

A Qualitative Exploration of Date Rape Survivors' Physical and Psycho-Social Experiences in a Nigerian University

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Abstract

Date rape (DR) is a serious but under-recognized public health problem that affects female university undergraduates. The burden of the problem in Nigerian universities is, however, yet to be fully investigated. The study was designed to explore the physical and psycho-social experiences of DR female survivors at the University of Ibadan. The study was qualitative in nature and involved eight consenting DR survivors. A pre-tested In-Depth Interview (IDI) guide that included questions relating to survivors' personal profile, context of DR experienced, factors that promoted survivors' vulnerability, reported adverse health consequences, help-seeking behaviors, and effects of the rape episode on dating relationship was used to facilitate the conduct of the narrative interview. The interviews were conducted in accordance to the protocol approved by the Joint University of Ibadan and University College Hospital Ethics Review Committee, and were taped-recorded and subjected to content analysis. Participants' mean age was 17.3 ± 2.3 years. All the participants were teenagers when they were first raped. Coercive and deceptive means were used to perpetrate the act of rape. Participants'

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use of verbal appeals, crying, and physical resistance to prevent being raped proved abortive. The experienced adverse physical health consequences included vaginal bleeding and injury. Major psycho-social effects of the experienced DR included self-blame, depression, hatred for men, and suicidal feelings. DR experiences occurred mainly in isolated settings, and most participants could not seek for medical help and other forms of care due to fear of being stigmatized. Some of the DR survivors continued their dating relationships when apologies were tendered by the perpetrators. DR is a traumatic experience, which is characterized by physical and psycho-social adverse effects. DR survivors, however, rarely seek for help as a result of the fear of being stigmatized. Multiple behavioral change interventions are needed to address the phenomenon.

Keywords

date rape, dating relationship, survivors' vulnerability, health consequences, help-seeking behavior, rape episode

Introduction

Rape is a worldwide manifestation of gender-based violence that increasingly constitutes a public health challenge (Heise, Ellsberg, & Gottemoeller, 1999; United Nations General Assembly, 1993; World Health Organization [WHO], 2010). The dehumanizing and stigmatizing effects of the deviant behavior on young women cut across developed (Lohmann, 2008; Tjaden & Thoennes, 2006) and developing countries (Jewkes & Abraham, 2005; Olaleye & Ajuwon, 2011). Rape deprives the survivors of physical and emotional privacy and compromises their autonomy to make informed decisions relating to sexual matters. It is thus a pervasive and under-recognized human rights violation (Tjaden & Thoennes, 2006; United Nations Children's Fund [UNICEF], 2001; United Nations General Assembly, 1993).

Rape is any act of engaging someone in an unwanted or unsolicited sexual activity against his or her wish using a variety of socially unacceptable means (Rana, 2008; Tjaden & Thoennes, 2006). The various means used by rape perpetrators share a common characteristic; they all compromise an individual's ability to give sexual consent devoid of coercion (Heise et al., 1999; Ogunwale, Olaleye, & Olaitan, 2014; Olaleye & Ajuwon, 2011).

Rape, whatever the form it takes, could lead to physical injuries, psychopathologies, social consequences, and reproductive health complications including sexually transmitted infections and unwanted pregnancy (Eby,

Campbell, Sullivan, & Davidson, 1995; WHO, 2010). The health effects of rape on the survivors are often quite debilitating, and these effects can persist without proper treatment and support. Most survivors of rape do not seek appropriate health services including medical examination, counseling, and other forms of help that are essential for prevention and control (WHO, 2010). Many survivors of rape sometimes experience repeated episodes of rape (Tjaden & Thoennes, 2006). The cumulative effects of repeated rape experiences may compromise survivors' health and well-being.

Although rape cuts across most age groups and both males and females are vulnerable to the phenomenon, it is the young unmarried women or girls who are disproportionately affected (Forke, Myers, Catalozzi, & Schwartz, 2008; WHO, 2002). Female undergraduates are among such vulnerable population (Forke et al., 2008). Sentinel studies have shown that rape perpetrated against female undergraduates is a reality in Nigeria (Olaleye & Ajuwon, 2011). Persons who perpetrate rape are highly diverse, and they include persons who are known or not known to the rape survivors (Bergen, 2006; Jewkes & Abraham, 2005; Kirkwood & Cecil, 2001; Monson, Langhinrichsen-Rohling, & Binderup, 2000; Tjaden & Thoennes, 2006; Russo, 2000; WHO, 2002). Rape is, however, believed to be more preponderant among people who know each other (Kirkwood & Cecil, 2001; Tjaden & Thoennes, 2006), such as acquaintances, friends (WHO, 2002), and dating partners (Monson et al., 2000; Russo, 2000; WHO, 2010).

