city, Nigeria. *Afr J Reprod Health* 2005; 9(3): 118-127
9. Ekabua JE, Agan Tu, Iklaki CU, Ekanem EI, Itam IH, Ogaji DS. Trauma related to sexual assault in Calabar, South Eastern Nigeria. *Niger J Med* 2006; 15(1): 72 – 74.
10. Green T, Adriana R, Mavis M. Patterns Among sexual assault victims seeking treatment services. *J Child Sex Abuse* 2001; 10: 89-108.
11. Beebe DK. Emergency management of the Adult female rape victim. *Am Fam Physician* 1991; 43: 2041-2046.
12. Oladele O, Solomon OB, Anagbe J, et al. the pattern of rape in Benin-city, Nigeria. *Trop Geograph Med* 1986; 38: 215 – 220.
13. Petter LM, Whitehill DL. Management of female sexual assault. *Am Fam Physician* 1998; 58(4): 929.
14. Dunn SF, Gilchrist VJ. Sexual assault. *Prim Care* 1993; 20: 359-73.
15. Greenfield L. Sex offences and assailants. An Analysis of data on Rape and sexual assault. BJS report, NCJ 163392, Feb. 1997.
16. Emmert C, Kohler U. Data about 154 children and adolescent reporting sexual assault. *Arch Gynaecol Obstet* 1998; 261 (2): 61 – 70.
17. Dupre AR, Hampton HL, Morrison H, Meeks GR. Sexual assault. *Obstet Gynecol Surv* 1993; 48: 640-8.
18. Moscarello R. Psychological management of victims of sexual assault. *Can J Psych* 1990; 35: 25-30.
19. Hampton HL. Care of the woman who has been raped. *N Engl J Med* 1995; 332: 234-7.
20. University of Maiduguri. Information about the University of Maiduguri. Available at <http://www.unimaid.org/>. Accessed on 12/12/2010.
21. Ekabua E, Agan TU, Iklaki CU, Ekanam EI, Itam IH, Ogaji DS. Risk factors associated with sexual assault in Calabar. *Niger J Med*; 15(4): 406 – 8.
22. Rape, abuse & incest national network (RAINN). Effect of sexual assault. Available at <http://www.rainn.org/get-information/effects-of-sexual-assault>. Accessed 02/10/2011.

