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Sexual Assault of the Female Gender Admitted to the "One Stop Centre" Unit in Commune I of the District of Bamako: Epidemiological, Clinical and Legal Management Aspects

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Abstract: Sexual violence is an all-encompassing expression that designates "any sexual act, attempt to obtain a sexual act, comment or advance of a sexual nature directed against a person's sexuality using coercion. **The general objective** was to study sexual assaults based on the female gender in the "One Stop Center" unit of the reference health center in commune I of the district of Bamako, Republic of Mali. **Methodology:** This was a descriptive cross-sectional study of sexual assaults on women admitted to the commune I One Stop Center. All survivors of sexual assault admitted to the One Stop Center during the study period were included; confidentiality and anonymity were respected. **Results:** We recorded 224 cases of victims of gender-based violence out of 10,924 gynaecological consultations received at the department, a frequency of 2.05%. Of the 224 victims of gender-based violence admitted to the One Stop Centre, 109 (48.66%) were victims of sexual assault. The average age of the patients was 14.12 ± 5.06 years, with extremes of 2 and 36 years. The victims were all female. The majority of survivors (94%) were single. More than half of the victims (55%) were pupils. More than half of the assaults (57.8%) took place between 7pm and midnight. 60.6% of the assaults took place at the survivors' homes. In 8% of cases, weapons were threatened. We found that hymenal lesions were predominant in 76.2% of cases. HIV serology was positive in 1% of victims. Antibiotic prophylaxis was the predominant medical treatment in 69.7% of cases. Suture of the vulvo-perineal tear was the surgical treatment in 2.8% of cases. Out-of-court settlements were the solution in the majority of cases (20.18% of cases), followed by withdrawal of the complaint to the court (6.4% of victims). **Conclusion:** This study has shown that sexual violence against women is increasing in scale and severity despite the regulatory and legislative framework.

Keywords: sexual assault, survivors, hymen

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INTRODUCTION

According to the United Nations, violence against women is "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" [1]. This state of affairs is recognised throughout the world as a violation of fundamental human rights. A growing body of research has highlighted the health, intergenerational and demographic consequences of this type of violence, according to United Nations 2006.

Estimates of the prevalence of sexual abuse range from 23.2% in high-income countries and 24.6% in the Western Pacific region to 37.7% in South East Asia [2]. In the sub-region, more specifically in Dakar (Senegal), a frequency of 1.8% has been reported by the authors [3].

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In Mali, according to EDS VI (2018), 33% of women who have experienced sexual or physical violence at some point have been injured. According to the same source, of the women who had experienced physical or sexual violence, 68% had never sought help and never told anyone, 12% had never sought help but told someone, and only 19% had sought help to end the situation [4].

With the help of technical and financial partners, a unit for the holistic management of gender-based violence (GBV), including sexual violence, was set up in July 2021 at the Commune I Reference Health Center, called the One Stop Center (OSC).

MATERIALS AND METHODS

Our study took place at the "ONE STOP CENTER" unit created in July 2021 within the gynaecology and obstetrics department of the commune I referral health center for the rehabilitation of women victims of gender-based violence and their holistic care. The commune I referral health center is a 2nd level referral facility in Mali's health pyramid. We conducted a descriptive cross-sectional study from 1 July 2021 to 31 December 2022, a period of 17 months.

The specific objectives were to determine the frequency of sexual assaults, describe the socio-demographic profile of the survivors, describe the clinical condition of the survivors on admission, describe the management of the survivors and determine the legal outcome.

We collected data from interviews with survivors, survivors' medical records and the admission register of the "One Stop Center" unit. The data were processed and analysed using SPSS Version 22.0 software. Confidentiality and anonymity were respected. The files of the ONE STOP CENTER unit are filed in a safe and secure place, and access is only possible with the authorisation of the coordinator, after acceptance of a formal request.

RESULTS

In the course of our study, we recorded 224 cases of gender-based violence out of 10,924 gynaeco-obstetric consultations, a frequency of 2.05%. Among gender-based violence, there were 109 cases of sexual assault (48.66%).

