

## Prevalence, Causes and Consequences of Raping Epidemic among Women Fork in Kwara State as Perceived by Law Enforcement Stakeholders

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### **Abstract**

*The study investigated the Prevalence, Causes and Consequences of Raping Epidemic among Women Fork in Kwara State as Perceived by Law Enforcement Stakeholders. Three hypotheses guided the study. A descriptive survey design method was used for this study. A structured questionnaire titled Prevalence, Causes and consequences of Rape Questionnaire (PCCRQ) was adopted for data collection. The validity and reliability of the instrument was carried out and results show 0.76. The total population for this study is 417,043 Law Enforcement Stakeholders which consist of (Police 371,800, NAPTIP, 243 and NSCDC 45,000 personnel). Multi stage sampling procedures was used to select the samples for the study. First, purposive sampling technique was used to select the respondents who are critical stakeholders (POLICE, NAPTIF, NSCDC) who fought against rape while random sampling technique was use to select 314 respondents(POLICE, NAPTIP and NSCDC officers) from three Local Government Areas across the three geopolitical zone of the State (Ilorin East, Ifelodun and Edu). The data were analysed using ANOVA statistical tools to test significant difference in the hypotheses. Results in  $HO_1$  showed that there is significant difference among the opinions of law enforcement stakeholders (NSCDC, NAPTIP, POLICE) as regard prevalence of raping epidemic among women fork in Kwara State  $p .000 < 0.005 = f$  cal.  $32.367 > f$  crit.  $2.60$ . The  $HO_2$  and  $3$  indicated that there is no significant difference in the opinion of law enforcement stakeholders on the causes and consequences of raping epidemic*

*among women fork in Kwara State with  $p .0632 > 0.005 = f \text{ cal. } 0.460 < f \text{ crit. } 2.60$  and  $(p .1760 > .005 = f \text{ cal. } 1.744 < f \text{ crit. } 2.60$  respectively. Based on the findings, the study recommended that Law Enforcement Stakeholders should adopt the use of central data system in recording rape cases in Kwara State. This would help NSCDC, NAPTIP, POLICE to be precise and speak with one voice as to the prevalence of rape cases in Kwara State.*

**Keywords:** Causes, Consequences, Prevalence, Rape, Counselling.

## Introduction

Since the beginning of the creation, women have been the fabric of human existence. Yet, unfortunately, Worldwide, women have been subjected to endured different forms of abuse such as emotional and psychological trauma through harassment, terror and threats, intimidation, humiliation, degradation, physical exploitation, injury, maiming and, especially sexual violence with chronic psychological and health consequences even death (UNIFEM, 2010; Yakasai, 2017). Female sexual violence is a worrisome gender-based violence as well as a public health and human rights problem recognized worldwide. Rape which is the extreme version of sexual violence is not a medical diagnosis. It is a legal terminology reserved for cases of penile penetration of the victim's vagina, mouth, or anus without consent (Home Office 2004). Other types of sexual assault include forced or coerced vaginal or anal penetration by any other body parts or object; breast or genitalia fondling; or being forced or coerced to touch another person's genitalia (Chiazor, Ozoya, Udume, & Egharevba, 2016). Rape is forceful carnal knowledge of girls or adult women in the absence of their consent. Rape is defined in most jurisdictions as sexual intercourse, or other forms of sexual penetration, committed by a perpetrator against a victim without their consent (Smith, 2004). Rape cases existing generally everywhere and widespread like a wildfire burning across the states of the federation. That is, rape as to do with force sexual intercourse is often associated with immediate and long term harmful physical, reproductive, psychological and mental consequences, as well as negative impacts on women's health including chronic pelvic pain and HIV infection. With this, their human rights have been violated often on a daily basis. (Anzaku, Yohanna, Ogbu, & Utoo, 2018). That is, sexual assault is a severely traumatic experience that disproportionately affects women, ladies and even little girls (Ezechi, Musa, David, Wapmuk, Gbajabiamila, Idigbe, Ezeobi, Ohihoin, & Ujah, 2016).

