Original Research Article

The incidence, pattern and management of sexual assault in a tertiary hospital in North-western Nigeria

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INTRODUCTION

The term “sexual assault”, “sexual abuse” and “sexual violence” are generally used synonymously.1 According to the World Health Organization (WHO), sexual violence is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home or work”.2 It is a violation of basic human rights, gender-based issue and a violent crime against the individual and the society.1,3

Sexual assault is a severely traumatic experience that disproportionately affects women and girls.4 It is a pandemic crime that is characteristically under-reported worldwide. This is because of the enduring culture or male dominance, female social and economic disempowerment, poor or non-prosecution of sex offenders, arduous legal requirement needed to prove the cases and the associated stigma.4
According to WHO, one in every five women is a victim of sexual assault and globally, 35% of women experience either physical and/or sexual intimate partner violence or non-partner sexual violence. In Nigeria, the prevalence of rape from facility-based studies vary from 2.1% in Oshogbo to 5.6% in Jos of all gynecological consultations. A prevalence of 51.3% of sexual assaults was reported among female students in a tertiary institution in Maiduguri, Nigeria, while 3.0% of sexual violence was reported among women and children in Birnin Kudu by Ashimi AO et al. In Ile-Ife, sexual assault accounted for 0.69% of all female emergency admissions.

Sexual assault include genital, oral or anal penetration by a part of the accused’s body or by an object. This may include rape, forced vaginal, anal or oral penetration, forced sexual intercourse, inappropriate touching, forced kissing, child sexual abuse or torture of the victim in a sexual manner. Although peno-vaginal penetration or attempted penetration is the commonest form of sexual assault, penile penetration or attempted penetration of the anus or mouth without consent is increasingly being reported.

The assailant usually ranges from a person close to the victim like a relative, neighbour, friend, school mate, teacher, caregiver, husband or guardian to a stranger. It has been found that women are more likely to be raped by someone they know than by someone they do not know.

Most of the sexual assaults occur in the residence of the victim, the assailant or another individual’s residence; other prevalent locations are street, commercial building, and inside a school building or property.

Sexual assault is a crime of violence that puts the victim at risk of physical injury, psychological disturbance, emotional disturbance, pregnancy and sexually transmitted diseases including human immunodeficiency virus (HIV) infection. Somatic symptoms are common during the acute phases of the rape-trauma syndrome. These include musculoskeletal soreness, fatigue, tension headache, sleeping and eating disorders, intense startle reaction, vaginal irritation and bleeding. Although the trauma of the assault heals with time, it leaves long term psychological and medical problems behind. The psychological sequelae of sexual assault can be profound; approximately 50% of victims experience depression.

The standard of clinical management of sexual violence involves documentation and treatment of injury, getting forensic materials, detecting prior pregnancy, screening for sexually transmitted infections including Human Immunodeficiency virus (HIV) and provision of adequate contraception, post-exposure prophylaxis (PEP) and supporting psychological counseling.

As in most other developing countries, sexual assaults go mostly unreported in the subregion. Hence, the need for this audit. The objectives of the study therefore, are to determine the incidence, pattern of presentation and management of sexual assaults in Usmanu Danfodiyo University Teaching Hospital, Sokoto, North-West Nigeria.

METHODS

The study was conducted at the Usmanu Danfodiyo Teaching Hospital, Sokoto, North-west Nigeria. Usmanu Danfodiyo University Teaching Hospital is a tertiary hospital that renders preventive, promotive and curative services. It serves as a referral centre for Sokoto, Zamfara and Kebbi states as well as part of Niger Republic. It was a facility based descriptive retrospective study. All cases of sexual assault that presented to the hospital from January, 1st 2007 to December, 31st 2016 were reviewed. The numbers of the folders of cases of sexual assaults were obtained from the Health Records department of the hospital and the folders were subsequently retrieved manually. Relevant data was extracted from the folders using a designed proforma and analysed using the SPSS for windows version 20.0. Results are presented in percentages.

Inclusion criteria

All cases of sexual assault that presented to the study area within the review period were included.

Exclusion criteria

All other causes of assault were excluded from the study.

RESULTS

A total of 14,904 patients were seen in the Gynecological out-patient and emergency clinics over the review period with 119 of them being cases of sexual assault. This gave an incidence of 0.8%. Of the 119 cases 103 case-folders were retrieved for analysis giving a retrieval rate of 86.6%.

