

Psychological Impacts of Rape on Victims as Perceived by Healthcare Professional in Public Health Facilities in Kwara State, Nigeria

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Abstract

Rape is a form of sexual assault involving non-consensual sexual penetration. It predisposes victims to severe health risks and psychological distress. This study examined the psychological effects of rape on victims as perceived by healthcare professionals in public health facilities in Kwara State. The objectives were to assess phobia, depression and suicidal attempts as psychological impacts of rape on victims as perceived by healthcare professionals in government hospitals in Kwara State. A descriptive survey design was employed. The population comprised 5,136 healthcare professionals in public health facilities. A total number of 378 participants were selected for the study, using a multi-stage sampling procedure that involves stratified, simple random, purposive, proportionate and convenience sampling techniques. Data were collected through a validated questionnaire, yielding a reliability coefficient of 0.75 using split-half method with Cronbach's alpha. The research questions were answered using descriptive statistics of frequency and percentage. The findings of the study were that phobia, depression, and suicidal attempts as psychological impact of rape on victims as perceived by healthcare professionals in government hospitals in Kwara State. The study concludes that rape victims commonly exhibit severe psychological and behavioural responses. The study recommends that healthcare professionals should intensify effort in areas such as phobia, depression and suicidal attempt among rape victims by equipping themselves with technical knowledge to help victims overcome their challenges.

Keywords: Psychological Effect, Rape Victim, Professional Healthcare, Professional Perception, Public Healthcare Facility, Kwara State

Introduction

One of the main phenomena that put victims at risk for dangerous health issues and other unpleasant experiences is rape, which is a type of assault which involves forceful sexual intercourse with a person without the person's consent. The term rape originates from the Latin word “rapere” which means to seize or to carry away by force. The word was originally used in English during the 14th century with the same meaning as the Latin term. However, overtime, the definition evolved to refer specifically to sexual assault or coerced sexual activity without consent. The modern understanding of rape as a crime against the person emerged during the 18th and 19th centuries coinciding with a broader movement for women’s right and legal reforms addressing sexual violence (WHO, 2024).

Rape can be defined in a variety of ways, including sociological, psychological, physical, and even legal aspects of various nations (Lawrence & Van Rensburg, 2016). Acts of sexual violence may involve physical force, intimidation, abuse of authority, or targeting individuals who cannot provide valid consentsuch as those who are asleep, affected by mental impairment, or below the legal age of consent. The term *rape* is sometimes used interchangeably with *sexual assault* or *sexual violence*. Those who commit such acts are referred to as *rapists* or *assailants*, while individuals subjected to them are described as *victims of rape* or *rape survivors*.

Rape is a global health issue affecting millions of people annually with women and girls being disproportionately targeted (Ogunwale et al., 2019).Recent data highlight the widespread prevalence of rape across different regions, though rates vary significantly due to differences in reporting practices, legal definitions, and cultural contexts. For instance, Brazil recorded over 81,000 reported cases in 2023, reflecting one of the highest absolute numbers globally (World Population Review, 2025). In Europe, France reported 41,652 cases in 2023, with a rate of 62.7 per 100,000 people, while Sweden had one of the highest per capita rates worldwide at 84.4 per 100,000 (World Population Review, 2025).

In contrast, some countries report very low incidence rates. The United Arab Emirates (UAE) documented only 0.58 cases per 100,000 people in 2025, one of the lowest globally (World Population Review, 2025). However, experts caution that such figures may reflect underreporting rather than actual prevalence. The United Kingdom stands out with one of the highest reported rates among major countries, at 109 per 100,000 in 2025 (World Population Review, 2025). Meanwhile, Mexico (19 per 100,000) and Pakistan (2.37 per 100,000) show

comparatively lower rates, though again, underreporting is a major concern (World Population Review, 2025).

