Psychological and socioenvironmental dilemmas faced by female victims post-rape in Nigeria

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Psychological and socioenvironmental dilemmas faced by female victims post-rape in Nigeria

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Abstract

Background Female rape is a pervasive issue that affects women globally, leading to numerous psychological and social consequences for victims. In Nigeria, women are particularly vulnerable to this crime both at home and in public spaces. Previous studies on rape in Nigeria focus on rapists' identity, rape myths, and physical and psychological outcomes. To the best of the researchers' knowledge, no prior research has investigated the combined psychological, social, and environmental impacts of rape on female victims in Nigeria. This study explores the psychological and socio-environmental challenges faced by female rape victims in Nigeria.

Methodology We recruited 9 participants via a social network using a snowball sampling method and interviewed them via the video conferencing platform WhatsApp. Two participants were initially invited, and we recruited all participants chosen based on their professional engagement with rape victims. We transcribed each interview verbatim and analysed using NVivo v14 coding software, with manual coding repeated at two-week intervals to ensure consistency. The data were analysed using thematic analysis (TA).

Results The findings reveal intersecting psychological and socio-environmental consequences for victims. Stigmatisation, victim-blaming, and systemic injustice contribute to a culture of silence surrounding rape. Victims often respond by isolating themselves, engaging in self-blame, and avoiding therapeutic support, leading to trauma and depression. The most severe psychological outcomes reported by participants included Post-Traumatic Stress Disorder (PTSD) and suicidal tendencies. Furthermore, there is a significant scarcity of psychotherapeutic care available for rape victims, with most available services provided by the private sector, making them unaffordable for many.

Conclusion We recommend policies to discourage societal practices that blame and re-victimise female victims, as these contribute to underreporting and increase psychological impacts. More efforts should be made to educate young girls about rape, provide safe spaces for discussing rape, and raise public awareness about the importance of therapy. We further suggest that strategies for rape prevention and detection must be developed within homes and communities, and the government

can collaborate with non-profit organisations to establish rape response centres in Nigerian communities.

Keywords Female, Rape, Victims/survivors, Psychosocial, Socio-environmental, Nigeria, Barriers, Therapy/care

1 Background

Nigeria, with a population exceeding 200 million, is recognised as the most populous Black nation in the world [59]. According to a 2017 demographic report, women account for 49.2% of the population, amounting to approximately 98.4 million [57]. Within this group, a substantial segment consists of children and young adults. Sexual assault, particularly rape, remains a critical issue in Nigeria and globally [47]. Reflecting the scale of the problem, governors of all 36 states declared a state of emergency on rape in 2020 [20]. Research finds that 0.5 to 19-year-old females experience rape and related assaults at disproportionately high rates, due to both their increased vulnerability and insecurity in Nigeria [26].

Cultural norms and economic factors further exacerbate gender disparities in Nigeria, often placing men in more advantageous positions than women. The poverty index reveals that women face more severe economic hardships compared to their male counterparts. Notably, while women have a slightly higher life expectancy (51 years) than men (47 years), they consistently score lower across various health and safety determinants, including education and healthcare access [57]. Traditional gender roles assign men the responsibility of providing for the family, relegating women to domestic roles [44].

According to the World Health Organisation (WHO), the definition of rape encompasses a spectrum of activities, ranging from sexual abuse to forced penetration, and includes various forms of violence such as social pressure, intimidation, and physical assault [63]. The right to freedom from rape and sexual assault is universally recognised as a fundamental human right for all women, irrespective of age or race [39]. The trauma of rape inflicts both immediate and long-term consequences on victims and their families [40]. Empirical and secondary studies have established a range of adverse effects associated with rape for female victims, including sexual and reproductive, physical, psychological, Poor academic performance, andsocialcomplications [46, 7, 31]. Alarmingly, in Nigeria, the incidence of sexual violence is on the rise, compounded by ongoing security challenges and internal crisis, which hinder effective measures to combat these issues [52, 36].

Globally, it is estimated that 20% of women experience rape or attempted rape, with Africa exhibiting the highest rates of female rape incidence worldwide [2]; [19]. Approximately one billion girls and women are victims of either rape or attempted rape during their lifetimes [27]. For instance, in South Africa, men are comparatively less vulnerable to rape than women, who remain primary targets for such violence [19].

