

PREVENTION OF SEXUAL ASSAULT IN NIGERIA

U.O. Eze

Department of Pathology, University College Hospital, Ibadan, Nigeria

*Correspondence***Dr. Uwom O. Eze**

Consultant in Pathology & Forensic Medicine

Department of Pathology

University College Hospital

Queen Elizabeth Road

P.M.B 5116, Ibadan, Nigeria

Email: uwomeze@gmail.com

ABSTRACT

Sexual assault occurs commonly worldwide and is particularly pervasive in the developing world. The background to sexual violence is important in the understanding of the ramifications of the problem. Some elements that offer the means to the prevention of sexual assault in the community are important highlights especially where the means - expertise and facilities - for managing cases of sexual assault is grossly inadequate. These concepts, though are applicable universally, are however discussed in the context of the developing world and with particular emphasis on the Nigerian situation. Their applicability in sexual assault prevention is derived from previous studies in different parts of the world that highlight the viability of these interventions. Therefore if one posits that sexual assault can be prevented, certain responsibilities are imperative; some challenges must be anticipated; and special needs/circumstances should be catered for.

Keywords: Sexual Assault, Prevention, Nigeria**BACKGROUND**

Sexual violence is a common phenomenon and occurs worldwide. Data available suggests that in some countries one in five women report sexual violence by an intimate partner and up to a third of girls report forced sexual initiation.¹ Sexual assault encompasses a range of acts, including coerced sex in marriage and dating relationships, rape by strangers, organized rape in war, sexual harassment (including demands of sex for jobs or school grades), and rape of children, trafficking of women and girls, female genital mutilation, and forced exposure to pornography.

It is important to understand the ramifications of sexual assault, as not only a physical act, but also could be verbal or visual sexual abuse or any act that forces a person to join in unwanted sexual contact or attention² Sexual assault is also not discriminatory to sex; both males and females are affected but studies have shown that the number of female sexual assault victims (and assault perpetrated by males) is far greater than male victims³. Studies have also documented female offenders of sexual assault whose victims may be of male or female gender including children, adolescents and adults; the motivation for the female offender being the same as that of their male counterparts: power and control.⁴ It could be that "disbelief" attitude by the society and even of health professionals to the occurrence of male sexual assault and the unlikelihood

of the male victims themselves to disclose sexual abuse make the subject and research into male sexual assault to lag behind that of the female.⁵

It can be inferred that sexual assault, like other medical, social or legal anomalies could be amenable to preventive measures. I have therefore highlighted in the subsequent paragraphs that follow, some elements that could offer the means to prevention of sexual assault in the community. These concepts, though are applicable universally, are however discussed in the context of the developing world and with particular emphasis on the Nigerian situation. Their applicability in sexual assault prevention is derived from previous studies in different parts of the world that highlight the viability of these interventions. Therefore if one posits that sexual assault can be prevented, certain responsibilities are imperative; some challenges must be anticipated; and special needs/circumstances should be catered for. All these will be addressed in a limited scope subsequently.

Public Enlightenment

Public enlightenment has been shown to be a critical tool in changing behaviour, attitude, beliefs and value system of people.⁶ Therefore there should be intense public enlightenment and education at schools, social clubs, cultural group gatherings, churches, mosques and

through the media, to first of all, demystify the myths about sexual assault. These myths inform the way many people think about sexual assault, and because they are in the background unconsciously influencing people's thoughts, the false assumptions may be seen as being true. For example, when we read in the newspaper that a young girl has been raped, perhaps near a nightclub, we often instinctively search for a cause other than the real one (that she was raped because a man with the power to do so decided to rape her). Perhaps we proffer the reason for the rape as tied to the place she was raped, or the time of the day, or the clothes she was wearing, or the fact that she was alone. This way of thinking deflects blame from where it rightly belongs with the perpetrator of the crime. Details of these myths are the subject of a well researched publication.^{7, 8} It is this kind of community disposition and ignorance that detracts from tackling the real cause of sexual assault, without which preventive efforts will be futile.

