PERCEPTION AND PRACTICE OF POST RAPE CARE AMONG HEALTH CARE PROFESSIONALS IN A TERTIARY HOSPITAL IN EDO STATE

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ABSTRACT

Sexual abuse in any form, including rape is seen as a private matter, which is fueled by a culture of secrecy, stigma and silence which make the abused unlikely to report the crime as they are often ashamed, frightened, and incapable of verbalizing their experience. Health care workers occupy a unique position in providing medical care and psychological support for rape victims. Such a position may be influenced by their perception, practice and the services available for post-rape victims. The aim of this study was to assess the perception and practice of post rape care among staff of Irrua Specialist Teaching Hospital Irrua. A descriptive cross-sectional design was utilized for this study. A total population of 221 health care workers consisting of nurses, doctors and social workers were used. A self-structured questionnaire was the instrument used, data collected were analysed using descriptive statistics, hypotheses stated were tested using Pearson`s correlation coefficient and Chi –Square at 0.05 level of significance. Results showed that the respondent's perception of post rape care was high (93.4%). The study revealed that Services available in the institution of study are post exposure prophylaxis counselling, screening for VDRL (venereal diseases) and emergency contraceptive. Further findings showed that the practice level of post-rape care services rendered by the staff was good (69%). Lastly the study revealed that factors affecting the care of rape patients in the study institution are late presentation (82.2 %) and poor cooperation of victims (61.9%). Also, the study, revealed significant relationship between perception and practice of post rape care ($p<0.000$), however there was no significant relationship between years of experience and practice of post rape care. ($P=0.056$). Hospital management and federal ministry of health should actively train health professionals in the linkage of sexual violence and health care in order to improve the practice of post rape care.

Keywords: Sexual Assault, Venereal Diseases.

INTRODUCTION

The magnitude of sexual assault world over is unknown, but every year a total number of 300,000 women estimated to be sexually assaulted and 3.7 million are faced with undesirable sexual act (Hassan, Kehinde, Abubakar, Nasir & Karima, 2016). Globally, about 150 million girls and 73 million boys below 18 years are approximated to have been sexually abused (Pinheiro, 2006). The World Health Organization reported in 2013 that in every five women one is a victim of sexual assault and that about 35% of women have either experienced physical and/or sexual violence (Garcia-Moreno & Watts, 2011). It was also reported that Africa, the Middle East and Southeast Asia has the highest cases of sexual violence against women with Africa reporting about 5–15% of forced or coerced sexual experience in females (Daru, Osagie, Pam, Mutihir, Silas & Ekwempu, 2011). From a community-based study carried out in South Africa, it was reported that the prevalence of rape is about 2070 per 100,000 per year (Jewkes & Abrahams, 2002). A study from Ethiopia showed that 11.4% of 367 high school girls were sexually active and that 33.3% of this group was raped (Fitaw, Haddis, Million & Gselassie, 2005). The U.S. Rape Abuse and Incest National Network (RAINN) reports that most rape victim's response is either "expressed" where the individual may be tensed or hysterical, and may have some crying spells and nervous, "controlled" where the individual appear to be lost or without emotion and acts as if nothing has happened and

everything is fine. More often than not, sexual abuse is always seen as a private issue hence it is kept secret because of stigma involved and this makes it difficult for the victims to report the crime as they are ashamed, frightened, and unable to verbalize their experience (WHO, 2004). Hence only about 10 to 20 percent of cases are reported (Pinheiro, 2006). Several reasons have also been cited why child sexual abuse is seen as a private matter when the perpetrator is a family member, denial, shame, guilt, fear stigma, lack of awareness of the rights of the individual, and how to report the incidence (ECSA-HC, 2011). The perpetrator is more often than none, a known and trusted person by the victim, within or close to the family or has authority over the child (ECSA-HC, 2011). Although adolescents have the highest rates of sexual violence than others (American Academy of Pediatrics, 2001), sexual violence or rape for that matter can occur in all age group, culture and social-economic groups. Many of the abused never fully recover from this trauma that may have a substantial effect on the physical, psychological and social health of the victim. They are made to suffer immeasurable torture; some may have post-traumatic stress disorder or dissociative disorder. Some are observed to endure physical violence, avoid social life and encounter difficulty in recollecting things. Sexually transmitted infections and unwanted pregnancy amongst others are also known conditions these females may present with (Deji, 2016). Post-rape care in developed countries is a holistic practice. A lot of countries have facilities in place to help victims access to services, medical, legal and social support. These helps with the complex needs of these victims (Kerr, Cottee, Chowdhury, Jawad & Welch, 2003). In Nigeria, discussions have been devoted to defining the standards of care required when offering services to survivors of sexual violence, while less attention is paid to its practice or adherence. Physicians and nurses are not conversant with the practice of post-rape care, as they more often than not, tend to equate guideline for Post exposure prophylaxis to post-rape care (Wangamati, 2014). Lastly, health services may be inaccessible because of geographical distances and poor transportation system. Hence the need to assess the perception and practice of post rape care among staff of Irrua Specialist Teaching Hospital, Irrua, Edo State.