Accurate determination of the prevalence of rape in Nigeria presents significant challenges, primarily due to underreporting, as many victims choose to remain silent [32, 65]. Awobamise and colleagues 9 attribute this underreporting to social stigma, victim-blaming, re-victimisation, and various structural factors, best characterised as socio-cultural pressures [6]. Despite these barriers, reports indicate a troubling increase in the proportion of women affected by rape, rising from approximately 12% to 80% [19].

A recent national survey found that one in four women reported experiencing sexual molestation before reaching adulthood, with over 70% of these cases involving multiple incidents of rape [19; 64]. Disturbingly, statistics reveal that at least 24% of women aged 18 to 24 have been raped before turning 18, and only 3.5% of these victims received any form of assistance [64, 60]. In Rivers State, over 1200 cases of female rape were reported in 2012, while the first half of the COVID-19 pandemic witnessed a staggering 3600 reported cases of female rape nationally [61]. Comparatively, 25% of women experience rape and attempted rape in their lifetime, contrasted with only 3% of men [12].

There exists a significant gap in research addressing the rates of sexual abuse and gender-based violence in Nigeria. Many reports and policies are documented in theory with minimal implementation [47]. Previous studies predominantly focus on the identity of perpetrators [19], prevalence through hospital or school-based reports [19; 21], causes and factors that facilitate rape [1, 33; 29, 10, 28, 6, 47], or rape myths [29]. Few studies have explored the physical, medical, and behavioural consequences for victims [4, 41]. To the best of our knowledge, there is a scarcity of studies focusing on the socio-environmental and psychological effects of rape in Nigeria. Thus, it is crucial to investigate the environmental and psychosocial consequences of rape on female survivors in Nigeria. Ultimately, this research holds significant potential to inform national discourse about female rape and its multifaceted impacts on women in Nigeria.

Furthermore, variation and similitude between psychosocial processes and the environmental changes that shape human thoughts, decisions, and self-reflections are best understood from documented accounts [55]. Hence, we intend to identify themes and patterns within participants' subjective narratives of events. Participants' narratives can produce reflexive nuance on the researcher's position and biases related to the research. This is because the qualitative research process is rooted in note-taking and critical reflection [23]. Unlike the quantitative designs that often rely on large sample sizes, causes and effects, and generalising of results, it is important that we rely on exploring the gaps in the care for female rape victims in Nigeria through a small-scale approach; perhaps we may discover a window for policy and practice improvement.

Our findings will be presented in accordance with the key items outlined in the 32-item checklists for consolidated criteria for reporting qualitative research (COREQ) [58].

2 Method

2.1 Study design

We employ a qualitative approach to explore psychological and socioenvironmental effects of rape on female victims in Nigeria. A qualitative approach will yield a large, meaningful data set from a small sample size, beyond a structured questionnaire, and generate a new theory. Due to ethical considerations, we conducted the study with professionals who interact with victims and can corroborate their testimonies, which will be integrated into the study's analysis. We designed the interview questions based on predetermined themes developed during reflection and memoing conducted at the literature review stages.

2.2 Data collection

We conducted qualitative semi-structured interviews with nine (9) professionals. The participants comprise 5 (55.6%) medical personnel, 3 (33.3%) legal personnel, and 1 (11.1%) non-for-profit worker. All participants spent at least three years in their roles and interacted substantially with female rape victims. Two participants were first enrolled in the study through the lead researchers' social network [50], and we snowballed more participants. All interviews were conducted via the video-assisted conferencing platform WhatsApp, and they lasted an average of 50 min. All participants indicated interest in participation through digital platforms. Evidence has revealed growing interest in online research among participants. For example, in a descriptive survey involving 362 participants, 16% more participants indicated they preferred to take part in research via online platforms compared to fac-to-face interviews [43].

The testimony of victims' accounts provided an understanding of the victims' rape experiences and the social and psychological impact of the rape act [53]. The breadth, flexibility, and open nature of the research process were important for validity, rigour, and holistic discussion of the effects of rape against women in Nigeria [24, 35]. Snowballing is also effective for recruiting hard-to-get participants into sensitive studies. For example, it is often employed in research involving injecting drug users, prostitutes, HIV/AIDS patients, and research on stereotypes and stigmatisation [30].

