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Epidemiological and Clinical Aspects of Domestic Violence in Senegal

Mamadou Makhatr MBacké Leye[1*], Ibrahima Seck[2], Adama Faye[2], Mayassine Diongue[1], Ousseynou Ka[3], Marème Sougou Ndeye[1], Anta Tal Dia[2]

[1]Department of Preventive Medicine and Public Health, University Cheikh Anta DIOP of Dakar (UCAD), Dakar, Senegal
[2]Department of Preventive Medicine and Public Health, UCAD, Dakar, Senegal
[3]University of Bambey, Diourbel, Senegal
Email: *mamadou.leye@yahoo.fr, diongmaya@yahoo.fr, nmsougou@hotmail.com, solaye2@yahoo.com, ibouseck@yahoo.fr, ousseyka@hotmail.com, diagodia@hotmail.com

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Abstract

Introduction: Despite being under-reported, domestic violence remains a significant challenge in Senegal. The aim of this study is to provide a descriptive analysis of the epidemiological and clinical factors characterizing domestic violence in Senegal. **Methodology:** A descriptive and retrospectively observational study was conducted. The data was collected from the court records of female victims of physical and/or sexual violence registered from 2006 to 2015. Female victims of physical and/or sexual violence at the hands of their husbands who had a court record at one of Senegal's high courts during this period were also included. All records that met the inclusion criteria were selected for the study, and the data was analyzed using Epi Info 3.3.2. **Results:** According to the court records of 148 female victims of domestic violence, the average age of the victims was 30.6 ± 10.1 years. More than 3/4 (76.4%) of the victims were housekeepers, 82.4% of whom were uneducated. The average age of the perpetrators was 40.4 ± 11.4 years, and they were self-employed in the informal sector in 47.3% of the cases. Additionally, more than 3/4 (78.4%) of the perpetrators were uneducated. Eleven women (8% of the victims), were abused while pregnant. Physical violence was predominant (95.3%), while those associated with sexual assault accounted for 4.7% of cases. Of the 7 recorded cases of sexual violence, 3 were cases of unwanted sexual touching, and all cases of physical violence were cases of assault and battery. The violence took place at the home of the perpetrators in 81.8% of cases. In 84.7% of the cases, victims received treatment and care within 24 hours or less. Among the victims, 73% showed clinical lesions. Contusions, hematomas and penetrating wounds were most frequent, representing 23.1%; 19.4% and 13.9% of cases respectively. **Conclusion:** Despite the low number of cases reg-

istered in the judicial system in the past ten years, much more violence is occurring without being denounced by the victims. Therefore, it seems appropriate to increase awareness within the community and break sociocultural barriers that hinder the recognition of women's rights in the couple.

Keywords

Violence, Domestic, Women, Couple, Prevention, Senegal

1. Introduction

According to the WHO's Global and regional estimates of violence against women, 35% of women worldwide have experienced physical and/or sexual violence perpetrated by their intimate partners, or sexual assault by others [1]. According to the United Nations Development Fund for Women (UNIFEM), this is a violation of their human rights, and "has the consequences of destroying lives, fracturing communities and hindering development", leading to "a frightening situation in terms of health and social consequences". Most societies prohibit such violence, but in reality it is too often ignored or tacitly condoned. No woman or girl in the world is immuned to gender-based violence. In sub-Saharan Africa, between 13% and 49% of women have been beaten or physically assaulted by a male intimate partner, with 5% - 29% reporting physical abuse in the year prior to the study [2]. Another study shows that 32% of African women have experienced serious physical violence by a male intimate partner during their lifetime [3]. In Senegal, not a day goes by without the press reporting at least one case of physical and/or sexual violence [4]. Indeed, in the late 1990s and throughout the first decade of 2000, Senegal had taken a number of legislative and regulatory measures punishing violence against women, including marital violence. Despite these provisions, there has been a surge in cases of domestic violence in Senegal, which can take extreme forms, sometimes leading to death or other particularly serious consequences. [5] A multi-center study by UNIFEM showed that the number of cases of violence against women more than doubled within 5 years, from 157 cases in 2006 to 371 cases in 2010 [5]. Thus, the aim of this research is to study the epidemiological and clinical factors characterizing domestic violence in Senegal.

