

REVIEW ARTICLE

A Review of the Conceptual Issues, Social Epidemiology, Prevention and Control Efforts Relating to Rape in Nigeria

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Abstract

Rape is an endemic criminal sexual behaviour in Nigeria and its perpetration not only violates survivors' dignity but also compromises their health and wellbeing. The rape-related data used in this traditional literature review are derived mainly from small-scale surveys conducted in Nigeria. The deviant behaviour could be perpetrated against both males and females of various socio-demographic characteristics; however, it is young females that are disproportionately more affected. The determinants of rape include factors that are associated with adverse social, cultural and economic conditions. In Nigeria the prevention and control of the practice involve stakeholders such as parents, Non-governmental Organisations, religious institutions, government ministries as well as government agencies that constitute the criminal justice system. The criminal justice system uses existing legal statutes on rape to arrest, prosecute, adjudicate, and punish offenders. The barriers to the control and prevention of rape in Nigeria include the following: inappropriate perception; social stigmatization; under-reporting; and cumbersome legal requirements needed to establish a case of rape. Strategies with potentials for curbing rape in the country include public enlightenment, multi-sectoral action, advocacy, amendment of rape-related laws; training targeted at personnel in health care and criminal justice systems and formulation of evidence-based policies. (*Afr J Reprod Health 2019; 23[4]:108-123*).

Keywords: Determinants of Rape, Rape-related laws, Rape prevention and control, Rape in Nigeria

Résumé

Le viol est un comportement sexuel criminel endémique au Nigéria et sa perpétration non seulement porte atteinte à la dignité des survivantes, mais compromet également leur santé et leur bien-être. Les données relatives au viol utilisées dans cette revue de la documentation traditionnelle proviennent principalement des enquêtes à petite échelle menées au Nigéria. Le comportement déviant pourrait être perpétré contre des hommes et des femmes de diverses caractéristiques sociodémographiques; cependant, ce sont les jeunes femmes qui sont disproportionnellement plus touchées. Les déterminants du viol comprennent des facteurs associés à des conditions sociales, culturelles et économiques défavorables. Au Nigéria, la prévention et le contrôle de cette pratique impliquent des parties prenantes telles que les parents, les organisations non gouvernementales, les institutions religieuses, les ministères gouvernementaux ainsi que les agences gouvernementales qui constituent le système de justice pénale. Le système de justice pénale utilise les lois en vigueur sur le viol pour arrêter, poursuivre, juger et punir les contrevenants. Les obstacles au contrôle et à la prévention du viol au Nigéria sont les suivants: perception inappropriate; stigmatisation sociale; sous-déclaration; et les exigences juridiques lourdes nécessaires pour établir un cas de viol. Les stratégies susceptibles de mettre un terme au viol dans le pays comprennent la sensibilisation du public, l'action multisectorielle, le plaidoyer, la modification des lois relatives au viol; formation destinée au personnel des systèmes de santé et de justice pénale et la formulation des politiques fondées sur des données factuelles. (*Afr J Reprod Health 2019; 23[4]: 108-123*).

Mots-clés: Déterminants du viol, Lois relatives au viol, Prévention et contrôle du viol, Viol au Nigéria

Introduction

Rape is a worldwide public health problem which poses adverse physical, psychological and social

effects on survivors^{1, 2}. The deviant behaviour constitutes a serious crime³ and, in addition, it is antithetical to the principles of human rights related agreements, treaties, conventions or

charters including those of the following: United Nations Convention on Elimination of all forms of Discrimination Against Women (CEDAW); the International Covenant on Civil and Political Rights (ICCPR); and the African Charter on Human and People's Rights⁴. Globally one fifth of all women have experienced rape and other forms of sexual assaults. However, the regions of the world with the highest reported rates of rape are Africa, the Middle East, and Southeast Asia².

In Nigeria there are legal enactments which prohibit the perpetration of rape; these include the Violence Against Persons Prohibition Act of 2015⁵⁻⁷, the Child Right Act of 2003⁸, as well as the Nigerian Criminal and Penal Codes^{5, 9}. Rape persists in Nigeria despite the presence of the afore-mentioned measures and its incidence continues to be reported on a regular basis in the press especially in the print media.

Studies conducted in Nigeria have shown that young people are particularly very prone to the experience of rape, with young females being more vulnerable. It has also been noted that the groups of young people that are mostly affected include in-school adolescents¹⁰, students of tertiary institutions,^{11,12,13,14} out-of-school youths^{15,16}, street traders¹⁷ and women whose capacity for making informed sex related decisions and/or consent has been compromised¹⁸.

Rather than receiving social support and care, rape survivors in Nigeria are often subjected to humiliating treatment, discrimination and social stigmatization¹⁹⁻²¹. As a result of these adverse social consequences many rape survivors prefer to remain silent¹⁴⁻²¹. This situation has great potential for constituting a formidable challenge to preventive, control and rehabilitative interventions.

In Nigeria, the review of published papers which focus on the exploration of the nature of rape, a synthesis of the associated legal and socio-epidemiological factors as well as the prevention and/or control of the deviant behaviour have not been fully conducted. This literature review which involves the adoption of the traditional or narrative approach was embarked upon to address this need. The issues emerging from this review are potentially useful for formulating evidence-based policies and for designing appropriate prevention

and/or control interventions. The paper is limited in scope to only published works relating to rape in Nigeria which the authors could readily access. The implication of this is that it is likely that there are other published works and several unpublished but scientifically sound works on rape in projects, dissertations and theses which have been missed out in the review exercise.