2.3 Data analysis

We conducted the interviews and audio recordings concurrently and transcribed verbatim [5, 38, 42]. Data was analysed through thematic analysis (TA) as described by [13, 15]. To ascertain consistency and validity at the analytic stage, we coded manually and repeated the coding using NVivo v14 assisted coding at a fourteen-day interval [17, 56]. The combined use of manual and digital coding has been recommended to provide complementary advantages in analysing qualitative data [8].

We began the analysis by iteratively reading the transcript until we became familiar with the data sets. We then independently generated initial codes, discussed and refined these codes as a team, and organised them into categories. We subsequently searched for themes within the data sets, reviewed them, and agreed on five key themes. Lastly, we defined each theme in relation to our study objectives and logically used them to guide the discussion of our findings [10, 14].

The above approach was iterative and allowed both deductive and inductive coding of data [62]. It is iterative and allows us to analyse the data in multiple ways while still maintaining consistency [13, 17]. Thematic analysis is preoccupied with interpretivism and is suitable for analysing lived experience and social discourses. It is critical in studies designed to explore personal and contextual experiences that impact the participants lived experiences [16, 40].

2.4 Reflexivity

The first author spent over 30 years in Nigeria before moving to the United Kingdom six years ago. The insider position makes him well familiar with the research context, population, and issues surrounding rape through his previous research on gender-based violence and lived experience in Nigeria. The second and third authors have no direct link with the study context. But they have published extensively on gender-based violence

Table 1 Participants demographic information

S/No	Pseudonyms	Occupation	Gender	Age (years)
1	Meng	Medical	Male	39
2	Weng	Medical	Female	35
3	Feng	Medical	Male	45
4	Reng	Medical	Male	51
5	Pyeng	Medical	Female	33
6	Gyeng	Legal	Female	41
7	Dieng	Legal	Male	45
8	Zeng	Legal	Male	36
9	Leng	Non-for-profit	Female	34

and psychology, respectively, and have lectured and supervised postgraduate students who migrated from Nigeria. Their outsider position challenged the first author's biases and created a balance to the study design and data analysis.

3 Result

Table 1 highlights participants' demographic information. All participants were born and live in Nigeria. Participants spent at least three years in their profession, which allows substantial interaction with female rape victims. To ensure anonymity, we gave each interviewee a pseudonym.

We identified five themes: (1) socio-cultural factors promoting female rape, (2) social and environmental impacts on female survivors, (3) psychosocial effects and signs in younger victims, (4) barriers or hindrances to obtaining therapeutic services, and (5) coping strategies and interventions for victims.

3.1 Theme 1: socio-cultural factors promoting female rape

In Nigeria, several social and cultural factors combine to stifle the voice of women who are sexually victimised. Social conversion that operates at the family and societal levels has historical roots within patriarchal philosophy that rob female victims of needed care.

A 45-year-old male participant narrated how these conversations are aimed at silencing the victims, a situation that limits care.

"I don't think there is a sufficient care for rape victims. Because even at the family level where I should suggest care should start, there is this culture of silence. The family will even advise her not to mention that she was raped so as not to tarnish the image of the family. You see even from that level care is lacking. Then if you go to the general society, you will find out that the care is not well established for them to find solace." **(Dieng)**.

By using the phrase 'family image' above, the participant referred to family reputation. In most communities in Nigeria, having a rape status attracts bad naming and shaming; as such, female victim resort to not reporting the act to save their family from disgrace. It goes to say that discourses that promote a culture of silence brings less attention toward the well-being of female rape survivors, an action that can put them in further danger.

Another 36-year-old male participant discussed the lack of well-established systems to report rape and support female victims of rape. He is of the opinion that the lack of a support system is the reason most female rape cases are not escalated but settled locally, and the perpetrators are not punished. He further argued that cultural conversation regarding rape tends to strengthen existing narratives that inequity exists in the way female rape survivors are treated in society compared to non-victims. A good example

is in marriage customs involving the payment of bride price. Women who do not experience rape, often referred to as virgins, attract a higher bride-price compared to rape victims or non-virgins.

