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Original Research Article

Sexual Assaults at the One Stop Center Unit in the Health District of Commune V of Bamako (Mali)

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Abstract

Introduction: Sexual assault violates fundamental rights, including physical and psychological integrity and security of the person. The purpose of this work was to take stock of the holistic management of sexual assaults received in the service. ***Patients and method*:** We conducted a cross-sectional and descriptive study covering the period from June 2017 to May 2020, i.e. three years. It focused on all survivors of sexual assault received in the unit of <On Stop Center> which houses the Obstetric Gynecology Department of the CSRéf CV of the district of Bamako in Mali. ***Results*:** The prevalence of sexual assault was 1.79%. The average age of survivors was 24 years. Sexual assaults mainly concerned adolescent girls (92.20%). The majority of survivors had been admitted (88.84%). They were single (89.80%). The average gesture was 4. The alleged perpetrator was unknown to the survivor in 79.14%. Genitogenital penetration with ejaculation was reported in 70.14% of cases, including 52.40% in a climate of violence. The initial clinical evaluation found recent hymenal lesions found in 13.58% of cases and an intact hymen in 9.42% of survivors. Holistic management included a paraclinical assessment component and a care administration and support component. The drafting of a medical certificate in three copies was systematic. ***Conclusion*:** Sexual assaults are relatively common in our department. They are probably underestimated. Keywords: Violence, gender, survivors, bamako.

Keywords: Sexual Assaults, psychological integrity, survivors.

INTRODUCTION

"Sexual assault is an act of a sexual nature, with or without physical contact, committed by an individual without the consent of the person concerned or, in certain cases, particularly in that of children, by emotional manipulation or blackmail [1]. It is an act of subjecting another person to his or her own wishes through abuse of power, the use of force or coercion, or under the implicit or explicit threat. Sexual assault violates fundamental rights, including physical and psychological integrity and security of the person" [1]. This definition applies regardless of the age, sex, culture, religion and sexual orientation of the victim or sexual aggressor, regardless of the type of sexual act, the place or living environment in which it was committed, and regardless of the nature of the relationship between the victim and the sexual aggressor [1]. To talk about sexual assault, expressions such as rape and sexual abuse are also used [1]. The term sexual abuse encompasses several concepts: rape, indecent assault, touching, public insult, sexual harassment [2].

Estimates of the prevalence of sexual abuse range from 23.2% in high-income countries and from 24.6% in the Western Pacific region to 37.7% in the Southeast Asia region [3]. In the sub-region, more particularly in Dakar (Senegal) and Bamako (Mali), frequencies of 1.8% and 2% were reported by the authors [2, 4].

Despite an imposing regulatory and legislative system, it must be recognized that the phenomenon is gaining in scale and gravity. Thus, with the help of technical and financial partners, a unit for the holistic management of this gender-based violence (GBV)

including sexual assault was created in June 2017 at the Commune V Reference Health Center (CS Ref CV) and called <On Stop Center> (OSC).

After three years of existence, we initiated this work in order to take stock of the situation. The objectives of this work were to determine the socio-demographic profile of survivors of sexual assault and to report on the process of holistic care.

PATIENTS AND METHOD

We conducted a cross-sectional and descriptive study covering the period from June 2017 to May 2020, i.e. three years. It focused on all the survivors received in the unit of <On Stop Center> which houses the Obstetric Gynecology Department of the CSRéf CV of the district of Bamako in Mali. This was a comprehensive recruitment of all sexual assault cases received during the study period. The profile of the survivor and the alleged perpetrator of the assault, the mode of admission, the clinical and paraclinical examination, and the management were the different variables studied. The data was entered on Microsoft Word 2007 and analyzed on SPSS version 17.0 software. The medical certificates drawn up after examinations were sent in closed envelopes to the various judicial authorities concerned. The data sheets were anonymous.

Ethical considerations

The maintenance and physical examination of the survivors was conducted in confidentiality with informed consent and mentioned in a file by the Secretary.

The medical certificates drawn up after examinations were sent in closed envelopes to the various judicial authorities concerned. The data sheets were anonymous.

- The advantages: The unit of <One Stop Center>, thanks to the support of UNFPA ensures:
- Holistic care (free of charge) for all survivors of sexual assault admitted to the unit.
- Granting of a dignity kit, a post-sexual assault kit.

