Male Children Sexual Abuse in the Transkei Region of South Africa

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Abstract

Background: Reporting of male-to-male sexual abuse is associated with stigma and discrimination. It is not only trauma to a child but also to a family. It is under researched and under estimated in a community. Even when abused children have grown up and become adults the abuse remains a painful secret in their lives. This scar of child sexual abuse stays for a life time. It also fuels the spread of HIV/AIDS in society.

Objective: To study the sexual abuse among male children in the Transkei region of South Africa.

Method: This is a retrospective study, carried out between 2007 and 2011 at the Sinawe Centre of Mthatha General Hospital, Mthatha, South Africa.

Results: There were 38 cases of male child sexual abuse (MCSA) reported between 2007 and 2011. There was only 1 case reported in 2007, 3 in 2008, 6 in 2009, 10 in 2010 and 18 in the year 2011. Of these, 3 (7.9%) were 5 years old, 17 (44.7%) were 10 or less years, and 9 (23.7%) were between the age of 11 and 15 years of age. Of the perpetrators 20 (52.6%) were known to the victims, 16 (42.1%) were unknown 2 (5.2%) were family member of the victims. There was delay in reporting. Genital injuries were observed in 8 (21%) cases, and physical injury in only 2 (5.2%) cases. All the victims were HIV negative and post-exposure prophylaxis compliant.

Conclusion: There is an increasing trend of male children sexual abuse in the Transkei region of South Africa. It requires urgent attention by the law enforcement authorities.

Keywords: *Anal penetration, HIV infection, child abuse*

Introduction

Male child sexual abuse (MCSA) is a worldwide phenomenon, but its existence and legality are different in different countries. The word 'sodomy' carries a lot of baggage and has a long and colourful etymological, social, and political history dating all the way back to the biblical cities of Sodom and Gomorrah, both destroyed by God for their wickedness.[1]Consensual sex between adult men is criminalised in about 80 countries in the world. It is an alien legacy. Sodomy laws thought out Asia and sub-Saharan Africa have consistently been colonial impositions.[2]Sexual intercourse between men was historically prohibited in South Africa as the common law crimes of "sodomy" and "unnatural sexual offences", inherited from the Roman-Dutch law.[3] Myburgh has described in 1974 that in the past those branded as public enemies were those who committed incest, sodomy, bestiality, and rape.[4]Homosexuality

and heterosexuality are two extremes and bisexuality is the central point where sexual expression is equal for both sexes. In between these two nodal points are persons who are either more hetero-than homo- or more homo- than heterosexual.[5]

Homosexuality is the greatest taboo in black communities. The sweeping scope of this taboo runs from 19thcentury slave quarters to post-apartheid South Africa. The mythical perceptions of black sexuality and prowess are centred on heterosexuality, not homosexuality. Therefore, any deviation from this norm is seen as unacceptable in many sections of the black community. Homosexuality is a European cultural imposition on Africans.[6] Men having sex with men is forbidden in almost all countries in Africa except South Africa. The maximum penalty is death or life imprisonment.[7]

Victims of MCSA run a very high risk of HIV infection. In the United States, the estimated lifetime risk for HIV infection among men-sex-men is one in six, compared with heterosexual men at one in 524 and heterosexual women at one in 253.[8]This risk is considerably higher - one in two and one in four respectively - for HIV infection among African American/black men.[9]The purpose of this report is to highlight the problem of men-sex-men in the Transkei region of South Africa. It will also discuss HIV transmission as well as psychosocial, social, and legal aspects.

Method and subject

This is a descriptive study. Victims of MSM were examined and tested for HIV at the Sinawe Referral Centre, Mthatha General Hospital. Sinawe Centre is the only unit in this area that deals with cases of anal penetration. It renders services to about 400 000 people. It is staffed by 15 people, including medical consultants, professional nurses, social workers, and police officers on duty. The Centre offers a 24-hour service.

HIV testing with patients' informed consent forms part of the management of sexually abused victims, in view of post-exposure prophylaxis (PEP) and antiretroviral treatment if they are found to be positive. The National Department of Health Guidelines are that a patient who refuses HIV testing or one who presents more than 72 hours after the incident should not be given PEP (DOH, National Management Guidelines for Sexual Assault Care, March 2005). On obtaining consent, a rapid test is performed in accordance with the National Guidelines (2005).A blood sample is also sent to the laboratory for an ELISA test for confirmation. The test results presented here are from the initial screening test and the ELISA test from the laboratory. To maintain patient confidentiality, HIV test requests and results were coded, and data were analysed and displayed in table form.

Results

There were 38 cases of MCSA reported between 2007 and 2011. There was only 1 case reported in 2007, 3 in 2008, 6 in 2009, 10 in 2010 and 18 in the year 2011 (Table 1). Of these, 3 (7.9%) victims were 5 years old, 17 (44.7%) were 10 or less years, and 9 (23.7%) were between 11 and15 years of age. The perpetrators were known by 20 (52.6%) of the victims and unknown by 16 (42.1%), while 2 (5.2%) were family members. There was delay in reporting the cases of sodomy: more than 72 hours 15 (39.5%), 24 hours 10 (26.3%), and 12 hours 13 (34.2%). Genital injuries were observed in 8 (21%) cases, and physical injuries in only 2 (5.2%) cases. Only in 1 case was a victim sodomized at his home, and in only 3 cases were perpetrators under the influence of alcohol. All the victims were HIV negative and post-exposure prophylaxis compliant.