2. Methodology

2.1. Study Location

The Republic of Senegal is located in West Africa, between 12˚8'N and 16˚41'N latitude and 11˚21'W and 17˚32'W longitude. With a surface area of 196,722 km^2, it is bordered on the north by Mauritania, on the east by Mali, on the south by Guinea and Guinea Bissau. To the west, Senegal is open to the Atlantic Ocean with 700 km of coastline. This study was conducted at Senegal's 11 high courts

(TGI). The TGI provide data regarding not only the victims but also on the perpetrators. Located in the capital of the administrative region, the TGI have jurisdiction covering the entire region. The TGI may judge, without prejudice to special legal provisions all criminal offense other than those that fall within the jurisdiction of the departmental courts, including offenses committed by minors [6]. Therefore, physical violence such as assault and battery, rape, attempted rape, indecent sexual behavior, unwanted sexual touching and sexual harassment fall within the jurisdiction of the TGI.

2.2. Study Type

A retrospective and descriptive observational study was conducted from April 10 to May 09, 2017.

2.3. Study Population

The data was collected based on the court records of female victims of physical and/or sexual violence registered from 2006 to 2015.

– Inclusion criteria

All female victims of physical and/or sexual violence at the hands of their husbands who had a court record at one of Senegal's high courts (TGI) during this period were included.

– Exclusion criteria

All female victims of physical and/or sexual violence but whose court records were unusable (poorly filled in or damaged) were excluded.

2.4. Sampling

All court records that met the inclusion criteria were selected for the study.

2.5. Data Collection

A data collection form was designed based on the aims of the study and the data available in the victims' files. The files, namely the expert reports and the examination sheets of the female victims of violence, were the sources of data collection. A review of the expert reports and the examination forms was carried out. The forms allowed the study team to collect socio-demographic data from victims and perpetrators (age, occupation/profession, level of education); medical information of the victims (timing of consultation, clinical lesions); victims and perpetrators status (history of imprisonment, drug addiction and/or intoxication of the perpetrators at the time of the assault, pregnancy or physical/mental disability in the victim); and the circumstances surrounding the assault (types, location, time, and weapons used).

2.6. Analysis Methodology

The data collected were entered, cleaned, and analyzed using the Epi Info 3.3.2 software.

The first step was to describe all the different variables. For the quantitative variables, the mean, mode, median, standard deviation and outliers were calculated, while for the qualitative variables, the frequencies were calculated.

2.7. Ethical Considerations

This study was conducted with the permission of the ethics committee of Cheikh Anta DIOP Dakar University. Officials of the high courts also gave their approval to conduct the study in each court. The data collected in anonymity in the files of victims of domestic violence were kept confidential. Only the investigator and other study team members have access to the database.

3. Results

Data was collected from the court records of 148 registered cases of domestic violence.

3.1. Socio-Demographic Characteristics of Victims

The average age of the victims was 30.6 ± 10.1 years. The outliers were 13 and 70 years. The median and mode were 29 years and 35 years, respectively. The adult victims (≥18 years old) were predominant, making up 91.2% of the total victims. More than 3/4 (76.4%) of the victims were housekeepers, and they were not educated in 82.4% of cases (Table 1).

3.2. Socio-Demographic Characteristics of Perpetrators

The average age of the perpetrators was 40.4 ± 11.4 years. The outliers were 20 to 71 years. The median and mode were 39 and 40 years, respectively. All the perpetrators were adults (≥18 years). They were self-employed in the informal sector in 47.3% of the cases, and more than 3/4 (78.4%) of the perpetrators were uneducated (Table 1).

