

Gender-Based Violence at Integrated Care Center of Cotonou: A Five-Year Retrospective Study

Moufalilou Aboubakar^{1*}, Medesse Veronique Tognifode¹, Ingrid Olowo², Vodouhe Tchimon³, Benjamin Hounkpatin¹, Josiane Angeline Tonato-Bagnan¹, Justin Lewis Denakpo³

¹University Hospital of Mother and Child-Lagoon, Cotonou, Benin

²Departmental University Hospital of Ouémé Plateau, Porto-Novo, Benin

³National University Hospital-Hubert Koutoukou Maga, Cotonou, Benin

Email: *moufaliloua@yahoo.fr

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Abstract

Introduction: Gender-based violence (GBV) covers a wide range of forms, but is primarily physical and sexual. Its medical and psychosocial consequences for victims are dramatic. The objective of our study was to assess five years of activities at the Integrated Center for the Management of Gender-Based Violence (CIPEC-VBG) in Cotonou. More specifically, the aim was to describe the typology of cases received, to calculate the frequency of different types of assault; and to describe the profiles of both victims and perpetrators. **Method:** This was a retrospective, descriptive study conducted over a five-year period from July 1, 2018, to June 30, 2023. It covered all GBV victims received at the CIPEC-VBG during the study period. Victims received specifically for physical or sexual assault, with or without a referral, and with complete medical records, were included. **Results:** A total of 1422 victims and survivors of GBV were included. The median age was 15 years, with a range of 3 months to 61 years. Sexual assault accounted for 87% of the cases received. The majority of these cases involved minors under the age of 15 (63%) and were primarily rape. The perpetrator was most often known by the victim (72.2% of cases). Regarding physical violence, more than a third was committed by husbands and/or cohabitants. The site of injuries was the upper limb in 46.6% of cases, followed by the head and neck (30.8%). **Conclusion:** Gender-based violence is a reality at the Cotonou CIPEC VBG. The most common form remains sexual assault. The profiles of perpetrators and victims are diverse, but the majority remain young. It is important to intensify programs to combat GBV among young people to ensure an effective response.

Keywords

Gender-Based Violence, Victims, Care, Cotonou

1. Introduction

Gender-based violence (GBV) is one of the most widespread scourges in the world. Its range is wide, but physical and sexual violence are the most frequent. According to the Rape Abuse Incest National Network (RAINN), there are an average of 463,634 victims of rape and sexual assault each year in the United States, or one victim every 68 seconds [1] [2]. In USA, one in five women reports having been raped at some point in their life [3].

However, contrary to popular belief, physical and sexual assault are not restricted to girls [4]. In the United States, an estimated 19.3% of women and 1.7% of men have been raped in their lifetime, and 43.9% of women and 23.4% of men have experienced other forms of sexual violence in their lifetime, including forced penetration, sexual coercion, unwanted sexual touching, and unwanted non-contact sexual experiences [5]. Africa is not spared from violence. According to Amnesty International in South Africa, every six hours, a woman is killed by her partner; in Kenya, domestic violence was the cause of 47% of homicides. The results of the fifth demographic and health survey (2017-2018) in Benin reveal that 10% of women aged 15 to 49 have suffered acts of sexual violence at some point in their lives, 4% of women experienced their first acts of sexual violence before the age of 18, and nearly 30% of women aged 15 to 49 have suffered physical violence since the age of 15 [6]. The Integrated Center for the Care of Gender-Based Violence (CIPEC-VBG) in Cotonou, created in 2012, provides care for victims. The objective of our study was to take stock of five years of activities of the said center. More specifically, we question aimed to describe the typology of the cases received; calculate the frequency of the different types of aggression and of describe the profile of the victims as well as that of the perpetrators.

2. Methodology

This study was conducted at the CIPEC-VBG in Cotonou. It was a retrospective, descriptive study conducted over a five-year period from July 1, 2018, to June 30, 2023. The study focused on the files of victims and survivors of gender-based violence admitted in the center for all types of violence: sexual and physical assault, incitement of minors to debauchery, kidnapping, sequestration, forced and early marriage, as well as cases of incest against minors. Victims of sexual or physical assault referred by a judicial police officer or who sought medical help on their own, with or without a referral, were included. Victims were required to have complete medical records.

