# Prevalence and Psychosocial Consequences of Rape in Jos, North-Central Nigeria

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**Abstract:** Background: Rape is common throughout the world. It is often under-reported by victims and their families for fear of social stigma and cultural sanctions. Several studies have revealed that majority of rape victims are females, with males being the most perpetrators.

Objectives: The study was aimed at determining the prevalence of rape and to examine the psychological and social consequences as well as responses to rape by the victim, the family and society.

Methods and Materials: The study was a cross-sectional descriptive study of 284 respondents from 4 communities in Jos, Plateau State Capital, Nigeria. A semi-structured socio-demographic questionnaire was used to collect participants' socio-demographic data while a questionnaire on rape designed by the authors was used to enquire about rape and other associated factors. The Mini International Neuropsychiatric Interview (MINI) questionnaire was used to determine the psychological consequences of rape.

Results: The result revealed a rape prevalence of 31.0% (28.2% in females and 2.8% among males). Rape was statistically associated with young victims (P<0.001). Majority (59.1%) of the victims were raped before 16 years of age. Rape by neighbors/family friends accounted for 50% of all cases involving female victims while that by strangers was 15%. A large proportion (63,6%) of the victims were raped once, 13.6% were raped more than thrice. All female victims were raped through the vagina (81.2% with penis and 18.8% by fingering). The male victims were raped with penis through anal orifice. Only 9.2% were gang raped. About two-thirds of the victims did not report to anyone, but, 36.4% did so. As high as 49.8% of the respondents believed there was no justification for anyone to rape another person just as others cited seductive dressing, substance abuse, and moral decadence as factors that contribute to the offence. Negative psychological and social consequences such as depression, anxiety, post –traumatic stress disorder, social isolation, loss of trust etc were found to be associated with rape.

Conclusion: The study showed that rape is a serious problem in our community and therefore urgent measures must be put in place to deal with its increasing prevalence and consequences.

**Keywords:** Rape, Prevalence, North-Central Nigeria, Consequences.

## INTRODUCTION

Rape has been defined in different ways by various groups or individuals, but for the purpose of this study, "RAPE" will be defined as, non-consensual penetration of the vagina by a penis, or another body part or any other object using physical threat, blackmail or force or by exploiting another person's inability to give or withhold consent for sex [1, 2].

Rape has been buried in such terms as; sexual assault, sexual abuse, gender based violence, intimate partner violence etc. This has ultimately downplayed the magnitude of the problem. Categorizing rape with these terms makes it difficult to reveal its true prevalence and impact on women who are bulk of the victims.

A recent national household survey reported that 12.3% (14.6 million) of American women 18 years and older have experienced a completed forced rape in their lifetime [5] compared to 2% of men who reported being raped [6]. Most of these rapes were perpetrated by acquaintances. Rapes by strangers accounted for between 11-18% [7, 8].

Other population-based studies conducted in such diverse locations as Cameroon, Peru, New Zealand, the Caribbean, South Africa and Tanzania showed that between 9% and 37% of adolescent females have reported forced sex at the hands of family members,

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Rape occurs throughout the world in different dimensions. Although, in most countries there has been little research conducted on the problem, available data suggest that in some countries nearly 1 in 4 women are victims of rape during their lifetime [3]. Kenyan government survey revealed that one in five women and girls are victims of rape with more than 240 of them from 3 years of age and above [4].

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teachers, boyfriends or strangers [9-15]. In one representative community-based survey in South Africa, there were 2,070 rape incidents per 100,000 women per year in the 17-48 years age group [16].

A rape incident that is worthy of note here is the rape and murder of a medical student in India by four men in 2013 [17]. This case drew a lot of media and public outcry and condemnation that led to the prosecution of the perpetrators.

Rape has been shown to be alarmingly a common problem in Nigeria, according to Chiedu et al. [18], the prevalence of rape has increased consistently over the years from 12.5% - 80%. The estimated prevalence of rape in Nigeria is difficult to assert because many of the cases remain unreported. Yishua et al. [19], described rape as a crime whose victims love to remain anonymous. According to report by Centre for Law Enforcement Education (CLEEN Foundation) [20], only 28% of rape cases are reported to the police in Nigeria. This is largely to avoid stigmatization, cultural as well as social pressures [21]. Lack of incentives to report the crime, fear of not being believed by the police, and fear of further intimidation or reprisal by the attacker [22] all add up to discourage the victims from reporting the crime.

