

SEXUAL ASSAULT OF NIGERIAN FEMALE ADOLESCENTS: A REVIEW OF THE TREND AND EFFECTS

ABSTRACT

Introduction: Adolescent sexual assault is a huge public health problem with physical, reproductive health and psycho-social consequences.

Methods: A literature review was carried out on its prevalence, forms, risk factors and effects using multiple databases, namely MEDLINE, Web of Science Core Collection, and Google Scholar Google search. Additional information was from medical textbooks and journals.

Results: The estimated prevalence of sexual aggression among adolescents varied widely in different studies in Nigeria, ranging from 6 to 74%. Broad variation may be due to different incident reporting rates at multiple locations

Conclusion: The solution to this problem involves the mobilization and active co-operation of all stakeholders in the society such as parents, guardians, teachers, non-governmental organizations, religious leaders, political leaders and government. Sex education should be given at home, school and other settings to both males and from other formal sources.

Keywords: Adolescent, Sexual assault, reproductive health, Nigeria

1. INTRODUCTION

Adolescent sexual assault in Nigeria is a huge public health problem which is associated with many physical, reproductive health and psycho-social consequences; both in the short term and long term. It occasionally results in death due to shock, severe physical injury or murder. The impact of adolescent sexual abuse is well documented; it contributes immensely in poor school performance, substance abuse, delinquency, prostitution, sexual dysfunction, mental illness, suicide, and transmission of abusive behaviour to subsequent generations [1].

Sexual assault is any sexual act performed by one person on another without the person's consent [1]. It encompasses unwanted or inappropriate sexual exposure, usually involving genital touching, fondling, vaginal/oral/anal intercourse, or attempted intercourse [2]. It may result from force, the threat of force either on the victim or another person; or the victim's inability to give appropriate consent [1].

Sexual assault occurs in children, adolescents and adults. However, it has been noticed to occur more often in female adolescents than in any other age group [3-5].

There are several types of adolescent sexual assault such as acquaintance rape, date rape, statutory rape, and incest [1]. Acquaintance rape refers to sexual assault by a person or persons known by the victim. This is observed to occur in more than half of the cases. Incest is said to occur when the perpetrator is a family member; including step-parents or other parental figures in the home. Date rape is said to occur when sexual assault is perpetrated by someone who had agreed to go on a date with her. It is usually accomplished with the use of alcohol and/or drugs such as rohypnol. Statutory rape is said to occur when the victim is a minor or under-aged, as

stated by the law, which is 18 years in Nigerian law [6]. Below this age, the adolescent is defined as being legally incapable of consenting to sexual intercourse due to her age.

This literature review of adolescent sexual assault in Nigeria seeks to identify its prevalence, risk factors, forms and effects. These will help to elucidate preventive measures to preserve the physical, mental and social well-being of female adolescents in Nigeria.

2. MATERIALS AND METHODS

An extensive literature search of the published journal was conducted in internet Google namely MEDLINE, Web of Science Core Collection, and Google Scholar using the search terms “adolescent sexual assault in Nigeria” “sexual abuse among children in Nigeria” and “teenage sexual abuse in Nigeria”. This was supplemented by including search for sexual assault pattern and effects of sexual abuse in Nigeria. PubMed, ISI web of science and other indexed journals on sexual assault in Nigeria were searched. Apart from the online published literature on sexual assaults in Nigeria, all materials that addressed sexual assaults in Nigeria such as textbooks and journals in the medical library were used in the study.

3. RESULTS

3.1 PREVALENCE

The estimated prevalence of adolescent sexual assault has been noticed to vary widely in different studies in Nigeria (Table 1). The Nigerian Demographic Health Survey (NDHS) documented a prevalence rate of 6.6% [4]. Other studies have also documented wide variations in its prevalence such as 6-62%,[7] 10.5%, [8] and 40% [9].

The wide variations in prevalence rates may be due to the different rates of reporting incidents in various places. However, prevalence rates are difficult to be accurately documented but rather grossly underestimated. Probably because less than half of sexually assaulted adolescents would tell anyone; and less than 10% usually report to the authorities [2,10].