Despite the high prevalence of sexual violence in Nigeria, health care services have not focused much on the victims while many healthcare professionals are largely inexperienced in the care of post-rape patients. Ajuwon, (2005) reported in his study that about 15% of adolescent females in Ibadan had had forced sexual experience at some point in their lives while Kullima, Kawuwa, Audu, Mairiga and Bukar (2010) found that 13.8% of female students in Maiduguri were also raped. On December 6th, 2015, a local newspaper published a story of a 16-year-old girl who was sexually assaulted into coma by a gang four secondary school students in Ebonyi State. A search party of locals found her a couple days later where she had been left in the forest. She was found with numerous serious internal injuries and it was not clear if she survived or not after medical attention as no follow up story was found (Ezeokolie, 2015). Although coma connotes a more severe outcome of the travail, for most survived rape victims, it is hard to know how to react because they may not always present like this 16-year-old. They may be physically hurt, emotionally drained, or unsure what to do next. One may even be considering working with the criminal justice system, but are unsure of where to start. In fact, not all rape victims express their emotions outwardly. It seems that across the country, treatment of rape victims by police and healthcare workers is sub-standard. There is no written hospital policy or standard operating guidelines for the management of sexual

assault victims in major hospitals including Irrua Specialist Hospital, Irrua, Edo State. This observed gap can result in the handling of post-rape victims with varying levels of subjectivity based on personal perceptions among health care professionals in the institution, hence the need to assess the perception and practice of post-rape care among staff of Irrua Specialist Teaching Hospital, Irrua Edo State.

OBJECTIVES OF THE STUDY

i. To assess the perception of staff of Irrua Specialist Teaching Hospital, Irrua about post-rape care.
ii. To identify the services available to rape victims in Irrua Specialist Teaching Hospital.
iii. To determine the practice level of post-rape care services rendered by the staff of Irrua Specialist Teaching Hospital, Irrua.
iv. To determine factors affecting the care of rape patients in the study institution.

METHODOLOGY

A descriptive cross-sectional design was utilized for this study. This study was carried out in Irrua Specialist Teaching Hospital, Irrua. Irrua Specialist Teaching Hospital (formerly Otibhor Okhae Teaching Hospital), Irrua was established by Decree 92 of 1993, to provide tertiary Health Care Delivery Services to the people of Edo State and beyond. The Decree among other things, provided for a Board of Management for the hospital with the statutory responsibility of policy formulation for the hospital (Irrua Specialist Teaching Hospital; Home Page, 2016). The hospital is located in Irrua, Edo Central Senatorial District, along the Benin-Abuja highway at about 87 kilometers north of Benin City, the State Capital. The Hospital is the only tertiary and specialist hospital in Edo Central, thus making it a large hub for referrers of several difficult cases, including serving as a referrer for rape victims.

The study population consisted of Doctors, Nurses, and Social workers that participate in the management of rape victims. The doctors and nurses included those from Accident and Emergency unit, (Family Physicians and Traumatologists), Children Emergency Room (Pediatricians), Department of Obstetrics and Gynecology (Gynecologists), and Psychiatry Department (Psychiatrists). These units are experienced as they often are the first point of contact through which victims of sexual assault present and are keys in the management of these patients. The total number was two hundred and twenty-one (221). The minimum sample size for this study is 201 health care workers. However, the total number of health care workers in the departments/units responsible for the care of post-rape victims in the hospital is 221. Therefore, the total population of healthcare workers in the departments/units was used for this study. The distribution of the healthcare workers is shown in the table 1.

Table 1:
Health care workers involved in the management of post-rape victims

	N
Nurses	100
Doctors	74
Social workers	47
Total	**221**

Convenience sampling technique was used in selecting the respondent into the study, this involved administrating the questionnaire to respondents who are available and willing to participate in the study.

The instrument for data collection for this study was a questionnaire that was designed by the researchers. The questionnaire comprised of five sections: Section one focused on the socio-demographic characteristics of the respondents. Section two assessed the respondent's perception on post-rape care using 14 questions. Participant's responses in this section were in a Likert scale format: "Strongly Agree", "Agree", "Indifferent", "Disagree" or "Strongly Disagree. Section three assessed the post-rape care services available in the hospital using yes and no responses to various aspects of post-rape care. Section four assessed the level of post-rape care services rendered using 13 questions. Section five asked questions to determine the factors affecting post-rape care in the study institution. Participants were allowed to provide multiple responses to the questions asked.

To ensure validity, the study instrument was scrutinized and content validated by experts in the field so as to ensure the face, content and construct validity. Reliability was insured by pre-testing the questionnaire among 22 (10% of the sample size) health care workers in University of Benin Teaching Hospital, Benin City, Edo State and the split half method was used and yielded coefficient of 0.86.

