Journal of Experimental Research

September, 2018, Vol 6 No 3

Email: editorinchief.erjournal@gmail.com editorialsecretary.erjournal@gmail.com

Received: *July, 2018*

Accepted for Publication: *Sept., 2018*

Psychosocial and Biomedical Management Of Gender-Based Sexual Violence In South East, Nigeria: a 2-year Retrospective Study.

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Abstract

The lack of confidentiality and psycho-social support to the victims who seek medical treatment in our health institutions prevent them from reporting the crime and, therefore from receiving appropriate care and support. This study was carried out using data collected from TAMAR Sexual Assault Referral Center (TAMARSARC) Enugu between April 2014 and March 2016. Over the period reviewed, 472 clients were reached with services. Young women between the ages of 11-22 years were the most affected accounting for 50.8% of all cases. 92.2% of the clients reported rape/attempted rape whilst 4.7% and 3.2% reported sexual assault and domestic violence respectively. Of the 354 recognized perpetrators, 52 (14.7%) were family members and 302 (85.3%) were non-family members whilst for the 118 unrecognized perpetrators, 89 (75.4%) were gang raped and 29 (24.6%) could not remember the number of persons that raped them. Incidence of sexual violence was greater in urban (75.8%) than in rural areas (24.2%) and out of 37 (7.8%) cases charged to court, 5 (13.5%) were discharged, 7 (18.9%) were undergoing prosecution and only assailant (0.002%) had received a jail term of 14 years. Fifteen (15) pregnancies had resulted from all cases, two (2) HIV infections were detected on routine screening of all victims and one death in a 9 years old girl that was raped by a HIV positive male. The strategic partnership between TAMARSARC and Enugu state government demonstrated the effectiveness of an integrated approach in addressing the psycho-social, legal and health needs of sexually assaulted women and girls.

Keywords: Enugu state government, Rape, Women

INTRODUCTION

The United Nations defines sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. (WHO 2002) Sexual violence takes multiple forms and includes rape, sexual abuse, forced pregnancy, forced sterilization, forced abortion, forced prostitution, trafficking, sexual enslavement, forced circumcision, castration and forced nudity. (WHO 2016) An understanding of how gender intersects, for instance, with race, religion, economic situation, political affiliation and geography is also critical to addressing patterns and forms of gender-based violence. Although men and boys are also targets of gender-based sexual violence in conflict situations, the victims of such violence continue to be disproportionally women and girls who experience sexual violence in their homes, communities, schools, workplaces, streets, markets, police stations and hospitals. (WHO 2002)

Globally, 7% of women have been sexually assaulted by someone other than a partner since the age of 15 years with reported rates varying between 0.3 – 11.5% of all women. The first sexual experience for many women was reported as forced for 17% of women in rural Tanzania, 24% in rural Peru, and 30% in rural Bangladesh. (WHO 2013) A study carried out in Nigeria stated that only 2 of 40 cases of rape were reported, attributing this amongst other reasons, to the arduous legal requirements needed to prove the cases and the associated stigma. (Ezechi et al., 2016) Other reported incidences of

sexual violence in Nigeria ranged from 13.8% among female students in Maiduguri (Kullima et al., 2010) to 15% among young females in Ibadan. (Ajuwon 2005).

Gender-based violence undermines the health, dignity, security and autonomy of its victims globally, yet it remains shrouded in a culture of silence. (WHO 2010) Women and girls in Nigeria and Enugu State are not left out of the attendant problems and consequences of sexual violence. These victims of violence suffer from social and reproductive health consequences, including psychological trauma, heightened vulnerability and anxiety, injuries, post -traumatic stress disorder, unintended pregnancies, unsafe abortions, gynecological problems, traumatic fistula, life-threatening sexually transmitted diseases including HIV/AIDS and even death. The economic costs of gender-based sexual violence are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children. (Kullima et al., 2010)

The variation in the prevalence of violence seen within and between communities, countries and regions, highlights that violence is not inevitable, and that it can be prevented. Promising prevention programmes exist, and need to be tested and scaled up. In order to bridge the gap of sexual and gender-based violence, Women's Aid Collective (WACOL), a non-governmental organization, through its subsidiary, the TAMAR sexual assault referral center (TAMARSARC) is partnering with the Enugu State Government through the Ministries of Health; Justice; Gender Affairs and Social Development; and the Enugu State Police Command to provide free prevention and care services for all victims of sexual violence in and around the State.