Conceptual issues and typologies of rape

There are varied definitions of rape. Rape is an unlawful sexual intercourse with someone which is devoid of mutual consent and involves the use of force, threat or other unacceptable means²². This definition has elements of legal and social connotations embedded in it. A review of the concept of rape in Section 357 of the Nigerian Criminal Code and Section 282 (1) of the Nigerian Penal Code which is applicable to most of the Northern states of Nigeria reveals that rape is legally perceived to be an act which can only be committed against a female. This perception ignores the fact that males can also be raped.

Although rape is predominant among females, men have also been reported to be survivors^{13, 15, 23}. For instance, a study conducted in Ibadan showed a prevalence of 5.3% of rape involving male survivors¹³. A study conducted among secondary school students in North Eastern Nigeria reported a 6% prevalence of male survivors²³. It was observed that males who experienced rape were less likely to report their ordeals compared with women^{13, 24}. This is often due to the erroneous socio-cultural construction of rape which does not recognize rape perpetrated against males³. This worldview or perception is grounded in the “culture of masculinity” which prevails in Nigerian societies. Within this cultural context men are categorised as belonging to the stronger sex while the womenfolk constitute the weaker sex²⁵. What this world view/perception connotes or implies is that a female is not physically strong enough to subdue and rape a man. Culturally any man who, for any reason, gets subdued by a female is often described as being effeminate; this is a stigmatising perception. Therefore, the fear of being labelled an effeminate man or a weak person could influence male rape survivors to keep silent about their ordeal.

There is the socio-cultural perspective to the definition of rape which views the phenomenon as a deviant sexual practice that entails the application of socially and culturally unacceptable tactics or measures devoid of voluntary sexual consent²⁶. The World Health Organization (WHO) has come up with a wide-ranging or more universal definition of the social phenomenon²⁴. According to WHO rape is defined as a “physically forced or otherwise coerced penetration—even if slight—of the vulva or anus, using a penis, other body parts or an object”²². This concept of rape is broad enough to include males as persons that could be raped.

What can be deduced from the varied definitions or concept of rape, irrespective of the form it takes, is that it is an act which is characterized by the following distinctive elements: it is a sexual intercourse; the act is always unwanted by the survivor; and it is generally perceived to be socially unacceptable. Viewing rape from the prism of these three elements portrays rape as a phenomenon which either of the two sexes could be vulnerable or affected. What is common to all the varied definitions of rape, however, is that it is an unacceptable sexual intercourse brought about through force or coercive means.

The coercive measures used by perpetrators could include the application of force, threat, pressure, deception, fear of harm, psychoactive drugs or sleep-inducing substances^{18, 24, 26}. Some other subtle but effective measures that perpetrators of rape use are the withholding of economic incentives (particularly in the context of extreme poverty), taking undue advantage of survivor's age or immaturity (as in cases involving the rape of underage persons) as well as taking undue advantage of the weakness and health conditions of individuals²⁶.

The rape related literature has revealed that there are several types of rape depending on survivor's relationship with the perpetrator. Rape can be experienced by a person who may or may not be involved in a relationship with the perpetrator^{13, 27}. It can, for instance, take the form of rape perpetrated by a complete stranger²⁴, or a case of rape committed by a known perpetrator^{13, 18, 28}.

The literature has shown that rape committed by a stranger is often called “stranger rape” and this kind of rape is perceived by some people to be “real rape”^{24, 27}. It is this kind of rape that is more likely to be reported and most commonly prosecuted in Nigeria than rape cases involving known persons^{24, 27, 28}. A group of two or more persons can rape someone; rape of this kind is referred to as “gang rape”^{24, 26}. A rape case involving multiple perpetrators (gang rape) is commonly perpetrated by persons who are not known to the survivor(s)²⁶.

Several studies^{13, 24, 27-30} have shown that most perpetrators of rape are known to rape survivors. A variant of this type of rape is “acquaintance rape” which is perpetrated by a known person with whom an individual has not established a romantic relationship^{26, 29, 30}. Acquaintance rape perpetrators could include the following: friends¹³; family members²¹; teachers²³; and class mates or colleagues^{13, 29, 30}. Majority of rape cases involving acquaintances and other categories of known persons are usually carried out in familiar places and private settings^{13, 24}.

Rape which is perpetrated by someone with whom the survivor has willingly entered a dating or romantic relationship is often referred to as “date rape”. This form of rape is commonly experienced by young unmarried persons including adolescents especially those in institutions of higher learning who are involved in dating relationships^{14, 31}. Few studies have chronicled rape perpetrated against married women by their spouses³²⁻³⁴. This form of rape which may be referred to as “marital rape” or “spousal rape” is rarely recognized as a form of rape in Nigeria³. Marital or spousal rape is socially tolerated in Nigeria and not taken into consideration in the legal definition of rape^{3, 35}.

