



THE VICTIMOLOGY OF RAPE IN NIGERIA: EXAMINING VICTIMS' POST-ASSAULT EXPERIENCES AND ADJUSTMENT PATTERNS

Richard A. ABORISADE and Fidelia E. VAUGHAN

*Department of Sociological Studies
Tai Solarin University of Education
Ijagun, Ijebu-Ode, Ogun State
Nigeria.
Email: ra.aborisade@gmail.com*

ABSTRACT

The secondary victimisation suffered by rape victims in socially conservative Nigeria is not only in the hands of their families, friends, and significant others, but also through the agents and process of criminal justice system of the country. Previous research into rape in Nigeria has often neglected the aftermath of forcible rape on the victims and coping mechanisms adopted. Therefore, this present study was designed to redress this imbalance and specifically, investigate the consequences of incidence of rape on the victims. Using qualitative information gathered from in-depth interviews of 23 rape victims and 4 key informants that consisted of medical personnel and counselling psychologists, the study found that the most critical effect of rape on victims are post-traumatic stress disorder, depression, sleep disorders, distrust of others, feeling of personal powerlessness, anxiety and emotional numbness. The adjustment of victims is remarkably impeded by social stigmatisation, lack of support, care and concern from families and friends, ineffective justice system and burden of proof. The victims do not seek for medical attention or counselling advice except when there are physical body injuries sustained from the incidence, which has serious physical and mental health implications. Therefore, a systemic approach to improving knowledge and altering attitudes regarding sexual offenses is needed. Specifically, education needs to focus on a woman's right to consent and the overall eradication of stereotypical beliefs regarding rape victimisation, victims, and perpetrators.

Keywords: *victimisation, social stigmatisation, rape victims, adjustment patterns, post-assault experiences.*

INTRODUCTION

The occurrence of rape is a pervasive social problem that has lasting effects on victims (Lonsway and Fitzgerald, 1994; Jimenez and Abreu, 2003; Castello et al., 2006; McMullin and White, 2006). Empirical evidence show that victims of sexual assault frequently experience negative and often long-term physical and psychological consequences following the event (White Kress, Trippany, and Nolan, 2003; Kaltman et al., 2005; Sturza and Campbell, 2005). McGregor (2005) asserts that women often try to cope with sexual assault without assistance out of fear that the criminal justice system will not believe the victim or will blame the victim for the assault. Statistical evidence have shown that the assertion of McGregor (2005) is very prevalent in Nigeria, as rape and sexual assault account for one of the most underreported crime in the country. For instance, a report by CLEEN Foundation (2013), indicate that only 28 per cent of rape cases in the country are reported to the police. Also, in a poll conducted by NOI Polls Limited (2013), it was reported that almost 3 in 10 Nigerians admitted to personally knowing someone who has been a victim of rape, however, the figures available to the law enforcement agencies do not suggest a similar rate of report. In addition, statistics show that about one in 50 cases of rape are reported, and the percentage of reported cases has continued to reduce over the years despite the consistent increase in the number of incidents (Chiedu, 2013). Consequently, it is been widely described in the country as "a crime whose victims love to remain anonymous" (Yishua, 2011:23).

Scholars have pinpointed that victims of rape can be severely traumatised and may suffer from Post-Traumatic Stress Disorder (PTSD) (Littleton et al., 2006). In addition to psychological harm resulting from the act, rape may cause physical injury, or additional effects on the victim, such



as acquiring sexually transmitted infection or becoming pregnant (Sturza and Campbell, 2005). Although researches have shown that several victims report distinctive psychological post-rape responses such as heightened fear, avoidance, re-experiencing the traumatic the traumatic event, and anxious arousal, not all victims will have these specific post-rape reactions (Frazier, 1990; Foa and Riggs, 1995; Valentiner et al., 1996). Even then, out of those that do experience these reactions the frequency and duration may vary considerably from victim to victim (Wyatt et al., 1990). However, White Kress et al., (2003) argue that it is important to identify and assess the severity of reactions to sexual victimisation as this process can ultimately help in determining an appropriate intervention path toward recovery for victims. However, since there is no government-arranged medical and psychological care for survivors of rape and sexual assault in Nigeria, the victims and their families are left to fathom their own post-rape support system by themselves.

