

Sexual Violence in N'Djamena Chadian and Chinese Friendship Hospital

Mahamat Alhadi Chene^{1,2}, Gabkika Bray Madoué^{1,3*}, Aché Haroun¹, Mihimit Abdoulaye⁴, Youssouf Adam², Zeinab Dadoud Kineiffour², Hawaye Cherif^{1,3}, Lhagadang Foumsou^{1,4}

¹N'Djamena Faculty of Human Health Sciences (Chad), N'Djamena, Chad

²N'Djamena Chadian and Chinese Friendship Hospital, N'Djamena, Chad

³N'Djamena Mother and Child University Hospital, N'Djamena, Chad

⁴Abeche Faculty of Health Sciences (Chad), Abeche, Chad

Email: *kickbray@yahoo.fr

How to cite this paper: Chene, M.A., Madoué, G.B., Haroun, A., Abdoulaye, M., Adam, Y., Kineiffour, Z.D., Cherif, H. and Foumsou, L. (2025) Sexual Violence in N'Djamena Chadian and Chinese Friendship Hospital. *Open Journal of Obstetrics and Gynecology*, 15, 1720-1727.

<https://doi.org/10.4236/ojog.2025.1510145>

Received: September 3, 2025

Accepted: October 25, 2025

Published: October 28, 2025

Copyright © 2025 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

Introduction: Sexual violence is defined as an act of a sexual nature, with or without physical contact, committed by a person without the consent of the person concerned or in the absence of valid consent. **Objective:** To analyze the epidemiological, clinical, and therapeutic characteristics of sexual violence cases recorded at NCCFH and to propose recommendations for improving their management. **Patients and Method:** This was a descriptive and analytic study with prospective data collection covering a period of 14 months period from January 1, 2024, to February 28, 2025, about sexual violence performed in N'Djamena Chadian and Chinese Friendship Hospital (NCCFH). The study included all patients admitted to sexual violence. Studied variables were: socio-demographic, clinic and therapeutic. **Result:** During the study period, 97 cases of sexual violence were recorded among 2641 admissions, giving a frequency of 3.6%. The average age of the victims was 13.75 ± 4.6 years. 71.1% of victims were aged between 12 and 17. Most victims were abused during the day in 60.8%, and in their ripper's home in 44.3%. 59.8% of patients were consulted in a period of 1 to 8 days after sexual abuse. Genital contact was the most common form of sexual violence, with 97.9%. The majority of patients had received a consultation at the request of the police or gendarmerie (56.7%). Emergency contraception was given in 10.3%. **Conclusion:** Sexual violence represents a major social problem, with physical and psychological consequences. Change of the population behavior, the health staff attitude, and the police is necessary for the improvement of its management.

Keywords

Sexual Violence, NCCFH, N'Djamena, Chad

1. Introduction

Sexual violence is defined as an act of a sexual nature, with or without physical contact, committed by a person without the consent of the person concerned or in the absence of valid consent [1]. It is an act of domination aimed at subjugating another person to his or her own desires through the abuse of power, the use of force or coercion, or the implicit or explicit threat [2]. Worldwide, 35% have experienced physical and/or sexual violence at some point in their life, usually at the hands of an intimate partner [3].

Sexual violence exists everywhere in the world, and its frequency is increasing [4]. It is a real public health problem, often affecting minors [5]. As real as it is frequent, it remains a taboo subject, especially in our highly traditional African societies, leading to a delay in seeking care or reporting it [6]. Africa has high rates of sexual violence, exacerbated by armed conflict, poverty and weak justice systems. Estimations vary from country to country. In Sub-Saharan Africa, 40% of women report having experienced physical and/or sexual violence [7].

In Chad, one woman in five claims to be a victim of physical violence and 12% of women suffer sexual violence every year [8].

In addition to the physical and/or psychological damage faced by victims, sexual violence exposes them to a high risk of sexually transmitted diseases (HIV, hepatitis B or C, gonorrhoea, syphilis, candidiasis) and unwanted pregnancies [9]. Considering these facts, we conducted a survey aiming to analyze the epidemiological, clinical, and therapeutic characteristics of sexual violence cases recorded at NCCFH and to propose recommendations for improving their management.

2. Patients and Method

This was a descriptive and analytic study with prospective data collection covering a period of 14 months period from January 1, 2024 to February 28, 2025, about sexual violence performed in N'Djamena Chadian and Chinese Friendship Hospital (NCCFH). The study included all patients who had been victims of sexual violence during the study period and who agreed to participate in this study. Those admitted with suspicion of sexual violence without any witness (clinical element of rape) were not included. Patients were examined systematically on admission (examination was often required by the police), and we followed them a few weeks after, aiming to screen for infectious diseases or pregnancy. Studied variables were: socio-demographic, clinic and therapeutic. Data were entered using Word and Excel and analyzed using SPHINX software.

