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## Missed Opportunities in Comprehensive Response to Sexual Assaults in Ekiti State, Nigeria

الفرص الضائعة في الاستجابة الشاملة للاعتداءات الجنسية في ولاية إيكيتي، نيجيريا



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### Abstract

Sexual assault referral centres were designed to provide comprehensive services to survivors to mitigate the physical and psychological consequences of rape. However, some of the survivors who reported at these centres did not benefit fully from these, thereby presenting as missed opportunities. We assessed the missed opportunities among the survivors who reported at Ekiti Sexual Assault Referral Centre, Ado-Ekiti, Nigeria from June 2020 to June 2022. Data were extracted from the records of the Ekiti Sexual Assault Referral Centre, Ado-Ekiti and the Department of Public Prosecution of Ekiti State Ministry of Justice, Ado-Ekiti. The missed opportunities for post-exposure prophylaxis for HIV, emergency contraception, economic empowerment and relocation/shelter services were 62.2%, 35.9%, 42.3% and 4.3% respectively. There were 18 convictions out of the 21 concluded cases. Delayed reporting and poor compliance with follow-up schedules appear to be common denominators in these missed opportunities. To improve on the effectiveness of these services, there is a need

### المستخلص

صُممت مراكز إحالة الاعتداءات الجنسية لتوفير خدمات شاملة للناجيات؛ للتخفيف من الآثار الجسدية والنفسية للاغتصاب. ومع ذلك، فإن بعض الناجيات اللاتي أبلغن عن وجودهن في هذه المراكز لم يستفيدوا استفادة كاملة منها، وذلك تُعد فرصًا ضائعة. قمنا بتقييم الفرص الضائعة بين الناجيات اللاتي أبلغن في مركز إيكيتي لإحالة الاعتداء الجنسي، في مدينة أَدُو إيكيتي بدولة نيجيريا من يونيو 2020 إلى يونيو 2022. واستُمدت البيانات من سجلات مركز إيكيتي لإحالة الاعتداء الجنسي، وأدو - إيكيتي، وإدارة الادعاء العام التابعة لوزارة العدل في ولاية إيكيتي، وبلغت الفرص الضائعة للوقاية من فيروس نقص المناعة البشرية بعد التعرض له، ووسائل منع الحمل في حالات الطوارئ، والتمكين الاقتصادي، وخدمات النقل/المأوى 62.2%، و35.9%، و42.3%، و4.3% على التوالي. وكان هناك 18 حكمًا بالإدانة من أصل 21 قضية تم الحكم فيها. ويبدو أن تأخر الإبلاغ وضعف الامتثال لجداول المتابعة من القواسم المشتركة في هذه الفرص

**Keywords:** Forensic Science, Sexual Assault, Rape, Conviction Rate, Missed Opportunities, Sexual Assault Referral Centre.

**الكلمات المفتاحية:** علوم الأدلة الجنائية، الاعتداء الجنسي، الاغتصاب، معدل الإدانة، الفرص الضائعة، مركز إحالة الاعتداء الجنسي.



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to understand the cascade of events leading to delayed reporting and poor compliance with follow-up schedules by the survivors. Mobilisation of adequate financial resources is also expedient for the effective delivery of these services.

## 1. Introduction

Sexual assault (SA) survivors are at increased risk of both psychological and physical harm like bodily injuries, sexually transmitted infections, unintended pregnancy, posttraumatic stress disorder, and depression [1,2]. Other long-term health consequences are chronic pain, gastrointestinal problems, generalised somatic symptoms and poor overall health status [2,3]. An important step to mitigating these health hazards is accessing care promptly at a comprehensive care centre or hospital emergency department [1,4,5]. The latter model is however laced with a lack of privacy, long waiting times and triage protocols in emergency wards, prioritising life-threatening conditions thereby compromising the quality of care offered to SA survivors. [6,7]. Comprehensive care of such victims should include medical, psychological, social and legal services [4]. However, only a small number of these survivors can access these services [1,3]. In the United States, about a third of SA survivors received at least one of these services [1, 3, 8]. Even, among those that reported to the police or medical services, majority did not receive comprehensive services [1, 7]. Another drawback of available post-SA services is that most did not focus on services to prevent or treat the physical and psychological consequences of rape [1,3,9]. In developing countries like Nigeria, the proportion of SA survivors who have access to these services is much lower than in the western world [10]. According to a report by the CLEEN foundation, only 28% of rape cases were reported in Nigeria [11]. Consequently, it has been described as “a crime whose victim loves to remain anonymous”