Rape perpetrated against children, which could be defined using various terms such as “child rape”, “child sexual abuse” or “defilement”, constitutes a serious emerging problem in Nigeria^{21, 36}. Children especially those that are less than 10 years are highly vulnerable to rape. This is more so because they tend to offer little or no resistance to rape perpetrators due to their immaturity^{36, 37}. Common perpetrators of child rape include acquaintances such as neighbours,

teachers and guardians^{21,36}. It is not uncommon for children to get raped by their blood relations or very close relatives who could be fathers, uncles, brothers, cousins or nephews^{30,36}. This typology of rape is described as "incest"^{24,26}. Perpetrators of incest take the advantage of their proximity and/or special relationship to prey upon vulnerable children²¹.

Legal provisions relating to the concept and nature of rape in Nigeria

Rape is a criminal offence in Nigeria and opportunities exist for survivors to seek legal redress^{4,38,39}. Section 34(1) of the Nigerian 1999 constitution clearly states that there should be respect for the dignity of individuals and prohibits inhuman and degrading treatment of individuals⁴⁰. It could be deduced from this declaration that rape is one of such inhumane or degrading practices alluded to in the constitutional provision. Both the Nigerian Criminal Code under section 357 (applicable in the southern part of Nigeria) and Penal Code under section 282 (applicable in the northern part of the country) criminalize rape.

For instance, section 357 of the Criminal Code⁴¹ states that:

"any person who has unlawful carnal knowledge (carnal knowledge could be interpreted as penetration using body parts or foreign objects) 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".

Similarly, section 282(1) of the Penal Code⁴², stipulates that:

"A man is said to commit rape if he has sexual intercourse with a woman in any of the following circumstances -- (a) against her will; (b) without her consent; (c) with her consent, when her consent has been

obtained by putting her in fear of death or hurt; (d) with her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married; (e) with or without her consent, when she is under fourteen years of age or of unsound mind".

An appraisal of the criminal and penal codes shows that they are virtually similar in their provisions on rape. The only major difference between them is in the choice of words⁴³. A distinctive issue that cuts across the provisions of the codes is that only a woman or girl may be raped. Inherent in the provisions of the two codes, however, is that a woman is not physically capable of committing the offence of rape against a man³. This position is at variance with research experiences. Studies have shown that males do get raped by females^{13,23}, but the prevalence may be low.

Another major deduction from the two codes is that a man cannot be guilty of rape perpetrated against his wife³⁹. Researchers have proven that women can be raped by their husbands. For instance, some studies^{32,33} conducted in Nigeria, have shown that married women often experienced rape in the hands of their husbands. In a long line of judicial authorities, the courts in Nigeria have applied the law on rape as contained in the statutes and have held that rape is the act of sexual intercourse committed by a man with a woman who is not his wife and without the woman's consent⁴³. This legal provision is coincidentally in tandem with the socio-cultural perception that forced sexual intercourse committed by a husband against his wife falls outside the concept of rape. The Criminal Code does not recognize the penetration of anus or mouth of a woman or girl as acts which constitute rape. It has been argued, however, that sexual acts involving penetration of the anus or mouth of a woman or girl with the penis could be as traumatic as the forceful penetration of the vagina and so they should be considered as acts which qualify to be described as rape³. This argument becomes plausible because the penis is

involved, and it is a kind of sexual orientation among some people which could be unwanted. It is a deviant sexual practice whose magnitude is yet to be empirically determined in Nigerian.

Nigeria has a Violence Against Persons Prohibition (VAPP) Act that came into force in 2015. The act constitutes a legal framework for preventing and controlling various forms of sexual violence including rape. The provisions of the act supersede those of the Criminal and Penal Codes in terms of rape and other related sexual offences. Inherent in the VAPP Act is the recognition that both men and women can be raped and can perpetuate it themselves. The Act takes into consideration the fact that a person can be raped through the vagina, anus or mouth. It also accommodates the fact that a person may also be raped with an object. Under the act both marital rape and gang rape are recognized as criminal offences in Nigeria³.

Based on the legal provisions of the VAPP Act, a person convicted of the crime of rape is liable to life imprisonment. In the case of the offender being under the age of fourteen years, he/she shall be liable to a minimum of fourteen years imprisonment without an option of a fine. In the case of gang rape, persons convicted jointly or severally shall be liable to a maximum of twenty years imprisonment, without the option of a fine³.

Prevalence, determinants and burden of rape in Nigeria

There are no accurate national data on rape cases in Nigeria because cases of rape are usually under-reported^{15,20,44}. However, data on cases of rape can be accessed from various sources such as newspapers, police records, court records as well as hospital and research reports²⁰. Table 1 highlights findings of selected small-scale studies on rape in Nigeria. The studies cut across the South West (SW), South East (SE), South-South (SS), North West (NW), North East (NE), and North Central (NC) geo-political zones. As shown in Table 1, respondents in most of the studies could be described as easily accessible (or captive) audiences or populations such as apprentices, students in secondary and tertiary schools as well as patients in clinic settings.

The reviewed literature show that a high proportion of children and females of various age groups are highly vulnerable to rape in Nigeria^{18,36,37}. The categories of females that are particularly vulnerable to rape include the following: out-of-school adolescents^{15,16}; in-school adolescents^{13,14,44}; and pregnant women⁴⁵. Limited knowledge of appropriate sexual behaviour and inability to protect oneself against sexual abuse make people, especially children, to be vulnerable to rape³⁷.

