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Characteristics and Clinical Management of Female Complainants of Alleged Sexual Assault in Northern Benin in 2023: A Hospital-Based Cross-Sectional Study

Sidi Imorou Rachidi[1*], Vodouhe Mahoublo Vinadou[1], Atadé Sèdjro Raoul[2], Obossou Aafoukou Awade Achille[1], Klikpézo Roger[1], Hounkponou Ahouignan Fanny[1], Salifou Kabibou[1], Dénakpo Justin Lewis[3]

[1]Mother and Child Health Department, Faculty of Medicine of the University of Parakou, Parakou, Benin
[2]Mother and Child Health Department, School of Nursing and Midwifery of the University of Parakou, Parakou, Benin
[3]Mother and Child Health Department, Faculty of Health Sciences of the University of Abomey-Calavi, Cotonou, Benin
Email: *sidiimorourachidi@yahoo.fr

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Abstract

Sexual violence is a major public health and human rights concern with substantial physical, psychological, and reproductive health consequences. In sub-Saharan Africa, hospital-based data describing individuals presenting with complaints of alleged sexual violence remain limited, particularly in West Africa. Such data are essential for improving clinical care, forensic practice, and health policy. **Objective:** This study sought to describe the characteristics of female complainants of alleged sexual assault, the circumstances of the alleged assaults, and their clinical management at the Prefectural University Teaching Hospital of Borgou (CHUD-B), Benin. **Methods:** A prospective descriptive cross-sectional study was conducted between 1 January and 31 August 2023 at the Department of Obstetrics and Gynecology and the Integrated Care Center for Victims of Gender-Based Violence of the CHUD-B in northern Benin. All girls and women presenting with a complaint of alleged sexual assault during the study period were consecutively included. Data on sociodemographic characteristics of complainants, alleged perpetrators, assault circumstances, clinical findings, care, and self-esteem were collected using a standardized questionnaire and analyzed descriptively. **Results:** Among 846 women attending the Department of Obstetrics and Gynecology, 102 presented with a complaint of alleged sexual assault, corresponding to a hospital-based frequency of 12.1%. The mean age of complainants was 14.6 ± 3.6 years, and adolescents aged 15 - 20 years accounted for 56.9% of cases. Most alleged perpetrators were known to the complainants, particularly intimate partners (48.0%) and neigh-

bors (21.6%). Vaginal penetration was reported in 93.1% of complaints, and penile penetration in 90.5% of penetration cases. More than two-thirds of complainants (67.9%) presented more than 72 hours after the alleged assault, while 99.0% reported intimate washing before hospital presentation. Pregnancy was diagnosed in 15.7% of participants. Emergency contraception and HIV post-exposure prophylaxis were prescribed to 6.9% and 2.9% of participants, respectively. According to the Rosenberg Self-Esteem Scale, 57, 2% of participants had high self-esteem. **Conclusion:** Strengthening timely access to comprehensive multidisciplinary care and improving coordination between healthcare, forensic, and judicial services are essential to enhance the management of alleged sexual assault in Benin.

Keywords

Sexual Violence, Alleged Sexual Assault, Complainants, Adolescents, Forensic Medicine, Gender-Based Violence, Benin

1. Introduction

Sexual violence is a major public health concern and a serious violation of human rights, disproportionately affecting women and girls across all social, cultural, and economic settings [1]. According to the World Health Organization (WHO), sexual violence encompasses any sexual act, attempt to obtain a sexual act, or any other act directed against a person's sexuality without their freely given and informed consent, regardless of the relationship between the individuals involved or the context in which the act occurs [2]. Globally, nearly one in three women experiences physical and/or sexual violence during her lifetime, most commonly perpetrated by an intimate partner, while sexual violence committed by non-partners also represents a substantial contributor to the burden of disease among women [1].

Sexual violence is associated with numerous immediate and long-term health consequences. These include physical trauma, ano-genital injuries, unintended pregnancy, and an increased risk of sexually transmitted infections, including HIV, as well as psychological sequelae such as post-traumatic stress disorder, anxiety, depression, and suicidal behaviors [3]-[5]. The management of individuals presenting after an alleged sexual assault requires a multidisciplinary approach integrating clinical assessment, forensic medical examination, prevention of sexually transmitted infections and unintended pregnancy, psychological support, and social and legal assistance. The effectiveness of this care largely depends on timely presentation and the availability of well-organized specialized services.

