

ISRG JOURNAL OF CLINICAL MEDICINE AND MEDICAL RESEARCH [ISRGJCMR]



ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Clinic.Medici.Medica.Res.

ISSN: 3048-8850 (Online)

Journal homepage: <https://isrgpublishers.com/cmmr/>

Volume – II, Issue -I (January- February) 2025

Frequency: Bimonthly



MANAGEMENT OF SEXUAL VIOLENCE IN THE ISSAKA GAZOBY MATERNITY HOSPITAL OF NIAMEY (NIGER)

YACOUBA GARBA K^{1,3}, FAYE LABO R³, TAHIROU M. K³, NDOYE El Hadji O³, GUEDE S², SOUMAH M3, SANI R⁴

¹ Laboratory of Surgical Anatomy. Faculty of Health Sciences UAM-Niamey Niger

² Maternity Issaka Gazoby Niamey - Niger

³ Forensic Medicine Service and Forensic Expertise Faculty of Medicine UCAD-Senegal

⁴ Surgery Service A. National Hospital of Niamey- Niger

| **Received:** 27.12.2024 | **Accepted:** 17.01.2025 | **Published:** 06.02.2025

***Corresponding author:** Dr Karim YACOUBA GARBA

Laboratory of Surgical Anatomy. Faculty of Health Sciences UAM-Niamey Niger

Abstract

INTRODUCTION: Sexual violence is a scourge in the world despite numerous binding human rights treaties prohibiting violence, especially against women and children. This study focuses on the diagnostic and therapeutic aspects of gender-based violence followed at the Issaka Gazoby Maternity (MIG).

MATERIAL AND METHODS: This is a retrospective study of a descriptive type covering the period from 01/01/2022 to 31/12/2022. This study consisted of collecting all the alleged cases of sexual violence received in forensic expertise at MIG as part of a police and gendarmerie requisition. 424 expert files for gender-based violence were collected, including 309 on alleged sexual violence against women and minor girls in the city of Niamey.

RESULTS: The average age was 13 with extremes of 3 months and 30 years. All alleged victims were female. Rape was the most common type of assault (21.03%). The alleged sexual assaults were by far more frequent with nearly 66% (n=203) ; and the hymens were deflorated in 48.2% of the victims, hymenal relics in 14% of the cases and intact hymens in 36.2% of the cases. Signs of pathological leucorrhoea-type genital infection were reported in 28% of cases. For biological examinations, only 8.4% (n=26) of the victims had paraclinic-tested, and no germ was isolated at the genital sample. Medical treatment was performed in ambulatory and oral antibiotic therapy was frequent (23.62%).

CONCLUSION: Gender-based violence is a serious violation of the rights and dignity of the individual, as well as a serious violation of the physical and mental integrity of victims. However, the difficulty lay in the medical treatment of the victims.

Keywords: Sexual violence; women; forensic; Maternity Issaka Gazoby.

INTRODUCTION

Sexual abuse or sexual assault or sexual violence is defined as any sexual assault committed with violence, coercion, threat or surprise on the person of another [1]. Worldwide, the prevalence of sexual violence is considerable, so according to "WHO's multi-country study on women's health and domestic violence against women", 0.3% of women say they have been forced, after age 15, to have sex or perform a sexual act by someone other than an intimate partner; The prevalence of lifetime sexual violence by a partner among women aged 15-49 surveyed in this study, ranged from 6% in Japan to 59% in Ethiopia, with figures in the majority of locations ranging between 10% and 50% [2]. Thus, according to the study on the extent and determinants of gender-based violence (GBV) in Niger carried out in 2015, GBV manifests itself in different forms. However, the statements listed in 2010 by public bodies and NGOs show that the victims of VBG are women and the men who commit these acts are spouses of the victims: This means that there is a high incidence of VBG in households in Niger [3]. Thus, the objective of this study was to describe the diagnostic and therapeutic aspects of sexual violence against women and girls at the Issaka GAZOBY Maternity.