In recent time, several cases of rape have been reported across Nigeria with records revealing that over one thousand two hundred (1,200) girls were raped in Rivers State in 2012 alone [23]. Some studies carried out at different times in different places showed that children now form the bulk of the victims [24] with baby and child rape making up to 70% of the total rape cases in Nigeria [25]. Rotimi et al. [26] reported a 2 and a 3 year old girls were raped by adults aged 25 and 35 years respectively in Lagos State. A similar experience was documented in Plateau State were a 4 year old girl was raped by a policeman attached to the Special Task Force (STF) [27]. In 2012, a report by the police and government officials in Kano State revealed 54 cases of child rape within 6 months of investigation [28]. Similar incidences have been reported in other parts of the country [29, 30].

Rape is a crime that results in physical, psychological and social consequences to the victim as well as disruption of societal, family and cultural values. The victims who are usually laden with shame, anger, distrust, low self-esteem etc are in most times forced to swallow the bitter experience to preserve family, societal and sometimes religious integrity without having to understand how the victims feel.

The aim of this study is to determine the prevalence of rape in a representative sample of four communities in Jos, Plateau State, Nigeria and to examine the physical, psychological and social consequences as well as response to rape by the victim, the family and society.

#### **METHODOLOGY**

This is a cross-sectional study of four cosmopolitan communities in Jos, Plateau State, Nigeria. Samples were collected using a semi-structured self-administered socio-demographic and a "Rape" questionnaires designed by the researchers. The questionnaire enquired about respondents' knowledge and experience with regards to rape. The age at which rape occurred, who the perpetrator (s) is/are, number of times an individual was raped and number of people who raped an individual. Other aspects included were; route through which the victim was raped, action taken, psychological and social impact of the act on the victims.

The sample size was calculated from the formula:  $N=Z^2 \times P(1-P)/d^2$ .

Where N= sample size, Z= confidence level (1.96), P= expected prevalence (which was put at 80%) [18], and d= allowable error (0.05)

Putting these values into the above formula generated a sample size of 246. Adding an attrition and non-response level of 15% (38) yielded 284.

Multistage, systematic random sampling technique was used to collect the sample. Jos North has 14 federal wards from which 4 were selected by balloting.

Secondly, the household numbers used by the Nigeria National Population commission in 2006 within these 4 wards were obtained. These numbers were copied and entered into a computer and a table of random numbers was generated for each ward.

Approximately 71 households were chosen per ward. One adult, (≥18 years) was interviewed from each household until the sample size was met.

The data was analyzed using the Statistical Package for Social Sciences (SPSS) version 19.0.

The result was presented using simple descriptive statistics. Analysis of categorical and continuous variables was done using chi-square test and t-test respectively.

Statistical significance was set at P<0.05.

#### **RESULTS**

sociodemographic characteristic of the participants is as shown on Table 1 below.

A total of 284 participants were studied in four communities of Jos with females constituting 85.9%. Majority were young with a mean age of 26.4±9.0 years. More than half of the participants were still single as at the time of this study. Christians constituted the bulk of the participants (77.5%) while Muslims made up 22.5%. Most of the subjects have had one form of education or the other. Over half had secondary education (53.3%), with 12. 7% and 28.2% had completed primary and tertiary education respectively. Only 2.8% did not have any formal education.

