

Risk Factors Associated with Sexual Assault in Calabar South Eastern Nigeria

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ABSTRACT

Background: Sexual assault inflicts significant physical and psychological trauma in the victims. Interventions to prevent this violent crime against women are a major public health concern. The aim of this study is to identify the risk factors for sexual assault as seen in victims presenting in our hospital.

Method: Twenty-two case records of sexual assault victims treated at the University of Calabar Teaching hospital were reviewed for this study.

Results: The incidence of reported sexual assault in this study was 2.1% with a rising trend observed. Age range was from 4 to 23 years. Six (27.3%) victims were primary school pupils. Twelve (54.5%) victims had not attained menarche, and 20 (90.9%) cases were single. Recorded place of assault was commonly along a bush track (36.4%) and a nearby cemetery (22.7%). Time of assault was mainly in the evening (50.0%). Identity of the assailant was known in 7 (31.8%) cases. Commonest weapon used by the assailant was a knife (36.4%).

Conclusion: Concerted effort is required to curb the rising trend of reported sexual assault. Interventions aimed at creating public awareness of the possible risk factors may reduce the incidence of this detestable event in the community.

KEYWORDS: Sexual assault; Risk factors.

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INTRODUCTION

Sexual assault is one of the most frequently committed crimes in the developed countries¹. Contrary to popular opinion, many rape victims know their attacker². Many victims are adolescent girls and children. In a survey done in the United States, 50% of the victims were under 18 years of age and 16% under age 12³.

Some misconceptions about the victims of sexual assault include the beliefs that these women "encourage" the assault by their behaviour or attire, did not offer sufficient resistance to the assault, and were promiscuous⁴. Despite the fact that sexual assault constitutes a threat to the health and future of young

women, it has failed to capture international attention as a major public health issue⁵. Locally the situation is not different, as there are no concerted efforts to assist victims and reduce the incidence of sexual assault. The study retrospectively documents the risks for sexual assault as seen in victims presenting in our hospital.

MATERIALS AND METHOD

Twenty-two case records of sexual assault victims treated at the University of Calabar Teaching Hospital between January 1998 and December 2001 were reviewed for age, developmental milestone, occupation, marital status and events of assault. Data obtained were analyzed using graphs, bar charts, and percentages.

The findings in this study form the basis of discussion.

RESULTS

A total of 1038 gynaecology cases were admitted during the study period, with 22 cases of these treated for sexual assault. The incidence of sexual assault was 2.1% with a rising trend observed (Fig.1). Age range was from 4 to 23 years with a mean of 13.6 years (Fig.2). Occupation of victims showed that 27.3% were primary school pupils, 22.7% secondary school students and 9.1% were street hawkers (Table I). Nine (40.9%) victims had attained menarche, while 1 (4.6%) was already pregnant (Table II). Twenty (90.9%) cases were not married (Table III).

Concerning events of assault (Table IV) seven (31.8%) victims knew their attacker; assault occurred frequently along a bush track (36.4%), and time of assault was mostly in the evening (50.0%).

Table I. Occupation of Victims

Occupation	Number	Percentage
Nursery school pupils	4	18.2
Primary school pupils	6	27.3
Secondary school students	5	22.7
Seamstresses	2	9.1
Street hawkers	2	9.1
House maids	3	13.6
Total	22	100.0

Table II. Developmental Milestone

Milestone	Number	Percentage
Prepubertal	5	22.7
Premenarcheal with pubertal signs	7	31.8
Postmenarcheal	9	40.9
Concurrent pregnancy	1	4.6
Total	22	100.0

Table III. Marital Status

Status	Number	Percentage
Single	20	90.9
Married	2	9.1
Total	22	100

Table IV. Events of Assault

	Number	Percentage
Identity of Assailant		
Known	7	31.8
Unknown	15	68.2
Place Of Assault		
House premise	4	18.2
Bush track	8	36.4
Cemetery	5	22.7
Isolated roads	5	22.7
Weapons Used By Assailant		
Knife	8	36.4
Club	3	13.6
Strangulation with cord	3	13.6
Matchet	1	4.6
Unknown/not stated	7	31.8
Time of Day Assaulted		
Morning (6am-10am)	3	13.6
Afternoon (12noon-3pm)	1	4.6
Evening (5pm-9pm)	11	50.0
Night (10pm-1am)	7	31.8