Physical violence is defined as “any type of act resulting in non-accidental harm, through the use of physical force or any type of weapon or object that may or may

not cause internal or external injuries, or both”. It can be manifested by the following acts: slaps or other blows, threats with a weapon, threats of strangulation or death, brutal confinement, other physical attacks or brutality, etc.

As for sexual violence, it is “any act that has the effect of degrading or causing harm to the body and/or sexuality of the victim and which, consequently, violates their freedom, dignity and physical integrity”. Sexual violence refers, among others, to the following acts: rape; sexual harassment; sexual exploitation; sex trafficking; prostitution; imposition of sexual acts with one or more people; touching; unpleasant sexual advances; imposition of pornographic images, etc.

We used a non-probability convenience sampling technique and conducted an exhaustive census of cases meeting the above-mentioned inclusion criteria. The dependent variable was physical and/or sexual violence; the independent variables were related to the sociodemographic data of the victims, the circumstances of the assault, and the profile of the aggressors. The collected data were entered into KoboToolbox software and analyzed with IBM SPSS version 25 software.

Graphs and tables were created using Microsoft Excel 2019 and word processing using Microsoft Word 365. The study was conducted in accordance with the principles of medical ethics.

3. Results

3.1. Types of Assault

Four types of gender-based violence were recorded at the Cotonou CIPEC-VBG. Sexual violence and physical assault alone accounted for 97% of cases, while other types of violence accounted for only 3%. This study analyzed 1422 cases, including 1276 cases of sexual violence (89.73%) and 146 cases of physical violence (10.26%).

3.2. Socio-Demographic Data

3.2.1. Victims

1) Age

Table 1 describes the distribution of victims by age, gender, and type of assault.

Table 1. Distribution of victims by age, gender, and type of assault.

		Physical assault	Sexual assault
0 - 6 years	Male	06	02
	Female	07	102
7 - 12 years	Male	11	11
	Female	14	199
13 - 18 years	Male	05	10
	Female	26	880
>18 years	Male	00	05
	Female	77	67
Total		146	1276

Physical assaults mainly affected women aged over 18 (52.7%) while sexual assaults affected women aged 18 and under (94.4%). Females were the most prone to violence with a sex ratio of 27.4 (84.9% of cases of physical violence and 97.8% of cases of sexual violence).

2) Victim's occupation and level of education

More than half of the victims (50.4%) were students, and more than a third (36.1%) had a secondary education.

3.2.2. The Perpetrators

For the 1422 victims included in our study, we recorded 1543 suspected or proven perpetrators.

1) Age

Figure 1 describes the distribution of perpetrators by age.

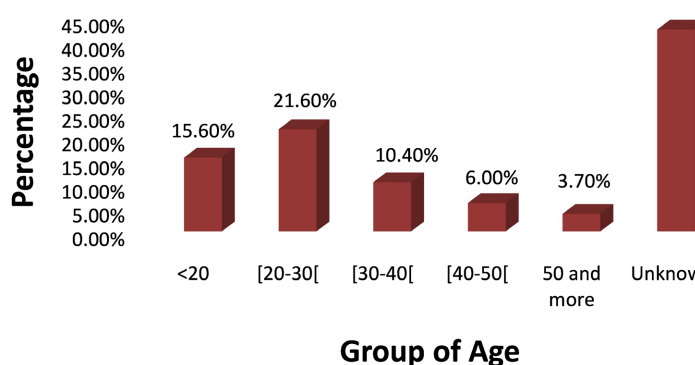


Figure 1. Distribution of gender bases violence perpetrators by age.

In 42.7% of cases, the victim was unaware of the perpetrator's age. Among the perpetrators whose age was known, those under 30 were the most numerous (37.2%). The youngest perpetrator of GBV found was 6 years old.

2) Occupation

Nearly a quarter (24.4%) of the perpetrators were artisans or manual workers, followed by employees (7.6%) and students (7.5%).