## **DISCUSSION**

Majority of the studied participants were females (85.9%) and young (mean age 26.4±9.0 years), over half of them were within the 18-29 years age group. This is a common finding from other studies on rape where most participants were young females and only a few males represented [6, 31, 32]. This outcome is not surprising as most parents do not educate their children (especially daughters) on issues concerning sex and sexuality. This makes them prone to attacks by the perpetrators. Other factors here include, allowing children watch sex provoking movies and inappropriate dressing resulting to indecent exposure. Also, child

Table 1: Sociodemographic Characteristics of Studied Participants

Variable		Frequency [N=284] (Percentage [%])
Gender:	Females	244(85.9)
	Males	40(14.1)
	Total	284(100.0)
Age (years):	<20	64(22.5)
	21-29	144(50.7)
	30-39	48(16.9)
	40-49	24(8.5)
	>50	4(1.4)
Marital status:	Never married	160(56.3)
	Married	84(29.6)
	Separated	8(2.8)
	Divorced	24(8.5)
	Widowed	8(2.8)
	Total	284(100.0)
Religion:	Christianity	244(77.5)
Islam		64(22.5)
Education:	None	8(2.8)
	Primary	36(12.7)
	Secondary	160(53.3)
	Tertiary	80(28.2)
Ethnicity:	Hausa	44(15.5)
	Igbo	20(7.0)
	Yoruba	4(1.4)
	Berom	48(16.9)
	Others	168(59.2)

Table 2a: Item by Item Analysis of the Rape Questionnaire

Questions	Response	Sex		Total	
		Female	Male		
Do you know what	Yes	212(74.7%)	40(14.0%)	258(88.7%)	
Rape is? (knowledge)	No	32(11.3%)	-	32(11.3%)	
	Total	244(86.0%)	40(14.0%)	284(100.0%)	
Have you ever	Yes	80(28.2%)	8(2.8%)	88(31.0%)	
Been raped?	No	164(57.8%)	32(11.2%)	196(69.0%)	
	Total	244(86.0%)	40(14.0%)	284(100.0%)	
At what age were	≤10years	12(15.0%)	-	12(13.6%)**	
You raped?	11-16years	52(65.0%)	-	52(59.1%)	
	≥16years	16(20.0%)	8(100.0%)	24(27.3%)	
	Total	80(100.0%)	8(100.0%)	88(100.0%)	
Who raped you?	Stranger	12(15.0%)	4(50.0%)	16(18.1%)	
	Friend	8(10.0%)	-	8(9.2%)	
	Family member	16(20.0%)	-	16(18.1%)	
	Family friend/				
	Neighbor	40(50.0%)	-	40(45.4%)	
	Others	4(5.0%)	4(50.0%)	8(9.2%)	
	Total	80(100.0%)	8(100.0%)	88(100.0%)	
How many times	Once	52(65.0%)	4(50.0%)	56(63.6%)	
Have you been	Twice	12(15.0%)	-	12(13.6%)	
Raped? (frequency)	Thrice	4(5.0%)	4(50.0%)	8(9.2%)	
	≥Thrice	12(15.0%)	-	12(13.6%)	
	Total	80(100.0%)	8(100.0%)	88(100.0%)	
Was it by the same	Same person	12(42.9%)	4(100.0%)	16(50.0%)	
Person?	Different people	16(57.1%)	-	16(50.0%)	
	Total	28(100.0%)	4(100.0%)	32(100.0%)	
Through what	Vagina	80(100.0%)	NA	80(80.0%)	
Route were you	Oral	-	-	-	
Raped?	Anus	-	8(100.0%)	8(20.0%)	
	Total	80(100.0%)	8(100.0%)	88(100.0%)	
With what were	Penis	65(81.2%)	8(100.0%)	73(83.0%)	
You raped?	Finger	15(18.8%)	-	15(17.0%)	
	Total	80(100.0%)	8(100.0%)	88(100.0%)	

<sup>\*\*</sup>P<0.001.

Table 2b: Item by Item Analysis of the Rape Questionnaire

Question	Response	Sex		Total
		Female	Male	
Did you struggle?	Yes	72(90.0%)	4(50.0%)	79(86.3%)
(Resistance)	No	8(10.0%)	4(50.0%)	12(13.7%)
	Total	80(100.0%)	8(100.0%)	88(100.0%)
Have you ever been	Yes	8(10.0%)	-	8(9.2%)
Raped by more than	No	72(90.0%)	8(100.0%)	80(90.8%)
One person during	Total	80(100.0%)	8(100.0%)	88(100.0%)
An attack?(gang rape)				

(Table 2b). Continued.