In sub-Saharan Africa, sexual violence remains inadequately documented because of substantial underreporting related to stigma, fear of retaliation, sociocultural barriers, and limited access to appropriate healthcare services [6]-[8]. Available studies have reported considerable variability in the characteristics of individuals presenting after an alleged sexual assault, the circumstances of the alleged

assault, clinical findings, and patterns of care, reflecting the diversity of healthcare systems and sociolegal contexts across the region [9]-[13]. Despite ongoing efforts to strengthen responses to gender-based violence, standardized hospital-based data remain scarce in several West African countries, limiting opportunities to evaluate current clinical practices and inform health policies.

In Benin, the institutional response to gender-based violence has been strengthened through the adoption of a dedicated legal framework [14] and the establishment of Integrated Care Centers for Victims and Survivors of Gender-Based Violence (Centres Intégrés de Prise en Charge des victimes et survivantes des Violences Basées sur le Genre, CIPeC-VBG), which provide coordinated medical, psychological, social, and forensic care [15]. However, published data describing the characteristics of women presenting with complaints of sexual assault, the circumstances of the alleged assaults, the initial clinical findings, the psychological consequences, and the management provided in Beninese hospitals remain limited. A better understanding of these characteristics is essential to guide prevention strategies, improve the organization of healthcare services, and strengthen the delivery of medical and forensic care while ensuring compliance with professional and legal standards.

Against this background, this study aimed to describe the characteristics of female complainants of alleged sexual assault, the circumstances of the alleged assaults, and their clinical management at the Borgou University Teaching Hospital (CHUD-B) in 2023.

2. Methods

2.1. Study Design, Setting, and Study Population

This was a prospective descriptive cross-sectional study conducted between 1 January and 31 August 2023. The study was carried out at the Prefectural University Teaching Hospital of Borgou (Centre Hospitalier Universitaire Départemental du Borgou, CHUD-B), within the Department of Obstetrics and Gynecology and the Integrated Care Center for Victims of Gender-Based Violence (Centre Intégré de Prise en Charge des Victimes de Violences Basées sur le Genre, CIPeC-VBG), located in Parakou, Borgou Department, northern Benin.

All girls and women presenting to CHUD-B with a complaint of alleged sexual assault during the study period were eligible for inclusion.

2.2. Sampling and Sample Size

An exhaustive sampling strategy was used, whereby all complainants meeting the inclusion criteria during the study period were consecutively enrolled.

2.3. Study Variables

The study variables included the sociodemographic characteristics of the complainants, the characteristics of the alleged perpetrators, the circumstances of the alleged sexual assaults, clinical and laboratory findings, care provided, and self-esteem.

Self-esteem was assessed using the Rosenberg Self-Esteem Scale [16] among participants who were old enough to understand and complete the questionnaire independently. The scale consisted of ten items scored on a Likert scale, yielding a total score ranging from 10 to 40. Scores were categorized as follows: <25, very low self-esteem; 25 - 30, low self-esteem; 31 - 34, moderate self-esteem; and 35 - 40, high self-esteem [16].

For children who were not able to complete the questionnaire independently, only anamnestic information was collected from a parent or legal guardian. The Rosenberg Self-Esteem Scale was administered exclusively to participants considered capable of understanding and answering the questionnaire autonomously.

2.4. Data Collection

Data were collected through a structured face-to-face interview conducted by the investigators after the clinical examination. Before the interview, participants were reassured and placed in a supportive environment to facilitate accurate reporting of information. Data were collected using a standardized structured questionnaire.

2.5. Data Management and Statistical Analysis

Completed questionnaires were reviewed to ensure completeness of the collected information. No missing data were identified. Data were entered using EpiData version 3.1 (French version) and analyzed with IBM SPSS Statistics version 21. Categorical variables were summarized as frequencies and percentages. Continuous variables were described using means and standard deviations (SD), together with their minimum and maximum values.

