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Prevalence and Patterns of Sexual Abuse among Undergraduate Students: A Cross-Sectional Study in a University in Southern Nigeria

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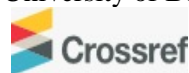
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Abstract

Purpose: sexual abuse is a broad term used to describe all forms of unwanted sexual advances typically made by an individual in a place of higher authority. It is an important social construct for study particularly in the University environment as students especially females can be viewed in the light of being vulnerable and hence likely to experience sexual harassment and its attendant consequences which can be far reaching and adversely affecting the victims' overall potentials. The objectives of this study were to assess the prevalence, forms and patterns of sexual abuse among undergraduates in University of Benin.

Methodology: A total of 460 students were recruited in this study using a multistage sampling technique. A cross-sectional descriptive design was utilized and a validated questionnaire was used to collect data which was analysed using SPSS version 22 software and results presented in tables and charts. The significance level was set at 0.05.

Findings: The study revealed that of the 460 respondents, 205 (44.6%) had a lifetime prevalence of sexual abuse with the most common form being exhibitionism (33.3%) and the least was rape (17.1%). 41 (8.9%) had experienced the trauma in the

University and 8 (1.7%) had been abused in the preceding 6 months. 144 (45.4%) and 61 (42.7%) of the victims were females and males respectively. Out of the 110 victims that further participated in the patterns, 76.4% knew their perpetrator, 45.5% were assaulted vaginally and 12.7% had attempted suicide following the event.

Recommendations: There is higher prevalence of sexual abuse than was previously perceived particularly among the males who are often misconstrued as being incapable of suffering from this trauma. The perpetrators of the act more often than not, are in close acquaintance with the victim. A significant number of the victims of sexual abuse are in need of psychological help. Therefore, it is recommended that medical practitioners especially psychiatrists and clinical psychologists pay special attention to these victims, including creating a supportive environment that would further encourage them to seek the help they are in dire need of. Furthermore, there is need for policy reform, cultural change, awareness campaigns, and support mechanisms with the bid to foster safer learning environments for students.

Keywords: *Sexual Abuse, Undergraduates, Rape, Mental Health, Suicide*

1.0 INTRODUCTION

Sexual abuse refers to the inappropriate or improper use of sexuality, such as engaging in actions, touching sensitive body areas like breasts or buttocks, engaging in intimate body contact, or participating in sexual intercourse with another person. It also includes the use of words that implies an intention to engage in any form of sexual activity or behavior¹. Sexual assault is a pervasive crime that is consistently underreported, particularly in low-income countries. This is often due to the prevalent culture of male dominance, the social and economic disempowerment of women, and the inadequate prosecution of sexual offenders².

The World Health Organization (WHO) defines sexual violence as a broad range of situations, including sexual abuse, rape or marital infidelity, rape by strangers, sexual or physical abuse of individuals with disabilities, sexual abuse of children, forced marriage, child marriage, denial of access to contraception or prevention of sexually transmitted diseases, and forced abortion. Though the prevalence may differ globally, it has been estimated that about 35.6% of women have experienced sexual violence and 18.0–21.3% of women and 1.0–7.1% of men have been victims of attempted or completed rape^{3,4}.

Sexual violence, a growing public health and human rights problem is an indicator of the most severe breach of human security in the world with the potential for a wide range of physical and mental health consequences^{5,6}. It inflicts significant harm on its victims, exposing them to diverse immediate and lasting effects that can negatively impact on their physical, social, and economic well-being as well⁷. Of particular significance, are the psychological effects which are all encompassing. A systematic review and meta-analyses carried out on 37 longitudinal comparative studies found a significant association between a history of sexual abuse and a lifetime diagnosis of anxiety, depression, eating disorders, PTSD, sleep disorders, and suicide attempts⁸. This implies that individuals who are genetically vulnerable may be more prone to developing psychiatric disorders when exposed to sexual abuse⁸.

University-based sexual aggression which refers to any non-consensual behaviours experienced by students within the higher institutions, occurs at alarming rates on campuses worldwide. Studies on prevalence of University based sexual abuse suggest that approximately a quarter of female students in the US will be the target of sexual aggression whilst at university and up to 8.4% will experience rape⁹. Tertiary institutions are susceptible to increased incidences of sexual abuse and this may be due to the predominant age group that can be said to be more sexually active and impulsive with higher tendencies to engage in risky behaviours. Our educational institutions have failed to address the issue of sexual violence, which hinders students from reaching their full intellectual, emotional, and educational capabilities. This problem poses a psychological threat to the creation of a supportive learning environment¹⁰.

The statistics on sexual abuse are likely to be underestimates as a result of the frequent underreporting of sexual abuse⁸. A better understanding of the occurrence of sexual violence in the university campuses is critical for primary prevention¹⁰. In light of this, the study is anticipated to contribute to designing better intervention strategies and educational programs that help reduce the rising prevalence of sexual abuse. Finally, the finding from this study would contribute to the existing body of knowledge on sexual abuse to help address this rising public health concern.

