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Knowledge of Paraphilia and Sexual Deviance among Youth in Makurdi Metropolis of Benue State, Nigeria

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ABSTRACT

Sexual deviance or paraphilia constitute a social problem in our contemporary society. The concept implies the departure from socially accepted sexual behaviour. The raising and reported occurrence of the act among the youth is attributed to the decline of morality occasioned by modernism and social change. Despite its continued practices, paraphilia and sexual deviance among the youth have been given little attention by scholars. Arising from this, the paper is set to find out the knowledge of paraphilia and sexual deviant among the youth in Makurdi Town of Benue State, Nigeria. This study employed a cross-sectional survey design. In this study, the target population was the total population of all the youth in Makurdi town; in this case, a 240 sample size was used (that is population less than 10,000). The instrument for the research is a structured questionnaire. Only 215 of the questionnaires were returned for analysis using SPSS version 21, and the ethnographic method was used for quantitative data. The study found that the majority of the youth in the area were not aware that prostitution, exotic dance, topless barmaids, nudity, masturbation, sodomites, lesbianism, sex before marriage, touching someone's private part, sexually arouse to the point of erection in the presence of the fetish item, watching an unsuspecting person who is disrobing, and naked, wearing a dress that exposes private parts like the penis, vulvar among others, watching pornographic video are paraphilia or sexual deviant in the society. The only sexual activities known by the respondents as paraphilia and sexual deviant were homosexuality, rape, and having sex with a family member, sex outside the marriage. The study recommended among others psychotherapy, systematic desensitization, and organic recondition as the methods of treating paraphilia and sexual deviant among youth.

Keywords: Paraphilia, Social Deviant, Youth, Makurdi

Introduction

Sex is one of the fundamental needs of humanity, the others being food and security (Idyorough, 2008; Emmanuel, Iorkosu, Terfa, Terhemba, 2021). It is of profound demographic importance because it is premonitory to human fertility, and could be a source of morbidity and mortality. Everybody is a product of sex. The commonality, regularity and intensity of penetrative heterosexual activities fundamentally influence natural population change (Ode, 2006). Besides, sex as a social activity enhances marital relationships thereby providing legitimate contexts for the birth of children (Ajiki, 2016). Regarding morbidity and mortality, sex is responsible for the emergence and transmission of dreaded diseases (including HIV/AIDS) that have devastated human populations (Ogundiran & Nyamuriakunge, 2005). The tempo of human sexual involvement inevitably corresponds to the tempo of pregnancies, births, abortions, sexually transmitted infections and infirmities/deaths arising from such infections, especially where sexual conduct is not properly planned (Ajir, 2017; Idyorough & Ishor, 2014). Thus, the conduct of coital activities *ceteris paribus* impinges directly on the very existence and perpetuation of humanity itself. In a word, sex creates populations, sex sickens and consequently weakens populations, and sex destroys populations. This makes human sexuality a very central demographic event.

By its nature and role in affairs of humanity, sex as an activity deserves solemn treatment. Such solemnity consists in its conduct being highly regulated, consensual and cooperative (Emmanuel, Iorkosu, Terfa, Terhemba, 2021). However, available data highlights huge evidence of sexual abuse. This is believed to emanate from the sexual revolution of the 1960s that originated in Western societies i.e. Europe and America, but which has spread globally and penetrated Africa (Hornor, 2002). Consequent to the revolution, sex has become commonized, liberalized, commoditized and commercialized, and all forms of sexual behaviours such as nudity, kissing, hugging, homosexuality, heterosexuality and premarital sex are being freely practised (Eze, 2014). Also arising from the revolution is the sex for pleasure concept where young people engage in intercourse without express intent for procreation and with little or no emotional attachment (Amobi & Igwebe, 2014). These are a very disturbing phenomenon given that such an upsurge in extramarital sexual activities predisposes young persons to varied forms of negative sexual outcomes. However, of concern that is more serious is the increasing incidences

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of sexual activities that are achieved at the detriment of the female and without her express acceptance. These constitute sexual coercion and are fast gaining roots in Nigerian society generally and educational institutions in particular (Lasisi, 2014). Girls typically consent to extramarital sexual intercourse as a way of displaying supreme love, achieving utmost intimacy and solidifying relationships (Hornor, 2002; Cullinan, 3003). Where such willing and negotiated sex occurs, there are often precautionary measures to forestall all possible negative outcomes. However, research indicates that several sexual activities involving young unmarried girls are unplanned and often directly or indirectly coerced (Kabiru & Orpinas, 2008; Lasis, 2014).

