

**DATE RAPE EXPERIENCES AND HELP-SEEKING BEHAVIOUR
AMONG FEMALE UNDERGRADUATE STUDENTS OF
UNIVERSITY OF IBADAN, NIGERIA**

BY

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DEDICATION

To the gracious God of impeccable character

Saviour of mankind

The Holy One of Heaven

Hallow and honour to His immortal name.

His grace has saved me

Through the thick and thin

To Him alone be all the praise

The great God of perpetual grace.

UNIVERSITY OF IBADAN

ABSTRACT

Date Rape (DR) which is mainly experienced by young women is a public health concern worldwide and is characterised by physical, psychological and social consequences. In Nigeria, there is dearth of information on DR among Female Undergraduates (FUs) in the Universities. This study was therefore designed to determine the prevalence, context of occurrence, help-seeking behaviour and level of knowledge relating to DR among FUs of the University of Ibadan.

This cross-sectional survey involved the conduct of eight Focus Group Discussions (FGDs) in all the four FU halls of residence. Thereafter, FGD responses were used to develop a semi-structured questionnaire that was used to interview 610 FUs selected using a four-stage random sampling technique. The FUs were selected proportionately from halls of residence, blocks and rooms. Thereafter, one FU per room was interviewed. The instrument included a 6-point knowledge scale and questions relating to DR experiences, context in which DR occurred and victims' health seeking behaviour. Knowledge scores of 0- 2, 3- 4 and 5- 6 were rated as poor, fair and good respectively. In-depth Interviews (IDI) were subsequently conducted among eight consenting victims of DR. Data were analyzed using thematic approach, as well as descriptive statistics and logistic regression at $p = 0.05$.

The identified forms of DR that could be experienced by FUs were Forced Vaginal Sex (FVS), Forced Anal Sex (FAS), Forced Oral Sex (FOS) and Forced Insertion of Fingers (FIF) into the private part of a woman. It was disclosed that male chauvinism, indecent dressing and alcohol abuse contributed to DR. Respondents' mean age was 21.0 ± 2.5 years and their median knowledge score was 2.0 (0 – 6). The prevalence of DR was 11.8% and the forms of DR ever experienced were FVS (80.3%), FAS (10.5%), FOS (15.8%) and FIF (32.9%). Only 8.9% of the FUs experienced DR within the year preceding the study. Majority (73.6%) of the respondents who experienced DR had it when they became undergraduates and 52.1% of the perpetrators were fellow students of the University. Respondents aged over 21.0 years (41.5%) were at higher risk of DR (OR: 2.91, 95%CI: 1.36- 6.25). Respondents who had experienced attempted DR (32.2%) were at lower risk of DR (OR: 0.30, 95%CI: 0.14 - 0.64). Majority (83.3%) experienced DR off-campus and

73.3% occurred in dating partners' houses. Ninety three percent of victims of DR never sought any medical help and reasons included lack of serious physical injury (53.0%) and fear of being stigmatized (10.6%). Most (91.7%) never sought counselling services and 60.5% of them felt it was not necessary. The IDI revealed that the experienced health consequences of DR included -vagina injuries, vagina bleeding, loss of virginity and depression.

Date rape occurred among female undergraduates and mostly in perpetrators' houses outside the University campus. Despite the health effects experienced, victims did not seek help due to psycho-social challenges. Advocacy and public enlightenment aimed at promoting the reproductive rights of females as well as life-skill-training and social support are needed to address the phenomenon.

Keywords: Date rape, Female undergraduates, Help-seeking behaviour, Date rape consequences

Word count: 496

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CERTIFICATION

I certify that this project was carried out by Akintayo Olamide OGUNWALE in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria.

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LIST OF ABBREVIATIONS

ABH –Alexander Brown Hall

CDC- Center for Disease Control

CEDAW- United Nation’s Convention on the Elimination of All Forms of Discrimination
Against Women

CLEEN- Center for Law Enforcement Education in Nigeria

FGN- Federal Government of Nigeria

HIV – Human Immunodeficiency Virus

ICCPR- International Covenant on Civil and Political Right

ICPD- International Conference on Population and Development

NDHS – Nigeria Demographic and Health Survey

PSTD- Post Traumatic Stress Disorder

SPSS – Statistical Package for Social Science software

STIs – Sexually Transmitted Infections

UI- University of Ibadan

UI/UCH – University of Ibadan/University College Hospital

UNFPA- United Nations Population Fund

UNICEF – United Nations Children’s Fund

UNIFEM- United Nations Development Fund for Women

UNODOC- United Nations Office on Drugs and Crime

WHO – World Health Organisation

CHAPTER ONE

INTRODUCTION

Background

All forms of violence against women have been acknowledged worldwide as constituting a violation of their basic human rights (United Nations General Assembly, 1993). There is an increasing amount of research relating to the health burden, inter-generational effects, and demographic consequences of such violence (United Nations General Assembly, 1991; Heise, Pitanguy and Germain, 1994; Heise, Ellsberg and Gottenmoeller, 1998; Jejeebhoy, 1998). Rape is one of the most serious forms of gender-based violence (Amnesty International, 2009). Rape is the act of forcing another person through violence, threats, verbal insistence, deception and other various means to engage in sex against his or her wish (Heise, Moore, and Toubia, 1995). Acts of rape violates various international human rights treaties such United Nations Convention on Elimination of all forms of Discrimination Against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR) and African Charter on Human and People's Rights (United Nations General Assembly, 1991; UNFPA, 1999; UNIFEM, 1999 and Amnesty International, 2009).

Date rape is a type of sexual assault or violence where the survivor and the offender are in, or have been in, some form of personal social relationship (Russo, 2000). The survivors often trust the perpetrators involved and do not often entertain fear of sexual assault prior to rape episode. According to McDonald and Kline (2004), date rape is the rape of a female by a male she is dating. This definition however ignores the fact that a female can rape her dating partner. Both men and women experience date rape; however, women are most often more vulnerable (Heise, Ellsberg, Gottenmoeller, 1999; WHO, 1997 and Tennessee Survivors of Crime State Coordinating Council, 2002). Rape is a serious public health problem with significant physical, psychological and social complications (Ajuwon, Olley, Akin-Jimoh and Akintola, 2001; Lohmann, 2008 and WHO, 2010). Rape is disproportionately perpetrated

against female adolescents in both industrialised and developing countries, thereby posing a major threat to their reproductive health of many in this population (Heise et al.1999).

Existing research has demonstrated that gender role socialization promotes rape in the society. For instance, women are blamed for being raped because they are perceived to have created the opportunity for rape to occur, while tacitly condemning the deviant acts of perpetrators (Lonsway and Fitzgerald,1994; Bell, Kuriloff and Lottes,1994). Males are more likely to be supportive of rape related myths than females because of the societal promotion of male dominance in sexual matters (Lohmann, 2008). Community response, sanctions or prohibitions are potential measures that could be used to address the phenomenon; the unique role of research cannot, however, be overemphasized (WHO, 2010). The foundation of gender-based violence research including research on rape lies in sociology; as it is strongly tied to the development of societal construction of gender (Freetly and Kane, 1995).

Rape has become a source of concern in higher institutions (Lohmann, 2008). Nevertheless, the prevalence of rape is difficult to ascertain among university students, even in developed countries where much attention is given to gender-based violence. According to Lohmann (2008), this is so because of inadequate research on the subject and the tendency for rape survivors not to report attacks. Some studies including those of Elegbeleye (2006) and Izugbara, Duru, and Dania (2008) have however revealed that there is high occurrence of rape among University students in Nigeria. Several reasons have been adduced for the high occurrence of the phenomenon on campus. Chief among them is the relative psychological immaturity of University students, who are mostly in their adolescence and post-adolescence stage (Izugbara, Duru and Dania, 2008). Another reason may not be unconnected with the degree of freedom in terms of social interaction among young men and women and the lack of parental supervision because they are away from home (Elegbeleye, 2006). Universities by their very nature and design have easy accessibility, and their largest constituencies are usually young men and women, many of whom are usually in dating relationship which could facilitate date rape (Lohmann, 2008). In Nigeria date rape with female students as survivors has not been given adequate attention. This explains why this study was designed to focus on date rape experiences and help-seeking behaviour among female undergraduate students of University of Ibadan.

Statement of the problem

Rape is a serious human rights and public health problem (Amnesty International, 2009; NPC, 2009 and Ajuwon et al. 2001). Despite ongoing efforts to protect women and vulnerable populations against rape and other forms of violence, there is still much to be done to protect survivors and to further educate the population about the problem. Nigeria is a signatory to the United Nation's Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). However, the principles of the convention have not yet been integrated into Nigeria's legal code (NPC, 2009).

Rape is one of the most serious crimes that can occur on a university campus (Lohmann, 2008). It deprives the survivor of both physical and emotional privacy and autonomy (IACP, 1999). Findings from a previous study confirmed that survivors of rape tended to suffer in silence (Ajuwon, Olley, Akin-Jimoh and Akintola, 2004).

Rape has been linked to a host of health related consequences. These include unwanted pregnancy and the associated potential complications, sexually transmitted infections including HIV/AIDS, post-traumatic stress and suicidal thoughts. Other health consequences are depression and abuse of alcohol and other drugs (Hof and Ruchters, 1999; Silberschmid and Rausch, 2001; Works and Addisie, 2002; Ajuwon et al., 2004 and Erulkar, 2004).

Date rape out-numbers other forms of sexual assault (Laura, 2000; Bennice and Rasick, 2003). Research evidence in Curtis (2004) has noted that one in four women is a survivor of a rape attack, with as many as 84% of these attacks being acquaintance or date rapes. Research suggests that sexual assault such as date rape, can be just as traumatic as sexual assault by a stranger. This is so because it involves a breach of trust (Lohmann, 2008). Date rape could lead to self-blame among survivors and a delay in seeking treatment, a situation which can impede recovery (Schwartz and Legget, 1999).

In Nigeria there is reluctance in accepting that sexual consent can be denied within relationships. The normalization of sexual coercion in intimate relationships is one of the main reasons date rape is not recognised as a serious problem (Russo, 2000). Sometimes survivors of date rape do not consider date rape as rape (Laura, 2000).

In Nigeria, the Federal Government is very silent on the incidence of rape and other forms of gender based violence (Amnesty International, 2009). This may be due to poor records or evidence based data. However, data from the Center for Law Enforcement Education in Nigeria (CLEEN) found that 2241 cases of rape and indecent assault were reported to the Nigerian police in 1991; 1529 in 2000; 2284 in 2001; 2084 in 2002; 2253 in 2003; 1626 in 2004 and 1835 in 2005. Many of the rape cases were believed to have taken place in institutions of higher learning (Amnesty International, 2009). In the recent National Demographic Health Survey (NDHS) report, the experience of sexual violence was 9 percent among women age 20-24 and 6 percent among women age 30-49 (NPC, 2008). A study on sexual coercion by Ajuwon et al (2004) documented existence of date rape among young people in Ibadan. The study was however carried out among out-of-school adolescents.

The magnitude of date rape among students of Nigerian tertiary institutions has not been documented (Ajuwon and Adegbite, 2008). Studies conducted in the USA (Curtis, 2004; Lohmann, 2008), Australia (Russo, 2000) and South Korea (Joohee, Noël, Jinseok and Hyunsung, 2007) however show that date rape is a serious problem among tertiary students. Most survivors of date rape do not report cases to either the police or school authority (Lohmann, 2008). A number of factors could be responsible for this and these include shame or fear (NDHS, 2008) and self-blame (Ajuwon et al, 2004). Survivors do not seek medical assistance (Lohmann, 2008). This could be due to several factors including fear of being stigmatized and lack of rape survivor support services. The factors predisposing University students to date rape have not been well established. Above all, the experiences of female students who are date rape survivors have not been fully studied. This study was therefore designed to explore the date rape experiences and help-seeking behaviours among female undergraduate students of the University of Ibadan.

Justification

Rape is a serious health problem in Nigeria (NPC, 2008); there is however dearth of evidence based information on this issue. This is probably so because of the sensitivity of the subject. There are currently limited national data on the nature and extent of the problem in the country (Ajuwon and Adegbite, 2008). The sections of Nigerian constitution, Criminal code, Penal code and Sharia laws which address rape are not carefully detailed; they are outdated and are not sensitive to date rape. This study will therefore provide evidence that may be useful for the review of these laws. Most of the few available sentinel studies in Nigeria focus on stranger rape, rather than date rape in particular which has been observed by some researchers as the most prevalent form of rape among young population. This study has the potential to contribute to knowledge relating to date rape among University students.

Many times survivors of rape do not seek assistance, either out of shame, embarrassment, fear or a number of other reasons. Getting the university to define and effectively respond to date rape based on the experience of students is crucial. The findings of this study will be very useful in this direction.

Issues and concerns that emerge from this study may have potential for facilitating an evidence based and comprehensive policy on rape with special reference to date rape at the University. Evidence based on the date rape experiences among female undergraduate students of University of Ibadan are also potentially beneficial to designing interventions that may address the issue of date rape at the University as well in other higher institutions.

Research questions

The research questions formulated to guide this study were as follow:

1. What is the level of awareness of date rape among female undergraduate students of University of Ibadan?
2. What is the level of knowledge of health effects of date rape among female undergraduate students of University of Ibadan?
3. What are the perceptions relating to date rape among female undergraduate students of University of Ibadan?

4. What is the prevalence of date rape among University of Ibadan female undergraduate students?
5. What are the contexts in which date rape occur among University of Ibadan female undergraduate students?
6. What are the help-seeking behaviours of date rape survivors?
7. What is the pattern of date rape reporting among date rape survivors?

Broad objective

The broad objective of the study was to document the date rape experiences and help-seeking behaviours among undergraduate students of University of Ibadan, Ibadan.

Specific objectives

The specific objectives of this study were to;

1. Assess the level of awareness of date rape among female undergraduate students of University of Ibadan.
2. Assess the level of knowledge of the health effects of date rape among female undergraduate students of University of Ibadan.
3. Determine the perceptions relating to date rape among female undergraduate students of University of Ibadan.
4. Determine the prevalence of date rape among University of Ibadan female undergraduate students.
5. Describe the contexts in which date rape occur among University of Ibadan female undergraduate students
6. Identify the help-seeking behaviours of date rape survivors
7. Determine the pattern of date rape reporting among date rape survivors.

Operational definition of terms

Level of study: Students' year of study in the University.

Man friend: An adult male usually a married person who has a romantic (sexual) or dating relationship with an unmarried woman.

Boyfriend: A single male usually a young person with whom a lady has a romantic (sexual) or dating relationship.

Dating: A term used to describe a type of social activity or loving relationship between a male and a female with the sole intention of getting to know each other more or on a deeper level with or without the intention of getting married.

Date rape: A type of rape involving persons in dating relationship.

Help-seeking behaviour: A term used to describe a constructive or positive response/action relating to medical service, counseling, legal service or any other assistance or measure useful in addressing challenges associated with date rape.

Perpetrator: Someone who has raped another person.

Rape: Sexual intercourse perpetrated against another person's wish using force, threat or alcohol intoxication or other things that compromised the person's ability to give sexual consent. This definition of rape covers forms of sexual intercourse such as vaginal, anal, oral sexual intercourse and insertion of a finger into the vagina of a woman.

Sexual assault: It is a full range of unwanted sexual act. It includes sexual touching or fondling, verbal sexual abuse and rape.

Rape survivor: Someone who has been raped by another person.

CHAPTER TWO

LITERATURE REVIEW

Introduction and conceptual clarification

Considerable research carried out in the last twenty years has done a great deal in putting the issues related to date rape on the public agenda. These includes works such as Hanson and Gidycz, 1993; Shin, 1993; Schwartz and DeKeseredy, 1997; Spitzberg 1999; Cullen and Turner, 2000; Meyer, 2000; Tjadan and Thoennes, 2000; Chang, 2002; Rickert, Vaughan and Wienmann, 2002; Sochting, Fairbrother and Koch, 2004; Sampson, 2006; Lohamnn, 2008. There are limited literature sources on date rape especially in developing nations (WHO, 2010). Few researches have however been done in Africa including Nigeria on date rape-related issues. These include the works of Swart and Seedat 1999; Jewkes et al., 2006; Jewkes, Sen, Garcia-Moreno, 2002; Abraham et al, 2004; Izugbara, Duru and Dania, 2008. Although most of these research works considered date rape within the broad spectrum of sexual violence, intimate partner violence and dating violence, they however observed young people especially university students to be at great risk of date rape. This research focused on issues which include prevalence of date rape, situational contexts of date rape, help-seeking behaviours of survivors of date rape and antecedent factors such as awareness, knowledge and perceptions related to date rape among female undergraduate students of the University of Ibadan, Nigeria.

There is no consensus of opinion on what constitutes rape (Lohmann, 2008). Many authors often use the terms “rape” and “sexual assault” interchangeably (Kullima, Kawuwa, Audu, Warkentin, 2008). It has been noted, however, that though the two concepts are related, some differences do exist between them (Warkentin, 2008). The concept of rape is often described or defined in legislative terms as typified by the Ohio state law in US, which defines rape as non-consensual sexual act inform of genital, oral or anal penetration.

According to Akinade, Adewuyi, Sulaiman (2010), rape may be in any form of sexual connection or penetration by objects such as penis, finger, sticks or vibrator. Rape usually involves use of force in form of physical violence, verbal threat or verbal insistence. It could involve administration of a drug or intoxicant including alcohol to facilitate the act (Ajuwon et al, 2004; Warkentin, 2008). The term “sexual assault” is broader than rape as it includes a range of other behaviours such as unwanted sexual touching or fondling and the use of arguments or pressure to coerce a woman into having sexual intercourse, as well as the legal definition of rape (Warkentin, 2008). From the afore-mentioned definitions, sexual assault can be seen as a continuum of immoral behaviour which incorporates sexually aggressive contact (e.g., kissing or touching), verbally coerced sexual intercourse to attempted rape and rape (Heise et al., 1995). However, rape can be described as sexual intercourse or penetration of any form (whether vaginal, anal or oral) characterized by force, use of drug or other things that may interfere with consent (Lohmann, 2008).

Date rape is a major form of rape (Izugbara et al, 2008). It is a type of sexual assault in which the survivor and the perpetrator are in, or have been in, some form of personal social relationship, ranging from a first date to an established friendly relationship (Russo, 2000). According to the author, date rape may be easily recognised as “rape”, if it involves coercive sex that has left the survivor feeling confused and traumatized. Several terms often used interchangeably with date rape include "acquaintance rape", "hidden rape", “contact rape” and “sleep rape” (Curtis, 2008). The term "date rape" is a non-consensual sexual activity between people who are already in an existing romantic relationship. In this form of rape, consent for sexual activity is not given or is given under duress (Curtis, 2008). Date rape can be further explained as unwanted sexual intercourse or forced sexual activity which could be oral, vaginal, anal, or sometimes digital. Digital rape in the date rape context refers to the insertion of a finger into the vagina or anus of the survivor. It is a form of rape perpetrated by someone with whom the survivor has willingly entered into a dating relationship with (Laura, 2002; Schultz, Schermann and Marshall, 2000; Sampson 2002; Wayne, 2009).

Some researchers adopt terms such as dating violence, intimate partner violence, partner violence, or relationship violence to refer to date rape situation (Forke, Myers, Catalozzi and

Schwartz, 2008; Halpern, Young, Whitaker). The term Intimate Partner Violence (IPV) is often reserved for describing aggression that occurs between cohabiting or married couples (Barnett, Miller-Perrin and Perrin. 2005; Coker, Davis, Arias, Desai, Sanderson, Brandt and Smith, 2002) whereas dating violence generally refers to similar incidents among unmarried individuals who are in dating relationship (Forbes, Adams-Curtis, Pakalka and White, 2006.; Gover, Kaukinen, and Fox, 2008; Harned, 2002; Lewis, Travea, and Fremouw, 2002; Straus and Ramirez, 2004). The United States (US) Department of Justice (2001) conceptualizes dating violence as physical violence, emotional abuse or sexual abuse including threats of it by at least one member of an unmarried couple on the other member within the context of a dating relationship.

Dating is a type of social activity usually involving two people with the intention of assessing each other's needs, personality traits and hobbies. It is geared towards analyzing if they may or may not be suited for a long-term relationship with one another (Julie, 2009). Dating is a contemporary social concept in Nigeria. Fadipe (1970) wrote in his book titled "*The sociology of Yoruba*" that parents were traditionally responsible for marrying suitable partners for their children in olden days. According to him, until after marriage, Yoruba custom prescribes that a lady or girl should keep a psychological and physical distance between herself and her fiancée (Fadipe, 1970). Indulgence in relationship except within the context of wedlock was viewed to be a deviation from the custom of the land. Ironically, a boy or a man was at liberty to violate the lady or girl to whom he was engaged before the final act of the protracted marriage formality which brought her into his own house was concluded (Fadipe, 1970). From the foregoing review, it could be inferred that dating and date rape in some form have been in existence among the Yoruba.

According to World Report on Violence and Health, sexual violence including date rape occurs throughout the world (WHO, 2002). The term "Sexual violence" covers a wide spectrum of sexual acts (WHO, 2002). It includes the following: rape, attempt to rape, sexual abuse of children and mentally or physically disabled, demanding for sex in return for favours, unwanted sexual comments or advances, denial of right to use contraception or to adopt other measures to protect oneself against sexually transmitted disease, forced abortion or forced marriage or cohabitation (WHO, 2002; Abraham et al, 2004).

Prevalence and determinants of date rape

Little research has been conducted on the magnitude of date rape in most countries (WHO, 2002). Determining an accurate prevalence of rape has been difficult not only because survivors often do not report the crime to the police, but also because many survivors do not define the act as a rape (Russo, 2000; Warkentin, 2008).

A United Nations report on 65 countries compiled from government sources showed that more than 250,000 cases of rape or attempted rape were recorded by police annually (United Nation, 2002). It has been reported that in some countries nearly one in four women experience rape by an intimate partner including dating partner (WHO, 2002). In United States, one in four women is a survivor of a rape attack (Thompson, 1995), with as many as 80 - 88 percent of the attacks being date rapes (Thompson, 1995; Lohmann, 2008). In the work of Brenner, McMahon and Douglas (1999), twenty percent of college women reported having that they had been raped in their lifetime in USA. According to Witmer (2009), the average prevalence rate for date rape in US is above 15% among University students. The findings of the 1992 national survey on sexual assault done in Australia revealed out that 13 percent of sexual assaults were committed by a boyfriend or a date, (Russo, 2000).

According to a study conducted in Chile by Lehrer, Lehrer, Lehrer, Oyarzun, (2007) among university students in Chile, 9.4% and 6.2% of the students reported experiencing rape and attempted rape respectively. According to the research work, 26.6% of the rape cases were perpetrated by their dating partners.

According to Nigerian Demographic Health Survey (NPC, 2008), 17.3 percent of sexual violence experienced by never married adolescents in Nigeria are perpetrated by boyfriends. A study conducted in four Universities in Northern Nigeria by Kullima et al (2010) revealed a sexual assault prevalence rate of 13.8% among the University students with boyfriends perpetrating about 17.6% of the sexual assaults. A study by Elegbeleye (2006) revealed that rape incident is a common phenomenon on Nigerian University campuses. He however noted that many students were somewhat ambivalent about its actual occurrence.

University women are more at risk of rape and other forms of sexual assault than women of the same age not in the University (Russo, 2000). Warkentin (2008) clearly stated that the prevalence of rape on University campuses is higher than that of the general population. The first year in University has been noted to be a particularly high risk period for young women (Holcomb, Savage, Seehafer and Waalkes, 2002; Karjane, Fisher and Cullen, 2002; Rothman and Silverman, 2007; Sampson, 2006). Both men and women can experience date rape (Harned, 2001; Izugbara et al, 2008), however, the prevalence is disproportionately higher in women (WHO, 2010).

Even among women, it is the female adolescents that are mainly affected (WHO, 2002). Although rape occurs among persons of all ages, young persons are also noted to be disproportionately affected in both developing and developed nations (Ajuwon et al., 2004; Lohmann, 2008). Humphrey and White (2000) found that the risk of sexual violence decline as women aged, with young females being most vulnerable during late adolescence. Young persons are four times more likely than women older than 24 years to experience date rape (Rickert, Vaughan and Wienmann, 2002). Humphrey and Kahn (2000) stated that women ages 16 to 24 years experience rape at rates four times higher than the assault rate of older women, making the University years the most vulnerable for women.

Certain characteristics play a significant role in the occurrence of date rape among young people. For instance, being a single or unmarried may facilitate date rape (Fisher, Cullen and Turner, 2000). This is probably because it allows dating and other social activities which create various opportunities for rape (Rickert et al., 2002). According to Abbey (2003), most sexual assaults are experienced by University students during dating, often after some consensual sexual activities such as kissing. Previous findings suggest that the longer the relationship the more likely is the occurrence of dating violence including date rape (Alexander, Moore and Alexander, 1991). Having multiple sexual partners have been strongly associated with both the perpetration and experience of date rape (Abrahams et al., 2004; Jewkes et al., 2006; Tang and Lai, 2008; Chan, 2009; Dalal, Rahman and Jansson, 2009; Johnson and Das, 2009; Vung and Krantz, 2009).

Lack of communication between dating partners on sexual matters and the skills to negotiate sexual consent or refusal are obvious risk factors for date rape (Wood and Jewkes 2001; Wood, Maforah and Jewkes 1998). In a study carried out by Balmer, Gikundi, Billingsley, Kihuhu, Kimani, Wang'ondy and Njoroge (1997) in Kenya, boys cited the inability to communicate with or approach girls as a reason for committing rape. In Uganda, gifts and money rather than communication between partners, define the process of sexual negotiation (Bohmer and Kirumira 1997). Studies in South Africa revealed that adolescent girls accept forced sex as an expression of love from the partner (Wood and Jewkes 1997). Many young women do openly and clearly communicate refusal of sexual advances from their dating partners (East and Adams, 2002; Jejeebhoy and Bott, 2003). In a qualitative study carried out by Hof and Richters (1999), among young mothers aged 14–24 years in Bulawayo, Zimbabwe, several of the mothers linked their pregnancy with their inability to refuse sex from their husbands. In a research carried out by Ajuwon et al. (2001), among young unmarried persons in Ibadan, Nigeria, rape is perceived as a form of punishment for women and as a way of resolving conflicts in dating relationship.

Violence is perceived as a learned behavior that becomes a vicious cycle which could be passed down through the generations (Carlson, 1990). Alexander et al. (1991) suggests that children who witness sexual violence between their parents learn powerful messages about gender hierarchy and power that could influence their relationships later in life. Several studies have revealed that experiencing and/or witnessing sexual violence in childhood, is linked with future sexual violence including date rape (Riggs, Caulfield and Street, 2000; Humphrey and White, 2000; Stith, Rosen, Middleton, Busch, Lundeberg, and Carlton, 2000; Kaura and Allen, 2004). A well conducted systematic review which summarized evidence from 10 studies showed that exposure to violence during childhood increased the likelihood of intimate partner violence including date rape perpetration among men by 3 or 4-fold, compared to men without childhood exposure to violence (Gil-Gonzalez et al., 2007). Another meta-analysis found that exposure to any childhood sexual abuse increased male perpetration of sexual violence including date rape more than three-fold (Jespersen, Lalumiere and Seto, 2009). A campus-based study reported by Warkentin (2008) has showed that 73% of male undergraduate students who engaged in intimate partner violence had experienced or witnessed violence in their family of origin, compared to 32% of a sample of

nonviolent men. Exposure to sexual violence during childhood may increase the likelihood of sexual violence acceptance either as a survivor or perpetrator in future intimate relationship (WHO, 2010).

Women who have previously been sexually abused by intimate or non-intimate partners during adulthood are more likely to experience date rape compared to those without prior exposure to sexual violence (WHO, 2010). There are studies which point towards this direction. For example, one study from India showed that women who reported previous rape by strangers were 3.8 times more likely to be raped by intimate partners compared to those without previous exposure (Boyle et al., 2009). A narrative review also revealed that previous exposure to sexual abuse may contribute to future survivorization by changing a woman's attitude towards rape; decreasing her ability to recognize risk; lowering her self-esteem; increasing her guilt, shame and embarrassment; and reducing her sexual assertiveness (Söchting et al., 2004). Similarly, men with a history of sexual violence or abusive behaviour are more likely to perpetrate rape (Chan, 2009; Söchting et al., 2004; Tang and Lai, 2008).