الضائعة. ولتحسين فاعلية هذه الخدمات، هناك حاجة إلى فهم سلسلة الأحداث التي تؤدي إلى تأخر الإبلاغ وضعف امتثال الناجيات لجدول المتابعة. ويعد حشد الموارد المالية الكافية أمرًا ملائمًا أيضًا لتقديم هذه الخدمات بفاعلية.

[11]. On the other hand, some ethnic minorities in society like may not have access to the necessary services [4]. In Nigeria, low quality of services for SA victims has been reported previously [7,9,12].

The establishment of sexual assault referral centres (SARCs) across the US, Canada, Australia, Europe and lately Africa has been found to have a positive effect on the quality of services received to prevent adverse health consequences; and improve legal outcomes [4,5,13]. SARCs, also known as One Stop Centres or Rape Crisis Centres are innovative modes of providing a broad range of services to SA survivors [7,14]. The aim of establishing SARCs is to address the shortcomings in the medicolegal response to recent rape [15]. It helps to mitigate challenges of low reporting of sexual assault, delays in locating a forensic examiner, inappropriate environment for forensic examination, and inconsistency of evidence gathering [4,15]. SARCs also mitigate the absence of medical follow-up and support, lack of coordination between agencies and limited support services for survivors [15]. A major advantage of this model over other models is the provision of an efficient and coordinated full range of services in one setting for forensic medical examination, police investigations, legal counselling, and social and psychological support [7,13]. The services offered at SARCs are thereby more extensive and expensive compared to other models [15].

### Ekiti State Sexual Assault Referral Centre (Moremi Clinic)

Ekiti State, a State in Southwest Nigeria, has a total population of 2,210,157 and a population



density of 350/km<sup>2</sup> [16]. The residents are predominantly indigenous Yoruba population, and the majority practice Christianity. Ekiti State is divided into 16 local Government Areas (LGA); out of which one LGA is urban, 7 are semi-urban and the remaining 8 are rural settlements [16].

Ekiti Sexual Assault Referral Centre also known as Moremi Clinic as a tribute to 'Moremi', a Yoruba heroine who was a survivor of sexual violence during conflict [17], was established in June 2020 as a one-stop, free, survivor-centred facility where prompt and comprehensive response is provided to survivors of sexual assault. The centre offers 24 hours medical services, forensic examination, counselling and psychosocial support, legal services, provision of transit shelter and support for the survivors. Referrals to the clinic are usually from the law enforcement agency, community members, schools, and ministries, while self-referrals are also made.

A detailed history is obtained by the counselor after which a forensic medical examination is conducted. Screening for sexually transmitted infections, prophylaxis and other treatments are administered as indicated. Counselling sessions and psychological assessments are offered appropriately. Referrals to other medical specialities within the hospital are made as indicated. Other services like empowerment and temporary shelter are also offered to survivors whenever it is necessary. A medico-legal report is then issued to law enforcement officers if the survivor opted for prosecution. The legal team then continues to liaise with the law enforcement agency for prosecution and follow up. The forensic examiner also collaborates with the legal team during prosecution by serving as an expert witness in court.

However, some SA survivors who reported at SARC don't benefit from comprehensive care avail-

able at this Centre, thus presenting as missed opportunities for various reasons. Many clients presented late and therefore could not benefit from services like post-exposure prophylaxis for HIV and emergency contraception [14]. Others didn't completely follow up sessions for counselling and psychosocial support [14]. This study aimed to assess the missed opportunities among the clients presenting at Ekiti Sexual Assault Referral Centre, Ado-Ekiti, Nigeria.

## 2. Materials and Methods

Ethical clearance was obtained from the Ethics and Research Committee of the hospital with clearance number EKSUTH/A67/2022/07/008. A descriptive retrospective study involving SA survivors who presented at Moremi clinic between June 23, 2020, and June 22, 2022., was carried out. In this study, a missed opportunity for comprehensive care for sexual assault survivors was defined as any contact with SARC by a survivor who was eligible for one or more services, but did not receive the required service(s).