2.0 METHODOLOGY

Study Area

This study was carried out in the University of Benin, Ugbowo, Benin City, Edo State. Edo State is bordered by Delta State in the South, Ondo State in the West, Kogi State in the North, and Kogi and Anambra States in the east¹¹. The indigenous ethnic group is Bini. Benin City is home to some of

Nigeria's institutions of higher learning including the University of Benin which was founded in 1970 and offers courses at various levels. Presently, the total student enrolment as gotten from the University student affairs division, stands at over 40,000 among the various 15 faculties. The faculties in UNIBEN include Agriculture, Arts, Education, Engineering, Law, Environmental sciences, Life Sciences, Management Sciences, Pharmacy, Physical Sciences, and Social Science and a College of Medical Sciences which comprises the School of Medicine, Dentistry, Basic Medical Sciences and Institute of Child Health. The University of Benin has two main campuses. The eight undergraduate hostels in the University of Benin, Ugbowo campus are Hall 1, Hall 2, Hall 3, Hall 4, Hall 5, Hall 6, NDDC Hostel and Clinical Students Hostels.

Study Design, Duration and Population

A descriptive, cross-sectional study was used for this study. It was carried out within an eighteen-month period between June 2018 and December 2019 amongst undergraduate students of the University of Benin, Benin City.

Inclusion and Exclusion Criteria

All undergraduate students residing on or off campus at University of Benin who gave consent during the time of the study and who had spent at least 6 months within the school environment were included in the study. On the other hand, the exclusion criteria consisted of all undergraduate students who were ill or handicapped to participate in the study, those who had spent less than 6 months in the university or those who decline participation in this study.

Sample Size Calculation

The minimum sample size for the size was calculated using the appropriate statistical formula for single proportions

$$n = \frac{Z^2 \alpha / 2 P q}{d^2}$$

Where: n= minimum sample size, Z= standard normal deviation, which is 1.96 at 95% confidence interval, p = 0.16 (Teens with histories of sexual abuse endorsed more distress and less restraint in the United States)¹², d = 0.05 at 95% confidence limit, q = (1 - 0.16) = 0.84 i.e (1 - p) = q

$$n = \frac{1.96^2 \times 0.16 \times 0.84}{0.05^2}$$

$$\text{No response rate} = (10/100 \times 207) = 20.7 = 20.7 + 207 = 228$$

$$\text{Design effect} = 228 \times 2 = 456 \text{ (later approximated to 460)}$$

Sampling Techniques

The study employed the multi-stage sampling technique which involved the three stages; firstly, using simple random sampling by balloting, basic medical sciences, life sciences, art and social sciences were selected from the 15 faculties. Next, using the same technique, the nursing department was selected from the 7 departments in the basic medical sciences, economics and statistics was selected from the 6 departments in social sciences, foreign languages was selected from 8 departments in art and optometry from the 7 departments in life sciences. Finally, using a sampling fraction of 0.212 which was derived from 456/ 2150 with the latter being the total number of students in the four departments, participants were selected by using systematic random sampling approach. The same

sampling fraction was used to calculate the number of students that were to be sampled from each of the four to six levels across the four departments.

Social science (Economics) and Arts (foreign languages) were grouped as Non-health related (Non-medical sciences) while Basic Medical Science (Nursing) and Life sciences (Optometry) were grouped as Health related (Medical sciences). With respect to residence, Hall 1, Hall 2, Hall 3, Hall 4, Hall 5, Hall 6, NDDC, CSH, Keystone hostels were grouped as on campus residence and all other residential areas outside school grounds were regarded as off campus.

Data Collection Method

Data for this study was obtained by using structured questionnaires which consisted of open and close ended questions which covered the specific objectives of the study. The questions were broadly divided into three sections; Socio-demographic characteristics of respondents, prevalence of sexual abuse and factors influencing sexual abuse. The questionnaires were self-administered due to the sensitive nature of the questions and to minimize response bias.

Pretesting

Using a population of 10% the sample size, 45 questionnaires was pretested in faculty of medicine, university of Benin, Benin City to identify errors, effect corrections and ensure validity and reliability of the questionnaire.

Data Analysis

Data from the questionnaires was collated, screened for completeness and correctness, coded and entered into IBM Statistical Package for the Social Science (SPSS) version 22 software. Univariate analysis was done for all variables. Bivariate analysis was done to determine associations between socio-demographic variables (age, sex, marital status, etc.) and independent variables (prevalence of sexual abuse) using chi-square test and Fishers exact test where applicable, (any value less than 5). The level of statistical significance was set at $p < 0.05$ at 95% Confidence limit (CI). The data was presented in the form of prose, frequency, tables, cross tables and bar charts.

Prevalence was assessed using Sexual and Physical Abuse History Questionnaire and adaptations from previous studies and these tools were scored the “Yes” and “No” format with scores ranging from 0 to 1 and individuals with a single score of 1 from the 8 questions were deemed to have suffered sexual abuse.

Factors were assessed using previously tested questions from previous studies^{13,14,15}. There were 11 questions used with varying response format for each question. Identity of the perpetrator was analysed as known and unknown with known including all responses but “unidentified” and unknown including the “unidentified” response. The gender of the perpetrator was analysed as same sex and opposite sex. The routes of assault involved were categorized as “penetrating” and “non-penetrating” with penetrating involving vaginal, anal and oral routes and non-penetrating including none of the above routes.

