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Case Report

Misconception, Misbelieve of Child sexual Abuse and Cure of HIV in Transkei, South Africa: A Case Report

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ABSTRACT

Background: South Africa has one of the highest numbers of rapes in the world, and Transkei, a former black homeland, now a part of the Eastern Cape Province, is one locality with many child rapes. The unemployment, poverty and crime levels are very high in the region.

Objective: To highlight the problem of sexual abuse and HIV in the Transkei region of South Africa.

Case History: This report presents a victim of rape, a two-year-old female child, who was brought to the Umtata General Hospital in the evening with profusely bleeding per vaginum. She was sexual assaulted by a HIV positive caretaker adult male in his 30s, acting on a mistaken belief that sex with a virgin will cure an HIV-infected person or AIDS sufferer of his illness. The young mother of the victim has also experienced a rape in her childhood, and her husband was murdered a year ago in front of her child. She does not know about her father and was raped in her childhood by a foster father. The history, the physical examination and the uneventful antiretroviral therapy are discussed in this manuscript. Conclusions is drawn and preventive steps are suggested.

Conclusion: There is a high misconception and strong misbelief in child sexual abuse and a cure of HIV infection in the Transkei region of South Africa.

Keywords: Misbelief; Misconception; HIV infection.

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INTRODUCTION

The virgin rape myth is prevalent in the community of Transkei, South Africa, and poses a major social problem in contributing to the spread of HIV infection.[1] There is increasing belief in the virgin sex myth with the increase in child rape in South Africa.[1] There is an increasing rate of sexual abuse in the Transkei region of South Africa.[2] South Africa has the highest incidence of child rape in the world.[2] HIV infection is a life-threatening consequence of rape.[3] Probably, this could be a reason for the high HIV sero-negativity (90%) of the victims at the time of the incident in a very high HIV/AIDS prevalent community.[3] HIV post exposure prophylaxis (PEP) can serve as a means of secondary prevention in an environment where the majority of children are negative, and the majority of perpetrators seems to be HIV positive. It is a life saving prophylaxis.

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Therefore, anti-retroviral drug treatment should be carried out in all the cases of rape that are represented within 72 hours of therape.[4] Child rape is becoming more common in South Africa.[5]

Africa is the continent most severely affected by the HIV/AIDS pandemic, with east and southern Africa more severely affected than west and central Africa. Differences in the spread of the infection can be accounted for by a complex interplay of sexual behaviour and biological factors that affect the probability of HIV transmission per sex act.6 The purpose of this case report is to highlight the problem of misconception and misbelief in sexual abuse of children and a cure for HIV infection in the Transkei region of South Africa.

CASE REPORT

On the first of April 2000 at about 20 hours, I received a call from a nursing staff member of the Gynaecology out-patient department (GOPD) that there was a girl of two years (VZ) who had been sexually assaulted by an unknown male in the B.H., a place of safety for infants. When I reached the GOPD an elderly lady in white clothes was waiting for me. There was no official document (J88 form) with sister as the case had not yet been reported to the police, but I carried out an examination without the police inquest and noted the findings on a piece of paper to transfer them later whenever the J88 form was available. It was available after one day and then the findings were transferred onto the J88 form. The male suspect had been working in the B.H. for many months and was the only male member in the B.H.; therefore, he was suspected and taken into police custody. Unfortunately, there was a history of HIV seropositivity of the suspect rapist and he was under treatment for HIV/AIDS.

On physical examination, the child was apprehensive and crying. She had painful and swollen external genitalia. The hymen was ruptured with a swollen margin 10 mm in diameter. The posterior fourchette was torn. Dried up blood was seen around her external genitalia and perineum. No discharge was visible. The genital injuries were compatible with recent sexual assault. The blood of the child was examined for HIV, and it was found to be negative. HIV testing was carried out after pre-counselling with the child's guardian (who brought the child to the GOPD). Liver functions were advised. Treatment was advised including prophylactic antiretroviral drugs (AZT & 3TC). The second blood test for HIV was carried out after three months and again it was negative.

