

Sexual Assault: Epidemiological Profile and Clinical Aspects at the Brazzaville University Hospital Center

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Abstract

Objective: to identify the socio-demographic profile of the alleged victims of sexual assault, to define the characteristics of the aggressors, to describe the types of clinical lesions, and to analyze the link between these different parameters. During the study period, 5620 clients were admitted to gynecological emergencies, including 150 for sexual assault (2.6%). The alleged victims of aggression were 14 years old on average [range: 2 - 49 years]. Among these clients, there were 147 (98%) women and 3 (2%) men [sex ratio: 0.02]. They had a primary education level of 38%, secondary to 42.7%, and single in 87.2% of cases. Clients came from home (69.3%) or police station (24.7%). The perpetrator was male, with an average age of 25.5 years [range: 16 to 35 years]. Regarding the relationship with the victim, the neighborhood accounted for 83%. The perpetrator was alone in 76.7% of cases, two (14%) or more (16.7%), up to 18. The aggressor's home was the place of aggression (39.3%). The threats were made using knives (49.3%) and firearms (8.5%). The perpetrator used either his sex (79.9%), his fingers (34.2%) or an object (2.7%). The route of entry was vaginal (94.6%), anal (21.7%) and oral (10%). The abuser used the condom in 74.7% of cases. Customers had viewed within 24 hours (40.7%). The general state and hemodynamics at admission was normal for all clients. Physical injuries were injuries (23%) and scrapes (34.5%). External genitalia included perineal tears (28%), vaginal tears (8.6%), hymenal tears (7.3%), and old deflowering (72.7%). The hymen was intact in 20%. The bi-varied analysis found a correlation with a statistically significant difference in the age range of the alleged victims with the number of aggressors, the time of aggression, the path and type of penetration, and the weapon used for the threat.

Keywords

Sexual Assault, Firearm, Stab, Perineal Tear, Vaginal Tear, Hymenal Tear

1. Introduction

The care of alleged victims of sexual assault is a situation encountered in consultation in the gynaecological emergency services. According to the WHO, the annual rate of sexual assault worldwide can reach 800,000 people, and its prevalence is poorly known [1]. In the USA, its frequency varies between 15% and 25% of the female population in France, over a year 553,000 women aged 20 to 69 years report having been the victim of at least one sexual assault other than rape (touching of sex, breasts, buttocks and exhibition) and 62,000 women report being raped [2]. In Africa, the incidence of sexual violence ranges from 0.4% to 4.4% [3]. Sexual assault poses the problem of psychosocial impact and psychopathological sequelae. Despite this, it is neglected by most of the parties involved [4].

The lack of data and its growing incidence motivated this work whose general objective is to describe the epidemiological, clinical aspects of sexual violence at the University Hospital of Brazzaville, and specifically, to identify the socio-demographic profile alleged victims, define the characteristics of perpetrators, identify the types of clinical injuries, and the involvement of justice.

2. Patients and Method

The study was carried out in the Obstetrics Department of the University Hospital of Brazzaville from January 1, 2014 to December 31, 2016 or 24 months. It concerned all alleged victims of sexual violence admitted to the gynaecological emergency room. It was a retrospective and analytical study.

Patients who reported sexual violence, either came from themselves, or received on request from a doctor, had been included.

Patients who had not been included were consulting for trauma after consensual sex, cases of misappropriation of minors and cases of unexploitable violence.

Gynecological emergency records, as well as medical records, were used to collect the data. The variables studied were: the socio-demographic characteristics of the alleged victims of sexual assault, the characteristics of the perpetrator, the possible injuries found, and legal involvement. The data was collected using a fact sheet and recorded from CSPRO software. Data processing and statistical analysis are done using STATA and Microsoft Excel software. We used the chi-two correlation test in this work to analyze the link between two qualitative variables. We also used proportional tests to compare the proportions of the different samples. The average test was used for numerical variables by age group.

3. Results

During the study period, 5620 clients were received in gynaecological emergency departments, including 150 for sexual assault or 2.6%. Socio-demographic characteristics were represented by **Table 1**. The average age of alleged assault victims was 14 years, with extremes ranging from 2 to 49 years. Among these clients, 147 (98%) women and 3 (2%) sex ratio of 0.02. They had a primary education level at 38%, secondary at 42.7%, and single in 87.2% of cases. Clients came from home in 69.3% of cases, followed by the police station in 24.7% of cases. The perpetrator characteristics were represented by **Table 2**. He was male, with an average age of 25.5 years, extremes ranging from 18 to 35 years. In terms of the relationship with the victim, the neighbourhood represented 56.1%. The perpetrator was most often alone in 76.7% of cases, but there could be two

Table 1. Sociodemographic characteristics of alleged victims.

	Squad	Percentage
Age range		
<10	46	30.7
10 - 20	73	48.6n.
21 - 25	16	10.7
≥36	15	10
Sex		
Feminine	147	98
Male	3	2
Education level		
No level	23	15.3
Primary	57	38
Secondary	64	42.7
Acedemic	6	4
Profession		
No profession	20	14.2
Student/Student	109	77.3
official	4	2.8
Private sector	1	0.7
Trader	7	5
Marital status		
single	123	87.2
Free union	8	5.7
Bride	10	7.1
Total	150	100

Average age 14 years, extremes 2 and 49 years.

Table 2. Profile of the aggressor.