The social perception of rape has been identified as being very relevant to their adjustment processes because as Lee et al. (2005) posited, the intensity of psychological trauma for a victim may vary according to how society reacts to the victim. Studies exploring the dynamics surrounding sexual assault victims have suggested that “something unique about how society perceives sexual assault may lead people to make negative responses to women disclosing these experiences” (Starzynski et al., 2005:418). This is particularly the case in Nigeria as, within the country, rape victims are stigmatised in cultures with strong customs and taboos regarding sex and sexuality. In such cultures, some victims are even flogged and accused of committing “adultery” or “fornication” (Amaka-Okafor, 2013). In such social environments, victims often strive to cope with the experience of sexual victimisation without legal, medical, or mental health support (Wyatt et al., 1990). This therefore accounts for one of the main reasons victims fail to report their experience if they are in a position to keep it to themselves. It's only in cases where refusing to report rape victimisation is difficult, such as when the victim is fatally injured, contract disease or become pregnant in the process that victims of such society own up to being raped (Amaka-Okafor, 2013).

However, as efforts at reprimanding and punishing offenders of rape and sexual assaults in the country appears to be growing stronger, there is still apathy expressed towards the post-assault experiences of the victims especially as it relates to how they adjust to normal life. Aside from the legal constraints, Nigeria does not possess established structures that would encourage victims to boldly come out and report (Ogbo, 2013). In the criminal justice system of the country, there is no medical, psychological or financial welfare plans or compensation in place for victims. This is as against what is obtainable in the developed countries where victims are well compensated and taken care of as part of the justice process. On the other hand, in Nigeria, victims are expected to seek redress or compensation from offenders through the justice system on their own, if they insist on some form of compensation. This apathy for victims' welfare and post-assault experience on the part of the government therefore raises cogent questions as to how the victims are able cope on their own. Though there are several literature on such post-rape experiences and coping strategies of victims (Wyatt et al., 1990; Lee et al., 2005; Starzynski et al., 2005), there is a dearth of literature that provides such knowledge from Nigerian perspective. Generally, victimology, which is the study of victims, is still at its infancy in the country. Therefore, there are limited empirical literature that describe the coping measures of victims of crime generally, and of rape specifically. As a result, the overall aim of this study is to explore rape victims' post-assault experiences and adjustment patterns as a way of exposing possible medical, psychological, emotional and social consequences of their sexual victimisation. What are the determinants of adjustment patterns of rape victims? How does the nature and peculiarities of rape experience impact on the adjustment pattern of the victims? What are the common coping strategies adopted by rape victims and how successful are they in evolving effective post-assault adjustment?



METHODS AND MATERIALS

Settings for the Study

Victimisation survey is considered as important source of reliable information, as a basis for understanding and combating crime (Van Dijk, van Kesteren, and Smit, 2008). Only female victims of rape and sexual assault were included for this study as the Nigeria Criminal and Penal Code do not recognise male rape in whatever form. Also, the study did not include victims of attempted rape or any form of other sexual assaults that is outside forcible rape. This is not to imply that there are no psychological or medical consequences of attempted rape, rather it was merely a design to narrow the scope of the research to those that suffered concluded rape incidences. The instruments did not include any published or standardised scales that would have provided benchmarks for reliability and validity. In place of this, peer reviewers that comprised of experts in the field of social work, sexual assault criminology and sexual health officials of the University College Hospital, Ibadan were engaged to examine the face and content validity of the instrument. Their suggestions and comments were duly considered as they were of good value to the study.

Measures

This study conducted a qualitative victimisation survey that covered Lagos and Ogun states, Nigeria. Primary data were obtained from victims of rape across the two states while expert opinions were obtained from medical and psychologists. The study designed an In-depth Interview (IDI) Guide and Key Informant Interview (KII) Guide. The IDI consisted of two sections of ten (10) questions which sought to elicit responses on the rape and sexual assault experience of the participants; their post-assault reactions, the coping methods adopted, response from the society, and perceptions and attitudes towards the opposite sex after the incidence. On the other hand, the KII consisted of five (5) questions that sought to find out information about medical and psychological consequences of rape from experts. In addition, the instruments included a series of questions used to gather social and demographic data of the respondents.

Sampling Procedure

In arriving at the rape victims engaged as respondents for the study, the use of snowball sampling technique was deployed. This is as a result of the peculiar difficulties in accessing and engaging rape survivors in research of this nature especially in socially conservative Nigeria. The respondents were duly informed about the purpose of the study and other rights as respondents of the study including confidentiality. In all, the study engaged twenty-three (23) female victims that are survivors of rape. The researcher was able to draw his initial sample from students of Tai Solarin University of Education after series of open invitations were made to student victims of rape incidence. From an initial response of three (3) survivors that consented in participating in the study, 20 more respondents were interviewed through face-to-face and telephone interviews across the two states. For the purpose of extracting expert opinions, two medical doctors of the University College Hospital and two psychologists who are guidance and counselling lecturers at TASUED were engaged in the study. The key informants were purposively selected for the study based on their job experience, handling of sexual violence cases and willingness to participate in the study. The data collection exercise was conducted between February and June, 2013. Data collected from the field were analysed in order to meet with the research objectives and answer the research questions raised. Information from in-depth interview collected with electronic tapes and notes were transcribed,



synthesized and organised under thematic headings using software for qualitative analysis. Significant statements were quoted verbatim in order to corroborate or refute important findings.

