Introduction

Childhood Sexual abuse is a global public health problem with greater preponderance among the female than the male. \[1,2\] Female childhood sexual abuse is a form of sexual violence that involves girls under the age of 18 years. \[3\] The prevalence of sexual abuse of girls varies from one region to the other cutting across different culture, religion and social strata of the population. Prada et al. in a study involving 22 countries cutting across different culture, religion and social strata showed an average lifetime risk of sexual violence of 28%. \[4\] In Nigeria, according to Nigeria national survey in Nigeria showed that about 6.6% of girls in the population. Prada et al. in a study involving 22 countries cutting across different culture, religion and social strata showed an average lifetime risk of sexual violence of 28%. \[4\] In Nigeria, the age of consent is 18 years \[9\] and every one below the age of 18 years is considered a child. Although child rape is very devastating and constitutes a significant public health problem globally, it is the least reported form of child abuse. \[11\] Rape in children has severe reproductive health, social and psychological implication for or, in the case of a married woman, by personating her husband, is guilty of an offence which is called rape. Any person who commits the offence of rape is liable to imprisonment for life, with or without caning”. \[10\] To be able to give a valid consent, the individual must have attained the age of consent. The age of consent varies from country to country. An individual who has not reached the age of consent is legally incapable of consenting to sexual intercourse. In Nigeria, the age of consent is 18 years \[9\] and every one below the age of 18 years is considered a child.
the affected child. [9] Female child rape constituted 6.6% of all gynecological emergency in a tertiary hospital in Enugu. [8] In Jos, North central, Nigeria, with prevalence rate of 5.6%; 63.8% of these cases of rape (n=120) were female children under the age of 16 years. [7] In Minna, North central Nigeria, about 90.1% of female victims of sexual abuse were children under the age of 17 years. [2] A study among female out-of-school adolescent in Lagos, south western Nigeria, showed that 14% and 35% of them had been victims of rape and statutory rape respectively. [9] Most of the perpetrator of these child rapes were people known to the victim. They were mostly relations, friends, co-tenant and people living in the same neighborhood. [7,12]

Jewkes et al. reported that perpetrators of non-partner rape including child rape in South Africa were associated with peer related variable such as gang membership, peer pressure to have sex and adverse childhood experience. Perpetrators were found to be wealthier and relatively more socially advantaged men. [13]

The prevalence of child rape in Nigeria may even be higher than what is reported due to under reporting. [3,12,14,15] Either the Child is afraid to tell anyone when sexually abused or in order to avoid stigmatization, the family may wish to keep it secret especially when the perpetrator is a family member. [14,15] Also despite the severe penalty of life imprisonment for rape in Nigeria [9,10], perpetrator are hardly prosecuted [16] and these may discourage victims from reporting.

Rape and other forms of sexual abuse of the girl child have been associated with negative impact on the psychological, sexual and reproductive wellbeing of women. It has been associated with a life time risk of post-traumatic stress disorder, substance abuse, depression, specific phobia, and other medical conditions. [17] Survivors of sexual abuse display dysfunctional behavioral pattern and suicidal ideation later in life. [18,19] Rape of the girl child also exposes the innocent child to the risk of sexual transmitted infection (STI) including HIV. The adolescent ones who have attained puberty are equally at risk of unwanted pregnancy and unsafe abortion. [16]

Rape myths and misconception on the part of the perpetrators may be a driving force encouraging the perpetration of this heinous crime. [20-22] There are some erroneous and unfounded belief among the people that encourage child sexual abuse in some African countries. Reportedly, HIV/AIDS victims in some African countries especially in Tanzania and South Africa believe that having intercourse with a virgin or young girl could cure HIV/AIDS, [23] and this may encourage the perpetration of child rape if unchecked.

Although there are reports on the prevalence of rape and the characteristic of survivors of rape [7,8,24], to the best of our knowledge, there are limited studies on the characteristics of the perpetrators of rape of the girl child in our region hence the need for this study. Understanding the characteristics of perpetrators of rape and their mode of operation could assist in fashioning out strategies toward prevention of rape of the girl child. The information obtained may assist relevant government and non-governmental agencies in Nigeria and other countries within the region in fashioning out polices and program that could reduce the prevalence of rape of the girl child.