Socio-demographic characteristics of the victims

The mean age of the victims was 11.6±7.95 years while the age range was 2-37 years. The most commonly assaulted age group was age <10 years involving 47 (45.6%). All the victims were female and 92 (89.3%) of them were single. Most of the victims, 70 (68.0%), were of Hausa/Fulani ethnicity and 72 (69.9%) of the victims were Muslims. Primary school pupils were the most commonly assaulted victims 35(34.0%) (Table 1).

Profile of assailants

All the assailants were male and majority of them were known to the victims ranging from neighbours 46
(44.7%), friends 10 (9.7%), acquaintances 10 (9.7%) and family members 8 (7.8%). Only one assailant was involved in 89 (86.4%) of the cases. Only 41 (39.8%) assailants were arrested.

Table 1: Socio-demographic characteristics of the victims.

| Characteristic          | Frequency | Percentage |
|-------------------------|-----------|------------|
| Age                     |           |            |
| < 10                    | 47        | 45.6       |
| 10 – 19                 | 41        | 39.8       |
| 20 – 29                 | 9         | 8.8        |
| ≥30                     | 6         | 5.8        |
| Sex                     |           |            |
| Female                  | 103       | 100        |
| Male                    | 0         | 0          |
| Educational status      |           |            |
| Pre-school              | 15        | 14.6       |
| No formal education     | 29        | 28.1       |
| Primary                 | 35        | 34.0       |
| Secondary               | 15        | 14.6       |
| Tertiary                | 9         | 8.7        |
| Occupation              |           |            |
| Under care              | 27        | 26.2       |
| Primary school pupil    | 32        | 31.1       |
| Secondary school student| 17        | 16.5       |
| Tertiary student        | 6         | 5.8        |
| NYSC member             | 1         | 1.0        |
| Not indicated           | 20        | 19.4       |
| Marital status          |           |            |
| Single                  | 92        | 89.3       |
| Married                 | 8         | 7.8        |
| Divorced                | 3         | 2.9        |
| Tribe                   |           |            |
| Hausa/Fulani            | 70        | 68.0       |
| Igbo                    | 12        | 11.6       |
| Yoruba                  | 8         | 7.8        |
| Others                  | 13        | 12.6       |
| Religion                |           |            |
| Islam                   | 72        | 69.9       |
| Christianity            | 31        | 20.1       |

Only 20 (19.4%) and 15 (14.5%) of the assailants were screened for HIV and hepatitis B virus respectively. Two of the assailants were reactive to hepatitis B virus while all were non-reactive to HIV (Table 2).

Pattern of assaults

The most common location of sexual assault was in the assailants’ house in 48 (46.6%) of the cases.

The victims were subdued by use of force in 38 (36.9%) of the cases. Weapons were used in 18 (17.5%) of the cases and the most commonly used weapon was knife/cutlass. Peno-vaginal intercourse was the most common assault reported in 65 (63.1%) cases (Table 3).

Table 2: Profile of assailants.

| Profile                  | Frequency | Percentage |
|--------------------------|-----------|------------|
| Identity                 |           |            |
| Neighbour                | 46        | 44.7       |
| Stranger                 | 24        | 23.3       |
| Friend                   | 10        | 9.7        |
| Acquaintance             | 10        | 9.7        |
| Family member/Relation   | 8         | 7.8        |
| Armed robber             | 3         | 2.9        |
| Not documented           | 2         | 1.9        |
| Age of assailant(s)      |           |            |
| <15                      | 5         | 4.9        |
| 15 – 24                  | 10        | 9.7        |
| 25 – 34                  | 13        | 12.6       |
| ≥35                      | 4         | 3.9        |
| Not documented/unknown   | 71        | 68.9       |
| Sex                      |           |            |
| Male                     | 103       | 100        |
| Female                   | 0         | 0          |
| Occupation               |           |            |
| Commercial driver        | 2         | 1.9        |
| Motor cyclist (Okada)    | 4         | 3.9        |
| Trader                   | 8         | 7.8        |
| Farmer                   | 6         | 5.8        |
| Civil servant            | 5         | 4.9        |
| Student                  | 9         | 8.7        |
| House help               | 2         | 1.9        |
| Artisan                  | 8         | 7.8        |
| Thug                     | 4         | 3.9        |
| Security guard           | 5         | 4.9        |
| Armed robber             | 3         | 2.9        |
| Not documented/unknown   | 47        | 45.6       |
| Number of assailant(s)   |           |            |
| One                      | 89        | 86.4       |
| Two                      | 13        | 12.6       |
| Six                      | 1         | 1.0        |
| Arrest of assailant(s)   |           |            |
| Yes                      | 41        | 39.8       |
| No                       | 62        | 60.2       |
| HIV Status               |           |            |
| Reactive                 | 0         | 0.0        |
| Non-reactive             | 20        | 19.4       |
| Not known/not done       | 83        | 80.6       |
| Hepatitis B Status       |           |            |
| Reactive                 | 2         | 1.9        |
| Non-reactive             | 13        | 12.6       |
| Not known/not done       | 88        | 85.5       |

