

Physical Sexual Assault as Seen in A North-Western Nigerian Hospital

Oyaromade A^{1*}, Mohammed BA², Ogunlaja OA³ and Garba BI⁴

¹Ahmad Sani Yariman Bakura Specialist Hospital, Gusau, Zamfara State, Nigeria

²Obstetrics and Gynaecology Department Federal Medical Centre, Gusau, Zamfara State

³Obstetrics and Gynaecology Department Bowen University, Iwo, Osun State

⁴Paediatrics Department Usmanu Danfodiyo University Teaching Hospital, Sokoto

*Corresponding author:

Oyaromade A,
Ahmad Sani Yariman Bakura Specialist Hospital,
Gusau, Zamfara State, Nigeria,
E-mail: abidemioya@yahoo.com

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1. Abstract

1.1. Background: Physical sexual assault is a severely traumatic, violent as well as malevolence crime, not only against women but against humanity. This study determined the burden, demographic features, presentations as well as management of physical sexual assault in Gusau, Northwest, Nigeria.

1.2. Materials and Method: It is a descriptive retrospective study that analysed 159 hospital records of physical sexual assault survivors managed over a 3-year period (2013- 2016) at Ahmad Sani Yariman Bakura Specialist Hospital, Gusau, Zamfara state.

1.3. Results: Of the 2,185 gynaecological emergencies seen during the study period; 172(7.9%) were physical sexual assaults victims. (7.6%) folders were not located, giving a retrieval rate of 92.4%. The victims ages ranged from 3-28 years (Mean = 8.02±3.5 years) with ages 6-10 years constituting 61.6%. Majority (85.6%) of the survivors had no western education. (51.6%) knew their assailants and (6.9%) of the physical sexual assault victims were boys below the age of 10 years. Eighty (50.3%) of the survivors presented more than 96 hours after the incident. Fifty-six (35.2%) of the victims did not clean their body or douched before presentation. Majority of the survivors (76.1%) were lost to follow up. However, rape kits were not used on any of the patients due to non-availability.

1.4. Conclusion: Physical sexual assault is common and under reported in Gusau, Zamfara State. It is commonest among girls 6-10 years of age with most survivors presenting late to the hospital. Majority of the survivors had no western education while rape kits were not used due to non-availability. Advocacy, public enlightenment, women empowerment and promulgation of child rights

bills/law as well as enforcement of physical sexual assault laws are strongly recommended.

2. Introduction

Individuals usually experience severe traumatic experience following physical sexual assault. Sexual assault has been defined differently by various authors [2]. However, physical sexual assault has been described to include attempted or complicated sexual intercourse (Vaginal, Oral, or anal routes), touching, rubbing up, kissing or having any type of sexual act committed by an adult or under age [3]. It is an all-encompassing terminology that include a wide range of sexual offences; either involving actual or intentional unlawful sexual penetrative or non-penetrative sexual acts [4]. Physical Sexual assault is of public health importance worldwide and characteristically underreported. Physical sexual assault is of high prevalence in Nigeria and other less developed countries which might not be unconnected with lifelong culture of male dominance, poverty, gender discrimination, ineffective laws and economic under developments [5]. In almost all the cases, young females are mostly vulnerable to physical sexual assault and violence from the use of force and /or economic and psychological manipulation [6]. The reported cases of sexual assault are usually a tip of the ice berg as majority of cases are not being reported globally. However, it has been estimated that about 300,000 females are sexually assaulted globally while about 3.7 million females are confronted with unwanted sexual activity yearly [7]. It is estimated that 1 in 10 women in Nigeria and 1 in 4 women in United States of America were reported to be victims of sexual assault.8 However, despite the above reports only about 5-15 percent of female victims report sexual assaults [9].

Majority of the studies on sexual assault relying basically on hospital based data which are mainly a tip of the ice berg as majority of victims of physical sexual assault rarely present in the hospital [10]. Notwithstanding, hospital based studies remain relevant as they provide important details about clinical presentations, demographic features, acute and delayed consequences of sexual assault, forensic evidence as well as various management procedures for victims.

There are several reports on sexual assault in Nigeria but few are from the northern part of the country in general and none from Zamfara state.

Hence, we sought to document a review of reported cases of physical sexual assault in Ahmad Sani Yariman Bakura Specialist Hospital (ASYBSH) Gusau, Zamfara State over a three-year period. This study determined the burden, demographic features, presentations as well as management of physical sexual assault in Gusau, Northwest, Nigeria.

