



## Prevalence and Pattern of Sexual Assaults among the Mentally Ill attending the University of Port Harcourt Teaching Hospital

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### ABSTRACT

**Background:** Sexual assault among the mentally ill has become a common trend of public health concern occurring in various forms and perpetrated by different classes of individuals. It has become a more accurate predictor of suicidal ideation and attempt than any other form of abuse.

**Aim:** This study determined the prevalence and pattern of sexual assaults among the mentally ill attending the University of Port Harcourt Teaching Hospital.

**Materials and Methods:** This was a descriptive cross-sectional study conducted among attendees of Neuropsychiatric Outpatient Clinic of the University of Port Harcourt Teaching Hospital (UPTH). A structured questionnaire covering socio-demographic characteristics and other factors were self-administered to 75 patients diagnosed with various psychiatric disorders by consultant Psychiatrists at the out-patient clinic via a systematic random sampling method. Ethical approval was obtained from the ethical committee of the University of Port Harcourt Teaching Hospital. Descriptive statistics was used to analyze the data.

**Results:** Majority of the mentally ill patients were male (81%), had tertiary education (58.7%), and between the ages of 21 and 30 (44%). The most common mental illness experienced by victims of sexual assault include depression 21(28.0%), the least being sleep and personality disorders 1(1.3%). 16% reported that they had experienced sexual assault, and majority (38.7%) reported that the assault occurred when they were between the ages of 10 and 18. Majority of perpetrators of sexual assault were siblings 5(6.7%), followed by mother 3(4.0%). Some percentage was strangers (1.3%), with the rest being either a visitor to the house (1.3%), or neighbor (1.3%). Only (2.7%) of those who experienced sexual assault reported the assault, (9.3%) did not report it, while 66 (88%) had no response.

**Conclusion:** Sexual assault among the mentally ill is on the rise and manifests in several forms. Measures should be taken by all stakeholders including the government to curb this ugly trend.

**KEYWORDS:** Mentally Ill, Prevalence, Pattern, Sexual Assaults, UPTH

### INTRODUCTION

The most important risk factor linked to post-traumatic stress disorder (PTSD) and many other chronic DSM disorders, according to Möller *et al.* (2017) is sexual assaults. According to the intensity of the assault, it is believed that 10 to 19% of people on average experience PTSD following sexual assaults occurrence (Tiihonen *et al.*, 2014). In samples of people with physical and mental disabilities, men and women are both reported to have experienced sexual victimization, even though in the general community, women are more frequently sexual assault victims than males (Zarchev *et al.*, 2021). Most of the research in this field focuses primarily or solely on female samples, leaving a gap in estimates for vulnerable male victims in a psychiatric context, despite the fact that all patients obtaining psychiatric services are particularly at risk of sexual assault in adulthood. Son *et al.* (2020) revealed that 82% of all participants across 195 studies are female, with 15 times more studies focusing solely on women than on men or mixed samples. The review focused on the relationship between sexual abuse and mental illness.

It's bad that men are so drastically underrepresented for two reasons. First, sexually abused individuals with mental illness are at a greater risk of experiencing a decline in their symptoms, ability to cope, and life expectancy (Zarchev *et al.*, 2021). Male patients who have a



history of sexual abuse not only have more severe sadness and anxiety than those who do not. Along with acute intrusive thoughts, avoidant behaviours, decreased functioning, and a general trend towards psychiatric morbidity, such a background is also linked to these symptoms. It is very difficult for men to reveal sexual abuse in general and in clinical groups, which frequently results in poorer self-esteem and drug consumption as a coping mechanism (Tan *et al.*, 2021). Sexual assaults emerge as a more accurate predictor of suicidal ideation and attempt than any socio-demographic variable or other type of abuse because patients with mental illness are more likely to report having such thoughts and to actually attempt suicide (Hewitt *et al.*, 2018). Thus, a strong correlation between sexual victimization and poorer psychosocial outcomes, self-medication coping, substance abuse, and suicide attempts in male patients with mental illness may be observed throughout the many research lines. This study focuses on the Prevalence and Pattern of Sexual Assaults among the Mentally Ill at the University of Port Harcourt Teaching Hospital in order to gauge the percentage of men who are particularly susceptible to this downward trend. This study used descriptive analysis to draw conclusions from primary sources in order to examine the prevalence and pattern of sexual assaults among the mentally ill in UPTH.

## MATERIALS AND METHODS

This was a descriptive cross-sectional study conducted among attendees of Neuropsychiatric Outpatient Clinic of the University of Port Harcourt Teaching Hospital. A structured questionnaire covering socio-demographic characteristics and other factors were self-administered to 75 patients diagnosed with various psychiatric disorders by consultant Psychiatrists at the out-patient clinic via a systematic random sampling method. Ethical approval was obtained from the ethical committee of the University of Port Harcourt Teaching Hospital and all other ethical provisions were followed. Descriptive statistics was used to analyze the data.

