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Sexual Assault; Our experience at One Stop Shop for Women and Girls, National Obstetric Fistula Centre, Abakaliki, Ebonyi State. South East Nigeria: A retrospective study

Uro-Chukwu, H.C^{1,2,5}; Anyanwu, U.O^{1,3,6} and Obuna, J.A^{1,4},

*Corresponding Author: Anyanwu, U.O

¹National Obstetrics Fistula Centre, Abakaliki, Nigeria

²Department of Community Medicine, Ebonyi State University, Abakaliki Nigeria

³Department of Pediatrics, Ebonyi State University, Abakaliki, Nigeria

⁴Department of Obstetrics & Gynaecology, Ebonyi State University, Abakaliki, Nigeria

⁵Department of Human Nutrition, Faculty of Allied Health Sciences, King David University of Medical Sciences, Uburu, Nigeria

⁶Alex Ekwueme Federal University Teaching Hospital, Abakaliki

Abstract

Sexual assault is a global health challenge. It refers to all forms of sexual contact or behavior that occurs without explicit consent of the victim. This was a retrospective review of cases of gender based violence (GBV) who presented at the one-stop-centre for females over a sixteen months period (Nov 2020-Feb 2022) from which cases of sexual assault was selected and studied (subjects). Prevalence of 66.3% was obtained for sexual assault out of a total of 86 GBV patients who presented in the study period. The mean age of subjects was 12.77±5.4(1-23 years), Fifty (87.7%) were of the pediatrics age group and 7(12.3%) were adults. Forty seven (82.5%) belonged to the low socioeconomic class while timely presentation (<72 hours) occurred in only 14(24.6%). Rape was the commonest form of sexual assault 58(98.2%). The finding indicates a high prevalence of sexual assault. Concerted effort needs to be made to reduce its occurrence.

Keywords: sexual assault, rape, perpetrator,

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Introduction

Sexual assault refers to all forms of sexual contact or behavior that occurs without explicit consent of the victim.¹ It includes rape, fondling, being forced to have anal sex, oral sex, and insertion of objects into the genitalia.¹ It is usually done by force which is not just limited to physical force but includes emotional coercion, psychological force or manipulation, threats and intimidation.² Non contact activities also constitute sexual

assault such as indecent exposure of a perpetrator himself or exposing sexual images to a victim.³ It is usually a traumatic experience which has severe social, and psychological consequences on survivors.³

Sexual assault however is not peculiar to any geographical region or race. World health Organization reports that one in every five women

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is victim of sexual assault⁴ and about 35% of women globally have experienced sexual violence either from an intimate or a non-intimate partner.² Africa, Southeast Asia and the Middle east have been found to have the highest reported rates of sexual assault in the world.² Children and women are most vulnerable to various forms of sexual assault.⁵ It is the most common form of gender based violence.^{2,4} Studies in South East and Northern Nigeria showed that children constitute 74.4% and 61.8% of cases of sexual assault respectively,^{6,7} and the perpetrator most times is known to the victim. Several risk factors have been documented such as poverty, war, and family dynamics such as single parenthood.⁶ Generally poor social support has been found to be an important predictor for rape.^{6,7}

The perpetrator sometimes makes use of drugs and other substances to knock off their victims before the act.⁷ Children are often raped in their sleep.⁷ These environments make it conducive for a perpetrator to conduct the act. Sexual assault also occurs in adults especially adult women who may or may not be married.⁶ It is the most common form of intimate partner violence.⁸

Several laws and acts have been put in place such as the violence against persons prohibition act(VAPP ACT) where a 12 year jail term is given to any perpetrator that is found guilty.⁸ This, if implemented would deter would-have-been perpetrators of sexual assault. Reporting the prevalence and pattern of sexual assault will raise awareness on the enormity of this social vice so that more can be done in curbing the menace. So far there has been few reports of sexual assault among Nigerians. Victims may hide it because of the shame and stigma it may birth. It is because of this that the authors set out to describe the prevalence and types of sexual assault as seen in a gender-based clinic in a tertiary health centre in south east Nigeria.