Ethical Consideration

Ethical approval from the Ethical and Research Committee, College of Medical Sciences, University of Benin was sought; departmental approval from the Head of Community Health Department, University of Benin was also sought before the study was commenced. Permission to carry out the study was sought from the Dean of Student Affairs. Verbal consent was obtained from the respondents after they had been educated on the purpose of the study and confidentiality of information assured. After data collection, health education on sexual abuse and its consequences was given to the students at the end of the study to improve their knowledge, influence their attitude and ultimately positively

affect their mindset. The privacy and anonymity of the respondents was strictly and highly considered as well as the confidentiality of their responses.

Limitation of the Study

Data collected from the respondents were subject to self-reporting, which may have introduced reporter bias, and this was minimized by assuring respondents of the confidentiality of information provided. Response bias may also have been encountered but this was minimized by providing respondents a secluded location to self-administer the questionnaire.

Insights gained from this study can be used to generalize the theory of teaching scientific methods and not for statistical generalization.

3.0 FINDINGS

Table 1: Sociodemographic Characteristics of Respondents

Variable	Frequency (n = 460)	Percent
Age Group (Years)		
15-19	62	13.5
20 - 24	313	68.0
25 - 29	78	17.0
30- 34	6	1.3
35 - 39	1	0.2
Mean age (in years) \pm SD 22.17 \pm 2.719		
Sex		
Female	317	68.9
Male	143	31.1
Faculty		
Health related*	203	44.1
Non health related**	257	55.9
Ethnic Group		
Bini	130	28.3
Igbo	124	27.0
Esan	50	10.9
Yoruba	44	9.6
Urhobo	35	7.6
Isoko	15	3.3
Ibo	15	3.3
Etsako	9	2.0
Owan	5	1.1
Itsekiri	4	0.9
Ibibio	3	0.7
Ijaw	3	0.7
Others***	23	4.6
Religion		
Christianity	459	9.8
Islam	1	0.2
Year of Study		
100L	91	19.8
200L	103	22.4

300L	85	18.5
400L	129	28.0
500L	30	6.5
600L	22	4.8
Marital Status		
Single	457	99.4
Married	1	0.2
Cohabiting	2	0.4
Hall of Residence		
Off campus	279	60.7
Hall 1	24	5.2
Hall 2	20	4.3
Hall 3	13	2.8
Hall 4	26	5.7
Hall 5	1	0.2
Hall 6	2	0.4
NDDC	82	17.8
CSH	9	2.0
Keystone	4	0.9
Level of Education		
Secondary	406	88.3
Tertiary	54	11.7

*Nursing science, Optometry

** Foreign languages, Economics

*** Adara, Afemai, Agbor, Akwaibom, Aniocha, Annang, Ibir, Efik, Kwale, Ogoja, Okene, Okpe, Ukwani.

Four hundred and sixty students of the University of Benin participated in the study. Most of the students 313 (68.0%) were within the 20 to 24years age group, 317 (68.9%) respondents were females, 459 (99.8%) respondents were Christians, 457 (99.4%) respondents were single. Slightly over half (55.9%) were from non-health related faculties, 129 (28.0%) respondents were in 400 level and 279 (60.7%) respondents resided off campus. Table 1 shows the socio-demographic characteristics of the respondents.

Table 2: Prevalence of Sexual Abuse (N = 460)

Variable	Prevalence	
	YES Freq. (%)	NO Freq. (%)
Ever been sexually abused	205 (44.6)	255 (55.4)
Ever been sexually abused in this university	41 (8.9)	419 (91.1)
Ever been sexually abused in the last 6 months	8 (1.7)	452 (98.3)

Table 2 shows 205 (44.6%) had a lifetime prevalence of sexual abuse while 41 (8.9%) had been sexually abused in this university and only 8 (1.7%) had a recent history of sexual abuse in the last 6 months. Figure 2 also depicts the overall prevalence of sexual abuse.

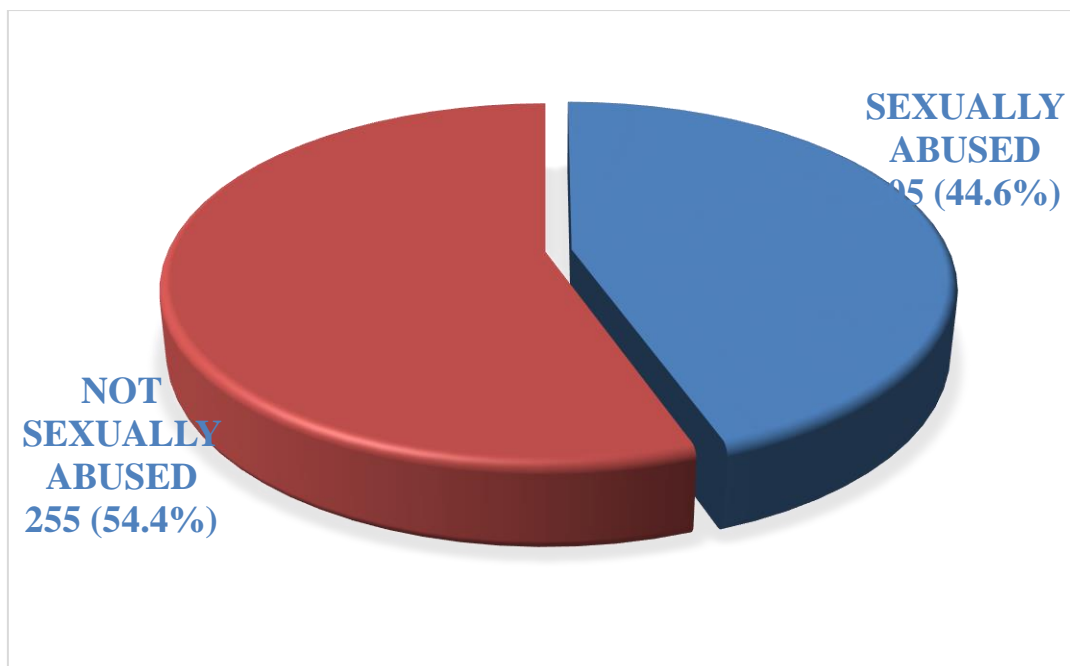


Figure 1: Overall Prevalence of Sexual Abuse

Table 3: Forms of Sexual Abuse (N = 205)