## RESULTS

### Descriptive Statistics Analysis of the sample of people with mental illness (Socio- Demographic Characteristics)

**Table 1:** Socio-Demographic and Prevalence analysis of people with mental illness

S/N	Variables	Sub-variables	Frequency (Percentage)
1.	Age (Years) of the respondent	10-20yrs	7(9.3%)
		21-30yrs	33(44%)
		31-40yrs	24(32%)
		41-50yrs	7(9.3%)
		51-60yrs	2(2.7%)
		>60yrs	2(2.7%)
2.	Gender	Male	61 (81%)
		Female	14(19%)
3.	Tribe (Ethnicity)	Igbo	28(37.3%)
		Hausa	7(9.3%)
		Yoruba	2(2.7%)
		Ikwerre	8(10.7%)
		Ogoni	1(1.3)
		Kalabari	1(1.3%)
		Others	28(37.3%)
4.	Highest Level of Educational	Primary	3 (4.0%)



	Secondary	25 (33.3%)
	Tertiary	44(58.7%)
	None	3 (4.0%)
5. Marital status	Single	57 (76.0%)
	Married	14 (18.7%)
	Divorced	1 (1.32%)
	Separated	2 (2.7%)
	Widowed	01(1.3%)
6. Religion	Christianity	70 (93.3%)
	Islam	4(5.3%)
	Traditional	1 (1.3%)
	None	0 (0%)
7. Employment Status	Unemployed	27 (36.0%)
	Student	14(18.7%)
	Apprentice	3 (4.0%)
	Self-employed	25 (33.3%)
	Employed by govt	3 (4.0%)
	Employed by Private	2 (2.7%)
8. Occupation	Unskilled Occupation	21 (22.6%)
	Skilled Occupation	23(24.7%)
	Professional Occupation	23 (24.7%)
	No Response	*26 (28.0%)
9. Average Monthly Income level	0-50,000 Naira	55 (73.4%)
	51-100,000Naira	17(24.7%)
	101-200,000Naira	2 (2.7%)
	201-500,000 Naira above	0 (0%)

Table 1 presents socio-demographic and prevalence data for a sample of people with mental illness. The table includes variables such as age, gender, tribe (ethnicity), highest level of education, marital status, religion, employment status, occupation, and average monthly income level.

In terms of age, the majority of the respondents (44%) were between the ages of 21 and 30, followed by those between the ages of 31 and 40 (32%). There were relatively fewer respondents in the other age categories. With regard to gender, the majority of the respondents were male (81%), while a smaller percentage was female (19%).

The table also includes information on the respondents' tribes or ethnicities. The largest percentage of respondents was Igbo (37.3%), followed by those who belong to other tribes or ethnicities (37.3%). There are smaller percentages of respondents from other tribes, such as Hausa (9.3%), Yoruba (2.7%), Ikwerre (10.7%), Ogoni (1.3%), and Kalabari (1.3%). There are also other relatively fewer respondents in the other tribe categories

The highest level of education for the majority of respondents was tertiary (58.7%), followed by secondary education (33.3%). A small percentage of respondents had primary education (4.0%), and an even smaller percentage had no education (4.0%).



In terms of marital status, the majority of respondents were single (76.0%), followed by those who were married (18.7%). There were smaller percentages of respondents who were divorced (1.3%), separated (2.7%), or widowed (1.3%). The majority of respondents identified as Christian (93.3%), with a smaller percentage identifying as Muslim (5.3%) or traditional (1.3%). There were no respondents who identified as having no religion.

With regard to employment status, the largest percentage of respondents were unemployed (36.0%), followed by those who were self-employed (33.3%), students (18.7%), or employed by the government (4.0%). A small percentage of respondents were employed by the private sector (2.7%), or are apprentices (4.0%).

The table also includes information on occupation, with the largest percentage of respondents in unskilled occupations (22.6%), followed by those in skilled occupations (24.7%) or professional occupations (24.7%). There were also a large percentage of respondents with no response in this category (28.0%).

Finally, the table includes data on average monthly income level, with the majority of respondents earning between 0 and 50,000 Naira (73.4%), followed by those earning between 51,000 and 100,000 Naira (24.7%). There were a small percentage of respondents earning between 101,000 and 200,000 Naira (2.7%), and no respondents earning above 500,000 Naira.