Pattern of presentation

The most common time of presentation was 6-12 hours after the assault in 28 (271%) of cases. In 56 (54.4%) of
the cases, the victims were brought to the hospital by their parents/caregivers/relatives. In 60 (58.3%) of cases, the assault was reported to the police before presentation. Many, 48 (46.6%) of the victims bathed before presentation. The most common presenting symptoms was vaginal bleeding in 34 (33%) victims (Table 4).

Table 3: Pattern of assaults.

| Pattern                          | Frequency | Percentage |
|----------------------------------|-----------|------------|
| Place of assault                 |           |            |
| Assailant’s house                | 48        | 46.6       |
| Victim’s house                   | 10        | 9.7        |
| School/classroom                 | 4         | 3.9        |
| Uncompleted building             | 15        | 14.6       |
| Roadside                         | 5         | 4.9        |
| Bush/farm                        | 13        | 12.6       |
| Toilet                           | 5         | 4.9        |
| Not documented                   | 3         | 2.9        |
| Method used to subdue victim     |           |            |
| Verbal threat                    | 13        | 12.6       |
| Use of force                     | 38        | 36.9       |
| Verbal threat and use of force   | 5         | 4.9        |
| Enticement and use of force      | 1         | 1          |
| Enticement only                  | 18        | 17.5       |
| Deception                        | 25        | 24.5       |
| Use of sedative                  | 1         | 1          |
| Not documented                   | 2         | 2          |
| Use of weapon                    |           |            |
| Yes                              | 18        | 17.5       |
| No                               | 85        | 82.5       |
| Weapon(s) used                   |           |            |
| Knife/matchet                    | 8         | 44.4       |
| Gun                              | 2         | 11.2       |
| Club/stick                       | 4         | 22.2       |
| Stone                            | 4         | 22.2       |
| Type of sexual assault           |           |            |
| Fondling                         | 13        | 12.6       |
| Peno-vaginal penetration only    | 65        | 63.1       |
| Peno-oral                        | 1         | 1.0        |
| Peno-vaginal and peno-oral       | 2         | 1.9        |
| Insertion of fingers into the vagina | 15   | 14.6       |
| Fondling and peno-vaginal penetration | 3 | 2.9 |
| Fondling, peno-vaginal and insertion of fingers into vagina | 4 | 3.9 |

Investigations performed for victims

Most, 67 (65%) of the victims were screened for HIV and all were non-reactive. Three of the victims had a positive pregnancy test at the time of assault. Only 40 (38.8%) of the victims were screened for hepatitis B virus. Vaginal aspirate for microscopy was positive for spermatozoa in 6 victims. Grouping and cross-matching of blood was requested in only 2 victims (Table 5).

Table 4: Pattern of presentation.

| Interval before presentation (hours) | Frequency | Percentage |
|-------------------------------------|-----------|------------|
| < 6                                 | 25        | 24.3       |
| 6-12                                | 28        | 27.2       |
| 13-24                               | 30        | 29.1       |
| 25-36                               | 3         | 2.9        |
| 37-48                               | 4         | 3.9        |
| > 48                                | 13        | 12.6       |
| Brought to hospital by              |           |            |
| Self                                | 6         | 5.8        |
| Parents/caregivers/relations        | 56        | 54.4       |
| Law enforcement agents              | 3         | 2.9        |
| Parents and law enforcement agents  | 30        | 29.1       |
| School authority                    | 6         | 5.8        |
| Not documented                      | 2         | 2.0        |
| Actions taken prior to presentation |           |            |
| Bathing                             | 48        | 46.6       |
| Douching                            | 44        | 42.7       |
| Changed/washed clothing             | 42        | 40.8       |
| Reported to the Police              | 60        | 58.3       |
| Mode of presentation                |           |            |
| Vaginal bleeding                    | 34        | 33.0       |
| Vaginal discharge                   | 21        | 20.4       |
| Vaginal laceration                  | 16        | 15.5       |
| Perineal lacerations/bruises        | 8         | 7.8        |
| Urinary symptoms                    | 7         | 6.8        |
| Lower abdominal pain                | 16        | 15.5       |
| Musculoskeletal injury              | 13        | 12.6       |

Treatment received by the victims

Prophylactic antibiotics for sexually transmitted infections was received by 84 (81.6%) of the victims and it was the most common treatment received. Few, 15 (14.6%) patients had examination under anaesthesia while 13 (12.6%) victims had repair of laceration. The psychiatrists were involved in only 13 (12.6%) of the cases while only 17 (16.5%) victims came for at least one follow-up visit (Table 6).

