

# Epidemiological and Clinical Profile of Sexual Violence Against Minors in Southern Senegal

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## Abstract:

### ➤ Introduction:

Sexual violence has a heavy impact on the mental and physical health of victims, especially when they are young. In Senegal, health actors and child protection organizations have shown growing interest in this problem, but the scarcity of studies and the "sexual taboo" mean that the available data underestimate the extent of the problem. The objective of this study is to determine the epidemiological and clinical profile of sexual violence against minors in the Ziguinchor region.

### ➤ Materials and Methods:

A descriptive retrospective study from April 1<sup>st</sup>, 2014 to October 31<sup>th</sup>, 2019 was conducted. The study population was made up of sexual violence victims under the age of 18 whose legal proceedings were handled at the Ziguinchor High Court. The data was entered into an Excel spreadsheet and then analyzed using Epi Info™ 7 software.

### ➤ Results:

A total of 106 cases of sexual violence against minors were collected. Rape accounted for 66.03%. The female victims were 95.28%. The average age of the victims was 12.62 years ( $\pm 3.42$ ). Victims aged ten and over ( $p = 0.015$ ) and who had a low level of education ( $p = 0.016$ ) were more exposed to rape. The aggression took place during the day (65.71%) and at the aggressor's home (62.26%). Victims knew their attacker (84.47%) and this one was a family member (11.49%). Victims were assaulted more than once by the same assailant (40.57%). Those aged 10 years and older ( $p = 0.0037$ ) and who knew their attackers ( $p = 0.014$ ) were more at risk of being repeatedly sexually abused. Only 11.39% of the victims had consulted within 24 hours of the attack. Among the rape victims, a pregnancy was objectified in 33 minors (47.14%).

### ➤ Conclusion:

The results of our study show the need to strengthen sex education among minors in schools and in the

community. Health and judicial authorities should work closely with child protection institutions and community actors to eradicate this scourge.

**Keywords:-** sexual violence, minors, Senegal.

## I. INTRODUCTION

Sexual violence against minors poses a real health and social problem on a global scale. The WHO estimates that, worldwide, one in five women and one in 13 men say they have been sexually abused in childhood [1]. In Senegal, article 276 of the family code defines a minor as a person of either sex who has not reached the age of eighteen [2]. The scarcity of studies undertaken on this subject and the cultural obstacle constituted by the silence around this "taboo" mean that in Senegal the available data underestimate the extent of the problem. The purpose of this study is to determine the epidemiological and clinical profile of sexual violence against minors in the Ziguinchor region in southern Senegal.

## II. MATERIALS AND METHODS

This is a descriptive retrospective study conducted between April 1<sup>st</sup>, 2014<sup>th</sup> and October 31<sup>th</sup>, 2019. This study focused on minor victims of sexual violence whose legal consequences had been dealt with at the level of the high court of Ziguinchor.

We first identified the cases of sexual violence against minors judged at the court from the correctional registers and the court records. Then, we collected data from court records using a data collection form that had been developed and tested on 20 court records, then corrected and validated.

The data was entered into an Excel spreadsheet and then exported to Epi Info™ 7 for analysis. The actual analysis consisted of a presentation of the proportions and a cross-referencing of the variables and the output variables. The links were assessed by the Chi2 test at the 5% level of significance.

### III. RESULTS

➤ *Descriptive study*

Of a total of 106 victims, 101 were girls, i.e. 95.28% of victims with a sex ratio of 0.05. The average age was 12.62 years with a standard deviation of 3.42, a variance of 11.7 and extremes of 3 and 17 years. The most represented age (mode) was 15 years old. The vast majority of victims, 74.53% (n=79), were teenagers between the ages of 12 and 17.