Africa has the highest prevalence rate of child sexual abuse around 34.4 per cent. Findings from a National Survey carried out in 2014 on Violence Against Children in Nigeria confirmed one in four females reported experiencing sexual violence in childhood with approximately 70% reporting more than one incident of sexual violence. In the same study, it was found that 24.8% of females' ages 18 to 24 years experienced sexual abuse prior to age 18 of which 5.0% sought help, with only 3.5% receiving any services (<https://warifng.org/rape-stats-in-nigeria/>)

In the series of studies carried out by researchers in Kunnuji and Esiet, (2015) documented the incidences of sexual abuse among women in Nigeria revealed thus; a study in North-Central Nigeria shows that the victims of sexual abuse in all of the cases studied are girls and the perpetrators are mostly men in real occasion women also involve . The study further shows that about 99% of the cases involving children abuse were cases of rape. A similar study of hospital statistics in a state in South-West Nigeria shows that sexual assault cases account for two percent of female consultations outside obstetrics and those affected the most are adolescents (Adeleke, Olowookere, Hassan, Komolafe, Asekun-Olarinmoye,

2012). Another study shows that 15% of secondary school girls and apprentices in the city of Ibadan, South-West Nigeria, had experienced rape (Ajuwon, 2005). In another study, about nine percent of female respondents in a study had suffered at least one form of sexual abuse in the last five years preceding the study and about nineteen percent of them were raped (Alemika, & Chukwuna, 2005). According to a survey that cuts across four states in southern and northern Nigeria, about four percent of students at the basic level (i.e. first nine years of formal education) had experienced at least one form of sexual violence (UNICEF, & FME, 2007). Other study indicates about 18% of the participants reported that they were raped at their first sexual encounters (Kullima, Kawuwa, Audu, Mairiga, Bukar, 2010). A recent study also reveals that 70% of hawkers in a study in a South-eastern state in Nigeria had experienced at least one form of sexual abuse while hawking. About 28% of the hawkers who had experienced sexual intercourse reported that they had suffered rape while 56% of them had suffered statutory rape at the time of the study (Kunnuji & Esiet, 2015).

To buttress the above studies Premium Times (15 June 2020) reported that Nigerian police recorded 717 rape cases between January and May, 2020, an official said on Monday. The Inspector-General of Police, Mohammed Adamu, said this to Aso Rock Correspondents after meeting with President Muhammadu Buhari at the State House in Abuja. Mr. Adamu said 799 suspects have so far been arrested while 631 cases have been conclusively investigated and charged to court. Mr. Adamu said 52 cases are still being investigated. Some of the causal factors underlying astronomical rate of the rape epidemic in Nigeria at the present at any rate, experts, in considering the unabated nature of these rape cases in Nigeria advance the following causes for the unfortunate reality, peer group pressure/influence, myths about sex, exposure to modernity, influence of indecent dressing, the nature of adolescent, rape and stigmatization, mishandling of rape cases and rape poor parental upbringing, the problem of under-reportage of rape cases, poverty and economic factor, declining moral values and the Nigerian constitution just to mention but few (Chiazor, Ozoya, Udume, & Egharevba, 2016).

Rape can be categorized in different ways, according to the situation it occurs or by identity or characteristic of the victim or the characteristic of the perpetrator. The classified rape according to Yakasai, (2017); Alao, (2018) and Chiazor, Ozoya, Udume & Egharevba (2016) includes: exchange rape, punitive or corrective rape, theft rape, ceremonial/traditional rape, rape by deception, war rape, stranger rape, anger or retaliatory rape, power rape, sadistic rape, date rape, gang rape, statutory rape, acquaintance rape, marital rape, incestual rape, child rape / abuse, and prison rape.

On the effects, sexual violence and coercion for women are grievous crimes capable of creating everlasting scar to victim's life such as physical, psychological and physiological health effects. Physical effects: sexually transmitted infections (STI) i.e. HIV/AIDS, unwanted pregnancy, body injury like fracture, vaginal injuries, physical harms arising from abortion of unintended pregnancy, vaginal pain, loss of virginity, vaginal expansion, traumatic fistulae and death.

On psychological health effects: post-traumatic stress disorder (PTSD), depression, low self-esteem, fear of having sex, shame, hatred for men, anger, unhappiness, self – stigma, lack of self-confidence, suicidal ideation, nightmares, hallucination, psycho-somatic disorder and others. Social health effects: stigmatization, isolation, poor social relationship, lack of trust for men, withdrawal from social activities, infanticide of a child born of rape. Anti-social

tendencies: broken home or relationship, rejection by friends and family, alcohol and drug abuse and murder during or after rape (World Health Organization, 2012; Oshiname, Ogunwale, & Ajuwon, 2013).