**Table 2:** Current illness and Medication History analysis of people with mental illness

Variables	Sub-variables	Frequency (Percentage)
Age at onset of current mental illness	<20yrs	47(9.3)
	21-40yrs	23(44%)
	40-60yrs	2(2.7%)
	No response	3(4.0%)
Duration of diagnosis of mental illness	<5 years	24 (32%)
	5-10yrs	15(20%)
	11-20yrs	7(9.3%)
	21-30yrs	1(1.3%)
	>30yrs	2(2.7%)
	No response	23(30.7%)
Duration of treatment of illness	<5 years	26(34.7)
	5-10yrs	14(18.7%)
	11-20yrs	6(8.0%)
	21-30yrs	1(1.3%)
	>30yrs	1(1.3)
	No response	27(36%)
Which medication are you on?	Olanzapine	10(13.7%)
	Resipiridon	9(11.3%)
	B-complex	5(6.7%)
	Lacatin	5(6.7%)
	Exol	4(9.3%)
	Amitriptylline	1(1.3%)



	Flutex	1(1.3%)
	Sexoxat	1(1.3%)
	Aripiprazole	3(3.9%)
	Tegrelol	2(2.7%)
	Propadol	2(2.7%)
	Haleperidol	2(2.7%)
	Astano	2(2.7%)
	CPI	2(2.7%)
	Haloperidol	2(2.7%)
	Escalalopran	2(2.7%)
	Epilium	3(3.9%)
	Others	3(3.9%)
	No response	16(21.3%)
How long have you been on this medication?	1-6months	28(37%)
	7-12 months	19(25%)
	Above 1yrs	10(13.7%)
	No response	18(24%)
Do you have any side effect or observed any discomfort ?	Yes	22(29.3%)
	No	45(60.0%)
	No response	8(10.7%)
Do you feel like stopping the drugs because of the side effects or discomfort?	Yes	26(34.7%)
	No	42(56.0%)
	No response	7(9.3%)
Do you have any medical conditions?	Yes	18 (24.0%)
	No	45(60.0%)
	No response	5 (6.7%)
What Mental illness were you diagnosed with?	Anxiety disorder	18 (24.0%)
	Depression	21 (28.0%)
	BAD	12 (16.0%)
	Substance abuse	9 (12.0%)
	Sleep disorder	1 (1.3%)
	Schizophrenia	7 (9.3%)
	Personality disorder	1 (1.3%)



	No response	6 (8.0%)
When was it diagnosed?	0-12months	16(21.3%)
	Above 1yr	18(24.0%)
	No Response	41 (2.7%)
Mode of getting medication:	Self-Purchase	46 (61.3%)
	Government	16(21.3%)
	None response	13 (17.3%)
How many times did you not use the medication for the past one week	1-5 Times	17(22.7%)
	6-10times	10(13.3%)
	Above 10times	14(18.7%)
Any other source of financial support:	Relative	56 (74.7%)
	Friends	13 (17.3%)
	No Response	6(8.0%)
Domestic situation: Living with partner	Living with partner	12 (16.0%)
	Living with family	38(50.7%)
	Living with friends	7(9.3%)
	Living alone	10 (13.3%)
	Others	5(6.7%)
	No response	3(4.0%)

From Table 2 it can be observed that the age of onset of mental illness was the highest for respondents from 21 to 40 years which had the highest percentage of 44% representing the age level with the highest onset of mental illness; while above 60 years old had the lowest respondent representation with just 2%. The duration of diagnosis of mental illness was majorly within the last 5 years which had the highest percentage representation of 32%. The duration of treatment of mental illness was majorly within the last 5 years which had the highest percentage representation of 34.7% and followed by others. Also, the respondents for the study were majorly on olanzapine and risperidone which had the highest percentage representations of 13% and 11.3% followed by other medications. Respondent who had been on medication for 1-6 months had the highest percentage representations of 37%.

The table further revealed that the most common mental illness experienced by victims of sexual assault include depression 21(28.0%), the least being sleep and personality disorders 1(1.3%). Respondents with mental illness on medication who do not have any side effects or observed any discomfort had the highest percentage representations of 56% and those that do feel like stopping the drugs because of the side effects or discomfort had the percentage representations of 34%. Respondents with no medical condition constituted the majority of the sample with 60.0% forming this group. Mode of getting medication for the respondents was majorly those gotten by self as they had the highest percentage representations of 61.3%. The other sources of financial support for the respondents with mental illness were majorly relatives. This formed 56% of the sample while the domestic situation for the respondents with mental illness was those majorly living with family, and this formed 50.7%.