Men and women's attitudes towards sexual violence, acceptance of traditional gender roles and rape myths have been reported as risk factors for perpetrating and experiencing sexual violent crimes including date rape (CDC, 2000; WHO, 2010). These attitudes may be transferred across generations through learning processes, the media, schools, and witnessing (WHO, 2010). Several reviews from several low- and middle-income countries, found a strong association between attitudes towards sexual violence and exposure to IPV or sexual violence (Abrahams et al., 2004; Gage, 2006; Jewkes et al., 2006; Tang and Lai, 2008; Boyle et al., 2009; Johnson and Das, 2009; WHO, 2010). It has been noted that the risk increases as acceptance of violence increases (Johnson and Das, 2009). In one investigation of almost 600 high school students conducted in USA, over half of them reported that they thought a male is not at fault if he raped a woman who dressed provocatively while on a date (Telljohann, Price and Summers, 1995). Many cultural norms limit young women's ability to negotiate the terms of their sexual relationships because intimate partner violence including date rape has its roots in socially constructed gender norms (Instituto Promundo, 2002). In a study carried out by Rickert et al., (2002) in USA, almost one out of five young women stated that

they never had the courage to stop foreplay at any time or refuse sexual intercourse with a dating partner with whom they had previously had sex. Several factors could be responsible for this situation. These could include lack of assertiveness and the need to conform with some gender roles and norms.

The likelihood of sexual violence including date rape is related to the extent to which beliefs in male superiority and male entitlement to sex are entrenched in a community, the general tolerance in the community of sexual assault and the strength of sanctions, if any, against perpetrators (Jewkes et al., 2002). How a community responds to partner violence may affect the overall levels of IPV including date rape in a community (Heise and Garcia- Moreno, 2002). In Nigeria, many Yoruba gender norms make women, especially young persons, vulnerable to rape (Ajuwon, et al., 2004). For example, there is a tacit social approval of forced intercourse perpetrated by a man on a female if he perceives that he has spent a lot of money on her or that her clothing or demeanour are suggestive of sexual need or a tacit invitation to have sex with him (Ajuwon, et al., 2004). Based on Yoruba norms, women are expected to play passive roles in sexual relationships including relying on men to make decisions regarding when to have sex and conditions under which to have sex (Ajuwon, et al., 2004). This has implication for obtaining and giving sexual consent in a dating relationship and indicates young women's vulnerability of date rape.

Weak community sanction against sexual abuse of women by intimate partner has been identified as a risk factor for perpetrating and experiencing sexual violence including date rape (WHO, 2010). In a comparative study of 16 societies with either high or low rates of IPV, Counts, Brown and Campbell (1992), found that societies with the lowest levels of intimate partner violence were those that had community sanctions against it, and where abused women had access to support services such as family support and provision of shelter. Community sanction or prohibition is a strategy that could be used to discourage the abuse of women. (WHO, 2010).

A study carried out by Akinade, Adewuyi and Suliman (2010) revealed that the police often fail to record allegation of rape and where rape cases are investigated, they are done in a protracted way and most times discontinued mid-way. The justice system in Nigeria does not

encourage survivors of rape to seek legal redress (Akinade et al., 2010). Survivors of rape may be asked to produce credible witnesses or evidence (Adekoya, 2007). Rape acts are usually done in secret (Lohmann, 2008) and witnesses may not be present (Akinade et al., 2010). In situation of date rape, physical force may not be used (Rickert and Weimann, 1998; Sampson, 2002), this may hinder survivors perception of a situation “as rape” (WHO, 2010). Rape survivors are strongly deterred from seeking legal redress through court for fear of being punished for filing an “unproven” rape case (Jewkes et al., 2002).

Studies from a wide range of settings show that, while rape cuts across all socioeconomic groups, women living in poverty are disproportionately affected (Heise and Garcia-Moreno, 2002; Jewkes et al., 2002). The proportion of Nigerians living in absolute poverty rose from 28 percent at independence in 1960 to 49 percent in 1998 (UNDP, 2000). Poverty forces many women and girls to find or maintain jobs, to pursue trading activities and, if studying, to obtain good grades at all cost. This act renders them vulnerable to sexual coercion from those who can promise these things (Jewkes et al., 2002). According to Ajuwon (2003), many young men felt a sense of entitlement to force sex on girlfriends or women on whom they had spent money or given gifts.

Alcohol has been linked with the occurrence of date rape and other violent crimes (Schwartz and DeKeseredy, 1997; Spitzberg 1999; Meyer, 2000; Tjadan and Thoennes, 2000; Fisher et al., 2000; Abbey, Zawacki, Buck, Clinton and McAuslan, 2001; Sochting, Fairbrother, and Koch, 2004; Testa, 2004; Flake, 2005; Gage, 2006; Sampson, 2006; Martin, Taft and Resick, 2007; Tang and Lai, 2008; Johnson and Das, 2009; Dalal, Rahman and Janson, 2009; WHO, 2010). Various researches such as Scott (2005), Hanson (2005) and Abbey et al. (2001) have shown that alcohol consumption and sexual assault are often linked together. Alcohol use has been implicated in more than 30 percent of all cases of sexual assault in USA (Abbey et al., 2001). Alcohol affects men’s perception of women’s sexual intent. Many men perceive alcohol as a sexual cue (Meyer, 2000; Abbey et al., 2001). Cross-sectional studies from different low and middle-income countries report that men who misuse alcohol are 1.6 to 4.8 times more likely to perpetrate intimate partner violence including date rape (Abraham et al., 2004; Ramiro, Hassan and Peedicayil, 2004; Flake, 2005; Gage, 2006; Dalal et al., 2009; Johnson and Das, 2009). In addition to an empirical link between alcohol and risk of sexual

assault, the use of alcohol or other drugs often prevents young women from either acknowledging their experience as a sexual assault or reporting an incident to authorities (Fisher et al., 2000; Karjane et al., 2002).

The use of date rape or rape facilitating drugs has been identified by researchers as risk factors for date rape (Fitzgerald and Riley, 2000; Hanson and Gidycz, 1993; Hensley, 2003; Slaughter, 2000). One reason for the use of date rape facilitating drugs is that perpetrators do not have to use any force, since it will be difficult for a woman to resist as her state of being is more submissive or even unconscious (Abbey et al., 2001). The most commonly used date rape drugs are Flunitrazepam (Rohypol), other Benzodiazepines, Gamma hydroxybutyrate, Ketamine, Methamphetamine and Marijuana (Schwartz, Milteer and LeBeau, 2000; Pope and Shouldice, 2001; Negrusz and Gaensslen, 2003; WHO, 2003).

Most of these drugs are suppressants and are easily diluted in drinks (e.g. coffee, alcohol, juice). They take approximately 20 minutes to start to act and their action last about 8-10 hours. Drugs can be detected through blood analysis, although because survivors are unable to ask for help in the first hours, detection becomes more difficult (WHO, 2003). Another factor that complicates matters is that a woman that has been raped while under the influence of date rape drugs may have vague recollections of the rape or no memory of it at all (Kronz, 2000).

According to World Report on Violence and Health (WHO, 2002), many rape cases occur in the Universities. This phenomenon may simply reflect the fact that Universities are often the locale in which young people interact with peers, lecturers and service providers of various categories and begin to form and negotiate relationships.

University communities tend to educate students about stranger rape, but not on date rape. As a result, there is little awareness on date rape among university students (Burnett et al, 2009). Female students are reluctant to label an act of rape by a dating partner as “date rape” and are unlikely to report it (Burnett, Mattern, Herakova, Kahl, Tobola, and Bornsen, 2009)). Date rape is usually not reported or communicated to University authorities (Lohmann, 2008). Many University students, especially women, are, in fact, silenced before, during and after

the rape (Burnett et al., 2009). Despite that, most campuses do not have a clear definition of date rape – as rape is hard to define (Burnett et al, 2009).

Physical, psychological and social consequences of date rape

The consequences of date rape are often far-reaching and have implications for the physical, reproductive, mental, and social health and wellbeing of survivors (Lohmann, 2008, WHO, 2010). The health consequences have significant impact upon individuals, families, communities and wider society (WHO, 2010).

The common physical injuries experienced by rape survivors include: vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain and urinary tract infections (Mulugeta, 1998; Works and Addisie, 2002; Lohmann, 2008; WHO, 2010). Rape can also result into unintended or unwanted pregnancy (Hof and Richters, 1999; Martin, Kilgallen, Tsui, Maitra, Singh and Kupper, 1999; Silberschmid and Rausch, 2001; WHO, 2010). The rate of unwanted pregnancy resulting from rape varies between settings and depends particularly on the extent to which non-barrier contraceptives are being used, (Mulugeta, 1998; Holmes et al., 1998; Jewkes, Jewkes, Vundule, Maforah and Jordaan, 2001).

Rape can increase the risk of transmitting HIV (Jenny, Jenny, Hooton, Bowers, Copass, Krieger and Hillier, 1990; Krug, Dahlberg, Mercy, Zwi and Lozano, 2002; Lohmann, 2008; WHO, 2010). Vaginal penetration, abrasions and cuts which commonly occur during rape facilitate the entry of pathogens through the vaginal mucosa (Lohmann, 2008). Inability to negotiate condom use during episodes of rape could lead to HIV infection as well (WHO, 2010). Being a survivor of sexual violence and being susceptible to HIV share a number of risk behaviors. Forced sex for instance, increases the likelihood of engaging in unprotected sex, having multiple partners, participating in sex work, and substance abuse (Wingood, DiClemente and Raj, 2000).

The psychological adverse effects of rape are immense; these include suicide or suicidal attempt and self-blame (Lohmann, 2008). Lohmann (2008) identified two main types of self-blame: behavioral self blame and characterological self-blame. Behavioral self-blame is an

undeserved blame based on actions. Survivors who experience behavioral self-blame feel that they should have done something differently and therefore feel at fault (Frazier, Mortensen and Steward, 2005). Characterological self-blame refers to undeserved blame based on character. Survivors who experience characterological self-blame feel there is something inherently wrong with them which have caused them to deserve to be assaulted (Frazier et al., 2005). The consequences of self-blame generally include, lack of motivation to seek care; cutting oneself off from other people; anger and aggression (Frazier et al., 2005). Behavioral self-blame is associated psychological distress including feelings of guilt, shame and remorse (Frazier et al., 2005).

Survivors of dating violence suffer emotional trauma, loss of self-esteem, confidence, fear, feelings of insecurity, appetite loss, thoughts of suicide and attempted suicide (WHO, 2010). Research has indicated that survivors of date rape report depression, anxiety, complications in subsequent relationships, and difficulty attaining pre-rape levels of sexual satisfaction (Lohmann, 2008). The degree to which individuals experience these and other emotional consequences varies based on factors such as the amount of emotional support available, prior experiences, and personal coping styles. Some survivors of rape may become very withdrawn and uncommunicative, others may act out sexually and become promiscuous, (Lohmann, 2008).

One of the most serious psychological disorders which can develop as a result of date rape is Post Traumatic Stress Disorder (PTSD) (WHO, 2010). Rape is just one of many possible causes of PTSD, but it (along with other forms of sexual assault) is the most common cause of PTSD in American women (Mcfarlane, Parker and Soeken, 1996). A person's immediate response to the event includes intense fear and helplessness. Symptoms which could be characteristic of PTSD include persistent re-experiencing of the event, persistent avoidance of stimuli associated with the event, and persistent symptoms of increased arousal. This pattern of re-experiencing, avoidance, and arousal must be present for at least one month. There may also be an accompanying impairment in social, occupational, or other important realm of functioning (Lohmann, 2008).

The social consequences of date rape ranged from stigma and discrimination, poor academic achievement, withdrawal from school, inability to build partnerships, loss of marriage prospects to rejection by family and friends (WHO, 2010; Lohmann, 2008). Apart from likelihood of engaging in risky sexual behaviour, survivors of date rape also engage in prostitution (Lohmann, 2008).

Reporting of date rape and help-seeking behaviour among survivors

By opening up to the police and university authorities, female students can consciously break the silence surrounding gender-based violence and subvert the discursive practice of positioning women as passive survivors of male abuse (Izugbara et al, 2008). Unfortunately, female students are generally not comfortable letting people know that their dating partners abuse them. Many of them prefer to lie that they had been involved in accidents, indicating the powerful silence that characterizes women's response to their survivorization (Izugbara et al, 2008).

In most cases where women report violence to civil authorities, the only punishment usually meted out was to request the perpetrators to pay for the cost of the survivors' medical treatment, indicating that dating violence often goes unpunished (Izugbara et al, 2008). The attitude of the police and other civil authorities in Nigeria towards gender-based abuse is not unconnected to the unwillingness of many women to formally report their abuse (Amnesty International, 2008). Indeed, authorities in Nigeria do very little to bring male perpetrators of dating related violence to justice (Abati, 2006).

Research explaining why reporting occurs so infrequently among survivors of date rape in Universities implicated fear of being isolated, embarrassment, shame, and ridicule by one's peers and even family members (Lohamnn, 2008).

The lack of classification of the situation as rape by the survivor or offender (due to it not fitting the stereotypical rape scenario) may also inhibit the survivors' likelihood of reporting cases of date rape (Buddie and Miller, 2001). Misidentifying a situation could be due to the misleading portrayal of what rape, rapist and rape survivors are (Buddie and Miller 2001; Frith, Shaw and Hong 2005). Therefore, survivors and offenders often do not classify rape

incidence as rape because it varies from what they perceive rape to be (Buddie and Miller 2001).

Survivors of rape needs some forms of help such as compassionate counseling, health care services which may include emergency contraception, STI treatment, care for other kinds of health problems and non-judgmental legal redress (Lohmann, 2008; WHO, 2010). In Nigeria, rape survivors rarely seek any form of help (Ajuwon, 2004). Reasons for not seeking help are often associated with shame and fears of disclosure of their secret (Lohmann, 2008; Ajuwon, 2004). Rape is stigmatized in Nigeria. The societal belief that the publicity resulting from the prosecution of a case of rape may have long-term adverse consequences on survivor, including difficulty in finding a suitable husband (Ajuwon et al, 2004), could serve as a barrier to reporting rape.

Seeking legal redress following rape experience in Nigeria is rare and is very difficult (Ajuwon, 2004; Amnesty International, 2000). According to the Criminal Laws of Oyo State (1978), the conditions include: establishing that sexual intercourse was forced, that there is evidence of marks of violence on the body of the survivors, that there is a sign of struggle at the scene of rape, that the survivor made an outcry whereby she can be heard, that the immediate report of sexual coercion is extracted from the survivor without force and that the survivor submits herself for medical examination (Criminal Laws of Oyo State, 1978). Often, survivors of rape lack knowledge about their rights to seek legal redress; even the exorbitant cost of legal representation may deter survivors from pursuing legal redress (Ajuwon et al, 2004).

Many survivors of date rape do not seek health care services (Lohmann, 2008, WHO, 2010). Those who seek treatment prefer to obtain it from patent medicine shops or pharmacies or result to self-treatment (Ajuwon, et al, 2004). Survivors perceive this mode of treatment as the most likely form of treatment that can ensure their confidentiality (Ajuwon, et al, 2004). Organizations that provide adequate care and support for survivors are not readily available (WHO, 2010).

Rape prevention and control approaches

Some of the prevention and control approaches to IPV and sexual violence including rape include human rights, criminal justice, public health approach (Smithey and Straus 2002; WHO, 2010) and pro-social bystander model (Banyard, Plante and Moynihan, 2005; Cornell University, 2007). Although many of these approaches and strategies appear to have potential for prevention and control of rape on theoretical grounds, they however have never been systematically implemented (WHO, 2010). These approaches will be elaborated upon or reviewed.

The human rights approach

The human rights approach is based on the obligations of states to respect, protect and fulfill human rights and therefore to prevent, eradicate and punish violence against women and girls (WHO, 2010). It recognizes violence against women and girls as a violation of many human rights to which women are entitled. These rights include rights to life, liberty, autonomy and security of the person; the rights to equality and non-discrimination; freedom from torture and cruelty, inhuman and degrading treatment or punishment; the right to privacy; and the right to the highest attainable standard of health (WHO, 2010).

The afore-mentioned human rights are enshrined in international and regional treaties, national constitutions and laws. These documents stipulate the obligations of states, and include mechanisms for holding states accountable (WHO, 2010). In 1985, the UN adopted the Domestic Violence Resolution as a human rights issue. A document published by the UNIFEM (2000) declares that “Violence against women and girls constitutes the single most prevalent and universal violation of human rights“. The UN continues to expand its role in the creation of human rights standards in the area of criminal justice and in assisting and monitoring implementation of the standards. Member states are urged to consider laws proscribing IPV which includes date rape (Wolfgang, 1989). Nations that have not criminalized IPV are classified as violating internationally recognized norms relating to human rights, (Smithey and Straus, 2002).

At the UN sponsored World Conference on Women, in Beijing in 1995, representatives of 186 nations adopted the Beijing Platform of Action. Countries that adopted this platform

became obligated under international law to eliminate discrimination and violence against women in all its forms (Jejeebhoy and Cook 1997). Although tremendous progress has been made towards gender equality in many countries, the process has hardly begun in some and in some it has been reversed (Smithey and Straus, 2002).

There are a number of international, continental and sub-regional protocols that frame the issue of Violence Against Women within the African Context (Stewart, Sommerfelt, Borwankar, Oluwole, Fogg, and Going, 2010). The most important of these is the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa that was adopted in Maputo on 11 July 2003 (Stewart et al, 2010).

Nigeria is a signatory to many treaties, conventions or charter relating to human rights including rights of women. These include: 1948 United Nations Declaration for human rights; 1952 Convention on the Political rights of Women; 1966 International Covenant on Civil and Political Rights (ICCPR); 1979 Convention for the Elimination of All forms of Discrimination Against women (CEDAW); 1994 International Conference on Population and Development (ICPD); 1995 Beijing Declaration and Platform of Action; the United Nations Resolution and 2003 African Charter on Human and People Rights (Federal Ministry of Women's Affair and Social Development, 2006). Though the country ratified CEDAW alongside other member states, it is yet to domesticate CEDAW at national and state levels. It also has a constitution that seeks to guarantee the rights of all citizens irrespective of gender (Federal Ministry of Women's Affair and Social Development, 2006). Despite the availability of National Gender Policy, violence against women especially IPV is yet to be fully translated into laws and policies in Nigeria (Federal Ministry of Women's Affair and Social Development, 2006). Full implementation of the provisions of the afore-mentioned covenants, treaties, protocols and related laws in Nigeria have great potentials for preventing date rape.

The criminal justice approach

The criminal justice approach sees IPV and sexual violence including date rape as a violation of law (Meyer, 2000). Its main task is centered on responding to date rape after it has occurred by enforcing appropriate laws (WHO, 2010). This involves properly identifying perpetrators of date rape, ascertaining their guilt and ensuring that they are appropriately sentenced (WHO, 2010). According to WHO (2010), preventing date rape through criminal justice approach relies primarily on deterrence, incarceration and the punishment and rehabilitation of perpetrators.

Rape is a criminal offence in Nigeria and the Nigeria legal system has provision for redress (Ajuwon et al., 2004; Amnesty International, 2009). For instance, all forms of torture and other inhuman or degrading treatment which include rape are prohibited by the Nigerian constitution (FGN, 1999). Section 34(1) of the Nigerian 1999 constitution states that: "Every individual is entitled to respect for the dignity of his person, and accordingly (a) no person shall be subjected to torture or to inhuman or degrading treatment" (FGN, 1999).

The Penal Code (Nigerian laws Cap 89), applicable in the northern part of Nigeria, criminalizes both rape and "defilement" (rape of a girl under the age of 13 years). According to section 282(1) of the Penal Code:

"A man is said to commit rape if he has sexual intercourse with a woman in any of the following circumstances -- (a) against her will; (b) without her consent; (c) with her consent, when her consent has been obtained by putting her in fear of death or hurt; (d) with her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married; (e) with or without her consent, when she is under fourteen years of age or of unsound mind".

Rape is explained by the Criminal Code act (Nigerian laws Cap 38), applicable in the south of Nigeria (Section 357), as:

"Any person who has unlawful carnal knowledge (carnal knowledge could be interpreted as penetration using body parts or foreign objects) of a woman or girl, without her consent, or with her consent, if the consent is obtained by force or by means of threats or intimidation of any kind, or by fear of harm, or by means of false and fraudulent representation as to the nature of the act, or in the case of a married woman, by personating her husband, is guilty of an offence which is called rape"(FGN, 1990). Under Section 358 of Criminal Code Act, rape is punishable by life imprisonment, with the possible addition of caning (FGN, 1990).

According to the Criminal Act of Oyo State (1978), Rape is defined as follows: “*an unlawful sex with a woman or girl without her consent, or with her consent if the consent is obtained or by means of false and fraudulent representation of the act*”. Under this Act, rape and the attempt to rape are punishable by life and 14 years imprisonment respectively. The essential requirements for convicting a perpetrator of rape are that sexual intercourse was forced, that there is evidence of marks of violence on the body of the survivors, that there is a sign of struggle at scene of rape, that the immediate report of sexual coercion is extracted from the survivor without force and the survivor submits herself for medical examination (Criminal Act of Oyo State, 1978).

Although the afore-mentioned legal provisions exist in Nigeria, they are usually not operational (Amnesty International, 2009). The laws do not specify what constitutes sexual consent and how sexual consent should be obtained. In addition, the legal provisions are outdated and not sensitive to IPV including date rape (Amnesty International, 2009). For instance, the laws do not specify the use of physical and verbal threats as well as administration of drug or intoxicant on survivors of rape by the perpetrators.

Studies have shown that date rape may involve the use of threat and administration of drugs or intoxicants on the survivor, and may not necessarily involve the use of physical force (Mediterranean Gender Institute 2008; Lohmann, 2008). This implies that the legal prerequisite for rape under Nigerian laws which demand medical examination for proving the use of force is inadequate. Studies have also shown that women raped by intimate partners including dating partners usually do not seek health care from health care facilities following rape due to stigmatization, self-blame and confidentiality issues (Ajuwon et al, 2004, WHO, 2010). This undermines the possibility of survivors of date rape seeking legal redress under Nigerian laws. Measures to criminalize abuse by intimate partners including date rape and to broaden the definition of rape should be promoted (WHO, 2010). Such measures have been very important in shifting social norms (Heise and Garcia- Moreno, 2002; Jewkes et al., 2002).

Public health approach

According to World report on violence and health (WHO, 2010), the public health approach is a science-driven, population-based, interdisciplinary, inter-sectoral approach based on the ecological model which emphasizes primary prevention. Rather than focusing on individuals, the public health approach aims to provide the maximum benefit for the largest number of people, and to extend better care and safety to entire populations (Dahlberg and Krug, 2002). The public health approach draws upon knowledge from many disciplines including medicine, epidemiology, sociology, psychology, criminology, education and economics (WHO, 2010). The public health approach to intimate partner and sexual violence emphasizes a multi-sectoral response because these forms of violence are multi-faceted problems, According to the public health approach sexual violence, rather than being the result of any single factor, is the outcome of multiple risk factors and causes, interacting at four levels of a nested hierarchy (individual, close relationship/family, community and wider society), (WHO, 2010).

From a public health perspective, prevention strategies can be classified into three types, namely: primary, secondary, and tertiary prevention, (Dahlberg and Krug, 2002; Smithey and Straus 2002; WHO, 2010). In order to effectively address the public health problem of IPV, health professionals, policy makers, educators, and women's advocates must intensify violence prevention efforts across the three levels of prevention (Lohaman, 2008). It is necessary to explain what the concepts of primary, secondary and tertiary prevention are within the context of sexual violence including date rape.

Primary prevention is aimed at preventing sexual violence including date rape before it occurs (Carmody, Evans, Krogh, Flood, Heenan and Ovenden, 2009; Young 2004; WHO, 2010). It is a population level approach, which stresses that the issue of concern is of relevance to the whole population (Young, 2004). Primary prevention strategies seek to remove the causes or 'determinants' of sexual violence (including date rape), to prevent the development of risk factors associated with violence, and/or to enhance the factors which have protective effects against violence (Chamberlain, 2008). The objective of primary prevention campaigns might be general awareness, individual behaviour change, or a call to public action (Dejong and Atkin, 1995).

Primary prevention seeks to influence the formation of individual and community attitudes, on the assumption that this will impact on behaviours and ultimately result in a reduction of sexual violence (Young, 2004). The target of primary prevention is not only individual behaviour change, but a community level shift in the values and norms that support sexual assault (Young, 2004). Prevention efforts may address rape-supportive attitudes and norms through public information and awareness campaigns in mass media or in particular contexts such as sports and workplaces, education programs, or 'edutainment'. They may address gender inequalities and patriarchal power relations through policies promoting gender equality, skills training in respectful relationships, or community development and the mobilisation of women's and men's networks for change (Harvey, Garcia-Moreno and Butchart, 2007).

The application of primary prevention is seldom used to address intimate partner violence (Sherman, Schmidt, and Rogan, 1992). It has been relatively neglected, with the majority of resources directed towards either secondary or tertiary prevention (Smithey and Straus 2002; WHO, 2010). However, primary and secondary prevention are not mutually exclusive categories. Some policies and programmes serve both purposes. For example, shelters for battered women, in addition to aiding survivors, make an important contribution to primary prevention through community education programs and through empowering women (Smithey and Straus, 2002).

Secondary prevention focuses on early identification and intervention, targeting individuals at high risk for either perpetration or survivorization and working to reduce the likelihood of their further or subsequent engagement in or subjection to violence (Carmody et al, 2009). Succinctly put, it intends to break the pattern of violent behavior before it becomes deeply ingrained, (Smithey and Straus, 2002). It is intended to reverse progress towards sexual violence and to reduce its impact (Carmody et al, 2009). According to WHO (2010) secondary prevention focuses on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment for STIs following a rape. Furthermore, secondary prevention includes such efforts as early identification and counseling of first-time offenders to challenge and change behavior as soon as possible after its occurrence (Smithey and Straus, 2002).

Tertiary prevention centers on responding after rape has occurred (Carmody et al., 2009). The activities focus on responding to or treating the problem by minimising the impact of violence, restoring health and safety, and preventing further survivorisation and perpetration (Chamberlain, 2008; WHO, 2010). Tertiary prevention includes counseling or psychotherapy, referral for survivors, advocacy as well as community-wide interventions, criminal justice services and sex offender treatment programmes (Chrisler and Ferguson, 2006; Meyer, 2000; Smitley and Straus, 2002). The reform of rape related statutes, the enforcement of existing laws and the prosecution of accused rapists are more examples of this prevention strategy (Meyer, 2000).

The public health approach is an evidence-based and systematic process involving four inter-related steps, namely: defining the problem; investigating why the problem occurs; exploring ways to prevent the problem and disseminating information on the effectiveness of programmes and increasing the scale of proven effective programmes (WHO, 2010). According to WHO (2010), approaches to prevent rape (whether targeted at individuals or entire communities) must be properly evaluated for their effectiveness. Furthermore, the programmes should be adapted to local contexts and subjected to rigorous re-evaluation to ensure their effectiveness in the new setting.

School-based prevention is an effective public health method for influencing the social and cultural norms that support rape-tolerant attitudes (WHO, 2010). Schools have scheduled sessions, ready-made groups, various personnel like social workers, counselors, psychologists among others that can be beneficial to sexual violence prevention programmes (Hilton, Harris, Rice, Krans and Lavigne, 1998). Therefore, rape prevention education in schools can reach young populations relatively easily, and can be linked to existing curricula, processes and pedagogy (Hassall and Hannah, 2007).

Rape programming on campuses in USA has included education of various kinds, support for social events, distribution of rape whistles, use of hotlines, training of students, administrators and school security on rape prevention, and other efforts (Sampson, 2002). Various researches have indicated that positive findings are more likely to result from school-targeted programmes which utilize trained peers (Lonsway et al., 1998; Friedman

1999; Smith and Welchans 2000). In order to ensure effectiveness, training could take the form of single sex sessions (Foubert and McEwan, 1998). Training programmes on rape prevention should be delivered over multiple sessions and years (Smith and Welchansm 2000; Mulroney, 2003).

Sexual assault education which emphasis date rape should begin before students arrive on campus and continue throughout University period. It may also be most effective if high-status peers are involved in disseminating knowledge and experience to younger University students, (Armstrong, Hamilton and Sweeney, 2006). Furthermore, sexual assault education should shift its emphasis from educating women on preventative measures to educating both men and women about the coercive behavior of men and the sources of survivor-blaming, (Armstrong et al, 2006). According to Armstrong et al. (2006), efforts to educate university students about sexual assault including date rape will not succeed if the university continues to support organizational arrangements that facilitate and even legitimatises men's coercive sexual strategies.