On physiological health effect: gynecological trauma, unintended pregnancy, unsafe abortion, sexual dysfunction, sexually transmitted infections including HIV, traumatic fistulae; psychological health: depression, post-traumatic stress disorder, anxiety, sleep difficulties, somatic complaints, suicidal behaviour, panic disorder; Behavioural disorder: High-risk behaviour (e.g. unprotected sexual intercourse, early consensual sexual initiation, multiple partners, alcohol and drug abuse, future sexual dysfunction) and Fatal outcomes: Death from: suicide, pregnancy complications, unsafe abortion, AIDS, murder during rape, infanticide of a child born of rape (WHO, 2012)

### **Statement of the Problem**

It was observed that widespread of rape in Kwara state as well in Nigeria has taking a fearful dimension. Where the perpetrators did not spare little girl child and older women, the victims were left behind with traumatization, psychological, emotional, and social stigmatization. Some of the victims even loss their lives. According to UNICEF, six out of ten children in Nigeria experience emotional, physical or sexual abuse before the age of 18, with half experiencing physical violence while the prevalence of sex violence in Kwara State is 32.4% (UNICEF, 2015; Lasisi, & Ozurumba, 2021). However, some victims even face violence or threats from the rapist, while in some cultures the victim, her family and relatives may still face with molestation and ridiculing due to the social stigmatization. It is undoubtable fact that majority of the raped victims usually develop posttraumatic stress disorder and sustain serious degree of injuries to include: Unwanted pregnancy, Gynecological disorders, Reproductive disorders, Sexual disorders, Infertility, Pelvic inflammatory disease, Pregnancy complications, Miscarriage, Sexual dysfunction, Acquiring sexually transmitted infections , including HIV/ AIDS, Mortality from injuries, Increased risk of suicide, Depression, Chronic pain, Psychosomatic disorders, Unsafe abortion, Unwanted pregnancy and many more. It observed that despite the fact that many victims of this ugly trend in Kwara or anywhere else, were not reported the cases to appropriate law enforcement agencies, only little number reported the cases to appropriate law enforcement agencies. Only 28 (22.2%) had disclosed the sexual violence in Kwara state. Some denied justice while many languished in physical, psychological and emotional trauma silently. Since their more female adolescents experienced sexual violence than their male counterparts in kwara state. It was against this background that this study investigates prevalence, causes and consequences of rape epidemic among women folks in Kwara State as Perceived by Law Enforcement Stakeholders: Counselling Approach.

### **Objectives of the Study**

1. Find out prevalence of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders.
2. Investigate causes of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders.
3. Examine the consequences of raping epidemic among women folk in Kwara State as Perceived by Law Enforcement Stakeholders.

### Research Hypotheses

- H<sub>01</sub> There is no significant difference in the prevalence of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders
- H<sub>02</sub> There is no significant difference in the causes of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders
- H<sub>03</sub> There is no significant difference in the consequences of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders

### Methodology

A survey design was adopted for this study. A structured questionnaire developed by the researchers titled Prevalence, Causes and Consequences of Rape Questionnaire (PCCRQ) was adopted for data collection on the opinion of the POLICE, National Agency for the Prohibition of Trafficking in Persons (NAPTIP) and Nigeria Security and Civil Defense Corps (NSCDC) who were to be among law enforcement agencies against raping epidemic in the society. The validity and reliability of the instrument was carried out and results show 0.76. The total population for this study is 417,043 Law Enforcement Stakeholders which consist of (Police 371,800, NAPTIP, 243 and NSCDC 45,000 personnel). Multi stage sampling procedures were used to select the respondents. First, purposive sampling technique was used to select the respondents who are critical stakeholders fighting against rape (POLICE, NAPTIP, NSCDC) while simple random sampling procedure was used to select 314 law enforcement personnel from three Local Government Areas at list one from the three Geopolitical Zones in the State (Kwara Central, Kwara South and Kwara North) of Kwara State i.e. Ilorin East, Ifelodun and Edu L.G.As of Kwara State respectively as respondents for the study. Analysis of covariance (ANOVA) statistical tool was used to test the hypotheses.