Perception of post-rape care was assessed on a 5-point Likert scale using 14 questions with a total obtainable score of 70. Overall perception was graded as good or poor perception. A score of 49 or more (70% cut-off) was graded as "Good perception" a score of less than 49 was graded as "Poor perception". Practice of post-rape care services was also assessed with a 5-point Likert scale using 13 questions with total obtainable score of 65. Overall practice was graded as good or poor practice. Practice score of 45 or more (approximately 70% cut-off) was labeled as "Good practice" while a practice score less than 45 was graded as "Poor practice".

Association between perception and practice of post-rape care was tested using Pearson's correlation co-efficient. The relationship between the health workers' level of experience and the practice of post-rape care was tested with the Chi-Square (χ^2) statistic. Chi square test was also used to test associations between perception and some selected socio-demographic variables and between practice and some selected socio-demographic variable. Significant relationship was said to exist where p-value is <0.05.

RESULTS

Table 2 shows that age groups 30-39 years and 40-49 years constituted the highest proportions of respondents (n=69, 35% each). The least number of respondents (27, 13.7%) were found in the age group 50-59 years. Majority of the respondents were females (76.6%). There were more Christians (95.4%) than Muslims (4.1%) among the respondents and majority (69.5%) are married. Majority of the respondents (69.5%) were married. This was followed by single respondents who made up 26.9% of the participants.

Table 2:
Socio-demographic characteristics of respondents (N = 197)

Variable	N	Percent (%)
Age (in years)		
20-29	32	16.2
30-39	69	35.0
40-49	69	35.0
50-59	27	13.7
Sex		
Male	46	23.4
Female	151	76.6
Religion		
Christianity	188	95.4
Islam	8	4.1
Traditional worship	1	0.5
Marital status		
Single	53	26.9
Married	137	69.5
Divorced	1	0.5
Separated	3	1.5
Widowed	3	1.5

*Mean age of respondents was 49.3 (±9.2) years.

As shown in Table 3 nurses (46.2%) constituted majority of the respondents followed by doctors (33.0%) and social workers (20.8%). There were more respondents with work experience of 5-9 years (32.5%) followed by those of 0-4 years (26.9%) and 10-14 years (15.7%). The least proportion of respondents was found among those that have worked for 20-24 years (5.6%).

Table 3:
Occupational characteristics of respondents

Occupational characteristics	Frequency	Percent
Occupational cadre		
Nurse	91	46.2
Doctor	65	33.0
Social worker	41	20.8
Years of experience (in years)		
0-4	53	26.9
5-9	64	32.5
10-14	31	15.7
15-19	18	9.1
20-24	11	5.6
⩾25	20	10.2

Table 4 shows the responses to questions pertaining perception of post-rape care. Majority agrees that post-rape care services (PRCS) are important in the hospital (86.3%), and that these services have positive effect on the physical wellbeing of victims (75.1%).

More of the respondents agree that victims of rape generally deserve care (68.5%) even if evidence shows that she was reckless or called for it (67.5%). Only 6.6% strongly disagreed with this statement.

Table 4:
Perception of post-rape care

Statements	SA	A	D	SD	Mean	SD	Decision
Post-rape care services are important in the hospital	170 (86.3)	25 (12.7)	2 (1.0)	0 (0)	4.84	0.52	Good
Post-rape care services have posi tive effect on physical wellbeing of the victim	148 (75.1)	44 (22.3)	1 (0.5)	4 (2.0)	4.52	0.58	Good
Post-rape care will prevent psychological traum4	114 (57.9)	68 (34.5)	7 (3.6)	8 (4.1)	4.31	0.82	Good
Post-rape care should be treated as spec ial case in the hospital.	118 (59.9)	69 (35.0)	10 (5.0)	0 (0.0)	2.50	1.14	Poor
Post- rape care will be effective if there is a standard protocol for the management of rape victims in this centre	110 (55.8)	83 (42.1)	2 (1.0)	0 (0.0)	4.14	0.93	Good
Post- rape care will be effective if relevant information on prevention of rape is given.	92 (46.7)	88 (44.7)	6 (3.0)	3 (1.5)	3.31	1.36	Good
Post- rape care is an added burden on the health workers,	23 (11.7)	37 (18.8)	62 (32)	59 (30)	3.07	1.31	Good
Post-rape care services enhances the victims confidence	76 (38.6)	92 (46.7)	7 (3.6)	6 (3.0)	3.90	0.93	Good
Post-rape care is a problem because of its legal implications	33 (16.8)	65 (33.0)	39 (20)	33 (17)	4.66	0.54	Good
The sight of post rape victims all always make me feel emotional and apprehensive.	37 (18.8)	78 (39.6)	33 (17)	22 (11)	3.73	1.17	Good
I am comfortable with managing post -rape victims	42 (21.3)	118 (59.9)	9 (4.6)	8 (4.1)	2.99	1.39	Poor
Generally, victims of rape deserve care	135 (68.5)	56 (28.4)	0 (0.0)	(0.0)	4.65	0.53	Good
The victims deserve care if evidence shows that she was 'reckless' or 'called for it'	56 (28.4)	77 (39.1)	20 (10)	13 (6.6)	3.72	1.15	Good
Post-rape c are is not strictly within the jurisdiction of health professionals	28 (14.2)	64 (32.5)	42 (21)	40 (20)	3.00	1.23	Good

