

Sexual Assaults in a Regional Hospital in Senegal: a Nine-year Retrospective Medico-legal Study

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ABSTRACT

Introduction: Sexual assaults are a major public health and medico-legal concern in Senegal, mainly affecting women and minors.

Objective: To describe the epidemiological, clinical, and medico-legal characteristics of sexual assaults managed in a regional hospital in Senegal.

Methods: This was a retrospective, descriptive, single-center study conducted from January 1, 2016, to June 30, 2025, including all female patients admitted for suspected sexual assault. Data were collected from medical records and analyzed using Microsoft Excel 2016.

Results: Out of 18,000 gynecological consultations, 24 cases of sexual assault were recorded (0.13%). The mean age of victims was 12 years (range: 7 months–19 years), with 87.5% being minors. Most were single (92%) and in school (66.6%). The perpetrator was known in 54.2% of cases, most often a neighbor (45.8%). The family home was the main site of the assault (25%). Penile-vaginal penetration occurred in 54.2% of cases. Genito-anal lesions were observed in 66.7% of victims. Biological tests were performed in 12.5%, HIV post-exposure prophylaxis was prescribed in 8.3%, and psychological care was provided in one case only.

Conclusion: Sexual assaults in Senegal mainly affect young female minors. Medico-legal and psychological management remains inadequate. The establishment of regional medico-legal units and improved coordination between health and justice sectors are essential.

Keywords

Sexual violence, Sexual assault, Rape, Victimology, Senegal, Forensic medicine.

Introduction

Sexual assaults represent a serious violation of victims' physical and psychological integrity and constitute a major social and medical problem. These crimes are often underreported due to stigma and sociocultural silence. According to the World Health Organization (WHO), one in three women worldwide experiences physical or sexual violence in her lifetime [1].

In Senegal, sexual assaults mainly involve minors, whose vulnerability and proximity to aggressors increase their risk [2-6]. The Senegalese Penal Code defines rape as any act of sexual penetration committed with violence, coercion, threat, or surprise [7]. The consequences are multiple—physical, psychological, social, and medico-legal [8].

In regional hospitals, which often lack medico-legal units, the management of victims relies on gynecology and obstetrics departments. This study aimed to describe the epidemiological, clinical, and medico-legal characteristics of sexual assaults recorded over nine years in a regional hospital in Senegal, in order

to identify weaknesses and propose improvement strategies.

Methods

Type and setting of study

This was a retrospective, descriptive, single-center study conducted in a regional hospital in northeastern Senegal. The hospital, established in 2011, is a level II public facility with a gynecology-obstetrics department handling over 1,200 deliveries and 2,000 consultations annually.

Study period and population

The study period extended from January 1, 2016, to June 30, 2025 (114 months). All medical records of female patients admitted for suspected sexual assault were included.

Variables studied

Data collected included sociodemographic characteristics (age, schooling, marital status); circumstances of the assault (location, relationship to the perpetrator, time of occurrence); clinical data (physical and genital lesions, time to consultation); and management modalities (biological, prophylactic, psychological, judicial).

Data Analysis

Data were entered using Epi Info 7.2.7.0 and analyzed with Microsoft Excel 2016. Results were expressed as frequencies and percentages.

Ethical considerations

Ethical approval was obtained from the institutional review board. The study maintained strict confidentiality, and patient anonymity was preserved throughout.

Results

Prevalence and profile of victims

Among 18,000 gynecological consultations, 24 cases of sexual assault were identified (0.13%). All victims were female, with a mean age of 12 years (range: 7 months–19 years); 87.5% were minors. The most affected age group was 11–15 years (41.6%). Most victims were single (92%), childless, in school (66.6%), and living with their parents (87.5%).

Circumstances of the assaults

The perpetrator was known in 54.2% of cases—most often a neighbor (45.8%), an uncle (4.2%), or a teacher (4.2%). The assault involved a single perpetrator in 96% of cases. The family home was the main site (25%), followed by the perpetrator's home (16.6%). Most assaults occurred between 4 p.m. and midnight (58.3%).

