SAMJ
Commentary and Debate

Editorial

Issues in Medicine

No place of safety

We see children going to school, playing around the neighbourhood, herding cattle or carrying water. We like to see clean, well-fed, smiling children; it reassures us in our small worlds that all is well. We also see the grubby ones living on the streets, or hanging around shopping complexes; they make us feel uncomfortable, so we try to ignore them. Requests for money to buy bread are disquieting, as are so many realities. As Nietzche said, 'Beggars should be abolished. It annoys one to give to them, and it annoys one not to give to them.'

At least we do not have to see the children in prison, or those held in detention cells. If we should by chance read of the child who 'has been beaten, assaulted, has been sodomised regularly for five months, all for stealing a loaf of bread',[1] we might well choose not to believe it. Should we come across a publication that states 'everybody over 12 years old in the townships might already have the virus [AIDS/HIV]. So your chances of not getting it are better if you go for 6- or 8-year-olds, not 10-year-olds, some are already pretty experienced by that time already . . .'[2] (reported by a 23-year-old), we might be tempted to deny this reality. We rarely, if ever, travel to squatter camps or informal settlements; our TVs and newspapers give us enough stories to know not to venture there. If, in our tidy suburban neighbourhoods, we come across a child acting out sexual knowledge beyond their years, we would not be pleased. It is unlikely that we would take any intrusive action — after all, the family is 'respectable'. We choose not to know how many children live, where they live, and how they die. We choose, when we can, not to see and not to hear. It makes life easier.

As humans, we share 98% of the same DNA with two species of chimpanzee. When something necessary for social living is absent, aggression and violence occur, both in humans and animals.[3] Yet animal species, which we consider 'lesser', do not actively put their young into positions of potential horror. It is both tragic and indisputable that there is virtually no conceivable form of barbarity to children that has not been documented (Fig. 1). Man's abomination to man in its most extreme form — abuse and murder of his young — has been well recorded. Reasons repeatedly cited for this are religious practices and rituals, discipline, and, importantly, economic gain. For example, Old Testament codes up to feudalistic times treated rape of a female child as theft. The theft was perpetrated against the child's father, as she had lost her marketable value.[4] In early Renaissance times the rape of a girl under 12 years resulted in extremely severe punishment.[5] In England in the early 19th century women took to the streets in protest against a number of sexual abuses, including child prostitution. Whatever the historical epoch, child abuse has been present.

Legislation concerning child abuse varies from country to country. In Sweden today it is a criminal offence to chastise a child in the home,[6] whereas in other countries it is not unlawful to have children doing 12 hours' hard labour a day, or working with dangerous and toxic materials. Female circumcision is still practised in many countries. On 24 June 1997 an Egyptian court overturned a government directive banning female circumcision. According to reports by the Egyptian Organisation for Human Rights, almost 3 600 girls daily are subjected to genital mutilation.[7] Is this not child abuse?

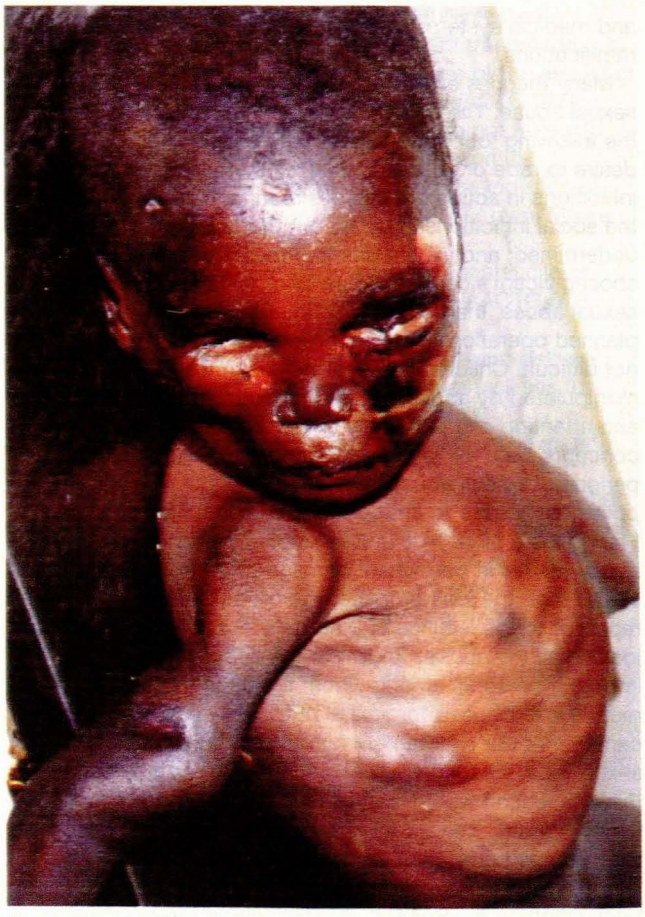

Fig. 1. The classic aphorism in child abuse study is stated by pathologists Johnson, Cameron and Camps as, 'The skin and bones tell a story which the child is either too young or too frightened to tell.'[25] How tragic it is to use instead the words, 'a story the child can never tell'.