*SA= Strongly agree; A= Agree; D= Disagree; SD= Strongly disagree
*Cut off mean = 5+ 4 + 3 + 2 +1 = 15/5 =

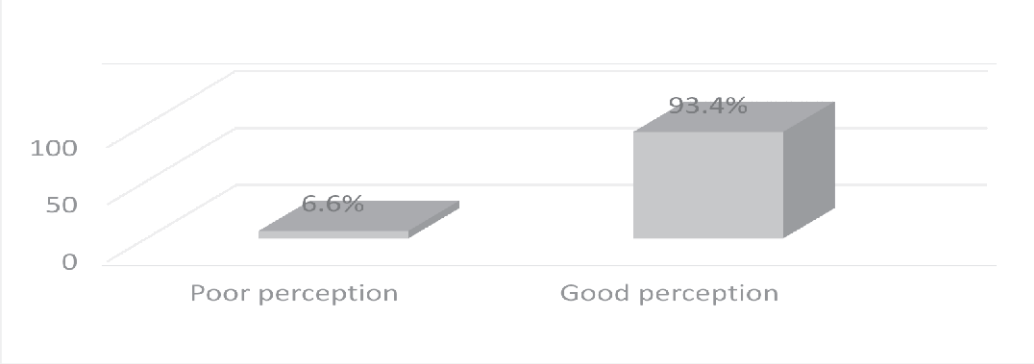

Figure 1: Overall grades of perception of post-rape care

*Total obtainable perception score was 70. Mean perception score was 55.5 (±5.5).

As shown in Figure 1, majority of the respondents 184 (93.4%) had good perception of post-rape care while only 13 (6.6%) had poor perception of post-rape care among the health care workers

Table 5 shows respondents' indications of the post-rape care services available in the study institution. For all items, the proportions of responses were all above average. Post-exposure prophylaxis (PEP) for HIV was the most indicated service by 97.5% of respondents. This was followed by "top-to toe" physical examination, pregnancy testing, voluntary counseling and testing which were all 95.4% each. The least reported service available for post rape care was transportation of forensic specimens to maintain chain of custody of the evidence (60.4%).

The services available include a head to toe examination, pregnancy test, voluntary counseling and screening for VDRL, emergency contraceptives among others.

Table 5:
Available services for post-rape victims

*Services	N	Percent
Post Exposure Prophylaxis of HIV (PEP)	192	97.5
A "top-to-toe" physical examination	189	95.9
Pregnancy testing	189	95.9
Voluntary counseling and treatment	188	95.4
Screening for Hepatitis B Surface Antigen (HBsAg) and Venereal Disease Research Laboratory Test (VDRL).	188	95.4
A medical history, including an account of the events described as sexual violence	187	94.9
Recording and classifying injuries	187	94.9
Detailed genito-anal examination	186	94.4
Therapeutic opportunities	185	93.9
Emergency Contraceptive	182	92.4
Arranging follow-up care	181	91.9
Provision of a medico-legal report	181	91.9
Prophylactic medications for non-viral STDs	181	91.9
Storage of documentation.	178	90.4
Information on the health effects of rape	178	90.4
Collection of indicated medical specimens for diagnostic purposes	176	89.3
Obtaining informed consent	163	82.7
Information on follow-up care, and community referrals.	152	77.2
Collection of forensic specimens, including labeling and packaging.	126	64.0
Transporting of forensic specimens to maintain chain of custody of the evidence.	119	60.4

*Multiple responses applied.

Table 6 shows the responses to questions that are assessing the practices of post-rape care services. More than half of respondents (55.3%) strongly agreed that the Hospital gives post rape care services (PRCS) to rape victims while majority (63.5%) of the respondent disagree that post rape victims are treated like normal patient because of the busy nature of health worker. However, majority (90.4%) of the respondent agreed that the hospital manages post rape victims and that victims of rape are treated with respect (39.1%). Inclusion the high level of practice may be due to training of dedicated staff on the care of rape victim

Table 6:
Practice of post-rape care services (n=197)

