

Psychosocial Health Implications of Rape as Expressed by Rape Victims in Kwara State, Nigeria

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Abstract

This study investigated the implications of rape on psychological and social health, as expressed by rape victims in Kwara State, Nigeria. The purpose of the study was to investigate whether; phobia; insomnia and hyper-sexuality are psychosocial implications of rape. Descriptive research design of survey type was adopted for the study. Population comprised all rape victims in Kwara state, Nigeria. Purposive sampling technique was used to select (150) rape victims in Kwara State through a link. A researcher-designed validated questionnaire was used for data collection. A coefficient of $r = 0.82$ was obtained through split half method for the reliability test. Inferential statistics of Chi-square (χ^2) was used to analyze the data gathered at 0.05 level of significance. The result showed that; phobia, with χ^2 value of (44.92) greater than the critical χ^2 value of (7.81), while insomnia has χ^2 value of (38.68) greater than critical χ^2 value (7.81), and hyper-sensitivity has calculated. χ^2 value (65.68) greater than the table value (7.81). All the three null hypotheses were rejected and alternative hypotheses upheld. The study concluded that phobia, insomnia, and hyper-sexuality are implications of rape among rape victims in Kwara State Majority of the respondents (84.0%) reported having some sexual related phobias; 84% has insomnia and 83.0% acknowledged to have hyper-sexuality. The researchers recommend that, rape victims should endeavor to visit the hospital or therapists for proper treatments in order to control and manage the side effects resulting from rape.

Key words: Psychosocial health, Social Health, Rape, Rape victims

Introduction

Rape is a worldwide public health problem which poses adverse physical, psychological and social health implications on survivors. It is a global pandemic that cuts across gender, age range, race, ethnicity, social class, religions and culture. Sadly, women and girls are the most affected of this crime, although, some men too reported being raped. Victims of this heinous crime

are often assaulted by one individual or several people, in a case of gang-raping, which may be planned or may be a surprise attack. Although rape occurs most commonly in the victim's home, the perpetrator's home, or the dark corner of the street, it also takes place in many other settings, such as the workplace, at school, in prisons, cars, open spaces like parks and farmland. Wherever it may be, the perpetrator may threaten the victim with harmful weapons like a gun, a knife, verbal manipulation, or emotional torture, or he/she can be taken by surprise and be over-powered (Odeh, 2019) Lately, rape incidences are been reported by married couples, even though the law does not recognize rape between spouses as a crime punishable by law, health educator know that rape can occur between couples. Any sexual intercourse that occurs without agreement between two people is a rape.

Rape is an act of sexual violence that involves sexual intercourse without consent or willingness to engage in the act by the two parties. Rape is an act of forcefully having sexual intercourse with a person without his/her full consent, either when the victim is awake, sleeping or drugged (Ezegwu, Ohayi, Iyoke, & Nnaji, 2017). Rape leaves painful memories and lifelong consequences and it can cause permanent damage on its victim. It is a traumatic experience with devastating health consequences that affect both men and women globally. These have resulted in psychosocial problems borne by the assaulted victims. These psychological, social, and emotional effects may include all or some of the following; temporary or prolonged depression, phobias, insomnia, hyper-sexuality, withdrawal syndrome, fear, trauma, nightmare, low self-esteem, and aggressive behaviors among others (Ezegwu et al, 2017).

The perpetrator of a sexual assault (rape) may be a date, an acquaintance, a friend, a family member, an intimate partner (like husband and wife), a former intimate partner, or a stranger, but more often than not, it is someone who is known to the victim. In the analysis of a study by Nwabueze and Oduah (2015), it was discovered that most cases of rape as reported by the Nigerian national dailies were perpetrated by the relations of victims which include victims parents, cousins, aunts and uncles. There is no stereotypical perpetrator; sexually violent men come from all backgrounds, rich and poor, educated and uneducated, religious and non-religious. Perpetrators may be persons in positions of authority who are respected and trusted, for example, a doctor, teacher, tourist guide, priest, police officer, and thus less likely to be suspected of being a rapist.