Administration of the Instruments and methods of Data Analysis

Approvals for the study were obtained from the Ethics Committee of Tai Solarin University of Education, Ijebu-Ode, Ogun State. Data collected from the field were analysed in order to meet with the research objectives and answer the research questions raised. Information from in-depth interview collected with electronic tapes and notes were transcribed, synthesized and organised under thematic headings using software for qualitative analysis. Significant statements were quoted verbatim in order to corroborate or refute important findings.

RESEARCH FINDINGS

Socio-demographic Characteristics of the Respondents

As evident in Table 1, the socio-demographic characteristics of the respondents were quite diverse. The study shows that the respondents are relatively young with majority within age 21-25 (11, 47.83%). It is important to note that majority of the respondents (13, 56.52%) were assaulted at very young age of 16-20. This is followed by those that were slightly older 21-25 (9, 39.13%) at the time of the rape incidence. The fact that the respondents were raped when relatively very young is likely to have severe psychological and emotional consequences for them. In respect of the numbers of times that the respondents have been victims of rape, majority of them (19, 82.61%) indicated that they had suffered rape only once. Three (13.04%) of the respondents had been raped between 2 to 3 times while 1 (4.35%) of them was raped four or five times. The number of times that the respondents were raped is indicative that majority of them did not suffer re-victimisation after their first experience while 4 (17.39%) did suffer repeat victimisation. Finally, the present employment status of the respondents was obtained. Majority (13, 56.52%) of them are still students, while 4 (17.39%) of them are self-employed. It should be noted that all the 23 respondents of the study responded that they experienced rape as students of their respective institutions. The socio-demographic characteristics of the respondents show their suitability to inform the study as they were assaulted when young, vulnerable and likely to have experienced psychological, medical and emotional crisis that can be useful to generalise the post-assault conditions and recovery process of rape victims in Nigeria.



Table 1 Socio-Demographic Characteristics of Respondents

<i>Variable</i>		<i>N</i>	<i>Percentage (%)</i>
Age (in years)	16-20	3	13.04
	21-25	11	47.83
	26-30	6	26.09
	30+	3	13.04
	Total	23	100
Age (at the time of rape)	16-20	13	56.52
	21-25	9	39.13
	26-30	1	4.35
	30+	Nil	Nil
	Total	23	100
Number of times of being raped	Once	19	82.61
	2-3	3	13.04
	4-5	1	4.35
	Total	23	100
	Employment Status	Public Service	1
Private Sector		2	8.70
Self Employed		4	17.39
Unemployed		3	13.04
Student		13	56.52
Total	23	100	

Source: Survey 2013

The Psycho-Social Effects of Rape on Victims

Though it is imperative to identify common effects to a traumatic experience like rape, Frazier (2000:204) stated that “there is tremendous variability in the extent to which women are affected.” The study moved to find out the effects of rape experience on the victims-respondents of the study. A combination of their responses and observation of the researcher from their countenances were used to determine the level of the psychological and sociological impact that their rape experiences had on them.

The study found that 15 (65.22%) of the respondents did not seek for any form of assistance after their experience in spite of suffering psychological effects of assault such as post-traumatic stress disorder (PTSD), as all the rape incidences involved violence in being either beaten up, drugged and/or threatened by their assailants. There are also signs of depression, as aside from two of them, the rest of the respondents felt dejected as they recounted their experience. Other observed psychological effects include flashbacks- 18 (78.26%) of them complained that the bitter memories of what happened keeps reverberating in their minds and they shiver at the thought of the incidence; sleep disorders- 6 (26.09%) of the 23 victims stated that they could not sleep properly for few months after the incidence occurred. This is from a respondent who was gang-raped with her roommates at their residence by supposed cultists. Until her assault, she was a virgin:

After the incidence, I was never the same again. I couldn't just sleep alone in the house. I always wanted someone to sleep with me or I just leave my house and go to sleep at my friend's house. I even sleep at my neighbour's house because of the fear inside of me that the incidence might occur again. Though, I have been able to cope to an extent and my relationship with my (dating) partner is okay. I will not say



that I have fully recovered because I still nurse fear inside of me, always afraid to stay alone especially when it comes to sleeping alone in the night.