There are many barriers to disclosure of sexual assault in Nigeria which has been identified. These include ignorance that the act constituted sexual assault, fear of not being believed, self-blame, guilt, fear of stigma, consideration of the subject of sex as being a taboo, ambivalent relationship with perpetrator(s), fear of parents/authority figures, anticipation of negative response to disclosure, mistrust of law enforcement agencies, poor or non-prosecution of sex offenders [2,9]. This culture of under-reporting may also be a consequence of a culture of male dominance and female economics and/or social disempowerment. This also serves to make the victims endure recurring episodes of sexual assault from the perpetrator(s).

Table 1. Prevalence of adolescent sexual assault in Nigeria

Author	Prevalence
Manyike et al. [9]	40%
Chinawa et al. [8]	10.5%
Ikechebelu JI [10]	69.9%
Kunnuji et al. [11]	35%
Ogunfowokan et al. [12]	55.5%
Akanle et al. [13]	3.2-30.5%

Uvere EO et al [14]	69.0%
Akin-Odanye EO [15]	74.9%
Ajuwon A et al [16]	15%

3.2 RISK FACTORS

Adolescence is usually a time of experimentation and risk-taking behaviours which may inadvertently put many of them at risk of sexual assault [17]. However, certain social patterns and other factors also increase their vulnerability to this menace [18]. The documented risk factors include: living with only one parent, living with relatives or guardians, deprivation of basic necessities of life, mental illness, disability, alcohol and/or drug abuse [18-21].

These risk factors contribute in various ways to increase their vulnerability to sexual assault. Living with only one or none of the parents have been noticed to increase an adolescent's vulnerability to sexual assault. This is because strict monitoring and conservative sexual and/or moral attitudes would be less likely to be delivered when living with only one (a single) parent, relatives or guardians. Mental illness and disability usually make the adolescent incapable of protecting herself and/or fleeing from sexual assault. The deprivation of basic necessities of life tends to compromise them and reduce their abilities to reject or flee from danger of sexual assault. This is because the perpetrators may offer them money or provision of their needs in exchange for sexual favours; either covertly or overtly offered. Alcohol and/or drugs typically reduce or removes inhibition of people when taken either voluntarily or involuntarily (may be added to food or drinks without the victim's knowledge). They may even make the victim drowsy or unconscious and thus unable to refuse or flee from sexual assault.

3.3 FORMS

Several forms of sexual assault have been reported [3,18,20]. **Some of them involve physical contact with the victim while others do not.** The forms which do not involve physical contact include being forced to look at pornographic pictures, read pornographic magazines or books, watch pornographic films, look at another person's genitals or breasts, expose her breasts or genitals for viewing, picture taking and/or filming [2,3,9].

The forms which involve physical contact include breasts and/or genital fondling, forced fondling of another's breast and/or genitals; penile penetration or attempted penetration of the mouth, vagina or anus; penetration or attempted penetration of object into the mouth, vagina or anus; forced to engage in fondling or penetration with another while perpetrator(s) is/are watching [2,3,9].

3.4 EFFECTS

Medical consequences of sexual assault could be physical, reproductive or psycho-social. There is also both short term (immediate) and long term impacts attributed to this problem. The short term effects include physical injuries, shock, unhappiness, anger, unwanted pregnancies, unsafe abortion, unprepared parenthood, school interruption, school termination and sexually transmitted infections. There is occasional loss of lives which may follow severe injuries, shock or murder by perpetrator [5,19,22].

The long term effects include depression, post-traumatic stress disorder (PTSD), suicidal tendency, chronic fear and mistrust of people [23,24].

The above-listed complications emphasize the public health pandemic that sexual assault actually is. Unfortunately, due to the gross under-reporting of the condition and another factor such as poor or non-punishment of sexual offenders, this problem

persists. It leads to the preponderance of maladjusted adolescents who eventually grew to become maladjusted adults in the society.

3.5 PREVENTION

Adolescent sexual assault can be prevented by effective mobilization of all stakeholders at different levels in the family, society and government. Adolescence is usually a period of experimentation and many of them are vulnerable to sexual assault.