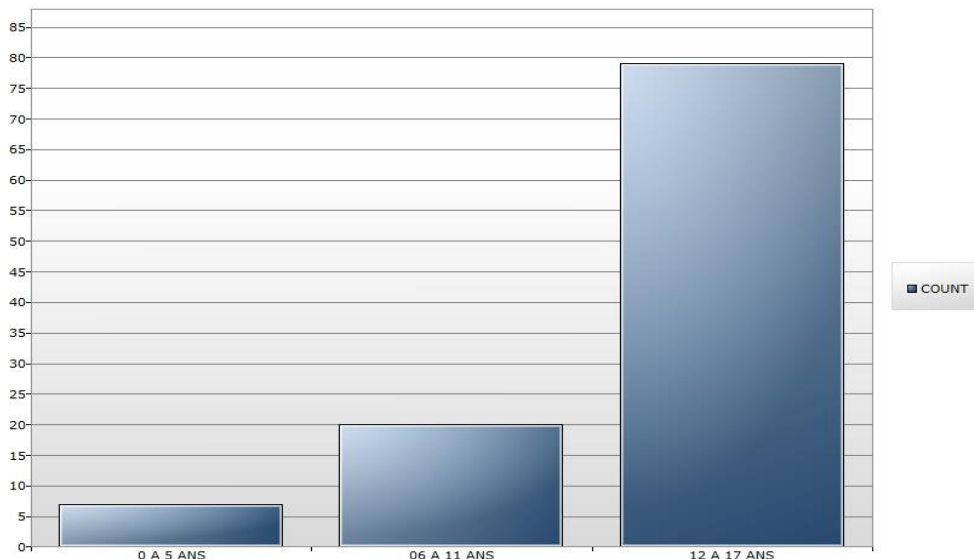


Fig 1:- Distribution of victims by age

The educational level of the victims was specified in 72 cases (67.92%). Of these victims, 8.33% (n=6) were out of school.

School level	Workforce	Percentage	Cumulative percentage
Not in school	6	8,33 %	8,33 %
Koranic school	2	2,78 %	11,11 %
Preschool	2	2,78 %	13,89 %
Primary	38	52,78 %	66,67 %
college	23	31,94 %	98,61 %
High school	1	1,39 %	100,00 %
<b>Total</b>	<b>72</b>	<b>100,00 %</b>	<b>100,00 %</b>

Table 1:- Distribution of victims according to school level

Victim occupation was specified in 95 cases (89.62%).

Victim's occupation	Workforce	Percentage	Cumulative percentage
Student	82	86,32 %	86,32 %
Charwoman	6	6,32 %	92,64 %
Without activities	3	3,16 %	95,80 %
Trade apprenticeship	2	2,11 %	97,91 %
Fisherman	1	1,05 %	98,96 %
Restaurateur	1	1,05 %	100,00 %
<b>Total</b>	<b>95</b>	<b>100,00 %</b>	<b>100,00 %</b>

Table 2:- Distribution of victims according to occupation

The family environment of the victims was provided in 91 files (85.85%). Fifty-six victims (61.54%) lived with both parents, 17.58% (n=16) with only one parent (father or mother) and 20.88% (n=19) with a relative.

Seventy-three victims or 68.87% lived in urban areas while 31.13% (n = 33) lived in rural areas. The socio-economic level of the parents of the victims was provided in 48 files (45.28%) of which 93.75% (n = 45) had a low level and 6.25% (n = 3) a medium level.

The study of the sexual assault circumstances allowed us to see that out of 52 completed files (49.06%), the assaults took place on a holiday in 9.62% of cases (n = 5), a weekend in 30.77% (n=16) and working day in 59.62% (n=31). The time of the sexual assault specified in 105 cases (99.06%) revealed that the assaults happened during the day in 65.71% (n = 69) of the cases against 34.29% at night (n = 36). The distribution according to the location of the assault is shown in the following figure.

