



Psychiatric Morbidity among Sex Offenders in Benin City

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Abstract

Sexual offences are rising at an alarming rate, leading to public outcry. Sexual violence impacts on victims psychologically, physically, socially and otherwise. It destabilizes a society's sense of safety and security. Despite all these there is a paucity of data on sexual offending in Nigeria and indeed Africa. Thus, a cross sectional comparative survey was carried out at Oko and Benin Prisons, in Benin City, Edo State, Nigeria. All the sex offenders (68) from both prisons were recruited into the study and a comparative sample of non-sexual offenders was also recruited via systematic random sampling to serve as control group. Therefore, sampling size was 136. A questionnaire that consisted of three sections was used to collect data. The study found that a relationship exists between general psychiatric morbidity and sexual offending. Age, marital status, educational status, social status and prison were also found to be linked to sex offenders with general psychiatric morbidity. The study concludes that stakeholders need to work hard to reduce the prevalence of sexual offences; the prison health department needs to know about the upsurge in psychiatric morbidity among sex offenders and put machinery in place to mitigate it. There is need to introduce/emphasise the topic of sexual violence in primary and secondary school curricula while Non-Governmental Organisations and Community Based Organisations should take up the crusades against sexual violence.

Keywords: Sexual Offenders, Non-Sexual Offenders, Psychiatric Morbidity, Violence

JEL Classification: I12, K42

Paper Classification: Research Paper

Introduction

Violent crimes with associated sexual themes are rising at an alarming rate leading to public concern. What constitutes such crime differs from one jurisdiction to the other. In Nigeria, sexual offences, range from rape and attempt, sexual harassment, incest, child prostitution, pornography and homosexuality. Sexual offending is considered a felony and the lengthen imprisonment as punishment is a reflection of how society perceives the gravity of the offence. The offences according to the Nigeria Sexual Offence Act (2013), recently passed attract jail term of a minimum of 5 years for minor offences such as sexual harassment and life jail for serious offences such as rape of children. Though the effect of sexual violence is apparent particularly as it affects the

psychological being of the victims and destabilization of the society's sense of safety and security, the causes are poorly understood. Contemporary theories posit that there are a lot of different causes of sexual violence and some stem from the offender's background (Sahota and Chesterman, 1998; Hanson and Morton-Bougon, 2005).

In Nigeria, several studies (Mafulul, Ogunlesi, & Sijuwola, 2001; Abdulmalik, Adedokun, & Baiyewu, 2006; Fatoye, Egunranti, Fatoye, Amoo, Omoaregba, & Ibigbami, 2010) have been carried out among violent offenders but very few have focused on the sexual offenders' population. Most studies on the subject matter come from developed countries (MeElory, Soutullo, Taylor, Nelson, Beckman, Brusman, Strakowski, & Keck, 1999; Leue, Borchard, & Hoyer, 2004; Dunsieith Nelson, Brusman-Lovins, Holcomb, Beckman, Welge, Roby, Taylor, Soutullo, & McElroy, 2004; Harsch, Bergk, Steinert, Keller, & Jockusch, 2006; Chen, Chen, & Hung, 2016). Sexual offending is however understudied in Nigeria and little information has been supplied from the African continent at large. A study conducted in Kenya found 35.5% and 34.2% had DSM-IV Axes I and II disorders (Kanyanyan, Othieno & Ndeti, 2007). The findings also revealed association between exposure to erotic/pre-occupation with thought about sex and these disorders.

A lot of Nigerians have unpleasant memories of sexual assault and regrettably, not many of such incidences are found in the police crime diary even in Benin City, Nigeria. The print and electronic media are awashed with reports of various forms of sexual assault. Even little children are not spared. Innocent members of the public, particularly women and children continue to be victimised. Sometimes the victims are even blamed. They are accused of behaving or dressing in a manner as to attract the rapist. But, how can this be true, how does one explain the situation where a six months old baby is sexually assaulted. How could such a baby have behaved as to put her or himself in a position to be raped?

Not a few have speculated that those who carry out rape or attempted it may have a mental disorder and or are under the influence of hard drugs. Mental disorders including use of drugs have the potential to impair judgment and insight and impact on feelings or emotions negatively which could lead a person to carry out a dastardly act such as sexual assault.