What is unacceptable to society today may well have been considered valid in other eras. Child abuse, in its broadest sense, is judged by the intent of the person committing the act, but it cannot be viewed as the act of a single perverted mind. Child abuse needs to be viewed in terms of the society within which it occurs: its gender politics, violence, stigmatisation, social variables, education, politics and economics. The plight of children is directly linked to the status women hold in a particular society.

All over the world there is increasing public consciousness that child abuse is a reality. In addition, the far-ranging consequences of survivors becoming perpetuators of violence themselves is increasingly documented.[8] Victims of violence never forget. When there is no intervention, abused children have an up to 10% mortality rate. Abused once, the child has a 60% chance of having the abuse repeated.[9] Studies of imprisoned sexual offenders have shown that they themselves had been abused as children. Such abuse takes the form of both sexual and physical abuse, as well as abandonment, neglect and exploitation.[10] Sexual assault of a younger child by an older child should always be viewed as an indication that the older child was also sexually abused.[11] A further consequence of child sexual abuse is sexual precocity. As a result of such abuse it is possible for a 5-year-old child to become sexually active.[12] Child abuse cases may be considered triple violations: first by the physical act or acts committed, secondly in the manner in which the child is handled through the myriad legal, social and medical systems, and thirdly by the long-term emotional ramifications.

Many theories attempt to explain the nature of child sexual abuse. The multicausal theory of Finkelhor states that the following four factors must be present: (*i*) someone must desire to rape or assault a child; (*ii*) the offender's internal inhibitions in acting out this desire must be undermined; (*iii*) the social inhibitions in acting out this desire must be undermined; and (*iv*) the offender must overcome his or her chosen victim's capacity to avoid or resist the act. Child sexual abuse, then, is not a spontaneous event, but a planned operation usually concealed in darkest secrecy. It is not difficult. Children are ideal victims in that they are easily manipulated by adults, naturally curious, in need of affection and attention and physically small. It is easy to distort concepts such as 'love' and 'caring' to them. Often during periods of sexual abuse children realise that they are powerless, cease to struggle, and become participants. Freud was a pioneer in understanding that child sexual abuse results in permanent damage to the psyche. He stated that 'the idea of these infantile sexual scenes is very repellent to the feelings of a sexually normal individual; they include all the abuses known to the debauched and impotent persons, among whom the buccal cavity and rectum are misused for sexual purposes . . . It seems to me certain that our children are far more often exposed to sexual assaults than the few precautions taken by parents in this connection would lead us to expect.' An additional grim reality is that in certain ways some child sexual abusers treat their victims better than do the child's own parents.

In 1993 South Africa endorsed the World Summit Declaration on the Survival, Protection and Development of Children. This set in motion the objectives and guidelines of the United Nations Convention on the Rights of the Child, ratified by South Africa in 1995. Cabinet endorsed the programme for Action for Children in South Africa in May 1996.[13] South African society is in transition. With population shifts towards more urban areas, traditional values and mores are tested under conditions in which there may be little support structure. When social environments change, it is possible that previously adaptive human traits become maladaptive. In some areas of our country it appears that the once positive concept of *Ubuntu* has become mutilated.[14]

As recently revealed in the South African media, the rate of reported child abuse in this country is appalling. Existing services dealing with child abuse and child sexual abuse are fragmented and frequently lack infrastructure. In rural areas particularly these services are often non-existent. The Eastern Cape, lacking funds and infrastructure, has been particularly hard hit. In the Eastern Cape an estimated 44% of the population is under 15 years of age, while 55% is under 20. The 1993 population pyramid, with half the population under 15 years old, is typical of Third-World populations.[15] In this province, the National Household Survey Number 5 identified that most patients rely on taxi services or public transport to reach the nearest health care facility. In rural areas transport is not readily available, and in many cases, not affordable. Standards of service vary greatly and organisations dealing with child abuse are experiencing serious financial difficulties.[16] The majority of health care personnel are not trained to deal with victims of violence. In addition, there is an uneven distribution of professional staff in certain provinces.[17] 1996 statistics from the Child Protection Unit (CPU) alone officially reported that rape of children increased by 38%, sodomy by 35%, and serious assault against children by 69%, compared with their 1993 statistics. The level and extent of the problem is, of course, not only reflected in the CPU statistics. In 1994 the Cape Town metropolis had an average of five murders and three transport-related deaths per day. Four per cent of the murders were of children under 15 years of age.

