

Perceived Effects And Coping Mechanisms Of Rape Victims Among University Of Ibadan Undergraduates

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Abstract

The Prevalence of rape and its associated consequences in the Nigerian society has attracted global and scholarly attention. Several studies on rape have focused on the act of rape itself, the consequences, characteristics of perpetrators and legal implication of rape. Few however, have focused on the perceived effects of rape and the coping mechanisms adopted by victims especially in Oyo state. This neccessitated the focus of this study. Differential Association theory and Social bond/control theory formed the theoretical frame work for the study. Quantitative data were elicited from 499 respondents selected using Leslie Kish's formula, while qualitative data were elicited from 4 case studies, 5 in-depth interviews (IDI) and one key informant interview (KII). Quantitative data were analyzed using descriptive statistics such as percentages, charts and cross-tabulation, while qualitative data were content analyzed. A huge proportion (93%) reported that rape adversely affects the victims. The most perceived effects of rape were psychological (92.4%), with low self esteem, mood swings, depression, and perpetual anger being reported by 87.2%, 81.0% and 77.0% respectively. Health effects such as HIV (87.6%), Sexual Transmitted Diseases (STDs) (88.0%), pregnancy (82.6%), abortion (62.3%), damages of reproductive organs (62.9%), and death (66.7%) were reported by respondents respectively. Seeking psychological and medical help to live a normal life and voicing out for the police to look into was suggested by 89.0% and about 60.0% as the coping methods victims adopted. There is need for collective enlightenment of women in all sectors on the menace and effects of rape.

Keywords: Coping mechanisms, Perceived effects, Rape victims

Introduction

Over the years, issues bordering on gender, sexual violence and protection of the rights of both men and women have been at the forefront of national and international discourses and in spite of efforts by various government agencies, Non-governmental organizations, faith based organizations and civil right groups, men and women, young and old still experience sexual violence. However, the fact that women and children are the most affected cannot be denied. The prevalence of violence that individuals especially women experience is gaining attention in social science literature, but laws and policies have failed to effectively address it. Despite decades of feminist activism, men continue to rape women at appalling rates and feminists have challenged dominant conceptions of rape and argue that rape is usually something that men do to women in societies characterized by a patriarchal order. Female to male rape has occurred and still occurs, in some parts of our

country, it is however, not as prevalent as male to female rape. To be more effective, women who are victims of sexual assaults and domestic violence in all aspect of their lives should be protected by the laws and by the society at large.

Rape is a serious social problem that constitutes as an affront on the society's most cherished hallowed rules of sexual relations and has also eaten deep into the fabrics of our contemporary society and which needs to be addressed. It is a worrisome epidemic that is becoming fast problematic in contemporary Nigeria due to many factors that are already inherent in the Nigerian society such as sex myths, culture of silence associated with rape, modernizing influences and peer group pressure among several others. It has been greatly observed that the word 'rape' itself is fading away as it is far becoming a 'norm' in our country. In the words of a criminologist, rape is something people hardly talk about these days despite the glaring cases evident amongst us,



even in our universities.

Rape prevalence depicts a breakdown in the society's norms and values pertaining to an appropriate sexual relationship. Over the years, acts of rape have been recorded in the University of Ibadan. This however shows that the rate of this disdainful act has gotten to a crises level such that people believe that a world without rapists would be a world in which women moved freely without fear of being attacked sexually by men. Anyone who regularly scans through the print, electronic or social media becomes aware of the alarming rate of reported cases of sexual violence and acts of rape against women. These frightening reports appear frequently in the national dailies cutting across all age brackets in the society. This raises cause for worry as rape is one of the prominent acts that damages human relationship and societal interactions. Udekwe (2013) in his words explained that It appears that every day, girls and boys, women and men are sexually abused even by persons known to the victim, who perhaps shamefully takes due advantage of such familiarity.

It is important to note that Rape is a criminal offence which is condemnable, it is an unjustifiable act in our society, that should not be addressed trivially and it is finally time that we rise as a nation to condemn and eradicate this despicable act. Victims of rape all across the world, and not in Nigeria alone are made to suffer unquantifiable anguish, some become diagnosed with health implications mainly sexually transmitted diseases such as HIV, gonorrhea, syphilis, psychological implications such as posttraumatic stress disorder, dissociation from reality, depersonalization, social implications such as avoiding social life, encountering difficulty in remembering events, relives moments of sexual assault, unwanted pregnancy resulting to abortion, and suicide amongst other ills. The severity of the offence of rape cannot be over emphasized because it does not only affect the genitalia and body but also damages the physical, social, emotional, psychological and mental well-being of the victim, destroying his/her humanity and indirectly affecting friends, families and relatives of the victim