MATERIALS AND METHODS

This is a cross-sectional descriptive study has collected retrospective covering the period from 01/01/2022 to 31/12/2022. Given the retrospective nature of the study and in the absence of the victims, we considered that the acts committed are allegations of sexual violence and rape received in consultation at the Issaka Gazoby Maternity. These were reports of medical examinations carried out in the context of a police and gendarmerie requisition. We recorded a total of 424 medical reports for gender-based violence, including 309 alleged sexual abuse of women and minor girls in the city of Niamey. Inclusion criteria are all reports of medical examinations performed following an alleged sexual violence and excluded from this study are all reports of medical examinations that do not involve suspected sexual violence. The variables studied were: epidemiological characteristics, type of assault (rape, child abuse...), clinical examination of the victim, paraclinical checkups and treatment. We talk about presumption in our study since no requisition could be achieved at the legal level. The results were recorded in EXCEL and analyzed by the SPSS software.

RESULTS

We collected 309 medical reports following requests from the police or gendarmerie following a complaint. The average age was 13 years with extremes of 3 months and 30 years with a standard deviation of 5.065. However, the age group of [10-15] years was more affected by alleged sexual violence with 37.86% (n=117); followed by the age group of [15-20] years with 28% of cases (Figure I). The alleged rape, of our study, was the most frequent type of assault with 21.03% followed by the alleged child abduction (10.35%) and then alleged indecent assault (10.03%). 177 cases, or 57.28%, did not have information on the alleged nature of the assault.

The suspected pedo-vaginal sexual assaults were far more frequent with nearly 66% (n=203) followed by the pedo-anal route with almost 2% (n=6). It should be noted that a case of vaginal penetration with wood was reported. The route of penetration in 30% of cases was not reported. In our study, 48.2% of the presumed victims had a deflorated hymen, 14% had hymenal remnants; 36.2% of the presumed victims had an intact hymen and 1,6% of the presumed victims the hymen examination was not performed or was not reported (Table I).

We found more than 28% of pathological leucorrheas in the alleged victims. It should also be noted that in almost 52% of the alleged victims, no information was given about the signs of genital infections. In our study, vulvar inflammation was the most common lesion (8%), followed by bruises (6.47%) and then by vulvar lesions (6.15%) characterized by tears, scratches, scratches, notches (Table II). During the examination, 9 cases of bleeding following the assault or about 3% of the victims were reported. However, when we examined the vagina, we found that 62.2% of women and girls no longer had their virginity. A cervical lesion was visible at the speculum in one victim and inflammation of the vaginal orifice was reported in 9 cases, or 2.9% of cases (Figure II). We found perineal lesions in 1.3% of cases (n=4), tear-type lesions, bruises, scrapes and inflammation. Also anal laceration, scraping and archelaxation in 1.3% and peri-anal lesions in 0.65% (n=2) of cases of alleged victims of sexual assault.

In our study, beta HCG was achieved in 36.3% (n=112) of the alleged victims and 9.1% (n=28) came back positive. The research for human immunodeficiency virus, syphilis and viral hepatitis B and C were carried out respectively in 80% of the alleged victims and all were negative (Table III). The various forensic samples were not performed; and the vaginal sample and the Cervical-Vaginal Smear were performed in 2.9% of cases in our study. The results showed a presence of sperm in nearly 1% (n=3) and an absence of sperm in 1.6% of cases (n=5), but found epithelial cells and leukocytes respectively in one alleged victim. The treatment of the alleged victims was based on the prescription of antibiotics of type Amoxicillin Clavulanic acid in 8.09% of the victims (n = 25), "flagyl alone or in combination with ciprofloxacin or ciprofloxacin alone" in 7.12% of the victims (n = 22), "macrolides" in 3.24% of victims (n = 10), "fluconazole" in 1.29% of victims (n = 4), "antibiotic creams" in 3.56% of victims (n = 10) and suppository antibiotics were prescribed in 0.32% of victims (n = 1).