Variable *	Prevalence	
	YES Freq. (%)	NO Freq. (%)
Has anyone ever exposed their sex organs to you when you did not want this?	69 (33.7)	136 (66.3)
Has anyone ever threatened to have sex with you when you did not want it?	44 (21.5)	161 (78.5)
Has anyone ever touched the sex organs of your body when you did not want this?	57 (27.8)	148 (72.2)
Has anyone ever made you touch the sex organs of their body when you did not want this?	39 (19.0)	166 (81.0)
Has anyone ever forced you to have sex when you did not want this?	35 (17.1)	170 (82.9)

*multiple responses

Table 3 revealed that 33.7% of the respondents had sex organs exposed to them when they did not want it (exhibitionism) and 21.5% had been threatened to have sex when they did not want it (sexual threats). Additionally, 27.8% had experienced their sex organs touched when they did not want it

(indiscriminate and unwanted touching), 19.0% had been made to touch the sex organs of the perpetrator when they did not want this (sexually coerced). Most importantly, 17.1% had experienced rape (penetrative assaults), reporting that they had been forced to have sex when they did not want to as shown in figure 2.

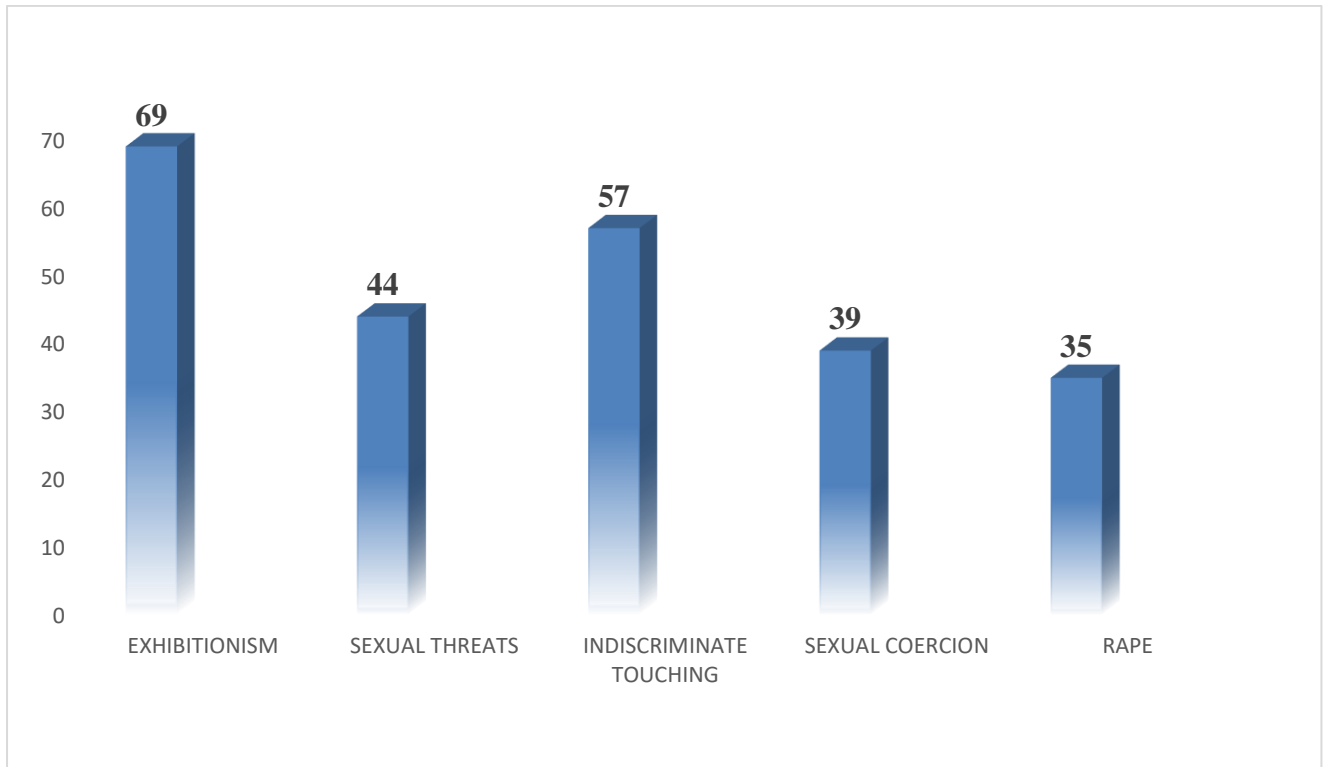


Figure 2: Forms of Sexual Abuse

Table 4: The Lifetime Prevalence of Sexual Abuse by Background Characteristics (N= 460)