Question	Response	Sex		Total	
		Female	Male		
What did the rapist	Threat	24(30.0%)	4(50.0%)	28(31.8%)	
Used to coerce you?	Force	48(60.0%)	4(50.0%)	52(59.0%)	
(Strategy used)	Blackmail	4(5.0%)	-	4(4.6%)	
	Others	4(5.0%)	-	4(4.6%)	
	Total	80(100.0%)	8(100.0%)	88(100.0%)	
Did you report or	Yes	28(35.0%)	4(50.0%)	32(36.4%)	
Share this with	No	52(65.0%)	4(50.0%)	56(63.6%)	
Anyone?	Total	80(100.0%)	8(100.0%)	88(100.0%)	
With who did you	Friends	4(14.3%)	-	4(12.5%)	
Share?(Help seeking)	Family member	20(71.5%)	-	20(62.5%)	
	Law Enf. Agency	2(7.1%)	-	2(6.3%)	
	Others	2(7.1%)	4(100.0%)	6(18.7%)	
	Total	28(100.0%)	4(100.0%)	32(100.0%)	
Did you share the	Yes	21(75.0%)	4(100.0%)	25(78.1%)	
Experience	No	7(25.0%)	-	7(21.9%)	
Immediately?	Total	28(100.0%)	4(100.0%)	32(100.0%)	

Table 3: Reasons why People Get Raped

Reasons	Sex		Total
	Female (N=210)	Male (N=37)	N=247
No justifiable reason why someone should be raped	103(49.0%)	20(54.1%)	123(49.8%)
Seductive dressing	22(10.5%)	7(18.9%)	29(11.7%)
Substance use	35(16.7%)	5(13.5%)	40(16.2%)
Lack of jobs	17(8.1%)	4(10.8%)	21(8.5%)
Moral decadence	30(14.3%)	1(2.7%)	31(12.6%)
Others	3(1.4%)	-	3(1.2%)
Total	210(100.0%)	37(100.0%)	247(100.0%)

Table 4: Response to Rape

Response/coping method of victims	S	Combined response	
	Female	Male	
Psychological			
Suicide attempt	15(18.6%)	-	15(17.1%)
Depression	11(13.8%)	-	11(12.5%)
Anxiety	21(26.3%)	2(25.0%)	23(26.2%)
Anger	6(7.5%)	1(12.5%)	7(7.9%)
PTSD	6(7.5%)	1(12.5%)	7(7.9%)
Substance use	4(5.0%)	3(37.5%)	7(7.9%)
More than one psychological response	17(21.3%)	1(12.5%)	18(20.5%)
Total	80(100.0%)	8(100.0%)	88(100.0%)

(Table 4). Continued.

Response/coping method of victims	Sex		Combined response
	Female	Male	
Social			
Hate	20(25.5%)	2(25.0%)	22(25.0%)
Lack of trust	14(17.5%)	1(12.5%)	15(17.1%)
Social withdrawal	11(13.8%)	1(12.5%)	12(13.6%)
Poor social functioning in multiple areas	35(43.7%)	4(50.0%)	39(44.3%)
Total	80(100.0%)	8(100.0%)	88(100.0%)

marriage permitted by some religious organizations may have contributed to the female predominance.

The results show that 88.7% of the participants knew what rape is, meaning that the scourge is a well known phenomenon among the respondents.

An average of 31.0% (that is, approximately 1 in 3) of all the participants reported being raped in their lifetime. Of this number, 28.2% were females and 2.8% males. The predominance of the female gender here is not unexpected as they represent one of the vulnerable groups and thus, are targets of all forms of abuse including rape. This prevalence is greater than that reported by Koss et al. [33, 34] and Odidika and Johnson [35], the reason for the difference may be explained by the variation on perception of rape between the social environments in which the studies were conducted and methodological parameters. Odidika conducted their study among students of tertiary institutions hence restricting wider sample collection from even younger age groups. Other similar studies [34, 36-38] have reported varying but close outcomes.