Involvement of law enforcement agents and arrest of assailants

The law enforcement agents were involved in 66 (64.1%) of the cases. The parents reported 50 (75.8%) of the cases to the law enforcement agents but only 41 (39.8%) of the assailants were arrested (Table 7).

DISCUSSION

The prevalence of sexual assault in this study is 0.8%. This is comparable to 0.69% from Ile-Ife (Ife), 0.76% in
Lagos but less than 2.1%, 2.2%, 3%, 5.6%, 7.7% and 13.8% reported in Osogbo, Calabar, Birnin Kudu, Jos, Benin-City and Maiduguri respectively.1,7,8,11,14,15 The low incidence of sexual assault in this study may be a ‘tip of iceberg’ of what is obtained in the community as sexual assault is not uncommon in Nigeria but few of the cases are usually reported.

Table 5: Investigations performed for victims.

| Investigation                      | Frequency | Percentage |
|------------------------------------|-----------|------------|
| HIV screening                      |           |            |
| Reactive                           | 0         | 0.0        |
| Non-reactive                       | 67        | 65.0       |
| Not done                           | 36        | 35.0       |
| Hepatitis B screening              |           |            |
| Reactive                           | 0         | 0.0        |
| Non-reactive                       | 40        | 38.8       |
| Not done                           | 63        | 62.2       |
| Pregnancy test                     |           |            |
| Positive                           | 3         | 2.9        |
| Negative                           | 20        | 19.4       |
| Not done                           | 80        | 77.7       |
| Vaginal aspirate for microscopy    |           |            |
| Positive for spermatozoa           | 6         | 5.8        |
| Negative for spermatozoa           | 33        | 32.0       |
| Not done                           | 64        | 62.2       |
| Grouping and cross matching of blood |       |            |
| Done                               | 2         | 1.9        |
| Not done                           | 101       | 98.1       |
| Ultrasonography                    |           |            |
| Done                               | 2         | 1.9        |
| Not done                           | 102       | 98.1       |

Table 6: Treatment received by the victims.

| Treatment                       | Frequency | Percentage |
|---------------------------------|-----------|------------|
| STI antibiotic prophylaxis      | 84        | 81.6       |
| HIV PEP                         | 47        | 45.6       |
| Emergency contraception         | 23        | 22.3       |
| EUA                             | 15        | 14.6       |
| Repair of laceration            | 13        | 12.6       |
| Involvement of Psychiatrist     | 13        | 12.6       |
| Follow up                       | 17        | 16.5       |

Majority, 47 (45.6%) of the victims in this study were in the age group of less than 10 years of age followed by age range of 10-19 years of age which constituted 39.8% of the victims. This is in agreement with other studies where disproportional numbers of sexual assault victims are children and adolescents.1,3,4,9,16,17

Table 7: Involvement of law enforcement agents and arrest of assailants.

| Involvement of law enforcement agents | Frequency | Percentage |
|---------------------------------------|-----------|------------|
| Yes                                   | 66        | 64.1       |
| No                                    | 37        | 35.9       |
| Law enforcement agents involved by (n=66) |           |            |
| Parents/caregivers/relations          | 50        | 75.8       |
| Victims                               | 14        | 21.1       |
| Others                                | 12        | 3.1        |
| Arrest of assailants                  |           |            |
| Yes                                   | 41        | 39.8       |
| No                                    | 62        | 60.2       |

All the victims of sexual assault in this study were females. This differs from reports from Zaria and Lagos in Nigeria, India, Uganda and South Africa where male victims were reported.16-21

Most of the victims, (89.3%) in the study were not married. This is in tandem with other studies from different parts of the country.1,9,16,17

There was scanty information about the assailants however the assailants were known to the victims in 71.9% of the cases and they ranged from neighbors, friends, acquaintances to family members/relatives; and all were male. This agrees with findings in previous surveys.1,3,4,9,22 One assailant was involved in 86.4% of the cases with one occurrence of gang rape involving 6 assailants. This was comparable to other studies in which one assailant was involved in the majority of the cases.1,9,16,17 The assailants were arrested only in 39.8% of the cases. This is comparable to 33.8% arrest of assailants reported in Ile-Ife.9 Out of the arrested assailants; only 19.4% and 14.5% were screened for retroviral disease and hepatitis respectively.

