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Medical Care for Rape Survivors at the "One Stop Center" Unit of the Commune V Reference Health Centre in Bamako, Mali

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Abstract

Gender-based violence is a generic expression describing harmful acts committed against someone's will on the basis of differences due to gender-related societal precepts. In the sub-region, particularly in Dakar, Senegal and Bamako, Mali. Rates of 1.8% and 2% were reported by the authors. In Mali, according to EDS VI (2018), 68% of women who had experienced physical or sexual violence had never sought help and had never told anyone, 12% had never sought help but had told someone, and only 19% had sought help to put an end to the situation. We conducted a descriptive retrospective cross-sectional study at the holistic (psychosocial, medical, security, economic, legal/judicial) gender-based violence management unit called "One-Stop Center" at the Commune V Reference Health Centre in the district of Bamako. The study focused on rape cases over a three-year period from June 1st, 2020 to June 30th, 2023. In total, we recorded 855 cases of gender-based violence, including 167 rape cases, representing 19.53% of all gender-based violence (GBV) cases. The average age of our survivors was 15, with extremes of 6 and 62. 51.5% were pupils/students and 71.3% were single. Vaginal penetration occurred in 92.2% of cases and ejaculation in 8.4%. The majority of survivors (54.5%) consulted

a doctor within 72 hours after the act. Antiretrovirals were given to all survivors and the morning-after pill to 55.7% for preventive purposes.

Keywords

Gender-Based Violence, Sexual Violence, Survivors, Bamako, Mali

1. Introduction

Gender-based "violence" is a generic term describing harmful acts committed against someone's will on the basis of differences due to gender-related societal precepts [1].

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" [2].

Sexual violence is an all-encompassing term that refers to "any sexual act, attempt to obtain a sexual act, comment or advance of a sexual nature directed against a person's sexuality using coercion", World Health Organization [3]. The French Penal Code defines "rape as any act of sexual penetration of any kind, committed on another person by violence, coercion or surprise" [4].

Estimates of the prevalence of sexual abuse vary from 23.2% in high-income countries and 24.6% in the Western Pacific region to 37.7% in South East Asia [3]. In the sub-region, particularly in Dakar, Senegal and Bamako, Mali, frequencies of 1.8% and 2% have been reported by authors [5] [6].

In Mali, according to EDS VI (2018), among women who had experienced physical or sexual violence, 68% had never sought help and had never told anyone, 12% had never sought help but had told someone, and only 19% had sought help to put an end to the situation [6].

On October 18th, 2017, a holistic care unit (psychosocial, medical, security, economic, legal/judicial) for this gender-based violence named "One-Stop Center" was created at the Commune V Reference Health Centre (CS Ref CV).

After admission, the survivor receives psychological first aid. She is then referred as needed to other services: medical, security, economic, legal/judicial.

2. Methodology

2.1. Study Setting

Our study took place in the health district of the V commune of Bamako (Mali). We conducted a retrospective, cross-sectional, descriptive study.

2.2. Study Period

Our study occurred from June 1st, 2020 to June 30th, 2023, *i,e,* a period of three (3) years.

2.3. Inclusion Criteria

All rape survivors admitted to the "One-Stop Center" unit at CS Ref CV in Bamako, who happened during the study period, were included in this study.

2.4. Non-Inclusion Criteria

Except for men and boys, all survivors of other forms of gender-based violence such as: sexual assault without penetration including FGM/Excision, physical assault, forced/child marriage, denial of resource, opportunity or service, psychological/emotional violence and all other forms of violence are included in these types.

2.5. Sampling

We have carried out an exhaustive sampling of all rape cases.

Data were entered and analyzed by using World, Excel and SPSS version 25.0 software.

3. Results

3.1. Frequency

In total, we recorded 855 cases of gender-based violence, including 167 cases of sexual assault, *i.e.* 19.53% of all gender-based violence (GBV) Cases (Tables 1-10).

Table 1. Distribution of survivors by occupation.

Profession	Frequency	Percentage
Housewife	9	5.4
Pupil/student	86	51.5
Shopkeeper	7	4.2
Child	11	6.6
Seamstress	2	1.2
Housekeeper	49	29.3
Hairdresser	3	1.8
Total	167	100.0

Table 2. Distribution of survivors by number of aggressors.