### Results

**Null Hypothesis 1:** There is no significant difference in the prevalence of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders.

Table 1: summary of Analysis of variance (ANOVA) on in the prevalence of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	35.068	2	17.534	32.367	.000
Within Groups	168.474	311	.542		
Total	203.541	313			

*Significant at  $p .000 < 0.005 = f \text{ cal. } 32.367 > f \text{ crit. } 2.60$*

Table 1 shows that the calculated p value of 0.000 was found to be lower than the 0.05 alpha level of significance. In the same vein, calculated F value of 32.367 was found to be higher than the critical value of 2.60. The null hypothesis is rejected. This indicates that there is significant difference in the law enforcement stakeholders' response. Hence, it can be inferred that there is significant difference among law enforcement stakeholders (NSCDC,

NAPTIP, POLICE) as regard prevalence of raping epidemic among women fork in Kwara State.

**Table 2:** Show the Post Hoc Tests of  $H_{01}$  with Homogeneous Subsets of Scheffe

LAW ENFORCEMENT AGENTS	N	Subset for alpha = 0.05	
		1	2
NAPTIP	69	1.7101	
NSCDC	119	1.7983	
POLICE	126		2.4444
Sig.		.706	1.000

Table 2: Shows significant difference between the responses of the POLICE with means of 2.444 and other law enforcement agencies like NSCDC with 1.7983 and NAPTIP with 1.7101 means respectively. At sig. level of 1.00. this indicates that the response of POLICE is significantly difference with highest means of 2.444, from the other two agencies of NSCDC with 1.7083 and NAPTIP with 1.7101 respectively.

**Null Hypothesis 2:** There is no significant difference in the causes of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders.

**Table 3:** summary of Analysis of variance (ANOVA) on in the causes of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.600	2	.300	.460	.632
Within Groups	202.942	311	.653		
Total	203.541	313			

*Significant at  $p .0632 < 0.005 = f cal. .460 < f crit. 2.60$*

Table 3 shows that the calculated p value of .632 was found to be greater than the 0.05 alpha level of significance. In the same vein, calculated F value of .460 was found to be lower than the Critical value of 2.60. This indicated no significant differences in the law enforcement stakeholders' response. Therefore, the  $H_{02}$  which says there is no significant difference in causes of raping epidemic among women fork in Kwara State as perceived by Law Enforcement Stakeholders is accepted. Hence, it can be inferred that there is no significant difference among law enforcement stakeholders (NSCDC, NAPTIP, POLICE) on the causes of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders.

**Hypothesis 3:** There is no significant difference in the consequences of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders.

**Table 4:** summary of Analysis of variance (ANOVA) on consequences of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders.

	Sum of Squares	Df	Mean Square	F	Sig. (p)
Between Groups	2.258	2	1.129	1.744	.176
Within Groups	201.283	311	.647		
Total	203.541	313			

*Significant at  $p .1760 > .005 = f cal. 1.744 < f crit. 2.60$*

Table 4 shows that the calculated p value of 0.176 was found to be greater than the 0.05 alpha level of significance. Similarly, calculated F value of 1.744 was found to be lower than the critical value of 2.6000. This indicates that there is no significant difference in consequences of raping epidemic among women fork in Kwara State as perceived by Law Enforcement Stakeholders. Therefore, the  $H_{03}$  which says there is no significant difference in consequences of raping epidemic among women fork in Kwara State as perceived by Law Enforcement Stakeholders is accepted. Hence, it can be inferred that there is no significant difference among law enforcement stakeholders' responses about consequences of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders.

### Discussion of Findings

The study found that there is significant difference among the opinion of law enforcement stakeholders (NSCDC, NAPTIP, POLICE) as regard prevalence of raping epidemic among women fork in Kwara State. This finding agreed with Ajuwon (2005) study shows that 15% of secondary school girls and apprentices in the city of Ibadan, South-West Nigeria, had experienced rape. Alemika, & Chukwuna (2005) found that about nine percent of female respondents in a study had suffered at least one form of sexual abuse in the last five years preceding the study and about nineteen percent of them were raped. UNICEF, & FME (2007) survey showed that rape cases cuts across four states in southern and northern Nigeria, about four percent of students at the basic level (i.e. first nine years of formal education) had experienced at least one form of sexual violence. Kullima, Kawuwa, Audu, Mairiga and Bukar (2010) study indicated that about 18% of the participants reported that they were raped at their first sexual encounters. Kunnuji & Esiet, (2015) study found that 70% of hawkers in a study in a South-eastern state in Nigeria had experienced at least one form of sexual abuse while hawking. About 28% of the hawkers who had experienced sexual intercourse reported that they had suffered rape while 56% of them had suffered statutory rape at the time of the study.