Presence of rape supportive perceptions, lack of knowledge relating to sexual rights as well as lack of the skills needed to negotiate sexual consent or refuse sexual overtures can increase vulnerability of females to rape¹⁴. The reviewed studies have shown that the other factors that may increase females' vulnerability to rape include being single⁴⁶, not living with parents²³, possession of a dating partner²³, possession of multiple sexual partners⁴⁷, alcohol consumption either by females or their partners^{34,47}, and being in the low socio-economic status⁴⁷. Poverty forces women and girls to take to occupations that carry relatively high risk of sexual exploitation including rape⁴⁸. Poverty among women is aggravated by the economic depression which Nigeria has been experiencing over the years. Occupations such as street trading, sex work and apprenticeship have been found to increase women's vulnerability to rape in Nigeria^{13,17}. According to some studies^{20,49}, another factor that can predispose women to rape is indecent dressing. This association has not, however, been fully established empirically in Nigeria.

The health burden of rape is often serious among survivors. Rape compromises the health and general well-being of survivors especially women^{1,50}. The physical consequences of rape are many^{36,50}. These include fatigue and chronic headaches³⁶, pains such as abdominal and anal pain³⁶, body and genital injuries such as disrupted hymen, vaginal bleeding, rectal bleeding and anal tear^{36,37}. The other adverse consequences of rape include the following: unwanted pregnancies^{10,17}, loss of pregnancy³⁴ as well as Sexually Transmitted Infections (STI) including HIV³⁶.

Rape poses several psychological adverse health effects on survivors; these include feelings

Table 1: Selected studies on prevalence of rape among different populations in Nigeria (2002 – 2015)

Studies	Population	Setting	Sample size	Prevalence
Ajuwon <i>et al</i> , 2002	Adolescents female apprentices	Ibadan (SW)	270	19.0%
Fawole <i>et al</i> , 2002	Female hawkers	Ibadan, Oshogbo and Abeokuta (SW)	345	6.0%
Ogunwale <i>et al</i> , 2012	Female undergraduates of University of Ibadan	Ibadan (SW)	610	12.0%
Ashimolowo and Otufale (2012)	Married women	Ogun state (SW)	220	11.3%
Okoro and Obozokhai (2005)	Out-of-school teenagers	Benin, Edo State (SS)	650 (males- 293, female- 357)	16.0% males, 19.0% females
Chinawa <i>et al</i> , 2013	Children attending hospital	Ebonyi State (SE)	3750	0.9%
Adogu <i>et al</i> , 2014	Female undergraduates of Nnamdi Azikiwe University	Nnewi (SE)	280	16.4%
Ohayi <i>et al</i> , 2015	Female patients attending gynaecological emergencies clinic	Enugu State University Teaching Hospital (SE)	1374	8.8%
Envuladu <i>et al</i> , 2012	Pregnant women attending ANC	PHCs in Jos, (NC)	201	19.4%
Ajuwon et al (2006)	Secondary school students	Some states in North Eastern Nigeria (NE)	624 females, (327-294 males)	6% males, 4% females
Geidan <i>et al</i> , 2010	Female undergraduates of University of Maiduguri	Maiduguri (NE)	400	7.3%
Iliyasu <i>et al</i> , 2011)	Undergraduate student of Bayero University	Bayero University, Kano (NW)	300	3.2%
CLEEN (2014)	Women	Conducted across the various geo-political zones	11518	5.0% (rape and attempted rape)

of hatred⁵¹, humiliation²⁴, anxiety¹⁶, depression⁵², self-blame⁵², post-traumatic stress disorder²⁴ and self-harming behaviours^{24,52}. The abuse of alcohol and other drugs²⁴, negative feelings about sex⁵², and sexual dysfunction²⁴ have also been associated with rape. The social consequences of rape include social stigmatization and discrimination¹⁸, poor academic achievement^{51,52}, inability to build and/or sustain a relationship⁵² and engagement in risky sexual behaviours^{12,14}.

Rape prevention, control and rehabilitative efforts in Nigeria

The reviewed literature has showed that rape control efforts in Nigeria involve several

stakeholders such as governmental institutions, Non-governmental Organisations (NGOs) and other bodies such as the Civil Society Organizations (CSO), women's groups and religious organizations. However, the CSOs constitute the leading voices in the campaign against rape in Nigeria. They have, though to a limited extent, helped to put rape related issues on the public agenda²⁷. The CSO have also been involved in the conduct of researches on rape. Studies conducted by CSOs present data on rape which are useful as baseline information for designing advocacy interventions^{4,24}.

Many CSOs and NGOs have been advocating for the passage of a legislation relating

to rape at the National Assembly⁵³. It has been reported that over 50 NGOs contributed to the lobbying and advocacy activities that led to the enactment of the VAPP Act of 2015 in Nigeria³. Social mobilization is one of the rape control strategies that have been adopted by some CSOs to campaign against rape and various forms of domestic violence. This they did through the conduct of community sensitization programmes²⁷. Some CSOs such as Baobab for Women's Human Rights and Women's Aid Collective (WACOL), Legal Defence and Assistance Project (LEDAP), Women's Rights Advancement and Protection Alternative (WRAPA) provide legal services and social support for rape survivors. They have also succeeded in facilitating the prosecution of some cases of rape^{4,54}. However, organizations that provide confidential and comprehensive care and support for survivors of rape are few in Nigeria⁵⁵. This situation presents a major challenge for the rehabilitation of rape survivors in Nigeria.