Anne¹, Ijebu-Ode

There was also the sense of guilt as 17 (73.91%) of the victims partly blamed themselves for falling victim, they expressed sense of guilt over what happened to them as they kept thinking about how they went wrong that led to the incidence. A respondent that was assaulted by cultists at a cemetery as she was passing through on her way home from school narrated:

I became ashamed, fearful, felt dirty and regretted ever taking that route those guys were. Sometimes I blame myself for the incidence. Yes I have recovered but I won't say I have fully recovered because I still have this fear inside of me. I really have issue when it comes to trust with guys

(Cynthia, Ijebu-Igbo)

Distrust of others- those that were raped by their acquaintances expressed that they developed sense of distrust towards people especially male friends around them as a result of the act. A respondent who was assaulted by a classmate of hers using drugs to sedate her while he engaged in the act discussed her post-assault experience:

I was not myself after the incidence. I was always throwing up, (so much) that people thought I was pregnant. I kept to myself, did not associate with people, I lost every sexual urge I used to have, my body became dead to sex. I have not fully recovered because I am afraid to have any relationship with the opposite sex

(Sarah, Ijebu-Ode)

Other psychological effects expressed by the victims include, feeling of personal powerless- all the 23 respondents told stories of how the rapist robbed them of control over their bodies; anger- the feeling of anger of the victims about what happened to them was very evident even during the interview as 9 (39.13%) of them stated that they still vent their anger on males close of them; increased fear and anxiety- majority of them (19, 82.61%) stated that their fear and anxiety increased ever since as one respondent said that she finds it difficult opening her window during the daytime for fear that the rapists will know about her presence and come again; emotional numbness- 11 (47.83%) of the respondents stated that what they feel for men ever since the incidence has always been short of love as they find it difficult to develop a strong relationship with people of the opposite sex after that. One of them, who was a victim of gang rape but is now married, volunteered:

After the incidence, I felt horrible, was filled with hate for men and told myself I won't marry. I was so scared of going to any man's house because of what I experienced. Though I am now married but I still feel something like fear anytime I am making love with my husband, there are still flashes of that experience that comes into my mind and I shiver...whenever my husband is not around, I run to my parent's house or friends to spend the night. Yes I have fully recovered...

(Theresa, Lagos)

¹ The names used in this section are not real names of the victims but fictitious and only used to represent the identity of the victims for recognition purpose



Though Theresa claim to have recovered, based on the criteria set for recovery in this study, she is yet to cope effectively with her past rape experience.

In respect of the sociological effects, only 3 (13.04%) out of the 23 victims stated that they were able to receive and enjoy the support of the people around them after the incidence. Fourteen (60.87%) stated that they were subjected to secondary victimisation by their parents, medical personnel, families, neighbours and other significant others in their life. The rest of them (6, 26.09%) said they were able to keep their experience from everybody close to them that might subject them to secondary victimisation. Some of them recounted their social experience after the incidence. When they were asked if they suffered any stigmatisation from the people close to them, one of the respondents stated:

...because people who found out that I was raped gives me this strange look whenever they see me and I always feel they talk about me

(Sarah, Ijebu-Ode)

Another respondent recounted her own social experience:

...the neighbours of the house that I lived knew about my rape experience and their attitude towards me changed. Some of them even stopped greeting me while those that still greet me gives me some suspicious glances that makes me feel uncomfortable. After some time I had to pack away from that area...

(Doris Ijebu-Ode)

According to Frese, Moya and Megias (2011) rape is especially stigmatising in cultures with strong customs and taboos regarding sex and sexuality. For example, a rape victim (especially one who was previously a virgin) may be viewed by society as being 'damaged.' Victims in those cultures may suffer isolation, be disowned by friends and family, be prohibited from marrying, be divorce if already married, or even killed.

Determinants of the Adjustment Patterns of Victims of Rape

Empirical studies have posited that various psychological and emotional responses show the different behavioural patterns or coping strategies that is possessed by each survivor of rape and sexual assault (Wyatt et al., 1990; Littleton and Breitkopf, 2006). Hence, there is no general determinant of adjusting to rape victimisation or coping with sexual assault that applies to all. This study moved to examine both the individual characteristics and external factors that determined the adjustment or maladjustments of the victim-respondents of the study. First, they were requested to state the relationship between them and their assailants at the time of the rape incidence. Table 2 shows the type of rape suffered by the respondents of the study.

Table 2: Types of rape experience of the victims

Rape Types	N	Percentage (%)
Date Rape	3	13.04
Acquaintance Rape	8	34.78
Stranger Rape	12	52.18
Total	23	100

Source: Survey 2013

Table 2 shows that majority of the respondents (12, 52.18%) are victim of stranger rape, followed by those that suffered acquaintance rape (8, 34.78%). The prevalence of stranger rape among the respondents may not be unconnected with the usual failure of victims of date rape to acknowledge it as a rape. Scholars have pointed out that date or acquaintance rape cases are less acknowledged as such as compared to stranger rape (Layman, Gidycz and Lynn, 1996; McGregor, 2005; Littleton and Breitkopf, 2006). Layman et al. (1996) stated that date rape often



go unacknowledged and it is a easier type of rape for victims to adjust after experiencing than other types of rapes, while stranger rape is the most acknowledged type of rape. Apart from the type of rape experienced, another major determinant of adjustment is the nature of the rape experience. In order to examine this, the study requested the victims to describe the nature of their rape experience; Table 4 shows a variety of their experience.