Various ambiguous terms such as *acquaintance rape*, *hidden rape*, and *relationship rape* have been previously used as synonyms for the concept of date rape (Forke et al., 2008; Halpern, Young, Waller, Martin, & Kupper, 2004; Russo, 2000). Date rape, which is a form of rape that occurs among persons who are dating each other, is common in university settings where many students liberally engage in dating relationships (Lewis & Fremouw, 2001; Rennison, 2001). Few studies have documented the prevalence of date rape among Nigerian university students in recent years (Izugbara, Duru, & Dania, 2008; Ogunwale, Oshiname, & Ajuwon, 2012). University students practice dating for several personal and social reasons. Many students, for instance, use the opportunity to explore whether they may or may not be suitable for a long-term relationship with one another (Julie, 2009).

In Nigeria, sexual coercion of a young woman by a dating partner is tolerated to some extent, and it is not usually perceived to be an unacceptable behavior (Geidan, Njoku, & Bako, 2010; Oshiname, Ogunwale, & Ajuwon, 2013). In Nigeria, the prevailing culture blames survivors of rape, and perpetrators are usually excused from facing the consequences of their actions or left unpunished (Ajuwon, Olley, Akin-Jimoh, & Akintola, 2001; Kullima, Kawuwa, Audu, Mairiga, & Bukar, 2010). For instance, a man is not blamed

for using force to sexually abuse a girl or woman in whom he has invested financially and materially even if she refuses a sexual request (Ajuwon et al., 2001). Women who experience rape in the hands of their dating partners are considered promiscuous and responsible for their rape incidences; they are left to endure the associated humiliation and shame (Geidan et al., 2010). It is not uncommon for some survivors of date rape to express perceptions that are supportive of date rape. It is rape perpetrated by strangers that are usually frowned upon and labeled as “real rape” (Oshiname et al., 2013). In this context, it is not surprising that only few studies on sexual assault have focused on date rape as a serious public health issue in Nigeria.

Although date rape–related issues are gaining public health attention in the developed world, efforts have not yet put this violent behavior on the public agenda in developing nations (Geidan et al., 2010; Julie, 2009) including Nigeria (Oshiname et al., 2013).

In Nigeria, date rape is a sensitive issue, and so many survivors do not disclose their experiences to others and thus do not benefit from formal or informal social supports (Julie, 2009). In addition, many Nigerian rape survivors rarely seek for medical care, legal redress, and psycho-social help (Geidan et al., 2010; Ogunwale et al., 2012). This reluctance to seek help poses serious challenges to research on the phenomenon and the design of appropriate interventions to address it (Geidan et al., 2010; Julie, 2009). In an effort to learn more, this article presents the qualitative narrative experiences of undergraduate date rape survivors at the University of Ibadan, Nigeria.

Method

Study Setting

The study took place at the University of Ibadan among female undergraduates of the institution. The university, which is the oldest degree-awarding institution in Nigeria, was established in 1948 as an affiliate of the University of London. It became an autonomous university in 1962. The university has four female halls of residence.

Each female hall of residence is managed by university staff including a hall warden, who is usually a senior academic, as well as hall supervisors and porters who are members of the non-teaching staff. Their roles include ensuring that university rules and regulations are enforced on students and their visitors. There is, for instance, a restriction of movement of visitors into female halls of residence.

There is a medical facility, the University Health Center (UHC), for staff and students of the university. Medical cases that require specialist attention

are referred from the UHC to the University College Hospital, Ibadan, which is the oldest teaching hospital in Nigeria. The other facilities where students can seek for necessary counseling and social support within the university include the Youth Friendly Center, Gender Mainstreaming Center, and the Students' Affairs Department.

Study Background and Design

A study, which consisted of three components or phases, was conducted among female undergraduates of the University of Ibadan. The components included Focus Group Discussions (FGDs), a survey using a semi-structured questionnaire, and a narrative In-Depth Interview (IDI). Consent of date rape survivors was obtained. The study protocol was approved by the Joint University of Ibadan and University College Hospital Ethics Review Committee. The FGD explored date rape-related issues generally among students with special reference to the following: concept of date rape, antecedent or underlying factors, perceived prevalence, forms, and prevention of date rape. A total of eight FGD sessions with an average of seven participants per group were conducted using a pre-tested FGD guide.