Table I : Distribution of survivors by socio-demographic characteristics

Socio-demographic characteristics	Number (N=109)	Percentage %
Age		
0 – 5ans	7	6,4
6 – 10 ans	9	8,3
11 – 15 ans	46	42,2
16 – 19ans	20	18,3
20 – 24 ns	15	13,8
≥ 25ans	12	11
Residence		
Commune I	73	67,0
Outside commune I	36	33,0
Level of education		
Out of school	44	40,4
Primary	41	37,6
Secondary	20	18,3
Superior	4	3,7
Profession		
Pupil / Student	64	58,7
Domestic help	20	18,3
Other*	17	15,6
Housewife	8	7,3
Marital status		
Single	102	94
Married	7	6

The mean age of the survivors was 14.12 ± 5.06 years, with extremes of 2 and 36 years

*Other : Bar waitress, sales assistant, seamstress

Table II: Distribution of survivors by place of aggression

Place of aggression	Number	Percentage (%)
In the homes of survivors	66	60,6
In the street	16	14,7
School	7	6,4
Attacker's place of work	8	7,3
Other*	12	20,2
Total	109	100,0

*Other : Restaurant (2), By the river (3), Kiosk (3), Unspecified (4)

Table III: Distribution of survivors according to the time of the aggression

Timing of the aggression	Number	Percentage (%)
Not specified	31	28,4
7PM to Midnight	63	57,8
00:00-7:00 A.M.	4er	3,7
7AM - 7PM	11	10,1
Total	109	100,0

More than half of the assaults (57.8%) took place between 7pm and midnight.

- In 79.9% of cases, the aggression was committed by a single person
- In 84.4% of cases, the survivors were admitted under judicial requisition

Table IV: Distribution of survivors by type of sexual contact

Type of sexual contact	Number (n=109)	Percentage (%)
Genito-genital	87	79,8
Touching	19	17,4
Other*	11	10,1

*Other : oral-genital (5) ; genital-anal (6)

Table V: Distribution of survivors according to clinical and complementary examination data

Clinical data	Number(N=109)	Percentage (%)
Psychological state		
Aggression	1	0,9
fright	17	15,6
apathy	45	41,3
Fear	46	42,2
gynaecological lesions		
Perineal tears	9	8,9
Vulvo-perineal tears	24	23,8
Vaginal tears	6	5,9
Hymenal lesions	77	76,2
Anal margin tears	13	12,9
**NB: Some victims had associated injuries.*		
Urine pregnancy test		
Negative	66	60,6
Not done	32	29
Positive	11	10
HIV serology		
Negative	98	89,9
Not done	10	9,2
Positive	1	0,9

Table VI: Distribution of survivors according to medical and surgical treatment

Medical and surgical treatment	Number(N= 109)	Percentage (%)
Medical treatment		
emergency contraceptive (lévonorgestrel 1,5mg)	63	55,0
Antibiotic prophylaxis	76	69,7
Antiretrovirals (ARVs)	3	2,8
Other*	34	31,2
antipsychotic		
No	100	91,7
Yes	9	8,3
Surgical treatment		
Suture of perineal tears	1	0,9
Suture of vulvo-perineal tears	3	2,8
Suture of the anal margin	2	1,8
No sutures	103	94,5

*Other : Antifungals (4), Antiseptics (10), Antalgiques(10), Anti-inflammatories (10)

Table VII: Distribution by judicial process

Judicial process	Number (n=109)	Percentage (%)
Withdrawal of complaint	7	6,4
Amicable settlement	22	20,2
condemnation	2	1,8
Abandonment of the legal process by the survivor and her family	78	71,6

DISCUSSION

Frequency

Sexual assaults accounted for 48.66% (109/224) of all GBV. This is higher than the figures reported by Doumbia B [5] and Traoré Y [6], who reported 0.22% and 3.12% respectively. This high rate of sexual assaults can be explained by the arrival of a gender-based violence unit in general, which has enabled survivors to be monitored and counselled so that they can be integrated into society.

