Original Article

The aftermath of sexual violence among young adult females in Southern Nigeria: disclosure, care-seeking, consequences and effects on sexual behaviour

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Abstract

Background: In spite of the high worldwide prevalence of sexual violence which disproportionately affects women and girls, care and support services for the victims are often deficient for various reasons including non-disclosure due to stigma, shame and inability to access help.

Aim: This study examined the aftermath of sexual violence among female undergraduates of the Niger Delta University Bayelsa State who reported having experienced sexual violence.

Methodology: Data of the 83 (19.2%) victims identified through a cross-sectional study of 429 female undergraduates selected by systematic random sampling was extracted to determine the pattern of disclosure, care-seeking, consequences and effects on sexual behaviour. Data analysis employed SPSS version 29 and Chi-square test was used to determine sociodemographic factors significantly associated with disclosure with the level of significance set at $p<0.05$.

Results: The victims were aged 15-29 (mean 21.9 ± 2.8) years and 35(42.2%) disclosed their experiences to a third party with commonest reasons for non-disclosure being shame and self-blame [33(68.8%)]. There was no significant association between disclosure and sociodemographic factors ($p>0.05$). Over half [57(68.7%)] did not seek medical care, mostly due to fear of disclosure. Vaginal pain [33(39.8%)] and depression [81(97.6%] were the commonest physical and psychological consequences reported. The main effects on sexual behaviour included risky sexual behaviour [25(64.1%)] aversion to sex [15(38.5%)] and engagement in same-sex relationships [6(15.4%)].

Conclusion: The study confirms previously documented poor disclosure and care-seeking behaviors with many physical and psychological consequences and negative effects on sexual behaviour for the victims of sexual violence.

Keywords: Sexual violence, females, disclosure, consequences, care-seeking, Nigeria

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INTRODUCTION

Sexual violence remains a pervasive global public health and human rights issue, disproportionately affecting women and girls worldwide.[1] Globally and in sub-Saharan, the lifetime prevalence of sexual violence perpetuated by an intimate partner is 27% and 33% respectively.[1] In low- and middle-income countries, including Nigeria, structural inequalities, gender norms, and weak institutional responses increase the risk of sexual violence, leaving many survivors without adequate support.[2] Nigerian studies indicate a high prevalence of sexual violence among young women, particularly in educational settings with rates as high as 1 in 5 female undergraduates being affected.[3] However, under-reporting remains a significant challenge.[4]

Survivors of sexual violence often experience negative effects ranging from health problems such as physical (pain syndromes, injuries and death) and psychological/social (post-traumatic stress, anxiety disorders, depression, self-harm, substance abuse, suicide, etc), sexual and reproductive health challenges such as sexual dissatisfaction, risky sexual behaviors, chronic pelvic pain, unintended pregnancies, increased risk of sexually transmitted infections, and economic effects such as missed working days and significant loss of revenue.[4,5] Some experiences also impact negatively on academic performance and, in some instances, cause academic disruptions.[5]

Despite these documented effects, many survivors do not seek medical or psychosocial support.[6] A study in Southwest Nigeria revealed that only 42.2% of survivors reported their sexual violence experiences, and up to 68.7% did not seek medical care after the assault due to stigma, fear of retaliation, and institutional mistrust, as well as concerns about confidentiality, which serve as barriers to accessing care. [7,8] Additionally, societal norms and power imbalances such as "sex for grades" exploitation in universities further silence survivors and hinder disclosure.[9] Even when survivors seek help, barriers such as victim-blaming, lack of confidential services, and economic dependence prevent them from accessing medical care or legal justice.[10]

While some interventions exist, such as trauma-informed clinical guidelines in some countries[11] critical gaps persist in understanding the full spectrum of survivors' care-seeking behaviors and the structural barriers they face.[12] Furthermore, the language used to describe survivors whether as "victims" or "survivors" can impact on their willingness to seek the help they need.[13] Thus, most survivors of sexual violence remain 'silent survivors'.[14]

Therefore, this study explored the aftermath of sexual violence among female undergraduates of the Niger Delta University with a focus on their disclosure, care-seeking behaviors, consequences and the effects on their sexual behaviors with a view to generating evidence for policy formation for the prevention of sexual violence, holding the perpetrators accountable and improvement of the care and support for victims.