The sociologists averred that sexual deviance is not the elements of the act being considered that renders it deviant but the response and reaction of others to the act. Fraud (cited in Moder & Khernplatz, 2008) once said that the idea that most normative and non-normative human actions are consequences of sexual forces. For others, actions and acts with a sexual element that are prescribed in the Bible are declared to be deviant, though other biblical sins calling for the death penalty, such as cursing one's parents, go unheeded.

Sexual deviance was traditionally seen within the framework of a society's definition of morality and sin; today it is been viewed from the Vantage point of society's definition of mental health and emotional disturbance. Sex deviance implies the departure from socially accepted sexual behaviour (Alford & Hauser, 2011). Normal requires that a person accepts his or her biological gender and that the primary focus of sexual attraction is a consenting adult (Ako, Igbo & Amahi, 2009). Typology of categories of sex deviance is suggested, using three variables: incidence or frequency; the level of invoked sanctions, and the existence of a specialized social structure that may arise out of the deviant behaviour or may be necessary to support it (Ugal, 2015). Human sexuality spans a range of behaviours and varies from culture to culture, thus making it hard to define what type of sexual expression is acceptable (Emmanuel, Iorkosu, Terfa, Terhemba, 2021).

Sexual deviance is a concept that is defined differently by persons of different backgrounds, beliefs, morals, and locations. However, sexual deviance is an idea about which most persons hold very strong views, and react in stigmatizing and ostracising ways. Sexual Deviance refers to behaviours where individuals seek erotic gratification through means that are considered odd, different or unacceptable in a person's community (APA, 2013). In American Psychological Association (APA), Taylor Colleen views sexual deviance to include a range of abnormal sexual expressions from fetishism, cross-dressing, sexual sadomasochism to paedophilia, incest and rape at the end of the continuum. To Ako, Igbo & Amali, (2009) sexual deviance implies a departure from socially accepted sexual behaviour. Also, sexual deviance can be referred to as the lack of conformity and acceptability of people in society.

Sexual deviance from a clinical perspective defines sexual deviance under the umbrella of "paraphilia". The term paraphilia comes from the Greek word (Para) "beside" and (Philia) "Friendship love" and was first coined by Friedrich Solomon Kraus, a Croatian Austrian Jewish Sexologist in (1903). Paraphilia indicates that certain sexual behaviours are deviant. John as cited in APA, (2013) viewed the term paraphilia as a non-projective designation for unusual sexual interest. He described paraphilia as "a sexual erotic embellishment of or alternative to the official, ideological norm". For clinical purposes, the term paraphilia is the experience of intense sexual arousal to a typical object, situation, fantasies, behaviours or individuals. Examples of sexual paraphilias are Homo-sexuality, anal sex, oral sex, Rape, Lesbianism and masturbating.

Sexual deviance is any erotic activity, identity, or expression with a focus on real or imagined stimulation and attendant bodily sensation that if detected, can be attracted to formal or informal sanctions and punishment. This can occur in different forms like homosexuals, prostitutes, exotic dancers, topless barmaids, nudists, masturbation, sodomites, paedophiles, zoophiles etc.

Classification of Paraphilia and Sexual deviant by sociologists

Sociologists have classified sexual deviance into various broad categories (Massard, Kanan, Glick, Sheheen, Linnemayr & Khammash, 2014; Lullinam, 2003). Firstly, some actions or acts are deviant if the consent is not present, such as sex by the use of force (rape). Second, some acts are deemed wrongful because of the nature of the sexual object, these can be included incest and marriage with close kin of family relationships as well as bestiality that is sex with animals. Thirdly, sexual deviance also inheres in acts that are performed in an area that is not regarded as proper for the sex. The exhibitionism in the place where genital exposure is regarded as inappropriate falls into this category. Heterosexual copulation in a public place or crowded place is also seen as wayward and sexually deviant.