3. Materials and Methods

This study was carried out in Ahmad Sani Yariman Bakura Specialist Hospital (ASYBSH) Gusau, Zamfara State, Northwestern Nigeria. The hospital is a referral center providing tertiary health care services for the whole 14 local governments in Zamfara State, including some parts of the neighboring states- Sokoto, Kebbi and Katsina and even some parts of the nearby Country-Niger republic. It has a children emergency unit where all emergencies in persons below 14 years are managed, while its adult emergency unit attends to emergencies in individuals who are 14 years and above. However, based on the hospital protocol guidelines, all cases of sexual assault irrespective of the age and sex are managed at the gynaecological emergency unit of the Obstetrics and Gynaecology department, but Paediatricians and Surgeons are invited to review patients when indicated. The units have institutional rape management protocol but has no rape kits at the time of this study. The study was a descriptive, retrospective analysis of the hospital records of sexual assault cases managed over a 3-year period from October 2013 September 2016. Cases were identified through the gynaecology emergency register of the hospital and case notes were recovered from the medical record library.

3.1. Statistical Analysis

Data was analyzed using the Statistical Package for the Social Sciences 20 (Chicago Illinois, USA). Quantitative variables were presented as median and inter quartile range (IQR) and presented as tables; while qualitative variables were summarized using frequency and percentages. Qualitative variables were analyzed using Chi square and Fisher's exact test where applicable. The level of significance was set at $p \leq 0.05$.

The data obtained were checked, entered and analyzed using Statistical Package for the Social Sciences (SPSS) version 20 (Chicago Illinois). Continuous variables were summarized using mean

and standard deviation. Descriptive statistics was used to describe the frequency of categorical variables and are presented in tables. The Fisher's exact test was used to measure the association between qualitative variables. A p value of < 0.05 was considered to be statistically significant.

3.2. Ethical Consideration

The ethical approval was obtained from the research and ethic committee of ASYBSH Gusau (ERC/2016/07/08).

4. Results

There were 172(7.9%) of cases amongst 2,185 gynaecological emergencies managed between October 2013 to September 2018.

However, only 159 case notes were located with 13(7.6%) folders not located, giving a retrieval rate of 92.4%. There were 148 (93.1%) females and 11(6.9%) males, giving a M: F ratio of 0.07:1.

One thousand one hundred and eight (1,108) patients seen at the gynaecology emergency units were below 14 years while one hundred and thirty-four (134) of the patients were victim of sexual assault therefore, 11.4% of all gynaecology emergency patients below 14 years were victims of sexual assault, while 1,005 (46%) of gynaecology emergency patients were above 14 years, but only 15 (9.4%) were victims of sexual assaults. Overall, sexual assault accounted for 7.87% of all gynecological emergencies.

Most journals want tables at end of manuscript or some in between text. ie if you write, the table is usually below the text.

Majority 98 (61.6%) of the survivors were between 6 to 10 years while only 2 (1.3%) were between 26 – 30 years as shown in Table 1.

136 (85.6%) of the victims had no formal education and 152(95.6%) were single, majority of the victims 144(90.6%) were Muslims as shown in Table 2.

82 (51.6%) could identified their assailants while majority 149 (93.7%) were attacked by only one assailant as show in Table 3.

Majority 42(26.4%) of the sexual assaults took place at the assailant's house followed by inside the bush 41(25.8%). 121 (76.1%) had forced peno-vaginal intercourse while only 3(1.9%) had forced peno-anal intercourse as shown in Table 3. One hundred and thirty-three (83.6%) were not attacked with any form of weapon by the assailants while 26(16.4%) were hypnotized by their assailants as shown in Table 4.

Most of the victims 56(35.2%) of the victims did not bath, douched or washed their clothes before presentation. However, majority 96 (60.4%) reported to the police before presentation. Regarding hospital presentation, 80(50.3%) presented more than 96 hours after the incident while only 38(23.9%) presented within 24 hours following the assault. 53(38.3%) had some form of brushes? bruises' while 5(3.1%) had urinary retention while 55(34.6%) had no form of injury as shown in Table 4.

Only one (0.6%) was found to be pregnant as at the time of pre-

sensation and 21(13.2%) had no pregnancy test. Three (0.6%) were tested positive for HIV while 2(1.3%) were tested positive for Hepatitis B and 40 (25.1%) were not screened for Hepatitis B, as shown in (Table 5).

Table 1: Age distribution of the study victims

Age (years)	Frequency	Percentage (%)
0 – 5	28	17.6
6 – 10	65	40.9
11 – 15	24	15.1
16 – 20	22	13.8
21 – 25	17	10.7
26 - 30	3	1.9
Total	159	100

Table 2: Demographic characteristics of the victims

Variable	Frequency	Percentage
Education		
No formal Education	136	85.6
Primary	18	11.3
Secondary	5	3.1
Marital status		
Single	152	95.6
Married	6	3.8
Divorce	1	0.6
Religion		
Muslim	137	86.2
Christian	22	13.8
Total	159	100