Number of aggressors	Frequency	Percentage
1	125	74.9
≥ 2	42	26.1
Total	167	100.0

Table 3. Distribution of survivors according to the time of the event.

Timing	Frequency	Percentage
6 am to 6 pm	65	39.0
7 pm to 12 am	52	31.1
1 am to 5 am	11	6.6
Not specified	39	23.3
Total	167	100.0

Table 4. Distribution of survivors by mode of entry.

Penetration mode	Frequency	Percentage
Vaginal	154	92.2
Anal	5	3.0
Buccal	8	4.8
Total	167	100.0

Table 5. Distribution of survivors according to the notion of ejaculation.

Notion of ejaculation	Frequency	Percentage
No	25	15.0
Yes	14	8.4
Not specified	128	76.6
Total	167	100.0

Table 6. Distribution of survivors according to time elapsed before consultation.

Elapsed time	Workforce	Percentage
0 - 3 days	91	54.5
4 - 5 days	10	6.0
6 - 14 days	41	24.5
15 – 30 days	6	3.6
over 30 days	19	11.4
Total	167	100.0

Table 7. Distribution of survivors by psychological state.

Psychological state	Frequency	Percentage
Good	87	52.0
Restless	75	45.0
Physiological disorders	5	3.0
Total	167	100.0

Table 8. Distribution of survivors according to the nature of the genital lesions found.

Lesions	Frequency	Percentage
Vaginal tears	2	1.2
Hymenal tears	131	78.4
Vulvar lesions	20	12.0
No lesions	14	8.4
Total	167	100.0

Table 9. Distribution of survivors according to biological work-up.

Biological check-up	Positive	Negative
Pregnancy test	9 (5.4%)	158 (94.6%)
HIV	0 (0%)	167 (100%)
AgHBS	5 (3.0)	162 (97%)
Syphilis serology	4 (2.4%	163 (97.6%)
Vaginal swab +ATB	5 (5.3%)	90 (94.7%)
ECBU + ATB	3 (4.1%)	71 (95.9%)
Sperm count	8 (8.4%)	87 (91.6%)

Table 10. Distribution of survivors according to drug treatment.

General treatment	Workforce	Percentage
Antibiotic	110	65.9
Anti-inflammatory	29	17.4
Analgesic	28	16.8
Antifungal	13	7.8
Antiseptic	43	25.7
ARV	167	100.0
Antispasmodic	18	10.8
Emergency contraceptive	93	55.7
Fer	6	3.6
Other*	11	6.6

Other*: Antihypertensives, anxiolytics...

3.2. Comments and Discussion

Limitations of the study:

During our study, we encountered a number of difficulties, particularly in our bibliographic research, due to the limited number of studies carried out in One-Stop Centres. These centres are new in Mali. Underestimation of the prevalence of GBV due to:

(1) Stigmatization;

(2) Fear of reprisals linked to the socio-cultural context;

(3) Social pressure;

(4) Impunity;

(5) Unavailability and inaccessibility of GBV services.

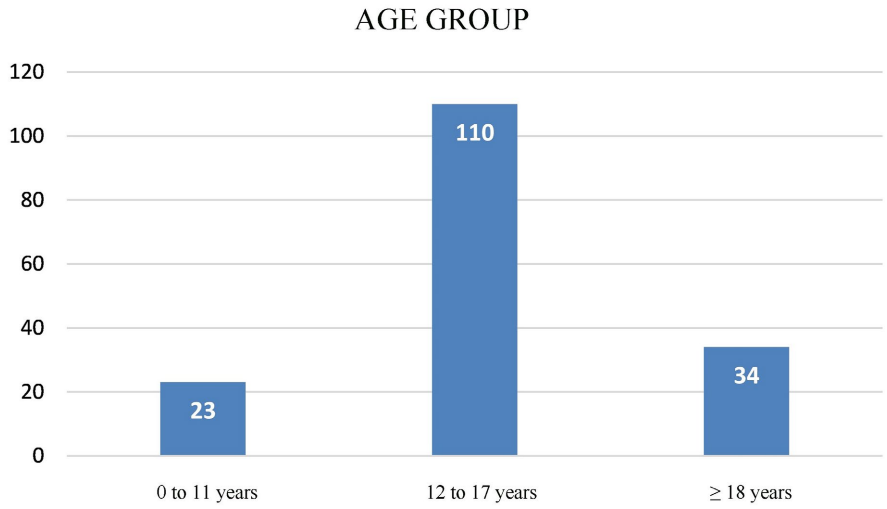
Difficulties in obtaining certain information about survivors: files locked in a cupboard, silence from the centre's staff and from some survivors.