Alade (2019) revealed that one in every five women is a victim of rape, and globally, 35% of women are rape victim with Africa, the Middle East and Southeast Asia reporting the highest incidence of rape. The reported figures are inaccurate and often underestimated as most cases of rape are under-reported by the victims because of the associated stigma. In Nigeria, only 2 out of 40 cases of rape are reported, attributing this amongst other reasons, to the complex legal requirements needed to prove the cases and the associated stigma. A nationwide survey undertaken in 2019 by the CLEEN Foundation, a Nigerian NGO, which promotes public safety, security and justice, found that only 18.1 percent, less than one in five of some 10,000 respondents who had been raped had reported the offence to the police. According to CLEEN's figures, 2,241 cases of rape and indecent assault were reported in 2014; 1,529 in 2015; 2,284 in 2016; 2,084 in 2017; 2,253 in 2018; 1,626 in 2019 and 1,835 in 2020 (Alade, 2019).

Nigeria has increasingly recorded an upsurge in the number of gender-based violence, especially rape and child defilement recently. For example, according to RAINN (2020), an American anti-sexual violence organization reports that over 12 million girls in Nigeria have been raped between 2010 through 2019. The United Nations Children's Fund (2020), reported that one in four boys and one in 10 girls under 18 years are victims of sexual violence. Nigeria is said to be trailing India, as the most dangerous place for women of all ages to live in. A cursory look at the series of unfolding events and developments the world over indicates that the globe is fast degenerating into crimes and crime-related offences. One of such crimes is that of men sexually abusing women and, in fact, forcefully having sexual intercourse with girls and women without their consent (UNICEF & WHO, 2020).

The reviewed studies have shown that the other factors that may increase females' vulnerability to rape include being single, not living with parents, possession of a dating partner, possession of multiple sexual partners, alcohol consumption either by females or their partners, and being in the low socio-economic status. Poverty forces women and girls to take to occupations that carry relatively high risk of sexual exploitation including rape. Occupations such as street trading, sex work and apprenticeship have been found to increase women's vulnerability to rape in Nigeria.

In terms of health consequences, research conducted by Kessler et.al. (2017) reported that almost all female sexual assault survivors experience significant post-traumatic symptoms in the

immediate aftermath of an assault, with about half continuing to experience these symptoms three months later. Interpersonal traumas such as sexual assault and rape are associated with higher rates of post-traumatic stress disorder (PTSD), compared to other types of trauma. A World Health Organization epidemiological study found that rape carried the highest conditional risk for PTSD (19.0%), nearly five times the aggregate risk after ‘any’ trauma type.

The state of Nigeria poorly defined criminal laws and weak law enforcement creates an environment where rape is committed with freedom. As a result of the inadequacy of the law in solving this problem, women advocates are presently trying to prevent future rapes by educating the public, ensuring that quality services are provided to victims in order to encourage accountability and ensure that the perpetrators are brought to justice. According to the Child Rights Law in Nigeria 31 (2) enacted by the federal government in May 2003, anyone convicted for rape is liable to life imprisonment. But nobody seems to be enforcing the law, thus women and girls continue to be raped and molested (Odeh, 2019).

According to Alhassan (2020), in the months following a rape, victims often have symptoms of depression or traumatic stress. They are more likely to abuse alcohol or drugs to control their symptoms. Other effects includes self-blame, lack of control over feelings and thoughts, drug or alcohol dependency, physical injuries, sexually transmitted diseases, poor self-image, unhealthy sex life, depressive or post-traumatic stress disorders in their lifetime, to mention just a few. The trauma that follows this bitter experience is better imagined than described, as rape devastates the lives of the victims and their families, causing severe physical and psychological pains and sufferings, including death, sexually transmitted infectious diseases and unwanted pregnancies.

Rape can be categorized in different ways, according to the situation it occurs or by identity or characteristic of the victim or the perpetrator. These include; exchange rape, punitive or corrective or curative 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 (Amadi & Uju, 2019).