Effects of Rape

Rape is a global pervasive social problem, violating the human rights of victims and causing enduring health and socio-psychological consequences (Fulu et al 2013). The consequences of rape on victims in all cases are often traumatizing, leaving painful memories and a lifelong effect on the victim Obasi (2007). Empirical evidence show that victims of sexual assault frequently experience negative and often long-term physical and psychological consequences following the event (Kaltman et al., 2005; Sturza and Campbell, 2005). Victims of rape suffer from a wide spectrum of debilitating effects (Jessica, 2012), which result not only in the physical and psychological destruction of women, but also affects their families and communities (Abegunde 2013). Among the more common consequences of sexual violence are those related to reproductive, mental health and social wellbeing (WHO 2002)

Physical effects of rape which arise from both forced sexual assault and those not involving forceful submission, such as drug assisted date rape often result in visible bruising or bleeding in and around the vaginal or anal area and other Gynecological complications such as painful intercourse. urinary infections. sexually transmitted disease (STDS), genital warts, syphilis, gonorrhea, Chlamydia, Uterine fibroids (Abegunde 2013) genital irritation, chronic pelvic pain and urinary tract infections (Coker, 2000). Violent or forced sex can increase the risk of transmitting HIV, especially In forced vaginal penetration, where abrasions and cuts commonly occur, thus facilitating the entry of the virus through the vaginal mucosa (WHO, 2002). Sexual violence often magnifies the risk of HIV transmission (Rothschild et al 2006). In Nigeria, sexual violence has been linked with sexually transmitted diseases as many rape victims have been infected with HIV. The situation in the Niger Delta rape saga is a case in point (Kimani 2007, Onvejekwe 2008).

Pregnancy may also be a consequence of rape. Mulugeta (1998) in a study of adolescents in Ethiopia found that 17% of reported victims of rape became pregnant after the act, a figure similar to the 15–18% reported by rape crisis



centers in Mexico (WHO 2002). Another study in the United States covering a three-year period with over 4000 women reveal that rape related pregnancy rate was 5.0% per rape among victims aged 12-45 years, producing over 32 000 pregnancies nationally among women from rape each year (Holmes 1996, WHO 2002). Notably, Jewkes (2001) study of factors associated with teenage pregnancy in Cape Town, South Africa, pointed that forced sexual initiation was the third most strongly related factor, after frequency of intercourse and use of modern contraceptives. He further asserted that coerced sex experienced at an early age reduces a woman's perceived ability to control her sexuality. As a result, it is less likely that an adolescent girl who has been forced into sex will use condoms or other forms of contraception, thereby increasing her likelihood of pregnancy. The consequences of rape on physical health can exacerbate their mental health, since physical problems can function as a constant reminder of the experience, reinforcing the sense of destruction (Joachim, 2005). Thus, physical consequences go beyond merely the direct results of "injuries" or "infections" alone.

Sexual violence has been associated with a number of mental health and behavioral problems in adolescence and adulthood (Creamer et al 2001, WHO 2002). However, Lee et al. (2005) argue that the severity of psychological trauma for a victim may vary according to societal reaction to the victim. According to Abegunde (2013) rape victims experience both short and long-term psychological effects of rape, with self-blame which is an avoidance-based coping tool being one of the most common. Others include Post-Traumatic Stress Disorder (Wisdom 1999), feelings of severe anxiety and stress, depression (Roosa et al 1999, Wisdom 2007), flash-backs, borderline personality disorder, sleep disorders, eating disorders, dissociative identity disorder (Arrow, 2004), guilt, distrust of others, anger, feelings of personal powerlessness, erratic mood swing and suicidal tendencies (Whealin 2007). In Ethiopia, 6% of raped schoolgirls reported having attempted suicide (Mulugeta (1998). Another study of adolescents in Brazil found prior sexual abuse to be a leading factor predicting several health risk behaviours, including suicidal thoughts and attempts (Anteghini 2001).

WHO (2002), reports the prevalence of symptoms or signs suggestive of a psychiatric disorder in 33% of women with a history of sexual abuse as adults. Similar research by Choquet (1997) of adolescents in France also found a relationship between rape victimization and current sleep difficulties, depressive symptoms, complaints, tobacco consumption and behavioral problems (such as aggressive behavior, theft and truancy). In the absence of trauma counseling, negative psychological effects have been known to persist for at least a year following a rape, while physical health problems and symptoms tend to decrease over such a period (WHO 2002). Even with counseling, up to 50% of women retain symptoms of stress (ibid). Esere et al (2009) in that study revealed self-reported consequences of Rape/Violence by victims included amongst others: physical injury (31.87%) constant headaches (27.27%); sleep disturbances (18.18%); excessive fear and anxiety (9.09%); suicidal ideation (9.09%) and hatred for men (4.55%).

Victims of rape also suffer social victimization or stigmatization and loss of social confidence especially in cultures with strong customs and taboos regarding sex and sexuality. Hence, a rape victim maybe perceived in such society as being "damage." and may suffer isolation, lose friends and family, be prohibited from marrying, be divorced if already married, cast out or even killed. (Campell & Raja 1999). Aborisade & Vaughan (2014)stated in their study that 60.87% of respondents were subjected to secondary victimization by their parents, medical personnel, families, neighbours and other significant others in their life.