There is a need for policies that address rape prevention and control among University students. Sexual violence or sex offence policy can promote campus safety and prompt reporting of rape incidents to appropriate campus officials (Lohmann, 2008). Alcohol policy that prohibits the sale of alcohol on campus has the potentials of addressing date rape and other related sex offenses among University students (Armstron et al., 2006). Several studies have recommended that Universities should put advocacy programme in place to assist in the prevention of rape (Fisher et al, 2000, Lohamann, 2008, WHO, 2010). Regulation that could be used to address rape on campus includes heavy policing of residential halls and policing of fraternities (Armstron et al, 2006). In the students' Handbook of University of Ibadan, sexual harassment was listed as an indecent behaviour, with a penalty of one semester suspension or rustication (Students' Affairs Division of University of Ibadan, 2008). The handbook does not contain information relating to definition, nature, contexts and forms of sexual harassment, which include date rape. Furthermore, there were no provisions on how and where to report and seek help following experience of date rape and sexual violence in general.

Pragmatic Perspective

This pragmatic perspective to prevention is based on the belief that there are identifiable causes (risk factors) and identifiable conditions that help one avoid (protective factors) negative experiences, (Meyer, 2000). This model was originally designed to prevent drug abuse but was later extended to sexual violence prevention (Meyer, 2000). According to the model, prevention efforts should focus on reducing risk and increasing protective factors related to rape (Meyer, 2000). The model is yet to be fully applied to rape prevention (Meyer, 2000).

Social change model of prevention

Rape occurs in a specific social context that condones or promotes violent behavior (Townsend and Campbell, 2010). Social change strategy is based on the belief that rape occurs because of a societal structure which treats people unequally, resulting in unequal power distribution among all citizens, (Meyer, 2000). This unequal power distribution is tied to age, gender, race and class (Meyer, 2000). The model views all children and women as potential survivors of rape and all men as potential perpetrators of rape (Meyer, 2000). The model believes that sexual violence is both a social and individual act and that the society has the power to influence occurrence of rape (Townsend and Campbell, 2010). According to Townsend and Campbell (2010), rape prevention must take into consideration both social norms and individual behaviors. Changing norms about rape and the quality of relationships within a community through strategies that promote gender equality are the focus of social change model of rape prevention (Meyer, 2000; Townsend and Campbell, 2010).

The pro-social bystander approach

The pro-social bystander model of sexual violence prevention was developed by Dr. Victoria Banyard of University of New Hampshire, USA (Cornell University, 2007). The model calls for prevention efforts that take a wider community approach in which an individual's behaviors as a bystander intervene in ways that can prevent the occurrence of rape. The model views men as potential bystanders or witnesses to behaviours related to rape (Cornell University, 2007). The model is based on the premise of changing broader community norms about sexual violence by increasing men's awareness of risky-behaviors such as alcohol abuse and adherence to traditional gendered behaviour, helping them to identify the

behaviors and encouraging them to take responsibility to intervene during high-risk situations (Banyard, Plante and Moynihan, 2005). For effective rape prevention programmes men should assume responsibility for the prevention of sexual violence against women and promote anti-violence values (Berkowitz, 2004).

Summary of Literature review

Rape is an unwanted and unacceptable sexual intercourse (in form of oral, anal, vaginal sex, forced insertion of objects into a woman's vagina), often characterized by physical force, threat or/and use of drugs. Survivors of rape are predominantly young women. Rape perpetrated by a partner being dated is referred to as date rape and this phenomenon is widespread in contemporary society and Universities are not isolated from it.

There is dearth of information from literature relating to date rape phenomenon in Africa, especially with specific reference to Nigeria. Few available data on date rape in Nigeria and other African countries are derived from general reproductive health, sexual coercion and dating violence studies. Many of the studies are not generalizable due to limitation in scope, reliance on qualitative data and inability to fully capture the experience of date rape survivors.

The average prevalence of date rape is about 15 – 20 percent among University students in developed nations. Certain risks factors such as age, dating relationship characteristics, pervious experience of sex, use of drugs including alcohol and cultural norms which supports rape attitudes contribute to the occurrence of date rape among University students. The experience of date rape has been linked with numerous short and long term medical, emotional, psychological and social effects. Despite the necessity and availability of help in form of health care, counselling and legal redress, survivors of date rape rarely seek help due to various psycho-social issues such as stigmatization and self blame.

Some of the perspectives on rape prevention include human right perspectives, criminal approach and public health approach. Public health approach which includes primary, secondary and tertiary prevention presents an opportunity for integrated and inter-sectoral prevention and control of rape.

There are legal enactments in Nigeria which prohibits rape generally and specifies penalties for indulging in the criminal act. However, the legal enactments are not comprehensive enough to address the various ramifications of rape and date rape in particular. For instance, the conditions which need to be fulfilled before a case of rape can be established are very difficult for survivors of date rape to meet.

Various issues or concepts relating to rape and date rape were reviewed and the product of the review was used to guide this study. Some of the key concepts or variables derived from the literature include the following: awareness of date rape, prevalence of date rape, contexts in which date rape occur, pattern and help-seeking behaviour of survivors of date rape.

CONCEPTUAL FRAMEWORK

The models reviewed and used to guide this study were the ecological and PRECEDE models.

Ecological Model

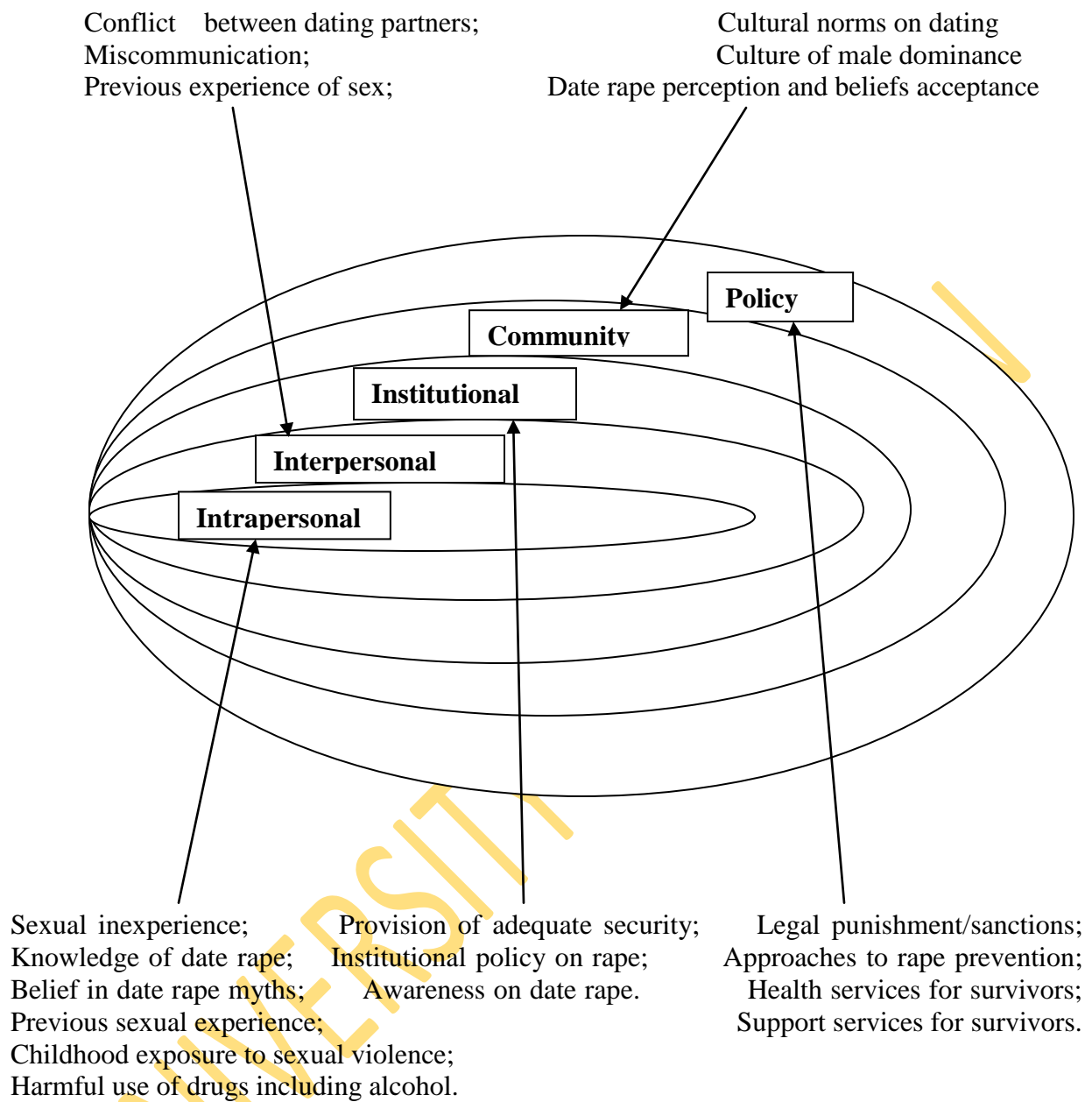
Ecological model explains how the physical and socio-cultural environments at various levels influence people's behaviour. These levels highlight the interaction and integration of biological, behavioural, environmental and social determinants, as well as the influence of organisations (such as workplace and schools), other persons (like family, friends and peers), and public policies which together help individuals make healthy choices in their daily lives (Glanz and Rimmer, 1995). Ecological model can be analysed at five levels, which include intra-personal, inter-personal, organizational, Community and policy. It is necessary to explain the concepts at the five levels.

Intra-personal factors are personal factors which include biological and personal history that may increase the likelihood that an individual will become a survivor or perpetrator of violence (WHO, 2010). They interface with the environment and society (Hanson, Hanson, Vardon, McFarlane, Lloyd, Muller and Durrheim, 2005). *Inter-personal factors* include factors that increase risk as a result of relationships with peers, intimate partners and family members. These are a person's closest social circle and can shape their behaviour and range of experiences (WHO, 2010).

The *organisational factors* cover commercial organisations, institutions, associations and clubs which have structure, rules and regulations which enable them to pursue specific objectives and have direct influence over the physical and social environments maintained within their organisations (Hanson et al., 2005). The *community* refers to an assemblage or group of people interacting together and sharing social understanding or common interest. It provides means for socialization including adoption of certain norms, values, belief and habits.

Policy refers to set of guidelines and provisions that guide human actions in social system. It includes regulations, rules or laws targeting the reduction of sexual violence including date rape.

This study has adopted the “Ecological model” because it allows for the inclusion of various factors and perspectives from various disciplines (WHO, 2002). For instance, evidence from psychological models on individual risk factors and from models on societal risk factors can be incorporated into the ecological model (WHO, 2010). The Ecological model supports a comprehensive public health approach that not only addresses an individual’s risk of becoming a survivor or perpetrator of sexual violence, but also the norms, beliefs and social and economic systems that create the conditions for sexual violence including date rape to occur (WHO, 2010).



Adapted from Heise (1998)

Figure 2.1- Schematic application of Ecological Model to the understanding of date rape

Ecological model may explain how interaction between different factors results into date rape occurrence (McClure, Stevenson and McEvoy, 2004). Each of the five concentric circles (figure 2.1), represents a level or group of factors. The innermost circle represents the intrapersonal factors that can place an individual at the risk of perpetrating or experiencing date rape (see table 2.1 for details). Relevant intrapersonal factors in this study include age of study participants, age at first sexual intercourse, previous experience of attempted date rape, use of alcohol and other drugs. Other personal factors considered were awareness, knowledge and perceptions of date rape.

The second circle (figure 2.1), represents the immediate context which facilitates date rape. Relevant variables used in the design of the study instruments include history of dating relationship, forms of dating relationship and strategies or methods used to communicate. According to WHO (2010), relationship characteristics such as length of dating relationship, having multiple sexual partners and peers acceptance of date rape myths are some of the factors that could be related to perpetrating or experiencing of date rape.

The third circle (figure 2.1), represents the institutional and structural contexts in which relationships are embedded. Questions were asked on locations and places of occurrence of date rape, period of school calendar when date rape occurred, identity of the perpetrators of date rape and situations under which date rape occurred.

The fourth circle (figure 2.1), refers to the factors in the community that influence the occurrence of date rape. Related ecological variables applied to this study include societal norms, perceptions and response that could influence occurrence of date rape. Previous studies (Izugbara et al, 2004; WHO, 2010) observed that the society perceives men to be economically and religiously superior, and of higher status compared to women.

The fifth circle (figure 2.1), represents existing applicable policies issues related to date rape. Policies are supposed to guide human conducts on sex-related matters and offences including date rape and how it should be prevented or controlled. Relevant variables considered in this study include date rape reporting and health seeking behaviour of survivors and its associated factors. Other variables include roles of various bodies like government, school authorities and students union organization in prevention and control of date rape.

The PRECEDE Model

The acronym PRECEDE stands for Predisposing, Reinforcing and Enabling Causes in Educational Diagnosis and Evaluation. The model was developed by Green, Kreuter and others. It has served as a conceptual framework in health education planning aimed at diagnosing the health problems of a community, understanding the factors that influence the people's behaviour and developing intervention to promote healthy behaviour (Green and Kreuter, 1999). The model consists of three groups of factors namely predisposing, enabling and reinforcing factors which can influence behaviour. These factors are often called behavioural antecedent factors.

Predisposing Factors

The predisposing factors are behavioural antecedent factors that make any given health-related behaviour more (or less) likely to occur. They are factors which must be present before a behavioural decision takes place (antecedent). Predisposing factors include knowledge, attitudes, values and inherent qualities which are useful for throwing light on the issue of date rape among undergraduate students. For example, little or lack of knowledge on date rape as well as date rape myths related beliefs, perceptions and norms prevent a survivor of date rape from defining her experience as rape. Perpetrators may justify date rape based on misconception of how consent should be obtained. Predisposing factors that were considered in the study include related to awareness, perceptions and knowledge of date rape (see figure 2.2).

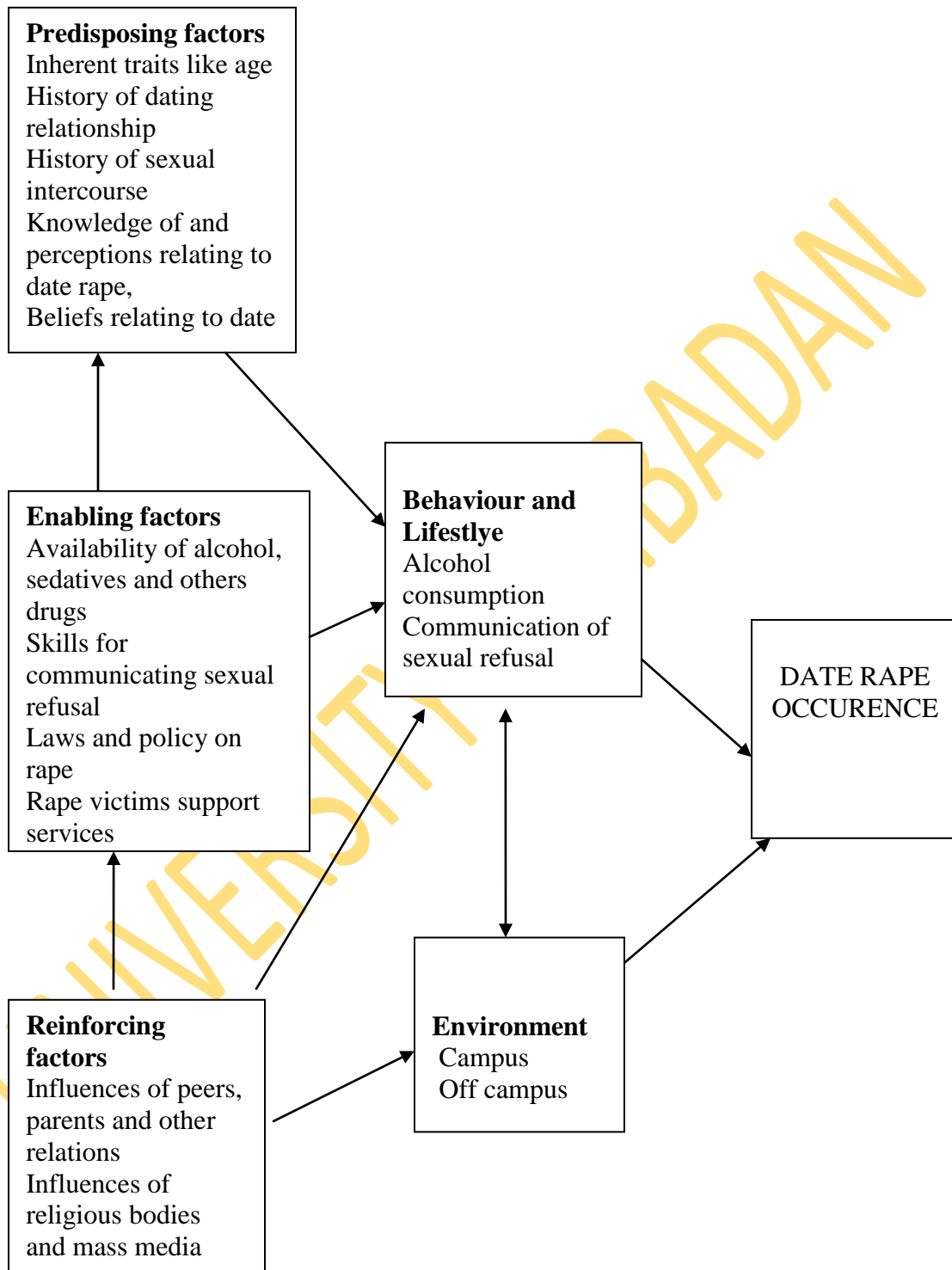
Enabling Factors

These are factors that make any given health-related behavior more (or less) likely to occur. These are factors which are present before the behavioural decision takes place (antecedent). These factors include *time*, skills, place, health service, laws, policies and procedures. With respect to time as an enabling factor, date rape may occur more during the night, weekends when there would not be lectures and outside the campus where security measures may be inadequate. Most universities do not have sex offences policies that address issues of date rape and supportive care for survivors of rape. Some variables related to enabling factors measured in the study were availability of sex education programmes, use of alcohol and other drugs, skills related to communication of sexual refusal (see figure 2.2).

Reinforcing Factors

These are factors that are related to the influence of significant others such as peers, parents, other relations, religious bodies e.t.c. For instance peers may encourage dating and believe in date rape norms. Also, friends and family members may discourage a survivor from defining an incidence as date rape as well as reporting and seeking help following experience of date rape (see figure 2.2). Issues on reinforcing factors considered in this study include societal attitude and response to date rape, date rape reporting and help-seeking behaviour of survivors of date rape and factors influencing survivors' help-seeking behaviour.

UNIVERSITY OF IBADAN



Adapted from Hofford W.C (2000).

Figure 2.2 - Schematic application of PRECEDE model to date rape.

CHAPTER THREE

METHODOLOGY

This section deals with the research design, study population, sampling technique, methods and instruments for data collection, procedure for data collection and data analysis.

Study design and scope

This is a cross-sectional study designed to assess date rape experiences and help-seeking behaviours among university of Ibadan undergraduate students.

Study setting

The study was carried out at the University of Ibadan. The institution, occupying over 1,032 hectares of land, is located in Ibadan North Local Government Area. The University was originally established on 17 November, 1948 as an external College of the University of London (then it was called the University College, Ibadan). The University became an autonomous University in 1962 and had a little over 2000 students. The site of the University was leased to the colonial authorities by Ibadan Chiefs for 999 years (University of Ibadan, 2002).

The institution currently has a total of 13 faculties with a population of over 20,000 students as at September, 2009. The institution has 12 halls of residence. Nine out of the halls of residence are for undergraduate students (see table 3.1 for details). Post-graduate students are accommodated in two halls of residence, namely; Abdulsalam Abubakar hall (also known as New PG hall) and Tafawal Balewa hall. The Obafemi Awolowo hall accommodates both undergraduate and post-graduate students. Out of the 10 halls of residence available for undergraduates, females are accommodated in 4 halls of residence. These include Queen Elizabeth II hall, Queen Idia hall, Alexander Brown Hall and Obafemi Awolowo Hall.

Table 3.1- Categories of residents in the halls of residence of University of Ibadan for 2009/2010 Academic Section

S/N	Hall Of Residence	Undergraduate	Post Graduate
1	Alexander Brown Hall	427 Males and 230 Females	0
2	Mellanby Hall	565 Males	0
3	Independence Hall	980 Males	0
4	Kuti Hall	554 Males	0
5	Obafemi Awolowo Hall	105 Males and 1299 Females	210 Males and 255 Females
6	Queen Idia Hall	1262 Females	0
7	Queen Elizabeth 11 Hall	960 Females	0
8	Sultan Bello Hall	486 Males	0
9	Abdulsalam Abubakar Hall	0	280 Males and 404 females
10	Nnamdi Azikwe	940 Males	0
11	Tedder Hall	540 Males	0
12	Tafawa balewa Hall	0	207 Males
TOTAL		8348 (Males- 4597) (Females- 3751)	1356 (Male- 697) (Female- 659)

* Source- Hall Wardens and Hall Supervisors

Study population

The female undergraduate students of the University of Ibadan constituted the study population. They were students who were officially accommodated at the female halls of residence of University of Ibadan.

Inclusion and exclusion criteria

One of the criteria for this study was a study participant must be a female undergraduate student of University of Ibadan who reside in one of the four female halls of residence in the University. Another criterion was that, a study participant must have stayed in the University for at least one academic year. These inclusion criteria automatically exclude female students who were not accommodated on campus or who were squatting with fellow students on campus and those who were freshers or newly admitted students (i.e 100 level and the 200 level direct entry students) in the University.

Sample size

The appropriate sample size was determined using Lwanga and Lemeshow (1991) sample size formula. The formula is as follows:

$$n = \frac{Z\alpha^2 (1-p)}{(p) d^2}$$

Where,

Z α is standard normal deviation at 5% (Standard value of 1.96)

P is the assumed prevalence of date rape among female students.

The Prevalence (**P**) of rape among female students as reported in a Nigerian study is 11%

(Ajuwon et al, 2001). Eighty five percent (85%) of all rape cases among young population are date rape (Curtis, 2004). Thus, the prevalence of 85% of 11% is **9.4%** (0.094) .

d is relative precision at 25% or 0.25

$$\begin{aligned} n &= \frac{1.96^2 (1-0.094)}{0.094 \times (0.25)^2} \\ &= 592 \end{aligned}$$

An attrition or incomplete response rate of 10% of 592 (59) was added to increase the sample size to **651**.

Sampling technique

A multi-stage sampling technique involving four stages was used in selecting respondents for the study.

Stage 1

Proportionate sampling technique was used to determine the number of female undergraduate students interviewed from each of the 4 halls of residence which accommodate female undergraduate students (See table 3.2 for details).

Stage 2

Proportionate sampling was used to determine the number of students interviewed per block (see table 3.2 for details)

Stage 3

Rooms were selected in each block using tables of random numbers (see table 3.2 for details).

Stage 4

An eligible female student met alone in a room was purposively selected for interview. However, where two or more eligible students were met in a selected room balloting was used to pick the student that was interviewed. A selected student was interviewed in her room without any other person being present. In a case where respondent's room was not conducive or her other room-mates could not vacate the room, a mutually agreeable venue within the hall was used for the interview. This was done to protect the privacy of respondents and to provide an opportunity for free disclosure of information.

Table 3.2: Distribution of female undergraduate students in halls of residence in University of Ibadan (for 2009/2010 Academic section).

S/N	HALLS	Number of students in each hall	Number of female undergraduate students per block	Proportion of respondents to be selected from each hall of residence	Proportion of respondents to be selected from each blocks in various halls
1	Queen Elizabeth II hall (With 281 rooms)	960	Block A - 43 Block B - 70 Block C - 88 Block D - 102 Block E - 60 Block F - 40 Block G - 161 Block H - 162 Block I - 234	$\frac{960 \times 651}{3751}$ = 167	8 12 15 18 10 7 28 28 41
2	Queen Idia hall (With 299 rooms)	1262	Block A - 435 Block B - 582 Block C - 165 Flat - 80	$\frac{1262 \times 651}{3751}$ = 219	75 101 29 14
3	Obafemi Awolowo hall (With 577 rooms)	1299	Block D - 232 Block E - 185 Block F - 233 Block G - 249 Block H - 223 Block I - 72 Box room- 105	$\frac{1299 \times 651}{3751}$ = 225	40 32 40 43 39 13 18
4	Alexander Brown hall with 115 rooms	230	Block A- 98 Block B- 56 Block C - 56 Block F - 20	$\frac{230 \times 651}{3751}$ = 40	17 10 10 3
	TOTAL	3751		651	651

Source- Record kept by hall wardens and hall supervisors

Methods and instruments for data collection

Data collection was carried out using a Focus Group Discussions (FGD) guide, In-depth Interview (IDI) guide and a pretested semi-structured questionnaire which included a 6-point knowledge scale. The triangulation of the three methods was adopted to ensure that the weaknesses of one are counter-balanced by the strengths of the others.

Focus Group Discussion (FGD)

The FGD guide consisted of 12 main questions (see appendix I). The questions were framed to probe into the following issues: concept of dating, concept of rape, perception of date rape, prevalence of date rape and factors influencing date rape. There were questions relating to reporting of date rape, adverse consequences of date rape and prevention of date rape. Results of the FGD were used in modification of the questionnaire.

Semi-structured Questionnaire

The collection of the quantitative data was done by means of a semi-structured questionnaire. The design of the questionnaire was done after a review of literature. The questionnaire was organized into seven sections labeled A- H (see appendix II)

Section A was used to assess respondents' socio-demographic characteristics. Information on respondents' level of awareness related to date rape was documented using questions in Section B. The respondents' knowledge of the health effects of date rape was assessed using the questions in Section C. Perceptions relating to date rape were assessed using questions in section D. Section E contained questions that were used to determine the prevalence of date rape. Section F was used to document the context in which date rape occurred. Questions in Section G were used to determine the help seeking behaviour of survivors of date rape. Pattern of date rape reporting among the date rape survivors was assessed using questions in section H.

In-depth Interview (IDI)

For the in-depth interview, only the respondents who had experienced date rape (i.e. survivors of date rape) and indicated such in their questionnaires were recruited to participate in the in-depth interview. The IDI guide has 10 main questions (see appendix IV). The questions were framed to give further insights into the following issues: the contexts in

which date rape occurred, possible factors that might have influenced survivors' experience of date rape, health problems experienced as a result of being date raped, help seeking behaviour of survivors, date rape reporting pattern and coping mechanism adopted.

Validity and Reliability

Validity

The content validity of the instruments- FGD guide, questionnaire and IDI guide were ensured using pertinent variables teased out from the literatures reviewed. The input of my Research Supervisor, other lecturers in the Department of Health Promotion and Education and senior colleagues were used to enhance the face validity of all the instruments. The FGD results were used to modify and improve the questionnaire and IDI.

Reliability

In order to determine the reliability of the instruments (the questionnaire, FGD guide and In-depth interview guide) a pre-tested was conducted among students of The Polytechnic Ibadan, Ibadan. The Polytechnic Ibadan, Ibadan share similar characteristics with the University of Ibadan. Both institutions are among the foremost institutions of higher learning in Nigeria. Furthermore, the two institutions are located within similar socio-cultural settings. In addition, both institutions have residential facilities for students and offer their students' similar social opportunities, such as being allowed to mix and interact freely.

The FGD guide was pre-tested among two groups of female students residing in Olori and Unity halls of The Polytechnic of Ibadan. The IDI guide was administered among two female students who had experienced date rape, they were identified during the pre-test of the questionnaire.

The questionnaire was pre-test among 65 female students residing in three female halls of residence (Olori, Unity and Orisun halls) of The Polytechnic Ibadan. The pretested questionnaires were cleaned, coded and entered into the computer. The reliability of questionnaire was determined using Cronbach's Alpha model technique of SPSS (version 15). The reliability co-efficient was 0.97 implying that the instrument was very reliable. Few revisions were made on the instruments before they were finally used. Revisions made

included the inclusion of questions relating to attempted date rape experience as well as skipping mechanism in the questionnaire.