Types or forms of sexual Deviant to social psychologists

Social Psychologist uses the term "Paraphilia" to describe the types of sexual deviance which include:

Fetishism: is a famously strong attraction for an inanimate object such as panties, bras or shoes. The fetish is often employed as a sexual stimulus during masturbation or sexual intercourse. An interest in such objects becomes a sexual disorder when the person who is often sexually aroused to the point of erection in the presence of the fetish item, needs these items for sexual intercourse and picks out sexual partners on the bases of their having the items or collects these items (Sue, Sue & Sue, 1990).

Transvestic: is the derivation of sexual arouses from cross-dressing which is the clothing of the opposite sex. It is a consideration in which there is persistent sexual arousal from wearing clothes linked with the opposite gender as evidenced by fantasies, urges or behaviour once crossed-dressed the transvertile typically masturbates privately or has heterosexual intercourse.

Exhibitionism: The typical exhibitionist according to Bootzin, Acocella and Alloy (cited in Abrace & Looman, 2004) is a young man, sexually inhibited and unhappily married. Experiencing an irresistible impulse to exhibit himself, he will usually go to a public place such as the park, a movie theatre, or

simply stroll down a city street and upon sighting the appropriate victim typically a woman will show her his penis. The exhibitionists' gratification is derived from the response of the woman which is generally fear and revulsion, thought the exhibitionist also enjoy victims who show excitement. Observing the reaction the exhibitionists experiences intense arousal, masturbates to ejaculate. Exhibitionists derive sexual gratification through the compulsive display of their genitals.

Voyeurism: A voyeur obtains gratification from keeping an eye on strangers in violation of their sexual privacy it involves becoming sexually aroused by watching an unsuspecting person who is disrobing, naked or engaged in sexual activity (DSM5). This usually means watching women who are unclothing or engaging in sex play.

Rape: Forced sexual intercourse with a non-consenting partner, is not only sexual deviation but a violent crime. Individuals report Rape because they feel they cannot find a willing partner. The rapist is a timid, submissive individual who has grave doubts about the being and is so fearful of rejection that they cannot seek sexual gratification through more acceptable channels. Other rapists are antisocial personalities, people who simply follow their impulses to seize whatever they want and are indifferent to the pain they inflict on others.

Paraphilia and sexual deviant among the Tiv People of Benue State, Nigeria: Correction of misconception

In Tiv society, adultery and fornication are known as sex taboo. Ushe (2010 as cited in John) explain...sex is a sacred thing and if there is a break of its sacredness, the consequences are atrocious. Suemo (2001 cited in John) opines that fornication and adultery are taboo acts in Tivland because:

...Tiv people accept sexual intercourse as a natural need that is strategical to human life...But the rate at which a Tiv man looks at someone caught in the very acts of fornication and adultery depicts how the acts are. In Pre-modern Tiv society, the penalty for committing such discourtesies ranged from severe corporal punishment to scorn for the person involved. If such persons swore "Swem" it was believed that they would fall sick, have a severe headache, swollen stomach, and later die.

Suemo's presentation above indicates that the Pre-colonial, colonial and even post-colonial Tiv society frowns at sexual aberrations like fornications, incest, homosexuality, lesbianism etc. The Tiv are always forthright in attacking defaulters who indulge in these acts. These deviant behaviours are considered by the Tiv people to be sexual aberrations. Those who indulge in any of those sex taboos was required to make some required purification rituals to be cleansed. The many misconceptions sold to the wider society by some western scholars, writers and even by some ethnic groups surrounding Tivland (John, 2014). But it must be noted that Tiv people do not joke with their wives talk of sharing them consciously with others. It is common to hear a Tiv man say, "U keren kwase me tambe u ken ken" (If you have a lustful relationship with my wife I must bewitch you). During the pre-colonial era, there were several cases of fornication and adulterers in Tiv society who were cursed, bewitched or even killed (John, 2014). If the people could be so cruel against themselves for being promiscuous, what would one expect when it concerns an outsider?