Strategies Adopted In Coping With Rape Among Victims

Research has shown that victims of rape indulge in various activities, mechanisms and strategies to cope with the agonizing experience of rape. Meyer and Taylor (1986) cited in Aborisade & Vaughan (2014) define coping behaviours as psychological and behavioural activities that a survivor may employ to master, reduce, or recover from characteristic symptoms of emotional distress that may develop after rape.



Empirical studies have posited that various psychological and emotional responses show the different behavioural patterns or coping strategies that is possessed by each survivor of rape and sexual assault (Littleton and Breitkopf, 2006). Hence, there is no general determinant of adjusting to rape victimisation or coping with sexual assault that applies to all. Aborisade & Vaughan (2014) in discussing the determinants of adjustment patterns of rape victims indicated that coping or recovering from rape is dependent on a number of factors, some within the control of the individual, while other are out of their control. They noted that if the rapist is caught and punished, and people around a rape victim show enough sympathy and understanding, then her recovery is assured and she will adjust favourably. However, victims' adjustment pattern is in most cases connected to the type of rape experienced.

Research by Phasha, (2012) noted that different coping strategies from most literatures can be classified into two broad categories namely: problem-focused. emotion-focused and According to Gipple et al. (2006), emotionfocused coping strategies include purposeful attempts to retreat from unpleasant stimuli, or individuals' attempt to regulate their emotions in dealing with the stressor; while problem-focused strategies entail manipulation, reflection and application of instrumental responses of the stressor. Studies (Sigmond et al 1996; Brands & Alexander, 2003) suggest frequent tendencies to use emotion-focused especially with the adoption of avoidance as the most preferred coping strategy.

Phasha, (2012) study of emotions created by an experience of child sexual abuse revealed participants adopted three forms of strategies, namely: (a) detachment from the sexual abuse or its impact by keeping busy at all times, drug use, unhealthy eating habits and/or self-mutilation, so as to obliterate the memories of their experience (b) distorted beliefs about the experience as some survivors coped by creating distorted "positive" beliefs about their experiences, positive talks about the abuser, seeking positive reasons for the occurrence of the abuse and a perception of the a learning experience. acknowledgement of sexual abuse as survivors

perceive the abuse as a learning experience by talking about it, and adopting an optimistic view about life.

McGregor (2005) asserts that women often try to cope with sexual assault without assistance out of fear that the criminal justice system will not believe the victim or will blame the victim forthe assault. There is still apathy expressed towards the post-assault experiences of the victims especially as it relates to how they adjust to normal life (Aborisade & Vaughan 2014). Aside from the legal constraints, Nigeria does not possess established structures that would encourage victims to boldly come out and report (Ogbo, 2013). The criminal justice system makes no provisions for medical, psychological or financial welfare plans or compensation for victims. Aborisade & Vaughan (2014) also revealed in their research that only 34.78% of the respondents sought for conscious coping strategies for their recovery from their rape experience, where only 4.34% voluntarily sought help without sustaining any physical injury, while the rest of them had to seek medical attention because of the injury sustained. In other words, victims of rape perpetration only feel the need to seek medical support when physical injuries result from the assault or when people around them are privy to the assault.

Burgess and Holmstrom (1984) argued that women who consciously use coping strategies recovered more quickly from sexual victimization than victims who did not actively engage in coping strategies. However, survivors cope with the problem of sexual assault in different ways which may or may not be detrimental to their development (Phasha, 2012). Haileselassie et al (2014) in their research observed that destructive behavioral strategies such as smoking, alcohol consumption, drug use; promiscuity, violent acts and isolation are some of the coping strategies adopted by victims. They also noted coping mechanisms like silence (hiding the experience). religious activities and disclosing the experience with family members, counselors, medical workers, social workers and the police were adopted by victims of rape. Corroboratively, Fallot and Heckman (2005), also observed some tendencies to resort to religious/spiritual coping



among women survivors with mental health substance disorder. Although noting that most survivors of sexual abuse such religious strategies were more negative than positive. Other strategies including resort to self-injurious behaviours, suicidal ideation and attempts were common coping strategies amongst younger males (16 years) and female survivors who were highly depressed as a result of feeling despair and lacking a sense of hopefulness (Swanston et al 1999)

Frazier and Burnett (1994) study revealed four types of coping strategies, namely: (a) seeking socialsupport, (b) talking about the rape, (c) getting counseling and (d) keeping busy. The mostcommonly used strategies included taking precautions and thinking positively. They however stated that self-blaming cognitions adopted by victims of rape appear more difficult toresolve, thus leading victims to rely on suppression or other avoidance strategies. Also, theresearchers posited that victims experiencing less severe forms of physical force during theassault used more avoidance coping than those victims that did not experience any force at all.