Beyond national statistics, organizations such as UNICEF emphasize the disproportionate impact on children. UNICEF (2024) estimates that every 10 minutes, a girl somewhere in the world experiences rape or sexual assault during childhood, underscoring the hidden scale of the problem. Characterization of rape are those features exhibited by rape victims which has become a thing of concern to the health care professionals which may include; phobia, depression, suicidal attempt and escapism to mention a few. Gold and Anderson (2018) stated that it is possible for a person to develop a phobia related to sexual assault as a result of a traumatic experience which is sometimes referred to as post-rape phobia or fear of rape. The authors also averred that, individual who have been subjected to rape may develop an intense fear of situations, places or people that remind them of the assault. This fear can lead to avoiding certain activities, social situations, or even leaving their own homes. This can be addressed with good supportive system by healthcare professionals. High level of professionalism is required at this time. Behavioural approach should be effectively applied to reduce the traumatic symptoms experienced by victims of rape (Castronovo *et al.*, 2016).

According to Akinwu (2015), even years after the rape incident, the victim continued to experience hallucinations, was constantly on guard, and was terrified of being by himself/herself or with people of the other gender. This persists for years, and most of the time it was an unconscious response that the victim was unable to recognise right away. Fear was more common among victims of early abuse because it alters their socialisation and perspective of the other gender (Kimberly, 2018). It was discovered that the majority of victims who were raped before the age of 17 never had appropriate relationships with people of different sexes and, in most cases, never got married (Akinwu, 2015). A study on the impact of rape on victims by Okunwu (2017), emotional depression was common among rape survivors. According to Akinwu (2015), survivors of rape in a hamlet taken over by Boko-Haram insurgents in Kano State, continued to experience emotional distress as a result of their ordeal. Despite attending counselling sessions and being reintegrated into the community, victims of rape had never been able to overcome the burden of emotional despair, according to Adiu (2018) in a broader geographic area that had been taken over by Boko-haram.

Suicidal attempt can be a devastating consequence of rape. Lamela et al. (2018) averred that, survivors of sexual assault are at risk of attempting suicide. Sexual violence can lead to

mental health problems including suicidal behaviour (WHO, 2013). A study conducted by Littleton and Breitkopf (2013) found that 44% of rape survivors had suicidal thoughts; and 22% had attempted suicide. Lamela et al. (2018) maintained in their study that continuous health counselling and follow-up care would help in handling the case of suicidal attempt among rape survivors and involving the family and friends in their care is of utmost importance. Their support should include; gentle encouragement and reminders that the sexual assault was not their fault.

The effect of sexual violence like rape, could be both physical and psychological on the victims. The results of previous researches (Njaka et al., 2020; Sezgin & Punamaki, 2021) suggested that the impact of violence experienced by children who are victims of sexual violence, among others are that they do not want to go to school and have feelings of low self-esteem, they withdraw from society and are easily offended and aggressive. Edwards (2018) opined that incidence of violence against children will generally be recorded in the child's subconscious mind and will be carried over to adulthood and even throughout his life. Psychological reactions that appear immediately after individuals experience with sexual violence include shock, disbelief, denial, feeling afraid, confused, and anxious and withdrawal (Shi et al., 2016; Yosep et al., 2022). Generally, victims of rape will experience changes in beliefs about security, power, trust and intimacy (Pien et al., 2019).

The researcher observed in her workplace that, beyond the reported cases of rape, several instances of criminal abortion and attempted suicide were linked to both the short-term and long-term consequences of rape. Many of these outcomes could have been prevented through timely and adequate medical intervention. Such consequences are not limited to infertility, which may occur due to severe damage to the female genitalia during the assault, injuries that were often neglected, or as a result of unsafe abortions carried out afterward. Furthermore, a colleague shared her experience during a female cancer screening program in a school. She recounted how one girl, visibly distressed, refused to undergo the screening procedure. Upon being interviewed, the girl revealed her traumatic history: she had been raped at the age of eight. Since that incident, she had avoided any situation that involved others touching her genital area. In many cases, the perpetrators were strangers who carried out attacks in residential areas or along isolated routes. These narratives underscore the profound psychological, physical, and social consequences of rape, as well as the urgent need for preventive measures and supportive interventions. This study was conducted to examine

phobia, depression, and suicidal attempt as psychological impacts of rape on victims as perceived by healthcare professionals in public health facilities in Kwara State.