Adolescents in Nigeria today are being bombarded by modernization influences. They read about sex in novels, books, magazines and newspapers, watch various types of pornographic movies on the various social media platforms, television stations and also on the internet. All these

and the sexually graphic music, movies, obscene literature directed at the adolescents arouse their interest in sex. Some parents allow their wards to spend too much time watching television program where sex is used by most manufacturers to advertise their products. These adverts help put the younger generation under terrific pressure to go into sex by all means. Mishandling of Rape Cases is another cause of rape in Nigeria. It is observed that “The laws in Nigeria appear to further victimize and humiliate Rape victims rather than bring justice to them. The rigorous requirement involved in producing authentic evidence of rape such as getting a medical report, as well as a police report and within the shortest possible interval of any rape incident in question, seems to trivialize the whole matter (Bolarin, 2019).

Other causes include Peer Group Pressure/Influence and myths about Sex. There are quite a number of myths about sex which serves as an impetus to the growing incidents of rape in Nigeria. For instance, Okoro (2020) and Ajala (2019) report that it is a common belief among many ethnic groups that: without premarital sexual intercourse, boys are bound to have small testicles, suffer from pimples, have difficult erection and not be able to perform well when married. Girls, on the other hand are bound to have small breasts, experience early menopause, painful menstruation and painful nipples when breastfeeding their babies. In addition, some HIV infected men hold to the superstitious belief that if they have sex with a virgin, that they would be cured of AIDS. This perhaps lures most people living with HIV and AIDS to resort to raping innocent girls in the society in their quest for a cure.

Psychological health is conceived as positive functioning of the individual. World Health Organization (2018) defined it as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” Psychological health is the individual’s ability to master and control his environment, establish positive interpersonal relationships, regulate his feelings, thoughts and actions, while he sticks to his own convictions despite the social pressures as he continuously grows through openness to new experiences. Psychological health is the ability of the individual to establish and maintain balanced emotional, mental, social and behavioral states in his daily functioning.

Social health on the other hand, is the ability to relate well with others in all spheres of life. Such factors as level of education, family background, culture, income, peer group or previous

friendship, marital life, availability of social services influence one's social well-being. A socially healthy person must have social skills and see self as part of a social network in a given group, society or community. A person enjoying good social health loves self and others, relates well with others at a different setting, respects others for who they are, and performs his or her duties willingly to self, family, friends, religious leaders, fellow workers, and nation (Moronkola, 2016).

Exposure to and experience of sexual violence (rape) has a far reaching impacts on young people, in terms of mental and physical well-being, education and health status, including HIV status and early pregnancy. Most survivors report various psychological responses, including acute stress reaction, emotional detachment, and sleep disturbances. Other adverse emotional and psychological consequences include self blame, difficulties in social and work adjustment, sexual functioning, fear, anxiety, depression, and PTSD (Bolarin, 2019). In the aftermath of rape, virtually all survivors undergo an intense psychological reaction. Although not everyone reacts in the same way, most people follow a loosely organized stage path. The path through rape trauma syndrome is intensely personal and may take anywhere from months to years to fully resolve. Rape victims often experience phobias like agoraphobia (a fear of going out or being with people); haphophobia (a fear of being touched); androphobia (fear of men) and genophobia (fear of sex). Scholars have discovered that experiencing negative emotions such as fear and anxiety in response to traumatic event may consequently lead to the development of PTSD symptoms.

Some survivors of rape cope by attempting to have a lot of sex, even (or especially) in cases where they did not do this before the rape. With regard to hyper-sexuality there is a controversy around how best to classify hypersexual behavior. One proposal is the classification as impulsive sexual behavior. However, the classification as sexual addiction or compulsive sexual behavior is also discussed. The impulsivity model proposes that hypersexual behavior may represent a failure to resist a sexual activity impulse due to the failure to resist sexual drive and the incapability to delay gratification. This model is criticized because many hypersexual individuals thoroughly plan their sexual activities and because impulsivity and compulsivity both at the same time, and not separately, characterize hyper-sexuality. The compulsivity model highlights that both hypersexuality and obsessive-compulsive disorder are characterized by repetitive and intrusive thoughts as well as repetition of experiences.