2.6. Ethical Considerations

The study was conducted in accordance with accepted ethical standards. Ethical approval was obtained from the Local Biomedical Research Ethics Committee of the University of Parakou (Comité Local d'Éthique pour la Recherche Biomédicale de l'Université de Parakou; reference No. CLERB-UP076/2022), and the principles of the Declaration of Helsinki were respected. Administrative authorization was also obtained from the Director of the CHUD-B.

Confidentiality of participants' information was strictly maintained throughout the study. Written informed consent was obtained from all adult participants. For minors, written informed consent was obtained from a parent or legal guardian, together with assent from minors who were considered capable of providing it.

3. Results

3.1. Hospital-Based Frequency of Complaints of Alleged Sexual Assault

Between January and August 2023, a total of 846 women sought care in the emergency section of the obstetrics and gynecology department. These included women presenting with obstetric and gynecological emergencies, as well as women re-

ferred from the Center for the Integrated Care of Gender-Based Violence Survivors.

Among them, 102 presented with a complaint of alleged sexual assault, corresponding to a hospital-based frequency of 12.06%.

3.2. Characteristics of the Complainants

The mean age of the complainants was 14.62 ± 3.61 years (range, 3 - 24 years). The 15 - 20-year age group was the most represented (56.9%). High school and Secondary school students accounted for the largest occupational group (55.9%). Overall, 38.2% of the complainants had attained secondary school education level, and 99.0% were unmarried.

Among the complainants, 74.5% reported previous sexual intercourse. Of these, 85.5% reported having had their first sexual intercourse before the age of 15 years.

3.3. Characteristics of the Alleged Perpetrators

The mean age of the alleged perpetrators was 26.65 ± 8.29 years (range, 12 - 54 years). The 15 - 24-year age group was the most represented (45.1%). Artisans and manual workers constituted the largest occupational category (39.2%). Primary school education level was the highest educational level attained by 40.2% of the alleged perpetrators, while 79.4% were unmarried (Table 1).

Table 1. Characteristics of the alleged perpetrators.

Variables	n (N = 102)	%
Age group (years)		
<15	2	2.0
15 - 24	46	45.1
25 - 34	36	35.3
≥35	18	17.6
Occupation		
Artisan/Manual worker	40	39.2
Driver	9	8.8
Shopkeeper	13	12.7
Farmer/Livestock breeder	13	12.7
Student	24	23.5
Civil servant	3	2.9
Educational level		
No formal education	24	23.5
Primary	41	40.2
Secondary	27	26.5
University	10	9.8
Marital status		
Married	21	20.6
Unmarried	81	79.4

Nearly half of the alleged perpetrators (48.0%) were reported to have been in an intimate (romantic) relationship with the complainant, whereas 21.6% were neighbors (Figure 1).

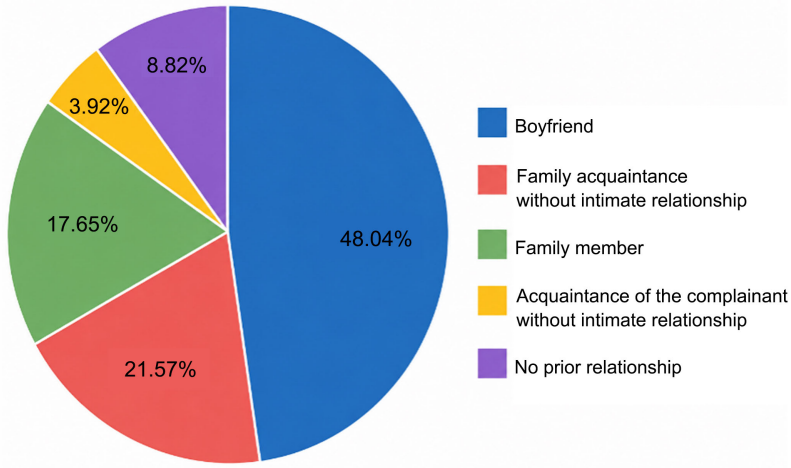

Figure 1. Distribution of complainants according to their relationship with the alleged perpetrators.

3.4. Characteristics of the Alleged Assaults

A single alleged perpetrator was involved in 98.0% of complaints. The alleged assault reportedly occurred during the evening in 57.8% of cases and most frequently took place at the alleged perpetrator's home (55.9%) (Table 2).