Causes of Sexual deviance and Paraphilia

Sexual deviance is probably caused by a complex interplay of adverse childhood experiences, abnormal neurobiological development social and emotional difficulties. This can be summarised as follows:

- i. Family Development: The home a child is born and brought up in can cause a child to acquire sexual deviance. Chuks (cited in Ajir, 2017) alluded that other factors within the home like broken family and poor parental relationships are capable of breeding individuals that practice sexual deviance.
- ii. Influence of mass media: Exposure to bad and immoral television programmes, magazines, as well as pornographic films and materials makes individuals to be involved in paraphilia and sexually deviant behaviour.
- iii. Peer Group: It is a dynamic that has added to influencing people who practice sexual deviance. Peer group refers to a group an individual identifies himself or herself with. Peer pressure refers to the influence extended by a peer group in advocating a person to change his or her attitudes, values, or behaviour to conform to group norms. Most individuals engage in sexual deviance because of the influence of their peers.

Theoretical framework

Labelling theory

Labelling theory attributes its origins to French sociologist Émile Durkheim and his 1897 book, Suicide. Durkheim found that crime is not so much a violation of a penal code as it is an act that outrages society. He was the first to propose that deviant labelling satisfies that function and satisfies society's need to check the behaviour. As a contributor to American Pragmatism and later a member of the Chicago School, George Herbert Mead posited that the self is socially constructed and reconstructed through the interactions which each person has with the community. The labelling theory suggests that people receive labels from how others view their tendencies or behaviours. Each individual is aware of how they are judged by others because he or she has attempted many different roles and functions in social interactions and has been able to judge the reactions of those present. While it was Lemert who introduced the central concepts of labelling theory, it was Howard Becker who became their heir. In his opening, Becker writes:

"...social groups produce deviance by constituting rules whose violation creates deviance, and by enforcing those rules to particular people and labelling them as outsiders. Arising From this view, deviance is not a quality of the act the person commits, but rather a consequence of the practical application by other of rules and penalties to an 'offender.' The deviant is one to whom that label has been successfully applied; deviant behaviour is behaviour that peoples in the community so label."

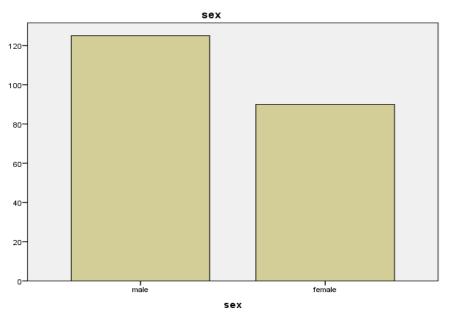
While society uses the anastigmatic label to justify its condemnation, the deviant person uses it to justify his actions. A type of symbolic interaction, labelling theory concerns the meanings people derive from one another's labels, actions, symbols, and reactions. This theory agrees that behaviours are deviant only when society labels them as deviant. As such, adjusting members of society, who interpret certain behaviours as deviant and then attach this label to persons, determine the distinction between deviance and non-deviance. Labelling theory wonders who applies what label to whom, why they do this, and what happens as a result of this labelling. Mighty individuals within society, judges, politicians, medical doctors, police officers, etc generally impose the most substantial labels. Labelled persons may include drug addicts, delinquents, alcoholics, criminals, prostitutes, sex offenders, psychiatric patients and retarded people. The consequences of being labelled as deviant can be far-reaching. Social research shows that those who have negative labels usually have lower self-images, are more likely to reject themselves, and may even act more deviant as a result of the label. Unluckily, people who accept the *labelling of others* be it correct or incorrect have a difficult time changing their opinions of the labelled person, even in light of evidence to the contrary. Advocates of labelling theory support the theory's emphasis on the role that the attitudes and reactions of others, not deviant acts *per se*, have on the development of deviance. Critics of labelling theory point out that the theory only employs a small number of deviants because such people are caught up with and labelled as deviants. Critics also contend that the concepts in the theory are unclear and thus hard to test scientifically (Wikipedia, 2022).

Method

This study intends to employ a cross-sectional survey design. Thus, the cross-sectional survey method is appropriate for obtaining opinions of people in a large population setting and allows for standardized and qualitative data. In this study, the target population will be the total population of all the youth in Makurdi town. The whole population was studied, however, for a sample size of less than 10,000 as in this case 240 sample size was used (that is population less than 10,000) (Krejcie & Morgan, 1970). The entire population was used in the study, irrespective of sex, religion, tribe, and status in the office. The instrument for the research is a structured questionnaire. 240 questionnaires were distributed and only 215 of the questionnaires were returned for analysis. The returned data was fed into computer software, cleanse and analysed using SPSS version 21. The quantitative data was subsequently presented in bar charts and frequency distribution tables.