Training of Field Assistants

Four field assistants were recruited and trained. The training focused on the objectives and importance of the study, the sampling processes, how to administer the study instruments, how to secure respondents' informed consent and general interviewing skills. The three study instruments – FGD guide, questionnaire and IDI guide were discussed in detail during the training and the field assistants became familiar with it by conducting role-plays with each other. The field assistants were involved in the pretest of the study instruments and this created opportunity for them to learn how to collect the required data. The pretest was also an opportunity for them to practice how they would go about collecting the data, while the researcher watched to see how the exercise was being done and to make necessary correction(s).

Data collection process

The data collection procedures adopted are described as follow:

Focus Group Discussion

A total of eight FGD sessions were conducted among 58 female undergraduates drawn from the four female halls of residence in University of Ibadan. A letter of introduction from the department and evidence of ethics approval were tendered to hall wardens to obtain permission.

Two FGD sessions were conducted in each hall of residence. Seven female undergraduate participated in each FGD session. Participants were drawn from the different blocks in each hall of residence. Permission was sought from the hall wardens, hall supervisors and hall executives to allow the use of the common rooms. Where the students' common rooms were not available, alternative venues like hall executive rooms were used. The venues used had comfortable seats and good ventilation. The doors leading to the rooms used were closed and no student, apart from those that participated in the study was allowed to enter the rooms or venues throughout the period of the FGD.

The FGD sessions were conducted in the evenings between the hours of 5 to 7 p.m. The FGD sessions were conducted between the hours of 5 p.m to 7 p.m because it coincided with the time most students return from lectures and settle down in their rooms. Another reason why the FGD sessions were conducted in the evenings between the hours of 5 to 7 p.m was because visitors are only allowed into female hostels between the hours of 4 pm to 8 pm.

On the average, 55 minutes was used to conduct each FGD session. Each of the FGD was tape recorded and facilitated by a moderator, note-taker and observer. A moderator asked the questions and used the FGD guide to facilitate the harvesting of the different ideas and opinions from the discussants, sought for clarification where necessary and guided the discussions. A note-taker took notes and used a good tape recorder and audio-tapes to record the discussions to prevent loss of important information. In the team was also an observer who noted the reactions and subtle attitudes of the discussants and useful non-verbal communication.

Each of the FGD sessions was conducted as follow: The moderator introduced the members of the team. The moderator discussed the purpose of the discussion, and obtained an informed consent from the participants to record the discussion session on tape. The participants were assured that opinions expressed by them would be kept secret and so were encouraged to share their views freely on the issues raised for discussion. The discussion sessions were flexible in nature with a view to teasing out and exploring points that were not in the FGD guide originally. Focus Group Discussion had an average of 55 minutes duration. Refreshment was served after each FGD session.

After each FGD session, the discussion on the audiotape was replayed, carefully listened to and transcribed into a notebook. Results from the FGDs were used to modify the questions in the questionnaire.

Semi-structured questionnaire

The quantitative data were collected using the semi-structured questionnaire (see appendix II) with the help of four trained field assistants who were all females. The questionnaire was self-administered since the research participants could read and write in English language. A

total of 651 questionnaires were given out, but 610 valid questionnaires were retrieved due to attrition and incomplete responses. This yielded a response rate of 93.7 percent.

The questionnaires were administered at the hall of residence in the evenings after lecture period between the hours of 4:30pm and 7:30pm for six days. Every room selected for the data collection was visited and a participant was interviewed in each room. Consent of the participants was sought before the administration of the questionnaire after explaining to them the purpose of the research, the possible risks including remembrance of painful past experience, time that would be spent, the benefits of the research and the incentives to be given for participating. The questionnaire was collected immediately a respondent is through with it. After a field assistant had collected a questionnaire from a respondent, she checked for completeness of the questionnaire. Attention of a respondent was drawn to cases of omissions or incomplete responses in her questionnaire. In addition, the field assistant instantly checked a completed questionnaire to determine if a respondent was suitable for further in-depth interview. After confirming the suitability of a respondent, availability and willingness to participate in an in-depth interview was then sought.

In-depth interview (IDI)

The retrieved questionnaires were used to determine those who were to be involved in the IDI. Only those who had experienced date rape and indicated such in their questionnaires were involved in the IDI. Consent of the participants was sought before being involved in in-depth interviews. The eight female students who gave their consent were immediately interviewed using the IDI guide after the survey. All the in-depth-interviews were conducted in the halls of residence, either in the room of the survivors or in a private place where the survivor was sure that her privacy would be assured. In-depth interview sessions were recorded on audio tapes and notes were also taken. Comprehensive notes were taken in the case of one of the interviewees who did not give consent for audio tape recording.

Data management and Analysis

The FGDs were transcribed and a report of each FGD was written. These reports were then subjected to thematic analysis. Points of agreement and disagreement among discussants in the various groups were noted and presented. As much as possible, quotations which typified discussants' views were presented (as shown in chapter 4) and integrated with the quantitative findings.

The questionnaires were collated and edited by the researcher with the help of research assistants. The questionnaires were checked for completeness and a serial number was given to each for easy identification and recall. The responses in each questionnaire were hand-coded facilitated by the use of a coding guide developed by the researcher after a careful review of the responses in all the questionnaires. After the entire questionnaire had been hand-coded, a template was then designed on the SPSS (version 15) for entering of the coded data. Each questionnaire response was entered into the computer using the SPSS software-version 15. The quantitative data were analyzed using descriptive statistics, Chi-square, and logistic regression. The results are presented using tables, pie charts and bar graphs in chapter 4.

In-depth interviews were transcribed and a report of each in-depth interview was written after being subjected to thematic analysis. Case histories developed from the interviews and a summary table were used to present the profile and experiences of date rape survivors that were in-depth interviewed. Quotations which typified interviewees' views of their date rape experiences were integrated with the quantitative findings in chapter 4.

Ethical considerations

The ethical principles guiding the use of human participants in research were taken into consideration in the design and conduct of the study. Ethical approval was provided by Joint University of Ibadan and University College Hospital (UI/UCH) Ethics Review Committee (see appendix V for the letter of approval). Permission was obtained from the students' affair office and hall wardens in charge of the various halls of residence. Participation in the study was made voluntary and informed consent was obtained from each participant involved in the study (See appendices I, II and III). Each participant was provided with information about the focus of the study, objectives of the study, study methodology, inconveniences that might

be experienced and the potential benefits of the study to society. No identifier such as name of participants was required and all information provided was kept confidential. Each of the study participants was provided incentive in form of *coca-cola drink* and *digestive biscuit* or monetary equivalent after participating in the study. Information was provided to participants including date rape survivors on places where they could seek medical and counseling services.

Limitations of the study

There was dearth of information in the literature on date rape in Nigeria. This posed a serious challenge in respect of lessons which could be used to design this study. The problem was ameliorated through the review of literature on studies conducted outside Nigeria, mostly from the developed countries, in spite of their inherent limitations.

Some students who had experienced date rape declined to participate in the follow-up In-depth interview. This happened in spite of assurance that their identity would be protected and the results of the study would not harm their interest in any way. The fear of stigmatization and shame which characterize date rape generally may have accounted for their reaction.

Female off-campus students were excluded from the study and so this may have affected the generalization of the results. However, taken into consideration the scientific steps taken to carry out the study, it could be concluded that the results constitute a fair reflection of the phenomenon at the University of Ibadan.

Female students who were freshers i.e newly admitted first year undergraduates (i.e 100 level students) were excluded in the study. The reason was that many of them had not been officially accommodated into halls of residence as there was delay in the processing of their accommodation. Furthermore, as at the time the study was conducted some newly admitted students had not been registered.

CHAPTER FOUR

RESULTS

4.1 Respondents' Socio-demographic characteristics

Table 4.1 shows the basic socio-demographic characteristics of the respondents. All the 610 respondents were female undergraduates of the University of Ibadan. This was so because they were purposively selected for the study. The ages of respondents ranged from 17 – 30 years with a mean age of 21.0 ± 2.5 years. Most (86.8%) respondents were Christians. Many (40.8%) of them were in 200 level and few (2.3%) were in 600 level. Respondents were distributed across the four halls of residence for female undergraduates, with highest proportion (33.9%) of them being selected from Obafemi Awolowo Hall and the lowest proportion from Alexander Brown Hall. Faculty of Agriculture and Forestry had the highest proportion (15.2%) of respondents, followed by faculty of Art (14.3%) and faculty of Science (14.1%). Faculty of Public health had the fewest respondents (0.3%) and the faculty of Dentistry had 2.6%, while the faculty of Veterinary Medicine had 2.6% (See table 4.1 for details).

Respondents' history of dating relationship is presented in figure 4.1. A majority (75.4%) of the respondents had ever dated a boyfriend while 5.1% had ever dated a man-friend. Over half (57.2%) of respondents were in dating relationship with boyfriends at the time of study. Only 5.1% respondents had a dating relationship with man-friends at the time of the study. Some (6.9%) were dating both boyfriends and man-friends concurrently at the time of study. Mean number of boyfriend and man-friend being dated at the time of the study were 1.2 ± 0.7 and 1.1 ± 0.4 respectively (see figure 4.1). Many (50.5%) respondents had had sexual intercourse. Respondents' mean age at first sexual intercourse was 18.5 ± 3.7 years. Majority (75.5%) of them first had sex within the age range of 14 – 21 years (See figure 4.2 for details).

Table 4.1: Responsible socio- demographic information

N= 610		
Characteristics	Number	%
*Age in years		
17 – 19**	185	30.3
20 – 24 ⁺	372	61.0
25 – 30****	53	8.7
Religion (n = 608)		
Christian	526	86.8
Islam	80	13.2
Level of study		
200	249	40.8
300	149	24.4
400	146	23.9
500	52	8.5
600	14	2.3
Hall of residence		
Obafemi Awolowo	207	33.9
Queen Elizabeth	190	31.1
Queen Idia	173	28.4
Alexandra Brown	40	6.6
Faculty		
Agriculture and Forestry	93	15.2
Art	87	14.3
Science	86	14.1
Education	76	12.5
Clinical sciences	55	9.0
Social sciences	53	8.7
Law	45	7.4
Basic medical sciences	45	7.4
Technology	19	3.1
Pharmacy	17	2.8
Dentistry	16	2.6
Veterinary medicine	16	2.6
Public Health	2	0.3

*Mean age of respondents = 21±2.5

** Respondents who were teenagers

⁺ Respondents who were young persons but not adolescents

**** Respondents who were adults

N= 610

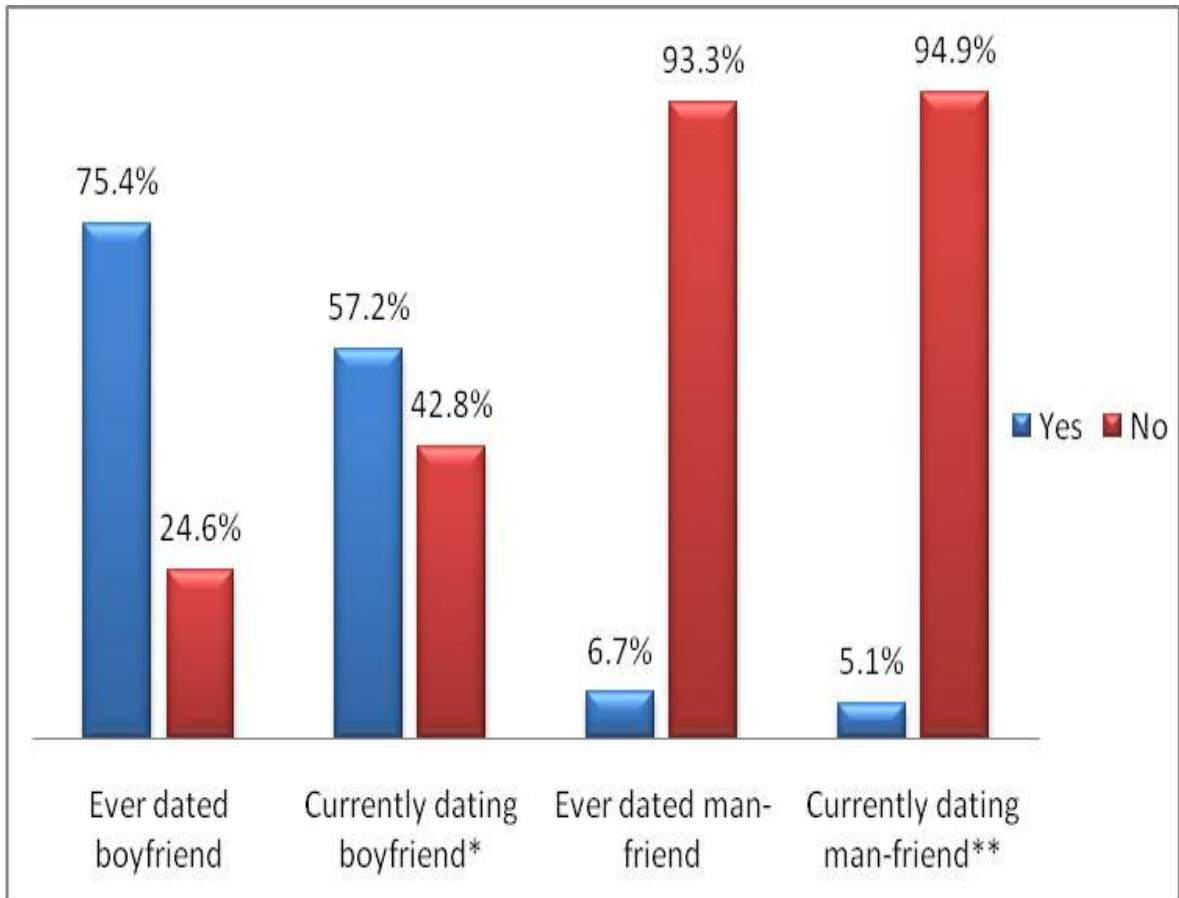


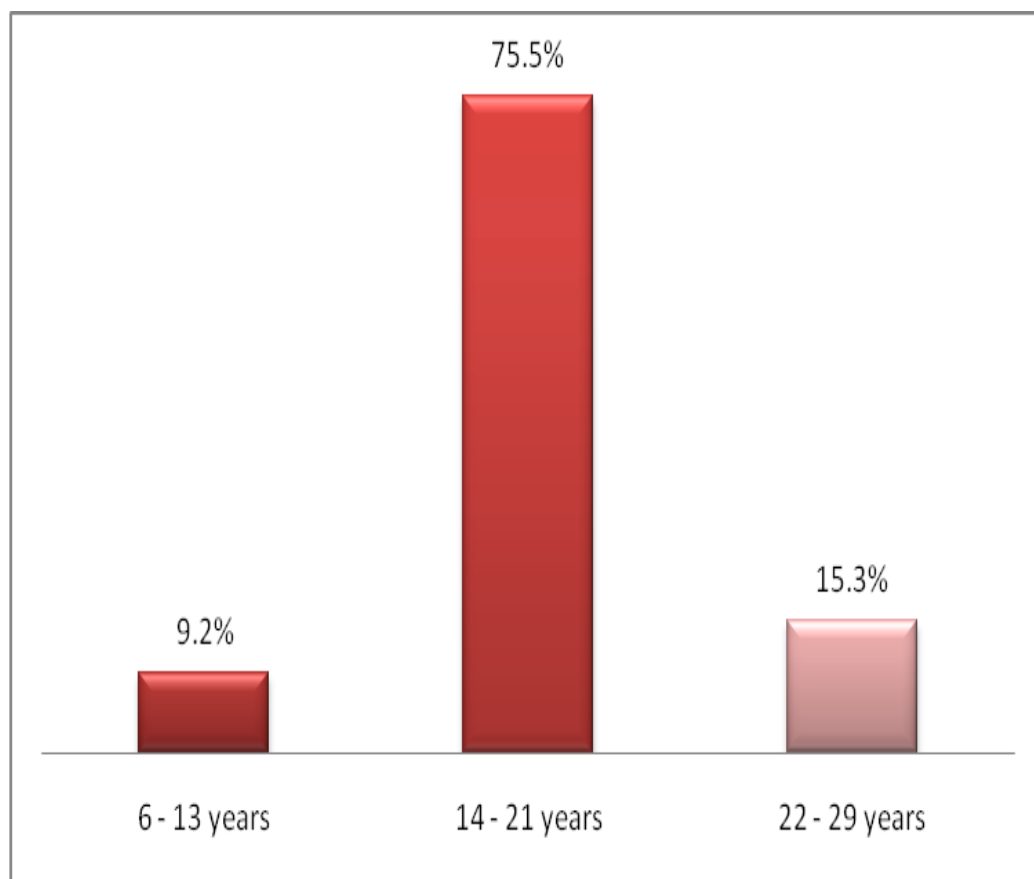
Figure 4.1- Respondents' history of dating relationship

***Mean** – 1.2 ± 0.7 , **Range** - 1 – 6 boyfriends

****Mean** – 1.1 ± 0.4 , **Range** - 1 – 3 man-friends

Note- Dating boyfriend and man-friend concurrently as at time of study– 6.9%.

N= 163*



Mean age- 18.5 ± 3.7

Figure 4.2: Respondents' Age at first sexual intercourse

*Only 163 respondents reported being sexually experienced out of a total of 323 who responded to questions relating to their sexual experience

Awareness of date rape

Many focus group discussants across the groups stated correctly that date rape is a form of rape that occurs in a dating relationship. Their typical responses include the following:

- *“It is when you are in a relationship with someone and somehow he forces you to have sexual intercourse”.*
- *“If a boyfriend I am dating forces me to have sexual intercourse, I can define it as date rape”.*
- *“First of all, dating is getting to know somebody. In this context, date rape is when somebody you know rapes you”.*
- *“Date rape is when somebody you are going out with forces you to have sexual intercourse with you”.*
- *“I feel date rape is when someone you are in relationship with forcefully have sexual intercourse with you. There was a case in U.I. about this date rape. I know someone but I don’t want to mention names. This lady went to visit the guy in his hall one day. According to what I heard, the guy raped the lady. The lady was a virgin before she was raped. Meanwhile they have been in relationship for about 2 years”.*

Many discussants explained further that date rape could be in form of forced vaginal sex, anal sex or insertion of fingers into the private part of a woman. The following quotes reflect some of their comments:

- *“Whether anal sex, vaginal sex or insertion of fingers into the private part of a woman, if it is forcefully done it is rape but if is mutually agreed upon it is not rape”.*
- *“Once a man has carnal knowledge of a lady against her will it is rape, whether it is anal sex, vaginal sex or insertion of fingers into the private part of a woman, it is rape”.*
- *“Forced penetrative anal sex, vaginal sex or insertion of fingers into the private part of a woman all qualify as rape. Even if a guy touches any part of a lady’s private part without her consent it is rape”.*

Table 4.2 presents results relating to awareness of date rape. Many (68.9%) of the respondents had heard of date rape. Friends were more common (21.4%) sources of information of date rape, followed by television (19.6%) and books (15.7%). Parents were the least (0.4%) sources of information. More than half (55.7%) of the respondents that had heard of date rape had attended any lecture or educational programme on rape. Similarly, many (58.9%) of them had heard of drugs or substances used by perpetrators to facilitate rape. Male strangers (29.5%), followed by boyfriends (24.2%) were mentioned as common perpetrators of rape (see figure 4.3 for details).

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Table 4.2: Awareness of Date rape**N=610**

Characteristics	Number	%
Ever heard of date rape		
Yes	420	68.9
No	190	31.1
Sources of information on date rape+ (N= 420)		
Friend	295	21.4
Television	270	19.6
Book	216	15.7
Newspaper	200	14.5
Radio	133	9.6
Lecture	103	7.5
Internet	99	7.2
Church/Mosque	58	4.2
Parents	5	0.4
Frequency of hearing of date rape* (N= 420)		
Rarely	253	60.5
Often	132	31.6
Very often	33	7.9
Ever attended any lecture or educational session on rape (N=420)		
Yes	234	55.7
No	186	44.3
Heard of drugs or substances that perpetrators use to facilitate the rape of their partners* (N=420)		
Yes	246	58.9
No	172	41.1

* No responses were excluded

+Multiple responses were present

N = 610

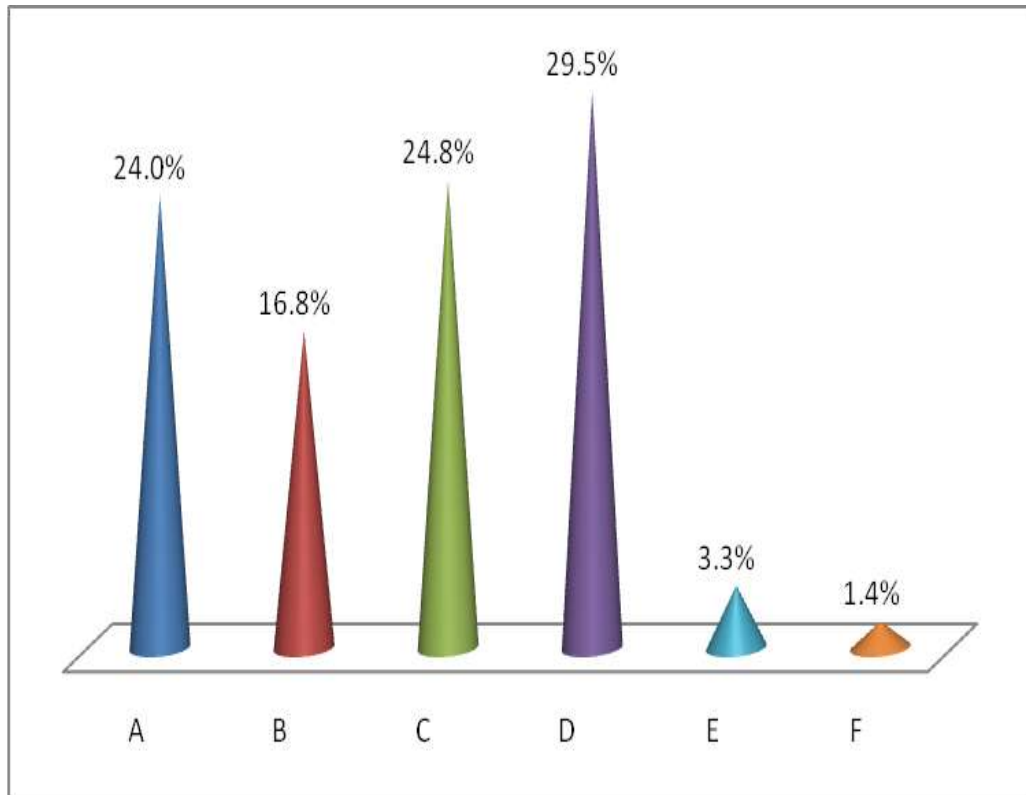


Figure 4.3: Perceived kinds of persons that usually rape girls/ladies

Key:

A- Boyfriend

B- Man-friend

C- Male acquaintances

D- Male stranger

E- Lesbians

F- Other people - Father (0.9%), Relative (0.3%), Sibling (0.1%), Person with unstable mind (0.1%)

Knowledge of possible health effects of date rape

Majority of the discussants identified physical, psychological and social adverse consequences of date rape. The physical effects of date rape mentioned by participants included HIV/AIDS, STI, unwanted pregnancy and abortion. Psychological problems such as depression, formation of negative attitudes, resort to use of drugs including alcohol as well as suicidal ideation were mentioned as potential effects of date rape. Sexual promiscuity and poor social relationship were also linked with the experience of date rape. Typical responses of discussants include the following:

- *“Physically, the survivor may go lean due to not eating well. The person may not be attractive any more due to mental state or not making-up”.*
- *“A survivor of rape may contract HIV or STI. They may become pregnant. They could resort to abortion if they eventually become pregnant”.*
- *“The most obvious effects are psychological effects. Survivors tend to misbehave and show a lot of attitudinal changes”.*
- *“Emotionally they become depressed. Meanwhile they may be very lively prior to date rape but all of a sudden, they are depressed, and they just want to keep to themselves. At a time they could be trying to commit suicide”.*
- *“They find it difficult to trust people. It could affect their intelligence, academics e.t.c. They suddenly lose concentration in class and while reading”.*
- *“Due to their mental state, they might get involved in drugs or start drinking alcohol as a way of coping with the experience”.*
- *“Socially, a survivor of date rape may become shy; she may just not know how to face people again”.*
- *“It could affect survivors’ self esteem and morale. Survivor’s self pride is affected as a result of rape, especially for those that use to be virgins before the incidence”.*
- *“It affects the way they relate with people of other sex. It could also result into not having good relationship with people”.*
- *“Such people do not get to trust guys anymore. It is possible that they may trust ladies than men. Such people may become lesbians.”*

- *“Some of them, after experiencing sex, especially if it was their first time, they find it difficult to go off sex. They want more and more, and eventually become flirts”.*
- *“Some of them may not be able to relate well with people again. In terms of religion, some of them may not be able to pray or talk to God. Some of them at the end of the day may go extra mile, they become very bad, believing they have lost their pride”.*

The proportion of respondents with good, fair and poor knowledge scores relating to date rape are shown on figure 4.4. Half of them (50.0%) had poor knowledge of the phenomenon. Respondents with good and fair knowledge of date rape were 17.5% and 32.5% respectively. Respondents had a mean knowledge score of 2.3 ± 2.1 (see figure 4.4 for details). As shown on Table 4.3, unwanted pregnancy (27.5%) and STI (27.5%) had the highest proportions among the physical effects of date rape mentioned by the respondents, followed by body injuries (13.6%). Table 4.4 presents psychological health effects of date rape mentioned by the respondents. Depression had the highest proportion (25.5%), followed by mental disorders (13.9%) and low self esteem (11.5%). As reflected on Table 4.5, Stigmatization (23.2%) topped the list of the major social effects of date rape mentioned by the respondents followed by isolation (19.7%) and poor social relationships.

Table 4.6 shows respondents' knowledge of date rape by selected socio-demographic characteristics. The selected characteristics were age, level of study, hall of residence and religion. The distribution of respondents with good scores among those aged 17 – 19, 20 – 24 and 25 – 30 years were 16.8%, 17.7% and 17.5% respectively. Overall there was no significant difference between knowledge of date rape and age of respondents (See table 4.6 for details).

Good knowledge of date rape increased by level of study. For instance, 13.7% of 200 level students had good knowledge of date rape. The proportion of 300, 400, 500 and 600 level students with good knowledge of date rape were 19.2%, 21.2% and 50.0% respectively. A similar pattern could be observed among respondents with fair knowledge of date rape. However, the proportion of respondents with poor knowledge of date rape decreased from 65.8% among the 200 level students to 7.1% among the 600 level students. Overall, there was significant difference between knowledge of date rape and level of study (see table 4.6)

The proportion of students with good knowledge of date rape in Alexander Brown Hall (ABH) was 47.5% and this is higher than the proportion of students in each of the remaining halls with good knowledge. A similar trend was noted among the proportion of respondents with fair knowledge of date rape. Students in ABH (37.5%) also constituted the highest proportion of those who had fair knowledge of date rape. A very small proportion of respondents (15.0%) in ABH had poor knowledge of date rape compared with those in other halls of residence. Overall, there was significant difference between level of knowledge and hall of residence (see table 4.6).

More Christians (17.7%) had good knowledge of date rape compared with adherents of Islamic religion (15.0%). In the same vein, more Christians (33.8%) had fair knowledge of date rape compared with Muslims. Fewer Christians (48.5%) had poor knowledge of date rape compared with their Muslims counterparts (60.0%). There was however no significant difference between religion and level of knowledge of date rape.