The addiction model highlights that the clinical features of hyper-sexuality correspond to the diagnostic criteria for an addictive disorder, for example, an increase of sexual activity over time, and difficulties to terminate or decrease the sexual activities. A current empirical study shows that a diagnosis of compulsive sexual behavior disorder more likely had a co-morbidity with other mood, obsessive-compulsive, and impulse-control disorders, but not with substance use or addictive behavior disorders (Bothe, et al., 2019).

The first step in combating rape incidents is to build awareness and educate about rape and trauma. Providing such education through training has been shown to have positive results within the criminal Justice System. For instance, with such training, Police can learn to interact differently with victims so as to avoid legally irrelevant and harmful lines of questioning. Also, letting attorneys, advocates, law enforcement, and the general public know that all persons can be raped will help erode misperceptions about rape and expose and disprove the assumptions that underlay all rape myths. Another means of educating is through advocacy within the legal system. Prosecutors, victims' attorneys, and advocates should fight hard for legal protections for rape victims. Some means of doing this are by filing a motion to protect victims' rights under Federal or State rape shield Statutes. Moving to enforce the victims' rights to be treated with dignity, fairness, and respect and working to ensure that the rules of evidence operate to exclude irrelevant and prejudicial information about victims. Other specific ways include: Public Enlightenment and Educational Intervention; Assertiveness Training and Self Defense Training; Confronting the Challenges; Provision of Counseling and Psychosocial Care and Intervention.

In recent times across the world, there has been increase in reported cases of physical, social and psychological disorder of (PTSD) among rape victims. Literatures and findings attributed more than 60% of such cases to rape. Rape has affected the psycho-social life of the victims, families and the society in general. The perpetrators did not spare little girl child and older women, and victims were left behind with traumatization, both socially and emotionally. Some of the victims even lose their lives. It was observed that most victims of this ugly trend do not report these cases to appropriate law enforcement agencies, only few survivors report such cases to appropriate authorities for management. Some were denied justice while many languished in physical, psychological and social trauma silently. In most cases, survivors of rape prefer to report their ordeals and seek for help from non-formal agencies like friends and families.

Rape poses several psychological and social health implications on its victims. These include feelings of hatred, humiliation, anxiety, depression, self-blame, dissociation, PTSD and RTS self-harming behaviors. The abuse of alcohol and other drugs, flash backs, negative feelings about sex and sexual dysfunction have also been associated with rape. It was on this premise that the researcher investigated the psychosocial health implications of rape as expressed by rape victims in Kwara state.

Purpose of the Study

The study aimed at investigating the psychosocial health implications of rape as expressed by rape victims in Kwara State. Specifically, the purpose was to investigate whether phobia, insomnia and hypersexuality are psychosocial health implications of rape among rape victims in Kwara state.

Research Questions

The following research questions were raised for this study:

- i. Is phobia a psychological health implication of rape as expressed by rape victims in Kwara State?
- ii. Is insomnia a psychological health implication of rape as expressed by rape victims in Kwara State?
- iii. Is hypersexuality a social health implication of rape as expressed by rape victims in Kwara State?

Research Hypothesis

The following null hypothesis were formulated and tested.

- i. Phobia is not significantly a psychological health implication of rape as expressed by rape victims in Kwara State.
- ii. Insomnia is not significantly a psychological health implication of rape as expressed by rape victims in Kwara State.
- iii. Hypersexuality is not significantly a social health implication of rape as expressed by rape victims in Kwara State.

Methodology

The descriptive research design of survey type was used for this study. The population for the study comprised all rape victims in Kwara State. Kwara State has 16 L.G.As. However, the target population for the study consists of rape victims across 6 randomly selected Local Government Areas. The sampling procedure for selecting respondents for this study was a random and purposive sampling technique through a link unto several group platforms unto rape victims in Kwara State. A researcher developed questionnaire was used for data collection. A modified Likert rating scale of YES/NO was adopted with scoring of Yes =2 and No =1. The instrument was validated by experts to ascertain its appropriateness. A pilot test was also carried out to determine the reliability of the instrument. The researchers adopted a split-half method of which some copies of the link was sent to twenty respondents. The data was then subjected to Spearman Brown ranking Formula and a correlation coefficient of 0.82 was obtained. Ethical principles guiding the use of human participation in research were upheld throughout the conduct of the research. Descriptive statistics of frequency count, mean and percentage were used to analyze and answer the research questions, while the three variables of the research hypotheses were analyzed using inferential statistics of Chi-Square to test the hypotheses set for this study at 0.05 alpha level of significance and presented in tables.