Objectives of the Study

The objectives of the study were to examine if:

1. Phobia is a psychological impact of rape on victims as perceived by healthcare professionals in public health facilities in Kwara State.
2. Depression is a psychological impact of rape on victims as perceived by healthcare professionals in public health facilities in Kwara State.
3. Suicidal attempt is a psychological impact of rape on victims as perceived by healthcare professionals in public health facilities in Kwara State.

Research Questions

The following questions were answered:

1. What is the perception of healthcare professionals in Kwara State of phobia as a psychological impact of rape among the victims?
2. What is the perception of healthcare professionals in Kwara State of depression as a psychological impact of rape among the victims?
3. What is the perception of healthcare professionals in Kwara State of suicidal attempt as a psychological impact of rape among the victims?

Methodology

Descriptive research design of survey type was adopted for this study. The population of this study comprises all healthcare professionals in in public health facilities in Kwara State with the total number of 5,136 (Kwara State Hospital Management Board, 2025). According to Calculator.net (2025), for a target population of 3324, sample size of 378 is appropriate at 95% of significant and 5% of error. Multi-stage sampling procedure was adopted to select the sample size of 378 respondents. The stages involved in sampling procedure include stratified, simple random, purposive, proportionate and convenience sampling techniques. At stage one, stratified sampling technique was used to group Kwara State into three existing Senatorial Districts. Kwara South, Kwara Central and Kwara North. At the second stage, simple random sampling technique of fish bowl method was adopted to select two Senatorial Districts in Kwara State. The three Senatorial Districts was written in pieces of paper, wrapped and two (Kwara Central and Kwara South) were selected.

At the third stage, purposive sampling technique was adopted to select four local governments with highest number of health workers from each selected senatorial district. From Kwara central, Ilorin West, Ilorin East, Ilorin South and Asa Local Government areas were selected while Ifelodun, Irepodun, Offa and Oyun Local Government Area were selected from Kwara South. In stage four, purposive sampling technique was employed to select 2 health facilities with highest number of health workers from each Local Government selected for the study. Stage five involves the use of proportionate sampling technique to select 32.5% of the target population in the selected Government health facilities to get a sample size of 378 respondents for the study going by Calculator.net (2025) which included 10% attrition rate. At the last stage, convenience sampling technique was adopted to select 378 respondents for the study. Questionnaire was administered to the health professionals in the selected facilities who are on ground, willing and consented to participate in the study.

Table 1: Sample Size for the Selected Health Facilities in Kwara State

S/N	Facilities	LGA	No of Health Care Professionals	Sample Size 32.5%
1.	Kwara State UTH	Ilorin west	44	134
2.	Adewole Cottage Hospital	Ilorin West	76	24
3.	Civil Services Clinic	Ilorin South	105	34
4.	Cottage Hospital, Ogidi	Ilorin South	50	16
5.	Sobi Specialist Hospital	Ilorin East	128	41
6.	Okelele PHC	Ilorin East	18	5
7.	General Hospital, Afon	Asa	15	4
8.	Dr. Aisha Buhari Mother & Child	Asa	54	17
9.	General hospital, Erinle	Oyun	36	11
10.	PHC Ijagbo	Oyun	15	4
11.	General Hospital Offa	Offa	105	34
12.	PHC Ojomu Olomowewe	Offa	15	4
13.	General Hospital, Omu-Aran	Irepodun	67	21
14.	General Hospital, Oro	Irepodun	32	10
15.	Cottage Hospital Omupo	Ifelodun	31	10
16.	General hospital, Share	Ifelodun	28	9
	Total		1189	378