Table 4.3: Knowledge of possible Physical health effects of date rape

N= 307

Physical effects of date rape	Number*	%
STI including HIV/AIDS	199	38.0
Unwanted pregnancy	114	27.5
Body injury like fracture	71	13.6
Complications of abortion of unintended pregnancy	28	8.4
Vagina tear	41	7.8
Vaginal bleeding	30	5.8
Vaginal pain	13	2.5
Loss of virginity	12	2.3
Death	10	1.9
Vaginal expansion	6	1.2

***Multiple response present**

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Table 4.4: Knowledge of possible Psychological health effects of date rape

N= 375

Psychological health effects of date rape	Number*	%
Depression	125	24.4
Post Traumatic Stress Disorder (PTSD)	82	16.0
Mental disorder	69	13.5
Low self esteem	57	11.1
Fear of having sex	42	8.2
Shame	22	4.3
Hatred for men	21	4.1
Anger	19	3.7
Unhappiness	15	2.9
Self – stigma	15	2.9
Lack of self confidence	6	1.2
Suicidal ideation	6	1.2
Nightmares	4	0.8
Hallucination	3	0.6
Distress	2	0.4
Mindset of vengeance	1	0.2

***Multiple response present**

Table 4.5: Knowledge of possible Social health effects of date rape

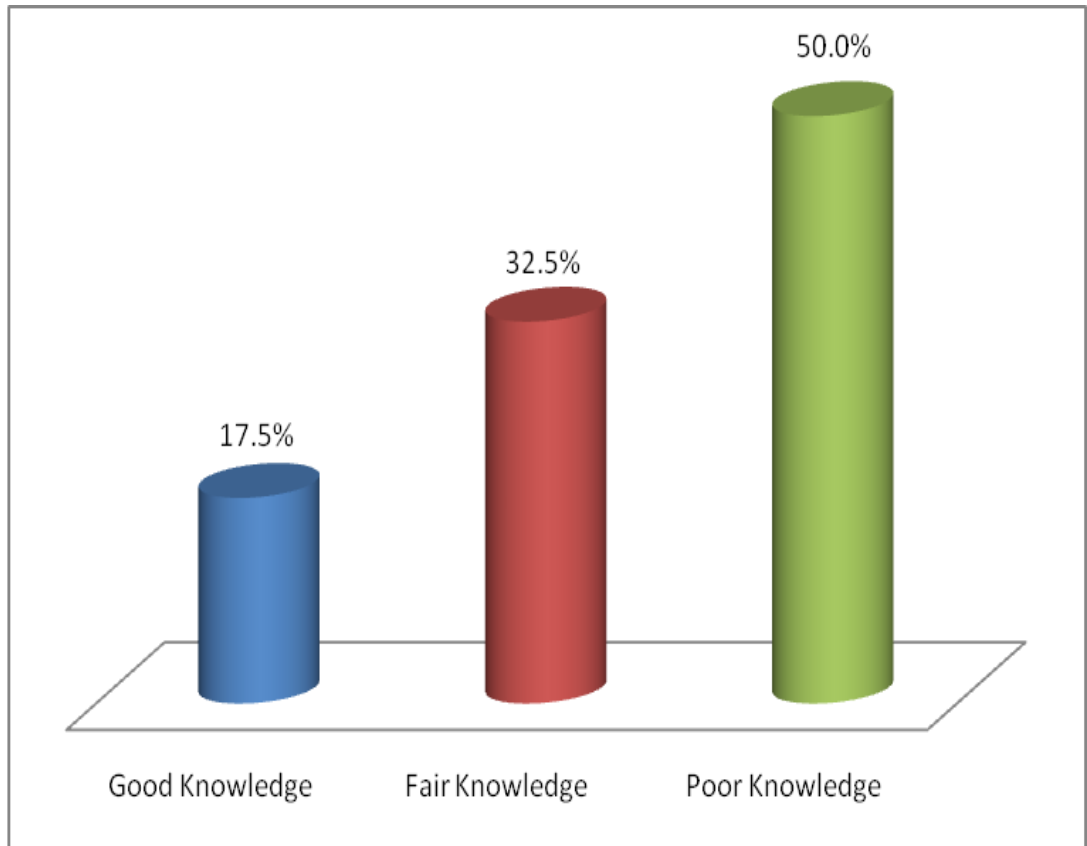
N= 207

Social health effect of date rape	Number*	%
Stigmatization	86	24.2
Isolation	73	20.5
Poor social relationship	58	16.3
Lack of trust for men	52	14.6
Withdrawal from social activities	35	9.8
Prostitution	14	3.9
Anti-social tendencies	9	2.5
Broken relationship	9	2.5
Rejection by friends and family	7	2.0
Lesbianism	6	1.7
Loneliness due to isolation	4	1.1
Hostile behaviour towards men	2	0.6
Unwillingness to get married	1	0.3

***Multiple responses included**

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N= 610



Note: Mean knowledge score = 2.3 ± 2.1

Figure 4.4: Respondents' level of knowledge of health effects of date rape

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Table 4.6: Level of knowledge of health effects of date rape by selected demographic characteristics

N = 610

Variables	Level of knowledge				P value
	Good N (%)	Fair N (%)	Poor N (%)	Total N (%)	
Age (in years)					
17- 19	31 (16.8)	55 (29.7)	99 (53.2)	185 (100.0)	X ² = 0.84 P>0.05
20 – 24	66 (17.7)	125 (33.6)	181 (48.7)	372 (100.0)	
25 – 30	10 (17.5)	18 (34.0)	25 (47.2)	53 (100.0)	
Level of study					
200	34 (13.7)	73 (29.3)	142 (65.8)	249 (100.0)	X ² = 0.00 P<0.05
300	27 (18.1)	53 (35.6)	69 (46.3)	149 (100.0)	
400	28 (19.2)	53 (36.3)	65 (44.5)	146 (100.0)	
500	11 (21.2)	13 (25.0)	28 (53.8)	52 (100.0)	
600	7 (50.0)	6 (42.9)	1 (7.1)	14 (100.0)	
600	7 (50.0)	6 (42.9)	1 (7.1)	14 (100.0)	
Hall of residence					
Obafemi Awolowo	24 (11.6)	67 (32.4)	116 (56.0)	207 (100.0)	X ² = 0.00 P<0.05
Queen Idia	26 (15.0)	64 (37.0)	83 (48.0)	173 (100.0)	
Queen Elizabeth II	38 (20.0)	53 (27.4)	100 (52.6)	190 (100.0)	
Alexander Brown	19 (47.5)	15 (37.5)	6 (15.0)	40 (100.0)	
Religion*					
Christian	93 (17.7)	178 (33.8)	255 (48.5)	526 (100.0)	X ² = 0.25 P>0.05
Islam	12 (15.0)	20 (25.0)	48 (60.0)	80 (100.0)	

*Non responses were excluded

Perceptions of date rape

Nearly all the focus group discussants across all the groups perceived socio-cultural issues related to male dominance, cultural beliefs and rape myths to be associated with date rape.

Their responses include the following:

- *“Once two people are dating and are close to getting married, some cultures encourage the man to get a lady pregnant to be sure of her fertility. Even if the lady insists on not having sexual intercourse before marriage the guy might go ahead and forcefully have sex with her”.*
- *“Male ego and African mentality that men are superior to women and that women must be submissive all the time to men often make guys to force ladies into having sexual intercourse”.*
- *“In my own opinion, African mentality of male dominance and the belief that they can get away with it any sex-related practices encourage men do indulge in date rape. They know they may not be blamed for committing rape. This is one of the reasons why men often misbehave and perpetrate the act. If you are talking of an American setting, everyone has rights whether male or female, but in a country like Nigeria where there is the African mentality that men are superior to women, women’s rights are limited”.*
- *“Many guys usually give the excuse that their girlfriends seduced them or dressed in a provocative way. But the fact that a lady dresses half naked does not give anyone the right to rape her”.*
- *“There is a belief that if a man has an ailment like HIV and he has sex with a virgin, the virus will transfer from the man to the lady and the man will be cured. This may be a reason why some people rape virgins”.*
- *“Some people who want to perform money rituals may be requested to sleep with virgins. In the bid to actualize their dream of getting rich, if they have girlfriends who are virgins they may have to rape them”.*

Most discussants across all the groups perceived date rape not to be as serious as rape perpetrated by a stranger. Some of their typical responses were as follows:

- *“Stranger rape is real rape. If someone you know rapes you, you don’t really take it as rape. Although it is rape but it is less serious”.*
- *“If a stranger rapes you it is an actual rape. But if you are raped by someone who you are familiar with you can cover the person up”.*
- *“Stranger rape is more common than acquaintance rape or date rape. When your boyfriend rapes you, you don’t see it as a serious rape”.*

One discussant who disagrees with the majority's view has this to say:

- *“Whether stranger rape, acquaintance rape or date rape, any sexual intercourse against the will of a woman is rape and it carries equal weight”.*

Many discussants across the various groups were of the belief that any lady who has a dating partner can be a survivor of date rape. Some of discussants perceived female students who dress indecently to be the category of ladies who are often date raped. Some of the discussants comments included the following:

- *“Rape is not something you prepare for. Most times it is not about what the survivors do, at least no one can see the mind of her boyfriend”.*
- *“Rape can happen to anybody irrespective of circumstance, where or how you were brought up. Rape is an unexpected thing. Most of the rape cases are perpetrated by guys. Rape is entirely a guy's fault”.*
- *Some girls who are usually survivors of rape dress in a provocative way when they are going to see their boyfriends”.*
- *“Most ladies who are often raped by their boyfriends keep late night. Also, some of them dress shabbily or wear revealing clothes that can make a man to go “crazy”. Guys get easily moved with what they see”.*
- *“Some girls are innocent and decent, but some guys cannot withstand the sight of a woman without feeling sexual urge. Whether you are putting on a skirt, trousers, or a pant, some guys just want to have a feel of you”.*
- *“I think a lot of these girls don't do anything wrong. It is just the guys that go “ganger” (i.e become sexually aroused) and want to do the stuff”.*

Table 4.7 presents respondents' perceptions relating to date rape. More than a quarter (28.4%) of the respondents opined that date rape is a risk any lady who is dating a man or boy should expect. Majority (75.6%) of the respondents averred that date rape is an occurrence which most ladies will experience at least once in their life time before marriage. Few (9.7%) respondents opined that “forced sex” is classified as rape only when the perpetrator is not one's boyfriend or man-friend. Similarly, few (22.0%) respondents acknowledged that getting raped by a dating partner is not as serious as being raped by a stranger. The perception that date rape takes place more outside the campus was affirmed by less than a quarter (22.8%) of

the respondents. The view of 65.3% of the respondents was that the stigma that follows the reporting of a case of date rape is worse than the rape itself (See the table for details).

Table 4.8 highlights respondents' perceived categories of ladies/girls who readily get raped. Ladies/girls who wear seductive dresses (87.7%) topped the list, followed by ladies/girls who love to demand material things from men and yet do not want to have sex in return (79.3%) and ladies who love to attend parties (66.9%). Ladies who take alcohol (0.5%) had the lowest response, ladies who stay with boyfriends in isolated places accounted for 0.7%, while ladies who had had sex before was mentioned by 0.8%.

Table 4.9 contains the respondents' description of feelings which ladies/girls usually experience after being raped by a boyfriend or man-friend. Feeling bad (20.8%) topped the list, followed by feeling of being used (13.2%) and feeling of guilt (11.6%). Feeling of regret (2.0%) had the lowest response, feeling of being violated accounted for 4.6%, while feeling of hatred for men was mentioned by 5.0%.

Table 4.7: Perceptions relating to Date Rape

*Date rape related perceptions	Pattern of response			Total**
	Agree (%)	Undecided (%)	Disagree (%)	
Date rape is a risk any lady who is dating a man or boy should expect	169 (28.4.)	121 (20.3)	305(51.3)	595
Date rape is an occurrence which most ladies will experience at least once in her life time before marriage	45 (7.5)	102(16.9)	455 (75.6)	602
One factor that promotes date rape is the belief that a man should go ahead to have sex with a lady even if she protests against it, because many ladies will say “No” to sex when requested	246 (41.8)	136 (23.1)	206 (35.0)	588
Men believe that ladies/girls prefer to say “No” to sexual intercourse with their boyfriends or man-friends so that they will not be seen as being promiscuous or too cheap, may be the reason why they have sex with ladies they are dating by force	253 (43.0)	150 (25.5)	186 (31.5)	589
Being forced to have sex by one’s man-friend or boyfriend is not rape	51 (8.5)	44 (7.3)	508 (84.2)	603
Some men who forcefully have sex with their girlfriends do so to confirm their girlfriends’ virginity.	133 (22.2)	120 (20.0)	347(57.8)	600
Being forced to have sex by the person one is dating is a common phenomenon which any lady should not worry herself too much about	31 (5.3)	88 (15.0)	468 (79.7)	587
Forced sex” is classified as rape only when the perpetrator is not one’s boyfriend or man-friend	58 (9.7)	41 (6.9)	496 (83.4)	595
Getting raped by the man or boy one is dating is not as serious as being raped by a stranger	131 (22.0)	76 (12.8)	388 (65.2)	595
Most cases of date rape take place outside the campus	135 (22.8)	219 (36.9)	239 (40.3)	593
The stigma that follows the reporting of a case of date rape is worse than the rape itself	387 (65.3)	124 (20.9)	82 (13.8)	593

* No responses were excluded

** The numbers vary depending on the number of persons that responded to each of the statements on perception

Table 4.8: Perceptions about the categories of girls/ladies who readily get raped

N= 610		
Categories of girls/ladies who readily get raped	Number*	%
Ladies/girls who wear seductive dresses	535	87.7
Ladies/girls who love to demand material things from men and yet do not want to have sex in return	484	79.3
Ladies/girls who love parties	408	66.9
Ladies who are too trusting	278	45.6
Ladies/girls who are too free with their boyfriends/ man-friends	220	36.1
Ladies/girls who cheat on their boyfriends/ man-friends	171	28.0
Ladies who had had sex before	5	0.8
Ladies who stay with their boyfriends in isolated or secluded places	4	0.7
Ladies who take alcohol	3	0.5
Other categories of ladies/girls that are often raped by their boyfriends**	6	0.1

***Multiple responses**

These ladies include those who:

** sleep in their boyfriends' house;

force themselves on guys who really don't love them;

have more than one boyfriend;

are not well informed;

have foreplay with their boyfriends and later try to stop them.

Table 4.9: Description of feelings which ladies/girls usually experience after a forced sexual intercourse with a boyfriend/man-friend

N= 610

Feelings ladies/girls usually experience after a forced sexual intercourse with a boyfriend/man-friend	Number	%
Feeling bad	78	25.8
Feelings of being used	43	13.2
Feelings of guilt	35	11.6
Disappointed	28	9.2
Psychologically traumatized	27	8.9
Feel embarrassed	20	6.6
Feelings of hatred for men	15	5.0
Feeling of being violated/abused	14	4.6
Regret	6	2.0

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Prevalence of date rape

Most discussants from all the halls of residence except those from Alexander Brown hall were of the view that date rape is prevalent among female students of University of Ibadan (UI). They however noted that female students do not usually report incidence of date rape. Discussants from Alexander Brown hall disclosed that the prevalence of date rape is very low among university students. Typical statements which relate to prevalence of date rape include:

- *“I think date rape is as frequent as dating is. But people will not report it. If I was raped, I don’t think I will tell anybody. I will cover it up and nobody will ever know in this world. We can’t know for sure the proportion of people that have experienced date rape”.*
- *“Date rape is very common in U.I. When some girls go to male hostel to see their boyfriends, it is either they escape with force or they are forced into sex. So, it is very common in U.I”.*
- *“The fact that people are not speaking up does not mean it is not happening. I know of a girl that her boyfriend tried to rape at night, but she escaped. But later on, when we got to the room she said she wanted to report to the students’ affairs but people told her that it will be stupid of her to report such act. That she may likely hear her story in U.I newsletter. So she couldn’t report the incidence. Based on this, I will say to an extent, date rape is serious problem that female students face”.*
- *“I remember what I heard from one of my room-mates, a girl went to see her boyfriend in one of the hostels on campus, then the guy wanted to rape her and she started screaming. Later people came to help her, they told the guy “fi si le; oni oun o se” (leave her alone she said she is not interested).*
- *“I can say it is very common because I have heard of different cases. At least I know of up to five cases, the most recent one is a friend(a class mate) who went to visit one of her so called boyfriends. On getting there, the guy just locked the door and said she is going to sleep with her. But thank God for His intervention, she eventually escaped. So, I will say date rape is pretty common”.*
- *“Date rape is common. The only thing is that ladies don’t talk about it. When you tell people they will start “broadcasting” it and that might make you to be more depressed. There are some “Radio Nigeria” around, once you tell them before you know it, your story is all over the place. People don’t bother to tell anyone about it”.*

Some discussants who said the prevalence of date rape is low among university students had these to say:

- *“I think the prevalence is 1 out of 10. Guys don’t like to force their girlfriends when they disagree to have sex with them. They don’t want to have forced sex on their girlfriends and start feeling guilty. So many of them don’t want to break up with their girlfriends, so they don’t force them. So, date rape is very rare”.*
- *“In college of medicine such things are rare. People are too overwhelmed with their academics. In U.I main campus it may occur more”.*
- *“You won’t know whether it is common or not because people will not come and tell you. So you can’t say it is not common”.*
- *“I feel, to an extent, it is minimal, because it is not usually heard of. If you do such things, it will be accompanied with noise. Such act is less likely to happen in a room of many people”.*

A total of 72 (11.8%) respondents had ever had date rape. Many (54.2%) of them had experienced date rape a year prior to the study, while few (18.1%) experienced it 6 months preceding the study (see table 4.10). Figure 4.5 further presents the period or time that date rape was experienced prior to the study. Prevalence of date rape within the period of 0 – 3, 4 – 6, 7 – 9, 10 – 12 and more than 12 months prior to the study were 11.1%, 7.0%, 3.0%, 38.1% and 40.8% respectively. Majority (73.6%) of the survivors of date rape experienced date rape after being admitted into the University (see figure 4.6 for details).

Various forms of date rape experienced are shown on figure 4.6. Forced vaginal sex (80.3%) was the highest prevalent form of date rape, followed by forced insertion of fingers into a woman’s vagina (32.9%). Forced anal sex (10.5%) and forced oral sex were the least forms of date rape experienced by respondents.

Table 4.11 presents details of attempted date rape experienced and strategies used to prevent the occurrence of date rape. Many (39.1%) respondents had ever had attempted date rape. Half (50.6%) of the respondents who experienced attempted date rape experienced it 12 months prior to the study (see table 4.14 for details). Physical struggle (31.5%), verbal persuasion (21.9%), walking out of dating partner (16.4%) were the major strategies or methods used to prevent the occurrence date rape (see table 4.11 for details).

The prevalence of date rape (ever experienced) by selected demographic characteristics are highlighted in table 4.12. The selected characteristics were age, level of study, hall of residence, number of dating partners and age at first sex. The prevalence of date rape among those aged 17 – 19, 20 – 24, 25 – 30 years were 6.5%, 12.6%, and 24.5% respectively. Overall, age was significantly related with date rape (See table 4.12 for details). None of the 600 level students had experienced date rape. There was a different trend among 200, 300, 400, 500; the prevalence rates of date rape among them were 10.8%, 14.8%, 13.7%, 5.8% respectively. Overall there was no significant difference between level of study and date rape experience (See table 4.12 for details). Date rape was most (14.5%) prevalent among respondents in Obafemi Awolowo Hall, followed by those in Queen Elizabeth Hall (11.6%) and Queen Idia Hall (10.4%). Alexander Brown Hall had the lowest (5.0%) prevalence of date rape. However, there was no significant difference between halls of residence and date rape experience (see table 4.12 for details).

The prevalence of date rape among respondents with single dating partner was 14.7%. This was lower than prevalence of date rape recorded among those with multiple or more dating partners (i.e dating two or more partners) which was 21.1%. Overall, there was no significant difference between the number of dating partners and date rape experience (see table 4.12 for details). The prevalence of date rape among respondents who first had sex within 22 – 29 years age group was 24.0%. This was different from the prevalence of date rape that was observed among respondents who first had sex within the 6 – 13 years age group (40.0%) and 14 – 21 years (38.2%). Overall, there was no significant relationship between age at first sexual intercourse and experience of date rape (see table 4.12 for details).

Table 4.13 highlights the level of knowledge of date rape by ever experience of date rape. Prevalence of date rape for respondents with good, fair and poor knowledge of date rape were 1.3%, 3.8% and 6.7% respectively. There was however no significant difference between ever experiencing date rape and level of knowledge of health effects of date rape (see table 4.13 for details).

Respondents' perception of forced sex by dating partner "as rape" by ever experienced is shown on table 4.14. Many respondents who disagreed with the perception (9.3%) had been

date raped compared with those who agreed (2.5%) and those who were undecided (1.3%) about the perception. Overall, a significant difference was observed between perception of forced sex by a dating partner “as rape” and ever experience of date rape (see table 4.14 for details).

The determinants of date rape are presented on table 4.15. In other to document the determinants of date rape, the variables that were significantly related to at the 5% level of significance were further subjected to multivariate logistic regression analysis to adjust for possible confounding factors. Respondents within the age range 17 – 19 years were significantly at higher risk of date rape (OR: 6.35, CI: 1.81– 22.24). Respondents who had attempted date rape were significantly at lower risk of date rape (OR: 0.27, CI: 0.12– 0.58). Although those who perceived forced sex by either boyfriend or man-friend “as rape” were less likely to be date raped (OR: 0.40, CI: 0.15– 1.07), the perception of forced sex by either boyfriend or man-friend “as rape” was not significantly significant. The multivariate logistic regression analysis has shown that attempted date rape and age were the determinants of date rape.

Table4.10: Prevalence of date rape

Experience of date rape	Responses	
	Yes (%)	No (%)
Ever experienced (N= 610)	72 (11.8)	538 (88.2)
Experienced within the year preceding the study (n=72)	39 (54.2)	33 (45.8)
Experienced within 6 months preceding the study (n=72)	13 (18.1)	59 (81.9)

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N= 72

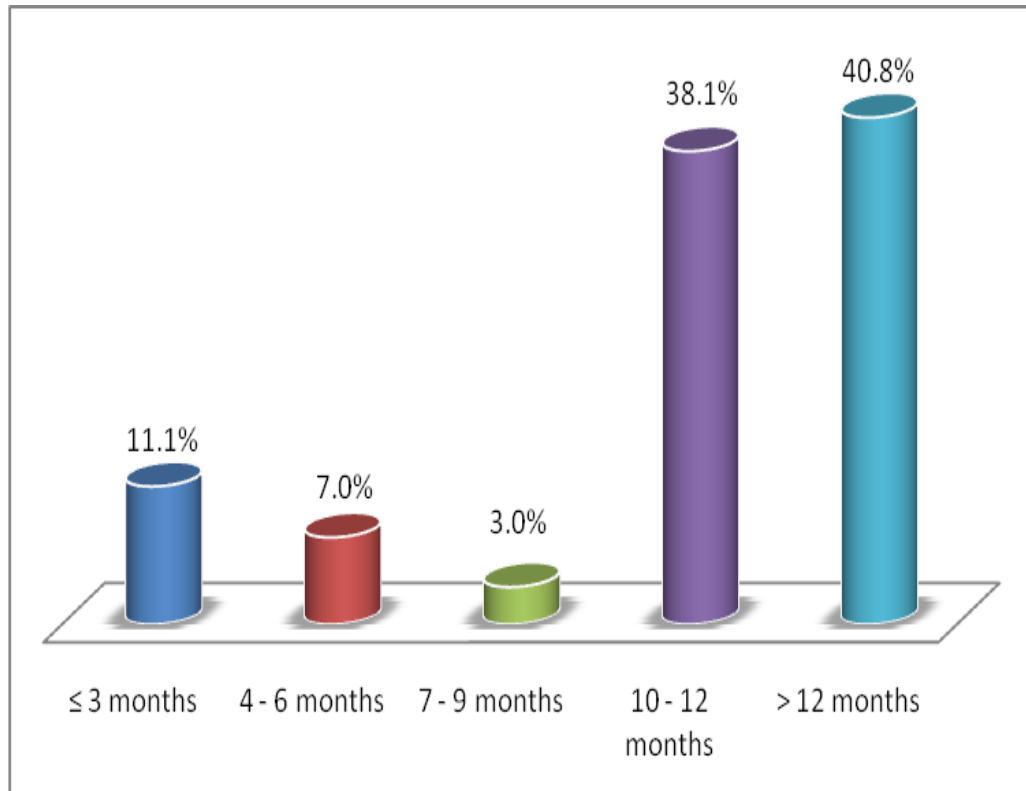
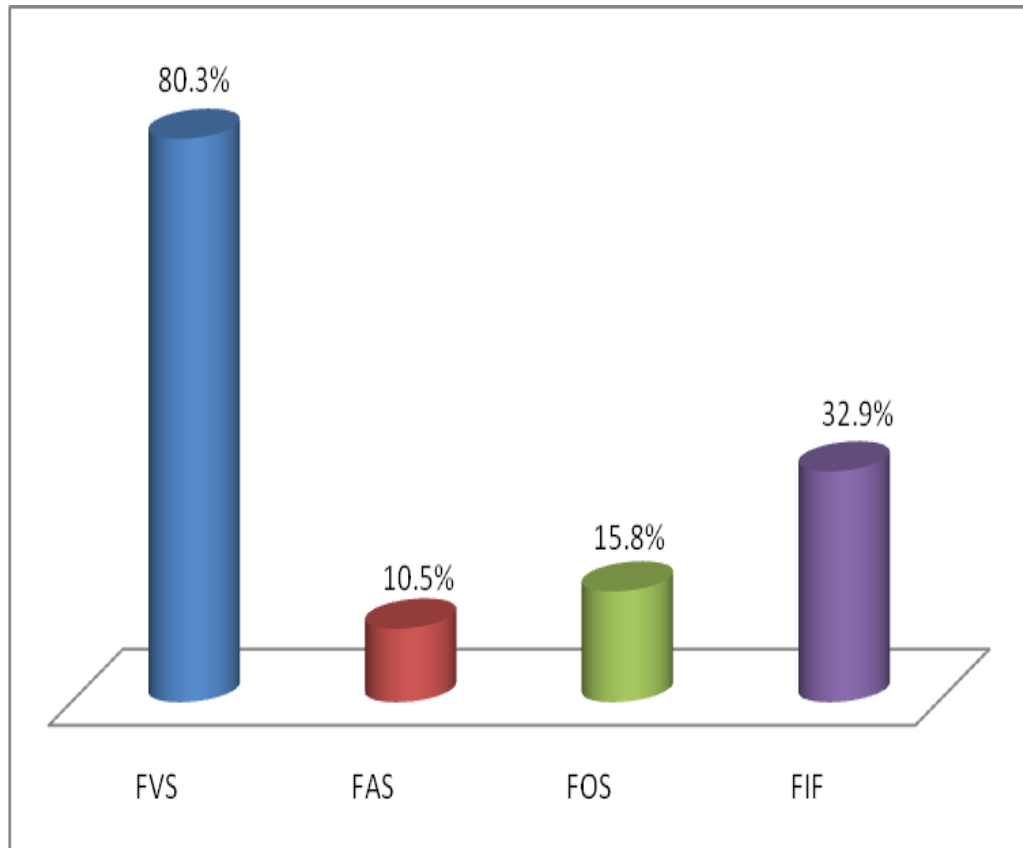


Figure 4.5: Period/time date rape last occurred prior to the study (Period prevalence)

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N = 72



*Multiple response

- Key:**
- *FVS- Forced vaginal sex
 - *FAS- Forced Anal sex
 - *FOS- Forced Oral sex
 - *FIF- Forced Insertion of fingers into the vagina

Figure 4.7: Forms of date rape ever experienced by respondents

Table 4.11: Prevalence of attempted date rape and description of respondents' last experience

N= 239

Attempted date rape experience:	Number	%
<i>Ever experienced attempted date rape</i>		
Yes	77	32.2
No	162	67.8
<i>*When last experienced attempted forced sex (prior to the study)</i>		
1 day – 3 months	3	3.9
4- 6 months	5	6.5
7 – 9 months	1	1.3
10 months – 12 months	29	37.7
More than 12 months	39	50.6
<i>*Strategy or method used to prevent occurrence of date rape</i>		
Physical struggle/ attack	23	31.5
Persuasion (to wait until marriage)	16	21.9
Walk out of him	12	16.4
Shouted	7	9.6
Threat	6	8.2
Divine help/ prayer	4	5.5
Lied to him that I was having my menstruation	2	2.7
Cried	1	1.4
Pretended as if I had stomach pain	1	1.4

*No responses were excluded

Table 4.12: Date rape experience among respondents' by socio-demographic variables