The study aimed to determine the characteristics of perpetrators of the rape of the girl child and their mode of operation as reported by the victims and or their parents/guardians at ESUTH.

Methods

Study area

The study was conducted at (ESUTH). ESUTH is a tertiary health institution located in Enugu, a metropolitan city and the capital of Enugu State, South east Nigeria. Enugu State is a mainland state in south eastern Nigeria, with a land area of approximately 8,727.1 square kilometers (3,369.6 sq. mi) located between latitude 60 301 N and longitude 70 301 E. ESUTH provides health services to the people of Enugu State and other neighboring states of Ebonyi, Anambra, Imo, Abia, and some parts of Benue State. It is the only government owned tertiary hospital within the city center offering obstetric services.

Study period

The study was carried out over 18 month’s period from 1st February, 2012 to 31st July, 2013

Study population

The study population included all female survivors of rape below the age of 18 years that presented at the emergency gynecological and/or forensic unit of ESUTH and or their parents/guardians.

Study design

A questionnaire based descriptive study of perpetrators of rape of the girl child as reported by rape survivors and or their parents/guardians.

Data collection

Due to the difficulty in identifying perpetrators of child rape in our society and obtaining their informed consent, an indirect approach was adopted. All female survivor of rape below the age of 18 years that presented at the emergency gynecological and/or forensic unit of ESUTH and or their parents/guardians were interviewed using a structured questionnaire developed for the study. Everyone under the age of 18 years as contained in the convention on the right of the child [25,26] was considered a child. They were counseled and the child’s assent and the parent/ guardian’s informed consent were obtained from each participants. Only rape survivors who knew the perpetrators themselves or that their parents know the perpetrator were included in the study.

Using interviewer administered questionnaire, relevant information was gathered. These included the age of the perpetrator, level of education, their occupation, their relationship to the survivor, time of the day, the place the rape occurred and the type of intimidation used. For the purpose of the study, neighbor was defined as someone who lived in the neighborhood of the rape survivors, whereas acquaintance was defined as a man whom the survivor had met before but did not know well.
Data analysis

Data were entered and analyzed using Epi Info statistical software version 7, Centre for disease and control (CDC). Frequency tables were generated for relevant variables. Statistical comparison was done using Pearson Chi square test or Fisher exact test as appropriate. A p value 0.05 was considered statistically significant.

The study has some limitations. Using the rape survivor and or their parent and guardian’s response instead of the perpetrators of the crime to determine the characteristic of perpetrator of rape is a limitation of the study. Also, the study was a hospital based study and may not reflect the true picture in the general society. Not all rape cases report in the hospital. Thirdly, the small sample size used in the study is another limitation of the study. Future study using a larger sample size, preferably involving actual perpetrator of the crime is recommended.

Ethical consent

Ethical approval to conduct the study was obtained from the hospital Ethics committee.

Results

There were a total of 90 female child survivors of rape that reported within the study period. In about 82.2% (n=74), the victims and or their parents/guardians knew the perpetrators of the rape and these formed the basis for analysis. The remaining 17.8% (n=16) were excluded as they did not meet the inclusion criteria for the study.

The mean age of the perpetrators of child rape was 29.6±11.0 years (range 17-65 years) approximately three time the mean age of the rape survivors. The mean age of the survivor of rape was 9.4±4.5 years (range 2-17 years). There was a statistically significant difference between the mean age of the victims and the perpetrators (9.4±4.5 v 29.6 ±11.0 years; p <0.01, t=14.6, df =146). Majority (60.8%, n= 45/74) of the perpetrators were below the age of 30 years and single (n=50/74, 67%). Notably, there was no reported case of same-sex rape as all the perpetrators were male [Table 1].

The highest level of education attained by majority of the perpetrators was secondary education (48.6%). Majority of the perpetrators were artisans (35%, n=26/74), students (16.1%, n= 12/74) and civil servants (15.3%, n= 10/74) [Table 2].

Majority of the perpetrators of child rape (70.3%, n= 52/74) were their victim’s neighbor, step brother (10.8%, n= 8/74) and acquaintance (6.8%, n= 5/74). In about one third of perpetrators (33.8%, n= 25/74), the victim of rape was of pre-adolescent age (2-9 years) while the in the remaining 66.2% (n= 49/74), the victim was of adolescent age (10-17 years).