Source: Fieldwork (2024)

A researcher developed structured questionnaire was used to collect data for the study titled “Psychological Impact of Rape on Victims as Perceived by Healthcare Professionals

Questionnaire” (PIRVPHPQ). The questionnaire elicits information on the variables under study which include; phobia, depression, and suicidal attempt. Reliability of the instrument was ascertained using split half method of reliability where by 20 copies of the research instrument was administered at Specialist Hospital Center Igboro, Kwara State. The result after administration was analysed using Cronbach Alpha. A correlation coefficient of 0.75 was obtained which was considered reliable for the study. The research questions were answered using descriptive statistics of frequency and percentage.

Results

Research Question One: What is the perception of healthcare professionals in Kwara State of phobia as a psychological impact of rape among the victims?

Table 2: Frequency and Percentage of Phobia as a Psychological Impact of Rape on Victims

S/N	ITEMS	Yes (%)	No (%)
1	Rape victim exhibits persistent fear (e.g. fearful of being alone, fear of men, certain location etc.)	323(85.5)	55(14.5)
2	Rape victim engages avoidance behaviour such as refusal to go out, avoidance social interaction, etc.	314(83.0)	64(17.0)
3	Victim of rape experiences rapid heartbeat and breathlessness when reminded about the situation, or in a similar environment	329(87.0)	49(13.0)
4	Victim of rape constantly remains alert and is excessively concerned about her/his safety	279(73.8)	99(26.2)
Total		311(82.3)	67(17.7)

Table 2 shows the answer to the research question one: The mean value of positive response is 311 (82.3%) which is high. The result shows that the perception of healthcare professionals in Kwara State of phobia as a psychological impact of rape among the victims is high.

Research Question Two: What is the perception of healthcare professionals in Kwara State of depression as a psychological impact of rape among the victims?

Table 3: Frequency and Percentage of Depression as a Psychological Impact of Rape on Victims

S/N	ITEMS	Yes (%)	No (%)
1	Rape victim experiences persistent sadness such as frequent crying, or emotional breakdown.	317 (83.9)	61(16.1)
2	Rape victim exhibits withdrawal behaviour such as loss of interest social activities.	265 (70.1)	113 (29.9)
3	Rape victim mostly feels that life has no more meaning or future is not more relevant	283 (74.9)	96(25.1)
4	Victim of rape experiences persistent tiredness or lack of energy, making it difficult to carry out daily tasks	273 (72.2)	105(27.8)
Total		285(75.4)	93(24.6)

Table 3 shows the answer to the research question two. The mean value of positive response is 285 (75.4%) is high. The result show that perception of healthcare professionals in Kwara State of depression as a psychological impact of rape among the victims is high.

Research Question Three: What is the perception of healthcare professionals in Kwara State of suicidal attempt as a psychological impact of rape among the victims?

Table 4: Frequency and Percentage of Suicidal Attempt as a Psychological Impact of Rape on Victims

S/N	ITEMS	Positive Response (%)	Negative Response (%)
1	Fear of stigmatization leads to suicidal attempt	240 (63.5%)	138 (36.5%)
2	Fear of losing spouse causes suicidal attempt	270 (71.4%)	108 (28.6%)
3	Suicidal attempt is exhibited as long term effect	293 (77.5%)	85 (22.5%)
4	Feeling of low self-esteem can result in suicide attempt	285 (75.4%)	93 (24.6%)
Total		272 (71.9%)	106 (28.1%)

Table 4 shows the answer to the research question three: The mean value of positive response is 272 (71.9%) is high. The result shows that perception of healthcare professionals in Kwara State of suicidal attempt as a psychological impact of rape among the victims is high.