N = 610

Variables	Experience of date rape			P value
	Yes (%)	No (%)	Total	
Age (in years)				
17- 19	12 (6.5)	173 (93.5)	185	$X^2 = 0.01$
20 – 24	47 (12.6)	325 (87.4)	372	$P < 0.05$
25 – 30	13 (24.5)	40 (75.5)	53	
Level of study				
200	27 (10.8)	222 (89.2)	249	$X^2 = 0.23$
300	22 (14.8)	127 (85.2)	149	$P > 0.05$
400	20 (13.7)	126 (86.3)	146	
500	3 (5.8)	49 (94.2)	52	
600	0 (0)	14 (100)	14	
Hall of residence				
Obafemi Awolowo Hall	30 (14.5)	177 (85.5)	207	$X^2 = 0.31$
Queen Idia Hall	18 (10.4)	155 (89.6)	173	$P > 0.05$
Queen Elizabeth II hall	22 (11.6)	168 (88.4)	190	
Alexander Brown Hall	2 (5.0)	38 (95.0)	40	
Number of dating partners (at the time of the study)*				$X^2 = 0.07$
One dating partner	42(14.7)	244 (85.3)	286	$P > 0.05$
Two or more dating partner	15 (21.1)	56 (78.9)	71	
Age at first sex*				
6 - 13 years	6 (40.0)	9 (60.0)	15	$X^2 = 0.38$
14 –21 years	47 (38.2)	76 (61.8)	123	$P > 0.05$
22 – 29 years	6 (24.0)	19 (76.0)	163	

*No responses were excluded

Table 4.13: Level of knowledge of health effects of date rape by ever experienced date rape

Ever experienced date rape	Level of Knowledge in points				df	X ²	p-value
	Good knowledge (5 – 6)	Fair knowledge (3 – 4)	Poor knowledge (0 –2)	Total			
Yes	8 (1.3)	23 (3.8)	41 (6.7)	72 (11.8)	2	0.26	> 0.05
No	99 (16.2)	175 (28.7)	264 (43.3)	538 (88.2)			
Total	107 (17.5)	198 (32.5)	305(50.0)	610 (100)			

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Table 4.14: Perception of forced sex by dating partner “as rape” by ever experience of date rape

Ever experienced date rape	Perceptions of forced “sex as rape”				df	X ²	p-value
	Agreed	Undecided	Disagreed	Total			
Yes	15 (2.5)	8 (1.3)	46 (9.3)	69 (11.6)	2	<0.01	> 0.05
No	43 (7.2)	33 (5.5)	450 (75.6)	526 (88.4)			
Total	58 (9.7)	41 (6.9)	496 (83.4)	594 (100.0)			

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Table 4.15: Relative determinants of date rape

N= 610

*Variables	Odds ratio (95% CI)	p-value
Age		
17- 19	6.35 (1.81 – 22.24)	p = 0.01
20 – 24	3.90 (1.35 – 11.23)	P = <0.01
25 – 30**	1.00	
Attempted date rape		
Yes	0.27 (0.12 – 0.58)	p = <0.01
No**	1.00	
Forced sex is classified as rape only when the perpetrator is not one's boyfriend or man-friend		
Agreed	0.40 (0.15 – 1.07)	p = 0.68
Undecided	0.50 (0.17 – 1.42)	p = 0.19
Disagreed**	1.00	

*No responses were excluded

**Reference category

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Context in which date rape occurred

The FGDs were used to document the context of date rape. Majority of the discussants were of the opinion that the social context which facilitate date rape includes alcohol use, indecent dressing, watching of pornographic movies, listening to erotic music and staying alone with a dating partner in a secluded environment. Typical responses of the discussants were as follow:

- *“I think alcohol brings out the animalistic nature of men. They do not know what they are doing. They can do anything when they are under the influence of alcohol. Alcohol can make guys to force their girlfriends into sex”.*
- *“A guy may force his girlfriend into sexual intercourse when he is intoxicated. But before taking the alcohol most guys already have it in their minds that they want to have sexual intercourse with their girlfriends, believing that the alcohol will stimulate them to carry out their action even if their girlfriends disagree”.*
- *“The way some girls dress to their boyfriends’ houses or hostels make them vulnerable to rape.*
- *“Some guys believe that once they are dating you they most have sex with you. If you insist on not having sex with them they may find a way of drugging you, may be by putting something in your tea or putting something in your drink. By the time you wake up, you just find out that something has happened to you”.*
- *“When you are with your boyfriend alone at night like 11 o’ clock, especially when both of you are drunk, date rape may occur”.*
- *“May be you are together and you are watching a movie that is pornographic, your guy might get aroused by what he has seen and wants to do what he has seen”.*
- *“It has to do with environment. If the environment is conducive, guys get aroused easily. Date rape could occur in dark corners at night”.*
- *“Rape can occur if a girl keeps seeing her boyfriend in dark corners and in his room. If she keeps playing with a guy and driving a guy to a high point anything can happen. May be the girl is a virgin and she doesn’t want to have sex with him. A day will come when the lady will not agree to sex but the guy will go ahead and have his fun”.*

Table 4.16 presents the quantitative results relating to the contexts in which date rape occurs. Many (58.3%) of the survivors of date rape were raped after being beaten or manhandled. Many (23.7) survivors of date rape were also raped after being threatened. Slightly more than half (52.1%) of the survivors of date rape were raped by co-students of the University. Majority (77.6%) of survivors of date rape experienced date rape during academic session. Most (83.3%) cases of date rape took place outside the campus. Many (60.3%) survivors of date rape used verbal persuasion, while 26.5% of the survivors of date adopted physical resistance/force which includes beating, biting and pushing in communicating their sexual refusal. Only few (13.2%) survivors of date rape communicated their sexual refusal using combined verbal response and physical force (see table 4.16 for details).

Table 4.17 present places/locations where respondents experienced date rape. Dating partners' house outside the campus (73.3%) topped the places/locations where date rape was took place, followed by dating partner's hostel on campus (6.7%), (see table 4.18 for details). Following the experience of date rape, slightly above half (53.6%) of the survivors of date rape continued dating relationship with the persons that raped them.

Table 4.18 highlights the context of date rape, adverse effects of date rape and other related issues experienced by the eight survivors of date rape that were further studied through the use of in-depth interview. A careful analysis of the content of the table shows that the age at first experience of date raped ranged from 12 to 19 years with the mean of 17.3 ± 2.3 . Six of the in-depth interviewees were date raped in their boyfriends' houses outside the campus. Two in-depth interviewees (cases 6 and 8) had had date rape on campus (see table 4.18 for details). Two in-depth interviewees were date raped by different persons on separate occasions.

Table 4.16- Summary of the profile on eight survivors of date rape, forms of date rape experienced, contexts, adverse effects e.t.c.

Cases*	Brief profile of survivors	Form of forced sex experienced	Strategy used for communicating refusal	Settings of rape	Identity of perpetrator and Number of perpetrators	Health effects or outcome	Help seeking behaviour
Sade	25 years old 300 level student Dentistry who resides in Queen Elizabeth II hall. Experienced date rape first at the age of 19 and when she was 24 years	Forced vagina sex (2 occasions) Insertion of fingers into the vagina (Once)	Physical resistance and cry	Boyfriend's house Hotel room (at 24 years)	Boyfriends (two different boyfriends)	Vagina bleeding,	Sought counsel and advice from a Christian friend (fellowship sister)
Fisayo	20 years old 400 level student of Agriculture who resides in Awo hall. She experienced date rape at the age of 18 years	Forced vagina sex (Once)	Physical resistance	Father's sitting room	Boyfriend (student of UI)	Vagina injury (bruises), Loss of Virginitiy, depression	Sought medical help from a medical doctor Advice from a friend
Mabel	21 years old 300 level student of faculty of Education who resides in Queen Idia hall. She experienced date rape at the age of 18 years	Forced vagina sex (Once)	Physical resistance	Boyfriend's house	Boyfriend	No physical injury. Blamed self	Did not seek any help. Believed since the perpetrator used condom there was no need for fear of being pregnant or any infectious disease
Tola	20 years old 200 level student of faculty social sciences who resides in Queen Idia hall. Experienced date rape at the age of 18 years	Forced vagina sex (Once)	Verbal refusal and cry	Boyfriend's house	Boyfriend	vagina pain, Loss of virginitiy	Did not seek any help. Felt it was not necessary.

Nike	20 years old 300 level student of faculty social sciences who resides in Queen Idia hall. Experienced date rape at the age of 19 years	Forced vagina sex (Once)	No resistance in any form	Boyfriend's house	Boyfriend (A medical doctor)	Loss of virginity	Did not seek any help. Felt it was not necessary.
Ife	23 years old 300 level student of faculty Biomedical sciences who resides in Alexander Brown hall. Experienced date rape at the age of 18 years	Forced vagina sex (Once)	Physical resistance	Boyfriend's room (on campus)	Boyfriend	Loss of virginity	Did not seek any help. Felt it was not necessary.
Sandra	20 years old 400 level medical student who resides in Alexander Brown hall. She experienced date rape at the age of 16 years	Forced vagina sex	Physical resistance And crying	Boyfriend's house	Boyfriend	Loss of virginity, Anger and hatred for men	Did not seek any help.
Chichi	23 years old 400 level students of faculty of Art ho resides in Obafemi Awolowo hall. Experienced date rape twice at the age of 12 years 21 years respectively.	Forced vagina sex (Two different occasions)	Physical resistance and shouting/ Crying	-Boyfriend's house in my village (at the age of 12 years) -Survivor's room on campus (at the age of 21 years)	Two boyfriends (one is a student of UI)	Vagina injury (bruises), body pain	Informed a porter, received advice from a friend, visited a pharmacy where injection and some drugs were given

***Names are not real names**

Case histories*

A summary of rape case histories narrated by the eight date rape survivors are presented case by case as follows:

***Note- Although the cases presented are real, the names of the date rape survivors are pseudonym.**

Case 1: Sade

I have experienced forced sex twice. The first one occurred in my boyfriend's house when I was 19 years of old while the second one occurred last year in a hotel.

I was blindly in love with him (my first boyfriend). For a long time and on several occasions he tried to have sex with me but I had always refused. I use to consent to kisses and that was all. This day, I went to his house as usual. He raised the issue of sex which I refused; he insisted and forcefully had sex with me without listening to my pleas. He also forced me to allow him insert his fingers into my vagina. Even though it was against my wish, I didn't see it as rape because I was blindly in love with him. I allowed the relationship to go on for some time until it later stopped.

The other guy was like a stranger; I only dated him for a short time. Because I rarely know him and that is why I counted his own forced sex as rape. I was really hurt and I stopped the relationship right there. It happened in a hotel room. We just started dating when he forcefully had sex with me. I cried and resisted him but none of my strategies worked. He had forced oral sex with me and forced vagina sex after manhandling me. I was very hurt and for some days I had vagina bleeding. The experience was painful but i didn't have any fear because he used condom.

Although I didn't want to inform anyone about the experience because of fear of being stigmatized , but after sometime when it was affecting my studies and I couldn't think straight, I sought help from a born again Christian who counseled me and prayed for me and that was when I came back to myself.

Case 2: Fisayo

My experience of forced sexual intercourse was not good at all. I was 18 years of age when I was deflowered through a forced sexual intercourse by a boyfriend. The forced sex took place in our house, in our sitting room when my parents had gone to work.

That ill-fated morning the guy phoned me, asking about my welfare. I didn't know something terrible was about to happen. It was on phone that early morning I told him that I was the only one at home. He asked about my parents and every other members of my family, so I told him that my dad and mum had gone to work, while my siblings had also gone to school. I was at home because school was on holiday then.

He decided to come and pay me a visit after our discussion on phone. When he came, I didn't not suspect any harm, more so that he was already late for work. He brought some pastries for me from one of the eateries and after spending like 15 minutes with me, he said he was ready to leave and asked for just a kiss. It was during the kiss that he started touching my breast and other parts of my body. I noticed danger immediately and told him to stop it which he did not. I started struggling with him and when he noticed that I didn't want to cooperate, he manhandled me and used his fingernails to tear my night dress and scratched my body, he then had forced sex with me on the floor right in our sitting room.

I think what influenced him was because I was alone in the house, and I was still putting on my night dress. It was early in the morning and he was just going to his working place. He was not under the influence of alcohol or any drug.

After the forced sexual intercourse, I felt bad, cheated, used and dumped. I felt so angered and worried after the experience. I bled and had a cut in my vagina. I had scars all over my body due to his nail scratch.

I didn't report him to anybody. I was afraid of the outcome of reporting to my parents because my parents are so strict and they are great disciplinarians. I sought medical advice from a close friend due to the pains I had all over my vagina and the fear of being pregnant. She took me to her uncle who is a medical doctor. It was my friend's uncle that treated me off hospital record. I prayed to God about it and my close friend helped me a lot through her advice and encouragement as i was depressed due to the forced sex.

After the experience I just ended the relationship. I told him point-blank not to phone me or come to my place again. I ended the relationship because I got to know that all I needed was not sexual intercourse but a genuine love. If he genuinely loved me he won't have forcefully had sexual intercourse with me. He didn't deem it fit to apologize or show any sense of remorse, instead he starting dating some other girls

Since then, I have had feelings of not being secured with any boy or man. Any man generally can "do and undo" with his girlfriend, in short I don't trust men again. The experience affected my social and sex life. I don't enjoy sex as such with my present boyfriend due to injury I had through the forced sex.

Case 3: Mabel

I first had sexual intercourse at the age of 18 years in my boyfriend's house, where he forcefully had sex with me. We were just talking, then he sat on my laps and we kissed, after which I insisted that he should leave me and I tried pushing him away. Despite my resistance he went ahead and had sex with me against my wish. He must have been influenced by my initials actions because I started the fore play. I did not break up with him immediately even though he forced me into having sex with him. He later apologized to me and we still dated for another 3 months. The relationship eventually ended because I changed my location and stopped seeing him.

I did not report the incidence to anyone, because I had no fear on being pregnant since he used condom. Moreover, I sustained no injury. I wasn't annoyed for not respecting my opinions I blamed myself for initiating the foreplay. The experience has not negatively influenced my relationship with guys.

Case 4: Tola

Two years ago I experienced forced sex in the hands of my boyfriend. This incidence cost me my virginity. That day he tendered his sexual request but I said "No". But before I could realize what was happening he forced me into having sex. During the act I was shouting and crying. The incidence took place in his (boyfriend's) house I was very sad, ashamed and angry. I went home in annoyance. His sister helped us to settle the issue after some weeks. For a period of two weeks I did not see him and I didn't pick his calls. I was so weak and I felt pain because I was a virgin. Although I had forgiven him, I still feel sad about the experience. Up till now I feel all men are bad and wicked.

Case 5: Nike

On 14th February, 2010 I was not feeling fine, so I decided to go and see my boyfriend who is a medical doctor. He injected me and that was the last thing I knew. When I woke up from my sleep I was so weak and discovered that he had slept with me. I felt bad and was so angry about it. When he noticed that I was erred by his actions; he started crying, knelt down and was apologizing. Even though I was a virgin before then, I knew we were going to have sex one day, but that day I was not ready for it. I cried but the fact that I was a virgin before then and his promise of marrying me consoled me. I was fortunate not to have sustained any physical injury.

Case 6: Ife

This is an issue I have been keeping as a secret within myself. I was 18 years when I first experienced sexual intercourse. The incidence took place in my boyfriend's room on campus (UI). Before that time he had requested for sex on many times but I have always been turning down his sex requests. That day he started with some gist with me and later he started hugging me. I told him I didn't want to have sex. One will think he was drunk or under the influence of drug with the way he forcefully held me. I did not struggle much with him, because I had learnt long ago when I was in HIV/AIDS club in secondary school, that struggling with a guy under such circumstance could lead to serious injuries. I was more than sad after the incidence, I was hurt but I didn't sustain any physical injury apart from the fact that I lost my virginity. I stopped the relationship after the experience of rape because I felt if he had loved me he wouldn't have forced me into sexual intercourse. Since the deed had been done and I cannot afford to always make myself sad I had to forget it and forgive him.

Case 7: Sandra

I was deflowered in a painful way at the age of 16 years in my boyfriend's house. That day, he served me some juice, changed the movie we were watching to blue film (pornographic movies) and he started acting funny by touching me. I resisted him and cried, I had no way out because he pinned me down to the bed and had forced sex with me. I was so angry with the guy and I was disappointed in myself for dating such a guy. After the experience, I stopped my relationship with him and I starting running away from guys. Even till now I do not trust any guy. I had shared this story with his cousin, my present boyfriend and a female friend.

Case 8: Chichi

I have experienced date rape twice. My first experience was at age of 12 years when I was forcefully deflowered by my first boyfriend in the village. The relationship ended after the incidence.

The second incidence occurred on the campus 2 years ago. One day a guy I dated for 2 years decided to pay me a visit in Queen's Hall (Queen Elizabeth Hall II) where I was squatting then. When he came into the room I entertained him and I offered to prepare some food for him. He told me not to worry about preparing food for him that I should sit down and discuss with him. That was how he started touching my breasts. I did all what I could to refuse him but he threatened that he will hurt me if I refused and thereafter he started manhandling me and finally he had forced sex with me. I later shouted and the hall porters came around and took us to the porters' lodge where I denied what happened because of the stigma that could result from it. I later narrated my ordeals to a female porter who told me to keep quiet about it.

My vagina was badly injured. I was taken to a pharmacy by a friend. There I was given injection in the hand and some drugs were inserted into my vagina. I also applied hot water on my vagina for sometime. I felt like committing suicide and killing the guy. I was very sad and I resented guys. Since then I have not dated any guy.

Table 4.17: Context in which date rape occurred

N= 72

Context in which date rape occurred	Yes (%)	No (%)
Given lots of alcohol and became intoxicated before being raped	6 (6.3)	66 (91.7)
Raped after being threatened	17 (23.7)	55 (76.3)
Raped after being beaten or manhandled	30 (58.3)	23 (41.7)
Identity of perpetrators* (n= 71)		
Member of University of Ibadan community ⁺	37 (52.1)	34 (47.9)
Not member of University of Ibadan community	34 (47.9)	37 (52.1)
Period of the school calendar date rape occurred (for those who experienced date rape after being admitted into the University)* (n= 49)		
During academic session	38 (77.6)	11 (22.4)
During holiday	11 (22.4)	38 (77.6)
How refusal to forced sexual intercourse was communicated. Concerning the last occurrence of date rape* (n = 71)		
Only verbally saying "No" to sex	41(60.3)	27 (39.7)
Only physical resistance or force (Beating, biting)	18 (26.5)	50 (73.5)
Verbal and physical resistance/force (Beating, biting)	9 (13.2)	59 (86.8)

*No responses were excluded

+Perpetrators were students of University of Ibadan

Table 4.18: Places or locations where date rape ever occurred.

N = 72

Description of where date rape place*	Place/ Location	
	Campus (%)	Outside the campus (%)
Guest house/ hotel room	2 (2.3)	3 (3.3)
Boyfriend's or man-friend's hostel/house	6 (6.7)	66 (73.3)
Classroom	2 (2.2)	0 (0)
Playground or relaxation joint	2 (2.2)	0 (0)
Boyfriend's or man-friend's office	0 (0)	2 (2.2)
Survivor's hostel/ house	3 (3.3)	4 (4.4)
Total	15 (16.7)	75 (83.3)

*Multiple responses were present

Help seeking behaviour of survivors of date rape

All the discussants across the various groups averred that survivors of date rape do not usually seek help whether in form of medical assistance, counseling services or legal services. Discussants views relating to the help-seeking behaviour of survivors of date rape include the following:

- *Most survivors of date rape do not want to talk about their experience let alone seeking for help from people.*
- *People who had experienced date rape usually don't bother to see a counsellor or someone around who could help them. Even if one cannot get a professional counselor, you can get friends that can cheer you up. I mean friends that are very supportive and who can keep your secrets”.*
- *“In most cases perpetrators of date rape may be suffering from one ailment or sexual infections; yet most survivors do not consider it necessary to seek medical treatment and do necessary test which may include HIV test. Most of them are always afraid of the consequences and the stigma that may be associated with it”.*
- *“In most cases survivors of date rape isolate themselves from people. They become depressed and do not open up to people who could advice them on seeking necessary care”.*
- *“Most survivors of date rape do not seek medical treatment and counseling services. It is necessary for the person who is with the survivor to try and build back the emotional status of the survivor. The thoughts she will be having about guys following the incidence may be terrible, to the extent that if she sees any guy coming to her at that moment she may kill. So, whosoever is close to her at that time should try and build her emotional status and bring back life in her”.*
- *“Most survivors of date rape do not seek help and this is because many of them who could be virgins before the incidence do not want people to know that they are no longer virgins. I once attended a lecture on rape, where the lecturer said something on secondary virginity. This is all about a survivor of rape accepting the fact that she has been raped, do away with the trauma and bring herself back to her normal self. Through this a survivor of date rape can gain back her self-esteem and pride”.*

Only few (8.5%) of the respondents who had experienced date rape had ever sought at least one form of help. Reasons adduced for not seeking for any form of help and other details are contained in table 4.19. A majority (93.1%) of the survivors of date rape did not seek medical assistance. Majority (53.0%) of them did not seek for medical help because they did not sustain any physical injury. All (100.0%) the survivors of date rape did not seek legal assistance. Their reasons included that doing so was not necessary (42.3%) and love for the perpetrators (21.1%). A majority (91.7%) of the survivors of date rape had never ever sought counseling services. Many (60.5%) of them felt such counseling services was not necessary (see table 4.19 for further details).

Many In-depth interviewees did not seek any form of help following their experience of date rape; despite the reproductive health consequences like vagina injuries, vagina bleeding, vagina pain and psychological complications such as anger, self blame, depression, hatred, and suicidal ideation that they experienced. Fear of being stigmatized and self blame were the major reasons which account for why survivors did not seek medical help and other forms of related help/care. Some in-depth interviewees however sought help following the experience of date rape. Typical responses of the three In-depth interviewees who sought medical help were:

- *“The vagina pain I had, fear of being pregnant and other problems that might show up after the forced sexual intercourse got me worried. I told my very close friend who took me to his uncle who is a medical doctor. My friend’s uncle was the one who treated me off hospital record”.*
- *“My vagina was badly injured. I was taken to a pharmacy by a friend. There I was given injection in the hand and some drugs were inserted into my vagina. I also applied hot water on my vagina for some time”.*
- *I didn’t want to inform anyone about the experience because of fear of being stigmatized; but when the experience was affecting my studies and I couldn’t think straight, I sought help from a born again Christian who counseled me and prayed for me. It was after that that I came back to myself.*

Table 4.19: Help seeking behaviours of survivors of date rape

	N= 72	
Help seeking behaviour following the experience of date rape	Number	%
Sought medical assistance following date rape		
Yes	5	6.9
No	67	93.1
Reasons for not seeking medical assistance (n= 67)		
Did not sustain any injury	35	53.0
Because he used condom	10	15.2
Did not know the implication	10	15.2
Afraid of being stigmatized	7	10.6
Was ashamed	1	1.5
Because he had only one penetration	1	1.5
Not knowing where to go for medical service	1	1.5
Treated myself at home	1	1.5
Sought legal assistance following date rape		
Yes	0	0
No	72	100
Reasons for not seeking legal assistance* (n = 72)		
It is not necessary	36	42.3
Because I love him	18	21.1
Afraid of making the experience public	16	15.1
Don't know that forced sex by one's partner could be regarded as rape	6	7.05
That was not my first time of having sex with him	4	4.7
I may be blamed for visiting him	3	3.5
Didn't know where to seek legal services	1	1.2
Sought counseling services following date rape boyfriend		
Yes	6	8.3
No	66	91.7
Reasons for not seeking counseling services* (n = 66)		
It was not necessary	43	60.5
Did not know where to seek counseling services	11	13.6
Because I love him	8	9.9
That was not my first time of having sex with him	5	6.2
Afraid of being Stigmatized	4	4.9
Don't know that forced sex by one's partner could be regarded as rape	3	3.7
Was ashamed	1	1.2

*Multiple responses were present

Reporting of date rape

There was unanimity of opinion among all the discussants across the various groups that female students do not report date rape or inform anyone that they have been raped by their dating partners. Many discussants opined that stigmatization, societal blame and self blame are the major reasons why survivors do not report their ordeals. Other discussants believed that female students do not report their ordeals because they still want to keep their dating relationship. The reasons adduced for not reporting included the following:

- *“We don’t find people coming out to open up because of the stigma that is attached to rape. Unlike other forms of rape, date rape is usually characterized by emotional disturbance. You don’t want people to know that your boyfriend raped you”.*
- *Ladies usually do not report incidence of date rape because they may not want people to know that their boyfriends raped them. If people hear of it, they will blame them for going to their boyfriends’ house. Most of the time, it happens a lot.*
- *“The guy may beg you and you also may not want anybody to know about it because you still want to keep the relationship”.*
- *“I think the only situation where people get to know that a lady has been raped is when she is beaten or ridiculed by the guy or the lady has a severe health condition resulting from the act that needs medical attention. A lady may report an incidence of date rape if her condition demands medical help. But if someone is raped and she has no physical body harm, I don’t think she will ever report it, because it is embarrassing to be raped”.*
- *“If you love the person and you report the person he can go to jail and you don’t want that to happen to him. So you may not report your boyfriend”.*
- *“If you report that you have been raped by your boyfriend, the next day you will read your story on press boards on campus. People think every incidence is news and they can use it anyhow”.*
- *“On campus here people don’t report such things basically because in some ways the society frowns at it. They just believe date rape is the fault of a lady. They don’t want to understand the situation. Also, when you re-tell the story it is like the incidence is happening again. Most times because of the associated trauma people just keep it to themselves”.*

- *“Most people can’t differentiate between rape and normal sex. Even if they do, they see it as their faults. That is the reason why some people keep it to themselves”.*
- *“Some people don’t report date rape because the moment they report people say they are no longer virgins. Some people just keep the incidence to themselves, so that people may believe that they are still virgins”.*

Respondents pattern of reporting incidence of date rape is presented on table 4.20. Only 33.3% of the survivors of date rape had ever reported their experience to anyone. Nearly half (48.3%) of the survivors that had ever reported their date rape experiences told their female friends. Table 4.21 presents the reporting of date rape by hall of residence. There was significant relationship between hall of residence and reporting of date rape ($p < 0.05$), with more (22.2%) of respondents who resided in mixed halls of residence ever reporting their experience of date rape. Those who reside in females’ only hall of residence were less likely to have reported experiences of date rape (OR: 0.3, CI: 0.1 – 0.7).

The In-depth interviews revealed that survivors of date rape did not report their experience of date rape due to fear of being blamed and perceived non-susceptibility to any health effects of the date rape. Typical responses were:

- *“I was afraid of the outcome of reporting to my parents because my parents are so strict and they are great disciplinarians”.*
- *“I did not report the incidence to anyone, because I had no fear of being pregnant and moreover I did not suffer any physical injury”.*
- *“I first reported to a lady porter who told me to keep quiet about it”.*

Table 4.20: Respondents' pattern of reporting date rape

N= 72

Ever reported experience of date rape to anyone (N= 72)		
Yes	24	33.3
No	48	66.9
The person whom the experience of date rape was reported to (n= 72)		
A female friend	14	48.3
A male friend	3	13.8
Room-mate	3	10.3
Another boyfriend/ man-friend	2	6.9
Relative	1	3.4
Clergy	1	3.4

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Table 4.21: Date rape reporting by respondents' type of hall of residence

N= 72

Hall of residence	Ever reported experience of date rape		Total	P value	Relative risk
	Yes (%)	No (%)			
Females only halls (Queen Elizabeth II and Queen Idia)	8 (11.1)	33(45.8)	41 (56.9)	0.04	OR=0.3 CI= 0.1 –0.7
Mixed halls (Obafemi Awolowo and Alexandra Brown)	16 (22.2)	15(20.8)	31 (43.1)		
Total	24 (33.3)	48 (66.7%)	72 (100.0)		

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Socio-demographic characteristics and related information

The ages of respondents ranged from 17 – 30 years with a mean age of 21.0 years. This implies that target population consists of young persons. A previous study conducted among undergraduates of University of Ibadan revealed a mean age of 22.7 years (Iwuagwu, Ajuwon and Olaseha, 2000). The age range of respondents in the current study suggests that some of the respondents may have completed their secondary school education before the statutory or official age of 18 years as contained in the National Policy of Education (Federal Ministry of Education, 1983). Based on the policy, the minimum acceptable age at which students should be in the University is 18 years. Following the restructuring of the Nigerian educational system which created opportunity for secondary school leavers to proceed to the University after passing the Joint Admission and Matriculation Board examination, it is not surprising that most Universities are predominately dominated by young undergraduates

Many respondents were in dating relationship with boyfriends (young unmarried persons). This implies that dating is a common practice at the University of Ibadan. However the determination of the reasons which accounted for why students of the University of Ibadan indulged in dating relationship is outside the scope of this study. It is to be noted that people indulge in dating for different reasons. These reasons include need for companionship, mutual assistance, quest for future husband or wife and some material benefits (Kaula and Pavlou, 2007; Izugbara et al. 2008). Most of the respondents had a single dating partner as at the time of the study. A previous study by Kaula and Pavlou (2007) in USA showed that female undergraduate students have an average of one boyfriend.