Sex education should be given at home, school and other settings to both males and females in order to be most effective. At the family level, parental communication with the child about sexual matters has been noticed to contribute greatly to reducing the incidence of the problem. Once parents (and other parental figures) break the silence on the subject of sex, it arms the child with balanced knowledge on the subject that is usually shrouded in secrecy [22].

Sex education should be given at home, school and other settings to both males and females in order to be most effective. They should be taught all the forms of sexual assault so as to recognise them. The females should be taught ways to avoid and also report all forms of sexual assault or attempted assaults so as to break the culture of silence which encourages recivism or recurrence. Both, males and females, must be taught to respect each other. Adolescence is a critical opportunity to learn how to deal with feelings, emotions or desires; corresponded or not. It should be emphasized that they must always obtain appropriate consent before sexual intercourse, and always withdraw when consent is withheld at any point. There should also be specific programmes (Safe Dates program and the building-level intervention of Shifting Boundaries) put in place for sexual offenders to enable them to take responsibility for the actions as well as desist from such behaviours thereafter.

Public enlightenment on the issue of sexual assault would also help people in society to appreciate that the perpetrators of this crime are the ones to blame for their actions. Currently, it is still seen that some people tend to criticize the victims for making themselves targets (e. g. mode of dressing, place and time of the day that the sexual assault occurred). This public enlightenment should be driven by government and other organizations through the mass media and even organized meetings. This would help to shift the blame of sexual assault to the perpetrators and make it unattractive to would-be perpetrators to commit the crime [22,23].

Education of the girl child should be made mandatory and the Universal Basic Education (UBE) scheme should be fully implemented. It has been noticed that one of the risk factors of adolescent sexual assault is the lack of basic necessities of life. Education of the girl-child would eventually lead to the enhancement of the socio-economic status of women and eventually reduce the burden of this problem. The parents or guardians of these adolescents who fail to enrol them in the UBE programme should be identified and forced to do so [22-24].

The political leaders and government should directly contribute to the reduction of this problem by making the environment safe for everyone. The streets should be well-lit and law enforcement agents mobilized to ensure safety and protection; there should be a comprehensive national protocol for the management of all sexually assaulted female adolescent; which is compliant with the WHO schedule. This will involve medical doctors, medical laboratory scientists, forensic experts, psychotherapists, law enforcement agents amongst others. These will help to holistically take care of the immediate problems following sexual assault [23,25]. The

laid down national laws should be speedily and effectively applied for the prosecution and punishment of all sexual offenders [19,22,24].

4. DISCUSSION

This review has highlighted a lot of important issues about adolescent sexual assault in Nigeria. Adolescent sexual assault has grown to become a huge public health problem and human right issue, both in Nigeria and worldwide. Gynecologists-gynecologists and other women's health professionals sometimes have the unique opportunity to screen and identify female victims of sexual assault. However, sexual violence demands from the whole society a denunciation of the aggressors and the full support of the victim. This is because of the magnitude of the problem and its far-reaching consequences, both in the short and long-term. The natural prevalence has been noticed to vary widely in different studies, but still highly underestimated because of the strong factors that have been outlined which lead to gross under-reporting was contributed immensely. It is commoner in Christian dominated southern Nigeria than in Muslim dominated northern Nigeria and this may be due to cultural factors and/or to rate of reporting. The perpetrators include family members, guardians, parental figures, teachers and total strangers [25]. This means that everywhere is a potential danger zone ranging from the home, school, assailant's home, cars and street corners.

The societal tendencies to find reasons to blame the victims for being attacked further makes them keep quiet and even wallow in guilt and shame [26]. Even for the instances that are reported, sexual offenders mostly go unpunished or grossly under-punished. This is also due to the difficulty in establishing the guilt due to the paucity of forensic evidence which may be due to the destruction of evidence in ignorance or unavailability of equipment and personnel to gather the forensic evidence [27]. All these tend to embolden the perpetrators to repeated sexually assault their victims when prevailing conditions permit this.