FS, a 25-year-old woman, is one of the unfortunate mothers of a child who has suffered many setbacks in her life, including being sexually abused by her foster father when she was staying at a foster home with her sister away from her mother. Her mother did not have money for schooling, so she sent her daughter to a foster parents' home, as she seemed to be a bright girl. It was in E.L. where the foster parent's brother used to touch her and fondle her genitalia. FS was 12 years old at that time and used to run away to the other room. Likewise, this man used to do the same with her younger sister as well and FS was very worried about her sister.

She told this story to her schoolteacher who referred her to a social worker, but the social worker did not take much interest in her situation. She stayed at the foster home until she was 17 years of age. This happened, she narrated, because her mother's boyfriend was a friend of the foster parents. Therefore, her mother never revealed the name of her father to her, and she was abandoned by her mother in early childhood in Umtata, and her mother married another man in E.L. She hardly enjoyed her childhood as she had undergone lots of hardships.

She encountered a male in 1995 and started living with him as a boyfriend. More misfortune for FS was not far away as her boyfriend was gunned down by robbers in 1999 in front of the child. She moved to another city in search of a job as there was no support for FS. She was unemployed and could not look after the child properly. A neighbour reported to the social worker that there was a neglected child and therefore the child was taken away to a safe home called B.H. FS was repenting her mistake as she was not aware of how safe the safe home was. She was devastated by the sexual assault of her child. The story was told to her on the 5th day after this incident after the culprit was put behind the bars. She is still unaware of the fact that the rapist was HIV positive. This was the third tragedy in the life of FS as she never thought of a sexual assault on her child in the safe home which took place on 1st of April 2000.

DISCUSSION

Sexual promiscuity is common, and this is a contributory factor to the spread of HIV in the community. The widespread rape and forced sexual abuse of children is a serious social and health issue. One of the motives behind this unsocial and unhealthy epidemic is the strong belief in a myth of achieving a cure for a person's HIV/AIDS through sexual intercourse with a virgin. The resistance to change the attitudes of African people regarding their false beliefs and persistent myths about sexual practices is an obstacle to the HIV/AIDS prevention programmes. There is a strong challenge to all the leaders-political, community and religious-to dispel this virgin cleansing myth. Due to the magnitude of the problem of rape in South Africa, it is necessary to develop a rational policy to offer PEP to the victims.[4]

In the Transkei, it could be presumed that less than 10% of the child abuse cases are reported to the police.[2] The poor reporting and return of the victims for the test could be explained, as most women in this region are poor and live in very remote areas where the roads are just tracks and there is no proper transport service. Getting to a hospital is difficult for most of them.[2] If, anyhow, they manage to reach hospital, it is usually quite late. In such cases, there are limitations on the medical evaluations validating sexual abuse.[7] In fact, medical examination of sexual child abuse cases seldom provides legal proof of sexual abuse in many cases. The most important evidence is the story told by the child. Therefore, the examination is a supplement, which may support or remain neutral to the story told by the child.[8]

The police were not informed by the guardian of BH about the VZ, but the author took the findings on a piece of paper and later transferred them onto a J88 form. Vague obtained evidence and delay in transferring to a J88 form leads to distortion of the evidence. A careful examination of the sexually abused child may reveal evidence of male ejaculation which is important evidence. The examining doctor must try to collect a specimen which could procure seminal stain in the laboratory for the legal proof of sexual assault. Courts heavily depend on medical evidence for the purpose of prosecution or acquittal of the perpetrator, even though medical evidence has its own limitations. The society in question is a fragmented society with poor social norms and family values. The family fabric is very fragile in what is a poverty-stricken area with high sexual promiscuity. The problem of child rape is peculiar in that those who are supposed to protect children themselves are involved in causing harm. Most of the times the perpetrators are close relatives or persons known to the children. The role of schoolteachers in child rape has been reported in many African countries.[9]

It is difficult to measure the psychological trauma in the life of FS as she has undergone repeated trauma during her lifetime, including sexual abuse. But she seems to me a courageous lady as her first reaction after the sexual assault of her child was that she wanted to kill the man who assaulted her daughter. Depressed people tend to feel powerless and angry about changing their situation. Because they often depend on others for many of their personal needs, depressed people are extremely sensitive to criticism and rejection.