Clinical findings

The mean time to consultation was 114.7 hours (\approx 4.8 days), and only 33% of victims presented within 24 hours. Most (83%) had bathed and changed clothes before examination. Perineal lesions were found in 12.5%, vulvar lesions in 33.3%, and hymenal lesions in 54.2%, usually old. Recent vaginal tears were identified in 4.2%.

The genito-anal examination was normal in 33.3% of cases.

Management

Biological tests were requested in 58.3% but performed in only 12.5%. Two patients (8.3%) received HIV post-exposure prophylaxis, and five (20.8%) received emergency contraception. Only one patient (4.2%) received psychological care. Surgical hospitalization was required in 4.2% of cases.

Medico-legal aspects

A judicial procedure was initiated in 75% of cases. Patients admitted without a police requisition were referred to law enforcement. No compensation was reported.

Discussion

This study shows that sexual assaults in Senegal mainly involve young female minors, with a mean age of 12 years, consistent with findings from Dakar (13 years) [6] and Rabat (14 years) [8]. Minors' vulnerability is linked to overcrowding, limited parental supervision, and cultural silence surrounding sexuality.

Most perpetrators were known to the victim, often neighbors or relatives, consistent with previous studies by Faye [7] and Cissé [2], which reported 50–60% of intra-family or neighborhood assaults. The home of the victim or the perpetrator was the main setting, as also observed in Pikine (Senegal) [6].

The average delay in consultation (\approx 5 days) hampers biological evidence collection and prophylactic interventions. This delay, also reported by Faye (15 days) [7], reflects fear of stigma and lack of awareness. Clinically, hymenal and vulvar lesions were the most frequent, reflecting predominance of vaginal penetration. However, the absence of visible lesions does not exclude sexual assault, particularly when the examination is delayed.

Management remains inadequate, with low rates of biological testing (12.5%), HIV prophylaxis (8.3%), and psychological support (4.2%). These findings highlight the absence of integrated medico-legal structures. By contrast, in France, over 80% of victims benefit from comprehensive management in medico-legal units [3]. Judicial follow-up was observed in 75% of cases, higher than in Dakar (46%) [2], likely due to the hospital's proximity to police services.

Conclusion

Sexual assaults remain a concerning reality in Senegal, primarily affecting minors. Current management, centered on clinical examination, is insufficient in biological, psychological, and medico-legal aspects.

Recommendations

1. Community reinforcement: strengthen education and awareness in schools and families to encourage disclosure by victims.
2. Hospital organization: establish regional Medico-Legal Units (MLUs) within hospitals.
3. Institutional support: ensure free post-exposure prophylaxis

and biological testing for sexual assault victims.

4. Training: train healthcare and law enforcement personnel in medico-legal and psychological management of victims.

References

1. World Health Organization. Sexual violence and global public health. Geneva: WHO; 2020.
2. Cissé CT, Niang MM, Sy AK, et al. Epidemiological, clinical, and judicial aspects of sexual abuse management in Dakar. Rev Med Leg. 2019; 6: 273-279.
3. Denis C. Medico-legal management of sexual violence in France: a multicentric study. Rev Med Leg. 2016; 7: 87-93.
4. World Health Organization. Guidelines for clinical and psychological management of sexual violence victims. Geneva: WHO; 2019.
5. Diallo LL, Bah H. Study of sexual violence victims in Pikine (Senegal). Rev Med Afr. 2018; 9: 122-128.
6. Faye EH, Cissé CT, Niang MM. Sexual assaults in Dakar: epidemiological and medico-legal aspects. Ann Afr Med. 2017; 10: 145-152.
7. Leye MM. Sexual violence in Senegal: victims' profiles and management modalities. J Gynecol Obstet Biol Reprod. 2018; 47: 456-462.
8. Hajji F. Sexual assaults in Rabat: a ten-year descriptive study. Rev Maroc Med Leg. 2019; 4: 22-28.
9. Traoré A. Sexual violence in Bamako: epidemiological and judicial aspects. Rev Mal Med Leg. 2020; 5: 103-109.