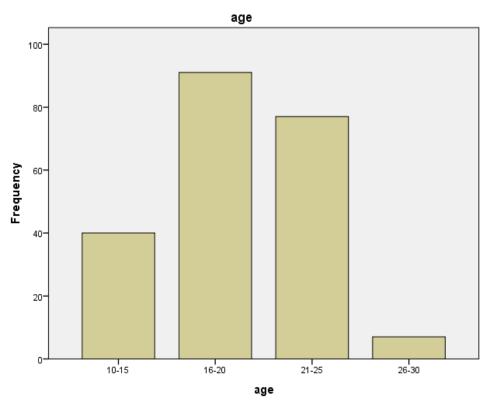
Result

Figure 1: A bar chart showing sex distribution of respondents



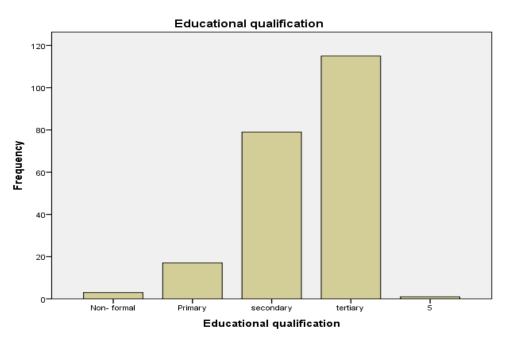
The bar chart in respect to the sex of the respondents indicates that majority of the respondents 58.1% (125), while 41.9% (90) were female. This implies that both sexes were well represented in the study area. The data collected is a representation of the entire population

Figure 2: A bar chart showing the age distribution of respondents



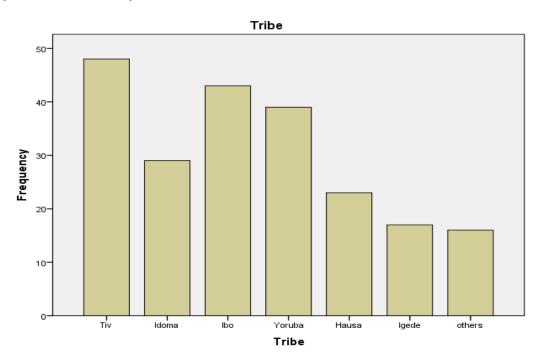
The row data on the age range of the respondents shows that 18.6% (40) belong to the age range of 10-15, 42.3%(91) belong to the age range of 16-20, 35.8% (77) were aged 21-25, 26-30 years constituted 3.3% (7). This implies well representation to provide adequate response on the required information of paraphilia and sexual deviant.

Figure 3: Respondents' distribution on educational qualification



Therow data on the educational qualification of the respondents shows that 1.4% (3) have no formal education, 7.9% (17) have a primary school certificate, 36.7% (79) possess a secondary school certificate, and the majority 53.5% (115). This implies that different categories of respondents with various academic qualifications provided the answer to the questions raised.

Figure 5: Respondents distribution of respondent's tribes



The data on the tribe shows that 22.5% (48) were Tiv, 13.5% (29) were Idoma, 21.0% (43), 18.1% (39) were Yoruba, 10.7% (23) were Hausa, 7.9% (17) were Igede and 7.4% (16) were other tribe in Makurdi such as Ijaw, Mada etc. This implies that different tribes are located in Makurdi the headquarter of Benue State, and as such participated in the study.

Table 1: Respondents' responses on awareness of what constitutes paraphilia and sexual deviance.