Victims of sexual assault suffer a lot as they are psychologically and physically impaired such that they may never recover throughout their lifetime. They experience anxiety and depression. They may even resort to substance in order to cope with their deep feelings of shame. They feel stigmatised and doomed for life. They may even contract all sorts of venereal diseases, including human immunodeficiency virus. Some may miss their period, resulting in them becoming mothers whose babies fathers are unknown rapists. Unavoidably, such a baby unfortunately has a very bad start in life. Some victims of sexual assault may procure abortion and die in the process. And indeed during the act of sexual assault, victims may be killed by assailants just as victims may carry out suicide after being raped (Rape, Abuse and Incest National Network, 2017). Despite these very untoward implications of sexual assaults, there is paucity of study on the subject in Nigeria, particularly with regards to its association with psychiatric morbidities.

Statement of the Problem

Sexual offences/offenders are on the rise. It is now a common occurrence to hear on the radio or watch on television and indeed other mass media reports of cases of rape. Sexual activities with animals like dogs have also been reported (Meyjes, 2017). School children have been raped by school staff especially teachers while cases of incest have been reported as well. Sexual harassment

is prevalent even on university campuses and pornographic literatures or materials occupy even city centres. Sexual offences are critical vices that put the victims in impaired psychological and socioeconomic states. They erode the sense of safety and security of the entire society and security of the entire society and are therefore repugnant to the growth and development of the entire society (Rape, Abuse and Incest National Network, 2017). Therefore, it only becomes imperative to explore all options to ameliorate if not annihilate this societal menace.

It has been argued that many sexual offenders have psychiatric disorders or are usually under the influence of hard drugs. In some circumstances, the general behaviour of perpetrators of sexual offences tended to suggest that they may be mentally unwell. Unfortunately there is virtually absence of study that has considered whether there is any association between sexual offending and psychiatric morbidity. Also, it would be interesting to know the socio-demographic variables that are associated with sexual offending. It is against this background that this study investigates psychiatric morbidity among sex offenders in Benin City.

Objective of the Study

This study aims at an examination of psychiatric morbidity among sex offenders in Benin City; while the specific objectives are to:

1. examine the association between general psychiatric morbidity and sexual offending.
2. discuss the relationship between sexual offenders' socio-demographic variables and sexual offending.

Research questions

The following questions guided the focus of this research:

1. Is there a relationship between general psychiatric morbidity and sexual offending?
2. Is there an association between sexual offenders' socio-demographic variables and sexual offending?

Brief Review of Related Literature

Meaning of Sexual Offence

There is no universal meaning of the concept of sex offending due to the fact that such is susceptible to the scholar's background and orientation. Various countries have different positions or views on what constitute a sex offence. In the Nigerian Sexual Offence Act 2013 (Nigerian National Assembly, 2013), acts that are defined as sexual offences include rape, attempted rape or child defilement, prostitution of persons with mental disability, incest, sexual harassment, and deliberate transmission of HIV and other sexually transmitted disease.

Prevalence of Sexual Offences

Sexual offences are among the crimes that evoke strong emotional concern in the public. They are among the highly personal and sensitive behaviours and experiences which may happen to someone. Studies have shown that about 5% to 7% of men admit to at least an instance of unreported sexual assault (Grotmeter and Elliott, 2002; Liask and Miller, 2002). Sexual offences are difficult to measure, as they are usually done in secrecy with usually no third party around (Cook, Gidycz, Koss, & Murphy, 2011). Sexual violence/offences occur worldwide and encompass

a range of acts whose scope varies from one jurisdiction to another.

Sexual assault made up 8.2% of all cases of assault reported to the police in Benin City, Nigeria (Akhiwu, Umanah, & Oluria-eddo, 2013). Rape account for 3 to 5% of cases treated in hospitals in Nigeria (Daru, Osagie, Pam, Mutahir, Silas & Ekwempu, 2011; Adeleke, Olowookere, Hassan, Komolafe, & Asekun-Olarinmoye, 2012; Ashimi, Amole & Ugwa, 2015). It has been shown that sexual assault is under-reported in Nigeria (Badejoko, Anyabolu, Badejoko, Ijarotimi, Kuti, &

Adejuyigbe, 2014) and that perpetrators of sexual offences are mostly men while victims mostly women. In a 5-year analysis of sexual offences in Lagos State, Nigeria, it was reported that 99.7% of perpetrators were males while 98.4% of the victims were females (Gbemileke and Oladepo, 2015).