Table 3: The nature of the rape experience of the victims

Nature of rape event	N	Percentage (%)
Single rapist, minimal physical assault, no use of weapon	7	30.44
Single rapist, severe physical assault, use of weapon	3	13.04
Gang rape, minimal physical assault, no use of weapon	5	21.74
Gang rape, severe physical assault, use of weapon	8	34.78
Total	23	100

Source: Survey 2013

The pattern of rape experience of the victim (from the table above) shows those that suffered violent rape are more than those whose physical assault was mild. The position of this research is that gang rape cannot be visited on a victim with 'minimal physical assault'. Therefore, unlike the position of some of the respondents (5, 21.74%) that perceived that they had a 'non-violent' gang rape, I will categorise them under violent rape. Consequently, a total of 16 (69.57) of the respondents were victims of violent rape. Upon further scrutiny, it was found that the victims that indicated that they had a non-violent gang rape made their choice of response based on their submission to the threat of the assaulters to accept being sexually assaulted, which made them to escape being beaten up.

Frazier and Burnett (1994) stated that the most common coping strategies for victims are difficult to assess because researchers define and measure "coping" differently across studies. As a result, in this research, "coping" is perceived as the ability of the victim to overcome the fears and thoughts of rape experience while they relate normally with the opposite sex normally. Therefore, the respondents were requested to narrate how they felt after the incidence to determine their individual response, their present state of mind concerning the event and their relationship with people of the opposite sex. Using this criteria, the study found that only 2 (8.70%) of the 23 respondents can be adjudged to have adjusted well. The other 21 respondents still have bitter memories of the event that are still hurtful and it affects the relationship they have with people of the opposite sex. The medical and psychology experts engaged to provide expert views on the study were requested to state the determinants of adjustment patterns of victims of sexual violence. One of the key informants of the study who is a psychologist and lecturer bore his mind on the determinants of adjustment patterns of rape victims:

...recovering from rape is dependent on a number of factors, some within the control of the individual, while other are out of their control. For instance, if the rapist is caught and punished, the recovery process is half done on that account. If people around a rape victim show enough sympathy and understanding, then her recovery



is assured. What has been done cannot be undone, but if the victim gets justice and social support, then it would assist the personality of the victim to adjust favourably...

Dr. A.A., Ijebu-Ode

Another key informant that is a medical doctor offers:

...if the rape experience is not too violent that have a lasting medical problem, or leading to pregnancy, then the recovery of the lady may be speedy. This is especially the case with ladies that are free with sex or active sex life with more than one sex partners, but for those with conservative or reserve sex life, they will experience more difficulties in adjusting...

Dr. B.A., Ibadan

Another counselling lecturer bears his mind on the external factors that determines the recovery speed of victims:

...our society is not very receptive to victims of infractions like rape, they look to blame the victim first before the perpetrator. This is one external factor that determines the adjustment of the victim. In any case, victims in other societies that do not have the kind of customs and beliefs that we have about such crime will be able to quicken adjustment process than that of the Nigerian society. If the external factors are positively strong enough, then the internal factors will work better to ensure the recovery of the victim. Another factors that fatally affects the recovery of victims is when she lose confidence in the system of the social support that is meant to help her get over the problem, thereby keeping the experience to herself.

Mr. C.D., Ijebu-Ode

There is no clear-cut medical factor that could aid recovery of rape victim. However, what is paramount is for the victim to be treated for all physical injuries and STDs that may have resulted from the experience. If the victim is declared medically rehabilitated, then I think the counselling and family support will take it up from there to ensure quick and total recovery. If any of these channels fails to play their roles properly, then the victim will have a prolonged adjustment. For example, if a married woman is assaulted, she will recover faster if her husband welcomes her back and show great understanding. If that doesn't happen, then she may remain traumatised, depressed and dejected for as long as she is isolated...

Dr. Muy., Ibadan.

The submissions of the key informants aligns with existing literature except for the claim by Dr. B.A. that victims that are sexually active with multiple sex partners prior to being raped adjust faster than those that are sexually reserved.