**Table 3:** Mental illness and Sexual Assault Analysis

Variables	Sub-variables	Frequency (Percentage)
Sexual Assault	Yes	12(16%)
	No	56(74.7%)
	No response	7(9.4%)
Age Of Assault	1-5yrs	4(5.3%)
	5-10yrs	10(13.3%)
	Above 10 yrs	29(38.7%)
	No response	32(42.7%)
Perpetrator Of Assault	Father	1(1.3%)
	Mother	3(4.0%)
	Siblings	5(6.7%)
	Visitor To The House	1(1.3%)
	Stranger	1(1.3%)
	Neighbour	1(1.3%)
	No response	63(84%)
Reported The Assault	Yes	2(2.7%)
	No	7(9.3%)
	No response	66 (88%)

Based on the data in table 1.7, it can be seen that 16% of the persons with mental illness reported that they had experienced sexual assault. Of those who reported experiencing sexual assault, the majority (38.7%) reported that the assault occurred when they were between the ages of 10 and 18. The table also indicates that the majority of perpetrators of sexual assault were siblings 5(6.7%), and this was followed by mother 3(4.0%). Some percentage was strangers (1.3%), with the rest being either a visitor to the house (1.3%), or neighbor (1.3%). Finally, the table shows that only (2.7%) of those who experienced sexual assault reported the assault, while (9.3%) did not report it and 66 (88%) had no response.

**DISCUSSION**

Participants at the Neuropsychiatric Outpatient Clinic of the University of Port Harcourt Teaching Hospital participated in this descriptive cross-sectional study. Patients with diverse psychiatric diseases were self-administered a structured questionnaire encompassing socio-demographic variables and other factors by consultants, psychiatrists, and patients attending the outpatient clinic via a systematic random selection. The University of Port Harcourt Teaching Hospital's ethical committee granted their consent, and all other ethical rules were observed. The data were examined using descriptive statistics.

Sexual assault is common among people with mental illness of all ages, regardless of their gender, profession, ethnicity, work position, or marital status. This is because mental health is essential to physical health (Hao *et al.*, 2020). Not everyone will develop a mental disease in their lifetime, but everyone will struggle with or face a challenge related to their mental health. The age range of 21 to 30 appears to have a higher propensity to experience sexual assault, with 44%, according to this study. According to statistics, factors such as violence, mental illness, war, etc. increase the probability of sexual assault for people between the ages of 21 and 30. (Bullinger *et al.*, 2021). In the same vein, this study revealed that majority of perpetrators of sexual assault was siblings 5(6.7%), followed by mother





3(4.0%). Some percentage was by strangers (1.3%), with the rest being either a visitor to the house (1.3%), or neighbor (1.3%). This finding is similar though not exactly to that of PettyJohn *et al.* (2019) which asserted that not less than 150 million girls globally experience sexual assault each year at the hands of a member of their family. Furthermore, Efevbera *et al.* (2019) added that more than 700 million women alive today were married as young children (under 18). By implication, sexual assault continues to be a serious issue in the modern world, regardless of the nation.

The types of mental illness linked to sexual assault are also revealed by this study. According to this study, the most common mental illness experienced by victims of sexual assault include depression, followed by anxiety disorder, bipolar disorder, BAD, substance misuse, schizophrenia, sleep and personality disorder. This study also suggested that depression is one of the mental diseases caused by sexual assault. This is consistent with the findings of Snaychuk & O'Neill (2020), who showed that 84.3% of women had high levels of depressive symptoms because of sexual assault. This study asserts that sexual assault on anyone, regardless of any demographic variable, results in mental trauma for the victims. It does this by drawing an inference from the many writers on the kind of mental disease linked with sexual assault. As a result, policies should be implemented in all parastatals to prevent sexual assaults in order to lessen the mental suffering and cease this measure.

This study found that 9.3% of the samples in this research do not disclose the case of the assault, even though sexual assault is a crime under the Nigerian constitution. Gill & Harrison (2018) identified three reasons why people chose not to disclose sexual assault cases: shame, fear of stigmatization, and the conviction that the police could not or would not intervene. In contrast, Nyangoma *et al.* (2019) suggested that law enforcement agencies routinely fail to take decisive action on the problem of sexual assault, even when sexually related issues are reported. According to the conclusions reached by several scholars, sexual assault is a big problem today and is illegal. Regardless, sexual assault victims need to be informed about reporting options and law enforcement organizations so they can file reports. Law enforcement organizations should also take courageous measures to avoid persecuting anyone found guilty of sexual assault offences.

## CONCLUSION

Sexual assault among the mentally ill is on the rise and manifests in several forms. The most common mental illness experienced by victims of sexual assault is depression while the least had sleep and personality disorders. Majority of those who experienced this abuse were teenagers while the larger percentage of the perpetrators was siblings. Therefore, measures should be taken by all stakeholders including the government to curb this ugly trend seeing that members of the family have been found to constitute the highest percentage of the perpetrators of sexual assault.

## COMPLIANCE WITH ETHICAL STANDARDS

### Acknowledgments

The authors acknowledge the cooperation and support of clinical colleagues and nurses at the Neuropsychiatric Out-patient Unit.

### Disclosure of conflict of interest

The authors declare no conflict of interest.

### Statement of ethical approval

Ethical approval was obtained from the research ethical committee of the University of Port Harcourt Teaching Hospital.

### Statement of informed consent

Informed consent was obtained from participants of the study. Also, subjects who declined participating in the research were not denied their treatment care right.





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