MATERIALS AND METHODS

This was a descriptive cross-sectional study carried out at the Niger Delta University (NDU), a Bayelsa State-owned tertiary educational institution located at Wilberforce Island; about 30 kilometers from Yenagoa, the capital of Bayelsa State. The NDU, established in the year 2000 but started academic activities in the year 2001/2002, offers both undergraduate and postgraduate programmes in its 14 academic faculties located on three campuses. Presently, the NDU has a staff strength (academic and non-academic) of over 3000 with over 20,000 students from Bayelsa and nationwide enrolled in its programmes.

This study reported the sexual violence experiences of 83 (19.3%) female undergraduates out of the 429 female undergraduates of the NDU recruited in a cross-sectional study in which they completed a self- administered questionnaire that explored their knowledge and experiences of sexual violence. Data from the 83 victims was extracted and analyzed with focus on the aftermath of the experience in the aspects of disclosure of the experience, care-seeking,

consequences and effects on sexual behaviors of the victims. Data analysis employed the IBM Statistical Package for Social Science (SPSS) version 29.0 (IBM Corporation, Chicago, IL, USA) and results were presented using tables and charts. Frequencies and percentages were used for categorical variables while means and standard deviations were used for numerical variables. The Chi-square test was used to determine sociodemographic factors associated with sexual violence with the level of significance set at $p<0.05$.

Ethical approval for the study was obtained from the Research and Ethics Committee of the Niger Delta University Bayelsa State (Ref No: 01-0712023/014). Written informed consent was obtained from all eligible participants before they participated in the study. All information obtained from the participants was treated as confidential.

RESULTS

The 83 victims were aged 15-29 (21.9 ± 2.8) years with most; 48 (57.8%) aged between 20 and 24 years, 53 (63.9%) in years 4- 6 of their study and 72 (86.7%), single. Most of them; 60 (72.3%) resided off-campus and 51(61.6%) lived with either their parents, friend or relatives. Most of them; 57 (68.4%) were from family backgrounds where their parents were married. Thirty- five (42.2%) victims disclosed their experiences. However, there were no significant differences between the sociodemographic profiles of the victims who disclosed and those who did not disclose their experiences (Table 1).

The most common confidants were friends; 29(82.9%), mothers; 9 (25.7%), and fathers; 4 (11.4%) with the main reasons for non-disclosure being shame and self-blame; 33 (68.8%), fear of repercussions; 15 (31.3%), and fear of not being believed; 11 (22.9%) (Table 2).

The most prevalent physical consequences were vaginal pain in 33 (39.8%), poor sleep in 31(37.3%), and vaginal bleeding in 16 (19.3%) respondents. Majority; 57 (68.7%) did not seek care after the incident with the major reason given being fear of disclosure in 30 (52.6%) of them (Table 3).

Over half of the victims; 59(71.1%) saw their assailants (perpetrators) after the incident with most of them; 36(61.0%) reporting anger as a predominant emotional response experienced during the encounter. Depression was the most common psychological consequence noted in 81(97.6%) following the incident. However, less than half; 39 (47.0%) victims reported changes in their sexual behaviors following their experience of sexual violence with increased risky sexual behaviors, and aversion to sex reported in majority; 25 (64.1%) and 15 (38.5%) cases respectively (Table 4).