Many religious organizations in Nigeria including churches have, for long, been actively involved in curbing cases of sexual immoralities including rape^{20,56}. Sexual immoralities are often tackled by them through pastoral teachings, sermons, awareness campaigns as well as advocacy programmes⁵⁶. Churches promote the dignity of the human person and equality of all human beings and frown against dehumanizing acts such as rape²⁰. Many churches vehemently oppose and/or preach against indecent or seductive dressing by women which is perceived to expose them to rape. Modes of dressing which display vital body parts (like breasts, navel and buttocks) and the wearing of tight and transparent dresses are also prohibited or frowned upon by many churches²⁰. Churches' intolerance of indecent dressing is often based on the perception that the practice has potential for predisposing females to rape and promotes indulgence in other sexual immoralities. Several Islamic scholars speak against rape; they perceive it to be a coercive variant of fornication⁵⁷⁻⁵⁹. According to some Islamic scholars' sexual immoralities including sexual assault is perceived to be a grave sin. It is an act which constitutes what is called *Zina* (fornication); *zina* is described as a sin that Allah

will punish directly, except there a confession to atone for the act⁵⁷.

In Nigeria, not much is known about the position of the various forms of traditional religions on rape⁵⁹. Issues relating to rape and all forms of sexual immorality are often discussed within a given socio-cultural milieu. Generally, all forms of sexual immorality including rape are considered abominable and so frowned upon^{44,60}. In Nigeria, several traditional religious beliefs are intertwined with people's cultural beliefs. Sex, within the socio-cultural context, is perceived to be sacred or treated with some religious flavours⁶¹⁻⁶³. As a matter of fact, sex is a practice that must not be discussed openly and indulgence in it is expected to be done only in a socially acceptable way. The sanctity of sex is promoted in most Nigerian cultures by ensuring that it is reserved only for husbands and their wives⁶³. Consequently, there is no room for premarital and extramarital sex as well as indulgence in other forms of sexual promiscuity. Generally, the traditional African cultures and religions place high premium on virginity; virginity prior to marriage is considered to be tantamount to sexual purity^{62,63}. The traditional African cultures and religions which are found in Nigeria frown against sexual immorality such as adultery, homosexuality, masturbation, bestiality, Incest and rape; these deviant practices are considered to be a sin against the Almighty God, gods and society⁶³. Special religious rituals are often performed whenever anybody violates any of the customs associated with sex^{61,63}. The reviewed literature has revealed that the condemnation of all forms of sexual immorality including rape cuts across the Christian, Islamic and Traditional African religions.

Some educational institutions in Nigeria are involved either in the control of sexual violence including rape or the management of the consequences of the phenomenon. Some institutions have done this through policy formulation. Policy formulation has a pivotal role to play in the prevention and control of sexual harassment including rape in institutions of higher learning¹⁴. The University of Ibadan is one of the tertiary institutions in Nigeria that has come up with policies relating to the control of sexual

harassment including rape⁶⁴. The determination of the proportion of tertiary institutions in Nigeria with rape related policies and the assessment of the scope of such policies are yet to be well investigated.

Some hospitals especially tertiary health care facilities in Nigeria provide survivors of rape with medical care which include treatment that may help them overcome rape-associated health complications^{36,37,65}. The care provided by such health care facilities include HIV and Hepatitis B and C screening, provision of post-exposure prophylaxis for HIV, pregnancy test, and emergency contraception^{31,36,62}. However, it has been observed that in Nigeria many hospitals that provide services for rape survivors do not have comprehensive rape related management services^{37,65}. Some STIs such as gonorrhoea or chlamydia, are in many cases, omitted in the care of sexually abused or defiled children³⁷. The literature has revealed that many survivors of rape including children who have been sexually abused do not currently get referred to appropriate places or authorities for forensic examination, medical care and psychotherapy^{36,65}. The lack of forensic evidence may adversely affect the successful prosecution of rape perpetrators, while the lack of psychotherapy may hinder effective psycho-social rehabilitation of survivors of rape. According to the WHO, the standard clinical care for rape survivors involves documentation and treatment of injury, collection of forensic materials for analysis, detection of prior pregnancy, screening for sexually transmitted infections including HIV and provision of adequate contraception, post-exposure prophylaxis and supportive psychosocial counselling⁶⁶.

Under the Nigerian criminal justice system, the roles of the police regarding rape cases include detention of perpetrators, investigation and prosecution of cases. The responsibilities of courts, on the other hand, include adjudicating and punishing rape perpetrators in accordance to relevant legal provisions⁶. In Nigeria, only State High Courts have the jurisdiction to handle the prosecution of rape related cases in Nigeria⁶. There is, however, dearth of information relating to reliable statistics on the number of rape cases that have ever been concluded in Nigerian courts.

The prosecution of rape perpetrators is a very demanding exercise. It is, for instance, characterized by difficulty in getting reliable evidence and witnesses needed to prosecute rape cases. The police, in some cases reportedly demonstrate inappropriate rape-related investigations and attitudinal dispositions such as victim blaming as well as insensitivity to survivors' situations. It has been reported, for instance, that the police indulge in poor investigational practices which compromise the prosecution of cases^{21,65}.