Data were obtained from the records of the Ekiti Sexual Assault Referral Centre, Ekiti State University Teaching Hospital, Ado-Ekiti and Ekiti State Ministry of Justice, Ado-Ekiti. The data retrieved were prospectively collected at the centre. Data about the type of services accessed by the clients and the details of each of the services were retrieved from SARC records. The Department of Public Prosecution of the Ekiti state Ministry of Justice record was reviewed for data on prosecution and rulings.

Data on age, marital status, occupation, type of perpetrator, prophylaxis and treatment given by the medical team. A delayed report was defined as one issued after more than 3 days after the incident [18]. Information about counselling services, provision of transit shelter and empowerment for the survivors and their families was also



retrieved. Information about reporting prosecution and convictions was obtained from the Ministry of Justice. The anonymity of survivors was ensured during data collection and processing. Data were analysed using Statistical Package for Social Sciences version 25. Continuous variables were summarised with mean and standard deviation while categorical variables were summarised with frequencies and percentages.

### 3. Results

Within the study period, the team responded to 248 SA survivors. All the survivors were females with an age ranging from 6 months to 85 years. The mean age was  $15.84 \pm 9.71$  years. The median interval between SA and reporting at the centre was 72 hours. Delayed reporting was found in 117(47.2%) survivors. A gang rape occurred in 9.9% and only 12.1% of the perpetrators were strangers. Drug-facilitated rape was suspected in 8 (3.2%) survivors. The characteristics of the participants are shown in Table 1. Medical services, psychosocial services, legal services, shelter/relocation, education services and empowerment services were accessed by 174 (70.2%), 248(100%), 248(100%), 22(8.9%), 5(2%) and 45(18.2%) survivors respectively.

#### 3.1 Missed Opportunities for Medical Services

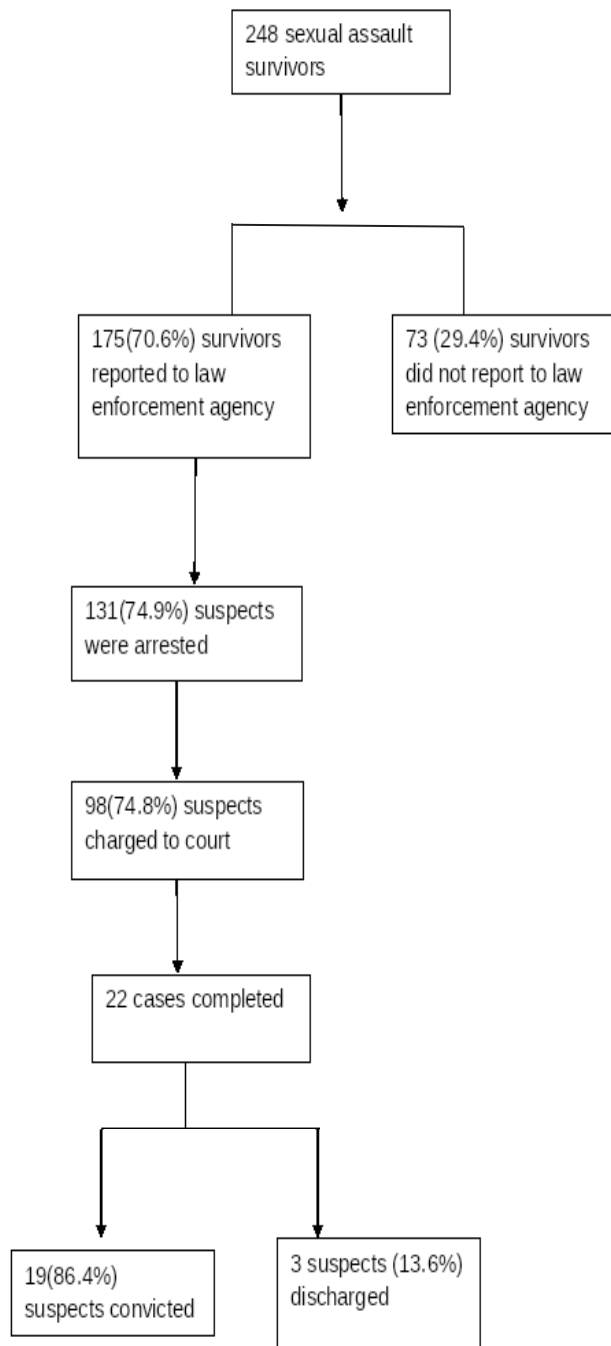
All the 174 survivors who accessed medical care had forensic medical examinations while 156(89.7%) received antibiotics against sexually transmitted infections. Likewise, all the clients were screened for sexually transmitted infections including HIV. Out of 156 survivors who had penetrative-sexual assault, 61 accessed care within 72 hours of the incidence, thereby qualifying for post-exposure prophylaxis (PEP) for HIV. Fifty-seven (36.5%) SA survivors received PEP. PEP