DISCUSSION

This report on the disclosures, care-seeking, consequences, and effects on sexual behaviour of female survivors of sexual violence highlights the peculiar challenges they experience. Disclosure of any traumatic event, especially sexual violence, can be quite challenging hence many cases of sexual violence go unreported with consequent negative impact on the victim's care-seeking behaviour as previously documented.[16] The low rate of disclosure in the present study with common reasons for non-disclosure such as self-shame, self-blame and fear of stigmatization have been similarly noted by other authors.[17,18] Reports have shown that 55-95% of females who have experienced sexual violence do not disclose nor do they seek any type of treatment due to fears of victimization and stigma.[19] Providing easily accessible and survivor-based support services on campus would help to encourage prompt intervention and follow-up of victims.

The report of poor medical care-seeking following an incident of sexual violence observed in the present study has been similarly reported in other studies.[20,21]This speaks to the unavailability of emergency services on campuses which may delay opportunities for early medical and psychological intervention.[22] Lack of trust in health and legal systems has also been reported to contribute to reluctance to report cases of sexual violence.[23]

Table 1: Sociodemographic characteristics and determinants of disclosure of sexual violence by the 83 victims

Variables	N=83(%)	Disclosed (N =35)	Did not disclose (N =48)	χ^2	P-value
Age					
Mean ± SD	21.9 ± 2.8	22.6 (2.88)	21.5 (2.97)	1.695*	*0.094*
Age Group					
15 – 19 years	17(20.5)	5 (29.4)	12 (70.6)		
20 – 24 years	48(57.8)	22 (45.8)	26 (54.2)	1.438	*0.487*
25 – 29 years	18(21.7)	8 (44.4)	10 (55.6)		
Marital Status					
Single	72(86.7)	31 (41.9)	43 (58.1)	0.021	*0.884*
Married/Cohabiting	11(13.3)	4 (44.4)	5 (55.6)		
Family background					
Parents are married	57(68.7)	25 (43.8)	32 (56.1)	3.296	*0.069*
Parents are cohabiting	26(31.3)	6 (23.1)	20 (76.9)		
Place of Residence					
Off campus	60(72.3)	27 (45.0)	33 (55.0)	0.712	*0.399*
On campus	23(27.7)	8 (34.8)	15 (65.2)		
Residential companion					
Live alone	32(38.6)	13 (40.6)	19 (59.4)	0.015	*0.902*
Lives with others^{+}	51(61.4)	21 (41.2)	30 (58.8)		
Year of Study					
1st – 3rd year	30(36.1)	9 (30.0)	21 (70.0)	2.853	*0.091*
4th – 6th year	53(63.9)	26 (49.1)	27 (50.9)		

**t-test; $^{+}$Parents, friends, other relatives*.

Table 2: Disclosure and reasons for non-disclosure of sexual violence among the 83 victims

Characteristics	Frequency N = 83	Percent (%)
Disclosure		
Yes	35	42.2
No	48	57.8
Patterns of Disclosure*	**N = 35**	
Friend	29	82.9
Mother	9	25.7
Father	4	11.4
Teacher	3	8.6
Sister	3	8.6
Counsellor	3	8.6
Therapist		
Aunt	3	8.6
Brother	2	5.7
Uncle	2	5.7
Police	2	5.7
Spiritual Leader	1	2.9
Reasons for non-disclosure*	**N = 48**	
Shame and self-blame	33	68.8
Fear of repercussions	15	31.3
Fear of not being believed	11	22.9
Threat from the perpetrator	3	6.3
Bribe from the perpetrator	3	6.3
Did not feel it was necessary	3	6.3

***multiple responses**

Table 3: Physical consequences of sexual violence and care-seeking behaviours after the incident in the 83 victims