To champion the public enlightenment crusade, the Civil Society Organizations (CSOs) and the media occupy a major role in this respect. Recently in Nigeria, the president of *African Civil Society against Rape*, a Civil Society Organization, called upon Nigerians during a media parley, to join forces with the CSOs in order to heighten public enlightenment in the fight against rape and sexual violence in the country.⁹ The role of the CSOs would include sponsoring relevant bills at the national assembly that would toughen current legislature on sexual violence. This may include making rape, a capital offence with protracted prison terms as advocated by the *African Civil Society against Rape in Nigeria*. The whole idea is to make the prospect of sexual assault to a would-be perpetrator, as unattractive as possible. The myriads of physical and psychosocial impediments on the victims/survivors of sexual assault in particular and the society in general, would justify any tough legislative measures to curb this monstrous abuse on the integrity of individuals and by extension the entire society.¹⁰

It is important the advocacy community in its attempt to provide victim safety and offender accountability, and more importantly in prevention of sexual assault, should not isolate itself from other relevant stakeholders but rather take into account the criminal justice and treatment efforts to also address sexual offending behaviour.¹¹ Furthermore a coalition of organizations, including women's groups, religious bodies, businesses, and trade unions that are speaking out against all forms of sexual violence in a manner reminiscent of the "Take a Stand" movement in South Africa which commemorated an *International Day Against Violence Against Women*, could be replicated in

every community with active support of the news media¹². These enlightenment programmes paid off for the intended goals in the affected community in the past, and optimism in this important tool for public change cannot be misplaced if applied persistently in sexual assault prevention.

Education

The Universal Basic Education (UBE) recently introduced by the Federal Government of Nigeria through an enabling federal law was meant to make education compulsory and free for all children up to the junior secondary school level.¹³ It has been shown that education of children, especially the girl child, goes a long way in boosting the socio-economic and socio-cultural status of women in the society.¹⁴ This in the run long will inherently empower women who are often disadvantaged by the undue attention paid to the education of male children over their female counterparts especially in the developing world. This imbalance, coupled with poverty and ignorance, has led to persistent practice in certain parts of Nigeria where children and teenagers, instead of being in the classroom, are used for street hawking of petty wares by their parents or "care givers", thus making them vulnerable to sexual exploitation and abuse. Child and women trafficking with the attendant risk of sexual assault and exploitation would be greatly curtailed if equal opportunity and free formal education is provided for all children.^{15, 16}

The UBE as introduced in Nigeria with the enabling law, has the potential to take children off the street and at least obviate the poverty reason, usually responsible for non-enrolment in school and may also mitigate other religious and cultural reasons adduced for not sending, especially, the girl-child to school. The law has mandated that all Nigerian children must be enrolled in schools and failure to do so, parents or guardians would be prosecuted. Sexual assault prevention requires a solid foundation and one of the pillars would be addressing the gross inequality against the girl child in the educational system.¹⁷

Institutional Framework

Prevention of sexual assault will remain a mirage until society puts in place institutional framework to deal comprehensively with actual cases of sexual assault. This approach involves functional, skilled, and synchronized services and also includes the criminal justice system, the police, social services, and sexual assault services. Encouraging victims/survivors of sexual assault to break their silence by making freely available such services, which should be community based, and the successful prosecution of perpetrators,

will serve as a deterrent and hopefully prevent the next person from falling victim.

Scott and colleagues, in their work, acknowledged the potency of these synchronized activities thus: *“through speaking out, sexual assault victims risked breaking the silence around sexual assault and in this way gained a voice. Due to the strength and courage of these women, we are witnessing the establishment of services nationwide which support sexual assault victims, increasing understanding of the crime of sexual assault and, perhaps, the beginning of a change in society’s attitude.”*¹⁸

