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## CLINICAL ARTICLE

## Prevalence and pattern of rape among girls and women attending Enugu State University Teaching Hospital, southeast Nigeria



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## ABSTRACT

**Objective:** To determine the prevalence and pattern of rape in Enugu, southeast Nigeria. **Methods:** A prospective descriptive study was conducted among female survivors of rape who presented at the emergency gynecologic and/or forensic unit of Enugu State University Teaching Hospital between February 2012 and July 2013. Data were collected via a pretested interviewer-administered questionnaire. **Results:** Among 1374 gynecologic emergencies, there were 121 (8.8%) rape cases. The mean age of the rape survivors was  $13.1 \pm 8.1$  years. Ninety (74.4%) survivors were younger than 18 years. At least 72 hours had passed since the rape for 74 (61.2%) cases. The perpetrator was known to 74 (82.2%) patients younger than 18 years and 18 (58.1%) aged at least 18 years ( $P = 0.013$ ). The location of the rape was the bush or an uncompleted building for 36 (29.8%) and the perpetrator's residence for another 36 (29.8%). Four (3.3%) individuals became pregnant after the rape. **Conclusion:** A considerable proportion of patients with gynecologic emergencies had been raped. Individuals should be encouraged to report to the hospital quickly to prevent unwanted pregnancy and sexually transmitted infections.

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## 1. Introduction

Violence is a global public health problem that affects individuals of both sexes. It presents in different forms and dimensions. Sexual violence, with its resultant emotional and psychological morbidity, is more common among female than among male individuals [1]. It can take the form of rape, sexual slavery, forced prostitution, forced pregnancy, and forced sterilization [2].

Rape of women is a global problem. It has been reported that 14.8% of women older than 17 years in the USA have been raped in their lifetime, with another 2.8% reporting attempted rape [3]. A study among female undergraduate students in Nnewi, southeast Nigeria [4], found that approximately 16.5% of the respondents were past survivors of rape. In Ethiopia, sexual assault, including rape, was found to account for 3% of all gynecologic outpatient visits [5]. In Jos, north-central Nigeria, rape constitutes 5.6% of all gynecologic emergencies [6].

On the basis of the resolution of the fourth International Conference on Women held in Beijing in 1995, it is the right of women to decide freely about their fertility and sexuality without coercion, discrimination, or violence [7]. Rape and other forms of sexual violence against

women are therefore an abuse of a woman's sexual and reproductive rights, and an infringement of a woman's reproductive autonomy [8]. Rape is socially and morally unacceptable in all cultures and civilizations, and is prohibited by laws protecting human rights even during armed conflicts [2]. Rape can lead to physical, emotional, and psychological trauma with both immediate and long-term consequences. It can result in physical injury, unwanted pregnancy, and sexually transmitted infections (including HIV transmission) [9].

In Nigeria, rape is a criminal offence. Section 357 of the country's criminal code states that "Any person who has unlawful carnal knowledge of a woman or girl without her consent, or with her consent if the consent is obtained by force, or by means of threats or intimidation of any kind, or by fear of harm, or by means of false and fraudulent representation as to the nature of the act, or, in the case of a married woman, by personating her husband, is guilty of an offence which is called rape" [10]. If convicted, offenders are liable to life imprisonment with or without whipping, and attempted rape has a 14-year sentence of imprisonment with or without whipping [10].

Rape and other forms of sexual violence are usually under-reported because guilt, shame, fear of retaliation, and taboos prevent many survivors from coming forward [2]. Despite its occurrence, few studies in southeastern Nigeria have investigated this criminal act. Highlighting the prevalence and the pattern of presentation of this unacceptable form of violence against women in the region might assist policy makers, government agencies at all levels, and women's advocacy

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groups as they campaign for the protection of the sexual and reproductive rights of women in the region.

Therefore, the aim of the present study was to determine the prevalence of rape and its pattern of presentation among females attending Enugu State University Teaching Hospital (ESUTH), a tertiary health institution in Enugu that offers care to the population of Enugu, Anambra, Ebonyi, and Abia in southeast Nigeria, and some parts of Benue State in north-central Nigeria.

## 2. Materials and methods

In the present prospective descriptive study, data were collected from female survivors of rape who presented at the emergency gynecologic and/or forensic unit of ESUTH between February 1, 2012, and July 31, 2013. Study approval was obtained from the ethics committee of ESUTH. All rape survivors who reported at the hospital were counseled, and informed consent was obtained from each participant. For participants younger than 18 years, the child's assent was obtained in addition to informed consent from the parent or guardian.

Data were collected via a structured pretested interviewer-administered questionnaire. Information including the age and educational status of the participants was collected. For the younger rape survivors, the parent or guardian provided the necessary information. On the basis of the definition of a child as anyone younger than 18 years [11], participants were classified into two groups: younger than 18 years and aged 18 years or older.