"There are no structures on ground that you can walk in to meet someone and share your story with that person and the person will be able to counsel you…If you are a victim of rape, you should be treated equally as a woman who has not been raped, because your circumstance is the one that you have been raped. In some culture that I am familiar with the bride price of a lady who is raped is way, way, less than that of a lady who is not raped. So, you find out that the culture alone, which places a premium on virginity, is also something that should be downplayed." **(Zeng)**.

One 51-year-old male participant argues that factors that promote female rape are go beyond cultural discourses. Citing the erogenous way some women dress, he asserts that certain behaviour gives the impression of wanting sex. However, he acknowledged that myths that promote and vindicate sexual compulsion are rooted in social cultures.

"For a woman to complain about rape she will be first be scrutinised base on what she wears or the place and time of the day… But rape is still seen as something that cannot happen or cannot be done by particular people." **(Reng)**.

A 41-year-old female participant further raises concerns around conversations that blame the victim instead of the perpetrators of the crime. She emphasises the difficulty for marriage partners to believe that the other commits a consanguineous crime, especially in the case of fathers who sexually violate daughters.

"…Frankly no, I'll tell you, the [victim] that the father was raping her from age thirteen, when she came to my office, it was in my office that the mother finds out that she aborted thrice for the father…then you could see that the mother was very angry, and I thought the anger should be directed at the man, but she directed the anger to her daughter. Do you know till date she is still with the husband? She did not support her daughter…" **(Gyeng)**.

3.2 Theme 2: social and environmental impacts on female survivors

The participants highlighted the role of social interaction within the environment and how they supported stigmatisation post-rape. They emphasise that rape events are traumatic and traverse through societal conversations that promote gender inequality.

During the interview, a 35-year-old female participant stated that the majority of the female rape victims in Nigeria are labelled as promiscuous in society, hence the use of phrases like "she wanted it," "She called for it," or "she enjoyed it." This stereotypical utterance implies that the female victims are complacent about their rape and deserve the consequences. She further explained how victims who become pregnant from rape are often stereotyped and stigmatised in most communities.

"…for example, pregnancy, a rape victim becomes pregnant because of rape, you know, she, navigating or presenting herself in the society, there is this stigmatisation. It is exceedingly difficult for her to navigate the society because everybody will be looking at her with this kind of mentality that this person is pregnant and this pregnancy is because of rape, you know, so she is not comfortable. There is withdrawal, she withdraws from society. So, she is not comfortable within her own society or domain you know, because people will start thinking this person has been raped, so there is this issue of stigmatisation. Some of them are being stigmatised and it's exceedingly difficult for them to feel free in the society and to navigate in the society and to do some other things…" **(Weng)**.

She believes that social justification for rape, within the environment, has direct and indirect effects on victims' social well-being and can result in self-isolation. That they make conversations within the community intoxicating and re-victimise the victims, and as such, the victims can resolve to become uncommunicative.

A 39-year-old male interviewee argued that, beyond the geopolitical concept of environment, environment constitutes the social circle of a female victim. This micro-environment, according to the participant, influences the outcomes for victims' post-rape. He emphasises that the micro-environment constitutes a major barrier for the victims compared to the psychological domain, and that religious environments do exist too. He added that when social and religious environments intersect, they re-victimise the female victims and promote a culture of neglect.

"Well, in my experience, I think of the problems with rape victims has a social context to it. The way people react to this experience goes beyond the psychological factors such as the trauma of the experience itself. The environments that they've been raised in, or they found themselves in, and so you will look at the religious environment and the social environment that they found themselves in. This context influences the way the victims will react in such situations or such experiences. In some society there is stigma attached to raped victims, so in society like ours where there is social and religious stigma, it will affect the way the raped victim will react to the experience. In other words, it will determine if they are likely to speak up about it or confront their abusers. This is much different from a society like the UK where there is a lot of sympathy for people who have experienced such trauma…" **(Meng)**.

Another male participant narrated how a victim and her family were denied justice due to the interference of the religious and social affiliates, insisting on a settlement out of court, as the offender was a religious leader.