3.2.3. Characteristics of the Assault

1) Physical Assault

i) Time and Location of the Assault

Physical assaults most often occurred between 6PM. and midnight (44.4%) and at the victim's home (81.7%).

ii) Methods Used

Physical assault was primarily committed with bare hands ($n = 92$, or 63.0%) and with a blunt object, a stick (30.8%).

iii) Number of Assailants and Relationship Between Assailant and Victim

The assailant was alone in 90.4% of cases. He was the victim's husband or partner in 39.0% of cases and lived in the same house as the victim in 22.6% of cases.

2) Sexual assault

i) Time and Location of Assault

Figure 2 shows the distribution of sexual assault cases by location.

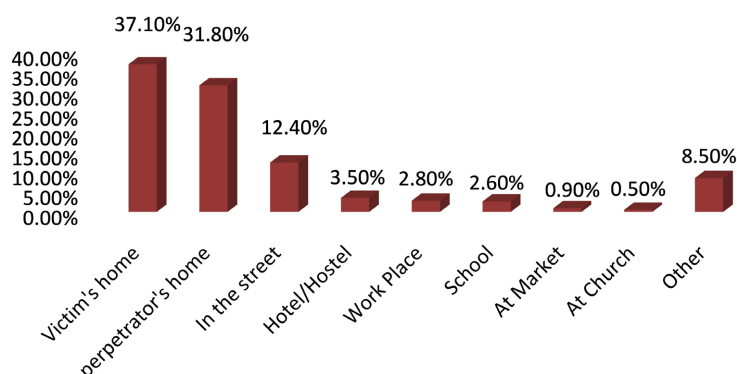


Figure 2. Distribution of sexual assault cases by location.

Sexual assaults occurred in the immediate vicinity of the victim's home in 37.1% of cases and at the perpetrator's home in 31.8%.

Nearly half of the assaults, or 47.4%, occurred between 6 p.m. and midnight.

ii) Type of sexual abuse

Figure 3 shows the different types of sexual assault recorded.

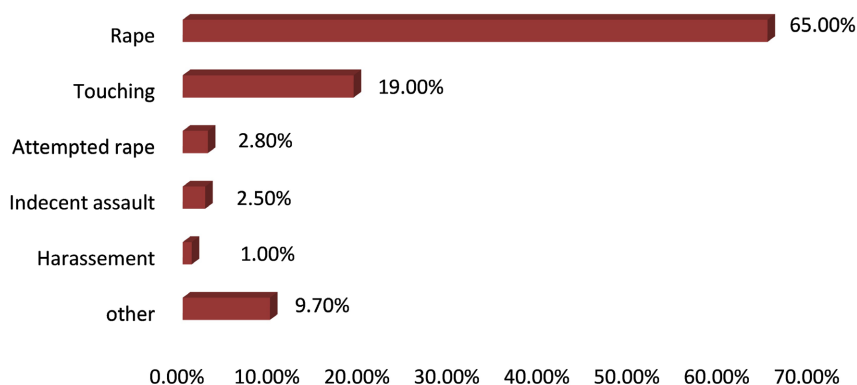


Figure 3. Distribution of sexual assault cases by type of abuse.

The most common sexual assaults were rape (65%) and fondling (19.0%).

iii) Method of Penetration

Vaginal penetration was reported in 83.5% of cases, and anal penetration was reported in 2.7% of cases. No penetration occurred in 12.10% of cases.

iv) Restraints suffered by Victims

The majority of assaults were carried out under duress (80.5%). Physical restraints were the most common (45.9%), particularly forced immobilization (42.5%). Intimidation, such as death, in the event of a complaint was the most common psychological threat (24.8%).

v) Number of attackers and relationship between the attacker and the victim

The attacker most often acted alone (91.9% of cases) and was often known to

the victim: a neighbor (32.1%), a friend (10.3%), a relative (7%), and in 3%, it was the father.

4. Discussion

4.1. Types of Aggression

According to the New Generation Integrated Data System for Families, Women, and Children (SIDoFFE-NG) in Benin [7], between 2019 and 2022, the majority of acts of violence were characterized by psychological or moral violence (19,938 cases), physical violence (6267 cases), economic violence (5749 cases), property or cultural violence (1505 cases), and sexual violence (1049 cases).