Practice item	N (Percent)							
	SA	A	I	D	SD	Mean	SD	DECISION
Post-rape care services are given in the hospital	109 (55.3)	71 (36.0)	14 (7.1)	1(0.5)	2 (1.0)	4.44	0.73	Good
The health workers manage post - rape victims	77 (39.1)	101 (51.3)	13 (6.6)	4 (2.0)	2 (1.0)	4.25	0.75	Good
Generally, victims of rape are treated with respect	77 (39.1)	95 (48.2)	19 (9.6)	5 (2.5)	1 (0.5)	4.22	0.76	Good
Health workers are very busy so they are treated as normal cases	11 (5.6)	40 (20.3)	21 (10.7)	76 (38.6)	49 (24.9)	2.43	1.08	Poor
Health professionals are very few so there is little they can do	15 (7.6)	39 (19.8)	22 (11.2)	77 (39.1)	44 (22.3)	2.51	1.24	Poor
Post-rape care given to victim is a re-traumatization as it reminds victim of the experience	18 (9.1)	43 (21.8)	37 (18.8)	62 (31.5)	37 (18.8)	2.71	1.25	Poor
Both men and women with history of rape are cared for in this hospital	60 (30.5)	92 (46.7)	31 (15.7)	13 (6.6)	1 (0.5)	4.0	0.87	Good
There is a standard protocol for the management of rape victims in this hospital	48 (24.4)	101 (51.3)	29 (14.7)	18 (9.1)	1(0.5)	3.89	0.89	Good
The mana gement of rape in this hospital is a multidisciplinary approach	61 (31.0)	91 (46.2)	20 (10.2)	23 (11.7)	2 (1.0)	3.94	0.98	Good
There are dedicated units and staff to handle post-rape victims	45 (22.8)	80 (40.6)	33 (16.8)	31 (15.7)	8 (4.1)	3.62	1.11	Good
Health workers are trained in the management of post-rape victims	42 (21.3)	93 (47.2)	32 (16.2)	28 (14.2)	2 (1.0)	3.43	0.99	Good
Services are available for post -rape victims on weekends, holidays or after regular work hours:	44 (22.3)	93 (47.2)	30 (15.2)	20 (10.2)	10 (5.1)	3.71	1.07	Good
Services include giving of EC if the victim is assaulted by an intimate partner	44 (22.3)	80 (40.6)	53 (26.9)	13 (6.6)	7 (3.6)	3.71	0.99	Good

SA= Strongly agree; A= Agree; I= Indifferent; D= Disagree; SD= Strongly disagree
*Cut off mean = 5+ 4 + 3 + 2 +1 = 15/5 = 3

Figure 2: Practice levels for post-rape care services

*Total obtainable practice score was 65. Mean practice score = 47.2 (±6.6).

As shown in Figure 2, indicated that the practice of post rape care services is good 136(69%). Poor practices were reported by 61(31%) of respondents.

As indicated in Table 7, late presentation of victims was the highest (82.2%) reported factor affecting care of post-rape victims. Other prominent factors were poor cooperation from rape victims during care (61.9%), absence of healthy relationship between the caring institution and police as well as other forensic experts (51.8%) and inadequate training of staff on management of rape victims (45.7%). Failure to provide post-rape care services during holidays, weekends or after regular working hours was the least reported factor (29.4%)

Table 7
Factors affecting post-rape care

*Factors	N	Percent
Late presentation of victims	162	82.2
Poor cooperation from rape victims during care	122	61.9
Absence of a healthy relationship between the institution and police as well as other forensic experts	102	51.8
Inadequate training of staff on management of rape victims	90	45.7
Prejudice and judgmental attitude of the health care worker (HCW)	71	36
Lack of access to VCT unit	63	32.0
Failure to provide post -rape care services during holidays, weekends or after regular work hours	58	29.4

*Multiple responses applied.

Hypothesis 1 (Ho): There is no significant relationship between the health workers' perception and the practice of post-rape care rendered in Irrua Specialist Teaching Hospital, Irrua, Edo State.

Table 7 shows the relationship between perception and practice of post-rape care among respondents. There was a weak but statistically significant relationship between the 2 variables ($r= 0.375$, $p< 0.0001$). Therefore, the null hypothesis was rejected.

Table 8:
Relationship between perception and practice of post-rape care

Variable		Perception score	Practice score
Perception score	Pearson Correlation (r)	1	0.375
	Sig. (2-tailed)		0.000
	N	197	197
Practice score	Pearson Correlation (r)	0.375	1
	Sig. (2-tailed)	0.000	
	N	197	197

Hypothesis 2: There is no significant relationship between the health workers' level of experiences and the practice of post-rape care rendered in Irrua Specialist Teaching Hospital, Irrua, Edo State. Table 8 shows that there was no statistically significant relationship between years of experience and practice of post rape care among respondents (X^2 =10.784, df = 5, p = 0.056). Therefore, the hypothesis was accepted.

Table 9:
Relationship between years of experience and practice of post-rape care

Year of experience		Practice			Statistics
		Poor	Good	Total	
0-4 yrs	Count	22	31	53	
	% within year of experience	41.5%	58.5%	100.0%	X^2 = 10.784
5-9 yrs	Count	23	41	64	
	% within year of experience	35.9%	64.1%	100.0%	df = 5
10-14 yrs	Count	4	27	31	
	% within year of experience	12.9%	87.1%	100.0%	P = 0.056
15-19 yrs	Count	5	13	18	
	% within year of experience	27.8%	72.2%	100.0%	
20-24 yrs	Count	1	10	11	
	% within year of experience	9.1%	90.9%	100.0%	
>/25 yrs	Count	6	14	20	
	% within year of experience	30.0%	70.0%	100.0%	