The study discovered that there is no significant difference among the opinion of law enforcement stakeholders (NSCDC, NAPTIP, POLICE) on the causes of raping epidemic among women fork in Kwara State as Perceived by Law Enforcement Stakeholders. Finding was correlated with (Chiazor, Ozoya, Udume & Egharevba (2016) that causes of rape in Nigeria are the unfortunate reality, peer group pressure/influence, myths about sex, exposure to modernity, influence of indecent dressing, the nature of adolescent, rape and stigmatization, mishandling of rape cases and rape poor parental upbringing, the problem of

under-reportage of rape cases, poverty and economic factor, declining moral values and the Nigerian constitution just to mention but few.

The finding showed that there is no significant difference among the opinion of law enforcement stakeholders' responses (NSCDC, NAPTIP, POLICE) about consequences of raping epidemic among women fork in Kwara State. This finding was in-line with World Health Organization, 2012; Oshiname, Ogunwale, & Ajuwon (2013) that psychological health effects such as post-traumatic stress disorder (PTSD), depression, low self-esteem, fear of having sex, shame, hatred for men, anger, unhappiness, self-stigma, lack of self-confidence, suicidal ideation, nightmares, hallucination, psycho-somatic disorder. Social health consequences of rape include stigmatization, isolation, poor social relationship, lack of trust for men, withdrawal from social activities, and infanticide of a child born of rape. Anti-social consequences of rape are broken home or relationship, rejection by friends and family, alcohol and drug abuse and murder during or after rape. Physiological health consequences of rape include gynecological trauma, unintended pregnancy, unsafe abortion, sexual dysfunction, sexually transmitted infections including HIV, traumatic fistulae; Behavioural disorder consequences of rape include high-risk behaviour (e.g. unprotected sexual intercourse, early consensual sexual initiation, multiple partners, alcohol and drug abuse, future sexual dysfunction) and Fatal consequences of rape were death from: suicide, pregnancy complications, unsafe abortion, AIDS, murder during rape or for 'honour',

### **Conclusion**

Based on the findings, the study concluded that there is significant difference among the opinion of law enforcement stakeholders (NSCDC, NAPTIP, POLICE) as regard prevalence of raping epidemic among women fork in Kwara State. The study also concluded that there is no significant difference among the opinion of law enforcement stakeholders (NSCDC, NAPTIP, POLICE) on the causes and consequences of raping epidemic among women fork in Kwara State

### **Recommendations**

Based on the findings, the study recommended that:

1. Law Enforcement Stakeholders should adopt the use of central data system in recording rape cases in Kwara State. This would help NSCDC, NAPTIP, POLICE to be precise and speak with one voice as to the prevalence of rape cases in Kwara State.
2. Law Enforcement stakeholders should improve synergies among each other to prevent some of the causal factors of raping epidemic among women fork in Kwara State.
3. NSCDC, NAPTIP, POLICE should recruit more guidance counsellors to be in charge of raping epidemic cases. This would serve as a pro-active measure in curbing the consequences that may come up as a result of traumatic experience rape victim and develops post-traumatic coping skills death which could reduce or prevent fatal consequences like suicide, abortion and death.