Variable	Lifetime Prevalence		Test statistic χ^2	p-value	
	Sexually abused FREQ. (%)	n =205			Not Sexually abused FREQ. (%)
Age Group (Years)					
15-19	33 (53.2)		29 (46.8)	3.256	0.516
20 - 24	135 (43.1)		178 (56.9)		
25 - 29	35 (44.6)		43 (55.1)		
30- 34	2 (33.3)		4 (66.7)		
35 - 39	0 (0.0)		1 (100.0)		
Mean age (in years) \pm SD 22.17 \pm 2.719					
Sex					
Female	144 (45.4)		173 (54.6)	0.306	0.580
Male	61 (42.7)		82 (57.3)		
Faculty					
Health related	87 (42.9)		116 (57.1)	0.538	0.910
Non health related	108 (45.8)		139 (54.2)		
Religion					
Christianity	205 (44.7)		254 (55.3)	0.806	0.369
Islam	0 (0.0)		1 (100.0)		
Year of Study					
100L	46 (50.5)		45 (49.5)	2.216	0.819
200L	47 (45.6)		56 (54.4)		
300L	35 (41.2)		50 (58.8)		
400L	55 (42.6)		74 (57.4)		
500L	12 (40.0)		18 (60.0)		
600L	10 (45.5)		12 (54.5)		
Marital Status					
Single	204 (44.6)		253 (55.4)	0.829	0.661
Married	1 (100.0)		1 (100.0)		
Cohabiting	1 (50.0)		1 (50.0)		
Hall of Residence					
Off campus	123 (44.1)		156 (55.9)	0.066	0.797
On campus	82 (45.3)		99 (54.7)		
Level Of Education					
Secondary	179 (44.1)		227 (55.9)	0.318	0.573
Tertiary	26 (48.1)		28 (51.9)		

As shown in Table 4, bivariate analysis revealed none of the socio-demographics to be significantly associated with a lifetime prevalence of sexual abuse. With respect to age group, the highest prevalence of sexual abuse was in the 15-19 age group with prevalence of 33 (53.2%) respondents. One hundred and forty four (45.4%) female respondents had experienced sexual abuse while 61 (42.7%) male respondents had experienced sexual abuse ($\chi^2 = 0.306$, $p = 0.580$). In relation to faculty, one hundred and eight (45.8%) respondents in the non-health related faculties had experienced sexual abuse while 87 (42.9%) respondents in the health related faculties had prevalence of sexual abuse ($\chi^2 = 0.538$, $p = 0.910$). With respect to level, forty-six (50.5%) who were in 100 level had been sexually abused and this was closely followed by 200, 600 and 400 level which had 47 (45.6%), 10 (45.5%) and 55 (42.6%) respondents with prevalence respectively. The association between the level of respondents and their

prevalence of sexual abuse was not statistically significant ($\chi^2 = 2.216, p=0.819$). In relation to place of residence, one hundred and twenty three (44.1%) of the respondents with history of sexual abuse resided off campus and 38 (46.3%) resided in NDDC school hostel ($\chi^2 = 12.245, p=0.200$).

Table 5: Logistic Regression Model for Determinants of Prevalence of Sexual Abuse among Respondents

Variable	B regression coefficient	Odds Ratio	95% CI for OR		p- value
			Lower	Upper	
Sex					
Female					
Male	0.074	1.077	0.710	1.633	0.727
Faculty					
Health related					
Non health related	-0.141	0.868	0.559	1.348	0.529
Year of Study					
200L	-0.177	0.838	0.468	1.501	0.552
300L	-0.291	0.747	0.406	1.377	0.350
400L	-0.234	0.791	0.451	1.389	0.415
500L	-0.214	0.807	0.325	2.005	0.645
600L	0.009	1.009	0.371	2.748	0.986
100L		1			0.944
Marital Status					
Single	-0.354	0.702	0.040	12.177	0.808
Married	-21.488	0.000	0.000		>0.999
Cohabiting		1			0.971
Hall of Residence					
Off campus	-0.114	0.892	0.592	1.345	0.586
On campus		1			
Level Of Education					
Secondary	-0.358	0.699	0.370	1.321	0.271
Tertiary		1			

$R^2 = 2.2\% - 3.0\%$, CI = Confidence interval, OR = Odds Ratio *statistically significant ($p < 0.050$)

The variable in the model accounted for between 2.2% – 3.0% of the variation observed in the outcome variable (level of prevalence). The female respondents were 1.077 (95% CI = 0.710- 1.633, $p = 0.727$) times likely to have been sexually abused than the female respondents.

Respondents that were in 600 level were 1.009 (95% CI = 0.371 – 2.748, $p = 0.986$) times likely to have been sexually abused when compared with respondents that were in 100 level while respondents in 300 level were 0.747 (95% CI = 0.406 – 1.377, $p = 0.350$) times likely to have been sexually abused when compared with respondents that were in 100 level as depicted in table 5.

Respondents with secondary level of education were 0.699 (95% CI = 0.370 – 1.321, $p = 0.644$) times likely to have been sexually abused than respondents with tertiary level of education. Respondents in the medical sciences were 0.868 (95% CI = 0.559 – 1.348, $p = 0.529$) times likely to have been sexually abused when compared with respondents in the non-medical sciences. Respondents that resided off campus were 0.892 (95% CI = 0.592 – 1.345, $p = 0.586$) times likely to have been sexually abused than respondents residing on campus.