This center is located within the premises of the obstetric gynecology department in order to avoid stigmatization of survivors of sexual assault. It involves health workers (Obstetrician Gynaecologists, Midwives, Obstetrician Nurses), security (Police), justice (legal adviser) and social development (psycho-social assistance and social reintegration).

Difficulties and constraints

During the study we were confronted with certain difficulties including:

Poor reporting of data in files and lack of standard documents suitable for sexual assault.

RESULTS

Prevalence

During our study we recorded 412 cases of sexual assault out of 23016 gynecological consultations or 1.79%.

Survivor Profile

The average age of survivors was 24 years with extremes of 10 years and 57 years. Sexual assaults mainly concerned adolescent girls (10 years- 19 years), i.e. 380 adolescent girls (92.20%). The majority of the survivors had been admitted by requisition, a total of 366 survivors (88.84%). The occupation of survivors suggests that there were 370 (89.80%) and 42 (10.20%) married single women. Of the survivors, 168 (40.77%) were nulligest (with a maximum gesture of 8). The average parity was 2.3 with extremes of 0 and 7.

Gender of the accused of sexual assault and their relationship to the survivor

In 100% of cases, the accused was male. The accused was unknown to the survivor in 326 cases (79.14%). In 37 cases (8.98%), it was the partner or former partner and in 35 cases (8.50%), it was a neighbour of the survivor's family. In the remaining 14 (3.38%) cases, it was the survivor's guardian.

The type of sexual assault

In 289 (70.14%) of cases, it was genitogenital penetration with ejaculation. Touching was found in 123 cases (29.86%).

The climate of occurrence of sexual assault

In 216 cases (52.40%), it took place with violence; in 101 cases (24.50%) with coercion and in 95 other cases (23.10%) by surprise. A knife and/or gun were often used to intimidate survivors.

The survivor's initial assessment (see Table I)

In 11 cases (2.70%), secondary sexual characteristics were absent. In 301 cases (73.10%), these were old hymenal lesions. Recent hymenal lesions were found in 56 survivors (13.58%). The hymen was intact in 39 (9.42%) survivors. Vaginal tear (Douglas cul de sac) in 11 cases (2.70%) and recent lesions of the vulvar range in 5 cases (1.20%).

Holistic care: includes 2 components

The first part focuses on the paraclinical assessment (see Table II)

After rapid assessment of the survivors, the holistic management was organized around:

Paraclinical assessment

- The determination of plasma βHCG which was almost systematic (411 out of 412, one survivor being menopausal) and allowed us to diagnose

five (1.20%) cases of pregnancies all dated before the sexual assault;

- The search for HIV serology was systematic. Five (1.20%) patients were diagnosed with HIV (three of whom knew their HIV status but were poorly monitored);
- Syphilis was found in five (1.20%) survivors;
- The HBS antigen was positive in seven (1.70%) survivors;
- Six cases of urinary tract infections were found on cytobacteriological examination of urine (ECBU).
- The vaginal swab found 17 cases of bacterial vaginosis, 30 cases of Candida albicans vaginitis. No spermatozoa were found in the vaginal swab from 95 tests performed.
- The pelvic ultrasound, systematically carried out, confirmed the intrauterine seat of the five (1.20%) pregnancies whose gestational ages were between 6 and 12 weeks, all progressive;

The second part deals with the care administered (Table III)

Surgical treatment consisted of buffering in 59 (14.32%) cases, hemostatic suture in 13 (2.86%).

At the drug level, we used analgesics (72 cases), antifungals (13 cases), antibiotics (83 cases), anti retrovirals (100 cases) the morning-after pill as part of emergency contraception (406 cases).

All survivors received psychosocial support and social, security and legal reintegration.

The medical certificate in three copies was systematic (100%) even in the absence of requisition at admission. One copy was stapled to the medical file, one copy to the police officer and another to the archives.

Table I: Initial Clinical Assessment in Survivors

Assessment of genital lesions	Actual	Percentage
Absence of secondary sexual characteristics	11	2,70
Ancient hymenal lesions	301	73,05
Recent hymenal lesions	56	13,58
Intact hymen	39	9,42
Vaginal and vulvar fork tears	16	3,95
Associated lesions	19	4,60

NB: Associated lesions of other parts of the body (back, face, neck, chest, trunk, inner thighs)