Table 2. Distribution of complainants according to the number of alleged perpetrators, timing, and location of the alleged assault.

Variables	n (N = 102)	%
Number of alleged perpetrators		
One individual	100	98.0
Multiple individuals	2	2.0
Time of the alleged assault		
Morning	15	14.7
Midday	3	2.9
Night	25	24.5
Evening	59	57.8
Location of the alleged assault		
Alleged perpetrator's home	57	55.9
Complainant's home	22	21.6
Street	8	7.8
Bush	7	6.9
Vacant land	5	4.9
Other locations	3	2.9

Overall, 98.0% of the complainants reported that they had not consumed alcohol at the time of the alleged assault, and none reported the use of illicit drugs or other psychoactive substances. The use of force or coercion was reported in 37.3% of cases.

Penetration was reported in 93.1% of complaints, exclusively involving vaginal penetration. Among the 95 cases involving penetration, the penis was reported as the penetrating object in 90.5% of cases, while digital penetration was reported in 9.5%. Among the 86 cases involving penile penetration, condom use was reported in 15.1%. Ejaculation was reported by 77 participants (75.5%); among these, ejaculation was reported to have occurred intravaginally in 83.1% of cases (Table 3).

Table 3. Circumstances of the alleged sexual assault.

Variables	n	%
Alcohol consumption at the time of the alleged assault (N = 102)		
No	100	98.0
Yes	2	2.0
Use of force or coercion (N = 102)		
No	64	62.7
Yes	38	37.3
Penetration reported (N = 102)		
No	7	6.9
Yes	95	93.1
Type of penetration (n = 95)		
Vaginal	95	100.0
Penetrating object (n = 95)		
Penis	86	90.5
Fingers	9	9.5
Condom use (n = 86)		
No	73	84.9
Yes	13	15.1
Ejaculation reported (N = 102)		
No	16	15.7
Yes	77	75.5
Do not know	9	8.8
Site of ejaculation (n = 77)		
Intravaginal	64	83.1
Inside the condom	13	16.9

3.5. Clinical Characteristics of the Complainants

Overall, 67.9% of the complainants presented more than 72 hours after the alleged assault. Most participants (95.1%) had been referred by police authorities with a medical requisition. Intimate washing before hospital presentation was reported by 99.0% of participants.

All complainants were in a stable general condition and fully conscious at presentation. No participant had extra-genital physical injuries. The hymen was not intact in 87.3% of participants. Among these, the hymenal tear was considered old in 85.4% of cases. Speculum examination was normal in 98.0% of participants with a non-intact hymen, while vaginal examination was normal in 85.4% (Table 4).

Table 4. Findings on physical examination of the complainants.

Variables	n	%
Hymenal status (N = 102)		
Intact	13	12.7
Not intact	89	87.3
Number of hymenal tears (n = 89)		
One	11	12.4
Two	34	38.2
Three	32	36.0
Four or more	12	13.5
Age of hymenal tear (n = 89)		
Old	76	85.4
Recent	13	14.6
Speculum examination (n = 89)		
Normal	87	98.0
Blood present	2	2.0
Vaginal examination (n = 89)		
Normal	76	85.4
Pain	3	3.4
Blood present	2	2.2
Abnormal vaginal discharge	8	9.0
Rectal examination (N = 102)		
Normal	102	100.0

Initial screening for HIV, hepatitis B, hepatitis C, and syphilis (TPHA-VDRL) was negative in all participants. Pregnancy was diagnosed in 16 participants (15.7%) during the initial consultation. Seven participants were eligible for emergency contraception, and three were eligible for HIV post-exposure prophylaxis. All

seven eligible participants (100%) received emergency contraception, and all three eligible participants (100%) actually received HIV post-exposure prophylaxis.

Of the 102 cases, 100 participants who had a good understanding of French and were over the age of 15 completed the Rosenberg Self-Esteem Scale.

The mean Rosenberg Self-Esteem Scale score was 33.47 ± 6.37 (range, 14 - 40). According to the predefined categories used in this study, 57.2% of participants had high self-esteem following the alleged sexual assault (**Figure 2**).