The most vulnerable children may be those living in rural and informal settlement areas where there are few medical and social services, inadequate roads and communication facilities, and fragmented family structures. At present there are several social settings that correlate with a significantly increased incidence of child sexual abuse. These are: (*i*) the household lives in poverty; (*ii*) persons other than the biological parents raise the child for 3 months or longer; (*iii*) one or more members of the household is an alcoholic and/or uses illegal substances; and (*iv*) the child is disabled or has a chronic illness or disability.[18] Certainly, only very few cases of child abuse are reported to the police. Other social service and volunteer organisations handle a certain number of cases, but the majority are not reported. Lack of systematic research, multidisciplinary interfaced record keeping, and absence of a centralised register, are all factors contributing to the problem.

The world population of abandoned children is reported to be 100 - 200 million, South Africa and Asia having the greatest numbers.[19] In 1995 the South African Centre for Policy Studies reported an increase in all types of violent crime, including rape, since political transition began in 1990. The number of people living in squatter camps was reported in *Business Day* of 9 June 1992 to be 3.6 million. Operation Masakane for the Homeless claims that 10 million people live in informal settlements in South Africa. Homeless and 'throwaway' children are as a rule without support or

protection and are poorly prepared to build a life for themselves. Attempts to survive often lead to their trading any type of assistance (emotional and/or physical) for sexual favours, prostitution and criminal activities. Child abuse is a serious problem that demands broad multidisciplinary and inter-sectoral approaches. *Recovery*, a publication from the practical ministries and KwaZulu-Natal Programme for the Survivors of Violence, reports that in 1995, 16.2% of HIV-positive people were reported to be under the age of 19 years.[20] The number of children affected by political violence in KwaZulu-Natal alone is reported by them to be 26 790 (and these figures do not reflect child abuse). In addition, *Recovery* states that in South Africa ± 14.3 million children under the age of 15 years are living with caregivers who earn or receive less than R800 per month. The impact of ongoing community violence on children has been neglected in historically disadvantaged communities.[21] Substance abuse, mainly alcohol, is a contributing factor in many cases of violence, including child abuse.[22] Populations of children evaluated for suspected child sexual abuse are probably at a greater risk of exposure to the HIV virus than are other children.[23] The subservient role of women in society, temporality of bonding and other gender issues, plus family fragmentation, are important contributing factors in cases of child abuse.[24]

In our profession we sometimes encounter these children in hospitals, or know of them as names on laboratory forms or as anonymous bodies on autopsy tables. If they are physically presented to us we feel a mixture of indignation, outrage, involvement, voyeurism, frustration, reluctance and immeasurable pity. When they come in for examination with their J88 forms we would rather be somewhere else. But they are here, rivalling the prose of Hugo and Dickens, they are here. And, for the majority of these child victims in South Africa, there is no place of safety.

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Debate

Preventing perinatal HIV transmission in developing countries — do we know enough?

The article by Matchaba and Chapanduka[1] calls for the urgent need for antiretroviral therapy in HIV-infected pregnant women to reduce mother-to-infant transmission in developing countries. They largely make use of the results of the AIDS Clinical Trials Group Protocol 076 (ACTG 076) study to make their point.[2] However they do not take into account the realities of the health care situation in developing countries, nor do they discuss the logistics of applying this regimen in countries such as our own. These realities include the following facts.[1]

1. The majority of women only attend antenatal clinics very late in pregnancy, too late to receive the ACTG 076 regimen.[3]

2. A significant proportion of prenatal care and delivery occurs in primary health care settings where facilities for providing intravenous therapy may be lacking.

3. There is poor compliance due to infrequent visits both before and after delivery.

4. The ACTG 076 regimen costs approximately US$1 000 per month: introduction of this regimen includes the cost of routine screening, employment of counsellors and the establishment of laboratories where costly new techniques are used for the early diagnosis of HIV infection in infants. Severe financial constraints in South Africa and other developing countries preclude the use of this regimen.

5. The ACTG 076 study was conducted on women who were not breast-feeding their babies. The efficacy of the 076 regimen in breast-feeding communities has not been tested, and the financial costs and effect on infant morbidity of alternative feeding methods, such as subsidised formula feeds, in developing countries need to be assessed if women are to be advised against breast-feeding.

Matchaba and Chapanduka have also misinterpreted the results of a short-regimen antiretroviral study from Durban (submitted for publication), which they quote as showing a significant reduction in mother-to-infant transmission. This