Table 6: Patterns of Sexual Abuse (N= 110)

Variable	Frequency	Percent
Number of recent episodes of SA		
None		
Once	86	78.2
Twice	9	8.2
Multiple	3	2.7
Cannot remember	1	0.9
Perpetrator*	11	10.0
Known**		
Unknown	84	76.4
Gender of perpetrator	26	23.6
Opposite gender		
Same gender	87	79.1
Weapon	23	20.9
Present		
Absent	17	15.5
Route of assault*	93	84.5
Vaginal		
Anal	50	45.5
Oral	8	7.3
Non-penetrative	25	22.7
Suicidal attempt	37	33.6
Yes		
No	14	12.7
Need any help to cope?	96	87.3
Yes		
No	42	38.2
Form of help needed* (n=42)	68	61.8
Medical/psychological		
Spiritual		
Family	24	57.1
Legal	13	31.0
	7	16.7
	7	16.7

*multiple responses ** Father, Friend, Neighbour, Lecturer, Partner, University staff, other family members

Only 110 victims agreed to participate in this section. upon further analysis, we investigated the victims' knowledge of the identity of the perpetrators and discovered that approximately three-quarters (76.4%) of the victims had some form of connection with the perpetrator ranging from neighbor (36.2%) friends (33.3%), partner (4.8%), lecturer (3.8%) father (2.9%), other University staff (7.6%) and majority of the perpetrators were of the opposite gender. Almost half of the respondents (45.5%) were assaulted vaginally and 12.7% had a prior suicidal attempt. Less than half (38.2%) of the respondents agreed they needed help coping and of these, 57.1% admitted to needing medical and/or psychological help as shown in Table 6

Discussion

Sexual abuse among undergraduate students, particularly boys, is a pressing issue with far-reaching implications for individuals and society as a whole. The study on sexual abuse among female undergraduates in Tertiary Institutions in Imo State, Southeast Nigeria contributes to the understanding of sexual abuse prevalence, patterns, and determinants among male undergraduate students¹⁶. We aimed to explore the prevalence of sexual abuse among undergraduates, compare the findings with other studies, delve into the context of sexual abuse within campus environments, highlight the prevalence of sexual abuse in Nigeria, and address the concerning phenomenon of “sex for grades”¹⁶.

The prevalence of sexual abuse among undergraduate males, although often overshadowed by the focus on female victims, is an important aspect of the larger issue. This study reveals the complexities of sexual abuse experienced by both genders. While research has shown that males perpetrate a significant portion of sexual abuse cases¹⁶, there remains a stigma and reluctance to discuss male victimization. In this study, it was important to address this imbalance by also assessing the prevalence of sexual abuse among boys¹⁶. Though our study was all gender inclusive, females made up almost two-thirds of the participants and this was likely due to the fact that female predominant departments like nursing sciences were randomly selected for the research.

Comparing the findings of this study to other research initiatives across different contexts and regions provides valuable insights into the universality of the issue. Our study revealed that nearly half of the overall respondents have been victims of sexual abuse at some point in their lives with almost equal prevalence among both genders. Interestingly, there was no significant association between gender and sexual abuse. In comparison to studies from various regions, the prevalence rates of sexual abuse can vary significantly. For instance, a study from a University in the Southwestern part of Nigeria reported a prevalence rate of 36.7% among female students¹⁷ and this was in contrast with ours which revealed 45.4% females experiencing this trauma. However, other studies from Southern Nigerian Universities reported prevalence rates of 51.7% and 46.7%^{10,18}. Such disparities may be attributed to factors like research methodologies, cultural norms, socio-economic differences, and institutional environments. Furthermore, our findings suggested a rather high prevalence of sexual abuse among the males and this is in contrast with prior studies that placed the prevalence of male sexual abuse at 7.4%. A common misconception that men cannot be raped as well as significant underestimation due to gender norms, cultural and religious taboos make it challenging for men to disclose that they are survivors of sexual abuse^{19,20}. Our findings may also be due to the increase in publicity and mental health awareness which seeks to educate young adults especially men that no one should shy away from seeking help when needed.

The campus environment plays a crucial role in shaping the dynamics of sexual abuse²¹. Universities which should be spaces for intellectual growth and personal development sometimes become hotbeds for sexual abuse due to power imbalances and an environment that may facilitate predatory behavior. The abuse of trust by teachers, lecturers, or senior students can exacerbate the vulnerability of younger students, especially during their transition to college life. This underscores the importance of developing preventive strategies that emphasize respect, consent education, and support services to create a safe campus environment.

The prevalence of sexual abuse in Nigeria presents a disconcerting reality, transcending across various demographics and geographic boundaries. This study's findings of 8.9% of the victims being abused within the school environment mirrors the broader landscape of sexual abuse within the country. Nigeria, akin to many other nations, grapples with alarmingly high prevalence rates of sexual abuse that permeate numerous sectors, including educational institutions²¹. Notably, recent data from 2018 indicates an average prevalence of nine percent for sexual abuse in the nation, with the state of Gombe recording the highest incidence. Strikingly, a survey speaks of the severity of the issue, revealing that a staggering 45% of individuals in Gombe state have encountered sexual violence during their

lifetime²² and this is in keeping with the overall prevalence found in our study which was carried out in Edo state. It is important to bear in mind the problem of underreporting which may well be underestimating these figures.