Methods

The study area adopted for this research was the University of Ibadan. Currently, the University is made up of thirteen (13) faculties namely, Arts, Sciences, Agriculture and Forestry, The social Education. Veterinary sciences, Technology, Basic sciences, Pharmacy, Clinical sciences, Law, Public health and Dentistry. The University is primarily residential with halls of residence for male and female students both at the undergraduate and post-graduate level. The research design of this study was based on a cross-sectional in nature and involved a combination of quantitative and qualitative methods. Quantitative data was obtained with the use of questionnaires from 499 respondents' selected using kish formular, while qualitative data were elicited through 5 in-depth interviews, a key informant interview and 4 case studies. In other words, this research involves a triangulation of instruments. Quantitative data was analyzed with the aid of statistical software called SPSS (Statistical Package for The Social Sciences), while qualitative were content analyzed. The study adhered to ethical principles of confidentiality. Medica Zenica & Medica mondiale (2014) in their research on long-term consequences of war rape and coping strategies of survivors in Bosnia Herzegovina described and the coping mechanisms adopted by victims. They found that on the average the most commonly used coping amongst the participants strategies "adaptive". Explicitly, they reported moderate use of venting (i.e. expressing emotions) and denial (i.e. denying what happened) as well as frequent use of emotional support (seeking support from others) and acceptance (attempts to accept and live with what has happened), religion (prayers and finding consolation in religion). They also noted that the most common strategy in overcoming the experience of rape is diverting attention to other activities and facilities. The function of diverting attention they observed is actually one way of avoiding thoughts about what has happened and enables the "release" of trauma -related rumination. Summarily, remembering, acknowledging and working through experiences of sexual abuse are crucial processes if victims are to be able to deal positively with their past (Kelly, 1988 as cited in Phasha, (2012).

anonymity, voluntary participation, informed consent, beneficence and non-malificience.

Results

A total number of 499 undergraduates of the University of Ibadan were involved in this study. The demographic characteristics considered in this study cuts across the sex, age, marital status, level of study, faculty, department, and religion. The table can be seen below. The result reveals that the sociodemographic characteristics of the respondents. The sex distribution of the respondents showed that female had the highest proportion of respondents with a frequency of 250(50.1%), than the male counterparts 249(49.9%). This shows that the gap however, between the male and the female is being bridged by the contemporary campaign of gender equality in all spheres of life and work even in the academic settings. Gone were the days when females were asked to stay at home and get married and the males were sent to school. For the age result, the age bracket used for this research range from 'below 21 years' to 'above 36 years'. From the result, below 21 years of age has a frequency of 220(44.1%), category



of the respondents between 21-25 years also had 220(44.1%), which is the highest percentage, only 31(6.1%) of respondents were within the age bracket of 26-30. Respondents within the age range of 31-36 have the frequency of 26(5.1%). The age bracket which had the lowest number of respondents is that which falls within the category of above 36 with a frequency of 2(0.4%). This affirms the fact that most University undergraduate students are youths furthermore; teenagers are more enrolled into the university system. This also shows that education is now cherished among youths than in times past when youngsters were being forced to go to school.

With reference to marital status as a social demographic variable, the majority 469(94.0%) were single, a bit less than 3% of the respondents were cohabiting, those with a frequency of 15(3.0%) were married, while only 4(0.8%) were dating. Since we have more of the respondents between the ages of less than 20 to 21-25 years, it is obvious that majority of them would be single. This can be attributed to the fact that the area of study is in the south west where education is valued more than marriage as opposed to the northern or eastern part of Nigeria where marriage is highly valued.

The distribution according to the respondents level of study shows that 112(22.4%) were in 100 level, 114(22.8%) in 200 level, a lesser number 92(18.4%) of the respondents were in 300 and 400 level, while 89(17.8%) were in 500 level. There were more of

Perceived Effects of Rape

The result in the table below showed that 464(93%) respondents reported that victims are affected most, 70(14.0%) also reported that rape also affects the victim's relatives such as parents, siblings etc. 36(7.2%) said rape can also affect the victim's friends, 40(8%) asserted that rape is affected by the entire community while only 17(3.4%) said rape affects the government. The table above showed the multiple responses by the respondent on the various effects of rape, 90.6% of cases identified that there are health effects of rape on victims, 92.4% of cases identified psychological effects, 74.5% of the respondents identified mental effects and 84.4% signified that there are social effects too.