Challenges to rape prevention and control in Nigeria

The challenges to rape prevention and control gleaned from the reviewed literature can be differentiated into the following categories: intrapersonal issues; influence of social network including family; community response; requirement of the criminal justice system; physical inaccessibility to health care; legal and police services; and lack /or inadequate knowledge and skills relating to the handling of rape situations by survivors. This section focuses on these militating factors or challenges.

Most survivors of rape endure the ordeal without reporting their experiences to appropriate authorities for management^{13,14,19}. A previous study has showed, for instance, that only 18 per cent of rape cases were reported⁶⁷. Possible reasons or factors which could prevent rape survivors from reporting their ordeal are many and they include the following: nature and degree of relationship with rape perpetrators; age and gender of survivors⁶⁸; self-blame, rape-related stigmatization^{14,55}; perception of the experience¹⁴; cultural taboos¹⁹; and fear of not being believed⁶⁹.

In most cases, survivors of rape prefer to report their ordeals and seek for help from non-formal agencies like friends and families^{14,24,70}. Research has showed that non-formal agencies like friends and families followed by religious and traditional leaders topped the list of sources of help obtained by rape survivors²⁴. It should be noted that the practice of seeking for help from the afore-mentioned non-formal agencies by rape survivors may inhibit proper management of rape

cases including the provision of effective medical care. Lack of appropriate social support, help and care needed by survivors of rape to overcome their ordeals could constitute a serious threat to the prevention and control of the phenomenon.

Survivors of rape commonly prefer not to seek for medical care^{12,21}. Medical or health care is only sought in most cases when there are serious health problems resulting from the experienced rape^{12,38}. Studies have shown that patronage of patent medicine vendors and pharmacies are the most common health care seeking pathways among rape survivors^{12,38}. This pattern of health seeking behaviour can compound the complications of the physical, psychological and social problems experienced by the survivors.

Sometimes survivors of rape do not define or perceive their ordeal as rape for personal reasons such as intimate relationship with the perpetrator, lack of knowledge of their sexual rights as well as misperceptions relating to what constitutes rape^{14,38}. Some survivors of rape have various perceptions which are supportive of rape^{14,31}. For instance, some of them perceived being forced to have sex by the person one is dating as a common phenomenon which any lady should not worry herself too much about³¹. These situations may not only present serious challenges for the prevention and control of rape but also impede appropriate health seeking behaviour and quest for legal assistance.

Friends, families and community members often put pressure on rape survivors not to report their ordeals to appropriate authorities^{24,27,38}. Survivors of rape in Nigeria are often reluctant to report their experiences to the police and the reasons that have been adduced include the following: fear of the leakage of the report to the public; lack of sensitivity by the police in handling rape cases; and the acceptance of bribes by the police to pervert the course of justice^{24,28}. A study involving the review of police records on rape in Nigeria showed that even reported cases are not usually pursued to their logical conclusion. The police were requested to terminate its investigation and prosecution of 56.8% cases of reported rape based on the wishes of survivors²⁸.

In many cases, rape survivors are blamed for what happened to them while perpetrators, in

most cases, are excused from facing the consequences of their actions^{4,44}. This situation prevents survivors from seeking the needed legal redress or obtaining appropriate medical care and psycho-social therapy. In addition, this kind of community response leads to missed opportunities for acquiring knowledge and skills from help providers relating to the prevention of future re-occurrence^{14,49}.

The legal provisions on rape contained in the Nigerian Criminal and Penal Codes are hardly implemented⁴. The Nigerian laws related to rape are outdated and do not specify what constitutes sexual consent and how sexual consent should be obtained. In addition, the Nigerian laws on rape are not sensitive to some forms of rape such as date rape and marital rape³⁵. The laws place the burden of proving the absence of sexual consent (i.e. absence of voluntary agreement to engage in sexual activity) on rape survivors; worse still, no circumstantial evidence whatsoever is usually accepted^{35,71}. Evidence required to prosecute rape perpetration is often difficult to establish⁷².

Corroborative evidence is required to confirm, support and strengthen other pieces of evidence sought to establish a case of rape⁷³. Corroborative evidence could come from eyewitnesses' account or medical evidence. The law requires that at least a witness must have observed the actual penetration of the victim's vagina. In Nigeria, this legal technicality is duly and dutifully observed by judges and a rape case or rape related conviction can be quashed if it is not supported by corroborative evidence. Reliance on corroborative evidence in rape related cases is a technicality which creates opportunities for rape perpetrators to get away scot-free. In most cases, sex offenders will not undertake the abominable act in a place which is easily accessible to members of the public and there is always the possibility that before any eyewitness finally reaches a rape crime scene, the offender would have disengaged from the "victim" which ultimately means that rape as a criminal offence cannot be established due to lack of corroborative evidence. When this happens, what can then be an issue of prosecution is the lesser offence of attempted rape. The way out of this predicament is for the courts to look at the facts of each case on

its own merit and not base each adjudication or conviction on corroborative evidence⁹.

Insistence on presentation of evidence of struggle or use of force in rape situations as demanded by the Nigerian laws relating to rape presents a difficult challenge to the search for justice by rape survivors⁵⁵. It should be noted that rape cases, especially those involving acquaintances and intimate partners, may involve use of coercive or non-consensual means which do not carry recognizable indicators that can be tendered in court. Evidence which is verbal in nature or which is in form of threat and blackmail, for instances, may be difficult to present^{13,14,24}. Cases of rape commonly occur in secret or isolated places; this is typical of rape cases involving known people or acquaintances such as dating partners, spouses and relatives^{14,24,36} and so witnesses may not be present⁶⁷.