Comparing the characteristics of perpetrators of rape in the pre-adolescent and the adolescent group, there was no statistically significant difference in the age, marital status and the educational level between the two groups. However, the type of intimidation used differ significantly between the two groups. While force or threat was used more in the adolescent group (44.9%, n= 22/49), victim’s condition of vulnerability was used in the pre-adolescents girls [Table 3].

Majority of the rape occurred during the day time and in the perpetrator’s and the victim’s residences in both groups. While almost all the rape among the pre-adolescent group occurred in the victim’s/ perpetrators residence (96%), only about 40.8% occurred in victim’s/ perpetrators residence in the adolescent group (p< 001) [Table 4].

Discussion

The study revealed that all the perpetrators of child rape at
ESUTH were male, much older than their female victims. The mean age of the perpetrator was almost three times that of their victims. This is similar to that reported in Awka, South east Nigeria where the mean age of the perpetrator was 28.3 years compared to 7.2 years for the victims. Several authors have reported that majority of perpetrators of child sexual abuse in Nigeria were adults. Similarly, reports from many African countries such as Kenya, Tanzania and South Africa indicates that perpetrators of child rape were much older than their victims. The age difference between the perpetrators and their victims suggest a power imbalance making it easier for the perpetrator to lure the child into sex.

Most of the perpetrators of child rape from the study were adult males of different age, and occasionally may involve the father of the child, step father and uncle. Cox et al. reported that 21% of the perpetrators of child rape in South Africa were family members with the father, uncle and other family members contributing 7%, 4% and 13% respectively. When sexual offenders have prior relationship with the victim e.g. a neighbor, or a relative, it makes it easier for the unsuspecting girl to trust and obey them. Because of the trust, it becomes easier for the perpetrator who is usually much older to lure her to his area of control in order to accomplish his premeditated act. Unfortunately, some of these girls may not have the boldness to report the incidence as they might have been instructed otherwise or threatened against disclosure by the perpetrator. Some of the children may even end up being repeatedly abused.

The highest level of education attained by majority of the perpetrators was secondary education. They were mainly artisans and students. This is similar to report from Awka showing that majority of the perpetrator were unskilled laborers and petty trader. Generally, rape myths, misconception and wrong belief tend to be more prevalent among the less educated. Counter information against rape myth and education has been documented to promote positive attitudinal change necessary for prevention of child rape.

Most of the rape cases occurred at the perpetrators or the victim’s residence. This is similar to reports from other centers in Nigeria. Leclerc et al. reported that the crime location is relevant in understanding the strategies adopted by sex offender. They reported that offenders that rape victims in their residence or victim’s residence are less likely to use force or coercive method. Their report tends to agree with our study findings that showed that for the pre-adolescent group, virtually all the rape occurred in the perpetrators and victim’s residence and force or threat were never used by the perpetrator rather they capitalized on their victim’s condition of vulnerability. However, in the adolescent group, where a significantly higher number of rape occurred outside the perpetrators/victim residence, there were reported cases of use of force.

Comparison of the perpetrators of rape of the preadolescent versus adolescent group showed that there was no significant difference in the age, marital status or level of education. However, the form of intimidation used among the preadolescent girls was their condition of vulnerability. The girls were too young to make an informed decision to have sex. They can easily be lured into sexual act as they lacked the capacity to make an informed decision. However, there were few incidences of use of force or threat in the adolescent group.

**Conclusion**

Most perpetrators of child rape were adults of different age, from different works of life, living within their victim’s
neighborhood and occasionally involving family members. No child seem to be total free from the risk of being sexually abused, as the perpetrator could be a trusted neighbor, a family friend or even family members. The existing relationship between the perpetrators and the victims could make early discovery difficult and may predispose the child to repeated sexual abuse. Creating the awareness that child rape is not uncommon in our environment and that perpetrators are usually adults who ordinarily should protect the girl child becomes very important in combating this crime. Also, effort must be made to identify perpetrators of child rape and ensure that they are severely punished to serve as deterrent to others.

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Declaration of conflict of interest

We have no conflict of interest to declare.

References