Findings from the FGDs were used to develop the semi-structured questionnaire, the second phase of the study. The questionnaire probed into issues, which included awareness of date rape, knowledge of health effects of date rape, perceptions of date rape, prevalence of date rape, and help-seeking behavior of date rape survivors. These findings have been published elsewhere (Ogunwale et al., 2012; Oshiname et al., 2013).

During the survey, the identified date rape survivors were invited to participate in a narrative IDI with a view to creating an opportunity for them to throw more light on the experienced date rape episodes. These findings form the basis of this article.

The Narrative IDIs

The study participants were 8 out of the 72 date rape survivors who gave their consent to be involved in the follow-up narrative IDI. IDIs were conducted only among consenting respondents who disclosed that they had ever experienced date rape during the survey. The IDI guide developed to facilitate the conduct of the narrative study contained open-ended questions for probing into the following: essential biodata, date rape setting, nature/context of the experienced date rape, efforts made to the prevent experience, adverse health consequences, factors which promoted participants' vulnerability, fate of the dating relationship after the rape episode, and survivors' help-seeking behavior. The

guide was pre-tested among 3 consenting date rape survivors from another tertiary institution in Ibadan that shares similar characteristics with the study site.

Ethical Issues Observed During the Conduct of the Narrative IDI

Prior to the commencement of the IDIs, all the date rape survivors were requested to sign an informed consent form and were given assurance of the confidentiality of responses. Toward this end, participants were told that their identifiers such as matriculation numbers, hall, or course of study would not be written down anywhere. In addition, they were informed that their names or identifiers would not be disclosed to anyone and that unauthorized persons would not be allowed to have access to the recorded proceedings of the IDI. It was made known that participation in the study was voluntary. Finally, it was stressed that there were no material benefits for participating in the IDI study.

Participants were informed of the arrangements put in place for any date rape survivor to be provided with counseling services or get a referral to someone or a facility where acceptable help could be provided. One of the research assistants who is a trained counselor was retrained to counsel any survivor who would request for counseling. None of the eight date rape survivors expressed the wish to be counseled or referred to anywhere for help during and after the IDI. However, information was provided to the interviewees about facilities and organizations within and outside the university where they could get help if they wish so.

The Narrative IDI Process

Each interview took place behind closed doors on a one-to-one basis in a mutually agreed upon venue. Most of the interviews took place in survivors' hostel rooms. First, each interviewee was briefed about the nature and objectives of the narrative study. This was followed by a discussion of the voluntary nature of participation. Participants were informed of their right to refuse to answer any questions that they were not comfortable with. In addition, their right to withdraw from the study at any time without any consequences or deprivations whatsoever was also stressed. Participants were requested to sign an informed consent form before interview started.

Each interview lasted for a minimum of 30 min. A major barrier to extended or long interview was the fact that majority of the interviewees stated during the recruitment process that they had several academic assignments and

deadlines to cope with and so would not entertain long interviews. The date rape survivors were able to respond in great detail to all the questions on the IDI guide, which focused strictly on their date rape experiences. The proceedings were recorded on audiotapes. Handwritten notes were taken in the case of one of the interviewees who did not give consent for audiotape recording.

IDI Data Management and Analysis

The qualitative data derived from the eight IDI were analyzed manually by a pair of researchers first individually and then collectively. This was done using the thematic analysis. The steps involved in the analysis were as follows: First, each of the tape recorded interviews was played back, listened to attentively, and transcribed verbatim by the interviewer. This exercise took place the same day each of the interviews was conducted. Second, a matrix table was constructed and used to summarize the experiences or responses of the survivors. The elements of the matrix table included (a) themes adopted from the IDI guide; (b) sample quotes from transcripts which were based on the themes; (c) comments, reflections, and underlying meanings based on non-verbal transcripts; and (d) group reflections. Third, the transcript of each survivor was thoroughly read and examined theme by theme in comparison with other survivors' to identify relevant texts, repeating words, and phrases. The disclosed experiences were noted and summarized on the matrix table with special reference to the aforementioned elements. For each theme, survivors with similar experiences, those with peculiar experiences, and common trends were noted. Verbatim quotes reflecting these experiences were teased out, and comments, reflections, and underlying meanings were recorded in the matrix, after which the researchers jointly summarized and came up with the final findings.