"This is an anointed man of God, he can't do that…no matter what the issue is, it can be settled without involving the police…and that is how the case was swept under the carpet. You see rape is better handle in UK where you are than here in Nigeria." **(Zeng).**

3.3 Theme 3: psychosocial effects and signs in younger victims

Looking at the psychological symptoms of rape on female victims, a 35-year-old medical specialist narrates the different levels of psychological trauma rape victims undergo. She noted that the symptoms are often ranged from as mild as having flashbacks and sleeping difficulty to having post-traumatic stress disorder (PTSD) and attempting suicide.

Additionally, she compared PTSD and suicide tendencies with physical conditions such as HIV/AIDS and stressed that the psychological effect of rape is worse for women due to limited therapeutic care. As she narrates her conversation with a raped victim who attempted suicide by overdose, she emphasises the role of positive social interaction (including therapy) in managing depression.

"What stands out for me mostly from the victims I've managed is the Post Traumatic Stress Disorder (PTSD). Now, the reason being that PTSD is something that lives in your mind and without some forms of intervention or help you could be having a series of flashbacks of what has happened and that is very detrimental to the victim's health, because at that point the victim can be depressed.

PTSD can predispose the victim to having sleep disorders, panic attacks, anxiety, and the likes. PTSD, suicidal ideation, suicidal tendencies, and the likes, you know, that really

stands out for me out of all. If the patient is pregnant, it's easier to manage, HIV could be managed with drugs, if there is phobia you could help her overcome her fears and all that, but PTSD is really something that you know, needs to be investigated. It can cause a lot of damage to the victim… It can lead to different things as I've mentioned.

One of the victims I am attending to, she has been having flashbacks which resulted into depression. She also told me she is finding difficulty in initiating sleep, and she is having sleeping disorders. She had suicidal ideations which end up in suicide attempt but thank God she didn't take her own life. She was quick enough to call me to tell me the symptoms that she was having and when I asked further, I discovered she took a lot of drugs that were not necessary.

She tried to commit suicide. Therefore, PTSD is something that needs to be looked out for. It makes them remember the scenario and it is really traumatising." **(Weng)**.

Other participants highlighted psychosocial behaviours to suspect that female children and young adults are sexually abused. For example, A 36-year-old male participant shared the experience of a seven-year-old girl who was rape repeatedly by her father. She highlighted that the rape began much earlier and has compromised the victim's psyche, such that the victim began to embody the personality of an adult. She posits that these personality changes could perfectly represent the stages of trauma that children who experienced rape undergo. Furthermore, she added that trauma due to rape can affect the victim's entire lived experience, and for the girl-child, it can create a false personality of a sense of being mature, and that other personality traits are mood swings, such as from being active or vocal, to becoming isolated or introverted. These are significant markers for parents to watch out for in the girl-child.

"There was a victim we once had, she was seven years old and had been abused by her father. He started abusing her by the age of three…. She's a seven-year-old girl but does not act and play as a seven-year-old. She acts as a mature woman and sees others in her class as children." **(Zeng)**.

3.4 Theme 4: barriers or hindrances to obtaining therapeutic services

Participants in this study mentioned barriers such as fear of stigmatisation, re-victimisation, shaming, and the geo-location of services as discouraging factors to attending psychotherapy.

39-year-old male participants noted that there is a paucity of mental-health services for female victims of rape in Nigeria, and that the few available mental-health services are in cities, making them inaccessible and expensive for victims living in remote areas.

"The fact that these services are underutilised is multifaceted. There is a reluctance from some people to utilize them. And this can be because of social factors and religious factors such as stigmatisation, fear of being reprimanded, and re-victimisation. These are some factors that can deter victims from utilising the services. Another factor that can limit victims from utilising services is the proximity of such services, like in rural areas where we have hospitals and health care centres that are located far away from the people, it is not highly likely that the victims will undertake such a long journey to go and utilise the services…" **(Meng)**.

Similarly, a 45-year-old male interviewee feared that available care services are run by private practices and are capital-intensive to access. He observed that most of the victims

he came across were women from the lower socio-economic class and that most cannot afford the therapy. He added that it could be another reason for boycotting therapy.