The aim of this study is to highlight the effectiveness and results of integrated psycho-social, legal and bio-medical services to victims of sexual violence in Enugu State, South-East Nigeria.

MATERIALS AND METHODS

This was a retrospective study that was carried out from records kept at the TAMAR sexual assault referral center in Enugu, Enugu State between April 2014 and March 2016. TAMARSARC coordinates and facilitates the availability and accessibility of services to victims of sexual violence in and around Enugu State and its environs. Enugu State is in South-East, Nigeria with seventeen local government areas and a population of 3,267,735. (NPC 2006) The NGO which works in collaboration with relevant line ministries of the Enugu State government has thirteen community volunteers that are trained to offer psycho-social counseling and support to victims using a standardized training curriculum. Referral linkage was established between Enugu State University Teaching Hospital and WACOL to offer HIV counselling, and screening, Post exposure prophylaxis, laboratory and forensic services to victims who presented within 72 hours of the incident. Funding and technical support to this project was provided by The Justice for All (J4A) department, an arm of the UK Department for International Development.

Ethical considerations: This was completely client centered, and hinged on belief, confidentiality, dignity, respect, willful consent and mandatory reporting of all cases involving minors.

Data Collection Methods*:* Case notes of victims from April 2014 to March 2016 were retrieved from TAMAR Sexual Assault Referral Center, a subsidiary of Women's Aid Collective as well as hospital records from the Anti-retroviral treatment (ART) section of the Enugu State Teaching Hospital, Enugu

Data Analysis: Data was entered and analyzed using Microsoft office tools.

RESULTS

Over the period reviewed, 472 clients were reached with services. Young women between the ages of 11-22 years were the most affected accounting for half (50.8%) of all cases. Majority (92.2%) of the clients reported

rape/attempted rape whilst a lower proportion (4.7% and 3.2%) reported sexual assault and domestic violence respectively.

Of the 354 recognized perpetrators of gender-based sexual violence, a low proportion 52 (14.7%) were well known family members and a higher proportion 302 (85.3%) were non-family members whilst for the 118 unrecognized perpetrators, a higher proportion 89 (75.4%) were gang raped and only a low proportion of the victims 29 (24.6%) could not remember the number of persons that raped them.

Table 1: Ages of victims of gender-based sexual violence in Enugu State.

Ages	Freq.(n=472)	Percent (%)
0-5	42	8.9
6-10	86	18.2
11-13	73	15.5
14-17	81	17.2
18-22	86	18.2
23-29	73	15.5
30-39	24	5.1
40 –above	7	1.4

Table 2: Recognized perpetuators of gender - based sexual violence in Enugu State.

Recognized perpetuator	Freq. (n=354)	Percent (%)
Family member	52	14.7
Non-family member	354	85.3

Table 3: Types of sexual violence recorded in Enugu State.

Sexual violence types	Freq. (N=472)	Percent (%)
Rape/defilement	421	89.2
Domestic violence	37	4.7
Attempted rape	14	3.0
Others	15	3.1

Table 4: Unrecognized perpetuators of gender-based sexual violence in Enugu State.

Unrecognized perpetuators	Freq. (n=118)	Percent (%)
Gang rape	89	75.4
Unknown victims	29	24.6

Table 5: Prevalence of Gender-based violence by location in Enugu State.

Region	Freq.(n=472)	Percent (%)
Urban	358	75.8
Rural	114	24.2

Prevalence of sexual violence was greater in urban (75.8%) than in rural areas (24.2%) with Enugu- East LGA 157 (33.3%), contributing the highest proportion of victims followed by Enugu-South LGA 114 (24.2%) and Enugu-North 78 (16.5%) respectively.

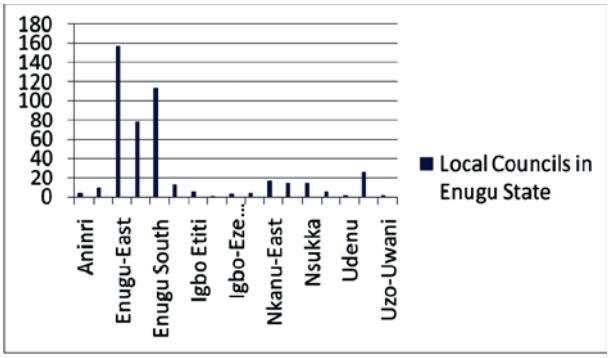

Fig 1: Cases reported so far by local government areas in Enugu State.