Results

Demographic data

Table 1: Frequency counts and percentage analysis of the respondents' personal data

S/N	VARIABLES	FREQUENCY	PERCENTAGE (%)
1.	Age range		
	15years old and below	30	20.0
	16-20years old	51	34.0
	21-25years old	45	30.0
	26years and above	24	16.0
	Total	150	100.0
2.	Gender		
	Male	30	20.0
	Female	120	80.0
	Total	150	100.0
3.	Religion		
	Christianity	60	40.0
	Islam	81	54.0
	Traditional	9	6.0
	Others	-	-

S/N	VARIABLES	FREQUENCY	PERCENTAGE (%)
	Total	150	100.0
4.	Educational status		
	Primary	15	10.0
	Secondary	69	46.0
	Tertiary	45	30.0
	None	16	11.0
	Others	-	-
	Total	150	100.0

Demographic data shows the distribution of the respondents that participated in the study. It was revealed that majority of the respondent (34%) falls between 16-20years, Gender revealed that majority of the respondents (80%), were female, Religion revealed that majority of the respondents (54%) were Muslims, while majority (46%) had secondary education.

Research Question One: Is phobia a psychological health implication of rape as expressed by rape victims in Kwara State?

Table 1: Frequency and percentage analysis of phobia as a psychological health implication of rape as expressed by rape victims in Kwara State.

S/N	ITEMS	Yes	No	Total
5.	I get nervous when left alone after the rape incidence.	117 (78.0%)	33 (22.0%)	150
6.	I hate the sight of anyone who looks like my molester	135 (90.0%)	15 (10.0%)	150
7.	I get scared of going out after the raped incidence	126 (84.0%)	24 (16.0%)	150
8.	I have an extreme fear of the opposite sex.	126 (84.0%)	24 (16.0%)	150
	Mean	504 (84.0%) PR	96 (16.0%) NR	600

KEY: PR= Positive Response NR= Negative Response

Table 1 shows that (84.0%) responded positively that phobia is a psychological health implication, while (16.0%) responded negatively.

Research Question Two: Is insomnia a psychological health implication of rape as expressed by rape victims in Kwara State.

Table 2: Frequency and percentage analysis of insomnia as a psychological health implication of rape as expressed by rape victims in Kwara State.

S/ N	ITEMS	Yes	No	Total
9.	Thought of the rape incident takes away my sleep for hours.	126 (84.0%)	24 (16.0%)	150
10.	I constantly experience sleepless nights after the rape incident.	126 (84.0%)	24 (16.0%)	150
11.	I feel uncomfortable sleeping elsewhere other than my place of residence since the rape incident.	126 (84.0%)	24 (16.0%)	150
12.	I often experience daytime sleepiness after the rape incidence.	126 (84.0%)	24 (16.0%)	150
	Mean	504 (84.0%)	96 (16.0%)	600
		PR	NR	

KEY: PR= Positive Response NR= Negative Response

Table 2 shows that (84.0%) responded positively that insomnia is a psychological health implication, while (16.0%) responded negatively.

Research Question Three: Is hypersexuality a social health implication of rape as expressed by rape victims in Kwara State.

Table 3: Frequency and percentage analysis of hypersexuality as a social health implication of rape as expressed by rape victims in Kwara State.

S/N	ITEMS	Yes	No	Total
25.	I developed more urge for sex after the rape incidence.	132 (88.0%)	18 (12.0%)	150

S/N	ITEMS	Yes	No	Total
26.	I have difficulty maintaining a healthy sexual relationship after the traumatic event.	120 (80.0%)	30 (20.0%)	150
27.	I feel remorseful after given in to my sexual urges after the rape incident.	96 (84.0%)	24 (16.0%)	150
28.	I no longer enjoy sex and the thought of it scares me.	120 (80.0%)	30 (20.0%)	150
Mean		496 (83.0%) PR	102 (17.0%) NR	600

KEY: PR= Positive Response NR= Negative Response

Table 3 shows that (83.0%) responded positively that hypersexuality is a social health implication, while (17.0%) responded negatively.