The risk factors for sexual assault include the very fact that they have peculiar behaviour pattern of experimentation and risk-taking which makes them particularly vulnerable. Other non-modifiable risk factors include those that have disabilities [28]. There are, however, several modifiable risk factors which have been outlined and include the home environment, social status, use of alcohol and/or drugs either knowingly or by deception [29].

The short and long term effects of adolescent sexual assault are myriad and far-reaching. Where there are not well managed, they tend to make them grow into a maladjusted adult and some of them have been noted to later become sexual offenders [30].

The prevention of adolescent sexual abuse can only be successful when there is the gross mobilization of all stakeholders and their firm commitment to eradicating this public health menace. It ranges from primary prevention of the sexual assault from occurring; prompt and effective management of assault victims (secondary prevention); as well as management of long term effects, effective identification, prosecution and rehabilitation of sex offenders in the society (tertiary prevention).

5. **Conclusion:** This review has highlighted the estimated wide prevalence rates, forms, risk factors, effects and effective prevention modalities. It revealed that adolescent sexual abuse is a huge public health problem and a human right issue

in Nigeria. It is strongly advisable that everyone should work together to reverse the trend and eventually eradicate this crime against humanity in our communities and the nation at large.

CONSENT AND ETHICAL APPROVAL

It is not applicable

REFERENCES

1. Lu MC, Lu JS, Halfin VP (2013). Domestic Violence and Sexual Assault. In: Decherney AH, Nathan L, Laufer N, Roman AS (eds) Current Diagnosis and Treatment Obstetrics and Gynecology(11TH Edn), Mc Graw-Hill companies Inc, New York, USA. P 1685-1694.
2. Adeosun II (2015). Adolescent Disclosure of Sexual Violence Victimization: Prevalence, Barriers and Mental Health Implications. IND J 4(4): 153-160.
3. World Health Organization (2005). WHO multi-Country Study on Women's Health and Domestic Violence against Women: Initial Results on Prevalence, Health Outcomes and Women's Response. WHO Geneva, Switzerland.
4. National Population Commission (NPC) and ICF Macro (2009) Nigeria Demographic and Health Survey (2008), Calverton, Maryland, USA. P 14-141. http://pdf.usaid.gov/pdf_docs/PNADQ923.pdf.
5. Akinlusi FM, Rabiou KA, Akinola OI (2014). Sexual Assault in Lagos, Nigeria: A 5 years Retrospective review. BMC Women's Health 14: 115. Doi : io.1186/1472-6874-14-115.
6. Ezeamalu B (2015). Fact sheet: Nigeria's Sexual Offences bill Stipulate 18 years, not 11 years, as age of consent. Premium Times, 30th June, 2015.
7. Kullima AA, Kawuwa MB, Audu BM, Mairiga AG, Bukar M (2010). Sexual Assault against Female Nigerian Students Afr J Reprod Health 14(3): 189-193.
8. Chinawa JM, Aronu EA, Chukwu BF, Obu HA (2013) Prevalence and Pattern of Child Abuse and Associated Factors in Enugu, South East Nigeria. Eur J Paediatr 173: 451-456.
9. Manyike PC, Chinawa JM, Aniwade E, Odutola O, Chinawa TR (2015) Child Sexual Abuse Among Adolescents in South East Nigeria: A concealed Public Health Behavioural Issue. Pak J Med Sci Jul-Aug 31 (4): 827-832.
10. Ikechebelu JI, Udigwe GO, Ezechukwu CC, Ndinechi AG, Joe-Ikechebelu NN. Sexual abuse among juvenile female street hawkers in Anambra state, Nigeria. Afr J Reprod Health. 2008 Aug;12(2):111-9.
11. Kunnuji MO, Esiet A. Prevalence and correlates of sexual abuse among female out-of-school Adolescents in Iwaya community, Lagos state, Nigeria. Afr J Reprod Health. 2015 Mar;19(1):82-90.
12. Ogunfowokan AA, Fajemilehin B.R. Experiences of sexual abuse by adolescent girl in Ife/Ijesa zone, Nigeria. Niger J Health Sci 2015;15:89-97.
13. Akanle F.F. Sexual Coercion of Adolescent Girls in Yoruba Land of Nigeria. Current Research Journal of Social Sciences, 2011; 3(2): 132-138.