**Table 1 - Characteristics of Sexual Assault Survivors in Ekiti State, Nigeria who reported to Moremi Clinic from 2020-2021**

Characteristics	Frequency (%)
Age less than 10 years	(19)47
years 10-14	(29)72
years 15-19	(32.3)80
years 20-24	(10.5)26
Greater than or equal to 25 years	(9.2)23
Marital Status Single	(91.1)226
Married	(7.7)19
Divorced	(1.2)3
Ethnicity Yoruba	(87.1)216
Igbo	(3.2)8
Hausa	(1.2)3
Others	(8.5)21
Occupation Students	(80.7)200
Civil servants	(1.6)4
Artisans	(4)10
Traders	(6)15
Commercial sex workers	(0.8)2
Unemployed	(6.9)17
Interval before reporting less than 24 hours	(32.2)80
hours 24-72	(20.6)51
Greater than 72 hours	(47.2)117
Relationship with perpetrators Strangers	(12.1)30
Family members	(16.5)41
Neighbours	(26.6)66
Acquaintance	(29.8)74
Intimate partner	(14.9)37
Number of perpetrator(s) 1	(90.3)224
Number of perpetrator(s) 2	(7.7)19
Number of perpetrator(s) 3	(2)5
Compliance with follow up Yes	(29)72
No	(71)176

was contraindicated in 2 (1.3%) survivors because they were already retroviral positive from previous exposures while the third survivor was very ill and couldn't take oral medications. The fourth survivor declined PEP because she thought she was not at risk of contracting HIV. Missed opportunities for PEP occurred in 97 (62.2%) survivors.





**Figure 1 - Pathway to Securing Justice for Survivors**

Out of the 156 survivors of penetrative-sexual assault aged 10 to 49 years, 100 (64.1%) reported at the Centre within 5 days of the incidence and received emergency contraceptive pills. Missed opportunities for emergency contraception occurred in 56 (35.9%) survivors.

### 3. 2 Missed Opportunities for Psychosocial Services

All the SA survivors accessed psychosocial services which involved counselling and psychological support. Out of the 248 clients scheduled for follow-up sessions, only 125 completed their therapy because they did not attend follow-up sessions. Missed opportunities for psychosocial services occurred in 123 (49.6%) survivors.

### 3. 3 Missed Opportunities for Prosecution and Legal Services

All the clients received legal services while 175 (70.6%) pursued legal proceedings (Figure 1). Law enforcement agencies were able to arrest only 80.6% of the suspects in cases reported to law enforcement agencies. Other suspects were not arrested mainly because they flew outside the State to unknown destinations in a bid to evade arrest. During this study period, there were 18 convictions out of the 21 concluded cases. One of the cases was dismissed because the survivor and her parents did not attend any of the court sessions to serve as a witness while there was not sufficient evidence in the remaining two cases.

### 3. 4 Missed Opportunities for Shelter/Relocation

Of all the SA survivors, 23 people required transit shelter and/or relocation which were offered to 22 SA. Only 1 SA survivor couldn't be relocated to a safer environment because her relatives took her away out of reach of the State officials. Therefore, the missed opportunity for shelter/relocation was 4.3%.

### 3. 5 Missed Opportunities for Economic Empowerment

Out of the 78 SA survivors who required economic empowerment, 45(57.7%) people have re-



ceived economic support from the government. The missed opportunity for economic empowerment was 42.3%. Some survivors did not benefit due to a paucity of funds.