Socio-demographic profile of victims

The 11 to 15 age group was the most represented at 42.2%. The mean age of the patients was 14.12 ± 5.06 years, with extremes ranging from 2 to 36 years. This rate is similar to that of Dramé B [7] who found 72.9% sexual abuse in the 6 to 17 age group, with an average age of 15.1 years. A similar finding was reported by Doumbia B [5], who reported a rate of 96.2% of sexual assaults in patients under 20 years of age, with an average age of 13.2 years. Traoré Y [6] found 91.7% of sexual assaults in patients under 19 with an average age of 16, and Amah B [8] reported 92% in patients under 20. The high rate of sexual assault among victims under 15 in our study may be explained by the inability of this age group to defend themselves in the event of sexual assault, but also by their vulnerability. Pupils and students were in the majority at 58.7%, followed by domestic helpers at 18.3%. This figure is comparable to that of Traoré Y [6], whose study found a rate of 48.6% for pupils and 8.1% for domestic helpers. This high frequency among pupil and student can be explained by their bad attendance and their presence in places prone to aggression.

Circumstances of the aggression

Our study showed that 60.6% of sexual assaults were committed in the survivors' homes. The study by Diallo D [9] reported the same finding, with 29.3% of sexual assaults occurring in the victim's home. In our study, 57.8% of sexual assaults were committed between 7PM and midnight. This result is close to that of Dramé B [7] who reported that 52.8% of sexual assaults took place between 5PM and midnight, Traoré Y [6] reported 72.2% between 7PM and 2AM and Amah B [8] found 51.8% of sexual abuse between 7PM and 6AM. In our study, 52% of our patients consulted within the first 24 hours following the sexual assault. This rate is higher than that of Amah [8], who reported a rate of 2.4% of consultations within the first 24 hours. Sexual assaults are strongly influenced by cultural, social and economic factors. Cultural norms, attitudes towards sexual assault and the behaviour of victims and perpetrators can vary considerably from one region to another. The act was frequently committed by a single individual in 79.9% of cases. This rate is almost similar to that of Dramé B [7] and Traoré Y [6], who reported 66.6% and 65.0% respectively, but lower than that of Traoré Y [6], who reported 89.2% of sexual assaults committed by a single individual. There was no link between the victim and the aggressor in 76% of cases, a rate similar to that of Dramé B [7] 66.6% but lower than that of Traoré Y [6] 94.6%. In our study, genital penetration accounted for 79.8% of cases, followed by touching in 17.4% of cases. This rate is comparable to that of Amah B [8] and Diarra D [10] who reported respectively 62.2% and 80.% for genital penetration and 28% and 7.8% for touching.

Clinical data on examination

The hymen was intact on examination in 12.9% of cases, which is lower than the rates reported by Amah B [8] and Traoré Y [6] who reported 35.1% and 76.4% of intact hymen. This difference in frequency could be explained by the difference in size, study location and medical examination protocols. Hymenal lesions were predominant in 76.2% of cases, followed by vulvovaginal tears in 23.8%. Extragenital lesions were present in 30.2% of our patients. Amah B [8] and Niort F [11] reported extragenital lesions in 7% and 24.5% respectively. These lesions were essentially scratches, abrasions and erosions. During the study, we found a positive urine pregnancy test in one in ten (1/10) victims, followed by positive HIV serology in 1% of patients. Our patients were not positive for the Bordet Westermann test or the Hbs antigen.

Medical treatment

Emergency contraception was administered in 55% of our patients, a rate similar to that of Céline D [12] who reported 52%, but significantly higher than that of Amah B [8] who found 1.6% of emergency contraception use. Based on the results of the tests carried out, we administered antiretroviral prophylaxis to 2.8% of the victims. This low rate of antiretroviral prophylaxis could be explained by the fact that the decision to initiate ARV prophylaxis depends on individual medical assessments. Healthcare professionals must determine whether the risk of HIV infection is high enough to justify prophylaxis. If the risk is perceived to be low, ARV prophylaxis may not be recommended. Only 8.3% of victims were put on antipsychotics. Vaginal and/or perineal tears were sutured in 5.5% of patients.

Judicial process

We noted that the majority of cases (71.6%) involved the survivor and her family abandoning the legal proceedings, followed by amicable settlement (20.18% of cases), withdrawal of the complaint to the court (6.4% of victims) and two cases of conviction (1.8%). This result could be explained by the fear of reprisals, the stigma that could result from exposure to the law and the lack of a legal culture concerning sexual assault.

CONCLUSION

This study has shown that sexual assaults are relatively frequent in our department. They constituted the majority of cases of gender-based violence. Treatment was holistic in order to rebuild and rehabilitate the survivors.

Conflict of interest: None

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