Emphasis on Primary Prevention

This modality stems from the summary of findings of progress and challenges in creating safe and healthy environment for Victorian women in a study of community attitudes to violence against women.¹⁹ The document highlights different strategic levels that apply in the prevention of violence against women. Adapting these provisions specifically for sexual assault and emphasizing on primary prevention (i.e. preventing sexual assault before it occurs), which should be the ultimate goal of any sexual assault prevention programme, may entail the following levels, either alone or in combination depending on the affected population:

- **Primary Prevention**

These strategies seek to prevent sexual assault before it occurs by changing environments so that they are safer for women (a simple measure like well lit walk ways could make a lot of difference, even though there are more factors to sexual assault than just dark places), building the skills and knowledge of individuals or changing behaviour. Primary prevention addresses its underlying causes (such as gender inequality and poverty), and are effective prevention strategies.¹⁹⁻²¹

- **Early Intervention**

Early intervention is targeted to individuals and groups who exhibit early signs of violent behaviour or being subject to violence. These strategies aim to change behaviours or increase the skills of individuals and groups. This in my opinion may involve, for example, some reorientation, especially for “boys” that what is rather “cool”, a contemporary word for what is acceptable, especially among the youth, is having respect for the opposite or same sex, obtaining appropriate consent for sex, and accepting “NO” as meaning “NO”.

- **Intervention**

These strategies are implemented after violence has occurred and aim to deal with the violence, prevent its consequences and ensure that violence does not occur again or escalate.¹⁹⁻²¹

A comprehensive protocol thus could be developed for the overall management of sexual assault and this would outline primary, secondary and tertiary levels of prevention that commences from a universal personal education and assistance for new parents to help ensure a positive relationship with the child and with access to continuing assistance where needed into the preschool years; and a formal link to the education service on entering school to a tertiary level of prevention predicated on a community-based, court ordered specific treatment programmes with specialists trained in this field to assist offenders to take responsibility for and control their behaviour. Data from the US that evaluated the effect of this kind of comprehensive approach suggests a true decline in the incidence of child sexual abuse over the last decade, and is evidence that, in part at least, child sexual abuse may be preventable.²²

As parents help to prevent sexual abuse of minors through open discussions of normal sexual development with their children, the paediatrician or other specialist children workers are in an ideal position to both aid parents in these discussions and to incorporate sexual development and abuse prevention into routine anticipatory guidance.²³

Some workers have also focused on perpetrator prevention, i.e. stopping the development of sexually abusive behaviour. This entails incorporation of perpetrator prevention into an ecological approach to the prevention of sexual assault and involves the exploration of three of the risk factors linked with sexually abusive behaviour: gender inequality, the negative effects on children and young men of media exposure to sexual violence, and the increased risk of sexually abusive behaviour by males with a history of childhood sexual abuse.^{24, 25}

Pre-assault Self-Defence/Assertiveness Training

In some parts of the world women’s self-defence courses, usually organized by institutional Sexual Assault Prevention and Response (SAPR) programme do in fact exist.²⁶

This is a rather bold attempt to correct the traditional role ideology especially in the more prevalent sexual assault against women, where a societal expectation about sexual assault exists that men will be aggressive and women will be passive. However it is equally important to avoid any negative effects of self blame in the unfortunate event of a sexual assault despite possessing self defence skills. To this end therefore such defence courses should also emphasize that responsibility for assault always lies with the offenders and that women or victims are not responsible for

defending themselves from an attack²⁷. Historically, women have been judged to have been raped or assaulted only if they mounted a “forceful resistance”, the assumption being that if a woman did not resist with all her strength that the sex must have been consensual.²⁸ Notwithstanding all the potential pitfalls of this approach to sexual assault prevention, the positive angle may be that such programmes encourage women to feel more physically powerful and able to disarm rapists. This approach however reflects the early stage of awareness about sexual abuse and is primarily a strategy to encourage women’s safety in public not in private where most sexual violence occurs usually perpetrated by someone known to the victim. As already highlighted, it is a confrontational approach with inherent merits and demerits.²⁹