3. Results

During the study period, 97 cases of sexual violence were recorded among 2641 admissions, giving a frequency of 3.6% (Table 1).

The average age of the victims was 13.7 ± 4.6 years, with extremes of 2 and 27 years.

71.1% of victims were aged between 12 and 17, and 89.7% were minors.

Table 1. Age of victims.

Age of victims (year)	n	%
<6	4	4.1
6 - 11	14	14.4
12 - 17	69	71.1
>17	10	10.3
Total	97	100

Place where sexual abuse happened

89.7% of victims lived in urban areas and 70.1% of them were schooled (those of secondary level accounted for 60.8%). They are single in 96.9%.

We noted a relationship or knowledge between the victim and the ripper in 80.4%. The majority of sexual abuse was committed by a single perpetrator (91.8%).

Period and place of sexual abuse happened

Most victims were abused during the daytime in 60.8% with $p = 0.002$ when the ripper lived in the same yard (**Table 2**).

Table 2. Place of sexual abuse.

Place where sexual abuse happened	n	%
Victime home	14	14.4
Ripper home	43	44.3
School	5	5.1
Road	15	15.4
Unknown	20	20.6
Total	97	100

The ripper home is 44.3%.

Delay for consultation**Table 3.** Delay for consultation.

Delay of consultation (Day)	n	%
<1	10	10.3
1 - 8	58	59.8
9 - 14	7	7.2
15 - 30	6	6.2
>30	16	16.5
Total	97	100

59.8% of patients were consulted in a period of 1 to 8 days after sexual abuse (**Table 3**).

Table 4. Type of sexual abuse.

Type of sexual abuse	n	%
Genital-genital	95	97.9
Genital-anal	1	1.03
Genital-oral	1	1.03
Total	97	100

Genital contact was the most common form of sexual violence (97.9%) (Table 4). Secondary sexual characteristics were present in 86.6% and 66% of old hymen tears were noted. 4.1% of patients presented injuries linked with struggle during sexual violence.

Consequences

Pregnancy was noted in 12.4% of cases, and hepatitis B and HIV-AIDS positive test was observed in 1%. These infections occurred when the consultation delay is >30 days with $p = 0.003$.

The majority of patients were consulted with the police request in 56.7% and in 43.3% by the family decision.

Emergency contraception was given in 10.3%, which was essentially the ulipristal acetate. This is linked with the delay of consultation and the age of patients who were very young. Antibiotics in 5.2% (levofloxacin and the association of amoxicillin and acid clavulanic) and anti-retroviral drugs (ARVs) in 31% of cases.

Psychological support was provided in 52.5%. This was attributed to the fact that some parents didn't come back for follow-up. Avoiding the stigmatization of their daughter.

A medical certificate was given to all victims (100%).

4. Discussion

We reported a frequency of 3.6% during this study. This result is close to the 3.9% noted by Samaké *et al.* [10] in Bamako in 2023. Therefore, it is less than that of Diallo *et al.* [11] in Conakry in 2021, representing 12.2%. Our frequency could be explained by the taboo and cultural factors surrounding sexual violence. Victims of such acts are reluctant to report the incident to the judicial authorities or specialized structures, for fear of incurring shame or exposing their families to stigmatization.

The average age of the victims was 13.75 ± 4.6 years, with extremes ranging from 2 to 27 years. Ben Soussia *et al.* [12] in Monastir, Tunisia, in 2021 reported that victims of violence were very young, with an average age of 10 ± 3.9 years. In Yaoundé in 2020, Esther *et al.* [13] noted that the average age was 10.5 years, with extremes ranging from 2 to 18 years. In Benin, Atade *et al.* [6] found in 2023 that the average age of victims was 14.5 ± 2.9 years, with extremes of 1 and 17 years. This series confirms the assertion that minors were the main victims of sexual violence, accounting for 89.7%. This rate is close to that of Atade *et al.* [6], who reported a frequency

of violence against minors of 81.5%. Indeed, due to their immaturity, naivety and physical vulnerability, children are often weak and without means to protect themselves against aggressor. This was confirmed by Diallo *et al.* in Guinea [4].