Many, 46.6% of the assaults took place in the assailant’s house. This is similar to findings from Birnin Kudu, Ile-Ife, Port-Harcourt and Lagos where most of the assaults occurred in the assailants’ houses.1,9,16,22

Use of force was the most common method applied in subduing the victims in 36.9% of the cases. This differs from use of verbal threats in majority of cases reported in Birnin Kudu, Ile-Ife and Lagos.1,9,16 Weapons were employed in only 17.5% of the cases and the most commonly used weapon was knife/machete. This is different from the finding in Ile-Ife where the most commonly used weapon was firearms.9

The most common form of assault in this study was peno-vaginal intercourse alone in 63.1%. This is similar to the finding in Ile-Ife but differs from the finding in Port-Harcourt in which fondling/grabbing of sensitive body parts was the highest form of sexual assault experienced by the victims.9,22
Most of the victims (51.4%) presented to the hospital within 12 hours of the assault. This is comparable to the findings in Osogbo and Ile-Ife in which majority of the victims presented within 24 hours of the assault but different from that of other studies in which the majority of the victims presented after 24 hours to greater than 72 hours.7,9,18,16,17

The most common presenting symptom in the study was vaginal bleeding (33.0%) while 15.5% had vaginal laceration. This is not surprising as the majority of the cases of assault in this study occurred in children and for obvious anatomical reasons, children are more likely to suffer genital trauma.

Only 65% of the victims were screened for Human Immunodeficiency Virus (HIV) in this review. This is higher than 45.5% reported in Birnin Kudu but less than 72.3% and 84.5%, 95% reported in Lagos, Ile-Ife and Zaria respectively.1,9,16,17 Similarly, only 38.8% were screened for Hepatitis B virus in the study. This was also higher than 10.0% reported in Birnin Kudu but less than 33.8% reported from Ile and 50.5% from Lagos.4,9 These investigations (RVS and HBV among others) were requested in all the patients at presentation but most could not be done in most cases due to financial constraints as patients pay for out-of-pocket for services in our institution.

The most common form of treatment received by victims in this study was antibiotic prophylaxis against sexually transmitted infection in 81.6% of the cases. This was similar to findings in Zaria and Ile-Ife.9,17 Only 45.6% of the victims received post-exposure prophylaxis for HIV in this research. This was higher than 25.5% reported in Lagos but less than 52.1% in Ile-Ife, 90.3% in another study from Lagos.4,9,16

Emergency contraception was received by only 22.3% of the victims. This was in keeping with other studies where emergency contraception to prevent post-rape pregnancy was consistently low but contrary to the finding in Lagos where 95.0% of the victims received emergency contraception.4,9,16,23

The low rate of administration of emergency contraception in this study may not be unconnected to the fact that majority of the victims in this study were pre-pubertal girls.

Psychiatrists were involved in the management of just 12.6% of the victims. This was in keeping with the findings from others studies in which the involvement of psychiatrists/psychologists was poor.16,17

Majority of the victims in this study were lost to follow up as only 16.5% of the victims had at least one follow-up visit. This is different from the finding in Lagos where about 75% came for follow-up but similar to others studies in which majority of the victims were lost to follow up.1,9,16,17 The dismal follow-up performance may not be unconnected with the stigma usually attached to sexual assault victims in general.

CONCLUSION

Sexual assault is a violation of basic human rights. The incidence may be low in this study but it reaffirms that sexual assault is a major adolescent reproductive health problem and uncovers the stark reality of child sexual abuse in Sokoto as found in other studies. Assaulters are known in most cases and neighbours constituted the majority of the assailants.

All parents, therefore, need to be mindful of this risk when leaving their children alone with anyone. Increased public awareness and preventive interventions are required especially among the at-risk age group to enhance their safety.

Recommendations

Compulsory screening of assailants for sexual transmitted infections is recommended as less than 50% of the assailants were screened for HIV and hepatitis B virus in this study. Similarly, treatment of sexual assaults in the hospital should be made free or subsidized to enable most victims receive the required treatment which may be hindered by financial constraints. Involvement of the psychiatrists and follow up was poor in this study. Training of relevant persons in the institution to offer counselling to the victims is recommended. It is also important to institute a good tracking system to follow up these victims to determine the success of the treatment, to provide emotional and psychological supports as well as treat long term sequelae arising from the assaults.

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