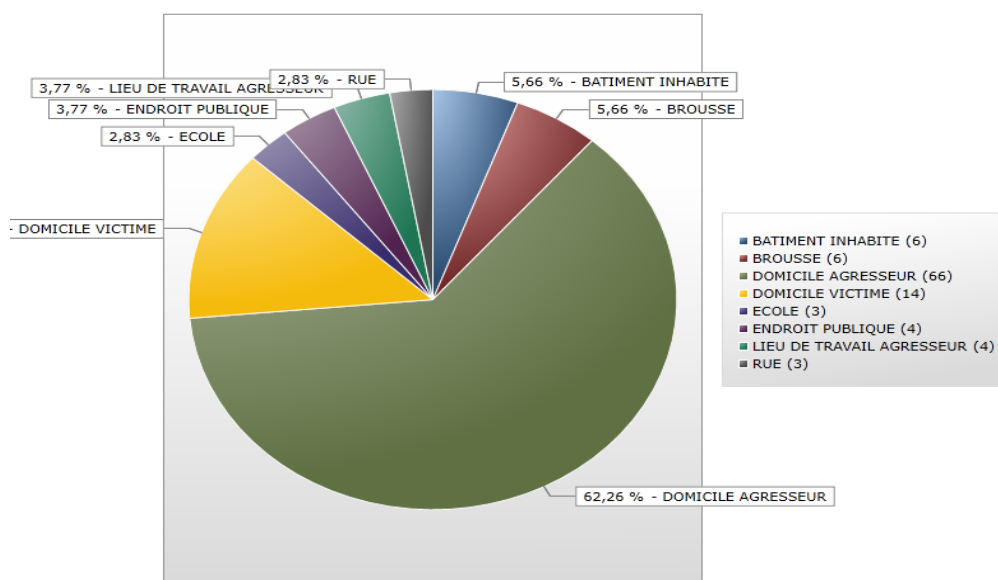


Fig 2:- Repartition of victims by location of assault

Regarding the type of sexual violence, rape accounted for 66.03% of cases (n = 70). It was isolated in 54.72% (n=58) of cases and associated with other types of sexual offenses in 11.31% of cases (n=12).

Type of sexual violence	Workforce	Percentage	Cumulative percentage
Rape	58	54,72 %	54,72 %
Attempted rape	12	11,32 %	66,04 %
Rape with diversion of minor	9	8,49 %	74,53 %
Diversion of minor	9	8,49 %	83,02 %
Sexual touching	4	3,77 %	86,79 %
Sexual touching with	4	3,77 %	90,56 %
Sexual touching and molestation	3	2,83 %	93,39 %
Molestation	2	1,89 %	95,28 %
Diversion of minor et and act against nature	2	1,89 %	97,17 %
Rape with act against nature	1	0,94 %	98,11 %
Rape and child pornography	1	0,94 %	99,05 %
Rape and procuring of a minor	1	0,94 %	100,00 %
<b>Total</b>	<b>106</b>	<b>100,00 %</b>	<b>100,00 %</b>

Table 3:- Distribution of victims according to the type of sexual violence suffered Ninety-one (91) victims reported having suffered genital contact, i.e. 85.85%.

The link between the victim and the aggressor was specified in 103 files, i.e. 97.17%, and in 84.47% of the cases (n = 87) the victim knew his aggressor.

Relationship between victim and aggressor	Workforce	Percentage	Cumulative percentage
Neighbour	41	47,13 %	47,13 %
Friend	13	14,94 %	62,07 %
Boyfriend	12	13,79 %	75,86 %
Member of the family	10	11,49 %	87,35 %
Teacher	6	6,90 %	94,25 %
Employer	2	2,30 %	96,55 %
Healer	2	2,30 %	98,85 %
Customer	1	1,15 %	100,00 %
<b>Total</b>	<b>87</b>	<b>100,00 %</b>	<b>100,00 %</b>

Table 4:- Distribution of victims according to the type of relationship with the aggressor

Of the victims, 91.51% (n=97) indicated a single assailant. The rest were collective assaults by two (5.66%; n=6) or three (2.83%; n=3) attackers. Violence associated with sexual assault is recorded in Table 5.

Association with other forms of violence	Workforce	Percentage
Not reported	56	52,83 %
Reported	50	47,17 %
<b>Total</b>	<b>106</b>	<b>100,00 %</b>
Associated forms of violence	Workforce	Percentage
Verbal abuse	33	31,13 %
Physical violence	23	21,70 %
Psychological violence	6	5,66 %

Table 5:- Repartition of victims according to the form of associated violence

Sixty-three victims (59.43%) experienced a single assault against 40.57% (n=43) who experienced the assault more than once from the same assailant.

The study of the clinical data of the victims from the reports of the medical certificates available (i.e. 79 files) allowed us to have an overview of certain aspects. Thus, according to the consultation time, 49.37% of the cases (n = 39) had consulted one month after the aggression, more than one month after the facts 11.39% (n = 9) within 24 hours, 31.65% (n=25) within one week and 7.59% (n=6) within one month and after the first week.