"I strongly believe the therapy we have here is not sufficient… a lot of people are working on it, but mostly it is the private therapist and needs to be paid for, because it is private, and they are also out to make profit…" **(Feng)**.

A 36-year-old male participant submitted that available interventions for rape victims in Nigeria are either designed to cater for basic medical/microbial testing, treatment of physical injuries, or gathering of exhibits for judicial proceedings in reported cases and are hardly targeted at psychological care. He further argued that where counselling services exist, they are mostly targeted towards drug abusers and intended marriage couples. He believed the Nigerian government are paying less attention to counselling for rape victims compared to counselling for victims of other forms of abuse and lauded some NGOs for establishing therapy for female rape victims.

"Rape is only seen as a dastardly act which is punishable by law. The abusers and the victims don't get any hospitalisation, therapy, or medical care. At best the medical care you will fine is when you are raped you will be taking for an examination to get a medical report that might be use against the abuser and that is all. At best from most of the medical certificates we see, they tend to do tests for hepatitis, tests for HIV, and another irrelevant test to the victim. It is just that basic evidence that they will need to nail the perpetrator in courts…the psychiatric homes/wards…is mostly drug related, people who abused drugs, or consumed a lot of substances. You hardly fine counselling for rape, except when you fine organisations like [the International Federation of Women Lawyers] FIDA who at least tries to do something about it. But mostly you find counselling such as marriage counselling, those are what you find. Others could just be programs to conscientise people about one or two things. Aside that, counselling for rape is scarce. You only have a few NGOs who tend to tour in that line. So, it is difficult to get those. **(Zeng)**

However, A 33-year-old female participant sees a lack of awareness of therapy as a major barrier for victims to obtain psychotherapy. According to her, the victims hardly return after the first therapy, and some will not attend therapy post-rape regardless of whether they are aware.

"There is the problem of ignorant, some are genuinely unaware that such services are available to them…. the psychotherapy that could be offered shortly after rape to help survivors. Some victims or the populace are unaware of this… Only a few go to this unit for therapy, others boycott." **(Pyeng)**.

3.5 Theme 5: coping strategies and interventions for victims

The participants highlighted a few strategies to minimise the psychosocial effects of rape on victims. For example, a 45-year-old male participant says there is a need for redefining the concept of rape in Nigeria. That instead of blaming the female victim, rape must be seen as a crime of misfortune committed against the victim, and that it is a crime against society and humanity, therefore, the burden should not rest with the victim. The respondents believe the public need awareness to understand rape related trauma and mobilise to fight rape.

"The first preventive strategy is orientation. Let there be proper orientation for the public to understand the trauma that comes with raped and let the society also understand

that being a rape victim is a misfortune. By the time the society understands this then the stigma will reduce…" **(Dieng)**.

A male participant described the family as the first society where the girl child's nurturing begins, and communication is pivotal. He advised that open and healthy conversations between parents and the girl-child will build confidence in the girl-child and encourage reporting of rape. He further stressed that conversations at the family level, combined with sex education within the academic sphere, will help.

"First, parents must always build confidence in their children so that whatever happens to them they can feel free to talk to them about it. Even if not to the parent, at least there should be someone they can share their ordeals with. In addition to mass orientation and the introduction of sex education from the primary school curriculum," **(Feng)**.

Another male participant added that local and national telephone lines are lacking in Nigeria and advocated for the formation of national emergency telephone lines to report rape cases. *"We need hot lines for the report of rape in Nigeria…"* **(Zeng,)**.

Similarly, a 51-year-old male participant called for the implementation of the existing laws that are meant to sanction rape offenders. He argued that the offenders often go unpunished because the laws are not adequately implemented.

"The law regarding punishment must be well establish in the society and perpetrators must be extricated from such society and we must distance ourselves from such a man… Again there must be campaign against rape, and a law must be put in place to punish offenders. This issue keeps on repeating because the abusers often go unpunished. With well implemented laws I believe that will reduce…" **(Reng)**.