Findings

Verbatim quotes are presented as part of the results in this section. However, the names of the date rape survivors to which the verbatim quotes are linked are pseudo names; they cannot be used to reveal survivor's real identities.

Participants' Level of Study and Age-Related Information

The ages of the participants at the time of the study ranged from 20 to 25 years, and their levels of study at the university ranged from 200 to 400 levels (i.e., second year to fourth year of study). It is to be noted that the minimum

age for admission into the University of Ibadan is 16 years. Only one survivor experienced date rape at this age. The age at first experience of date rape among survivors, except one, ranged from 16 to 19 years. The case of the only survivor who was first sexually coerced by a dating partner at the age of 12 years can be referred to as “child sexual abuse” (Akinlusi et al., 2014).

Context of the Experienced Date Rape

All the interviewees were raped by boyfriends, that is, unmarried males with whom they had dating relationships (see Table 1 for further information). Two interviewees experienced date rape twice, each time by a different person/boyfriend (see Table 1 for detailed information).

All the interviewees reported that they were caught unaware by their dating partners. The survivors described the action of the perpetrators as a betrayal of trust. Excerpts of their narrative experiences included the following:

That ill-fated morning . . . He decided to come and pay me a visit after our discussion on phone. When he came, I didn't suspect any harm, more so as he was already late for work. (Fisayo)

On 14th February, 2010 I was not feeling fine, so I decided to go and see my boyfriend who is a medical doctor. He injected me and that was the last thing I knew. When I woke up from my sleep I was so weak and discovered that he had slept with me. (Nike)

When he came into my hostel room I entertained him and I offered to prepare some food for him. He told me not to worry about preparing food for him and that I should sit down and discuss with him . . . I did all what I could to refuse him but he . . . finally he had forced sex with me. (Chichi)

All the interviewees except one reported that their date rape experiences were made possible after they had been physically overpowered by the perpetrators following their refusal of sexual requests.

The other strategies used by the perpetrators to achieve their objectives included a combination of force and manipulation or deception. The survivors disclosed that the experienced forced sex was preceded by fondling or caressing. The use of sleep-inducing drugs to facilitate being date rape was reported by one survivor—Nike. Typical responses relating to the use of brute force by the perpetrators include the following:

That day, he served me some juice, changed the movie we were watching to “blue film” [pornographic movie] and he started acting funny by touching me.

Table 1. Participants' Bio-Data, Date Rape Setting, Adopted Refusal Strategies, Resultant Adverse Health Effects, and Help-Seeking Behavior.

| Pseudo Names Assigned ^a | Level of Study and Age-Related Information | Settings of Rape | Strategy Used for Communicating Refusal | Resultant Adverse Health Effects | Help-Seeking Behavior |
|------------------------------------|---|----------------------------------|---|--|---|
| Sade | A 25-year-old 300-level student of dentistry Experienced date rape first at the age of 19 and when she was 24 years. | Boyfriend's house Hotel room | Physical resistance and cry | Vagina bleeding | Sought for counsel and advice from a Christian friend (fellowship sister) |
| Fisayo | A 20-year-old 400-level student of agriculture She experienced date rape at the age of 18 years. | Survivor's father's sitting room | Physical resistance | Vagina injury (bruises), loss of virginity, and depression | Sought for medical help from a medical doctor Advice from a friend |
| Mabel | A 21-year-old 300-level student in faculty of education She experienced date rape at the age of 18 years. | Boyfriend's house | Physical resistance | No physical injury, blamed self | Did not seek for any help. Believed that because the perpetrator used condom there was no need to be afraid of pregnancy or any infectious disease |
| Tola | A 20-year-old 200-level student in the faculty social sciences Experienced date rape at the age of 18 years. | Boyfriend's house | Verbal refusal and cry | Vagina pain, loss of virginity | Did not seek for any help. Felt it was not necessary. |

(continued)