Out of 37 (7.8%) cases charged to court, 5 (13.5%) were discharged, 7 (18.9%) were undergoing prosecution and only assailant (0.002%) had received a jail term of 14 years. Fifteen (15) pregnancies had resulted from all reported cases and two (2) HIV infections were detected on routine screening of all victims on the initial assessment. One death of a 9 years old girl had been reported following rape by a HIV positive assailant.

DISCUSSION

In this study, girls between 11-22 years

accounted for 50.8% of cases seen. This is comparable with similar studies carried out in Lagos State, Oshogbo and Ile-Ife where slightly less than half (44.6%, 42.7%, 48% respectively) of all victims were adolescent girls. (Adeleke et al. 2012) This finding is also similar to the reports from Zimbabwe and Benin with rates of 46% and 40%. (Caroline et al.1999) The implications of this finding are that the adolescents and young adults are the most at risk group for sexual violence in this region. The vulnerability of this group may be related to their low socioeconomic status and inexperience in matters of sexuality as well as their attitude to try out new things including sex. This age-group should be focused upon for intervention to reduce sexual violence against women in this environment.

Only minor proportions (14.7%) of the known perpetuators were family members. This is an unusual finding since other similar studies carried out in different regions in Nigeria have implicated close relatives, neighbors, teachers and other acquaintances as the perpetuators of such acts of sexual violence. (Badejoko et al. 2014) Women, therefore, need to be mindful of the attendant risks of being sexually violated while outside their home areas and be more security conscious when patronizing commercial motorcyclists in secluded areas, boarding buses as sole passengers, and even running errands in poorly lit environment especially at night. General security measures against armed robbery attacks should also be strengthened as a means of rape prevention.

A 100% of all the victims of this study were women and children. Even though women and girls have been found to be the most affected victims of sexual violence, boys and men have equally been raped as documented in a similar study carried out by Ezechi et al (2016) which recorded rates as high as 6.1% among males. The high prevalence of rape among girls and women could be attributed to the vulnerability and innocence of the young victims and elderly who are largely raped /abused at home and by unsuspecting well-known relatives or family members. Other reasons could be that males may find it difficult to admit that they were raped because of their ego and most importantly the position and function of their sexual organs which makes it difficult to assess such claims.

Most cases of rape were reported from local government areas in the metropolis as documented in similar studies carried out in Sokoto, Benin City, Ibadan and Lagos States. (Hassan et al. 2016, Adeleke et al. 2012) This is probably because greater awareness and sensitization is carried out in the urban than the rural areas and thereby increasing the utilization of the center by the people who live in and around the city center. Transportation and consent from parents and wards from victims in the rural communities maybe another deterrent to the reporting of cases in those areas not to mention the closely-knit nature of life in such areas where families share such a close relationship with each other that they consider dragging each other into the mud as a taboo and out of taste.

CONCLUSION

Young women are most vulnerable to sexual violence. The reporting rate of sexual violence is poor largely due to the stigma and shame associated with it. The strategic partnership between TAMARSARC and Enugu state government demonstrated effectiveness of integrated approach in addressing the psycho-social, legal and health needs of sexually assaulted women and girls. Psycho-social and biomedical management of gender-based sexual violence encourages reporting of sexual assault by victims thereby enlisting them into the continuum of care and support.

RECOMMENDATIONS

To fully address the consequences of violence and the needs of victims/survivors requires a multi-sectoral response and collaboration. Gender-sensitive community and public sector structures should be established to encourage all victims of rape to report incidences within 72 hours of the rape for PEP and emergency contraception. Public enlightenment on the benefits of early intervention and the free comprehensive care offered by NGOs and collaborating government ministries should be made available to all members of the public using appropriate communication strategies. To achieve lasting change, it is important to enact

legislation and develop policies that: address discrimination against women; promote gender equality; support women; and help to move towards more peaceful cultural norms. An appropriate response from the health sector can play an important role in the management of violence, therefore sensitization and education of health workers and other service providers is crucial. Having enjoyed technical and financial assistance from the Justice arm of the UK department for International Development, the Enugu State Government has completed all necessary arrangements to assume full ownership and ensure sustainability of the programme. Finally the State government should promulgate a policy and guidelines on psycho-social and biomedical management of gender-based sexual violence in Enugu state to facilitate rapid scale-up of services whilst ensuring standards of care are not compromised across board.

Competing interests: The author declares no competing interests.

ACKNOWLEDGEMENT

The author wishes to appreciate the contributions and support from the Enugu State University Teaching Hospital Parklane Enugu , National Agency for the Control of AIDS, Women's Aid Collective and the West African Health Organization.

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