DISCUSSION OF FINDINGS

Post-rape care was mostly perceived as being important in the hospital and relevant to the physical well-being and psychological health of rape victims. Overall, majority of respondents had good perception of post-rape care. This finding may have been because of the professional class of majority of respondents in this study. Nurses and doctors are conventionally exposed to learning and training environments that build empathy and care. This background training exposure may have been responsible for over 96% of respondents indicating either that they strongly agree or agree that victims of rape deserve care. According to, perception and attitude of health care professionals to care of post-rape victims is one of the barriers to access to post-rape care. The high prevalence of good perception in this study is similar to the results of a comparative study done in Kuwait where about 98% of nurses had good perceptions of sexual violence. In a study carried out in Brazil, more physicians than nurses rightly perceived that the aggression to the woman by the husband is a medical problem and that external factors such as alcohol or drug abuse, unemployment, and psychological problems can predispose to sexual violence. Good perception of post-rape care by health care workers is essential because health professionals are often the earliest point of contact for survivors of sexual violence. This is even more so because they are respected members of society that occupy a unique position to change societal attitudes regarding rape victims. Promotion of positive social attitudes and a negative view of sexual harassment and even rape have been recommended by the Centers for Disease Control and Prevention (CDC) as a way of sexual violence. Outside of the health care setting, attitudes and perception of rape victims may be influenced by culture and social norms . Health care workers come from various cultural and social backgrounds and are thus, not immune to the influence of such backgrounds on their perception of post-rape victims even in the health care setting.

Our study observed that post-exposure prophylaxis and voluntary counseling services are available. These services are closely related to services provided for HIV exposure. Sexual assault is a common exposure route for HIV infection and the study site being a centre for the management of HIV/AIDS patients and provision of VCT and Highly Active Antiretroviral Therapy (HAART) services may be responsible for the high response rates found in this study . In a study done in Lagos among 287 patients of sexual assault, 73.6% had HIV screening and post exposure prophylaxis for HIV was given in 29.4% of those eligible and emergency contraception in 22.4% (125) of post-menarcheal victims . In a study to observe the quality of public and private sector health care services offered to female adolescent and adult victims/survivors of sexual violence in some Central American countries, it was reported that 73% of the health facilities studied did not have the full range of services required for post-rape victims. In particular, vaginal smear culture was not available in any of the study sites while proper documentation rates ranged from 10-26%. Medical support, emotional support and documentation to aid legal services were identified by the United States Agency for International Development as important components of post-rape care services.

There is the need for post-rape care services to adequately meet the health needs of the patient. Post-rape victims and their care-givers should have enough confidence in the health services provided for such cases in order to be encouraged to seek timely care. It is also important that health care workers are able to respond appropriately to the emotional status of the post-rape patient, recognize and treat life threatening injuries and offer adequate emergency prophylaxis against pregnancy,

STIs and HIV in an atmosphere of empathy and professionalism.

In the Health Services Checklist provided by the World Health Organization (WHO, primary care services recommended for sexual violence include clinical management of rape survivors (including psychological support), emergency contraception and post-exposure prophylaxis (PEP) for STI & HIV infections. These minimal requirements for health care services directed at post-rape care victims can be built upon depending on the available personnel and protocols. have advocated the development of a comprehensive health sector response to the various impacts of violence against women so as to address the barriers and stigma that prevent abused women from seeking help. South African authorities state that health care services for sexual assault patients have been largely neglected and that there are substantial gaps in services described in many parts of the country . An additional constraint identified in the report is that the process of seeking health care and legal services exposes patients to further trauma.

In this study, aggregate practice scores were good for majority of respondents. The reason for this appreciable level of practice may be due to the reported training of dedicated staff on provision of post-rape services by some respondents. Similar findings reported by Akinlusi *et al.,* (2014), that over 73% of post-rape victims had testing for HIV done while 29.4% of patients that met the criteria for post-exposure prophylaxis (PEP) received PEP. Further corroborating post-rape care services practiced in this study is comparable to a study in Central America where emergency contraception and prophylaxis for STI was provided in 80% and 60% of health care facilities studied respectively. However, in a Kenyan study, medication and counseling were found to be priority needs for post-rape victims. Meanwhile, the American Academy of Paediatrics states that it is essential that the forensic examination be performed by a person who can ensure an unbroken chain of evidence and accurate documentation of findings. The essence here is to provide adequate and scientifically sound information to meet the legal and forensic requirements in handling rape cases. AAP also recommended that health care workers involved in the management of rape victims, especially adolescent patients, should be prepared to offer psychological support or counseling and should take cognizance of services in the community that provide management, examination, and counseling post-rape victims.

Prominent factors identified as capable of influencing post-rape care services in this study include late presentation of victims and poor cooperation from rape victims during care. Others were absence of a healthy relationship between the institution and police as well as other forensic experts and inadequate training of staff on management of rape victims. Similar to this findings is that in South African, who reported that having designated health care personnel and training were important factors in the practice of post rape care. In the study, over a quarter of all providers had received training on sexual assault including undergraduate exposure and a third of providers described their relationship with the police as poor.