Table 1. (continued)

| Pseudo Names Assigned ^a | Level of Study and Age-Related Information | Settings of Rape | Strategy Used for Communicating Refusal | Resultant Adverse Health Effects | Help-Seeking Behavior |
|------------------------------------|--|--|--|---|---|
| Nike | A 20-year-old 300-level student of faculty social sciences Experienced date rape at the age of 19 years. | Boyfriend's house | No resistance in any form as survivor was under the influence of drugs | Loss of virginity | Did not seek for any help. Felt it was not necessary. |
| Ife | A 23-year-old 300-level student in the College of Medicine Experienced date rape at the age of 18 years. | Boyfriend's room (on campus) | Physical resistance | Loss of virginity | Did not seek for any help. Felt it was not necessary. |
| Sandra | A 20-year-old 400-level medical student She experienced date rape at the age of 16 years. | Boyfriend's house | Physical resistance and crying | Loss of virginity, anger and hatred for men | Did not seek for any help. |
| Chichi | A 23-year-old 400-level students of Faculty of Art Experienced date rape twice at the age of 12 years and then at the age of 21 years when survivor was in the university. | Boyfriend's house (first experience) Survivor's room on campus (second experience) | Physical resistance and shouting/crying | Vagina injury (bruises), body pain | Informed a porter, received advice from a friend, and visited a pharmacy where injection and some drugs were given. |

^aThis implies that names are not real names of the date rape survivors.

I resisted him and cried, I had no way out because he pinned me down to the bed and had forced sex with me. (Sandra)

Two years ago I experienced forced sex in the hands of my boyfriend. That day he tendered his sexual request but I said “No.” But before I could realize what was happening he forced me into having sex. During the act I was shouting and crying. (Tola)

I was really hurt . . . It happened in a hotel room. He had forced oral sex with me and forced vagina sex after manhandling me. I cried and resisted him but none of my strategies worked. (Sade)

He started touching my breasts. I did all what I could to refuse him but he threatened that he will hurt me if I refused and thereafter he started manhandling me and finally he had forced sex with me. (Chichi)

Date rape experiences took place in secluded places, where participants had no control and where help could not be readily sought (see Table 1). All the interviewees except one had experienced rape in the homes or rooms of the perpetrators, outside the university campus. Two interviewees were raped on campus, whereas one interviewee (Fisayo) experienced date rape in her parents’ house. Fisayo who was raped in her parents’ house declared,

The forced sex took place in our house, in our sitting room when my parents had gone to work.

Mabel who was raped in the boyfriend’s house described her experience as follows:

I first had sexual intercourse at the age of 18 years in my boyfriend’s house, where he forcefully had sex with me.

Survivors’ Perception of Their Date Rape Experiences

Two date rape survivors were of the view that their ordeal was their fault; they blamed themselves for initiating actions that led to their vulnerability. They refused to blame their dating partners for perpetrating the nefarious act. They described how the date rape was perpetrated as follows:

We were just talking, then he sat on my laps and we kissed, after which I insisted that he should leave me and I tried pushing him away. Despite my resistance he went ahead and had sex with me against my wish. He must have been influenced by my initial actions because I started the fore play. I did not

break up with him immediately even though he forced me into having sex with him. (Mabel)

I think what influenced him was because I was alone in the house, and may be he got stimulated on seeing me in my night dress. (Fisayo)

There were instances where two interviewees did not perceive their date rape experience as a serious problem even though they were subjected to sexual intercourse against their wish. Sade who had been date raped two times by different perpetrators perceived rape by strangers as “real” rape of great concern. She described her date rape, which she did not consider as serious, as follows:

He raised the issue of sex which I refused; he insisted and forcefully had sex with me without listening to my pleas. He also forced me to allow him insert his fingers into my vagina. Even though it was against my wish, I didn't see it as rape because I was blindly in love with him. (Sade)

The other guy . . . I only dated him for a short period of time. Because I did not know him well, I counted his own forced sex as rape. (Sade's second experience)

Factors That May Have Promoted Survivors Vulnerability to Rape

Some of the date rape survivors disclosed that the initial kissing and caressing initiated by the perpetrators served as prelude to the experienced forced sex. They noted, in addition, that their tolerance of the perpetrators' sex-related practices may have sent the wrong message that they were interested in sex, despite their verbal refusal. Fisayo and Ife described the caressing/kissing practices as follows:

He said he was ready to leave and asked for just a kiss. It was during the kiss that he started touching my breast and other parts of my body. I noticed danger immediately and told him to stop it but he did not. (Fisayo)

Prior to the rape, on that day he had requested for sex on many times but I had always been turning down his sex requests. That day he started with some gist with me and later he started hugging me. One will think he was drunk or under the influence of drugs with the way he forcefully held me. (Ife)

Efforts to Prevent Rape

The interviewees made futile efforts to prevent being raped. All the interviewees, except one (Sade), stated that such efforts included protesting, crying, and

physical resistance (see Table 1 for detailed information). The efforts aimed at preventing being date raped included those inherent in the following quotes:

I cried and resisted him but none of my strategies worked. He had forced oral sex with me and forced vagina sex after manhandling me. (Sade)