In Nigeria, statistics on some type of offences for example trafficking for prostitution and child pornography may not be available because they are not reported. A study done reported rape as the commonest type of sexual offence (48.9%), followed by defilement (29.8%), attempt to rape (8.5%), and indecent assault on males (4.3%) (Gbemileke and Oladepo, 2015). Gbemileke and Oladepo (2015) reported majority (48.9%) of victims being students. Other occupations of victims included apprentice (10.6%), trader (10.6%), house helps (6.4%) and unemployed (6.4%). The majority of the perpetrators were artisans (29.8%) and students (19.1%).

The scene of sexual offences is varied and appears to be influenced by suitability of location and circumstances. Some studies report that offences are commoner in the houses of the perpetrators (Shaahu, Ajuwon, Onadeko, & Lawoyin, 2004; Gbemileke and Oladepo, 2015) while others report it being commoner in the houses of the victims (Cox, Andrade, Lungelow, Schloetelburg & Rode, 2007). Quite a number of these offences are however done by people who are well known to the victims (Gbemileke and Oladepo, 2015).

Sexual Offences and Psychiatry

One should note that not all sexual offences in themselves are due to mental disorders, although quite a number have been traced to it. Most times, a psychiatric diagnosis is a prerequisite for committing offences. Psychiatrists tend to use (not without controversy) the paraphilia not otherwise specified diagnosis (Zander, 2008), thus helping the judicial system to incarcerate the offender. Psychiatrists are doctors bound by the ethical principles of "beneficence" and "nonmaleficence", so it may be argued that the psychiatrist venturing into the legal domain where there is no clinical definition may cause the offender harm. A counter and ethically justifiable argument is that by detaining and treating the offender, he is being helped from further offending behaviour as well as protecting the society.

Individuals who sexually offend may develop a psychiatric disorder and individuals known to have a psychiatric disorder may offend. Individuals with mental disorder who engage in sexually offensive activities may do this because of their state of health (Drake and Pathe, 2004). High rate of mental illnesses have been reported both in sex offenders in prison and sex offenders in psychiatric facility (Harsch et al, 2006).

Several studies have been done which has established a relationship between psychiatric disorder and sexual offending. In a study carried out by Leue, Borchard, and Hoyer (2004), they found that Paraphilias, impulse and depression resulted in rape and sexual abuse in children. Similarly, Crocker, Lemer, Mercier, Allaire, and Roy (2007) in their study revealed that, mental retardation was a major cause of sexual offences. This view was equally shared by the studies of

Aldel, Brennan, Hodgins and Mednick (2007) and Alish, Birger, Manor, Kertzman and Zerzion (2007) where they found a strong association between schizophrenia and rape. What can be deduced from this study is that, the mental state of a person determines to a large extent, the sexual behavioural pattern.

Some other studies have also shown that sexual crime could occur due to mood disorder of the offender. The truth is, persons with bipolar disorder often commit sexual offences (Moreno, Moreno, and Ratzke, 2005). The study of Hodgins (1992) opened another vista to the idea that sexual aggression could be a result of intellectual impairment. It is glaring from the above that individuals with mental disorder tend to engage in sexual offences. Kanyanya, Othieno and Ndeti (2007) in a comprehensive study done in Kenya found a statistical correlation between personality disorder and preoccupation with sexual thoughts. This study was further validated by the work of Valenca, Nascinento and Nardi (2012) when their study found a link between sexual offences and mental and developmental disorder.