## References

- Adeleke, N. A., Olowookere, A. S., Hassan, M. B., Komolafe J.O., Asekun-Olarinmoye, E. O. (2012). Sexual assault against women at Osogbo southwestern Nigeria. *Nigerian Journal of Clinical Practice*, 15:190-193
- Ajuwon, A. J. (2005). Attitudes, norms and experience of sexual coercion among young people in Ibadan, Nigeria. In Jejeeboy S. J., Shah, I. and Thapa, S. (eds) *Sex without consent: Young people in developing countries*. New York: Zed Books Ltd; 96 p.
- Alao, O. J. (2018). An examination of impact of rape on the victim and the socio-development of Nigeria. *Afro Asian Journal of Social Sciences*, 4 (3): ISSN: 2229 – 5313
- Alemika, E. O., Chukwuna, I. C. (2005). *Criminal victimization and fear of crime in Lagos metropolis, Nigeria*. Lagos: Cleen Foundation Monograph Series. 32 p
- American Academy of Pediatrics (2001). Care of the adolescent sexual assault victim. *Pediatrics*, 107:1476–1478.
- Anzaku, S. A., Yohanna S, Ogbu, G. I., & Utoo, B. T. (2018). Burden, pattern and effects of Rape among women accessing Maternal and Child Health Services in Jos, Nigeria. *Gynecol Reprod Health*, 2(4): 1-5.
- Chiazor, I. A., Ozoya, M. I., Udume, M. & Egharevba, M. E. (2016). Taming the Rape Scourge in Nigeria: Issues and Actions. *Gender & Behaviour*, 14 (3), 2016, 7764-7785
- Ezechi, O. C., Musa, Z. A., David, A. N., Wapmuk, A. E., Gbajabiamila, T. A., Idigbe, I. E., Ezeobi, P. M., Ohihoin, A. G., & Ujah, I. A. O. (2016). Trends and patterns of sexual assaults in Lagos south-western Nigeria. *Pan African Medical Journal*. 24:261. doi:10.11604/pamj.2016.24.261.9172.
- Harter, P. (2011). BBC news- Libya rape victims face honour killings. BBC News.
- Home Office (2004). Guidance on Part 1 of the Sexual Offences Act 2003. *Home Office Circular, 021s.75(2)*. <https://www.gov.uk/government/publications/guidance-on-part-1-of-the-sexual-offences-act-2003>
- Kilpatrick, D. G., Ruggiero, K. J., Acierno, R. E., Saunders, B. E., Resnick, H. S., & Best, C. L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *J Consult Clin Psychol* 71:697–703.
- Kullima, A. A., Kawuwa, M. B., Audu, B.M., Mairiga, A.G., & Bukar, M. (2010). Sexual Assault against female Nigerian students. *African Journal of Reproductive Health*, 14(3):189-93.

- Kunnuji, M. O. N. & Esiet, A. (2015). Prevalence and Correlates of Sexual abuse among Female Out-of-School Adolescents in Iwaya Community, Lagos State, Nigeria. *African Journal of Reproductive Health March*, 19 (1): 83
- Lasisi, A. K. & Ozurumba, N. (2021). Prevalence and patterns of sexual violence among Nigerian adolescents in North-Central Geo-Political Zone. *World Journal of Innovative Research (WJIR)*, 10 (3), 23-27, ISSN: 2454-8236
- Oshiname, F. O., Ogunwale, A. O., & Ajuwon, A. J. (2013). Knowledge and perceptions of date rape among female undergraduates of a Nigerian university. *African Journal of Reproductive Health September*, 17(3): 148
- Premium Times (15 June 2020). *Nigeria Records 717 Rape Cases in Five Months – Official*. Retrieved from: <https://allafrica.com/stories/202006150851.html>
- Retrieved June, 2020 from: <https://warifng.org/rape-stats-in-nigeria/>
- UNIFEM (2010). Ending Violence against Women and Girls: Literature Review and Annotated Bibliography.
- United Nations Children Fund (UNICEF) & Federal Ministry of Education (FME) (2007). *Assessment of violence against children at the basic education in Nigeria*. Abuja: UNICEF & Federal Ministry of Education. 10 p.
- W.H.O (2012). Understanding and addressing violence against women. Retrieved from: [https://www.who.int/about/licensing/copyright\\_form/en/index.html](https://www.who.int/about/licensing/copyright_form/en/index.html)
- World Health Organization (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. *World Health Organisation*. From: <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/> (accessed 5/10/2013)
- Yakasai, U. M. (2017). Rape: A Silent Weapon on Girls/Women and a Devastating Factor on their Education. *International Journal of Education and Evaluation*, 3 (9): 85-96. ISSN 2489-0073. From: [www.iiardpub.org](http://www.iiardpub.org)
- Zee News (2011). *Rape victims threatened to withdraw case in up*. Retrieved 2020-06-03 from: [Zeenews.India.com](http://Zeenews.India.com)