200 level students and this is because direct entry students have increased the number of students in that level. With regards to their faculty of study, 97(19.4%) were in the social sciences, 84(16.8%) were in Law, 50(10.0%) were in sciences, 67(13.4%)were in Arts, 55(11.0%) were in Education, 90(18.0%) in pharmacy while 56(11.2%) were in college of medicine. The differing percentages of students in these faculties show that some faculties have more students than others. Religious affiliation of the respondents depicts that majority 431(86.4%) of the respondents were Christians, while 68(13.6%) were Muslims. This is also attributed to the fact that more Christian worship centers are being built in the south western region with increased efforts at evangelism and converts to Christianity. A greater number of the respondents 311(62.3%) are Yoruba, followed by the Igbo ethnic group which accounted for about 128(25.7%), a very few of the respondents were Hausa 8(1.6%), while about 28(5.6%) of the respondents were Edo, Itsekiri 5(1.0%), and 19(3.8%) only accounted for others which include Calabar, Akwa-Ibom, Benue and Ghana. The explanation for this could be due to the fact that the study area is largely dominated by the Yorubas' as it is located in the south-west region. The high frequency in other ethnic group explains that in a University setting, there are bound to be students who have converged from different ethnic backgrounds to study in such University.

Perceived Effects of rape according to espondents (N=499)

Category of people that rape affects the most	Frequency	Percentages
The victim	464	93.0
Victim's relatives	70	14.0
Victim's friends	36	7.2
The entire	40	8.0
community		
The government	17	3.4
Various effects of		
rape known		
Health effects	452	90.6
Psychological effects	461	92.4
Mental effects	372	74.5
Social effects	421	84.4
Health effects of rape on victims		



437 439 412	87.6 88.0
	82.6
311	62.3
314	62.9
333	66.7
458	91.8
244	48.9
344	68.9
408	81.8
382	76.6
403	80.8
434	87.0
435	87.2
433	86.8
	314 333 458 244 344 408 382 403 434 435

This result highlighted that psychological effects

Reasons why rape is perceived to have adverse effect (N=400)

(14 -4 22)	(14=459)		
Variables	Categories	Frequency	Percentages
Rape victims	Yes	478	95.8
are adversely	No	21	4.2
affected.	•		
Reasons why	They are physically, emotionally and psychologically hurt	304	60.9
are adversely affected.	They suddenly develop low self esteem	2	0.4
	They are often traumatized	1	0.2
	No response	192	38.5

The table below presented multiple responses by respondents' perception on the various methods victims can cope with rape incidence. The result

has the highest effects. This supports the literature which explains that empirical evidence show that victims of sexual assault frequently experience negative and often long-term physical and psychological consequences following the event (Kaltman et al., 2005; Sturza and Campbell, 2005). Two respondent expressed their views of the effects of rape on the victim

There are psychological effects, the person raped will have a timely replay of the incident in her head and which will have a negative effects on the person's future. The person might see the male folks as evil and it might be hard for them to get married" (IDI/male/24yrs/Sociology)

"Majorly it is a psychological effect that affects victims the most. it's a violation of the fundamental human rights and it affects individuals".(IDI/Female/21yrs/religiou s studies)

shows that out of the 499 respondents used for this research, 48(9.6%) of them suggested that victims should leave the particular country where the crime was committed, 382(76.6%) suggested that the victim should undergo a therapy, 33(6.6%) suggested that the victim should keep quiet and do nothing about it, 299(59.9%) suggested that they should voice out and allow the police to investigate the matter, 27(5.4%) suggested that the victims should live with the incidence for the rest of their lives, of respondents, majority the 444(89%) suggested that victims should get psychological and medical help to help them live a normal life, 68(13.6%) of the respondents suggested that the victims should get justice and revenge by themselves.



Respondents' perception of coping methods of victims (N=499)

Victatis (11 +33)				
Responses	Frequency	Percentages		
Leave the country	48	9.6		
Undergo a therapy	382	76.6		
Keep quiet and do nothing about it	33	6.6		
Voice out and allow the police look into it	299	59.9		
Live with the incidence for the rest of their lives	27	5.4		
Get psychological and medical help to help them live a normal life	444	89.0		
Get justice and revenge by themselves	68	13.6		

In addition to this, a participant identified the best way to cope with incidence of rape

As talking to someone, seeing a counselor, if the person is not the counselor type, there must be somebody the person must be close to, to be able to share with the person and lose the pains (IDI/MALE/21YEARS/LAW)

This response is supported by another respondent who said that:

Victims should try to meet with a counselor or a psychiatrist and get help for the person to get over it (IDI/Male/24yrs/Sociology)

An interview with a key informant reveals some methods victims should adopt to cope with rape incidents.

There should be a formed association like peer association where they can discuss their challenges and such associations can help to mitigate some psychological discomforts, seek legal redress where possible, raise funds where possible, and then dialogue to remove all the stigma psychological breakdown, again our laws needs to be reviewed particularly the one that has to do with evidences and then so that it can make it easier victims to obtain justice (KII/MALE/CRIMINOLOGIST)

The above response suggests that the incidence of rape requires collective efforts and not necessarily blaming the victim or leaving the bulk of its prevention and remedy in the hands of its victims. Those who are victims of rape already suffer a lot of psychological and emotional torment and require adequate social support to get over these effects.