Hypotheses testing

H₀₁: Phobia is not significantly a psychological health implication of rape as expressed by rape victims in Kwara State.

Table 4: Chi-square analysis showing the result of phobia as a psychological health implication of rape as expressed by rape victims in Kwara State.

S/N	ITEMS	Yes	No	df	Cal. X ² value	Table X ² value	Decision
5.	I get nervous when left alone after the rape incidence.	117	33				
6.	I hate the sight of anyone who looks like my molestor	135	15				
7.	I get scared of going out after being raped.	126	24	3	134.71	21.43	Ho Rejected
8.	I have an extreme fear of the opposite sex.	126	24				

@0.05 alpha level

The table 4 shows the calculated x^2 value of 134.71 which is greater than the table x^2 value of 23.43 at the degree of freedom of 3 at 0.05 alpha level of significance, since the calculated x^2 value is greater than the critical table value 21.43, the null hypothesis which says phobia is not significantly a psychological health implication of rape as expressed by rape victims in Kwara State is therefore rejected. This implies that phobia is a significant psychological health implication of rape.

Ho₂: Insomnia is not significantly a psychological health implication of rape as expressed by rape victims in Kwara State.

Table 5: Chi-square analysis showing the result of insomnia as a psychological health implication of rape as expressed by rape victims in Kwara State.

S/N	ITEMS	Yes	No	df	Cal. X ² value	Table X ² value	Decision
9.	Thought of the rape incidence takes away me sleep for hours.	126	24				
10.	I do experience sleepless nights after the rape incidence.	126	24				
11.	I feel uncomfortable sleeping elsewhere other than my place of residence since the rape incidence.	126	24	3	116.04	23.43	Ho Rejected
12.	I often experience daytime sleepiness after the rape incidence.	126	24				

@0.05 alpha level

The table 5 shows the calculated x^2 value of 116.04 which is greater than the table x^2 value of 23.43 at the degree of freedom of 3 at 0.05 alpha level of significance, since the calculated x^2 value is greater than the critical table value, the null hypothesis which says insomnia is not significantly a psychological health implication of rape as expressed by rape victims in Ilorin Kwara State is therefore rejected and the alternative hypothesis upheld. This implies that insomnia is a significant psychological health implication of rape.

H₀₃: Hypersexuality is not significantly a social health implication of rape as expressed by rape victims in Kwara State.

Table 6: Chi-square analysis showing the result of hypersexuality as a social health implication of rape as expressed by rape victims in Kwara State.

S/N	ITEMS	Yes	No	df	Cal. X ² value	Table X ² value	Decision
25.	I developed more urge for sex after the rape incidence.	132	18				
26.	I have difficulty maintaining a healthy relationship after the traumatic event.	120	30				
27.	I feel remorseful after given in to my sexual urges after the rape incidence.	126	24	3	197.04	23.43	Ho Rejected
28.	I no longer enjoy sex and the thought of it scares me.	120	30				

@0.05 alpha level

The table 6 shows the calculated x^2 value of 197.04 which is greater than the table x^2 value of 23.43 at the degree of freedom of 3 at 0.05 alpha level of significance, since the calculated x^2 value is greater than the critical x^2 value, the null hypothesis which says hypersexuality is not significantly a social health implication of rape as expressed by rape victims in Kwara State is therefore rejected. This implies that hypersexuality is a significant social health implication of rape in Kwara State.