Characteristics	Frequency	Precent (%)
Physical consequences*	**N = 83**	
Vagina Pain	33	39.8
Poor Sleep	31	37.3
Vagina Bleeding	16	19.3
Pain While Urinating (Dysuria)	14	16.9
Vagina Discharge	9	10.8
Excessive Sleep	9	10.8
Laceration	8	9.6
Sexually Transmitted Infections	4	4.8
Bedwetting	3	3.6
Unwanted Pregnancy	2	2.4
HIVAIDS	2	2.4
Uterine cramps for months	1	1.2
Very painful menstruation	1	1.2
Fractures	1	1.2
Faecal Incontinence	1	1.2
Sought care after incident		
Yes	26	31.3
No	57	68.7
Place of care	**N = 26**	
Hospital	12	46.1
Pharmacy/Chemist	10	38.5
Church	4	15.4
Reason for no care-seeking*	**N = 57**	
Fear of disclosure	30	52.6
Unaware of the need	21	36.8
Financial barriers	17	29.8

***Multiple responses**

Table 4: Psychosocial consequences and effects on sexual behaviors of the victims of sexual violence

Characteristics	Frequency N = 83	Percent (%)
Post-assault perpetrator encounter		
Yes	59	71.1
No	24	28.9
Emotional reactions*on seeing the perpetrator	**N = 59**	
Anger	36	61.0
Fear	21	35.6
Guilt	19	32.2
Rage	19	32.2
Shame	17	28.8
Vengeance	8	13.6
Forgiveness	7	11.9
Disgust	4	6.8
Psychosocial sequelae*		
Depressive symptoms (including major depression)	81	97.6
Self-blame	41	49.4
Guilt	38	45.8
Anger	36	43.4
Social withdrawal	31	37.3
Stigma-related anxiety	31	37.3
Fear of revictimization	30	36.1
Self-loathing	22	26.5
Heterosexual aversion	22	26.5
Hyper sexuality	18	21.7
Hypo-sexuality	16	19.3
Appetite disturbance (including loss)	14	16.9
Suicidal behaviour	10	12.0
Academic impairment	6	7.2
Reported behavioral impact of sexual violence	**n= 83**	

Yes	39	47.0
No	44	53.0
Reported sexual behavioural changes	**n = 39**	
Increased sexual risk-taking	25	64.1
Sexual aversion	15	38.5
Engagement in same-sex relationships	6	15.4
Became a sexual violence perpetrator	1	2.6

Lack of unawareness of post sexual violence care needs was also noted as a major reason for non-disclosure. Many survivors do not recognize sexual violence as reportable or believe that nothing can be done.[24] This leads to delays in disclosure which prevents prompt treatment and support for victims and subsequent severe health consequences.[25] Advocacy through school and community-based campaigns as well as social media digital movements such as the "#MeToo" movement can help to create much needed awareness about sexual violence and provide support for the victims.[26]

Consequences of sexual violence were seen as both short-term and long-term and the effects were both physical and psychological as previously reported by other authors.[27] Women who had experienced violence were also more likely to suffer from depression, anxiety disorders, unplanned pregnancies, sexually transmitted infections, and HIV, with long-lasting consequences.[28] Risky sexual behaviors and aversion to the opposite sex as effects on sexual behaviour in victims of sexual violence have similarly been reported by other authors.[29] These highlight the need for continuous long-term psychotherapy for victims of sexual violence which has been shown to be helpful in combating the associated post-traumatic stress disorder and interpersonal difficulties.[30]

CONCLUSION

Sexual violence negatively affects women's physical, mental, sexual, and reproductive health. This study confirms previously documented poor disclosure and care-seeking behaviors with many physical and psychological consequences and negative effects on sexual behaviour for the victims of sexual violence. These highlight the needs for policies and programmes to prevent the occurrence, hold offenders accountable and support the victims through improved access to care and counselling services to mitigate the consequences.

Limitations of this study

Being a descriptive study which involved obtaining retrospective information from participants, the findings may be affected by recall bias. Furthermore, the bias of social desirability might have affected the participants' answers considering the delicate nature of the subject.

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Conflicts of interest

The authors declare no conflict of interest associated with all the information presented in this research paper.

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Author Contributions

CD conceptualized the study and wrote the initial manuscript draft which was edited and revised by all authors.

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