The primary outcome measures of the study included the prevalence of rape, the form of intimidation used by the perpetrators, the relationship with the perpetrator, and the place of rape. Other outcomes assessed were the nature of the sexual violence, whether the perpetrator acted alone or in group, the type of sex (whether penetrative or non-penetrative), time between rape and presentation at the clinic, and complications of the rape. For the purpose of the study, neighbor was defined as someone who lived very near to the survivor's residence, whereas acquaintance was defined as a man whom the survivor had met before but did not know well. Multiple perpetrator rape was defined as rape by more than one perpetrator occurring within a single assault experience that might or might not be related to gang activity [12]. Penetrative sex was defined as rape in which the perpetrator achieved vaginal penetration.

Study data were analyzed by using Epi Info version 17 (Centers for Disease Control and Prevention, Atlanta, GA, USA). Frequency tables were generated for relevant variables. Statistical comparison was done by Pearson  $\chi^2$  test or Fisher exact test as appropriate.  $P < 0.05$  was considered statistically significant.

## 3. Results

During the study period, there were 121 rape cases and 1374 gynecologic emergencies. Therefore, the prevalence of rape among all gynecologic emergencies was 8.8%. The mean age of the survivors was  $13.1 \pm 8.1$  years; the median age was 12.5 years (range 2–47). Most of the rape survivors were younger than 18 years (Table 1). Among the individuals younger than 18 years, the mean age was  $9.4 \pm 4.5$  years (range 2–17). Among the adults, the mean age was  $24.0 \pm 6.7$  years (range 18–47).

The sexual act was penetrative in 90 (74.4%) cases, although non-penetrative sex was significantly more common among children (Table 2). None of the survivors reported that the perpetrator had used a condom. A condition of vulnerability was significantly more common among children than among adults ( $P < 0.001$ ), whereas force or physical violence was more common among adults ( $P = 0.002$ ) (Table 2).

The perpetrator was known to the survivors in 92 (76.0%) cases. A significantly higher proportion of perpetrators were unknown among adult survivors than among children ( $P = 0.013$ ) (Table 3). Whereas the crime was perpetrated mainly by neighbors among survivors

**Table 1**  
Age and educational status (n = 121).

Characteristics	No. (%)
Age, y	
<18	90 (74.4)
≥18	31 (25.6)
Educational status	
No formal education	1 (0.8)
Nursery/preschool	22 (18.2)
Primary education	41 (33.9)
Secondary education	45 (37.2)
Tertiary education	12 (9.9)

younger than 18 years, rapes among adults were perpetrated mainly by acquaintances and strangers (Table 3).

The rapes occurred most often along a bush path or in an uncompleted building, at the perpetrator's residence, or at the survivor's residence (Table 4). Rape within the survivor's residence was almost three times more common among children than among adults ( $P = 0.078$ ) (Table 4). Multiple perpetrator rape was reported more often among the adult survivors than among those younger than 18 years ( $P = 0.004$ ).

More than half the survivors in both groups presented at the hospital more than 72 hours after the incident (Table 5). Late discovery by the parent or guardian was the most common reason for delayed reporting by those younger than 18 years, whereas reluctance owing fear of stigmatization was the most common reason among adults (data not shown). Other reasons for late reporting included fear of perpetrator, peaceful settlement, lack of money for hospital bill, ignorance, and the fact that the rape occurred on a weekend or public holiday. A hymenal tear was the most common type of genital injury (Table 5). More children than adults had a genital injury, although the difference was not significant ( $P = 0.361$ ). Four (3.3%) of the survivors became pregnant after the rape.

## 4. Discussion

The present study has shown that approximately 9% of all gynecologic emergencies at ESUTH are due to rape. Most of the rape survivors were younger than 18 years. Non-penetrative rape was more common among the younger individuals. Most perpetrators were known to the girl or woman. Additionally, a high proportion of the rapes occurred in bushes or uncompleted buildings. Late presentation was common.

The proportion of gynecologic emergencies caused by rape in the present study is higher than was previously reported in Jos, north-central Nigeria [6], and Ile-Ife, southwest Nigeria [13] (5.6% for both). The high prevalence of rape recorded in Enugu is a cause of concern. Similar concerns about the rising incidence of rape in Nigeria have been raised previously [14].

**Table 2**  
Characteristics of sexual violence.<sup>a</sup>

Characteristics	Rape survivors aged <18 y (n = 90)	Rape survivors aged ≥18 y (n = 31)	P value
Type of sexual act			
Penetrative	60 (66.7)	30 (96.8)	<0.001
Non-penetrative	30 (33.3)	1 (3.2)	
Form of intimidation used			
Force/physical violence	25 (27.8)	18 (58.1)	0.002
Serious threat	23 (25.6)	9 (29.0)	0.705
Condition of vulnerability <sup>b</sup>	42 (46.7)	2 (6.5)	<0.001
Drugging	0	2 (6.5)	0.064

<sup>a</sup> Values are given as number (percentage) unless indicated otherwise.

<sup>b</sup> Condition of vulnerability indicates age <14 y among individuals younger than 18 years, or mental illness among those aged at least 18 years.

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