Obtaining a medical report as well as a police report as demanded by laws on rape is always difficult in Nigeria⁷⁴. Physical access to medical facilities and police stations could be difficult especially among those living in rural or remote areas²¹. The practice of only accepting medical reports issued by government-run hospitals as evidence has a discriminatory effect on survivors of rape who do not have easy access to government-run health care facilities²¹.

Lack of knowledge about rights relating to legal redress coupled with high cost of legal representation may serve as a dis-incentive for seeking legal redress⁵⁵. The provision of appropriate rape-related health care is often hampered by late presentation of rape cases and lack of awareness of the appropriate essential procedures or actions that should be initiated after rape (i.e. not washing and keeping clothes). These situations have potential for compromising the collection of good quality medical and forensic evidence; these situations can also compromise the investigation of rape cases^{36,65}.

Several sentinel studies on rape related issues have been conducted across the country. Though useful, these studies are fraught with some limitations. For instance, as observed in table 1, many rape-related studies were conducted in urban areas. Furthermore, most of the studies on rape were school-based cross-sectional surveys with the

attendant limitations which characterize such surveys. A preponderance of the studies focused on females whereas there is emerging evidence that some males are also rape survivors in Nigeria^{13,23}. In addition, only very few studies have focused on marital rape^{14,33} and rape involving dating partners^{12,31,66}.

Advocated potential rape prevention and control strategies in Nigeria

The approaches which can be used to tackle rape, though not exhaustive, are presented in this section. Public enlightenment is one of such potential approaches; the critical role of public enlightenment campaign in the prevention and control of rape cannot be overemphasized¹. The strategy can be used to achieve the following: awareness creation; upgrading and modifying knowledge, perception and attitudes relating to rape; as well as changing social norms and/or practices which promote the perpetration of rape. The strategy, in addition, can be used to foster political will for actions against rape^{1,14,31,75}. Multi-sectoral collaboration and partnership involving key government institutions or agencies such as the Ministries of Justice, Health, Women Affairs, National Human Rights Commission, educational institutions, non-governmental organizations and mass media are needed for facilitating effective and efficient public enlightenment programmes on rape prevention and control^{27,75}. A major strength of the strategy is that it can be used in combination with advocacy to put issues relating to rape on the public agenda for joint action. In order to be effective, public enlightenment messages should be developed based on research outcomes. The strategy should involve community participation to ensure that messages are culturally relevant, appropriate and acceptable. Messages on sexual rights and dignity of the human person which need to be respected by all should be integrated or infused into the school curricula. This will help improve young people's knowledge about rape and provide them with skills needed for avoiding being raped.

Parents and guardians are important stakeholders who have pivotal roles to play relating to the provision of sexuality related

education that can discourage rape and other harmful sex related practices. Parents should be encouraged to provide their children with age-appropriate sexuality related education and safety tips or measures that can help to prevent or avoid being raped.

The amendment and enforcement of the laws on rape are measures that have the potentials for reducing the prevalence of rape^{35,76}. The enhancement of the capacity of the police, prosecutors, judiciary and others in the criminal justice system through training and re-training holds great promise in the prevention and control of rape and other sex related offences in the country²⁴. Such capacity development activities are useful for the successful upgrading of their knowledge and skills related to the prosecution of rape cases.

Sexual rights and/or sexual abuse related policies which are formulated to control rape and other forms of sex related offences are essential in school settings. Such policies should highlight information on rape prevention measures that must be provided and available to survivors' support services including health and legal services. The policies should contain, in addition, appropriate sanctions for perpetrators as well as the rehabilitative programmes for survivors of rape. Furthermore, provisions should be made to guarantee the safety of rape survivors, and for promoting reporting and help seeking practices among survivors.

Health services that need to be provided for survivors of rape include medical screening for STIs, treatment for physical injuries, provision of post-exposure HIV prophylaxis, provision of emergency contraceptives as well as mental health care and counselling as advocated by WHO⁶⁶. According to WHO, provision of these health services as well as social support for survivors of rape are necessary best practices that have the potential for mitigating the short, medium and long-term complications associated with rape⁵⁹. Hospitals should, therefore, be encouraged and supported to establish sexual assault support centres where specialized care can be provided by specially trained personnel. The establishment of such centres will provide opportunities for private and confidential care for survivors.

The WHO has noted that prevention and control of rape and other related sexual offences are more likely to be effective under the following conditions: availability of protocols and guidelines for managing cases; mechanism for collecting pieces of evidence; availability of health workers who are trained on management of rape cases; and existence of good collaboration with the judicial system¹. Medical reports admissible for prosecution of rape cases in courts should not be limited to those obtained from government-owned hospitals. Rather all recognized and licensed hospitals in the country with requisite facilities should be allowed to give medical reports to rape survivors to ease the challenges or barriers that may be associated with obtaining medical reports. Forensic evidence should be accepted as part of evidence for prosecuting rape cases considering the controversial nature of rape and the context in which it normally takes place.

Towards this end, health specialists should be well trained to be collecting medical and forensic evidence needed for ensuring proper treatment of survivors and prosecution of perpetrators.