Four types of gender-based violence were recorded at the Cotonou CIPEC-VBG. Sexual violence and physical assault alone accounted for 97% of cases. Indeed, some types of violence remain unknown to the general public and are therefore not the subject of complaints. The most publicized GBV cases are sexual and physical, and are therefore the most frequently reported to health care facilities such as CIPEC.

4.2. Socio-Demographic Characteristics of Victims

1) Age of victims

In our study, the median age was 15 years (IQR: 13 years, 16 years) with extremes of 3 months and 61 years. The youngest victim was 3 months old and the oldest 61 years old. Adolescent girls aged 13 to 18 years represented more than half of the cases, or 64.8%. Early childhood (0 to 6 years) was not spared with a total of 117 cases. In a study conducted in Senegal by Cissé *et al.* in 2015, the 10 to 16 age group was the most represented with 46.9% [8]. For Diallo A. in Mali in 2015, the 10 - 14 age group was the most affected with 37.3% [9]. This could be explained by the greater physical and psychological vulnerability at these ages.

2) Gender of Victims

GBV is a phenomenon that affects both sexes, but women pay the heaviest price. In our study, almost all (96.5%) of reported GBV survivors were female. This frequency is similar to that reported in the Gender-Based Violence Information Management System (GBVIMS) in the Central African Republic [10], which found 95% women and girls. Men and boys represented 3.5% of survivors. However, this figure may be underestimated due to fear of stigmatization and the lack of appropriate services for them.

3) Victims' Education Level

In the majority of cases (68.5%), the victims were in school, and more than a third had a secondary education. This could be explained by the measures taken since 2006 by the various governments of Benin to promote free preschool and primary education and the exemption of tuition fees for girls in the first cycle of Benin's public high schools and colleges.

4) Victims' Marital Status

In our study, the majority of victims were single, with a rate of 91.4%. This rate

is similar to that of Dembélé *et al.*, who found 90.2% of victims to be single [11]. Traoré A. reported a proportion of 87.8% of victims to be single [12]. This high frequency could be explained by the fact that the majority of victims in our study were minors. Furthermore, it is possible that among women in a relationship, the fear of repudiation deters them from filing a complaint. Being a single woman could be a factor in exposure to rape, physical and sexual violence.

4.3. Profile of the Aggressors

Victims did not know the age of their attacker in 42.7% of cases. Among the perpetrators whose age was known, the majority were under 30 (37.2%). H. Bah *et al.* [13] reported that 37.7% of perpetrators were between 16 and 25 years old. This age corresponds to the peak of sexual activity, the height of curiosity and discovery of sexual practices. Furthermore, this could be explained by the effects of juvenile delinquency, easy access to pornography, and the harmful effects of social media.

Nearly a quarter (24.4%) of the attackers were artisans or manual workers, followed by employees (7.6%) and students (7.5%). Bah H. noted that the majority of perpetrators of sexual assault work in low-income professions; 24% were pupils/students, 12.4% were workers [13]. In fact, these are single subjects with modest incomes that do not allow them to support a woman.

4.4. Circumstances of Occurrence

4.4.1. Physical Assault

Physical assaults occurred mostly between 12:00 p.m. and midnight (69.8%). Most were perpetrated at the victim's home (81.7%). Indeed, physical assaults often involve partners who live in the same place. These results are similar to those reported by the GBVIMS in its annual report in the Central African Republic (2022) [10], in which GBV incidents were recurrent where survivors lived, with 48% occurring at the survivor's home and 28% at the perpetrator's home.

Regarding means of assault, bare hands (punching) were the main means of physical assault (63%), followed by beatings with sticks (30.8%). Diallo A [9] found 57.2% punches, 16.5% stick blows and 4.7% knife blows. In Doumbia S. [14], the etiological agent found was bladed weapons with a rate of 46%. Physical aggression generally follows an argument in a domestic setting and the aggressor tends to use the first objects he has available.

In our study, the aggressor was most often alone, whether it was physical (90.4%) or sexual (91.9%) aggression. In Mali, Traoré A found that 87.8% of victims were attacked by a single individual [12]. These proportions are similar to ours. This could be explained by the fact that these attacks result from isolated acts rather than acts by organized gangs. Diallo A found 50% were attacked by a single aggressor [9]. Dembele *et al.* reported in a study carried out in Mali in 2021 a frequency of 7.84% of collective aggression [11].