Our study showed that 15% of female respondents were raped before the age of 10 years while about two-third between the ages of 11-16 years. All the male respondents were however raped after 16 years of age. The National Violence against Women Survey (NVWS) conducted in the United States of America (USA) [39] reported a much higher finding. In their report, 29.0% of forcible rapes occurred when the victims were less than 11 years old. Their reports also showed that majority (32%) of victims were within the 11-17 years group. This sharp contrast could be due to the ease with which victims and or their relations can approach the criminal justice system to seek redress. Higher levels of public awareness as well as availability of centres to report such cases could also explain the difference. In

our community, majority of rape cases are swept under the carpet to avoid the shame, stigma and cultural sanctions that may arise from reporting.

Age was found to be statistically significant (P<0.001) with rape. This is similar to findings in previous studies where younger women were found to be at risk of rape than older women with one-third to two-thirds of the victims being less than 15 years of age [40-42]. Most perpetrators of the act target younger children and vulnerable girls due to their inability to understand the nature and consequences of the act.

With regard to the relationship with the victims, the largest proportions of the rapists were neighbors and family friends (45.4%) with family members accounting for as much as 18.1%, whereas, friends and others (teachers, religious clerics, employers etc) constituted 9.2% each. Rape by strangers made up the remaining 18.1%. All the male victims were raped either by their extra lesson teachers, or seniors in school. The significant number represented by neighbors and family friends could be adduced to the fact that in most African societies, families are more likely to take their children to neighbors or family friends when going out or traveling. They are usually less likely to be suspected by such parents as children of neighbors move in and out of each other's homes without restrictions. This latest finding is consistent with previous studies [7-15]. A similar study in the USA on National Survey of Adolescents (NSA) [43] and NVAWS [39] also yielded similar results with that of the later showing that relatives constituted the bulk of the perpetrators (38%). Rape by acquaintances yielded similar outcome.

As to the number of times each victim was raped, we found that more than half (65.0%) of the females and 50.0% of males were raped only once in their lifetime (combined percentage was 63.3%). This

concurs with the study conducted by NVAWS [39] which reported that 56% of victims experienced only one rape and 39% more than once. Odidika and Johnson [35] also reported a 65.1% rate for those raped once and 34.9% for more than once. The high percentage of single rape experience by the victims may not be unconnected with the fact that most families do damage control after the act to prevent further occurrence. It is at this point that they start educating the child on the dangers inherent in the act and extend a strong warning to the offenders and their families.

Among the respondents who volunteered information as being victims of rape, all the female victims confirmed being raped per vaginam with the rapist using either penis (81.2%) or by fingers (18.7%) while all the male victims via the anal canal with penis. This result conforms to a report by Bonnie et al. [44] who reported that majority (83.6%) of rape incidences involved actual penetration of the victim(s)' vagina or anal canal with the penis.

Gang rape in the present study was 9.2%. This involved only the female respondents who reported being drugged by the rapists while others were physically overpowered. In a few instances, weapons were used to restrain the victims. A study conducted in South Africa by Swart et al. [45], revealed a figure that is three times what we got. The higher rate obtained in South Africa may be due to a practice of initiating young men into gangs or vendetta against men who sleep with other men's wives or girlfriends.

larger percentage (86.3%) of victims unsuccessfully resisted the offender(s) while 13.7% could not do so for fear of injuries or being stabbed or because of drugging. Those who resisted sustained physical injuries. Several reports in the past have demonstrated that severe injuries were suffered by victims who resisted the rapist with some proving fatal [46-48].

As much as 36.4% of the victims reported the incident while the larger percentage of victims (63.6%) did not. Among those who were courageous to share, over three-quarters did that immediately after the act. Reports were mostly made to family members (62.5%), but, only 6.3% were reported to the law enforcement agencies. The low patronage of the law enforcement agencies is in sharp contrast to what was obtained by Kilpatrick et al. [49] and Tjaden and colleagues [50-53]. They reported that 15% and 20% respectively informed

the police. The lower rate of reporting here may not be unconnected to the fact that the victims' stories may not be taken seriously and the lack of platform or system to prosecute offenders. Also, demand for monetary support from families and or victim(s) before investigations are done discourages legal patronage by victims. Other studies have reported similar outcomes [17, 19, 20].