The after-rape adjustment patterns of the rest of the victims are similar to the stories told by those quoted above. It was evident that the victims through their responses are still exhibiting psychological reactions like anger, depression and anxiety based on their rape experience, even when they say otherwise. However, there are two victims that were able to adjust fully



from their rape experience. Closer examination of the two cases reveals that they were assaulted by their boyfriends (date rape) and the offenders have since sought for reconciliation from them. While one of them continued her relationship with the boyfriend that assaulted her after forgiveness, the other did not, but was able to continue with her normal life with her own boyfriend. In her words:

...I forgave him but didn't go back to date him because he is a violent person. I am not comfortable with him. I have moved on and have a man I love so much in my life. The thoughts of my experience with my ex- (boyfriend) do not affect me in any way...

Selena, Lagos

Studies identified factors such as past life experiences, developmental level, spiritual beliefs, social support systems, content and intensity of the event and genetic predisposition may all influence a victim's reaction to sexual assault (James and Gilliland, 2001; Regehr, Cadell, and Jansen, 1999 as cited in White Kress et al., 2003). Research conducted in the sociology of emotions offers a unique perspective on why some women cope with sexual victimization in seemingly adaptive ways while others do not.

Nature of Rape Experience and Post-Assault Adjustment Strategies of Victims

It is normal for individuals to engage in adjustment strategies after undergoing some form of stressful situations. As Holahan and Moos (1990) posited, adjustment or coping strategies seem to have greater significance for individuals in situations of high stress. Meyer and Taylor (1986: 1226) define coping behaviours as psychological and behavioural activities that a survivor may employ to "master, reduce, or recover from characteristic symptoms of emotional distress that may develop after rape." Moreover, Frazier and Burnett (1994) define coping as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141 as cited in Frazier & Burnett, 1994). The study moved to examine the coping measures adopted by the respondents of the study. They were requested to provide information on how they tried to respond to the rape incidence. Did they seek medical attention, counselling, social and family support, spiritual or religious assistance and so on?

The study found that only 8 (34.78%) of the 23 respondents sought for conscious coping strategies for their recovery from their rape experience. Of the eight that consciously sought help to cope with their stress, only one of them went voluntarily by herself without sustaining any physical injury. The rest of them had to seek medical attention because of the injury sustained and only one of them sought for psychological counselling. Recounting her experience that made her sought for medical attention, a victim of stranger rape that got assaulted in her own room at Ijagun, Ijebu-Ode volunteered:

...he became more aggressive and pushed me on the bed and penetrated me with force without condom. It was very painful and I bled. Immediately he noticed I was bleeding, he stood up and quickly head towards the door and left. I was left there all naked and helpless. I tried to crawl to the door where one of my hostel mates who just came home heading to open her door saw me. She screamed and called on neighbours who came to my aid. I was taken to the hospital where I was given proper treatment...

(Felicia, Ijebu-Ode)



All the eight respondents that sought for medical help also claimed that their family were intimidated of their rape experience. However, none of them opted to seek legal redress on the sexual assault. Another respondent, a victim of incest who was assaulted by her father told her stories of how she ended in the hospital:

The incidence took place July 2000 on a Saturday. It took place in Magodo, Lagos State. I lost my mother when I was five years old, so I was practically brought up by my father...all my father does is to go out, drink and gets drunk, and also womanised...One day, my stepmother travelled to Ondo State where her parents resided. She travelled on a Friday so I was left alone with my dad...While I was cooking, my dad came to me and was staring at me seductively with a wicked smile on his face. He asked me if I had a boyfriend, I said no, he said I should swear if I was still a virgin, I said yes but he did not believe me. He was just asking me foolish questions like; has anyone touched your breast before? Do you get horny? Have you kissed a guy before? All my answers were No. My father did not believe me. He said I should follow him that he will know if I was telling the truth or not. I still did not suspect anything, I thought he was trying to play the role of a mother, so I followed him to his room. He asked me to sit on the bed and pull off my dress. I felt reluctant; the next thing I heard was a heavy slap on my cheek. He left the room briskly and went to the sitting room to put on music. The music was so loud that you will think there was a party going on. By the time he left me, I was in the room crying and about to leave when he grabbed me, pushed me to the wall, tore my dress and pushed me to the bed. It was like I saw a devil himself. My dad grabbed my two breasts and started caressing them, he sucked them, I screamed aloud but who could hear me with such loud music. I hit him harder, struggle with him, but he was more powerful and it was as if he was enjoying the way I was fighting back. He laughed wickedly and pounced on me, by this time I was helpless on the bed. He fingered me first not minding the pains I was going through, then before I knew it, he put his manhood inside of me. I felt like passing out, he raped me without mercy. I wailed and wailed. I was bleeding profusely, that didn't stop him, he continued till he was satisfied. After the rape, he stood up and left. I was left alone in the house. I shouted for help, eventually my neighbours heard my voice and came to my rescue. When they came, they knocked on the door but it was locked, so they broke through because they knew that he often maltreated me in that house. They thought my dad was beating me, not knowing I was being raped by my own father. They ran to the room where I was wailing and saw me lying on the bed with blood all over me. I passed out immediately and they rushed me to the hospital. I stayed in the hospital for one full months, then I was taken to my Pastor's house where they took care of me and counsel me.