3.3. Clinical Status of Victims and Perpetrators

Eleven women (8% of total victims) were pregnant, and one was physically disabled at the time of the assault. Nine perpetrators had a history of imprisonment. The perpetrators were drunk and drugged at the time of the assault in 4.1% and 2% of cases, respectively. Among the perpetrators, one was mentally ill.

3.4. Types of Violence

Physical violence was predominant, accounting for 95.3% of all cases, and those associated with sexual assault accounted for 4.7% of cases. Of the 7 cases of sexual violence, 3 were cases of unwanted sexual touching, while all cases of physical violence were cases of assault and battery (Table 2).

3.5. Circumstances Surrounding Assault

Of these cases, body shots (kicking, punching, slapping etc.), improvised and

Table 1. Socio-demographic characteristics of victims and perpetrators.

	N	%
	148	
Victims		
Age group		
Adult (≥18 years)	135	91.2
Minor (<18 years)	13	8.8
Occupation		
Housekeep	113	76.4
Self-employed	21	14.2
Student	5	3.4
Employee	3	2.0
None	3	2.0
Senior official	1	0.7
Farmer	2	1.4
Level of education		
None	122	82.4
Primary school	7	4.7
Secondary school	5	3.4
University	2	1.4
Unavailable information	12	8.1
Perpetrator		
Age group		
Adult ≥ 18 ans	148	100.0
Occupation		
Self-employed	70	47.3
Farmer	38	25.7
Employee	18	12.2
Junior official	7	4.7
Senior official	2	1.4
Student	2	1.4
Laborer	5	3.4
None	6	4.1
Level of education		
None	116	78.4
Primary school	12	8.1
Secondary school	7	4.7
University	13	8.8

bladed weapons were used in 70.9%; 37.8% et 7.4% of cases, respectively. The violence took place at the home of the perpetrator in 81.8% of cases, and more than half of the cases (51.4%) occurred at night (Table 3).

Table 2. Types of violence.

	N	Percentage (%)
Types of violence		
Physical	141	95.3
Physical and sexual	7	4.7
Types of sexual violence		
Unwanted sexual touching	3	2.0
Indecent behavior	2	1.4
Rape	1	0.7
Attempted rape	1	0.7
Types of physical violence		
Assault and battery	148	100.0

Table 3. Circumstance surrounding assault.

Circumstances surrounding assault	N	Percentage (%)
Type of weapon used		
Body shots (kicking, punching, slapping etc.)	105	70.9
Improvised weapons	56	37.8
Bladed weapons	11	7.4
Boiling or caustic liquids	1	0.7
Scene of assault		
In perpetrator's home	121	81.8
In victim's home	16	10.8
In the streets	5	3.4
At workplace	3	2.0
In the bush	2	1.3
At a friend's home	1	0.7
Time of assault		
Daytime	72	48.6
Nighttime	76	51.4

Female victims sought medical attention within 50.9 ± 254.5 hours of the assault, with 84.7% of victims receiving medical attention within 24 hours or less. The outliers were 0 and 2160 hours. The median and mode were 10 and 24 hours, respectively.

3.6. Clinical Lesions

The victims had clinical lesions in 73% of the cases. Contusions, hematomas and penetrating wounds were most frequent, occurring in 23.1%; 19.4% and 13.9% of cases, respectively (Table 4).

Table 4. Clinical lesions of victims.

Clinical condition of victims	N	Percentage (%)
Lesions		
Yes	108	73.0
No	40	27.0
Types of lesions		
Contusions	25	23.1
Hematoma	21	19.4
Penetrating wounds	15	13.9
Generalised pain	14	13.0
Ocular trauma	8	7.4
Fracture	7	6.5
Avulsions	6	5.6
Multiple trauma	5	4.6
Ecchymosis	6	5.6
Sprain	4	3.7
Epistaxis	3	2.8
Strangulation	3	2.8
Trismus	2	1.9
Biting	2	1.9
Head injury	1	0.9
Mutilation	1	0.9