DISCUSSION

Our study covered 424 medical reports for gender-based violence, of which 309 were alleged sexual violence against women and minor girls in the city of Niamey at MIG. Few studies have been conducted on GBV in Niger and Niamey in particular [3]. Our study shows the extent of GBV in the city of Niamey with alarming statistics; however, shortcomings are to be highlighted in the context of the management of these violence. Regarding epidemiology, our study is superposable to that of M. Lèye et al (2019) and Faye et al (2005) in Dakar who find a median age of

respectively 13 years and 14 years [4; 5]; but lower than the work of Théra (2014) in Mali whose average age was 21 years [6]. Moreover, our study is contrary to that of Dembelé et al (2021) in Mali and Thaljaw W. et al (2023) in Tunisia who find in their results a median age of 17 years [7, 8]. However, in the study by Thaljaw W. et al (2023) in Tunisia, the number of minor victims (< 18 years old) was lower (57.1%) than those in our study. [8].

Moreover, in terms of the rate for all affected minors, we were more than 95% compared to 24.8% for Mr. Lèye et al [4]. Like ours, the age group of 11-16 years was most represented with 46.9% in the study by Cissé et al in Dakar (2015) [9]; this is included in the age group found by Faye et al (2005) in Dakar and Dembelé et al (2021) in Mali which were respectively 10 - 20 years and 10 years - 19 years [4, 7]. Our age group is younger than that of Théra (2014) in Mali, which was 2 to 7 years old [6].

The type of assault found by Wiedemann et al (2018) in Nancy [10] gives different results than ours. In their study, the touching was more representative (66.6%) followed by rape with penetration (52.5%) [10], which is contrary to the work of Dembelé et al [7] (2021) in Mali which finds a rape rate of 86.27%. Other authors' studies find in their results a percentage of rape with pedonal penetration similar to ours, 61% for Niort et al [11], and 64.9% for Cissé et al and Théra (2014) in Mali [6.9]. Floriane (2010) in Senegal and Dembelé et al (2021) in Mali, were well above our values with 89.09% and 97.73% of their cases respectively [12, 7]. Regarding the type of penetration, Wiedemann et al find different results from our study with 17% of victims alleging vaginal penetration and 8.2% anal penetration in children. [10].

In addition, the somatic examination carried out by Thaljaw W. et al in their study showed results with higher percentages than ours: their results were mainly bruises (69.5%) followed by abrasions (34.7%), 3 cases (10%) of cigarette butt burns [10]. In addition, Théra (2014) in Mali found lesions at the vulvo-perineal level, 32.4% of these cases followed by lesions of the hymen in 16.2% of his cases [6]. In contrast, Bowyer (1997) in the United States of America reported a rape injury frequency ranging from 16% to 61% [13].

Physical (extra-genital) injuries are reported in 25 to 90% of the victims who were medically examined according to Hansen [14].

The nature of these genital lesions, whether or not associated with hymenal trauma, is consistent with sexual violence and would influence the determination of Temporary Work Interruption (TTI); Thaljaw W. et al presented a single case of torn vulvar fork [8]. Presence of a sexually transmitted infection may be the basis for a sexual assault [8]. In addition, Lejeune (2022) found recent genital trauma in 12.8% of these cases, sometimes dating the last sexual intercourse less than 5 days ago; also associated with intact hymens, Free of traumatic tear despite regular sexual activity in 10.7% of these cases.