3.3. Frequency of Sexual Violence

During the study period, rape accounted for 19.53% of all cases of gender-based violence (GBV). Our rate is comparable to that of Djelia L in Senegal [7], which reported 10% of rape cases out of all GBV cases. However, it is lower than that of Haidara T [8], who found a frequency of 0.53% of gender-based violence among all gynaecology admissions in the same facility. This difference could be explained by the fact that he reported rape cases as a proportion of all gynaecological consultations.

3.4. Socio-Demographic Profile of Survivors

The average age of our survivors was 15, with extremes of 6 and 62. In our sample, 51.5% were pupils/students and 71.3% were single (**Figure 1**). In some series reported in the literature, approximately one out of every two survivors was a student [5] [7]. We found 100% of admissions by requisition. Thiam O in Dakar [5] found 92.6% of admissions by requisition. These high rates could be explained by the fact that the One-Stop Center team includes police officers who are called by the health workers as soon as the patient is admitted, and the requisition is issued the same day.



The extremes of age ranged from 6 to 62 years.

Figure 1. Distribution of rape survivors by age group.

3.5. Clinical Aspects of Survivors

Penetration into the vagina was encountered in 92.2% of cases and ejaculation in

8.4%. Several African authors have reported similar results [9]-[11].

We found 85.6% hymenal tears and 1.3% vaginal tears. Thiam O [5] in Senegal found 74.7% hymenal lesions, 60% of which were old, and 25.3% intact hymens. In France, 60% of victims of sexual violence had recent lesions due to a short consultation time of less than 48 hours [12].

In our study, the majority of survivors (54.5%) consulted within 72 hours after the act. In a Senegalese study, the authors reported 46.6% of consultation cases within 72 hours. In the same study, the authors reported that 70% of minors consulted within 96 hours [9].

3.6. Management

Urinary βHCG assays were systematically performed and enabled us to diagnose nine cases of pregnancy confirmed by ultrasound. Systematic HIV screening of survivors did not reveal any positive cases. Antiretroviral drugs were given to all survivors (100.0%) for preventive purposes. Thiam O and Cissé in Senegal [6] [13] reported respectively 14.7% and 20% HIV-positive antiretroviral prophylaxis. Spermatozoa were identified in vaginal swabs in 8.4% of cases in our study. Thiam O in Senegal [5] reported one case of positive sperm test out of a total percentage of 21% of cases. Authors such as Laudat A [12] and Boutin L [14] reported up to 30% of positive sperm tests. This difference could be explained by the long delay between the consultation and the risk of intimate cleansing before the consultation, and also, above all by the level of performance of the laboratories.

3.7. Psychosocial and Psychiatric Assistance

In this study, we recorded 3% psychological disorders and 45% agitation. All our survivors received psychosocial assistance. GANHI Eminka [15] reported no cases of psychological counselling.

Psychosocial support for rape survivors remains an essential part of the holistic management of GBV. Psychological support from a psychologist is essential for survivors undergoing such a tragedy. It is a necessary step in the process of reconstruction and rehabilitation. At this stage of the treatment, we assess the survivor's needs and develop an action plan that we implement until she recovers.

Security/legal/judicial/economic assistance:

Security assistance is provided by the police, who are often present or called in as required. They ensure the safety of the survivors in their environment and at the One-Stop Centre if they are hospitalized. They take charge of requisitions and pass them on to the relevant authorities. All the survivors were involved in this study. Rape is considered as a crime in Mali, any case of rape must be reported to the relevant authorities, otherwise the provider's silence could be considered as complicity, even if no complaint has been done.

After the preliminary investigation, cases may be referred to the public prosecutor's office for action to be taken.

Economic support is often provided through training and the provision of in-

come-generating activities (IGAs).

4. Conclusion

Rape is a tragedy and can have physical, psychological, gynaecological, obstetrical and economic repercussions in the short, medium and long term. Adolescent victims and pupils/students, who are the most vulnerable group, have been the most affected. Holistic care is needed to rebuild and rehabilitate the survivors. Good parenting and communication can prevent violence.

Conflicts of Interest

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

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