Recognizing Vulnerable Groups

Sexual abuse of people with mental retardation is widespread with one study finding up to 80% of women with mild mental retardation having experienced sexual abuse, at least once.³⁰ It has also been suggested that deficits in judgment and social skills may result in an increased vulnerability to sexual abuse in this group of people. Additional factors may include deficits in communication, an inability to seek help or report abuse, lack of knowledge on how to defend against abuse, and lack of education regarding appropriate sexual behaviour. Often they are dependent on others in scenarios where compliance is typically encouraged and reinforced such as in institutions which unfortunately might generalize to sexually abusive requests.³¹

Every responsible society must pay special attention to the very vulnerable. Studies have shown that behavioural skills training programme resulted in the acquisition of sexual abuse prevention skills in these individuals^{31,32}. Eastgate, in her study on this subject, concluded that women (and men) with intellectual disabilities need education to assist them to resist sexual abuse. In addition they may also need advocacy to ensure their environment (e.g. living situation, level of support) protects them from abuse as much as possible³³. Such training programmes could be replicated in various communities taking into consideration their peculiar demographic and socio-cultural factors. I have no doubt that such specialized efforts will yield much dividend in the prevention of sexual assaults among the very vulnerable groups. It cannot be overemphasized that children with mental retardation need special protection from their parents/guardians/caregivers and the society at large.³⁴

Young adolescents also constitute another vulnerable group deserving special attention.³⁵ The high rates of

sexual assault experienced by young people suggest there is an urgent need for preventive initiatives, which target young people population to be developed and to focus on adolescents using schools as prime sites of disseminating such prevention initiatives, with an increased emphasis on negotiating ethical and consensual relationships.³⁶

Confronting the Challenges

Sexual assault is preventable but it requires more than just a causal effort because of the complexity of its nature as alluded to in the foregoing discussion. It is important the developed societies maintain alertness and consolidate on preventive measures in place whilst the developing world could learn from the successes and failures of preventive measures that have been implemented in certain places. A global collaboration is a critical requirement so as to create a hostile environment for sexual assault perpetrators in all climes. To this end, a purpose driven framework developed in Australia is worth considering in confronting the challenges of sexual assault prevention³⁷. This framework is amenable to modification in order to fit into peculiar social, cultural, and religious contexts that exist in different places. The principles reflect the magnitude of the challenge in issues of sexual assault prevention, and also highlight the level of commitment and leadership required thus:

1. Responsibility for the eradication of sexual assault rests with the whole community.
2. Prevention begins with addressing the cultural values and norms that support and tolerate sexual assault. This is a long-term undertaking requiring sustained leadership and effort.
3. Any ongoing development of an evidence based modality should be anchored in the context of each environment as this is fundamental to sexual assault prevention.
4. No single agency of government can address sexual assault prevention alone. Portfolios across all levels of government, including education, health, justice, and crime prevention, as well as the non-government sector and community stakeholders, each have a significant contribution to make.
5. The generation and dissemination of research, practice and policy information to all stakeholders is central to sexual assault prevention.

Challenges that will be encountered in addressing the issue of sexual assault only reflect the complexity of the behaviours to be addressed in eliminating sexual violence. Although sexual violence is primarily instigated by males, it is the whole community that allows for the acceptance, maintenance, and reinforcement of such behaviour.^{38,39} Therefore the target is not only individual

behavioural change, but also a community-level shift in the values and norms (such as bride price and other cultural practices that tend to portray women as objects for possession) that support sexual assault, hence the inherent challenges/difficulties that are inevitable in this task.