Discussions of Findings

The result of this study revealed that phobia is a significant psychological health implication of rape as expressed by rape victims in Kwara State. This finding corroborates with the findings of Alade (2019), which stated that the aftermath of rape for many survivors is an intense psychological reaction. Although not everyone reacts in the same way, most people follow a loosely organized stage paths. One way of conceptualizing the journey, from acute trauma through reorganization and finally resolution, is known as rape trauma syndrome. Rape trauma syndrome dramatically elevates the risks of developing related mental health conditions. Phobias most often

occur during the reorganization phase, as survivors try to rebuild their lives, although they could develop at any time. The path through rape trauma syndrome is intensely personal and may take from months to years to fully resolve. There is significant positive correlation between rape and phobias, especially, phobias such as virginitophobia (fear of being raped); genophobia; Erotophobia attitude (fear of nudity, sexual image, fear of sex education and sexual discourse); and coitophobia (fear of sexual relation or intercourse. This is why all rape victims should undergo health counseling and rehabilitation process.

It was also revealed that insomnia is a significant psychological health implication of rape as expressed by rape victims in Kwara State. This finding is in line with the findings of Adebola; Adepoju & Ezekiel (2019) which revealed that insomnia is common following a sexual assault. Current epidemiological studies suggest that over 90% of survivors suffer from clinically relevant sleep disorders after rape. The result of the study also supports the report of Ariyo, (2020), which stated that difficulties falling and staying asleep can lead to irritability and exhaustion during the day and can impair emotional processing. In addition, fear of the dark, lying awake at night ruminating about the trauma, talking or screaming during sleep, and waking up disorientated may also frequently occur. According to a study to a study on reactions after rape by American Journal of Orthopsychiatry, 96% of women said they were scared, shaking, or trembling a few hours after their attack and after even more time passed, the previous symptoms decreased while the levels of depression, exhaustion, and restlessness increased. All these prevent them from having a long stretch of sleep or keep victims awake mostly at night. Victims can also suffer from insomnia if justice was not served to the perpetrator, if the victim was blamed for the incidence, or if the incidence is likely to be experienced again. The latter is possible in the situation where the perpetrator is a relation, an older person who lives with the victim. The victim may keep awake either thinking about how to get justice, how to escape or how to take a revenge. Some victims may result to drug or alcohol abuse to fight against the fear and anxiety that resulted in insomnia.

Moreover, the study revealed that hypersexuality is a significant social health implication of rape as expressed by rape victims in Kwara State. This finding is in-line with the findings of Amadi & Uju (2019) and Briken (2020), which revealed that some survivors of rape tend to cope by attempting to have a lot of sex even in cases where they did not do this before the rape incidence. The victims developed an insatiable impulse to engage in an abnormal number of sexual contacts

with an abnormal number of partners without a deep emotional involvement. The impulsivity model proposes that hypersexual behavior may represent a failure to resist a sexual activity impulse due to their increased sexual drive. Their sexual activity increases over time, and they have difficulties terminating or decreasing the act. Hypersexuality may occur in a rape victim who eventually enjoyed the sexual act after the rapist overpowered the victim or in a situation where the raping continue for a long period of time.

Conclusion

Based on the findings the researchers concluded that phobia and Insomnia are psychological health implication of rape as expressed by rape victims in Kwara State while, Hypersexuality is a social health implication of rape as expressed by rape victims in Kwara State.

Recommendations

Based on the findings of this study, the following recommendations were made:

1. Rape victims with phobic tendencies should be assisted through therapy such as the cognitive behaviour therapy and prolonged exposure therapy in order to help them overcome the negative automatic thoughts that lead to phobic reactions and teach them to gradually change the way they think in order to overcome fear.
2. Therapist should carry out cognitive behavioral therapy on the rape victims so that issues of insomnia can be properly addressed and controlled in order to eliminate negative thoughts and worries that keep them awake.
3. Therapist should carry out compulsive sexual behavior psychotherapy on the rape victims in order to help them identify negative thoughts and behaviours and replacing them with positive ones.
4. Furthermore, hypersexuality can be controlled by taking proper medication and associating with self-help groups that will help them control their sexual urges.
5. Victims of rape should be given adequate support from the government at different levels to help them get justice. Parents should monitor who takes care of their children and who they bring under their roofs. This includes nannies, home teachers, relations and acquaintances. No one can be trusted when it comes to the issue of rape.

6. More non-governmental organizations and religious organizations should take part in the war against rape by preaching to people and organizing seminars periodically to sensitize people on how to avoid been raped.

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