Like the call for orientation about rape at home and in the schools, A 41-year-old female respondent suggested intra-collaboration between government agencies, and inter-collaboration between government and non-governmental agencies. For example, grassroots campaigns against rape can help complement the previous declaration of a state of emergency on rape by the federal government. To improve on the legal approach to reduce female rape, the participant suggested a synergistic partnership between the legal, medical, police, non-governmental organisations (NGOs), and ministries of health and women's affairs, to tackle female rape and sexual defilement.

"…Again, the government should partner with NGOs, run campaigns… lawyers, the government, the police, should partner. Like now, this case that they called me just today, I should have someone in the police department whom I can call and say there is a case here. Ccan we make an arrest, pending investigation? So, there is no cooperation as such. They only come and talk about it but there is no implementation. Therefore, there must be partnership and cooperation between the government organisations that handled cases that has to do with rape and sexual defilement…" **(Gyeng)**.

Last, 36-year-old male participants lamented over the inadequacy of funding for NGOs that are willing to protect female rape victims via community-based sensitisation and intervention campaigns. He further contested that if attention and financial commitment are given to rape as is done to HIV/AIDs, it will help lower the current prevalence. Besides, when properly funded legal-based organisations (like the International Federation of Female Lawyers - FIDA) are able to defend female survivors of rape pro bono, this will encourage reporting and discourage offenders.

"I believe collaboration should be done with non-governmental organisations (NGOs) to venture into this. There are no funds or grants for most NGOs to go into that field.

Without any bias, there is a lot of funds being drawn for people like transgender, lesbian, gay, even HIV/AIDS, they have a lot of grants. But for rape, you won't find funding or grants that NGOs can key into it, start proper sensitisations, and go round. These things are absent." **(Zeng)**.

4 Discussion

The analysis revealed multiple phenomena. Female rape victims cut across all ages, and the consequences are multifaceted. Personal and societal barriers combined to hamper access to health and care services for rape victims.

The research was designed to explore psychosocial and environmental challenges faced by female raped victims in Nigeria. Rape is still a problematic occurrence against women of all ages, and factors that promote this crime are found within socio-cultural norms that devalue women. A major problem, like in past studies, is the culture of silence that discourages the female victims from reporting the rape incidence [6], and these factors are well captured in the social domain of the biopsychosocial model [22]. The notion that prestigious people cannot commit rape has further aided the crime at the peril of the female victims. However, studies have shown that rape is not peculiar to specific persons [47]. These assumptions, as substantiated by religious and political institutions, give power to the rapist(s) and place the female victim(s) in more danger, and are hardly scrutinised by legal proceedings. Like previous findings [11, 34], our findings account further demonstrated a devastating case of victim blame, poor support, and socio-cultural narratives that discourage victims from reporting rape. Victims being disbelieved is prevalent within the homes and the wider society. Additionally, a host of socio-cultural negotiations exist to silence female victims. This underscores how social stratification within the Nigerian context makes it difficult for most women to get justice and hampers trust [1]. Compared with the seriousness with which rape cases are handled in high-income countries, the participants opined that reporting of rape incidence is the fundamental step to fighting the crime. Hence, most victims, especially those of younger age, are often warned by their assailants against speaking up.

Another stereotypical reality that indirectly promotes rape is the traditional and religious practices that place a higher premium on virginity, portraying female raped victims as unfit for marriage. Like previous findings [37], we found inequality in sexism in the way women are expected to maintain higher moral standards than men. Contrastingly, [28] argue that factors that promote female rape are go beyond cultural discourses. Citing the erogenous way some women dress, they assert that certain behaviour gives the impression of wanting sex.

In Nigeria, female raped victims are stigmatised and re-victimised in most communities, and those who come up with other complications, such as pregnancy and HIV/AIDS, tend to face double stigmatisation. Similarly, research by [51] found a positive association between rape penetration (anal, vaginal, mouth) type and level of stigmatisation. However, in our research, participants posit that the identity of the abuser is mostly family members, and the duration or repetitiveness of the crime determines the psychological impacts, perhaps because consanguineous rape is unlikely to be reported compared to stranger rape. We found no impact resulting from alcohol or substance abuse disorder as reported in a previous study [51].