Table II: Routine Paraclinical Assessment in Survivors

Routine paraclinical check-up	Positive	Negative	Total
Beta HCG (n=411)	5 (1,20%)	407 (98,80%)	412 (100%)
HIV serology (n=412)	5 (1,20%)	407(98,80%)	412 (100%)
Syphilitic serology (n=412)	5 (1,20%)	407(98,80%)	412 (100%)
HSSA (n=412)	7 (1,70%)	405(98,80%)	412 (100%)
ECBU (n=412)	6 (1,45%)	406 (98,55%)	412(100%)
Vaginal swab (n=412)	47 (11,40%)	365 (88,60%)	412(100%)
Ultrasound (n=412)	5 (1.20%) cases of pregnancy	407 (98,80%)	412(100%) ;

Table III: Care of Survivors

Support	Actual	Percentage (%)
Buffering	59	14,32
Hemostatic suture	13	2,86
Analgesics (Paracetamol)	72	17 ,47
Antifungal	13	3,15
Antibiotics	83	20 ?14
Antiretrovirals	420	100
Morning after pill	406	
Psychosocial support and social reintegration	412	100
Security assistance	412	100
Legal assistance	412	100

DISCUSSION

Prevalence

During this work, sexual assault accounted for 1.79% of gynecological emergencies. A study done in

Mali in 2014, had found a prevalence of 2% [4]. Prevalences of 0.4%; 1.02% and 1.8% have been reported by Senegalese authors [2, 5, 6]. This low hospital prevalence underestimates the extent of this scourge inked in Malian societal values, long a taboo subject. These practices and physical abuses are as old as humanity. However, this figure of denunciation is encouraging in a country like ours where social burdens reduce women to submission and total silence.

Survivor Profile

The average age of survivors was 24 years with extremes of 10 years and 57 years. Sexual assaults mainly concerned adolescent girls (10 years- 19 years), i.e. 380 adolescent girls (92.20%). Thiam O in Dakar [2] had reported an average age of 26 years with extremes of 1 to 51 years. Also, Ahmat B in Lomé (Togo) [6] reported an average age of 12 years. An average age of 13 years was found by Mbaye M in Ziguinchor (Senegal) [7]. In another Senegalese, Faye [5] found an average age of 14 years among survivors and an average age of 21 years was reported by Théra in Mali [4]. In our study, 380 or 92.20% of the survivors were teenage girls. Thiam O [2] had found a sample composed mainly of minors at 62.1%. Only 42 (10.20%) survivors were married. There were 370 single people (89.80%), 206 (50%) were domestic helpers and 195 (43.30%) were pupils. This could be related to the risk of vulnerability that these social categories present in our country. In some series reported in the literature, about one in two cases of survivors were students [2, 4, 8]. Ndour in Senegal [9], cites poverty, insecurity in some places leading to middle school, the influence of the media and "sexy" clothing as factors that can promote the occurrence of sexual violence among students. Of our survivors, 168 (40.77%) were nulligest (with extremes of o and 8). The average parity was 2.3 with extremes of 0 and 7.

Method of admission

In our study, more than four out of five survivors or 366 (88.84%) were admitted with a requisition from the judicial police authority. Thiam O in Dakar [2] had found that 92.6% of admissions by requisition.

Consultation time

In our work, among those under 20, 68 (16.50%) survivors consulted within 72 hours compared to 312 (75.72%) consulting after 72 hours. On the other hand, among those aged 20 and over, 27 (6.55%) had consulted within 72 hours compared to 5 (1.15%) after 72 hours. In a Senegalese study, the authors report 46.6% cases of consultation within 72 hours **[2].** In the same study, the authors report that 70% of minors consulted within 96 hours **[2].** This delay in consultation observed among adolescent girls could be related to the fear and or shame of declaring themselves to be the victim of such a tragedy. But it could also be an ignorance of his right and the complexity of the procedure to be followed after such a tragedy.

Profile of the perpetrator of the sexual assault and his or her relationship to the survivor

In this study, the perpetrator was male in 100% of cases and was unknown to the survivor in 326 cases (79.14%). In 37 cases (8.98%), it was the partner or former partner, a neighbour in 35 cases (8.50%) and in 14 cases (3.38%) his guardian. Thiam O [2] found that in 60.3% of cases, the perpetrator had no connection with the victim; he was in the family circle in 24.3%, friend in 14.1% and spiritual guide in 1.3% of cases. Traoré in Mali [4] and Cissé in Senegal [10] had achieved similar results.

The type of sexual assault with penetration with ejaculation was found in 70.14% of cases and sexual touching in 29.86% of cases. The same observation has been made in several works in Africa [2, 5, 6, 7].