### 3. 6 Missed Opportunities for Educational services

It was expedient to change schools for 5 SA survivors which was ensured for all of them. There was no missed opportunity in the provision of educational services.

## 4. Discussion

Missed opportunities in responding to sexual assaults have been identified in all sectors both nationally and internationally [19–21]. It's been recognised as a challenge to the care of SA survivors, mitigating the impact and prevention of this crime [19]. Despite amazing progress in a comprehensive response to sexual assault in Ekiti State, Nigeria, missed opportunities still exist in some sectors. The findings in this work can be extended to the sub-Saharan Africa region because the prevailing norms and values on sexual assault are similar across the region. Also, the allocation of scarce financial resources among competing interests is pervasive in the region.

The missed opportunities for administering PEP to the clients were significantly higher than findings from both Nigerian studies and other countries [20, 22–24]. These missed opportunities for PEP were mainly due to delayed reporting at the centre as only 52.8% reported within 72 hours of the incidence. Similarly, about a third of SA survivors had missed opportunities for emergency contraception due to delayed reporting which was comparable to findings by Gatuguta et al (2018). There were no missed opportunities for both screenings for sexually transmitted infections and provision of antibiotics prophylaxis. This could be related to the fact that

these interventions were not time-dependent. In addition, half of the survivors didn't complete counselling and psychosocial sessions despite various follow-up strategies. Non-compliance with follow-up might be related to prevailing gender norms and values in society.

About a quarter of the suspected perpetrators evaded arrest. This is however commendable as the proportion of arrests made was quite higher than findings from other parts of the world. For example, using the United States National Incident-Based Reporting System (NIBRS) data for large and midsized law enforcement agencies, only 15% of suspected assailants were arrested in 2016 [18]. Factors that were documented to increase the likelihood of arrest of suspects include locating and processing the crime scene, interviews with key witnesses and leads, the seriousness of the crime (i.e. number of assailants and stranger's rape), survivor's cooperation during a medical and forensic examination, availability of forensic evidence and early reporting [18,25]. On the other hand, the lack of credibility of the survivor and the survivor's history of drug use reduces the likelihood of arresting the suspect [25]. In our study population, SA survivors who chose to prosecute were usually advised to undergo medical and forensic examination, for which they complied; and this could have been responsible for the low missed opportunities for arrest in this study population. However, almost half of the survivors reported late. Also, the proportion of gang rape and stranger-perpetrated rape in this study was minimal which could have reduced the possibility of arrests. Therefore, the role of investigating law enforcement officers in this feat cannot be overemphasised [26].

The attrition seen in SA cases from reporting to conviction as depicted in Figure 1 is characteristic of SA crimes [26,27]. Within this study period, most perpetrators got convicted probably due to diligent



forensic medical examinations, investigations, and prosecutions of these cases. The conviction rates of rape vary widely from one country to another. It may be as low as 7% as found in the UK and over 90% of prosecuted cases in the United States [27, 28]. Traditionally, conviction rates of rape cases are abysmally low; with minimal improvements over the years [26,27]. The documented predictors of the judgement are largely the survivor's behaviour and the suspect's previous offences [27,29]. Our findings also support these assertions as two-thirds of the cases dismissed were due to survivors' behaviour.

It's been postulated that social workers should be forerunners in the prevention of SA and addressing the needs of SA survivors [30,31]. This is important because SA survivors will require social services like empowerment, education and shelter as it was done in this centre; and social workers will interact with them in shelters, schools, correctional facilities, mental health centres, and drug and alcohol treatment centres [30,31]. Comprehensive management of social services for SA survivors requires huge financial support and missed opportunities in this sector are attributable to the allocation of scarce resources among competing interests.

## 5. Conclusions

Delayed reporting of SA appears to be a common denominator in these missed opportunities. Poor adherence to care-plan by the service providers also contributed to these missed opportunities. A previous study attributed the gaps of care for SA survivors to delayed reporting and lack of adherence to the treatment plan [20]. It is, therefore, necessary, to understand the cascade of events leading to delayed reporting and poor compliance with follow up associated with SA survivors to reverse this trend. Qualitative studies could help solve this

issue. However, adequate funding will reduce the observed missed opportunities.

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## Conflict of Interest

The authors have no competing interest to declare.

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