Conclusion

Rape has been established as a very serious issue among the university of Ibadan undergraduates. Its prevalence underscores the need for our society to be restored to a morally upright one and for strict measures to be taken into cognizance. From this study, we can see that individuals are already developing a positive attitude towards rape victims and as such, are willing to support and counsel victims rather than stigmatize them. Respondents also showed their willingness to date or even marry a rape victim reason being that many victims are not responsible for being raped. This study also revealed that individuals are willing to help victims so they can voice out their incidents on order for them to get the necessary psychological and medical help they deserve. The government should take this as an advantage towards helping to reduce rape crimes in our society. It can however be concluded that there is a public awareness of rape as every respondent is aware of rape and almost all the respondents are aware that rape is a criminal act

This study conclusively affirms that there is a positive perception and attitude towards rape and rape victims. There are various causal factors of rape and as such needs a holistic approach towards its eradication. It has been greatly observed that rape has serious effects on the victim and can destroy their inner man.

Recommendations

In view of the findings in this study, it is imperative to note the following recommendations for policy makers, non-governmental organizations, stakeholders and even to the society at large on the issues bordering on rape, its causes, effects and coping mechanisms. The following recommendations are, made based on these sub-headings;

Educational sector

Education is a very vital aspect of the human society, man since time immemorial have been undergoing one form of education or the other be it formal or informal. The educational sector has a role to play in making sure that rape is totally reduced and possibly eradicated in our society. This can be done by teaching criminology at every levels of study ranging from the primary to the tertiary education. Individuals even at their tender age should be taught what crime is all



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about and punishments that would be meted out to offenders. There's a popular saying that goes thus "train up a child the way he should go and when he grows, he shall not depart from it". This saying goes a long way to help reduce the rate of crime in our society and rape generally. There should be a form of reorientation of the society's members and this starts at the tender age. Strict discipline should be instilled among children and youths of nowadays. Several studies have shown that even teenagers rape fellow teenagers; this depicts the state of moral insanity among our children. Girls should be reprimanded for dressing improperly even within the academic sector of our society.

The antidote to avoid rape is through reliable information and campaign which can only be brought about by proper education. Education is indisputably, one of the important weapons that can be used to prevent rape. People should be disorientated from the previous ideas we had about rape victims. Sex education should also be taught in the school curriculum.

Religious sector

Individuals have one particular belief or the other about a supernatural being. The religious bodies of our society have not really contributed in ensuring that rape is reduced. Rape issues should be preached in churches, mosques and any other religious centers that people go to. Religious leaders should use pleas and also prayers as a means of ensuring that rape is eliminated. It is important to note that rape even occur within some religious homes and among 'so-called' spiritual leaders. The religious institution of our society should contribute to preventing rape and also taking a disciplinary approach to offenders or perpetrators of rape. There should also a public enlightenment pertaining to issues bordering on rape.

Governmental sector

The government either at the local, national or even at the international level has a major role to play in ensuring that rape is reduced in Nigeria. The governments have really done little or nothing to help victims across the country and also to make sure that rape crimes are limited. Funds should be provided to help set up associations, rehabilitation homes, therapy homes and help centers across states, where victims can freely and easily locate, to associate with people that will help ensure that they voice out their incidents and seek for means to help cope with those incidents. The government should create a rape friendly society where there would be more support from everybody.

Legal sector

The legal sector has a wider role to play in rape issues. First and foremost, the laws pertaining to rape crimes should be scraped out and re-enacted. This is because the laws are not suitable for victims and the patterns of rape are changing and laws need to be changed as well to help accommodate the issue at hand. Most of these laws are not properly stated out and as such, are not strictly adhered to. There is a wide spread of law breaking even among those who created the laws themselves. Most times, these rape victims are further victimized when they get to the court of law. Chilvary thesis should also be avoided. Women should be treated the same way a male offender is treated. Factors like ethnicity, religion, gender etc. sometimes comes into play when a rape crime is involved but the legal sector of the Nigerian society should strictly adhere to laws and also mete out the proper punishment meant for offenders. Attempted rapists should not be treated lightly as they still have the possibility to commit the crime much later. An anti-indecent dressing law should also be passed into the law.

Economical sector

Not surprisingly, the economic sector also has a role to play in eliminating and reducing rape crimes in Nigeria. It is imperative to know that Nigeria produces millions of graduates every year both at the undergraduate and post graduate levels. Out of these millions of graduates, there are just a few thousands of jobs available to them, leaving the rest to their fate. An idle man is the devil's workshop and this idleness can invariably lead an individual to commit rape. Individuals should be taught about being self-employed even when the labor market seems congested. Instead of roaming the streets, looking for a person to prey on, people can get themselves busy with community service and even personal jobs. There should be provision of centers where people can go, to equip themselves with a skill acquisition such as bead making, make up/facial art, baking, decoration/ event planning, etc.