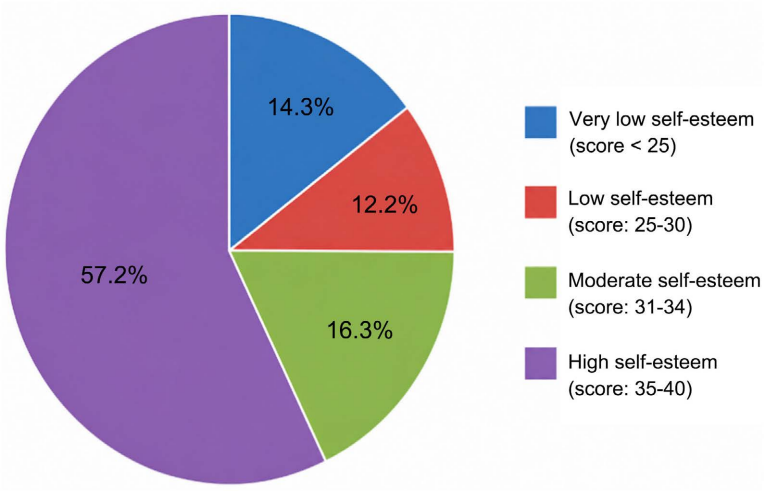

Figure 2. Distribution of participants according to their Rosenberg Self-Esteem Scale category.

4. Discussion

4.1. Hospital-Based Frequency of Complaints of Alleged Sexual Assault

The hospital-based frequency of complaints of alleged sexual assault observed in this study (12.06%) represents the proportion of women attending the Department of Obstetrics and Gynecology who presented with a complaint of alleged sexual assault during the study period. This figure should not be interpreted as an estimate of the true incidence of sexual assault in the population served by the hospital. A complaint of alleged sexual assault constitutes the initial reason for seeking medical, social, and legal assessment but does not, by itself, establish that the alleged events occurred. Judicial outcomes were not available, and the study did not make it possible to determine the outcome of the legal proceedings.

The frequency observed in our study (12.06%) was similar to that reported by Mbassa *et al.* in Cameroon (10.7%) [9]. By contrast, Dembélé *et al.* reported a lower frequency (2.1%) among patients attending Fousseyni Daou Hospital in Kayes, Mali [10], whereas Ajayi *et al.* reported a substantially higher prevalence (25.3%) among adolescent girls and young women in South Africa [11]. These differences may reflect variations in study populations, recruitment strategies, reporting systems, healthcare-seeking behavior, and sociocultural contexts. Comparisons across studies should therefore be interpreted with caution because of

differences in study design, case definitions, and methods of data collection. Furthermore, most published studies are based on reported complaints rather than judicially confirmed cases, making direct comparisons difficult. Future studies linking hospital records with judicial outcomes would provide a more accurate assessment of the burden of confirmed sexual assault.

4.2. Profile of the Complainants

Adolescents constituted the majority of complainants in our study, with a mean age of 14.62 ± 3.61 years. Similar findings have been reported in other studies conducted in sub-Saharan Africa. Faye Dieme *et al.* reported a mean age of 14 years among complainants in Dakar [12], while Cissé *et al.* found a mean age of 12.3 years among minors evaluated for sexual abuse [13]. The predominance of adolescents may reflect their particular vulnerability to sexual violence. Factors that have been proposed include psychosocial immaturity, economic or family dependence, limited ability to negotiate or refuse unwanted sexual activity, unequal power relationships, and insufficient knowledge of sexual and reproductive rights and consent.

An important finding in our study was that most complainants reported previous sexual intercourse before the alleged assault. This observation should be interpreted within the local context, where early sexual debut is relatively common among adolescent girls. Our findings are consistent with those of Hounkponou *et al.* [17], who reported that 37.2% of adolescent girls in Parakou had initiated sexual intercourse before the age of 15 years, with most first sexual experiences reported as consensual. Under Beninese law, however, individuals below the legal age of consent are not legally recognized as capable of consenting to sexual intercourse [14]. This discrepancy raises important questions regarding the effectiveness of existing legal protection mechanisms and their ability to prevent early sexual activity among minors. It may also reflect broader challenges related to communication about sexuality within families in settings where discussions of sexual health remain culturally sensitive.