The climate in which the sexual assault occurred

In 216 cases (52.40%), it took place with violence; in 101 cases (24.50%) with coercion and in 95 other cases (23.10%) by surprise. The means of intimidation used by the accused were either a knife or a firearm.

Initial Clinical Assessment

In 11 cases (2.70%), secondary sexual characteristics were absent in survivors. Recent hymenal lesions were found in 56 survivors (13.58%). Vaginal tear (Douglas cul de sac) and/or vulvar fork in 16 cases (3.95%) and recent lesions of the vulvar fork in 5 cases (1.20%). In 301 cases (73.05%), these were old hymenal lesions. The hymen was intact in 39 (9.42%) survivors. We found lesions associated with other parts of the body (back, face, neck, chest, trunk, inner thighs) associated with genital lesions in 19 survivors. No survivors were received with the clothes she was wearing at the time of the incident and they had all taken at least one shower. Thiam O [2] in Senegal, found 74.7% of hymenal lesions including 60% old and 25.3% of intact hymens. In France, 60% of victims of sexual assault had recent injuries due to a short consultation period of less than 48 hours [11]. Our results could be explained by the fact that most of the survivors were seen late in consultation.

Additional examinations:

The determination of plasma βHCG which was almost systematic and allowed us to diagnose five (1.20%) cases of pregnancy. Five (1.20%) patients were diagnosed with HIV (three of whom knew their HIV status but were poorly monitored). Pelvic ultrasound confirmed the intrauterine seat of the five (1.20%) pregnancies, their scalability, their gestational ages which were between 6-12 weeks.

We did not identify sperm on a total of 95 tests performed. Thiam O in Senegal [2] reports one positive sperm search case out of a total of 21 performed. Authors like Laudata A [11] and Boutin L [12] have reported up to 30% positive sperm search.

This negative sperm search in our study could be explained by the delay in consultation and the fact that all survivors had at least one shower before coming to our services. This observation had already been made by Thiam O [2].

The Ben Charge

In our study, retroviral antis were administered in 100% of cases either as a preventive measure in 407 cases (98.8%) and as a cure in 5 others (1.20%) HIV positive, including two of fortuitous discovery as part of the sexual assault report in accordance with the protocol reserved for this purpose. Serological checks after one month of treatment were all negative in HIV-negative survivors at admission. Traoré [4] in Mali reports that he has noted no cases of preventive treatment for HIV infection. Thiam O and Cissé in Senegal [2.10] found 14.7% and 20% of antiretroviral prophylaxis, respectively. This prevention should be systematic, since the context in which sexual assaults occur does not offer any chance of protection (condom use). Also the perpetrators of these sexual assaults generally have a defective lifestyle. Cases of HIV/AIDS after rape have been reported in the literature at very high frequencies of 33.8% and 78% respectively for Mbassa in Cameroon [13] and Marsaud in South Africa [14]. We share the same opinion as these authors, for whom this prevention should be systematic [14, 15]. The administration of the contraceptive pill as part of the next-day contraception (Norlevo) to prevent possible pregnancies resulting from these sexual assaults was effective in all survivors except those already pregnant or menopausal (one was menopausal). We have not recorded any cases of pregnancy after sexual assault. Thiam O [2] in Senegal reported that 15% of victims of sexual assault had benefited from emergency hormonal contraception based on Pregnon or Norlevo. We used antibiotics in 20.14% of cases. These were mainly beta-lactams, macrolides, cyclins, imidazolates. Analgesics were used in 17.47% of cases and antifungals in 3.15%. Thiam O [2] reports antibiotic therapy in 7.4% of cases. We performed hemostatic suture under anesthesia of certain bleeding lesions in 3.15% of cases and buffering in 14.32% of other cases. Care included psychosocial and social reintegration assistance, and safe and legal assistance for all survivors.

The medical certificate in three copies was systematic (100%) even in the absence of requisition at admission. One copy was stapled to the medical file, one copy to the police officer and another to the archives.

In two Dakar studies, the authors reported 92.6% and 50.6% of cases of medical certificates issued respectively [2, 10]. The drafting of medical certificates seems important to us and should be systematic even in the absence of requisition.

CONCLUSION

Sexual assault is a social phenomenon, common although still underestimated. This is a major public health problem in our country. The opening of One Stop Center, a unit dedicated to survivors, has made it possible to optimize free care accompanied by psycho-social support, social reintegration, and safe and legal care.

Conflicts of Interest: The authors do not declare any conflict of interest.

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