I started struggling with him and when he noticed that I didn't want to cooperate, he manhandled me and used his fingernails to tear my night dress and scratched my body, he then had forced sex with me. (Fisayo)

I insisted that he should leave me alone and I tried pushing him away. (Mabel)

During the act I was shouting and crying. (Tola)

I resisted him and cried, there was no other way out because he pinned me down to the bed and had forced sex with me. (Sandra)

I did all what I could to refuse him but he threatened that he would hurt me if I refused and thereafter he started manhandling me and finally he had forced sex with me. (Chichi)

Help-Seeking Behavior

Five of the date rape survivors never sought for any form of help or reported their experiences to anyone including their parents. Fear of being stigmatized or blamed constituted the major barrier to survivors' disclosure of rape incidence to anyone or seeking for any form of assistance. Sade explained the rationale behind her action as follows:

I didn't want to inform anyone about the experience because of fear of being stigmatized.

Sade, whose first date rape experience occurred in her parents' house when she was alone in the house, blamed her refusal to disclose the experience to her parents on fear that her parents could misunderstand her and blame her for provoking the episode of rape. She declared,

I was afraid of the outcome of reporting to my parents because my parents are so strict; they are great disciplinarians.

Two interviewees reported that they were not very perturbed by their date rape experiences because they did not suffer any physical harm. They stated

that this explains why they did not seek medical help or inform anyone about their date rape experience. Mabel succinctly puts it this way:

I did not report the incidence to anyone, because I did not entertain any fear of being pregnant as at that time. Moreover, I sustained no injury.

Only two of the interviewees (Fisayo and Chichi) sought for some form of medical help following their experience of date rape; the fear of possible adverse consequences was a determinant of their action. Fisayo sought for medical help from a trusted medical doctor. Fisayo disclosed,

I experienced pain in the vagina. I had, fear of being pregnant or suffering from other problems that might show up after. I was worried and I told my very close friend who took me to his uncle who is a medical doctor. My friend's uncle was the one who treated me off hospital record.

Chichi sought for help from a pharmacy through the help of a friend. She narrated her health-seeking behavior as follows:

My vagina was badly injured. I was taken to a pharmacy by a friend. There I was given injection in the hand and some drugs were inserted into my vagina. I also applied hot water on my vagina for some time.

Fisayo, one of the survivors who told someone, stated that she was counseled by a friend and provided with intervention in form of prayer in addition to the medical care she received. Fisayo stated,

When the experience was affecting my studies and I couldn't think straight, I sought for help from a born again Christian who counseled me and prayed for me. It was after that I came back to myself.

None of the date rape survivors sought for legal redress or informed the police or the school authority due to fear of stigmatization. Chichi, who was raped in her hall of residence, claimed that even her attempt at reporting the act was hindered by the advice she received from a female porter whom she informed.

. . . I later shouted and the hall porters came around and took us to the porters' lodge; there I changed the story because of the stigma that could result from it. I later narrated my ordeals to a female porter who told me to keep quiet about it.

Health Consequences of Date Rape

The health consequences experienced by the survivors were diverse (see Table 1 for detailed information). Almost all the rape survivors, however, reported adverse physical health consequences such as vaginal injury and pain. Five interviewees reported loss of virginity as a result of their rape experiences.

He had forced oral sex with me as well as forced vagina sex. . . . I was very hurt and for some days I had vagina bleeding. The experience was painful. (Sade)

I was 18 years of age when I was deflowered through a forced sexual intercourse by a boyfriend. . . . I had a cut in my vagina and I bled. I had scars all over my body due to his nail scratch. (Fisayo)

My vagina was badly injured. . . . I applied hot water on my vagina for some time. (Chichi)

The psychological reaction of the survivors are summed in the following expressions, feelings, or words: “I felt terrible” (Fisayo), “I felt cheated” (Fisayo), “I was depressed” (Fisayo, Chichi), “I was hurt” (Ife, Nike, Sade), “I felt like killing the ‘guy’” (Chichi), “I felt very angry” (Mabel, Nike), “I felt a lot of pains” (Tola, Sade), “The incidence made me to resent guys” (Tola, Chichi, Sandra), “I was ashamed” (Tola), and “I felt like committing suicide” (Chichi). These feelings are indicators of their psychological anguish.