Participants accounted that to escape, women resolved to withdraw from their immediate environment. As an intermediate response, withdrawal normally evokes further psychological dilemmas for the victims. For Instance, with a lack of a confidant to relate their ordeal to, most female victims become very depressed and find it difficult to recover from the trauma of the rape experiences. Furthermore, previous studies conducted in Nigeria classified psychological outcomes from rape on the levels of severity and the time the symptoms presented themselves from the victims' perspectives. Symptoms, including shock and anxiety, were recorded at initial stages, while PTSD and suicide occur at the later stages [3, 48].

Also, the result recorded PTSD and suicide as the major mental health outcomes from female rape in Nigeria. Accumulated trauma and shocks from lack of report and years of repeated abuse culminate in the decision to commit suicide. Psychological side effects from rape appear to be the biggest problem for Nigerian women who have survived rape. Previous studies recorded several mental-health dysfunctions associated with rape. A rigorous analysis of various psychosocial outcomes associated with rape recorded a high prevalence of PTSD (Post Traumatic Stress Disorder), anxiety, depression, suicidal thought/attempt, substance and alcohol misuse disorder [18, 25]. A Swaziland-based study by [57] additionally recorded insomnia. [44] further stressed that feelings of guilt, insecurity, humiliation, and indignation also affect the mental capacity of rape victims.

Another vital finding from our study is the re-embodiment of the bodily self with which the sexually abused girl-child struggles. Unlike adults who may resort to suicide, advanced stages of trauma in female children and teenagers are often expressed by a false switch from childhood to adulthood, assuming the responsibility of parents, changes in dress pattern, facial make-up, and engaging in discourses that are parental guidance.

Furthermore, to understand the complexities around the psychosocial well-being of female victims of rape, we explore the barriers to accessing related care. First, there are limited psychotherapeutic services available for victims, and the few available are in the cities. The government has invested less in these services; they are mostly owned by private practices. This fact makes accessibility and affordability difficult for rape victims, especially poor women living in remote areas. Secondly, medical diagnostics tend to focus more on the physical impact and less on the psychological impact of rape. Therapy for rape is not well established and/or promoted compared to therapy for drug addiction and human trafficking. It is also found that some victims intentionally avoid services to minimise trauma from social contacts. In their reports, [45] and [49] lamented on victims' poor conceptualisation of rape, its consequences, and the available services in Nigeria as barriers. Like our recommendation, they stress that sensitisation will help to remove individual and institutional barriers and help reduce the incidence of rape and its psychosocial dilemmas.

5 Conclusion and recommendation

We recommended that Deliberate effort must be made to prosecute rape offenders within the existing laws that prescribe fourteen years to life imprisonment for convicted rape offenders. To reiterate, Nigeria is in dire need of more gender-based research, and policymakers must look deeply into psychological and environmental factors that silence female rape victims and promote rape. Because several social factors intersect at the family and community levels and catalyse the psychosocial impacts. Going forward,

there must be funding for a scale-up in interventions for female raped victims in Nigeria and a synergy among various human rights institutions set up to fight gender-based crimes. NGOs and government must partner to champion interventions and campaigns at local, state, and federal levels, and the campaigns must focus on the prevention of psychosocial dilemmas post by rape. We recommend that future research recruit the victims where possible.

6 Limitation

We acknowledge that our sample size of nine participants is small, and the accounts in our study were those of professionals and not directly from the rape victims. We acknowledge this may not precisely reflect the victims' experiences, and as with most qualitative approaches, the account in this research is the subjective submission of the participants and not a generalisation of the entire context.

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Author contributions
DD conceptualised and designed the research, collected and analysed the data, and wrote the original draft. CB and SB reviewed, edited, and commented on the initial draft. All authors, DD, CB, and SB, read, approved, and confirm that this manuscript is trustworthy; it is neither published nor under review by any journal.

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Data availability
Data collected, analysed, and/or reported during this study will be made available upon request to the first author, Dusu Dung (D.Dung@shu.ac.uk).

Declarations

Ethics approval and consent to participate
The University of Hull research ethics committee approved the research after scrutinising the research protocol (Stud. No.202128118). We execute the research protocol in accordance with the relevant guidelines and regulations of the 1964 Declaration of Helsinki on conducting research with human participants. Participants received, read, signed, and returned the informed consent form, and participants' information sheets prior to data collection.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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