ORIGINAL ARTICLE

Sexual assault against women at Osogbo Southwestern Nigeria

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Abstract

Background: Sexual assault against women is common all over the world. However, reliable data on the subject in developing countries including Nigeria is not available.
Objective: To review the patterns of sexual violence against women treated at the hospital over a 7-year period.
Materials and Methods: Review of hospital records of victims of sexual assault who presented at the hospital from 1 January 2003 to 31 December 2009. Data obtained were analyzed using descriptive statistics and Chi squire test.
Results: Sexual assault cases constituted 2.1% of female consultation outside pregnancy during the period under study while proportion of cases increased over the years under review. Mean age of the victims was 15.8 (SD 8.1) years ranging from 5 to 48 years. Most (73.7%) were less than 18 years while 93.2% were single (never married). About 81% of the victims less than 18 years were sexually abused in the day time. Majority (79.6%) knew their assailant. About 40% of the victims presented within 24 h of sexual abuse but none had postexposure prophylaxis.
Conclusion: Sexual assault among women is an important health problem in this environment. There is need for hospital based management protocol.

Key words: Forensic, gender, sexual, survivor, violence

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Introduction

The United Nation defines violence against women as any act of sexual assault that results in or is likely to result in physical, sexual, or mental harm or suffering to women including threats of such acts, coercion, or arbitrary deprivation of liberty whether occurring in public or private life.[1,2] Following the adoption of the definition above, different agencies of United Nation at different conferences had resolved and recommended many actions to the nations on addressing various aspects of violence (including sexual and physical violence) and human rights violations against women.[3-5]

The World Health Organization (WHO) multicountry study on women health and domestic violence against women clearly demonstrates that, violence against women is wide-spread and deeply ingrained, and has serious impacts on women's health and well being and its continued existence is morally indefensible.[6,7] Using operational definitions of types of violence against women in multi-Country World Health Organization Study, Violence against women when committed by an intimate partner such as husband or/and other family members is referred to as Domestic Violence, while that perpetrated by people outside this group is called nonpartner Violence.[6,8,9] Both types of violence affect the physical, psychological, and social status of the female gender and therefore constitute threat to the health of women.[6,8,9]

The situation of violence against women in Nigeria may not be different from reports from other countries.[10,11,12]

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However, there is dearth of National data on the subject. The available local reports indicate that violence against women, both partner and nonpartner, are common.[10,13] Sexual violence against women gained more relevance because of its capability to promote the spread of HIV/AIDS.[14-16]

This study reviewed the sexual assault cases managed at State hospital, Osogbo, Osun State, Nigeria over a period of 7 years. The findings may further bring the issue to public attention with the overall goal of reducing the problem of sexual assault against women in this region.

Materials and Methods

This is a retrospective review of hospital records of victims of sexual assault cases seen at State hospital, Asubiaro, Osogbo. The hospital records of all patients who presented to the Outpatient Department of the hospital with complaints of sexual assault from 1 January 2003 to 31 December 2009 were retrieved and reviewed.

The information extracted from the hospital records of these patients included their sociodemographic characteristics, the place and time of the incident, the relationship of the victims to the perpetrators and the methods employed by the assailants. Others were records of the forensic findings and treatment offered by the hospital as well as attendance at follow up.

The data collected were critically checked and cleaned by the researchers for internal consistency and accuracy. Subsequent analysis was performed using SPSS version 15 software. Descriptive statistics and chi squire test were used for the analysis.

Ethical considerations

Permission to conduct the study was granted by the State hospital Ethical Committee.

Results

The total number of female patients seen at the Outpatient department during the study period was 14, 970 with 318 cases presenting with sexual assault. Three hundred and nine case notes were available for analysis (retrieval rate 97%). The yearly case presentation showed steady increase from 0.72% in 2003 to 3.61% in 2009 [Table 1].

The mean age of the patients was 15.8 (SD 8.1) years ranging from 5 to 48 years. Table 2 reported that patients less than 18 years constituted 73.7% including the age group 13–18 that accounted for 42.7%.

Most (93.2%) victims reviewed were single while only 1.9% victims were married [Table 2].

Table 3 reported the relationship between victim characteristics and time of occurrence of the violence. About 81% of victims less than 18 years were attacked during the day while 79.6% of the victims knew their

Table 1: Yearly trend of sexual assault against women at State hospital, Osogbo

Year	No	Female consultation (adult + children)	*GBV as % of female consultation
2003	16	2220	0.72
2004	13	1848	0.70
2005	10	2070	0.48
2006	39	1569	2.49
2007	65	2445	2.66
2008	78	2130	3.66
2009	97	2688	3.61
Total	318	14 970	2.12

*Sexual assault

Table 2: Socio-demographic characteristics of sexual assault at State hospital, Osogbo

Sociodemographic characteristics	Frequency *N*=309	%
Age group (years)		
<6	42	13.5
7–12	54	17.5
13–18	132	42.7
19–24	48	15.5
25–30	15	4.9
31–39	15	4.9
40–49	3	1.0
Marital status		
Single	288	93.2
Married	6	1.9
Divorced	9	2.9
Widowed	6	1.9

Table 3: Victims characteristics and time of occurrence of sexual assault at state hospital, Osogbo

Characteristics	Time of occurrence		*P** value
	Day (%)	Night (%)	
Age group (years)			
<18	183 (80.6)	44 (19.4)	0.001
19–30	0 (0)	64 (100)	
31–48	0 (0)	18 (100)	
Marital status			
Single	183 (63.5)	105 (36.5)	0.534
Married	0 (0)	6 (100)	
Divorced	0 (0)	9 (100)	
Widow	0 (0)	6 (100)	
Relationship			
Blood relation	6 (100)	0 (0)	
Neighbor	78 (100)	0 (0)	0.001
Acquaintances	99 (97.1)	3 (2.9)	
Strangers	0 (0)	60 (100)	
Authority figure	0 (0)	63 (100)	

*Chi square

assailant ($P=0.001$). The attack on the married, widow, and divorce all took place at night.