Knowledge of Paraphilia and Sexual Deviance	Yes,f(%)	No, f(%)	Total
Do you know what constitutes paraphilia and sexual deviance?	66(30.7)	149(69.3)	215(100)
Do your parents teach you about those activities that constitute paraphilia and sexual deviant	101(47.0)	114(53.0)	215(100)
Do you know that prostitution is a paraphilia and sexual deviant act?	88 (40.9)	127(59.1)	215(100)
Are you aware that exotic dance is a paraphilia and sexual deviants act?	74(34.4)	141(65.6)	215(100)
Are you aware that topless barmaids (exposing your breast) are a deviant act?	66(30.7)	149(69.3)	215(100)
Do you know that the act of nudity (exposing your nakedness) is a paraphilia and sexual deviant act?	85(39.5)	130(60.5)	215(100)
Do you know that masturbation is a paraphilia and sexual deviant act?	54(25.1	161(74.9)	215(100)
Are aware that sodomites (Someone who engages in anal copulation (especially a male who engages in anal copulation with another male) is a paraphilia and sexual deviant act?	89(41.4)	126(58.6)	215(100)
Do you know that homosexuality is a paraphilia and sexual deviant?	212(98.6)	3(1.4)	215(100)
Are you aware that lesbianism is a paraphilia and sexual deviant?	73(34.0)	142(66)	215(100)
Do you know that sex without the consent of the partner (rape) is a paraphilia and sexual deviant act?	164(76.3)	51(23.7)	215(100)
Do you know that sex before marriage is a paraphilia and sexual deviant?	84(39.1)	131(60.9)	215(100)
Are you aware that touching someone's private parts like penis, vulva, buttock, and breast is a paraphilia and sexual deviant?	72(33.5)	143(66.5)	215(100)
Do you also know that having sex with your family member constitutes paraphilia and sexual deviance?	161(74.9)	54(25.1)	215(100)
Do you know that when you are sexually aroused to the point of erection in the presence of the fetish item is a paraphilia and sexual deviant?	56(26.0)	159(74.0)	215(100)

Do you know that obtaining gratification from watching a stranger, becoming sexually aroused, watching an unsuspecting person who is disrobing, naked is paraphilia or sexual deviant?	65(30.2)	150(69.8)	215(100)
Do you know that when you wear dressing that expose your private part constitute a paraphilia and deviant act	76(35.3)	139(64.7)	215(100)
Do you know that having sex during the menstrual period is a paraphilia and sexual deviant?	40(18.6)	175(81.4)	215(100)
Do you know that watching pornographic video constitute a paraphilia and deviant act	86(41.6)	129(58.4)	215(100)
Are you aware that having sex outside married by is a paraphilia and sexual deviant?	112(52.1	103(47.9)	215(100)

Source: fieldwork, 2022

The row data as presented above indicates that the majority of the youth 69.3% (149) did not know what sexual activities that constitute paraphilia and sexual deviance. The data also shows that youth in the area were not properly taught about what constitutes paraphilia or sexual deviance. This is because 53.0% (113) attested to this fact, while 47.0% were taught about those activities that constitute sexual deviant. Again, the data shows that the majority 59.1% (127) of the people did not know that prostitution was sexual deviant and paraphilia. The data also shows that majority 69.5% of the youth in Makurdi did not know that topless barmaids (exposing breast,), act of nudity 60.5% (exposing nakedness), masturbation 74.9%, sodomites 58.6%, lesbianism 66%, sex before marriage 60.9%, touching someone private parts 66.5% 66.5%, sexually aroused to the point of erection in the presence of fetish item 74.0%, watching a stranger by becoming sexually arouse or watching an unsuspecting person who is disrobing naked 69.8%, wearing dressing that exposes private part 64.7%, having sex during menstrual period 81.4%, watching pornographic video 58.4% are paraphilia and sexual deviance. The data shows that only sexual activities known by youth in Makurdi town as sexual deviant are rape 76.3%, homosexual 98.6%, having sex with family members 74.9%, and having sex outside the married, 52.1%. This implies that the majority of the youth in Makurdi town were not aware of the majority of paraphilia and sexual deviance. This can be a diagnosis that the paraphilia and sexual deviance in the area are relatively high.