A particularly disturbing aspect of sexual abuse in educational institutions is the phenomenon of sex for grades²¹. This unethical practice involves teachers, particularly male educators, demanding sexual favors from female students in exchange for academic success. Sex for grades not only perpetuates a culture of abuse but also undermines the educational system's integrity. High-profile cases have brought this issue to the forefront of public discourse, sparking outrage and calls for systemic change²¹.

Our findings revealed that majority (76.4%) of the perpetrators were known to the victims and of these, some of them were the students' lecturers. This is similar to the study in Port Harcourt where most of the assailants (81%) were known to the victims¹⁰. The viral video involving a BBC reporter and a University of Lagos lecturer highlighted the deep-seated sexual assault issue in Nigeria's higher education. It exposed prevalent cases mainly involving male lecturers and female students who are highly vulnerable due to societal marginalization. Despite efforts hindered by institutional support, conflicts, underreporting, and culture, sexual harassment persists as a challenge for institutions. Globally, especially within Africa, sexual harassment remains complex, as seen in the BBC reports on sex-for-grades scandals at Universities of Lagos and Legon. These incidents highlight the challenges faced, amidst cultural norms, institutional barriers, and communication issues while addressing the problem. Nigerian institutions' crisis strategies often deny or downplay the issue, failing to acknowledge its systemic nature and victims' impact²¹.

On the forms of sexual abuse, we discovered that a significant proportion of the victims (33.7%) had experienced exhibitionism with the least being rape, though still at an alarming rate of 17.1%. This is however lower than the prevalence of forced penetrative vaginal sex which stood at 32.4% in a study at Ebonyi State University¹⁷. These disparities may be explained by the different trends across various states and the presence of varying degrees of adherence to campus rules and regulations such as strict prohibition of males visiting female school hostels especially during odd hours. As it was noted, majority of the victims in the Ebonyi study were assaulted in their own hostels by their fellow male students¹⁷. In addition, our study disclosed the commonest form was exhibitionism while other studies divulged fondling and indiscriminate touch taking the lead^{10,17}.

Finally, although our study did not assess the mental health consequences of sexual abuse, we discovered a significant proportion of the victims admitted they were in need of psychological and medical support to cope with the trauma of the abuse.

4.0 CONCLUSION AND RECOMMENDATIONS

Conclusion

The comprehensive examination of sexual harassment in higher education brings to light the urgent need for proactive and effective measures. The comparison of prevalence rates, the global context, and the specific situation in Nigeria highlights the gravity of the issue. Moreover, the results of our study indicate that it is crucial to include all population groups in efforts to prevent sexual victimization and mitigate its potential negative consequences, as the prevalence rates were consistently high. As the girl child is being trained and protected, it is also important to put the boy child into equal consideration as our study has shown, prevalence of sexual abuse amongst males is almost at par with their female counterparts.

Recommendations

The campus environment's susceptibility to abuse and the troubling phenomenon of "sex for grades" further accentuate the challenges institutions face. To address this, a multi-dimensional approach

encompassing policy reform, cultural change, awareness campaigns, and support mechanisms is imperative. By taking concerted action, educational institutions can strive towards creating safer and more inclusive spaces, ensuring a supportive learning environment for all students. Other studies have collectively emphasized the urgency of acknowledging this pervasive problem and implementing effective strategies to combat its prevalence. Medical practitioners especially psychiatrists and clinical psychologists are encouraged to pay special attention to these victims, with an attempt at creating a supportive environment that would further encourage them to seek the help they desperately need and deserve. The significance of addressing sexual abuse in Nigeria cannot be overstated and it requires a comprehensive and multifaceted approach that incorporates legal reforms, educational programs, and active community involvement. By illuminating the prevalence of sexual abuse within the broader societal context, this study reinforces the imperative for sustained collaborative efforts, aiming to establish a safer and more respectful environment for all individuals across the nation.

REFERENCES

1. Amole, T. G., Abdullahi, H., Abdullahi, N. T., Abubakar, A. S., Ajayi, A. O., & Tsiga-Ahmed, F. I. (2021). Prevalence, pattern and predictors of sexual abuse among young female hawkers in Kano metropolis, Nigeria. *The Nigerian postgraduate medical journal*, 28(1), 33–38. <https://doi.org/10.4103/npmj.npmj.295.20>
2. Ezechi, O. C., Adesolamusa, Z., David, A. N., Wapmuk, A. E., Gbajabiamila, T. A.,