Family institution

The family cannot be exempted in ensuring that rape is eliminated. Parents should be able to be close to their children/wards right from cradle even to adulthood. Most times, some parents avoid giving sex education to their children, leaving them to figure it out or rather experiment by themselves. It is the duty of parents to keep their children safe especially their girls from any form of rape. It has been recorded that most rape cases occur within the home or around it. It could occur between neighbors or even extended relatives such as uncles, cousins and even close friends. There are cases whereby rape occurs between fathers and daughters, this brings us to the recommendation that mothers should closely watch their daughters and keep them

safe from even their fathers. Parents should scold their girls when they wear indecent dressing because when their child is raped, the family's name is being smeared. There should be strict socialization of members into the social norms, values and beliefs about rape and the effects it has on victims. Parents should wake up to their primary objectives by ensuring strict adherence to moral, religion and academic values, they should also caution their young boys to avoid underage drinking, there should be restriction to the age at which people get exposed to sexual explicit content to avert committing rape or even being a victim. Their girls should be taught and cautioned on dressing properly to avoid them being raped as rape is one of the most influencing factor responsible for being raped. Finally, when any of their girls is raped, they should take the necessary steps by reporting to the authorities instead of keeping quiet about it.

Mass media

The world we live in is becoming a global village where technology has necessitated the widespread of information. The media should be contribute more in ensuring that rape cases are duly reported and strictly followed to avoid repetition. Awareness can be created through social media on how to avoid being raped and things to do in case such a person is victimized. Effective campaigns should be organized to help sensitize individuals about rape.

Security

Better security should be provided for people who are generally vulnerable to rape. This can be done by providing cameras, street lights around dark alleys, patrol police should be made available at strategic places and also technological security in terms of providing security equipments such as pepper sprays, tizzlers, whistle to help call for attention, for women and teenage girls, and also properly educating them on how to use those equipments properly to avoid hurting themselves. There should be self-defense training for women and teenage girls. Nigeria's security measures should be upgraded to help reduce rape incidents.

References

- Abegunde, B (2013) Re-Examination of Rape and Its Growing Jurisprudence under International Law. Journal of Politics and Law; Vol. 6, No. 4 URL: http://dx.doi.org/10.5539/jpl.v6n4p187
- Aborisade R.A & Vaughan F.E. (2014) The Victimology of Rape in Nigeria: Examining Victims' Post-Assault Experiences and Adjustment Patterns. African Journal for the Psychological Study of Social Issues. Vol.17 No.2
- Arrow, B. (2004) "Relationship between Childhood Maltreatment, Adult Health and Psychiatric outcomes and Medical Utilization" Journal of Clinical Psychiatry

- 65 (Suppl.12) 10-5
- Anteghini M et al (2001). Health risk behaviors and associated risk and protective factors among Brazilian adolescents in Santos, Brazil. Journal of Adolescent Health,, 28:295-302.
- Brand, B.L. & Alexandra, P.C. (2003). Coping with incest: recollections the relationship between childhood coping and adult functioning in females survivors of Incest. Journal of Traumatic Stress, 16 (3), 285-293
- Burgress, A.W & Holmstrom, L. L (1984). Rape trauma syndrome. American Journal of Psychiatry, 131, 981-986.
- Campell.R; Raja, S. (1999) "Secondary Victimization of Rape Victims: Insights from Mental Health Professionals who treat Survivors of Violence" Violence Vict. 14 (3) 261-75.
- Choquet .M (1997). Self-reported health and behavioral problems among adolescent victims of rape France: results of a cross-sectional survey. Child Abuse & Neglect, , 21:823–832
- Coker A.L. (2000) Physical health consequences of and psychological intimate violence. Archives of Family Medicine, , 9:451-457
- Colaizzi, P.F. (1978). Psychological research as the phenomenologists views it. In R.S. Valle & ing (Eds.), Existential-Phenomenological alternatives for psychology (pp. 48-71) New York: Oxford University Press.
- Creamer M, Burgess P, McFarlane AC. (2001) Posttraumatic stress disorder: findings from the Australian National Survey of Mental Health and Well -being.Psychological Medicine, 31:1237–1247.
- Esere M. O ,. Idowu, A.IDurosaro, I. A. & Omotosho J. A (2009) Causes and consequences of intimate partner rape and violence: Experiences of victims in Lagos, Nigeria. Journal of AIDS and HIV Research Vol. 1(1) pp. 001-007
- Fallot, R.D. & Heckman, J.P. (2005) Religious/Spiritual coping among women trauma survivors with mental health and substance use disorders. The Journal of Behavioral and Health Service and Research, 32 (2), 215-226.
- Frazier, P. A., & Burnett, J.W. (1994). Immediate coping strategies among rape victims. Journal of Counseling & Development, 72, 633-639.
- Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. and Lang, J. (2013). Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multicountry Study on Men and Violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women and UNV.
- Gipple, D.E., Lee M.S. & Puig, A. (2006). Coping and dissociation among female college student: reporting childhood abuse experiences. Journal of College