Table 3: Variables regarding assault

Variable	Frequency	Percentage
Identity of the Assailant		
Known	82	51.60%
Not known	77	48.40%
No of Assailants		
1	149	93.70%
2	8	5.00%
3	2	1.30%
Venue of Assault		
Assailant House	42	26.40%
Bush	41	25.80%
Road side	12	7.50%
Uncompleted building	29	18.20%
Unknown	33	22%
Types of assault		
Forced per vagina	121	76.10%
Finger into vagina	28	17.60%
Trig into vagina	1	0.60%
Peno anal	6	3.80%
Peno Oral	3	1.90%
Total	159	100

Table 4: Presentation and first aid use

Types of injury		
Brushes	53	39.00%
Stab wound	4	2.50%
Laceration	33	20.80%
Urinary retention	5	3.10%
No injury	55	34.60%
Activities before presentation		
Bath	43	27.00%
Douched	52	32.70%
Washed cloth	8	3.00%
Did nothing	56	35.20%
Report to police	96	60.40%
Interval before presentation not report		
≤ 24 hrs	38	23.90%
25 – 48	14	8.80%
49 – 72	9	5.70%
73 – 92	18	11.30%
>96hrs	80	50.30%
Weapon used		
Yes	26	16.40%
No	133	83.60%
Hypnotized drugs		
Yes	26	16.40%
No	133	83.60%
Total	159	100

Table 5: Investigations, treatment and follow up

HIV		
+ve	3	0.60%
-ve	158	99.40%
HBsAg		
+ve	2	1.30%
-ve	117	73.60%
Not Done	40	25.10%
Pregnancy Test		
+ve	1	0.60%
-ve	137	86.20%
Not Done	21	13.20%
PEEP		
YES	71	44.70%
NO	88	55.30%
Emergency Contraception		
YES	17	10.70%
NO	142	89.30%
FOLLOW UP		
YES	38	23.90%
NO	121	76.10%
TOTAL	159	100

Majority of survivors 88(55.3%) had no post exposure prophylaxis for HIV while 142 (89.3%) had no form of emergency contraception. 121 (76.1%) did not present for follow up while only 38(23.9%) were seen once or twice after the incident.

5. Discussion

Overall, sexual assault accounted for 7.8% of all gynecological emergencies in this study which is higher than 5.2% observed in Ile Ife [13], 3.0% observed in Birnin Kudu [14], 2.2% in Calabar [15], 2.1% in Oshogbo [16] and 5.6% in Jos. [17] any reason for the differences.

There were 11(6.9%) male's survivor unlike in previous studies [13, 14, 17] where there was no male victim reported. However, 2 males (7%) were reported in Suleja, Nigeria [20].

Contrary to other studies [13-16, 19, 20], very young children ages 6-10 were the highest among the victims establishing the high rate of child sexual abuse in Zamfara State, which might not be unconnected to very low literacy rate among female children. Majority of the victims has no form of formal education which may have contributed to the risk of being assaulted. Most of the victims knew their assailant, similar to the findings of several other workers [13-16, 19, 20]. Hence, parents should guard their wards carefully and be mindful of those they entrusted the care of their children to.

Similar to other studies, more survivors sustained genital trauma than body injuries for obvious anatomic reasons. Children were more likely to suffer genital trauma than body injuries. In addition, body injuries are less likely in children because the perpetrators rarely recourse to the use of force since children are less capable of physical resistance.

Most victims reported late more than 24 hours after the incident, contrary to observations reported in other studies [13, 14, 18, 20] where most victims of SA reported early. any reason for this.

Majority of the assailants did not use any weapon on the victim, contrary to observation in other studies [8, 13, 14, 19, 20]. This might not be unconnected to the fact that majority of the victims on this study were children, hence, posed little or no resistance.

Lost to follow up was common, similar to findings within and outside Nigeria, hence long term consequences could not be established.

However, two of the victims were tested positive to Hepatitis B surface antigen among those who returned for follow up.

6. Conclusion and Recommendations

Physical sexual assault is a common phenomenon in Zamfara State. Males are also being assaulted, though female still remain the predominant victims. Children below the age of 10 years constitute the majority of the victims. Most victims presented late to the hospital, hence proper and adequate diagnosis were not feasible.

This study generated some important findings which include in-

volvement of male victims (mostly males learning Quran under a Qur'anic teacher: High prevalence of physical sexual assault in Gusau, Zamfara State due to low socio-educational status population. This information if well addressed will help in curtailing the increased trends of SA as well as helping government and non-governmental organization in formulating plans aimed at reducing physical sexual assault in Gusau, Zamfara State.

Therefore, it is recommended that efforts should be made on public education and enlightenment on the physical sexual assault and the need for the victims to present immediately to the hospital. Girl – child education should be promoted. Proper supervision and monitoring of the boarding Quranic school (Almajiris-pattern of education) economic empowerment and poverty alleviation schemes should be put in place in the state.

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