The rape ended in pregnancy in 33 out of 70 victims, or 47.14%. The age of these victims ranged from 11 to 17 years old with an average of 14.5 years (+/- 1.54).

#### ➤ Analytical study

##### • Bivariate analysis

There was a statistically significant link between the age of the victims, their level of education and the occurrence of rape. The age of the victim and the acquaintance of the aggressor were also significantly related to the repetition of sexual violence. There was no statistically significant association for the other characteristics. The factors studied and their respective p-values are shown in Tables 6 and 7.

Features	Terms	Yes N (%)	No N (%)	P	OR (IC 95)
Age of the victim	≥10 years	40 (46,51 %)	46 (53,49 %)	0,0037*	7,4 (1,6-34)
	<10 years	2 (10,53 %)	17 (89,47 %)		
Place familiar to the victim	Yes	8 (47,06 %)	9 (52,94 %)	0,52	
	No	34 (38,64 %)	54 (61,36 %)		
Link to aggressor	Known	39 (45,35 %)	47 (54,65 %)	0,014*	0,17(0,04-0,8)
	Unknown	2 (12,50 %)	14 (87,50 %)		

\*: statistically significant association

Table 6:- Factors associated with repeat sexual violence

Features	Terms	Yes Workforce(%)	No Workforce(%)	P	OR (IC à 95)
VICTIMS					
Age	≥10 years	62 (71,26 %)	25 (28,74 %)	0,01*	3,41 (1,2-9,5)
	<10 years	8 (42,11 %)	11 (57,89 %)		
Living environment	Rural	22 (66,67 %)	11 (33,33 %)	0,93	
	Urban	48 (65,75 %)	25 (34,25 %)		
Lives with both parents	Yes	40 (71,43 %)	16 (28,57 %)	0,57	
	No	23 (65,71 %)	12 (34,29 %)		
Low level of education	Yes	36 (78,26 %)	10 (21,74 %)	0,01*	3,6 (1,2-10,4)
	No	12 (50,00 %)	12 (50,00 %)		
Link to aggressor	Unknown	61 (70,11 %)	26 (29,89 %)	0,11	
	Known	8 (50,00 %)	8 (50,00 %)		

\*: statistically significant association

Table 7:- Factors associated with the occurrence of rape

• *Multivariate analysis*

Minors aged 10 or over had the highest risk of being raped [adjusted OR = 18.08 (2.08-157.00)]. It is also this age group that was more at risk of experiencing repeated sexual

violence from the same aggressor [adjusted OR = 5.40 (1.12-26.09)]. Victims who had a low level of education (i.e. uneducated or of preschool or primary level) were more exposed to rape [adjusted OR = 17.58 (2.60-118.98)]. The results are shown in Tables 8 and 9.

Features	Terms	Adjusted OR (95% IC)
VICTIMS		
Age	≥ 10 years	18,08 (2,08-157,00)*
	< 10 years	
Living environment	Rural	0,29 (0,06-1,32)
	Urban	
Live with both parents	Yes	1,23 (0,31-4,91)
	No	
Low level of education	Yes	17,58 (2,60-118,98)*
	No	
Link to aggressor	Known	5,45 (0,67-44,57)
	Unknown	

\*: Statistically significant link

Table 8:- The determinants of the occurrence of rape

Features	Terms	Adjusted OR (95% IC)
Age of the victim	≥10 years	5,40 (1,12-26,09)*
	< 10 years	
Place familiar to victim	Yes	1,54 (0,46-5,16)
	No	
Link to aggressor	Known	4,41 (0,91-21,42)
	Unknown	

\*: Statistically significant link

Table 9:- Determinants of Repeat Sexual Violence

#### IV. DISCUSSION

Among the victims, girls clearly predominated with 95.28% of cases (n = 101). These results are identical to those of other studies carried out at national [3,4,5] and international [6,7,8,9,10] levels in which girls represented between 84.70% and 99.4%. Girls are therefore more vulnerable to sexual violence. However, sexual violence against boys is not uncommon. Priebe reports in his series that 23% of boys are victims of sexual violence [11]. This under-representation of boys in our study could be explained by the fact that they report fewer acts of sexual violence [12]. In our societies, in fact, the impact of religion means that homosexual relations are not commonplace. Thus, the gaze of the other, the fear of judgment or punishment, homophobia, can prevent the denunciation of the abuse for many years.