- Eugeniaidigbe, I., Ezeobi, P. M., Ohihoin, A. G., & Ujah, I. A. (2016). Trends and patterns of sexual assaults in Lagos south-western Nigeria. *The Pan African medical journal*, 24, 261. <https://doi.org/10.11604/pamj.2016.24.261.9172>
3. Borumandnia, N., Khadembashi, N., Tabatabaei, M., & Alavi Majd, H. (2020). The prevalence rate of sexual violence worldwide: a trend analysis. *BMC Public Health*. 20. 1835 <https://doi.org/10.1186/s12889-020-09926-5>
 4. Dworkin, E. R., Krahé, B., & Zinzow, H. (2021). The Global Prevalence of Sexual Assault: A Systematic Review of International Research Since 2010. *Psychology of violence*, 11(5), 497–508. <https://doi.org/10.1037/vio0000374>
 5. Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet (London, England)*, 373(9657), 68–81. [https://doi.org/10.1016/S0140-6736\(08\)61706-7](https://doi.org/10.1016/S0140-6736(08)61706-7)
 6. Bajpa, A.I. (1999) Sexual Harassment in university and college campuses in Mumbai. *The Indian Journal of Social Work*, 60 (4), 606-623.
 7. Balogun, F.M., Adenowuro, O.E. (2020). Prevalence and pattern of child sexual abuse: A cross-sectional study among male secondary school adolescents in Ibadan, Nigeria. *J Child Adolesc Health*, 4(1), 1-8.
 8. Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N., Elamin, M. B., Seime, R. J., Shinozaki, G., Prokop, L. J., & Zirakzadeh, A. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: systematic review and meta-analysis. *Mayo Clinic proceedings*, 85(7), 618–629. <https://doi.org/10.4065/mcp.2009.0583>
 9. Hales, S. T., & Gannon, T. A. (2022). Understanding Sexual Aggression in UK Male University Students: An Empirical Assessment of Prevalence and Psychological Risk Factors. *Sexual abuse : a journal of research and treatment*, 34(6), 744–770. <https://doi.org/10.1177/10790632211051682>
 10. Mezie-Okoye, M.M.M. and Alamina, F.F. (2014) Sexual Violence among Female Undergraduates in a Tertiary Institution in Port Harcourt: Prevalence, Pattern, Determinants and Health Consequences. *African Journal of Reproductive Health*, 18, 79-85.
 11. *Benin city, Nigeria, Population*. World population statistics <https://populationstat.com/nigeria/benin-city>
 12. Mlekwa, F. M., Nyamhanga, T., Chalya, P. L., & Urassa, D. (2016). Knowledge, attitudes and practices of parents on child sexual abuse and its prevention in Shinyanga district, Tanzania. *Tanzania Journal of Health Research*, 18(4). <https://doi.org/10.4314/thrb.v18i4.6>
 13. Scott, K. M., Koenen, K. C., King, A., Petukhova, M. V., Alonso, J., Bromet, E. J., Bruffaerts, R., Bunting, B., de Jonge, P., Haro, J. M., Karam, E. G., Lee, S., Medina-Mora, M. E., Navarro-Mateu, F., Sampson, N. A., Shahly, V., Stein, D. J., Torres, Y., Zaslavsky, A. M., & Kessler, R. C. (2018). Post-traumatic stress disorder associated with sexual assault among women in the WHO World Mental Health Surveys. *Psychological medicine*, 48(1), 155–167. <https://doi.org/10.1017/S0033291717001593>
 14. Risser, H. J., Hetzel-Riggin, M. D., Thomsen, C. J., & McCanne, T. R. (2006). PTSD as a mediator of sexual revictimization: the role of reexperiencing, avoidance, and arousal symptoms. *Journal of traumatic stress*, 19(5), 687–698. <https://doi.org/10.1002/jts.20156>
 15. Çelikel, A., Demirkiran, D. S., Özsoy, S., Zeren, C. & Arslan, M. M. (2014). Factors Associated with PTSD in Cases of Sexual Assault. *African Journal of Psychiatry* 18, 2013–2016. <https://doi.org/10.4172/2378-5756.1000181>
 16. Duru, C.B., & Aguocha, C.M. (2018) Sexual abuse among female undergraduates in tertiary institution in Imo state, south east Nigeria: prevalence, pattern and determents. *Open Access Library Journal*, 5(2): 45-49. <https://doi.org/10.4236/oalib.1104516>
 17. Ogbonnaya, L.U., Ogbonnaya, C.E. and Emma-Echiegu, N.B. (2011). Prevalence of Sexual

- Harassment/Victimization of Female Students in Ebonyi State University, South East, Nigeria. *Journal of Community Medicine and Primary Health Care*, 23, 55-67.
18. Effa, E.F., Okokon, E.O., Nwagbara, A.B. and Bello, S. (2017) Pattern, De-terminants and Mental Consequences of Sexual Violence among Female Undergraduate Students in Calabar Southern, Nigeria.
 19. Thomas, J. C., & Kopel, J. (2023). Male Victims of Sexual Assault: A Review of the Literature. *Behavioral sciences* (Basel, Switzerland), 13(4), 304. <https://doi.org/10.3390/bs13040304>
 20. Borumandnia, N., Khadembashi, N., Tabatabaei, M., & Alavi Majd, H. (2020). The prevalence rate of sexual violence worldwide: a trend analysis. *BMC public health*, 20(1), 1835. <https://doi.org/10.1186/s12889-020-09926-5>
 21. Fadipe, I. & Bakenne, N. (2020). BBC Sex-for-Grades-Report: Nigeria Tertiary Institutions ‘Crisis Management Strategies and Stakeholders’ Reactions. *The Journal of Society and Media*. 4(1) 156-179. <https://doi.org/10.26740/jsm.v4n1.p156-179>
 22. Statista Research Department, (Nov 16, 2022). *Prevalence of sexual violence in Nigeria 2018, by state*. Statista. <https://www.statista.com/statistics/1261242/prevalence-of-sexual-violence-in-nigeria-by-state/#:~:text=In%202018%2C%20the%20average%20prevalence,sexual%20violence%20in%20their%20life.>

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