ISSN: 1118-8537

- Counseling, 9, 33-45.
- Haileselassie, B, Wassie C, Kahsay, T and Fisseha Y (2014) "Psychosocial Problems and Coping Strategies of Female Sexually Abused Children: Issue for Policy Implication and Empowering the Victims." American Journal of Applied Psychology, vol. 2, no. 4: 82-89. doi: 10.12691/ajap-2-4-1.
- Holmes M.M (1996) Rape-related pregnancy: estimates and descriptive characteristics from anational sample of women. American Journal of Obstetrics and Gynecology, , 175:320–324.
- Jewkes R, Sikweyiya Y, (2001). "Gender inequitable masculinity and sexual entitlement in rape perpetration South Africa: findings of a cross-sectional study "*PLoS ONE*6(12).
- Joachim, I. (2005) Sexualised violence in war and its consequences. In medica mondiale (Ed.), Violence against women in war. Handbook for professionals working with traumatized women (pp. 63-110). Cologne: medica mondiale.
- Kaltman, S., Krupnick, J., Stockton, P., Hooper, L., & Green, B.L. (2005). Psychological impact of types of sexual trauma among college women. Journal of Traumatic Stress, 5, 547-555.
- Kimani, M. (2007) "Taking on violence against women in Africa," *Africa Renewal*, Vol.21.
 - http://www.un.org/ecosocdev/geninfo/afrec/vol21no2/212violence-aganist-women.html
- Lee, J., Pomeroy, E.C, and Rheinboldt, K.T. (2005). Attitudes towards rape: A comparison between Asian and Caucasian college students. Violence against Women, 11, 177-196.
- Littleton, H. & Radecki Breitkopf, C. (2006). Coping with the experience of rape. Psychology of Women Quarterly, 30, 106-116.
- Meyer, C. B., & Taylor, S.E. (1986). Adjustment to rape. Journal of Personality and Social Psychology, 30, 1226-1234.
- Mulugeta E, Kassaye M, Berhane Y. (1998) Prevalence and outcomes of sexual violence among high school students. Ethiopian Medical Journal, 36:167–174.
- Obasi, F.A. (2007). Sexual Perversion in the Adolescents: Causes, Consequences and Cures, Jos: Jos University Press Ltd.
- Ogbo, Patience. (2013) "Lagos Record 678 Rape Cases in One Year", The Eagle Online, April 15, 2013. Available at: http://theeagleonline.com.ng/news/lagos-records-678-rape-cases in-one-year/. Retrieved on June 13, 2015.

- Onyejekwe, C. J. (2008). Nigeria: The Dominance of Rape. *Journal of International Women's Studies*, 10(1), 48-63. Available at: http://vc.bridgew.edu/jiws/vol10/iss1/5
- Oxford Dictionary of Sociology 3rd edition john Scott and Gordon Marshall (2009)
- Phasha, N (2012). Coping with an Experience of Child Sexual Abuse: Perspectives of Young Female urvivors in South Africa, Sexual Abuse Breaking the Silence, Dr. Ersi Abaci Kalfoğlu (Ed.), ISBN: 978-95351-0425-4, InTech, Available from: http://www.intechopen.com/books/sexual-abuse-breaking-thesilence/coping-with-an-experience-of-sexual-abuse-experienced-in-childhood-perspectives-of-young-femalesury
- Rothschild, C, Reilly, M and. Nordstrom, S. A.(2006). Strengthening Resistance: Confronting Violence against Women and HIV/AIDS. New York: Center forWomen's Global Leadership (CWGL).
- http://www.cwgl.rutgers.edu/globalcenter/publications/strengthening.pdf)
- Roosa, M.W etal (1999) "The Relation of Child Sexual Abuse and Depression in Young Women: Comparisms across four Ethnic Groups. "Journal of Abnormal Child Psychology" 27 (1) 65-76;
- Wisdom S; etal (2007) "A Prospective Investigation of Major Depressive Disorderand Comorbidity in Abused and Negleted Children Group Up" *Archives of General Psychology 64 (1) 49.*
- Sigmond, S.T.,, Greene, M.P., Rohan, K.J., & Nichols, J.E. (1996). Coping and Adjustment in male and female survivors of child sexual abuse. Journal of Child Sexual Abuse, 5 (3), 57-75.
- Sturza, M. L & Campbell, R. (2005). An exploratory study of rape survivors' prescription drug use as a means of coping with sexual assault. Psychology of Women Quarterly, 29, 353-363.
- Swanston, H.Y., Nunn, K.P., Oates R.K., Tebbut, J.S. & O'Toole, B.L. (1999). Hoping and coping in young people who have been sexually abused. European Child and Adolescent Psychiatry, 8, 134-142.
- Wisdom, C.S (1999) "Post Traumatic Stress Disorder (PTSD) in Abused and Neglected Children Grown up" (American Journal of psychiatry Association) 40 (15); 34.
- World Health Organization(WHO). (2002) Krug E.G., Linda L., Dahlberg, James A., Mercy, Anthony B., Zwi and Rafael Lozanoet al., eds. World report on violence and health. Geneva World Health Organization (WHO).