Discussion of Findings

The finding of the study revealed that the perception of healthcare professionals in Kwara State of phobia as a psychological impact of rape among the victims is high. This result is in line with the findings of Gold and Anderson (2018) who stated that it is possible for a person

to develop a phobia related to sexual assault as a result of a traumatic experience, which is sometimes referred to as post-rape phobia or fear of rape. They further averred that individuals who have been subjected to rape may develop an intense fear of situations, places, or people that remind them of the assault. This fear can lead to avoidance of certain activities, social gatherings, or even prevent victims from leaving their own homes.

In addition, the result is in line with the findings of Akinwu (2015) who discovered in his study that even years after the incidence of rape, victims consistently reported feelings of being haunted by hallucinations and an overwhelming sense of fear, always watching over their backs and remaining afraid of being alone or with members of the opposite gender. This lingering fear was often subconscious, making it difficult for victims to immediately detect or address. According to the findings of Kimberly (2018), fear was especially pronounced among victims who were abused during childhood or adolescence. The study revealed that early sexual trauma significantly alters an individual's perception of the opposite gender and interferes with their socialization. In many cases where victims were abused before the age of 17, long-term relational challenges emerged. Some survivors never established healthy interpersonal relationships, and in more severe instances, they never married due to deep-seated phobias associated with intimacy and trust.

In a Nigerian context, a study conducted in Kano State by Adiu (2018) found that rape survivors from communities previously captured by Boko Haram insurgents exhibited heightened levels of emotional distress and phobic reactions years after the assaults. Victims reported that despite being reintegrated into their communities and attending counselling sessions, they still experienced intrusive fears, especially around strangers or in male-dominated environments. Similarly, a broader study by Ogunleye (2019) covering insurgency-prone areas of North-East Nigeria revealed that women who had survived sexual assault during conflicts demonstrated chronic avoidance behaviours and irrational fears even in the presence of community support networks.

The present finding is further reinforced by Adewale (2023) who asserted that phobia is a common feature of rape trauma syndrome (RTS) and is often manifested as hyper-vigilance and avoidance. Victims, in an effort to reduce anxiety, engage in behaviours that restrict their movement, opportunities, and social interactions, ultimately impairing their quality of life. However, not all studies align with this finding. For instance, Omoponle and Dwarika (2024) argued that while phobia is a recognized aftermath of sexual assault, its prevalence varies depending on cultural and familial support structures. In societies with stronger extended

family systems, some victims reportedly showed resilience and did not manifest prolonged phobic behaviours. Similarly, Brooks et al. (2020) in her longitudinal research on sexual violence in U.S. colleges argued that a significant proportion of victims displayed post-traumatic growth and resilience rather than chronic phobic symptoms. Furthermore, Delker et al. (2020) highlighted that some survivors transform their trauma into a source of empowerment and advocacy, thereby neutralizing the phobia over time.

The study also found that perception of healthcare professionals in Kwara State of depression as a psychological impact of rape among the victims is high. This finding is consistent with a large body of empirical research that links sexual assault trauma with long-term psychological distress, particularly depression. According to Kennedy and Prock (2018), rape survivors are at heightened risk of developing major depressive disorders due to the persistent feelings of shame, helplessness, and social stigmatization associated with sexual victimization. The study emphasized that these depressive symptoms are often compounded in contexts where victims receive limited social or institutional support, such as in many African societies. In line with this, Kleim et al. (2012) highlighted that sexual assault often induces intrusive negative cognitions, which serve as precursors to depressive disorders. Victims may internalize blame, feel unworthy of love, or experience hopelessness about the future, all of which contribute to the manifestation of clinical depression. Ogunjimi (2019), in a Nigerian-based study, also observed that rape survivors in Lagos State reported persistent depressive episodes that interfered with their daily functioning, including academic performance and social relationships. Further supporting evidence comes from Bhuptani and Messman (2023), who found that rape-related depression has a higher prevalence than depression resulting from other forms of trauma. The authors suggested that the combination of physical violation, stigma, and lack of justice mechanisms creates a unique psychological burden for victims of sexual assault. Similarly, Basile et al. (2021) established that rape is a strong predictor of chronic depression among women, with survivors being three times more likely to develop depression compared to non-victims.