CONCLUSION

It is my belief that sexual assault can be prevented but apparently there is urgent need for a paradigm shift from the radical feminists' movement of the 1970s to expanded prevention efforts which recognize differences based on culture, sexuality, ability and age and gender.³⁷ It also involves recognizing that although some men (and relatively few women) are clearly part of "the problem" and others are clearly already part of the solution, a great number of men and women fall somewhere in the middle. This bulk of people in the middle, especially the male gender, may be well-meaning men who are looking for opportunities and direction about what steps they can take in preventing sexual assault. It is therefore time for an all inclusive fight against sexual assault; a fight which should be devoid of sexist bias for greater efficacy; and a fight which indeed is attainable.³⁹⁻⁴²

It may be appropriate at this juncture to surmise with a few lines from Dr Moira Carmody of the University of Western Sydney during her key note address on *New Approaches to Sexual Assault Prevention*. In my opinion the following statement encapsulates the point being made for sexual assault prevention: "*It may be timely that we capitalize on discussions of war and many people's resistance to this to widen the conversation to consider all forms of violence... However if we continue to essentialise masculinity and femininity and avoid the complexity of sexual relations and sexual violence, we leave little hope for primary prevention becoming a reality instead of a dream*".²⁹

REFERENCES

1. **Olle L.** Medical Responses to Adults who have experienced Sexual Assault. Royal Australian and New Zealand College of Obstetrics and Gynecology; 2004
2. Sexual Assault. A publication of National Women's Health Information Center of the U.S. Department of Health and Human Services, Office on Women's Health and accessed via <http://forwoman.gov/faq/sexualassault.htm>
3. **Isely PJ,** Gehrenbeck-Shim D. Sexual assault of men in the community. *J Comm. Psych.* 1997; 25 (2): 159-166.
4. **Holmes WC,** Slap GB. Sexual abuse of boys. Definition, prevalence, correlate, sequelae, and management. *JAMA.* 1998; 280 (21): 1855-62.
5. **Bell K.** Female offenders of sexual assault. *J Emerg Nurs.* 1999; 25: 241-243.17(1): 69-8
6. **Nwosu IE.** Mobilizing people's support for development: an analysis of public enlightenment campaigns in Africa. *Africa Media Review.* 1986; 1 (1): 48-65.
7. **MacDonald H.** Sexual Assault: A resource book for students. Melbourne. Vanderstadt Printers. 1993.
8. **Ojo M.** Olufemi D: Assessment of the Acceptance of Rape Myths among Nigerian University Students: Crawford University in Nigeria under Survey. *PSBR* 2013, 1(4): 98-104.
9. Nigerians urged to fight against rape. *New Nigerian Newspaper;* June 2nd, 2008. Accessed via www.newnigeriannews.com/health_medicine.htm
10. **Leserman J.** Sexual abuse history: prevalence, health effects, mediators, and psychological treatment. *Psychosom Med.* 2005; 67: 906-915.
11. **D'Amora DA,** Burns-Smith G. Partnering in response to sexual violence: How offender treatment and victim advocacy can work together in response to sexual violence. *Sexual Abuse.* 1999; 11 (4): 293-304
12. **Ramsay S.** Breaking the silence surrounding rape. *The Lancet.* 1999; 354: 2018.
13. **Aluede ROA.** Universal Basic Education in Nigeria: matters arising. *J Hum. Ecol.* 2006; 20 (2): 97-101.
14. Girls' and Women's Education initiative. World Education publication accessed via http://www.worlded.org/WEIInternet/projects/ListProjects.cfm?Select=Topic&ID=16&ShowProjects=No&gclid=CKPV45fM_JUCFRs-awodWHOpFQ
15. Trafficking in women and children. UNICEF Gender fact sheet No. 2. Accessed via www.unifem-eseasia.org/resources/factsheets/UNIFEMSheet2.pdf
16. Child trafficking. UNICEF Nigeria. Accessed via http://www.unicef.org/nigeria/children_1939.html
17. Girls' Education in Nigeria. UNICEF. Accessed via www.bellevuecollege.edu/liberalarts/sir/images/Nigeriafinal.pdf
18. **Scott D,** Walker L, Gilmore K. Breaking the Silence: A guide to supporting Adult Victim/Survivors of Sexual Assault. 2nd Ed. Melbourne. CASA House; 1995.
19. Two Steps forward, one step back. Community attitudes to violence against women: progress and challenges in creating safe and healthy environments for Victorian women. A publication of the Victorian Health Promotion Foundation; 2006.