Theoretical Explication

A lot of insight has been gained over the years about the factors that are associated with sexual offences; however, definitive answers are still elusive as to its predisposing factors. There are several reasons why people should know the motivating factors in sexual offending so as to be able to develop an efficient preventive strategy, develop effective strategies and policy decision to tackle them. There appears to be no particular cause of sexual offending in relation to sexual offending. Several causes which could be independent of one another have been identified as possible causes. The theories on the causation of sexual offending have been categorised into single factor theories, multifactor theories and micro theories (Ward and Hudson, 1998). The single-factor theories are those which strongly believe that there is a sole reason for sexual violence. These theories include psychodynamic, cultural and socio-cognitive theories. The multifactor theories on their part seek to explain sexual offending as a result of different causes working together. These theories include Finkelhor's Precondition Model (Stinson, 2006).

The psychodynamic theory postulates sexual offenders have strong libido or sexual drive while possessing a weak sense of morality. In a bid to gratify their high sexual impulse they may end up offending sexually since they are morally weak. The cultural theory says that those who offend sexually learnt it. They grew up in a culture where sexual offending is prevalent. They may have been victims themselves or have witnessed sexual violence. Some research reveals that a sizeable number of sexual offenders may have been so abused themselves. The socio-cognitive theorists opine that faulty thoughts and beliefs are the reason for sexual offending. For example, a sex offender who molests children may believe that no adult will acquiesce to him sexually. An offender may rape an adult because he has low self-esteem such that he lacks the confidence to approach for a date. Finkelhor's model states that an offender must meet four conditions before sexually offending a child. There must be the motivation to sexually abuse a child, overcoming internal inhibitors (that is the sense of inappropriateness of molesting a child), overcoming external inhibitors (an environment or circumstances that keeps a child safe, for example close supervision by parents) and overcoming child resistance; that is the offender makes the child to develop trust for him or her. These theories have helped largely with the understanding of the causes of sexual offending and have therefore helped in its prevention and management.

Methods and Materials

Research Design

This is a one-time comparative research done at the two medium security prisons in Benin metropolis, south-south region of Nigeria. A sample size of 136 was selected from the population of the study which consisted of all sexual offenders and non-sexual offenders who have been convicted or awaiting trial in the two medium security prisons in Benin metropolis. Convenience sampling technique was used to recruit the entire population of sexual offenders who gave consent for the study. While a probability sampling technique (systematic random technique) was used to recruit non sex offenders. A self-administered questionnaire that consisted of three sections was used to gather data. Section A consisted of socio-demographic and clinical history of the participants. Section B consisted of the 12-items version of the General Health Questionnaire (GHQ-12). The GHQ-12 was developed by Goldberg (1972). It is used to screen for general psychiatric morbidity. It consists of 12 items. Each item on the questionnaire has 4 possible responses; the respondent chooses only one response which best fits how he or she felt recently. Approvals were obtained from the Nigerian prison service, Edo State headquarters, Benin City, University of Benin Teaching Hospital Research and Ethics Committee; in addition to obtaining informed consent from the participants. The data was processed and analysed using SPSS. Descriptive statistics such as frequency was used to describe the prevalence and the distribution of sexual offences. Chi-square was used to test categorical variables associated with sexual offence.

Data Analysis

Table 1: Distribution of Respondents

Prison	Frequency	Percentage (%)
Oko	66	49
Benin	70	51
Total	136	100
Offender		
Sex offenders	68	50
Non-sex offenders	68	50
Total	136	100
Religion		
African traditional religion	4	3
Christianity	98	72
Islam	27	20
None	7	5
Total	136	100

Source: Field work, 2018

Table 1 shows that 66 (49%) of the respondents were inmates from Oko prison while 70 (51%) were from Benin prison. 68 (50%) were sex offenders while the other 50% were non-sex offenders. On religion, majority of the respondents (72%) subscribed to Christianity, 20% practiced Islam while the least practised African traditional religion.