The age of the victims in our series varied between 3 and 17 years. The victims were on average  $12.62 \pm 3.42$  years old with a predominance of adolescent girls aged 12 to 17 (74.53%; n = 79). These results are similar to those of the studies by Diallo and al in Dakar and Léye in Kolda, Senegal, [13,5] in which the average age of the victims was respectively  $12.33 \pm 6.28$  years and  $12.3 \pm 3$  years. In South Africa [14], 85.4% of rapes took place between the ages of 10 and 14. Adolescence is considered a period when the risk of experiencing sexual violence is increased [7]. Victims aged 10 and older were more exposed to rape (p = 0.015) in our study. This age group is marked by puberty, which begins around the age of 10.5 years on average in girls [15]. Indeed, puberty is associated with multiple bodily, psychological and social changes. These changes involve the acquisition of a new self-image, the sexualization of the body, the appearance of sexual desire and the establishment of intimate relationships with the opposite sex [8,16]. The teenage body is in full mutation with the appearance of secondary sexual characteristics. The young girl thus becomes the object of attraction for adults and young boys. The sexual curiosity which is exacerbated again, pushes the young person to make new experiences, even if it means seducing or allowing themselves to be seduced by older adolescents or adults [17]. Minors are therefore, during this period of puberty, more vulnerable to sexual abuse. Children aged 6-11 represented 18.87% of victims (n=20). Children under the age of 6 represented 6.60% of the population (n = 7). These results go against those of the study by Sy and al at the child psychiatry

service of Dakar in which 45.50% of the victims were between 6 and 10 years old [3]. They are also contrary to those obtained in France [18] in which the victims are on average less than 10 years old, and in the United States [7] where the average age was 8.63 years. This difference can be explained by the young age of the child who is unable to identify and understand what he is undergoing, as well as the frequency of traumatic amnesias [19] and the fact that these studies are general population surveys or hospital studies.

Among the 72 victims for whom the educational level was informed, 8.33% were not educated (n = 6). The educational level was relatively low with 52.78% of the victims having a primary level (n = 38). This contrasts with the age of the victims, the average of which is 12.62 years, probably testifying to a delay in school. Thus, among the victims, those who were uneducated or who had a low level of education suffered more rape (p = 0.016). Our results are similar to those obtained in Dakar [4] and Lomé [6] with respectively 45.88% and 60% of victims having a primary level. In Léye's study in Kolda [5], rapes were three times more frequent among uneducated victims. In our societies indeed, talking about sexuality provokes feelings of embarrassment and shame; which means that many parents do not discuss this subject with their children. The school then remains the only place where children can receive sexual education, and where they can learn about their rights. Consequently, this low level of education associated with the naivety of children exposes them to the traps of their aggressors.

In our study, 86.32% (n = 82) of the victims were students and 2.11% (n = 2) apprenticed to a trade. The victims who had a job were mainly cleaning women (6.32%; n=6), fishermen (1.05%; n=1) or restaurateurs (1.05%; n=1). Pupils and minors employed as cleaners were therefore most at risk. This strong representation of pupils was also found in the studies of Bassowa in Lomé (82% of pupils) and Léye in Kolda (66% of pupils) [6,5]. This could be explained by the distance of the schools from the victims' homes. Indeed, according to Ndour [20], certain factors such as insecurity on the way to school, especially at late drop-off times and in forest areas, can favor the occurrence of sexual violence among students.



Among the victims of sexual violence in our study, 38.46% (n=35) did not live with both parents. In 17.58% of cases (n=16), they lived with only one parent (father or mother). They were entrusted to uncles, aunts or other extended family members in 20.88% of cases (n = 19).

This frequency is slightly higher than that in Sy's study in Dakar, in which 11.50% of the victims were entrusted and 7.6% lived with a single parent [3]. According to Meydan [7], living in a single-parent family, being entrusted to another family or placed in a foster home increases the risk of exposure to sexual violence.