Respondents' age at first sexual intercourse ranged from 6 – 29 years with an average of 18.5 years; with half (50.5%) of the respondents being sexually experienced. This implies

that many female University students are sexual active. Previous studies have shown that several female undergraduates are sexually experienced (Iwuagwu, et al. 2000; Magnus and Gbakeji, 2009; Fawole, Ogunkan and Adegoke, 2011). Iwuagwu, et al. (2000) for instance noted that 55.1% of female undergraduate students of University of Ibadan had had sexual intercourse with the mean age of sexual debut being 16.5 years. The current study unlike that conducted by Iwuagwu et al. (2002) had a larger sample size and included medical students from Alexander Brown Hall at the University College Hospital, Ibadan. These could be possible reasons for the high mean age of sexual debut observed in this study.

Awareness and knowledge of date rape

The study participants were aware that date rape is an unwanted, forced sexual intercourse which could be experienced by ladies in the hands of dating partners. They listed forms of date rape which a lady could experience such as vaginal sex, anal sex and insertion of fingers into the private part of a woman. These same forms of date rape have been documented by previous researchers such as Laura (2000); Shultz, Scherman and Marshall (2000); Sampson (2002); Lohmann (2008) and Wayne (2009). According to Lohmann (2008) date rape is a sexual intercourse or sexual penetration of any form by a dating partner (whether vaginal, anal or oral) characterized by force or other methods that may interfere with consent.

Friends constituted participants' major source of information on date rape. Several studies have shown that peers or friends are more common sources of information about reproductive health related issues among young people (Obare, Agwanda and Magadi, 2006; Zhang, Shah and Baldwin, 2006). This includes rape-related issues. Parents were the least source of information on date rape. This may be indicative of the limited exchange of information or communication between young persons and parents on sexual matters. Studies have shown that prevalence of communication between parents and their adolescent or young adult children on reproductive health related issues is low in several settings (Garg, Sharma and Sahay, 2000; Zhang et al., 2006; Zhang, Xiaoming and Shah, 2007a; Zhang, Xiaoming, Shah, Baldwin and Stanton, 2007b). Among the Yoruba,

cultural factors could influence discussion of date rape with young persons. For instance, culturally, indulgence in dating relationship by female unmarried persons is viewed as a deviation from cultural norms (Fadipe, 1970). This practice is therefore not promoted or encouraged. The result of this study suggests that rape prevention programmes are more likely to be successful if channeled through peers because young persons are most likely to open up to their peers.

The study respondents mentioned the use of psychoactive substances such as: alcohol, marijuana and valium, as major substances that perpetrators of rape use for facilitating the act of rape. Previous studies by Abbey et al. (2001), Weir (2001), Ajuwon et al. (2004) and Warkentin (2008) have similarly noted that alcohol is a common substance used in carrying out the act of rape. Several studies and reports such as Kronz (2000), Pope and Shoulder (2000), Schwartz, Milteer and LeBeau (2000), and WHO (2003) revealed that valium (Diazepam), and other benzodiazepines (Rohypnol -flunitrazepam and Xanax - Alprazolam) are commonly used in facilitating rape.

Benzodiazepines are sedatives that have the potential of causing amnesia during their duration of action (Kronz, 2000). These drugs, when given to rape survivors incapacitate and impair their judgment (Russo, 2000). Perpetrators of rape give their survivors these drugs without their consent. Some of these drugs like valium and Rohypnol are slip into the drinks (e.g. coffee, alcohol, juice or water) taken by rape survivors (Russo, 2000). One reason for the use of these date rape facilitating drugs is that perpetrators do not have to use any force, since it will be difficult for a the survivor to resist, as her state of being is more submissive or even unconscious (Abbey et al., 2001). Marijuana is another common drug that has been linked with many violent acts including rape (Schwartz et al. 2000; WHO, 2003). Marijuana also known as cannabis (UNODOC, 2004) is a psychoactive drug which can impair the judgment of users (McLaren, Lemon, Robins and Mattick, Richard, 2008). When ingested or smoked, it is capable of making rape perpetrators to act aggressively and overlook the consequences of rape (Schwartz et al. 2000).

Another drug which may be given to rape survivors to facilitate rape is ketamine (International Association of Chiefs of Police, 1999; Abbey, 2001). Ketamine is an anesthetic for surgeries (UNODOC, 2004). It has the potential of causing unconsciousness, hallucinations, loss of body control and numbing when given to rape survivors (Abbey, 2001). Studies by Pope and Schouldice (2001) and WHO (2003) have also noted the use of Ecstasy (*Methamphetamine*) by rape perpetrators. Ecstasy is a drug that can enhance the stimulation of the central nervous system and induce euphoria, alertness and a sense of increased energy and power (UNODOC, 2004). It stimulates the release of the serotonin from brain neurons, producing an effect that lasts from several minutes to an hour (Pope and Schouldice, 2001). The stimulant effects enhance sense of pleasure, self-confidence and increased energy which rape perpetrators need to carry out the act of rape (Pope and Schouldice, 2001). A systematic study of the drugs used by rape perpetrators is desirable.

Male strangers, followed by male acquaintance and boyfriends were mentioned as the major perpetrators of rape. This is similar to the result of National Health Demographic Health Survey (NPC, 2008) which reported that strangers are the most common perpetrators of rape, followed by friends or acquaintances and boyfriends among never married women.

The study has revealed that respondents were knowledgeable about the adverse physical, psychological and social consequences of date rape. Unwanted pregnancy, STIs and body injuries were the major physical effects of date rape mentioned by the respondents. The outlined consequences are in tandem with WHO (2010). According to WHO (2010) rape adversely affects survivors' physical health, reproductive health, mental health, and social wellbeing. These correspond with the consequences of rape earlier outlined by WHO (2010). According to Jewkes et al. (2001) rape survivors' chances of being pregnant is increased due to non-use of condom or other forms of contraception.

Emotional disorders including depression and low self-esteem were the major psychological effects of date rape mentioned by many respondents. This is not different from what WHO (2010) discloses as being the psychological consequences of rape.

Specifically the WHO (2010) had listed the adverse psychological complications of rape as emotional trauma, loss of self-esteem, fear and feelings of insecurity.

Stigmatization and poor social relationships were among the major social effects of date rape mentioned by many respondents. These same adverse social effects have been reported by WHO (2010). According to WHO (2010), rape survivors usually experience stigma and discrimination, poor academic achievement, withdrawal from school, inability to build partnerships, loss of marriage prospects and rejection by family and friends.

Some respondents had poor knowledge of the health effects of date rape. For instance, some (50.3%) of the respondents could not mention any physical health effect that could be associated with date rape. A previous study carried out by Mediterranean Gender Institute (2008) in Malta showed that undergraduate students had poor knowledge of the health consequences of date rape. Respondents' level of knowledge of date rape increased significantly by level of study (i.e year of study). The increasing length of stay in the University and the exposure to various curricular and co-curricular learning opportunities over the years may have accounted for this knowledge differential among respondents. Students in Alexander Brown Hall were more knowledgeable about the health effects of date rape. A possible reason for this is that students who reside in Alexander Brown Hall are medical students who are in the clinical phase of their medical training. They are usually exposed to various human sexuality related issues including sexual assault and their clinical management, formally in classroom, wards and consulting rooms.

Perceptions of date rape

The study has revealed some of the socio-cultural factors which have potentials for promoting date rape. One of these is the pervasive culture of male dominance in most Nigerian societies including the area where the University is located. Previous researches such as Ajuwon et al (2003; 2004), Elegbeleye (2006), Russo and Pirlott (2006), Mediterranean Gender Institute (2008), Taft (2009) and WHO (2010) have also lend credence to such social norms which facilitate rape.

Male dominance in sexual matters in most Nigerian societies finds its expression in different cultural norms, perceptions and attitudes which promote women's difference to men in decisions relating to sexual matters (Egbeleye, 2006). Men are socialized to believe that they are superior to women and so should dominate their partners (Izugbara et al, 2008; Taft, 2009). Furthermore, males' involvement in pre-marital and extra-marital affairs is tacitly tolerated in many cultures (Izugbara et al, 2008). These same sexual acts are however viewed as aberrations or deviant acts when women indulge in them (Izugbara et al, 2008). The perception of sex as a reward which a man is undeniably entitled to after some financial or material investment in a woman is also pervasive in Nigerian communities (Ajuwon et al, 2003; Elegbeleye, 2006). Consequently, a man is not blamed for applying force on a girl or woman he has invested in if she refuses (Ajuwon et al., 2004). A cultural re-orientation is necessary in order to effect changes in these gender-based socio-cultural perceptions which compromise the health, dignity and integrity of women. The re-orientation programme could be facilitated by use of health promotion strategies such as public enlightenment, advocacy, policy intervention and legal reforms.

Most participants did not perceive date rape to be as serious as stranger rape. This may be due to the fact that rape perpetrated by a stranger unlike a dating partner usually attracts more stigmatization. Previous studies (Russo, 2000; Elegbeleye, 2008) have noted that young women are inclined to perceive sexual coercion in dating situations as tolerable behaviour. In contemporary Nigeria, date rape is not perceived to be criminal or even unacceptable behaviour (Elegbeleye, 2008). A study carried out in Nigeria by Ajuwon et al. (2004) observed that many young women perceive rape by boyfriends as inevitable and socially tolerable. This perception has the potential for making rape survivors not to acknowledge their experience as rape; it might also prevent them from seeking appropriate health care services if they experience date rape.

Many respondents disagreed with the perception that date rape is a risk any lady who is dating a man or boy should expect. This is at variance with the observation by Kaulbach and Bach (2008) who conducted a study at the University of New Hampshire, USA

which revealed that any lady in dating relationship is at risk of date rape. This perception could make them vulnerable to rape as the perception of non-susceptibility has potential in militating against initiation of precautionary measures. This perception could make them vulnerable and not to take precautionary measures against date rape.

Some respondents agreed with the perception that “forced sex” by a dating partner could not be classified as “rape”. This finding is similar to the finding of a research carried out in USA by Kalosky (2005), which showed that some University students often do not classify the incidence of date rape as “rape” because it is at variance with what they perceive rape to be. A perception such as this by the study participants at the University of Ibadan cannot be unconnected with cultural permissiveness of date rape. It has been stated that misidentifying date rape as “non-rape” could be due to perpetuation of rape-related misconceptions and portrayal of rape in the media as sexual intercourse obtained with use of force or weapon by a stranger (Buddie, 2001; Frith, Shaw, and Hong 2005).

Many respondents agreed with the perception that the stigma that follows the reporting of a case of date rape is worse than the rape itself. This probably explains the reasons why fear of being stigmatized prevents rape survivors from seeking help (Ajuwon et al, 2003). Rape induces stigma and the culture of silence used by survivors as a preventive strategy poses major a challenge to the tackling of rape in Nigeria (Ajuwon et al, 2004).

Prevalence of date rape

The results of this study has shown that students in most halls of residence except those in Alexander Brown hall were of the view that date rape is prevalent among female students of the University of Ibadan. The results of a research carried out by Elegbeleye (2006) and Kullima et al. (2010), had earlier revealed that rape is a common phenomenon on Nigerian campuses.

However, the prevalence rate of date rape and attempted date rape were 11.8% and 39.1% respectively. These results show that the phenomenon is a public health concern. This is more so as date rape is a traumatic event which has far-reaching health consequences (WHO, 2010). The prevalence of date rape reported in this study may be

just be a tip of the iceberg, as fear of stigmatization and other rape-related social inhibitions might have prevented some respondents from sharing their date rape experiences. Previous studies carried out in USA by Rickert and Weimann (1998) and Lohmann (2008) on date rape showed that date rape is prevalent among female undergraduate students. According to Rickert and Weimann (1998), the prevalence of date rape among University female students in USA ranges from 13% to 27%.

Majority of the survivors of date rape experienced date rape after being admitted into the University of Ibadan. This may be due to relative respondents' inexperience and lack of knowledge of situations within and outside the campus which could create opportunities for date rape to occur. This is to be expected having just undergone transition from the secondary school phase of their education career which is characterized by strict social control in terms of sexual relationships to the University where students enjoy relatively unrestricted freedom in terms of private social life including dating.

Age was found to be a significant determinant of date rape. Respondents who were adolescents with ages ranging from 17 – 19 years and young adults whose ages range 20 –24 years were significantly at higher risk of date rape than older women (aged 25 – 30 years). This further strengthens the view that inexperience could be a predisposing factor which put young University students at risk of date rape. The results of this study are in conformity with previous studies by Smith and Welchans (2000), McLellan (2001), Jewkes, Sen and Garcia-Moreno (2002), Sampson (2002) and WHO (2010) that adolescents and young women are more at risk of rape than older women. In order to be specific the World Health Organization Report on Health and Violence (WHO, 2010) revealed that majority of women who had experienced date rape had the experience during their adolescence (WHO, 2010). McLellan (2001) observed that adolescents aged 12 to 19 are more than twice at risk of rape than women aged 25 years and above. Sampson (2002) has noted that women aged 16 to 24 were four times more likely to experience sexual assault including date rape. A research conducted in USA by Masho and Odor (2003) showed that the prevalence of sexual assault including date rape is higher among females aged 18 to 24 years old. These authors observed that the prevalence of date rape tends to decrease as the age increases.

Adolescents' inadequate knowledge of their sexual rights, lack of appreciation of the risks inherent in their risky sexual practices including early sexual debut may be possible reasons why female adolescents may be at higher risk of date rape than older women. Public health interventions aimed at addressing date rape among female undergraduates are justifiable. Female adolescent students deserve high priority attention because they are disproportionately affected by the phenomenon.

Prior attempted date rape experience was found to be a significant protective factor against date rape. This may not be unconnected with the fact that attempted date rape experiences might yield some learning experiences and this facilitates the acquisition of sexual negotiation skills and other rape prevention.

Context in which date rape occurred

Most participants in the FGD and the survey component linked the increasing indecent or seductive dressing among some girls with the incidence of rape. The perception of seductive dressing as one of the determinants of date rape was similarly shared by students in a study previously carried in Malta. In the study many male University students were said to have perceived provocative dressing among females as a contributory factor to date rape (Mediterranean Gender Institute, 2008). Indecent dressing by females students with special reference to dressing which displays sensual body parts (like breasts, navel and buttocks) as well as the wearing of tight and transparent dresses are also perceived to be common factors which favour the occurrence of rape in Universities (Elegbeleye, 2006).

The study reveals that various acts of violence were used to facilitate date rape. These included physical force in form of manhandling, beating, and threat. These forms of violence also characterized the context in which respondents in previous studies (Russo, 2000; Ajuwon, 2001) were raped. These forms of violent acts are traumatizing experiences for survivors (Russo, 2000).

The use of alcohol for facilitating date rape has been revealed. Some previous researches and reports including those of Meyer (2000), Tjadan and Thoennes (2000), Fisher, Cullen and Turner (2000), Abbey (2001), Sochting et al., (2004), Sampson (2006), Lohmann

(2008) Elegbeleye (2008) and WHO (2010) had linked alcohol use with rape. According to Abbey (2001), Davis, George and Norris (2004), Loiselle and Fuqua (2007) alcohol affects women's ability to give sexual consent. According to Davis and colleagues (2004) intoxicated women are also less likely to resist rape (Davis et al. 2004). A situation where women are not able to resist sexual advances from men as a result of intoxication increases their sexual vulnerability and can even be perceived as a willingness to engage in the act (Davis et al. 2004).

In addition, intoxicated women are more likely than sober women to engage in consensual sexual activities prior to rape (Davis et al. 2004). Alcohol is a drug which affects judgment (Abbey, 2001). This effect of alcohol thus makes women or girls not to appreciate or recognize risky situation and take appropriate actions (Davis et al. 2004). They may not be aware that they had been raped until the effects of alcohol had worn off (Abbey, 2001). Alcohol may as well slow the reaction time of a woman making her more prone to being raped (Loiselle and Fuqua 2007). Women who experience rape after taking so much alcohol may blame themselves for being intoxicated, viewing intoxication as indication that they were responsible for their experiences (Harned, 2005).

Alcohol may impair cognitive processes of rape perpetrators, which under normal circumstances, would inhibit aggressive responses which could give rise to rape (Davis et al. 2004). The effect of alcohol also has the potential for making the perpetrators to lose their sense of sexual restraints and so go ahead with sexual intercourse with their protesting survivors (Abbey, 2001). According to Russo (2000), alcohol is a widely used social stimulant sometimes used by men with the hope that it will enhance their sexual urge. The desire to commit a rape may actually cause a male perpetrator to consume alcohol before committing the sexual assault in order to justify his behaviour (Abbey, 2001). Russo (2000) and Harned (2005) have also observed that alcohol is sometimes used as an excuse to justify sexually manipulative behaviour including rape. The precise role of alcohol in rape occurrence needs to be further clarified through research.

Many of the survivors of date rape in this study were raped by co-students of the university. Intervention strategies to prevent date rape among undergraduates should therefore focus on both males and females students.

Many survivors of date rape employed the use of verbal persuasion in communicating their sexual refusal. The finding corroborated what Ajuwon et al (2004) noted in their study. According to Ajuwon et al (2004) many survivors of rape usually attempt to communicate their unwillingness to engage in sex through strategies such as verbal persuasion and appeal. Most survivors try to stop a rape by screaming, begging, or running away (Sampson, 2002). According to Sampson (2002) many survivors of rape do not use force against their perpetrators.

Majority of the survivors of date rape experienced date rape in the perpetrators house outside the campus. This is consistent with previous studies which revealed that rape mostly occurs in familiar places such as perpetrators' homes (Ajuwon et al, 2001; Elegbeleye, 2006; Kullima et al, 2010). This implies that off-campus settings create more opportunities for date rape to occur. With two or more students sharing a room at the University and the presence of hall porters and other security officers, the campus environment is not conducive for date rape to occur. Date rape is more likely to occur when both the survivor and perpetrator have known each other for an extended period of time and in a place where a survivor may not be able to get help easily (Abbey, McAuslan, Zawacki, Clinton, and Buck 2001; Frese, Moya, and Megias, 2004; Mohler-Kuo, Dowdall, Koss, and Wechsler, 2004; Sochting, Fairbrother, and Koch, 2004).

Many survivors of date rape in this study continued dating relationship with the persons that raped them. This observation corroborates with findings from previous studies such as those of Ogundipe-Leslie (2001) and Izugbara et al (2008). A lot of psychosocial issues constitute the rationale for this action on the part of the survivors (Izugbara et al., 2008). These psycho-social issues self-blame i.e blaming self for the actions which led to the unwanted sex, love and intention to get married to rape perpetrators and the tendency of apology by perpetrators accounted for the reasons why many survivors of date rape continued their dating relationship with perpetrators.

The age at first experience of date rape among the survivors of date rape ranged from 12 to 19 years with the mean age of 17.3 years. It implies that survivors were adolescent. This finding is in agreement with previous research works which noted that majority of sexual assault incidents including date rape among women happened when survivors were less than 18 years of age (Greenfeld, 1997; Masho and Odor, 2003).

Help -seeking behaviour of survivors of date rape

Most date rape survivors who consented to participate in in-depth interview had physical and psychological complications or effects which were attributed to their rape experiences. The physical effects included vagina bleeding and loss of virginity while the psychological problems include depression, anger, self-blame and suicidal ideation. Previous studies (Abbey, 2001; Lohmann, 2008; WHO, 2010) have shown that date rape indeed brings about these consequences.

Only few date rape survivors sought help in form of medical and counseling services. Previous studies by Ajuwon et al. (2001), Ajuwon et al. (2004), Lohmann (2008), Elegbeleye (2006) and WHO (2010) also revealed that survivors of rape rarely seek help. Fear of being stigmatized, self-blame and perceived non-susceptibility to any health effects were the major factors which served as barriers against the search for medical help and other forms of care. These same barriers against the search for medical help and other forms of care were similarly noted in previous studies such as those of Ajuwon et al. (2001) and Lohmann (2008).

Few survivors who reportedly sought medical assistance did so by buying drugs such as analgesics from pharmaceutical stores or patent medicine stores. This implies that some survivors of date rape resort to self-medication rather than patronizing formal health care services. A study conducted by Ajuwon et al (2004) among rape survivors in Ibadan observed a similar health seeking behaviour. Given the stigma and shame associated with rape it is not surprising that self-treatment was preferred to formal medical care. Students may need to be provided information through public enlightenment programmes on how to obtain proper medical services following an experience of rape. Health facilities need

to be user-friendly and ensure confidentiality of information divulged by survivors. Health workers should reassure rape survivors that necessary efforts would be made to protect their identity. In other to ensure this, health workers may need to be trained on the importance of confidentiality and empathy while providing care for rape survivors.

Reporting of date rape

In this study, majority of the survivors of date rape never reported their experiences to anyone. This is what previous studies have noted. For instance Ajuwon et al. (2001), Izugbara et al. (2008) noted that female students are generally not comfortable letting people know that their dating partners had abuse them and so preferred to keep their abuse secret. According to Elegbeleye (2008) and Izugbara et al. (2008) it is usually considered improper in most Nigerian cultural settings for women to report being raped or to speak openly about it. This may be because women are perceived as being responsible for the occurrence of rape (Ajuwon, et al., 2001). These social factors therefore prevent rape survivors from divulging their ordeals to people. Previous researches by Laura (2000) and Lohamnn (2008) have explained why reporting occurs so infrequently among survivors of date rape in Universities. They implicated fear of being stigmatized, embarrassed and self-blame as the psycho-social problems associated with date rape.

The few survivors who divulged their date rape experiences in this study disclosed that they shared their experiences with female friends. This pattern of reporting is similar to what previous researches have revealed (Ajuwon et al, 2001; Ajuwon et al 2003; Egbeleye, 2008; Izugbara et al, 2008). Training of female students to serve as peer counselors could be an effective strategy for addressing the psycho-social problems associated with date rape.

None of the survivors of date rape had ever reported their experiences of date rape to the police or school authority. This corroborates with the findings from previous studies carried out in Nigeria (Elegbeleye, 2006; Kullima et al, 2010) which showed that survivors of rape do not report to police and other security authorities because of shame and fear of being blamed or stigmatized. Another hindrance may be due to the difficulties

involved in establishing a case of rape in Nigeria. For instance the Criminal Act of Oyo State (1978) demands evidence that must show that sexual intercourse was forced through marks of violence on the body of the survivors or other signs of struggle at the scene of rape as requirements for establishing a rape case. Not all cases of rape will show these pieces of evidence. Other essential requirements of the law include an immediate report of rape by a survivor and willingness to submit herself for medical examination. This implies that rape-related laws in Nigeria are not gender sensitive. Hence, laws on rape in Nigeria need to be critically reviewed with a view to reflecting the true nature of various rape situations including that of date rape and the conditions that could be relied upon for establishing cases of rape. Advocacy, community mobilization and public enlightenment are strategies which could be used to address the social norms that allow rape including date rape to flourish.

Implications for Health Education

Findings from this study have health promotion and education implications and suggest the need for multiple interventions directed at tackling the phenomenon. The provision of factual information has been used in many Universities in some countries to create awareness on date rape and reproductive rights of Universities students. The strategy has been effectively used in evidence-based information relating to date rape (Mediterranean Gender Institute, 2008). According to Mediterranean Gender Institute (2008), education including awareness raising are essential for women to know their rights and be more sexually assertive.

Awareness of the existence, magnitude, context and the experiences of date rape must be raised among the University of Ibadan students and other University community members. The University's students' handbook of information, University of Ibadan website could be used to disseminate facts on date rape. The policy on gender and sexual harassment or assault should be explicit in respect of date rape and how to prevent and control it. The University radio station known as *Diamond FM* could be used to disseminate prevention messages on date rape and other sexual violence acts on campus.

Fresh students could be particularly vulnerable to date rape as a result of their inexperience. Fresh students can be reached through orientation programmes and the

integration of issues relating to sexual coercion including date rape into the existing general studies programme of the University. Relevant information should also be provided on where and how female students could report date rape experiences and where and how to seek help including health care services following an experience of date rape. The University community with special reference to the females should be informed about factors which facilitate the occurrence of date rape such as use of alcohol, indecent dressing and staying with boyfriends in an isolated places.

Public enlightenment programmes including awareness campaigns have the potential for reaching large numbers of people. While public enlightenment campaign can create awareness and influence knowledge, perception and attitudes and foster political will for action, evidence of their effectiveness in changing behaviour remains insufficient (Whitaker, Baker and Arias, 2007). However, efforts must be made to combine it with other strategies such as peer education and policy intervention to effectively address date rape among University students. Public enlightenment techniques could involve the use of posters, leaflets, documentaries, jingles and bill boards (Whitaker, Baker and Arias, 2007). Use of one or more of these information media could be very helpful as the weaknesses of one could be counter-balanced by the strengths of others.

Peer education could be used to increase knowledge relating to date rape among young persons in the University with the view to addressing the problem of date rape. Previous researches (Lonsway et al 1998; Friedman 1999; Smith and Welchans 2000) have indicated that positive results are more likely to result from school-targeted programmes which utilize peer education. Peer education on date rape could be more effective if done in single sex sessions (Foubert and McEwan, 1998) and delivered over multiple sessions over many years (Smith and Welchans 2000; Mulroney 2003). Education of both sexes about the rights of women and girls have been found to dramatically reduce the occurrence of dating related violence including date rape among University students (WHO, 2010). Both male and female students should be educated on the importance of gender equality and healthy dating. Educational programmes should target misconceptions of date rape and health consequences of date rape. Education should in addition be provided on the causes, consequences and prevention of date rape and other

related sexual violent acts and rational steps or actions for addressing the physical and psychological effects of date rape.

Psycho-social issues such as fear of being stigmatized and self-blame which often prevent date rape survivors from seeking appropriate help need to be addressed using appropriate strategies such as training on coping skills and psychotherapy. Health workers at the University Health centre need to be trained on rape issues. Health workers' capacity should be enhanced through training to be providing rape prevention messages, confidential medical care and counselling services for rape survivors. These efforts could encourage survivors of rape to seek appropriate help and abate the health challenge faced by rape survivors. Staff in halls of residence including hall wardens, supervisors and porters should be trained and well-informed on date rape and specific resources on campus and in the local community that may be utilized by rape survivors. This becomes necessary as these set of people interact closely with students on daily basis. The effectiveness of training in enhancing peoples' capacity to solve public health related problems has been demonstrated in several studies, such as Oshiname and Briger (1992), which effectively demonstrated the use of training to make Patent Medicine Vendors safer contact with their clientele.

Mobilizing communities to prevent date rape may also be very useful in addressing the problem of date rape. Community-based rape control programmes should target community norms and traditional gender roles that tend to legitimize rape or sustain inaction against it. The strategy could be used to change knowledge, attitudes, socio-cultural norms and practices that favour the prevalence of date rape. Community mobilization has been effectively used to address the problem of rape among students in USA (Katz, 1995 and Berkowitz, 2003). Community mobilization is a participatory process that focuses on changing community norms, basic patterns of social interaction, values, customs, and institutions in ways that will significantly improve the quality of life in a community (American College of Health Association, 2008). Community mobilization should target prevailing misperceptions that facilitate date rape. Community involvement in date rape prevention and control is particularly appealing and holds potentials for success because it is based on the principle that an opportunity

should be provided for affected populations, such as students and other community residents to participate in decision making and the formulation of policies (American College of Health Association, 2008).

Another strategy that can be used to prevent and control date rape on campus is advocacy. The World Health Organization has recognized advocacy as one of the most potent strategies for addressing sexual violence including date rape (WHO, 2010). Advocacy is a process that can bring about change in policies, laws and practices of significant individuals, groups, communities and institutions (WHO, 2010). Advocacy could be used to promote gender equality and change socio-cultural factors such as biased gender norms, cultural beliefs and attitudes that promote or sustain date rape. Advocacy interventions should target the University authority, Students' union body and community-based organizations including faith-based organizations on campus. Advocacy campaigns can be built around global events on the global calendar, such as the International day for the elimination of violence against women which comes up on November 25 every year. Involving prominent public figures, local and national media in campaigns built around this event can boost rape prevention interventions. Advocacy can be made more effective by using locally generated data from systematically conducted studies. The use of research findings for advocacy has been shown to be promising in raising awareness and contributing to the shaping of reforms and policies (Ellsberg, Liljestrand and Winkvist, 1997). The use of research findings when combined with international agreements such as the United Nations resolutions on the elimination of violence against women, human-rights conventions, and World Health Assembly and WHO regional committee resolutions on violence prevention can further strengthen the impact of advocacy (WHO, 2010).