Depressed persons have often experienced many losses and their grief is frequently unresolved which may only confirm their feeling of worthlessness. On asking how she felt about the man, she narrated that she disliked all the men on the street, and she can't trust anybody. FS is lacking any support from her mother. She has one stepsister and two stepbrothers in E. L. Her mother is not working and stays at home. She is feeling depressed and cannot sleep at night. She is also not eating well as she is worrying about her child. She is worrying about the effects of the rape on her. She asked me, in fact, about the effects. It is again difficult to measure the effects on the life of a child (VZ) as, firstly, she experienced the trauma of her father being killed by robbers in front of her and, secondly, she has now been sexually assaulted. VZ is hardly two years old, but she has undergone two traumas. There is a wide range consequence for the victims of rape,

both in the immediate period following the assault and in the long-term.[10]

A study carried out by Campbell et al. in 2001 showed that the victims often agree as to what reactions are healing (positive), but that they do not agree as to what is hurtful (negative).[11] This happened in the case of FS. She recalled her own rape when her child VZ was raped. There was hardly any support for her child VZ, as her mother was not employed, and her boyfriend got killed. The author spoke to the grandmother on the boyfriend side of VZ, but instead of supporting her she made a case against the author at the Health Professions Council just for enquiring about the reason for abandoning her grandchild. It could be a racial problem as the boyfriend is a white, and she is an African black person.

There should be response from legal, medical, and mental health systems to the needs of rape victims which was lacking in the case of VZ. Community support is also lacking in VZ's case which is required and predicts victim's outcomes and future consequences related to the sexual assault.[12] VZ was examined with a kit as the police were not contacted on that Saturday evening. There are some people in the investigation team who are engaged in harmful behaviours that are detrimental to rape survivors' psychological well-being.[13]

FS is depressed due to the sexual assault on her daughter, and she is labelling it due to own her fault. If she had not put her child in safe home (BH) the child might have not been raped by the caretaker of that home. She is having mixed feelings of guilt and self-accusation. She is experiencing this reaction due to situational stressors such as the loss of her child's dignity, her emotional trauma, and life-threatening HIV and other infections. There is no support for FS. The only support she expected was from her grandmother but after the death of her boyfriend her doors were closed. When misfortune comes, it comes in multiple times, and the poor lady has no place to live in this world along with a child of two years. Reassurance is needed to restore a sense of security or worth. BH did help FS to get anti-retroviral drugs as the perpetrator was known to be HIV positive. The fear of getting HIV infection is a life-threatening situation.[4]

The prevalence of physical, sexual, and emotional abuse is a common experience as in this case of FS. Patients with a history of abuse, particularly sexual and emotional abuse, are at increased risk of suicidal behaviour.[14] She fails to sleep at nights and feels depressed. FS also has lost trust in males, and she fears them. Suicidal ideation in the case of FS needs urgent attention in treatment to reduce the risk of suicide. There is a strong correlation between childhood sexual abuse and mental health issues. Childhood sexual abuse is more frequent in women from disrupted homes as well as those who have been exposed to inadequate parenting.[15] All of a sudden, she became unemployed after the death of her boyfriend. She failed to support her child and that made her leave the child at a so-called safety home, BH. Later, she realised her mistake of keeping her child in BH. She could remember the agony of rape of her child as she has experienced itherself in her childhood.

CONCLUSION

The misconception and misbelief of sexual abuse of children and cure of HIV/AIDS is widely prevalent in the rural community of the Transkei region of South Africa. There are many children rape in this community. It is sad that a protector becomes a perpetrator of rape. It is also fuelling HIV/AIDS in this region of South Africa.

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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