Advocacy coupled with community-based health education interventions could be used to change some socio-cultural factors over time such as biased gender norms, cultural beliefs, perceptions and attitudes that promote or sustain rape⁷⁵. Advocacy interventions should target lawmakers at various levels (local, state and federal), judiciary personnel, police, community-based organizations, faith-based organizations as well as educational and research institutions. Advocacy campaigns can be built around global human rights related events on the global calendar, such as the International day for the elimination of violence against women which comes up on November 25 every year. Involving prominent public figures, local and national media in campaigns built around this event with special focus on rape can boost rape control or prevention interventions. Advocacy can be made more effective by using locally generated data from systematically conducted studies. The use of research findings when combined with international agreements, treaties and conventions such as the United Nations resolutions on the

elimination of violence against women, human-rights conventions, World Health Assembly and WHO regional committee resolutions on violence prevention can further strengthen the impact of advocacy⁵⁰.

Since poverty and lack of economic means have potentials for increasing vulnerability to rape especially among women^{34,47,48}, programmes designed to combat rape and other forms of gender-based violence in Nigeria should, therefore, include economic measures aimed at promoting employment opportunities among women and young persons.

Researches that can provide baseline information for formulating evidence-based policies, enacting appropriate laws and designing programmes aimed at preventing and controlling rape are needed. Accurate information or data need to be available on the scope, nature, context and burden of the phenomenon. Comprehensive or large-scale surveys are needed to facilitate the effective tackling of the phenomenon nationally and in a holistic manner. According to the WHO, intervention studies relating to sexual violence should be conducted with a view to understanding what works in different settings¹. A lot of lessons can be learnt from rape-related researches of different designs including those involving the use of cross-sectional, prospective, retrospective and quasi-experimental designs. Studies should be conducted in various settings such as communities, hospitals, workplaces and places where there are captive audiences with restricted liberty or freedom such as prisons, foster homes and refugee camps.

Conclusion

Rape is a persistent and endemic social pathology in Nigeria. Survivors of various socio-demographic characteristics are affected with young females, however, constituting the most vulnerable group. Similarly, perpetrators of rape share varying socio-demographic attributes. Based on perpetrators' degree of relationship with the survivors scholars in the field of rape or sexual coercion often differentiate rape into several categories with stranger rape being the type which attracts most attention or concern and most likely

to be the subject of litigation. The typologies are indicative of the complex nature of the practice and the need to adopt type-specific intervention measures.

The factors which create fertile grounds for the experience of rape in Nigeria include those which are related to poverty, lack of economic empowerment, inadequate knowledge of the art of sex negotiation, lack or inadequate rape resistance skills, victim-blaming and inequities with special reference to power relations. Most of the empirical investigations reviewed were sentinel studies and so the magnitude of the problem could be best regarded as a tip of the iceberg. Even then, the revealed burden of rape, irrespective of typology, is enormous as it compromises the physical, psychological and social health of survivors. Although rape is a criminalized behaviour in Nigeria the available legal enactments are difficult to apply in the prevention and/or control of the phenomenon. This is due, to some extent, to the inherent inadequacies, loopholes and unrealistic provisions in the laws which create opportunities for rape perpetrators to escape from being brought to justice. In addition, the criminal justice system which is expected to play key roles in rape control and prevention in Nigeria is weak; it is perceived by survivors and their significant others to be burdensome, frustrating and unreliable.

The social mobilization approach to the prevention and/or control of rape and the rehabilitation of rape survivors is championed mainly by Non-Governmental Organisations, civil society organizations and faith-based groups. These entities often engage in lobbying, advocacy and public enlightenment aimed at promoting social action against the undesirable practice. A striking feature of rape in Nigeria is that survivors hardly seek for help because of social barriers posed by social stigmatisation, discrimination, inadequate social support as well as institutional impediments associated with the health care and criminal justice systems. These developments impede effective legal interventions, medical care and psycho-social rehabilitation efforts.

Rape is a multifaceted deviant act taking into consideration the associated diverse antecedent factors that promote people's vulnerability to it and those that make rapists to

perpetrate the act. Therefore, the phenomenon requires an ecological approach to address effectively. The reviewed literature is silent on several other issues that are germane to rape prevention and/or control programming. For instance, there is dearth of evidence-based information, derived from systematically conducted national studies, on the social epidemiology of rape in Nigeria including the factors that motivate rapist to perpetrate the act, and the economic burden of rape in terms of cost of treatment, rehabilitation, and lost opportunities experienced by survivors. National studies which focus on the aforementioned grey areas are needed to throw light on the magnitude of the identified typologies of rape, prevalence of rape irrespective of type as well as the environmental, social, cultural and economic determinants which should be taken into consideration in the design of national interventions, policy formulation, legal enactments and/ or review and the formulation of rape prevention and control-related national frameworks or guidelines.

There are several approaches or strategies which can be adopted for tackling rape in Nigeria. None of the strategies are perfect as each has inherent weaknesses and strengths. Consequently, a combination of the strategies is more desirable for achieving a synergistic effect.

Contribution of Authors

1. Akintayo O. Ogunwale: He conceived the idea and was involved the search for relevant literature, the design and drafting of the manuscript.
2. Frederick O. Oshiname: He was involved in the design, drafting and revision of the manuscript following reviewers' comments.
3. Folakemi Ajagunna: She participated in the design and drafting of the manuscript with special reference to the legal issues associated with the phenomenon.

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