Further inductive analysis showed that there was no statistically significant relationship between years of experience and practice of post rape care among the respondents at ($p = 0.056$). These findings imply that practice of post-rape care is dependent on issues that are either directly related to the patient and their families or communities or those related to the health care professionals and health system. In a retrospective Nigerian study done with the use of case notes of those who had been sexually assaulted, only 35.5% of victims reported for medical attention within 24 hours of the incidence .

In a study that measured receipt and timing of medical care received after an adult rape experience, important factors found to influence access to medical care were reporting the crime to police or other authorities and fear of sexually transmitted diseases. Factors relating to health system structure and organization and barriers due to external policy constraints have also been noted as barriers to provision of post-rape care services by some authors .

IMPLICATION FOR NURSING

Though the respondents had good perception and practice of post rape care, there are a lot of factors still militating against the services as found out in the study. This is of great consequence and progress to the post rape care services. Nurses and other stakeholder in the health care sector therefore have a great role to play in order to ensure an effective and efficient post rape care. Enlightening the public on the need to present to the hospital immediately such incidence occurs is of great importance to the management of these victims as well as having a good relationship with the security agents such as police and forensic expert is needed for effective post rape care services. The nurse taking care of the post rape victim should also have the following qualities; caring, empathetic, compassionate, and personable to be able to care of the patient satisfactorily. These include eye contact, sitting near the client, not rushing, listening attentively and reassurance. The nurse should maintain a calm and peaceful environment, believing the client and presenting information to the victim as calmly as possible.

CONCLUSIONS AND RECOMMENDATIONS

Perception and practice of post-rape care among health care workers in the study institution were good for majority of respondents. Practice of post-rape care was significantly associated with perception. Important post-rape care services were available for victims in the hospital. The following are hereby recommended: Hospital management and the Federal Ministry of Health should actively engage in the regular training staff on the linkages between sexual violence and health, particularly reproductive health in order to improve practice of post-rape care in the hospital.

Health care workers should avail themselves for training programmes relating to management of sexual violence in health care settings and deliberately create personal exposure to current trends in the medico-legal aspects of post-rape care.

Health authorities (especially policy makers) should integrate a comprehensive set of responses to post-rape cases within health services, including confidential screening, emotional and medical support, and rehabilitative care for post-rape victims. Modalities and protocols should be put in place by relevant hospital units/departments to ensure that women's privacy and safety can be protected before initiating provision of post-rape care services to victims. The hospital management in collaboration with departments/units involved in the care of post-rape victims should develop appropriate relationship with the police and other relevant agencies for the effective care of post-rape.

REFERENCES

Abu Taleb, N.I., Dashti, T.A., Alasfour, S.M., Elshazly, M. and Kamel, M.I. (2012). "Knowledge and perception of domestic violence among primary care physicians and nurses: A comparative study". *Alexandria Journal of Medicine*. *48*(1): 83–89. https://doi.org/10.1016/j.ajme.2011.07.014

Ajuwon, A. (2005). "Attitudes, Norms and Experiences of Sexual Coercion among Young People in Ibadan, Nigeria, in: Sex without Consent: Young People in Developing Countries. In Attitudes, norms and experiences of sexual coercion among young people in Ibadan, Nigeria" Sex without Consent: Young People in Developing Countries. Edited by Jejeebhoy S, Shah I, Thapa S. London: Zed Book; 2005.

Akinlusi, F.A., Kabiru, R.A., Olawepo, T.A., Adewunmi, A.A., Ottun, T.A. and Akinola, O.I. (2014). "Sexual assault in Lagos, Nigeria: a five year retrospective review". *Biomedical Central Women's Health*. 14(115): 123-128.

American Academy of Pediatrics (2001). Care of the adolescent sexual assault victim. *Pediatrics*. 07: 1476–1478.

Centers for Disease Control and Prevention (CDC). (2017). "*Sexual violence: Prevention strategies*". Retrieved November 21, 2017, from https://www.cdc.gov/violenceprevention /sexualviolence/prevention.html web.

Christofides, N., Webster, N., Jewkes, R., Penn-Kenkanna, L., Martin, L., Abrahams, N. and Kim, J. (2003). "*The state of sexual assault Services: Findings from a situation analysis of services in South Africa*. Cape Town". *South African Gender-Based Violence and Health Initiative.* 19(4): 427-442.

Deji, O. (2016). "*Rape in Nigeria: New developments"*. Retrieved from Olukade's Blog: https://olukade.wordpress.com/2014/02/19/rape-in-nigeria-new-developments/ web

ECSA- H.C. (2011). "Guidelines for the clinical management of child sexual abuse. Arusha, Tanzania: East", *Central and Southern African Health Community*. Pp. 11-19.

Ezeokolie, A. (2015). "Lagos only Rape and Sexual Assault Referral Centre fighting to keep its doors open." Retrieved from http://nigeriahealthwatch.com/savemirabel-lagos-only-rape-and-sexual-assault-referral-centre-fighting-to-keep-its-doors-open/ web

Fitaw, Y., Haddis, K., Million, F. and Gselassie, K. (2005). "Gender based violence among high school students in North West Ethiopia". *Ethiopian Medical Journal*. 43(4): 215–221.