Table 2: Socio-Economic Distribution of the Respondents

Age in years	Non-sexual offenders		Sexual offenders	
	Frequency	Percentage	Frequency	Percentage
less than or 27	36	27	19	28
28-38	65	48	33	49
39-49	29	21	11	16
greater than or 50	6	4	5	7
Total	136	100	68	100
Marital status				
Single	90	66	44	64.7
Married	39	29	20	29.4
Separated	6	4	4	5.9
Divorced	1	0.7	-	-
Total	136	100	68	100
Educational status				
No formal education	18	13	17	25
Primary school	21	15	15	22
Secondary school	39	29	24	35
Tertiary school	58	43	12	18
Total	136	100	68	100
Employment status				
Employed	101	74	34	50
Unemployed	31	23	30	44
Student	4	3	4	6
Total	136	100	68	100

Source: Field work, 2018

Table 2 reveals the age of non-sexual offenders, that majority of the respondents that is, 49% were aged 28-38 years, 27% were less than 27 years old, 21% were between 39-49 years old and 4% were greater than or 50 years old, while for the sexual offenders, 49% were aged 28-38 years, 28% were less than 27 years old, 16% were between 39-49 years old and 7% were greater than or 50 years old. For marital status of non-sexual offenders, 66% were single, 28% were married, 4% were separated and 0.7% were divorced, then for sexual offenders, 65% of them were single, 29% were married, 6% separated and none of them were divorced. On the educational status of the non-sexual offenders, 13% had no formal education, 15% had primary education, 29% had secondary education while 43% had tertiary education. While for the sexual offenders, 25% had no formal education, 22% had primary education, 35% had secondary education while 18% had tertiary education. On the employment status of non-sexual offenders, 74% of them were employed, 23% unemployed while 4% were students and then for the sexual offenders, 50% were employed, 44% were unemployed while 6% were students.

Analysis

Table 3: Comparison of prevalence of general psychiatric morbidity between sex offenders and non sex offenders

	General psychiatric morbidity		X ²	p-value
	Present	Absent		
Sex offenders	24 (35%)	44 (65%)	17.989	0.0001**
Non sex offenders	4 (6%)	64 (94%)		

** = statistically significant

Source: Field work, 2018

Table 3 shows that the prevalence of general psychiatric morbidity among sex offenders was 35% while it was 6% among non-sex offenders. The difference was statistically significant. This finding is further given credence to by Drake and Pathe (2004) where they observed the existence of an association between psychiatric morbidity and sex offending.

Table 4: Comparison of socio-demographic variables of sexual offenders and non-sexual offenders

Variable	Offenders		x ²	p-value
	Sexual	Non-sexual		
Age				
≤ 27 years	19 (53%)	17 (47%)	0.151	0.846
≥ 28 years	49 (49%)	51 (51%)		
Marital status				
Unmarried	47 (49%)	50 (52%)	0.324	0.705
Married	21 (54%)	18 (46%)		
Educational status				
None	16 (89%)	2 (11%)	34.478	0.001**
Primary	15 (71%)	6 (29%)		
Secondary	24 (62%)	15 (39%)		
Tertiary	13 (22%)	45 (78%)		
Social state				
Employed	35 (35%)	66 (65%)	37.031	0.001**
Unemployed	29 (94%)	2 (7%)		
Student	4 (100%)	0 (0%)		

** = statistically significant

Source: field work, 2018

Table 4 shows that age and marital status did not significantly differentiate sex offenders from non-sex offenders while educational and social status did. A higher proportion of those who had no formal education and unemployed were sexual offenders. The finding of this study further validates those of Gbemileke and Oladepo (2015) where they found that age, sex, marital status, educational status, social status and prison were significantly associated with sex offenders with general psychiatric morbidity.

Conclusion and Recommendations

The prevalence of sexual offences is high enough to warrant a lot of concern from all stakeholders. Similarly, the prevalence of general psychiatric morbidity among sex offenders is quite high, almost half of the study population had general psychiatric morbidity. Perpetrators of sexual offences range from adolescents to the elderly and victims range from children to adults. Majority of victims are females and any individual may carry out sexual offence and perpetrators may be people well familiar to the victims. Based on the study's findings, the following recommendations are hereby made:

1. Stakeholders including parents, schools, law enforcement agencies and the judiciary need to work hard to reduce the prevalence rate of sexual offence.
2. The prison health department or unit needs to know that there is a major health issue and so put machinery in place to mitigate it.
3. Efforts at addressing the mental health of sexual offenders should target those who are less than 27 years, unmarried, has no formal education or are students.
4. Efforts at curtailing sexual offences such as education and monitoring should be more targeted at males without formal education or the unemployed. However, males in general, regardless of age, education, marital status or occupational background are suspect for sexual violence and programmes for prevention and control of sexual violence should target all males.
5. There is need to protect children and adult females from being victims of sexual violence. Children must never be left unattended to. They need to be protected even from familiar persons.
6. There is need to introduce/emphasise the topic of sexual violence in primary and secondary school curricula. Non-Governmental Organisations and Community Based Organisations should be encouraged to take up crusades against sexual violence.