The study also sought to find out why people get raped. Shockingly, 54.1% of male and 49.0% of female respondents assert that there is no justifiable reason why someone should rape another person. These respondents submitted that the trauma faced by the victim(s) and their families cannot be justified by any reason. Other participants gave varying responses ranging from seductive dressing, substance use, lack of jobs and moral decadence among others as reasons why some people (especially females) get raped. Despite the fact that almost half of the respondents did not give any reason as justification for rape, the submissions made by the other respondents have been replicated by other authors in previous studies [31, 54].

Apart from the physical injuries suffered by victims, there are also psychological and social responses to rape as expressed by them. Victims reported experiencing severe psychological disorders ranging from suicide attempt (17.1%), depression (12.5%), anxiety ((26.2%), Post Traumatic Stress Disorder (PTSD) -7.9%, substance abuse (7.9%) etc. This concur with other studies [8, 39, 50] in the past where the above disorders were presented as aftermath of experiencing rape. Many of these victims heap a burden of defeat and shame with fear of being stigmatized and avoided. This results in depression, suicidal thoughts or even attempt.

Aside from the psychological response, social disability was also noted among victims. Hate/quest for vengeance (25.0%), loss of trust (17.1%), social withdrawal (13.6%) and poor social functioning in multiple areas of life (44.3%) were noted. According to Levin et al. [55], victims of rape develop a breakdown in social functioning which includes fear, withdrawal from people, difficulty trusting/feelings of betrayal, loss of sense of fairness, and substance abuse etc

## CONCLUSION

Rape is a serious crime against humanity; unfortunately, its prevalence is on the increase among many communities with little effort being made to deal with the menace. The physical, psychological and social burden of rape may be alarmingly huge when its impact on the occupational life, health, family life and decline in contributing to community growth are measured. It is therefore pertinent to embark on aggressive public education on the scourge and also to strengthen the criminal justice system to deal with offences related to rape.

Finally, it is worthy to note that, "Not all rapes produce physical wounds, but all rapes produce emotional ones".

#### REFERENCES

- [1] Home office adults: safer from sexual crimes, the sexual offences act 2003; http://www.homeoffice.gov.uk/documents/adults safer-fr-sex-harm-leaflet?view=Binary
- [2] Sexual offences act 2003. Office of public sector information http://www.opsi.gov.uk/Acts/acts2003/ukpga20030042en1
- Lizak D. Sexual aggression, masculinity and fathers; signs: Journal of Women in Culture and Society 1991; 16: 238-62. <a href="https://doi.org/10.1086/494659">https://doi.org/10.1086/494659</a>
- [4] http://naijamajor.com/kenyan-girls-win-landmark-rape-case-against-police
- [5] Black M, Basile K, Breiding M, Smith S, Walters M, Merrick M, Chen J, Stevens M. The national intimate partner and sexual V violence survey (NISVS): 2010 summary report. Atlanta GA. National centre for injury prevention and control, centre for disease control and prevention (survey data collected in 2010).
- [6] Basile K, Chen J, Black M, Saltzman L. Prevalence and characteristics of sexual violence victimization among united states adults violence and victims 2003; 22(4): 437-448.
- [7] Tjaden P, Thoennes N. Full report of the prevalence, incidence and consequences of violence against women Washington DC: US department of justice 2000.
- [8] Kilpatrick D, Resncik H, Ruggiero K, Conoscenti L, McCaluley. Drug –facilitated, incapacitated and forcible rape: a national study. Washington DC: US department of justice 2007.
- [9] Matasha E. Sexual and reproductive health among secondary school pupils in Mwanza, Tanzania: need for intervention. AIDS Care 1998; 10: 571-582. https://doi.org/10.1080/09540129848433
- [10] Buga GA, Amoko DH, Ncayiyana DJ. Sexual behaviour, contraceptive practice and reproductive health among school adolescents in rural. Transkei South African Medical Journal 1996; 86: 523-527.
- [11] Caceres CF, Vanoss M, Sid Hudes E. Sexual coercion among youth and young adolescents in Lima, Peru Journal of Adolescent Health 2000; 27: 361-367.
- [12] Rwenge M. Sexual risk behaviors among young people in Bamenda. Cameroon International Family Planning Perspectives 2000; 26: 118-123. https://doi.org/10.2307/2648300
- [13] Dicson N. First sexual intercourse: age, coercion and later regrets reported by a birth cohort. BMJ 1998; 316: 29-33. https://doi.org/10.1136/bmj.316.7124.29
- [14] Adolescents. Programme brief on the findings from operations research and technical assistance: Africa project II. Nairobi, the Population Council 1998.
- [15] Halcon L, Beuhring T, Blum R. A portrait of adolescent health in the Caribbean, 2000. Minneapolis MN, University of Minnesota and Pan American health organization 2000