METHODS

Study site

There are five South Eastern states in Nigeria of which Ebonyi is one with Abakaiki as its capital. National obstetrics fistula centre(NOFIC) is one of two tertiary health institutions located in Abakaliki. This study was carried out at the One

stop centre for women and girls, National Obstetric Fistula Centre (NOFIC) Abakaliki Ebonyi state Nigeria. This centre runs a daily clinic for women and girls with all forms of gender based violence.

Study design

A retrospective descriptive study of all clients seen at the centre between November 2020 and February 2022.

Study population

All clients seen at the study centre over the selected period.

Inclusion criteria

All clients seen at the given period were included

Exclusion criteria

Records of clients whose consent forms were not sited were excluded from the study.

Outcome Prevalence of Sexual assault.

Definitions All clients with any form of sexual, abuse such as, rape, fondling, being forced to have anal sex, oral sex, and insertion of objects into the genitalia.

Mental health was assessed by observation of affect and classified as poor/sad/crying, indifference, anger and cheerful.

Socioeconomic status was assessed with clients' education and/or occupation according to Olusanya.⁹

Data collection Case notes of patients seen within the given period were pulled and relevant information such as client's biodata, presenting complaints and signs of Sexual assault, perpetrator relationship and age were obtained from the case notes and entered into a proforma and subsequently transferred to Microsoft excel.

Data analysis

Data were analyzed using IBM SPSS Statistics for Windows, version 25 (IBM Corp, Armonk, NY, USA). The results were presented in frequency tables and graphs.

Ethical approval Ethical clearance was obtained from the Research and Ethics Committee of,

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Results

Of a total of 86 clients who presented in the One stop centre for women and girls in the study period, 57 were sexually assaulted giving a prevalence of 66.3% for sexual assault. Fifty(87.7%) were of the pediatrics age group and 7(12.3%) were adults giving a mean age of 12.77±5.4(1-23years). Fourty seven(82.5%) belonged to the low social class, 7(12.3%) and

3(5.3%) to the middle and high social class respectively. Timely presentation(<72hours) occurred in 14(24.6%) and rape was the commonest form of sexual assault 58(98.2). While 50(87.7%) of clients were of the pediatrics age group, clients were drugged or raped while sleeping in 8(14.0%) of cases. The perpetrator was an adult, 45(78.5%) and known to the client in 44(77.2%) of cases. Forced coitus was observed in 45(78.9%) of clients. Details of the results are represented in table 1.

Table 1: Description of Pattern of Sexual Assault.

	Freq	%
A SOCIAL CLASS		
Low	47	82.5
Middle	7	12.3
High	3	5.3
B AGE OF PEPETRATOR		
Adult	45	78.9
Child (≤18year)	11	19.3
C RELATIONSHIP OF PEPETRATOR TO VICTIM		
Total stranger	12	21.1
Known to victim	44	77.2
D STATE OF VICTIM’S CONCIOUSNESS BEFORE RAPE		
Drugged	8	14.0
Raped In Sleep	8	14.0
E TIME OF PRESENTATION		
≤72Hours	14	24.6
>72Hours	43	75.4
F *TYPE OF SEXUAL ASSAULT		
Rape	56	98.2
Fondling	15	26.3
Oral Sex	0	0
Anal Sex	0	0
Non Touch Sexual Exposure	10	17.5
Insertion Of Objects	2	3.5
G POST-SEXUAL ASSAULT HIV STATUS		
Positive	4	7.02
Negative	53	92.98
H MENTAL HEALTH		
Poor affect	30	52.6
Indifference	21	36.8
Good mood	6	10.5
I COITARCHE BEFORE ASSAULT		
Yes	12	21.1
No	45	78.9
J AGE OF VICTIM		
PEDIATRIC AGE GROUP <19YEARS	50	87.7