References

- Abdulmalik, J.O., Adedokun, B.O. & Baiyewu, O.O. (2014). Prevalence and correlates of mental health problems among awaiting trial inmates in a Prison facility in Ibadan, Nigeria. *African Journal of Medicine and Medical Sciences*, 43(1), 193-199.
- Adeleke, N. A., Olowookere, A. S., Hassan, M.B., Komolafe, J.O.& Asekun-Olarinmoye, E.O. (2012). Sexual assault against women at Osogbo southwestern Nigeria. *Nigerian Journal of Clinical Practice*, 15(2),190-193.
- Akhiwu, W., Umanah, I.N. & Oluria-eddo, A.N. (2013). Sexual assaults in Benin City, Nigeria. *TAFPrev Med Bull*, 12(4), 377-382.
- Alish, Y, Birger M, Manor N, Kertzman S, Zerzion M, Kotler M. (2007). Schizophrenia sex offenders: A clinical and epidemiological comparison study. *Int J Law Psychiatry*,30(6), 459-466.
- Ashimi, A.O., Amole,T.G.& Ugwa, E.A. (2015). Reported sexual violence among women and children seen at the gynaecological emergency unit of a rural tertiary health facility. Northwest Nigeria. *Ann Med Health Sci Res*, 5, 26-29.
- Badejoko, O., Anyabolu, H., Badejoko, B., Ijarotimi, A., Kuti, O. & Adejuyigbe, E. (2014). Sexual assault in Ile-Ife, Nigeria. *Nigerian Medical Journal*, 55(3), 254-259.
- Chen, Y.Y., Chen, C.Y.& Hung, D.L. (2016). Assessment of psychiatric disorders among sex offenders: Prevalence and associations with criminal history. *CrimBehavMent Health*, 26(1),30-37.