The vast majority of victims lived in urban areas (68.87%; n=73). In these areas, there is indeed a notable insecurity and a great promiscuity, which have been identified by certain authors such as Ward and Priebe [21,22] as factors of exposure. Moreover, with urbanization and globalization, we are witnessing a change in social benchmarks and a weakening of the forms of social regulation that used to secure children within the extended family and the community [23]. This predominance in urban areas could also be explained by the fact that society increasingly recognizes the harmful impact of these abuses on the mental health of children. These abuses are therefore less and less silent, unlike in rural areas, where amicable settlement to preserve social cohesion seems more marked. Thus, Ndiaye, Mbaye and Diémé [24,25,26] had identified a large number of victims from urban areas or Dakar suburbs.

In our study, for 93.75% of the victims (n = 45), the socio-economic level of the parents was low. These results are in line with those obtained by national [24,25,26] or international [7,21,22] authors. The precarious socio-economic conditions in which the victims live, result in these children taking on an economic role. They thus find themselves having to work (as house servants, street vendors, apprentices, etc.) to meet the needs of the family. These small jobs expose them to sexual abuse from their employers or clients.

The majority of sexual assaults, 59.62% (n=31), occurred on a working day. Similarly, the majority of the victims had been assaulted during the day and working hours (65.71%; n = 69). The aggressors therefore assaulted their victims when the parents were absent or busy. Léye and Meka had made the same observation with respectively 53.4% and 74.5% of victims assaulted during the day [5,27]. At night, the children are supposed to be at home. So they are less at risk of being alone with the abuser. In Cissé's study, only 5.8% of children were abused at night [28]. Our results, however, contrast with those of Soumah who obtained, in his study in Gabon, 67.5% of sexual assaults committed at night [29]. This difference can be explained by the fact that the Soumah study population included both adults and minors.

The sexual assault took place in an unfamiliar area in 83.95% of cases (n = 89). This was most often the abuser's home or workplace in 62.26% (n=66) and 3.77% (n=4) of cases, respectively. Otherwise, it was uninhabited buildings, the bush, public places or the street. These results are similar

to those of Léye in Kolda [5] and Savy in Dakar [4] where the sexual assault took place in the home of the aggressor in respectively 53.1% and 72.47% of cases. According to some authors (Dupont and al; Diémé and al), the aggressor baits his victim and lures him to an isolated place where the call for help will not be heard [8,26].

The assault took place in a place familiar to the victim in 16.04% of cases (n = 17). Specifically, it was their family home in 13.21% (n=14) and their school in 2.83% (n=3). However, it is likely that these figures do not reflect reality. Sexual assaults that take place in the victim's living environment are most often kept secret. The family and entourage prefer to "wash the dirty laundry in-house" [3] and preserve the stability of the group. Thus, according to the studies of several authors [7,30,27], sexual violence most often takes place in the daily life of children.

Rape was the type of sexual violence most reported by victims with 66.03% of cases (n = 70). It was followed by attempted rape with 11.32% of cases (n = 12). The other types of sexual offense were less reported (molestation, sexual touching). This predominance of rape compared to other types of sexual violence had also been objectified by other studies, whether hospital or judicial. This is the case of the studies by Cissé and al in Dakar which obtained 61% of cases of rape [31], of Diallo and al in Conakry with 72.10% of cases of rape [32], of Meka and al in Yaoundé with 85.1% [27] and Dupont and al in France with 79% [8]. However, these results may not reflect reality if we know that certain types of sexual assault are tolerated by our societies. Non-consummated rape (i.e. attempted rape), molestation, sexual touching, are considered "less serious" by our societies [23]. They are therefore less often the subject of complaints and/or medical consultations. Authors who have conducted general population surveys have highlighted this under-reporting of other forms of sexual assault. Indeed, in the studies of Ward, Vagi and Priebe [21,30,22], the first forms of sexual violence reported by the victims were sexual touching and attempted rape. As for the study by Meydan, penetrations represented only 15% of sexual assaults [7]. In any case, these results show, on the one hand, the importance of conducting general population surveys in our countries to know the real prevalence of each form of sexual assault. On the other hand, they show the importance of protecting children against such violence. Indeed, the consequences of rape would be more severe than those of attempted rape or other forms of sexual violence [33]. In addition, minors who are victims of rape are much more exposed to STIs, particularly HIV infection, and to early pregnancies.