4. Discussion

4.1. Sociodemographic Characteristics of Victims and Perpetrators

The average age of the victims was 30.6 years lower than that found by Soumah MMM in his study in Dakar [7]. The victims are young, which is consistent with the data of Bah H et al in Conakry [8]. The average age of the abusive spouses was 40.4 years. The advanced age of these perpetrators partly explains their ability to violate their spouses. In terms of level of education, the majority of victims and perpetrators were not educated in 82.4% and 78.4% of cases, respectively. On the other hand, in the study by Lamy C et al, in 63% of the cases, female victims and their spouses had a relatively high socioprofessional level [9]. The results show that in our study, domestic violence affects mainly those in an illiterate environment. This violence is linked to the lack of knowledge of the rights of women by their abusive spouses and women's lack of decision-making power within the couple. These factors are deeply rooted in our society, thus exposing women to all forms of domestic violence.

4.2. Types of Violence

Domestic violence against women results in physical, sexual, and mental inju-

ries, including threats, coercion or arbitrary deprivation of liberty in the public or private sphere [10]. The under-reporting of violence noted in our study is linked to sociocultural constraints where women have no decision-making power within the couple. However, in developed countries such as France, assault is reported much more frequently. Every year in France, 201,000 women are victims of physical and/or sexual violence perpetrated by their partner or ex-partner. At the same time, 83,000 are victims of rape or attempted rapes [11]. According to the assault type, all reported cases were ones physical violence, 7 of which were associated with sexual violence, such as attempted rape. This association of two forms of violence differs from what was revealed in Tunisia, where among the interviewees who were victims of domestic violence, 33% were subjected to both forms of violence [12]. Compared to men, women are twice as often physically abused in the household, and three times more often victims of unwanted sexual touching or forced sexual intercourse, both in and out of the household [8] [13]. This violence sometimes occurs while the victim is in a vulnerable situation (ex. during pregnancy, or while asleep) which can be an aggravating factor, or while the perpetrator is inebriated, mentally or emotionally unstable which can be a catalyzing factor.

4.3. State of Victims and Perpetrators at Time of the Assault

Husbands who were the perpetrators of the violence, were drunk at the time of the assault in 4.1% of the cases. The situation is even more alarming in the study by Manoudi F *et al.* where 27.3% of spouses who assaulted their wives were drunk. Alcoholism is an aggravating factor in domestic violence [14]. Perpetrators were under the influence of drugs in 2% of cases. The use of drugs makes spouses abusive towards their wives due to their lack of lucidity. Such violence is even more serious when it occurs on victims with a fragile state of health such as pregnancy. In our study, 8% of women were abused during their pregnancy. This rate is lower compared that found in the study by Boufettal H et al where it was estimated at 12.3% in Morocco [15]. In Ethiopia, nearly one fifth (20.6%) of the women interviewed were physically abused by intimate partners during pregnancy [16]. The situation is all the more worrying in a study carried out in Brazil where 49.6% were subjected to violence during their pregnancy [17]. These abuses during pregnancy have adverse effects on women's health, namely gyneco-obstetric complications such as intra-uterine fetal death, or the death of the victim. The weapon used by the perpetrator determines the level of injury.

4.4. Circumstances Surrounding Assault

In our study, different weapons were used, but body shots were most frequently reported (70.9% of cases); similar to the study of Soumah MM where they accounted for 72% of cases [7]. Improvised and bladed weapons were used in our study in 37.8% and 7.4% of cases respectively. No guns were used by husbands to assault their wives. However, in the Luet SM *et al.* study conducted in Denmark, most victims were injured with bottles/glasses and blunted weapons (44.8% vs.