Characteristics	Squad	Percentage (%)
Age range		
≤17 ans	21	14.0
18 - 35 ans	82	54.7
≥36 ans	8	5.3
Unspecified	39	26.0
Link with victim		
Family member	19	12.8
Neighbor	83	56.1
No link	46	31.1
Number of attackers		
1 aggressor	115	76.7
2 attackers	10	6.6
>2 attackers	25	16.7
Total	150	100

The average number of attackers was 2 with extremes of 1 and 18 aggressors.

(6.6%) or more (16.7%), up to 18%. The alleged victim was returning from his home in 69.3%.

The profile of the perpetrator, the home of the perpetrator was the place for the assault met at 39.3%. Threats were made with a knife in 49.3%, and the fire-arm in 8.5%. The perpetrator used his sex in 79.9% of cases, his fingers in 34.2% of cases and an object in 2.7% of cases. The pathway of penetration was vaginal for in 94.6% of cases, in 21.7% of cases and oral in 10% of cases. The perpetrator had used condoms in 74.7% of cases.

The clinical aspects were represented in **Table 3**. Customers had consulted within 24 hours in 40.7% of cases. The general and hemodynamic condition at admission was normal for all clients. Physical injuries were injuries in 23% of cases, and scratches in 34.5% of cases. At the genital level, they involved perineal tears in 28% of cases, vaginal tears in 8.6% of cases, hymenal tears in 7.3% of cases, and old deflowering in 72.7% of cases. The hymen was intact in 20% of cases.

The bi-varied analysis had found a correlation with a statistically significant difference in the age of the alleged victims with the number of assailants, with the time of aggression, with the path and type of penetration, and with the weapon used for the threat (**Table 4**).

4. Discussion

Our frequency is close to that reported by Traoré [5] in Senegal (3.12%), higher than faye [6] in Senegal (0.4%) and lower than Lawlor [7] in South Africa (54%),

Table 3. Clinical aspects.

Consultation Time	Squad	percentage
Less than 24 hours	61	40.7
1 to 2 days	50	33.3
3 to 15 days	22	14.7
More than 15 days	17	11.3
Total	150	100
Injuries found		
Ancient deflowering	109	72.7
Intact hymen	30	20
Hymenaltears	11	7.3
Vaginal tears	13	8.6
Perinal tears	42	28
injuries	34	23
Scrapes	51	34.5

Table 4. Bi-varied analysis.

Correlation	<10 years	10 - 18 years	18 - 25 years	>25 years	P value
Moments of aggression					
Day	84.8	69.9	43.8	20	<0.05
Overnight stay	15.2	30.1	56.3	80	
Types of penetration					
Penile	35.6	94.5	93.8	93.3	<0.05
Digital	60	5.5	6.3	6.7	
Object	4.4	0	0	1.3	
Pathways of penetration					
Vaginal	93.3	95.9	100	86.7	>0.05
Onal	13.3	18.1	12.5	78.6	
Oral	6.7	9.7	18.8	14.3	
Types of threat					
Firearm	0	0	11.1	41.7	<0.05
Whipweapon	13.3	44.3	88.9	50	
Others	86.7	45.7	0	8.3	
Link with the aggressor					
Parent	28.3	6.9	6.7	0	<0.05
Nearby	54.3	37.5	6.7	6.7	
Unknown	17.4	55.6	86.7	93.3	
Number of attackers					
One	95.7	76.7	68.8	26.7	<0.05
Two	2.2	11	0	6.7	
More than two	2.2	12.3	31.3	66.7	

and Bordeaux, France, 30% of admissions to a reception centre for victims of aggression [8]. The low rates most often reported in African studies seem to do not reflect reality. The culture of family honour and own honour would prevent some women from consulting. To the extent that it is most often a family member, a close friend or the husband himself [9]. The alleged victims of violence were young, close to the perpetrator and the perpetrator's home was the most found location. This observation was also made by Leye [10] in Kolda, Senegal.

The perpetrator was young, often alone, using a knife in the majority of cases as found in most African studies [8] [9] [10] [11]. A third of our clients arrived more than 24 hours after the assault. Indeed, in our context, there is no recognized centre for the care of alleged victims of aggression as in developed countries, let alone a centre for victims of sexual assault. Those affected arrive directly from the scene of the assault to the hospital when the physical trauma is visible. But the majority come from home, because they first get in shape before going to the health centre. The sex of the perpetrator was mainly used as an object of sexual assault as found in the Amah study [12] in Togo (62.5%) with a low condom use rate of 4.3%. This has been noted in the literature reporting that the prevalence of genital contact in Sub-Saharan Africa is high, but it remains low compared to studies in developed countries [12].

We found a correlation between the progression of the presumed victim's age with the timing of the assault, the type of penetration, the type of threat, the relationship to the victim, and the number of perpetrators. According to the O. M.S., sexual assault is a public health problem.

Our study, although hospital, noted the importance and severity of the problem. The young age of the victims, and especially child abusers are known persons, type of threat according to age, lack of condom wearing, average time is less than 24 hours, with a high rate of no prosecution

The alleged victims of this act are mainly children and adolescents.

The perpetrators are mostly people known to the victim; this explains the high rate of no legal action and therefore an out-of-court settlement. Victims' awareness of their rights and education for behavioural change may reduce this proportion of out-of-court settlement of sexual assaults.

The absence of condom use during this act puts victims at real infectious risk.

5. Conclusion

Sexual assaults at the Brazzaville University Hospital require multidisciplinary care involving gynaecologists, psychologists and other specialists depending on the types of injuries encountered. Strategies should be carried out to prevent events.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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