According to Ling area, we observed that 88.65% of victims lived in N'Djamena, and 70.1% were in school. Those of secondary level accounted for 60.8%. Our finding is lower than the 82% of secondary school noted by Akila *et al.* [14] in Togo in 2018. In the study carried out by Dembele *et al.* [9] in Mali in 2021, schoolchildren accounted for 53.27% and 62.75% of cases, respectively. For secondary school, this high rate could be explained by the vulnerability of this category, due to various factors, including the need to get easy profits, curiosity and a generally low socio-economic level. In addition, the students' physical appearance and school uniforms may be factors favoring their exposure [9]. However, in this series, 22.8% of victims were out of school. The precarious situation of these teenage girls is often at the root of their lack of schooling.

As regards the circumstances of the assaults, in this study, the majority of sexual assaults took place in the middle of the day, accounting for 60.8% of cases. They occurred during household chores, family errands, solitary walks or on the way home from school. These results are similar to those of Esther *et al.* [13], who found a rate of 74.5% of assaults during the day. Moreover, 44.3% of these assaults took place at the aggressor's home, 14.4% at the victim's home and 5.1% at school. These data concur with those of Faye [15] in 2021 in Dakar, who noted that abuse took place in the aggressor's home in 42% of cases. Esther *et al.* [13] reported that the majority of sexual assaults suffered by victims took place in familiar surroundings, such as the family home, a neighbor's house or school, accounting for 65.9% of cases. These figures show that sexual violence occurs mainly in the everyday surroundings of victims.

As for the aggressor, in this series, 80.4% of victims knew him or her. These data concur with those of Esther *et al.* [13] who reported that in 70.2% of cases, sexual violence was perpetrated mainly by people close to the victim, notably a family member, friend, neighbor or acquaintance of the family, in contrast to the study carried out by Sawadogo *et al.* [16] in Burkina Fasso in 2022, where the aggressors were strangers to the victim in the majority of cases, in 52% and 57.9% respectively. Proximity between aggressor and victim increases the latter's vulnerability. They then exploit the victim's trust or innocence, and wait for the right time and place to carry out the act.

According to the delay for consultation, we noted 10.3% victims who had consulted in the 24 hours following the sexual aggression. Our findings are the same with those of Akila *et al.* [14], who reported 10.4% who were seen in consultation before 24 hours. This result differs from those of Esther *et al.* [13] and Dembele *et al.* [9], who respectively noted 51.1% and 56.86% of victims that were seen in consultation within the first 24 hours following the sexual aggression. This difference can be explained by a combination of factors linked to the perception of sexual violence, accessibility of care and the institutional response to these crimes.

Regarding the sexual act, genital contact was noted in 97.9% of cases. Esther *et al.* [13] reported that vaginal penetration was the predominant mode of sexual intercourse, accounting for 85.1% of cases. In 2021, Diallo *et al.* [11] and Faye [15] reported a rate of 72.10%, 76.47% and 90.65% respectively of genital contact.

Clinical examinations showed 66% of hymen tears. As for the hymen, 7.2% of victims had perineo-vaginal tears. Esther *et al.* [13] found perineo-vaginal tears in 14.9% and 4.12% of extra-genital trauma (limb wounds and a fracture of the left arm). The variety of lesions observed in these cases could be explained by the brutality with which the act was committed, in a context where the aggressor sought to act quickly, avoiding any intervention aiming to protect victims.

In this study, 12 victims of sexual violence (12.4%) discovered that they were pregnant. This confirmed previous findings of Faye [15], who reported 11.1% of pregnancies after sexual violence. The long delay between the assault and the consultation could explain this rate of unwanted pregnancy. However, these unwanted pregnancies could be avoided if emergency contraception were administered without undue delay after the incident.

We also noted one case of a positive test for acquired human immunodeficiency virus (HIV). This finding is the same for Sawadogo *et al.* [16] and Faye [15], who observed each one a (1) cases of HIV positive test. Contrary to our findings, Esther *et al.* [13] reported zero case of HIV positive test. The screening of hepatitis revealed one case of positive hepatitis B test. The discovery of positive test for HIV and Hepatitis B in this study is linked to the delay in consultation, which forbade any preventive treatment for sexually transmitted disease.

Despite the delay for consultation in this study, we initiated the emergency contraceptive using the levonorgestrel for 10 victims of sexual violence (10.3%). This result is comparable to that of Essiben *et al.* [17] in Cameroon in 2019, who reported 15.5% of introduction of the emergency contraception.

To avoid stigmatization, only 52.5% received psychological support. This can be explained by the fact that this phenomenon and sexual abuse are not accepted by the population. Raped women are often neglected. The second reason was the taboo and barrier; parents prefer to protect their honor and refuse any follow-up.

5. Conclusion

Sexual violence is a public health problem, although its actual prevalence remains largely underestimated. They represent a major social problem, with physical and psychological consequences. Change of the population behavior, the health staff attitude, and the police is necessary for the improvement of its management.