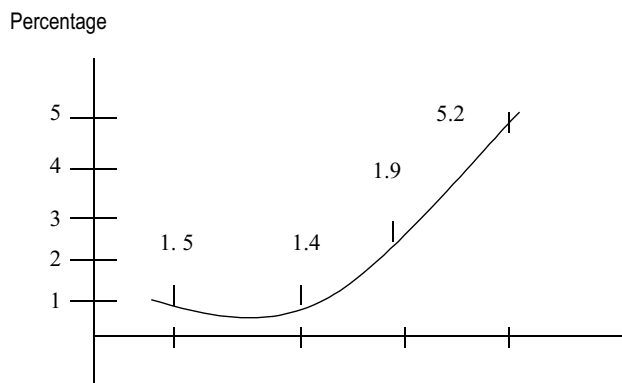


Fig. 1. Trend in the Incidence of Assault

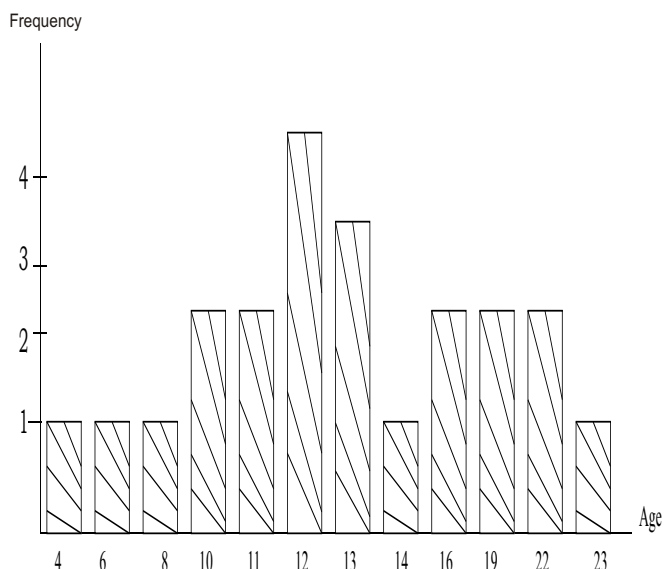


Fig. 2. Age Distribution

DISCUSSION

Sexual assault is a violent crime against women. The very young, the mentally and physical handicapped and the very old are particularly susceptible⁶. This study showed a rising trend in reported sexual assault against women in the community from 1.5% in 1998 to 5.2% in 2001. The observed unhealthy trend could be due to increasing political instability, fragile economic structures and prevailing atmosphere of social insecurity resulting in a rising incidence of violent crimes including sexual assault. However many cases of sexual assault go unreported because of the associated sense of guilt, embarrassment and stigmatization^{7,8}. Many reports indicate that sexual violence occurs more frequently in children and adolescent girls^{3,6,9}. Young age of victims below 14 years is reported to constitute a risk factor for assault because they are incapable of consenting to sexual intercourse and are unable to defend themselves against an armed attacker^{10,11,12}. However, age of victims in this study showed a bimodal distribution with high frequencies between ages 10 and 13 years and 16 to 22 years. The contribution of age as a risk factor for sexual assault is difficult to determine. A greater number of younger victims may report for treatment to the hospital because of more severe injuries and complications arising from assault when compared to adult female victims. Two of the victims aged 10 and 12 years respectively, were lured into a cemetery, while on an errand and violently assaulted by an assailant in one incidence. It has been reported that young age and absence of secondary sexual characteristics does not confer immunity against sexual

assault because the motive for sexual assault is not just sexual gratification but humiliation of the victim^{7,8}.

The largest numbers of victims were primary school pupils (27.3%) and secondary school students (22.7%). Many female children in the community run errands or hawk food items before and after school hours. Many of them walk to school unattended by an adult. These various situations of exposure may increase the risk for sexual assault. Two (9.1%) street hawkers during the study period were lured into isolated buildings and assaulted in the morning hours (6-10.am). Street hawkers are particularly vulnerable to assault in the morning hours when many people are at work or school. With less people on the road and in the neighborhood they become easy target of attack. The small number of street hawkers in this study compared to reports from other centers⁹ may be due to concealment of assault in an attempt to avoid embarrassment and stigmatization. Anecdotal reports indicate that housemaids are prone to assault from a male partner in the house or a servant in the neighborhood. Many cases may not be reported as a result of intimidation and threat from the assailant. Three victims (13.6%) in this study were housemaids. Sexual assault occurred in two (9.1%) victims who were seamstresses. In one of them the event of assault was related to working late into the night after 10 pm; unprotected exposure at such a time may attract the attention of an assailant, who trails the unsuspecting victim to an isolated place. The other seamstress was involved in domestic violence following a dispute with the spouse.

The commonest reported places of assault were the bush track (36.4%), isolated street (22.7%) and cemetery (22.7%). Assault occurred in the house of victim or assailant in 18% of cases. One of these was a case of domestic violence involving a pregnant woman, arising from a dispute with the spouse. The reported incidence of domestic violence is between 4 and 7%¹³. Physical trauma can cause preterm labour, abruptio placentae and maternal and fetal injuries or demise¹³. Assessment of the patient revealed no obstetric complications.

The time of the day seem to constitute a risk, as most cases (50%) of assault occurred in the evening (5 to 9 p.m). This period of the day coincide with the time when people are either attending church/social gatherings or are returning home after the day's activities. During such periods of movement an unsuspecting female may be exposed to assault. The encroaching darkness and poor visibility are ideal setting for the execution of the sadistic act of sexual assault.

CONCLUSION

Sexual assault constitutes a threat to the health and future of young women. Identified risk factors include young age, single marital status, and unprotected exposure in isolated places in the early and late hours of the day. Prevention of this violent crime against women is a major public health issue. Concerted effort is required to curb the rising trend of reported sexual assault in the community. Creating an awareness of the possible risk factors is one way of beginning the campaign.

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