



Specialized GBV care in Mauritania 2018-2023 retrospective study



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Methodology

Study design Retrospective, observational

Inclusion criteria New Cases of GBV Jan 1st, 2018 – June 30th, 2023

Analysis Secondary data **Outcomes (care):** Local/surgical care, hospital admission pregnancy

Consultation: Date, USPEC, Delay
Demographics: Sex, Age
Type/ pattern of GBV: Location, relationship with perpetrator, requisition

Study setting

6 hospital units
Free, confidential, open 24/7
Multidisciplinary

- Social & legal assistance
- Medical, surgical, obstetric care
Medico-legal attention
Referral to specialty medicine
- Psychosocial support

Unités Spécialisées de Prise en Charge (USPEC)

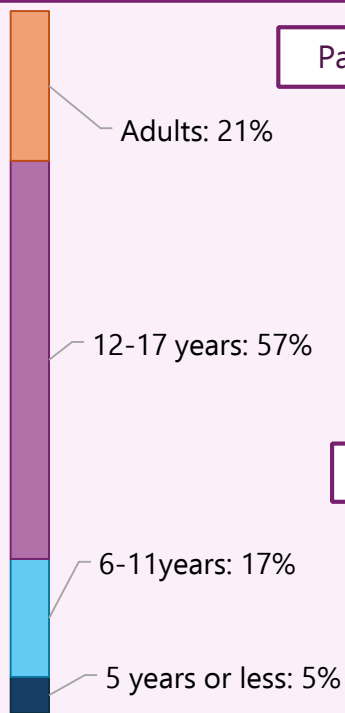
Results

3550 cases

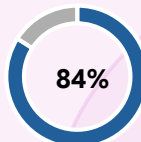
Demographics

95% female
5% male (all children)

Children 78,7%



Patterns



Known perpetrators
Relative 45.5%
Entourage 27%
Intimate partner 11%
Unknown 10%

Type of GBV

Sexual Violence: 79,8% (Rape 46,7%)
Child marriage/ teen pregnancy: 10,4%
Intimate Partner Violence: 7%
Female Genital Mutilation: 0,7%

68%
Trusted places
Home 61%
Transport 3.32%
Shop, street 16%
School 0.4%

80%
Police requisition

Teen/unintended pregnancies
Prevented: n = 996 (29,7%)

Declared and followed-up: n = 627 (17,6%)

Severely injured victims
Surgery 2.45%
Hospital admission 1,8%
Local treatment 4.76%

Outcomes

Boys & men

FGM

Adult, (married) women

Who comes to the USPEC?

Complainants

Who doesn't?

Interpretation

Discussion & limits

Structural and sociological determinants for non- / alternative-healthcare recourse / renouncement
Follow-up outcomes
Mental health