(Monalisa, Ijebu-Ode)

Monalisa is the only respondent of the study that underwent comprehensive medical and psychological therapy. In spite of that, she still shows symptoms of uncompleted recovery like having flashback and emotional depression. None of the respondents sought for religious or spiritual assistance and only two (8.70%) of them sought for friends advice on how to cope. The remaining 13 (56.52%) elected to keep the incidence to themselves and manage the situation on their own without informing their friends, family and significant others. All the 13 survivors that refused help submitted that they sustained little or no physical injuries from the incidence. In respect of why they chose to keep the incidence to themselves, their reasons centred on social



stigmatisation, distrust of others and lack of confidence in the justice system. On why she refused to disclose her experience or seek justice, of the respondents offered:

...of what use will it be? I will only be exposing myself to further ridicule. Even if my rapist is found guilty, I will still be a laughing stock among my friends and everywhere. I believe God will administer justice on my rapist without me facing further ridicule...

(Cynthia, Ijebu-Igbo)

Even though none of the respondents of the study admitted consulting a spiritualist or religious leader for help, majority of them (21, 91.30%) expressed belief that justice will be served by God, and their belief in God is fundamental to their ability to get over the incidences.

DISCUSSIONS

There are various psychological responses that manifest different behavioural patterns or coping strategies for each survivor of sexual assault. In addition, social factors such as victim social support network, severity of the assault, or a victim's relationship to the assailant may also have an impact on a victim's psychological functioning after a sexual assault (Littleton and Radecki Breilkopf, 2006; Wyatt, et al., 1990). There is a complex combination of individual characteristics and external factors that impact on how a woman will react to sexual victimisation. The findings of this study does not raise major objections against the position of the literature above, however, it was able to underline the variability of the degree of psychological and social factors that impacts on the victims of rape in the Nigerian environment. In spite of the high level of psychological effect that rape and sexual assault have on victims, the study found that the victims are not willing to seek for medical or psychological counselling. This is largely due to ignorance and fear of stigmatisation. The victims only feel the need to seek medical support when physical injuries results from the assault or when people around them are privy to the assault.

This study also agrees with the literature that posited that apart from the personality of the victims that has major role to play in their adjustment process, there are external factors such as victim social support network, severity of the assault, or a victim's relationship to the assailant that are capable of having much impact on a victim's psychological functioning after a sexual assault (Lee et al., 2005; Castello et al., 2006). Consequently, a complex combination of individual characteristics and external factors influence how a woman will react to sexual victimisation. The majority of the victims were found to have suffered from stranger rape which was violent in nature. This portends serious psychological consequences that needs adequate support programme. However, the fact that victims of rape in the country do not disclose their experience and seek for specialised support portends an ominous mental health situation. Wyatt and colleagues (1990:156) posit that supportive care from families and/or friends may "facilitate the victim's understanding of her sexual assault. If victims do not disclose their assault to anyone, support systems are prevented from helping survivors deal with the trauma."

The pattern of adjustment of individual victims to stressful situations like rape varies according to their behaviour. Burgess and Holmstrom (1979) argued that women who consciously use coping strategies recovered more quickly from sexual victimisation than victims who did not actively engage in coping strategies. The study found that victims of rape consciously seek for adjustment mechanisms when they suffer physical conditions that warrant medical attention. The non-disclosure posture that the victims often take is also as a result of the high sense of guilt that they feel which makes them think they will be unable to gain the sympathy of the public. Frazier and Burnett (1994) stated that self-blaming cognitions appear more difficult to resolve, thus leading victims to rely on suppression or other avoidance strategies. Also, the researchers posited that victims experiencing less severe forms of physical force during the assault used more avoidance coping than those victims that did not experience any force at all.



These researchers concluded that even mild forms of physical violence overwhelmed victims' coping resources and led victims to engage in more avoidance strategies.