Table 4 reported time interval between assault and presentation at the hospital. About 40% presented on the day of occurrence.

Table 5 showed the methods used by the assailants. In all cases force was employed. However, in some instances this was combined with a luring attitude described in this study as "Bait".

Table 6 showed the medical management of the victims. It reported that screening for Sexually Transmitted Infections including HIV/AIDS were not done except for few victims in the last 2 years under review and none had postexposure prophylaxis. Also pregnancy prevention, and follow up visits were not done except in some victims. Forensic evidence materials were not obtained in the earlier years of the period under review. However, all identified injuries were treated but very few victims returned for follow up.

Table 4: Time Intervals before presentation of sexual assault victims at the State hospital, Osogbo

Time interval (day)	Frequency $N=309$	%
≤1	123	39.8
2-3	12	3.9
4-7	21	6.8
8-14	9	2.9
≥15	144	46.6

Table 5: Victims characteristics and method used by assailants in sexual assault cases at State hospital, Osogbo

Characteristics	Method used by assailant		P^* value
	Bait + force (%)	Force (%)	
Age group (years)			
<18	135 (59.5)	92 (40.5)	0.001
19-30	0 (0)	64 (100)	
31-48	0 (0)	18 (100)	
Marital status			
Single	135 (46.9)	153 (53.1)	0.001
Married	0 (0)	6 (100)	
Divorced	0 (0)	9 (100)	
Widow	0 (0)	6 (100)	
Relationship+assailant			
Blood relation	6 (100)	0 (0)	
Neighbor	78 (100)	0 (0)	0.001
Acquaintances	51 (50)	51 (50)	
Strangers	0 (0)	60 (100)	
Authority figure	0 (0)	63 (100)	

*Chi square

Discussion

Sexual assault is a public health issue in this environment as it constituted 2.1% of female consultation outside obstetrics. This finding is in agreement with other reports from sub-Saharan Africa.[17-19] This study showed that percentage of sexual assault reported cases decreased from 2003 to 2005 and from then increased till 2009. This finding is similar to a study in South Africa that reported a yearly increase in prevalence of sexual assault cases from 2001 to 200.[20] This study reported that children and young adults less than 18-year-old constituted almost three quarters of all the review cases. This finding is similar to the reports from Zimbabwe and Benin.[12,15] The implications of this finding are that the adolescent and young adults are the most at risk group of sexual violence in this region. The vulnerability of this group may be related to low socioeconomic status and inexperience in matters of sexuality as reported in many previous studies.[21-23] This age-group should be focused upon by any intervention to reduce sexual violence against women in this environment.

Although single women are particularly affected due to the number of adolescent involved, no woman of reproductive age is immune from sexual violence as married, divorced, and widowed were victims as well. This is similar to the findings in other places.[24-26]

As documented in earlier studies, the profiles of the perpetrators of sexual assault on women in this study included blood relations, neighbors, acquaintances, authority figure, and strangers.[20,27,28] Women have been known to suffer violence, physical, and/or sexual from intimate partners and strangers.[29-31] Assault occurred both during the day and at night. In this study, the blood relations,

Table 6: Medical Management of cases of sexual assault at State hospital, Osogbo

Year	2003 (%)	2004 (%)	2005 (%)	2006 (%)	2007 (%)	2008 (%)	2009 (%)
Documentation of injuries	3 (20)	3 (25)	6 (66.7)	3 (7.7)	15 (23.8)	15 (20)	24 (25)
Treatment of injury	3 (20)	3 (25)	6 (66.7)	3 (7.7)	15 (23.8)	15 (20)	24 (25)
Forensic materials	—	—	—	—	3 (4.7)	6 (8)	3 (3.4)
STI	—	—	—	—	—	3 (4)	3 (3.4)-
Pregnancy test	—	—	—	—	1 (1.6)	—	1 (1.1)
PEP	—	—	—	—	—	—	—
Follow up visit	—	—	—	3 (7.7)	—	3 (4)	6 (6.3)
Total	15	12	9	39	63	75	96

STI = Sexually transmitted infections including HIV/AIDS, PEP = Postexposure prophylaxis

neighbors, and acquaintances were involved mostly during the day while the strangers attacked the victims during the night and this was statistically significant.

All the victims after assault were reported to the police before coming to the hospital. These findings could result from believes that such cases should be reported to the law enforcement agents first before presenting at the hospital.

About two-fifth of the cases presented at the Hospital on the day of occurrence, others presented over the next 1 or 2 weeks. This finding differs from the Jos study.[26] The relevance of time interval before medical examination lies on its effect on forensic evidence materials that can be obtained. The longer the time interval, the lower the quantity and quality of such evidences.[23]

The standard clinical Management of Sexual violence involves documentation and treatment of injury, getting forensic materials, detecting prior pregnancy, screening for sexually transmitted infections including HIV and provision of appropriate post exposure prophylaxis.[23] In our case series, treatment offered included documentation of injuries and the care received throughout the period of review however, the forensic materials availability, detection of an existing pregnancy, screening for sexually transmitted infections including HIV/AIDS and postexposure prophylaxis were done mostly in the last 3 years.

This study reported that very few of the patients attended follow up clinic. Studies available to the authors did not address issues of follow up of sexually assaulted clients. It is necessary to explore further why sexually assaulted patients do not come for follow up.

Conclusions

Sexual assault against women is of public health significance in this environment with the adolescent being the most affected. There is a need to establish a rape management protocol in the hospital in line with the WHO guideline. This work recommends further research on the subject in this environment.

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