In daily practice, vaginal swabs and cervical smears often provide little information given the time between the alleged facts and the examination [8]. However, according to a study by Lamba in the US, STIs (sexually transmitted infections) are risks that follow sexual assault with rates ranging from 4% to 56% among women [16]. For Claydon, the risk of contracting HIV as a result of rape is unknown but appears to be low in areas with low prevalence such as the UK. It may be high if the rape occurred in areas of high prevalence or involves genital trauma [17]; this is the case for South Africa where the rate of HIV/AIDS infections contracted

during a rape is 78% [18]. At the Aristide hospital in Dakar, Faye et al. found two cases of HIV-positive infection [6]. Regarding hepatitis B, Crowe in the US states that it is common following sexual assault [19]. In Senegal, the Hbs antigen (hepatitis B test) was found in a patient by Faye et al. [5]. However, Thaljaw W. et al found figures below ours, 21.4% of these victims had received the dosage of Beta-HCG (for pregnancy research) and only one dosage was positive confirming a pregnancy [8]. In this work, Thaljaw W. et al also stated that only 3.5% of bacteriological samples were taken, which is much lower than our results [8]. Concerning the dosage of beta-HCG in Holmes' work in the United States where rape resulted in pregnancy in approximately 5% of women of childbearing age [20].

Medical follow-up to monitor adherence, screening for possible medical complications or psychological impact sometimes marked by post-traumatic stress disorder after the event has occurred were not mentioned [21].

CONCLUSION

Gender-based violence is a serious violation of the rights and dignity of the individual, as well as a serious violation of the physical and mental integrity of victims. However, the difficulty also lay in the treatment of victims where the examination was ephemeral sometimes with vague conclusions insufficient to influence the decision of the judicial authorities on the fate reserved for the alleged aggressors.

THANK YOU

We would like to thank Professors Soumah Mohamed and Sani Rachid for their promptness and thoroughness in the preparation of this work.

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Table I : Distribution according to the state of the hymen following the alleged aggression

Condition of the hymen	Staff	Percentage
Deflorated Hymens	149	48.2
Hymenal Leftovers	43	14
Intact Hymens	112	36.2
Hymen not examined	5	1.6
Total	309	100

Table II : Distribution of the vulvar lesions under examination

Condition of the vulva	Staff	Percentage
Turgescences	3	0,97
Foul smell	2	0,65
Bruises	20	6,47
Presence of bleeding	9	2,91
Vulvar inflammation (fork, labia minora, labia majora, urethral meatus, clitoris)	25	8,1
Vulvar lesion	19	6,15
Blood of the Rules	16	5,17
Presence of whitish or creamy secretions	5	1,62
Béance	2	0,65
Scratch injury	4	1,3
Condyloma	4	1,3
Presence of traditional medicines	1	0,32
Urethral prolapse	1	0,32
No injury	198	64
Total	309	100

Table III : Results of blood tests performed

Paraclinical Assessment	Results	Staff	Percentage
Beta-HCG	Negative	84	27,2
	Positive	28	9,1

HIV Sérology	Negative	249	80,6
HBAs/HBc	Negative	247	80
BW Sérology	Negative	248	80

LISTE OF FIGURES :

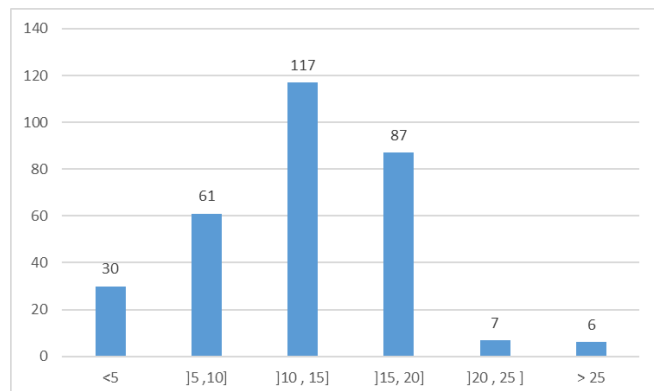


Figure I: Distribution of age groups following alleged sexual violence.



Figure II : The cervix is visible after the placement of the speculum. There is a periorific erythema with a bluish appearance on the posterior cervical lip, consistent with recent intercourse. Presence of fluid resembling cervical mucus secretion (Source: patient X examination)