Though the findings of this study raises objection to existing literature that posits that date or acquaintance rape is more prevalent than stranger rape (Lee et al., 2005; McGregor, 2005; Littleton et al., 2006), this outcome of the research cannot be assertive as victims of date rape do not often label their sexual assault as "rape" but use more benign labels (e.g. just as misunderstanding or miscommunication) to describe the experience (Layman, Gidycz and Lynn, 1996; McGregor, 2005). This might explain the reason that most victims of stranger rape perceives themselves more as victims of sexual assault than those that are victims of date rape (Littleton, 2006). Layman et al., (1996) concluded that acknowledged rape victims were more likely to classify their assaults as being more forceful in that these victims resisted more and made refusal of sexual advances clear to the perpetrator. Acknowledged rape victims were also more likely to press charges against the assailant and had higher levels of post-traumatic stress disorder and stress related to the rape. In fact, a large percentage of unacknowledged rape victims continued to have sex with the perpetrator, which supports the notion that not defining the sexual assault as rape may lead to future victimisation (Layman et al., 1996).

From the foregoing, it can be argued that the victimology of rape in Nigeria needs to be given more research attention as there are peculiarities with the experience of victims of sexual assault in Nigeria that needs to be explored and understood. The development of empirical studies in rape victimology in Nigeria will bring about the understanding of rape myth in the country and facilitate a review of the law on rape to pay more attention to victims' welfare. The need to understand and address the prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists in the country has been underlined in this study. These are factors that drive stigmatisation of rape victims in the country and act as important barriers for the reporting of rape victimisation.

Conclusion and Recommendations

Sexual victimisation is a pervasive social problem with devastating effects for victims and the Nigerian society in general. As against other crimes, victims of rape and sexual assault in Nigeria, are often re-victimised and are forced to endure societal reactions that often place blame for the crime on the victim. Studies have been able to establish that a victim's psychological functioning following the assault may be intensified by societal reactions to her disclosure of rape. This is what is largely responsible for the failure of the victims to disclose their predicament and seek for medical and psychological support. This makes the effect of rape on victims in the country to be more grave as scholars have stated that the non-disclosure of sexual violence by victims often bring about serious psychological and mental consequences. In respect of adjustment patterns, this study concludes that there can be no individual prediction on how victims will respond to sexual victimisation as multiple internal and external factors influence the victim's response. Although many victims report distinctive psychological post-rape responses, these specific post-rape reactions vary in frequency and duration from victim to victim. Also, though the study showed that some coping strategies are more adaptive than others, all responses are justified in the mind of that particular victim.

As the country's legislators continue to deliberate on the new rape law, it is essential for the lawmakers to make provision for free counselling of rape victims and confidential health care. Free reproductive health services are required for victims where pregnancy is involved. These are medical and psychology therapies that are necessary to aid the recovery process of the victims. In order to do this effectively, measures should be taken to address the stereotypes extended towards victims of sexual violence in the Nigerian society and the criminal justice system of the country. Research suggests that societal belief in rape myths perpetuates female



sexual victimisation. As a result, it is imperative for state and local prosecutors to be aware of rape myths and how juries may be influenced by these myths.

Apart from the legal reform, there is need for the government and nongovernment organisations to carry out intense public education on sexual violence. A systemic approach to improving knowledge and altering attitudes regarding sexual offenses is needed. The educational campaign should focus on the initial and possible lasting effects that rape and other forms of sexual violence can have on a woman's psychological adjustment to the experience. In addition, education needs to focus on a woman's right to consent regardless of her behaviour and the overall eradication of stereotypical beliefs regarding sexual victimisation, victims, and perpetrators. This should facilitate empathy and reduce the rate of secondary victimisation that survivors of rape suffer in the country. It will also enable the victims to overcome the barriers of rape reporting and ultimately limit the spread of the crime or the use of jungle justice by vindictive victims. This is a major problem that the entire stakeholders in public health and criminology needs to address as the negative impact of sexual violence in the country are very grave.

Empirical studies have laid the importance on the need to identify and assess the severity of reactions to sexual victimisation as this process can ultimately help in determining an intervention path toward recovery for victims. Therefore, it is not advisable for care givers, counsellors and medical consultants to treat all the cases of victims equally. The use of foreign related medical and counselling therapy for Nigerian clients in rape cases will be ineffectual considering the different social conditions that Nigerian victims undergo as well as individual variability.

Finally, this study have been able to describe rape victims' post-assault experiences and adjustment patterns in the Nigerian environment, exposing the medical, psychological, emotional and social consequences of their sexual victimisation. However, there is indeed a dearth of literature on the victimisation of rape in the country as most of the materials on victims' post-rape experience are journalistic, hence lacking empirical details. This lacuna needs to be addressed as the rate of sexual victimisation, especially as it concerns the minors, has been on the increase in the country. I am suggesting that more empirical research should be channelled towards investigating and describing social perception of rape, barriers to rape reporting, rape myth acceptance and other salient issues that will contribute to the body of knowledge on sexual victimisation, victims, and perpetrators. If criminologists in the country accede to this suggestion, the use of victims' survey will effectively bridge the gap between the dark figures and official statistics.

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