28.2%), while 24% were injured with bladed weapons, and 3% with firearms [18]. The situation is even more alarming in a study carried out in Rio Grande do Sul in Brazil where 41.1% were attacked with a firearm, and 37% with a bladed weapon [18]. In our study, assaults occurred in the perpetrator's home in 81.8% of cases, and in the victim's home in 10.8% of cases. These results demonstrate that domestic violence often takes place in a family environment. Women no longer feel safe within the family setting, because close relatives can exacerbate post-traumatic lesions [19]. The violence took place during the night in 51.4% of cases, and in the daytime in 48.6% of cases. On the other hand, in a study conducted at the gynecological-obstetric clinic Le Dantec, assaults that occurred during the day predominated. More than half of the victims (58.2%) had been assaulted between 7 am and 6 pm, hence during working hours [20]. Conjugal violence occurring during the night can be more dangerous, as the female victim can be defenseless and readily surrenders to her attacker.

4.5. Victim's Clinical Lesions

Faced with these attacks, victims must resort to health facilities for early clinical treatment and care. In fact, female victims sought medical attention on average within 10 hours following the attack. The timing of treatment and care of 24 hours or less following the assault was observed in 84.7% of the cases. The relatively short delay between the time of the assault and accessing treatment and care improves the vital and functional prognosis of patients. Additionally, it allows for the quick diagnosis of lesions, which is evidence required for judicial proceedings, which is critical considering that the longer the delay, the more evidence can be concealed. Moreover, this percentage is lower than that defined in the study by Faye *et al.* where only 29.6% of patients were admitted to a health facility less than 24 hours after the attack [20]. This discrepancy may be explained by the fact that in our study, the women were all victims of physical violence and the severity of their clinical lesions prompted them to go to health facilities for consultation, whereas the victims of sexual abuse are usually late to go to health facilities, that is, beyond 24 hours. This delay makes it difficult for healthcare providers to describe forensic evidence in the medical certificates that are essential for the prosecution of the perpetrator. Hence the necessity of raising awareness on the risk of violence, particularly domestic violence within the populations, and to the importance of early admission to health facilities for the treatment and care of clinical lesions. In our study, contusions, hematomas and penetrating wounds were the most common types of lesions. In contrast, Leye MMM *et al.* found in their study that fractures were most common, *i.e.* 17% of cases, which demonstrates the severity of attacks perpetrated against women in the region of Tambacounda in the south-Eastern par of Senegal [21]. This fact is corroborated by other studies; Bénédicte Gatineau et al argue that this physical violence can have very serious consequences on the health of women. Almost half of physically abused women (46%) reported having had bruises, about a quarter of them (23%) had bleeding wounds, and 15% had a trampled or frac-

tured limb [22]. These clinical lesions demonstrate the harmful consequences of the violence suffered by women at the hands of their spouses.

4.6. Study Limitations

The number of records from which data was collected should have been much higher considering that 148 reported cases of domestic violence is extremely low for a ten year period (2006 to 2015). This situation is explained in part by the fact that not all court records were systemically archived, which means that roughly 30 court records were unusable. On the other hand, it can explained by the under reporting of domestic violence cases which is related to some socio-cultural considerations, namely the weak decision-making power of women within the couple, shame, and fear of being stigmatized. Consequently, many abused women refrain from filing complaints against their spouses, and the couple's entourage intervenes to find an amicable solution. A population survey interviewing women in abusive relationships could have identified the medium and long term consequences of the violence. Psychological and economic violence were not taken into account in this study because they fall under the jurisdiction of the County Court. This study is quantitative, and there are very few qualitative studies that assess the community's attitude and perception of violence against women [23].

5. Conclusion

Domestic violence remains a major concern in Senegal, despite it has being under reported by female victims to medical and legal authorities. The fight against these forms of violence requires basic education for young people to protect them from environments characterized by alcohol consumption and drug-related delinquency, making them unable to assume their responsibilities in their relationships, and to recognize the rights of women. Promoting the education of girls, and providing women with income-generating activities will contribute to their empowerment and significantly reducing the violence they suffer at the hands of their intimate partners. These strategies to combat violence require a multisectoral approach to better defend the rights of women and girls in our society.

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Conflicts of Interest

The authors do not declare any conflict of interest.

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