Discussion of the Findings

The study revealed that there is low knowledge of what constitutes a paraphilia and sexual deviant in Makurdi town. This was because the majority of the youth were not aware of sexual activities that constituted sexual deviant and paraphilia. The only sexual activities known were sexual deviant and paraphilia are rape, sex with a family member, and sex outside the marriage. This was attributed to the lack of proper training, teaching and orientation by the parents as to what sexual activities of what constitutes paraphilia and sexual deviant as the majority (53.0%) indicated. It can be deduced that lack of awareness on what constitutes paraphilia and sexual deviance might be the reason for the proliferation of sexual deviant such as prostitution, exotic dance and topless among others in the area. The finding of the study tallies with (Aver & Ilim, 2014) opined that young people nowadays engage in intercourse without express intent for procreation, and with little or no emotional attachment. (Lasisi, 2014) also pointed out that these acts are a very disturbing phenomenon given that such an upsurge in extramarital sexual activities predisposes young persons to varied forms of negative sexual outcomes. However, of concern that is more serious is the increasing incidences of sexual activities that are achieved at the detriment of the female and without her express acceptance. These constitute sexual coercion and are fast gaining roots in Nigerian society generally and educational institutions in particular. The study was in tandem with Wang, Li, Stanton, Kamali, Naar-king, Shah, & Thomas, (2007) and Lasis (2014) who variously averred that girls typically consent to extramarital sexual intercourse as a way of displaying supreme love, achieving utmost intimacy and solidifying relationships.

Another finding of the study is that youth in the area were not aware that prostitution, exotic dance, topless barmaids, nudity, masturbation, sodomites, lesbianism, sex before marriage, touching someone's private part, sexually arouse to the point of erection in the presence of the fetish item, watching an unsuspecting person who is disrobing, and naked, wearing a dress that exposes private parts like the penis, vulvar among others, watching pornographic video are paraphilia or sexual deviant in the society. This means that the youth in the area were not aware of the above-mentioned paraphilia or sexual deviant. It can be deduced that the lack of awareness about various paraphilia or sexual deviant. The finding corresponds with Eze, (2014) who alluded that sex has become commonized, liberalized, commoditized and commercialized, and all forms of sexual behaviours such as nudity, kissing, hugging, homosexuality, heterosexuality and premarital sex are being freely practised. Also, the finding tallies with Lasisi, (2014) who found that of concern that is more serious is the increasing incidences of sexual activities that are achieved at the detriment of the female and without her express acceptance. These constitute sexual coercion and are fast gaining roots in Nigerian society generally and educational institutions in particular.

Conclusion and Recommendation for the treatment of Paraphilia and sexual Deviant

Sexual deviance varies from one society to another. What might be seen as normal in another community might be seen as abnormal in another. Any sexual deviant or paraphilia behaviour is regarded as abnormal by society. The deviation may also relate to the sexual object such as sadism and exhibitionism, sexual masochism etc. The counsellor should involve exploration and understanding of clients' fantasies and how they played a role in the choice of deviant act. Focus on teaching clients a model of healthy human sexuality, a process, necessary to help them create and nurture healthy relationships. Sexual deviants never voluntarily seek treatment for the simple reason they do not identify their condition as a typical sexual behaviour (Sunil, 2016). They meet a doctor or counsellor only when an unwilling partner or victim decides to take legal action or when concerned family members have detected a paraphilia. The counsellors/ social workers, therefore, has the responsibility in handling paraphilia and sexual deviants using the following methods:

- i. Psychotherapy: This is referred to as non-invasive therapy where a client meet the therapist (usually a trained social worker or counsellor) discourse for some time to assist the person to overcome powerful urges that dictate paraphilia behaviours.
- ii. Cognitive Therapy: The counsellor tries to change the mindset of the sexually deviant person. Hence try to change a person's maladaptive sexual deviant by changing what he thinks about these acts.
- iii. Systematic Desensitisation: This work on the assumption that people are sexually deviant because of a sense of inadequacy and lack of interpersonal skills that actuate anxiety and stimulate sexual deviant behaviour. The social workers or counsellor uses these proficiency to help people to overcome their anxieties and conditions them to relax in socio-sexual situations, so they can substitute sexual deviant behaviour with satisfying sexual relationship
- iv. Organic reconditioning: In this case, masturbation plays a fundamental role. The social workers or counsellor ensure the client switch to more socially healthy illusions particularly at the moment of masturbation organism so that he may get conditioned to sexual arousal from sexually satisfactory means.
- v. Social skills training: This therapy is based on the assumption that sexual deviants have trouble making healthy relationships that give access to healthy forms of sexual expression. The counsellor is to design and teach clients the necessary social skills like conversation, courtship, companionship to deal with rejection to enable the person to enter into and maintain the satisfying intimate salubrious relationship with sexual partners.

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