Gaita-Parades, Y. and Billings, D.L. (2009). "*Health care services for victims/survivors of sexual" violence: The state of services in Nicaragua, Guatemala, Honduras and El Salvador*. New York: UNFPA.

García-Moreno, C., Jansen, H., Ellsberg, M., Heise, L. and Watts, C. (2005). "*WHO multi-country study on women's health and domestic violence against omen* Geneva:" WHO. Pp. 142-154.

Gatuguta A, Katusiime B, Seeley J, Colombini M, Mwanzo I and Devries K (2017). "Should community health workers offer support healthcare services to survivors of sexual violence?" A systematic review. *Biomedical Central International Health and Human Rights*. *17*(28): 1–15. https://doi.org/10.1186/s12914-017-0137-z

Hassan, M., Kehinde, J.A., Abubakar, P., Nasir, S. and Karima, T. (2016). "Prevalence and pattern of sexual assault in Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria". *The Pan African Medical Journal*. 24: 332-339.

https://doi.org/doi:10.11604/pamj.2016.24.332.9462

Heidel, E. (2017). "Split half reliability. Retrieved October 5, 2017, from https://www.scalelive. com/split-half-reliability.html. pp. 26-37.

Jewkes, R. and Abrahams, N. (2002). "The epidemiology of rape and sexual coercion in South Africa: An overview. *Social Science Medicine*. 55(7): 1231–1244.

Kerr, E., Cottee, C., Chowdhury, R., Jawad, R. and Welch, J. (2003). "The Haven: a pilot referral centre in London for cases of serious sexual assault. *British Journal of Obstetrics & Gynaecology*. 110: 267-271. doi: 10.1046/j.1471-0528.2003.02233.x pmid: 12628265 .

Kullima, A.A., Kawuwa, M.B., Audu, B.M., Mairiga, A.G. and Bukar, M. (2010). "Sexual assault against female Nigerian students". *African Journal of Reproductive Health*. 14(3): 193. Regular Issue.

Mwitha, B.G., Wanzala, P. and Makokha, A. (2013). "Baseline psycho-social health needs among rape survivors": A Community–based interventional study in Kenya. *African Journal of Health Sciences*, *26*(3): 45-49.

Paulin Baraldi, A.C., de Almeida, A.M., Perdoná, G., Vieira, E.M. and Dos Santos, M.A. (2013). "Perception and Attitudes of Physicians and Nurses about Violence against Women". *Nursing Research and Practice*. pp. 785025. https://doi.org/10.1155/2013/785025

Pinheiro, P. (2006). World report on violence against children. Geneva, Switzerland: United Nations Publishing Services.

Rees, K., Zweigenthal, V. and Joyner, K. (2014). Intimate partner violence: How should health systems respond? *South African Medical Journal*. *104*(8): 556–557. https://doi.org/10.7196/SAMJ.8511

Resnick, H.S., Holmes, M.M., Kilpatrick, D.G., Clum, G., Acierno, R., Best, C.L. and Saunders, B.E. (2000). "Predictors of post-rape medical care in a national sample of women". *American Journal of Preventive Medicine*. *19*(4): 214–219. https://doi.org/10.1016/S0749 - 3797(00)00226-9.

Smith, E. and Merril, D. (2004). "*Encyclopedia of rape(1. publ. ed.)".* Westport, Conn. [u.a.]: Greenwood Press. pp. 169–170. ISBN 978-0-313-32687-5.

South African Gender-Based Violence Initiative. (2003). "*National Management Guidelines for Sexual Assault*". Cape Town: SAGBVI.

The United State Department of Justice, (2016). "*Sexual assault. Office on violence against women*". Retrieved https://www.justice.gov/ovw/sexual-assault.

USAID. (2015). *"The Crucial Role of Health Services in Responding to Gender-Based Violence"*. Retrieved November 21, 2017, from http://www.prb.org/igwg_media/crucial-role-hlth-srvices.pdf

Wangamati, C.K. (2014). "Quality of post rape care given to sexually abused minors. Retrieved from A qualitative study of Homa Bay District Hospital, Homa Bay": https://www.duo.uio.no/bitstream/handle/10852/44118/Thesis.pdf?sequence=1

World Health Organization (2004). *"Regional Committee for Africa, the CSA Agenda for Action"*, AFR/RC54/15. Brazzaville, Republic of Congo: World Health Organization.

World Health Organization (2009a). *Changing cultural and social norms that support violence*. Geneva: WHO.

World Health Organization (2009b). *Health Resources Availability Mapping System (HeRAMS)*. Geneva: WHO.

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"*. WHO. http://www.who.int/reproductivehealth/publications/violence/ 9789241564625/en/

Young, S.L., Billings, D.L. and Bross, C.C. (2007). "Health care-based interventions for women who have experienced sexual violence: A review of the literature. *Trauma Violence Abuse*. 8(1): 3–18.