More than a third (39.0%) of physical attacks were committed by husbands and/or cohabitants. People living in the same house (other than the partner) as the victim were involved in 22.6% of cases. The National Institute of Statistics of

Niger revealed in 2010 that 30.6% of reported cases of violence were committed by husbands on their wives [15]. The GBVIMS reported 72% of cases perpetrated by intimate partners or ex-partners to survivors [10].

4.4.2. Sexual Assault

Sexual assaults took place between 6 p.m. and midnight in 47.9% of cases. These results are comparable to those of Drame B. *et al.* (52.8% between 5 p.m. and midnight) [4] and Traoré T. (64.9% between 7 p.m. and 11 p.m.) [16]. This type of assault requires conditions of discretion that are more present at night. They took place in the immediate vicinity of the victim's home in 37.1% and at the aggressor's home in 31.8%.

The most frequent sexual violence in our series was rape (65% of cases). Diallo A found 80% sexual assault, 16.7% pedophilia, 3.3% fondling [9]. Furthermore, we found vaginal penetration in 83.5% of cases and anal penetration in 2.7% of cases. Haidara T. found 95.56% vaginal penetration and 4.44% anal penetration [17]. Diallo A found 82% genital penetration [9]. The aggressor seeks a complete sexual act allowing him to fully satisfy his sexual urges (penetration). Furthermore, cases of fondling and incest could be underestimated because they are not often the subject of complaints. They are mostly treated amicably and/or within the family. The predominance of vaginal penetration could be explained by the fact that certain sexual practices are still considered deviant and uncommon in Africa. Furthermore, vaginal penetration may be easier and less dangerous than other types of penetration in this context of forced sexual relations.

Physical constraints were the most frequent (45.9%), followed by psychological constraints (30.3%) and chemical constraints (4.3%). Forced immobilization (34.2% of physical constraints) and intimidation (21.4% of psychological constraints) were the most frequently found. This trend was found in the literature but at higher frequencies in the series of Traoré Y. *et al.* [8], who reported 64.7%. Indeed, these were non-consensual sexual relations and the attackers forced the aggressor to submit his victim by force.

The aggressor was known to the victim in a proportion of 72.2% and it was the cohabitant in 5.4%. This result is similar to that found by Mohamed *et al.* in 2013 in Gabon, who reported that 75% of the aggressors were known: in 23% of cases it was a family member and in 39% of cases, a neighbor [18]. Traoré T [16] found a rate of 5.4% for rape between spouses. Furthermore, the cohabitation situation, with shared houses and shared courtyards in our country, would favor it. Indeed, we noted the existence of cohabitation in 32.1% of cases. Finally, cases of incest represented 3%. This rate could be overestimated given the taboo surrounding this issue.

5. Limitations of the Study

This study has limitations, notably the lack of complete data on the alleged perpetrators. Indeed, in some cases, the perpetrators were on the run or unknown to the victim. Furthermore, there are inherent biases in retrospective studies.

6. Conclusion

Gender-based violence is a reality at the Cotonou CIPEC VBG. The most common form remains sexual assault. The profiles of both perpetrators and victims are diverse, but the majority remain young. It is important to intensify programs to combat GBV among young people to ensure effective action.