20. Shifting the paradigm: primary prevention of sexual violence. Toolkit of the America College Health Association and accessed on 4th May 2009 via www.acha.org/sexualviolence/docs/ACHA_PSV_toolkit.pdf
21. **Wolfe DA**, Jaffe PG. Prevention of domestic violence and sexual assault. National Online Resource Center on Violence against women. 2003. www.vawnet.org
22. **Lo MK**. The Medical Management of Sexual Assault. 6th Ed. Auckland. DSAC; 2006.
23. Sapp MV, Vandeven AM. Update on childhood sexual abuse. *Curr Opin Pediatr*. 2005; 17(2): 258-264.
24. **Swift CF (ed.)**, Sexual assault and abuse: Socio-cultural context of prevention (1st Ed.) Haworth Press, 1995.
25. American Psychological Association (APA) resolution on violence in video games and interactive media 2005. Accessed on 2nd June 2008 via www.youngmedia.org.au/pdf/APA_games.pdf
26. Women's self defense course at USAG Brussels and accessed on 2nd June 2008 via www.brussels.army.mil/SARP/sarpr.htm
27. **Breclin LR**, Ullman SE. Self-defense or assertiveness training and women's responses to sexual attacks. *J Interpers Violence*. 2005; 20: 738-762.
28. **Clay-Warner J**. Avoiding rape: the effects of protective actions and situational factors on rape outcome. *Violence and Victims*. 2002; 17 (6): 691-705.
29. **Carmody M**. New Approaches to sexual assault prevention. 2003. Keynote address delivered at the Practice and prevention: contemporary issues in Adult Sexual Assault in NSW conference 12-14th Feb. 2003.
30. **Lumley VA**, Miltenberger RG, Long ES *et al*. Evaluation of a sexual abuse prevention program for adults with mental retardation. *J Appl Behav Anal*. 1998; 31(1):91-101.
31. **Aylott J**. Preventing rape and sexual assault of people with learning disabilities. *Br J Nurs*. 1999; 8 (13): 871-876.
32. **Miltenberger RG**, Roberts JA, Ellingson S, *et al*. Training and generalization of sexual abuse prevention skills for women with mental retardation. *J Appl Behav Anal*. 1999; 32(3):385-388.
33. **Eastgate G**. Sex, consent and intellectual disability. *Aust Fam Physician*. 2005; 34 (3): 163-166
34. **Tharinger D**, Horton CB, Millea S. Sexual abuse and exploitation of children and adults with mental retardation and other handicaps. *Child Abuse Negl*. 1990; 14(3):301-312
35. **Saewyc EM**, Pettingell S, Magee LL. The prevalence of sexual abuse among adolescents in school. *J Sch Nurs*. 2003; 19(5):266-72.
36. **Keel M**. Prevention of sexual assault: working with adolescents within the education system. *ACSSA Newsletter*. 2005; 8:16-25.
37. National framework for sexual assault prevention. A report prepared for the Australian government's office of the status of women by Ubris Keys Young and accessed on 2nd June 2008 via www.ofw.facs.gov.au/downloads/pdfs/d_v/sexual_assault_prevention.pdf
38. **Xenos S**, Smith D. Perception of rape and sexual assault among Australian adolescents and young adult. *J Interpers Violence*. 2001; 16: 1103-1119
39. **Campbell R**, Wasco SM. Understanding rape and sexual assault: 20 years of progress and future directions. *J Interpers Violence*. 2005; 20: 127-131.
40. **Gerber GL**, Cherneski L. Sexual aggression toward women: reducing the prevalence. *Ann. N. Y. Acad. Sci*. 2006; 1087: 35-46.
41. **Crooks CV**, Goodall GR, Hughes R, *et al*. Engaging men and boys in preventing violence against women: applying a cognitive-behavioral model. *Violence against Women*. 2007; 13: 217-239.
42. **Yeater EA**, O'Donohue W. Sexual assault preventive programs: current issues, future directions, and the potential efficacy of interventions with women. *Clin. Psych. Rev*. 1999; 19 (7): 739-771.