***Some Experienced More Than One Type of Sexual Assault**

Discussion

One stop centre for women and girls (OSCWG) is a dedicated clinic for victims of all forms of gender based violence. This implies that only cases of GBV present to the clinic directly for management which may include counseling, medical treatment and laboratory investigations or indirectly as referral from security agency for forensic examination and prosecution. Within the study period a total of eighty six clients were attended to at OSCWG. Results from the study have shown a high prevalence of sexual assault of 66.3% amongst the population studied. This could be because the study population were clients who presented with GBV. However, similar high prevalence was reported by Dunkle et al¹⁰ in which a prevalence of physical/sexual partner violence among attendees of Antenatal clinic in Soweto was 55.5%. This may be a true representation of our society where violence against women still persists. In Nigeria, the reported prevalence of sexual assault varies depending on the population and the design of the study. A previous Ibadan study had reported that 15% of young females had experienced forced penetrative sex¹¹ while 13.8% prevalence was obtained in a study in Maiduguri.¹² The true prevalence of sexual assault may be inaccurate and reports may be an underestimate of true prevalence since victims may under-report due to the social stigma associated with it.¹²

The mean age of the population studied was obtained as 12.77±5.4 years which was in tandem to a similar Nigerian study of survivors of sexual assault analyzed, where the mean age of survivors was 13.9±4.4 years.¹³ About 87.7% of clients were of the pediatric age (18 years and below). This further enforces the finding that sexual assault is commoner in pediatrics. Similar finding has been previously reported by authors in South East,⁶ South West¹⁴ and Northern⁷ Nigeria with prevalence of 74.4%,⁶ 83.6%⁶ and 61.8%⁷ respectively.

Our clients were majorly of the low social class suggesting that sexual assault may have a strong social correlation. Also, most of the clients studied

had a large family size with more than 4 children suggesting poor parental supervision as a risk factor for sexual assault. Large family size may also mean poor family resources hence poor housing in shanty areas which gives the perpetrators easy access to the victims. Akinade et al¹⁵ corroborated this in his report that people of low socioeconomic status contribute to the spread of rape.

Only 14 (24.6%) presented within 72 hours of the assault incidence therefore in most cases there was no evidence of the sexual assault at presentation. Other researchers have also discovered that >60% presented after 24 hours of assault. Early presentation (ie presentation of cases within 72 hours) is important for establishing medico-legal/forensic evidence of sexual assault and in prevention of sexually transmissible infections and post-exposure prophylaxis of HIV. It is also important is the prevention of unwanted pregnancies using post-coital contraceptives. The longer the interval to presentation however, the lower the quality and quantity of forensic evidences and the higher the risks of negative health consequences. Time of presentation however may be influenced by threats of violence. Clients believe the perpetrators threaten and children especially may not report a rape or attempted rape till a parent observes. Shame and fear of stigma may also contribute to delayed disclosure in the older victims.

Coitarche refers to the first experience of coitus (sexual intercourse). It is usually a remarkable milestone in the life of a human especially a female. Forced coitarche was experienced by 45 (78.9%). This was significantly higher than the 17.5% reported by Kulima et al¹² in 2010. Eight (14%) had altered consciousness induced by substances/drugs and a similar proportion were raped in sleep. This was corroborated by Akinade et al¹⁵ who found that 77% of his study population were drugged before assault.

The perpetrator of sexual assault is most often known by the victim and similar finding was obtained in this study where in 44 (77.2%) the

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perpetrator was either a friend or family of the victim. Kulima et al¹² found that the perpetrator was known by the victims in 50.3% of cases while akinlisi et al¹⁴ reported that the perpetrator was known in 73.1%.

Rape (forced peno-vaginal sex) was the commonest form of sexual assault as reported by previous authors.^{5,12} Other forms seen in this study were fondling, non-touch sexual exposure and use of objects in this case bottles and stick. There was no reported cases of forced oral and anal sex in this study.

In this study, 2(3.5%) of clients were taken into custody. In a particular study on socio-legal factors on rape, Akinde *et al*¹⁵ documented that abduction/ kidnapping of girls were among the socio-legal factors of rape with about 91% of abducted children being rape victims. In other studies abduction has been listed as an influencing factor in stranger-perpetrated sexual abuse with incidence of rape in abducted victims put at 19%.¹⁶ Such victims of abduction and sexual abuse are associated with higher psychological problems.¹⁷

Conclusion

Sexual assault is a severe offence that has huge psychological, social and physical effects on survivors. Children and vulnerable women are most affected. Perpetrator is most often known by the victims and survivors most often delay in seeking care. There is need for increased public awareness and preventive interventions especially within the at-risk population to improve their safety and support those who already are living with the guilt and shame of sexual assault.

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