Conflicts of Interest

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

References

- [1] Rainn. Victims of Sexual Violence: Statistics. <https://www.rainn.org/statistics/victims-sexual-violence>
- [2] Bureau of Justice Statistics (2020) Criminal Victimization 2020. <https://bjs.ojp.gov/library/publications/criminal-victimization-2020>
- [3] Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., *et al.* (2018) The National Intimate Partner and Sexual Violence Survey: 2018 Summary Report.
- [4] Drame, B. (2008) Les abus sexuels au centre de santé de référence de la commune V du District de Bamako à propos de 48 cas. Université de Bamako. <https://www.bibliosante.ml/handle/123456789/8379?show=full>
- [5] Cisse, C.T., Niang, M.M., Sy, A.K., Faye, E.H.O. and Moreau, J.C. (2015) Aspects épidémiocliniques, juridiques et coût de la prise en charge des abus sexuels chez les mineurs à Dakar, Sénégal. *Journal de Gynécologie Obstétrique et Biologie de la Reproduction*, **44**, 825-831. <https://doi.org/10.1016/j.jgyn.2014.10.010>
- [6] Institut National de la Statistique et de l'Analyse Economique-Bénin (2018) Enquête Démographique et de Santé 2017-2018. <https://microdata.worldbank.org/index.php/catalog/3436>
- [7] Observatoire de la Famille, de la Femme et de l'Enfant (OFFE) (2022) Système Intégré des Données relatives à la Famille, la Femme et l'Enfant, nouvelle génération (SIDoFFE-NG). Etude sur les violences basées sur le genre au Bénin. Rapport final Aout 2022. https://social.gouv.bj/public/medias/etude-vbg-benin_rapport-final-valide-depose-v14-09-2022-1695025502.pdf
- [8] Traore, Y., Mounkoro, N., Teguede, I., Djire, M.Y., Diallo, A., Bagayogo, M., *et al.* (2010) Clinical and Medico-Legal Aspects of Sexual Aggressions at Gabriel Toure teaching hospital. *Mali Medical*, **25**, 27-30.
- [9] Diallo, A. (2015) Etude épidémioclinique des violences faites aux femmes reçues dans le Service de Gynécologie et d'Obstétrique du Centre de Santé de référence de la Commune V (CSRéf CV) du District de Bamako. <https://bibliosante.ml/handle/123456789/885>
- [10] Central African Republic Rapport Annuel 2022. <https://reliefweb.int/report/central-african-republic/rapport-annuel-2022-gbvims>
- [11] Dembele, S., Diassana, M., Macalou, B., *et al.* (2021) Aspects Épidémiocliniques des Agressions Sexuelles à l'Hôpital Fousseyni Daou de Kayes. *Health Sciences and Disease*, **22**, Article 2680. <http://www.hsd-fmsb.org/index.php/hsd/article/view/2680>
- [12] Traoré, A. (2002) Violences sexuelles: Aspects cliniques en consultation gynécologique dans le service de gynéco-obstétrique de l'hôpital Gabriel Touré, à propos de 115 cas.

Université de Bamako. <https://www.bibliosante.ml/handle/123456789/7521>

- [13] Bah, H., Ette, H.Y., Soumah, M., Diallo, L.L., Bah, A.A., Diallo, N., *et al.* (2011) Étude des auteurs de violences sexuelles à Conakry en Guinée. *La Revue de Médecine Légale*, **2**, 54-58. <https://doi.org/10.1016/j.medleg.2011.03.005>
- [14] Doumbia, S. (2022) Aspect épidémio-clinique des coups et blessures volontaires au service d'accueil des urgences du CHU Gabriel TOURE. Université des Sciences, des Techniques et des Technologies de Bamako. <https://www.bibliosante.ml/handle/123456789/5968>
- [15] Institut National de la Statistique Niger (2011) Mécanisme de collecte de données sur les VBG au Niger. <https://platform.who.int/docs/default-source/mca-documents/policy-documents/report/NER-GBV-19-04-REPORT-2011-fra-MECANISME-DE-COLLECTE-DE-DONNES-SUR-VBG.pdf>
- [16] Traoré, T. (2012) Aspect épidémio-clinique et judiciaire des agressions sexuelles au centre de santé de la commune IV du District de Bamako. <https://www.bibliosante.ml/handle/123456789/1517>
- [17] Haidara, T. (2020) Etude épidémio-clinique des violences faites aux femmes dans le service de gynécologie et d'obstétrique du centre de santé de référence de la Commune V du district de Bamako. Université des Sciences, des Techniques et des Technologies de Bamako. <https://bibliosante.ml/handle/123456789/4266>
- [18] Soumah, M.M., Olendo, G.R., Ndiaye, M. and Sow, M.L. (2013) Aggressions sexuelles à Port-Gentil. *Pan African Medical Journal*, **15**, Article 152. <https://doi.org/10.11604/pamj.2013.15.152.1884>