The major social health consequences experienced by the survivors included dysfunctional relationships with males, loss of sexual interest, and negative effect on survivors’ academic productivity. The social complications experienced by the survivors are exemplified in Fisayo’s confession:

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

Effects of Rape Episodes on Dating Relationship

Four of the interviewees immediately ended their dating relationship with the rape perpetrators. Their declarations of cessation of the dating relationships are inherent in the following statements:

I told him point-blank not to phone me or come to my place again. I ended the relationship because I got to know that all I needed was not sexual intercourse but a genuine love. (Fisayo)

I stopped the relationship after the experience of rape because I felt if he had loved me he wouldn't have forced me into sexual intercourse. (Ife)

After the experience, I stopped my relationship with him and I start running away from guys. (Sandra)

I ended the relationships after the occurrence of each of the two episodes of rape. Since then I have not dated any guy. (Chichi)

Four other survivors reported that they forgave their perpetrators when they tendered apology. They reported,

I cried for the fact that I was a virgin before then and his promise of marrying me consoled me. When he noticed that I was feeling bad by his actions, he started crying, knelt down, and was apologizing. (Nike)

For a period of two weeks I did not see him and I didn't pick his calls. I was so weak and I felt pain because I was a virgin. Although I had forgiven him, I still feel sad about the experience. (Tola)

I did not break up with him immediately even though he forced me into having sex with him. He later apologized to me and we still dated for another three months. The relationship eventually ended when I changed my location and stopped seeing him. (Mabel)

I was blindly in love with him . . . I allowed the relationship to go on for some time before stopping it. (Sade's first experience)

Discussion

The findings of this study attest to the fact that date rape could be characterized by various adverse health consequences. The findings corroborate the results of previous researches that the effects of rape are often far-reaching and have implications for the physical, reproductive, mental, and social health and well-being of survivors (Lohmann, 2008; WHO, 2010).

The various physical, psychological, and social health effects that were attributable to date rape in this study are similar to the consequences of date rape observed in previous studies and reports (Heise et al., 1999; Lohmann, 2008; Tjaden & Thoennes, 2006; WHO, 2010). The physical effects of date rape, particularly vagina injuries, coupled with non-use of condom and post-exposure prophylaxis have serious reproductive health implications including increased risk of HIV infection as well as other sexually transmitted infections.

The experience of problems such as depression, shame, self-blame, and suicidal feelings by the survivors indicates that date rape is a devastating and traumatic phenomenon. Self-blame, which is one of the pronounced effects of date rape reported in this study, is of important public health concern. Self-blame delays appropriate seeking of help by date rape survivors and impedes their recovery process (Sears, Byers, & Price, 2007). Self-blame could lead to psychological problems such as distress feelings of guilt, shame, cutting oneself off from other people, and anger (Frazier, Mortensen, & Steward, 2005). Survivors of date rape are believed to experience more of emotional problems than physical injuries reports (Bechhofer & Parrot, 1991). This underscores the need for date rape survivors to be encouraged to seek for proper medical and psycho-social care.

The social health effects of date rape reported by study participants were similar to the ones reported by previous investigators (Ajuwon et al., 2001; Kullima et al., 2010; Lohmann, 2008). The adverse social effects of date rape on survivors range from stigma and discrimination, poor academic achievement, withdrawal from school, inability to build partnerships, and loss of marriage prospects to rejection by family and friends (Lohmann, 2008; WHO, 2010).

Even after being assured of the confidentiality of their responses, many survivors (88.8%) refused to participate in the narrative study. This may not be unconnected with the perceived stigma and “victims-blaming” associated with the experience. Thus, there is a need to explore novel techniques for influencing rape survivors to be sharing their experiences as their shared experiences are needed for guiding the design of preventive date rape-related interventions.

The findings of this narrative study show that date rape constitutes a serious but largely unreported problem among young female university students. Previous studies have revealed that women aged 16 to 24 years experienced date rape at rates four times higher than the sex-related assault rate of older women (Humphrey & White, 2000; Lewis & Fremouw, 2001; Straus & Ramirez, 2007), thus making the university years a very vulnerable period for women. Educational interventions aimed at making female young persons in dating relationship appreciate their vulnerability are needed. Such educational interventions should equip all categories of young women, particularly survivors of date rape, with skills for recognizing the warning signs of date rape and with skills for initiating appropriate preventive actions.