The aggressors were known to their victims in 84.47% of cases (n = 87). Most often, it was neighbor (47.13%; n=41), friend (14.94%; n=13), boyfriend (13.79%; n=12) or people with authority over the victim (teachers, employers, healers 11.5%; n=10). Therefore, only 15.53% (n=16) of the aggressors were unknown to the victim. This makes us say that, contrary to popular belief, the aggressor belongs to the child's direct entourage. He is someone the child trusts. He uses his authority or the emotional ties established with the child to abuse him. The proximity of the aggressors to their

victims, as well as the power conferred on them by their position, allow them to exercise an often total hold over them. They can thus easily impose silence on them, and prevent them from denouncing them.

The predominance of neighbors was also noted by Sy in Dakar [3]. In addition to promiscuity, there reigns in our societies a form of social cohesion which means that neighborhood relations are often identified with relatives' relations. Neighbors may therefore indirectly hold a position of trust or even authority over the child. They can more easily manipulate or coerce it.

Intra-family sexual violence represented 11.49% of cases in our study (n = 10). This rate is much lower than those found elsewhere. Meka in Yaoundé [27] and Hauet-Wiedemann [18] in France reported rates of 25.5% and 52.8% respectively for intra-familial sexual abuse. This sexual violence committed by family members is rarely denounced, especially in our African societies. For good reason, the law of silence in order to avoid the break-up of the family.

Sexual violence was the act of a single aggressor in 91.51% of cases (n = 97). Gang sexual assaults were rare in our study. Higher rates were found in Mali with 34.46% collective attacks [34]. Sexual aggression is often a sign of virility in the group, and is strongly linked to the desire to be held in high esteem [35].

The consequences of sexual assault on health are more numerous and more severe when the victims have suffered several forms of violence [33]. In our study, the victims had experienced another form of violence in 47.17% of cases (n = 50). The most common form of coercion used by the abuser was verbal abuse, followed by physical abuse and lastly psychological abuse. Our results are higher than those of Sy in Dakar, i.e. 27.10% of verbal and/or physical violence [3], but they are lower than those of Méka in Yaoundé which respectively reported 57.4% verbal violence and 25.5% physical violence [27].

Of the victims, 40.57% (n=43) had alleged that they had been assaulted more than once by the same aggressor. These were most often victims who knew their aggressors (p = 0.014) and who were over the age of 10 (p = 0.0037). This can be explained by the fact that the physical damage left by sexual violence is greater in young girls [29]. Since the toilet of the latter is ensured by their mothers, the abuse suffered can therefore be detected much earlier and be denounced. In addition, sexual violence committed by a known aggressor is marked by a climate of blackmail and threats. They then extend over a longer period than when the aggressor is a stranger.

The earlier the medical assessment is, the more beneficial it is for the victim. Indeed, it not only promotes the effectiveness of medical and psychological care, but also makes it possible to collect material evidence of abuse. In our study, only 11.39% (n = 9) of the victims had consulted within 24 hours of the assault, and 31.65% (n = 25) within eight days. The vast majority (49.37%; n=39) had consulted

more than a month after the incident. In Diémé' s study, the average consultation time was 15 days [26]. We thus notice that the victims do not reveal the aggression immediately after the facts. Children tend to hide their misadventures for fear of reprisals or out of shame. It is only when the parents notice abnormal signs or the presence of a pregnancy that the child is brought in for consultation.

Rape resulted in pregnancy in 47.14% of victims (n = 33) in our study. Among these victims, the youngest was 11 years old, and 14 were under the age of 15. This rate is higher than that of Mbassa Menick who obtained 31.6% of cases of pregnancy following rape [36]. Pregnancy is an additional trauma, both obstetrically and psychologically.

## V. CONCLUSION

The results of our study show the vast majority of female victims and the predominance of rape among sexual assaults. The attack takes place largely in the home of the aggressor. The victims most often have a family link with the aggressor.

Effective and sustained awareness-raising of the population and strengthening of sex education for minors in the family and school environment would help the authorities to better combat this scourge.

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