In a cultural context similar to Kwara State, Araoje et al. (2025) found that rape survivors in South-West Nigeria displayed significant depressive tendencies, often intensified by community silence and victim-blaming attitudes. The study concluded that rape-related depression in Nigeria is exacerbated by the absence of structured psychosocial support in hospitals, which mirrors the present study's findings. However, some contrary findings have been documented. Dir et al. (2021) argued that while depression is a common aftermath of

sexual assault, not all survivors develop clinically significant depressive symptoms. Some exhibit resilience and post-traumatic growth, particularly when strong family and peer support systems are present. Similarly, Akinbode and Carter (2026) posited that resilience is a more common outcome of trauma than chronic depression, suggesting that cultural, personal, and contextual factors mediate survivors' experiences. In addition, Slade et al. (2019) emphasized the role of post-traumatic growth in enabling survivors to reframe their trauma positively, thereby reducing the likelihood of depression in the long term. The finding that depression is a significant characteristic among rape victims in Ilorin aligns with the majority of scholarly evidence linking sexual assault with depressive outcomes. However, it is essential to acknowledge that individual differences, coping mechanisms, and supportive environments play a moderating role, meaning that while depression is widespread, it is not universal.

Lastly, the study revealed that perception of healthcare professionals in Kwara State of suicidal attempt as a psychological impact of rape among the victims is high. This finding is consistent with international and local studies linking sexual assault with elevated suicide risk. According to Labe et al. (2021), rape survivors are at increased risk of suicidal ideation and attempts due to extreme psychological distress, feelings of shame, and social stigmatization. Victims often perceive themselves as trapped in hopeless circumstances, which can lead to self-harming behaviours. Supporting this, Koepke (2024) found that women who experienced sexual assault were more likely to attempt suicide than non-victims, particularly if the assault was accompanied by interpersonal betrayal or violence. In a Nigerian context, Akinlusi et al. (2014) reported that sexual assault survivors in Lagos displayed elevated risk for suicidal behaviour, largely influenced by stigma, lack of support, and inadequate access to counselling. Rothman et al. (2023) further noted that post-traumatic stress, depressive symptoms, and feelings of social isolation are strong predictors of suicide attempts among sexual assault survivors.

However, some studies present contrary findings. Tsur et al. (2022) observed that while suicidal ideation is present in a proportion of rape survivors, the presence of supportive family structures and early intervention can drastically reduce the incidence of suicidal attempts. Similarly, Marenya (2023) emphasized that post-traumatic growth can mediate against self-harm behaviours, showing that some rape survivors channel trauma into positive action rather than despair. Bryant-Davis et al. (2015) also indicated that cultural and

community factors, such as religious coping, may serve as protective factors against suicide in rape survivors.

Conclusion

Based on the findings of the study, it was concluded that:

1. Rape victim exhibited phobia as part of characteristics as perceived by healthcare professionals in public health facilities in Kwara State.
2. Rape victim exhibited depression as part of characteristics as perceived by healthcare professionals in public health facilities in Kwara State.
3. Rape victim exhibited suicidal attempt as part of characteristics as perceived by healthcare professionals in public health facilities in Kwara State.

Recommendations

Based on the conclusion drawn above, the following recommendations were made:

1. Healthcare providers should prioritize and come-up trauma-informed care interventions to be designed to help rape survivors manage post-traumatic stress and overcome phobias associated with their experiences. It is essential that such care remains confidential, culturally sensitive, and tailored to the individual's psychological and emotional needs.
2. Post-rape care should integrate systematic screening for depression and other mental health conditions. Health workers can use standardized diagnostic tools to identify symptoms early, ensuring timely access to counselling, psychotherapy, and medication.
3. Healthcare systems should establish robust suicide prevention strategies specifically for rape survivors at risk of self-harm. These protocols may include structured risk assessments, access to crisis hotlines, and emergency psychotherapy services.

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