Conflicts of Interest

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

References

- [1] Gingras, F., Majani, N., Gagné, S., Deudon, C., *et al.* (2024) How to Include Loved

- Ones in the Process of People Who Have Experienced Sexual Assault Undergoing Treatment for Post-Traumatic Stress Disorder, Insomnia and Nightmares? *Science et Comportement*, **34**, 35-45.
- [2] Sivakumaran, S. (2007) Sexual Violence against Men in Armed Conflict. *European Journal of International Law*, **18**, 253-276. <https://doi.org/10.1093/ejil/chm013>
- [3] Damus, O. and Luhahe, G.V. (2022) Rape: A Crime against Humanity of the Other. Harmattan.
- [4] Diallo, T.M.C., Diallo, S. And Diallo, M.H. (2021) Sexual Violence at the Donka Hospital (Guinea). *Revue Internationale des Sciences Médicales*, **23**, 11-16.
- [5] Braoude, I., Manolis, E., Jean, E., et al. (2022) Revealing Childhood Sexual Abuse to a Healthcare Professional: A Meta-Synthesis. *Childhood and Adolescent Neuropsychiatry*, **70**, 201-213.
- [6] Atade, S.R., Vodouhe, M.V. and Klizezo, R. (2023) Sexual Violence against Minors and Its Socio-Professional Consequences in CIPeC/VBG du CHUD-B en 2022 (Benin). *17th SAGO Congress*, Tampa, 26-30 November 2023, 61.
- [7] World Health Organization (2024) Violence against Women. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
- [8] United Nations Development Program (2024) Reducing Violence against Women in Chad. <https://www.Undp.org/fr/chad/reduire-la-violence-contre-les-femmes-au-tchad>
- [9] Dembele, S., Diassana, M., Malcalou, B., et al. (2021) Epidemio-Clinical Aspects of Sexual Assaults at the Fousseyni Daou Hospital in Kayes. *Health Sciences and Disease*, **22**, 16-19.
- [10] Samaké, A., Diakité, N.I.M., Traoré, S.O., Tall, S., Yomaté, A. and Bah, T. (2023) Sexual Violence at the One-Stop Center Unit in the Commune V Health District of Bamako. *17th SAGO Congress*, Tampa, 26-30 November 2023, 195.
- [11] Diallo, A.M., Conde, N., Konate, G., Keita, M.M., Yabouaffo Koffi, A.F.D., Camara, A.K., et al. (2021) Profil psychopathologique des auteurs d'agressions sexuelles sur les prepuberés à Conakry. *La Revue de Médecine Légale*, **12**, 68-75. <https://doi.org/10.1016/j.medleg.2021.02.004>
- [12] Ben Soussia, R., Omezzine, R.G., Bouali, W., Zemzem, M., Bouslah, S., Zarrouk, L., et al. (2021) Aspects épidémiocliniques et suites judiciaires des abus sexuels chez les mineurs à Monastir, Tunisie. *Pan African Medical Journal*, **38**, 10-19. <https://doi.org/10.11604/pamj.2021.38.105.21766>
- [13] Esther, N.U.M., Léon, N.T., Félix, E., et al. (2020) Epidemiological, Clinical, and Therapeutic Aspects of Sexual Assaults in Children and Adolescents at the Central Hospital of Yaoundé. *Health Science and Disease*, **21**, 69-73.
- [14] Akila, B., Ketevi Ayoko, A., Fiagnon, K., Ajavon, D., Douaguibe, B., et al. (2018) Rape of Minors Aged 10 to 15 Received at the CHU of Lomé. *The European Scientific Journal*, **14**, 73-82.
- [15] Faye, N.A. (2021) Epidemiological and Clinical Aspects and Management of Sexual Abuse at the Hospital Center of Youssou Mbargane Diop de Rufisque. Ph.D. Thesis, Université Cheikh Anta Diop de Dakar.
- [16] Sawadogo, Y.A., Ouedraogo, I., Zamane, H., Kiemtore, S., et al. (2022) Sexual Violence among Medical Students in Cameroon: Epidemiological, Therapeutic, and Legal Aspects. *Health Science and Disease*, **23**, 41-45.
- [17] Essiben, F., Didjo, C., Koh, V.M., Juliette Ngo Um, M.E., Nsahlai, C. and Foumane, P.

(2019) Adolescent Sexual Behavior in an Urban Area of a Resource-Limited African Country, Cameroon. *Open Journal of Obstetrics and Gynecology*, **9**, 923-935.
<https://doi.org/10.4236/ojog.2019.96090>