Importantly, the high proportion of complainants reporting previous sexual intercourse should not be interpreted as influencing the credibility of the allegations. Previous sexual experience neither explains nor excludes the possibility of sexual violence. The determination of sexual violence depends on the absence of valid consent or the legal inability to provide consent under the relevant circumstances, irrespective of previous sexual activity.

4.3. Characteristics of the Alleged Perpetrators and Relationship with the Complainants

A major finding of this study was that most alleged perpetrators (91.2%) were known to the complainants, most commonly as intimate partners or neighbors. This observation is consistent with several studies conducted in sub-Saharan Africa reporting that alleged sexual assaults frequently involve individuals known to

the complainant. Similar proportions have been reported in Togo by Adama-Hondégla *et al.* and in Senegal by Cissé *et al.* [13] [18]. Likewise, Faye *et al.* found that most complainants lived in the same neighborhood as the alleged perpetrator [12]. In contrast, Foumane *et al.* reported that the identity of the alleged perpetrator was unknown in the majority of cases [19]. These discrepancies may reflect differences in study populations, sociocultural contexts, reporting practices, or definitions of the relationship between complainants and alleged perpetrators. These findings should nevertheless be interpreted cautiously. The existence of a prior relationship between the complainant and the alleged perpetrator neither establishes nor refutes the occurrence of sexual violence. Rather, it represents contextual information that should be considered alongside the medical, forensic, social, and judicial findings.

The high proportion of intimate relationships observed in our study also highlights that the existence of an intimate relationship should never be interpreted as implying ongoing consent to sexual activity. Conversely, being in an intimate relationship does not exclude the possibility of sexual violence. The assessment of consent must always be based on the specific circumstances of each individual case.

4.4. Strengths and Limitations

In this study, data were collected prospectively using exhaustive recruitment of all eligible complainants during the study period, and information was obtained using a standardized data collection instrument. In addition, the study provides a comprehensive description of the sociodemographic, clinical, and psychological characteristics of complainants presenting to a specialized referral center in northern Benin.

However, several limitations should be acknowledged. First, this was a single-center hospital-based study, which may limit the generalizability of the findings. Second, the study population consisted of individuals presenting with complaints of alleged sexual assault and therefore does not allow estimation of the incidence of confirmed sexual assault in the general population. Third, judicial outcomes were not systematically available, precluding differentiation between confirmed, unconfirmed, or dismissed allegations. Finally, several variables relied on self-reported information and may have been influenced by emotional, social, or legal factors.

4.5. Implications for Practice and Future Research

Our findings highlight the importance of strengthening integrated responses involving healthcare, social, and judicial services. Future multicenter studies incorporating judicial outcomes would improve understanding of the trajectories of complaints, identify factors associated with case confirmation, and ultimately contribute to strengthening both the protection of victims and the safeguarding of the rights of individuals accused of sexual assault.

5. Conclusion

This study provides one of the first prospective hospital-based descriptions of female complainants presenting with alleged sexual assault in northern Benin. Most complainants were adolescents, the alleged perpetrators were usually known to them, and delayed presentation was common, potentially limiting both clinical and forensic management. These findings highlight the need to strengthen early access to comprehensive, multidisciplinary care while improving coordination between healthcare, forensic, and judicial services. Further multicenter studies integrating judicial outcomes are warranted to better characterize the epidemiology of alleged sexual assault and to inform evidence-based policies for prevention, victim support, and the protection of the rights of all individuals involved.

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Author Contributions

Sidi Imorou Rachidi: Project administration; Conceptualization; Methodology; Investigation; Data curation; Formal analysis; Writing: original draft; Visualization. Vodouhe Mahoublo: Investigation; Data curation; Project administration; Writing: review & editing. Atadé Sèdjro Raoul: Methodology; Investigation; Data curation; Writing: review & editing. Obossou Aafoukou Awade Achille: Investigation; Data curation; Formal analysis; Writing: review & editing. Klikpézo Roger: Methodology; Validation; Writing: review & editing. Hounkponou Ahouignan Fanny: Investigation; Resources; Writing: review & editing. Salifou Kabibou: Conceptualization; Methodology; Supervision; Validation; Writing: review & editing. Dénakpo Justin Lewis: Conceptualization; Methodology; Supervision; Validation; Writing: review & editing.

Conflicts of Interest

The authors disclose not competing any conflict of interest.

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