Most date rape experiences occurred in settings where the participants had no control. This is a lesson for female young persons who are dating; places where help cannot be readily obtained need to be tactically avoided by them. The perpetrators of date rape may have been deluded by some Nigerian

cultural norms relating to sexual relationship. By tradition, for instance, women are expected to be unassertive, modest, and demonstrate ignorance about sexual matters. Societal norms demand that women should always pretend to resist sexual advances even when these are welcome. However, men are expected to regard women's resistance to sexual advances as mere pretense, which should not debar them from making love to their partners (WHO, 2010). Such gender differentiation in cultural expectations could lead to communication breakdown.

The study suggests that use of refusal and resistance strategies such as verbal appeal, crying, shouting, and physical pushing of a date rape perpetrator may not guarantee effective prevention of date rape. The episodes of date rape were not anticipated. However, warning signs that are suggestive of impending date rape may be useful in avoiding episodes of date rape. A study conducted among university students in Cyprus has suggested that good communication among dating partners and the establishment of limits in sexual relation are useful strategies for preventing date rape (Mediterranean Institute of Gender Studies, 2008). The efficacy of these preventive measures is yet to be evaluated in a Nigerian-based study.

Fear of being stigmatized, self-blame, and perceived non-susceptibility to serious health problems are among the barriers against seeking for appropriate help. These challenges need to be addressed through educational interventions.

Many of the findings of the study are a confirmation of what has been documented elsewhere especially in the developed world. The study has, however, contributed to the body of knowledge on date rape-related literature in Nigeria using qualitative research methodology. The study has thrown some light on the nature and physical and psycho-social burden of date rape, which can be used to put the phenomenon on the public agenda. In addition, the study has yielded baseline information, which could be used for the design of evidence-based interventions aimed at tackling date rape perpetrated against female undergraduates in the study setting and in other Nigerian tertiary institutions where the problem exists.

Further research is needed to unravel the motivation for perpetrating date rape among males who have ever indulged in the perpetration of the practice. This is important in coming up with the design of more holistic date rape prevention interventions. Equally important are intervention studies designed to test the efficacy of novel strategies or models for tackling the prevailing poor help- and health care-seeking behaviors among date rape survivors.

Implications for Prevention and Control Interventions

The results of this study revealed that date rape experience is multi-dimensional in terms of determinants, adverse effects, and help-seeking behavior of

survivors. Therefore, multiple health promotion and education strategies are needed to tackle it. Various health promotion strategies such as public enlightenment, training, counseling, cultural-reorientation, and policy interventions are potentially useful for preventing date rape. Use of a combination of these strategies is particularly preferred so that the shortcomings of one can be counter-balanced by the strengths of the others.

Public enlightenment programs involving the use of evidence-based and culturally focused information which target young people can be used to discourage date rape among students. It can also help to raise their critical consciousness regarding the reality, context, and adverse consequences of the act with special reference to the results of this study. Various public enlightenment opportunities or channels such as print and electronic media including the social media are needed to reach the university students.

Counseling services are needed to address the psycho-social challenges such as fear of being stigmatized and self-blame which often prevent date rape survivors from seeking appropriate help. Telephone counseling could provide opportunities for some rape survivors who may choose not to physically visit counselors for help for one reason or the other. As much as possible, confidentiality of information volunteered by rape survivors should be guaranteed so as to promote health-seeking behaviors on the part of survivors.

Young people including university students should be exposed to training programs in form of workshops and seminars that are aimed at upgrading their knowledge relating to their sexual rights, and life skills for recognition of likely warning signs of an impending rape and alternative ways of controlling, preventing, or avoiding being raped. Various categories of university staff such as health workers, hall officials, school counselors, and staff of the Students' Affairs Division need to be sensitized to be involved in rape prevention and motivation of survivors to seek for appropriate help.

Efforts should be made by the university authorities to promote interventions that focus on "safe date" or "healthy dating" among students. Safe date programs have been found to be effective in reducing date rape perpetration and improving help-seeking behavior among rape survivors (Wood & Jewkes, 1997). An advocacy for comprehensive sexual rights policy that adequately addresses all forms of sexual violence including date rape is suggested. To be effective, a framework for the implementation of such policy should be developed.

Conclusion

The findings from this study have thrown light on the context in which date rape occurs, the adverse health consequences of the practice, and survivors' help-seeking behavior in a Nigerian University. Date rape is a traumatic

experience for affected female undergraduates. Coercive and manipulative means were used by perpetrators of the date rape episodes to achieve their objective. Despite the recounted physical and psycho-social experiences, survivors rarely sought for help, and some continued their dating relationships with the perpetrators. Youth friendly campus-based educational and advocacy interventions are required to address the phenomenon.

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