Table 1: Incidence of sodomy in Mthatha area of South Africa (2007-2011)

Year	2007	2008	2009	2010	2011	Total
<5	0	0	0	0	3	3
6-10	0	1	0	7	9	17
11-15	0	0	0	3	6	9
16-20	1	0	2	0	0	3
21-25	0	0	2	0	0	2
26-30	0	0	0	0	0	0
31-35	0	0	1	0	0	1
36-40	0	1	0	0	0	1
41-45	0	1	1	0	0	2
Total	1	3	6	10	18	38

Discussion

This preliminary study on the MCSA is probably the first report in this country even though a lot of research has been carried out on sexual abuse of female children. This indicates a difference in the mind-set of people: either they are not willing to report MCSA or there are very few cases in the community. This is yet to be proved one way or the other. In the literature the words 'sodomy', 'men-sex-men', 'male homosexuality' and 'male child sexual abuse' (MCSA) are used interchangeably with almost same meaning. The author is in concerned with all aspects of male children sexual abuse in this paper. There are several research articles published on rape and sexual assault among females, but hardly anything has been published on the sexual abuse of male children, despite of the fact that they are of equal important. Male child sexual abuse is not only stigmatised among the lay public but also among educated professionals, even those who are dealing these cases in health care settings. Therefore, there is gross under reporting of male child sexual abuse. Very few research papers have published on homosexuality and MCSA in South Africa. MCSA has a complex relationship with mental health as it has with HIV with numerous health consequences in both cases.[10]

An average of 7.6 cases of male child sexual abuse (MCSA) were found in this study (Table 1). The highest number of cases (18) were found in the year 2011, and the lowest (1) was in 2007 (Table 1). There is an increasing rate of sodomy among children from 2007 to 2011 (Table 1). This is, however, the tip of an iceberg as reporting is very poor, especially in adult cases. Therefore, in more than half the cases (52.6) that were reported the victim was under the age of 10 years. Of these only 3 (7.9%) presented under the age of 5 years as children could not express to

their parents what had happened to them. It is difficult to estimate the reason for this number, but it can be presumed that at this age the child can describe the physical trauma cause by their perpetrator. Most of the time the mother is concerned about her child and does report the matter to the police or brings the child to the Sinawe Centre when she feels that something abnormal is happening to her child. A child of above 10 years may, however, start understanding the stigma attached to the deed and may remain silent. It is again difficult to quantify the number of cases of MCSA in a community, but it should be much higher.

Alcohol and cannabis consumption among Xhosa people is very prevalent. A study carried out by the author showed that alcohol related traumatic deaths are high in the Transkei region. There is a need to control alcohol.[11]**Tracing overt expressions of intolerance towards MCSA back to the colonial period, it focuses on ways in which notions of appropriate, respectable, exclusive heterosexuality within the 'cowboy' culture of White Southern Rhodesia trickled into the African nationalist movement.[12]**

More than half (52.6%) of the MCSA were known to perpetrator, and a few (5.2%) of them were family members. Many times, the perpetrator was an uncle, a cousin, or a brother. This is because the people are living in crowded houses, and there are not enough beds for everyone. The rural children of South Africa are at greater risk of sexual abuse as they are poor. The poor are facing all kinds of risks in their life. Transkei is an area where people are poor and living on meagre resources.[13] The Eastern Cape has the highest percentage of poor (24%), and this figure rises to 92% in the Transkei region.[14] Delay in case reporting was found to be more than 72 hours in 15 (39.5%) cases. This is similar in all other rape cases as people could not reach in time.[15] Victims who report an incident to a clinic after 72 hours are not given HIV post exposure prophylaxis according to the South African HIV guidelines. It is also not followed up to find out how many of them become HIV positive. In a low resource health centre setting is difficult to carry out any follow up.

There are multiple reasons for reporting late but the most common one is that people cannot afford the taxi fare.[15]People are living in far-flung areas of the former Transkei where roads and infrastructure are poor and health centres are not close to their homesteads. A funnel depressed, patulous anus and a central hole on inspection.[16] There were only eight cases presented with genital injuries and only two with physical injuries in this study. Few cases of sexual assault in children will have clear evidence of a sexual nature. A lack of physical evidence does not rule out sexual assault therefore, finding physical evidence during an examination is the exception rather than the rule.[17] It is difficult to demonstrate spermatozoa as the patient presents to the clinic late. Sometimes foul-smelling discharge with poor hygiene has been observed in a few cases.

The experience of being an MCSA victim can cause trauma not only to the child but also to the whole family, leading to anxiety disorders, depression, post-traumatic stress disorders, and suicide ideation and action.[18] Many black Zimbabweans believe that homosexuality was brought by white people to their country.[16] Sodomy is probably the most grossly under reported crime in the society.[19] Perpetrators are close by or mostly known persons. They always feel free as nothing one can stop or control them. To charge a person is so difficult in such an impoverished society, as this needs a serious police investigation. This is the reason these kinds of cases remain unreported.

Limitations

The cases are few and this report is also old as it is reporting a case that occurred ten years earlier. It is, therefore, not covering the recent situation regarding

MCSA. Despite these shortcomings, this report gives some insight into the work that is being done in this context.

Conclusion

There is an increasing trend of male children sexual abuse in the Transkei region of South Africa. Five- to ten-year-old children are most vulnerable to sexual abuse according to this study. HIV infection also cannot be controlled without control of child sexual abuse. Poverty is an underlying cause of sexual abuse among children. The law enforcement authorities must be vigilant to prevent and protect this kind of abuse in the community.

Ethical Issue: The author has ethical permission for case report publication (approved project No. 4114/1999) from the Ethical Committee of the University of Transkei, South Africa.

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