14. Uvere EO. Experience and perceived means of prevention of sexual abuse among female adolescent hawkers in markets in Ibadan north east local government area, Ibadan, Nigeria, 2013. The University of Ibadan Institutional Repository.
15. Akin-Odanye EO. Prevalence and management of child sexual abuse cases presented at Nigerian hospitals: A systematic review. *J Health Soc Sci.* 2018;3(2):109-124.
16. Ajuwon A.J, Akin-Jimoh I, Benjamin Oladapo Olley B.A, Akintola O. Perceptions of sexual coercion: learning from young people in Ibadan, Nigeria. *Reproductive Health Matters*, 2001;9:17, 128-136.
17. Ezechi Oc, Musa ZA, David AN, Wapmuk AE, Gbajabiamila TA, Idigbe IE, Ezeobi PM, Ohihoin AG, Ujah IAO (2016) Trends AND Patterns of Sexual Assault in Lagos, South-Western Nigeria. *PAMJ* 24: 261, doi : 10.11604/pamj.2016.24.261.9172.
18. Nwagu EN (2015) Alcohol and Drug Usage; and Adolescents' Sexual Behaviour in Nigeria. *Health Promotion International* 3(2): 405-413.
19. Tayo AB, Olawuyi BO (2016) Parental Communication as a Tool Kit for Preventing Sexual Abuse Among Female Secondary School Students in Nigeria: A Brief Report. *Journal of Education and Practice* 7 (13): 116-123.
20. Nlewem C, Amodu OK (2017) Family Characteristics and Structure as Determinants of Sexual Abuse Among Female Secondary School Students in Nigeria: A Brief Report. *J Child Sex Abuse* 26 (4): 453-464.
21. Ofole NM, Agokei SP (2014) Risky Sexual Behaviour Among Females in School Adolescents in Delta, Nigeria: Self-esteem, Parental involvement and Religiosity as Predictors. *ESJ* 10(31) 157-177.
22. Manyike PC, Chinawa JM, Aniwada E, Udechukwu NP, Eke CB, Chinawa TA (2015) Impact of Parental Sex Education among Adolescents. *Nig J Paed* 42 (4): 325-328.
23. Adeleke NA, Hassan MB, Olowookere S, Asekun-Olarinmoye EO (2012) Sexual Assault against Women at Osogbo, South-Western Nigeria. *NJCP* 15 (2): 190-193.
24. Eze UO (2013) Prevention of Sexual Assault in Nigeria. *Ann Postgrad Med* 11 (2): 65-70.
25. Yahaya I, Soares J, Ponce De Leon A, Macassa G. A comparative study of the socio-economic factors associated with childhood sexual abuse in sub-Saharan Africa. *Pan Afr Med J.* 2012; 11: 51
26. Odeyemi KA, Onajole AT, Ogunnowo BE. Sexual behavior and the influencing factors among out of school female adolescents in Mushin market, Lagos, Nigeria. *Int. J. Adolesc Med. Health*, 2009;21(1): 101-109.
27. Moore AM, Awusabo-Asare K, Madise N, John-Langba J, Kumi-Kyereme A. Coerced first sex among adolescent girls in sub-Saharan Africa: prevalence and context. *Afr J Reprod Health.* 2007;11(3):62-82.
28. Odu B, Falana BA, Olotu OA. Prevalence of violent sexual assault on South West Nigeria girls. *European Scientific Journal*, 2014; 10(7):471-481.
29. Ogunyemi B. Knowledge and perception of child sexual abuse in urban Nigeria: Some evidence from a community-based project. *African Journal of Reproductive Health.* 2000; 4(2), 44-52

30. David N, Ezechi O, Wapmuk A, Gbajabiamila T, Ohihoin A, Herbertson E, Odeyemi K. Child sexual abuse and disclosure in South Western Nigeria: a community based study. *Afri Health Sci.* 2018;18(2): 199-208.

UNDER PEER REVIEW