- [16] Jewkes R, Abrahams N. The epidemiology of rape and sexual coercion in South Africa: an overview Social Sciences and Medicine 2002; 55: 153-166.
- [17] "Indian Gang Rape: four accused found guilty of murder" http://www.hollywoodreporter.com/news/indian-ganf-rapefour-accused-624965
- [18] Chiedu A. The rising wave of rape. The Punch news paper, 4 June, 2013; p. 26.
- [19] Yishua O. Rape: A Crime whose Victims Love to Remain Anonymous. The Nation Newspaper, 26 September 2011; p. 23
- [20] CLEEN Foundation. Summary of Findings of 2012 National Crime and Safety Survey. Available at: http://cleenfoundation.blogspot.com/2012/07/summary-offindings-of-2012-national.html.
- [21] Amaka-Okafor V. Nigeria Has a Rape Culture Too. Guardian Africa Network, January 14, 2013. Online at: http://www.theguardian.com/world/2013/jan/14/nigeria-rapeindia-culture
- [22] Open Society Justice Initiative Criminal Force: Torture, Abuse and Extrajudicial Killings by the Nigerian Police Force, May 2010. http://www.soros.org/initiatives/justice/focus/ criminaljustice/articlespublications/publications/nigeria-policeabuse-report-20100519/criminal-force-20100519.pdf
- [23] Kawu IM. Nigeria's Troubling Epidemic of Rape. Retrieve from: http://www.nigeriatroublingepidemicofrape.com
- [24] Odeh N. "Siege of Child Rapists" in The News 6 May, 2013; pp. 14-20.
- [25] Ejim A. "Molestation and Rape" retrieved from: http://pmnewsnigeria.com/2013/04/30.
- [26] Rotimi. "Rape and the Nigerian Law by Bukky Shonibare" http://www.rapeandthenigerianlaw.com
- [27] "Policeman Arrested for Raping 4-year-old Girl" Source: http://leadership.ng/news/359993/policeman-arrested-raping-4-year-old-girl
- [28] Nigeria: Child Rape in Kano on the Increase. http://www.nigeriachildrapeinkano.com
- [29] Incessant Cases of Rape in Nigeria; Needs for Proactive Measure. http://www.grassrootsvanguard.com/2011/11
- [30] Alhassan A. "Child Rape: Who Speaks for the Victims?" retrieved from: http://www.hopefornigeriaonline.com/child-rape-who-speaks-for-the-victims?
- [31] Richard AA. "It couldn't have been rape": How Perception and Rape Scripts Influence Unacknowledged Sexual Assault in Nigeria. Research on Humanities and Social Sciences 2014; 4(8): 125-134.
- [32] Article 1, UN Declaration on the Elimination of Violence against Women, UN Doc A/RES/48/104, 20 December 1993.
- [33] Koss MP, Oros CJ. Sexual experiences survey: a research instrument investigating sexual aggression and victimization. Journal of Consulting and Clinical Psychology 1982; 50: 455-457. <a href="https://doi.org/10.1037/0022-006X.50.3.455">https://doi.org/10.1037/0022-006X.50.3.455</a>
- [34] Koss MP, Gidycz CA. the sexual experience survey: Reliability and Validity. Journal of Consulting and Clinical Psychology 1985; 53: 442-443.
- [35] Odidika UJU, Johnson AO. A survey into prevalence and pattern of rape in a Nigerian tertiary institution. International Journal of Innovation and Scientific Research 2015; 13(2): 349-353.
- [36] Kilpatrick DG, Saunders BE, Veronen LJ, Best CL, Von JM. Criminal victimization: lifetime prevalence, reporting to police and psychological impact. Crime and Delinquency 1987; 33: 479-489. https://doi.org/10.1177/0011128787033004005
- [37] Koss MP, Woodruff WJ, Koss P. criminal victimization among primary care medical patients: prevalence, incidence and