Partnership with relevant sectors and agencies and non-governmental associations can be used to address the problem of date rape among University students (American College of Health Association, 2008). This strategy has been effectively used in USA to address rape among University students (Berkowitz, 2003). Effective prevention will require the planning of actions together, and the sharing of funding or other resources with other relevant organization or institutions. For instance, the University of Ibadan can liaise with

relevant governmental and non-governmental organizations to set up agencies or organization that will provide support and care for survivors of rape. This strategy has the potential for addressing the physical and psycho-social challenges associated with rape such as poor help-seeking practices (Watts, Keogh, Ndlovu and Kwaramba, 1998).

Partnership involves pooling of resources from different parties together to address common concerns. Partnership should be charged with the responsibilities of confronting sexual coercion including rape, providing legal and counseling services to survivors. The University could collaborate with relevant governmental organizations such as Ministries of Health and Justice and non-organizational organizations to organize behavioural change interventions that can sensitize and educate students and policy-makers on date rape and other sexual violent acts. Partnership may also be formed with students' organizations or associations within the University with a view to creating awareness on date rape. Reaching out to clubs, organizations, and teams on campus is a unique way to reach high-risk target groups of students (American College of Health Association, 2008). Some students' associations in the University may serve as useful channels for educating students on date rape and other sexual violence issues. These associations may include the Students Union Government, Religious organizations, Students Alliance for Peace, Unibadan Health Organization and HIV/AIDS Prevention Promotion Youth Club (HAPPY CLUB). These associations may equally provide unique opportunities for recruiting peer educators who may be trained on prevention of date rape and other sexual violent acts.

Policy intervention is equally an effective strategy that might be used to address sexual violence including date rape (USAID, 2006). Many Universities such as University of California, Selton Hall University and University of Florida in USA and University of Cape Town in South Africa have policies which addressed rape and other sexual violent acts. A sexual rights policy which aims at changing the norms, attitudes and beliefs that support date rape is necessary. Such policy should provide information on available survivors' support services including health and counseling services. The policy should equally address appropriate sanctions and rehabilitative programmes for perpetrators of

rape. Furthermore, provisions should also be made for the safety of rape survivors, reporting and seeking of legal redress.

Counselling as a health education strategy which facilitates the making of choices including what to do in case of rape could be effectively used to address the psychosocial challenges associated with rape (WHO, 2010). Counselling is typically characterized by one person assisting another person or group of persons to gain an understanding of themselves and their situations. Counselling people thus enable them to make and implement appropriate decisions (Bott, Guedes and Guezmes, 2005). Professional counsellors or health workers should be trained to provide counselling services to rape survivors. It is important to offer psychotherapy to rape survivors to enable them overcome the psychological consequences that may be associated with rape experiences. Special efforts should be made to conduct counselling in an environment that ensures the safety and confidentiality of rape survivors. Psychotherapy may also be useful for treating or helping perpetrators of rape. Counselling services may be provided alongside health services at the University health centre. However, clinic facilities may lack the privacy and confidentiality needed for counselling and hence young people may feel inhibited from seeking help. The establishment of a survivors' support centre may be a useful alternative. Telephone counselling could provide opportunities for some rape survivors who may choose not to visit counsellors for fear of being stigmatized or blamed. Therefore, designated telephone lines should be provided for counselling rape survivors.

Combined use of two or more of the afore-mentioned health promotion and education strategies is preferred for preventing and controlling date rape because of the inherent advantages. The combination of strategies ensures that weaknesses of one are counterbalanced by the strengths of the others.

Conclusion

The research explored the awareness level, knowledge and perceptions relating to date rape as well as helped to determine the prevalence of date rape, context in which the phenomenon occurs, help-seeking behaviour of survivors and pattern of date rape reporting among female undergraduates of the University of Ibadan. Many female undergraduates had heard of date rape with friends as being the major sources of information. Level of knowledge of date rape was generally low among female undergraduate students. Many female students perceived date rape not to be as serious as rape perpetrated by a stranger, a situation which can adversely affect health seeking behaviour.

Students of University of Ibadan are vulnerable to date rape as a substantial proportion of them are survivors of the practice. Date rape mostly takes place outside the University campus and perpetrators are mostly students. Survivors of date rape rarely seek help despite the various expressed physical, social and psychological health challenges which they face. Psycho-social factors such as fear of being stigmatized and blamed are major constraints preventing date rape survivors from seeking appropriate help. Many survivors of date rape never consider ending dating relationship with their abusers because of personal reasons such as love and intention to get married to their abusers. Date rape is a reality at the University of Ibadan which needs to be tackled because of its public health importance.

Recommendations

1. The University authority through the Gender Mainstreaming office, the Students Union Government, Non-Governmental Organizations and other relevant government agencies including Ministries of Health and Justice should design and implement behavioural change communication interventions aimed at discouraging date rape among students and raising their critical consciousness regarding the physical, psychological and social burden of the phenomenon.
2. Elements of sexual rights education should be integrated or infused into the curriculum of the University of Ibadan with a view to upgrading students' knowledge about rape and skills needed for prevention of date rape. These elements could be integrated or infused into the general studies programme of the University of Ibadan.
3. Students should be empowered to cope with or avoid date rape. This could be done by training them on sexual assertiveness, sexual negotiation skills, features of healthy dating as well as ways of identifying potential situations that may be associated with date rape.
4. There is a need to formulate a sexual rights policy aimed at controlling and preventing date rape at the University of Ibadan. The policy should make provisions for appropriate health and counseling services that will address the health and psycho-social needs of rape survivors.
5. A centre where survivors of rape could be seeking help needs to be set up at the University. It should be staffed with professionals with skills for addressing the physical and psychological challenges which survivors of rape often experience.

Suggestions for further study

It is suggested that further studies be carried out, to throw more light on some aspects of date rape which were not covered in this study.

1. There is a need to carry out a similar study among female undergraduate students of University of Ibadan who reside off-campus in order to compare data and proffer effective solutions that would be more generalized.
2. Research is needed to determine the awareness, perceptions, attitudes and factors favouring perpetration of date rape among male undergraduate students of University of Ibadan.
3. An interventional study is needed to determine effective strategies that could be used in preventing and controlling date rape among female undergraduate students.

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UNIVERSITY OF IBADAN

APPENDIX I

FOCUS GROUP DISCUSSION GUIDE

Introduction

Thank you all for honouring the invitation. I am Akintayo Ogunwale and my colleagues are..... Today we want to talk about the experience of date rape among female undergraduate students in this school. This is part of the research and the discussion will last for about one hour. Your views will be respected and will not be used against you in any way. There is no right or wrong view, so feel free to express yourself. Remember your participation in this discussion is voluntary. Your decision not to be involved or drop at any point will not attract any penalty. However, should you decide to participate in this discussion, you will be doing the society a great service because the result will be used to make recommendations for the control and prevention of date rape among female students.

1. Please say exactly what you think. Don't worry about what your neighbour thinks or say. We are not interested in who is right or wrong.
2. Share your views without mentioning people's names.
3. Express your opinions, but do not insist on whether what you say is the most common.
4. This discussion is will be taped, so please speak up and speak clearly. Do not mention fellow discussants names so that the tape will not pick it up. We want the discussion to be anonymous to be confidential as possible.
5. Let us try to have only one person talk at one time. Everyone should be allowed to share her opinions or experiences.
6. Thanks for decision to participate in this study.

Once again thanks for coming to participate in this discussion.

S/N	Main questions	Follow up questions or hints
1	(a) What makes campus life worth living in this school?	<ul style="list-style-type: none"> • How is social interaction on campus? • What are some of the social benefits that female students derive on campus?
2	(a) What is dating?	<ul style="list-style-type: none"> • Probe for what they feel or perceive it to be.
	(b) Why do females in institutions of higher learning get involved in dating?	<ul style="list-style-type: none"> • Probe for advantages or importance • What are some of the challenges associated with dating?
3	Now let us discuss issues relating to rape. What is rape?	<p>(a) The key characteristics of rape i.e what makes it different from other forms of sexual intercourse.</p> <p>(b) Probe for the following if not mentioned</p> <ul style="list-style-type: none"> • Use of force or violence • When done by strangers • When an acquaintance or friend rape one
4	What is date rape?	<p>(a) Probe for whether the following when done could qualify as rape</p> <ul style="list-style-type: none"> • Penetrative anal sex • Penetrative vaginal sex • Inserting fingers into the private part of female <p>(b) What are the cultural beliefs and perceptions that make to force sex with persons been dated.</p>
5	(a) How common is date rape among female students in this school?	
	(b) Who are the perpetrators of date rape on campus? Who are the perpetrators of date rape outside campus?	<p>(a) Probe for how common male perpetrators of date rape are and how common female perpetrators of date rape are?</p> <p>(b) If there are female perpetrators who are their targets/survivors?</p> <p>(c) Where is date rape more common: while on campus or outside the campus?</p>
6	<p>(a) What are the situations, events, circumstances that can facilitate the rape of a female student while dating?</p> <p>(b) What use to facilitate the rape of female students while dating and how does it occur?</p>	<p>(a) Probe for the following</p> <ul style="list-style-type: none"> • Alcohol use • Indecent dress • Parties e.t.c <p>(c) For each of the above probe into how it leads to date rape.</p>

S/N	Main questions	Follow up questions or hints
7	How often do female students who are raped while dating report their ordeal?	<ul style="list-style-type: none"> If survivors do not usually report, why is it so? Probe for reasons
8	What are the ways of life of female students who are usually raped while dating?	<p>Probe for</p> <ul style="list-style-type: none"> What they do that make them fall survivors of date rape? What they fail to do that make them fall survivors of date rape?
9	What are the adverse effects of date rape on female students?	<p>Probe for the following</p> <ul style="list-style-type: none"> Physical effects i.e effects on survivors body or disease occurrence Psychological effects i.e effects on mind, feeling, emotions e.t.c Social effects i.e effects on future relationship, subsequent sexual behaviour of survivors
10	(a) What are the effective ways of preventing female students from being raped during dating?	
	(b) What are the measures for coping with experience of date rape among female survivors?	
11	Generally how are issues about rape of females treated in Nigeria?	<p>Probe for:</p> <ul style="list-style-type: none"> What is the society's attitude to date rape? How issues of date rape involving students are treated?
12	What should be the role of society regarding the control and prevention of date rape?	<p>Probe for what each of the following can do to prevent date rape</p> <ul style="list-style-type: none"> Mass media School authority Students union Government

APPENDIX II

QUESTIONNAIRE

Dear respondent,

I am a student of the Department of Health Promotion and Education, Faculty of Public Health, University of Ibadan. I am carrying out a study relating to **date rape experiences among undergraduate students of University of Ibadan**. The information obtained will be used in future for the design of programmes for assisting survivors of date rape and for preventing the incidence of date rape among female undergraduates. Your honest response can help prevent millions of ladies or girls from been raped. I assure you that whatever you tell me will be kept secret. Please note that your names are not needed on this questionnaire. If you have any question, please feel free to let me know.

Kindly show by using any of the following 2 boxes, that your participation in this study was voluntary.

I will participate and will sign

I will participate but will not sign

Thank you.

Akintayo O. Ogunwale

Department of Health Promotion and Education,

Faculty of Public Health,

College of Medicine,

University of Ibadan.

Email: tayoogunwale@yahoo.com

Tel: 08053524780; 07062241984

Office use only
Serial no.....

Section A: Socio- Demographic Characteristics

Instruction: In this section tick (√) the boxes that correspond to your answers or complete the spaces provided

1. Faculty
2. Level of study
3. Hall of residence: (1) Obafemi Awolowo Hall (2) Queen Idia Hall
(3) Queen Elizabeth II (4) Alexander Brown Hall
4. Religion: (1) Christian (2) Islam
(3) Traditional (4) Other (Specify) -----

5. Age in years (at last birthday)
6. Do you have a boyfriend? (1) Yes (2) No
7. Do you have a man-friend? (1) Yes (2) No
8. How many boyfriend(s) do you have presently?
9. How many boyfriend(s) have you ever dated?
10. How many man-friend(s) do you have presently?
11. How many man-friend(s) have you ever dated?

Section B: Awareness of date rape

Instruction: Complete the open spaces or tick (√) the boxes that correspond to your answers in this section. Please feel free and be very honest while answering the questions in this section. Be assured that all what you say will be kept secret.

12. Have you ever heard of “**date rape**”?
1. Yes 2. No
13. What are your sources of information about “**date rape**”? Tick one or more of the options that apply to you.
(1) Television (2) Radio (3) Internet
(4) Lecture (5) Newspaper (6) Book
(7) Friends (8) Church/Mosque
(9) Others sources not listed above _____

14. How often do you hear of “**date rape**”?

1. Never heard 2. Rarely 3. Often
 4. Very often

15. Have you ever attended any lecture or educational programme on **rape**?

1. Yes 2. No

16. Have you ever heard about any substances or drinks that rapists use to enable them carry out their acts successfully?

1. Yes 2. No If “**No**” to this question, skip to **Q18**

17. Mention just the substances or drinks that rapists use to enable them carry out the act of rape?

18. Who are those that usually rape girls or ladies?

1. Boyfriends 2. Man-friends 3. Male friends
 4. Male stranger 5. Female friends
 6. Others, please specify.....

Section C: Knowledge of health effects of date rape

Q19 Instruction: In table 1 below, state **two (2)** examples each of the physical, psychological and social effects or complications of “date rape”.

Table 1

Types of effects/ complications	Adverse Effects/ complications
(1) Physical health	(a)
	(b)
(2) Psychological health	(a)
	(b)
(3) Social health (Interpersonal relationship)	(a)
	(b)

Section D: Perceptions relating to date rape

Q20 - Instruction: Please indicate your response by ticking (√) in the appropriate box.
Thank you for your time and honesty.

Table 2

	Date rape related perceptions	Tick (√)		
		Agree	Undecided	Disagree
20.1	Date rape is a risk any lady who is dating a man or boy should expect			
20.2	Date rape is an occurrence which most ladies will experience at least once in her life time before marriage			
20.3	One factor that promotes date rape is the belief that a man should go ahead to have sex with a lady even if she protests against it, because many ladies will say “No” to sex when requested .			
20.4	Men belief that ladies/girls prefer to say “No” to sexual intercourse with their boyfriends or man-friends so that they will not be seen as being promiscuous or too cheat, may be the reason why they have sex with ladies they are dating by force.			
20.5	Being forced to have sex by one’s man-friend or boyfriend is not a rape			
20.6	Some men who forcefully have sex with their girlfriends do so to confirm their girlfriends’ virginity.			
20.7	Being forced to have by the person one is dating is a common phenomenon which any lady should not worry herself too much about			
20.8	Being forced to have sex by the man or boy one is dating should not be regarded as rape			
20.9	“Forced sex” is classified as rape only when the perpetrator is not one’s boyfriend or man-friend			
20.10	Getting raped by the man or boy one is dating is not as serious as being raped by a stranger			
20.11	Most cases of “ date rape ” take place outside the campus			
20.12	The stigma that follows the reporting of a case of “ date rape ” is worse than the rape itself			

21. Who are the categories of girls/ladies who readily get **raped**? Please tick (✓) one or all the alternatives you feel apply from the following:

1. Ladies/girls who are too free with their boyfriends/ man-friends
2. Ladies who are too trusting
3. Ladies/girls who cheat on their boyfriends/ man-friends
4. Ladies/girls who love parties
5. Ladies/girls who wear seductive dresses
6. Ladies/girls who love to demand material things from men and yet do not want to have sex in return
7. Other ladies/girls not listed above, please specify

22. How will you describe the feelings ladies/girls usually experience after a forced sexual intercourse with a boyfriend/man-friend?

Section E: Prevalence of date rape

Instruction: Complete the open spaces or tick (✓) the boxes that correspond to your answers in this section. Please feel free to be honest; all what you say will be kept secret.

23. How old were you when you first had sex? _____

24 Have you ever said “NO” to sex but your boyfriend(s) or man-friend(s) went ahead and had sexual intercourse with you against your wish?

(1) Yes (2) No

25 If “Yes” to **Q24**, did you regard it as rape?

(1) Yes (2) No

26 If “No” to **Q24**, why? _____

27. Have you ever consented to have only a kiss as a sign of love with any of your boyfriends/man-friends but the person seized the opportunity to have sexual intercourse with you against your wish by force?

(1) Yes (2) No

28. Has your boyfriend(s)/man-friend ever used any drug/ medicine or any substance to make you sleep and later had sex with you?

(1) Yes (2) No

29. Please indicate the form(s) of forced sexual intercourse you have ever experienced with your boyfriend. (Tick (✓) all that you have experienced, please)

(1) Forced vagina sexual intercourse

(2) Forced anal sexual intercourse

(3) Forced oral sexual intercourse

(4) Insertion of fingers into vagina

30 Instruction for Q30: Use table 3 for your answer; by ticking (✓) the spaces that correspond to your answers. How many times have you experienced the following against your wish (i.e by force or under duress in the hands of your boyfriend(s) or man-friend(s))?

Table 3

S/n	Type of forced sex experienced by you	Number of times					
		Ever (Life time experience)		Experienced within last one year		Experienced within last 6 months	
		Yes	No	Yes	No	Yes	No
30.1	Forced vagina sex						
30.2	Forced anal sex						
30.3	Forced oral sex						
30.4	Forceful insertion of fingers into the vagina						

Note: If you did not answer question 30 and 31 in section E please skip to Question 53.

Section F: Experiences of ladies who had ever been raped by men or boys being dated

Note- If you did not answer question 30 and 31 in section E please skip to Question 53.
Instruction: Kindly indicate your honest response by ticking (✓) the appropriate boxes or providing responses in the spaces provided. Your responses will be kept absolutely confidential.

31. Has any of your boyfriends or man-friends ever lured you into sexual intercourse after giving you a drug or something to take?

(1) Yes (2) No

32. Has any of your boyfriends or man-friends ever given you too much alcohol to drink before having sex with you when you were no longer yourself?

(1) Yes (2) No

33. Has any of your boyfriends or man-friends ever had sexual intercourse with you after threatening you?

(1) Yes (2) No

34. Has any of your boyfriends or man-friends ever had sexual intercourse with you after beating/manhandling you?

(1) Yes (2) No

35. Have you ever experienced forced sexual intercourse with a boyfriend or man-friend since you have been admitted into this University? **If “No” to Q35, go to Q 39**

(1) Yes (2) No

36. If yes to **Q35**, was/were the perpetrator(s) (rapist(s)) member(s) of University of Ibadan community?

(1) Yes (2) No

37. If yes to **Q36**, who was/were perpetrator(s)? Tick all that apply to you.

(1) Student(s) (2) Lecturer(s) (3) Non-teaching staff

38. If yes to **Q35**, during which period of the school calendar did you experience forced sexual intercourse with a boyfriend or man-friend?

(1) During academic session (2) During holiday

39. Where did your last experience of forced sexual intercourse with a boyfriend or man-friend occur? **Tick the option that applies to you.**

(1) On University campus (2) Outside the University campus

40. Which of the places and locations in table 4 have you experienced forced sexual intercourse with a boyfriend or man-friend? You are to tick (√) the appropriate space(s) that apply to you.

Table 4

Description of place	Location	
	Campus	Outside the campus
Hotel room		
Boyfriend's or man-friend's hostel		
Boyfriend's or man-friend's house		
Classroom		
Within the school compound (Playground or joint)		
Boyfriend's or man-friend's Office		
Your hostel		
Your house		
Other place, please specify.....		

41. When was the last time that your boyfriend or man-friend had sex with you by force?

42. How did you communicate refusal to have sexual intercourse to your boyfriend(s) or man-friend(s)? Concerning the last forced sex mentioned in question 42.

- (1) Verbally (2) Physical resistance (3) Crying
 (4) Others, please specify.....

43. Have you ever continued your relationship with any of your boyfriends or man-friends after he had had forced sexual intercourse with you?

- (1) Yes (2) No

44. How will you describe your feelings after the last experience of forced sexual intercourse with a boyfriend or man-friend?

Section G: Help seeking behaviour

NOTE: Answer only Q 53 if you did NOT answer section E and F.

Instruction: Kindly indicate your honest response by ticking (✓) the appropriate boxes or providing responses in the spaces provided. Your responses will be kept absolutely confidential.

45. Did you ever seek for any medical assistance after your experience of forced sexual intercourse with boyfriend(s) or man-friend(s)?

(1) Yes (2) No

46. If ‘No’ to **Q45**, why did you not seek medical assistance?

(a) Did not sustain any injury (b) Because he used condom

(c) Treated myself at home (d) Afraid of being stigmatized

(e) No reason

(f) Other reason, please specify _____

47. Have you ever sought legal assistance following an experience of forced sexual intercourse with your boyfriend(s) or man-friend(s)?

(a) Yes (b) No

48. If “No” to **Q47**, why did you not seek legal assistance? You may tick (✓) one or more options that apply to you.

(a) Did not know whether he was right or wrong (b) Because i love him

(c) That was not our first time of having sex (d) It was not necessary

(e) Afraid of being stigmatized

(f) Afraid of making public the experience

(g) Other reason, please specify _____

49. Have you ever sought counselling services after you were forced to have sexual intercourse with your boyfriend(s) or man-friend(s)?

(1) Yes (2) No

50. If “No” to **Q49**, why did you not seek counselling services? You may tick (✓) one or more options that apply to you.

(a) Did not know whether he was right or wrong (b) Because i love him

(c) That was not our first time of having sex (d) It was not necessary

(e) Afraid of being stigmatized

(f) Did not know where to seek counseling services

g) Other reason, please specify _____

51. Have you ever reported your experience of forced sexual intercourse with your boyfriend(s) or man-friend(s) to anyone?

(a) Yes (b) No

52. If yes to **Q51**, who did you report to the last time you experienced forced sexual intercourse with a boyfriend or man-friend?

(1) A female friend (2) A male friend (3) Another boyfriend/ man-friend

(4) Room-mate (4) Parent (5) Relative

(5) Hall warden (6) School security

(7) Any other person not listed above, please specify _____

53 a. Has any of your boyfriends ever attempted to have forced sex with you but did not succeed?

(1) Yes (2) No

53 b. If “Yes” to Question 55a, when was the last time you had such experience?

53 c. If “Yes” to Question 55a, what strategy or method did you use to escape or avoid being forced to have sex?

APPENDIX III SCORING AND GRADING OF KNOWLEDGE ITEMS

S/n	Knowledge question	Response	Scoring	Maximum score
Q19.1	Two examples of Physical health effects of date rape (Open ended)	-Unwanted pregnancy --Death -Vaginal expansion --Abortion -Vaginal bleeding -Loss of virginity -Vaginal pain -STI -HIV -Bruises -Damage to the womb due to termination of unwanted pregnancy -Body injury like fracture	1 point for a correct response	2
Q19.2	Two examples of Psychological effects of date rape (Open ended)	-Depression -Anger -Unhappiness -Shame -Mental disorder -Distress -Low self esteem -Lack of self confidence -Hatred for men -Mindset of vengeance -Post traumatic stress disorder -Nightmares -Fear of having sex -Self blame -Hallucination -Self stigma -suicidal ideation	1 point for a correct response	2
Q19.3	Two examples of Sociological effects of date rape Open ended	-Stigmatization -Lesbianism -Isolation -Hostility -Prostitution -Celibacy -Lack of trust for men -Anti-social tendencies -Broken relationship -Poor social relationship -Subsequent assault -Loneliness -Rejection -Withdrawal from social activities	1 point for a correct response	2
	<u>Knowledge grading</u>	<u>Code</u>		
	Good knowledge-----5 – 6 points	1		
	Fair Knowledge-----3 – 4 points	2		
	Poor Knowledge-----0- 2 points	3		

APPENDIX IV

In-depth Interview guide

Let us discuss a past unwanted sexual intercourse you experienced with your boyfriend or ex-boyfriend. The result of this research will be useful for designing health programmes and policies that address the issues of sexual assault perpetrated against female students. Your views will be respected and will not be used against you in anyway. Your identity, responses and opinion will be kept confidential. Please do not mention your name or any other person's name. You are encouraged to feel free and give honest responses. This discussion will take 15-20 minutes. Your participation in this study is voluntary. Thanks for accepting to contribute to this study by sharing your experiences with me.

Kindly show by using any of the following 2 boxes, that your participation in this study was voluntary.

I will participate and will sign

I will participate but will not sign

S/n	Main questions	Hint/s follow up questions or comment
1	How old were you when you first experienced forced sexual intercourse?	Probe for: <ul style="list-style-type: none"> • Where the forced sexual intercourse took place • Number of times that forced sexual intercourse has been experienced • If experienced forced sexual intercourse more than once, is it by one person (boyfriend/man-friend) or you experienced it in the hands of different persons.
2	What happened to the dating relationship after the experience of forced sex	Probe for: <ul style="list-style-type: none"> • If stopped the relationship, why? • If continued the relationship, why?
3	What do you think influenced your boyfriend/ man-friend to have sex with you by force?	Probe for: <ul style="list-style-type: none"> • Influence of alcohol • Influence of other drugs • What he use to make you lose control of yourself before having sex with you against your wish
4	Describe to me in great details how the act of the forced sex took place; please do not hold back any information	Request interviewee to describe what happened before, during and after the first sexual intercourse
5	Who did you report the incidence of forced sex to?	Probe for: <ul style="list-style-type: none"> • If reported, who did you report to • What help did you seek for • If you did not report, why
6	Share with me the nature of the forced sex which you experienced	Probe for: <ul style="list-style-type: none"> • Beaten • Manhandled • Threatened (If threatened, with what?)
7	What kinds of feeling did you experience after the incidence of forced sex?	Probe for: <ul style="list-style-type: none"> • Sadness, anger e.t.c. • How did you express your feelings of disapproval
8	How did the incidence of forced sex affect your relationship	Probe for: <ul style="list-style-type: none"> • How it affected your relationship with men generally • With boyfriend/man-friend
9	What kind of physical harm did you suffer when you experienced forced sex?	Probe for: Body injury Injuries to private part, e.t.c.
10	What were the measures or methods employed by you to cope with the situation after the forced sex?	Probe for: Whether still feel sad, anger, e.t.c Have forgiven the perpetrator



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UI/UCH EC Registration Number: NHREC/05/01/2008a

NOTICE OF FULL APPROVAL AFTER FULL COMMITTEE REVIEW

Re: The Experience of Date Rape among Female Undergraduate Students of University of Ibadan, Nigeria

UI/UCH Ethics Committee assigned number: UI/EC/10/0106

Name of Principal Investigator: Akintayo O. Ogunwale

Address of Principal Investigator: Department of Health Promotion & Education,
College of Medicine,
University of Ibadan, Ibadan

Date of receipt of valid application: 30/06/2010

Date of meeting when final determination on ethical approval was made: 16/12/2010

This is to inform you that the research described in the submitted protocol, the consent forms, and other participant information materials have been reviewed and *given full approval by the UI/UCH Ethics Committee.*

This approval dates from 16/12/2010 to 15/12/2011. If there is delay in starting the research, please inform the UI/UCH Ethics Committee so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of these dates. *All informed consent forms used in this study must carry the UI/UCH EC assigned number and duration of UI/UCH EC approval of the study.* It is expected that you submit your annual report as well as an annual request for the project renewal to the UI/UCH EC early in order to obtain renewal of your approval to avoid disruption of your research.

The National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the Code including ensuring that all adverse events are reported promptly to the UI/UCH EC. No changes are permitted in the research without prior approval by the UI/UCH EC except in circumstances outlined in the Code. The UI/UCH EC reserves the right to conduct compliance visit to your research site without previous notification.



Dr. A. A. Adenipekun,
Chairman, Medical Advisory Committee,
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E-mail: uinchirc@yahoo.com

Research Units: •Genetics & Bioethics •Malaria •Environmental Sciences •Epidemiology Research & Service
•Behavioural & Social Sciences •Pharmaceutical Sciences •Cancer Research & Services •HIV/AIDS