- Cook, S., Gidycz, C., Koss, M. & Murphy, M. (2011). Emerging Issues in the Measurement of Rape Victimization. *Violence Against Women*, 17(2),201-218.
- Cox, S., Andrade, G., Lungelow, D., Schloetelburg, W. & Rode, H. (2007). The child rape epidemic: assessing the incidence at Red Cross Hospital, Cape Town, and establishing the need for a new national protocol. *South African medical journal*, 97(10), 950-955.
- Crocker A.G, Mercrier C, Allaire J.F and Roy M.E. (2007). Profiles and Correlates of aggressive behaviour among adults with intellectual disabilities. *J intellect Disabil Res*, 51(10), 786-801.
- Daru,P.H., Osagie, E. O., Pam,I.C., Mutihir,J.T., Silas,O.A.&Ekwempu, C.C. (2011). Analysis of cases of rape as seen at the Jos University Teaching Hospital, Jos, North Central Nigeria. *Nigerian Journal of Clinical Practice*, 14(1) ,47-51.
- Drake, C.&Pathé, M. (2004). Understanding sexual offending in schizophrenia. *Criminal Behaviour and Mental Health*, 14(2),108-120.
- Dunsieth, N.W., Jr, Nelson,E.B., Brusman-Lovins, L.A., Holcomb,J.L., Beckman, D., Welge,J.A., Roby, D., Taylor, P.,Jr, Soutullo, C.A.& McElroy, S.L. (2004). Psychiatric and legal features of 113 men convicted of sexual offenses. *Journal of Clinical Psychiatry*, 65(3),293-300.
- Fatoye,F.O., Eegunranti, B.A., Fatoye,G.K., Amoo, G., Omoaregba, J.O.& Ibigbami, O.I. (2010). Sociodemographic and Offence-related characteristics of Homicide Offenders in a Nigerian prison. *Nigeria Journal of psychiatry*, 8(1), 21-25.
- Gbemileke, A. & Oladepo, O. (2015). A Five-Year Analysis of Police Records on Sexual-related Offences in Lagos state, Nigeria. *African Journal Biomedical Research*, 18, 109-121.
- Goldberg, D.P. (1972). *The Detection of Psychiatric Illness by Questionnaire*. London: Oxford University Press.
- Grotpeter, J. & Elliott, D. (2002). *Violent Sexual Offending*. Retrieved from <http://www2.cde.state.co.us/artemis/ucbmonos/ucb61092of22002internet/ucb61092of2200201internet.pdf>.
- Hanson, R.K. & Morton-Bourgon, K.E. (2005). The Characteristics of Persistent Sexual Offenders: A Meta-Analysis of Recidivism Studies. *Journal of Consulting and Clinical Psychology*, 73 (6),1154–1163
- Harsch, S., Bergk, J.E., Steinert, T., Keller, F. &Jockusch, U. (2006). Prevalence of mental disorders among sexual offenders in forensic psychiatry and prison. *Int J Law Psychiatry*, 29(5),443-449.
- Hodgins S. (1992). Mental disorder, intellectual deficiency and crime evidence from a birth cohort, *Arch Gen Psychiatry* , 49(6) ,476-483.
- Kanyanya, I.M., Othieno, C.J. &Ndeti, D.M. (2007). Psychiatric morbidity among convicted male sex offenders at Kamiti prison, Kenya. *East African Medical Journal*, 84(4),151-155.
- Leue, A., Borchard, B. & Hoyer, J. (2004). Mental disorders in a forensic sample of sexual offenders. *Eur Psychiatry*, 19(3),123-130.
- Lisak, D. &Miller, P. (2002). Repeat Rape and Multiple Offending Among Undetected Rapists. *Violence and Victims*, 17(1),73-84.
- Mafulull,Y.M. &Ogunlesi, O.A. &Sijuwola,O.A. (2001). Psychiatric aspects of criminal homicide in Nigeria. *East Afr Med J*, 78(1),35-39.
- McElroy,S.L., Soutullo,C.A, Taylor, P,Jr, Nelson,E.B., Beckman, D.A., Brusman, L.A., Ombaba,J.M., Strakowski,S.M. & Keck, P.E.Jr. (1999). Psychiatric features of 36 men convicted of sexual offenses. *J Clin Psychiatry*, 60(6),414-420.
- Meyjes, T. (2007). *The dark truth about bestiality parties*. Retrieved from metro.co.uk/2017/04/13/the-dark-truth-a-bout-bestiality-parties.

- Moreno, RA, Moreno, D.H, Ratzke, R. (2005) Diagnostico, tratamento e prevencao da mania e da hipomania no transportno biplora. *Rev Psiq Clin*, 21(1), 39-48.
- Nigerian National Assembly. (2013). *Sexual offence bill 2013*. Retrieved from <http://www.nassnig.org/document/download/1347>.
- RAINN. (2007). *Effects of Sexual Violence*. Retrieved from <https://www.rainn.org/effects-sexual-violence>.
- Sahota, K. & Chesterman, P. (1998). Sexual offending in the context of mental illness. *The Journal of Forensic Psychiatry*, 9(2), 267-280.
- Shaahu, V., Ajuwon, A., Onadeko, M. & Lawoyin, T. (2004). A Review of incidents of rape from police records in Ibadan, Nigeria. *African Journal of Medicine and Medical Sciences*, 33(3),275-278.
- Stinson, J. (2006). *The Causes of Sex Offending*. (Master's Thesis, University of Arizona, Tucson, USA). Retrieved from https://repository.arizona.edu/bitstream/handle/10150/194853/azu_etd_1697_sip1_m.pdf
- Valenca, A.M, Nascimento, I and Nardi, A.E. (2013). Relationship between sexual offences and mental development disorder; A Review. *Rev Psiq clin*, 40(30), 97-104.
- Ward, T. and Hudson, S. (1998). The Construction and Development of Theory in the Sexual Offending Area: A Metatheoretical Framework. *Sexual Abuse. A Journal of Research and Treatment*, 10(1),47-63.
- Zander, TK. (2008). Commentary: inventing diagnosis for civil commitment of rapists. *J Am Psychiatry Law*, 36(4),459-469.

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