- physician usage. Behavioral Sciences and the Law 1991; 9: 85-96. https://doi.org/10.1002/bsl.2370090110
- [38] Russell DEH. Sexual exploitation. Beverly Hills, CA, 1984; sage.
- [39] Tjaden P, Thoennes N. A prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey, Research in Brief. Washington, DC: National Institute of Justice, U.S. Department of Justice 1998; p. 2&5.
- [40] Acierno R, et al. Risk factors for rape, physical assault, and post-traumatic stress disorder in women: examination of differential multivariate relationships. Journal of Anxiety Disorders 1999; 13: 541-563. <a href="https://doi.org/10.1016/S0887-6185(99)00030-4">https://doi.org/10.1016/S0887-6185(99)00030-4</a>
- [41] Greenfeld LA. Sex offenses and offenders: an analysis of data on rape and sexual assault. Washington, DC, United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (NCJ 163392).
- [42] Heise L, Pitanguy J, Germain A. Violence against women: the hidden health burden. Washington, DC, World Bank, 1994 (Discussion Paper No. 255).
- [43] Kilpatrick DG, Saunders BE. Prevalence and Consequences of Child Victmization: Results from the National Survey of Adolescents. 1996. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, Grant No. 93-IJ-CX-0023.
- [44] Letter from Dr. Bonnie Dansky, Medical University of South Carolina Crime Victims Research and Treatment Center to Lynn Hecht Schafran, Director, National Judicial Education Program 1 (Aug. 15, 1992) (on file with author).
- [45] Swart L, et al. Rape surveillance through district surgeons' offices in Johannesburg, 1996–1998: findings, evaluation and prevention implications. South African Journal of Psychology 2000; 30: 1-10. https://doi.org/10.1177/008124630003000201

- [46] Jewkes R, et al. Relationship dynamics and adolescent pregnancy in South Africa. Social Science and Medicine 2001; 5: 733-744. https://doi.org/10.1016/S0277-9536(00)00177-5
- [47] Crowell NA, Burgess AW, eds. Understanding violence against women. Washington, DC, National Academy Press 1996
- [48] Shackelford TK. Are young women the special targets of rape-murder? Aggressive Behavior 2002; 28: 224-232.
- [49] Kilpatrick DG, Edmunds CN, Seymour AK. Rape in America: A report to the nation. Arlington, VA: National Victim Center & Medical University of South Carolina 1992.
- [50] Tjaden P, Thoennes N. Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey. Washington, DC: U.S. Department of Justice, National Institute of Justice 2000. https://doi.org/10.1037/e514172006-001
- [51] Coomaraswamy R. Preliminary report submitted by the Special Rapporteur on violence against women: its causes and consequences. New York, NY, United Nations, 1997 (report number E/ CN.4/1997/47).
- [52] Girardin BW, et al. Color atlas of sexual assault. St Louis, MS, Mosby 1997.
- [53] Draucker CB. Domestic violence: the challenge for nursing. Online Journal of Issues in Nursing 2002; 7: 1-20.
- [54] International Clinical Epidemiologists Network. Domestic violence in India: a summary report of a multi-site household survey. Washington, DC, International Center for Research on Women, 2000.
- [55] Levin P. Common responses to trauma and coping strategies 2004. Retrieved April 12, 2007; from http://www.traumapages.com/s/t-facts.php

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